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Re-imagining Family Group Conferencing 'Outcomes'

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PhD in Social Policy
The University of Edinburgh
2017

Declaration

I declare that this thesis is of my own composition, based on my own work, with acknowledgments of other sources, and has not been submitted for any other degree of professional qualification.

Mary Mitchell

Date:

Word Count: 95,470

Acknowledgements

Thanks first of all to those young people and family members who agreed to participate in this study. It has been a humbling experience hearing your stories, and I thank you for sharing them with me. Thanks too to those people involved in the National FGC Steering Group who have assisted me with their knowledge, encouragements and support. In particular I'd like to thank Lesley Cook, Gillian Turner, Gillian Christian, Anne Begbie, Kareen Caldwell, Mary McLeod and Lorraine McKillop.

Thanks also to all the FGC coordinators and other professionals who have assisted me to access families and agreed to contribute their own experiences to this study. You have made this project possible with your help and encouragement.

It has been a long journey towards completing my PhD and there have been many people who have encouraged, advised, critiqued my work and kept me on track. Thanks in particular to my academic and voluntary sector supervisors over the past five years: Professor Tisdall, Dr Autumn Roesch-Marsh, Professor Lyn Jamieson, Kate Higgins, Mary Glasgow and Bryan Jenkins. Thanks also to David Maguire for all your patience editing the thesis and always providing me with encouraging words. Thanks also to Christina McMellon and Fiona Morrison for the moral support and crucial PhD survival advice.

Thank you to the European Social Research Council (ESRC) for funding the studentship with CHILDREN 1st and the University of Edinburgh

And last, but by no means least, thanks to those who have personally supported me and kept me going during the many times that have been frustrating and difficult. Thank you Scott Wilkins and Mitch Wilkins for always being there, never doubting me and teaching me to keep a perspective. You have both been my rock on very sandy ground.

Finally, I dedicate this thesis to my mother who I miss every day.

Abstract

Family Group Conferencing (FGC) is a family led decision-making approach where practical plans are made by the family to keep children safe and improve their quality of life. FGC has attracted worldwide interest from policymakers, researchers and practitioners for its potential to: involve families in the decision-making process in child and families social work; keeping children safe within a culture of co-operation between the state and families. There is significant empirical research about the impact of the FGC process on families, and its immediate outcomes but less is known about outcomes in the longer-term.

This thesis reports on the findings of a retrospective qualitative study, which sought to understand the contribution FGC makes to longer-term outcomes for looked after children at risk of being accommodated, and their families. Eleven FGC examples were studied across five local government areas in Scotland. Each example includes the perspective of different stakeholders in the process including: looked after children, their parents and extended family (n=32), and professionals (n=28) involved with them. Criteria for case selection included: the child and family had originally been referred to FGC service because the family social worker considered the child was at risk of being accommodated; the stages of FGC had been achieved and a family meeting had taken place at least one year prior to the data being collected; the age of the child who was the focus of the meeting was over eight years old wherever possible; and the core family members were prepared to be involved in the study. Individual, joint or group interviews were conducted to provide multi-dimensional perspectives of the FGC phenomena. FGC service documents (n=94) were also analysed, providing data of social activity that occurred prior to the study.

This study challenges current outcome focused paradigms, arguing for a more complex and nuanced understanding of outcomes in child welfare, where the child and family, alongside professionals, are valued in the identification and measurement of outcomes. Evidence from this study highlights the need to accept two sets of

outcomes when considering FGC contribution: personal and professional. The identification of outcomes in this manner supports three interconnected issues argued throughout the thesis in relation to contribution. Firstly, process matters to the service user and his/her experience of the service and opinion of outcomes. Secondly, what professionals do and how they do it is important to the outcomes of families requiring support - relationships and practice are therefore central concerns in understanding how and why families achieve (or not) longer-term outcomes. Finally, who defines outcomes and to what purpose is significant when conceptualising outcomes.

The study draws on empowerment, recognition and partnership theories to better understand FGCs contribution to longer-term outcomes for children and families. The study found the FGC process contributed towards building service users' capacities to reflect on their own and acknowledge others' experiences and situations. Feelings of increased confidence, self-respect and self-esteem, derived from the FGC process, contributed towards improved social relations and a sense of control over their own lives. This increased capacity can support family members to manage future crises and conflict if they arise. FGC offers professional and service users an opportunity to reframe unhelpful attitudes towards each other. In the longer term this can contribute towards families reduced need for social work services and/or improved working relationships between social work and families.

This study has significance for all professionals working with looked after children and their families; contributes to the theoretical knowledge applied in social work practice; and is applicable when considering the implementation and impact of child welfare policy in Scotland and internationally.

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Chapter 1 Introduction

This study sought to understand the contribution Family Group Conferencing (FGC) makes to longer-term outcomes for ‘looked after’ children who are at risk of being accommodated and their families, who have been involved in the process. FGC is a family led, decision-making approach where practical plans are made by the family to keep children safe and improve their quality of life (Doolan, 2010). FGC attempts to strengthen the family’s capacity to take care of its members by engaging the adult members to take on the role of promoting the child’s welfare and attempting to adjust power differences between families and statutory authorities (Holland et al., 2005). There is significant research/evidence about the impact of the process on families and its immediate outcomes but less is known about outcomes in the longer term.

1.1 Overview

An increased concern that child welfare and social work systems ‘do not currently work well enough’ has fuelled changes in Scottish social legislation and policy (Scottish Executive, 2006: 2). Current Scottish policies stress working in partnership with service users, extended families and communities to build capacity to meet identified needs – emphasising an integral role for children, young people and families in assessment, planning and intervention (Scottish Executive, 2006; Christie, 2011; IRISS, 2012; Scottish Government, 2013; Scottish Parliament, 2015). These aspirations have run parallel with the emphasis on national outcome-focused goals reflected within Scotland’s concordat agreements between Scottish Government and local authorities of core outcomes for Scotland’s children. These outcomes are that children will be ‘successful learners, confident individuals, effective contributors and responsible citizens’ (Scottish Government, 2008).

In July 2016 there were 17,349 looked after children in Scotland (see later section clarifying ‘looked after’ terminology), some two per cent of the population (Scottish Government, 2017). Conventional approaches see decision-making about ‘at risk’ families as the responsibility of professionals working together in interdisciplinary committees (Doolan, 2010; Hill et al., 2012). Shaped by public inquiries into the

deaths of children as a result of abuse or neglect and the introduction of mandatory reporting regimes, social work, and in particular the statutory social work of child welfare and child protection, has been progressively pushed towards ‘social coercion and control’: there is an expectation that social workers will ‘keep children safe at all times’ (Parton, 1997; Ahmed, 2008; Doolan, 2012: 11). Social workers tend to focus their interventions narrowly on households ‘at risk’ of abuse, neglect or security of care at the expense of attempts to provide broader family support (Asquith et al., 2005; Parton, 2014).

FGC has attracted worldwide interest from policymakers, researchers and practitioners for its potential to keep children safe within a culture of co-operation between the state and families - translating the rhetoric of ‘partnership working’ into reality and according children the rights to participate in decisions affecting them and, if possible, to be cared for within their own family (Burford and Hudson, 2000; Barnsdale and Walker, 2007; Hamilton, 2007). Originating in New Zealand in 1989, FGC offers what has been described as a ‘radical approach’ involving families in the decision-making process in child care social work (Hayes, 2000: 124).

Empirical research and current policy drivers for improving outcomes for children have fuelled interest in Scotland in the benefits of FGC being applied across the spectrum of services for children, young people and their families (Barnsdale and Walker, 2007). This interest, alongside a desire to improve knowledge about the long-term outcomes of FGC and an increased pressure to effectively target limited resources, makes this research timely and significant. Funded by the Economic and Social Research Council, this PhD research sought to offer meaningful insight and analysis into the contributions FGC makes to outcomes for children and families. This PhD project is a collaboration between CHILDREN 1st (a national voluntary organisation) and The Centre for Research into Family and Relationships (CRFR) at the University of Edinburgh.

1.2 Why this study?

I applied for the ESRC PhD studentship because of my interest in a number of interrelating theoretical and practice issues. My professional background is in social

work and community work, with a particular emphasis on work with children, young people and families. Having worked in the voluntary, non-government and government sectors in both Australia and Scotland, I have always been interested in issues of power, inclusion and participation, and the impact of policy on service users. In recent years, I have been involved in the local implementation of the Scottish policy *Getting It Right For Every Child*, and led the redesign and implementation of a Young People's Participation Strategy for a large local authority in Scotland. This work raised questions for me about how children and family members could influence personal and public decision-making in a time of austerity, where pressure to deliver services to identified targets with ever-decreasing resources appeared to reduce rather than increase their influence – despite policy emphasising working in partnership to improve outcomes.

At the same time my academic studies began to challenge my previous conceptions of childhood being an natural phenomenon to a socially constructed one, where children are 'being' rather than 'becoming' (James et al., 1998; Jenks, 1996). In addition writing on the relationships between the state, families and children highlighted the complexities of intergenerational as well as state-family relationships (Thomas, 2005). These ideas resonated with my own work experiences with children and their families, suggesting a combination of structural, cultural and economic phenomena, which influenced the social construction of childhood, family and the state. I was aware that despite the discourse in both academic studies and policy documents, there were relatively few children or social work service users who were involved in the development of policy and the identification of outcomes for children's services. It has been a combination of my academic studies and work experiences that have led to an interest in investigating FGC and the involvement of looked after children and their families in decision-making, and FGC's contribution to longer-term outcomes.

1.3 Research questions

The aim of the study was to explore what contribution FGC makes to longer-term outcomes for looked after children and their families, who have been involved in the

process, where longer-term means a year or more after the family's first FGC meeting.

The secondary research questions for the study were:

- According to young people, 'family' members and key professionals: What are the outcomes FGC has contributed towards?
- Why do respondents consider FGC made a contribution (or not) to their outcomes?
- How do these outcomes link with the process (es) of FGC?

1.4 Summary of study

Aiming to draw on different perspectives and to understand the meaning people attach to phenomena within their complex world, I undertook a qualitative multiple case studies approach to the research. The focus of the study was eleven case examples of FGC conducted in five local government areas across Scotland.

Children in all eleven studies were looked after and at risk of being accommodated and were involved with social work services for a number of reasons and particular needs. All families had been originally referred to FGC by their social worker and all had experienced their first FGC meeting at least a year prior to being interviewed for the study. I had originally intended to speak with all people involved in the original FGC: the child, siblings, parents, extended network, and professionals involved with the case. This however was not possible because of people having left their jobs, individual family members declining the invitation, individuals no longer being in contact with core family members or indeed when family members had died.

Alongside being informed by current literature, this thesis draws from evidence of eleven cases studies where data were gathered from in-depth semi-structured interviews and FGC case documents. Of those interviews conducted, individually, jointly or as a group, thirty-two (32) were family members and twenty-eight (28) were professionals. Of the family members, ten (10) were young people aged between 12-19 years - nine female and 1 male. The interviews revealed a strong emotional connection to the FGC experience and its link to an individual's perspective of his/her outcomes.

I also carried out a documentary analysis of the ninety-four (94) FGC case records within the study. The FGC case records contained a number of different documents which provided qualitative information about the child and family as well as some historical details regarding the date, times and venues of the meetings attended and involvement with the FGC service. Given the retrospective nature of the study, case documents gave insight into the issues pertinent to participants at the time the FGC meeting occurred.

1.5 Clarification of terms

I have made several choices about the use of language in this thesis and it is important to clarify those decisions.

To begin, my use of the term ‘service user’ to describe the relationship between young people, family members and social workers (and other professionals) is relevant. McLaughlin (2009) contends there are a number of ways social workers have described the social work relationship and this has included terms such as ‘patients’, ‘clients’, ‘customers’, ‘consumers’, ‘experts by experience’ and ‘service users’. These labels invoke different identities, relationships and power dynamics that have relevance to the social work relationship as they suggest how the professional conceives those who use services (Gadda, 2012). McLaughlin (2009) points out that ‘clients’ is the term most often used to describe the social work relationship. Concern about the term was raised within social work as its conceptualisation suggested an objectification of the social work relationship where it was assumed ‘power lay with the professional to identify what the passive client needed’ (McLaughlin, 2009: 1103). Within the relationship the ‘client’ is constructed as someone who ‘needs help’, as they lack the necessary capabilities to help themselves and consequently need the expert knowledge and advice of the social worker. It is argued that such a model positions the relationship hierarchically as the powerful position of the social worker is stressed alongside the passive positioning of the recipient of the services. Throughout this study, those young people and family members I spoke to were actively engaged in the decision-making process and able to assess and address their needs in a variety of ways. They were not passive or powerless recipients of a service.

The more active role and positioning of the person using the service suggested in the term ‘service user’ means it is therefore preferred to ‘client’ or ‘consumer’. ‘Service user’ emerged from two developments. The first was the consumerist traditions of the late 1980s, which gained momentum in the UK under Blair’s New Labour Government. The second was the increased drive for participation to involve and empower service users to improve services (McLaughlin, 2009: 1106). However the term is not without its problems. As Smith and colleagues (2011) point out, the term evokes a sense of the social worker and service user entering a relationship that is based on co-production and partnership. Smith and colleagues (2012) contend that many social work service users do not engage in services voluntarily but because it is a mandatory condition of the measures imposed on them. Service users’ involvement in the planning and delivery of services may therefore be contradictory and full of tension. The use of the term ‘service user’ might suggest constructing the recipients of social work in ways that do not reflect their experiences of those services (McLaughlin, 2009; Smith et al., 2011). Like many labels, the use of the term may also homogenise a group of young people and their families highlighting only one form of their identities at the cost of others (Gadda, 2012).

A child is defined by the United Nations Convention on the Rights of the Child (UNCRC) as a person under the age of 18 years, unless national law states that majority is attained at an earlier age (Article 1). In Scotland the law utilises different age thresholds to define a child. Part I of the Children (Scotland) Act 1995 (which addresses family law) defines those under the age of 18 as a child, while in Part II (which addresses child care law) a child is defined as a person under the age of 16 years (McRae, 2006). In addition, the Age of Legal Capacity (Scotland) Act 1991 sets 16 years as the age when a person is generally assumed to have full legal capacity (albeit with some exceptions), while aspects of welfare extend to age of 18 years and indeed into the twenties. In this discussion I am using ‘children’ to refer to all persons under 18 years old who are looked after by a local authority in Scotland. I have chosen to call specific people aged 8-18 years involved in this study ‘young people’. This is because these individuals are seen to be capable of taking some responsibility but not have all the freedoms an adult may experience.

Given children in this study are involved with Scottish social work services, their legal status and its terminology also require clarification. With the implementation of the Children (Scotland) Act 1995, children who came under the care of local authorities, voluntarily or with compulsory measures, were no longer described as ‘children in care’ because it was considered a stigmatising label (McRae, 2006). Rather, children under a supervision requirement would be called ‘looked after’ children - or LAC. A child would be considered ‘looked after and accommodated’ away from home if the supervision order required him/her to reside outwith their normal place of residence (s 70(3), 1995 Act). If the child remained resident in the family home she or he would be said to be ‘looked after’ at home (s70(1), 1995 Act).

Children involved in this study were all looked after and ‘at risk’ of being accommodated. While the term ‘at risk’ is often used in social policy and practice there does not appear to be a clear conceptualisation of the term. It is utilised loosely and can include a wide range of circumstances, behaviours and actions. I will not provide such a definition; rather I will propose that it suggests situations and circumstances where social work (and other) professionals might assess the child’s welfare to be adversely affected and where being accommodated by the local authority would benefit the child’s welfare.

During the period of this study (2012-2017) there were major changes in Scottish children’s services policy and legislation, in particular the enactment of the Children and Young People (Scotland) Act 2014, and its guidance. As all the evidence for the study was gathered prior to the enactment of the 2014 Act informants will not have been impacted by the implementation of the new legislation. Yet the outcomes of this study may have significance for current practice under the new 2014 Act, as for example, guidance (Section 12) specifically mentions services in relation to children at risk of being looked after and changes introduced to family support services by the 2014 Act (CELCIS, 2014). The aim of Part 12 of the guidance is to ensure that a range of ‘relevant’ services are available to children (and their families) at risk of being looked after by the local authority. Family group decision-making is listed as a ‘relevant service’ in the guidance (Scottish Government, 2016a).

Finally, Family Group Decision Making (FGDM) and FGC are terms used interchangeably within the international literature on the topic. 'FGC' is predominately used in the UK and as such this thesis will use the term FGC.

1.6 Thesis structure

I started this PhD journey hoping that I would find common concrete outcomes experienced by children and families involved in FGC and report on them, potentially linking them to policy outcomes driven by the Scottish Government. The story about FGC outcomes however became much more complex with contribution becoming as important as the outcomes I have identified (and which are discussed in the final chapter). What emerged from the data as important and of value were the feelings of the family members and professionals as they experienced FGC and what implications these feelings had towards making change happen. Thus, the thesis takes a fresh look at FGC outcome contribution utilising social justice concepts that primarily emerged during data analysis.

To begin, the next chapter will discuss the policy and legislative context within which the study takes place, alongside relevant literature concerning FGC, looked after children and research into the outcomes of those families who have used FGC. I then consider three key theoretical concepts utilised throughout the study: 'outcomes', 'family' and 'childhood'. I move on to consider the context within which the study takes place - child welfare social work and the broader macro issues impacting on those children, family members and professionals involved in the study. Finally, I consider the interconnected relationship between the child, family and the state and its relevance to this study.

Chapter 3 will outline the research design and methodology and the rationale for why I made certain choices within the research. I will discuss the theoretical and ethical factors affecting my decision-making, recount how the FGC case examples and participants were selected and recruited, and consider advantages and limitations of the choice of research design. Finally, I will consider the procedure for the analysis of data and reflect on my own experiences of fieldwork in relation to the study.

The first three findings chapters 4-6 unpack and shed light on what is important to respondents in the FGC process and outcome contribution. The data analysis led me to utilise a number of concepts to assist understand respondents' perspectives within the study. Those concepts include: empowerment; recognition; and partnership.

Chapter 4 utilises one case example to explore the stages of FGC and the contribution empowerment may make towards respondents' outcomes. Chapter 5 moves to a broader discussion of the data set, considering the concept of recognition and its contribution to outcomes. Chapter 6 considers the concept of partnership and the impact FGC has on supporting the reframing of how service users and professionals might see each other and work together.

The final findings chapter 7 considers the implications for outcomes given the discussion of the preceding chapters. I conceptualise outcomes for both family members and professionals by presenting frameworks, which reflect process, learning and quality of life changes discussed throughout the thesis. Several organisational outcomes are considered.

In the concluding chapter, I return to the key questions under study and the implications of the study for social work policy, practice and research.

1.7 Conclusion

In this chapter I have provided a brief introduction to FGC and the complex policy and legislative context within which the work is conducted and the study undertaken. The aim of the research is to investigate longer-term outcomes for children and families who have been involved in the process from a diversity of perspectives. Those perspectives include children, adult family members, and professionals. The intention is to relay as full a picture as possible of a multi-faceted reality experienced from different perspectives. I then explained how my interest in the research evolved and the consequent outline of the thesis that follows. The next chapter will begin by explaining FGC and reviewing literature and empirical studies regarding the process.

Chapter 2 Literature Review

2.1 Introduction

This chapter aims to contextualise the discussion within which this study takes place and clarifies several key concepts underpinning the thesis. I begin by introducing the reader to FGC. I explain what FGC is, as well as the process, principles and key assumptions of the approach. I then summarise the international empirical evidence about FGC as a child welfare decision-making process. There has been a significant body of research conducted on the process of FGC and its short-term impact on children and families, yet less is known about the longer-term implications of children and their families' involvement in FGC.

The policy and legislative context of children's services in Scotland is ever changing (Davis, 2011). The second section in the chapter provides a summary of relevant policy and legislation in relation to looked after children and young people in Scotland. Given that the study focuses on a process which supports decision-making for families at the point of concern for the child's welfare and/or wellbeing, I also comment on matters relevant to decision-making for looked after children in Scotland.

Finally, several concepts are introduced that underpin the thesis, including: 'outcomes', 'family', and 'childhood'. These concepts are discussed in terms of the context within which the study takes place: that is child welfare social work. I reflect on not only the individual complexity of these concepts but their relationships with each other. The chapter finishes with a discussion of child welfare social work and broader political debates, which impact on the context within which FGC is practised.

There are a number of choices I have made regarding the literature that I have included (or not) within this chapter. Before writing the literature review, I read widely on FGC including articles exploring empirical evidence of FGC process and use with a variety of service user group for example: in adult services; with

indigenous populations; in criminal justice services; and with service users who have mental health difficulties (Johansen, 2012; de Jong and Schout, 2012a; de Jong and Schout, 2012b; Ban, 2005; Waites et al., 2004; Nef, 2004; Swain and Ban, 1997).

Because of the extent of the literature available regarding both the service user groups, social work practice as well as the FGC process, I have made decisions not to include a vast body of work - it has not been my intention in this chapter to regurgitate and summarise this material but rather to introduce the reader to the FGC process and then to focus on the debates in literature regarding FGC outcomes.

Further, I was aware there were a number of individuals in the study who self-identified, for example, as: a single parent; LGBT; disabled; working class. While acknowledging the potential different identities of those involved in the study the common feature of all family members participating was that they were involved in the Scottish child welfare social service system and as such, it is child welfare social work that is the focus of the discussion within the literature review. Theories of social justice are further developed in each of the findings chapters on empowerment, recognition and partnership. The theories selected for use within these chapters was driven by the data analysis and will be further explored later in the thesis.

2.2 Family Group Conferencing

Originating in New Zealand in 1989, FGC grew out of discussions regarding the state making decisions about indigenous populations; in particular, fears that Maori children were over represented in the welfare and justice systems and that social work needed to work with rather than against Maori culture (Marsh and Crow, 1998). Like many Western countries, the New Zealand child welfare system was considered to be performing inadequately with a focus on child protection, where risk and evidence gathering 'edged out' a focus on need and assisting families to become 'robust protectors and providers' (Doolan, 2010: 3). 'Family Group Conference' as a decision making concept was consequently introduced within the New Zealand child welfare and youth justice legislative frameworks, displacing all previous conferences of professionals with each other (Marsh and Crow, 1998). Since the late 1980s, the approach has spread worldwide. Alongside New Zealand, parts of Australia, Northern Ireland, the Republic of Ireland and the Netherlands have legislative

mandates prescribing its use. FGC is also used in both welfare and/or justice jurisdictions in over twenty countries throughout Europe, United States, Canada, South Africa and South East Asia (Holland and O'Neill, 2006; Straub, 2012).

FGC has been operating in the UK since the early 1990s as a child protection and welfare decision-making process. Enthusiasm from an essentially professional 'grass roots' movement has been the driving force for implementing the FGC approach in the UK (Sundell et al., 2001). The Family Rights Group pushed for change in England and Wales while CHILDREN 1st pioneered the development of the 'best practice' approach in Scotland in 1998/9. CHILDREN 1st, Barnardo's and Action for Children currently manage FGC services in a number of areas across Scotland, whilst the City of Edinburgh Council and North Lanarkshire Council have an 'in-house' FGC service. At the time of writing, Glasgow City Council is also establishing a separate 'in-house' FGC team similar to that of the City of Edinburgh Council. The popularity and development of the approach in Scotland has waxed and waned over the past twenty years. In 2016, National Guidance for Part 12 of the Children and Young People (Scotland) Act 2014 states that families should be supported to make decisions prior to children being accommodated and that an example of good practice to support families make decisions is FGC (Scottish Government, 2016a: 7-10). Thus, by 2017 the specific inclusion of FGC in Scottish Government guidance has resulted in what appears to be a resurgence of interest of FGC in Scotland.

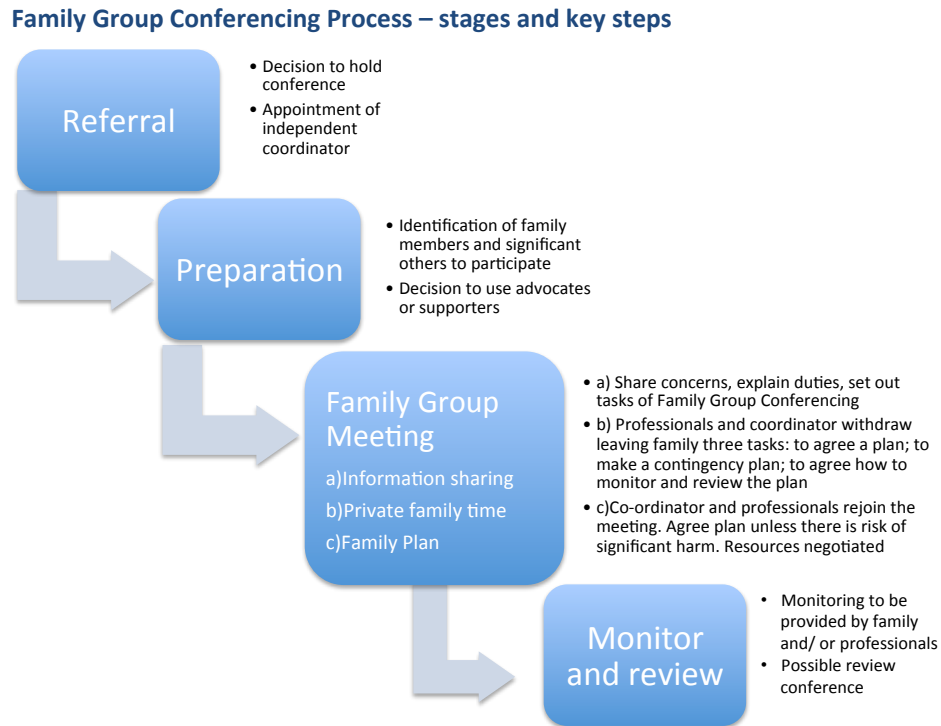
An identified strength of the FGC model is that the process appears to have many local adjustments and is flexible in its adaption across social work contexts (Crampton, 2007): for example criminal justice; adult mental health services; education; and, as in the case of this study, where there are child welfare concerns. FGC in child welfare seeks to 'promote the child or young person's wellbeing and welfare, uphold his or her rights and protect him or her from risk of abuse' (Hamilton, 2007: 4). When there is concern for a child's welfare, either because she/he is at risk of being admitted to state care, or he/she is the object of child welfare concerns, then a meeting of the child's extended family and social network is convened. FGC recognises the importance of involving family and social network groups in decision-making about their members in need of care and protection or

whose wellbeing is threatened (Eigan-Kracht Centrale, 2013). FGC is used in a variety of family difficulties including: child protection, child behaviour, juvenile justice, educational issues, parental substance misuse and domestic violence (Holland and O'Neill, 2006).

The Scottish FGC Standards (McKillop, 2016) state that where possible the 'family' will be offered the opportunity of holding the FGC in the first language of the family and attention will be given to any significant cultural, social or additional needs. An 'independent' FGC Coordinator helps a family join with its extended network to find their own solutions to their difficulties with the assistance of any professionals involved; the family can then develop a plan to protect and support their children (Hamilton, 2007). The 'independence' of the coordinator implies that the coordinator has no other professional role other than to facilitate the FGC service with the family and has no involvement in any professional decision-making for the child, young person or family (McKillop, 2016).

There are generally four distinct stages in the FGC process, as depicted in Figure 1 (see Barnsdale and Walker 2007:2 for a more extensive discussion).

Figure 1: Family Group Conferencing Process - stages and key steps



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

Dijkstra and colleagues (2016) argue that the rapid growth of FGC around the world can be explained by a combination of the underlying principles of the model and its simplicity, making it attractive to apply in different settings and contexts. Despite some variations, it is argued that the basic principles and stages of FGC are adhered to operationally (Barnsdale and Walker 2007). The basic principles of FGC in child welfare settings include those set out in Figure 2:

Figure 2: Family Group Conferencing Principles

Principles of Family Group Conferencing
Widening the circle – the term ‘family’ is interpreted widely to include the child’s relatives, friends and significant people.
Child-centred, future focus and blame free.
Taking and sharing responsibility for solutions.
Culturally competent practice – each family is unique and their culture and communication style is respected and embedded in the process; each FGC is therefore unique.

Families are experts on themselves and their situation, and with the support of professionals can make safe decisions for their children while the state retains responsibility for child protection. Thus FGC is safe and feasible for most families and works alongside investigative child protection systems; it does not replace them.
Family members have the right to be active decision-makers. The child's view should be respected and resources should be made available to support the child's voice to be heard effectively.
Community partnerships – building networks in the hope that community based resources can be found and secured to assist families.
Private family time is an essential element of FGC; time set aside during the conference for the family to develop a plan for the child without professionals.
It is recognised that children are generally best looked after within their own families, and this should be promoted wherever safe and possible.
The FGC Coordinator should always be independent of any other professional involvement with the family.
FGC is not an assessment or therapy but the process may assist wider assessments or therapeutic processes.

Source (Mitchell (2013:8) (unpublished) adapted from: Morris, 1994; Barnsdale and Walker, 2007; Hamilton, 2007)

The approach recognises parents' role as the primary carers of their children and ensures that parents and families retain control, other than in exceptional circumstances for example, where there are child protection concerns, in which case existing child protection procedures would apply (McKillop, 2016). Fundamental to the approach is the belief that families know best about their difficulties and that they are capable of finding solutions and making decisions affecting their children (Mirsky, 2003; Metze et al., 2013). As such, FGC attempts to strengthen the family's capacity to take care of their members by engaging the child and adult members to take on the role of promoting the child's welfare and attempting to adjust power differences between families and statutory authorities (Holland et al., 2005; Marsh and Walsh, 2007; Marsh, 2013). Doolan (2010) argues the FGC seeks to avoid unreasonable or avoidable intrusion by the state into the lives of parents and children and instead positions the family group as having primary responsibility for the protection, care and behaviour of its children. Dijkstra and colleagues (2016:101) point out, based on the assumptions underpinning the principles highlighted above, the model aims to improve child safety within families and reduce the need for professional care.

Despite the generally positive endorsement of FGC, some important concerns have been raised about the principles and practice of the intervention. FGC challenges the

orthodoxy of traditional decision-making forums in child welfare. Consequently the role of a professionally dominated social welfare service that emphasises the ‘expert knowledge and skills of professionals within a complex, often adversarial, context’ is challenged (Barnsdale and Walker, 2007: 10). The central principles of the model suggest the role of the worker is one of facilitator, ‘empowering’ families to make decisions for their own welfare. This situation is challenging to both worker and families ‘accustomed to the format of traditional social work’ where social workers work within ‘risk averse’ social work contexts (Holland et al 2005: 65). Barnsdale and Walker (2007) suggest social work systems are resistant to working in more participative ways and developing services which give families more control, raising questions regarding the meaning of empowerment and the practice of facilitating choice within contemporary social care services.

2.2.1 Empirical Research on FGC in child welfare settings

FGC’s potential as a practice within child welfare decision-making contexts has been highlighted in international research literature (Frost et al., 2014b). Particularly noteworthy is its potential to:

- Keep children safe through the delivery of plans which protect and benefit children and parents/carers (Marsh and Crow, 1998; Lupton and Nixon, 1999a; Pennell and Burford, 2000; Marsh and Walsh, 2007);
- Bring family members closer together and strengthen positive family ties (Pennell and Burford, 2000);
- Refocus services towards family and kinship support with a positive use of family and institutional resources (Holland et al., 2005; Crampton, 2007; Holland and Rivett, 2008; Schmid and Pollack, 2009);
- Increase families’ involvement in decision-making (Connolly, 2006; Holland and O’Neill, 2006; Ross, 2006); and
- Improve partnership working between families and social work services (Marsh and Crow, 1998; Lupton and Nixon, 1999a; Merkel-Holguin, 2003; Mirsky, 2003; Holland and O’Neill, 2006; Pennell, 2006; McGhee and Hunter, 2010; Ney et al., 2011).

Research on FGC has tended to consist of small scale evaluation studies, centred on user satisfaction, process and immediate outcomes such as whether a plan has been made or not and /or whether a child is prevented from being accommodated (Marsh and Crow, 1998; Hayes, 2000; Holland and Rivett, 2008; Doolan, 2012; Frost et al., 2014b). This research has generated predominately positive results with both professional and family member satisfaction of the process high and most family meetings producing a family plan which is acceptable to professionals (Lupton and Nixon, 1999a; Holland et al., 2005; Crampton, 2007).

While the research literature strongly indicates positive programme satisfaction by professionals and families, children and young people appear to be generally overlooked as a source of knowledge regarding FGC (Holland and Rivett, 2008: 24). Research which does specifically evidence children's perspectives focuses primarily on programme satisfaction of participants rather than their perceptions of outcomes (Dalrymple, 2002; Horan and Dalrymple, 2003; Holland and O'Neill, 2006; Bell and Wilson, 2006b). Concerns have been raised about whether the voice of children is heard within the context dominated by professionals or adults (Dalrymple, 2002) and the 'reproduction and reinforcement of family power imbalances' during private family time particularly in relation to gender and generational elements of the family (Featherstone, 2004; Holland et al., 2005: 60; Holland and O'Neill, 2006; Connolly, 2009). The FGC approach has been criticised for 'rather naively' viewing family as a single unit of intervention – toning down differences within the family unit of the individual needs and wishes of its members, some of which may differ or contradict each other (Holland et al., 2005). Although FGCs can usefully include and consult children about planning and decisions that will affect them, Bell and Wilson (2006b: 9-10) caution that there are some family groups where this perhaps cannot be done without risks to members, for example: children or victims of domestic abuse, and in these circumstances professionals need to use control on who is there, what is discussed and how. The exercise of control by professionals regarding different stages of the process and who attends the meetings consequently raises questions regarding the empowerment of vulnerable adults and children in FGC (Barnsdale and Walker, 2007). The challenges to the conceptualisation and application of FGC as an empowering process are discussed at length in Chapter 4.

2.2.2 Research on FGC outcomes

Research on FGC which specifically focuses on outcomes for the child and his /her family is limited. Experimental research regarding the longer-term outcomes of FGC has been attempted, these have had mixed results (where longer-term outcomes refers to twelve months or more after the family meeting). Notably Sundell and Vinnerljung's (2004) Swedish study compared 97 children involved in 66 FGCs between 1996 and 1997 with 142 children from a random sample of 104 traditional child protection investigations by the Child Protection Services (CPS). All children were followed for a period of three years for future maltreatment events reported to the CPS. The research found children in Sweden experiencing FGC had no better outcomes than those who experienced traditional child protection investigations. Despite being statistically valid, the study does note there were several methodological problems: observed initial differences between the two groups was statistically controlled whilst non-observable differences were not able to be controlled; and it also had limitations regarding the narrowness of the data sources - case notes varied in detail and quality, risking the validity of the constructed comparison group; the use of referrals and other agency related outcome data was limited; the cases for FGC were notably more 'critical' child protection cases than those randomly selected (Sundell and Vinnerljung, 2004: 281; Tinworth and Merkel-Holguin, 2006). Further, Sundell and Vinnerljung's (2004) study does not include service user opinions and as such outcomes appear to be interpreted using quantitative measurements defined as relevant solely by the researchers.

In England, a randomised control trial was inconclusive due to the small take up of FGC by families in the child protection system (Brown and Lupton, 2003). Brown and Lupton's (2003) study set out to generate suppositions about the type of family situations in which a FGC may be more effective than traditional approaches. They undertook to do this with a controlled comparison between those having FGC interventions and those experiencing traditional ways of working through a local authority's social services department. The study had 121 randomly assigned cases where 64 were allocated to a FGC. Of the 64 people in this pathway, only one agreed to and had a FGC during the period of the study (15 months). The researcher suggest two main reasons for low uptake: the families themselves did not wish to have a

FGC; and cases were being excluded from the FGC pathway by professionals (Brown and Lupton, 2003).

More recently Dijkstra and colleagues undertook a meta-analysis investigating the 'effectiveness of FGC in youth care' in the Netherlands (Dijkstra et al., 2016). This study found that FGC did not significantly reduce child maltreatment, out of home placements and involvement in youth care, suggesting that study and sample characteristics 'moderated the effectiveness of FGC' (p100). This study involved 14 controlled studies (n=88498 participants). Child safety (reports of child maltreatment and out of home placement) and involvement in youth care were included as outcomes variables. Retrospective studies, they suggest, found FGC to be more effective than regular care in reducing the recurrence of maltreatment and decreasing the number and length of out of home placements. Retrospective design of studies, which were often focused only on information obtained from file data, had the potential for a higher risk of (self) selection bias because assignment of the experimental and control group are determined retrospectively - suggesting the comparison of the control and experimental groups remains unclear (Dijkstra et al., 2016). Prospective studies, on the other, hand found FGC to be 'not more effective than regular care' (Dijkstra et al., 2016: 104).

In addition, Dijkstra and colleagues (2016) found two other significant impacts within their work: to begin FGC resulted in more and longer out of home placements in minority groups and it was the minority groups which moderated the overall effect of FGC in the study (p106). Additionally, those families in youth care with older children who had been involved in FGC often experienced longer out of home placements. This result might suggest differences in the nature of problems experienced by families with younger and older children. There were a number of limitations to this meta-analysis including: the small number of studies included; the lack of programme fidelity across studies; and the inclusion of one study with a considerably larger sample size compared to the other studies included. The low number of studies may lead to the problem of biased estimate between study variance and standard error (p108).

Empirical literatures regarding the study of FGC outcomes have been criticised for

being methodologically weak (Crampton, 2007; Barnsdale and Walker, 2007; Metzger et al., 2015; Dijkstra et al., 2016). Isolating the effects of FGC from the influence of other services which are typically offered alongside the decision-making approach appears difficult whilst comparisons with other child welfare decision-making approaches are not often included in studies (Crampton, 2007). Local variations of FGC practice also raise questions of what is 'true' or authentic FGC practice and how it is measured: that is, FGC fidelity (Dijkstra et al., 2016). Which child welfare outcomes FGC is expected to improve, agreement regarding the aims of the approach, defining clear and evaluative standards and measuring associated outputs, are also problematic (Barnsdale and Walker, 2007: 37; Crampton, 2007). As highlighted above, randomised trials have also been operationally difficult to establish; along with those already discussed above a challenge of implementing randomised trials of FGC programmes is the difficulty of recruiting families into the study (Crampton, 2007).

The discussion on FGC outcomes and the examination of the effects of using different methodologies is increasingly being debated by scholars, particularly in the Netherlands (Tinworth and Merkel-Holguin, 2006; Morris and Connolly, 2012; Asscher et al., 2014; de Jong et al., 2015a; Dijkstra et al., 2016). Scholars have criticised research projects on FGC impact as 'meaningless' because there are so few studies that have included a randomised control group. As such, the quality of the qualitative research previously conducted on FGC has been brought into question (de Jong et al., 2015a: 2). De Jong and colleagues (2015:1) counter these criticisms by suggesting that randomised control trials (RCT) should not be seen as the 'gold standard' for measuring FGC impact. They suggest that the use of RCT in researching outside the controlled settings of the laboratory or clinic is questionable – particularly when the sample sizes being used are small and the capacity to control the complexity of setting and context is so challenging. De Jong and colleagues (2015) argue that FGC takes place within a social reality, which is complex and where the conditions and settings are not fully controllable. Those people who usually utilise FGC, they argue, are often 'multi-problem and chaotic families' where problems are usually interwoven and cause and effect is hard to disentangle. Thus they question how the causality in the social reality of families can be proven when

unexpected events can create large unintended side effects. The exclusion of side effects, they contend, is a difficult task either to control or to measure (de Jong et al., 2015b: 3). Alternatively, de Jong and colleagues (2015a) argue for more nuanced approaches to studying the outcomes of FGC by suggesting either discrete ‘time survival analysis’ when working with large cohorts, or, secondly, when sample sizes are smaller, researching process evaluation. The second in particular provides insights on how the intervention is/has been actually implemented from various stakeholders’ perspectives, providing an opportunity to see whether there are differences in respondents’ perspectives on impact given the different contexts and background of the family. This nuanced knowledge, they contend, is valuable in understanding the impact of FGC in a manner which would not have been visible using RCT studies (Tinworth and Merkel-Holguin, 2006; de Jong et al., 2015a).

This section has discussed the historical development of FGC, the stages and assumptions underpinning the process and the current empirical evidence and challenges to researching FGC in child welfare contexts. These critiques were relevant when making decisions regarding the research design and methodology for this study, and they are further explored in the next chapter. I now move on to discuss the Scottish context within which FGC is practised.

2.3 Scottish context: legislative, policy and practice drivers

This study sought to understand the outcomes of those children who were at risk of being looked after and accommodated in Scotland and their families, and who have been involved in the FGC process. This section will briefly examine the legislative, policy and practice context within which FGC is practised, as well as contextualise the ‘looked after’ status of children and young people.

At the time FGC was being established in Scotland in the 1990s, a number of fundamental changes were also occurring in the Scottish political and legislative landscape which supported investment in an approach that aimed to enhance children and families’ involvement in decision-making. The 1998 Scotland Act established the Scottish Executive, now the Scottish Government, as part of the New Labour’s

programme of devolving government within the UK (Ritchie and Woodward, 2009). With its establishment, the new Scottish Parliament was seen to strengthen Scotland's traditional emphasis on welfare and putting the needs of the citizen first (Cheetham, 2001). There followed a number of new policy initiatives in relation to improving the quality of education, health, justice and social services (Ritchie and Woodward, 2009). The Scottish Government, like the New Labour government in Westminster, drove forward a change agenda for children's services in general and social work more specifically, calling for modernisation, change and improvement in social work to address the perceived inefficiencies and lack of responsiveness to the needs of those people using social services (Scottish Executive, 1999).

The Scottish review of child protection, *It's Everyone's Job to Make Sure I'm Alright*, published in 2002, found that children and parents felt they had very little control over the decisions being made by professionals regarding children's welfare. The report recommended that services for children and families should build on 'families' strengths' and provide 'space for negotiation'. This 'space for negotiation' (section 2.82) refers to practitioners discussing with the child and others (parents and if appropriate, other family members or professionals) options for the best way forward and timescales for taking decisions (Scottish Executive, 2002: 148). *The Twenty First Century Review of Social Work, Changing Lives* (Scottish Executive, 2006) additionally highlighted the need for 'capacity building' as a foundation to change the way services were designed, delivered and evaluated. Hothersall (2014) contends the drive to enhance 'capacity building' is respectful of the importance of human agency and dignity not just about responding to what could be seen as political rhetoric or as a means of saving money (although these do have some influence in these times of austerity). He contends effective positive outcomes are often not seen immediately; rather an intervention may assist the resolution of a crisis 'but also equip the individual with the knowledge, skills and the confidence to approach future situations differently and therefore avoid or limit future crisis' (p59-60). Barnsdale and Walker (2007) suggest that an increase in the potential of the FGC approach was fuelled by the report from the Review of Social Work in the 21st century, *Changing Lives*, which emphasised social work services improved

partnership working with service users, extended families, professionals and communities (Scottish Executive, 2006).

In common with *Changing Lives*, *Getting it Right for Every Child* (GIRFEC) aims to achieve significant change in services for children to make sure children and families are getting the help they need when they need it (Barnsdale and Walker, 2007).

GIRFEC aims to achieve secure, nurturing, positive childhoods, from which all children can develop into successful learners, confident individuals, responsible citizens and effective contributors (Scottish Government, 2008). GIRFEC therefore provides an overarching set of outcomes and eight wellbeing indicators (SHANNARI)¹ which service providers are required to achieve and/or contribute towards for children in Scotland (Rose and Rowlands, 2010). These indicators form the foundation to the national GIRFEC framework for whole-system change of practice and policy (Rose and Rowlands, 2010; Cook and Miller, 2012). Like *Every Child Matters* in England, GIRFEC aims to promote service, culture and practice change, and as such is recognised as the foundation for work with all children and their families. As Davis and Smith (2012:15) point out, the approaches were aimed to ‘stimulate workforce reform, improve outcomes for children and families and promote integrated approaches, for example to improve how information is shared across agencies’.

Getting It Right For Every Child notes that practitioners should place children at the heart of decision-making and that they should be listened to and understand decisions that affect them; further, GIRFEC supports children and young people and their parent(s) to work in partnership with the services that can help them (Scottish Government, 2016a). The Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 are the current primary legislative frameworks relating to children’s welfare. Section 2 of the 1995 Act in particular refers to parents’ right to live with their children or to regulate their children’s residence and make decisions about their upbringing. Parents can exercise these rights when they act in the child’s best interests. Section 17 of the 1995 Act relates to looked after children and states that the local authority must consider the views of the different parties involved in

¹ SHANNARRI - Scottish Government wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included

making decisions about the child and before a decision is made about a child, the local authority should take into consideration the views of the child, the child's parents and anybody else whose views are relevant such as relatives.

An underlying principle of GIRFEC is that services should be centred on the child or young person. The services they receive should be based on a comprehensive assessment of the child's needs combined with adequate and coordinated planning when more than one agency is involved (Davis and Smith, 2012). The child and relevant others would also be central to coordinated planning (Scottish Government, 2013). These principles apply across a spectrum of services which apply to children and young people who are, for example: in need of protection; affected by domestic abuse; accommodated away from home; involved in offending; presenting behavioural difficulties at school or are excluded; and affected by mental health and wellbeing difficulties (see Barnsdale and Walker 2007: 7). The expectation of working with families to improve outcomes for children and young people was re-emphasised in the Christie Commission 2011, which argued that public services exist to support a fair and equal society, set out a vision for people, communities and services collaborating to achieve better outcomes (Christie, 2011: 27).

A common theme within all these initiatives is partnership with service users, parents and carers. Kendrick (2011: 202) points out that partnership working has become a core aspect of social work policy and practice and the use of the term has become central to the development of social work services and 'fundamentally changes the nature of the relationship between the social work... professional and service users'. Kendrick (2011) contends that if social work professionals are to take empowerment and service user involvement seriously it requires services to work in partnership with people who use the service. Yet, Kendrick continues, the development and manner in which partnership is used and described varies across service user groups. Partnership working with children and young people is primarily located in discourse on children's rights and underpinned by the principles of participation expressed in the UNCRC (Kendrick, 2011). Yet in child welfare a child's rights to participate may be at odds with his/her right to protection. Further in child welfare the language of partnership is often used to describe relationships

with parents but can often implies the latter are in need of ‘support, direction and correction’ (Barnsdale and Walker, 2007: 7). A challenge for current policy and practice is therefore to view parents (and children and young people) as partner’s in finding solutions, while also being seen as part of the problem that requires addressing. Morris and Featherstone (2010) contend that families with care and protection needs are often caught in conflicting policy and practice expectations concerning responsibility to care whilst being positioned as families that fail. It is within this rapidly changing Scottish legislative, policy and practice context that this study offers insight into the contribution FGC may make towards outcomes for looked after children and families.

Looked after children

The children involved in this study were all looked after and at risk of being accommodated at the time the social worker made the referral to the local FGC service. This section provides a short appraisal of the context of looked after children in Scotland. Local authorities in Scotland have a responsibility to provide support to certain vulnerable children and young people who are ‘looked after’. A child or young person can become looked after for a number of reasons including neglect, abuse, and complex disabilities requiring specialist care or involvement in the youth justice system. There are different types of accommodation a looked after child could be placed in, including: at home (where the child lives in their normal place of residence and is subject to a Supervision Requirement), foster care, residential unit or school, a secure unit (where a child sleeps in a room which is usually secure and locked at night) or a kinship placement (where they are placed with relatives or friends). In 2016, foster care and kinship care were the most common setting for looked after children with the proportion of kinship care increasing most significantly over a ten year period: from 13% in 2006 to 28% in 2016 (Scottish Government, 2017). When a child is looked after, a care plan or Child’s Plan should be produced. This plan should include information detailing the child’s care, education, and health needs as well as the responsibilities of the local authority (Scottish Government, 2007b; Scottish Government, 2015).

There were 17,349 children in Scotland who were looked after or on the child protection register² as at July 2016, 2% of the total number of children living in Scotland (Scottish Government, 2017). Of those 2,723 were on the child protection register while 15,317 were looked after, children both looked after and on the child protection register were 621. In comparison to the 2014/15 statistics there appears to have been a 1% decrease in the number of looked after children and a 1% decrease in the number of children on the child protection register.

There are a number of pathways by which a child can be looked after. Children may be referred to the Children's Reporter in the hope of the child attending the Children's Hearing system, become voluntarily looked after or come in through the criminal justice system. Scotland has a uniquely combined system of child welfare and juvenile justice in the Scottish Children's Hearing System. Lay panel members, the child and his/her family discuss the circumstances and background of the child referred by the Children's Reporter and then the hearing makes a decision about whether there are any compulsory measures of supervision necessary, and if so what those measures will be (McCallum, 2011).

In the period between 2004 and 2016, the number of children looked after increased by 30 per cent, yet the number of children referred to the Children's Reporter decreased by nearly 67 per cent (Scottish Government, 2017). The reduction appears to be linked to the decrease in offence referrals because of pre-referral screening across Scotland.

The historic increase in the number of children who are looked after or on the child protection register at a time when referrals are falling means that the smaller number of referrals being received by the Reporter are potentially of a more complex nature and are more likely to end up being looked after or on the child protection register than in previous years (Scottish Government, 2017: 27-28).

This information would suggest that those children looked after in this study who were deemed looked after due to a Children's Hearing, may have had complex

² The child protection register is a list of names of children and young people who are deemed to require protection and support by the state because of concerns for their safety.

reasons for referral to the hearing system

Children involved in FGC who are looked after will have experienced a number of decision-making forums. Alongside the Children's Hearing System mentioned above there are other decision-making bodies which operate in Scotland, such as the courts (dealing with the extreme cases of offending by those under 16 and also many 16 to 18 year olds involved in crime) and social work departments, which conduct a range of meetings and reviews relating to child welfare (Murray et al., 2001). It has been argued there are key difference between FGC on one hand and children's hearings and social work department meetings on the other hand (Murray et al., 2001: 7).

Those differences include: the locus of decision-making in FGC rests with the family instead of lay people or professionals; the number of professionals present is often lower in FGC than other formal social work meetings; bringing the family together (and private family time) is emphasised in FGC while only one or perhaps two immediate family members (often a parents or carer) may be invited to attend social work meetings; no legal rights are afforded to children within the FGC while at other meetings there are legal guidelines relating to children and young people which are often stated in policy guidelines and legislation.

The publication of *We Can and Must do Better* in 2007 reflected the Scottish Government's desire to improve outcomes for looked after children. Looked after children in Scotland tend to leave school at younger ages, have poorer physical and mental health and are more likely to be involved in the criminal justice system than other young people, resulting in gaps in attainment and health for looked after children (Scottish Government, 2014). Partly because of this, they tend to have lower levels of education qualifications and are less likely to go into 'positive destinations' – training, education or employment (Scottish Government, 2015). In response and taking further steps to transform social services for looked-after children, the Scottish Government published the *Getting it Right for Looked After Children and Young People Strategy* focusing on early engagement, early permanence and improving the quality of care (Scottish Government, 2015). Again, as in previously discussed policy documents, the Scottish Government stresses the importance of hearing the

voice of children and young people and developing in partnership with children and families, professionals and communities (Scottish Government, 2015).

This section has discussed the changing Scottish policy and legislative contexts for looked after children and their families. It set out an understanding of the policies and legislation that promote or impede the development of support to families involved in FGC in Scotland. The next section will begin to discuss the key concepts used within the study. Given this study sought to understand the outcomes for children and families involved in FGC, I begin by examining the concept: ‘outcome’, following which I discuss ‘family’ and ‘childhood’.

2.4 Key concepts

2.4.1 Outcome

Simply defined, outcome is the ‘impact of activity or support and service’ (Cook and Miller, 2012: 8). Yet the concept is not straightforward and the simplicity of the definition defies the complexity of measuring outcomes (Felton, 2005; Beresford and Branfield, 2006b; Frost and Stein, 2009). Literature discussing outcomes does not appear to utilise the term consistently. There is a distinction between ‘service-led’ outcomes and ‘personal’ outcomes (see later discussion). In addition, outcomes are often conceptualised in relation to particular time frames: for example process, intermediate and longer term outcomes (Stevens, 1999; Stratham, 2000; Pine and Spath, 2011; Stevens and Hassett, 2012; Barnardo's Scotland, 2012). This section will explore the concept of outcomes and the challenges of understanding and measuring outcomes within the context of child welfare services. This dialogue is of value as it begins to frame the discussion regarding FGC outcomes within the thesis.

Outcomes and children’s services

The modernisation and integration of children’s services over the past two decades have resulted in a discernable movement from services led by organisational objectives towards an attempt to be outcomes-led (Frost and Stein, 2009: 318). This interest has been based on a range of factors including the interests in cost effectiveness and a desire to make sure children’s services are addressing priorities due to a series of high profile child protection cases (Stratham, 2000; Felton, 2005;

Beresford and Branfield, 2006b; Canavan et al., 2009; Ward et al., 2009; Miller, 2011; Barnardo's Scotland, 2012; Coen et al., 2008; Hill, 1999).

The policy context in Scotland reflects an emphasis on being outcome-focused. In 2006 the Scottish Executive stated that more time should be spent on funding achievements for individuals and communities rather than spending time measuring what goes into services (Scottish Government, 2006). The overarching Single Outcome Agreement (SOA) followed in 2007, which set out new relationships between central and local government allowing for more flexibility at the point of delivery (Scottish Government, 2007a). Sitting underneath the overarching SOA are several policy documents: in the children's services arena, *Getting It Right for Every Child* (GIRFEC) is of particular importance (Scottish Government, 2008; Scottish Government, 2010). *Getting it right* is embedded in a range of Scottish policy documents relating to issues affecting children and young people (see earlier discussion). The delivery of FGC sits within this child welfare arena where it is expected that outcomes improve children and families' wellbeing and quality of life.

As policies in the area of children and families services have advocated a more joined-up outcomes based approach to service delivery it has been argued services are required to have more precise processes of 'referral, recording, information sharing, assessment, management, planning and delivery, monitoring and evaluation' (Davis and Smith, 2012: 23). Outcomes measures have become a key way of defining and measuring the quality of social services since the 1990s, assessing not what organizations did but what they actually achieved (Canavan et al., 2009). Agencies in voluntary and public sectors are increasingly required to demonstrate successful outcomes in order to obtain funding and meet government targets. Being outcome-focused can have benefits both strategically and practically. It may enhance accountability of those involved, sharpening the focus of managers and practitioners whilst addressing an 'enhanced level of expectation from recipients of the services they receive and the organisations they interact with' (Canavan et al., 2009: 378).

Outcomes are not neutral

'Outcome' is not a neutral concept, and stakeholders' perceptions of what constitutes a good outcome are not consistent – 'conceptual and value differences rather than

just the potential of measurement errors can be attributed to disparities' (Felton, 2005: 225). This may be particularly relevant in the social work services as professionals tend to measure their practice outcomes through what Felton (2005) describes as a 'privileging of the self' that is as a self-reflecting and experiencing individual (p 223). As such, the conceptualisation of outcomes may specifically correspond to a professional's (for example, a social worker's) values and processes. The selection of how outcomes are measured and the collection of outcome data relating to which outcomes are important and have the potential to influence resource allocation and practice development (Fenton, 2005). These measures and the discussion about outcomes have primarily been professionally led, exemplifying essentially bureaucratic processes and standards (Beresford, 2016: 301; Canavan et al., 2009; Cook and Miller, 2012; Frost and Stein, 2009; Good et al., 2013; IRISS, 2012; Stratham, 2000). Lupton and Nixon (1999a) point out that the desired objectives of FGC and their associated measures have to date been generated primarily by professionals and academics.

Some voices are more dominant than others in different discourses (for example social workers), which has the capacity of drowning out less powerful voices (for example children, young people and family members). In addition, children, young people and family members may themselves differ in their opinions on the significance of outcomes achieved and how different interventions (for example FGC) may have contributed to them. Changes which occur in the family situation may have many competing descriptions depending on the perspective of the people describing them (Stevens, 1999). An important component of exploring FGC's contribution to outcomes for children and families is to appreciate what children and families also understand their outcomes to be, and the elements that were important in their journey to achieving those outcomes.

Who defines outcomes?

There are several other interconnected issues that make the study of outcomes challenging. To begin, goals often change over time without being explicitly stated: for example, in response to the wishes of a referral agency or as a result of learning from experience (Hill, 1999; Canavan et al., 2009). Parton (1997) notes that the

socially constructed nature of the terms used in ‘child protection’ and ‘child abuse’ mean that it is not possible to have a single, objective description of the initial problem. Therefore the objectives of child care systems and the problems they seek to address are not always clear (Parton, 1997). Different stakeholders may have distinctly different objectives, expectations and experiences depending on the perspectives and values of the key people (Hill et al., 2012). Motivations about particular outcomes may, for example, be linked to a desire: to save money for senior managers; to find the safest approach to child protection for practitioners; and for family members, to know how the interventions they get involved with will help resolve their problems (Lupton and Nixon, 1999a). Finally, in different family situations, the interests of children, mother, father or carer are not always the same (Stevens, 1999). These different agendas create tensions in so far as they influence how an outcome is defined and how the relationship between the intervention and the outcome is hypothesised (Hill, 1999). Who decides what dimensions of outcomes are relevant and important? Are the relevant goals those of politicians, service managers, professionals, external agencies (e.g. the hearing system), children, parents or some combination of these?

Canavan and colleagues (2016) caution against a reductionist approach to outcomes, particularly in the arena of family support services. They recommend asking: who decided what the outcomes of the intervention were to be and how this was done. In so doing, they contend process issues that relate to the delivery of the service are considered relevant when defining and identifying outcomes (p109). As stated earlier, Miller (2011) argues that an important distinction should be made between ‘personal’ outcomes and ‘service-led’ outcomes (Miller, 2011: 2). Personal outcomes are ‘determined by the aspirations, goals and priorities of the individual and can primarily be understood as what matters to the person’, whilst service-led outcomes are ‘predetermined by the service on behalf of beneficiaries’ (Cook and Miller, 2012: 8). This distinction is important because research has indicated that service users’ perceptions of outcomes may vary considerably from organisations, practitioners and significant others (Stratham, 2000; Felton, 2005; Beresford and Branfield, 2006b; Miller, 2011). This might suggest that those service users participating in FGC may have different perceptions of outcomes from those who are professionally involved.

Beresford and Branfield (2006) contend, in their discussion on social care services, that service users' concept of outcome and quality differs significantly from those currently employed in social services. An important difference has been the tendency of service-led and professional discussions about outcomes to separate the process from the outcomes or result. Service users indicated the opposite, that is, 'the service process is inseparable from and shapes the outcome' (Beresford and Branfield, 2006:440). Thus how one receives the service or support cannot be separated from what one sees the outcome as being; services considered as being negative by service users will be seen by them as having negative outcomes – despite being seen from the outside as having achieved certain formally set criteria or outcomes measures. Additionally, service users considered it important to reflect subjective views of service users when measuring outcomes alongside service-led definitions of quality provision (Beresford and Branfield, 2006b). Service users considered outcomes should not necessarily be standardised to enable a 'tick box' approach to measuring quality; rather outcomes needed to be sensitive to the individual peculiarities of service users - recognising individual perspectives, preferences and priorities (Beresford and Branfield, 2006b; Canavan et al., 2009; Canavan et al., 2016; Cook and Miller, 2012). This section has highlighted the importance of considering different perspectives when attempting to understand and define outcomes, the relevance of this discussion on my decisions regarding the research design for this study will be explored in more detail in the next chapter and in Chapter 7.

Identifying outcomes in complex situations

Outcomes are often considered as the result of a chain of events that typically includes: input (skills, resources, staff); activity (process i.e. referral, preparation, meeting review); output (provision of a service); outcome (the effect of a service); and impact (on person's life) (Hill, 1999; Cook and Miller, 2012: 9).

Figure 3: Logic Outcome Framework

The linearity of the logic framework can be considered problematic because it suggests a simple and perhaps straightforward chain of events. Working with children and families involved in child welfare services to create change, however, is not straightforward. Stevens and Hassett (2007) argue that the use of linear models to explain outcomes reduces and ‘dehumanises’ social work practice by ignoring ‘individuality and complexity’:

Risky situations and crises arise as the results of interplay within a non-linear complex adaptive system and not through a simple cause and effect process (Stevens and Hassett, 2012: 504).

These flawed and reductionist assumptions, it is argued, underpin current risk assessment and child welfare approaches (Stevens and Cox, 2008). Groups such as families, communities and societies are considered complex adaptive systems (Stevens and Hassett, 2012; Stevens and Cox, 2008), where behaviour and resultant outcomes are as much a product of interactions between people and their environment as they are a result of individual actions and interventions.

Understanding complexity in child welfare suggests that it is not adequate to deal with complex phenomena using a linear understanding of cause and effect. In linear understanding, A plus B will always equal C. The development of complex and adaptive systems is not linear. ‘That is A plus B may lead to action C, but it may also lead to actions D, E and/or F. On the other hand, it may lead to no change’ (Stevens and Cox, 2008: 1324).

Thus when focusing on one of the steps, for example ‘inputs’, the linearity and reductionist assumptions of the framework are highlighted: participation, for example, is a key element of working with families, mobilising and harnessing the

power to take action. These dynamics are not static and change over time. Often in families there are different people, at different times, who act or not. There may be a reliance built on the input of those individuals, they may become resentful at others' lack of interest or become over-worked, and others may exploit their position for their own ends. Regardless, it can be argued that there may not be a great deal of control when working with families over the 'inputs', the starting point of the framework; consequently it can be difficult to gauge the outcomes affected by those inputs. Thus the logic framework, while helpful to provide an overview of outcomes and their cause, may often be limited, reducing the exploration of what actually occurs in the change process into a simplistic summary that ignores the complexities of child welfare practice.

Let's talk about contribution

A key challenge when exploring outcomes is that of attribution: to what extent are observable results due to the programme activities rather than other activities (Mayne, 2008; Miller, 2011)? How can the impact of one intervention be isolated from that of others when there are multiple agencies and professionals involved with a child and his/her family? Mayne (2012) and Patton (2012) examine the use of the terms 'attribution' and 'contribution', noticing a helpful distinction between the two terms. Attribution is used in literature to both 'identify with finding the cause of an effect and with estimating quantitatively how much of an effect is due to the intervention' (Mayne, 2012a: 273). Patton (2012) questions whether observable outcomes can be directly attributed to a programme when undertaking an evaluative enquiry. Under complex conditions with multiple factors interacting traditional attribution analysis, it is argued, 'cannot cope' – giving way to a context sensitive discussion on 'contribution' (Patton, 2012: 364-365).

Contribution analysis explores attribution through assessing the influence a programme is making to observable outcomes. It sets out to verify the theory of change and is used within the context and recognition of the 'complex situations and multiple factors influencing a result' (Mayne, 2012a: 274; Mayne, 2008). Mayne (2012a: 271) argues that a complete theory of change is embedded in the context of the intervention, and is developed by incorporating the perspectives of key

stakeholders, beneficiaries and existing relevant research. Other scholars point out the benefits of obtaining perspectives of service users, family members and professionals to help identify causal chains (Miller, 2011). Stridharan and Nakaima (2012:381) suggest a strength of using contribution is that it allows a focus on different kinds of evidence, assumptions, and risks including ‘observed results, evidence to support the theory of change, evidence to test the assumptions’ and also evidence to examine other influencing factors.

The ‘credibility and utility’ of contribution, Patton (2012) argues, ultimately depends on the quality of the evidence collected and the quality of thinking applied in making sense of the evidence. Central to this is the involvement of intended users of the evaluation in the opportunity to ‘learn about, come to understand and appreciate, and engage in contribution analysis’ (Patton, 2012: 376). It is clear from the discussion that many interventions do not act alone and that any desired outcomes are likely to be the result of a combination of causal factors, including other relevant interventions, events and external circumstances. A straightforward notion of cause and effect works well for simple bounded and linear problems but not when exploring more complex contexts and situations, as is the case in this study. Thus a retrospective exploration of what influenced outcomes for children and families of FGC would not be based on ‘attribution’, rather, evidence might be provided from a number of sources and documents to support an understanding of contribution. This would suggest that an assessment of FGC outcomes would require an appreciation of contribution from the different perspectives of those involved in the process.

This section has discussed the challenges conceptualising and measuring outcomes for child welfare services and FGC. The discussion highlighted that those attempting to understand outcomes should have clarity about: what an outcome is and for whom, along with an awareness of issues of difference and power. Caution has been recommended when approaching outcomes that involve complex family situations and family support services to ensure issues underpinning the processes experienced will also be evaluated. Finally complexity of context and situations requires a consideration of contribution rather than attribution. The method and challenges to assess contribution in FGC are discussed in the next chapter.

Given ‘family’ is the key structure and ‘mediating core’ of the FGC process (Connolly and McKenzie, 1999: 66) and the child is the focus of the meeting, the next two sections will discuss the family and childhood as key concepts at play within the FGC process, and consequently, the study. The unpacking of these concepts is valuable to the discussion as it provides a theoretical framework through which to understand the complexities of the study, while also beginning to position children, families and the services that provide them support within broader sociological and socio-political discourses.

2.4.2 Family

Morgan (2011b) argues there is no such thing as “The Family” and using the term is fraught with difficulties. To begin, it suggests a sense of ‘misplaced concreteness’ or a ‘thing like quality’ (Morgan, 2011b: 3), which fails to reflect the different roles or positions associated with the family and the many ways these might be understood or portrayed. This may consequently suggest an underestimation and (potential) misunderstanding of the ways in which families have undergone change historically or ‘any individual family moving through that time’ (p3). The use of ‘family’ in this way has political and institutional ramifications, as it gives a ‘normative status’ to the term (Morgan, 2011a; Morgan, 2011b), suggesting practices regarding the family may be studied according to how much they conform to or depart from the standard model of ‘the family’. This standard family consists of a mother, a father and two children, a boy and a girl. Morgan (2011) argues:

The term, “The Family’ not only oversimplified a large range of practices, statuses and experiences but also carried strong normative baggage that disadvantaged certain groups in society; not only gays and lesbians but also lone parents, couples without children and people living on their own for a variety of reasons (Morgan 2011:4).

The concept of family has modified over time in response to the diversity of family forms and the elusiveness of what is and is not a family. These different forms of family life have resulted in a move away from the family being regarded as a fixed social entity (McKie et al., 2005). Jamieson (2012) suggests a significant social change in personal life discussed by academics has been a shift in normative

emphasis from 'institution' to 'relationship'. Understandings of family relationships have shifted from a focus on the 'correct performance of duties or the exercise of rights and obligations to showing love and negotiating mutual pleasure' (Jamieson and Cunningham-Burley, 2003: 5). This implies a movement away from defining family as being part of the institution called a 'family' (cohabitation of generations in a nuclear family), towards a view of the diversity of family 'life' and 'practices' (Morgan, 1996; Morgan, 2011b; Morgan, 2011a; McKie et al., 2005; Hill, 2005). Jamieson (2012) comments that the use of the term 'family practices'.

Sidesteps the issue of defining family in terms of a particular household structure or composition of types of relationships; rather, it focuses on the process of how people themselves conceptualise and construct the family (Jamieson, 2012).

McKie (2005:14) argues that family practices are essentially about solidarities and these are created and pursued through blood ties, marriage and intimate relationships. This can impact on the way different family members might construct the family, suggesting the boundaries defining family can be flexible and permeable (McKie et al., 2005). One example is that empirical evidence has found that it is not unusual for children to define their family by including many close friends who may not be linked to them by marriage or birth (Jamieson, 1998).

As well as providing resources, material and emotional support throughout the life course (Rogowski, 2013; McKie et al., 2005), relationships and unities in families play a crucial role in people's lives as they are critical to the development of personal and group identities - how we feel valued and wanted. The way activities occur in family life often happens through an often unstated acceptance of who does what, when and how. These adjustments are often reached in silence, as assumptions are made about the roles and activities different individuals should undertake (or not) and regularly concern matters of gender, age and dependency, caring, intimacy and identities (McKie, 2005). Family responsibilities are only one element of the process of identity formation. It is argued that the way in which different family members use family experiences to construct identities is also important (McKie et al., 2005). Some family objectives and orientations can work to the benefit of family members while others may work to constrain other family members. For example, within

families, solidarities or unities create loyalties that can provide support in times of need. They can also turn a blind eye to conflict, violence and abuse for fear of any overt challenge to the internal workings of the nuclear or extended family (McKie, 2005). Opening up the debate on those family experiences can either reinforce 'normative' constructions of the world or challenge them. Thus, constituted through what Morgan (1996) framed as family 'practices', the family is no longer seen as the standard family where there is cohabitation of intergenerational members rather families 'are' what families 'do' (James and James, 2012).

The family has had considerable importance in the overall functioning of the social norms of modern society and consequently social policy, in particular child welfare policy (Hendrick, 2005; Parton, 2006; Parton, 2009b; Parton, 2012b). Authors have argued that the UK (amongst other western countries) has what are described as 'implicit and reluctant' family policies suggesting a resistance by the state to impose and intrude on family life (Thomas, 2005: 159; Hendrick, 2005). Thomas (2005) points out that there are assumptions about how families should operate within a range of policies which may result in a 'hidden agenda' underpinning policy that supports the 'normative' or 'natural' presentation of the 'family' without appearing intrusive, thus preserving the illusion that the family is a private domain. Historically child welfare policy is underpinned by this model of the 'family', where the institution of marriage was assumed, parents lived in the same household as their biological children, often in close proximity to other family members (Hendrick, 2005). In most of these instances, the interests of the child were assumed to be 'coterminous' with his/her parents and would be addressed within the confines of his/her family (Parton, 2006: 3). As such the immediate contribution of the child to society was invisible, as he/she became indivisible from her/his family (Hendrick, 2005). The child's contribution to the household was seen as one of future promise or 'becoming' rather 'being' and, as such, his/her contribution and voice was silenced (James et al., 1998).

Traditional sociologists of the family have considered family function in society as a two-sided relationship (parents and the state) where children were subsumed as part of the family with parents acting as spokespersons (James et al., 1998; Dencik,

1989). Dencik (1989) argued this has gradually been superseded by what he described as a ‘triangular’ relationship between the parent, child and state, where there are interactions and power relations between all three – all three shape and influence each other albeit in different ways (Frost, 2011; Parton, 2006; Wyness, 2015). The triangular relationship suggests each party has different interests, ideas and voices independent of the other. This is particularly pertinent for the child as traditional social policy and sociology have seen children and parents/carers forming a whole – ‘the family’ - having the effect of silencing the voice of children (Hendrick, 2005).

The principles of FGC (see earlier section) highlight, amongst other things, the importance of recognising the strengths of the extended ‘family’ networks as well as children’s involvement in the FGC process, such positioning challenges the ‘standard’ conceptualisation of family and, additionally, supports a concept of childhood which recognises the social agency of the child (see next section). This study sought to explore the empirical realities of these assumptions and this is developed within the methodology and findings chapters. This section has discussed the complex conceptualisation of the family and the impact of the family on self-identity, the development of social norms and social policy. The next section will discuss the concept of childhood more fully.

2.4.3 Childhood

It is argued that FGC involves children in the family decision-making process and that this is a core principle underpinning the stages of FGC (Doolan, 2010). The conceptualisation and positioning of children within the FGC process and child welfare services more broadly, it is assumed, will positively impact on the outcomes achieved. This section briefly summarises some of the key elements of childhood theory and discusses the concept’s relevance in theoretically positioning children within this study.

At its most straightforward, childhood is understood as the early phase of the life course of all people in all societies (James and James, 2012). The ‘new’ sociological approach to childhood flourished in the 1990s (James et al., 1998; Prout and James,

1997) as reaction against both biological models of child development in psychology and children's 'absent presence' in sociology (Holloway, 2014: 380). Scholars argued children were considered 'as adults in the making' rather than 'children in the form of being', with the forces of socialisation receiving attention (e.g. the family) but with little attention to children themselves (James et al., 1998). These views presented a perspective on childhood that suggested its conceptualisation and experience was not universal but varied across time and space (James and James, 2012). James and colleagues' (1998) critique of childhood suggest understandings that comprise of different, complex and often contradictory ways in which childhood has been imagined. It is argued that these models continue to influence and inform everyday actions, practices and policy about childhood (James and James, 2012: 21) and, as such, are pertinent to help understand the dynamics and practices explored within this study.

Moss and Petrie (2005:86) contend there are three related constructions of the child that dominate childhood discourse and carry particular influence in Britain. These include: 'the child as incompetent adult or futurity; the child as innocent and vulnerable; the child as a redemptive vehicle' (p86). The child 'becoming' conceptualises the idea of adulthood as a stage of maturity, completeness and full human status (James et al., 1998; Moss and Petrie, 2005). The child is in a process of becoming an adult with human potential awaiting realisation and exploitation. Each stage the child goes through readies them for the next, as a necessary foundation for success as an adult. As Moss and Petrie (2005:87) point out:

'The child is therefore defined as lacking, deficient, passive, incomplete, under developed – the more so the younger the child is. It is this sense, rather than the material disadvantage, that we say the image of the 'poor' child, the 'weak' child, and the 'needy' child.

Alongside the sense of 'becoming', the child is 'innocence' and thus requires protection, continuity and security from the outside world as it grows and develops. The place that the child receives protection is recognised primarily from within the family, in particular, parents (see child welfare social work discussion). Parents are assumed to have the most powerful influence over children. The child may have

other relationships but they are considered secondary and marginal to parents (Moss and Petrie, 2005; Parton, 2006). The ideas of innocence and promise assume a need for the control and socialisation of children because in their unsocialised state, they represent a threat (Jenks, 1996), suggesting the primary focus of the child - adult relationship is one of social control and socialisation (Parsons, 1951). The child takes on the expectations of society through the internalisation and transference of values informing the norms of social behaviour. Thus society, through the adult, shapes the individual child (James et al., 1998). The family, as considered earlier in the chapter, is seen as assuming the primary mechanism through which socialisation of the child occurs (Jenks, 1996). Parents are thus considered responsible and accountable for their children.

The 'new' childhood studies challenge these basic assumptions emphasising respect for children and a recognition of children's agency in the present, arguing for the acknowledgement of the social construction of 'childhood' (James et al., 1998; Jenks, 1996; Prout and James, 1997; Qvortrup, 2004). Through the deconstruction of social theory and empirical research which centre on the child's perspectives and experiences, children are deeply involved in the social world as active agents (Christensen and James, 2008; Frost, 2011; Moss and Petrie, 2002; Tisdall et al., 2009; Wyness, 2015; Prout and James, 1997). Concepts of children and childhood are socially and culturally defined and influencing factors also include children themselves (collectively or individually) (James et al., 1998; Prout and James, 1997; Wyness, 2012). Alongside children, political mechanisms and processes, which frame social, legal, economic and political systems, shape the nature of adult and child relationships influencing what is considered the appropriate and acceptable nature of childhood within society and communities (Hill and Tisdall, 1997). As such, childhood is a complex concept, varying significantly over time (Christensen and James, 2008), within society and across place (James et al., 1998). It is argued that there is no such thing as a 'universal' childhood rather a multiplicity of diverse childhoods. Consequently the children within this study can be considered as having diverse childhood experiences. Thus, when the term 'childhood' is utilised it summarises and often disguises a complex series of 'profoundly different life experiences and meanings' (Frost, 2011: 5). Further 'taken together these cultural

determinants, political mechanisms and the discourses they produce, work to construct and define childhood, and thereby control or at the least constrain, what children can do in any given society' (James and James, 2012: 32). Childhood has also been underpinned by a number of institutional and political structures and developments which regulated it (Wyness, 2015).

The relationship between children, parents and the state (as stated earlier) is triangular and, as in this study, its shape is different when children are 'Looked After' by the state (Thomas 2002). The state's direct influence over children's lives is greater as the state has direct responsibility for the welfare of the child. Wyness (2015) argues that new political trends position children differently within this triangular relationship:

Children's status as agents thus at some level locates them outside the family, particularly in relation to the on-going relations between agencies of the state and the family. Rather than assuming a bipartite relationship between the family and the state, the child can be viewed as a more independent third party, generating a more complex tripartite or triangular relationship between the interests of the state, parents and children. (Wyness, 2015: 42)

These political trends have created a new positioning for children within the negotiations and discussions they have with parents and professionals, giving greater recognition to children and, in some instances, resulting in more democratisation between the generations (Featherstone, 2005; Morris and Featherstone, 2010; Holland et al., 2005; Wyness, 2015). I would argue this discourse has consequences for the dynamics at play within FGC practice and by implication, the longer-term outcomes for those involved.

Further, Moss and Petrie (2005) point out the connection between our image of the child and our understanding and image of public provision for children. A challenge confronting social work and child welfare professionals is how to respect children and young people's position within the family where there is increased risk of abuse and where children's voices are difficult to hear as they are more likely to be muted. The child's inclusion in decision-making, as for example in FGC, is based in part on

their right to be heard and ascribes to them a recognition that he /she is capable of forming his or her views and has a right to express them on matters that affect them. As Thomas (2002) points out, decisions about children who are 'looked after' by the state represent a site where the contested place of children can be examined. Thomas (2001) argues childhood is increasingly constructed in 'welfare' terms and in which welfare decisions are increasingly individualised, suggesting the measure of society's value of children is based on the extent to which they are enabled to take part in decisions about their own welfare.

This section has reflected on the concept of childhood and the complex triangular relationship between the child, family and the state. These factors are important to recognise when undertaking a study that seeks to understand both children's and adults' perspectives and their interactions with social work services, as I sought to do within this study. Given the children and their families in this study are involved in child welfare social work, the next section will briefly contextualise child welfare social work.

2.5 Child welfare social work

Frost (2011: 40) argues that the modern western state can be seen in the most straightforward sense as 'being made up of bodies and agencies that govern society through their legal mandate at local, regional and national levels'. Historically there has been an increased level of intervention by the state in children's lives: to provide education and health care; to protect them from abuse and neglect; to enforce and make rules about what children and young people can and can not do (Thomas, 2002: 53). All the families involved in this study are made up of children and adult family members, and are involved in the state through social work service support. Having considered the complex and contested concepts of childhood and family, I now move on to consider how the state has constructed and formed a relationship with children and families in the form of child welfare social work. I argue the relationships between children and other family members and the place of children in the world and their relationship to each other and the state are all interconnecting issues in relation to this study. This discussion is of value as it places FGC within the broader macro debates on child welfare and its impact on the continually shifting

relationships between the child, family and the state and this thesis seeks to explore the empirical realities of these interactions. Child welfare policy is influenced by ‘changing political climate and economic backdrop and shifting hegemonic discourse of the time’ (Frost et al., 2015) and these changes are explored in the next sections.

The role of family and the ‘social question’

The emergence of child welfare intervention and as such social work has to be understood in the context of wider historical, social and political transformations. In the 19th century, poor and vulnerable children became the object of concern from a number of philanthropic organisations. The changes in economic circumstances (for example through industrialisation and education reform) and the impact of this on the market economy had profound social consequences at the time, and fed a growing concern about ‘the social question’ (Thomas, 2005; Hendrick, 2005; Parton, 2006: 11). Thomas (2002) points out during this time that the concern for the moral development of poor children began to predominate in the arrangements devised for them. In the later half of the 19th century, political debate increasingly reflected concerns regarding a growing number of social problems such as crime, disease and begging. Alongside these ‘moral’ debates was the rise of the idea of ‘normalcies’ where statistical investigations revealed the population as a domain of its own (Parton, 2005; Parton, 2006; Parton, 2012b). Thus ‘usual’ or ‘typical’ became measured by statistical means which acted to ‘describe difference, it was also associated with being right and healthy’, while, in contrast, being different or abnormal became associated with ‘wrong and disease’ (Parton, 2005: 129). The family was seen as central not only for physical care of the child but also their moral and social education – their ‘welfare’. Thus while the primary objective of intervention was to be the child, the instrument of the intervention was to be the parents or, more specifically the mother – via the family’ (Parton, 2006: 14). Parton (2006:10) argues that the conceptualisations of the child developed during this period in the UK, while at times contradictory, continue to be at the heart of child welfare policy. That is, children were seen as both innocent and vulnerable and in need of protection (child as victim) and also as under-socialised and impulsive and in need of guidance and control (child as threat or villain).

The emergence of philanthropy and subsequently social work is associated with the transformations that took place from the mid 19th century onwards around complex and interlacing concerns about the family and the community more generally.

The *social* discourse developed as a hybrid in the space identified between the private sphere of the household and the public sphere of the state and society...it produced and was reproduced by new relations between the law, administration, medicine, the school, and the family. Central to its emergence was the incorporation of a range of philanthropists into the judicial process in respect to children and young people, ...social workers – and hence inserted the notion of normalcy into the operation of the ‘social’ (Parton 2005: 129).

The child welfare model is about control of children through the powers of the state. The notion of a collective national responsibility for children’s welfare inevitably leads to the control of children’s behaviour and the purpose of the relationship between the state and parents is highlighted and tensions around the relative powers of each is created (Hendrick, 2005; Hill and Tisdall, 1997; Parton, 2006; Parton, 2012b; Thomas, 2002; Thomas, 2005).

Social work in the twentieth century

The growth of social work from the 20th century on in Britain ran parallel with the development and interventions associated with the establishment of the welfare state. The key innovations of ‘welfarism’ lay in the ‘attempts to link the fiscal, calculative and bureaucratic capacities of the apparatus of the state to the government of social life’ (Parton, 2005: 132). Premised on notions of solidarity, the overall rationale of ‘welfarism’ was to make the liberal market society and the family more productive, stable and harmonious; and the role of government, while more complex, would be positive and beneficial. The political rationale for ‘welfarism’ was therefore based on the desire to encourage national growth and wellbeing through the elevation of social responsibility and the mutuality of social risk (Danzelot, 1988). This post war-era of children and families social work was imbued with a positive and optimistic view of what could be achieved.

Parton (2006:28) argues the death of Maria Cowell and subsequent child death inquiry in 1973/74 was a turning point in state child welfare practice in the UK, as health and welfare professionals, particularly social workers, becoming increasingly subject to public, political and media scrutiny. A new system of child abuse management was established following the inquiry's report. Professionals were now required to be experts familiar with signs of child abuse and methods were established to share information between agencies. The coordination of information was also seen to be key to successful identification of concerns (Parton, 2006). Alongside an increased scrutiny of child welfare practice, there were a number of other influencing factors that began to question the welfare consensus around the family. These included, for example, the women's movement and the increased recognition of violence in the family suggested it may not be the haven it was assumed to be but that women and children were the victims of a range of abuses from men. These critiques, Parton (2006) suggests helped individualise the interests of different family members. These and other pressures, some emanating from social work practice itself but also from a wider expression of concerns, for example through public inquiries, alongside a shift in political ideology saw a fundamental rethink of child welfare policy and practice (Hendrick, 2005; Parton, 1997; Parton, 2005; Parton, 2006; Parton, 2009b). These changes need to be contextualised in more wide-ranging changes taking place in the political environment with the growth of the New Right and the election of the British Prime Minister Thatcher and US President Reagan in the 1980s. The election of New Right parties had a particular influence on political discourse in the 1980s and created a political environment favourable for reform and the reorganisation of public services (Harlow et al., 2012). Consequently, during the late 1970s and 1980s, the project of welfarism was being politically critiqued and challenged. The critique of welfarism was informed and consolidated by a range of new advanced neo-liberal strategies of government. Neo-liberalism is a theory of political and economic practices which aims to:

‘Reduce the size of the state, increase deregulation and promote private enterprise, with the belief that as the state reduces responsibility, its financial requirements diminish,

resulting in lower taxation rates and good economic growth’
(Spolander et al., 2015: 637).

With a focus on children and families, despite the preventative and partnership ethos to child welfare reflected in legislation through the Children Act 1989 in England and later the Children (Scotland) Act 1995, scholars argue the focus of the legislation at that time confirmed a move from child ‘welfare’ to child ‘protection’ (Parton, 2009b; Rogowski, 2013). Rogowski (2013:40) contends the 1989 Act and 1995 (Scotland) Act addressed a key issue for the neo-liberal state:

‘Formulating a legal basis for authority to intervene in family life in order to protect children, but also preventing all families from becoming clients of the state, while simultaneously presenting the legislation as applicable to all’
(Rogowski, 2013: 40).

Even after the defeat of the Conservatives in 1997, the New Labour project continued the commitment to both marketisation and managerialism with a reluctance to roll back ‘neo-liberal reforms in trade union legislation, or the use of private and ‘third’ sectors to provide public services’ (Harlow et al., 2012: 539; Garrett, 2009a; Garrett, 2010). Rather than seeing social policy as challenging market imperatives, Rogowski (2013) contends, New Labour saw welfare policy as supporting the market system and as contributing the state to the overarching goal of economic competitiveness within an open global economy (p40). With the election of the Conservative led coalition government in 2010 there was an emphasis on the ‘Big Society’, devolving power to local and voluntary organisations. This sat well with the political ideology of limited state intervention and a belief in the free market economy (Rogowski 2013:46). Further, the global financial and economic crisis has driven ‘austerity’ policy to the foreground providing an opportunity to impose swingeing cuts to public services and cement the neo-liberal project (Clarke and Newman, 2012: 30).

Impact of neo-liberalism on Child Welfare Social Work

The impact of neo-liberalism on social work, and child welfare in particular, has been well documented with scholars agreeing that social work has been transformed over the past thirty years (Garrett, 2010; Rogowski, 2011; Rogowski, 2012;

Spolander et al., 2015; Parton, 2005; Parton, 2012b; Parton, 2014). There has been an apparent shift in focus from the collectivist era, where the state played a key role in ensuring the needs of citizens and social workers helped provide support directly to families and communities as well as advocating and coordinating the work of other agencies to meet needs, towards an emphasis on individualism, deregulation and the promotion of private enterprise. Spolander and colleagues (2015) contend the neo-liberal discourse encourages individual blame and responsibility, discouraging collective solutions that promote social justice and solidarity. This implies a cultural shift towards the commodification of aspects of society which have previously been considered the total responsibility of the state, including social welfare organisations which had previously been based on models of cooperation being co-opted into becoming profit-seeking organisations (Connell et al., 2009). Social work services are consequently accused of being ‘de-professionalised’ and ‘overly managerialised’ with an increased focus on managerial concern about efficiencies; standardisation of tasks and performance management; and an increased discipline regarding the use of resources (Hood, 1991).

These changes reflect the public sector’s increased use of private sector techniques and values: an emphasis on results rather than process; the widespread use of business management concepts, such as targets, national standards and codes of practice, have resulted in diminished professional discretion and the deskilling of practitioners (Spolander et al., 2015; Rogowski, 2011; Rogowski, 2012; Rogowski, 2013). The implications of economic policy and the reduction of public sector spending also has important financial implications for social work due to the cost of financial support available to fund the social support aspects of the economy such as social welfare and health (Spolander et al., 2015). This, Spolander and colleagues (2015:636) contend, has been wrapped up in a narrative which has shifted over time, from a banking crisis to a crisis within the system. They argue that the location of the problem as being ‘in the system’ allows the problems of the cost of the system to be focused on those who require assistance through the use of austerity programmes. Alongside these changes, practitioners’ practice, expertise and effectiveness with children and families has been questioned and professionals blamed for scandals, notably in relation to abused children (Rogowski, 2012). In response to this there has

been an increased discourse regarding regulation, suggesting a distrust of professional expertise (Rogowski, 2011; Rogowski, 2012; Rogowski, 2013). At the same time, Parton (2014:2043) critically argues ‘social work has been reduced to a very narrow forensic concern with child protection’.

Child protection, family support and the needs of the child

The Munro Report (Munro, 2011) highlighted earlier reforms within children and families social work have led increased bureaucracy and less focus on the needs of the child. Munro argues (amongst other things) for: centrally imposed bureaucracy and targets to be reduced while increasing the scope for professional judgement (Rogowski, 2013); that there has been too much focus on child protection/regulatory processes in children and families’ services and that workers do not have sufficient knowledge of early intervention approaches (Davis and Smith, 2012); and the need to re-emphasise the importance of emotional dimensions of work with children and families (Spolander et al., 2015). Munro (2011) also positively highlights many existing programmes, which place engagement with and support for families as central to provision. In order to achieve this Munro (2011) recommends local authorities need to outline packages of help available for families, so that ‘needs are actually met and not just assessed’ (Frost et al., 2015: 28). The implementation of the Munro Review has been slow with many of the organisational processes, procedural policy and limited resources remaining (Spolander et al., 2015).

A key tension debated in the literature has been consequences of the movement towards a more punitive child protection system founded on assessment of risk based work contributing to the marginalisation of prevention and family support approaches (Featherstone, 2005; Featherstone et al., 2014a; Frost et al., 2015). Thus, it is argued ‘child protection has become increasingly dominant at the cost of more partnership and family support based practices’ (Frost et al., 2015: 9). FGC sits within these discussions and the discourse on ‘family support’ as a core concept in child welfare policy and practice (Canavan et al., 2016; Dolan et al., 2006; Frost et al., 2015). As Frost and colleagues (2015) point out, FGC principles reflect many of the core elements of family support:

Listening to families, empowering them in relation to decision making and attempting to transfer power from professional's to the extended family network...and the philosophy of working with rather than doing to the people you work with (Frost et al., 2015:113).

The discourse on 'family support' as a core concept in child welfare has been discussed in literature, alongside the debate for a rebalancing of child protection and family support within child welfare (Canavan et al., 2009; Canavan et al., 2016; Dolan et al., 2006; Featherstone, 2005; Frost et al., 2015; Houston and Dolan, 2007; Parton, 1997; Pinkerton and Dolan, 2007; Stratham, 2000; Featherstone et al., 2014a). Family support is a contested concept which has been accused of being used so much in literature, policy and practice that it has 'lost its meaning', making it difficult to define (Frost et al., 2015: 22). To begin with family support can be understood by its characteristics, in particular, flexibility of delivery across a spectrum of need (Stratham, 2000). It is 'both a style of working and a set of activities' and as such family support aims to reinforce 'positive informal social networks' through integrated programmes which promote and protect the 'health, wellbeing and rights of all children, young people and their families' (Dolan et al., 2006: 16). Key to understanding the concept, Frost and colleagues (2015) propose, is recognition of the style of working which promotes: 'partnership, empowerment, relationship based practice and the interpersonal relationships between the service providers and the families' (Frost et al., 2015: 23). This conceptualisation of family support emphasises process as crucial to success.

In Scotland, there appears to be little separate critique in the literature of the current social work situation, despite the ever-changing policy and legislative context as discussed earlier in this chapter. The *Brock Report: Safeguarding Scotland's Vulnerable Children from child abuse* (Brock, 2014) independently assessed Scotland's child protection system, while recognising the difficulties of ensuring the protection of children, it does not appear to offer many alternatives other than strengthening the existing system. This short review highlights the need to strengthen Scotland's child protection systems through the newly established Health and Social Care Partnerships; strengthening the implementation of GIRFEC at operational level; and requesting the Scottish Government calls a summit of Scotland's Chief Officers

and 32 Planning Partnerships Child Protection Chairs and Health and Social Care Partnerships to agree how child protection is strengthened at a local level (Brock, 2014).

This section has briefly sought to contextualise child welfare social work. This has been important because the children and families, and professionals involved in this study are impacted on by the broader macro issues impacting child welfare, for example, current social discourse individualising and blaming welfare recipients, lack of resources within the systems of support and an overly-managerialised and bureaucratised child welfare system. These and other issues and tensions highlighted impact on the everyday relations and interactions of those involved with the social work system - including those respondents involved in this study. These tensions have considerable implication for what the public, service users and professionals recognise as the social work role and have implications for this study as I seek to explore the empirical realities of this discourse. However child welfare is interpreted, it is clear it must be positioned within the complex triangular relationships and interactions between the child, family and state (Thomas, 2002; Thomas, 2005; Wyness, 2013).

2.6 Conclusion

This chapter contextualised the discussion within which this study takes place and some of the core conceptualisations underpinning the thesis and how these concepts interact with each other. I have explained the FGC process, its key stages, principles and assumptions. Alongside these explanations I have reviewed the current empirical literature regarding FGC. Key policy and legislation in Scotland in relation to children services were then discussed, providing a reflection of the complexity of child welfare policy legislation and practice in Scotland. Finally, the core concepts utilised within the study and how the relationships between these concepts are complex, dynamic and historically contextualised within the construction of child welfare in the UK were highlighted.

It has been argued that the family was seen as functional to the overall development of modern society and as functioning in the interests of children in most instances.

As such, the family was experienced primarily as a private institution beyond the interventions of the state, where parents had the sole responsibility for the welfare of the children in society. The state would interfere in the functioning of the family only when there was an exceptional circumstance where particular families were considered to be failing in their primary duty of care for their children. The dominant assumption within the UK's framework for child welfare, including within the FGC process, is that the upbringing of children is primarily a matter for parents and guardians (Kirkton, 2009; Morris, 2011): the family. There has been a much stronger emphasis over the past three decades on child welfare and parents' responsibilities to children, which they must carry out on behalf of the wider community resulting in 'parenting' being a much more public concern and thus a legitimate site for state concern (Parton, 2006).

Further, the state has taken an increasing interest in regulating childhood and scholars argue that there has been a change in the nature of relations between the child, the family and the state, where a new positioning of children within the triangular relationship supports his/her right to be involved in decision-making affecting his/her life (Parton, 2012b; Thomas, 2002; Thomas, 2005; Wyness, 2013; Wyness, 2015; Dencik, 1989). It has been argued that due to changes in child welfare policy and practice, often influenced by political agendas, child welfare decision-making has become increasingly individualised over the past three decades. The effect of individualisation has been an increased blame culture on those requiring support from social services. FGC sits within this discourse on family support and child welfare social work.

The study of outcomes within child welfare is complex and what approach is taken to fully understand outcomes of services offering family support on those who use them is considered important. What seems particularly relevant to this study when considering outcomes is an understanding of contribution and the importance of capturing evidence from different perspectives from those involved in the service. In this way, a broader understanding of FGC contribution to outcomes can be gained while also capturing how the process may influence what works for whom and under what circumstances.

These understandings and complexities impacted on the decisions I have made regarding the research questions and design, epistemological approach, and data collection and analysis for this research study. These concerns and the challenges I experienced regarding the research and my attempt at finding solutions to them are discussed in the next chapter focusing on research methodology.

Chapter 3 Methodology

3.1 Introduction

This thesis critically explores the contribution FGC makes to longer-term outcomes for looked after children at risk of being accommodated and their families, who have been involved in the process. The research sought to understand: according to the young people, family members and professionals involved in the process what outcomes FGC contributed towards and why? And how do those outcomes identified link to the FGC process? The choice of a qualitative case study research approach to answer these questions is discussed in this chapter, with a brief reflection on the epistemological positioning of the study. The reasons behind choosing a retrospective approach and the case criteria are also highlighted.

This study collected qualitative data from eleven (n=11) Scottish examples of FGC across five (n=5) local government areas. Interviews with individuals, pairs and groups (n=61 interviewees) were conducted and file documents (n=94) were analysed to answer the research questions. Evidence was gathered from young people, family members, FGC co-ordinators and professionals involved in each FGC example. The chapter reflects on my 'fieldwork' journey, by exploring: identification and access to families; data gathering; and analysis. Throughout these sections, I highlight the methodological dilemmas I encountered and how I sought to address them. Finally, an outline the ethical considerations and dilemmas encountered is discussed along with a reflection on my personal and reflexive journey through the study.

3.2 Epistemological position

My ontological position as a social scientist and social work practitioner acknowledges people's personal accounts, perspectives, knowledge, lived experiences and interpretations as meaningful to illuminate elements of social reality (Beresford and Evans, 1999; Hakim, 2000; Snape and Spencer, 2003; Blaikie, 2010; Bryman, 2012). My work is underpinned by a strong belief in the methodological and epistemological advantages to be gained by adopting a perspective where

children and young people, alongside adults, are considered competent social actors who can inform research of their own views (Tisdall et al., 2009). This positioning has been central to the role of young people alongside adults in providing knowledge for this study. The use of techniques that enable participants to translate what might, for some, have been the sensitive and emotional context of FGC into something that they can talk about and reflect on was an important consideration in the research design (Shaw and Holland, 2014).

A risk of asking people about their experiences is to envisage falsely that experience exists in isolation and can be recovered by the researcher. This assumption overlooks the role of others in the construction of knowledge (Snape and Spencer, 2003; Mason, 2002). Knowledge should be contextualised in the social world within which it is created (Mason, 2002). The participant's experience cannot be removed from the context within which it is created. The knowledge I sought from participants about FGC was embedded in the research context. It was not an absolute truth: rather a perception remembered, shared and interpreted at a moment in time. As a researcher, I am not a neutral observer who can stand outside and above the study of the social world and the construction of knowledge. I am socially and historically situated within the very processes being studied – my 'gendered historical self' is brought to the process (Denzin, 1989: 30). My self, 'as a set of shifting identities, has a history with the practices that define and shape the public issues and private troubles being studied' (Denzin, 2001: 6) - see later discussion. A high degree of critical reflexivity is required of a qualitative researcher to assist the interpretation of research encounters (Guillemin and Gillam, 2004; Thomas, 2003; Mason, 2002). I have acknowledged and attempted to understand my own impact throughout the study and to wrestle with what I have understood to be knowledge. I recognise knowledge is subjective.

Outcome and intervention research is central to understanding whether practice endeavours make a difference. In social work and community settings some of these outcomes are very difficult to describe and capture (Mohr, 1997). Sometimes the outcome may not be clearly visible and only definable from the client's perspective, rather than the professional's. Each person involved in FGC is considered to have a

different viewpoint, which in itself is worthy of exploration (Alderson and Morrow, 2011). My intention was to build an understanding of the FGC process and associated outcomes by gaining a rich and deep knowledge of the different perspectives of those participating in the process. The diversity of perspectives adds to the richness of understanding of the various ways realities are experienced, with the intention to convey as full a picture as possible of that multi-faceted reality (Snape and Spencer, 2003). Recognising the diverse and complex contexts within which the FGC process was experienced and understood and that no single perspective could provide a full account of the phenomena, a qualitative case study research approach was appropriate.

The research was guided by the following questions:

Overarching research question:

What contribution does FGC make to longer-term outcomes for looked after children at risk of being accommodated and their families who have been involved in the process?

Sub Research questions:

1. According to young people, ‘family’ members and key professionals: What are the outcomes FGC has contributed towards?
2. Why do respondents consider FGC contributed (or not) to outcomes?
3. How do these outcomes link with the process (es) of FGC?

3.3 The case for a case study approach

‘A case study is an in-depth study from multiple perspectives of the complexity and uniqueness of a particular project, programme, policy, institution in a real life context’ (Simons, 2009: 20). In general, a case study is an empirical inquiry which: investigates a contemporary phenomenon in-depth, looking at uniqueness and complexity from multiple perspectives and within real life contexts and ‘where the boundaries between phenomenon and context are not clearly evident’ (Yin, 2009: 18). Yin (2013: 8) suggests there are three conditions which assist a researcher to decide on the method of research design: the type of research question; the extent of

control an investigator has over actual behavioural events; and the degree of focus on contemporary as opposed to historical events.

The ‘how’ and ‘why’ research questions Yin (2013) argues, are more explanatory in nature than ‘what’ and ‘where’ questions. Yin suggests the ‘how’ and ‘why’ questions more naturally fit case study or experiment as preferred research methods. These questions deal with operational links needing to be traced over a span of time, rather than mere frequencies or incidences. The focus of this study was to explore and shed light on *how* and *why* the FGC experience might contribute to children and families’ outcomes in the longer-term. I wanted to gain insight from different stakeholders, gathering ‘thick descriptions’ from ‘multiple realities’ which were rooted in a specific context (in this instance, FGC) and in doing so offer an illustration and an interpretation of FGC’s contribution to outcomes.

The second criterion suggested is the extent of control over behavioural events which the researcher can exercise. Histories, Yin (2013) argues, are the preferred strategy when there is no practical form of control and the event or phenomenon occurred in the past: histories, he explains, deal in the ‘dead’³ past. If there is a high likelihood of focusing on contemporary events but when the relevant behaviours cannot be manipulated, the case study is preferred (Schell, 1992). The case study’s strength in the contemporary situation is the ability to deal with a full variety of evidence: documents, interviews and, if possible, observations. The retrospective nature of this study meant that it was not possible to observe the respondents experiencing the FGC process (see later discussion).

Experiments are done when an investigator can manipulate behaviour directly, precisely and systematically. This manipulation can be done in the lab or in the field setting where researchers ‘treat’ whole groups of people in different ways (Thomas, 2011; Yin, 2009; Yin, 2013). As discussed in the literature review, research methodology evaluating FGC is contested, where RCT as the gold standard research method for all FGC evaluation has been challenged. Context, type of research

³ Yin (2013:11) describes ‘dead’ past when no relevant persons are alive to report, even retrospectively, what occurred and when an investigator must rely on primary archival documents, secondary documents and or artefacts.

questions and size of sample were relevant factors in deciding to undertake an RCT approach, or not. There are several dilemmas an experimental approach would have raised for my research project. To begin, offering some ‘vulnerable’ families a FGC service and not others, just to observe their outcomes, may be considered ethically questionable. Secondly, defining a control group and controlling independent factors influencing individuals’ behaviour would be highly problematic given the complex life situations of many of the people utilising an FGC service. Thirdly, a large-scale experimental study would require a large amount of resources to set up and conduct; these resources are outwith those available for a PhD study. Finally, the research questions lend themselves to an investigation which aims to study and learn from specific examples of the case, drawing on multiple perspectives which are rooted in specific contexts (in this instance, families whose children are at risk of being accommodated who experience FGC). All these issues suggested a qualitative, case study approach was appropriate for this study (Lewis, 2003).

3.4 Defining the unit of analysis – ‘the case’

As stated earlier, the focus of this study was to investigate how FGC contributes to children and families’ longer-term outcomes where the child is looked after and at risk of being accommodated. The ‘unit of analysis’ under study is the family’s FGC experience, where the family has a child who is looked after and at risk of being accommodated. The study sought to examine a number of examples (n=11) of FGC, these examples might be described as ‘key’ cases or ‘good’ examples of the unit of analysis, in this instance, ‘good examples’ of the FGC experience (Thomas, 2011; Yin, 2013). What makes a good example is explored in the sections below, however in summary, a ‘good case’ is one where the stages of the FGC process have been recognised by the FGC coordinator as having been fulfilled.

Social work has traditionally described clients who use their services as ‘cases’. It is suggested that using this term may cause confusion when used to describe each case study example. In practice, FGC involves more than the social work service user. Individuals involved in each FGC may include: the child; his or her ‘family’ and informal support network of the family; the social worker/s and/or other identified professional(s); and the FGC co-ordinator. To assist clarity in this research project,

each example or case describing the broader FGC grouping will be described as the 'FGC pod' (Ney et al., 2011). Eleven FGC pods (n=11) were involved in the study, each shedding light on the contribution FGC makes to children and families' long-term outcomes. Utilising the case study literature the following sections identify how a 'good' example of FGC was defined and identified.

3.4.1 Initial exploration of the topic

As Thomas (2011) suggests, I began to orient myself to the research topic by trying to understand the context within which families experience FGC and appreciate the process. In doing so, I hoped to recognise and develop appropriate selection criteria for a 'good case' and the research tools for the case study fieldwork. The orientation had two elements: briefly reviewing a number of case files (n=29) from a closed voluntary FGC service; and successfully undertaking the 'Essentials in FGC' certificate course at Robert Gordon University. Each element of the orientation built on my understanding of FGC as a decision-making process and what would make a good case to study.

Review of FGC case notes

A preliminary appraisal of FGC records provided a broad overview of themes and issues, which then assisted me to identify criteria for case selection, interview schedules and insight into the research questions. CHILDREN 1ST agreed that I could access ten years of records from a FGC Service in Scotland which was no longer running (n=29 families from a closed FGC service). These families had previously provided written consent to allow access to their records for research. The records were randomly selected alphabetically; the main criteria for looking at any particular file were whether the case had had a family meeting or not. Grounds for referral and issues being addressed in the plan were recorded and I made a reflective note of my impressions of each case.

Key themes ideas identified from the brief review of files:

Concept of 'Family': Reviewing the files highlighted the normative nature and assumptions I carried regarding the term 'family' which might impact the research. The files revealed complex and differing family configurations and the complicated, often chaotic lifestyles within which family members lived. I felt it would be

important to gain an understanding from the ‘family’ themselves what their different interpretations of the ‘family’ and their broader social networks were.

Emotionally complex environment: The review of files highlighted the often complex and chaotic lives of people and, within that, the emotionally charged environment within which FGC often takes place. Feelings of shame, anxiety, anger, confusion, distrust, hope (for example) were often suggested in the notes made by FGC coordinators. Relationships within and between the family and professionals appear to form the foundation for families’ participation, and the context for positive decision-making. The need to consider how families feel they were supported to communicate safely and without judgement within the process and how this experience might impact on their conceptualisation of outcomes emerged as an important factor for me to consider while developing the interview approach and schedule. In addition, I reflected that I would need to be aware of the sensitive and emotional content of the interview for the interviewee and I would need to create an interview structure, which supported people through a process of reflection but which did not leave them feeling emotional and vulnerable.

Family collaboration and the state: An underlying assumption of FGC is that families function in a broad-based cultural system that when activated and informed can better support and assist the situation being addressed than traditional practice which focuses only on the parent and /or the child (Chandler, 2013). FGC positions the ‘family’ to take an active role in decision-making. The review of files suggested the positioning of the family by social work and the dynamic of their relationship with the family might impact on the quality and type of decisions being made.

‘Essentials of FGC’ Certificate

To assist me to understand the process of FGC decision-making fully, I undertook a four-day course, which gave me the grounding in practice guidance, knowledge and skills regarding FGC. I was also required to submit an academic paper regarding my learning. The course helped me conceptualise the stages of FGC in a practical and theoretical manner. I also gained an understanding of the skills required as a FGC co-coordinator to prepare and facilitate a meeting. I recognised the facilitation of the process was more complex than I had originally assumed; diplomacy, mediation,

organisational and assessment skills were required to assist the family prepare for the meeting and find solutions for themselves.

3.4.2 Case boundaries

Let's take a retrospective look - the boundary of time

The research project's restricted time frame and limited resources, alongside the overarching aim of the study to explore outcomes for children and families in the longer-term (twelve months or more after the family participated in an FGC meeting), raised dilemmas for me. Ideally, it would have been valuable to collect information regarding participants' experiences at the different stages of FGC then follow them up one year later, to identify longer-term outcomes – a 'before and after' study (Mason, 2002; Yin, 2009; Thomas, 2011). This was an impractical research design given the time and resource constraints. A retrospective approach to the study however, would provide a pragmatic solution to this dilemma. A retrospective study 'involves the collection of data relating to the past phenomenon, situation or event' (Thomas, 2011: 91). Thus, in this study, an FGC family would be identified and data regarding the experience collected from those involved in the FGC retrospectively. This, for example, involved approaching and interviewing individuals involved in FGC twelve months after their meeting and reviewing their FGC records retrospectively.

A strength of taking a retrospective approach, particularly when attempting to understand outcomes, comes from an appreciation of helpful moments or 'epiphanies' that have occurred and are now remembered by the participant as significant to his or her experience/s (Mohr, 1997; Shaw and Holland, 2014). Epiphanies are 'interactional moments and experiences which leave a mark on people's lives...in them personal experience is manifested.' (Denzin, 1989). The point here is that these epiphanies are only given meaning retrospectively (Shaw and Holland, 2014). A challenge to the decision to undertake a retrospective study which asks what contribution the programme makes to outcomes is that people's judgements about what influenced or caused an event may be wrong or make attribution errors (Elliott, 2010). Elliott (2010:127) warns that individuals may follow 'cultural scripts' about the effects and nature of a programme, or simply

mistakenly attribute change to a programme, ‘changes that are the result of their own independent efforts, life events’.

In spite of these limitations, there seemed value in asking those people directly involved in the process what was important about it for them, and whether they considered what they experienced was helpful or change-producing in the longer-term. It would be a mistake to rely uncritically on retrospective service user self-reporting as the only form of evidence yet to ignore their perspective would, to me, be unethical and limiting. I considered it important to capture multiple sources in each pod: both service users (children and adult members of family networks) and professional perspectives to fully understand FGC and its contribution towards outcomes. Service users and professionals are, after all, the unique individuals who have experienced the process and as such they are best placed to reflect on the process’s contribution to outcomes. Alongside this evidence, the use of FGC documents, which were often produced contemporaneously with the FGC process occurring, provided another perspective within the study (see later discussion).

Selection criteria

Building on the information I gleaned from the initial orientation to the topic, the purposeful selection for each pod was founded on the potential of the pod to: shed light on the research question; and provide an opportunity to learn from the pod members’ reflections, situation, experiences, opinions and activity (Stake, 2006; Yin, 2009). While recognising the complexities of each family context and configuration within each pod, it was intended that a ‘good case’ meant that each pod undertook each stage of the FGC process. Thus a level of comparison would be possible across all pods.

At this stage in the study I reflected on whether the selection of ‘good’ cases should be located in one local government area. The issue of retaining the confidentiality of respondents’ if they were selected from a specific geographic area raised ethical dilemmas for me: the small number families involved in any one localities FGC service could make it possible to identify those involved in the study. Further, I considered having ‘good’ cases selected from two geographic localities might allow a comparison of outcomes from different localities. Limiting the geographic

localities of the selection of cases may be impractical because of the potential difficulty of recruiting participants. Further, the unit of analysis was on the families' experience of FGC not on the localities experience of FGC and, as such, focusing on localities had potential to shift the focus of my research questions. In retrospect, the locality of the FGC service did not make a difference to the research conclusions.

The selection criteria included:

- ✓ The FGC case had been referred by social work services because the child had been at risk of being accommodated.
- ✓ The age of the child who is the focus of family plan was over eight years old, where-ever possible - I was aware that the retrospective nature of the research might make it particularly difficult for younger children to recall information.
- ✓ The stages of the FGC process had been achieved and a family meeting had taken place.
- ✓ The FGC pod completed the FGC meeting twelve months (or more) prior to March 2014 - I was aware from literature on the FGC process evaluation tended to research the process up to three months after the meeting, 'twelve months or more' provides a period of time where outcomes may have been identifiable by respondents in the longer-term.
- ✓ The core 'family group'⁴ was prepared to participate and felt they had something to contribute regarding the research questions.
- ✓ Professionals and core family members were still 'around', accessible and able to participate.

Given the retrospective nature of the study and the selection criteria for each pod, I was aware that those individuals who agreed to participate in the study might have a more positive attitude towards their FGC experiences than those who would not agree to participate in the study. As such, from an early stage in the research design, I was aware of the potential for positive bias of the cases under study. Mason (2002) argues that in qualitative research the eradication of bias is not possible rather:

⁴ 'Family group' is the 'core' family members involved in the original FGC. While originally identified by the FGC Coordinators the child and/or parent helped identify who 'core' family members were.

‘It is better to try and understand the complexities of the interactions, and to develop a sense of how the context and situation work...rather than to pretend the key dimensions can be controlled for’ (Mason 2002: 65).

As a qualitative study this research is grounded in the epistemological position which is broadly interpretivist, in that it is concerned with how the social world is interpreted, understood and experienced by the participants of the study (Mason, 2002). I sought to use methods of data collection (see later discussion), which would be both sensitive and flexible to the context within which data was produced (rather than being rigidly standardised) and in doing so sought to build understandings of complexity, detail and context regarding the research questions.

This section has discussed the orientation to the topic I undertook before beginning my fieldwork. These experiences assisted me to understand: the stages of FGC process; the multiple contexts FGC can be used in; and the complexity of the families who might utilise the service. As such, I was able to begin to define those cases examples I did, and did not, want to study. Defining the unit of analysis and study boundaries were also important to the case study design (Stake, 2006; Thomas, 2011; Yin, 2013). This knowledge assisted me to design the interview schedules and think about how to approach service users and professionals in this study. The next section will discuss my fieldwork.

3.5 Fieldwork

3.5.1 Accessing families

I anticipated I may have had some difficulties and delays recruiting participants for the study given: the complex and often chaotic lifestyles of individual family members involved in social work services; the turnover of social work and other professional staff in localities; the time lapse between the FGC meeting and the proposed interview; and the generally low number of referrals to FGC service providers. Given my experience working in social work and child welfare settings, I was also aware that child welfare staff are often wary and protective of allowing access to ‘vulnerable’ families and consequently staff may be hesitant to provide access and information about families without having developed some level of trust

and rapport with me. I recognised I would need to establish a level of trust with staff based on their understanding of my capacity to ensure the safety and confidentiality of their clients, as well as being able to deal with any potential concerns that may be raised during my access with clients.

In the hope of building trust with service providers and obtaining advice and support concerning how best to access and recruit families to the study, I made contact with staff in FGC services in a variety of localities very early on in the study. I was also invited to become involved in the National FGC Steering Group and this allowed me to meet practitioners and service managers from a variety of localities across Scotland. This group was enthusiastic about the study and were willing to meet me several times to explore the purpose of the research, contribute to the selection criteria and begin to identify families who they thought might be appropriate and willing to participate in the study. In this way, different services began to emerge organically as being prepared to get involved in the research. Thus, the geographic location of participants was influenced by the location of services who were willing and able to find families to engage in the research. There were in the end five localities providing a FGC service who agreed to be involved. Those areas included two city locations and three smaller urban and semi-rural areas in Scotland.

Permission was sought to conduct research with each of the five FGC services. The organisational structure of each service differed, and consequently the manner in which permission was sought to access families also differed, according to whether the FGC service was a voluntary organisation, commissioned by the local government authority, or an internal local government service. These negotiations took some time and required meeting with senior social work managers, the submission of a research proposal and ethical approval with each of the separate localities.

Once the research was agreed locally, FGC co-ordinators in the different sites were asked to act as an introductory agent for the study: approaching families who met the selection criteria and inviting them to participate in the research. The FGC co-ordinator made initial contact with the family either by telephone, text or letter and asked the core family members if they would be willing to participate in the research.

If the family responded positively, the FGC co-ordinator (with the family's permission) passed contact details onto me. I then contacted the family member/s directly, telephoning them in the first instance, to inform them of the research and asking for a time to meet. I also talked through with them what might happen when we met, including that I would ask permission from them to undertake and record the interview. I then sent them a letter confirming the date, time and venue of the meeting arranged and a leaflet about the research. I would also usually text the interviewee the day before the interview to confirm our meeting.

I recognised early in the fieldwork that it would be important to 'go' at the pace of individual family members to ensure participants' voluntary and unpressured involvement in the research. The amount of time it took to secure interviews with participants varied. For example, I met and interviewed family members in pod 3 (Carol, Kate and Justine) within a week of phoning them; on the other hand it took approximately 9 months from initial request to interview for Glenda in Pod 4. I approached thirteen families in total in this way from the five localities. Eleven families (n=11) agreed to participate in the study. Once the family had agreed to be involved in the research, the FGC coordinator contacted professionals involved with the case, advising them that the family had agreed to participate in the research and that the researcher would be seeking to interview the family and themselves in the future. Ideally I would have preferred 15 families to be involved in the study, as this would have provided evidence for the study from a broader range of experiences. Signing up families for the study took longer than I first envisage. Consequently, because of time constraints on the study, I decided to take a pragmatic approach to the number of pods involved in the study and stopped recruiting families after reaching eleven pods.

3.5.2 The participants

Each of the eleven families involved in the study had been referred to FGC for different reasons and had unique needs; all, however, had a child/ren who, at the time of referral to the FGC service, was 'at risk of being accommodated' (see Appendix 1)⁵. Initially, I had intended to speak with all members in each pod who were

⁵ Appendix 1: Summary information for each pod

involved in the original FGC: the child, siblings, parents, extended network and professionals involved with the case. This was not possible due to people having left their jobs, individual family members declining the invitation, individuals no longer being in contact with the core family members or, in one pod, where the family member had died. In four pods I was unable to speak to the child/ young person who was the focus of the initial FGC. In three pods I was unable to speak to the referring social worker. The table below describes the varying combination of data for each of the pods. The names of all the participants have been changed to protect their anonymity.

Table 1: Participants in each pod

Pod	Young person	Young person's age**	Family network	FGC co-ordinator	Professionals	FGC files reviewed	N=
1	Shannon	16	Shane (father); Grace (mother); Blue (older sister); * Cody (sibling); * James (sibling); *Kelly (sibling)	Joyce	Lorri (social worker); Lorna (CAMHS)	Yes	7
2	*Tilly and *Danny	8 and 6	Moyra (mother) Daryl (father); *maternal grandmother; *maternal grandfather; *maternal step-grandmother; *aunt	Lillian	Margo (social worker); Miriam and Alan (foster carers)	Yes	6
3	Justine	17	Carol (mother); Kate (sister)	Joyce	Diane (social worker); Alex (teacher)	Yes	6
4	Callum*	10	Leanne (non-biological mother); Glenda (mother)	Craig	Social worker*	Yes	3

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5	Sharon*	16	Joanne (kinship carer); *Pete; *Storm (sister); *James (cousin); *Joanne's siblings	Helen	Jan (social Worker)	Yes	3
6	Frank* and Ashley	13 and 16	Viv (mother); *Sonya (sister); *maternal grandmother	Sara and Hannah (assisted)	Nell (support worker vol org); *Micky (social worker)	Yes	5
7	Sasha*	14	Rita (grandmother); Theo (grandfather); Leonie (mother); Perla (aunt); *Henry (father); *Tara (sibling); *Bert (sibling); *Adele (sibling)	Hannah	*Michelle (social worker)	Yes	5
8	Dillon	17	Jill (mother); Amber (sister); *Lewis (brother); *Mr W (father); *Kate (step-mother)	Seb	Cynthia (LAC Reviewing Officer); Flora (social worker); Vicky (Foster carer)	Yes	7
9	Jade; Zara; Skye	19,14, 12	Lisa (friend); *Aden (uncle); *Anne and Jane (great aunts)	Gena and Jody	Hilary (Support Worker); Natalie (social worker) * Di (foster carer)	Yes	7

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10	Sylvie	19	Carla (mother); Phyllis (grandmother); Stan (uncle); Helen (aunt); Fred (grandfather); *Father *Brother x2	Gena	Kathy (social worker)	Yes	8
11	Jake *	13	Rhonda (grandmother kinship carer); Deb (mother); *Doris (paternal grandmother)	Fran	Christine (social worker)	Yes	4

**Have not been interviewed ** age at time of interview*

Across the eleven pods that took part in the research, there were sixty-one people interviewed (n=61). Three individuals were interviewed twice: Ashley (pod 6) agreed to be interviewed by herself following a joint interview with her mother; Gena and Joyce (FGC coordinators) were interviewed twice because they were involved in two different families and felt it easier to be interviewed at different times to discuss each family. Of those interviewed (either jointly or individually) there were thirty-three family members (n=33), and twenty-eight professionals (n=28).

Of the family members twenty-eight were female (n=28) and five (n=5) were male. The majority of interviewees were white Scottish; one family had mixed race children who identified as Black African. Of the thirty-three family members, ten young people (n=10) were aged 12-19; nine females (n=9) and one male (n=1) were interviewed.

Two households (n=2) were ‘traditional’ family units i.e. a heterosexual couple with both parents living in a family unit with the children. There were six (n=6) single mother households, two households (n=2) had kinship care arrangements - children were permanently ‘looked after’ by their aunt or grandmother; in one pod (n=1), the parents self-identified as LGBTi, (they were a separated lesbian couple where the child was residing in the care of the non-biological mother). Only one family had no

contact with biological parents: here foster carers looked after two siblings while the older sibling was in supported accommodation. Ten (n=10) of the eleven pods had siblings who were involved in the original family group meeting. I was able to interview ten siblings (n=10) within six pods. Eight pods (n=8) had extended family/social network (grandparents, step parents, uncles, aunts, great aunts or friends) involved in their family group meeting.

All families at the time of referral for the FGC service had social work involvement where a child in the household was looked after at home or looked after and accommodated. At the time of the research, five families (n=5) cases had been closed to social work.

Of the professionals interviewed, eleven were FGC coordinators (n=11) and eight were social workers that had worked with the family at the time of the FGC (n=8). The other professionals interviewed were a mix of health, social work and teaching professionals. Two voluntary sector support workers were also interviewed (n=2) - these workers were invited specifically by the family members to be interviewed because of the level of support they had offered the family.

The strong female dominance in the helping professions is reflected in the number of male professionals (n=4) compared to female professionals (n=24) interviewed in the research project. It is difficult to know what impact this significant gender difference may have had on the value of the data collected. I began looking at what impact gender may have had on the data but it did not become evident that there was a difference and the number of male respondents was too small to be conclusive.

Table 2 Professionals interviewed

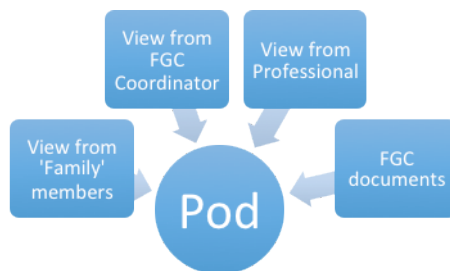
Profession	Male / female	Total
FGC coordinator	2 male 9 female	11
Social Worker	8 female	8
Social Work Assistant	1 female	1

Health professional	1 female	1
Teacher	1 male	1
Foster Carer	2 female 1 male	3
Voluntary Sector Support Worker	2 female	2
LAC Reviewing Officer	1 female	1
Total number professionals	4 male 24 female	28

3.6 Data gathering:

Data were gathered from each pod in a number of ways: information was collected using semi-structured interviews from each of the different perspectives of those involved in the process (adult family member, child or professional) and documentary analysis of FGC case records (Smith, 2009; Yin, 2009; Blaikie, 2010; Thomas, 2011). A discussion on how data was collected for the study is included in the sections below and includes details regarding the in-depth interviews and document analysis.

Figure 4: Data sources for each pod



3.6.1 In-depth Interviews

The in-depth interview is considered a beneficial method to achieve the construction of depth, nuance and complexity of the data emphasised in this study (Legard et al.,

2011; Corbin and Morse, 2003). The use of semi-structured interviews in qualitative research allows the generation of knowledge based on the interviewee's own perspectives (Bryman, 2012). Seeking rich detailed data, the interviewer looks for what the interviewee wants to say about the topic, responding with flexibility and allowing the interviewee's issues to emerge rather than prescribing the answers regarding the participant's experiences. Semi-structured interviews should not 'pigeon hole' the interviewee's responses, rather the emphasis is on what the interviewee views as important in explaining and understanding events, patterns and forms of behaviour (Bryman, 2012: 471). Mason (2002) contends the semi-structured interview is a 'conversation with purpose' where knowledge is constructed through the interactive interview process. I considered developing more structured approaches to gathering evidence within the study, for example using a standardised questionnaire regarding the FGC process and outcomes. Given my epistemological positioning of children and adults as competent social actors (see earlier discussion), alongside the literature that cautioned the reductionism of outcomes investigation (see literature review), I wanted a research approach that would provide respondents' with an opportunity to inform the research of their own views in a reasonably unstructured manner. As such, I considered semi structured interviews would best achieve this goal.

Interview Pilot

There are intellectual and social dynamics within the interview that the interviewer should be prepared for (Mason, 2002). Some structure and preparation to the interview is required to ensure the focus of the research puzzle will be answered and to enable some comparison of multiple cases studies, within a flexible framework. Piloting the interview with a young mother, who was approached through her FGC coordinator and agreed to assist my study. Piloting helped me to test not only my information sheets and consent forms, but also provided me with an opportunity to test the demands of the interview process and make changes required at an early stage in the research study. I was able to test and observe whether: the topic structure of the interview flowed; the language I used was understandable to the interviewee; the setting worked; the tools I had developed worked; the recording equipment

operated. Alongside these practical considerations, I was able to experience and reflect upon the demands of an interview itself, that is listening to the interviewee.

The pilot allowed minor alterations to the interview schedule (see Appendix 2 and 3)⁶ and gave me confidence that the timing of the interview (approximately an hour) was about right. The icebreaker activity (see Appendix 4)⁷ worked well to ‘warm up’ the interviewee and to allow them to relax a little before the more substantial content of the interview started. I utilised small wooden dolls to help the respondent identify her family structure, these too worked well to allow me to quickly understand the ‘family’ structure without having a complicated family tree. The interviewee appeared to enjoy the participatory nature of the exercise and this allowed us to converse in a relaxed and informal manner. Thus, the research design sought to adopt a method that enabled ‘conversations with purpose’ (Legard et al., 2011) while also recognising that a highly responsive interview style was required of me. On reflection, what surprised me was that I did not need to know any real detail about the family or their issues to discuss what they thought of the FGC process and outcomes. I had minimum information regarding the family circumstances provided by the FGC service and consequently the family were in charge of what information they wished to share. I considered this an important dynamic within the interview and decided I would not look at case records before the interviews were complete to ensure I did not make assumptions about the family members of each pod before I met them.

The ‘individual’, ‘joint’ or ‘group’ interview

Informed by the literature on ‘family practice’ (Morgan, 1996), alongside the family-led philosophy underpinning FGC, I sought to find a way to acknowledge the complexity and difference of families by letting families speak in a manner that was, as far as possible, managed by the family. The ‘family voice’ might be an individual or it may be a number of people, depending on the family’s own views of its ‘voice’ (Marsh and Walsh, 2007). Providing the opportunity for families to examine collectively family perceptions of FGC provided a depth to the study, recognising

⁶ Appendix 2 and 3: interview schedule family and professionals

⁷ Appendix 4: icebreaker worksheet

that families' lived experiences should be acknowledged as different from those of the individual component members (Morris, 2013). The flexibility of offering families the opportunity to have an individual, 'group' or 'joint' interview was available to each pod.

Harden and colleagues (2010) suggest that the term 'multi-perspectives' is often used in research without being explicit about its purpose. Harden and colleagues (2010) point out several different dimensions of multiple-perspectives which include between standpoints (such as generational or gender), between individuals in families and between families. Depending on the aim of any particular research topic, they suggest, a researcher may choose to concentrate on one or more of these dimensions. In this study, I was motivated to seek multiple-perspectives to provide a more rounded picture of the FGC phenomenon and I also wished to compare and contrast views from different family members and to attempt to ensure different voices were heard alongside others.

In eight pods (n=8), family members chose to be interviewed jointly, while two family groups, (pod 3 and pod 10) made the decision to be interviewed as a group. Family members decided what configuration this would take along with the timing and where the interview would take place. I also conducted two joint interviews with professionals in: pod 9 Hilary (support worker) and Natalie (social worker); and pod 2 Alan and Miriam (foster carers). I was not always prepared for this arrangement: for example, I arrived to interview Shannon (pod1) and she appeared with her sister Blue. Shannon said she had been concerned about meeting someone she did not know and she had asked Blue to come along too. I realised a flexible approach was required and undertook the interview with the siblings jointly.

This example highlights a challenge of multi-perspective research, in particular that of power. As Harden and colleagues (2010) point out, one of the first questions asked by researchers when exploring different family members' perspectives is to consider whether the views of participants should be collected individually or as a group. The trend, they suggest, in sociological research is to conduct interviews separately, thus ensuring the views of the child, sibling or parent are heard without the concerns of one participant dominating the other. Yet, in this instance, Shannon expressed her

desire to be involved in the research but also her feelings of unease meeting a stranger (me, the researcher). This situation seemed to strengthen the need to have a flexible rather than dogmatic approach to individual or group interviews. I was also aware that, given my epistemological positioning - that the child is the centre of the research that is about their experiences - it should be the child who as much as possible decides how and with whom they are to be interviewed (Williams and Rogers, 2014).

I did have concerns when interviewing children and parents together given the generational power relations structure many aspects of children's lives (Harden et al., 2010). This thinking suggested that the parent might dominate and speak for the child, and that this might also be assumed to be the case with older and younger siblings. Again it seemed relevant not to assume that individual interviews were the best way to approach data collection but rather to consider that the child would have opinions about how comfortable, or not, she/he felt about meeting me in an individual interview. Many young people in this study chose to be interviewed with another sibling or parent. This might suggest the presence of other family members can be used by younger respondents as a form of support and comfort in an interview situation (Harden et al., 2010). Despite my concerns, there seemed very few instances where adults overtly spoke for, or over, children.

On reflection what appeared different from the individual and the joint interview was the interaction between the interviewees: their shared and mutual reflections, which came from shared experiences but also from a pre-existing relationship.

Joint interviews provide the opportunity for combining something of the intimacy of individual interviewing with the public performance of a focus group. In particular, it places emphasis on the relational possibilities of a...situation, asking them to represent themselves not just as individuals but also as concurrent participants in a relationship.
(Morris, 2001: 558)

The joint nature of the interview gave it a different quality to individual interviews. It felt at times that the participants were both informants and co-researchers as they reflected on and made revelations about their mutual experiences, in this case of

FGC. My role as researcher often felt less intrusive as individuals reflected on their different experiences together. The breakdown of the different types of interviews conducted within each pod is summarised in Table 3 below.

Table 3: Breakdown of Interviews

Pod	Individual interview - family member	Individual interview - professional	Joint interview (2 people) - family	Joint interview (2 people) - professional	'Group' interview	Number of people interviewed
1 SHANNON		Joyce (FGC coordinator) Lorri (social worker) Lorna (community Adult Mental health)	Shane (father) and Grace (mother); Shannon (young person) and Blue (older sister);			7
2 TILLY AND DANNY		Lillian (FGC coordinator) Margot (social worker)	Moyra and Daryl (parents)	Miriam and Alan (foster carers)		6
3 JUSTINE		Joyce (FGC coordinator) Diane (Social worker) Alex (teacher)			Justine (young person) Kate (sister) Carol (mother)	6
4 CALLUM	Leanne (guardian)	Craig (FGC coordinator)	Glenda (mother) and Corrine (support worker)			4
5 SHARON AND STORM	Joanne (kin carer)	Helen (FGC coordinator) Jan (social worker)				3
6 FRANK	Ashley (young person)	Sara (FGC coordinator) Nell (support	Ashley (young person) and Viv (mother)			5

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Pod	Individual interview - family member	Individual interview - professional	Joint interview (2 people) - family	Joint interview (2 people) - professional	'Group' interview	Number of people interviewed
		worker)				
7 SASHA	Leonie (mother) Perla (paternal aunt)	Hannah (FGC coordinator)	Rita and Theo (maternal grandparents)			5
8 DILLON	Amber (sister)	Seb (FGC coordinator) Cynthia (LAAC reviewing officer) Flora (Social Worker) Vicky (foster carer)	Dillon (young person) and Jill (mother)			7
9 JADE, ZARA AND SKYE	Jade (sibling and young person) Lisa ('aunt' – family friend)	Gena (FGC coordinator - senior) Jody (FGC coordinator)	Zara and Skye (young people, siblings)	Hilary (support worker) and Natalie (social worker)		7
10 SYLVIE	Helen (aunt)	Gena (FGC coordinator) Kathy (social worker)	Sylvie (young person) and Carla (mother)		Phyllis (maternal grandmother) Stan (uncle) and Fred (maternal grand-father)	8
11 JAKE		Fran (FGC coordinator) Christine (social worker)	Deb (mother) and Rhonda (grandmother, kin carer)			4
Total	9 Individual family interviews	24 Individual professional interviews	10 Joint family interviews	2 Joint professional interviews	2 'Family' interviews	N= 61 People interviewed

This section has discussed interviews carried out in the study and the benefits and challenges of gaining different perspectives of family members jointly and individually. The next section will consider the interview content and structure.

The content of the interviews

Semi-structured, in-depth interviews were conducted in the study using a pre-designed interview schedule. The interview schedule was developed taking cognisance of the diverse membership and potential power differences between individuals in any one FGC pod. I reflected on and piloted how best to support individual stories to emerge. To begin, a variety of tested (see above) communication supports were used to assist the interviewees to relax and feel able to talk about their experiences (Greene and Hogan, 2005; Christensen and James, 2008). Secondly, it was intended that whether the interview was an individual, ‘joint’, ‘family’ interview (with professional or family member) it would follow the same general structure, using the similar communication supports. The primary difference between the flow of family and professional interviews was that only family members were asked to describe the ‘family’ structure using the small wooden dolls (see figure 5).

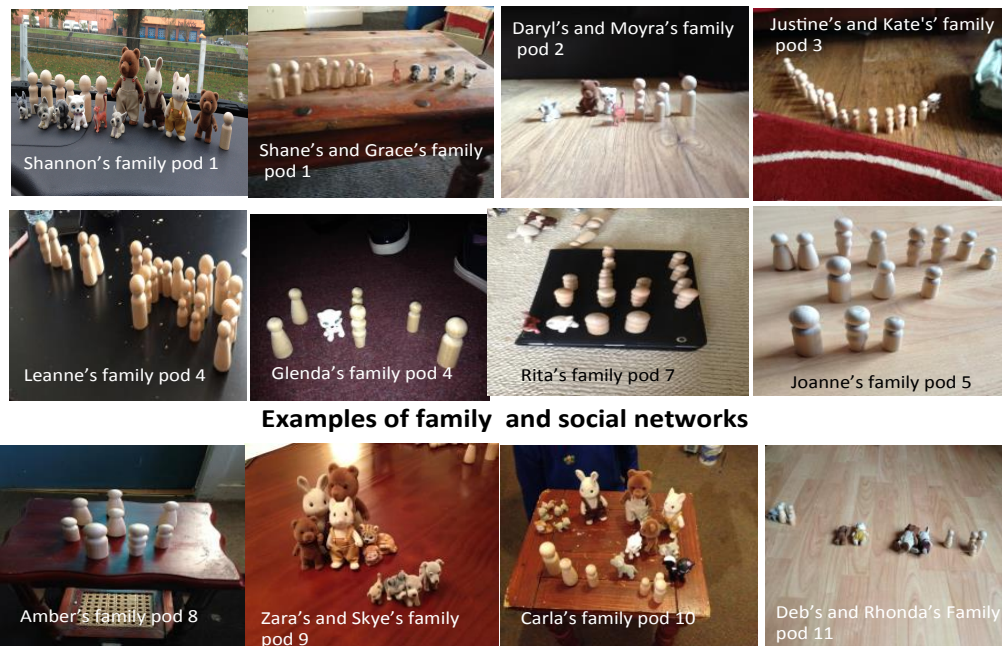
The interviews generally took the following structure: warm up exercise to get to know each other (see Appendix 4)⁸; participatory exercise where the interviewee/s were asked to describe their current family and social network using wooden dolls (a photograph was taken of the dolls, see below for some examples of these images); and then a discussion regarding experience of FGC and associated outcomes for the family members (see Appendix 2 and 3)⁹. Additionally, I recognised that I required a thorough understanding of the FGC process, professional roles (particularly social work) and services to enable interviews to be experienced as respectful and meaningful to the families and professionals – and for the families’ and professionals’ experiences to be understood (Morris, 2013). My previous professional work experience, the pilot interview and learning from the orientation to

⁸ See Appendix 4: Warm up activity

⁹ See Appendix 2 and 3: outline of interview schedule (family and professional)

the study assisted this understanding, giving me the confidence to understand the process experienced by all respondents.

Figure 5: Examples of doll exercise



Professional interviews were conducted in the interviewee's workplace. The majority of 'family' interviews took place in the home (sitting room or kitchen) of the interviewee/s. Only Glenda's interview (pod 4) took place in a community based support service with her support worker, Corrine. The interviewee/s made decisions regarding location and timing of the interviews. Interviews were, with consent, digitally recorded, transcribed and securely stored for analysis and participant feedback. It was explained to participants that a variety of methods would be used throughout the interview to assist the accurate recording of their views. They were assured that if at any point they did not want to be recorded, or they wanted to stop the interview, they could. All participants who agreed to be interviewed also signed the consent form and agreed to be digitally recorded. Callum (pod 4) was the only participant who took up the opportunity to stop the interview. Having agreed initially to participate in the interview, he decided at the point consent forms were to be signed that he did not want to be involved in the research. He looked up at me and said he 'didn't want to do it'. I respected his decision and reflected that the process

for informed consent was working given that a ten year old felt confident to withdraw his involvement. Callum did not withdraw consent for the pod to be used in the study, just his own involvement in it - his assertiveness regarding his personal involvement reassured me that had he had real concerns about his pod being involved in the research he would have been able to say to either myself or his guardian that he would like his pod to withdraw.

There was one occasion where the digital recorder did not switch on properly and consequently I did not record the interview (pod 11: Rhonda and Deb). I realised my mistake immediately after the interview and let the two participants know that their interview had not been recorded. I did not feel I could re-do the interview immediately given the sensitivity of the content we had experienced. I asked permission to send them a note of what I could remember of the interview: they agreed this would be appropriate. I immediately went and sat in the car and wrote down as much about the interview as I could remember. I typed up my notes and posted these to Rhonda and Deb. I then attempted to ring Rhonda to get her comments regarding the transcript – but she did not answer my calls. On reflection I was extremely disappointed not to capture the nuances of the interview with Deb and Rhonda, yet felt it important to include this pod in the data collection because the family had given their consent and I could use what I material I had.

All interviewees were asked at the end of the interview whether they would like a copy of their interview after it was transcribed. In addition to Deb and Rhonda (pod 11) mentioned above, Justine, Carol and Kate (pod 3), Glenda (pod 4) and Kathy (social worker pod 10) specifically requested a copy of their transcripts and were sent them with an invitation to provide feedback /corrections. No responses were sent back from these participants.

Transcribing

I transcribed all the interviews using a foot pedal and ExpressScribe software on my computer. Transcribing took a number of months and, during this time, I became immersed in the stories being told by the interviewees. I intentionally typed the interviews from each pod at the same time (both family members and professionals). Transcription is a process of translation from spoken to written English, with issues

of meaning and representation being potentially challenging. The interviews were transcribed almost word for word, given the substantive nature of the research; however, I made choices to exclude most non-lexical verbalisations (mm, er,um etc) and pauses in the transcripts. Thus, the interactional nature of the interviews, such as detailed recording of pauses and overlaps were not transcribed although long pauses, crying and laughter were noted.

The seemingly mundane choices of what to include and how to arrange and display text will have serious implications for how a reader will understand the narrative...Transcribing discourse, like photographing reality, is an interpretative process (Reissman, 1993: 12).

Given the transcript is not an objective record of the interview (Mason, 2002), I made observations, interpretations and notes of my own experience. Prior to transcribing, I re-read my reflexive notes, remembering my impressions and feelings during the interviews. During the transcribing process and often afterwards, I would again write my reflections in a journal. An example of my heightened awareness during the transcribing phase was my conscious awakening to the different accents that I was hearing. Mauthner and Doucet (2003) reflect on the challenges of the 'research relationship' and the inevitability of power differentials within the various stages of research. I became aware of my own positioning as I typed up and listened to the voices of participants, my Australian accent and my assumptions about the class and education of participants. Typing up the interviews allowed me space to reflect on my 'outsider' status and how this might affect my interpretation of what people were saying and its impact on the research. I became aware I might be privileging family voices over professional voices, given my own positioning regarding the distribution of power within social work settings. I wrote reflexively about my personal response to re-hearing the interviews along with my own reflections and memories. This was, at times, an emotional experience particularly in light of the often traumatic experiences people were describing. The manner in which emotionality and vulnerability were dealt with in the study is further explored in the section on ethics.

During this phase of the study, I began to reflect consciously on what themes were emerging from the interviews. I wrote these ideas and thoughts on post-its and began to stick them on the wall in my office trying to see patterns from the notes I was making.

3.6.2 Documents - FGC case records

Permission to access FGC case records was sought from the family members of each pod. FGC records are documents, texts written with a distinctive purpose in mind, reflecting the writer's reality, motivations, task and opinions. As such, documents are part of a chain of events and give an enlightening perspective for the research topic, providing insight into individual and collective actions, intentions, meanings, dynamics and institutional and family structures (Miller and Alvarado, 2005; Bryman, 2012). Documents have an ontological status, in that they form a separate reality, a 'document reality' (Bryman, 2012: 555). Thus, by analysing FGC case records, I hoped to gain insight into social activity which occurred prior to the research study in a manner that was not influenced by the study itself, adding knowledge and depth to the research (Miller and Alvarado, 2005). There are several other advantages of using documents as a source of evidence: the material is stable and can therefore be retrieved repeatedly, if required; the material is 'exact' that is, it contains exact names, references and details of an event; and the documents have broad coverage – they record a span of time, many different events and many settings (Yin, 2009: 102). I was aware what had been recorded and kept as important documents within the file may have 'biased selectivity' and not be complete. In addition, what was recorded may also have a level of 'reporting bias' – reflecting an unknown bias of the author (Yin, 2009).

Permission to view files was sought from family members and access to files was negotiated with each service provider only after I had finished interviewing pod members. There was considerable discussion regarding family and individual confidentiality; consequently no documents were copied or removed from office buildings. As documents had to be viewed 'on site', I made several visits to the different localities to view and record documents. When files were electronically recorded, I accessed the records only after I had been granted special permission

from senior managers and undergone training to access the electronic documents on company computers. A total of ninety-four (n=94) documents were read and summarised for the study across all eleven pods (see appendix 5 for summary of documents in each pod) ¹⁰.

Keeping in mind that documentary evidence reflects a communication among other parties attempting to achieve some other objective, I developed a tool to record information from the FGC documents shown in Table 4 below, to record on Excel the following information for each document:

Table 4: Document analysis tool

Document analysis tool
Pod
Type of document
Unique characteristics
Document date
Author
Position
Audience
Purpose
Summary of document
Framing of author's position
Focus of document
Outcome narrative
Quotes
What does the document tell me?
What is missing?
Legal position

I used the tool to record the document's detail and to assisted me to critically interpret and analyse the documents I was seeing (Bazeley, 2013; Silverman, 2011). I was aware that different documents were created for different purposes, for example: to refer the family to the FGC service; to communicate what children and family

¹⁰Appendix 5: Summary of documents per pod

members thought and felt about their situation at the time; to record the family plan developed at a meeting. The use of the tool assisted me to take account of the different types of communication taking place between individuals, its purpose and to begin to consider what the document was telling me about those communications. The tool was designed utilising materials developed by the US National Archives and Records Administration Unit - accessed 2015.

Alongside this work, I continued to reflect and take notes in my journal regarding my emotional and intellectual response to the documents I was viewing. The various FGC services involved in the study had different ways of logging and filing case records and this created challenges regarding access to the documents: some records were scanned documents, recorded electronically in a central office filing system; while others were physical - hard copies of documents, sometimes with writing scribbled in the margins. FGC documents summarised in Appendix 5 ‘summary of documents per pod’ include: referral forms, correspondence, emails, family plans, summary of family and professional views, and invitations to meetings and evaluations. The ninety-four documents (n=94) provided the study with a different dimension to the FGC experience, often highlighting and confirming the journey individuals had experienced and the issues they considered important at the time the document was created and a different insight into the stages of the FGC process.

The ‘summary of documents per pod’ seen Appendix 5 suggests, while there were some cross over of documents type, no pod had the same documents kept on file. It was unclear across all pods who made the decision to keep which particular documents or indeed which were discarded. Certainly some staff in the FGC services implied there was a policy to keep as little documentation as possible regarding the families, suggesting these documents were treated differently than other social work case files, where all contact information is kept about families. Nine pods (n=9) had a copy of the original referral, ten pods (n=10) had a family plan, seven pods (n=7) had a review of the plan, six pods (n=6) had a written copy of views of young people, family members and /or professionals. When views of family members were present in the files they were not recorded consistently - some were written by the participant who had the perspective while other views were summarised by a third

party. For example, Document 25: Callum's views pod 4, were written in the young person's handwriting I could directly attribute the views to the young person. While other documents for example, Document 2: views of family and professionals pod 1, were summarised and typewritten by the FGC coordinator; this suggested the document offered an edited perspective by the document's author of the service user's views. I was aware that within the documentation I was reviewing, the choices of which documents existed and indeed the author of the documents held power to influence and privilege voices within the FGC process (Yin, 2009).

3.7 Analysis

3.7.1 Data management and interpretation

The research project was a Collaborative Studentship undertaken with the national voluntary organisation CHILDREN 1st and the University of Edinburgh, funded by ESRC, and as such the main area of investigation – outcomes for children and families involved in FGC - was already established. While the broad theme of the study was set, those involved in the collaboration were supportive of new ideas and evidence to emerge from the research. The interpretation and analysis of the findings are broadly based on an iterative thematic analysis (Braun and Clarke, 2006; Braun and Clarke, 2013). My use of this method of analysis aimed to build an interpretation of the data from the bottom up by identifying themes and patterns of meaning across the data set in relation to the research question. An important aspect of thematic analysis is that the researcher is positioned as giving shape to the analysis due to his/her own standpoint, disciplinary knowledge and epistemology. In other words, themes do not just 'emerge' from the data set nor does the research just 'give voice' to the participants (Braun and Clarke, 2006 :80). I have noted that my epistemological positioning is one that acknowledges the social construction of reality and that I am interested in studying how different events' realities, meanings and experiences affect the discourse in context to the research topic. This has influenced not only my methodology but also my choice of analysis. A strength of thematic analysis is that it does not come attached to a theoretical framework or prescribed methods of data collection. I chose to use thematic analysis because of

this flexibility and I felt that ultimately a thematic approach would be useful for my research to be understood beyond the academy.

Analysis builds understanding of the topic and so I asked myself as I read and re-read transcripts and documents: What does this mean? What is this person saying that is important? How is this significant to the research questions? In applying this approach, I began to identify key concepts, which appeared important within the data corpus.

Building on knowledge gleaned from data collection and transcribing, as well as my own professional experience and research skills, I developed an initial coding framework, which I felt might identify some of the initial themes within the data corpus. I started by looking at all the data from one pod. I began to delve more deeply into the data - coding and recoding to develop key themes, which were important expressions of the data itself. In this way, I analysed each interview and document on its own merit and then combined the data for each FGC pod. I repeated this analysis of the data for all eleven pods where information had been gleaned from documents and the interviews of different people involved in the FGC meeting permitting different perspectives to be presented on different events. I then began to look across pods, developing themes common for different groupings of respondents for example: professionals - social workers or coordinators; and family members - young people and adult family members. Further thematic analysis across pods allowed me to see if there were common themes based on anything other than pod membership, allowing me to further refine and test coding choices. A strength of thematic analysis within this study was its flexibility in allowing me to look across and within pods in a way that provided a rich and detailed yet complex account of the data. In this way, I was also able to consider whether there were any outlier within the data, assisting me analyse and make conclusions regarding the evidence collected. All these elements of analysis assisted me to approach the research questions from different angles, building a richer and deeper understanding of the phenomena under study.

Triangulation in qualitative research is argued to be a way of 'strengthening analytic claims and getting a richer or fuller story, rather than a more accurate one' (Braun

and Clarke, 2013: 286). This argument suggests that there are different 'pieces to the jigsaw' that is the subject under study, and that it is only through identifying and piecing together different pieces that a broader picture is gained giving insight into the complexity of the research topic. Silverman (2011) suggests triangulation is a way of capturing multiple 'voices' that relate to the topic rather than a way of capturing one 'right' result.

Triangulation as a strategy for validation involves independently obtaining one or more alternative sources of data and checking to see if the inferences you draw from the data are comparable with those obtained in the first instance (Silverman, 2011: 10).

In this study, I have attempted to gain different perspectives from different sources: interviews with family members and professionals regarding their retrospective experiences as well as data in documents analysed, written at the time the FGCs took place. While the study may have potentially been strengthened through a third form of data gathering, for example, participant observation or getting respondents to write diaries during their FGC experience, the analysis of different perspectives and documents within and across pods allowed a form of triangulation to occur - as different voices and stories were captured from different perspectives, providing a broader picture of the research topic.

I needed a clear and systematic way of storing the data once coded and this was helped by using the Nvivo information management system. Nvivo allowed me to group the data material into themes in a manner that evidence could be easily retrieved. I experienced the thematic analysis as an iterative process and it inevitably took much longer than I expected. In summary, an inductive thematic analysis of the data was conducted within an essentially constructionist perspective, emphasising semantic themes, which generated a number of themes with analytic claims. These claims are illustrated by data extracts throughout this thesis. The next section considers a number of the ethical considerations, dilemmas experienced and solutions sought in the study.

3.8 Ethical considerations

The research was carried out in accordance with the School of Social and Political Science's Ethics Framework and procedures. Given the sensitivity of the topic studied and the involvement of children and young people in the research, a more intensive (Level 2) Ethical Review was required and approved by the University of Edinburgh to proceed with the project. The facilitating agencies, CHILDREN 1st, and the local councils in each locality, had internal ethical requirements and procedures that were complied with. Whilst the ethics procedures mentioned above are crucial, they were not the only ethical dimensions considered within this research project. Ethical issues in qualitative research are not straightforward and are often challenging (Spencer et al., 2003), and interwoven throughout all aspects of the research process (Wertz et al., 2011). Assuming there would be critical moments of 'ethics in practice' (Alderson and Morrow, 2011) during the research, I kept a reflexive journal throughout the research to assist my own critical reflection on issues arising as the research progressed, including ethical dilemmas. The sections below discuss ethical considerations within the research project.

3.8.1 Informed consent

The research emphasises the importance of children's, young people's and adults' unique perspectives enriching the knowledge gained from the research project to enhance policy and practice. To ensure that participants are not used merely as a 'means to someone else's goals' (Guillemin and Gillam, 2004), it was essential that they agreed to participate with free and informed consent. Each potential interview participant (adult –professional and family members- or young person) was given information regarding the nature, purpose and likely consequences of the research both verbally and in writing (Guillemin and Gillam, 2004: 236) (see Appendixes 6-8)¹¹. They were asked to sign a consent form once they had agreed to be involved in the research project (see Appendix 9)¹². Each participant was informed that they could withdraw *at any time* during the fieldwork, without effect. Gaining informed consent from children and young people themselves, rather than just the proxy

¹¹ Appendix 6-8: Information leaflet for family, young people and professional

¹² Appendix 9: Informed consent form

consent from adult gatekeepers, reflects a respect for children's own agency (Gallagher, 2009; Morrow, 2009).

An underlying principle of the research was to work in a transparent manner with all participating in the research. There is often a tension within child welfare contexts between a child's right to welfare and protection in contrast with their right to participate - sometimes at the detriment of their being heard (James, 2007; Gallagher, 2008; O'Kane, 2008; Gallagher, 2009; Morrow, 2009; Smith, 2009). It was my intention to openly and respectfully discuss with all potential participants, including members of the family grouping, the important contribution children's unique perspective would make to the research (Hill, 2006). Sensitive negotiation with family members and gatekeepers was important to establish trust and support for children's participation in the research (Gallagher et al., 2012).

I was aware that while I may have consent from certain member's of the pod to participate not all family members or professionals involved in the FGC pod were able to be contacted or were willing to participate in the study. This situation raised an ethical dilemma for me - could I undertake the study using only some members of the pod? I sought advice regarding this with supervisors and resolved that if the family's core members were willing to give their consent and participate in the study, then evidence from that pod could be included in the study. Yet how informed can any one person be about the consequences of being involved in a research project? With this question in mind I resolved to be as transparent about the study as I could, while also seeking to gain continued consent from participants involved in the study during fieldwork (Alderson and Morrow, 2011).

3.8.2 Confidentiality and anonymity

There have been several challenges regarding anonymity within the research project. The small number of FGC services in Scotland and the small number of 'cases' being selected may make it possible to identify specific locations and potentially, specific families. Care has been taken to ensure anonymity of each location and participant. Pseudonyms have been given to each location and participant to ensure anonymity (Tisdall et al., 2009; Alderson and Morrow, 2011). Participants were

informed that raw data gathered in the research context is stored securely, confidential and will not be shared with anyone without their permission.

Given the potentially vulnerable nature of the participants involved in the research and the sensitivity of the topics, which may be discussed, the disclosure of abuse, neglect or other child protection issues arising was always a possibility during the research study. As a trained social worker and influenced by the Social Work Code of Ethics (BASW, 2012) as well as being aware of the protocols of CHILDREN 1st, I consider it ethical to act to prevent possible further harm to children and vulnerable adults. Individual situations influence the ethical decisions required, taking account of relationships, power and emotions of the people and situations involved (Alderson and Morrow, 2011). I was conscious challenges to participants' confidentiality could arise within the fieldwork. For example, parents or workers may be curious to know what children or other participants have said or written (Alderson and Morrow, 2011); or the space the interview is taking place in is in the family home or in a public space. Different members of the pod may decline to be involved in the research creating a dilemma of third party confidentiality. Care was taken to prepare for different situations which might compromise confidentiality of respondents arising in the research whilst accepting certain ethical and practical decisions would be made at the time situations arise (Morrow, 2009; Alderson and Morrow, 2011). Advice was sought from my supervisors and CHILDREN 1st staff when any breach of confidentiality was being considered, this was to prevent further harm. An exception to confidentiality, which participants were made aware when informed consent was formally sought, was CHILDREN 1st's child protection procedures I would need to follow, should a concern be raised while in contact with the family.

3.8.3 Risk of distress

Doing no harm is a core principle of ethical research (Alderson and Morrow, 2011). I prepared for the research in several ways to ensure a no harm principle was taken: to begin, I used a reflexive approach to all elements of the research project – this assisted my being mindful of potential harm throughout the fieldwork; secondly, practical and clear methods of data collection with the specific query of whether the questions and the techniques used would cause harm to participants were developed,

piloted and utilised (Alty and Rodham, 1998; D'Cruz and Jones, 2004; Guillemin and Gillam, 2004; Alderson and Morrow, 2011).

I was mindful and reflexive throughout the fieldwork, observing body language and voice tone to gauge the emotional condition of the participant (Davis, 2009). My previous experience as a youth and community worker assisted in my assessment of these situations. At times, participants became visually emotional or excited and at these moments I checked in with the participant to ensure they were happy to continue. At times, I deliberately changed the pace or focus of the interview in a way that I hoped was respectful and did not rush participants in their answers. I was conscious throughout these moments that I did not assume silence meant consent.

I was aware that each participant had different experiences and consequently emotional needs in regard to his/her life experiences and more specifically with the FGC process. This knowledge was heightened from my previous social work training and community based work. To ensure minimum distress for each participant, I took time to ensure he/she was comfortable with participating in the study. As stated earlier, some participants agreed readily with little delay, while others (for example Glenda in pod 4) took several months to consent to participate. Glenda agreed to participate in the study because she felt it important to express her side of 'the story' and her support worker agreed to be present in the interview. It seemed significant that I also knew her support worker from a previous work situation and this added a sense of assurance to Glenda that I was an 'ok and safe' person to speak with. Thus, while I intended to remain a neutral researcher, this was not always possible (or desirable). My professional experiences, skills and knowledge, alongside my knowledge of research, influenced my decision-making throughout the study and, in particular, my motivation to reduce the level of stress experienced by participants. I used a reflective journal throughout the research to assist me reflect upon when and how my professional background might impact on the research. I found this particularly helpful when reflecting on ensuring the no harm principle. For example, when I interviewed Glenda, I was aware there was a potential conflict within myself between being a 'researcher' and a 'professional'. As a professional, I might take the information she gave me and speak to other

professionals about the need to improve practice. As a researcher, I was aware I was witnessing and recording her story and needed to respect her confidentiality. I wrote in my research journal how this made me feel both as a social work professional and a researcher. I also discussed my conflict in supervision and, as such, was able to disentangle my other selves from my role to collect data and analyse information.

I was aware that literacy may be an issue for inclusion with some of the participants in the research, and, as such, I deliberately chose to use language in the information sheet and consent form, which was easily understood and read. However, lack of literacy skills are not always obvious and I also asked each participant whether he/she would like me to read the information sheet and consent form to them. Several participants took up the offer of having the consent form read to them prior to signing the consent form. I was aware that the manner in which I read the information and explained the research should avoid any form of coercion or pressure (Alderson and Morrow, 2011). As such, I took my time explaining the purpose of the research at the start of all interviews, and was aware of the need to reaffirm consent throughout the interview.

3.8.4 Security of recordings and data

Each participant, who agreed to participate in the study, was made aware that they were consenting not only to be interviewed, but also that their interview would be digitally recorded and that their interviews would be anonymised and archived for potential use at a later date. Recordings have been archived in a password secure computer with personal details of all respondents anonymised.

3.8.5 My personal safety

Throughout the design of the study and the fieldwork planning and practice I was aware I needed to ensure my own safety and wellbeing. This involved considering the physical, emotional and psychological impact the research may have on me as the researcher (Braun and Clarke, 2013). As such I considered where, when and how the research would take place in relation to my own safety. I discussed issues of safety with each of the FGC coordinators prior to arranging interviews with family members from each of the pods. I also set up a 'buddy' system for each of the

interviews: I left details of where I would be and at what time, with a second party - usually my supervisor from CHILDREN 1st or the FGC coordinator who had helped arrange the interview. I would 'check in' with that person after the interview was completed through a phone call or text. In one case, on the advice of the FGC coordinator, I arrived at the interview with the FGC coordinator who introduced me to the family and then left. After the interview I called her to say I was safe and had left the house.

I was aware that the content of the interviews might impact me personally on an emotional and psychological level. To assist me deal with this I utilised my reflexive journal and supervision to assist me 'unpack' and separate my emotions from the research experience. There were times I became emotional during interviews because of the content of the topic under discussion. At those moments, I tried to notice my body language and word choices in response to the interviewee's evidence. I was aware that we were two human beings and that the respondent was sharing, with a relative stranger, sensitive information about his/her personal life and relationships. It is not possible to research social experience without recognising one's own human-ness and consequent social understandings which that brings (Silverman, 2011). As such, I sought to value, support and respect the individual in the moment while also keeping in mind my role as researcher (Tisdall et al., 2009). I was aware to be careful not to exploit the trusting nature of our exchanges at the expense of the participant (Lapadat, 2009) or myself.

3.9 The research and me

As stated earlier, I was a qualified social worker prior to undertaking this research project, and while not having practised as a children and families social worker in a statutory social work practice team, my training and previous community based work with children and families who used social work services allowed me to occupy a quasi-'insider' role with professional participants and service users. I felt my previous work experience and knowledge aided both: my engagement with the research topic; and helped participants trust me as a 'credible' researcher who understood some of the issues relevant to undertake the research with them sensitively.

Yet, at the same time, I was aware that I was not always an ‘insider’: none of my family nor I, use social work services; I am an Australian middle class woman who, while having worked in deprived communities in Scotland, has never lived in communities of high deprivation. While I am a mother and a step-mother, I have never experienced my child being looked after or accommodated. Nor have I experienced being a looked after and accommodated child. Sometimes these differences created curiosities for participants: certainly my being from Australia meant participants often asked about my background and why I was in Scotland; other participants were able to explain their experiences in some detail, for example: what it felt like being looked after as a child - assuming that I did not know what these experiences may have been. These queries about difference and lack of assumed knowledge often helped to ‘break the ice’ with interviewees.

I grappled with the often contradictory nature of the ‘insider’ - ‘outsider’ status and my new role as researcher, rather than practitioner, throughout the project (Dwyer and Buckle, 2009). I was concerned that the research would not be considered valid or neutral and perhaps would seek to support a particular point of view. The ideas of neutrality and objectivity however, may be misleading (Rose, 1985). In qualitative research, the researcher is central to the construction of the collection, selection and interpretation of the data. Recognising the reflexivity inherent in the participant and researcher relationship is of central importance to the research experience (Davis, 1998).

Throughout the research, I have tried to remain aware of the biases I might carry and undertook to reflect on the influence these biases may have made to the research. I hoped the research questions, design and methodology would assist me to gather a range of different perspectives – not just, for example, those of professionals. I presented my ideas and early analysis to a range of different audiences that were not orientated to the culture and practice of social work. I used supervision to assist me to think critically about my role and position and the analysis of the data. I brought my preconceptions and existing understanding of the issues relating to my research project to the fieldwork and, as such, it is not possible for me to take an objective view. My intention is not to claim certainty in my research but rather to present a

journey of discovery through the desire to seek out underlying layers of meaning rather than presenting obvious interpretations of what may or may not have occurred (Snape and Spencer, 2003).

3.10 Conclusion

In this chapter, I have described the research methodology chosen for this study and the decisions that have influenced the research design. The decisions I have made regarding the methodology and research design are based on the research aims and objectives, practical as well as ethical considerations and my own personal interests and knowledge. Throughout the chapter, I have sought to draw attention to difficulties I have come across during the study and the strategies through which I have sought to overcome them. The following chapters will draw attention to the data collected and my analysis of these in relation to the research question.

Chapter 4 Empowerment

4.1 Introduction

A central theme in the literature in relation to FGC is empowerment, where it is assumed within the FGC process family members will be afforded greater control about decisions, which affect the care and protection of their children. Further, the way in which such decisions are made will, in and of itself, empower those who take part (Lupton and Nixon, 1999a). This discourse fits well with current child welfare policy and legislation, which argues for the involvement, capacity building and empowerment of service users and communities in children's services (Scottish Government, 2013; Christie, 2011; Scottish Government, 2015; Scottish Government, 2016b). Throughout the analysis of the data, respondents' evidence, from across all the pods, described the development of new skills, increased involvement in decision-making, goal setting and feeling more in control of his/her life. Alongside the FGC literature, it was these experiences that suggested that FGC may be an empowering experience for service users and led me to explore the concept in more depth with the aim of answering the research sub-questions: Why do respondents consider FGC contributed (or not) to outcomes? And how do outcomes link with the process (es) of FGC?

An appraisal of whether FGC is an empowering process and its potential contribution to children and families' outcomes is explored in this chapter. This is achieved through an in-depth examination of pod eight - Dillon's FGC. The presentation of evidence in this manner allows data from across the study to be situated and explored within an in-depth examination of one example of FGC. The chapter begins by discussing the concept of empowerment within the context of child welfare social work. A nuanced exploration of the experiences of those in FGC follows. These sections will shed light on what is important to respondents at the different stages of FGC and whether there are empowering elements within the process. What remains retrospectively important to those who have participated in FGC gives a deeper understanding of what may assist in the helping process. Finally, the impact these contributing factors might have (or not) on emergent and longer-term outcomes for children and families is explored.

4.2 The concept of empowerment

Empirical evidence suggests in order for people to be empowered they need to: set personally meaningful goals; have knowledge and understanding of themselves and their circumstances; have the competence skills and self-belief (self-efficacy) to take action towards his/her goal/s; the motivation to work collectively and individually to move towards change; and, finally, and the ability to make an assessment of the impact of one's actions both personally and on the environment within which they operate (Adams, 2008: 17; Cattaneo and Chapman, 2010: 651-654). Cattaneo and Chapman's (2010) work on empowerment processes suggests these core elements are iterative.

The complexity of empowerment will be explored in this chapter. For the purpose of clarity here, empowerment emphasises participation, improvement and self-determination (Thompson, 2007). Adams (2008) suggests empowerment is:

The capacity of individuals, groups and/or communities to take control of their circumstances, exercise power and achieve their own goals, and the process by which, individually and collectively, they are able to help themselves and others to maximise the quality of their lives... in order to be empowered, people need power to change key aspects of their environment and understand themselves as well as the motivation to work individually and collectively towards change.' (Adams, 2008: 17)

Adams' (2008) definition incorporates elements of empowerment, which include: people's own capacity - the process by which they exercise power; and their achievement - not just individually, but also mutually through empowering experiences with other people (p17). This definition, when used in social work contexts, can also be seen to cover a range of relationships between service users and social work agencies and social work professionals (Kendrick, 2011).

It has been argued that the popularity of the concept of empowerment can be seen to be attractive to both Left and Right political groupings (Gilbert and Powell, 2009) suggesting that writers of vastly different ideological and philosophical positioning use it to put their case (Pease, 2002). In the context of social welfare, empowerment language has been used to support user groups having more control over state services whilst, in the context of New Right Theorists it has been a theme relevant to freeing

the individual from unnecessary interference and dependence on the state (Lupton and Nixon, 1999a; Gilbert and Powell, 2009; Tew, 2006; Asquith et al., 2005). Thus, on the one hand ‘empowerment’ can be seen to mean mutual support and collective action by disadvantaged and marginalised groups; and, on the other, it can be used in a more individualised sense ‘to describe the trajectory of people who manage to rise out of their positions of helplessness and confusion to (re)claim control over their lives and discover their own inner strengths’ (Tew, 2006: 34).

‘Empowerment’ is a popular term in child welfare that is contested and is used in different ways. Kendrick (2011: 206) suggests that, while ‘empowerment’ is a ‘warmly persuasive’ word, it is a ‘complex and contradictory concept’ in social work contexts. The relationship between service users and service providers, Kendrick (2011:205) argues, varies ‘radically across different service user groups, and the nature of empowerment practice is affected by contrasting issues of care and control’. Empowerment of the service user, he argues, relies on the good will and reorientation of the service provider to ‘make space’ in their practice for the ‘expressed wishes’ of the service user (Kendrick, 2011: 205 cites Twigg 2000). Thus, he contends, understanding oppression and inequality as a core principle to social work and a commitment to counter it through empowering practice are central to social work practice.

Pease (2002) highlights the use of empowerment as a part of the new managerial ethos of the private sector and as a strategy of cost constraint for governments. In this way, he argues empowerment can ‘obscure exploitative relations and conceal class conflict’ (Pease, 2002: 136). Additionally, Tew (2006) argues there has been a ‘insidious’ tendency for professionals to appropriate the language of empowerment and use it to ‘frame practice and discourse’ in such a way that suggests to people what their needs are and what they should aspire to do. This suggests a situation where professionals (in this case, social workers) retain the status as ‘expert’ and an ability to exercise influence over others’ lives while claiming their practice to be ‘empowering’. Tew (2006) argues there are therefore versions of ‘empowerment that are not actually about service users setting their own agenda or taking power for themselves’ (p34).

The lack of an understanding of power and how it operates, Tew (2006) argues, has implications for child welfare policy and practice. He suggests it is difficult to understand the complexities of power and powerlessness experienced by service users and practitioners when power is positioned within competing and conflicting definitions. Thompson (2007) reasons against reductionist approaches to conceptualising power: for example, considering people as either ‘powerful’ or ‘powerless’. Power, from this view, can be seen as a ‘*commodity*’ or ‘*a thing*’ (Tew, 2006: 136) possessed by dominant groups (for example, adults or professionals) and not by their subordinates (for example, children or service users). This, he argues, conceptualises power as a zero sum or finite quantity. In social work, this might suggest that the empowerment of service users might require that the power of professionals is reduced. This can be heard within some descriptions of FGC where there is an ‘equalising of power, status and influence’ (Lupton and Nixon, 1999b). Alternatively the idea of empowerment might be based on a view of power that has a variable sum, where the acquisition of power by some may not involve its loss on the part of others. The *commodity* or *thing* conceptualisation of power appears to ignore the fact that power relations are socially constructed, obscuring the complex multi-layered phenomenon of power as it is exercised in the spaces where interactions between people occur (Gallagher, 2008: 138). Pease (2002) argues this narrow conception forces identities into a power- powerless dualism which does not reflect the diversity of experiences. Empowerment, he continues, is based on modernist ideas that dominant groups hold power, rather than postmodernist conceptions that it can be spread through social systems and is often available to be developed by excluded and vulnerable groups (Pease, 2002: 136; Payne, 2014).

Gallagher’s (2008) discussion regarding power and research with children can helpfully inform this broader discussion regarding power - he suggests a narrow perspective on power might mean the researcher (or practitioner) is unprepared and surprised about the response of the ‘powerless’ and, at worse, might unwittingly ‘reproduce the regulation’ of the oppressed by insisting on certain forms of participatory processes in the belief that this constitutes ‘empowerment’. This dichotomous approach to power is insufficient in challenging the traditional polarities of such groupings:

People's capacity for inner power and the capacity to develop 'power against' through resistance means that oppressed people are not completely powerless. Thus power is not something that is solely exercised by those who hold institutional power' (Pease, 2002: 139)

People can experience being both powerful and powerless at the same time; some people may experience the very same experience as empowering while others as disempowering (Fook, 2002). Tew (2006) contends that conventional anti-oppressive social work practice has tended to situate 'emancipatory activity' within a reductionist framework, as a one-dimensional struggle by (or on behalf of) the oppressed against the forces of domination. There may however be a more complex and contradictory operation of power at play, which may not be perceived totally as negative or limiting. Pease (2002) suggests Foucault's analysis of power locates it not as a 'sovereign body' but in a more 'diffuse assembly of groupings', but this acknowledgment does not mean that people's powers are equal. For the purpose of this thesis, 'power' is grounded in two major assumptions: power is a relational concept, occurring in the context of two or more people; and 'power' is influenced by context, personal, structural and cultural circumstances (Bundy-Fazioli et al., 2008).

Payne (2014: 294-6) contends the main debate surrounding empowerment centres on whether it is part of the 'critical theory' of practice within social work, suggesting the primary objective of empowerment is social change. He argues that an emphasis on people's power and control over their own lives and influencing service provision for the benefit of service users within oppressed circumstances, suggests a low priority is given to 'social change and social justice' demanded from radical social work theory (p294). Put another way, the focus of empowerment on an individual's, group's or community's psychological and social issues does not suggest a structural explanation for oppression and the desire for overarching social change outcomes. In this context, empowerment, he argues, is not achieved, rather a clarifying of the effects and sources of oppression on peoples lives. Payne asserts that social service practitioners are not often in a position to be able to achieve social change in either their agencies or in how they are expected to implement their agencies requirements.

Payne (2014), like Kendrick (2011), differentiates between empowerment practice delivered by the social worker and the empowerment experienced by the service user.

Empowerment practice helps practitioners consider what is ‘power sensitive’ practice, where practitioners reflect on social barriers and injustice affecting service users, motivating them to enable service users to participate in decisions affecting them and build their capacity to achieve their goals in life (Kendrick, 2011; Payne, 2014). Empowerment practice therefore reflects a commitment by practitioners to self-determination, service participation and an openness of practitioners and services to be influenced by service users (Payne, 2014). Empowering social work practice suggests the interactions of the worker to retreat from ‘paternalistic positions’, reducing the power, control, influence and decision-making whilst supporting the power of the group or individual (Metze et al., 2013). Thus, empowering social work practice, it is argued, offers interventions that are less discriminatory and more strengths-based by supporting positive aspects of the lives of children, their families and carer/s (Frost et al., 2014a; Lupton and Nixon, 1999a; Marsh and Crow, 1998; Lupton, 1998).

On the other hand, an ‘empowering experience’ for the service user would involve their motivated involvement in a number of iterative processes (see earlier discussion), which would support their participation, improvement and self-determination. This experience would reduce the impacts of social and personal blocks to their exercising existing power. (Payne, 2014); and enable them to understand and change key aspects of their environment to help themselves or their community and improve quality of life (Thompson, 2007; Adams, 2008).

As stated in the literature review, FGC aims to ‘empower’ families to make decisions regarding the safety and welfare of their own children. Yet this often takes place within social work contexts, which traditionally reflect ‘risk’ adverse decision-making and professionally dominated forums, within often adversarial contexts and situations. As such, Barnsdale and Walker (2007) suggest social work systems are resistant to working in more participative ways and developing services which give families more control, raising questions regarding the meaning of empowerment and the practice of facilitating choice within contemporary social care services.

Holland and O’Neill (2006: 95) argue that the concept of empowerment is ‘imprecise and open to a number of interpretations’ and highlight a number of debates about the concept being conceived as a process and /or an outcome, and whether it is about

interpersonal interactions or essentially the transformation of an individual's abilities and awareness. Carr (2003) suggests that empowerment is a cyclical process of identifying and deconstructing problems, action and reflection. Applying this work, Holland and O'Neill (2006) suggest the stages of FGC support families to go through a similar cyclical change process of identifying needs, creating a plan, and reviewing progress. This, they suggest, places importance on both the process and the outcome and 'acknowledges the interpersonal aspects of empowerment' (Holland and O'Neill, 2006: 96). Funnel and Rogers (2011:333) suggest a programme built on the use the empowerment practice makes the following assumptions:

- Problems are best addressed by the people experiencing them
- People possess valuable knowledge about their own needs, values and goals
- People possess strengths that should be recognised and built on
- Processes can be implemented that develop independent problem-solvers and decision-makers.

These assumptions are very similar to principles underpinning FGC (see Literature Review) and are helpful when critically reflecting on the experiences of service users and whether the process supports participants to feel empowered and how empowerment practice might impact on longer-term outcomes for children and family members.

A criticism of empowerment assumes a desire to participate by those being empowered. This may not always be a valid assumption. Threats to this assumption include the readiness of individuals to participate - individuals and families involved with social work services are often the most disempowered in society and may have many pressures and stresses on their everyday lives, which could impede their involvement and engagement, perhaps making them too weary to participate, and/or wary of dangers (perceived or real) associated with participating. Additionally, empowerment approaches may not always be inclusive as the empowerment of some people may build their capacity to marginalise others, who for whatever reason, may not wish to participate or are unable to do so. Further, the empowerment of one individual or group may be at the detriment of other marginalised individuals or groups thus taking power and resources from disadvantaged communities rather than taking them from the wider society. Finally, empowerment may not be experienced or

achieved by service users in the same way and consequently practitioners may potentially mislead or overly protect service users about their own capacities to be empowered to have control over their own lives. Payne (2014) suggests empowerment practice may need to be used differently in different contexts and environments.

This section has argued that the conceptualisation of empowerment in child welfare is contested and complex, with an understanding of power central to its interpretation. It has been acknowledged that there is a difference between: empowerment practice and empowerment as experienced by the service user. In this chapter, I argue that empowerment is what the service user may or may not experience, where power is transferred to others so they can permanently control their lives (Payne, 2014). Empirical evidence suggests for empowerment to occur, an individual relies on several iterative process elements to be present (see earlier definition). On the other hand, empowerment practice aims to reduce the barriers and blocks to service users experiencing power by increasing capacity and self-confidence to utilise his/her power. Given the child welfare context, this should not ameliorate the child welfare practitioner's role to assess and provide appropriate care and protection for service users. Before going on to discuss empowerment in the FGC context, the next section introduces – Dillon pod eight (P8).

4.3 The case study: Dillon

This chapter looks in depth at the different experiences of the members of one pod in the study - pod eight (P8) and the contribution FGC has made towards child and family outcomes from different perspectives. In short, I am looking at outcomes and contribution through different lenses: the child/young person; the adult family members; and professionals involved at the different stages of the FGC model. The intention of looking at just one case at this point in the thesis is to provide an in-depth understanding of the stages of FGC within an exemplary case example (Yin, 2009). As an exemplary case, P8 captures circumstances and conditions of the staged FGC process, illustrating many things present across the other pods in the study. Yin (2009:48) states the lessons learned from exemplar cases 'are assumed to be informative about the experiences of the average person' who might experience the stages of the FGC process.

P8 was selected as an ‘exemplary’ case for a number of reasons. To begin, P8 has a good number of respondents who agreed to be interviewed – both family members and professionals. This allowed a broad range of perspectives to be considered within the analysis. A weakness of a retrospective case study approach was that I was ultimately unable to speak with all members of all pods and this was also the case with P8. In P8, I was unable to speak with Dillon’s father, Mr W, and his partner Kate - accessing their views would have significantly strengthened the evidence discussed. Despite this, a consideration of making this an exemplary case was access to speak directly with Dillon, as the young person on whom the FGC focused. This was important as it provided perspectives and insight about the FGC process from intergenerational members of the pod.

Secondly, P8 appeared to reproduce the criteria for selection in the study (see Methodology, Chapter 3). Criteria for involvement in the study required a number of conditions to be met by the pod. The family had to be referred to the FGC service by social work because the child was at risk of being accommodated. The child was over eight years old at the time of the referral and was prepared to speak with me about his experiences of FGC. When looking at the case, it appeared the four key stages of the FGC process (referral, preparation, meeting and review) had been achieved and that this had been completed 12 months (or more) prior to March 2014. The core family group was prepared to contribute to the study. And, finally, the majority of professionals and family members were still around, accessible and able to participate in the study.

A further background summary of P8 is provided in Appendix 1-pod 8. While some of the details and identifying characteristics of the case have been changed to protect anonymity, this was done in a way that would not bias analysis.

4.3.1 Dillon’s referral to FGC from his social worker:

One of the ways to see what contribution FGC has made in the longer-term is to look back at the reason for the FGC intervention in the first place and then to consider whether there have been any changes experienced by family members. If family members were empowered through the FGC process one would expect to see evidence of the family having: identified personally meaningful goals; an increased knowledge and understanding of their situation and circumstances; an increased

confidence and skills to take action; the motivation to work collectively and individually toward change; and finally the capacity to personally assess the impact of actions personally and on the group (Cattaneo and Chapman, 2010).

The social work referral highlights the situation for Dillon and his family at a particular point in time, from the social work perspective prior to the family's involvement in FGC. Understanding the social worker's concerns regarding Dillon and his family's situation can give insight into the assumptions being made about what FGC can contribute towards and the outcomes being sought. Additionally, paying attention to the situation allows some understanding of the different factors contributing to a problem and its consequences, clarifying why the problem needs to be solved. The referral rationale, from Flora - Dillon's social worker - is reproduced below from Document 54.

Dillon is becoming increasingly abusive and violent towards his mother Jill, and her family and it has been difficult to engage father, Mr W, due to difficulties with his partner, Kate, and her family. There is a fairly high risk that Dillon will need to be removed from the house if this continues to escalate. Dillon was charged in January after an incident where he assaulted his mother by putting a bike chain around her neck, he also punched her to the ground and was verbally abusive. His older brother Lewis had to pull him off. There have been difficulties with his father due to inconsistency and unreliable contact. His partner has recently been diagnosed from hospital regarding mental illness along with raised stress and anxiety at his home due the relationship with her daughter who is 18. Communication between Jill and Mr W appears to be part of the problem and she feels that he constantly lets Dillon down. I feel the biggest factor in the problems Dillon is experiencing is his relationship with his father. I hope the FGC will improve communication between parents and develop a plan to help support Jill with Dillon's behaviour at home. Also (it is hoped) Dillon's relationship with his parents will improve and his ability to manage his emotions more appropriately. The most important outcome is to ensure that Dillon is able to remain living at home and doesn't pick up any further charges from the police. (**Document 54: Feb 2011**)

The situation described in Document 54 reflects a complex family situation and relationships where multiple concerns exist both for the personal safety and wellbeing of different members of the family. In addition, there is a high level of stress being experienced by family members because of a combination of mental health issues, lack of communication, hostility and violence. Dillon's continued involvement with the police adds concern for both himself and the community within which he lives.

The social work narrative appears to reflect upon the balance of risk within the family home versus the need to accommodate Dillon, for Dillon and his mother’s safety. Underlying this, the social worker suggests the absence and inconsistency of Dillon’s father in his life is having an emotional impact on Dillon. The social worker reflects on the need for increased intervention to help resolve the identified issues highlighting the authority and power held in the social worker’s role, which underpins her involvement with Dillon and his family. A solution towards alleviating these stressors and improving Dillon’s situation, identified by the social worker, appears to be the hope of strengthening relationships and communication within the family. The purpose of the referral from Flora’s (the social worker) perspective is summarised in the table below.

Table 5: Social Worker’s perspective: purpose of referral and anticipated outcomes

Aim /goals SW referral	Anticipated outcomes for Dillon
Help sustain Dillon’s place at home	Dillon not accommodated / rehabilitated home
Reduce /stop charges with police	Stop Dillon’s offending behaviour
Plan would support improved communication between parents	Improve communication within family
Support Jill with Dillon’s behaviour at home	Dillon and Jill safer
Improve Dillon’s relationship with his parents	Reduced hostility and conflict
Improve Dillon’s ability to manage his emotions appropriately	Improved confidence

Source: interview and document 54

This section has contextualised Dillon and his family’s situation at the time they became involved in the FGC service, from a social work perspective. The underlying assumption of the referral is that by bringing the family together to discuss and reflect on Dillon’s situation, this process will assist them to identify solutions to a number of the issues, which will be reflected within the family plan. This plan will identify how to help make the family home safe and assist different family members to communicate more effectively. It is assumed the family working together to find

solutions will assist Dillon to remain at home and avoid being accommodated, or, if accommodated, help him remain in contact with key members of his family and potentially be rehabilitated home. At this point in the process Flora, Dillon's social worker, appears to be driving the agenda for the family to find solutions to issues and not the individual family members. While the family may have been informed of the referral (doc 54), there is no evidence to suggest Dillon or his parents and other family members were involved in requesting the FGC service, or that they had an opinion about it. The next sections will begin to explore how the process affected respondents and whether it is indeed experienced as empowering (or not). Each of the four stages of FGC is discussed. To begin with respondents' motivations to get involved in the voluntary FGC process are considered.

4.3.2 Deciding to participate - creating a sense of hope

The genuine agreement of the child and family to become involved in the FGC process (once a referral is made), alongside a sense of hope that change is possible, appears to be a meaningful starting point for the individual members of the family to engage and participate in the decision-making process. Dillon explains his motivation to get involved in FGC:

I decided to do it because I thought it would help... they didn't force you if you didn't want to do it. You can say you don't want to do it –it's voluntary....

Seb just explained what it was all about in a way that was easy (to understand) and also pretty much the effects would be if we done it. I thought it would be good to give it a shot and it actually worked. (Dillon: young person P8 - my parenthesis)

Seb (the FGC coordinator) commented that it took several visits to speak with Dillon and build a trusting relationship with him before Dillon agreed to be involved in the process. This matched Jill's evidence that suggested she was initially 'sceptical' to get involved before she decided to participate:

I was a bit sceptical to start with because I was at that point things were really bad with Dillon and I was thinking: what is the point of doing this, you know - it will never work. Well then I thought maybe you have to give it a try and give it a go, and it has helped. (Jill: mother P8)

Often by the time they reach social work services, families feel without hope, deskilled, undervalued and sometimes desperate (Connolly and McKenzie, 1999; Laird, 2013). Previous approaches to support and assist the family may have been tried and failed and professional intervention may be feared and unwelcome. As in this case, both professionals and family members may be frustrated with a lack of progress. However, if hope of some sort of future success is not present, then family members are unlikely to expend their reduced emotional resources to develop and engage in strategies for change. Thus, providing a sense of hope that positive change is possible is a core element of empowering a family to mobilise resources to protect and safeguard the child (Connolly and McKenzie, 1999). Whilst their comments in the interview reflected hesitancy to get involved in FGC, both Dillon and Jill spoke of their hope for change and a desire to improve their life circumstances though their involvement in FGC. This evidence is reflected across all pods in the study where respondents described their motivation to get involved in FGC came from a desire to change the circumstances they found themselves in, aided by having time to consider their participation in the FGC process without being rushed, alongside a belief that there was a real possibility for change. Hope of moving forward appeared to influence their genuine decisions to take part. This decision to participate by family members, who were experiencing hostility and violence within the family along with the stresses of social work intervention, suggests the process recognises children and families' strengths and capacity to engage, even in the worst of times. These empowering factors would appear to make a significant contribution to the helping process for service users and professionals alike.

Jill's evidence correlates with Flora's experiences of the referral process. Flora spoke of her work with Dillon since 2009 (two years prior to the referral to FGC) observing that she had worked with the family for some time with the aim of supporting Dillon at home with his mum and creating extra support from Mr W for Jill and to get the family to support Jill to manage the situation:

That didn't really work with just meeting with people and trying to tell them to do it and trying to talk them into it. I even tried a little family plan myself to get them to agree and me just doing it. It just didn't happen. (Flora: social worker P8)

Flora's comments imply a sense of frustration with the lack of engagement and action by the family in the work she had been suggesting they do. Her comments acknowledge her role as Dillon's social worker to find solutions for Dillon and his family and to try to talk them into making the changes she was suggesting to them. She acknowledges that she had attempted to create the plan she thought would work for the family given her position as Dillon's social worker. Yet she acknowledged that this was not very effective despite her best efforts at trying to find solutions for them. The family were not hostile towards her but they were not very engaged in the work she was doing either.

Flora's comments also intimate her positioning herself as an 'expert professional' and the family as 'failing'. She was expert as she developed the ideas and solutions to the family's problems and they failed to take advantage of the advice being offered to them and to engage effectively with social work services, leading to Dillon's failure to progress. Dillon too recognised a level of disengagement as he acknowledged in his interview his failure to return calls or attend meetings with Flora prior to his involvement with FGC. This evidence supports the tensions explored by Tew (2006) where professionals may position themselves as experts, appropriating the language of empowerment yet remain in control of the agenda - suggesting what service users' needs are and what they should aspire to do. At the same time service users, as reflected in the evidence above, may exercise what power they have by refusing to engage in social work strategies for change. Tew (2006) argues that conventional social work practice can situate 'emancipatory activity' within a reductionist framework, as a one-dimensional struggle by (or on behalf) of the oppressed against the forces of domination. This situation, Tew (2006) continues, can create a dichotomist tension between those who have power (Flora) and those who are considered not to have power (Dillon). Yet what is actually at play is a more complex and contradictory operation of power, which may not be perceived totally as negative or limiting. Dillon's lack of engagement – his avoidance of getting involved in decision-making with Flora - at that time may have been his way of expressing his views about Flora's approach, and/or the decisions that were being made that impacted on his life.

As discussed earlier, one of the criticisms of empowerment is an assumption that there is a desire to participate: in this case Flora's assumption that Dillon and his family would engage with her. As such, the assumption of participation may not always be a valid one. This would suggest the work Flora did with the family prior to FGC, while potentially supportive, was not empowering for family members, in part because the goals identified for the family may not have been personally meaningful for Dillon or his family members. This evidence is supported by other pods' responses to their engagement with social work services prior to FGC, as being hesitant, wary or sceptical (pod 1, 2, 4, 5, 6, 7, 8, 9, 10,11).

Evidence from this study would suggest the family began to feel they had a genuine choice about whether or not to be involved in the FGC process. This might imply an increased sense of control by family members as the FGC process got started. In addition, once the family agreed to be involved in it, the FGC process positions the child and family as experts in their own lives, having the agency and capacity to act to improve their situation, where their views and opinions are recognised and listened to. Here in the referral stage, the triangular relationship between the state, parents and the child can be seen to be played out (Wyness, 2015; Parton, 2006). Without Dillon's explicit permission to engage in the process, the intervention would not occur. This affords Dillon recognition within the process, suggesting the potential for more open and available relations between the generations. The process also focuses on bringing Dillon's extended family together - an activity Flora acknowledges she had difficulty achieving. The evidence in this section highlighted the difference in practice between Flora and the FGC coordinator to provide space for genuine choices for service users to participate in decision-making. It appears that Dillon and his family experience the process as being different from the social work engagement they have previously had, highlighting the FGC coordinator's empowerment practice with the family. The empowerment practice employed by the FGC coordinator assisted the family to reflect on their situation and consider different options for support available to them. The family recognised and felt that they were being positioned within the process differently – one where the balance of power between social work and Dillon and his family is more even.

What also appears to be a contributing factor is the reflective nature of Dillon's and his family's decision to be involved in the process engendered a sense of hope for them and consequently a potentially different level of commitment by the family to the change process. This evidence suggests from the start of the FGC process an appreciation of the elements of empowerment for the service user in the form of a powerful motivational goal for change (the goals are personally meaningful and there is motivation to make change collectively) alongside a repositioning of the child and their family within social work. At this early stage of FGC process, these experiences appear to support an enhanced level of commitment by service users, premised on genuine choice to be involved, hope and motivation to change which supports an empowering experience for those family members involved in FGC. The next section will explore the preparation stage.

4.3.3 Preparation

Evidence from empirical research suggests the preparation stage of the process is crucial as it 'sets the tone' for the forthcoming meeting (Connolly, 2007; Frost et al., 2014a; Hamilton, 2007; Lupton and Nixon, 1999a). Given the potential history of negative experiences with child welfare services, families are likely to proceed with caution, as they become partners in such decision-making processes (Merkel-Holguin, 2001). Evidence from P8 and others within this study supports this contention, with Jill and Dillon taking their time, not only to agree to be involved as previously discussed, but also to feel prepared and safe to engage in the process. The importance of including those usually excluded from child welfare decision-making, the creation of a safe space to work in and individual reflection on issues emerged from the data and these factors are discussed in the sections below as important contributing factors assisted the FGC process to be experienced by respondents as empowering.

Including those usually excluded from child welfare decision-making

Before the FGC can begin, prospective participants need to be identified and informed about the FGC process. A major source of uncertainty in decision-making within child welfare social practice is the elusiveness and complexity of the many families who are referred to social work services (Saltiel, 2013). The data from this study reflect families with complex relationship networks that have been built up as a result of separations and divorces, new partnerships and marriages, along with extended

social networks being part of the ‘family’. Dillon’s family exemplified these complex relationships. FGC supports the inclusion of other family network members such as grandparents, aunts and uncles, adult siblings, cousins, family friends, most of whom would not normally be involved or consulted about child welfare concerns. Dillon’s FGC is similar as members of his extended family were involved in his meeting: in particular his sister Amber, brother Lewis and estranged father and stepmother. Table 1 ‘Participants’ in Chapter 3: Methodology, reminds the reader that, in nine of the eleven pods, extended family were invited to attend the FGC.

While involving extended family members was not always described as easy for family members, evident in the data was the value family members placed on being involved in the process. Being involved gave family members validity to their continued involvement in the child’s life, involvement which perhaps may not have happened, or been so publically recognised, without the FGC. Amber, Dillon’s older sister, suggested her involvement in the process gave her permission - in other words empowered her - to actively support Dillon, even if in some circumstances Dillon did not like what she had to say:

Dillon didn’t like that I shouted at him if he was doing something wrong - I wouldn’t just shout at him but if he was doing something wrong I obviously would and he didn’t like that I had the authority, but he took it. (Amber, Dillon’s sister P8)

Here Amber expresses the difficulty she experienced in challenging Dillon to do as he was asked. Her involvement in FGC appeared to transfer ‘authority’ to Amber through both her inclusion in the meetings and the actions agreed in Dillon’s plan, to act where she may not previously have done so. In this example, she described placing boundaries on Dillon when required and him recognising those boundaries – despite Dillon not necessarily liking them, affecting the power dynamic of their relationship. Amber’s evidence suggests that her involvement in the meeting assisted her to feel comfortable to take responsibility and authority in situations where she was required to challenge Dillon – for his best interests. This implies the process may have been empowering for Amber as her strengths were recognised and built on through the FGC experience, ultimately affecting her capacity to influence her relationship with Dillon. Dillon did not comment on how he experienced Amber’s actions ‘yelling

at him' and consequently it is inappropriate to make an assumption of what Dillon felt and thought about his sister's actions towards him at that time. When Dillon did speak of Amber, it was with what appeared to be affection. As suggested earlier, the complexities of empowering practice may result in a situation where one family member (Amber) may be empowered to exert power over other family members (Dillon). A challenge within the analysis of such evidence is to critically consider the dichotomous assumptions underlying the use of power as suggested by Tew (2006). As a social actor Dillon is not 'powerless' in the situation and his evidence relating to his own position within his family and his experiences of FGC are important to considered when understanding the empowering elements (or not) of FGC – these are further discussed in the following sections.

Flora's evidence (below) suggests she observed Amber's confidence and behaviour change as a result of Amber's opinion being valued within the process:

I think Amber had quite a good voice, it gave her a lot more confidence coming to meetings, going to hearings and speaking for Dillon and then she would maybe speak to her mum and things like that. (Flora: social worker P8)

Flora's evidence correlates with Amber's, intimating Amber took more responsibility and ownership of concerns because of her involvement in FGC. Evidence from this study suggests the FGC process does appear to conceptualise families within a flexible framework, acknowledging the importance of relationships and solidarities. One of the strengths of the model seems to be that it allows an extended identification and presence of extended family members. As the process is given over to the family, people (as in Amber's case) get the chance to play a different role because the process gives them an opening. Thus members of the child's extended family network, who would not normally be involved in child welfare decisions, may be invited to be involved in the process and their additional contribution may add knowledge, support and resources, which previously may not have been available. These helpful contributions suggest the underlying conventions of FGC practice to unlock previously unidentified capacities of the family network are built on the core elements of empowerment where it is assumed people possess valuable knowledge about their own and other's needs, values and goals (Funnell and Rogers, 2011).

The low level of engagement in child welfare services from biological fathers and other social male figures is widely recognised as problematic for the children and family members involved in family support services (Maxwell et al., 2012). The lack of involvement of men in child welfare has been thought to be detrimental because the man's potential to be a resource for the care of the child is not recognised; men themselves may lose out from support services; men's lack of involvement has also been criticised for the added pressure their absence may place on mothers (Maxwell et al., 2012; Holland et al., 2005). Additionally, Maxwell and colleagues (2012) highlight the risk posed by a man to children is often not properly assessed because 'men may be intimidating or intoxicated and abusive to workers, leading workers to be reluctant to confront or engage with them or to purposefully avoid them for fear of violent reactions' (Maxwell et al., 2012: 161). Not everyone (professionals and family members) involved in child welfare would automatically welcome an increased involvement of fathers given men's responsibility for most of the abuse of women and children (Featherstone et al., 2014a; Maxwell et al., 2012).

Empirical research on the issue of male figures' involvement in FGC suggests a reasonably high incidence of male involvement and attendance (Holland et al., 2005; Maxwell et al., 2012; Ross, 2006). Eight of the eleven pods in this study had a father or father figure present at the FGC. What did appear to be important when male father figures were mentioned was the opinion of respondents that their presence and involvement would not have occurred had there not been an FGC and that their involvement may have provided them, at least in the short-term, with an opportunity to behave in ways they had not done before. Jill reflects on her ex-husband's involvement in the FGC and how she believed it affected him and improved their relationship:

...A lot of the time Dillon's dad wasn't interested and I think he learnt a lot at these meetings as well 'cause there were a few things that came out that Dillon had wanted kept from him. I mean there are parts of Dillon's past he is ashamed of. ...it was a rough time for everyone and I think his dad was thinking I was making it up, or exaggerating. But working through all that at the meetings with everyone involved it really helped to open people's eyes and see. He'd say 'I didn't know it was that bad' and I said 'Well you never asked'. A lot of things were sort of hidden because Dillon was ashamed but it just got everything out into the open and we were able to

work from there. And I still keep in touch with his dad and his dad's partner now. So that has helped keep the communication channels open if things were to start going wrong again. (Jill: mother Dillon P8)

According to Jill's evidence, Dillon's estranged father appears to have become more involved in his son's life as well as improving communication with his ex-partner in the longer-term. This experience enabled Jill and Mr W to share information and communicate with each other, both within and after the meeting, supporting family members to find solutions themselves to the problems they were facing. The potential for the FGC process to provide additional information and insight as well as defuse hostilities is expressed in Jill's description.

An underlying assumption of empowerment practice suggests those who experience problems are best placed to address them (Funnell and Rogers, 2011). This is expressed in Jill's evidence in her being able to express her views and then find solutions together with Dillon, Mr W and others. As Cattaneo and Chapman (2010) identified, an empowering process requires individuals to have an increased knowledge of themselves and their circumstances and a motivation to work collectively and individually to move towards change. Evidence would suggest that the FGC process supported the empowerment of Jill in her personal relations with her ex partner. The elements important in the experience being empowering for Jill appear to be an increased level of information sharing and insight between family members and an increased motivation to collectively work towards change in relation to personally meaningful goals – to support their son (Cattaneo and Chapman, 2010). This experience positively affected Jill's self-identity and seemed to be linked to Jill's sense of being acknowledged within her relationship with her husband and son. The process outcomes of the extended family's involvement supported Jill and Dillon's increased sense of feeling powerful and in control over his/her situation. In this example, these experiences appear to have affected a number of quality of life outcomes for different family members including: a reduced level of hostility; improved communication; reduced isolation and increased family support. According to Jill and Dillon, these improved outcomes have been sustained over the longer-term.

Data from P8 and others (pods 1, 2, 3, 5, 6, 7, 9, 10, and 11) support the assertion that the involvement of the wider family and social network in the process is important

and adds value to respondents' experience. Being brought together to share individual perspectives, air issues and find solutions together is helpful, though at times frightening and stressful. The FGC process as exemplified in P8 appears to have the flexibility in practice to acknowledge the complex fluidity of family life, while also recognising and promoting relationships within the family network. Evidence suggested Dillon also had control over who was invited and present at his meeting and this implies his capacity to participate in the process effectively. Thus, the conceptualisation of children as social actors, with the capacity to know where to seek support in relation to FGC, is reflected in Dillon's actions. A strength of the FGC process appears to be the capacity to involve those connections which are important to the child rather than just parents or immediate carers in the decision-making process. This situation implies an approach to practice where FGC gives meaning to children and young people as social actors, alongside adults. It also implies the process can be an empowering experience as those involved possess and can express valuable knowledge about their own needs, values and goals – a key assumption of programmes using an empowering approach (Funnell and Rogers, 2011).

Preparing a safe space to work together

The time spent in preparation appears to build relationships and trust with family members who, amongst other things, assist the coordinator to assess the possibility for violence or abuse occurring both during and after the conference, a crucial task if the meeting is to be successful. The thorough preparation stage can help address a key critique of FGC as naively viewing the family as a single unit of intervention and toning down differences within the family unit (see literature review). One of the key elements of this stage is for the coordinator to be assured that the survivors of violence are not re-victimised during the process. A number of strategies appear to have been utilised within P8 to ensure family members felt assured of their safety during the process. To begin with, as Jill suggests, the process was explained thoroughly to her and others so they felt reassured that professionals were on hand to intervene if required and requested:

We were told beforehand that it was not about blame and if things start to go down that road the professionals would intervene. So everyone seemed to take note of that and it worked. (Jill: Dillon's mother P8)

This evidence suggests that Jill had a level of confidence in the process and the ability of the coordinator to intervene if required to protect her (or Dillon) from being belittled or blamed during the process. Jill spoke about this as being an important mechanism for both her and Dillon to engage in and own the process given the dynamics that had existed in the family. Flora observed some members of the family's hostility towards Jill (Dillon's mother)

Her whole family attitudes towards mum, her parents' attitude towards her and her ex-husband's attitude towards her was that she is rubbish. (Flora, Social Worker P8)

Flora's evidence suggests she was aware that the family dynamic was difficult and that Jill could potentially be victimised by other members of her family when they gathered together. Attending the meeting suggests family members need to risk trusting that the way the process is structured will create constructive dialogue between family members - protecting them from accusations and blame. Jill's comments suggest that her experience of the meeting was constructive, where people spoke to each other without blame and accusation. The preparation stage, where Seb took the time to listen to different family members' narratives and record their concerns and points of views, assisted family members to feel reassured about the meeting, aiding their active participation and enabling them to speak more effectively. This evidence was indicated across all pods in the study with most adult family members and children expressing that they were safe to participate in the process. This suggests that the FGC coordinators utilised empowering practice (encouraged democratic participation in decision-making and the building of capacity to achieve life goals) within the preparations stage of the process (Payne, 2014).

When asked why FGC (in contrast to her own work) appeared to engage Dillon and his family more actively, Flora suggested:

The time spent with the families to get more of their views and what they think helped them *feel* that they had more control and that it was worth investing in...feeling you can do something about this (Flora: Social worker P8)

Encouraging participation may promote a process of democratisation and power sharing between adults and children, and the family and professionals (Holland et al.,

2005). Family members and professionals being prepared to attend the meeting to support an explicit sharing of information that may not have occurred previously, implies the process recognises the complex power relationships at play. The assumption underpinning empowerment practice - that problems are best addressed by those experiencing them (Funnell and Rogers, 2011) - is reflected in the value the FGC process places on the time spent preparing young people, family members and professionals to give and receive information safely and without blame. The pivotal facilitator role of the FGC coordinator to utilise empowerment practice within the process is emphasised, as is the level of skill required to prepare a safe space within which estranged family members and, as in this case, victims and perpetrators of violent assaults, can safely work together.

‘You had to think what was important beforehand’

The family members’ experience of speaking with the coordinator before the meeting appeared to have had several benefits. It gave people an opportunity to air his/her feelings with an independent person and enabled individuals to reflect on his/her situations before meeting other members of his/her family and professionals. Jill’s comments below imply she gained an enhanced level of understanding and confidence through the experience, enabling her to speak about issues she may not have previously discussed:

It definitely does let people get their point across without fear of things being taken over because the coordinator comes in and takes the points you want to make, you have a clear idea of what you are going to say when you get in there. The way it is planned out makes it easier for everyone when they get in there. You had to think about what was important beforehand and that gave you confidence to go in and be open about it.
(Jill: mother P8)

Not only was this approach used with adults, but also with young people’s engagement. Dillon reflected that Seb came and talked with him and ‘sort of took points’ and that these ‘points’ were later discussed in the meeting. This evidence is significant in that it positions Dillon, and other members of his family, as having valuable knowledge about their own needs and experiences (Funnell and Rogers, 2011). This potentially positions them within the process as being an expert on their own situation. Dillon acknowledged that it was important to ‘open up and say things’

because ‘no one else knew what my thoughts were’. Dillon’s and Jill’s comments reflect an understanding that he/she held a different position within the process, and that sharing information regarding his/her feelings and thoughts would be respected and useful. This highlights not only his/her willingness to participate fully in the process but also his/her own understanding that the process recognised and valued his/her own particular knowledge regarding his/her own experiences, needs and relational identities - core elements of an empowering experience (Cattaneo and Chapman, 2010).

Different perspectives were shared prior to the meeting and this enabled family members to reflect on their own and other people’s perspectives before the meeting occurred, ensuring there were few surprises when people met. Several pods within the study highlighted the importance of this element of the preparation stage (pods: 1, 2,3,4, 6,7,8,9,10). In her interview, Jill suggested this experience added value to the meetings by contributing another layer of reflection and giving time for information to be assimilated, aiding effective decision-making:

If there were specific points you wanted to make or talk about he (Seb) would write those down and have them printed off and then everyone would get a copy. Everyone who was invited to the meeting would get a copy. Because they had been spoken to beforehand and got their points down and they get a chance to read them before you go to the meeting.... It gave them a chance to work out things they could do together instead of fighting all the time. (Jill: Dillon’s mother P8)

Implicit in the discussions above are issues of power. Dillon’s evidence regarding his engagement and participation appears to reflect a sense of his strengthened positioning within the process where it is recognised that he possesses valuable information about his own needs, values and goals. In addition Jill, who previously experienced a level of hostility and blame from her family members and her ex-husband, appreciated being in a position where she was able to reflect on and express her concerns and feelings safely and without blame. Evidence would suggest the preparation stage facilitated by the coordinator can assist to defuse stressful feelings, as Seb explains:

So that is a big part of my work, going out to see people and letting them get quite angry and pissed - he’s this and she’s

that and this happened and I haven't got time for him etc. and let them all be said before we get in to the meeting and hear it and say: 'Yeah, I understand all that but this meeting is about this, Dillon and this is what we need to focus on'. I think people did that. (Seb: FGC coordinator P8)

Seb's evidence suggests that appropriate preparation through empowerment practice for the meeting can build confidence in the FGC process, while also acknowledging family issues will focus on the need to improve child safety. This is achieved in part by the family members and professionals having an increased knowledge of themselves and their circumstances, a core element of an empowering process identified by Cattaneo and Chapman (2010). The preparation stage in the process appears to support a rebalancing of power, giving more control to the family by supporting different participants' views to be written down, shared and recorded, recognised and heard over time and in a variety of ways. This set the ground for the meeting to be about finding solutions to issues rather than sharing and debating the problems. An important mechanism of empowerment practice utilised by the FGC coordinator, which allows the involvement of participants within the process, was the time spent with family members building relationships and trust, and (in this example) encouraging and supporting Dillon and his family to participate effectively in the process.

It is difficult to say that thorough preparation can be directly attributed to improved outcomes for children and families; however participants clearly believed this to be a contributing factor to their effective decision-making and later success as a family working on their family plan for Dillon. Evidence presented in this section suggests what may occur in the preparation stages of FGC is an explicit recognition that power issues can influence the relationships and dynamics within families and between young people, family and the state. What is also evident from Dillon's case, and others within the study (pods 1,2,3,4,5,6,7,9, 10, 11), is that the capacity to present one's views and be heard is an empowering experience, which helps one achieve desired change. It becomes apparent within the study that when one's views are valued, children and adults experience an enhanced sense of self-esteem and greater sense of self-confidence (this will be explored in more detail in the next findings chapter on recognition). Evidence from this study highlights that thorough preparation within the FGC process which, when experienced positively, can contribute towards

empowering individuals and improved outcomes for service users. The next section will discuss the experiences of respondents in the family meeting.

4.3.4 The family meeting:

Once all the preparation has been completed, the FGC is convened. Regardless of the purpose of the meeting it follows four distinct phases: introduction; information sharing; private family time; decision-making and planning (Lupton and Nixon, 1999a). Each meeting will be unique with regard to the length, number of adult participants and their relationship to the child (Merkel-Holguin, 2001). The meeting begins with the invited people attending and introductions as all people present may not know each other. Following introductions and setting of ground rules, the coordinator asks the social worker to share information and concerns for the care and protection of the child. The point of this phase of the meeting is to ensure all the participants receive all of the information they need to make reasonable decisions. Others (professionals and family members) may also be asked to present and discuss their information. Following the information sharing, the family network will deliberate in private. They will decide whether the child is in need of care and protection and find solutions to deal with concerns raised. Once the family has completed their discussions, the professionals join them to finalise the plan to safeguard the child. Those present then agree the plan including timescales, tasks and review dates. The coordinator records these decisions and distributes a written record of them to the participants. This section discusses a number of findings reflected within the data concerning the experience of being in the meeting and empowerment.

Experience of being in the meeting

For some family members, the FGC meetings ‘felt different’ to other social work meetings and as such family members felt more relaxed and able to talk more openly about the issues of concern. Amber discusses her feeling below:

It was just relaxed really, that made the difference. There was food and coffee and stuff...The relaxed atmosphere meant everyone wasn't uptight and could talk...The meetings are different from other social work meetings because of the completely different atmosphere because like, it's in a completely neutral meeting place. It was much calmer.
(Amber: Sister P8)

Amber, like other family members within the study, highlighted the meeting's atmosphere as an important factor, which assisted the family to communicate more effectively. The significance of the atmosphere, neutral meeting places, the food and seeing others within their family coming together to help and solve problems were highlighted by many young people and adult family members when reflecting on their experience of being in the meetings (pods: 1,2,3,5,6,7,8,9,10,11). These experiences and a sense of calmness to discuss issues openly contributed towards an enhanced sense of ownership and responsibility towards the plan (pods: 1,2,3,5,7,8,9,10). Scholars who describe empowerment often include the individual's sense of agency – the individual's beliefs about his or her abilities that is 'set apart from the individual's actual power' (Cattaneo and Chapman, 2010: 652). In this context, it might be argued the atmosphere and other elements described by Amber assists the individual's empowerment through experiencing herself as powerful and capable, which are supported by feelings of being valued and in control.

Additionally, an important element of empowerment is knowledge: that is the individual's understanding of his/her relevant social context, including the power dynamics at play, and the resources available to them and how to access them as well as the possible ways to attain goals (Cattaneo and Chapman, 2010). The information that is shared in FGC meetings can enhance family members' understanding of their situation and context and its relationships with power dynamics and systems in general, enabling individuals to reflect on this knowledge and take action to change their own, and other's situations. The sharing of information and improved knowledge of an individual's situation, including the various systems they are involved with, is a core element of empowerment reflected in FGC practice. These findings are significant in light of the research indicating dissatisfaction with participation in traditional case conference and planning meetings (Parton, 2012b; Ghaffar et al., 2011; Buckley et al., 2011). For example Buckley's (2011:101) research on service users' view in the Irish child protection services indicated that, despite public service reforms, service users experience involvement with the social work services as 'intimidating and stressful' and, while welcoming their involvement in meetings, they found child protection meetings 'very difficult' 'daunting', 'frightening' 'annoying' and 'intimidating'. This evidence would suggest 'being involved' in a meeting does not automatically mean that the experience of participating in it is pleasant or that it

provides a sense of control over or ownership of the decisions made it it. In contrast, evidence from this study would suggest the atmosphere, clarity of purpose, sharing of information and trusting that the experience will be safe can contribute towards respondents' feelings of control and confidence in the meeting.

Ownership of the agenda and the plans

Once the information sharing has been completed, the FGC moves to the next stage of the meeting, which is the family-only time. This is where all non-family members leave the room and the family formulates its plan. The family-only time is a unique feature of FGC and without it the meeting would reflect more traditional professionally dominated child welfare meetings (Merkel-Holguin, 2001). It is during this time the family's agenda is affirmed and their ownership of the plan strengthened. Jill's evidence suggests her own and other family members' engagement creating the plan in the family-only time:

And then the professionals would go away and the family is left to make up a new plan and we have it all written down on the board for them coming back in. So it made you really think about what was important for us. Even now you can go over points that were made because at the end of the meeting you would have a plan and they would go off and print it up for you. This was something the family had done between themselves. (Jill, Mother P8)

Jill's comments acknowledge her own and others' significant reflection and input into the action of making a plan which was relevant to her family's situation. This suggests that the 'family' was confident in the knowledge of their situation and in their own strengths, weaknesses and dynamics – empowering knowledge that is critical to protect the child in the longer-term. As stated earlier, core assumptions of programmes underpinned by empowerment practice are: that problems are best addressed by the people experiencing them; and that people possess valuable knowledge about their own needs, values and goals (Funnell and Rogers, 2011). Several young people and adult family members suggested they spoke with increased freedom about their concerns without professionals present (pod 1,2,3,7,8,9,10) and this aided their concerns being aired and made public in a way that had not previously been experienced. 'When there are no external experts to defer to, family members rely on their own expertise and knowledge' (Merkel-Holguin, 2001: 211). This

evidence implies that the process supports family members to contribute to decision-making, giving him/her some ownership of the solutions identified. As discussed earlier, Amber (Dillon's sister), who would not normally be invited to child welfare meetings, suggested her presence gave her input into the decision-making and the creation of a plan, which included her participation.

This study found the family plan, developed in the FGC meeting, is a valued document for all pods; as it reflects the family member's personal and collective goals and tasks to safeguard the child/ren in their family. As Cattellaneo and Chapman's (2010) empirical work suggests, the setting of personally - and in this study also collectively - meaningful goals is a core element to an empowering experience. The family plan developed in the FGC process is relevant to the needs of not only the child but also members of the extended family. Amber reflects on how Dillon's plan provided for her:

The plan made a difference; it put a structure in place. I followed my bit. Dillon followed it to a certain extent. It was like putting rules on him ...he followed coming here and going to mum's for a visit on Saturday and going back to his carers. (Amber, Dillon's sister P8)

Amber's evidence, like that of others in the study, suggests the development of the plan performed an empowering role for different members of the family.

To begin with, it provided some structure to planned activities for herself, others and Dillon. This assisted Amber to know what was expected of her and Dillon when they met. Secondly, the plan provided Dillon, the young person and his family members clarity regarding goals. Having meaningful goals supports empowerment of those involved because the goal can forward one's own interests and/or the interest of the group and could move one forward to greater autonomy (Funnell and Rogers, 2011). Goal setting is a core element of empowerment and scholars argue they need to be both personally meaningful as well as having the aim of increasing one's influence in social relations, which could include personal interactions (in this case between Dillon and Amber) but also those interactions between oneself and the system - in this case, for example, the social work system (Thompson, 2007; Smith, 2008; Cattaneo and Chapman, 2010).

In addition to the practicalities of the plan, Amber's evidence suggests she became increasingly formally recognised and valued within the decision-making process through her input into the plan. These experiences supported a feeling of ownership and control of the agenda by her and other family members. This provided a level of emotional commitment to the plan and a certainty about knowing what to expect and how they were required to contribute towards jointly agreed objectives. In addition, as exemplified in Amber's evidence, individual contributions and achievements within the plan gave individual family members a sense of improved self-esteem: as their contributions were acknowledged and valued by other family members and professionals. Cattaneo and Chapman (2010:652) argue that an increased sense of self-worth, alongside recognition of one's capabilities creates an important 'motivational hub' for change, which they argue is a core element of empowerment.

Documentary and interview evidence confirmed each pod in the study produced a plan to address the needs of the child that were agreed and acceptable to family members and professionals, which supported the welfare of the child. This is consistent with empirical research which suggests 92% of child welfare FGCs reached agreement (Marsh and Crow, 1998). Plans in this study tended to reflect short-term goals and were often practical in nature, for example: '*Dillon will go to Amber's every Wednesday evening*' (family plan doc 58 P8). Data regarding the documentation and recording of the plans were inconsistent across pods and in one case (pod5) no longer existed. Some FGC plans were additionally submitted to other formal reviews and decision-making meetings in other professional contexts: for example child protection case conferences; Looked After and Accommodated reviews; and at Children's Hearings (pods: 1, 2,3,7,8,9,10,11). The use of the plans in other formal social work decision-making settings did not appear consistent across pods. When the family plan was used in this way both children and adult family members reflected this was helpful, assisting them to express their views and show that the family's commitment to change in these formal decision-making arenas.

Professionals suggested when they did use the family plan in other meetings they added value to professional's own reports (pods: 1,2,3,8,10,11). Evidence from professionals within this study suggested the family plan, when used in this way, valued the family's capacities as well as reflecting the young person and their

family's voice in different and often more formal child welfare settings. The plan assisted professionals to 'keep in mind' the opinions of family members and allowed family members to see their work being acknowledged and valued in different settings. A number of young people and adult family members reflected upon these experiences, remarking upon the plan being 'all our own work' and it was helpful to 'see things finally moving forward'. The families' increased level of influence and control over their own life situations and with their interactions with the social work system suggests an increased level of empowerment.

Flora, Dillon's social worker, remarked that the family's involvement in Dillon's FGC meeting and the creation of a plan to support him, helped give them a sense of independence from social work in the longer-term, in part because the family gained new skills and confidence:

It gave them more skills about how they cope and how they manage and how they plan and how they communicate....
FGC is all about giving ownership back to the family...I don't think the family would have taken on as much responsibility without it...I found it really useful it gave value and importance to the family. (Flora: Social worker P8)

Flora's evidence suggests a real increase in skills and competence of family members because of their FGC experience. The identification of skill deficits and learning new skills is a key element of an empowerment process (Thompson, 2007; Smith, 2008; Cattaneo and Chapman, 2010; Chatterjee, 2011; Funnell and Rogers, 2011). Thomas (2002) argues competence (or the lack of it) is often used in social work contexts to describe an individual as if it were a personal attribute. Instead competence should rather be considered as situational: a child or adult may be more or less competent in a given situation depending on 'how well prepared and supported they are, how much knowledge and understanding of available options they have and how the situation is structured' (p199). Once an individual (or group) knows what they want to do, the skills required to make that happen become relevant. Evidence for this study supports the claim that it is possible for family members to become more competent to achieve their goals and manage stressful situations and that the FGC process may assist prepare, inform and support individuals to become more competent to take control of their lives and become more autonomous. In addition, the creation and use of the

family plan for many family members (and professionals) appears to contribute towards FGC being an empowering process.

4.3.5 Follow up

Resources

Once the family plan is agreed and copies distributed, implementation of the plan begins. An essential element of the implementation of the plan is resourcing and monitoring or review (Barnsdale and Walker, 2007; Merkel-Holguin, 2001). Within P8 it became evident that family members and professionals were expected to contribute additional resources to support family members within the family plan (documents 58; 59; 60; and 61).

Keep up contact with Amber and Action for Children - Wednesday (Dad and Kate's), Saturday Amber and the dogs)... Lewis and me need to get on better and share things and do more activities together...keep seeing CAMHS (Document 58: Dillon's family plan, August 2011)

In addition to the documentary evidence, Dillon, Amber and Jill all mentioned the importance of professional resources in their interviews, suggesting that mediation services and Community Adult Mental Health Services (CAMHS) as well as family resources were provided because they were part of the plan. Issues of resources are important when discussing FGC and family centred practice particularly within the broader context of austerity. In the short extract of Dillon's plan seen above, it becomes evident for the plan to be implemented effectively both formal and informal resources need to be mobilised by the family and professionals to assist Dillon and his family. As with other family centred approaches, FGC cannot be seen as cost neutral: FGC needs resources to be successful.

Evidence from this pod, as across the study, supports the contention that those families who participated in FGC are more likely to utilise support and resource from larger family networks (Marsh and Crow, 1998). What appears important are both professionals and family members committing to the plan. As with other studies, even with additional resources provided by the family, families still require formal service support (Marsh and Crow, 1998). This is not surprising given the number and type of factors affecting looked after children and their families in Scotland (Lerpiniere et al., 2015). The plan does express the needs of the family and, as such, resources within

communities need to be flexible enough to accommodate those needs. While this may potentially cause tensions in financially strapped communities, the notion suggests that families are not only the instigators of the plan but also ‘the drivers of service delivery, typifying family centred, empowerment and participatory theories’ (Merkel-Holguin, 2001: 214).

Literatures on child welfare and family support identify the tensions on relying too heavily on family members to provide continuous support for the welfare for the child (Canavan et al., 2009; Canavan et al., 2016; Spolander et al., 2015; Frost et al., 2015). Frost and colleagues (2015) argue that the reduction of available community resources due to budget cuts in local authorities has had an impact on the effectiveness of service delivery. While Canavan and colleagues (2016:73) point out the risk of professionals overestimating the availability of ‘natural help’ on offer to families. They suggest, for example, that professionals over time may overlook the burden of caregiving being exacerbated to the point of burnout, leading to the supply of help ‘drying up’ and this may occur unknown to the professionals working with a family. These concerns, along with the potential everyday stresses and burdens (e.g. poverty, mental health issues, family conflict) of social work service users, can affect the commitment of family members to continue to be motivated to fulfil identified goals and tasks. This might suggest resources (or lack of them) may have a significant impact on FGC remaining a motivational and empowering process.

Reviews

Review of the plan occurs once the plan is implemented and resources are in place. The review ensures the effectiveness of the plan and, in particular, the safety of the child, his/her functioning and wellbeing. Cattaneo and Chapman (2010) consider an understanding and assessment of the actions undertaken by an individual or group an element of empowering process’: this might be considered the fourth stage of FGC – the review. Dillon and his family were involved in four FGC meetings over a four-month period. The coordinator described the later three meetings as ‘reviews’ in contrast to family members who continued to describe them as ‘their meetings’. This difference may potentially suggest confusion about the purpose of the review meetings between the professionals and family members.

There was a level of inconsistency across the research pods regarding reviews: some pods had up to four review meetings (pods: 1,2,8) while others had none (pods: 10,11). The majority of pods had a least one review. In many of the pods (pods: 2, 3, 4, 5, 6, 8, 9,10,11) the decision regarding whether a review occurred, or not, seemed to rely on the assessment of the FGC coordinator, rather than the family. As such, it might be suggested, the empowering processes and repositioning of relations between family and professionals achieved in the earlier stages of the process, is challenged and weakened at this final stage of FGC. While the plans to safeguard the child may have been agreed by family members and professionals in each of the pods, the different contexts and situations within which they were implemented may have impacted on the success of identified goals for each plan. The complexity of difference circumstances and situations within each of the pods is relevant at this point as different factors will impact on how family plans are undertaken, for example: the resources available in a community to assist a family; the level of risk social workers are comfortable with regarding the child's safety and welfare; the involvement of the extended family members in fulfilling his/her identified tasks within the plan; the age and capacity of the child; the health, poverty and housing conditions of family members over time; whether there is a sudden change in circumstances like a death or chronic illness. Situational issues may therefore affect the level of influence an individual may have to achieve and control the change desired in his/her life, challenging the empowering elements of FGC.

Documentation and interview evidence did suggest elements of all family plans were implemented in the short-term, often to the satisfaction of service users and professionals. There was at times disagreement between individuals as to the dedication of different individuals in fulfilling their commitments. Pods 1,2,3,5 and 8 were very happy with the implementation of the plan in the longer-term. Pod 6 was unhappy about the professional commitment to the plan, suggesting they did not receive the additional resources required to fully achieve their goals. Pods 7,8,9,10 and 11 all suggested the plan was affected by the commitment of different family members. The evidence suggests that the context and situational responses to family plans in the study may have been influenced by more than just individual family member's actions: for example, pods may have experience structural obstacles (e.g. legal, resource) which placed barriers on the achievement of their goals. Scholars

would argue that a positive situational response to individual goals is likely to increase the individual's self-efficacy, to the point that he/she view the outcome as directly connected to her/his behaviour and authority (Cattaneo and Chapman, 2010). The opposite is also possible: the barriers to achieving one's goals may cause damage to the self-efficacy of the individual even if the barriers are structural and not within their gift to change. This supports scholars' arguments about the individualisation of social policy (Featherstone et al., 2014a). It is perhaps the review stages that the lack of resources and structural barriers to support some plans are revealed, suggesting related power dynamics impacting on the empowerment of family members. The final stage appears to be the weakest link to empowerment in the FGC process.

4.4 Conclusion

In this chapter, the complexities of Dillon's and his family's situation have been explored using the concept of empowerment as a way to better understand respondents' experiences through the stages of FGC. Evidence discussed suggests that the stages of FGC can support the core elements of empowerment for many family members. This is achieved in part, by the coordinator's utilisation of empowerment practice at each stage of the process. The final stage of the process: follow up and review, were seen to be potentially less empowering for many family members because of the potential resource implications of the plan and the inconsistency of the review process being utilised as a mechanism for reflecting on personal and collective goals. A contribution FGC may make towards empowering individuals is that empowerment practice is embedded in each of the stages of FGC and this practice appears to have had an accumulated impact of empowering many family members to have capacity to influence decisions affecting him/her and consequently more control to maximise the quality of his/her life.

This case example included four FGC meetings within a six-month period (August 2011- January 2012). As suggested earlier in the chapter one of the ways to see what contribution FGC has made is to keep in mind whether the goals of the intervention were achieved. Flora's referral to FGC identified several key anticipated outcomes, which were summarised in *Table 1: purpose of the referral and anticipated outcomes*. As stated, the underlying assumption of the referral was that by bringing the family together, the FGC process would assist family members to identify solutions to a

number of issues including how to make the home safe, and assist them to communicate more effectively together. By working together it was hoped that Dillon would not need accommodated or, if he were, to assist the family to remain in contact with each other. This chapter has explored the experiences of Dillon and family as they retrospectively reflected on their FGC experiences and the impact these have had on longer-term outcomes for the family.

In the short-term, Dillon was able to remain at home with a secondary plan developed in case he needed to be accommodated, which he later was. Involvement in the meeting offered short-term support for the family, offering not only emotional support but also practical help and additional family and professional resources. Over time, Dillon's personal behaviour changed and improved, he attended school more often and became increasingly prepared to engage in and work on problems with his family and social services – for example, attending mediation with his mother. Significantly, new contact arrangements were made with his father, which have continued in the longer-term. Communication between Dillon's parents also improved, building stronger relationships between family members. In the longer-term, while Dillon was accommodated for two years, he was (Harkin and Houston) rehabilitated home with his mother and brother, he has a traineeship with the local authority and is on good terms with his mother and siblings. He also sees his father and sister regularly. Dillon has not had any further involvement with the police. Dillon's father and mother communicate regularly about Dillon's progress. Jill acknowledges their relationship has improved and is less acrimonious. Amber believes her relationship with Dillon and her mother is stronger since the FGC. Dillon's, Amber's and Jill's evidence suggest that the process contributed to improved quality of life outcomes for the family as they learnt to communicate more effectively together. These outcomes are summarised below in *Table 2: Purpose of the referral, anticipated and actual outcomes*.

Table 6: Purpose of referral, anticipated outcomes and actual outcomes

Aim /goals SW referral	Anticipated outcomes for Dillon 2012	Actual outcomes 2015
Help sustain Dillon's place at home	Dillon not accommodated / rehabilitated home	Dillon accommodated for two years, rehabilitated home in 2015
Reduce /stop charges with police	Stop offending behaviour	Dillon no longer offending
Plan would support improved communication between parents	Improve communication within family	Improved communication with family
Support Jill with Dillon's behaviour at home	Safer	Family members safe
Improve Dillon's relationship with his parents	Reduced hostility and conflict	Reduced hostility and conflict within the family home
Improve Dillon's ability to manage his emotions appropriately	Improved confidence	Dillon and other family member's capacity to communicate, life skills and confidence has increased – Dillon working F/T as trainee

Source: interview and document 54

Bringing the family together alongside professionals appears to have been a powerful experience for Dillon and his family. The process modelled new ways of communicating for the family whilst also building their capacity as individuals and as a family to speak up, listen to each other and consider each other's concerns. In addition, their involvement appears to have supported their working relationships and partnership working with social work and other agencies. The evidence from this study suggests family members' lived experience of the process was empowering, where family members felt the core iterative elements of empowerment practice. That is, an increased sense of hope and motivation to change, an increased knowledge of themselves and their situation, an increased level of skills and self-belief to undertake change, a recognition of inherent strengths and knowledge within the family, the setting of meaningful goals, and, finally, a review of the impact of their actions which

was underpinned by the emphasis on democratic participation, improvement and self-determination. These experiences appear to have had a longer-term impact on Dillon and some of his family members, as they retrospectively reflect on their experiences.

It may be helpful at this point in the thesis for the reader to have a short summary of the trajectories of the other families involved in the study. While noting the difficulty of outcome attribution and identification, this summary provides an outline of the direction of travel for the families at the point of interview – at least one year after the FGC meeting. Family trajectories are briefly summarised in Table 3 below, to read a more comprehensive discussion regarding each pod please see Appendix 1: Introduction to pods under study.

Table 7: Summary of family trajectory after FGC meeting

Pod	Child/ren	Summary of progress at time of interview
1	Shannon	Shannon was accommodated into young person’s residential unit. Shannon has regular contact with her family, with regular sleep-overs and weekend stays organised. Shannon said she felt involved in the family despite being accommodated. She also spoke of her reduced alcohol consumption and improved behaviour; she had not been involved with the police for some time. She felt positive about her future. Shannon stated she was generally happier and observed that others were as well. All family members who were interviewed were very positive about their interpersonal relationships with each other, suggesting they were much improved.
2	Tilly and Danny	The most significant outcome for Daryl and Moyra were that their children: Tilly and Danny were rehabilitated home and social work are no longer involved with the family, as the social worker involved no longer considered the children at risk of neglect. Daryl and Moyra reflected that they felt more in control of their lives and had learnt valuable communication skills while involved in the process, which remained with them. Daryl and Moyra said they felt closer as a couple and

Pod	Child/ren	Summary of progress at time of interview
		their family relationships were stronger because of their experiences in FGC.
3	Justine	Justine was not accommodated. All members of the family felt their relationships with each other had improved and strengthen over time. Family members also recognised they no longer needed social work involvement.
4	Callum	Callum lives with his non-biological mother in a different city to his mother. He had successfully changed schools and social groups and seemed settled in his new home. Callum has not had contact with his biological mother despite, her being sober for 6 months (at the time of the interview). Glenda (biological mother) is very upset about her lack of contact with Callum, while Leanne feels pleased with the arrangement.
5	Sharon and Storm	Storm and Sharon kinship care placement was sustained with their aunt. Sharon made a good transition to high school and has remained in her own community as a consequence of not being accommodated. Kinship payments were organised for the family at the time.
6	Frank and Ashley	Frank was not permanently accommodated and was living at home with family. The family still felt their relationship and support from social work services was not as good as they would wish. There was reduced support from social work for the family. Ashley was attending college and doing voluntary work with autistic children. She had had a medical diagnosis for her condition and was taking medication to reduce symptoms and regulate her behaviour.
7	Sasha	Sasha and other younger children within the family remained at home and were not accommodated. Sasha now has considerable contact with and financial support from her

Pod	Child/ren	Summary of progress at time of interview
		paternal family – who she did not previously know. Sasha now attending (independent) school regularly and fees being paid by paternal family.
8	Dillon	See discussion above
9	Jade, Zara and Skye	Younger children (Zara and Skye) accommodated in a secure foster placement. Younger siblings were not separated when accommodated. They have a fixed and regular time to visit their Aunty Lisa and sister Jade each week. Zara made transition to new school and attending regularly. Skye decided to remain at her old high school and while travel is difficult, seems to be sustaining attendance. Jade accommodated in supported independent living arrangement. Family remains in contact with their community and social networks despite being accommodated permanently.
10	Sylvie	Relationships with and support from the extended family improved significantly at the time of the FGC meeting. Sylvie was not been accommodated. Sylvie was moving into an independent flat at the time of interview and was seeing her mother and family regularly.
11	Jake	Jake successfully transitioned into his kinship care placement, while also sustaining relations with his maternal family. A clear support plan for the kinship placement was established in the FGC and key points within the plan were being sustained at the time of the interview. Jake’s attendance at school is sporadic.

This chapter has acknowledged the importance of the lived experience of FGC as empowering and its link to outcomes. Tensions have been mentioned regarding the

impact of situation and context issues, for example: statutory duties of social work with looked after children, lack of commitment to the plan by family members and scarcity of resources, on the longer-term impact and enduring elements of the empowering experience for family members. This might suggest that to describe the contribution of FGC outcomes as being entirely due to its empowering elements would be reductionist in approach and potentially naive. One of the contributions FGC appears to have made, however, is that empowering practice has been embedded in many of the stages of FGC. This might suggest that embedding empowering practice in the process and making space for the wishes of service users in social work practice, support the elements of empowerment to be experienced by children and families, impacting ultimately on process and longer-term outcomes. The data within this study have resonated with an emphasis on interpersonal relationships both between family members, and between family members and professionals. It is to these experiences that the next chapters of the thesis will focus, shedding light on what occurs in relational spaces facilitated by the FGC process and how this might impact (or not) those involved.

Chapter 5 Recognition

5.1 Introduction

Individual's experiences of negative and hostile relationships within their family network were a common feature of many respondents' evidence within the study, particularly prior to their involvement in FGC. Children and adult family members described hostilities with and between different family members, and their experiences living within a hostile family environment. Respondents' interviews resonated with an emphasis on interpersonal relationships, how family members felt supported, respected, valued and acknowledged (or not) by their extended family, during and because of the FGC process. While the previous chapter explored the impact of empowering experiences within the stages of FGC focusing mainly on the outer world and context of respondents, this chapter explores what impact the FGC process has on the interpersonal relations and dynamics within families across the data set. The concept of recognition is used to help understand respondents' perspectives in the study, that is: how do acts of recognition and misrecognition which occur in the 'relationship spaces' facilitated by the FGC process affect change for those involved?

The chapter begins by discussing the concept of (mis) recognition. Discussion regarding changing relationships and the impact of recognition begins by positioning respondents' evidence within the context of historical stress and hostility experienced by family members in the study, prior to their involvement in FGC. This brief contextualisation enables the reader to gain some understanding of the relational changes experienced by respondents over the longer-term. Recognition theory highlights three forms of recognition in social life (relations of affection and care; rights and legal recognition; acknowledged recognition of contribution and achievement in community), which correspond to three forms of self-identity: self-confidence, self-respect and self-esteem (Barry, 2016; Zurn, 2015; Houston, 2015; Bartelson, 2013; Turney, 2012; Thomas, 2012; Webb, 2010; Honneth, 2007; Honneth, 1996). These forms of recognition are used to assist the reader to understand respondents' perspectives on interpersonal relationships and ultimately FGC's contribution towards longer-term outcomes for children and adult family members. While this chapter focuses primarily on inter-family relations, it should be

acknowledged that professionals are involved at every stage of the FGC process and the spaces within which decisions are made. The next chapter on partnership will explore more fully the interconnected relationships and partnership working between children and family members as service users and the professionals who are involved in providing support to them.

5.2 The concept of (mis)recognition

Theories of recognition are primarily associated with the work of Taylor (1994), Fraser (2000; 2001; 2003) and Honneth (1996; 2007; 2010; 2012). All are underpinned by the Hegelian idea that subjectivity and identity are constructed dialectically, through a process of mutual recognition (Thompson, 2006; Fraser, 2000). Political theories of recognition contend that:

Although ideas such as equality and freedom are important in political theories and may have a role to play, it is the idea of recognition which holds the key to determining the nature of justice. (Thompson, 2006: 9).

Such theories contend that social relations acknowledge and validate personal existence and are pivotal to identity formation and that respect and understanding should be at the forefront of our relationships with others (Houston and Dolan, 2007). A just society would therefore be one where everyone gets due recognition; thus ‘misrecognition’ is also pertinent (Thomas, 2012). The way in which each of the theorists uses the concept of recognition is different (see Thomas 2006). Taylor (1994), for the most part, concentrates on the validity of recognition claims in multicultural societies that include groups with values and interests that are substantially different. Fraser (2000) is critical of some of the greater claims made by recognition theorists and is concerned that recognition should be managed alongside a broader emphasis on the redistribution of resources. Honneth’s work has been considered more ambitious than others as he attempts to construct a social theory that is underpinned by the concept of recognition as a fundamental component of human interaction and individual and group activity (Houston, 2015; Turney, 2012; Thomas, 2012; Houston and Dolan, 2007; Thompson, 2006). Thomas (2012: 455) contends the Honneth has not only put recognition at the heart of social theory but also has ‘done more than any other author to articulate the concept of recognition in a complex way’. Honneth concentrates on the individual’s struggle for recognition to obtain healthy

identities: that is one's self-confidence, self-respect, and self-esteem will flourish through the subject's positive recognition from others. Further, Honneth sees recognition as the fundamental moral category guiding social justice theory (Zurn, 2015). It is this articulation of the concept, which makes Honneth's theory of recognition pertinent to this study, offering insight into how FGC might contribute to interpersonal relationships.

Honneth (1996) suggested self-identity flourishes in the context of social relationships characterised by reciprocity; where reciprocity suggests the recogniser and the recognised have crucial roles in a mutual exchange which reflects successful acts of recognition (Zurn, 2015: 54). Honneth and colleagues' work (1996; 2007; 2010; 2012) concentrates on the subject's struggle to attain wholesome identity where self-confidence, self-respect, and self-esteem flourish. The experience of positive recognition in the form of care, respect and acknowledgement of one's strengths is the core to the realisation of these three aspects of identity (McBride, 2013; Honneth, 1996). Only by acknowledging and being acknowledged by significant others can individuals gain self-realisation. Honneth articulated that our ability as social beings to 'perspective take with others in order to influence their actions and maintain social bonds' was essential for social life and moral behaviour (Houston, 2015: 7).

'Perspective taking' is a developed capacity as a human being to carry out an internal dialogue, which enables reflection on what others and society at large will expect of an individual's behaviour (Houston, 2015). Honneth argued that recognition was not just a process of internal monologue but rather required both internal dialogue and communication with others. Honneth (2007) sees recognition as the reciprocal expectation of subjects that they are acknowledged as moral persons and for their social achievements, a respect for human dignity and integrity, without which identity is lost.

Honneth contends recognition forms the overarching ethical bonds securing social justice (Thompson, 2014; Honneth et al., 2012; Honneth, 2004; Honneth, 1996; Barry, 2016). Ethical bonds in this instance mean the norms and values of a given community where inter-subjective co-existence is the priority, 'as exemplified by the love and attention of significant others, which in turn can offer increased self-confidence, self-respect and self-esteem' (Barry, 2016: 94). The theory of recognition

suggests a process of change whereby individuals and groups move from ‘passive spectators to engaged activists’ in order to enhance control of their lives and social situations (Houston, 2015: 92). Failures of recognition or acts of misrecognition by others can inflict harm and be a form of oppression, confining someone in a false, distorted or diminished mode of being (Thompson, 2006). The harm caused by such forms of misrecognition occurs when the subject internalises the others’ negative attitude as part of their own internalised account of themselves (Thompson, 2006: 23). Misrecognition can cause harm through an internalisation of self-hatred – since others despise me, I despise myself. Experiences of abuse, conflict, criticism, denegation, exclusion, limiting or ignoring a subject’s contribution etc. are forms ‘misrecognition’. Misrecognition results in a subject’s lack of confidence, lack of respect for one’s self and impoverished sense of worth and dignity (Houston, 2015). Without recognition, Honneth argues, feelings of disrespect (shame, anger, frustration) and injustice result (Honneth, 2007).

Honneth’s theory of recognition delineates three forms of recognition required for the formation of identity: relations of affection and care; rights and legal recognition; recognition of achievement. The first, recognition as a form of ‘affection and care’, originated from Honneth looking to Winnicott’s (1971) object relations theory to substantiate this form of recognition. The key idea is that care is a form of ‘mutual recognition between intimates whereby one comes to know oneself only in and through a specific form of emotional support from another’ (Zurn, 2015: 28). Honneth contends that self-confidence is a vital element to self-identity, which is developed through the medium of love/care and affection. Self-confidence is referred to as a very basic sense of ‘stability and continuity’ of one’s self as a ‘differentiated individual with particular needs and emotions’ (Zurn, 2015). Honneth’s theory suggests that self-confidence is a precondition for political and social participation. Thus, the relation of reciprocal recognition whereby ‘one’s emotional and embodied particularity is reaffirmed through the effective support of intimate others is the foundation for social relations generally’ (Zurn, 2015). The violation of autonomy and self-realisation in the child by way of child abuse and neglect can threaten and impair the developing child’s self-confidence (Houston, 2015).

The second type of recognition is respect and is implied by the legal and moral recognition of a person's rights. Rights give rise to self-respect, as to be accorded rights is the validation of personhood (Houston, 2008b). This form of recognition revolves around the need for mutual respect between actors: 'subjects reciprocally recognise each other with regard to their status as morally responsible' (Honneth, 1996: 110). Thus, optimal identity formation relies on interpersonal validation and integral to these relations is an agreed body of rights. This closely reflects the Kantian perspective which is to see a person as an 'end' not a 'means' to an end – to express dignity to all, irrespective of their attributes and social status (Houston and Dolan, 2007: 461). Moreover, the subject that is respected can have self-respect and respect others. When respect is given, personal rights are acknowledged. Someone who has rights suggests the moral right to make claims on the other – a claim of recognition as someone who must be consulted about their interests, and who has the power to impose duties on the other (McBride, 2013). Having rights allows one to feel in a fundamental way that one is equal to everyone else. Honneth interprets the notion of rights to include cultural, legal, political and material entitlements (Houston, 2008b). The forms of misrecognition in relation to rights is to concentrate on a person's limitations to the point of ignoring their contribution, rendering their humanity unrecognisable (McBride, 2013). Thus, misrecognition manifests itself through the objectifying of the other and is experienced as excluding and a lack of dignity – where, for example, one is not involved in decisions, which affect him/her (Houston, 2015). The outcome of these forms of misrecognition impacts on one's sense of self-respect (Pilapil, 2013).

The third type of recognition relevant to self-realisation in Honneth's work is dependent on the acknowledgement of a person's strengths, attributes and accomplishments by the community of which one is a part. This builds a person's self-esteem and contributes to a sense of social solidarity. Honneth (1996) means the outcome of 'social relations of symmetrical esteem' (p129), where an individual's sense of being valuable depends on her/him being recognised for accomplishments that are specifically hers/his, but also shared with others. Being recognised by one's social networks for one's contribution builds pride and competence. Solidarity arises as part of a felt concern for the other's value (Houston and Dolan, 2007). The

converse however, where insult, disparagement and belittling are present, will lead to an impairment of self, to a feeling that one's dignity has been transgressed.

The concept of recognition has been criticised as being an abridged version of relations of recognition, in particular diverting attention away from questions of power and authority (McBride, 2013). McBride (2013) questions how one's desire to be recognised by particular groups, individuals or institutions is formed in the first place. He suggests that by seeking recognition an individual is already recognising authority over himself or herself, and sometimes this is a greater problem than the lack of recognition. He argues the desire for recognition can be a product of social domination: for example, when considering cultural minorities, the pursuit of freedom and equality may be better progressed by freeing themselves from the desire for recognition from those to whom they are subordinate (p6). In this way, recognition might be considered a struggle for normative authority rather than a psychological need for self-identity (McBride, 2013). The concept of recognition can present an individual as the passive recipient of social (mis)recognition. If recognition is conceptualised as a struggle for normative authority then individuals are not passive but rather make decisions to desire recognition - social actors who either endorse or not the authority claims of others before their recognition is of value to him or her (McBride, 2013). McBride contends that while it may be difficult to resist the authority of dominant norms and those who represent them, for example: parents, teachers, politicians, business leaders etc. it is in principle possible to resist these claims, valuing alternative sources of recognition. It is the reciprocity of these struggles, the constant switching between the role of judge and claimant, that implies the struggle for recognition between social actors is considerable, and it is each needing to be recognised by the other, that strengthens the argument of recognition (McBride, 2013).

As pointed out by several writers, Honneth does not mention children and young people in his theory of recognition except in the context of primary relationships of care and love (Thomas et al., 2016; Warming, 2014; Thomas, 2012). An uncritical adaptation of Honneth's theory implies a risk of adultism (Warming, 2014). Having built the theory from developmental psychology, which utilises a traditional construction of the child, child-adult relationships and children's needs, recognition

theory it is ‘not in accordance’ with childhood studies (see Literature Review). Thomas contends that the exclusion of children from universal human rights is taken ‘as read’ which he argues means the question of their status is not made explicit by Honneth (Thomas, 2012: 458). What recognition argues for is social recognition having a key role in making the ideal of an ethical community in which everyone lives and is recognised appropriately, children alongside adults. As such, I concur with Thomas (2012), that Honneth’s conceptualisation of recognition can be updated to include children. In using recognition to help understand interpersonal relationships within this study, it is important to state that, alongside their contribution within primary relationships of love and caring, children are entitled to respect as morally responsible persons and the bearers of rights; and additionally children deserve esteem as they are people with talents and capabilities, who contribute to society and culture in a variety of ways.

Honneth (2010: 80) argues recognition is a moral act ‘anchored’ in the social world as an everyday occurrence, an ‘attitude or stance realised in concrete action’.

Recognition is a distinct phenomenon of the social world and, as such, is not a ‘side effect rather it is intended explicitly to affirm the existence of the other person’ (Honneth, 2010). ‘Recognition permits the addressee to identify with his or her own qualities and thus to achieve a greater form of autonomy’ (Honneth 2010:81). This, he contends, is important to enable the subject to achieve one’s life goals. As the notion of recognition moved toward a construct suggesting the enablement of people to take action, the concept has drawn the attention and critique from the social work academy. This increasing body of knowledge and thought has attempted to make sense of recognition, in relation to service users, testing its applicability for critical social work practice and theory (Thomas et al., 2016; Houston, 2015; Barry, 2016; Warming, 2014; McLaughlin, 2014; Turney, 2012; Webb, 2010; Houston, 2010; Juul, 2009; Garrett, 2009b; Houston, 2008b; Houston and Dolan, 2007; Dahl, 2004).

Houston (2008b; 2008a; 2010; 2015; 2007) has made a considerable contribution to thinking on social justice and politics in social work, particularly in relation to the concept of recognition and its implications for social work practice. He argues the interconnectivity of the personal and the political is of import as social work intervenes and intersects between ‘people’s lives, civic status and the social world’ (Houston, 2015: 4). In short, as interconnected human beings we are deeply imbedded

in struggles for recognition and ‘social work is intimately caught up in this persistent but fluid set of power relations’ (Webb, 2010: 2366).

In the previous chapter, the concept of empowerment was discussed at length in relation to FGC practice. It was argued that while empowerment is a contested concept, within this study it was conceptualised, and expressed through the data, as an increased sense of family member’s control and self-determination. It has been acknowledged that there are real limitations and tensions in using the concept when discussing social work practice. For example, family members of the eleven pods in this study are social work service users and consequently may find it difficult to be completely in control of decisions affecting themselves and their family. An important component of empowerment discussed in the last chapter was an increased level of family member’s capacity and skill to challenge decision-making and act on issues, which in some cases was sustained over time. Empowering experiences reflected in this study suggest powerful moments where there appeared to be a rebalancing of power between family members, and between family members and professionals, for example. Family member’s increased self-confidence was an acknowledged contributing factor towards a sense of control over their lived experiences. Yet why respondents’ self-confidence increased was not fully explored or explained in the last chapter. The concept of recognition sheds some light on these experiences. Recognition, like empowerment, has at its core the struggle for social justice and the interdependence of actors. Empowerment, though mentioning personal capacity and self esteem, focuses on its external impact on the subject’s outer world, his /her control over situations and decision-making. Whereas recognition, unlike empowerment, contributes to a deeper understanding of the internal struggle for social justice by focusing on the inner world of the subject, those experiences impacting on his/her self-identity. Thus it would appear the two concepts may be interlinked in practice and together may assist a deeper understanding of respondents’ experiences of the FGC process and social work practice more generally.

The three forms of human inter-subjective recognition identified by Honneth are used in this chapter to explore implications of data from this study on the research questions. In particular - how and why do respondents consider FGC made a contribution (or not) to outcomes? Before considering FGC’s contribution, the next

section contextualises the pre-existing stress and hostility within family relationships prior to pods' FGC involvement. The chapter then moves on to discuss evidence from this study, which suggests the phenomena of recognition, facilitated by the FGC process, appear to contribute towards improving inter-family relationships. Finally, misrecognition in relation to FGC practice is briefly discussed.

5.3 Inter-personal relationships prior to FGC

A family's involvement with social services would suggest the existence of a certain level of difficulties and family stressors (Laird, 2013; McKie, 2005). While stressing social deprivation does not cause child abuse, stress factors associated with social deprivation such as 'debt, ill-health, unemployment, substandard housing and being a victim of crime does increase the risk of harm to children' (Laird 2013: 33). Laird (2013) argues that the majority of caregivers involved with child protection services are experiencing a wide range of 'profound frustrations', which can cause stress. Data from this study support this claim. All the pods involved in the research were referred to the FGC service by social workers because of concerns and difficulties within the family and the risk of the child/ren being accommodated. Documentary and interview evidence suggests the reasons for referral were multiple and these are summarised in the table below.

Table 8: Reasons for social work referral to FGC service

Reason for referral	Pod	Number of pods
Safety concerns for the child	1,2,3,5,6,7,8,9	8
Family conflict	1,2,3,4,5,6,7,8,10,11	10
Communication difficulties within the family	1,3,4,7,8,10	6
Child at risk of being accommodated	All	11
Health and wellbeing concerns for the child	2,9	2
Explore extended family support	2,5,6,7,8,9,10,11	8
Plan to sustain contact with	1,2,4,7,8,9,11	7

family if accommodated		
Plan to support kinship placement	9,11	2

* Evidence gathered from referral documents and interviews with respondents

Written referrals for FGC service in nine of the eleven pods were available for the researcher to view (documents: 20, 24, 39, 45, 51, 54, 62, 77, 88). This evidence, alongside respondents’ interviews across all pods, suggested overarching concerns for the different families and included: poor family communication; safety of a child within the family; and /or family conflict which includes physical violence between family members or aggressive arguments. In addition, a variety of individually specific reasons for referral to a FGC service reflected different issues being experienced by family members within the different pods, including: violence, bereavement, mental health problems, alcohol abuse, impact of disability etc. These issues were often compounded by poverty, poor housing, being a single parent and /or unemployment. These stressors will have impacted on family members physically, psychologically and/ or in their interactions with each other i.e. at a group or interpersonal level (Laird, 2013). Recognition theory would argue that many of stressors experienced by respondents within this study are forms of misrecognition. The experience of misrecognition on self-identity results in a sense of failure reducing one’s self-confidence, self-respect and self-esteem - impoverishing one’s sense of worth and dignity, affecting one’s capacities. Rossiter (2014) contends social work deals specifically with the effects and experiences of insult and disrespect, and that the use of recognition theory provides a language within which experiences of misrecognition can be articulated as injustices.

As suggested earlier, respondents’ evidence across the eleven pods described often negative and hostile relationships within their family network, particularly prior to their involvement in FGC, some of which are discussed below. For example, Blue’s description of her relationship with her sister Shannon and her parents summarises the level of hostility she experienced before they became involved in the FGC process:

We were like not getting along. We were at each other’s necks, we could not get along - we couldnae sit in the same room without having a fight or arguing or pulling each other’s hair out. (Blue: sister P1)

The multiple layers of hostility being experienced within her family are evident in Blue's comments. The hostility experienced by Blue does not just flow in one direction. Rather, as Blue suggests, hostility is experienced from different members towards her, while she herself is also active in the arguments and physical aggressions that occurs towards others. This evidence suggests family relationships are not straightforward but rather nuanced, dynamic and complex, where individuals can be both victim and perpetrator of hostilities. Misrecognition and recognition within relationships is also dynamic and complex in practice – with the possibility of multi-level (mis) recognition. As discussed in the literature review, the concept of family is bound up in assumptions of family exchanges being infused with notions of trust, intimacy, reciprocity and feelings (Jamieson, 1998) and the breaking of these may cause relationship change and breakdown (McKie, 2005). Activities in families that are imbued with violence, both physical and psychological, pass from the perpetrator and are received by the other in ways that 'may demonstrate fear, intimidation, passivity, challenge or self-defence' all within the context of family and family life and the intimacy that is sought through the frameworks of family relationships (McKie, 2005: 56). While neither Blue nor other family members spoke to me (in the interview) explicitly about the hostility they may have experienced, interviewees intimated that their relationship had been disrespectful, 'unsafe', volatile and often disparaging for the different parties. Trust in and respect for others are associated with being a family member and when these are violated, questioned or damaged breakdown in relationships and misrecognition can occur (McKie, 2005).

This evidence also supports literature from childhood studies, which challenges the normative conceptualisations of children and young people as either victim (innocent) or perpetrator (naughty/bad) (Moss and Petrie, 2005; James et al., 1998). As Blue acknowledges, she and her other family members, child and adult, may be both victim and/or perpetrator. Data from this study support a broader conceptualisation of children and young people as being active in their relationships with others and where they have a complex understanding of their own status and agency within their extended family. As pointed out earlier, Honneth does not mention children and young people in his theory of recognition except in the context of primary relationships of care and love (Thomas et al., 2016; Warming, 2014; Thomas, 2012). Evidence from this study would suggest that children, alongside adults, experience

and impact on recognition and the injustices of misrecognition. It might be argued that due to the conceptualisation of children by adults, their age and socio-economic status, children may experience the injustices of misrecognition in a different manner than adults and, while I would like to say more about whether or not this is the case, data from this study are limited.

Carol describes her relationship with her 14-year daughter Justine, reflecting her own poor mental health and anxiety as a single parent of teenage children:

But then she went at the high school into a bad patch and umm she wasn't doin' anything she was told, and ...probably because I was like depressed and that, I made it a hundred times worse ...oh the police got involved because she was goin' out and she wasnae comin' back and I was phoning the police, then that's how the social services got involved.
(Carol: mother P3)

These reflections, where Carol as a parent blames herself for the behaviour of her child because of what she sees as a lack of capacity in her own skills - what she has or has not done to control/protect her child, are similar to other parents' evidence (including Jill in P8).

These data support literature which suggests that government policy and public discourse has been influenced by 'individualisation' (Giddens, 1991). While shedding light on how relationships are lived and understood, the individualisation of family has seen a shift in prioritising the individual rather than the collective experience, focusing on what families do (Gabb and Silva, 2011). This has led the political and public discourse towards ideas of individual parental competence, obscuring a changing political agenda which serves to stigmatise some families as inevitably incompetent (Featherstone et al., 2014b). Thus, society and the government, alongside the individual herself, blame the parent for the difficulties experienced rather than reflecting on the level of stress, poverty and isolation parents may be structurally experiencing. As in Carol's example, an individual can be (mis) recognised at both an individual (micro) level and a societal (macro) level, potentially compounding (and confusing) the impacts of (mis) recognition. Social work clients, it is argued, require workers and the institutions for which they work to take seriously the threat to identity that misrecognition poses (Rossiter, 2014). A language that argues concretely

about the unjust relations of recognition enables a shift from an assessment of the young persons (and their family) as ‘at risk’ young people – to an ‘assessment of threats to justice due to the harm to their identities that occurs through misrecognition’ (Rossiter, 2014: 103). This situation, according to Houston’s (2015) interpretation of recognition, within a social work context, reflects a situation where individuals are misrecognised at a micro (Carol’s lack of confidence) and macro level (focus on the person’s limitations and ignoring their contribution resulting in Carol’s impoverished sense of worth and dignity).

This section has briefly highlighted that a common feature of pods in the study is that family members’ relationships with each other are complex and dynamic. In addition, those interviewed often described relationships as strained, hostile and often violent, where they often felt misrecognised and marginalised by others prior to their involvement with FGC. Family members experience a number of forms of misrecognition at the micro and macro level, affecting members’ self-identity. Multiple levels of misrecognition can compound the stresses and difficulties an individual may be experiencing. It seems important to note, despite the level of stress and hostility within families, many participants reflected in their interviews a strong sense of loyalty and belonging, even if they were not living together or argued. Noticeably throughout the study, family members spoke hopefully of their future as a family and recognised the hardships they had experienced together. The next sections will begin to reflect on how FGC may contribute towards enhanced recognition within relational spaces, from the respondent’s perspective, and what impact this may have on outcomes.

5.4 FGC and recognition

Recognition theory suggests that to have one’s experiences and feelings confirmed and acknowledged by another will assist in one’s sense of personal identity to be enhanced. Supportive and affirming relationships are therefore considered crucial in everyday life:

One of the hallmarks of a good relationship is that our feelings, however dark and distressing, are recognised, understood and accepted by the other. If the relationship is a place where we can feel safe, then we can explore the thoughts

and feelings that are distorting and disfiguring our lives. (Howe, 2008: 6)

Many of the participants and the professionals involved in this study spoke about how the FGC process acknowledged existing relationships and reinforced a practice where individuals felt supported and cared for by others (and one's community) within a non-judgemental, respectful environment. Further, because of the process they were able to reflect on their own and acknowledge others' experiences. The discussion below begins by exploring the experiences of recognition as: care and support; respect; and acknowledgement of strengths and capacities. The nature and fluidity of recognition as a result of FGC is then explored, highlighting the building of skills and capacity as recognition is experienced. I argue that through experiencing a degree of emotional support, respect and acknowledgement of contribution to the group/community from another, often safely facilitated through the FGC process, some participants experienced a sense of (re)affirmation in their own identity, which contributed to improving their social relations and a sense of control over their lives.

Feeling supported and cared for

The majority of family members interviewed spoke of the care and support they personally felt from other family members throughout the FGC process and often afterwards. These feelings of care and support, over a period of time and often at a point of crisis, appear to contribute towards improving the confidence of participants and ultimately their longer-term relationships. In the FGC process, it is the child and primary carer who identifies whom they would like in their extended family to attend the meeting. This may include sisters, brothers, aunts, uncles, grandparents, cousins and family friends. Many interviewees, like Carla below, spoke positively of their family members' involvement in the process:

I felt it was quite good for me to know that they were willing to support us if necessary, if we needed it. Which until that point didn't happen, but then I never asked for help of them, it was always just my mum. So that was good for me in the respect that I knew that they would be there if I want them. I have a better relationship with my family now.... I actually felt quite exiled from my family, I felt as if I was completely on my own and isolated. (Carla: Mother, P10)

Carla's evidence suggests involving her family in her daughter, Sylvie's FGC made Carla feel supported and cared for. She implies an enhanced sense of pride in her family's commitment to her and her children. A strength of the model appears to be as individuals invite the extended family to their meeting, and these family members act by attending the meeting, individuals experience a sense of recognition that they are cared for by others. Further, as Carla learnt, there can be additional support from family members if needed. An impact of Carla's experience for her is that she and her children are less isolated and that she feels significantly more supported by her extended family – not just her mother. The experience of her family's care, reflected in part by their attendance at Sylvie's meeting, increased Carla's confidence to ask for help, 'if necessary'. Carla's perception of herself changed. She no longer felt isolated, misunderstood and judged; rather she was a person whose individual needs and emotions were being recognised by others who were important to her and this appeared to raise her confidence and contribute to a more positive self-identity. This in turn appeared to impact on her capacity to act (ask for help) and improved her relationships with her extended family.

Within the pods, interviewees often confirmed each other's impressions and interpretations of how the FGC process helped family relations. For example, in pod 10, a number of extended family members confirmed Carla's reflections on how the experience had assisted her to feel more secure and supported within the family network. Below Carla's brother Stan reflects on the experience:

I guess it gave Carla the impression that she is not on her own, that she must feel sometimes. You know she has been a single mum and has brought Sylvie up as a single mother.... (Stan: Sylvie's uncle and Carla's brother P10)

Stan's reflection of Carla's experience supports Carla's own interpretation of how the meetings had impacted on her. Her brother's acknowledgement that she had been isolated and struggling as a single mother offers Carla a sense of care and support not previously experienced by her. This suggests an improved understanding of Carla and her children's situation by extended family members. Stan reflects on Carla's single parent status as opposed to her parenting skills, thus reducing the individualisation and blame experienced by Carla from her family prior to her extended family's involvement in the FGC process. It could be argued that this experience, facilitated

through the FGC, resulted in a public acknowledgement of Carla's strengths and social contribution as a parent. This acknowledgement, in turn, reduced the blame experienced by Carla and increasing the understanding of her extended family in regard to her and her family's situation. Carla's evidence suggests these new perspectives appeared to impact on family relationships in the longer-term:

It definitely raised awareness amongst my family of what was happening. I felt I had a wee bit more support from my brothers and sister. Until that point I think they thought Sylvie was a brat and spoilt. They didn't realise there was some much more deep-seated problems. For me that was quite good because I feel that if I wanted to, or if I had to, I can have other people that I can speak to, which at that point it was just my mum.... It is important to have someone to speak to and that opened the net for me a wee bit, which was good. (Carla: mother, P10).

An outcome of the experience for Carla is a sense of longer-term support and acknowledgement from her extended family, not previously experienced. This support linked to her extended family's understanding, respecting and acknowledging that she is a person who has individual needs and emotions. In that recognition, Carla feels more care and support, which enhances her confidence to ask for support for herself and her family when required.

Carla's experiences were reflected across many of the pods. When respondents were asked what made the difference to them when involved in FGC, many young people and adult family members reflected that an important part of their experience was they felt personally supported and cared for within the process not only by family members but also by the professionals working with them. This is exemplified in Justine's (pod3) comments about her teacher Alex below:

He (Alex) would like, come out of school to come to these things. He didn't even have to come to all of them if he didn't want to but everything I was involved in he would come. (Justine: young person, P3).

Recognition by her teacher appeared to make Justine feel personally supported and cared for, increasing her sense of self-worth. Carol, Justine's mother, noted Justine's teacher's involvement too. She commented that Alex had made a real effort to be

involved and that his regular attendance made individual family members feel supported and important:

Every one of them like from Joyce right to the school. They were all great but especially Alex from the school, he was...he came to everything. He would cycle. Like sometimes he would have meetings at the social work and he would like cycle to be there in the pouring rain. (Carol: mother, P3)

Evidence suggests it was Alex's effort that was considered important to family members' self-worth rather than his actual contribution within the meetings – which was not discussed. This evidence is significant as it highlights that service users do respond to and reflect on professional relationships. Thus, recognition in the form of caring and support from professionals towards service users appears significant to an individual's (in this case Justine's and Carol's) sense of self-worth and confidence. More will be discussed on professional and family members working relationships in Chapter 6. The next section reflects a form of recognition experienced as respect within the FGC process.

Respect - the right to speak as an equal

Many family members from across pods in the study spoke positively of the reciprocity of being heard by and listening to others within the FGC process. When achieved, these elements can potentially impact intra-family, and family and professional relationships, in the longer-term. Whilst child and adult family members often reflected on their initial hesitancy (see Chapter 4) about getting involved with FGC, evidence from this research shows family members welcomed an opportunity to talk about the issues and concerns affecting family members in a safe and respectful space. Some individuals in the study reflected that they had been able to safely express their feelings and concerns in the FGC process where previously they had found it difficult. For example, Kate (P3), Justine's younger sister, was 12 at the time of the FGC and said she had found it difficult to express her own feelings to her mother and sister about the level of conflict within the house and how unsafe she was feeling. When asked what difference the meetings had made to her, Kate (younger sister P3) said:

Yeah 'cause being able to talk and tell them (her mum and sister Justine) how I felt about it and how everything was

going on like. I would be able to tell them how I felt about them two arguing and ken all of us arguing. It was easy to tell them. (Kate: younger sister, P3)

An important element of Kate's experience was feeling she could express her views. This evidence supports the contention that FGC's talking strategies may enable some family members to express their concerns and feel respected and comfortable doing so. Kate's observations might suggest a level of recognition and respect within her family at the time of the meeting, not previously experienced. No longer ignored or overlooked, Kate found herself (as others did) recognised within her family. Her opinion was equally important to others and her contribution within the family appeared to be given validity through the process. Kate was valued within the meeting as she provided new and important information regarding the family dynamic that was not previously known or acknowledged.

This evidence is supported by Alex's (P3) comments regarding his observations of the impact FGC process had on Justine (Kate's sister) and her family. Alex is Justine's teacher and suggests the process recognised and promoted the rights of individual family members by utilising talking strategies. The use of talking strategies facilitated individuals to respect each individual's right to express their emotions, opinion and ideas with each other, enabling family members to 'put things on the table' and identify their own solutions in an inclusive and respectful way:

The chance for the family to have time to talk about what was wrong because honestly life takes over sometimes and things happen and you end up dealing with things but not really dealing with things – you shout at each other. And I think it was that, just time to sit down and calmly say one by one what was wrong, why were you angry towards mum and what do you feel towards mum. And saying you tell mum what you want to say. You stop now and mum you tell and have your say instead of shouting at each other and not being heard. A chance for each individual to be heard that is what came across (about the meeting). (Alex: Justine's teacher: pod 3)

Alex observed, over the period of time the meetings were occurring, a marked change in how Justine and her family were getting on, and the impact this had on Justine's identity and happiness. The use of talking strategies assisted the family to speak to and hear each other in a more balanced and less hostile manner. This contributed

towards changing relationships and improving outcomes for the family. Being recognised through the form of respect appeared to affect Justine's demeanour and happiness, improving her relationships with her mother and sister. The process allowed Justine and others to speak with and hear each other, respectfully acknowledging each other's opinions in a relational space where there had previously been conflict and blame. In short, the act of respecting each other's rights to be heard and involved contributed towards a change in their relations.

While I was unable to speak to all the children and adult members involved in each pod, many of the respondents interviewed had similar experiences, saying that they felt 'heard and respected' by their family network and professionals during the FGC process. These family members' experiences, like Kate's, Justine's and Dillon's - in the previous chapter - appeared to be different from their previous narratives about family arguments, hostility and (at times) violence. A contributing factor, assisting the defusing of hostilities, was the experience of feeling respected by others - being listened to and heard by significant others. Honneth argues 'rights gives rise to the form of consciousness in which one is able to respect oneself because one deserves the respect of everyone else' (Honneth, 1996: 80). Recognition theory suggests that self-respect, by contrast to self-confidence, occurs as a result of recognition that is due to individuals as humans - for features that they have in common with all of their fellows (Thompson, 2014: 15). The recognition of oneself (for example, Kate) as a bearer of rights through the respect given to her via her opinion being valued, enhanced Kate's identity with a level of self-respect. Without this sense of self-respect, it could be argued, that Kate's - and others' autonomy and agency (capacity for independent thought, action and accomplishment) would be diminished as one's sense of entitlement and capacity to pursue one's own needs depends on self-respect (Barry, 2016).

Social workers' and other professionals' evidence suggested that family members feeling respected might be linked to family members' experience of being listened to. Diane's evidence makes a direct link between being recognised and being empowered:

She experienced being respected in those meetings because she was listened to and she felt listened to. There is respect

there and a lot of self-confidence and empowerment comes from that I think (Diane: social worker, P3)

Diane's statement suggests that individuals gained confidence and felt more empowered because they were experiencing being recognised in the form of respect. The deliberate stance by an individual (the recogniser) to listen to and respect the recognised affirms the existence and qualities of one to the other. It is this affirmation which Honneth argues assists the subject to get in touch with his or her own qualities and thus achieve a greater form of self-autonomy (Honneth, 2010). FGC appears to facilitate an increased level of recognition in the form of respect between family members, and family members and professionals.

Child welfare policy in the UK has a 'child-focused' orientation (Featherstone et al., 2014a) where the state's interest in the child moves beyond protection from risk to promoting children's needs, wellbeing and welfare. The shift in social policy focus from the family to child is apparent within ongoing debates about the rights of the child to participate in decisions that affect them, reflected in the UNCRC (Article 12), and Scottish child welfare legislation and policy¹³, where the welfare of the child rather than the integrity of the family is the state's priority (Wyness, 2015; Featherstone et al., 2014a). Featherstone and colleagues (2014) argue that this 'child-focused' orientation puts children's rights above parental rights and emphasises parents' obligations as caregivers. They argue for the importance of understanding children *as well as adults* as 'selves in relationships' within the contexts of child welfare (my emphasis): where family members (adult and child) are understood as having individual rights but are 'situated and engaged in relationships that are dynamic and multidimensional' (Featherstone et al., 2014a: 11). They argue for the recognition of both adult and child to ensure humane and democratic approaches within the context of child protection decision-making. Evidence supports the suggestion that FGC may provide families with an opportunity to experience a democratic and humane social work service where the dynamics of different family relationships are acknowledged while, at the same time, the work is child-focused (Featherstone et al., 2014a). This positions FGC within rights-based practice.

¹³ Children and Young People (Scotland) Act 2014; 'Getting it right for every child' policy

The value of talking strategies' to enhance respectful relationship-building has been discussed in this section. Additionally 'being listened to' or 'heard' contributed towards a feeling of being understood and recognised as a valued individual by others, in contrast to being blamed or judged for the situation people found themselves in. Alongside feeling supported, the reciprocity of these mutually respectful experiences was important to family members. Honneth argues when this state exists between individuals, personal rights are acknowledged allowing each to feel fundamentally equal to the other. Evidence from this study would suggest a potential link between respondents experiencing the forms of recognition in practice and increased autonomy and capacity of individuals to take control over their lives (empowerment). The next section will discuss the experience of recognition as the acknowledgment of strengths and contribution within the FGC process.

Recognising strengths and contribution to community

The FGC process is underpinned by strength-based principles and a desire to include the extended family in decision-making (Doolan, 2010; Moore and McDonald, 2000). Throughout the last chapter it was acknowledged that the involvement of extended family members in the FGC process was a core element to family members feeling empowered. The FGC process recognises the importance of family relationships in a way that acknowledges the strength of family solidarities and practices. One of the ways FGC achieves this is by allowing individual struggles, solutions and contributions to be acknowledged and recognised by the extended family. Honneth argued that an individual's sense of being valued depends on their being recognised by one's social networks for one's contribution and this builds pride and competence (Honneth, 1996). The acknowledgement of a person's strengths, attributes and accomplishments overlaps with core elements of empowerment where it is assumed that 'people have strengths that should be recognised and built on' (Funnell and Rogers, 2011: 333). The use of recognition as a conceptual framework at this juncture adds value to the discussion on empowerment by considering the impact of this form of recognition on the subject's identity.

A distinction between other forms of recognition and the recognition of strengths and contribution to community is the suggestion of solidarity being created within a network or community of people who have a common connection, interests or goals.

Applied in FGC, this might be exemplified in the experience of the extended family social networks coming together to create a family plan and undertake commonly identified goals. Evidence from this study suggests in practice this form of recognition does affirm individuals' identities. Carla speaks of her sense of pride resulting from her extended family's involvement in her daughter's FGC:

I was very proud of the fact that they had actually arrived, that they were going to be interested. (Carla: mother P10)

Carla's evidence suggests her family's action of coming together and showing interest in her and her daughter's situation affirmed her value within her family. This FGC experience appeared to enhance her sense of pride in herself and her family's commitment to her and her children. This in turn reduced her isolation and enhanced her sense of solidarity with her family (see earlier evidence). Carla's evidence also implies her extended family's involvement was more than mere presence rather it suggested a real interest and concern for her and children's difficulties. This recognition appears to have affirmed her self-esteem (pride in herself) and provide her with an enhanced feeling of solidarity with her family, not previously experienced. A sense of solidarity, it is argued, arises from a felt concern for the other's value (Houston and Dolan, 2007). I would argue that this feeling of solidarity contributes towards family members working together to achieve their common goal to safeguard the child – an important element of empowering experiences.

The recognition of relationship as a basic principle of the process appears to complement recognition as a form of solidarity within the stages of FGC. It is important to acknowledge, however, the unequal nature of relationships within families which can be gendered and age specific (Featherstone, 2004). These forces may have an interactive or cumulative effect on family relationships and behaviour (Smith, 2008). One of the key aspects of FGC might be to consider whether there is a rebalancing of power within family relations because of the increased recognition of family strengths, achievements and contribution. It is acknowledged that the FGC coordinator has an important role in ensuring those within the family are given the right to speak and that their contribution is acknowledged (Holland and O'Neill, 2006). As evidenced in the last chapter, the time taken by the FGC coordinator in the preparation stage, can assist the less powerful to speak about issues which are relevant

to them. Lillian's evidence below highlights the significance of her meeting family members prior to the meeting:

As a co-ordinator I go and visit them (*the family*) individually, in that I get a three hundred and sixty degree view of the situation. The family are almost like a circle around the problem and they each see it in a slightly different way and what you get when you bring all those varying views and ways of viewing the situation together is something fairly close to what the right answer is. They are not a homogenous group and they will vary vastly in how they perceive the situation from each other. When you bring them together and they debate and discuss their viewpoints, and the more people you have, the more likely you are to get something totally nearer the truth or the facts and some sort of perspective where you need to be. (Lillian: FGC Co-ordinator, P2)

Lillian's evidence acknowledges the role of the coordinator to facilitate family members' involvement in the FGC process. Her evidence suggests each individual family member has a different yet valued contribution to make, which when acknowledged will contribute towards getting closer to 'the truth' of the situation under examination. Meeting Lillian before the meeting affirmed each individual's contribution (recognition), assisting the family member to express his/her views and concerns about the situation. It is acknowledged that this task may take some time but that the inclusion and recognition of the strengths, capacities and achievements of the extended family will add value to the process, and ultimately, the outcomes experienced by family members. The opportunity to hear different perspectives (which may not previously have been acknowledged) in the meeting itself also appears to help the identification and clarity of issues and solutions for the family group in the longer-term. Speaking to all the family members sets the meeting up well so it is constructive and positive rather than destructive and defensive, supporting safe debate and discussion between members. An important component of the FGC coordinator role is to encourage and support communication in the meeting, this results in 'enfranchising' the family members rather than undermining them (Sivak et al., 2000: 265).

Evidence from this study suggests professional recognition in the form of acknowledging strengths and contributions within the decision-making process supports better outcomes for the child and family. Joyce reflects on the importance of

family members feeling valued; this contributed towards improved outcomes for family members in pod 1:

What helped them achieve some of their outcomes would be they felt they were listened to - their opinions were valued. Whereas before they weren't really asked what their opinions were. (Joyce: FGC coordinator P1)

Joyce's comments indicate an imbalance of power between the family members in pod 1 and professionals in previous decisions-making experiences. While these issues and tensions will be deconstructed in more detail in the next chapter, noteworthy is the importance Joyce places on the extended family's experience of being listened to and their opinions and contributions being valued. This might suggest that the family (as a recognised group) experienced a change from being excluded (misrecognised) by social services from decision-making to being respected, valued and included (recognised) because of their involvement in FGC. The inclusion of the extended family suggests that the process supports the recognition of the family's strengths and acknowledges that members individually and together are able to contribute towards identified solutions for the child's safety. In her evidence, Joyce suggests that the family can make a valuable contribution to the process of decision-making, not previously acknowledged. A focus on the positive strengths of the family rather than their deficits is an important shift in emphasis where the family becomes a source of expert knowledge, which can potentially increase the safety of the child. Important evidence from Joyce's observations of the family was that FGC provided a relational space, which valued family members' contributions rather than ignored or marginalised them.

The sections above have argued that respondents have experienced the different forms of recognition within the FGC process. As stated earlier, the forms of recognition and the corresponding forms of self-identity appear interlaced and iterative in practice. Highlighted in this study is the importance of listening and being listened to and these core experiences appeared to cross over all three forms of recognition. Evidence from this study suggests that learning to listen and the experience of being listened to supports a growing identity and capacity of individuals, which can be empowering for individuals within the decision-making process. The next section will examine recognition and longer-term implications for inter-family relations.

5.5 Recognition and change in relationships

A common feature within the study was respondents' reflections on how they found the process helpful to change and improve interpersonal relationships in the longer-term. A key theme emerging from the data was respondents' descriptions of their learning to listen and talk to each other beyond the facilitated meeting. This might imply that respondents learnt new skills and were able to utilise these skills to express different forms of recognition beyond the meeting. It is argued that the dialogical features of FGC, which support recognition, may have the capacity to defuse hostility not only for the duration of the meeting but also, in some cases, in the longer-term.

Jill suggests in her evidence below that the process taught her (and her family) 'other ways to do things' in her relationships:

It (*the meetings*) seemed to just show people that there were other ways to do things, it was not all about blame and conflict and who was right and who was wrong. We all knew we had made mistakes in how we had handled Dillon's situation. (Jill: mother P8)

Jill's evidence suggests that utilising some of the techniques of the FGC meetings in her own life allowed her and others to operate differently. The experience of listening and being listened to resonated powerfully for respondents throughout the data set. In some cases, respondents spoke about how, over the longer-term, he/she recognised the importance of communicating with family members and that their communication was more effective. This enhanced communication was often achieved by modelling talking and listening strategies after the family meeting (pod 1,2,3,6, 7,8,9,10).

In addition, many respondents acknowledged their own feelings of enhanced confidence, self-respect and self-esteem, which enabled them to speak up about their situation and concerns where they may not have previously done so (pod 1,2,3,4,6,7,8,9,10). This increased belief in oneself as being valued and important, alongside learning new skills and capacity, appeared to support improved relations between family members in the longer-term. Several respondents, like Daryl (pod 2) below, reflected that, had he/she not experienced FGC, outcomes would have been very different for their family:

So pretty much from the meeting I have been able to sit down and talk and getting everything off my chest and go: 'Look, this is the way it is'. If that didn't happen, then it would have been a hell of different outcome. (Daryl: father P2)

Daryl's comments are significant because he had been considered highly aggressive by social work services prior to his involvement in FGC. Police officers were often asked to be in attendance at official meetings with Daryl, for example the Children's Hearing meeting. Daryl himself accepted that when he did not like what was being said in meetings he would become verbally aggressive and threatening towards those present. What appears to have influenced Daryl's behaviour was the significant experience of being recognised. The experience of being listened to and learning to listen to others, the appreciation of his feelings and the acknowledgement of his strengths and contribution as a family member - by both professionals and other family members - affected Daryl's capacity and motivation to engage in the process and fulfil his life goals. Lillian describes how she saw the process work for family in pod 2:

They wanted to have a voice. They felt powerless. They felt like decisions were being made about their children and that they were not being listened to, that they didn't have an input into the decisions being made about their children. I think when FGC came along they saw that as opportunity for them and their family to get together and to have a voice and to explore what *they* felt as a family they wanted for their children and to get that onto a plan and get that out there... it gave them time out to think and talk about the consequences of them not managing this, what would happen next and to do that as a group and to look at what they needed to do to have the children home and to sustain it and what support they could get from everybody. So maybe the public thing helped, you know doing it in front of their family and other professionals. ... They did a lot of soul searching and I think the pain of losing their children a second time and the pain of plan b or c possibly happening was enough to motivate them. And the fact that somebody believed in them, another social worker believed in them and believed that they could change gave them the motivation as well to really live up to what was expected of them (Lillian: FGC Coordinator, P2)

Lillian's evidence suggests that the process supported the individual and family to be recognised. She states that having an opportunity for family members to reflect upon their experience, state their opinions openly and have real input in decision-making

affected family members' behaviour and motivation to make change. It could be argued that family members' sense of identity was affected by their FGC experience, where all forms of recognition - care, respect and acknowledgement of contribution - affirmed their sense of identity impacting on their capacity and motivation to engage in the family plan. The public acknowledgement of the plan, Lillian suggests, recognised the family's contribution as a whole and enhanced individuals' sense of purpose and commitment to work together. At the same time, having social workers believe in the family's capacities enhanced individuals' sense of achievement and self-worth.

Honneth's theory (2010) would suggest these explicit forms of recognition affirmed the existence of the other person and constituted an inter-subjective prerequisite for individual family members to fulfil life goals (in this case, the return of Daryl and Moyra's children to the care of their parents). In other words, the different forms of recognition contributed towards improving Daryl and Moyra's self-identity and ultimately their capacity to work with each other, other family members and professionals to rehabilitate their children home, that is: 'get his children back' from social services and ultimately no longer have social work involvement in his family. Daryl and his wife Moyra reflect on their FGC experience below and how they believed it changed their relationships.

Moyra: I think (*FGC*) helped build a stronger relationship for us, the kids and my mum, and us and the kids. We are closer now. We were close but I think we are closer now because you had ...

Daryl: Because before the panel we was like: 'Well if you had a done this here properly then the kids wouldn't have been taken away', and it was like 'if you had a done this right the kids wouldn't have been taken away' - we were blaming each other as well, instead of trying to work together....

Moyra: Yeah, after that (*FGC*) I'd felt like a fresh start as well - all the bad vibes are gone. (Moyra and Daryl: mother and father, P2. my italics)

A strength of the FGC model is to support family members to recognise each other and, in doing so, improve the self-confidence of individuals to speak up assertively and work effectively together to achieve a common goal. If this had not occurred, if

Daryl had not been able to get everything ‘off his chest’ in a manner that affirmed his experiences rather than judged him, he may not have participated in the process as effectively as he did. He and Moyra may have continued to blame each other for the loss of their children to social services rather than begin to work towards changing their situation in a constructive and positive way. As Daryl suggests, the outcomes for his family would then have been very different. He would not have had his children returned to Moyra and himself, and they would still have social work involved in their lives. Moyra’s comment ‘I felt like a fresh start’ suggests that the experience of recognition: talking through her experiences with her husband, having her own emotions acknowledged without judgement or blame, gave her a sense of hope for a ‘fresh start’ for her and her family’s future. These ‘fresh starts’ suggest Moyra had confidence and respect and esteem for herself (and her partner) to start from a new position and have increased control over their lives. Hope was discussed in the previous chapter on empowerment as an important motivator to engage in the FGC process. Here recognition enhanced Moyra’s sense of hope, keeping her motivated to remain involved in the FGC process.

Family members within the study often acknowledged that the role of an independent coordinator to facilitate the process was important to the outcomes for their family. Interviewees suggested that there was something unique about the combination of having an independent coordinator and a meeting with extended family members, which assisted the family to improve their communication and relationships in the longer-term.

‘If it wasnae for her (Joyce, the FGC Coordinator) and those stupid meetings, we wouldnae be communicating as much, would we? (Blue: sister P1)

Blue’s comments suggest that the process, while not always easy for example :‘those stupid meetings’, did make a difference to her family in the longer-term. The FGC process assisted the family to be involved in decisions affecting them but also to move towards more respectful and communicative social relations with each other. This contrasts with the initial hostile relationships Blue describes in the beginning of this chapter. Self-esteem, according to Honneth (1996), comes from recognising the person’s unique strengths, capacities and talents. People are situated in different social

networks and communities where they can contribute to the wellbeing of others; having this contribution recognised builds pride and competence (Houston, 2015).

The retention of the skills family members learnt in the FGC process, in particular the talking and listening strategies which help validate people's unique experiences, needs and emotions, was evident in the data:

Aye it's like, before it was just an argument and if you couldnae get something. But now I can kind of say to them 'right we need to talk about this'. 'You'll get now and you'll get next week' - things like that. Where as before it was 'POW'... we can sit and speak about things now. (Carol, mother P3)

Carol suggests that, through the experience of FGC, her own and her daughter's needs and emotions were explored and validated: recognition between individuals was experienced. For Carol, her contribution as a parent is acknowledged through exchanges with her daughters. She was able to acknowledge and clarify issues with her daughters by talking things through, while also recognising, a new sense of confidence of her role within the relationships. Carol appears to have the confidence and self-respect to negotiate with her daughters, 'to sit and speak' with her, suggesting a level of affirmation and respect for all parties. This is contrasted to the family's experiences before the family participated in the FGC process.

I would have just kept ranting and raving and kicking off and shouting. But now I'll just say 'tell me what is wrong and then we can sort it out' and that is down to them meetings. Because ...they made you feel so at ease...before you knew it you were saying anything, everything was comin' out. Where before you would have it all kept inside. I know when they are in a mood, or stompin' about and I just say 'tell me your problem and I'll try and sort it' rather than well there's nothing wrong mum. 'There is something wrong - tell me'. That's what I just say to them now (Carol Mother P3)

Similar to other respondents in the study, Carol acknowledges the level of hostility within the family prior to her involvement with the FGC meetings, describing herself being hostile and verbally violent with her daughters. Carol reflects on how the experience of FGC helped her understand the importance of sharing how one feels (acknowledging personal emotions and needs) to another person, rather than keeping

these feelings inside and it is through this exchange and recognition that things can begin to change. Understanding that this level of recognition is important for relationships, alongside an increased confidence to use these emerging skills, is a contributing factor that FGC offers individuals in the longer-term.

Justine, like her mother Carol, reflected on how the FGC experience assisted her to change over time:

Yeah, you change a lot. It makes such a difference to you and your family's troubles. Makes you more confident as a person ... it gradually got better. I didn't just change like straight away. It did take a while for me to change. But I did get there...slowly (Justine: young person Pod 3)

Justine's comments echo a number of interviewees' perspectives: individual situations did not change suddenly but rather over time and with effort, on their own and their family's part, things began to improve. Justine's comments also reflect the agency of young people in the process. She is not passive in the change process she is describing. Rather, like many other young people in the study (Pods: 1,3,6,8,9,10), Justine sees herself, alongside family members, as being an equally important contributor to the change process. This, in turn, appears to give her a sense of validity and self-respect. Evidence from this study suggests that FGC process may assist the improved recognition of children as well as adult family members, and that acts of recognition, which occur in relational spaces facilitated by FGC affect change for those involved.

5.6 Misrecognition:

The experience of FGC is not always easy for either the family members or professionals involved in them. Communication between family members and professional decision-makers may sometimes create conflict. Family members may become upset when they do not feel heard or that their concerns are not recognised. Professionals may have paternalistic perceptions of the capability of family members to make and take ownership of decisions. On the other hand shared decision-making may not be appropriate in all child welfare situations. Enriching the social work paradigm with client involvement in decision-making through empowerment and recognition is a major challenge in child welfare. Tensions in child welfare practice

are prevalent throughout the research. Barriers including attitudes of social work professionals, skills and the time constraints will be explored in the next chapter.

The majority of young people and adult family members who participated in this research believed their involvement in FGC assisted their family or at worst ‘did no harm’; however, not all individuals enjoyed the process or found it helpful (Pods: 1,4,5,6,7,9,10,11). To provide a critical lens on the FGC experience, the final section of this chapter will focus on Pod 4 where one of the primary family members (Glenda) did not feel listened to and claimed that the process did not assist her resolve issues she was experiencing. Of the thirty-two family members interviewed in the study Glenda’s evidence should be considered an outlier in the data, as her evidence was more negative in content than other family members interviewed. As such, her evidence is not typical of the respondents but it does offer an important perspective on the experiences of service users within the FGC process. In discussing this case study, I will use recognition theory to explain some of the conclusions I purport. To begin, I will remind the reader of pod 4’s context.

Pod 4: Context

Glenda and Leanne are separated and have been for a number of years. They have a son (10 years) who was born while they were together. After the separation Callum resided with his biological mother, Glenda. He had regular contact with Leanne.

At the time of the referral to FGC in October 2012, Callum was in the care of his mother’s ex-partner Leanne, as a result of some difficulties in Glenda’s own life. Glenda had a recognised alcohol problem, which was impacting on her physical and mental health. Callum appears to have witnessed several incidents culminating in Callum phoning 999 when he witnessed his mother repeatedly hitting her head off the wall and floor. Callum began to describe other incidents where his mother was ‘not right’ and subsequently refused to return to her or have contact with her.

The purpose of the family meeting was to bring together the family to plan and make some decisions about the future care for Callum in the short to medium term and re-build his damaged relationship with Glenda, without having to apply for a legal order regarding accommodation. While other family members exist and are involved in the family, only Glenda, Leanne and Callum attended the meetings – along with the FGC coordinator, social worker and Glenda’s mental health worker.

As stated in the methodology section, it took approximately nine months for me to gain permission from Glenda to interview her and she only did so with her support worker present. Glenda was particularly critical of her experiences of FGC in stark contrast to Leanne, her ex-partner. Glenda had diagnosed mental health and alcohol issues at the time of the meetings and was receiving support from the NHS for her mental health difficulties. The following is a section of the interview with Glenda. The interview highlights her feelings of ‘worthlessness’ and ‘uselessness’ being reaffirmed within the meeting space. Glenda reflects on how she found it difficult to speak in the FGC meetings she was involved in:

I honestly don’t know, it was like I felt worthless, I felt useless (*voice cracking with emotion*) ehh... I was probably scared to even talk as well at times and it got worse as every meeting went on. It got harder for me as well.

She (*Leanne*) came back in at one point, there was nobody there and there was times when I stayed back behind because I had to cry and stuff and she leant over my shoulder and said ‘this is me getting you back for all the times you’ve no let me see him’ and then she just walked out... I didn’t really know how bad and how relapsed I was... ehh it made me worse.
(Glenda: mother P4, my italics)

Glenda’s evidence implies she did not feel safe to share her feelings and thoughts within the meeting. Glenda’s feelings of being unsafe in the meeting appear to have been enhanced by her experiences rather than reduced, suggesting a form of misrecognition. Glenda’s evidence indicates Leanne was able to denigrate and threaten Glenda within the relational space offered by the meeting, in a manner that still had impact some 18 months later. Glenda clearly described her experience of the relational space, facilitated by the FGC, as not feeling safe for her. In her later evidence Glenda suggested that, on reflection, her poor mental and physical health did impact on her capacity to negotiate what she needed from the meetings in regard to access to Callum, yet her evidence does not seem to indicate this was adequately recognised within the process. Glenda’s experiences of feeling ‘useless’ and ‘worthless’ support the contention that failures in recognition, or acts of misrecognition, can impact one’s self identity and inflict harm (Honneth, 1996;

Thompson, 2006; Houston, 2015) –see earlier discussion. Experiences of denegation, exclusion and limiting or ignoring Glenda’s contribution are forms of misrecognition resulting in a lack of confidence, self-respect and an impoverished sense of worth and dignity (Houston, 2015).

Document 31 (letter to Craig from Glenda), however, does highlight that Glenda did receive some assistance from her mental health worker to ensure her views were accurately expressed. Her mental health worker had helped her write a letter (doc 31) to Craig (FGC coordinator) as well as acting as ‘advocate’ within her meetings. In the letter, she points out her ‘feelings and views’ regarding her own and Callum’s situation were not fully understood by Craig within the meeting and she wished to clarify her position. In it Glenda states:

I accept that Callum can stay at Leanne’s house for a temporary period but I feel that the decision was taken out of my hands. This arrangement can only stay in place until I am well enough to resume full parental responsibility of Callum. I wish to have regular contact with Callum...I would like to have my initial contacts with Callum supervised – this contact should not be supervised by Leanne but I would be happy to be supervised by social work staff...(Doc 31)

Glenda’s letter, in contrast to earlier evidence describing her experience within the meeting, presents as a more confident woman, who is assertively repositioning herself as someone who loves and cares for her son and has something to contribute to his life while also recognising her own frailties at that moment in time. The significance of Glenda being more assertive might suggest she is experiencing a caring and respectful relationship with her mental health worker who is assisting her to express her feelings. Yet ultimately Glenda’s reflection on the FGC experience is one that is troubled. Glenda did not express a sense of appreciation and care from others when describing her experiences of the FGC process. Rather, Glenda’s evidence evoked a person who was vulnerable to being privately denigrated by Leanne. Glenda implied Leanne was using the meetings as an opportunity to ‘blame’ and focus on Glenda’s limitations and weaknesses, rather than on the needs of the child. As Glenda commented, she experienced becoming increasingly isolated rather than empowered. This experience affected her confidence to speak up about what she felt she needed from the meeting, despite getting some assistance from her mental health worker.

Glenda's experience of FGC did not promote social justice and autonomy, rather Glenda's sense of self-identity was impoverished because of the misrecognition she experienced. Perhaps an influencing factor in her evidence was that at the time of the interview (18 months after the FGC meetings) she had not had contact with her son for over a year despite her being sober for eight months. In part, I would suggest this may have been because she was unable to express her individual and particular needs and emotions in a manner in which she felt cared for, respected and where her strengths were acknowledged. Rather than reciprocity, Glenda's evidence suggests she did not feel heard; instead she was ignored and marginalised (misrecognised) within the process. Without recognition feelings of disrespect, shame, anger, frustration and injustice are experienced (Honneth, 2010; Honneth, 1996). Glenda's example from this study supports Thompson's (2006) contention that failures of recognition or acts of misrecognition by others can inflict harm and be a form of oppression, confining someone (in this case Glenda) into a diminished mode of being.

In contrast, Leanne's evidence suggests FGC gave her a sense of security where she did not previously have any in regard to her relationships with Callum, Glenda and the authorities:

It (FGC) was a good idea because ...my voice bein' heard for me and the security then to know where I stood for his benefit and security knowing that if that was the plan...it was something to work on and something to adhere to... I liked it but at the stage we were at then it wasn't really beneficial because Glenda was just wantin' to go on and do her own thing and she wasn't listening to what was going on, and so it just fizzled out. (Leanne: guardian pod 4)

The FGC gave Leanne the opportunity to be acknowledged by social work as a valid individual to be Callum's carer, and to allow social work to see Glenda's instability and commitment to Callum. Leanne blamed Glenda for the failure of the FGC process to resolve the issues they had together, accusing her of 'not listening and wanting to go and do her own things'. This, in the light of Glenda's evidence, would be a misrecognition of Glenda's motivations and issues suggesting that the stages of the FGC process had not successfully allowed individuals to safely express their opinions and be heard. Clearly there are different agendas from the various participants and Callum's evidence is not available as he decided not to be interviewed for the

research. My purpose is not to attempt to resolve this discussion but merely to highlight that working with individuals and their families who are experiencing complex and troubling situations is challenging and expectations to resolve issues based only on FGC processes may potentially be reductionist in nature.

My question in the light of this evidence is: what is a family group conference? There are standards established in Scotland to ensure the quality of the process (McKillop, 2016). It may be significant in pod 4 that no extended family members were involved in the FGC. Glenda, her ex-partner Leanne and their son Callum were the only family members present in the family meeting, while professionals involved included the FGC coordinator, social worker, and Glenda's mental health support worker, who according to the FGC coordinator also acted as Glenda's advocate. Glenda and Leanne suggested in their evidence that there were other members of each of their families who could have been invited. Given one of the principles of FGC is to 'widen the circle' of support around a family and the lack of extended family and friends within this example, it might be argued that, in this case, the principles of FGC were not adhered to and as such the process were not followed. Questions have been raised in literature about the extent to which the FGC process serves to 'empower certain more dominant and perhaps abusive members of family groups at the expense of those who are less powerful' (Lupton, 1998: 125). It has been argued that the power of certain individuals can be diminished by 'widening the circle' and drawing on the 'collective power' of the wider family network (Doolan, 2012; Doolan, 2010). The evidence presented in Pod 4 might suggest this widening the circle did not occur and consequently the preconditions for recognition were not established and that these factors may have had an impact on the effectiveness of the FGC.

5.7 Conclusion

This chapter has focused the research questions that queried: how and why respondent's considered FGC made a contribution to his/her longer-term outcomes? Family members considered the experience of listening and hearing each others' stories, sharing information and jointly making decisions within the FGC process assisted their family network to appreciate different perspectives, improve communication and find solutions together. Over time, new skills and confidence

emerged which sustained talking strategies and problem solving within families, supporting positive outcomes for children. Respondents in the study described how FGC contributed towards reduced family hostilities and strengthened child-parent, sibling and adult-to-adult relationships. Evidence suggested that the FGC may provide some families with an opportunity to experience a social work service where the dynamics of different family relationships are acknowledged, while at the same time, the work undertaken is child focused. When described together, the outcomes important to children and families reflect changed personal relationships, which might suggest respondents' interpretation regarding the contribution of FGC was in some way personally and collectively liberating.

Respondent's changed relationships were explored and better understood utilising the concept of recognition. Evidence suggests that FGC may assist to create the conditions within which children alongside adult family members can experience and impact the different forms of recognition. It was argued that the dialogical features of FGC, which support the three forms of recognition, have the capacity to defuse hostilities, not only for the duration of the meeting, but also in some cases in the longer-term. Thus the interlocking experiences of care, respect and acknowledgement of contribution are seen to assist children and adult family members build capacities and skills to take more control over their own lives and problem solve, making a direct link in practice with empowerment, as discussed in the last chapter. An increased belief in oneself as being valued and important, alongside learning new skills and capacity, appeared to support improved relationships between family members in the longer-term. It was noted that not all individuals found the FGC experience helpful or liberating and a blanket acceptance of FGC as a liberating process would be reductionist and naïve. An example of misrecognition within the FGC process was presented and highlighted the impact of failures of recognition.

This research suggests recognition or contra, misrecognition, when experienced because of the FGC process may make a significant contribution towards children, young people and adult family members' identities, control over their own lives and consequently their longer-term social relationships. The next chapter will explore evidence that suggests that FGC can contribute to child and adult family members and professionals reframing how they see each other and work together to achieve change.

Chapter 6 Partnership

6.1 Introduction

The previous two chapters explored FGC as an empowering and recognising experience for respondents. Evidence was presented that through the process children and adult family members were supported in the development of their skills and capacities, leading to an enhanced self-identity. These experiences assisted individuals to take an increased ownership and control over his/her own life as well as improving interpersonal relationships between family members. This chapter moves on to deliberate on the interconnected relationships between professionals and family members within the context of the FGC decision- making process and consequent impact on outcomes for children and families. The centrality of the social work /service user relationships and its impact on longer-term outcomes for service users became strongly evident in the data from this study. The data reflected complex, fluid and dynamic relationships between children, family members and professionals. The concept of ‘partnership’ is used to assist understand how the FGC process affects professionals and family members’ relationships and contributes toward outcomes for children and families. In doing so, this chapter will further explore: what contribution FGC makes to longer-term outcomes for looked after children and their families who have been involved in the process?

The chapter begins by discussing the concept of ‘partnership’ within child welfare. An exploration of service users’ and social workers’ attitudes towards each other is then made, drawing attention to the complex nature of the social workers’ role and interactions, and the practices experienced by child and adult service users. I argue that the descriptions service users and social workers use to explain the other positions each in particular ways, constructing a framework through which different parties view each other and interact, affecting how they work together. These lenses can give insight into service users’ perspectives of what they value (or not) of the FGC process and insight into social work practice. The final section of this chapter explores evidence that FGC may assist social workers and service users to work in partnership to improve outcomes. This research adds knowledge about how service users experience services and how practitioners can reflect upon their practice to ensure it is ethical and effective.

6.2 The concept of ‘partnership’

‘Partnership’ is a key concept in social work practice yet it has multiple meanings and interpretation. Taylor and Le Richie (2006) in a literature review found conceptual confusion about ‘partnership’ to be prevalent in theoretical and empirical literatures and argued the concept is ‘loosely defined and expressed through multiple terminologies’ (Taylor and Le Riche, 2006: 422). Scheyett and Diehl (2004) propose a single definition of partnership in social work practice:

‘Partnership’ is conceptualised as a collaborative process whereby the social worker and client work as equals, each with areas of strength and expertise, each with the ability to exercise autonomy and choice’. (Scheyett and Diehl, 2004: 436).

This definition assumes partners are equal, that they have an obligation and right to participate and presumably each partner may be affected equally by the benefits and challenges arising from the partnership (Dalrymple and Burke, 2008). In reality, this does not often happen. Partners may differ in their commitment from one context to another while their values, level of power and resources will also vary (Carnwell and Larson, 2005). Pinkerton (2001: 249) argues that the imbalance of power fixed within the British social and political structures, based on ‘inequalities of class, gender, age, race and the nature of the state’ makes it particularly difficult within the context of child welfare to establishing partnerships between those who provide child welfare support and those who receive it (see also Taylor and Le Riche, 2006; Dalrymple and Burke, 2008).

Partnership with service users and carers in social work practice is a policy requirement, and is also central is the anti-oppressive values and principles of social work (Dalrymple and Burke, 2008). Preston-Shoot (2014: 70) contends that service user involvement is ‘axiomatic to lawful decision-making - both in individual cases and when planning service provision’ and argues partnership working with children and adults in need or at risk is both legally and ethically valid. Partnership, he continues, makes service users’ ‘humanity visible’ as it offers a way of ensuring children and their families are at the heart of decision-making (p70). The Children (Scotland) Act 1995, and more latterly the Children and Young People (Scotland) Act 2014, emphasise the importance of children’s wishes and feelings and the central

place of parental responsibility in ensuring children's welfare and quality of life (Pinkerton, 2001; Scottish Government, 2016a). As stated within the literature review, guidance for child welfare policy and legislation assumes that the family is the natural environment for children's growth and wellbeing to thrive. As such, working in partnership with parents as well as children is important to be able to provide appropriate and proportionate support if required (Scottish Government, 2008). The push for 'partnership' has been in part grounded on the need to ease some of the inherent tensions within child welfare between the interests of the state and the family (Lupton and Nixon, 1999a). On the other hand, it has also been argued that the trend in social policy has been one where consumerism, consumer satisfaction and service efficiency are increasingly utilising the language of partnership (Pinkerton, 2001). The use of language in this manner, it is argued, reflects an increased acceptance of an individual's responsibility for his/her own circumstances, while at the same time increasing direct public involvement in the planning and delivery of services under the name of 'partnership' (Lister, 2005).

Authors have argued that the rhetoric of social work child welfare practice suggests a view that the relationship between social workers and families is a 'partnership' (Roose et al., 2013). Yet, despite legislative and policy frameworks for child welfare in Scotland which emphasise working together with services users, practitioners still find it difficult to work in partnership with children, young people and their parents and to build on family strengths (Valenti, 2016: 8). To begin, Pinkerton (2001:251) contends that the 'pursuit and management of power' is central to partnership relationships. Further, at the heart of partnership:

Lies a purposeful relationship in which two or more parties engage because they share a goal and recognise that it is only through pooling their resources and agreeing on how to work together that the goal is achieved (Pinkerton, 2001: 250).

The ambiguities of the social work role and the power dynamics associated with the professional activities of the social worker are particularly acute in child welfare practice, with questions of hierarchy, risk and control on one hand and those of helping, empowerment and caring on the other (Dalrymple and Burke, 2008). An intrinsic tension within children and families social work is that of care and control. Social workers have to balance the need to work in partnership with families and, at

the same time, recognise the needs of the child to be protected. A constant difficulty of working in partnership lies in the difficulty of achieving agreement over what is considered the shared goal of the work and family members (Pinkerton, 2001).

Roose and colleagues (2013) suggest two different interpretations of ‘partnership’, drawing a distinction between ‘reductionist’ and ‘democratic’ partnerships with families, based on different conceptualisations of childhood, parenting and citizenship (Roose et al., 2013: 250). A ‘reductionist’ approach to partnership implies a conceptualisation of ‘the vulnerable poor child with parents who are not fully capable of raising their children’ (p451). This approach in social work risks reducing partnership to ‘governing families’ and to restraining partnership within the boundaries of the goals set by social work. ‘Reductionist partnership’, Roose and colleagues (2013) argue, starts from a conceptualisation of ‘good citizenship’, which is conceived as an achievement. Through this lens, the ultimate goal of ‘clients’ is to become good citizens who need to connect individually with social standards to serve social and economic expectations. Featherstone and colleagues (2014a: 5) contend that the result of social policies which support and focus upon child victim and rescue advances ‘muscular’ child protection practice, with ‘little space for compassion or understanding of their parents’. Thus, partnership with parents is framed around conditionality – parents need to behave and we will give you your rights, let you keep your children (Roose 2013: 451). Featherstone and colleagues (2014) argue all that matters is the child and parents need to ‘shape up or have their child shipped out’ (p90). The social work role within this frame overemphasises the parents’ responsibility in securing their children’s wellbeing as future social assets:

In the name of children’s welfare, problems of poverty and structural inequality are easily translated as a problem situated not with social policy and society, but within the family... The scope for social work then seems to lie in governing, managing and policing families and in protecting children as effectively as possible, and not fundamentally challenging society’s social order (Roose et al., 2013: 453).

This leads to a contradiction in social work practice as partnership is stressed within the values of anti-oppressive practice (Dalrymple and Burke, 2008) yet the interventions for family problems are often already defined and identified by the social worker (Beresford and Branfield, 2006b).

A 'democratic' form of partnership, on the other hand, conceptualises both the child and parent as capable actors, casting children as active, autonomous and competent individuals rather than passive objects and victims who are at risk and vulnerable. 'Citizenship' is conceptualised not as an idealised notion that is predefined but rather as something that emerges through participation and practice. Roose and colleagues (2013: 453) argue rights are not made conditional with reference to responsibilities and duties rather 'rights and responsibility are actualised through interaction, negotiation and consensus'. In this way, there is a shared responsibility between social work, children and parents to make sense of what is happening in a situation. Jointly searching for meaning and solutions, social workers (as well as family members) can use their power to contribute towards 'the identification and construction of problems' including those which are related to inequalities such as poverty and devise joint actions (Roose et al., 2013: 454). Thus, the focus moves from a process where family members have to participate because conditions are attached, to a learning process for social worker, parent and child alike embedded by dialogical and relational interactions and concerns (Dalrymple and Burke, 2008; Douglas, 2009; Roose et al., 2012; Featherstone et al., 2014a).

Several social work scholars conceptualise partnership through the notion of service users as citizens - involved in decision-making processes which affect their lives (Dalrymple and Burke, 2008; Douglas, 2009; Roose et al., 2013; Preston-Shoot, 2014). Partnership in this respect involves working towards a consensus about what is to be achieved and how it is to be achieved. This process may involve time and an acknowledgement of context and purpose between parties, as well as a commonality of goals or interest. There is also an element of choice implied by the notion, suggesting if one partner wants to change arrangements it is possible to do so, even if it is unwelcome (Dalrymple and Burke, 2008). This might suggest partnership creates a climate of 'inclusion and collaboration, which acknowledges everyone's contribution in the process' (Dalrymple and Burke 2008:131). Preston- Shoot (2014) conceptualises partnership within social work as relationship-based interactions, where through the act of listening, giving voice to and exploring options, the personal dimensions of the child's or family member's experiences are recognised. He suggests working in partnership turns knowledge of needs and risk into acknowledgement and, as such, the service user moves to the heart of decision-

making. Social workers require time to build trusting relationships, while honesty, respect and working with families are important tools through which partnership is achieved (Pinkerton, 2001; Featherstone et al., 2014a; Preston-Shoot, 2014). Working in partnership with service users is about social workers creating a climate of inclusion and collaboration, which as Dalrymple and Burke (2008) point out, acknowledges everyone's contribution to the process (p133). These elements of partnership might suggest a link between the concepts of empowerment and recognition, discussed in the previous chapters, and partnership. Indeed, Dalrymple and Burke (2008) explicitly contend that for social work to work in partnership with service users, the capacity of service users must be 'enhanced to consolidate and extend their ability to know themselves, make decisions and solve problems' (p134). This conceptualisation of partnership highlights an understanding of power imbalances between service users and social workers, where service users are included in a process which supports mutual understanding of a problem, and negotiation to find a possible solution. A challenge of partnership working for social workers is to ensure service users are engaged in the process and feel that their contribution is valued (Dalrymple and Burke, 2008: 135).

The complex relational attitudes and dynamics between social services, and young people and their families, became evident within this study. The next section begins by exploring how service users experience social work and how their attitude towards social work may impact on their relationship and interactions with social work professionals and their outcomes. I then move on to discuss professional social work perspectives of the families they are working with. The final sections of the chapter explore FGC's contribution to partnership working.

6.3 Service users' perspectives

Due to the criteria for involvement in this study, all families in the research have had social work involvement: that is, a child/children at risk of being accommodated at the time of referral to FGC. Many family members in the study highlighted they had a 'long' history of social work services' involvement; eight pods (pods: 1, 2, 4, 5, 8, 9, 10,11) commented on years of social work involvement and/or multi-generational involvement with 'the social'. In addition, to those with historical involvement in social work, five pods highlighted family members' previous care experience (pods:

2, 5, 8, 9, 11). These experiences appear to culminate in service users framing social work services in a manner that was reductionist in nature. For example, Lisa's (pod 9) comments below imply strong personal feelings and blame towards social work services due to her own care experiences:

My mum married a paedophile when I was 8 and my life went downhill from then and I ended up in care in a children's home. So I know very much about social work and how the system works. I know more so now, that it has not changed from what it was in the 1970s and not being protected. (Lisa: 'aunty' P9)

In the study children and adult family members often blamed social work services for their own life circumstances, expressing wariness towards social work professionals and a lack of confidence in social services generally. Frequently family members described often historically difficult relationship with social work services, one where they did not trust or expect to be cared for by social workers because they knew how 'the system works'. Lisa's evidence and others (pods: 2, 11) evoke a common belief that social work services may not look after and protect children appropriately, reflecting a level of distrust in the system itself and a belief that it is inadequate and will fail their family directly. Strong emotions toward social work services were common across the majority study participants (pods: 1,2,3 4,5,6,7,8,9,10,11). Featherstone and colleagues (2014) suggest there are very few studies of highly vulnerable families which capture the everyday challenges of daily hardships of being caught in poverty and living in resource poor communities or dealing with chaotic and difficult lives that involve support from social work services. Highlighting Morris's work (2012, unpublished), Featherstone and colleagues (2014) suggest families felt 'normal' life was unobtainable and further that 'the sense of unobtained ordinariness is further compounded by state intervention that explicitly seeks to manage risk rather than provide help' (p137). These families they describe as 'defeated' – defeated both by their needs and by the services that are meant to assist them (Featherstone et al., 2014a: 140).

A sense of the family perceiving social work as the enemy was confirmed by several social workers in the study, as suggested in Flora's evidence:

I realise having done my degree and being a family support worker before and becoming a social worker you are a totally different thing. You have suddenly grown horns... you are the social worker, maybe been at the other end of social work where children have come into social work because of neglect or abuse. So therefore the social worker becomes the enemy and is still seen as that by the time the teenagers are leaving care and that relationship with social workers has been so damaged in the past that it is quite difficult. (Flora: social worker, P8)

Flora's evidence suggests that the care and control tensions inherent in the social work role can often influence the social worker and service user's working relationship and the way in which each sees the other. Flora's comments suggest despite her wanting to offer support she (as the social worker) becomes the 'enemy' because the service user may think she is involved with the family primarily to remove the child. This evidence was seen across the pods, despite many family members saying their individual social workers had been at times helpful or supportive. These attitudes could be considered a significant barrier for social workers to engage effectively with service users and build a trusting relationship and working partnership with children and families.

The following sections will explore a number of themes identified in the study highlighting social work practice from service users' perspectives, including: lack of transparency in social work decision-making; lack of respect for family members by social work professionals; service users not being listened to by professionals; and the conceptualisation of service users who are children. These experiences, alongside feeling patronised and judged, are discussed below in relation to service users' attitudes toward social work, resulting in feelings of disempowerment and misrecognition, which impact on 'partnership' working between service users and professionals.

Lack of transparency in social work decision-making

A common theme that came from the evidence, both from adult family members (pods: 1, 2,3,4,5,6,7,8,9,10,11) and several of the young people interviewed (pods: 1,6,8,9,10), was social work professionals' lack of communication with family members about the nature of the decisions required to be taken which would affect

their life. For example, Jade's evidence describe her experiences of when members of her family (Zara and Skye) were accommodated:

See before Zara and Skye (*Jade's younger sisters*) went into care I didn't get told nothing. So I didn't get sat down and says 'Here is all your rights about this and what you can and can't do'. I didn't get told any of that. I just thought maybe things would be all right and things would be the same. Lack of communication you know the social work are not really saying anything to me... In reality I didn't now what decisions to make. (Jade: young person P9)

This evidence suggests Jade experienced a lack of transparency regarding decision-making and that this affected her understanding and expectations of the professional involvement in her and her sister's lives, directly impacting on her capacity and right to be involved in decision-making that affected her. Jade's evidence implies that if she had more understanding of her own rights and those of her sisters she would have been more informed and involved in decision-making, enabling her to work more effectively with social work. The feeling of powerlessness experienced by Jade resulting from her lack of knowledge regarding her own rights and social work actions repeats itself throughout the study (pods: 1, 2, 4, 5, 6, 7, 9, 10,11). This evidence suggests accurate information and transparency are important elements within empowering processes (see chapter 4) and partnership working. Clarity regarding why social work is required to intervene with a family, and in what way a child and/or family member can influence decision-making, was identified as important to support and enable children and family members to participate in decision-making as partners. These observations are not new in the discourse surrounding empowerment and partnership working as it is argued they are anti-oppressive in nature – seeking to give the service user the power and control to tackle oppression which is limiting or blocking their access to resources (Teater, 2010; Dalrymple and Burke, 2008). In this example, as in others within the study, service users described interactions with social work services, which they experienced as oppressive suggesting a reductionist form of partnership working (Roose et al., 2013).

Disrespect

A common theme within this study was a lack of trust in the social worker by children and adult family members, which appeared to be linked to the way that social workers

treated them and whether they felt respected or not. An example of this experience is highlighted by Blue's evidence below:

You get these folks who just sit there and stab you in the back and have conversations without you - even when it's about you. You don't know anything about it and you find out about it two or three days later. (Blue: sister P1)

Blue's evidence suggests she has felt betrayed ('stabbed in the back') by professionals. The betrayal she describes does not appear to be the sharing of information in and of itself: rather what appears significant to Blue is the sharing of information *without* being told that the professional was doing so. Her comments suggest a level of misrecognition in the form of disrespect from the professional towards Blue, as she has not been informed about what information is being shared about her and with whom. Indeed the sharing of information with other professionals may also infringe on her human right to privacy and confidentiality, as not all information about her needs to be shared all of the time. In this example, Blue does not appear to have been able to control what information or stories about her and her family were being shared and discussed. A lack of a partnership approach (where there is a joint decision to share information) in this instance affected Blue's feelings of alienation and mistrust, impacting on her willingness to engage professional help and her sense of power over her own situation. Given the discussion on recognition in the previous chapter it might also be argued lack of respect might affect Blue's sense of identity in particular her self-respect and confidence.

The theme of disrespect was common across the study (pods: 1, 2, 4, 5, 6, 7, 9, 10, 11) and suggests there is a common problem with trust and respect experienced by service users in their relationships with social workers. These strong emotional responses by service users, often due to feelings of misrecognition and disrespect by professionals, disempower service users and affect the effectiveness of partnership working and individual's capacity to make change. The theme of betrayal and untrustworthiness of professionals is common across pods. Daryl's (pod 2) evidence highlights feelings of frustration and anger towards social work because of how he perceives his social worker has behaved towards him and his family:

She was alright to start with but she became two faced, she would say one thing to us and then in the children's panel it

was the complete opposite...she blatantly lied in a report in front of like a panel like ... and I lost my rag I understand so I do, I shouldn't have lost my rag but it doesn't give social workers the right to make us out to be liars and blatantly lying in reports and in panels and stuff like that. Let's just say in my opinion it was sly and sleekit. 'Cause they said at 5pm that everything was fine and then turned up five hours later and removed the kids. (Daryl: father, P2)

A level of tension between the needs of the family and the duty of the state is highlighted in the evidence above. This is a father's perspective of how he was mistreated and 'lied to' before his children were removed from him and his wife, Moyra's care. This experience was emotional and difficult for respondents - when discussing this in the interview Moyra and Daryl were both emotionally raw and visibly upset when speaking about their experiences. Both Daryl and Moyra acknowledged in their interview that there were issues of neglect at the time, that meant they needed support to improve their parenting and home life for their children. Yet one of their main concerns was the manner in which this intervention occurred: it felt disrespectful to the service users - where the social worker would "talk down to me like a piece of shit on your shoe" - and was certainly not achieved with a partnership approach. My point here is not to question the assessment and decision of social work to intervene in this family's life to safeguard the children but rather to highlight, from the service users' perspectives, an issue of how communication and other processes were dealt with by the social worker and other professionals, which meant the carers felt tricked and lied to.

Social workers are expected to carry out their duty to ensure the safety of the child/ren while also taking steps to offer welfare support to families by working in partnership with them. In this example, the service users' perspective strongly suggests this second support role and partnership were not successfully achieved. Daryl experienced his social worker as being 'sly and sleekit' in her approach to his family. The consequence of these interventions was that Daryl felt he was being lied to and lied about, which resulted in his feeling incorrectly judged (misrecognised) by his social worker, who can make decisions about his children. This evidence suggests the exercise of power by his social worker positioned Daryl in a manner that affected his capacity to act in an empowered manner to influence and take control of his and his family's life together. Consequently, he felt he needed to fight social work's

assessment and decisions rather than work in partnership with social work services to improve the circumstances of their children's lives. This study supports other empirical evidence suggesting that those who need services will often have experienced situations where trust has been profoundly betrayed and how a service is delivered really matters in terms of whether service users continue to access it (Featherstone et al., 2014a). In order for risk to be assessed accurately and change to occur, the service user needs to tell the truth. While this is not always possible as Featherstone and colleagues (2014) point out, it is even less likely to occur if 'social workers are not able to build up relationships that are compassionate and truthful in return' (p92).

Not being listened to

Throughout the research both children and adult family members expressed their frustration and anger at their not being listened to and their situations not being adequately understood by professionals involved with them. Barriers to partnerships working in this study were, in part, due to family members feeling patronised and judged by their social worker; this appeared to be linked to their sense of not being heard or understood effectively. Below Jade describes her feelings of being listened to but not heard:

Sometimes people listen but they don't actually hear you. They say 'yeah, yeah that is your problem' but we are not really going to go hear you through that, do you know what I mean? So it's like they are listening but they are not really hearing what you are saying. (Jade: young person, P9)

Jade's evidence suggests she had an understanding of kindness on the part of professionals – 'sometimes they listen' - but her experience is that she is ultimately not heard or recognised within the relationship. Jade explored this further in her interview, proposing that not being heard had affected her capacity to work with social work services to get the support she felt she needed for herself - not just what her social worker felt she needed. As Jade's perspective is not effectively heard within the relationship, she struggles to influence the situation she finds herself in and ultimately is unable, from her perspective, to be involved effectively in making decisions or finding solutions for herself and her family. The impact of these experiences was disempowering for Jade. She considered 'not being listened to' had

had a detrimental impact on what she and her family had been able to achieve (or not) in the longer-term.

The centrality of these experiences with social work resonated across the dataset, where service users repeatedly commented how they did not feel heard and how social workers tended to dominate discussions with family members, pushing forward social worker's own agendas and strategies regarding a family's situation, suggesting a reductionist form of partnership working. Shane, for example, talks of the practice of 'butting in' is commonplace and should be expected from social workers:

Well the thing with social workers is that you find that when you are talking they tend to butt in. (Shane: father P1)

Evidence from service users within the data suggested interactions with social workers were often fraught and tense, in part because service users did not feel heard and as such they felt their situation was misunderstood, belittled and/or ignored (misrecognised). Often this situation led to social workers driving forward an agenda that did not suit the service user, as in Viv's case (pod 6):

And he came and he said you are just doing the morning routine wrong and that is why you are getting injured...cause I am not stupid and I do know the difference between naughtiness and behavioural problems.... I have kind of lost faith in that department now because I kind of think they thought sending me on that parenting course was going to help but what I was saying to them is that I am physically drained, mentally exhausted and they were adding things to my timetable.... (Viv: mother, P6)

Viv's evidence suggests she was required to undertake activities, which did not in her opinion address the problems that she faced. Viv's experience highlights, in her opinion, a lack of real understanding by her social worker regarding her situation, so much so that the support she was offered added stress to her already stressful life rather than helping her. Viv's evidence highlights tensions with service users' interactions with social work suggesting the social worker actively positioned her as a 'bad' or 'incapable' parent and, as such, she was at fault for her and her family's situation, highlighting a reductionist form of partnership working. Here the social worker takes up the position as 'expert', one whose role is to correct deviant behaviour as an agent of the state - 'whose knowledge derives from law, psychology,

and sociology' (Keddell, 2014: 74; Rodger, 1991). Where a worker takes up this positioning, Kendall contends, the power is concentrated in the hands of the professional and the kinds of issues and knowledge deemed salient will be determined by the worker rather than the 'common sense' solutions offered by the service user. This results in a paternalistic dynamic and reductionist perspective between the social worker and service user. The social worker's actions in positioning themselves as expert appeared to aggravate tensions rather than support the service user to address the issues and problems she was experiencing.

'Because I'm a kid'

While young people's opinions about how adults conceptualised them was not specifically a goal of the research, it became apparent from the data that many younger respondents considered that their interactions with adult professionals (particularly social work) were affected by those adults' attitude to them being '*a kid*' (pod 1,3,6,9,10) and impacted on their capacity to be partners in the decision-making. It is acknowledged that the number of young people interviewed in the study is small (n=10); however, young people's attitudes can be helpful to explore because they can provide indicative findings of a particular group of respondents in the research. In the first example, Jade expresses her frustration at being treated like a 'kid':

Yeah, because I am a kid they say 'Oh she doesn't know, she doesn't understand', which I think is really unfair. (Jade: young person, P9)

Jade (pod 9) evidence expresses her dissatisfied position regarding her interactions with adults. She suggests the adult social worker did not listen to or believe her capable of understanding what was occurring in her life and consequently did not value her opinion. The undertones of her comments suggest she feels she is being patronised by adults and she should have had more say in decisions affecting her.

Children's experiences of adults' dismissive attitudes towards them were common across the data set. Sylvie (pod 10) talks in her interview about how she perceived social workers saw her:

I think they just thought I was a crazy wee child. (Sylvie: young person, P10)

This evidence suggests Sylvie's experience of how others conceptualised her is diminishing, as both 'crazy' and a 'wee child' are used in a derogative way to describe her. As such, Sylvie recognises that social work (and potentially other adults in her life) ignored or overlooked her views rather than understood and acknowledged her life experiences as important. The statement hints at an underlying cultural assumption that 'wee kids' are all potentially the same, an homogenous group potentially unanchored in networks and community. Sylvie experienced feeling misrecognised, judged and potentially belittled by the interactions with her social worker and other adults evoking a superficial understanding of her situation and attachments. This example describes a reductionist form of partnership where a lack of engagement in children's identities means practice is unlikely to gain 'truthful' accounts from children about what is happening to them, potentially impacting on their safety (Featherstone et al., 2014b). Respondents' evidence across the pods shows this is a common experience.

Evidence describing young people's experiences of adults' attitudes towards them suggests these interactions were often changeable and impacted on young people's access to support and resources. Ashley (pod 6) describes her experiences of changing her social worker below:

I got a new social worker, it was just completely back to the whole social work thing - the social work: child kind of relationship... She just got the wrong idea about me and my family and I was like I don't want her to be my social worker' (Ashley, young person, P6)

Ashley's comment suggests her interactions with different social workers were inconsistent: as individual professionals changed so too did professionals' attitudes towards her and her family. How she perceived herself to be treated and respected (i.e. social worker's attitude towards her) impacted on Ashley's engagement with social work services and potentially her access to help and additional resources. Here she describes a positive, relationship-based engagement by social workers that opened up opportunities for herself and her family.

She was like, didn't act like a social worker, all proper and judgey. She was properly like a friend to me when I was out with her. I understood she was a social worker and she was kind of like had social work boundaries but she was amazing.

She was so kind; she was just there and really supportive to the family (Ashley: young person, P5)

The social worker Ashley describes engaged with her in a manner that Ashley found helpful, supportive and caring, in contrast to her evidence earlier. 'Being there' suggests Ashley felt listened to and that her concerns and difficulties were acknowledged without her feeling judged –elements of a democratic form of partnership (Roose et al., 2013). The contrast between the two statements Ashley makes about social work suggests that social workers' approaches and attitudes to her and her family may have a significant impact on how effectively young people and their families, who are in need of support, engage with services.

Friendship seems to be valued by Ashley as a quality in her social worker – this is not overly surprising given the difficult experiences she and her family were experiencing. Yet Ashley's evidence is that the social worker is 'like' a friend suggesting she is not quite a friend - Ashley acknowledged 'she understood' the professional relationship she has with her social worker. What appears important to Ashley, as the service user is: the informality of the relationships; the genuine regard and care the social worker offered Ashley and her family at a time when things were difficult; and time – being present with the family. These qualities of friendship provided the family with a level of recognition: care and support, respect in the relationship and acknowledgement of Ashley's strengths and contributions which she may not previously have experienced. This recognition appeared to strengthen rather than hinder the capacity of the child and family to work together with social work assisting a democratic form of partnership to emerge. Featherstone and colleagues (2014:11-12) argue that social work with children and families needs to recognise the importance of 'democratic and humane practice which takes account of varying perspectives, acknowledges different viewpoints and makes careful judgements about them'. They argue to do this there is a need to 'reanimate' children and parents as people and this requires a different conceptualisation of practice supporting different forms of partnership between the child, adult family members and professionals. This evidence gives substance to Preston-Shoot's (2014:70) claim that partnership working with children and adults who are in need and at risk is a way of making their humanity visible.

Evidence from this study supports the contention that social work and service user interactions inherently focus on the manner in which continuous negotiations takes place, that is who they are and what might be possible for them, including what resources they may or may not be able to access. Zara describes her experiences negotiating with social work:

The social work try and dictate your life because they are adults and we don't have a say in it... Kids don't have much say in what they can do these days in social work, unless you are going to go and you know, be like: I don't like this and you're going to have to change it; or I am going to be bad; or I am going to act out; or something like that. But really, if you want something done you have to make it clear that you want it done. (Zara: young person, P9)

Zara's comment on 'the social work' determining her life reveal an intuitive knowledge about how power operates for her, particularly as a looked after and accommodated young person. Looked after and accommodated young people who are often socially marginalised, excluded and face adversity have restricted opportunities to develop skills and exercise agency – where 'exercising agency' means a 'capacity to undertake preferred action' (Munford and Sanders, 2015: 1569). Zara understands she has little power because social work 'dictates her life' (as social work has a legal duty of care) but she also suggests her options for exercising agency are limited. Zara's evidence highlights her need to deal and negotiate (work in partnership) with social work and how this impacts on her identity as a 'good' or 'bad' child. She appears to suggest that to access resources, from a system that she believes often disregards what she needs because she is 'a kid', she will be required to exercise her agency in particular ways. She expresses her choices as confrontational or combative rather than collaborative. These options show a level of inequality in the relationship and interactions with her social worker. Research suggests that where young people have been engaged constructively in social work, this also supports their capacity to engage effectively in wider issues (Munford and Sanders, 2015): developing confidence and feelings of self-worth can enable them to deal with family and personal problems more constructively (Bell, 2011) as evidenced in chapters 4 and 5 on empowerment and recognition. What Zara is describing in her interactions with social work does not appear to be democratic partnership. Rather, social work are 'dictating' her agenda as she struggles to be heard and recognised and consequently is

experiencing a reductionist form of partnership, due (in part) to the conceptualisation of her by adult professionals.

Thomas (2002) highlights the inherent conflict often experienced in practice between a child's wishes and feelings and what adults may consider being in their 'best interests'. His research identified that these negotiations and resolution appeared to reflect at times the issues at stake, occasionally the assertiveness of children, but most of all the attitudes of adults involved. The comments from young people in this study support evidence that any work with looked after children and young people must start with acknowledging the power imbalance between adults and children (Thomas, 2002). Research indicates social workers can be the conduit for opening up resources and expanding horizons for those they are working with through working in partnership with children and young people (Juhila and Abrams, 2011). If children experience social workers as having a reductionist conceptualisation of their capacities, it can limit young people's engagement in processes and their ability to speak about their issues and problems. This, in turn, impacts on the social worker and adults gaining a more nuanced understanding of service users' lives and ultimately may impact on decisions being made about the protection of children and young people. Acknowledging the natural interconnectedness between adults and children lives and not seeing the relationships between adults and children as naturally and necessarily hierarchical appears important (Thomas, 2002). Those spaces and forums where children, adult family members and professionals can engage in dialogue and negotiation (partnership working) are key to safeguarding children's safety (Parton, 2006).

This section has sought to explore child and adult family members' perspectives on their interactions with social work professionals. The experiences of family members, alongside the inherent tensions of the social work role, can affect service users' emotional responses to social work services. These strong emotional responses by service users often due to feelings of misrecognition and disempowerment appear to influence how children and families see and work with social work and other professionals, creating a barrier for social workers to work in partnership with service users. The next section seeks to explore professionals' perspectives of those children and families using social work services.

6.4 Professional perspectives

Social work with children and families is a challenging occupation - difficult and demanding. As discussed earlier, a tension within child welfare social work is that of care and control. Social workers need to balance the requirement to work in partnership with the family with also recognising that the welfare needs of the child are paramount and at times these may be in conflict with the family (Hothersall, 2014; Parton, 2005). Where a child is required to be protected, the responsibilities of the social worker are clear: action needs to be taken to protect the child (control). Yet, as Horthersall (2014) points out, there will be other situations where working with a child may well be done in partnership with the family (care). At times however, the social worker may find there is a grey area of care and control where the social worker will be required to be flexible and use his/her own discretion regarding care and control, potentially creating tension within the working relationships between social worker and family member.

Much has been discussed in social work literature regarding the increased pressure on social workers' capacities to utilise their own professional judgements given increased managerial regimes, staff shortages and lack of resources at the practice level (Parton, 2005; Parton, 2009a; Parton, 2012a; Horthersall, 2014). As stated earlier, the policy, legislative and political context within which child welfare social work is undertaken is ever-changing and consequently the perceived reality of social work practice in the 21st century and the actual reality in practice may be vastly different (Horthersall, 2014). While policy stresses partnership and early intervention prevention work child welfare social work is often seen as requiring workers to be risk averse, typified by crisis intervention and response to child protection referral (Horthersall, 2014). Parton (2005:142) argues for an acknowledgement of 'contemporary complexities' of modern social work practice contending it requires uncertainty, ambiguity and complexity to be at the heart of practice, rather than 'defined out' in a climate that is 'obsessed with concerns about risk, its assessment, monitoring and management'. At the core of these concerns is the relationship between the users of social work services and social workers themselves. The skill of partnership working in child welfare should therefore not be under estimated, particularly in situations where there are unequal power relations (Dalrymple and Burke, 2008). This section explores evidence within this study on how professionals

framed and positioned services users in relation to themselves, and how this may impact on working with families. Issues of time, professional expertise and coarsening of relationships are examined.

There is no time to give people

Those social workers that were interviewed (pods: 1,2, 3,5,8,9,10,11) spoke of the pressures of the job and role affecting their capacity to work with families. Social workers' evidence confirmed the impact of: continued restructuring of staff teams, reduction of community resources, increased caseloads, increased report writing and bureaucratisation on their daily work patterns and the quality of their work relationships and interactions with service users. Lorri's evidence suggests these pressures take time away from her ability to work with and support service users:

There is not time to give people the time. There is not time, certainly not in children and families' social work. If you could find that time ... it probably would make a really big difference but I think people get bogged down in reports and assessments and crisis situations. (Lorri: Social worker, P1)

The pressure on Lorri as a children and families social worker, to put report writing and assessment above giving time to clients and building relationships and providing support is evident in her statement. This positioning of the service user appears to be frustrating to her professionally yet she seems powerless to make changes to her practice and is resigned that bureaucratic priorities must take precedence over her relationship with those she is working with. Put another way, the monitoring and evaluative context reflected in the bureaucratic tasks required of Lorri (and others) overtakes the emotional content of practice and the significance of relationship with the service user (Harlow, 2003: 38), impacting on how partnerships developed between service users and social workers. The perceived reality and what actually occurs in practice may not be the same as suggested in policy and legislation, with little space for professionals to undertake 'preventative work or intervene early' before things reach a point of crisis (Hothersall, 2014: 41). Some of the impacts of time constraints are reflected in the section above where service users can feel disempowered by their relationships with social work, where they may not feel heard and their situations are not recognised, resulting in a reductionist form of partnership where agendas and strategies to deal with concerns are driven by social work

‘experts’. The relationship between family members and the social worker is in danger of being damaged due to the positioning of service users and the way in which social workers’ perspectives may be framed in part because of the time restraints to undertake the bureaucratic tasks of the job.

‘Us and them’

Many FGC coordinators (pods: 1, 2, 5, 6, 7, 8,11) commented that they observed the workload of social workers combined with the managerial and risk-averse culture of the work itself meant that social workers were not always looking for strengths in service users and their families. Sara (pod 6) for example reflects many of the comments made by co-ordinators in the study. Here she suggests, in her experience, social workers are increasingly looking for negative aspects in families to support defensible decision-making:

Actually forcing them because of caseloads, or because of deadlines, or because of KPIs to go looking for negatives, to go building up their case. I know sometimes where there are some situations that can’t be helped and children need protected but I think unfortunately if we take that stance with all families then we are not doing our job right (Sara Coordinator P6)

Sara’s evidence suggests that the quality of social work practice is being eroded because of the need to prove wrongdoing through surveillance and monitoring rather than recognising families’ strengths and offering support where possible. Parton (1997; 2006) argues that the requirement for professionals to follow more complex and organisational procedures becomes essential once risk is pervasive and the room for ‘professional manoeuvre and creativity becomes severely limited’ (p177). Sara suggests there are profound implications of this situation, one being the reframing of social work and child and adult family member relationships where wrongdoing and blame become everyday practice. Eight (n=8) out of the eleven FGC coordinators interviewed in the study reflected that social workers involved with families spoke negatively about the family and /or child they were working with. Hannah’s and Sara’s comments below reflect many co-ordinators’ observations that social workers commonly spoke negatively about families at the point of referral to the FGC service:

You know there’s always that bit were people are really negative about somebody and they want you to feel the same.

I felt she was judgemental and I don't think she put any effort into building a positive relationship with the family (Hannah: FGC coordinator P7)

When I met with the social worker her initial feelings about Viv was that she was an 'apathetic parent', she described her as a woman who had all the services under the sun thrown at her and that nothing improved despite social work efforts.... I came away from the meeting with a very, very negative view of the family and with a sense that there was nothing that could be done. Frank was pretty much certain to be going back into care. (Sara: FGC coordinator P5)

Clapton and colleagues (2013: 805) describe the current culture of social work in Scotland as 'fortress social work' and comment that, alongside this fatigue, hopelessness and extremely low practitioner morale have all been noted among child protection workers and have had a 'coarsening affect' on social workers' attitudes to service users. Evidence from this study support this contention, suggesting that the social worker may not always be 'on the side' of families with whom she/he is involved rather an 'us and them' attitude between social workers and service users is quite common, as suggested in Jan's, Sara's and Hannah's statements. The evidence presented from some social workers, service users and coordinators show that many social workers' attitude towards family members can be quite negative and pessimistic. These attitudes imply the use of a deficit approach and do not assist the social work role to work in partnership. By positioning the child and or family members as failing and incapable of making change happen, they (family members) are, by implication, individually guilty for their difficulties. The result of a deficit approach to child welfare practice is that social workers fall into reductionist attitudes toward service users and the causes of their difficulties, potentially impacting on their relationships with service users – a form of reductionist partnership.

Social worker as expert

It has been argued that the children and families social work systems across the UK have increasingly been characterised in terms of the need to identify children at 'high risk' within contexts where bureaucratised procedures and guidelines have increased, and where work has been informed by 'a narrow emphasis on legalism and the need for professionals to identify forensic evidence' in child protection (Parton, 2006: 26; Parton, 2012b; Parton, 2014; Rogowski, 2013). Ensuing practices have focused on the

‘expert’ social worker identifying inadequacies of parents/carers amounting to ‘blaming the victim’ rather than looking at wider societal factors underlying problems (Rogowski, 2013; Featherstone et al., 2014a). Of the eight social workers (n=8) interviewed for this study Jan’s evidence (social worker P5), discussed in detail below, should be considered an outlier within the data set as her evidence appeared to be more negative in content than other social workers interviewed. As such, her evidence is not typical of other respondents but it does offer an important perspective on social work and service user interaction and is an example of social worker positioning herself as ‘expert’ while conceptualising the service user as: a saboteur; ‘challenging’ in her attitude; and attention seeking. The following extracts are from Jan’s (pod 5) interview:

I found it quite difficult to sit there and listen to all this duff and not challenge it. I think in retrospect and on reflection she just needed somebody to offload to but I felt as a qualified social worker I couldn’t sit there and just listen to that without trying to offer some kind of a strategy or way forward because I felt she was very stuck and just going over and over and over the same thing all the time.

She continued

She would also, in my opinion, sabotage any kind of structured work you would try and do with her ...I felt what she was doing was finding plausible excuses not to attend a piece of work that I certainly thought would help these children understand their story.

And

And what I felt was quite distasteful at times was that she wanted me to tell her that she was doing a good job because she was their saviour that she had taken in these children and I have to say I found it difficult to perform that role because I didn’t agree with it.

Finally

I was taken off the case because the relationship had broken down because I was a social worker who was challenging that and having to listen to what a child was saying and that was not what Joanne wanted. What she wanted was for her to sit

and listen to all her moans and groans and for me to say yes
Joanne, no Joanne, three bags full Joanne.

In the evidence presented, Jan positions herself as an expert because she is a 'qualified social worker' and as such she considers a core role of her profession is to identify and implement strategies for change, in this case at the expense of spending time listening to the family. A difficult dynamic is created as she suggests a piece of work, which she thinks - in her expert opinion - benefits the family and Joanne does not engage in it. Joanne appears to become the problem to progressing change and is blamed for 'sabotaging' Jan's work and Jan's plan for the family. What appears to be missing are: Joanne's input into these strategies (working in partnership with Joanne); and a broader framing of Joanne's economic and emotional circumstances as a kinship carer for three children.

Jan's positioning of Joanne as 'attention seeking' and a 'saboteur' appears to come from Jan thinking what Joanne has to say is 'duff' - suggesting Jan's assessment of Joanne's opinions about her situation was nonsense or inaccurate, and required challenging and should not be considered as important in assessment and decision-making processes. Jan is using a reductionist form of partnership where the service user is to blame for the situation she finds herself in. Jan has little respect for Jan's opinions or sympathy for her situation. She also is negative about Joanne's capacity to change. The attitudes held by the worker towards the service user create a framework that the worker is using to position both the service user and Jan herself. That is, by positioning the service user as not capable, challenging and unengaged, the worker is able to blame the service user for failures occurring not only in her life course but in the working relationship, locating the social worker on morally high ground. How the service user is conceptualised by the professional has implications for whether a person (in this case, Joanne) or a group (Joanne's extended family) are located as: trustworthy or not; or to be believed or not; or to be helped or not. The consequence of a reductionist form of partnership appears to affect the family's capacity to negotiate goals and access support and resources to improve outcomes.

Furthermore, both parties experience the impact of this positioning and, as such, the interdependence of the working relationship is highlighted. For example, if the social worker (Jan) exerts control and authority without due concern for the parent /carer

(Joanne) then the service user (Joanne) experiences being judged by someone in authority - potentially undermining her confidence and capacity to act (see also section on Misrecognition in Chapter 5 and 6.3 in this chapter). In this situation, what seems evident is that any capacity to work together is being undermined because of the mutual feelings of distrust and anger. It could be argued that Joanne's experience could be considered a form of misrecognition and disempowerment resulting in a reductionist form of partnership. The implications for how a professional positions an individual and/or a family ultimately impacts on whether the service user feels colonised by the professional. These would seem to be important ethical moments in a worker's relationship with the service user.

Gatekeeping FGC

Social workers who actively engage in FGC considered the process added value to their work in several ways: social workers saw new capacity, strengths and wisdom in the families who became involved; their relationship with service users was often improved; social workers were able to observe family members supporting each other often resulting in a reassessment of risk and potentially a reduced need for social work involvement. It appears that these contributing factors, offered by the FGC process, can support partnership working with service users. Yet FGC is still a marginalised practice in Scotland and social workers' gatekeeping role to refer families to FGC was highlighted in the evidence. An example of social workers' capacity to gate-keep is highlighted in Margot's (social worker P2) evidence: here she reflects on why she thinks social workers might not refer service users to a FGC service:

Maybe social work just don't want to hand over that control because you are in a way giving control away ... or maybe people think you are setting them up to fail because you send them off to make these plans and then the plans get chucked out at the Children's Hearing and further demoralise them.
(Margot: social worker P2)

Margot's evidence highlights several relational issues between service users and social workers. To begin, her comments reflect the powerful position the social worker holds in controlling decision-making for the family and this highlights the challenge social workers have to share power with families whose children have been assessed to be 'at risk'. This evidence implies changing that control is professionally

challenging for individual social workers and would require reflection and action on the part of the professional to modify the situation. Secondly, suggesting service users do not have the capacity to create an effective plan and as such need protection from their evident failure indicates a paternalistic and deficit conceptualisation of service users by social workers. If the social worker perceives service users as vulnerable and in need of care and protection, instead of a valued and active citizen capable of making change and taking charge of his/her own life, service users' will continue to be disempowered in their relations with social work services (Douglas, 2009). Finally, the overarching authority of the state - represented in this example by Children's Hearing System (and social worker, as a representative of the state) - to reject, 'chuck out', and override decision-making made by the family highlights not only the unequal balance of power between 'partners' but also the culture (and capacity) of the state to overrule decisions without negotiation. This experience has the capacity to dehumanise the service user within the statutory processes they are required to be involved with (Douglas, 2009; Preston-Shoot, 2014). As Douglas (2009) points out, the constraints of being able to undertake democratic partnership and utilise empowerment approaches relate directly with the social workers role to manage risk and resources (Douglas, 2009: 60). Margot's evidence confirms these attitudes can hinder service users' access to FGC as a decision-making process, reflecting the current positioning of service users and social workers within the social work system.

Tensions experienced within the relational dynamics highlighted and discussed in the last two sections might be considered as unintentional side effects of professional helping due in part to a reductionist form of partnership working. What happens in practice is that different parties create different lenses through which people both view and live out their lives. These lenses of the world are often based on an individual's situation, role and responsibilities. A challenge for social workers, highlighted in the data, is to utilise approaches that reduce these unintended side effects of professional helping as considered above. FGC might offer an approach, which enables opportunities to reframe narratives and supports families and professionals to work together to find solutions to improve outcomes for children. The next section discusses how respondents thought FGC contributed towards improved working relationships and ultimately improved outcomes for children and their families.

6.5 Partnership

In the last section, the different perspectives of services users and professionals towards each other and how this impacted on partnership working were explored. It was proposed these attitudes create a lens through which respondents position the other and viewed themselves often in a reductionist manner, affecting the working relationships between social worker and family members. In this section, I argue FGC is a process that can assist the repositioning of those attitudes by creating a managed interface within which each can work together in a manner that has a more balanced input from professional and family members. Social work can offer support without colonising the family and where the extended family is enabled to take forward their own agenda and plan which will be endorsed, if the care and protection needs of their child are met. In doing so the FGC process can contribute towards improved decision-making based on democratic partnership and improve outcomes for looked after children and their families.

An awareness and acknowledgement of the power balance between the family and social work professionals can assist the reframing of attitudes, as Fran suggests:

It's a shift in power isn't it? And people actually believing the family have the skills, the knowledge and the expertise to make a plan that is just as likely to be successful as theirs, or more successful and just giving away to that power imbalance. It is a challenge. (Fran: FGC Coordinator, P11)

Fran's evidence shows that the FGC process affords participants an opportunity to communicate and act differently with each other and, as such, alter the frameworks through which they view the other. This reframing can be seen to affect the balance of power between the state and the family and, in some cases, affect the manner in which different parties work together, having implications for longer-term outcomes for children and families (see chapter 7). Fran's comments suggest that this experience is not always comfortable or easy as those involved begin to behave differently. There is a level of trust required between participants. What assisted both family members and social work professionals to sustain these changes is the managed interface that FGC process provides for them to see and operate in different ways. Within this environment, social work can see that families are capable of making change and can contribute more effectively to safeguarding the child while some family members

appear to be able to recognise and act on concerns being raised by social work in part because they feel an increased level of support, respect and acknowledgement about their life situations. The next section will explore how FGC might provide those involved in it with opportunities to reframe how they view each other and work in partnership. The section begins by discussing how the conceptualisation of ‘family’ within the FGC process might offer social work professionals an opportunity to see beyond the normative family unit by acknowledging the importance of relationships and solidarities. A broader discussing of the FGC processes creating opportunities to open up dialogue between professionals and family members is then explored. Finally, the chapter concludes with a discussion of the empowering and recognising capacities of FGC which add value to, rather than diminish, social work practice with families, ultimately contributing towards longer-term outcomes for children and families involved.

The concept of family and FGC

Child welfare policy and practice often sits within the dominant paradigm of the traditional family (Featherstone et al., 2014a). Child welfare professionals in this study often understood very well that the families they worked with came in a diversity of forms in which the conventional nuclear family hardly featured, but many made assumptions and descriptions of families which lay within ‘the conventional paradigm of the nuclear family: biologically connected, living together and occupying distinctly demarcated roles’ (Saltiel, 2013: 15), as exemplified in Hilary’s evidence below:

Lisa seems to be the most important adult figure in their life, more important than Jane and Anne and even Aden I would say, because she knew uncle Graham. Graham and Lisa had a relationship maybe twenty years ago and they have stayed friends and that is really important to the girls, she seems to be a substitute mum if you can say that. (Hilary: social work assistant, P9).

In describing Lisa as a ‘substitute mum’, the childcare professional admittedly recognises Lisa’s complicated connection and attachment with the children yet legitimatises Lisa’s involvement with the family by comparing her with a traditional mother figure - an assumption that reduces the family networks to a traditional family construction. This, often subtle, reductionism can have limiting consequences when

supporting vulnerable families. An implication in practice of a narrow conceptualisation of family could result in social workers working with a family for years without knowing what family network exists. As suggested by Kathy (social work assistant pod 10) below, her lack of knowledge may be a combination of factors: the core family members do not want to share information with social workers; and/or professionals may not ask about extended family practices and/or support. These factors contribute towards Kathy's narrow and reductionist view of the family:

I had worked with them for a couple of years, colleagues had worked with them before - we knew that Carla had other family but she made out she had no contact with anybody. See when Gena (the FGC coordinator) actually went out to visit her - there was aunties; there was uncles; there was the granny and grandpa; there was family friend; there was actually a whole load of people there that would have invested in Sylvie... When all these people were interviewed they were all saying yeah, we would help with this help with that. (Kathy: social work support worker, P10)

Evidence from this study shows the FGC process, whilst working with family groupings, does appear to conceptualise families within a flexible framework, acknowledging the importance of relationships and solidarities. FGC can allow professionals to move from an idealised and limited comparison of families (focused on functioning) to a more nuanced understanding of the family –including for example: relationships, dynamics, strengths, and networks. In doing so members of the child's extended family network, who would not normally be involved in child welfare decisions, may be invited to be involved in the process. This additional contribution appears to add knowledge, support and resources, which might not previously have been available (see chapter 4 and 5).

Opening up dialogue

Many respondents (family members and professionals) in the study suggested experiencing the staged process of FGC assisted some family members (pods: 1,2,3,6,7,8,10) to reframe how they saw social work services - moving from the 'enemy' who would take their child away, towards being a resource, which could assist and provide support for its members. Gena (pod 4) summarises these comments below:

It has an impact on how the family feel, the social worker is much more open and accepting of them, they are able to communicate much more clearer, it breaks down barriers ...and some people haven't even spoken to social worker so in the family they have a lot of pictures about what the social worker wants and if it's not there it's fabricated or there is a break down in communication between say grannie, great grannie and aunty.... It breaks down a lot of built up illusions within a family about social work and what social workers do, especially if they are more heavily involved in social work. (Gena: FGC coordinator, P10)

This coordinator's comment reflects a consistent observation of the process across many pods within the study: involvement in the process appeared to allow both family members and social work professionals to reframe long held perceptions of the other. This reframing supported participants to work collaboratively; vocalise concerns; and make decisions to safeguard the child - contributing to longer-term outcomes for children and families. In other words, there are illusions and misrecognition on both sides (professionals and family members) and FGC appears to assist each to see the other more clearly, enabling a more effective engagement in partnership work to safeguard the child.

Margot (social worker pod 2) reflects on the FGC experience and its impact on herself and the family in question:

I think being given a chance to actually give their views made the difference. I think maybe beforehand they weren't being listened to and it didn't matter what they said they didn't really have any say in what was happening with their children. Yeah, I think my work with them and the FGC definitely gave them that feeling that they were being heard.... I think it opened up discussion and allowed them to take ownership of some of the concerns rather than being professionals' concerns. (Margot: Social worker, P2)

Margot acknowledges that her own practice as a social worker alongside the support offered by FGC process helped open up dialogue between family members and the social worker not previously experienced, contributing towards an improvement in the family's engagement in and ownership of the issues needing to be addressed. The interconnectedness of the dynamic is highlighted: having a social worker accept family members' expertise while, on the other hand, family members beginning to

own the concerns regarding their children's safety. Not only did these experiences provide new information regarding the situation but also they offered opportunities for individuals (family members and professionals) to act in different ways and to take ownership of issues requiring action. Thus the process appears to have assisted each to see the other in a more helpful and positive manner, providing an opportunity to work more effectively together within a democratic form of partnership, inside the confines of a managed child safety agenda.

Several respondents, both service users and professionals (pods 1, 2, 3, 4, 6, 8, 9, 10, 11), suggested that they felt the process offered services users an opportunity to be more open about the experiences they were having.

I think they feel comfortable to say what they really feel rather than what they think maybe I'd like to hear ' (Lorri, social worker P1)

This evidence suggests the family members responded well to being valued and treated with respect, supporting the co-construction of problems and a democratic form of partnership (Roose et al., 2013). This, and the comfortable environment within which the meetings were organised (see Chapter 4), assisted many family members to be open about their experiences rather than presenting information they thought the social work might want to hear. Integral to effective working relationships is the capacity of workers to think about the different accounts and facts being presented and to elicit truthful accounts (Featherstone et al., 2014a). Building good relationships between social work and service users, in a timely and stress-free manner, supports an effective assessment of risk (Parton, 2006). Several respondents exemplified by Daryl and Moyra's (pod 2) comments below, suggested that they were able to speak about things that they would not normally say with social work present.

Well basically you can say what you like and nothing could be said about it...We just talked amongst ourselves what needed to be done and what things were going wrong and stuff like that there and drew up a plan...in a way (*it was helpful*) because you could say stuff that you wouldn't necessarily want to say when a social worker was there ...it basically means that it is your own plan. It's not social work saying well I think you should be here and that should be there because it is like the social worker is not there when the plan is being made. (Daryl: parents P2 – my italics)

Daryl's evidence confirms what appears to be an increased level of agency to find the solutions to his own issues, rather than acting only in a way that he thought, or guessed, social work professionals might want him to behave. The process supports family members to have more control over the decision-making process (see chapter 4) and that the information being utilised to make decisions is closer to the 'truth' for family members. Consequently the decisions being made may be more effective in safeguarding the children in the family (Featherstone et al., 2014a). The evidence presented suggests recognition by family members of the power and influence a social worker's mere presence may have on family members, monitoring what they say publicly because they are potentially fearful of the ramifications. The impact social work involvement may have on family members being honest with each other (and social services) about issues within the family and the quality and nature of the solutions being developed in a plan when the social worker is present will impact on the form of partnership working developed. Information and who controls it seems crucial here. As stated earlier, one of the challenges for social work within the FGC process is to believe families have the strength and resources to safeguard the child within the preoccupation of concerns regarding risk and anticipating the future in the present. What is important in practice for Daryl is for social workers to take a step back from controlling the situation and allowing him and his family to have more say in decisions.

The strength of the model does appear to support effective working partnerships between service users and professionals, where new and important information is shared differently and solutions to address concerns for child safety are co-constructed (Roose et al., 2013). In those examples within the study where family members reframed how they saw social workers, family members' confidence in the service to provide support also appeared to increase. Of note in the study were pods 1, 2, 3, 7, 8, and 10 where respondents suggested FGC was a contributing factor towards improved working relationships with social workers. The strength of the model appears to be that FGC attempts to create a different relationship between children and adult family members and professionals based on increased dialogue and collaboration – democratic partnership. It might be argued that this does not always create an equal partnership, particularly within the complex arena of child welfare and protection. Yet, what it can do is reposition family members as experts in their own

life experiences, building confidence and capacity to participate in decision-making while also respecting their right to be involved in decision-making.

Setting the agenda

Many family members, social workers and coordinators within the study also spoke about the difference the meeting had from other social work meetings where the family were able to set the agenda for the meetings and that this was an important contributing factor to the family feeling more in control of their situation and ultimately their seeing themselves in a more balanced situation with professionals (see chapter 4 for discussion on agenda setting in the meetings). In her evidence below, Margot explores how the meeting was different to other social work meetings:

It definitely involved the family more umm and it was less stuffy I suppose, more informal, more directed from them with me just giving a little bit of input rather than sometimes you know professional dominates the whole agenda. Whereas it was their meeting... Yeah, I think that made them feel that they were more in control or empowered if you want to use that word. I think they felt they had more control over their own lives and over their meeting and I think the fact that the plans they made went with my reports to the children's hearing and they knew that was what was happening and that was ok, helped them feel like they were getting their point across and saying that they wanted to say. (Margot: social worker P2)

Margot suggests the FGC meeting is different from social work meetings on a number of levels. Of particular note was the increased control over the agenda by the family, which appeared to affect both the capacity of family members to voice their concerns and reduce the domination of the agenda by social work. As Margot observed, this experience empowered the family to behave differently not only in the meetings but beyond the meeting, in their own lives (see chapter 4). The use of the family plan by social work professionals in other, more formal settings, was also considered valuable by family members in the study (pod 1, 2, 3, 4, 6, 7, 8, 9, 10,11). Over time, the FGC plan and process encouraged a more transparent and honest working relationship with the family, supporting the family to have views and decisions heard and acknowledged in a variety of formal settings. It could be argued these occurrences support the accountability of social work decision-making to the service user. Daryl, father pod 2, corroborates Margot's observations in his evidence, stating that the FGC

meetings supported him to have his say and be heard more effectively and that this directly impacted on the longer-term outcomes for his family i.e. the rehabilitation of his two children home and ultimately the removal of social work involvement with his family.

So pretty much from the meeting I have been able to sit down and talk and getting everything off my chest and go: look, this is the way it is. If that didn't happen then it would have been a hell of a different outcome. (Daryl, father pod 2)

Through the FGC process, Daryl has experienced a starkly different approach to raising concerns about his children than his earlier experiences, where social work had been 'sly and sleekit' (see Section 6.3 - Disrespect) and had not effectively worked in partnership with him. Here he describes the capacity he has in the situation, he is not powerless, frustrated and angry as in his previous evidence. His evidence suggests a more balanced and democratic partnership approach where he is able to speak his mind and be heard. Daryl is not only recognised (see chapter 5) but also more in control of his behaviour and engaged in the decision-making process.

Research into child protection practice has noted that the quality of the relationship between the child's family and the professional is an important condition for success in child protection, connecting 'partnership working with good outcomes' for children and families (Thorburn et al., 1995; Nixon, 2000). In Daryl and Margot's evidence, what seems important was that Daryl (and his family's) life experiences, hardships and opinions are heard and acknowledged by family members and professionals, rather than being judged as evidence of failing. He and his family become a part of the solution to safeguard the children. For Daryl, this seemed to have been the contributing factor which made a significant difference to the longer-term outcomes for his family.

Increasing the influence of families does not necessarily mean the reduction of professional influence or the abrogation of their responsibilities.

We did monitor the home conditions and the supervision of the children for quite a while after the children were returned home. But after you've watched the children for so long you see that they are not going to slip into the ways they had before. They genuinely seemed to have learnt from the whole process that way. (Margot: social worker P2).

Margot's evidence supports the contention that strengthening the role of families to safeguard the child does not erode the responsibilities of the social worker and other professionals. Margot suggests the family have an improved understanding and capacity to safeguard their children and are happy to do this in partnership with other professionals. Her observations of Daryl and Moyra's increased ownership of concern for their children are a direct result from their involvement in FGC. Involving the family in decision-making draws on different but complementary knowledge and experience on both sides of the partnership, (Lupton and Nixon, 1999a: 89) resulting in the children being safer. It appears process as well as outcomes matter (Frost et al., 2014b).

Seeing the strength in families

Several respondents support the contention that FGC improves partnership working between service users and professionals, offering new ways of seeing the strength in families and reframing their relationships. For example, several social workers in the study spoke of their surprise at the capacity of 'their' family to create a plan. They suggested there was more information about the family and improved communication with family members resulting in improved assessment of risk. More accurate assessment, engagement by family and focused work on the needs of children and their family potentially results in better outcomes. Christine's (P11) and Hilary's (P9) evidence implies that as professionals they both had initially underestimated family strengths:

They came up with lots of good stuff. They surprised me so they did. We kind of put a chart up and we spoke about the family, we spoke about the problems all this kind of stuff and aye they were really good at identifying what could be changed I thought they were quite insightful. I don't know why I found that quite surprising but I did. I wasn't expecting them to be able to do that and I was quite impressed the way they did it. (Christine: social worker, P11)

They were probably more wise than we knew and thought (Hilary: social work assistant, P9)

Utilising a strengths perspective when working with service users shifts professional focus away from service users' problems, labels and deficits towards interactions and interventions which focus on their strengths (Kondrat, 2011). In this manner,

strengths can be seen to involve the individual's capacity to cope with difficulties, bounce back from trauma, use external challenges as stimulus for growth and use social supports as a source of resilience (Greene et al., 2005). Frost and colleagues (2014a: 483) point out that strengths-based perspectives contend that social work practice has progressively focused heavily on service users' deficits and labelling people with their problems 'serving to devalue the service user and consequently demoralise the social worker' (discussed earlier in the chapter). I argue this impacts on the form of partnership experienced.

The FGC model offers social workers opportunities to reframe their perspectives by seeing family strengths and capacities not previously observed, supporting a democratic form of partnership. As Hilary's and Christine's evidence suggest, social workers are able to reframe their previous social construction of family members as they observe them within the process both identifying the issues of concern and solutions to address those issues. There is surprise expressed by Christine in her recognition of the family's capacity to express their experiences and find solutions. The social worker appears to be able to recognise more accurately the service users' experience and encourage them to draw on their own strengths rather than define the family by their problems. This, I would suggest, is a powerful ethical moment for the social worker as she reflects on her own praxis and the deficit model she has used to construct the frame through which she has previously assessed the family. In short, engagement in the process has assisted her to reconstruct the capacities of the family to make change and enabled the social worker to work in partnership with the family. These experiences can affect the relationship between the social worker and the service user, as Lorri's (pod 1) evidence contends:

I think it probably improved our relationship because I already got to put my views across as well, so as an observer I could say 'Well Grace, I think this might be the issues here' or 'Shannon that is fair enough but this is happened'I don't know how they felt about that but I certainly feel it helped, and helped me to see that actually there is work that can be done here (Lorri: Social worker pod 1)

Lorri's evidence shows she utilised the FGC process to assist her to converse with family members differently. Changing to being an 'observer' implies Lorri was positioned differently within the meetings and, as such, both she and family members

saw her role differently. Being an observer also suggests Lorri was not in control of the meeting, implying the focus of the meetings shifted from the professionals' agenda to the family's. Consequently her dialogue with the family members changed and became, she felt, more effective because the family were able to hear her professional observations and challenges (of them) less critically. This appeared to enable Lorri to reframe how she saw the family, assisting her believe them to have the strength and capacity to make changes - something she perhaps had doubted previously. Lorri's evidence confirms the proposition that the FGC enhanced the working relationship, and as such the form of partnership being used, between the family and social work services. The FGC process assisted both the family members and the professionals involved with the family to reframe how they saw each other and, as a result, to act differently towards each other. Without the reframing of how each party saw each other it could be suggested that the status quo might have continued - having significant implications for the personal outcomes achieved by the family. Offering social work service users the opportunity to inhabit a position that understands and believes in them being capable of change is also likely to win their investment (Keddell, 2014). FGC appears to be underpinned by knowledge of power differences within the professionals and family systems offering a managed interface through which these, often disparate, groupings can work more effectively together, supporting a democratic form of partnership (Roose et al., 2013).

Role of the coordinator to assist democratic partnership

All the coordinators who gave evidence in the study commented that not having a statutory social work role with the family allowed them to educate and support families to see the benefits of working more effectively with social work. Below Joyce describes her role with the family in pod 1:

This family had a lot of social work involvement over the years and it became like second nature to them ...I always encourage a family to look at it from both angles: so what did the family want? And what help and support did they need from professionals that was working with them?.... Social work werenae here to take your children away, rather they were here to help and support you but you have to work with them. And I think it was at that point their relationship changed ...I think it was a whole new concept for them, it was something that they never expected to be allowed to be a part of - the decision for Shannon. (Joyce: FGC coordinator pod 1)

The independence of the coordinator from case management responsibilities and service provision appears to be an important dimension of creating a successful balance between families and professionals as the process proceeds (see also chapter 4 and 5 for further implications of the coordinator's role). Joyce's evidence, like other coordinators (pod 2,3,4,5,6,7,8, 9,10 and 11) in the study, suggested her role was to support the repositioning of the family and the state within the welfare relationship. By assisting the family to identify what assistance they needed and preparing them to articulate this within their meetings, they became positioned as experts regarding their own situation within the process. Being given an appreciative position assisted family members to work *with* social services, in the best interests of their child/ren. Joyce suggests this was a new and potentially empowering experience for the family, as they had not previously had an opportunity to be involved in social work decision-making in the same way. The exemplar above highlights the significance of the coordinator's role in managing the interface between family members and professionals and supporting the development of a democratic working partnership between parties.

6.6 Conclusion

Based on principles of democratic partnership, empowerment and recognition, FGC can support the repositioning of interactions between social work and family members, having powerful implications for children and their families' outcomes. FGC attempts to create a relationship between professionals and family based on as far as possible, dialogue, consensus and cooperation - democratic partnership (Roose et al., 2013). Evidence from this study suggests that to enhance working partnerships, the child and adult family members need the space, time and support to engage in partnership working, while at the same time professionals need to step back from finding solutions and dominating the agenda. This interconnected activity seems self-evident yet I would argue is often overlooked when considering outcomes for children. A challenge for professionals and service users to work in partnership is recognising each other's strengths and trusting in their professional relationship to support change to occur. A strength of FGC is that it appears to provide a manageable process for this to occur - reframing social work and family perspectives – understanding their interdependence and enabling practitioners and family to collaborate and work together in the co-construction of problems and solutions

(Roose et al., 2013), and ultimately to improve outcomes for children and families. Evidence from this study suggests ‘authentic’ democratic partnership is not simple but requires consideration by both professionals and family members and a willingness to engage in the FGC process. The role of the FGC coordinator to assist facilitate these experiences within the process is acknowledged. The final chapter draws together the evidence relating to FGC contribution as a process and discusses implications for outcomes.

Chapter 7 Implications for Outcomes

7.1 Introduction

This study set out to investigate FGC's contribution to longer-term outcomes based on a methodology which encouraged children and their families, as well as professionals, to identify what was for them important within the process and how the experience may have contributed towards longer-term outcomes – where 'longer-term' means one year or more after the first FGC meeting. The conceptualisation of longer-term outcomes has been an iterative process, developed from what children and adult family members and professionals have thought were important rather than utilising a set of predefined outcomes and policy objectives identified by the government or service providers. Drawing from evidence presented in the previous three findings chapters, this chapter primarily focuses on the first research question: According to children, family members and key professionals: what are the outcomes FGC has contributed towards?

The first two findings chapters have argued that the experience of FGC can be empowering for family members (Chapter 4) and offers different forms of recognition (Chapter 5), which build skills, competence and affirm individuals' self-identities. Evidence suggested that the combination of both empowering and recognising factors contributed towards, in some cases, improved personal relationships in the longer-term. The third findings chapter (Chapter 6) explored existing reductionist attitudes between social work professionals and family members and how, through a managed interface, FGC offers an opportunity to reframe how family members and professionals see and interact with each other, supporting democratic forms of partnership working to find solutions together to safeguard children and improve outcomes.

Evidence from this study suggests that many family members encounter FGC as a continuous, often emotional experience that impacts on their capacities and identity. Professionals, on the other hand, utilise the process to provide a window through which to view the family dynamic and an opportunity to offer an opinion of the family's situation (Marsh and Walsh, 2007). I argue that outcomes experienced by

family members are different to those experienced by the professionals who are working with and supporting families involved in FGC. These differing experiences appear to affect respondents' conceptualisation of 'outcomes', suggesting both 'personal' and 'professional' outcomes result from respondents' involvement in FGC.

This chapter begins by briefly revisiting the concept of 'outcomes'. Four key strengths of the FGC experience are then explored by highlighting the interconnectivity of the key concepts of empowerment, recognition and partnership and their implication on outcomes. The in depth story of Pod 8 is continued as an exemplary case study for analysis. The final sections of the chapter begin to conceptualise outcomes important to children, adult family members and professionals involved in the FGC process through the construction of outcome frameworks, which reflect the complexity and interconnectedness of outcomes identified. The chapter concludes by presenting five longer-term organisational outcomes, which appear common across the pods under study. This study provides insights into those outcomes respondents believe have arisen from their involvement in FGC and, as such, this study attempts to understand the complexity of outcomes from multiple perspectives.

7.2 Conceptualising Outcomes

Working with children and families involved in child welfare services to create change is not straightforward, given the complexity of families and the potential number of interventions and services any one family and its members would access over a number of years. Outcomes are difficult to attribute to any one programme of activities. In the literature review, I argued the linearity of the logic outcome framework is problematic when measuring outcomes for complex situations because it suggests a simple and perhaps straightforward chain of events, which is not often the case. Issues of attribution, whether observable results are due to the programme of activities rather than any other, are difficult to ascertain. Contribution, through the assessment of how the programme is influencing observable outcomes, may be a more helpful way to conceptualise outcomes in child welfare (Mayne, 2008; Mayne, 2012b) or, in the case of this study, FGC.

The conceptualisation of outcomes in child welfare can be challenging for a number of reasons: for example, the often complex contexts within which it is practiced; the

inherently subjective nature of what an outcome is and when it occurs; and the different value placed on different outcomes by different individuals suggesting not all outcomes are equal. Nor can it be assumed that service users' views on their outcomes will correspond with those of organisations and professionals (Felton, 2005; Miller, 2011). In addition, longer-term outcomes are not often measured in child welfare, as there are often access, capacity and consent issues, which can make it difficult. Existing child welfare quality and performance systems tend to focus on shorter-term outcomes: for example, whether a plan is made; who attends the meeting; whether a child is accommodated etc. These are often quantitatively measured by professionals and have little scope to access and reflect service users' personal perspectives (Beresford, 2016).

There are challenges too regarding the identification of longer-term outcomes for FGC. As discussed earlier in this thesis, current child welfare policy in Scotland and the UK has increasingly focused on outcomes for the *individual* child (Featherstone et al., 2014a). This focus on individuality is also reflected in the SHANARRI indicators, My World Triangle and GIRFEC practice model. FGC is a process that aims to be 'family-minded', where the child is situated within an extended family network and it is that network that is motivated to act to safeguard the child. Consequently it might be assumed that longer-term outcomes for those involved with FGC impact on more than just the individual child who is the focus of the meeting. Given the multiple perspectives and experiences evidenced within this study, I would suggest the value of FGC has influence beyond the individual child. Outcomes for both child and adult members would therefore be important to capture in order to fully appreciate the impact and contribution of the FGC process. Given these multiple perspectives, contribution is additionally hard to capture. Merkel-Holguin (2003) argues that to predetermine the outcomes of FGC would appropriate power from families and relocate it within 'bureaucratic and professionally dominated and sophisticated child welfare systems' consequently usurping the democratic principles of FGC and the 'values of collaboration and partnership' (Merkel-Holguin, 2003: 167). There is a demand by politicians, policy makers and practitioners to understand the implications of utilising a decision-making process, which is suggested to be empowering and recognising to service users and supportive of developing democratic partnership between social work and family members.

Miller (2011: 3) suggests that particular services may narrowly emphasis particular ‘types of outcome’ (for example: the number of looked after children accommodated in kinship care), tending to separate process from outcome. She argues for consideration of different ‘categories of outcome’ as a more beneficial conceptualisation of outcome, as it challenges a reductionist approach to outcome measurement. For example, research has indicated that service users do not separate the process and how they engage with it from the outcomes they experience (Beresford and Branfield, 2006a), as such organisations only narrowly focusing on quantitative evaluation measures may not fully reflect outcomes experienced or achieved. Miller (2011: 2) recommends making a distinction between ‘personal’ outcomes, which are ‘defined by the individual’ and outcomes ‘pre-determined by the service on behalf of beneficiaries’ when conceptualising outcomes. These different categories of outcome in relation to FGC will be discussed later in this chapter. Before moving to conceptualising outcomes within the study, the strengths of the FGC process are discussed. Evidence from this study suggests the manner of engagement in the process, alongside how the service is delivered, are important to how the family feels empowered, recognised and willing to work in partnership with professionals to safeguard children. These experiences have implications for FGC’s contribution to outcomes. Four key strengths of the FGC experience are explored in the next section, the interconnectivity of the key concepts of empowerment, recognition and partnership and their implication on outcomes will be highlighted.

7.3 Strengths of the FGC experience

This study has highlighted many family members’ emotional experiences of FGC as empowering and recognising (in the form of care, respect and solidarity), aiding their motivation, knowledge, capacity, self-belief and competence to have more control over their lives. In many cases these experiences, in particular the talking strategies facilitated within the process, have aided family members to reframe how they see social workers involved with their family, supporting a willingness to work in partnership to safeguard children and improve outcomes. While, at the same time, social work professionals have been encouraged through their involvement in FGC to practice the core elements of empowerment, recognition and democratic partnership. This has supported some professionals to recognise (learn and work with) the strengths and knowledge inherent in families without abrogating their role and

responsibility to safeguard the child in focus. While the experiences for both professionals and service users are different, both groups are aided by what I have describe as relational spaces within the stages of the FGC process which are facilitated by the work of the coordinator. In addition, the four stages of FGC, and in particular, the preparation stage, were also highlighted in chapter 4 as significant contributing factors to outcomes for service users.

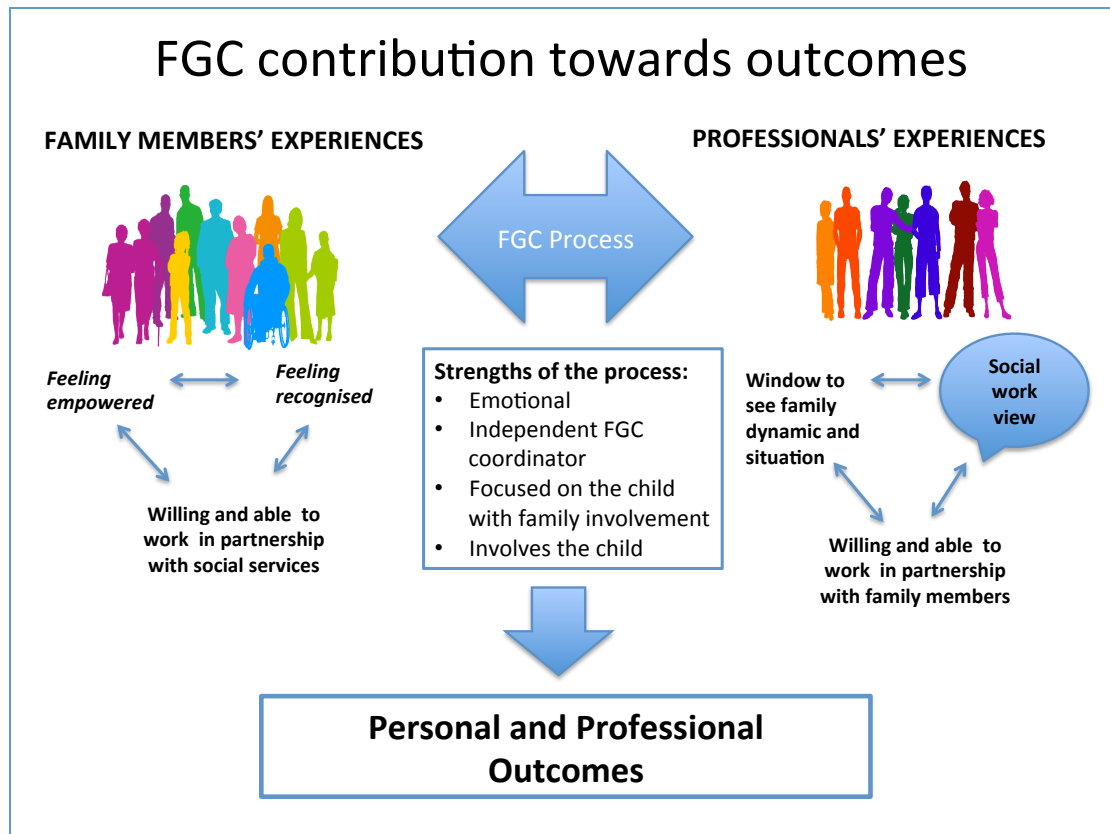
This study provides initial evidence of how FGC contributes towards longer-term outcomes for children and families, as suggested by Margot, in pod 2:

Well the children (*Tilly and Danny*) went home and there was improved communication within the family and with other professionals, and I think it improved their confidence as well and their parenting and there is no longer social work involvement.to go from children going for permanence to no social work involved is quite a turnaround (Margot social worker P2, my italics)

Key contributions of the FGC process, evidenced by the statements above and the previous findings chapters, include: improved capacity of family members to communicate and reflect on their situations; improved sense of control for family members over their own lives; improving personal relationships assisted by individual recognition in the form of care, respect and contribution of strengths; an improved working relationship between service users and social work in the form of democratic partnership, where power appears more balanced between the state and family, without the abrogation of professional child welfare responsibility.

The interactions and dynamic reflected in the evidence above contribute to how FGC can influence outcomes and these are illustrated in the figure below and will be explored in the sections following:

Figure 6: FGC contribution to outcomes



The experiences of FGC reflected upon by respondents in the study were not linear; rather the data suggests interactive, fluctuating, and dynamic experiences, which are embedded in social interactions. Evidence suggests the core elements within the concepts of empowerment, recognition and partnership influence relationships iteratively and, as such, individuals may move through elements repeatedly within the stages of the FGC process. All of these interactions take place in contexts where power is unequally distributed and where structures exist which ‘perpetuate the advantage of some over others’ (Cattaneo and Chapman, 2010: 647). It is the experience of balancing power within FGC which appears to resonate throughout the study and ultimately impacts on an individual’s capacity to have social influence. When this is not present, as exemplified in Pod 4 (see chapter 5), misrecognition, disempowerment and inequality can prevail.

Related to the discussion on empowerment, recognition and partnership in the previous chapters there are four overarching themes of the decision-making process, which warrant discussion in relation to FGC’s contribution to outcomes. They include: the emotion of the experience of the FGC process; the role of the FGC

coordinator; the involvement of children and young people; and the capacity of the process to focus on the child yet involve and recognise relational connections. What has resonated within this study is the quality of respondents' experiences while involved in the FGC process and these experiences' influence on how outcomes are identified and perceived.

Emotions

The emotion described by those involved in FGC suggests that the experience of empowering practice, the forms of recognition and partnership create powerful occurrences for service users and consequently important moments in practice for professionals. Evidence presented in the thesis suggested respondents linked their feelings about their situation with the process and changes that occurred in the longer-term. In short, respondents appeared to attribute retrospectively what they felt when involved with the FGC process to the outcomes experienced by family members. Examples of the emotionality of the experiences of FGC process were highlighted throughout the study and include (but not exclusively):

- feeling hopeful;
- feeling included;
- feeling angry;
- feeling valued;
- feeling supported;
- feeling heard;
- feeling recognised (their experiences being validated by others involved);
- feeling safe to speak;
- feeling valued;
- feeling pleased;
- feeling a sense of achievement;
- feeling frustrated;
- feeling ashamed;
- feeling and ownership and responsibility for concerns;
- feeling things are moving forward;
- feeling proud;
- feeling included;
- feeling in control of the situation

Further, the emotionality of the experience appears to be linked to some participants' self-identity, sense of control over their own lives, their personal relationships and ownership of concerns (for example: Glenda in P4, Jill in P8 - see also Chapters: 4, 5

and 6). Recognition, it has been argued, enhances the formation of self-identity and autonomy consequently supporting relations between some family members (see Chapter 5). Improved partnership working between service users and professionals during the stages of FGC were also associated with individual respondent's experiences of feeling valued and listened to, aiding improved decision-making and contributing to improved outcomes for children and families (see Chapter 6). These emotions are important for the service user within the FGC process and have consequences for their understanding of outcomes (see Chapters: 4, 5, 6).

Beyond those contributions to self-identity discussed above, several other implications of emotionality emerge and are discussed below. To begin, by acknowledging, valuing and respecting individual experiences as valid, the expression of service users' emotions appeared to have the effect of 'humanising' the service user in the eyes of the social worker. The expression of emotion and its recognition supports a countering of the 'othering' of the families with whom social workers work (Featherstone et al., 2014a). Too often, Featherstone and colleagues (2014:15) argue, social workers are too distant from being capable of both 'feeling the pain of the service user... and to think critically about the injustices that produce it'. Ruch (2005) contends the professional relationship between social worker and service user is the medium through which the practitioner can engage with the complexity of the internal and external worlds of the service user and intervene (Ruch, 2005: 113). Thus the core skill required by social work:

...is the capacity to relate to others and their problems. It is the foundation for successful outcomes of intervention but is a skill that is difficult to exercise effectively (O'Leary et al., 2012: 137).

Emotion when expressed without blame or judgement, as evidenced across many pods in this study, might suggest that the FGC process can create an opportunity to deepen relational approaches to child welfare. The dialogical experience and the consequent emotionality facilitated within the FGC process may be a way to assist relationship-based approaches to social work, where the unique circumstances of each service user is acknowledged. As Frost and colleagues (2015) point out, contemporary understanding of relationship-based practice takes account of power imbalances inherent in wider context of service users' lives and tries to seek to challenge them.

This starts at the personal level acknowledging the difference between the worker and the service user and supports an understanding of the assumptions underpinning the status of the other and how they might impact on the working relationship.

Further, the acknowledgement of the centrality of relationships in helping children and families can challenge a reductionist understanding of the human condition and its solutions (Frost et al., 2015). Child welfare children's services have been caught up in an ever-growing emphasis on technical and economic aspects of service provision (Davis and Smith, 2012; Moss and Petrie, 2005; Parton, 2005; Parton, 2009a; Parton, 2014):

The more atomising, controlling and delivery driven they (children's services) become, the more instrumental and technical their approach, the more dominant... the discourse of economism and performativity – the more we are drawn to ask whether they have lost all connection with ideas of ...being human (Moss and Petrie, 2005: 104).

Moss and Petrie (2005) point out that speaking emotionally about one's experiences - for example, one's desires, anxieties, joy, curiosity, care, love - expresses a different form of provision for children: one which suggests 'economics is the servant to a wider deepening of human flourishing' (p105). Featherstone and colleagues (2014) argue that over the past several decade cumbersome systems of 'command and control' have developed in child welfare services. They argue for freeing up resources within these systems to develop relationship-based resources. Davis and White (2012: 153) suggest that systems can either be discouraging and inhibiting or nurturing, stimulating and inspiring. This study would suggest the emotionality of the FGC experience assists service user respondents to engage with, and be supported by, the social work system with which they are involved.

Role of the coordinator

There is a large quantity of evidence regarding the role of the FGC coordinator in the process which is briefly discussed in the literature review, (Lupton, 1998; Lupton and Nixon, 1999b; Marsh, 2008; Marsh and Crow, 1998; Merkel-Holguin, 2003; Moore and McDonald, 2000; Murray et al., 2001; Ney et al., 2011; Maxwell and Pakura, 2010; Staub, 2012). Of note within the empirical evidence relevant to this study is that family members saw the difference between a social worker's role and the role of the

coordinator, particularly the coordinator's 'independence' from the social work role (Marsh, 2008; Marsh and Crow, 1998; Doolan, 2009).

Evidence suggests the coordinator assisted the family members to: understand the purpose of the meeting, express their views and concerns, and hear other people's perspectives. Evidence of the coordinator's role is exemplified in Pod 8 where Seb discusses his role in contrast to Dillon's social worker:

Dillon has had the same social worker for three or four years, Flora. I think Flora has always had Dillon's best interests at heart but I think Dillon might see her at times certainly as having an antagonistic relationship because he sees Flora as the person who has taken him away from home, telling him he can't do this and do that. So she is an authority figure who has real authority and can make decisions about him. I think it is useful to have somebody outwith that, who can be clear with them about what his rights are within that and explain what is happening and why it is happening, what different meetings are all that, having some kind of information. I just think being a bit freer to talk without feeling you are going to incriminate yourself or your words are going to be batted back. I don't think they mean to do that but it is a natural result of her role. (Seb: FGC coordinator P8)

The coordinator's role appears important to the facilitation of the process, which is aided by the coordinator striving not be drawn too much into the past either from the family or the professional point of view. The sensitivity of the coordinator's role to support the family and professionals to focus on the issues at hand – not the past - is evident. Evidence across all pods in the study suggested one of the roles of the coordinator was to acknowledge that the social work agenda might not be the same as the family's agenda. In addition, FGC coordinators within this study spoke of their need as professionals to consciously 'not find solutions' for the family, rather to 'take a step back' and allow the process to support the family to find solutions for itself. This focus appeared to assist the coordinator to be seen by the family members and other professionals as different and independent from social work services (Marsh and Crow, 1998).

The independent role of the coordinator, it is argued, is based on an inherent understanding of the imbalances of power between 'those with statutory powers of intervention and those subject to them' (Doolan, 2009: 1). As in Seb's comments

above, many FGC coordinators' evidence regarding their role to facilitate the conference appeared to recognise the power dynamic between family members and social work services. Social workers are charged with entering the worlds of families where often hostility, disrespect and longstanding histories of emotional and material deprivation have existed. They are often tasked with making decisions regarding a child and family that can have long-lasting consequences and be both painful and joyful (Featherstone et al., 2014a). The work can at times take place in a climate of defensiveness, which may take on different meanings from different vantage points, creating the possibility for misrecognition and hostility (see chapter 4, 5, and 6). Research evidence suggests service users often feel fearful and powerless in their interactions with social workers (Featherstone et al., 2014a). Service users can lack trust in professionals and state bodies and are consequently reticent to ask for assistance when they have difficulties (Parton, 2006). It is within a similar context that the referrals for FGC were made for all of the pods under study (see Appendix 1).

The independent nature of the coordinator appears to be of benefit to the social worker and family. Flora, like other social workers in the study, commented on the benefits of the coordinator's independence within this process:

So it is quite good for an independent person to go in so they (*family members*) can vent all their frustrations about how they are feeling about the service and move on. It is quite good to hear about what is good and what is frustrating, because they might not say to you what it is and you can maybe do something' (Flora: social worker P8, my parenthesis)

Flora acknowledges the family's potential frustration at their involvement with social work services. As such Flora is acknowledging an inherent tension and imbalance of power between family members and social work services experienced in each of the pods under study. The opportunity to talk to a worker independent from social work helps enable the family to speak about any tension without fear of blame. In addition, dialogue is opened up with the family in a manner that allows new information to be revealed, aiding the social work role to assess accurately the family's capacities and concerns. The coordinator's role appears to enable and facilitate dialogue between individuals in a way that adds value to the social work and service user relationship supporting a democratic form of partnership working.

Family comments appear to confirm professional observations of the process aiding working relations. Flora's observations suggest Dillon and his family might find it more acceptable to discuss things initially with the coordinator rather than with the social worker because the family may be suspicious of the social worker. Jill reflects on her son's relationship with Seb the FGC coordinator:

Seb was one of those people Dillon opened up to – so it enabled Dillon to open up and say things he would have kept to himself otherwise. (Jill: mother P8)

Jill's evidence supports the suggestion that there was an opportunity to speak with the coordinator in a manner that was different to social work. It would appear the coordinator's role assisted the young person to share information and be heard by both professionals and his family members. The coordinator's pivotal role within the process is to facilitate a rebalancing of power between the child, family members and social work to participate in decision-making, a role that appears to impact on longer-term outcomes for family members. As suggested in previous chapters, this enhanced relationship did not appear to abrogate the social worker's responsibility and authority yet assisted young people and families to be actively involved in decision-making. Evidence therefore suggests that the FGC process creates relational spaces between family members and family members and professionals, which are facilitated by an independent coordinator. These facilitated relational spaces support both professionals and family members to engage in the FGC decision-making process. The input of the coordinator in practice appears multi-faceted and is often dependent on the context and complexity of the family and professional practice of those working with the family.

The linearity of the logic framework for outcomes again can be seen to be problematic, as there is not a straightforward chain of events that provides an outcome. Rather there is an iterative process where the coordinator, professionals and family members interact with each other. These interactions impact on individuals within the process, affecting learning and personal outcomes experienced by family members and professionals. Of note in this study, is that while the location and employment of the coordinators differed between pods, the independence of the coordinator would seem to be primarily focused on their role and not on the location of employer. This evidence implies the coordinator's role promotes empowerment,

recognition and partnership in practice by emphasising the participation, improvement and self-determination of the child and family involved in the process (Thompson, 2007).

The involvement of children and young people in the meetings

The presence of the child or young person who is the focus of the meeting is typical practice within FGC. Often there are other children involved too: for example, siblings, cousins or friends. Children are generally part of the planning and preparation for the meeting as well being present at the meeting itself. Within this study, all pods had children and young people involved in the process. Child welfare policy, legislation and practice in recent years has emphasised the importance and acceptance that children and young people need to be involved in decisions which affect them (Bell, 2011; Bell and Wilson, 2006b). Research suggests children value involvement in decisions which concern them (Augsberger, 2013; Morris, 2011; Bell, 2011; Nixon, 2007; Holland and O'Neill, 2006; Bell and Wilson, 2006b). The involvement of children in decision-making has been seen as an important process outcome by family members and professionals, and results in better decision-making (McNeish and Newman, 2002). While policy may require the participation of children in decisions that affect them, the way it is implemented is key to effective practice. Within a social work context, there are added complications of how professionals might recognise and respect the child's agency when there is increased risk to the child's safety, and where the child's voice is likely to be muted (Wyness, 2015).

Lansdown (2006) points out the term 'participation' can cover a range of processes and activities so that participation can vary from simply being present (often in the case of very young children in FGC, as in pod 2) to a genuine transfer of power:

'Where initiatives emerge from the children's own expressed concerns and where children and young people are involved in their design, implementation and evaluation' (Lansdown, 2006: 145).

The transfer of power is not always straightforward in child welfare settings as there may be legitimate professional concerns regarding a child's participation, taking into account the child's age, capacity, safety and culture (Bell and Wilson, 2006a). Children are rarely in a position to determine what constitutes their own welfare and

are seldom consulted by adults in order to determine their views and understandings of what might be in their best interests or welfare (James and James, 2012).

In Dillon's case for example, a decision was eventually made by the family and social work that he should be accommodated, for his own and Jill's safety. One might argue that his participation in the meeting did not change the decision that social work eventually had to make. However, Dillon and other family members reflected that their involvement in the decisions made in the meetings assisted them to understand (and accept) the decisions being made. Once children and young people's views are expressed, it becomes clear that their concerns and priorities may differ from adults (both professionals and family members) and can reveal aspects of their lives which adults have little understanding or recognition. Jill's comments suggest this may have happened within the FGC process.

‘A lot came out that we hadn't realised about how difficult Dillon found certain things and we found out that he had quite a lack of confidence and that had sort of stopped him from saying a lot about how he was feeling’ (Jill Mother P8)

The importance of Dillon's (and other children and young people's) engagement in the FGC process is exemplified by Jill's observations, as new information is revealed to adults that was previously not available. Without active involvement in the process, Dillon's views would not have been heard and his feelings and concerns could only be assumed. Thus the assumptions which underpin an empowering and recognising model - people, including children, possess valuable knowledge about their own needs, values and goals and that recognition of an individual's experiences will aid their self-identity – appear to be an important strength of the FGC process. The FGC process can assist improved decision-making and thus, in the longer-term, contribute to better outcomes for looked after children and their families.

The use of advocates to assist individual family members to express their views is considered helpful but potentially underutilised within FGC practice. Dillon's and Jill's evidence imply that Dillon found it difficult at times to speak to adults suggested that there may be tensions regarding children and young people's involvement in decision-making forums - young people can struggle to reflect on and say what they feel is important within meetings particularly when there are powerful adults and

professionals present. Often an advocate (an adult present to offer support/help to individual participants) is used in FGCs to support children and young people express their views (Holland and O'Neill, 2006). Within this study, the use of advocates for children and young people was limited to only one pod – Dillon's P8. And for adults only one pod used an advocate (Pod 4). It is not clear within the data why advocates were not used more to support children, young people and adult family members to express their views. The lack of advocates might suggest that the actual practice of using advocates is less frequent than purported within FGC rhetoric. Children and young people's participation in FGC is limited to those spaces that are policed and regulated by adults and, as such, will be affected by adults' perception of children and young people's capabilities and competence (James et al., 1998; James and James, 2012). This might suggest advocacy may make an important contribution towards children's participation. The lack of advocacy for children (and adult family members) in the pods under study might suggest that participants did not want advocacy or, on the other hand, their involvement in the FGC process may not have been maximised, limiting the possibilities of the FGC process. Further study regarding advocacy in FGC services within Scotland would help ascertain what contribution advocacy may have towards outcomes.

Focused on the child yet involving and recognising relational identities

A strength of FGC process is that it supports interactions between both the child and professionals and the child and his/her family - acknowledging the complexity of an individual's relational experiences. This complex understanding of relationships supports a nuanced consideration of the power dynamics existing within families. Jill's evidence suggests her experience of FGC was that the process responded to the relational dynamics within her family, supporting an increased dialogue between the different family members whilst focusing on the child's needs. In doing so, Jill suggests that the longer-term, quality of life outcomes for Dillon and the family were strengthened because they had learnt to communicate more effectively:

It was about Dillon. It wasn't about me blaming Dillon's dad or Dillon's dad blaming me...It just gave everyone a chance to have their say, but in a controlled environment. When there are difficulties in a family, emotions are involved and things can get misconstrued or taken the wrong way and it just lets you air things out. It allows you to be more open rather than

your thoughts staying inside ... But because we all learnt to communicate better that is why things have moved forward and he is now back home - because we all learnt to communicate better.... It seemed to just show people that there were other ways to do things, it was not all about blame and conflict and who was right and who was wrong. (Jill: Dillon's mother P8)

A shift in child welfare focus from the family to the child, as discussed in the literature review, has resulted in the child being separated and individualised from the parents in legal and political terms. This 'individualisation' views the child as a more independent third party, generating a 'more complex tripartite or triangular relationship between the interests of the state, parents and children' (Wyness, 2015: 41; Thomas, 2002). In P8, Jill's explanation suggests that they were focusing on Dillon separately yet also hearing from other family members within an environment which is controlled or made safe by a third party. These developments, Wyness (2015) argues, have created a new position for children and young people within negotiations and discussions with their parents and professionals, giving them greater recognition and potentially generating more democratic - egalitarian relations between the generations. Adams (2008) argues that when carrying out empowering work (and, I would argue, recognising and partnership work) with children and families involved in social work services it is important not to deal with the individual child in isolation to parents, family and the community. As such goals, actions and ultimately outcomes will be relevant for those using social work services.

This section has reflected on the quality of respondents' experiences while involved in the FGC process. The emotionality of the experience, role of the co-ordinator, involvement of children and young people and the engagement of the extended family, while ultimately focusing on the safety of the child, have been seen to strengthen FGC as a relational child welfare decision-making process. As such, it has been argued the different ways of engaging of children and families in decision-making is important and will have implications for outcomes experienced. The next section begins to conceptualise FGC outcomes for children and family members and professionals, reflecting the complexity expressed by those involved in the process.

7.4 Reimagining Outcomes: Personal and Professional

As suggested in the literature review, a common distinction is made between ‘personal’ outcomes and ‘organisational’ outcomes. ‘Organisational’ or ‘professional’ outcomes are determined by professionals for the service user (Hill, 1999), whilst ‘personal’ outcomes are ‘determined by the aspirations, goals and priorities of the individual and can primarily be understood as what matters to the person’ (Cook and Miller, 2012: 8). As suggested earlier, there appears to be a reductionist approach to ‘outcomes’ in child welfare policy and practice, which does not fully reflect the inter-connectivity and complexity of outcomes found at play within this study. This thesis argues to reimagine how FGC outcomes are conceptualised: considering both personal and professional experiences in outcome contribution.

What outcomes are important to children and family?

This study found that ‘personal’ outcomes, those outcomes important to children and family members who had experienced FGC, fell into three categories: process; learning and/or change; and quality of life. These categories corresponded strongly with research on adult social care personal outcomes identified by Miller (2011) and Cook and Miller (2012). Each of the categories are explained below:

Personal ‘*process outcomes*’ are those outcomes that were credited by the service user to the FGC process and might, for example, include: feeling recognised within the process as an individual who has unique concerns (see for example: Viv P8); feeling safe to participate in the process (see for example: Kate P3); feeling listened to and respected (see for example: Daryl P2); understanding the perspectives of different people involved (see for example: Shane P1); feeling supported to express one’s feelings (see for example: Carla P10). As Cook and Miller (2012:11) point out: process outcomes relate to the experience that individuals have ‘seeking obtaining and using services and supports and can have significant influence on the extent to which other outcomes are achieved’.

The Personal ‘*learning and/or change*’ outcomes’ are those outcomes experienced by the individual through tackling barriers to his/her quality of life and might, for example, include the child, young person or adult family member recognising that his/her personal skills had improved. Evidence from P8, in Chapter 4, provides

examples of service users learning and change. For example, Jill and Dillon acknowledged their communication, planning, decision-making and listening skills improved over the time they were involved in FGC. Consequently they felt they were each a ‘better’ person and began to feel more confident to act and challenge each other safely. These experiences improved each individual’s sense of control over his/her own life and gave them both a sense of ownership and pride in actions achieved.

Finally, the Personal ‘*quality of life*’ outcomes suggested with in the study are those outcomes that have impact on the child or adult family member’s overall life situation. The service user for example, may: have an improved sense of feeling happy, safe and/or secure (see for example: Justine P3; and Shannon P1); have an improved relationships with people that are important to them (see for example Blue and Grace P1; and Jade, Zara and Skye P9); be able to ask for help when required (see for example: Carla P10); or be able to make decisions for themselves (see for example: Daryl P2; and Shannon P1).

The table below summarises personal outcomes important to children and family members reflected in the data from this study. Each column reflects one of the key categories of personal outcomes: Process, Learning and Change, and Quality of Life.

Table 9: Outcomes important to children and adult family members using FGC¹⁴

<h2>Personal Outcomes</h2>		
<p>Process Outcomes:</p> <ul style="list-style-type: none"> ➤ I feel recognised as an individual ➤ I am listened to and respected ➤ I have a say in decisions affecting me ➤ I am able to work with and trust professionals ➤ I understand the concerns being discussed ➤ I am informed ➤ I feel supported ➤ My friends and family are involved (if I choose) ➤ I feel safe to be involved ➤ I know my rights in this situation 	<p>Learning and Change Outcomes:</p> <ul style="list-style-type: none"> ➤ I have improved clarity regarding my situation ➤ My skills have improved ➤ My self-confidence, self-respect and/or self-esteem has improved ➤ My personal relationships have improved ➤ I am better able to work with professionals ➤ I feel I am a better person ➤ I feel things are moving forward ➤ I set goals and can reflect on them 	<p>Quality of life Outcomes:</p> <ul style="list-style-type: none"> ➤ I feel safe and secure ➤ I am settled where I live ➤ I have positive relationships with important people in my life ➤ I feel I have more control over my life ➤ I am able to make decisions that influence my life ➤ I see people and feel included ➤ I communicate well with people around me ➤ I no longer have social work involved in my life ➤ I am able to ask for help when I need it

This framework begins to identify the different and multiple outcomes experienced by children and their family members involved in FGC. The contributions of experiencing empowerment, recognition and democratic partnership are reflected throughout the framework suggesting a multi-layered and complex contribution of the FGC process towards outcomes. What appeared important within the data is the interconnectedness of the outcomes, each impacting the other in different ways depending on the individual circumstances of those involved. For example, the quality of the child's involvement in decisions affecting them might also impact on the child's confidence and self-esteem - their sense of control over their own life. This ultimately may affect the child's quality of life and their sense of making positive choices for themselves in the longer-term. I would like to say more about children's outcomes and whether their outcomes are different to adult family members'; however the data available in this study are limited. Further study to explore whether

¹⁴ This work is based on Cook and Miller 2012 Talking Points Outcome Framework

outcomes varied between children and adults, as well of different genders and parents/carers would be worthy.

Linking Personal Outcomes and the GIRFEC SHANNARI indicators

As stated the overarching child welfare policy in Scotland is *Getting it right for every child* where the indicators of success for children are reflected within eight key concepts: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. These eight indicators are identified as areas that children and young people need to progress and around which professionals can plan their work (Scottish Government, 2008; Scottish Government, 2013). The National Practice Model also aims to assist gather, assess and analyse information about the whole world of the child. As stated earlier in the thesis, I deliberately conceived this study to explore outcomes important to children and family members without presupposing what those outcomes were. This was done to try and understand what was important to those who have experienced the process. Although not a precise science, given the outcome frameworks now developed within the study, it is possible to make a link between the FGC outcome framework for children and family members and SHANNARI /My World Triangle in table below:

Table 10: Links between Person Outcomes and SHANARRI/ My World Triangle¹⁵

FGC Outcome Framework	SHANARRI Indicators
Quality of Life Outcomes	Wellbeing indicators to inform all services working with children
Feeling safe and secure	Safe
I am settled where I live	Nurtured
I have positive relationships with important people in my life	Healthy, Included, Respected
I am able to make decisions	Included, Responsible, Respected
I see people important to me	Included, Nurtured, Active
I set goals and can reflect on them	Included, Responsible
I communicate well with the people around me	Included, Respected
I no longer have social work involved in my life	All
I am able to ask for help when I need it	Included, Responsible, Respected
Change outcomes or improvements people experience through tackling barriers to quality of life	My world triangle: How I grow and develop; Physical, social, educational, emotional, spiritual and Psychological development
My skills have improved	Confidence in who I am; learning and achieving; learning to be responsible

¹⁵ Based on work originally developed by Cook and Miller 2012

My confidence and self-esteem have improved	Confidence in who I am; learning to be responsible
I feel I have more control over my life	Becoming independent and looking after myself; confidence in myself
My personal relationships have improved	Enjoying family and friends; being able to communicate; being healthy
I am better able to work with professionals	Being able to communicate; confidence in who I am
I feel I am a better person	Confidence in who I am
I feel things are moving forward	Learning to be responsible, learning and achieving
Process outcomes: the experience of the child and family using the service	What I need from people who look after me; my wider world
I have improved clarity regarding my situation	Knowing what is going to happen and when
I feel recognised as an individual	Understanding my family's history background and beliefs
I am listened to and respected	Being there for me; understanding my family's history background and beliefs
I have a say in decisions affecting me	Guidance supporting me to make the right choices; knowing what is going to happen and when
I am able to work with and trust professionals	Guidance supporting me to make the right choices; being there for me
I understand the concerns being discussed	Knowing what is going to happen and when; keeping me safe
I feel supported	Everyday care and help; support from family, friends and other people;
My friends and family can be involved if I want	Support from family, friends and other people; being there for me
I feel safe to be involved	Play encouragement and fun; knowing what is going to happen and when
I am informed	Knowing what is going to happen and when

This brief comparison of the outcomes identified in this study alongside those of GIRFEC's practice model, might suggest that FGC Personal Outcomes support the achievement of GIRFEC as the main foundation of work with children and their families in Scotland. At first glance the links between the GIRFEC practice model and the FGC Personal Outcomes framework (presented above) look congruent, however they require further testing. As stated earlier, the FGC Personal Outcomes have been developed using both adult and child respondents evidence and do not relate exclusively to the child who is the focus of the family plan. The GIRFEC framework, on the other hand, while considering family influence on the child (my world triangle), focuses on the child - separate to his/her family – and thus concentrates on an individual child's plan and outcomes. There are several questions which arise that are worthy of further study: Is the added value of the extended family involvement in FGC able to be captured when linking GIRFEC practice model with the FGC outcomes framework? Does linking FGC Personal Outcomes with the GIRFEC model provide a reductionist approach to outcome measurement? How can the categories of outcomes identified within this study (process, learning/change and quality of life) be utilised within the GIRFEC practice model and SHANNARI

indicators? Are the outcomes within the GIRFEC framework identified by the child or by the professional for the child? How can adult outcomes be identified and measured?

This section has summarised what outcomes are important to children and family members identified in this study. A table of Personal Outcomes reflecting the different and multiple outcomes experienced by children and their family members in FGC was presented. Finally, a link with FGC Personal Outcomes and GIRFEC SHANNARI indicators was made with gaps and conflicts briefly highlighted. The next section will consider those outcomes important to professionals who experienced the FGC process.

What outcomes are important to professionals?

As stated earlier, professionals' conceptualisation of outcomes within the study appeared to differ from those who used the service - this is not surprising given their professional roles and their organisational perspective of both the user of the service and the demands on them as professionals. Professionals in the study (for example FGC coordinators, social workers, health professionals, and teachers) tended to conceptualise outcomes in a manner that often reflected professional and /or organisational requirements and goals. As such Professional Outcomes have been categorised in the study as: Practice Outcomes (process; and change and learning outcomes) and Organisational Outcomes.

Practice outcomes are outcomes important to the professional, which appeared to be derived from practice experiences and revolve around the professional interactions with and observation of the service user. Within the data set, practice outcomes can be divided into two categories: Process outcomes, and change and learning outcomes.

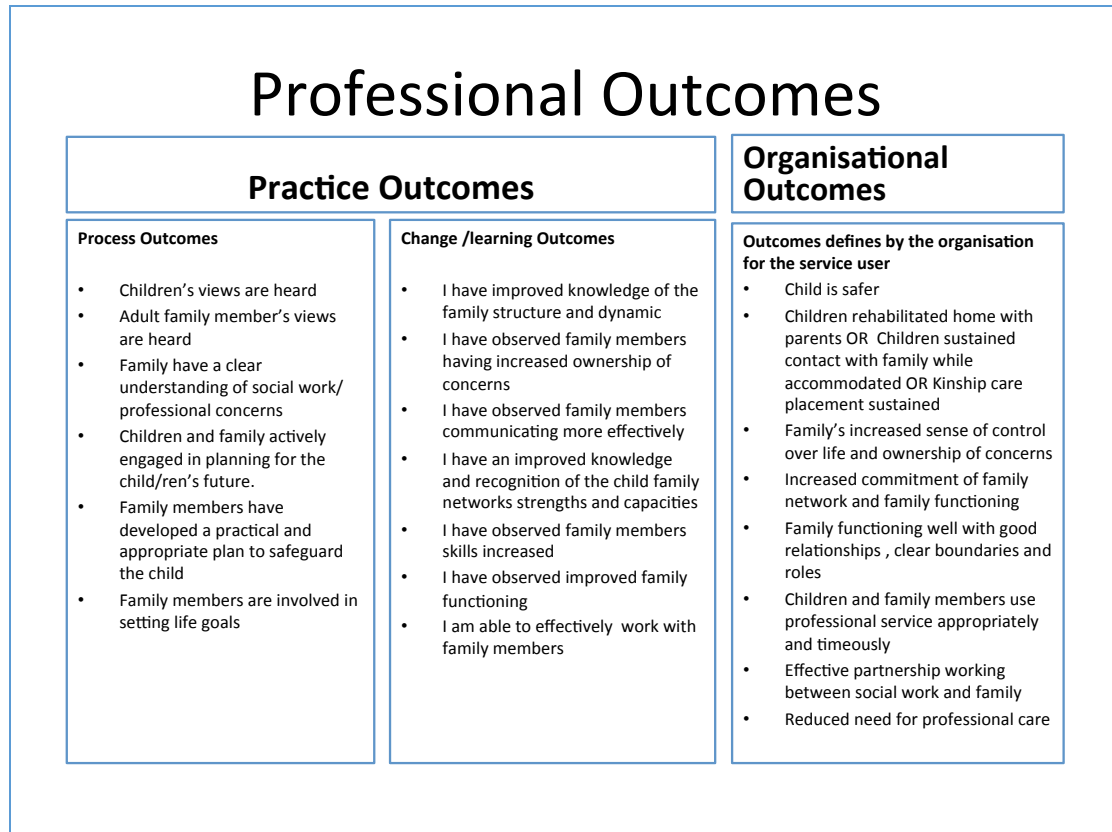
Process outcomes were classified similarly to those important to children and families who use FGC, but with a specific emphasis on the process of FGC assisting the professional to undertake their role to support the family. **Change and learning outcomes** are relevant both to the experience of the professional learning new information and /or their observing change in the service user. It would be my contention that these outcomes are important for the professional to gauge whether he/she is participating in democratic partnership with the service user. The professional could also use them to assist a reflection on ethical practice.

Examples of professional **process outcomes** included: the professional hearing the views of the child and family members in the meeting (all pods); the social worker observing an increased involvement of the family in decision-making (pods: 1,2,3,6,7,8,9,10,11); professionals observing the creation of a practical and appropriate plan to safeguard the child (all pods); professionals observing the family to have a clear understanding of social work/professional concerns (pods: 1,2,3,4,7,8,9,10,11).

Example of practice **change and learning outcomes** include: professional has an improved knowledge of the family dynamic and family structure (pods: 1,2,3,4,6,7,8,9,10,11); the professional observed improved family functioning (see for example: Lorna pod 1; Diane pod 3); the social worker has an improved knowledge of the family skills and capacity for assessment purposes (see for example: Margot pod 2; Kathy pod 10; and Christine pod 11); the family plan being used in other, more formal social work decision-making meetings (see for example: Lorri pod 1; Margot pod 2; and Flora pod 8);

Organisational outcomes: are outcomes that relate specifically to the objectives and/or purpose of the work being undertaken with the service user. They are those deemed important by the professionals and the organisations within which they may work, they primarily reflect individual wellbeing, family functionality, and child safety and accommodation outcomes. For example: whether a child was accommodated (all pods); a reduced social work involvement with the family (see for example: Margot P2; Flora P8; Kathy P10); increased ownership of concerns by the family (see for example: Margot P2; Lorri P1; Flora P8); improved engagement in social work services (see for example: Christine P11; Flora P8; Margot P2; Lorri P1).

Figure 7: Outcomes important to professionals: Professional Outcome Framework



I argue that both the ‘process’ and learning/change outcomes of the service user alongside the practice and organisational outcomes, driven by the professionals, together support improved Quality of Life outcomes for children and families. In short, the interaction of the outcomes experienced builds towards quality of life outcomes for family members. Thus it can be seen that the linearity of the outcome chain is limited; rather there is an interactive dependence on the activities, inputs and changes that occur which can ultimately lead to a change in quality of life for service users. It is this complexity regarding the experiences of both the service users and professionals that are reflected in the two outcome frameworks discussed in the sections above. The first conceptualised what is personally important for children and family members and the second explored what is important for professionals.

The frameworks presented above summarise the evidence derived from professionals and service users in this study. They deliberately reflect the complexity of outcomes that are important for children and family members and professionals evidenced

within this study. These frameworks offer a starting point from which to begin to understand what matters to people and how outcomes can be maximised. Yet the simplicity of the frameworks should not underestimate the complexity and relationship between the outcomes in any one framework and indeed the linkages between the two frameworks themselves. Any action to impact on one outcome may affect others. For example, if a child's living situation changes, his/her need to sustain relationships with family members and feel safe within their environments may also change. This may mean that additional support is required to support the child's views be heard and for them to feel listened to and respected. At the same time, the involvement and commitment of the extended family will affect the learning and change outcomes for professionals as they observe the extended family's increased ownership of concerns. This in turn may impact on an individual's confidence, self-esteem, development of skills to communicate and, ultimately, their happiness and feelings of security.

The practical application of both outcome frameworks will need to be further investigated. There may also be additional, individual outcomes, which may need to be considered that are not necessarily relevant for inclusion in the two frameworks outlined: these outcomes may be service or situation specific (Cook and Miller, 2012). Further research on whether there is a need to have separate personal outcome frameworks for children and adults would also be advantageous. Alongside personal outcomes are the practice outcomes that will help ensure the work achieved by professionals with children and families is ethical and effective practice. The practice outcomes raise several questions worth investigating: how can the practice outcomes be utilised in training and education of social workers when focusing on empowerment, recognition and partnership in relation to service users? How can professionals use the personal outcomes to better understand the experiences of service users? The next section discusses longer-term organisational outcomes identified within the study by drawing links between what was expected from involvement with FGC from the referrer (social worker) and the experiences of family members and professionals evidenced retrospectively.

7.5 Longer-term organisational outcomes

A family's involvement with social services would suggest the existence of a certain level of difficulties and family stressors as exemplified by P8 in chapter 4, which will be partly or fully addressed by providing additional support, advice and resources. All eleven pods involved in the research were referred to the FGC service by social work services at a point where a child/ren within the family were at risk of being accommodated. It might therefore be assumed that social work professionals hoped that assistance with decision-making, at a time where there were escalating concerns and difficulties within the family, would either reduce the risk of the child/ren within the pod being accommodated and/or assist families be more informed and involved about social work decisions to accommodate a child. Documentary and interview evidence suggests the reasons for the social worker to make a referral were multiple and are summarised in the table below:

Figure 8: Summary of reasons for social worker's referral to FGC service

Reason for referral	Pod
Safety concerns for child or other members of the family	1,2,3,5,6,7,8,9,10
Family conflict	1,2,3,4,5,6,7,8,10,11
Communication issues	1,3,4,7,8,10
Child at risk of being accommodated	All
Health and wellbeing concerns for the child	2,9
Exploring potential for extended family support	2,5,6,7,8,9,10,11
Sustaining child's contact with family	1,2,4,7,8,9,11
Support kinship placement	9,11

The majority of referrals to the FGC service made by social workers focused on a combination of concerns regarding the child and family including: poor family communication (n=6); safety of a child within the family (n=8); family conflict which includes physical violence between family members or aggressive arguments (n=10).

There were also a variety of contextual reasons for each family's referral to the FGC service reflecting different issues being experienced by family members in the different pods. These issues may have included one or more of the following: violence, bereavement, mental health problems, alcohol and/or drug abuse, impact of disability, non-school attendance, and coming to the attention of the police within the community. Poverty and poor housing often compounded the impact of these issues. These stressors will have impact on family members physically, psychologically and or in their interactions with others i.e. at a group level (Laird, 2013) resulting in the need for additional support from social work services. While Laird (2013) contends social deprivation does not cause child abuse, stress factors associated with social deprivation such as 'debt, ill health, unemployment, substandard housing and being a victim of crime does increase the risk of harm to children' (Laird 2013: 33). She argues that the majority of caregivers involved with child protection services are experiencing a wide range of 'profound frustrations', which can cause stress. Data from this study support this claim. Given the evidence presented in this thesis, FGC can contribute towards reshaping these experiences through empowerment and recognition, assisting children and adult family members to take more control over their lives while also utilising 'partnerships' with social work professionals more effectively. Given the stressors experienced by family members prior to referral to FGC, the next section explores how things may have changed for family members.

Child safety and accommodation

Concerns for the safety and welfare of the child were predominant reasons for referral to FGC within this study (pods: 1, 2,3,5,6,7,8,9, and10). As such, improved child safety might be considered a primary longer-term outcome desired from involvement in FGC. Evidence from the study suggests that in each pod the safety of the child improved n=11, and in some pods the safety of other family members also improved n= 8 (pods: 1, 2, 3, 5, 6, 7, 8, and 10). Both professional and family member respondents evidenced increased safety, for example: family members stated that they felt safer at home, often because of a reduced level of conflict within the home environment (pods: 1, 2, 3, 4, 5, 6, 8, and 10); social worker or other professionals where able to assess reduced levels of risk by observing the family's increased support to safeguard the child (pods: 1, 2, 3, 7, 8, 9, 10, and 11).

A core criteria for involvement in this study was that the child/ren referred to FGC were, at the time of referral, ‘at risk of being accommodated’. Given this, outcomes directly related to accommodation might be expected within the study. Evidence regarding the accommodation of children suggested complex, dynamic situations, where actions were taken to respond to the changing circumstances and dynamics within families and the different welfare needs of the children involved in each family group. Thus accommodation outcomes are complex and are dependent on the circumstances of the individual child and family and cannot be easily compared across pods. For example, several pods’ circumstances changed soon after the FGC referral (pod: 1, 2, 6, 7, 8, 9, 10, and 11). These changes in family circumstances and dynamics often resulted in children’s accommodation arrangements also changing, sometimes *before* the FGC took place. Some children were accommodated in residential units (pod 1, 6), foster care (pod: 2, 8, 9) or kinship care (pod 7, 9, 10, 11) before the FGC meeting occurred. From an organisational perspective, having several children accommodated may not reflect ‘good’ outcomes: the child is away from the family, relational ties may be broken, the cost both financially and emotionally of accommodating a child is high for all concerned, and there is an increased demand for service provision. Yet the child might be safer, able to mature in a more stable environment, and pressures within the family might be reduced. Evidence from the study suggests FGC involvement may contribute towards a number of different outcomes relating to accommodation, dependent on individual circumstances. The table below summarises outcomes regarding accommodation for children within each pod. The table shows the changes in individual accommodation experienced by children and the different outcomes experienced by children based on their own, family members and professionals’ evidence.

Table 11: Individual accommodation outcomes

Pod and child	Individual accommodation circumstances during FGC involvement	Longer-term outcomes for child and family linked to accommodation
1. Shannon	Living at home, foster care and residential unit	Shannon has consistent and positive contact with her family while in residential care
2. Tilly and Danny	Foster care and Rehabilitated home	Children rehabilitated home

3. Justine	Living at home	Justine living at home
4. Callum	Living with guardian	Callum living with guardian, no contact with biological mother and her extended family
5. Sharon	Kinship care with great aunt	Sustained kinship placement
6. Frank and Ashley	Frank accommodated and then returned home Ashley living at home	Frank and Ashley living at home
7. Sasha	Kinship arrangement and then living at home	Sasha living at home, consistent contact with grandparents
8. Dillon	Living with father and foster care)	Dillon rehabilitated home after three years foster care
9. Jade Zara Skye	Kinship arrangement and then foster care for Zara and Skye; Jade supported accommodation	Skye and Zara have stable foster placement; Jade living in supported independent living situation; sustained contact with social network and siblings
10. Sylvie	Kinship arrangement, living at home	Sylvie living at home, moving into separate accommodation at time of interview
11. Jake	Kinship care with maternal grandmother	Stable kinship arrangement, sustained and regular contact with mother and siblings

The table below summarises across the pods longer-term outcomes for children in relation to their accommodation. Evidence is collated from interview data from children, their family members and professionals.

Table 12: Accommodation outcomes across the pods

Longer-term outcomes for child and family associated with accommodation	Pod
Consistent and positive contact with extended family members while accommodated (kinship, foster care or residential)	2,5,8,9,11
Not accommodated	1,3,6,7,10
Rehabilitated home	2,8
No longer involved in social work	2,3,7,10
Living at home, no longer involved in social work	1,2,3,4,6,7,10
Reduced social work involvement	1,4,5,6,9,11
Kinship placement sustained in long term	5,11
Stable foster placement	9

Evidence from this study implies accommodation outcomes for children and their families are not linear; rather they are multiple, complex, and fluctuate over time. As such, it is difficult to determine the level of contribution FGC has made towards those outcomes. However qualitative evidence from respondents within the study suggests the process can contribute towards accommodation related outcomes, which are important to those people using the service and those providing it. The multiple and interconnecting experiences of service users (chapter 4,5), as well as evidence suggesting the FGC process can assist professionals and service users to reframe how they see and work together (chapter 6), may contribute to longer-term positive accommodation outcomes important to those using the service. Further study would assist a deeper understanding of whether the outcomes suggested in the table above are consistently experienced by families involved in FGC.

Families' increased sense of control over life and ownership of concerns

As discussed in the literature review and extensively throughout the finding chapters, central themes of FGC are empowerment and recognition, underpinned by the use of democratic partnership principles. It is assumed that through the process people gain an increased sense of control and mastery over their lives and are able to influence others who affect their lives. This includes the recognition of their strengths and expert knowledge, as well as the development of problem-solving and decision-making skills (i.e. capacity building) (Funnell and Rogers, 2011). Perceived control /empowerment might therefore be considered a secondary outcome of the process including the family's ownership of concerns and improved capacity to deal with stresses should they arise in the longer-term. Evidence from the study suggests that all (n=11) pods experienced an increased sense of control in their circumstances at the time of their involvement in the FGC process. Notably one family member (Glenda, pod 4) spoke of her lack of control within the process and some young people suggested, due to their family circumstances and because they were children (looked after by social work) they did not have 'much' control over their life (see for example: Zara, P9).

Several professionals observed family members taking 'increased ownership of concerns' (pod: 1, 2, 3, 6, 7, 8, 10, and 11). Observing an increased ownership of concerns by child and/or adult family members appeared to directly influence several

professionals' assessment of risk regarding the child (pod: 1,2,3,5,6,7,8,10,11). As argued in Chapter 4, 5 and 6 evidence from this study suggests FGC can create empowering and recognising moments for family members and that these experiences appear to build people's self-identity, capacity and skill to take responsibility and act on issues of concern. In some instances, these skills have been sustained over time, contributing to longer-term outcomes for some family members. Chapter 4 explored and evidences this by focusing on one pod's (P8: Dillon) experiences in depth.

Increased commitment of family network and family functioning

Another important underlying assumption of FGC is that the increased involvement of the child's social network will safeguard the child in the longer-term. To do this the family will be required to communicate and work together effectively. Concerns regarding family conflict (n=10) and lack of family communication (n=6) were prevailing reasons for referral to FGC service. In addition, eight pods were referred to explore potential for extended family support (n=8). Consequently it is proposed outcomes of FGC may be improved family functioning i.e. improved communication, reduced conflict. It might also be assumed that there will be an increased commitment of the social network to safeguard and support the child if they are invited to become involved in decision-making.

Within this study, three pods (n=3) involved only the immediate family members i.e. the child, siblings and parents (Pod 1,3,4) while eight (n=8) involved extended members of the family and social network (pods: 2,5,6,7,8,9,10,11). Within ten pods n=10 under study, child and adult family members suggested the FGC experience of bringing their family network together and hearing and listening to each other had enhanced a feeling of personal recognition by other family members (pods: 1,2,3,4,5,6,7,8,10,11). This appears to have had a positive effect on some people's sense of feeling valued and supported within their family network. Family members in all eleven pods (n=11) also commented that the FGC process had improved their communication and negotiation skills in the short-term and seven pods (n= 7) proposed these skills had been sustained in the longer-term (Pods: 1,2,3,4,6,8, 10). Ten pods (n=10) commented that personal relationships between family members had improved in the longer-term, resulting from a significant reduction in family stress and conflict (pod 1,2,3,4,5,6,8,9,10,11). Within ten (n=10) of the eleven pods in the

study, the combination of reduced stress and conflict alongside a sense of recognition appeared to influence individuals confidence, self-esteem and sense of happiness (1, 2, 3, 4, 5, 6, 7, 8, 9, 10). This evidence would suggest that the FGC process contributes towards improved personal inter-family relationships in the longer-term. Evidence regarding the improvement of family relationships in the longer-term was explored in depth in Chapters 4 and 5 of this thesis.

Improved use of professional support

Finally, it is argued in this study and within the literature, that FGC supports partnership working between social work professionals and family members (Marsh and Crow, 1998) If this is the case one would expect the family's use of professional support to be improved and potentially their need for professional care to be reduced, if their circumstances allowed it. Evidence from the study suggests that the process supports a reframing of how service users and professionals may see each other and consequently contributes towards enhanced working relationships through a democratic form of partnership (see Chapter 6 for more extensive discussion). Respondents from eleven of the eleven pods (n=11) discussed working arrangements with professionals. In ten (n=10) of the eleven pods the use of professional support by service users improved (pods: 1,2, 4,5,6,7,8,9,10,11). In the longer-term, four pods (pods: 2, 3,7,10) no longer had social work involvement, while seven (pods: 1, 4, 5, 6, 8, 9, 11) had reduced social work involvement due to a reduced level of concern for the child's welfare or the child's placement was stable. Again Glenda (P4) appears to be an outlier within the data. FGC appears to contribute in some cases to an improved use of professional support in the short-term and in the longer-term, in some pods reducing the need for social work service involvement.

This section suggests several organisational outcomes which FGC has contributed towards, these include: increased safety within the family; a variety of accommodation outcomes dependent on the circumstances of the child and family; an increased sense of control over family members' lives and ownership of concerns; increased commitment of family network and family function; and improved use of professional support resulting in some cases with a reduced need for social work involved with the family. Evidence to substantiate these claims have been drawn from

the first three findings chapters within the thesis, drawing on substantial evidence from respondents' interviews and FGC documentation.

7.6 Conclusion

This chapter has drawn together the key findings from the study reflecting on the implications for outcomes of empowering and recognising experiences and democratic partnership working. The study of outcomes within child welfare contexts is complicated and challenging, yet important to better understand the impact of practice on those people using the service and for the delivery of those services to improve. I have argued that to understand outcomes fully, an approach, which embraces complexity rather than seeks to reduce it, is required.

I have argued that how service users and professionals engage in the FGC process and interact with each other is important to longer-term outcomes for children and families. Non-linearity of outcomes has been demonstrated, with the complexity of interactions, and the interdependence of relationships for both professionals and family members throughout the process being explored. Evidence from this study highlights that process is important and that without this phenomena being acknowledged there is a risk of social work services trying to get to the finishing line without understanding what it takes to get there. The conduct of professionals working with family members is seen to be an important contributing factor within the FGC process for family members. If the core elements of empowerment practice, recognition and democratic partnership working are not present within the process, this study suggests that, within the context of child welfare, there is a risk colonising service users' goals and agendas and driving forward strategies which may not, in the long run, be helpful for family members.

Strengths in the process have been explored highlighting the importance of process on longer-term outcomes. Four strengths of the process were highlighted including: emotionality; role of the coordinator; presence of children in the meeting; and the focus on the child yet involving and recognising extended family members. Firstly, the emotionality of the experience appeared to support the deepening of a relationship-based approach to work with children and families by ensuring a humanisation of family experiences both to other family members and professionals. Secondly, the role of the FGC coordinator was argued to be a strength of the process,

as he /she facilitates the relational space between family members and family members and professionals. Additionally, the presence of the child suggests that the process acknowledges children as a social group within society adding different yet important perspectives on decision-making. Finally, the capacity of the process to engage an extended family network, yet focus on the needs of the child, was seen to assist the setting of goals, actions and outcomes that are relevant to the child and his/her family.

Evidence from this study acknowledges that outcomes regarding FGC are conceptualised differently for family members and professionals involved in the process. Outcome frameworks categorising both personal and organisational outcomes were presented. These frameworks assist the reader to understand both the complexity of the outcomes experienced by family members and professionals, as well as their interconnectivity. These frameworks may be useful tools for service users to understand and evaluate their own experiences and for professionals to reflect on their own practice. The section also included a brief analysis of the linkages between GIRFEC as the main foundation of work with children and their families in Scotland and FGC personal outcomes.

Evidence from this study suggests that when the process is satisfactory for both service users and professionals there are several longer-term outcomes for children and families, which their involvement in FGC may contribute towards. These include: improved child safety; improved family functioning; improved sense of family ownership and control over their own lives; and a variety of accommodation related outcomes based on the context within which the decision-making process is used. A key message from this work may be recognising the importance of keeping the focus on those people using services and the professionals who work with them to enable the implementation of current public policy (Cook and Miller, 2012).

Chapter 8 Conclusion

8.1 Introduction

The aim of this empirical research was to investigate what contribution FGC makes to longer-term outcomes for looked after children at risk of being accommodated and their families, where longer-term means a year (or more) after the first family meeting. In doing so, this study has sought to identify and understand outcomes according to children and family members and professionals. It has also examined how identified outcomes link to the FGC process. Overall the research sought to understand outcome contribution utilising the concepts of empowerment, recognition and partnership.

This chapter summarises the key findings discovered within this study. The discussion seeks to highlight the interconnectivity and relatedness to each of the findings chapters of the core concepts utilised to understand contribution. The final part of the chapter will explore the study's implications for practice, policy and theory before suggesting further research.

8.2 Key findings

8.2.1 According to young people, family and key professionals: what are the outcomes FGC has contributed towards?

All eleven pods in the study were originally referred to FGC from social work services at a point where a child was at risk of being accommodated. The referrals made from social work were based on the assumption by the social worker that involvement in FGC would assist and support the child and family – in short, that it mattered that FGC services would make a difference in the lives of those children and family members involved. It also makes sense that the child and/or adult family members involved hoped, at some level, the service would help them to bring about change in their lives. Thus outcomes matter to both the practitioner and the service user (Canavan et al., 2016). Yet outcomes are often exclusively defined by the organisation for the service user and, as such, they may not fully reflect the impact of a programme (Canavan et al., 2009; Canavan et al., 2016; Frost et al., 2015). It has been argued that a broader conceptualisation of outcomes is warranted, where the perspectives of children and adult family members are valued as a source of outcome

information beside those of professionals (Canavan et al., 2016; de Jong et al., 2015a; de Jong et al., 2015b). Adding service users' perspectives requires an expansion of the debate on outcomes to consider: who decides what the outcomes of the intervention will be? And how this will be done? As Canavan and colleagues (2016:107-109) point out, these questions result in process being included in a discussion regarding outcome.

Evidence from this study highlights the need to accept two sets of outcomes when considering FGC contribution: personal and professional. The identification of outcomes within the two frameworks supports three interconnected issues argued throughout the thesis in relation to contribution. Firstly, process matters to the service user and his/her experience of the service and opinion of outcomes. Secondly, what professionals do and how they do it is important to the outcomes of families requiring support - relationships and practice are therefore central concerns in understanding how and why families achieve (or not) longer-term outcomes. Finally, who defines outcomes and to what purpose is significant when conceptualising outcomes.

The study found that outcomes important to children and family members - Personal Outcomes, fell into three categories: Process; Learning and Change; and Quality of Life Outcomes. Based on respondents' evidence, a FGC Personal Outcomes Framework was presented in Chapter 7, highlighting the different and multiple outcomes important to children and their families during and after the FGC process. Much of the outcomes relevant to family members were described in terms of their relationships and personal growth, and varied between each family member. The interconnected nature of outcomes for children and family members were highlighted in the study: for example, involvement in the decision-making process may contribute to different learning and quality of life outcomes for any one individual.

On the other hand, outcomes important to professionals fell into two main categories: Professional Practice Outcomes and Organisational Outcomes. Professional Practice Outcomes subdivided into two further categories: Process Outcomes and Change/Learning Outcomes. An FGC Professional Outcomes Framework was presented highlighting respondents' evidence from the study (see Chapter 7). The Practice Outcomes tended to provide information based on the professional's view on the effect of the service on the behaviour of service users. This information was useful

for professional reflection and assessment, aiding understanding of the complexity of a family's situation and relations. This evidence sits within literature on: partnership working, strengths-based perspectives as well the importance of relationship-based practice and reflection (Dolan et al., 2006; Ruch, 2005; Ruch, 2011; Roose et al., 2012; Roose et al., 2013).

The Organisational Outcomes across the eleven pods related specifically to the objectives or purpose of the work being undertaken with the service user. They are those deemed important by the social worker and the organisation within which they work. A starting point to identify organisational outcomes was to look for the original reason social workers referred children and families to a FGC service through evidence in documents and interviews, and to consider whether these had been achieved. At the time of the referral, children in all eleven pods were at risk of being accommodated. Concerns for the safety and welfare of the child were the principal reason for referral to FGC within this study. Evidence indicated that prior to FGC there were a number of concerns for children and families including: poor family communication; safety of the child within the family; family conflict, including physical violence between family members. Alongside these concerns there were a number of contextual issues impacting on families, which may have influenced the reasons for referral. These included, for example, bereavement, mental health problems, social isolation, alcohol and drug abuse, and impact of disability, non-school attendance and coming to the attention of the police within the local community. Poverty, crowded housing, poor health and lack of opportunity often compounded these issues. These issues are common to many children and families who are involved with social work services (Hothersall, 2014).

There were several organisational outcomes seen across the eleven pods, which are reported in detail in chapter 7. Organisational Outcomes FGC contributes towards include:

- Improved child safety, and, in some pods, an increase in the safety of other members of the family.
- An increased sense of control by family members over their circumstances
- An increased sense of ownership of concerns by family members for the child's safety.

- An increased commitment of family network and family functioning (e.g. communication, listening, appropriate boundaries, reduced conflict)
- Improved use of professional support and, in some cases, a reduced need for social work services
- Accommodation outcomes were multiple and dependent on the individual child and family circumstances

This section has highlighted the complexity of outcome identification (Canavan et al., 2009; Miller, 2011) and the importance of including service users' perspectives alongside those of professionals' when considering contribution. Having identified and conceptualised FGC outcomes according to family members and key professionals, the next two sections consider the final two research questions: *Why do respondents consider FGC contributed or not to outcomes?* and *How do outcomes link with the FGC process?* The broader theoretical frameworks for these two questions relate to the ideas of: Empowerment (Cattaneo and Chapman, 2010; Funnell and Rogers, 2011; Rose, 2000; Smith, 2010; Thompson, 2007); Recognition (Honneth, 1996; Honneth, 2007; Houston, 2010; Houston, 2015; Houston and Dolan, 2007); and Partnership (Beresford and Branfield, 2006a; Douglas, 2009; Featherstone et al., 2011; Frost, 2005; Roose et al., 2013). Each of these concepts is contested and a discussion was presented in each finding chapter conceptualising the use of the concept in relation to FGC.

8.2.2 Why do respondents consider that FGC made a contribution (or not) to their outcomes?

The study found that the FGC experience created powerful occurrences for family members and important moments in professional practice. These experiences contributed towards respondents' belief that FGC contributed towards a number of personal and professional outcomes. There are three findings chapters in the thesis, which reflect three areas of respondents' evidence regarding outcome contribution.

To begin, the research found the FGC process contributed towards individuals being prepared, informed and supported to take more control of their lives (see Empowerment chapter 4). Empowering experiences embedded in the process contributed to many service users' increased communication skills, improved knowledge of their situation and an increased sense of control and input in decision-

making. Often these experiences enabled individuals to reflect on this knowledge and take action to change their own and other's situations (see chapter 4). The study highlighted that the early stages of the FGC process provided an enhanced level of commitment to change by service users, premised on genuine choice to be involved, hope and motivation to change (see chapter 4). These early preparatory experiences were empowering for the child and family member and aided in the repositioning of the child and his/her family within social work relations. The recognition of the child as being active in the process suggested the FGC process supports a rebalancing of power between the child and other family members as well as between professionals and family members (children and adults).

Secondly, many respondents spoke of the way in which FGC contributed to defusing hostilities and improving relationships with their family in the longer-term (see Empowerment and Recognition, chapters 4 and 5). In experiencing a degree of emotional support, respect and acknowledgement of one's contribution to the group or community from another, often facilitated within FGC relational spaces, some participants felt a (re)affirmation of their self-identity. Further, because of the process they were able to reflect on their own and acknowledge others' experiences and situations. Feeling an increased confidence, self-respect and self-esteem contributed towards improved social relations and a sense of control over their own lives. These recognising experiences appear to be important contributing factors to improving relationships in the longer-term.

Thirdly, respondents' descriptions within the study were full of (often) negative interactions between social worker and family members and how these interactions impacted on working relationships and ultimately on outcomes for children and families (see Partnership chapter 6). The research found that the FGC process created a managed interface, where social workers and family members were able to engage in a more effective form of partnership work. The study found that to enhance working relationships, the child and adult family members need the space, time and support to engage in partnership working, while at the same time professionals need to step back from finding solutions and dominating the agenda. A challenge for professionals and service users to work in partnership is recognising the others' strengths and trusting that their relationship will support positive change to occur.

FGC appears to provide a manageable process for this to occur- reframing social workers' and families' perspectives of the other. In doing so, the FGC process supports both professionals and family members to co-construct problems and find solutions, in a space where responsibility for safeguarding the child is largely handed to family members. Research found that FGC attempts to create a relationship between professionals and family based on dialogue, consensus and co-operation – democratic partnership (Roose et al., 2013). In the longer-term, improved partnership working contributed to a reduced need for social work involvement in some pods while in others, the relationship between social work and family members remained productive.

A small number of family members did not consider FGC contributed to their longer-term outcomes – of those most did not consider FGC did 'any harm' while one respondent was critical of the process's impact on her longer-term outcomes (see Misrecognition section, chapter 5). While all pods developed family plans, several factors appeared to impact on the plan's successful implementation (see Empowerment, Recognition and Partnership chapters 4, 5, 6). The research found an inconsistency between family members and professionals understandings of whether a review of the plan was undertaken (see Empowerment chapter 4). This inconsistency might suggest that in practice the purpose of the review stage of the FGC process is not clear for different participants. In addition, situational issues may affect the capacity of individuals to control and make the desired change in his/her life. Evidence showed that in the short-term goals set out in the family plan were achieved in all pods to the satisfaction of many family members and professionals. Yet in the longer-term, contextual and situational issues may influence outcomes as much as, if not more than, any individual's actions. Other barriers affected respondents' capacities to achieve goals and may include, for example: health, legal, structural, economic, societal issues. As such, the lack of resources and structural barriers to support some plans may be revealed more clearly in the review stages of the process, suggesting related power dynamics impacting on the empowerment and recognition of family members and partnership working is at its weakest in the final stages of the process. The use of advocacy to assist individual family members to express their views was considered helpful but potentially underutilised within FGC practice. The study found a limited number of individuals' use of advocacy suggested participants

may not have wanted advocacy or, on the other hand, their involvement in the process may not have been maximised, limiting the possibilities of the FGC process.

This section has reviewed evidence within the study that sought to answer: *Why do respondents consider FGC made a contribution (or not) to their outcomes?* The next section will review evidence discussing: *How do outcomes link to the FGC process?*

8.2.3 How do outcomes link to the FGC process?

It is argued that individuals and families involved with social work services are often the most disempowered in society, who are often wary and weary of social work interventions with their families (Featherstone et al., 2014a). These circumstances and the risk averse and often adversarial context within which social work takes place can often impede family members' engagement and access to social work support services (Smith, 2010; Tew, 2006). Social work systems are accused of being resistant to working in a more participatory way, where families are given more control over decision-making (Barnsdale and Walker, 2007). FGC challenges both workers and family members accustomed to the more traditional format of social work services (Holland et al., 2005).

The rebalancing of power between social work and family members resonated throughout the study and it is these experiences that impact on family members' capacity to have social influence (Chapters 4 and 5), and professionals' practice to work with families (Chapter 6). The rebalancing of power was experienced iteratively throughout the FGC process and, as such, aided family members to trust the process and continue to engage in it. Family members and professionals in the study considered the FGC decision-making process to be different from other social work interventions: as the stages of the process aided a more equitable power balance between professionals and service users. This different power balance assisted respondents to engage in the process, make decisions and achieve the goals they had identified. The study found these experiences, which were embedded in the FGC process, contributed towards respondents sustaining new skills and enhanced self-identities after the FGC process had finished. The study found that it was possible for family members to become more competent to achieve life goals and manage stressful situations in the longer-term when more equitable power balances existed between social workers and service users.

The study highlighted that the experience of empowerment in FGC focused primarily on the subject's outer world, his/her control over situations and decision-making through the enhancement of skills and knowledge. Recognition, on the other hand, appeared to contribute to a deeper understanding of the participant's internal struggle for social justice by focusing on his/her phenomenological and psychological experiences impacting on self-identity. Thus, the study found the two theories may be linked in practice and together may assist a deeper understanding of respondents' experiences of the FGC process and social work practice more generally.

The experience of empowerment and recognition of the service user was also linked with family members' capacity and willingness to work with professionals to achieve change. At the same time, professionals saw family members' confidence and abilities to learn affected their professional assessment of the family's capacity to safeguard the child. The FGC process afforded participants with an opportunity to communicate and act differently with each other; this reframing was seen to affect the balance of power between the state and family (Frost, 2011; Thomas, 2005; Wyness, 2012; Wyness, 2013). The process supported families to have input into decision-making without professionals colonising the family agendas, yet also without abrogating the professional's responsibility to safeguard the child.

The study identified several strengths of the FGC process, which assisted the rebalancing of power between participants. The strengths of FGC process included: the emotionality of the experience for the service user; the role of the coordinator to facilitate safe relational spaces between family members, and family members and professionals; the value of extended family involvement in decision-making; and the inclusion of the child in decision-making (see Implications for Outcomes chapter 7).

The research highlighted that the FGC decision-making process supported the expression of emotion by respondents. The research found the emotionality of the experience was valued by the service user and appeared to be linked to his/her perception of self-worth, control over one's life, improved personal relationships and ownership of concerns. This experience also appeared to have the effect of 'humanising' the service user by acknowledging, valuing and respecting individual experiences as valid (see chapter 4 and 5). The expression of emotion and its recognition supports a countering of the 'othering' of the families with whom social

workers work (Featherstone et al., 2014a). The expression of emotion when expressed in an environment which is safe and free of blame, might suggest that the FGC process can create an opportunity to deepen relational approaches to child welfare and challenge reductionist understandings of the human condition and potential solutions – supporting a complex more nuanced view of the human condition.

The role of the coordinator to facilitate supportive and safe relational spaces has been documented in literature and this study (Doolan, 2009; Frost et al., 2014a; Ney et al., 2011; Staub, 2012). Family members in this study recognised and valued the difference between the FGC coordinator's role and other professionals' – in particular, social workers. This research found that the FGC coordinator's role aided family members and professionals to work together. In addition, the skill of the coordinator to refrain from finding solutions for the family was also an important contributing factor to family members feeling they owned the agenda and had control over decision-making.

Within this study, families reflect complex relationship networks, which have been built up as a result of separations and divorces, new partnerships and marriages, their new family entering the family network along with extended social networks being a part of the 'family'. FGC supports the inclusion of extended family members, most of who would not normally be involved in social work decision-making meetings. This study affirmed other empirical studies suggesting family members valued being involved in the process and added value and resources to the plan developed (Frost et al., 2014a; Marsh, 2013; Darlington et al., 2012; Ney et al., 2011; Doolan, 2010; Ross, 2006; Marsh and Crow, 1998; Lupton, 1998). A strength of the process valued by respondents appears to be that those strengths, resources and capacities of individual family members can be seen more effectively, and, as the process is given over to the family, people get the chance to play a different role because there is an opening to do so.

It is standard FGC practice that the child is involved in the process and present in the decision-making meeting (McKillop, 2016). This research confirmed other empirical studies that children and young people valued involvement in decisions that affect their lives (Bell and Wilson, 2006a; Bell, 2011; Morris, 2011). This study found that the involvement of children and young people aided decision-making by revealing

new and often different information to adults (see chapters 4,5,6,7) - previously this information could only have been assumed. The involvement of children and young people in decision-making has been seen as an important process outcome by family members and professionals, and can result in better decision-making. A strength of the FGC process appears to be the capacity to involve those solidarities which are important to the child rather than just those of the parents or immediate carers in the decision-making process.

While the strengths of the FGC resonated throughout the study, there are a number of caveats to the FGC process which impacted on how respondents considered the process affected their outcomes. Those caveats included: when there was a smaller family circle included in the family meeting this limited opportunities for extended family support (see Misrecognition section, chapter 5); the lack of advocacy for individual family members might limit an individual's capacity to be heard in the process (see Misrecognition chapter 5, and Implications for Outcomes chapter 7) ; the inconsistent understanding about the purpose and use of reviews might weaken the empowerment of family members (see chapter 4); the lack of commitment by extended family members to the family plan may limit the delivery of what is expected by family members and professionals to achieve success (see chapter 4); and, finally, the lack of resources to implement the family plan may limit the level of sustainable support offered to families (see chapter 4).

This section has sought to understand how those outcomes identified within the study link to the FGC process. The rebalancing of power through the use of empowering and recognising experiences embedded throughout the process, alongside the use of democratic forms of partnership between service users and professionals, are key contributing factors to understand longer-term outcomes for children and families. In short, process matters to both personal and professional outcomes.

8.3 Implications for practice

This study has found a number of immediate FGC process and practice issues, which impact children and families experiences of FGC. The implications of these findings on child welfare practice are discussed below.

To begin, evidence from this study shows that there is a need in child welfare practice to seek to address issues of power when considering outcome contribution, that is, to find ways to evaluate a service which are owned by all: the funders, the professionals, the organisation and the service user. The Personal and Professional outcome frameworks presented in chapter 7 are a starting point towards a broader conceptualisation of outcomes in FGC and child welfare services. It is recommended that the outcomes frameworks are pilot and evaluate operationally to fully consider their application in practice.

Secondly, the preparation stage of FGC was shown to be important to embed empowerment practice and ‘set the tone’ for empowering families’ involvement in the FGC meeting. Family member’s improved sense of hope regarding their situation and motivation to make changes were enhanced during the preparation stage of the FGC process. The time spent in preparation appeared to build relationships and trust with family members while also allowing the FGC coordinator to assess the possibility of violence or abuse occurring both during and after the conference (see chapter 4). This stage in the process also supported extended family members to engage in the process and provide additional knowledge, support and resources, which previously may not have been available (see chapter 4 and 5). It is recommended that the time spent with family members and professional’s to be prepared for the meeting continues to be recognised by FGC service and not ‘chipped away’ because of resource constraints. In doing so, the complex power relationships at play within families and between families and the state can be acknowledged, and empowering and recognising practice supported.

Thirdly, evidence from this study has shown the independent FGC coordinator plays a significant role in managing the interface between the family members and professionals within the FGC process. The coordinator not only coordinates the process but also supports the development of empowering, recognising and democratic partnership working between parties (see chapters 4,5,6). It is recommended FGC services reflect on and develop ways to capture the ‘added value’ provided by FGC coordinators, including the enhanced partnership working between social work and service users.

In addition, the study found the use of advocates was under utilised by FGC services. Advocacy supports those less able to voice their opinions be heard. Advocacy can make an important contribution to maximising children's (and adult's) participation in the process and, consequently, afford those involved with more opportunities to improve outcomes. It is recommended that all FGC services internally review the current use of advocacy services and identify any gaps in providing support service users to participate in the process.

Finally, this study showed that FGC services were not consistent in their use of the review stage of the FGC process (see chapter 4). The lack of review, alongside the scarcity of resources within the context of a family's circumstances, was seen to weaken the empowering elements of the FGC experience for service users and impact longer-term outcomes for children and families. It is recommended that FGC services review: the current practices regarding FGC reviews; and how FGC family plans are resourced to achieve successful outcomes.

8.4 Implications for policy

Working with families to improve outcomes for children and young people is emphasised in Scottish child welfare legislative and policy. Children should be at the heart of decision-making and they should be listened to and understand decisions that affect them; further, GIRFEC supports children young people and their families to works in partnership with services that can help them (Scottish Government, 2016a). Policy and legislation in Scotland has become increasingly focused on reporting outcomes for the individual child, reflected in the GIRFEC practice model and SHANNARI indicators. The study has found FGC has value beyond the individual child and that capturing the perspectives of those involved in FGC has value to fully appreciate the impact and contribution of the FGC process. This thesis has argued for the adoption of a broader conceptualisation of outcomes than those identified for the service user by the service provider, to engage with and understand: what matters to the service user and his/her experience of the service and opinion of personal outcomes; and the nature of practice within process - as what professionals do and how they do it is important to outcomes for children and families. The outcome frameworks presented in Implication for Outcomes chapter 7, reflect a broader more

complex understanding of outcomes and have potential for application in child welfare policy.

Section 12 Guidance for the Children and Young People's (Scotland) Act 2014 recommends the use of FGC as a method of supporting children and families to engage in decision-making. While recognising there is a need to focus on the child utilising the GIRFEC practice model, this study has found that the FGC process is able to cope with both focusing on the child and involving extended family members to the decision-making process. The Personal Outcomes Frameworks have been compared with the GIRFEC practice model (see chapter 7) and evidence suggests that FGC outcomes support the achievement of GIRFEC as the main foundation of work with children and their families. The GIRFEC framework is currently limited to considering only the child's outcomes and it is recommended that the Scottish Government extends the framework to involve the child's family. This addition would better reflect the positioning of children within their social and community networks. These outcomes are arguably lost when policy and practice is focused solely on the child as in current Scottish policy.

The positioning of children and families' experiences as having value and as valid sources of information can provide different and important information about the service being provided, which may not previously have been accessed. The study found each family experienced FGC differently and outcomes are not the same or equal for different individuals involved in the process. Families with care and protection needs are often caught in conflicting expectations concerning responsibility of care whilst being positioned as families that fail (Morris and Featherstone, 2010). It has been argued that context matters when considering outcomes; an enhanced understanding of why families find themselves in a particular situation can mean that individualisation and blame culture can be challenged. This study has found the complexity of outcomes cannot be effectively measured through a linear outcome framework. As Canavan and colleagues (2014) point out, it is important to understand the mechanisms, including the contexts that are linked to outcomes.

The Personal Outcomes framework can be utilised by service users and staff to discuss and understand the process being experienced and the complexity of outcomes for children and families. This has implications not only for reporting mechanisms

within individual services but also for children's services more generally. It will be important in future to ensure reporting on outcomes within social services reflects the varied experiences of family members (including children) to be captured and expressed in ways that are valued by commissioners, managers and staff yet are also acceptable to the service user too. It is recommended that the Scottish Government, local authorities and the voluntary sector consider how to involve children, family members and professionals in defining outcomes involved in child welfare services. Further, the Scottish Government should look to alter and adapt existing tools and systems to include the reporting of outcomes by service users as well as the organisations which support them. For example the child's plan could specifically be changed to consider 'personal' and 'organisational' outcomes.

Child welfare funding and policy conditions require an emphasis on outcomes before decisions to fund a service are made. This study has sought to understand the mechanisms that contribute towards outcomes and has presented outcome frameworks which can be used to report more complex and longer-term FGC outcomes to funders and policy-makers. The study of outcomes from different perspectives adds nuanced understanding to the complexity of family lives and the impact of services, supporting a clearer understanding of whether the service is doing what it aims to. Traditional evaluations can miss these gains, the consideration of different perspectives adds nuanced information not previously gathered and should be considered in any future policy and practice developments. The implications of this study suggest the significance of broadening reporting mechanisms regarding the scope of children's policy to include an understanding of family outcomes that reflect, not only the child's experiences, but also the experiences of other family members who are important to the child, would add value to quality assurance measures required by funding bodies. Further, there would be added value to government initiatives by ensuring service users' opinions directly influence the direction of policy and the commissioning of children's services in Scotland.

Acknowledging professional outcomes allows practice to be appraised and reflected upon, which can aid improved service delivery (Dolan et al., 2006). The Professional Practice Outcomes identified within the study can be used to assist professionals and students reflect on their learning and practice with children and families, ensuring

their work is ethical and effective. These outcomes could also be used within social work supervision to further assist the practitioner to critically reflect on practice and assist managers to appraise the work of the professional. It is recommended that the Scottish Government looks to pilot the practical application and testing of FGC outcome frameworks in several local government areas in Scotland.

8.5 Contribution to social work literature

There are three areas the study has contributed to social work literature. They include: an increased understanding of the power relations between service users and professionals using a theoretical scaffolding which was founded on the concepts of empowerment, recognition and partnership; providing initial evidence on the longer-term outcomes of FGC and conceptualising outcomes as ‘personal’ and ‘professional’, challenging current outcome focused paradigms in child welfare; providing nuanced understandings of the relations between the state, family and the child challenging the oppositional positioning of the other. Each area is discussed briefly in the section below.

As argued in the literature review, neo-liberal discourse in social work has encouraged individual blame and responsibility, discouraging collective solutions that promote social justice (Spolander et al., 2015). Ferguson and Woodward (2009: 35) contend that despite policy and practice rhetoric to the contrary, the punitive individualisation of social work ‘sits uncomfortably with concepts of partnership and empowerment’. As stated earlier the rebalancing of power between social work and family members resonated throughout the study. The thesis has argued that process matters and that the experiences of the service user impacts on how he/she perceives the service provided and opinion of outcomes. Further that what the professional does and how they do it is important to the outcomes of families requiring support. The FGC process supports families to have input into decision-making without professionals dominating the agenda within a relational space that did not abrogate the social work responsibility to safeguard the child. The FGC process can create opportunities to deepen relational approaches to child welfare challenging reductionist understandings of the human condition which result in ‘othering’ of the families with whom social workers work.

Understanding of the power relations between the service user and the professional in FGC has been aided by using a theoretical framework which has allowed an exploration of the complex, iterative and interdependent relationships experienced within child welfare contexts. This study has found that empowerment and recognition theory may be linked in practice and together can assist a deeper understanding of respondent's experiences of the FGC process. This study adds knowledge about how embedding empowering and recognising practices can impact on partnership working. Understanding how the concepts of empowerment, recognition and partnership operate and their interconnectivity may helpfully work together to build theoretical scaffolding for social work with children and families and add value to current social work literatures. It is recommended academic institutions and the Scottish Government work with local authorities, the voluntary sector and service users to develop a collaborative and inclusive process, which would investigate the interconnecting concepts of empowerment, recognition and partnership in social work practice.

It has been acknowledged that there is significant research about the impact of FGC process and families and immediate outcomes but less is known about outcomes in the longer-term. This study provides initial evidence of how FGC contributes to longer-term outcomes and how those outcomes might be identified and conceptualised as personal and professional outcomes. The non-linearity and complexity of measuring outcomes has also been argued. The discussion of the different outcome frameworks contributes knowledge to the academy and highlights the importance of involving service users in the identification of their own outcomes alongside acknowledging the validity of professional outcomes.

The implications of understanding outcomes in a more complex manner are considerable and challenge outcome focused paradigms which are currently utilised in child welfare (see literature review). Firstly, acknowledging Personal Outcomes allows the individual service users' opinions and experiences to be respected and valued by those in (often) more powerful positions within the child welfare arena. Secondly, practice issues and what the professional does with and for the service user to impact on outcomes need also to be recognised as important when conceptualising outcomes. Thirdly, the political nature of by whom and how outcomes are currently

defined is potentially reductionist, suggesting the need for a more nuanced and balanced approach to understanding outcomes in child welfare. To measure accurately and understand the quality of a service and its contribution to outcomes for the service user requires an understanding of the service user's perspective on service delivery as well as the professional's practice and organisational perspective; both are important to fully claim that a service is achieving what it claims to do. A more nuanced understanding of outcomes in child welfare and an understanding that there are a number of alternative ways of understanding outcomes may exist, acknowledges social work practice as messy, complex and uncertain (Cree, 2017).

Finally, this study has contributed to the discourse on how the child, family and the state interact and relate to each other (Wyness, 2013; Thomas, 2005; Thomas, 2002; Wyness, 1997; Parton, 2006). The triangular relationship between state, child and parent, outlined in the literature review, emphasises the diverse and potentially conflicting interests, ideas and voices of each of the parties. The triangulation model sets up the relationships within it as primarily oppositional. Parton (2006: 99) argues the triangular relationship between the child, state and family has increasingly been recognised 'within government and administrative technologies and mechanisms' resulting in a gradually more child focused and individualised approach to child welfare legislation, policy and practice. This study has evidenced the capacity of FGC to recognise children alongside adults as 'selves in relationship' within the context of child welfare: where children alongside adults are seen to have individual rights but are also situated and engaged in dynamic, complex and multiple relationships (Featherstone et al, 2014a). This study adds nuanced understanding of the positioning of children in relation to their extended family and social work services, suggesting the possibility of a more collaborative, rather than oppositional, relational positioning (James and James, 2012).

This study aids empirical knowledge regarding the realities of the relationships between the child, family and the state. Adult's and children's experiences in the study suggest the potential for FGC to challenge the traditional representation of family relations and the character of childhood – positioning children as socially active and able to contribute alongside adults in relations with the state. The study found that both adults and children aided decision-making and contributed knowledge

and ideas (see chapter 4, 5 and 6). It was not just the child who gained from these empowering, recognising and partnership experiences, adults (family members and professionals) identities and capacities were also and impacted. The study found that empowering and recognising practice embedded in the FGC process aids the establishment of respectful and recognising relationships between those involved. FGC can aid the rebalance of power relations between the state (social work) and the child and adult family members in the care, control and upbringing of the child.

8.6 Further research

Throughout my research fieldwork, I heard stories of the complex and often negative relationships between social workers and service users; these conflicts appeared to get in the way of the service user and professional being able to work together. My research has highlighted that the pressures on both social worker and service user can challenge the way in which individuals work together to achieving better outcomes for children and family members. The social work academy would benefit from understanding those mechanisms that support working together from the different perspectives of those involved.

This study found that there were different outcomes for professionals and service users. It was not possible within this study to break down whether different groups of service users' Personal Outcomes differed, for example, were children's outcomes different from adult family members' outcomes? Or are there gender differences in the outcomes achieved by individuals? Further exploration and testing of the Personal Outcomes framework would assist the practical application of the learning from this study.

The Professional Outcomes Framework highlights a number of practice and organisational outcomes that emerged within this study. These outcomes could have influence beyond FGC, for example, if used as a reflective tool for social workers with service users and/or in supervision, to assist discussions regarding practice. The applications of the Professional Outcomes for practical use require testing and developing. Further, it would be of use to explore how the conceptualisation of personal outcomes can be used in the training and education of social workers to better understand service users' experiences of social work services.

The use of advocacy was underutilised within the study. Further research on the use of advocacy in social work practice would assist a deeper understanding of its contribution to empowering and recognising social work practice.

The interconnectivity of empowerment, recognition and partnership was evident throughout the study. The impact of empowering and recognising experiences as well as democratic partnership working were seen to be powerful moments for service users and important moments in practice for professionals. As such, it would be worthwhile to investigate these concepts' application within social work practice and how to embed them more fully within current social work learning and practice.

Finally the methodology section noted that due to the retrospective nature of the study there may have been a higher number of positive cases studied in this research project. A longitudinal study, which followed cases from FGC inception through to a year (or more) after the family meeting, would provide evidence of the contribution FGC makes to longer-term outcomes.

8.7 Final comment

The study of FGC has been a challenging, eye-opening and surprising journey for me. I have particularly enjoyed hearing respondents' stories, applying research design, learning and thinking critically about outcome contribution. The practice, policy and theoretical learning this study has presented have inspired me. At a time of deep concern for the manner in which social workers provide services, I have been particularly inspired by the potential of FGC to balance the power differences between service users and professionals, by what may be described as a 'humanising' experience for service users.

The knowledge that empowering and self-affirming experiences are founded on treating people with care and respect while also acknowledging their situation and contribution, seems simple yet is often very difficult to achieve in social work practice. FGC offers opportunities for children and families to have short-term influence in decisions affecting their lives while also significantly contributing towards longer-term goals. I hope that this study will add valuable theoretical and practical knowledge to those people involved in FGC services and influence broader discussions on social work theory and practice with children and families

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Blue, Shannon, Cody, James, Kelly, and Mum, Dad

and out pussycats: Odd Ball, Dip Stick, Bandit then

there is Papa (my dads dad -he passed away two

weeks ago) and Nana (she's died too). Then there is

Amy my Youth Justice Worker and Loren my Drugs

and Alcohol Worker; and then my pal Arnie

(Shannon: young person, pod1)

Chapter 10 Appendix

10.1 Appendix 1: Introducing the FGC pods under study

This section introduces the eleven pods under study. Each of the eleven pods are represented below and include: a visual picture taken by the child or adult ‘core’ members of the family, reflecting their own conceptualisation of their family and social network at the time of interview; background and purpose of referral; a summary of outcomes for the family from different perspectives. ‘Personal Outcomes’ are outcomes identified as important by family members, while ‘Professional Outcomes’ are those outcomes identified by professionals to be important for the family (see ‘Implications for Outcomes’ chapter). Evidence is gathered from FGC documentation and qualitative interviews contributing towards a nuanced understanding of the complex contexts within which the FGC process was utilised and the multiple outcomes experienced.

Pod 1: Shannon



Young person	Family network	FGC coordinator	Professionals
Shannon	Shane (father) Grace (mother) Blue (older sister) *Cody (sibling) *James (sibling) *Kelly (sibling)	Joyce	Lorri (social worker) Lorna (CAMHS)

*not interviewed

Background: Grace and Shane are married couple who have five children (Blue 16, Shannon 14, Cody 12, James 6 and Kelly 2). The referral, made in January 2012 by Lorri, Shannon's social worker, originally focused on Shannon's risk taking behaviour: she was drinking excessively out in the community, not coming home when asked by her parents, and there was a high level of conflict in the home between family members. The purpose of the referral to the FGC service was to try and prevent Shannon being accommodated. Shannon was placed on a Place of Safety Order at her Children's Hearing and was accommodated soon after the referral to FGC was made and before the first FGC meeting. The focus of the FGC shifted to discussing Shannon's rehabilitation home, and improving and sustaining relationships with the family (Doc 2). The initial FGC occurred in late 2012 and there were four subsequent review meetings over eighteen months. Interviews took place in October 2014, 20 months after first FGC.

Personal Outcomes: At the time the interviews took place, Shannon and Blue did not live in the family home: Shannon was accommodated in a young people's residential unit and the placement was stable. Blue was in supported accommodation. Shannon stated that she was having regular contact with her family, with regular sleepovers and weekend stays being organised. Shannon said she felt involved in the family despite being accommodated. She also spoke of her reduced alcohol consumption and improved behaviour; she had not been involved with the police for some time. She felt positive about her future. Shannon stated she was generally happier and observed that others were as well. All family members who were interviewed were very positive about their interpersonal relationships with each other, suggesting they were much improved. Blue suggested they were 'much better people' now, as they were able to share concerns and listen to each other (sometimes).

Grace commented that she was more confident and had learnt to manage arguments more effectively within the family. Blue confirmed these observations as she saw a difference at the time of the meetings, in her mum and dads relationship. Grace reflected that her children were much happier. She also said her mental health was

more stable and that her main achievement had been ‘keeping her family together’. All family recognised things were not perfect but much more stable and improved.

Shane spoke about learning the importance of people sharing concerns and worries more openly in the family because of FGC, and learning skills for everyone to ‘not bottling things up’.

Professional Outcomes: Professionals involved in the pod (Lorri, Lorna and Joyce) all observed improved family functioning: They observed the family communicating and listening to each other while Grace was seen to understand the importance of clear parental boundaries and had increased confidence to negotiate boundaries with her children. Joyce and Lorri also observed Grace being able to negotiate help when needed from her husband Shane. Despite being accommodated Shannon had continued positive contact with the family and relationships within the family improved, with individuals listening to each other more. This had meant there were reduced conflict and physical arguments within the household. The family members seemed happier.

The bear is Oscar our cat, then three other cats then Tilly and Danny, Mum and Dad and my mum. That is our little family (Moyra: mother pod2)

Pod 2: Tilly, Danny, Moyra and Daryl



Young person	Family network	FGC coordinator	Professionals
*Tilly *Danny	Moyra (mother) Daryl (father) *Maternal grandmother *Maternal grandfather *Maternal step-grandmother *Maternal aunt	Lillian	Margot (social worker) Miriam and Alan (foster carers)

***not interviewed**

Background: Moyra and Daryl is a married couple with two young children Tilly 3 and Danny 2. At the time of the referral in 2012, Tilly and Danny were at risk of being accommodated due to neglect. Prior to the allocation of the case to FGC the children were accommodated in foster care due to concern over the care of the children. The original social worker that made the referral had intended that the children be removed permanently from the care of their parents. After making a complaint to social work services the family were re-allocated a new social worker Margot, half way through the preparation process for the family meeting. It was hoped that the family meeting would produce a plan that might enable the children to be rehabilitated home, or otherwise kinship arrangements made for their care.

The first FGC meeting occurred on early 2013. A three level plan was created: the first and primary aim was for rehabilitation but there was also a contingency plan for kinship care by the children's maternal aunt, and a third plan for family contact with the children, should they remain in long term foster care. The social worker agreed the plan pending a completed parenting capacity assessment and kinship care assessment. A second meeting was held on in mid 2013 that confirmed the children's return to the care of their parents. Interviews took place in September and October 2014, 18 months after first FGC.

Personal Outcomes: the most significant outcome for Daryl and Moyra were that their children Tilly and Danny were rehabilitated home and social work were no longer involved with the family, as social work no longer considered the children at risk of neglect. They felt strongly that there had been a direct connection with their capacity to voice their opinions and be heard in the FGC meetings. They reflected that they felt more in control of their lives and had learnt valuable communication skills while involved in the process, which remained with them. Daryl and Moyra said they felt closer as a couple and their family relationships were stronger because of their experiences in FGC.

Professional Outcomes: Margot (social worker) observed that Daryl and Moyra began to own and take responsibility for the concerns being expressed by social work regarding the neglect of their children. She also observed the family's improved capacity to talk and listen to each other and their active and positive involvement in decision-making. Margot observed the family work together to undertake the tasks identified in the family plan to reduce social work concerns. Over time there was a reduced need for social work services and the children were rehabilitated home. There was also an improvement in the families working relationship with social work and other professionals. She saw the children were safe and secure.

Lillian's observations of the family were that she felt the FGC process (and getting a new social worker) assisted family members to be heard and participate in decisions affecting their children. She suggested being listened to helped diffuse confusion and anger allowing the family to work more effectively together, with social work and the foster carers.

The foster carers observed Daryl and Moyra work hard to rehabilitate their children home. This was achieved through the family taking ownership of the concerns being expressed by social work and working together to make changes. They observed a marked improvement in communication and confidence of those involved. The children seemed to have a strong bond with parents and they were happy to spend time with parents.

Me, Kate - my sister, my mum and Maisie, the dog. Then uncle Chris, (mum's brother) Charlotte, Jessie. Then Dana she's an adult and she's my uncle's wife – I don't like Dana but uncle Chris is close to us he does everything. We

Pod 3: Justine, Kate and Carol *they are part of the family:*



Nan Val, Pap Jim, Aunty Marion, Uncle Scott, Jamie and Rosie. Oh and Dad (Justine, young person pod 3)

Young person	Family network	FGC coordinator	Professionals
Justine	Carol (mother) Kate (sibling)	Joyce	Diane (social worker) Alex (teacher)

***not interviewed**

Background: Carol is a single mother living with her two teenage daughters: Justine (15) and Kate (13). Justine’s contact with social work had originally been because she was not attending school regularly and she was coming to the attention of police because of her risk taking behaviour in the community. There was also a rising level of conflict within the home. Carol was not coping with the escalating situation at home, which meant Justine was at risk of being accommodated. The original referral to FGC was made by social work (late 2012). The purpose of the referral to FGC was to help prevent family breakdown and Justine from being accommodated. The family had their first meeting on (late 2012). There were four subsequent review meetings, which took place over the following four months. Interviews took place July- September 2014, 20 months after the FGC.

Personal Outcomes: Kate, Justine and Carol reflected on their improved recognition of each other’s perspectives and capacity to communicate with each other because of FGC. They felt their relationships with each other had improved and strengthen over time. Justine was delighted that she had not been accommodated. Family members also recognised they no longer needed social work involvement, although Carol

stated she had initially been anxious about not having social work involved to support the family. Justine stated she had become more confident and motivated because of her experiences of FGC. She had particularly felt supported and cared for by those around her and this, she said, had helped her feel more confident to act in ways that were positive and 'not be bad'. Reflecting an improved sense of self worth and esteem. In the longer term, she had returned to school and at the time of interview had a part time job.

Carol (mother) stated she recognised the importance of talking through problems and not letting them fester. She reflected on her capacity to address issues with her daughters appropriately. Carol felt more confident as a parent to place boundaries on her daughters. Carol also said she felt happier and less stressed because their relationships had improved, and there were less hostility and arguments in the home. She was also pleased Justine was no longer seeing her ex boyfriend and was making good choices about how she spent her time i.e. not getting in trouble in the community.

Kate felt she had been involved in the decisions and finding solutions for the family, which meant they were all working together. She felt happier and safer at home because there was less conflict.

Professional Outcomes: The family came up with a plan to be more respectful to each other, to listen to each other and to respect the family rules – Joyce considered this was achieved - Justine was not accommodated (Joyce FGC coordinator).

Alex, (Justine's teacher) observed her gradual wellbeing improve during the time of the FGC process. He said she looked happier and was more positive. Justine also began to attend school regularly.

Diane (social worker) observed: the family used support services within the community more effectively; Families relationships and communication improved suggesting they had learnt to deal with stress as it arose more effectively because of their improved. Diane suggested the family members themselves recognised different perspectives and consequently were able to communicate without coercive or

aggressive behaviour. She observed an increase in family members confidence and understanding of appropriate family roles and boundaries alleviating social work concerns. She considered the children were safer and more secure and that there was appropriately no longer a requirement for social work services.

Well that is obviously me, and my partner Alison, and wee Callum. That is my mum and brother and Gina, his girlfriend. Then there is my aunty Ellie and my uncle Allan. Then there is my cousins Alec, Alan, Willy A and wee Sonya, and Alec's wife Lee. Then there is my cousin Me, Henrietta -my sponsor, Corrine, Karrie a close friend, Emily - she's married to Bee, Then there is Tim and my friend, Rosy, Lilly the dog and also the whole fellowship is around supporting me (Glenda, mother year: Freddy and Liam, Then Alan and there is my cousin Linda, and her fiancé Sheffik, and their kids Holly, Halley and Jason (Leanne, guardian pod 4)

Pod 4: Callum, Leanne and Glenda



Young person	Family network	FGC Coordinator	Professionals
Callum*	Leanne (non-biological mother) Glenda (mother)	Craig	*Social Worker *Community Adult mental Health Worker

*not interviewed

Background: Glenda and Leanne are a separated couple. They have a son Callum 8. After the separation, Callum resided with his biological mother, Glenda and had

regular contact with Leanne. Callum appeared to have witnessed several incidents involving Glenda, culminating in Callum ringing 999 after witnessing his mother having a seizure, repeatedly hitting her head off the wall and floor. At the time of the referral to FGC in late 2012, Callum was in the voluntary care of Leanne due to Glenda's alcohol use and poor mental health. This was in a different city to where he originally resided and went to school. At that time Callum began to describe incidents where his mother 'was not right' and subsequently refused to return to her or have contact with her. The purpose of the FGC was to bring the family together to plan and make decisions regarding Callum's short term and medium term care. In addition, it was hoped to begin to re-build Callum's damaged relationship with Glenda, without having to apply a legal order regarding accommodation. The first FGC meeting took place in early 2013, with two subsequent reviews in mid 2013. Interviews took place in June, July and September 2014, 17 months after first FGC.

Personal Outcomes: Leanne, Callum's guardian, said the process gave her a platform on which her views could legitimately be heard as Callum's non-biological parent. She suggested she had no legal avenue to have an input into decision making regarding Callum prior to the meetings and she thought the process allowed social work to see: her own commitment to Callum; Glenda's inconsistencies and true mental health. In the longer term, she was pleased she has voluntary guardianship for Callum but does not think the meetings assisted Glenda and herself negotiate care for Callum, she thought this was primarily due to Glenda's ill health. She did point out that she thought Callum became more confident to speak his mind regarding contact with Glenda as the process progressed.

Glenda felt the process was very negative for her and did not assist her negotiate contact with Callum. She said that she didn't feel assertive going into the meetings and 'dreaded' them. She felt she was not able to influence decision-making regarding her son, she said she often felt her opinion was not valued and that she was being judged in the meetings. She did not consider them safe. She recognised at the interview that she was unwell during the FGC process and this may have had a significant impact on the outcomes for her and Callum. At the time of interview, she had been sober for 6 months and 12 days, but had had no contact with her son,

Callum, despite her being his legal guardian. She did not believe that Callum had been listened to through out the process.

Callum did not choose to be interviewed so his perspective is unknown.

Professional Outcomes: Callum's CPN and social worker was not available for interview and consequently their perspective were not able to shed light on professional outcomes for Callum and his family. Craig the FGC Coordinator highlighted that he observed the meetings help the family come together and make some short-term voluntary agreements for Callum, taking his issues and wishes into account. The meetings, in providing a focus for these negotiations and decisions, delayed the need to consider Section 11 Residency Order, court and hearing processes. Craig had heard that Callum continues to be settled and happy living with Leanne. He attends a new school in the local estate that he now lives, he was not aware that Callum has had contact with his biological mother, Glenda.

Corrine, Glenda's support worker at the interview pointed out that she had tried to contact social work regarding the situation but that they had not returned her calls. She did not know whether there was a child's plan and as such there did not appear to be any accountability for decisions being made. Glenda had her CPN at the meetings but not an actual advocate who might have stopped the meetings going ahead until the legal process had been sorted out. There did not, at the time of interview appear to be legal grounds for Callum's accommodation with Leanne.

Pod 5: Sharon, Storm, James and Joanne

My partner Pete me and my son James, who died, Jill that is my daughter and I have another daughter Charlie, that's mine and Pete's daughter. Then we have Sharon my niece, that is my brothers daughter and Storm her sister- my brother's daughter. Then we have James who is my sister's wee boy (she and her partner are drug addicts, so I have had James since he was 9 months old). Storm and Sharon belong to my brother and his wife who have passed away. Then I have my grand wains Key, Ellie and Kane. Then there is Charlie's partner Travis and their wee boy Jo and then there is the wee baby boy Ryrie. (Joanne Kinship carer pod 5)



Young person	Family network	FGC coordinator	Professionals
Sharon*	Joanne (kinship carer) *Pete (Kinship carer) *Storm (sister) *James (cousin) *Joanne's siblings	Helen	Jan (social worker)

***not interviewed**

Background: At the time of the referral to FGC, Joanne and her partner Pete are kinship carers for three children: Sharon 12, Storm 10, (siblings) and James 2 (Sharon's cousin). There was long-term historical social work involvement with the extended family, particularly with the sibling's parents (who were deceased). At the time of the FGC referral in mid 2008 (doc 39) the kinship placement was at risk of breaking down - Joanne was stressed and isolated, saying she could not cope with Sharon's behaviour, which was verbally and physically aggressive. Joanne believed at the time that the local authority should accommodate Sharon. The purpose of the referral was to alleviate pressure from kinship carer suggesting FGC may offer alternate ways of supporting carer and her partner. There was one FGC meeting, which took place in late 2008 (Doc 42). There is no documented record of the family plan, and no review was organised. Interviews took place in September 2015, 7 years after the FGC meeting.

Personal Outcomes: Joanne had a strong memory of the meeting despite it taking place several years ago. The meeting took place in her sister's house. Joanne commented that the kinship placement was in crisis at that time and suggested that arrangements were made with her sister to take the girls, giving her some respite over the summer holidays. Joanne said she attended parenting classes, which helped her deal with Sharon's behaviour more effectively. Sharon enjoyed speaking to her family about her issues and felt more supported and less isolated because her family knew what was going on in her life.

Sharon and Storm declined to be interviewed

Professional Outcomes: Fran, the FGC coordinator, observed the children being pleased that their family had come together to help them. She considered the family had agreed to support Joanne and that this decision had been facilitated in such a way that the family had made their own decisions and not felt pressured by social work services. She observed the family come together and solved some of the issues themselves and was motivated to help in the short term. Appropriate kinship payments for Joanne were also organised as a consequence of the meeting. In the longer term Fran suggested that the meeting supported the placement at a critical point and as such it had been able to continue resulting in Sharon being able to continue living with her sister and family. Sharon was also able to transition in to high school and remained in her own community as a consequence of her not being accommodated. Fran considered it the right decision for Sharon to remain living with her family.

Jan (Joanne's social worker) commented that the kinship placement was sustained in part due to the meeting and as such the local authority did not accommodate Sharon. She observed the extended family supporting Joanne more effectively in the short term, providing respite for the children at a family farm some miles away- social work were able to provide travel expenses for the girls to get to their aunts farm. The girls enjoyed the respite and living with their cousins. Jan was unable to comment on longer-term impact, as she was no longer involved with the family.

Pod 6: Frank, Ashley and Viv (and Viv's mum)

*Sonya, Frank, me, mum, Auntie Nell
and Nan and Ron my boyfriend
Dad's family and dog Fly are not in
it (Ashley, young person pod 6)*



Young person	Family network	FGC coordinator	Professionals
Frank* and Ashley	Viv (mother) *Sonya (sister) *Maternal grandmother	Sara (SW Student) and Hannah (FGC coordinator)	Nell (support worker) *Micky (social worker)

*not interviewed

Background: Viv is a single mother living with her three children: Frank 15, Ashley 13 and Sonya 2. Viv's father had died approximately a year prior to the referral (2012) and while her mother was quite supportive of her situation in a practical way, Viv and her mother had an acrimonious and often argumentative relationship. There were two social workers involved with the family at the time of referral: a children and families social worker, allocated to Ashley; and a disabilities social worker, allocated to Frank. Frank had recognised behavioural and learning difficulties, which were being diagnosed at the time. The referral was made jointly by the two allocated social workers. The referral primarily raised concerns around safety for the family, in particular for Sonya, due to Frank's violent behaviour and Viv's parenting style. The referral document (document 45) suggested Frank had recently been Looked After and Accommodated (LAAC) and was at risk of becoming LAAC again. The purpose of the referral to FGC as to assist the family develop problem solving skills and find appropriate strategies to stay together (Document 45). The FGC meeting took place in early 2013 with a review meeting a month later. Interviews took place September – November 2014, 19 months after first FGC.

Important outcomes for children and families at point of interview: An

important outcome to Ashley and Viv, deriving from their involvement in FGC, was the sense of being listened to. Viv spoke of her situation being finally recognised by social work and other professionals and that this felt really good. The meetings made her feel different, she felt more relaxed and able to say what she really felt, not what people want to hear. Viv spoke about capacity in the longer term to ask for help from those around her without feeling guilty, this was important and directly linked and to the FGC. Viv did not think there were any other longer-term benefits that came from the meetings. She felt she and her family had been the main people who had addressed issues and that meant that Frank had not gone into care; she felt there had been reduced support from social work and was critical of this outcome, suggesting that there was not enough resources available for families who had children with behavioural difficulties.

Ashley thought the situation at home had improved because she had grown up and was taking medication, which had calmed her behaviour down. In the short term, like Viv, Ashley felt the meetings helped them but what they had planned 'did not stick, rather they found their own way to deal with things. She had found it difficult to concentrate and the meetings boring. There was less conflict in the home and she had a better relationship with her mother and her brother, Frank. She recognised that she no longer needed social work support. Ashley was attending college and doing voluntary work with a community based charity supporting autistic children.

Frank was not interviewed.

Outcomes important to professionals:

Sara (FGC coordinator) observed Viv's confidence and motivation to support her family increase, as Viv's own feelings were recognised through the process. Sara suggested that Viv was able to recognise the concerns social work had regarding the safety in the house and develop a plan to safeguard her children. This resulted in Frank remaining within the family with safety plans and supports in place to ensure all family members would cope with situation if he became violent. Frank began attending school giving Viv some respite at home. This assisted Viv's mental health

to improved and her confidence personally and as a parent improved. Social work was able to see the strengths in the family network ensuring the safety of the children.

Nell (Franks support worker) suggested the meetings assisted Viv to be heard and be able to express her concerns. In addition she observed the plan being followed by the family and she also saw it up on the fridge at home. She was unsure as to what the FGC may have influenced in the longer term as there was a lot happening with the family at that time. What she did note was that the development and writing down of the plan was helpful at the start was helpful. At that time Viv felt more supported and less isolated and she observed Viv's confidence increase as she felt her children would not be taken away from her. Fran suggested she and Viv's mother were still involved and providing support as indicated in the plan.

There are Theo and me and two cats and then our four children Theo, Leonie Catherine and Anne. Theo Jr has Jordan

Leonie has got Sasha, Tara, Bert and Adele
 Anne has got Jack, Sasha, Tara, Perla, Adele
 Leonie has got five mixed race grandchildren and four gingers that are how I describe them! (Rita: Grandmother pod 7)

Pod 7: Sasha,



Young person	Family network	FGC Co-ordinator	Professionals
Sasha*	Rita (grandmother) Theo (grandfather) Leonie (mother) Perla (aunt) *Henry (father) *Tara, *Bert and *Adele (siblings)	Hannah	*Michelle (social worker)

***not interviewed**

Background: Sasha (14 years) is a mixed race young woman who, at the time of her referral (September 1012) to FGC, lived with her mother Leonie, her stepfather Henry and her three half siblings Tara 5 years, Bert, 2 years and Adele 1 year. Leonie and her husband Henry had a difficult relationship and both had made allegations of

volatility and control. Leonie has a history of mental illness and had attempted to take her life with an overdose – there were concerns that she was not able to cope looking after four children and that the children might need to be accommodated. The purpose of the referral was to make a plan to support the children to stay at home. At the time of the referral all the children were living temporarily with their maternal grandparents, Rita and Theo. The interviews confirmed several FGC meetings took place however there is no record of when these meetings occurred in the documents, only one plan dated Feb 2013 is recorded, which appears to be a record of the second or third meeting. Hannah (FGC coordinator) reported that the focus of the first meeting was to be all about Leonie and support for her; however the emphasis of the meetings changed through the preparation stage and discussion within the meeting itself, where Sasha's sense of identity with her paternal family became the focus. Support for Leonie and care for the children were also identified within the plan. Interviews took place Dec 2014 - Feb 2015, 24 months after first FGC.

Important outcomes for service users at point of interview

A major outcome for Theo and Rita was social work finding out they existed and that they were offering and could continue to offer support to Leonie and her family on a long term basis. They considered the plan made their involvement more structured and gave them some level of authority and permission to remain involved with the children. A significant outcome for them had been Sasha's involvement with her paternal family, which had not previously existed. This involvement had provided resources, both emotionally and financially to support Sasha. This additional support had alleviated their stress and concern for Sasha's future. They were also aware their input had ensured all four children were not accommodated.

Leonie (mother) recognised the structure of the plan helped provide support for herself and her family in the short term. She felt that Sasha had gained the most from the FGC because she had had contact with her father's family. They were paying for her schooling and she was seeing them regularly. Perla (Sasha paternal aunt) spoke of the meeting opening up opportunities for her side of the family to make contact with Sasha in a way that did not have to be negotiated via Leonie, Sasha's mother.

Resources from her family were being used to help Sasha directly with school fees and a separate bank account. Sasha had also visited the family in London and been on holiday with them to America. A significant outcome for Perla had been to inform her side of the family about what was going on with Sasha, rather than have to relay on her mother and father to let them know.

Important outcomes for professionals

Hannah (FGC Coordinator) commented that an important outcome from the process had been the children had not been accommodated. Social work did not need to be involved as much with the family because they became aware if the support extended family were offering the family so there was a safety support plan, if Leonie's mood deteriorated. This contingency plan resulted in social work not needing to be involved with the family long term, as social work saw the strengths in the family rather than just the negatives. Hannah suggested the plan provided structure and support for the family with regular times away from her children for Leonie and the children from her with Rita and Theo. This became a regular and fixed arrangement. The formalisation of existing support and an increase in actual support reduced the level of crisis in the family. Hannah also suggested Leonie experienced people believing that she wouldn't put her children at risk and she wouldn't try to take her own life again. Hannah suggested Leonie hadn't believed social work would believe that she would keep her children safe and as such she felt listened to and not judged. Finally, Sasha has made contact with her paternal family supporting her sense of identity and wellbeing as well as providing additional resources to the family.

Pod 8: Dillon



Me, mum, dad, Lewis, Amber, Granny and Gran dad on both sides, my best mate Darren and my cats. (Dillon young person pod 8)

Young person	Family network	FGC Co-ordinator	Professionals
Dillon	Jill (mother) Amber (sister) *Lewis (brother) *Mr W (father) *Kate (step-mother)	Seb	Cynthia (Looked After and Accommodated Reviewing Officer); Flora (social worker) Vicky (foster carer)

***not interviewed**

Background: The referral (doc54) was made by Dillon’s criminal justice social worker, Flora, in 2011. He was 15 at the time and living with his mother, Jill and half brother Lewis 17. There had been increasing concerns about Dillon’s volatility in the house, and in particular an increase in physical violence towards his mother, culminating in a serious assault. Dillon had limited contact with his father (MrW) and his step-mother (Kate). Kate has acute mental health problems. The relationship between Dillon’s father and mother was, at the time of the referral, acrimonious. The referrer hoped the FGC would: help sustain Dillon’s place at home, while not picking up any further charges from the police; improve communication between parents; and help support Jill with Dillon’s behaviour at home; improve Dillon's relationship with his parents; and improve his ability to manage his emotions more appropriately. Whilst awaiting allocation the situation for Dillon escalated and further violence towards his mother led Dillon to be accommodated. FGC had a dual purpose at that point: Firstly it looked to allow Dillon to stay at home with his mother in a way that

was safe for him, his mum and his family. Secondly, it sought to consider the need to accommodate Dillon if required.

The first family meeting occurred on in August 2011. Dillon was to be accommodated in a foster care placement within the local authority. A second family meeting was held on 29.10.11 to develop an inclusive plan focusing on maintaining contact with his family. Interviews took place in Dec 2014 and January 2015, 3 years after the first FGC

Personal Outcomes: For Dillon the process allowed him to say everything that needed to be said and he learnt to communicate more effectively with other people in his family, particularly his mother, Jill. He believed himself to be more considerate of other people's views, in part because of the FGC experience. He appreciated everyone working together to help him and this had made him feel cared for and valued. In the longer term, an important outcome for Dillon was his rehabilitation home after living in foster care for two years. Because he had been able to maintain contact with his family he had a much-improved relationship with his mother and brother, Lewis. He had a trainee ship with the council and was no longer getting into trouble with the police.

Jill, Dillon's mother, felt that an important outcome for her was the improved level of communication between Dillon's father and herself, which had meant they were able to work together to help Dillon. She had learnt to listen and was better able to consider other peoples point of view with out feeling judged. She recognised she did not have to be right all the time. Jill stated that the process had supported her to become more confident in her own capacities and her self-esteem had increased because she could see things were improving. In the longer term, what had remained with her was the understanding that talking through problems and finding solutions together was important and helpful.

Amber, Dillon's sister, observed that everyone, including herself, had a better relationship with each other. She felt she was included in decisions for Dillon and that the plan gave her some authority to get involved and act in an away that she might not have done before. She recognised that she too became more confident

because of the meetings and the actions the family were taking together. She believed the meetings meant Dillon turned his behaviour around and that it stopped him going to prison in the longer term.

Professional Outcomes: Seb FGC Coordinator suggested that while Dillon needed to be accommodated for his own and his mother's safety, the decision to accommodate included Dillon and his family. As such he and his family were confident that it was the right decision at the time. The link and access to Dillon's family were maintained and this was improved because of their involvement in the FGC process. Seb suggested FGC has helped hold the family together despite Dillon having been removed. Linking LAC review with the FGC supported a linkage with the legal frameworks of LAC system, meant the family remained the focus of the meeting and transition to LAC reviewing system – it was their meeting and the LAC people came to them (rather than the other way around). The relationship between social work and the family was much more positive for that time, than it may have been had he been removed aggressively. The practice is about enabling the family to be involved in the process in a real, meaningful and informed way. The family are safer because the plan was successful.

Flora (social worker) suggested the family took more ownership of concerns and responsibility for finding their own solutions with help from professionals, they had clearer expectation of what social work could do. Flora observed Jill's confidence increase and as such saw her challenge Dillon and her ex-partners behaviour more effectively. The family as a whole began to manage difficult and emotional situations more effectively without it escalating to involve the police or physical threats and violence. Flora observed the family having a better quality of life, as their relationships have improved they are safer and happier because there is less stress and anxiety being experienced by all family members. Flora considers the family has more control over their life situation and are now better able to sort things out for themselves more effectively, reducing the need for social work intervention. Flora suggested family members have an increased level of skill and capacity for the family to communicate plan and make decisions to resolve issues because of their

The teddies are Skye, Jade, me and Lisa (she is our aunt but not our blood relative); there is Aden, Ally and David (Lisa's children). That is my dad my way back and my uncle - they are there but they're not really the best of people. They are all leaning back on Lisa, which is still think they should be there because they are the backbone of the family and they are important to me (Jade young person) Pod 9

involvement in FGC. Jill and Dillon are safer and more supported, both are less isolated and their mental health has improved over the longer term.

Pod 9: Jade, Zara and Skye



Young person	Family network	FGC coordinator	Professionals
Jade Zara Skye	Lisa (friend) *Aden (uncle) *Anne and Jane (Great Aunts)	Gena and Jody	Hilary (Support Worker) Natalie (social worker) * Di (foster carer)

***not interviewed**

Background: At the time of the referral (August 2013) three siblings Jade 16, Zara 12, and Skye 9, were in a kinship placement with their paternal Uncle Aden. This was the third kinship arrangement they had been placed in due to mental health issues of their biological mother and several bereavements of close family members.

Aden had alcohol and mental health issues and was struggling to manage the three girls on his own. The purpose of the referral was to create an opportunity for the extended family to agree and structure regular support to the girls within their own home with daily tasks such as cooking cleaning washing and putting boundaries and routines in place (doc 62). In the preparation stage the girls could no longer stay with their Uncle Aden and the younger girls went to stay with great aunt Anne until they could be placed in foster care. Jade was temporarily residing with her boyfriend. At the first FGC meeting things were breaking down with Aunty Anne. Her relationship with Zara particularly was difficult. The purpose of the meeting was to look for support arrangements of care for the children and how the family could continue to be active in the children's lives when they moved into foster care as well developing a plan for a smooth transition for the foster arrangements.

The family had a total of three meetings over a year. The interviews took place Dec 2014-Feb 2015, one year after the first FGC.

Personal Outcomes: What seemed important for Zara and Skye from the FGC meetings was seeing their family come together to talk through what was happening to their family. A significant outcome identified by both young people was their continued, fixed and regular contact with their 'aunty' Lisa and their sister Jade, despite their having been accommodated some distance away from both. They said they had felt listened to and respected in the FGC process. Zara in particular enjoyed and valued the family only time, which allowed the family together to identify what they needed to make things improve. The girls seemed aware that not all that they wanted could be achieved immediately because of the limitations on social work resources and their family.

Jade the oldest sister had felt the meetings had originally offered security and hope that things would get better for her family, however in the longer term she had felt disappointed with their outcomes. Jade did recognise that the meetings had organised and formally fixed contact with herself and her siblings and aunty. She suggested the meetings were long and boring and was concerned her younger siblings had felt pressured to talk without an advocate being present to support them. Despite these reservations, Jade stated that she felt things 'would be worse' had the meetings not

occurred suggesting that the meeting gave her and her family an increased capacity to negotiate with social work services about things that were important to them in a manner that meant they weren't 'walked over'. She felt it had been important to have an opportunity to raise issues and talk through solution in a safe space with family and professionals.

Lisa (siblings 'aunty) commented that she did not feel the individual family members were heard very well in the process and that this would have been improved with advocacy support. Lisa commented that while she was pleased she have been invited and involved in the decision making process she was concerned that some of the things she wanted in the plan – sleepovers and a holiday were not approved by social work and that this had been frustrating. She did not think there had been harm from the meeting but was neutral about longer-term outcomes.

Professional Outcomes: There were two FGC coordinators and two social work staff involved in this FGC all spoke about the importance of the children and extended family views being heard at a point of transition for the family. Staffs observed the how the family cared and loved the siblings despite their lack of capacity to physically look after them. They acknowledged this would have been important for the girls to experience all the family coming together to help find solutions together. It made the family feel important and valued and have more say in decisions that were affecting them.

The temporary sustaining of Zara and Skye's placement with their aunty Anne meant in the longer term the younger siblings was not separated and there was a level of stability as the children moved into permanent foster care. They observed that Aunty Anne better understood social work services and that she was involved in the decision to extend the children's placement with her temporarily. Both the coordinator and social work staff suggested the process allowed the family dynamic to be better observed by social work services, supporting a more adequate assessment of the family's capacity and commitment to look after the children in the longer term. All professionals suggested Aunty Lisa was involved in a manner that would not have occurred had the FGC meetings not gone ahead. An important outcome in the longer term has been the sustained and fixed contact with Aunty Lisa and Jade with

the two younger siblings. The meetings additionally gave the whole family an opportunity to meet the new foster carers so aided transition to permanency while sustain family contact.

Natalie (social worker) commented that in the second family meeting she felt the family challenged her decision-making and she had to justify why social work was supporting only parts of the family plan. Natalie felt this was a powerful moment for the family and was significant in improving relationships with the family in the longer term- suggesting a balance of power between parties involved in the meeting.

So there is I and my cats and Roxy my dog, we have Lette and Daisy and Mum, James and Caleb is right on the edge. My friend Charlie her wee baby Leya. Charlie was at the conference and all. And then there is Nana and Papa. Caleb can come a little bit closer he can come in behind me! (Sylvie: young person pod 10)

Pod 10: Sylvie



Young person	Family network	FGC coordinator	Professionals
Sylvie	Carla (mother) *Caleb (brother) *James (brother) Phyllis (grandmother) Stan (uncle) Helen (aunt) Fred (grandfather) *Father *Simone (Sylvie’s friend) *Morag (Carla’s friend)	Gena	Kathy (social worker)

***not interviewed**

Background: Sylvie 16 lived with her two brothers (Caleb 18 and James 2), and mother in a housing estate within the local authority. The referral (Aug 2012) came from the social work support worker due to growing concerns for Sylvie. Sylvie was having periods where she would not leave the house, go to school or go out in the local community. Sylvie found it difficult to sustain relationships with her peers and was progressively isolating herself from significant relationships; there was also increased conflict at home. Sylvie had on occasion run away and been picked up by police. Carla was concerned about Sylvie’s behaviour and relationships within the family as well as her inconsistent mood swings. The referrer hoped the family would find their own solutions during the crisis and wanted to organise planned overnight stays to the extended family members to offer respite to Carla and Sylvie. In

addition, it was hoped Sylvie and Carla would become more tolerant of each other (doc 77). Sylvie was at risk of being accommodated as the relationship with her mother and her broke down and became more aggressive and violent to the point where the police were required to be called. An anti-social order was also being considered. During the preparation stage a complete breakdown in relationship occurred and Sylvie went to live with her paternal uncle. This was a short-term placement. The FGC meeting took place in Jan 2013. No review took place.

Interviews took place between Jan –March 2015, two years after the original FGC.

Personal Outcomes: Sylvie thought that having her family come together was useful and that they now know more about her circumstances and why she has behaved the way she does. She felt she was heard by professionals and her family at the time of the meeting. Sylvie commented that the meeting influenced the decision not to accommodate her at that time, but in the longer term Sylvie did not feel the meeting achieved very much. She would have preferred having a review to make sure the extended family kept up what they said they would do in the plan.

Carla, Sylvie's mother, felt an outcome of the meetings was that her extended family were more aware of her situation, were less judgemental and more supportive of her and her children. This has sustained itself over time helping Carla feel less isolated. She like Sylvie felt a review would have been helpful to ensure the plan was being fully implemented. Both Sylvie and Carla felt relationships in the family had improved over time; there was less conflict between members of the household but that it had been a difficult journey for them both. Sylvie now 18nmovig in to her own flat close to the family home and this appears to be a significant transition for both Carla and her daughter.

Phyllis (maternal grandmother), Stan (maternal uncle) and Helen (maternal aunt) felt an important outcome of the meeting was that the whole family coming together had been important and had meant that Carla had felt more supported as a single mother, that she was not on her own. Phyllis and Helen had a sense of things were 'moving forward' at the time of the meeting for Sylvie. They agreed that the family knew and understood Sylvie better as a result of the meetings. Helen and her family had

financially contributed to assist Sylvie attend work. Although this did not continue in the long term as Sylvie did not sustain the work.

Phyllis had felt at the time of the meeting that it had been a 'turning point' for Sylvie but in the longer term she was not so sure as there are still on going concerns for Sylvie. Phyllis considered the meeting important as it had meant she was less anxious about the family being able to support Carla and her family in the future. Phyllis and Stan had recognised a gradual improvement of relationships in the family in particular between Sylvie and her mother and brother Caleb. Phyllis also said the experience had given her some 'peace of mind' in the long term regarding her family.

Professional Outcomes: Kathy the social work assistant reflected that the FC process gave the whole family ownership of the issue which meant that Carla and Sylvie were given additional recognition and support and Caleb was able to not get drawn into the arguments. Importantly Kathy acknowledged that the FGC allowed social work services to see how many natural supports were available to the family reducing her concerns for the Sylvie and her need to be accommodated. Sylvie returned home to live with her family and despite things no being easy this situation has been sustained long term. Kathy was aware that Sylvie was moving into an independent flat close to her mother's house. Kathy commented that process enabled her to take a step back and listen to all the different opinions in the family and allowed the family to take ownership of concerns and find solutions ultimately reducing the need for the child to be accommodated and have social work involvement. There is no longer social work involvement with the family because after the meeting they were very settled.

Gena (FGC coordinator) suggested what was important from the FGC was the involvement of the extended family in making a flexible yet purposeful plan. The experience of the meeting was important to family members as they personally recognise they had a family around them and are cared for and supported. The experience resulted in Carla's is accepted back into the family as they began to understand Sylvie and Carla's perspectives. This knowledge gave Carla and Sylvie in particular strength keep going and motivation to move forward. The process creative

and this means there are a lot of ideas generated about what is possible to make things better. Another outcome was an opportunity for Sylvie say her views and address some issues she had regarding her fathers absence safely with him, this appeared to affect the fathers contact with the children in the short term but not necessarily n the longer term. The plan helps family become more independent form social services; to think on their own and take ownership for actions this requires the social worker to work in partnership with the family to achieve their aims. Carla was able to feel pride and confidence in being in a situation to help other members of her family more thoughtfully. She had always felt everyone was helping her and the meeting opened up opportunities for her to give something back to those who had helped her. In addition the meeting assists the family feel the social worker is much more open and accepting to them, they are able to communicate more effectively – breaking down barriers. The social worker gained a better incite into the family and this meant they were able to make a more insightful assessment of risk FGC started something for this family at a point in time.

Starting on the right is Deb (Jake's mother) Jo and Liam (Jake's brothers). In between Rhonda and Deb's households is Jake. Then there is Rhonda and Phil. On the other side is Rhonda's other children George and Cheryl and then Ronnie, Lesley and their two children and dog (taken from notes of interview with Rhonda and Deb pod 11)

Pod 11: Jake



Young person	Family network	FGC Co-ordinator	Professionals
Jake *	Rhonda (grandmother kinship carer) Deb (mother) *Paternal grandmother	Fran	Christine (social worker)

***not interviewed**

Background: When the referral was made by Jake's social worker in March 2012 for a FGC service Jake was accommodated within a residential unit due to lack of home supervision, previous history of domestic abuse in his mothers household and lack of domestic boundaries and routines (doc 88). His grandmother Rhonda had requested to be assessed as a kinship carer. Jakes behaviour remained challenging and if approved she would require family support to be able to care for her grandson. Jake's contact with his mother and two brothers was supervised by both his paternal and maternal grandparents. At the time the referral was being recommended that Jake be placed with his maternal grandmother Rhonda. The social worker was concerned that family support in the past had been inconsistent when Jake was at home and, for the new arrangements to be a success the family would need to be motivated and committed to the kinship arrangement. During the preparation stage there was a LAAC review and it was decided that Jake would go to his grandmother. The FGC

happened not long after Jake was placed with his grandmother so it was used as an opportunity to really firm up how to support Rhonda with the care of Jake.

One meeting took place (documents do not confirmed date) although originally planned a review of the plan did not take place. Interviews took place in Jan 2015 approximately 3 years after the FGC.

Personl Outcomes: Deb (Jake's mother) commented that it 'felt good' to be in a meeting with all the family and speaking positively about Jake. She thought it felt good to see everyone come together to look forward and support Jake ad Rhonda. Deb and Rhonda both felt relaxed in the meeting and comfortable to say what they thought was important, they did not feel judged by others the meeting. They made a plan, which identified key contact with Deb, support for Rhonda, the need for kinship money to be sorted and a place for Jake to go if something happened to Rhonda. These things were worked out and still were in place.

In the longer term however, Deb was not sure what real benefits came from the meeting were but felt disappointed that Jakes Paternal grandmother didn't contribute too much. Both Rhonda and Deb said that they felt positive about the family coming together and while the meetings didn't in their opinion have much long term impact they did not think they were harmful or a bad experience. They would do the meetings again and would have thought a review would have helped make sure the plan was followed.

Jake chose not to be involved in the meeting and nor to be interviewed.

Professional Outcomes: Fran the social worker observed that the family came up with very good ideas to support Jake's kinship placement. She was confused about the original referral and the timing of the FGC however she had a strong member of the feeling surprised by the capacity of the family to find insightful and practical solutions to support Rhoda. She said just getting the family around the table talking about issues and involved in decision-making is in itself a good outcome. Rhonda seemed to be able to cope with Jakes behaviour and Jake respected his grandmother

so the placement has been sustained over time and Jake has had regular contact with his mother. The paternal grandmother did not get more involved.

Fran suggested that the good outcomes from the meeting were that the family coming together and that people were clear about what they were going to do to support the placement with Rhonda. In the longer term, Jake was able to remain part of his family, especially in the circumstance of being the only child in his family accommodated. Jake still had contact with his mother over time as he grew and developed. Everyone recognised the importance of working together to communicate and be consistent about placing boundaries on Jake's behaviour. The plan also specifically ensured Deb, while not living with Jake would remain involved in decisions and changes that might arise which affected him. This gave her value and recognition in an emotionally challenging situation. The kinship payments were organised by the social worker so Rhonda would be able to pay for food and clothing for Jake. Finally Lesley (Deb's sister) was named as the go to person for Jake if Rhonda fell ill or wasn't able to look after Jake. This gave Rhonda a sense of ease about Jake if something happened to her, and got their kinship placement off to a good start.

10.2 Appendix 2: Interview Schedule - family

Introductions:

Who is the researcher?

- I am social work trained but not employed as a social worker
- I am not allowed to make any decisions about your family
- I will visit people involved with your family meeting
- I will read through your family plan and other notes the Coordinator may have made.
- Information will be confidential

Introductions- 'All about you' sheet

Name: Date of Birth:

Gender:

Address:



You and your 'family'

Using the wooden people can you say who is in your family /important to you.

Take a picture

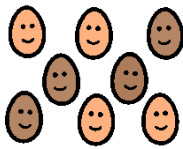


Family group Conferencing experience –

memory of the preparing for the meeting going to the meeting and developing the plan



- Who was the FGC coordinator ?
- How did you feel when you met them?
- *What made you agree to a family meeting – what were you hoping for?*



- Who did you ask to your meeting?
- How did they get involved?
- Where did you have the meeting?
- *Did you want certain things to happen at the meeting and after the meeting?*



- *What did you agree in your family plan? Did everyone agree to the plan?*



- Did you have a review meeting?
- What happened at the review?



Individual and family change, learning or benefits over the past year?

Looking back did the meeting and plan help start something for you and your family – if so, what?

Imagine a life if you hadn't had an FGC -what/how/who would have been different?

Would there have been something else that might have worked, been helpful or supportive?

If you had a friend would you recommend them doing a Family Group Conferencing? Why?



What do 'outcomes' look like for this family? What has helped improve outcomes for the family?

What learning, or change has happened to you and your family over the past year?

What has been working/not working for your family over the past year?





What has been influencing that change over the past year?

Did being involved in a FGC make a difference to your life in the longer run ie over the past year? If so how? if not why not?

What has made a difference for people to make positive changes in their lives? What hinders people to make change?

- How have people's relationship with social work and other professionals been affected by Family Group Conferencing?
Have your relationships with other family members changed over the past year? Has FGC process experience influenced this change?
Has being involved in Family Group Conferencing made a difference for family members? If not why not? If so, how?

10.3 Appendix 3: Professional Interview Schedule

Professional Interview Schedule	
Professionals	Key Questions/discussion points
Introductory explanation 	
Brief social/ personal characteristics 	
Family Group Conferencing experience – memory of family and their involvement in Family Group Conferencing Development plan and meeting. What is your memory of the family plan 	<p>What was family referred for and by whom What were your expectations of the family’s involvement? What was the family’s plan? What was memorable about the meeting and preparation?</p>
Understanding of individual and family change, learning and or benefits over the past year. What did the family learn, change, benefit form Family Group Conferencing. 	<p>Do you think the families expectations were met Where your expectations met What changes, experiences did you witness for the family</p> <p>What were in your opinion the outcomes for the family? Did having a plan make any difference to this family? Why and how?</p>
What do better outcomes look like for this family? What has helped improve outcomes for family? How has Family Group Conferencing assisted in supporting the family and their outcomes?	<p>What impact did FGC involvement have on those outcomes? i.e. if they did not have an Family Group Conferencing would things be the same different</p> <p>What do good outcomes for this family look like? What are this families longer-term outcomes</p>
	<p>What do better outcomes look like for this family? What has helped improve outcomes for family? How has Family Group Conferencing assisted in supporting the family and their outcomes?</p>

10.4 Appendix 4: Warm up activity

My name is:

My date of birth is:



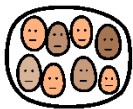
My favourite food is:



My favourite TV program, film or book is:



One of my achievements is:



One thing my family likes about me is:



I would be happier if:



An important thing in my life is:

10.5 Appendix 5: summary of documents per pod

Pod	Doc.no	Document type
1	1	Letter
	2	Views of professionals and family recorded by FGC Coordinator
	3	Correspondence - planning letter
	4	Family plan
	5	Review plan
	6	Agency interaction summary – summarised contact with partner agencies
2	7	Outcomes and work plan
	8	Record of work contact with family and child
	9	Health and safety risk assessment
	10	Social work report for Family Group Conference
	11	Informed consent to share information
	12	Review family plan
3	13	Alex's views recorded by the FGC Coordinator
	14	Diane's views recorded by the FGC Coordinator
	15	Donna's views recorded by the FGC Coordinator
	16	Kate's view recorded by the FGC Coordinator
	17	Claire's view recorded by the FGC Coordinator
	18	Carol's view recorded by the FGC Coordinator
	19	Justine's views recorded by the FGC Coordinator

Pod	Doc.no	Document type
	20	FGC referral
	21	Initial FGC plan
	22	Review plan January
	23	Review plan April
4	24	FGC referral
	25	Callum's views recorded by Callum
	26	Swift input form - case closure
	27	Email correspondence
	28	Email correspondence
	29	Email correspondence
	30	Email correspondence
	31	Personal letter from Glenda
	32	Personal letter - giving permission to share information
	33	Callum's family plan
	34	Letter re FGC
	35	Family plan April
	36	Letter re FGC
	37	Family Plan June
	38	Letter re FGC
5	39	Referral
	40	Email correspondence
	41	Email correspondence (reminder of conference)

Pod	Doc.no	Document type
	42	Closure form closing the FGC service
	43	Email correspondence
6	44	Written notes from FGC Coordinator
	45	Referral to FGC service
	46	Frank's three houses recorded by Coordinator
	47	Ashley's three houses recorded by Ashley
	48	Ashley and Frank's Family plan
	49	Ashley and Frank's family Plan - review
	50	Note of case closure
7	51	Initial referral form
	52	Family plan
	53	Tara's three houses recorded by Coordinator
8	54	Referral to FGC service
	55	Invitation to Dillon's meeting
	56	Referral acknowledgement letter
	57	Correspondence referring to the plan
	58	Signed family plan August
	59	Review of the plan 1 October
	60	Review plan 2 December
	61	Review plan 3 January
9	62	Referral form
	63	Closure form

Pod	Doc.no	Document type
	64	Zara's views recorded by Coordinator
	65	Notes from the meeting - family and friends
	66	Jade's views recorded by Coordinator
	67	Skye's views recorded by Coordinator
	68	Family Plan
	69	Family plan review April
	70	Professional evaluation foster carer
	71	Professional evaluation- support worker
	72	Email correspondence
	73	Email correspondence
	74	Email correspondence
	75	Email correspondence
	76	Email correspondence
10	77	Referral to FGC service
	78	Closure form
	79	Summary of Views from Sylvie's meeting recorded by Coordinator
	80	Sylvie's plan
	81	Invitation
	82	Evaluation 1 from family member
	83	Evaluation form 2 phone back
	84	Evaluation form 3 phone back

Pod	Doc.no	Document type
	85	Evaluation form 4 phone back
	86	Evaluation form 5 phone back
	87	Evaluation form 6 phone back
11	88	Referral form
	89	Closure doc
	90	Jake's plan
	91	Evaluation feedback - family member
	92	Evaluation feedback - family member
	93	Evaluation form phone back
	94	Evaluation form 2 phone back

10.6 Appendix 7: Family Leaflet Project

Family Group Conferencing Research

My name is Mary Mitchell. I am student at the University of Edinburgh and working with CHILDREN 1st. I am doing a research on children and families experience because of their involvement in Family Group Conferencing.

I plan to interview ten families from across Scotland about their views and experiences of Family Group Conferencing and how it may have affected what has happened to them. I would like to invite you and your family to take part in this project. This leaflet gives some information about the project and what taking part will involve.

What am I interested in find out?

I am really interested in what you think about how having a family meeting has affected you and your family.

I'd like to find out:

What was it like for you to have a family group meeting?

What has happened to you and your family since your family meeting?

What you think about family group conferencing now – 12 months after.

What would be involved if you took part?

I want to interview you and other members of your family about your experiences of family meetings. I would also like to see your family plan and any other notes that the Family Group Conferencing Coordinator kept while working with you. I will also be interviewing the Family Group Conference Coordinator and other professionals who have worked with your family to find out what they think of Family Group Conferencing

I would like to meet you or speak with you first so we can get to know each other and so you can ask me questions about the project. If you want to take part, we will chat about your experience of Family Group Conferencing and what has happened to you since. I will have some activities to help you remember and think about what happened in your Family Group Conference.

We can organise a time and place that suits you for our interview. You can bring someone else along to our interview (a friend or supporter) if you'd like. We can also organise to have the interview with other family members who have been in involved in Family Group Conferencing. With your permission I will record our conversation and it will then be typed up. If you want to, you



Do you have to take part?

No but if you do decide to take part you will be asked to sign a consent form agreeing to participate. You are free to withdraw from being involved at any time without it affecting your getting support from other services



Why are you being asked to get involved?

You are being asked to be part of this research project because you and your family have been involved in a family group meeting and because **what you have to say is important**.

What will happen to the information that you and your family give?

The information will be used to write some reports. I may want to use some of the things you say in your own words in my reports as quotes – if I do, I will not use your real name.

I will write a report for my university doctoral degree. The information may also be published in research reports to improve people like social workers help families who are in similar situations. A record of our interview will go into an archive. This will help people in the future understand what it's like for families in similar situations. This record will not identify you or your family.

I will send you information about what I have learnt about Family Group Conferencing throughout the project. You can let me know whether you think what I am saying is correct or not

Keeping you safe

Like any other professional you work with If you say something which suggests you are being hurt or you are harming someone else I would need to tell someone about that. If I think that I need to tell someone else about what has been said I would talk to you first

Would you like to take part? .

If you are interested, please get in touch with me and I will arrange to meet up with you. If there is any other information you want to know about the project please call me or email me.

[0131 651 3001](tel:01316513001) or m.a.s.mitchell@sms.ed.ac.uk

Please know that your decision will not affect your involvement in agencies supporting you. If at anytime you are worried about this project please contact my supervisor

Professor Kay Tisdall: k.tisdall@ed.ac.uk

Family Group Conferencing Research Project



Hi! My name is Mary Mitchell and I am student at the University of Edinburgh and working with CHILDREN 1st. I am doing a research project on what changes, learning or benefits you may have experienced because of your family group conference.

I am really interested in what you think about how having a family meeting has affected you and your family.

I'd like to find out:

What was it like for you to have a family group meeting?

What has happened to you since your family meeting?

What you think about family group conferencing now?

Why am I doing this project?

We do not know much about the effect family group conferencing has on what happens to children and families in the longer term. Knowing more about what you think happens to families will help adults understand what it's like for children who take part in family group conferencing. It will mean they will be better able to help other children, young people and their families.

What's the project for?

I want to talk to ten families from across Scotland about their views and experiences of Family Group Conferencing and how it may have affected what has happened to them. I will write some reports. One for a university degree and others will be for people like social workers and people who work with families. I will also write a report for all the families who help me with the project.

What would you have to do?

If you take part in the project we will arrange a time to interview you and other members of your family. I will ask some questions and do some activities to learn about your ideas and views. I want to interview you separately from other adult members of your family. This will give you a chance to give your views. If you want to bring a friend or family member to our interview for support, that's ok too. Our interview will last no more than one hour.



Who will find out what you have said?

I will not use your name in my reports. This means that anyone reading the reports will not know it was you who took part in the project or what you said. A record of our interview will go into a file called an archive. This will help people in the future understand what it is like for children who have a family group conference. No one will be able to tell its your record. It won't have your name on it.



Keeping you safe

Like any other professional you work with If you say something that suggests you are being hurt or you are harming someone else, I might have to tell someone about that. If I think that I need to tell someone else about what has been said I would talk to you first.



Do you have to take part?

You do not have to take part. It is completely up to you. It won't affect you relationship with CHILDREN 1st or any agencies who support you. If you decide to take part you can change your mind at any time. You won't have to answer all the questions that I ask. I will check with you during our interview to make sure you still want to take part.

Would you like to take part?

If you want to take part or have any questions you can call me or email me. You can let an adult family member or your coordinator get in touch with me if that is easier.



[07584 318087](tel:07584318087)



m.a.s.mitchell@sms.ed.ac.uk



10.8 Appendix 9: Family Group Conferencing Leaflet Research Project



My name is Mary Mitchell. I am student at the University of Edinburgh working with CHILDREN 1st. I am doing a research project on Family Group Conferencing.

I plan to interview ten families from across Scotland about their views and experiences of Family Group Conferencing and how it may have affected what has happened to them. I would like to invite you to take part in this project. This leaflet gives some information about the project and what taking part will involve.

What am I interested in find out?

I want to know what you think about outcomes for children and families who have experienced Family Group Conferencing.

- What does FGC offer families?
- What outcomes (changes, learning and/or benefits) did the involvement of FGC bring about for children and families?
- How do these changes, learning or benefits link with the process(es) and principles of Family Group Conferencing?
- How can longer-term FGC outcomes be identified and conceptualised?

How will information be gathered?

I am asking ten families to get involved as 'case studies' for this research project. I will have in depth interviews with family members as well as the Family Group Conference Coordinator and other identified professionals involved with the family. I will interview children and young people within the family too – to make sure that we hear about their experiences too.

With the families' permission I will also review family group conferencing case records to see what the original plan was for the family and what was recorded regarding the criteria for referral.



What would be involved if you took part?

I would contact you and we would arrange a place and interview that suits you. Our interview will take no longer



time for the than an hour.

Who will know what you have said?

With your permission I will record and type up our conversation. You can then check the transcript I have typed accurately reflects what you have to say. I may want to use some of the things you say in your own words. I will not use your real name in any documents.

What happens to the information?

I will send you information about what I have learnt about Family Group Conferencing throughout the research. You can let me know whether you think what I am saying is correct or not.

I will use the material to write a thesis for my university doctoral degree. The information may also be published in research and professional journals. A record of our interview will go into an archive. This will help people in the future understand families in similar situations. This record will not identify you.

Why are you being asked to get involved?

You are being asked to be part of this research project because you are a professional who has been involved with one of the families agreeing to be involved in the study.

Do you have to take part?

You do not have to take part. If you do decide to take part you will be asked to sign a consent form agreeing to participate. You are free to withdraw from being involved at any time.

Would you like to take part? .

If you are interested, please get in touch with me and I will arrange to meet up with you. If there is any other information you want to know about the project please call me or email me.

[0131 651 3001](tel:01316513001) or m.a.s.mitchell@sms.ed.ac.uk

If at anytime you are worried about this project please contact my supervisor : Professor Kay Tisdall: k.tisdall@ed.ac.uk

10.9 Appendix 10: Consent Form

University of Edinburgh
School of Social and Political Science
PhD Social Policy Research

Family Group Conferencing PhD Research

*What contribution does Family Group Conferencing make to children and families
longer-term outcomes?*

I have been asked to give consent for my participation in this research study.

• I have read the foregoing information, or it has been read to me.

• I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

• I consent voluntarily to participate in this study.

• I am aware that I can withdraw my involvement at any time throughout the interview/focus group.

Participant

Print name:

Signature:

Date:

Researcher

Print name:

Signature:

Date: