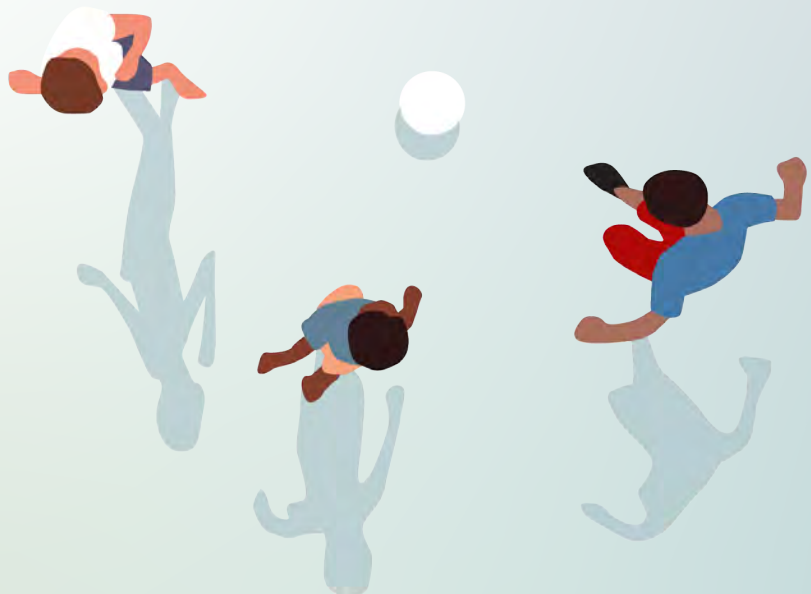




SHARED DECISION-MAKING

**What is good practice in delivering meetings?
Involving families meaningfully in decision-making
to keep children safely at home: A rapid realist review**





What Works for Children's Social Care

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What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care

sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

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The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and families, including family support

services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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Executive Summary

Overview

Our [scoping review](#) (Brand et al., 2018) comprehensively searched the research literature on effective ways to reduce the need for children to enter care. We identified several “interventions” that had some evidence they might be effective at achieving this outcome. We use a technical definition of “intervention” that has been used widely in evaluation research¹ though for practical purposes it can be thought about as trying to do things differently. An intervention can therefore be a specified way of working or, as in the focus of this review, a different way of doing meetings. Each of these we are now reviewing in more detail. Here we are reviewing what the literature says about what good practice is in delivering for meetings that facilitate shared decision-making between professionals and families in the context of children's social care. The aim of this review is to provide an initial theory about how shared decision-making meetings seem to work in reducing the need for children to be in care to support practitioners, social work leaders, policy makers, and evaluators.

This rapid realist review aims to test and develop our understanding of good practice. The contribution we hope that this review makes is to provide a description based on the implicit theories from these sources that might be helpful for three purposes:

1. Providing a description of practice that might be useful for those who are delivering or (in particular) setting up shared decision-making meetings – what needs to happen for shared decision-making meetings to be likely to work to reduce the need for children to be in care?
2. Summarising the evidence that might guide someone who is implementing shared decision-making meetings to reduce the need for children to be in care.
3. Supporting future evaluation of shared decision-making meetings by describing key elements of the service as outlined in the literature.

This is therefore a modest review. We aim to produce something in a relatively short timescale as a contribution to a broader attempt to understand, evaluate and improve the ability of shared decision-making meetings to reduce the need for children to be in care. This is an interim working theory about key elements of shared decision-making meetings that might contribute to our understanding of this important area.

¹ Interventions were defined as a disruption to the system (Hawe et al., 2009, McLeroy et al., 1988). They can operate across a single or multiple socio-ecological domain(s): intrapersonal, inter-personal, organisational, community, and policy.

Method

We extensively searched the research literature on interventions that reduced the need for children to enter care, increased reunification, or reduced re-entry into care. This literature was then coded by 'system level mechanisms' that worked to achieve these outcomes. The literature relating to each of these 'system level mechanisms' was then brought together through a process of realist synthesis. 17 appropriate studies related to shared decision-making meetings were used to develop an initial 'programme theory' to bring together the information extracted from each paper, to describe what works about shared decision-making meetings to safely reduce care numbers, for which families, and under which circumstances. This was done through careful analysis of the studies to identify "if-then" statements. These are claims about causality, for instance that a certain action is needed to produce a particular outcome, such as reducing the need for children to be in care. Additional searching was then conducted to identify papers that addressed gaps in the initial theory (67 studies). The developing theory was shared with stakeholders who had experience of delivering shared decision-making meetings within children's social care (n=18) or of having been in care (n=6) in focus groups and interviews to further refine it, and ensure the relevance of the theory to the UK context.

Findings

The programme theory identified key mechanisms and the contexts in which they work to achieve the outcome of reducing the need for children to be in care. These are pathways, through which shared decision-making meetings work in order achieve the main outcome.

Whether the meeting was delivered within a child protection or "statutory" intervention or in a more voluntary "Child in Need" capacity was identified as a crucial influence on how shared decision-making meeting could be facilitated and the way in which the mechanisms may be enabled or inhibited. For example, the reduced flexibility that is afforded in a meeting within a child protection situation, which in turn may impact on the creativity of the plan that is developed, and may limit the options that can be discovered which could provide new ways to support the child to live at home.

The programme theory identified three core stages and three processes that operated across the stages. The stages were:

1. Pre-meeting preparation: the time that the social worker or coordinator spends with the family and young person to ensure that they understand the purpose of the meeting and are involved in the planning.

2. The meeting itself: the time that is spent in a scheduled meeting with family, a coordinator (who can be independent or a social worker) and other professionals in order to develop a plan to meet the needs of the child and the family.
3. Effective follow-up: the time after the meeting when the plan is enacted. This can involve review meetings, or other forms of monitoring and adjusting the plan.

The review identified that there are three higher level mechanisms that made shared decision-making meetings more likely to be effective in safely reducing children's entry to care:

- **Enabling collaboration and engagement:** Essentially, this mechanism is concerned with creating a meaningful dialogue between professionals and family members. This includes what social workers and other professionals do to enable true collaboration with families and their network in a meeting.
- **Building trust and reducing shame:** Building trust between social workers and families can be an important mechanism for parents and the wider family to feel able to participate in a meeting in a way that is open, and solution focused. Feeling shame around involvement with children's services, and the reasons for this involvement can reduce the ability of families to be open with their network, or to invite them to a meeting.
- **Enabling participation in decision-making:** One of the main outcomes from shared decision-making family meetings is to enable families to be involved in making important decisions about the care and safety of the child. This involves in depth preparation, and everyone being willing to listen and be flexible.

These "pathways" operate across the meeting process and are interconnected. Each can be facilitated or prevented in various ways and by different people involved in the process. A detailed description of good practice for each mechanism and stage is presented in the report and a separate practice guide.

A subset of studies was identified that explored how children and young people could be involved in decision-making through these meetings. However, the outcomes may be slightly different for children and young people's involvement. An adapted version of the theory is set out for effective involvement of children and young people in these meetings which is provided in a separate document (see separate document: Programme theory for involving children and young people in meetings). Where relevant to the main outcomes of reducing the need for children to be in care, this data is also included in the main programme theory.

There was little research or detailed consideration about what needs to happen for effective implementation of shared decision-making meetings in order to reduce the need for children to be in care.

A recurring theme from stakeholder consultation (and in the literature to a lesser degree) was that such meetings needed to be consistent with the wider culture, values and practices of the organisation. Shared decision-making meetings were seen to be just part of the wider system, rather than standalone interventions.

We have summarised key barriers and enablers for effective implementation that were identified in the literature and through stakeholder consultation. More research is needed on how to implement shared decision-making meetings effectively in order to reduce the need for children to be in care.

Implications

In developing a theory about effective shared decision-making meetings, we are in effect holding up a mirror to best practice. Our findings should not therefore come as a surprise. We hope that by bringing this together in a practice-focussed theory, we can help to emphasise what is important and meaningful in delivering these meetings to ensure that they work in a way that can reduce the need for children to be in care.

With this in mind, we highlight the following implications from this report:

- First, while there is broad consensus about how we should facilitate effective shared decision-making with families in meetings, it appears evident from the literature that the reality of how these meetings are delivered varies. We hope therefore that describing good practice in some detail may be helpful for practitioners and those delivering services in reviewing their current practice.
- Second, for those considering how to involve families in meetings – for instance because they wish to use Family Group Conferences or because they want to adapt case conferences – then the description of good practice may prove useful in developing and delivering effective services.
- Third, there is a strong tradition of research describing the often oppressive experience of meetings for families and children who attend them. Yet to date there is a lack of high-quality UK research about how we might do these better to achieve the aim of reducing the need for children to be in care. Providing a detailed theory provides a contribution for researching what needs to be delivered, exploring how it should be implemented and evaluating the difference it makes. These are urgent research priorities.

We hope that the findings of this report may therefore be helpful to both practitioners and researchers. There is a need for the children's social care sector to ensure parents and children are involved effectively in meetings where important decisions are made about the care of a child to help improve their effectiveness in safely reducing children's entry to care. Clarity about what this might involve is a first step for implementing or evaluating moves toward meetings that can involve families in decision making to develop plans and ensure the right support needed for children to live at home. We have prepared guides to good practice for both 'child in need' and 'child protection' meetings, and for including children in shared decision-making meetings. Our hope is that these will be useful for practitioners, managers and researchers involved in delivering or evaluating such meetings.

Contents

Executive Summary	1
List of Figures	7
List of Tables	7
1.Introduction	8
1.1 Objectives	9
1.2 Prior Scoping Review.....	9
1.3 Background.....	11
2 Methods	13
2.1 Design.....	13
2.2 Stage 1: Building initial programme theory	13
2.2.1 Step 1: Synthesis of evidence from literature identified in a previous scoping review	13
2.3 Stage 2: Testing and refining programme theory.....	15
2.3.1 Step 2: Identification and synthesis of evidence from additional literature	16
2.3.2 Step 3: Focus group with young people	18
2.3.3 Step 4: Focus group with Child Protection Case Conferencing professionals and interview with social work academic.....	18
2.3.4 Step 5: Interviews with FGC professionals.....	19
3.Findings.....	20
3.1 Study characteristics.....	20
3.2 Circumstances of delivering shared decision-making meetings	20
3.3 Final Programme Theory	23
3.4 Shared decision-making meeting; Final Programme Theory.....	25
3.4.1 Key mechanism 1: Collaboration and engagement	28
3.4.2 Key mechanism 2: Building trust and reducing shame	37
3.4.3 Key mechanism 3: Enabling participation in decisions.....	46
3.5 Implementation	52
3.5.1 Barriers and enablers of shared decision-making meetings implementation.....	54
4.Discussion	59
4.1 Key mechanisms and their enabling contexts.....	59
4.2 Limitations	62
4.3 Conclusions	63
4.4 Implications and Recommendations.....	65
References	66

List of Figures

Figure 1: Moving from if-then statements to consolidated explanatory accounts	15
Figure 2: PRISMA flow chart of included and excluded studies	17
Figure 3: Overarching programme theory showing three key mechanisms	27
Figure 4: Key mechanism 1 - Collaboration and engagement before the meeting	29
Figure 5: Key mechanism 1 - Collaboration and engagement during the meeting	33
Figure 6: Key mechanism 1 - Collaboration and engagement after the meeting	36
Figure 7: Key mechanism 2 - Building trust and reducing shame during the meeting	39
Figure 8: Key mechanism 2 - Building trust and reducing shame after the meeting	42
Figure 9: Key mechanism 2 - Building trust and reducing shame after the meeting	45
Figure 10: Key mechanism 3 - Enabling participation in decisions during the meeting	48
Figure 11: Key mechanism 3 - Enabling participation in decisions after the meeting	51
Figure 12: Levels at which implementation occurs	54

List of Tables

Table 1: Who took part in stakeholder consultation?	21
Table 2: Barriers and enablers to implementation	58

1. Introduction

Shared decision-making meetings aim to achieve a range of different outcomes for families and can be a way of enabling the right of families to be involved in decision-making. However, this rapid realist review focuses on how shared decision-making meetings might reduce the need for children to be in care. To be clear about the outcome of interest, while reducing the numbers of children in care may be a priority for many reasons, the outcome here is about reducing the 'need' for children to be in care. This is a priority area for What Works for Children's Social Care, identified through consultation with the children's social care sector. By focusing on reducing the need for children to be in care, we hope this outcome fits with the priorities of families, children, services and policy makers in that the achievement of this outcome can be through multiple outcomes that are important to positive family life. These outcomes can include families having access to the support that they need, the basic needs of families being met, family member and child confidence being increased, or through family network relationships being reinforced and strengthened.

This review therefore aims to draw together existing knowledge in order to clarify the ways in which shared decision-making meetings between families, their network and children's social care practitioners may work to achieve the aim of safely reducing the number of children in care. It seeks to bring together for practice and policy the knowledge that is available which articulates how shared decision-making meetings can be implemented and delivered in a way that is more likely to achieve this aim.

The "interventions" included in this review all focus on holding a meeting between children's social care practitioners and family members (often including children, wider family and key community/social network partners identified by the family as important) with the aim of increasing family participation in decision-making, and producing a collaborative plan between practitioners and family members. These plans usually aim for the child to remain at home (despite concerns) or return home (where he or she is currently in out of home care). We use a technical definition of "intervention" that has been used widely in evaluation research² though for practical purposes it can be thought about as trying to do things differently. This could be a defined service, a whole system changes or a specific element of service provision, such as supervision or the way meetings are delivered.

Interventions included: Family Group Conferencing, Family Team Decision-making, Family Unity Meetings, Family Team Conferencing, Family Involvement Meetings, Family Group Meetings and Family Welfare

² Interventions were defined as a disruption to the system (Hawe et al., 2009, McLeroy et al., 1988). They can operate across a single or multiple socio-ecological domain(s): intrapersonal, inter-personal, organisational, community, and policy.

Conferencing (see Appendix 1 for a description of named interventions). Interventions met the following criteria, developed iteratively through coding of the wider literature:

- 1) The meeting was an organised, planned distinct meeting.
- 2) The meeting aimed to include the child's family in children's social care decision-making.
- 3) The meeting included both practitioners and family members.
- 4) A plan was developed as part of the meeting to inform the next steps of child and family social work involvement.

Interventions of this type were included if they measured an effect on children entering out-of-home care or being reunified with family after the meeting (either immediately, or longer term where the meeting could be a causal factor).

1.1 Objectives

The objectives of this review are as follows:

1. Providing a description of practice that might be useful for those who are delivering or setting up shared decision-making meetings – what needs to happen for shared decision-making meetings to be likely to work to reduce the need for children to be in care?
2. Summarising the evidence that might guide someone who is implementing shared decision-making meetings in order to reduce the need for children to be in care.
3. Supporting future evaluation of shared decision-making meetings by describing key elements of the service as outlined in the literature.

1.2 Prior scoping review

Our [scoping review](#) (Brand et al, 2018) comprehensively searched the research literature on effective ways to reduce the need for children to enter care. We identified several "interventions" that had some evidence that they might be effective. We are now reviewing each of these in more detail. In this report we review the evidence for meetings that can facilitate shared decision-making between professionals and families.

The scoping review identified system-level mechanisms through which interventions intended to change the numbers of children in care. Mechanism is defined as how the intervention resource (e.g. shared decision-making meetings) interacts with how individuals think and feel (e.g. social workers, parents, families, children) to bring about changes in thinking, feeling, or behaviour that influence whether the

intervention 'works' to achieve its intended outcome. These mechanisms were shared across multiple interventions. In the social care literature, although interventions are named differently because of differences in their form, these variants can still be meaningfully grouped according to their shared intervention function (the system-level key mechanism through which they intend to change the numbers in care). For instance, Family Group Conferences and Family Unity Meetings may have different names, but the underlying way they work has many similarities. To gain a clearer understanding of which system-level mechanisms in social care work to safely reduce care entry, the scoping review grouped interventions by their system-level mechanism.

The system-level mechanism for reducing the need for children to be in care of this group of interventions is shared decision-making in meetings. The scoping review identified eight evaluated variants in meeting design in this group, all with different names, and evaluated in different settings. The variants and their different settings enable this rapid realist review to develop a more nuanced theory about how shared decision-making meetings work in different settings to reduce care numbers, and to capture any differences in form that have an impact on whether and how the intervention works.

Shared decision-making meetings that involve families in order to reduce the need for children to be in care were identified in 17 studies through the scoping review. This included studies that focused on Family Group Conferencing, Family Group Decision Making and Family Unity Meetings, as well as approaches to make other meetings, such as Child Protection Conferences, more participative. Some studies investigated such meetings as an intervention in their own right. Others involved such meetings as part of a more complicated intervention.

What Works for Children's Social Care are publishing two reviews that consider shared decision-making meetings. Our aim in this review is to present a detailed theory about what may need to happen for shared decision-making meetings to work in a way that can reduce the need for children to be in care. We did this by reviewing the literature and consulting with stakeholders who work within children's social care, or who have experience of being involved with children's social care. We hope that building such a theory will help practitioners and those delivering services to be clear about what they are seeking to do. It is also a vital step in evaluating whether such meetings are making a difference, as we need to know how well an intervention is being delivered in order to evaluate the difference it makes. A companion review will analyse the evidence on the impact that approaches such as Family Group Conferencing have on the relative risk (RR) of out-of-home placements in children who received the intervention compared with controls; re-entry and re-unification rates (again RR), and will also attempt to quantify client satisfaction with the intervention and quantitative measures of parents' perception of empowerment in parenting situations.

1.3 Background

Partnership with families has a long history in services for children and families and partnership principles underpin the 1989 Children Act, related policies and procedures and much subsequent legislation (Department of Health, 1990). Moreover, the right for children, young people and families to be involved in decision-making about their lives, and for plans to be focused on their individual needs is well argued in social work literature and practice (Merkel-Holguin et al., 2019).

Yet there is a substantial body of evidence indicating that, despite children's social care meetings with professionals and families being a key forum for making decisions (Healy et al., 2009), many meetings such as child protection case conferences do not seem to embody or enable principles of self-determination for parents and children. Perhaps because of this, they are often reported to be very difficult for parents and, when they attend, children (see for instance Bell, 1999; Corby et al, 1996; Hall and Slembrouck, 2001). In response to concerns such as these there have been attempts to reform existing meetings, and the development of new types of meetings to involve families with an emphasis on the realisation of their rights. A body of research emphasises the political and social principles that services such as Family Group Conferencing can enable (Ashley and Nixon, 2007; Edwards and Parkinson, 2018). Similar approaches, such as Family Team Decision Making, Family Involvement Meetings and case planning have been introduced in many different contexts globally (Thørnblad et al., 2016).

These approaches have in common an attempt to redesign meetings in a way that can enable family and the wider community involvement in important decisions. Some of these (although by no means all) are specifically focused on children at high risk of care, or who may be reunified with their families after a period in care. These meetings aim to involve the family network in decision-making and planning about the safety and care of a child with the aim of reducing the reliance on out of home care and child removal from the family network (Marsh and Crow, 1998).

There is some research and practitioners have theorised that meetings that are designed to include families in decision-making might reduce the need for children to be in care in several ways. For example, it has been argued that if families can be engaged in meetings that emphasise family participation in decision-making, families may be likely to engage with social workers in a meaningful way (Muench et al., 2017). In turn, including parents in planning could be a motivating force for parents to work alongside professionals to make agreed plans work, increasing the likelihood of change (Faller, 1981, Featherstone et al., 2018).

Moreover, by engaging with a wider family network, and including them in planning, it is possible that the resources available to the family can be harnessed to ensure that the child can remain safely in the home (Appleton, 2015). This could be due to making more people aware of the difficulties that the family is facing

and therefore allowing them the opportunity to offer support (Morris, 2007) or through getting a clearer understanding of the situation of the family (Marsh and Crow, 1998). This could help to ensure children are safe through partnership working with families to identify and strengthen the safety net for children at risk of harm (Connelly, 2006).

Importantly, these meetings have been proposed as a way to reduce the disproportionate representation of children from ethnic minority backgrounds in the children's social care system (Crompton and Jackson, 2007; Harris and Hackett, 2009). This is particularly relevant in the USA, Australian and New Zealand context, but also applies to the UK context. However, there is mixed evidence as to whether these meetings achieve a reduction in racial disproportionality (Nygård and Saus, 2019). It is therefore important to consider how these meetings might work for individual families.

This rapid realist review aims to clarify the ways in which meetings between families and professionals may work to achieve the aim of reducing the need for children to be in care and to articulate for practice and policy how shared decision-making meetings can be implemented and delivered in a way that is more likely to achieve this aim. Rather than evaluating specific meeting types (this has been done elsewhere, for example see Sen et al., 2018), here we review and bring together learning from all types of meetings and present it in a way that can be accessed by any interested person.

2 Methods

2.1 Design

This study is a rapid realist review consisting of two stages and five distinct steps. These five steps individually and collectively build programme theory, articulating our developing understanding from this research about how these meetings can work well to safely reduce care entry:

Stage 1: Building initial programme theory

Step 1: Synthesis of evidence from literature identified in a previous scoping review

Stage 2: Testing and refining programme theory

Step 2: Identification and synthesis of evidence from additional literature

Step 3: Focus group with young people

Step 4: Focus group with CPC non-professionals

Step 5: Focus group and interviews with FGC professionals

In stage two, the initial programme theory was tested and refined in iterative cycles of theory-led data collection and theory refinement. Unlike a full realist review, in this rapid form of realist review only minimal iterations were used to develop the programme theory and there was a narrower theoretical focus; there was more of a focus on prioritising key mechanisms and their enabling contexts, and less of a focus on identifying or incorporating mid-range theories from a wider literature to help understand the system-level mechanism under consideration. Update literature searches were intentionally narrowly targeted and began from previously identified papers in our original scoping review search, with some expert consultation and citation chasing to include any key papers outside of the original search for the system-level mechanism under examination. The sample of people included in data collection was chosen in a purposive way to build understanding of the initial programme theory developed from the international literature and how it would work best in the UK context.

2.2 Stage 1: Building initial programme theory

The first stage developed an initial programme theory from a group of studies identified in the previous scoping review (we briefly outline the method of the scoping review below; see appendix 2 for more details).

2.2.1 Step 1: Synthesis of evidence from literature identified in a previous scoping review

For the full report of the scoping review from which this rapid realist review stems, see [What Works for Children's Social Care website](#) which details the 'EMMIE' (Effectiveness; Mechanisms of change; Moderators; Implementation; Economic evaluation) approach taken. The scoping review (Brand et al., in preparation; Brand et al., 2018) identified 17 papers that evaluated shared decision-making meetings. That

review used extensive systematic searches and utilised Arksey and O'Malley's (2005) scoping review methodology (see Appendix 2 for eligibility criteria and searches).

In the prior scoping review, included studies were read and relevant sections coded using QSR International's NVivo 12 qualitative data analysis software (QSR, 2018). This rapid realist review started from these existing subgroups of coded evidence for the intervention. Each piece of coded information from the 17 included papers was put into an Excel worksheet.

The initial 17 papers identified in the prior scoping review were used to develop an initial 'programme theory' to bring together the information extracted from each paper, to describe what works about shared decision-making meetings to safely reduce care numbers, for which families, and under which circumstances.

Theory relating to what works, for whom, and under what circumstances to safely reduce numbers in care were brought together using a process of realist synthesis. In Excel, each coded section was re-formulated into explanatory accounts in the form of if-then statements (e.g. see Pearson et al., 2015; Brand et al., 2018) to capture theories in the studies related to how shared decision-making meeting interventions impact on care numbers. Particular attention was paid to nuance in relation to 1) which parents, families, and children these meetings were most likely to work for and why, and 2) which circumstances shared decision-making meetings were most likely to work in and why.

These if-then statements were then grouped into themes. These themes related to either key components of the intervention, key mechanisms through which it worked, or key moderators that affected whether it worked for certain families. Themes and type of theme were chosen by the two reviewers most familiar with the data extracted and coded and the resulting if-thens for shared decision-making meeting. The two reviewers identified themes through separate coding and then discussion of coding. Final themes were those groupings subjectively considered to best capture what was most important in the evidence in relation to how shared decision-making meeting interventions work, for which families, and under which circumstances.

Each group of if-then statements was then brought together in a process of consolidation (Figure 1; see also Pearson et al., 2015, supplementary file 4) into a smaller number of richer and more nuanced larger consolidated explanatory accounts explaining more about how the intervention works, for whom, in which circumstances. Consolidated explanatory accounts were then expressed in diagrams and narratives (see section 4: Findings). This is the initial shared decision-making meeting programme theory that was then taken forward and tested in the rapid realist review.

An example of how Explanatory Accounts were consolidated to form a Consolidated Explanatory Account

[The colours show how different parts of the explanatory accounts fit into the final consolidated account]

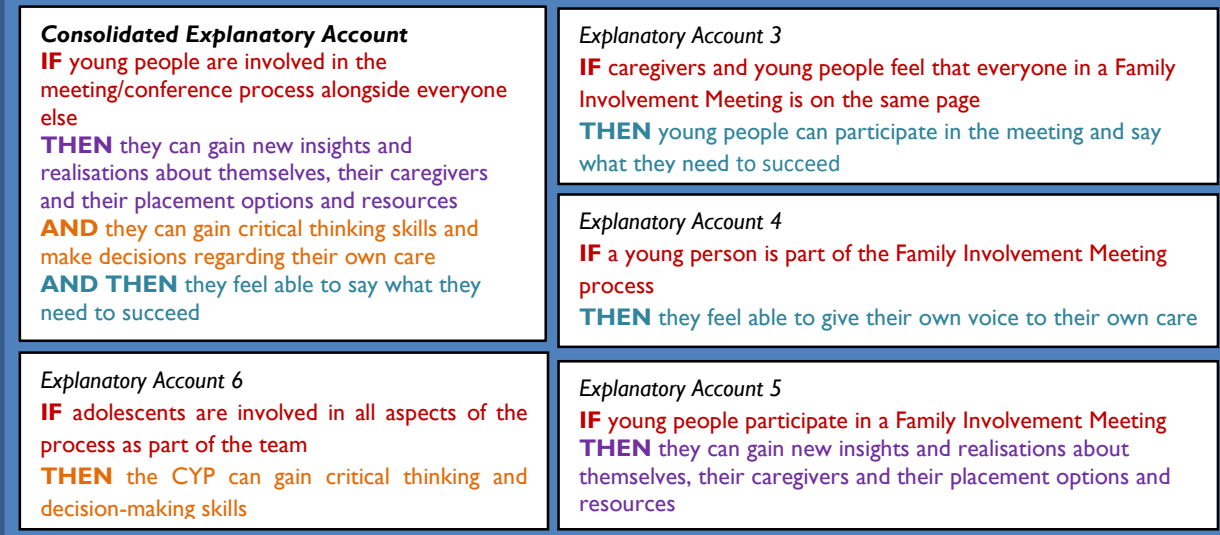


Figure 1: Moving from Explanatory Accounts to Consolidated Explanatory Accounts

2.3 Stage 2: Testing and refining programme theory

Stage two (iterative programme theory testing and refinement) takes this initial programme theory as its starting point and tests and refines it in four iterative cycles of data collection and theory development. To test and refine the initial programme theory developed in the scoping review (see section 2.2) in this rapid realist review, additional literature and stakeholder consultation was carried out.

Programme theory was tested and refined using four cycles of theory-led purposive sampling, data extraction and realist synthesis in four steps:

Stage 2: Testing and refining programme theory

Step 2: Identification and synthesis of evidence from additional literature

Step 3: Focus group with young people

Step 4: Focus group with Child Protection Case Conferencing professionals and interview with social work academic

Step 5: Focus group and interviews with FGC professionals

What did we do with data from the four steps in Stage 2?

Steps 2-5 tested the programme theory through the collection, extraction, and synthesis of new data from additional literature (Step 2) or from stakeholders (Steps 3-5). After each step, data were extracted in the form of if-then statements (see Section 2.2 for description of this process), realist synthesis was used to add in the new if-thens to the emerging programme theory through a process of juxtaposition, comparison, contrast and combination (see section 2.2).

All if-then statements formed from stakeholder consultations (number of if-then statements =111) and supplementary papers (number of if then statements=318) (see Appendices 6 and 7), were compared and contrasted with the existing programme theory. They were used to either add nuance, fill in a gap in the initial programme theory, or not included if they either did not add anything new, or added something subjectively deemed by the researchers immersed in the programme theory to be outside the scope of the theory. These were then fed into the developing programme theory.

2.3.1 Step 2: Identification and synthesis of evidence from additional literature

Four supplementary search approaches identified 67 additional studies to be used to test and refine the programme theory.

1. The Endnote database created from the searches for the scoping review was searched using the following key intervention terms: family group decision-making; team decision-making; family group conferencing; sobriety treatment and recovery teams (START); family first; reunification program (n=60).
2. Citations excluded but of interest to theory development in the Rayyan database created from the searches for the scoping review were selected for screening (n=168).
3. Citation tracking of included effectiveness studies (n=180).
4. Citation tracking of the Children's Social Care Innovation Programme publications that contained the key intervention terms listed in 1 (n=12).

In total, 67 studies were included from additional searches, making 84 total includes from the initial scoping review plus additional searches (see Figure 2). Papers included had relevant if-thens extracted from them (see Appendix 7).

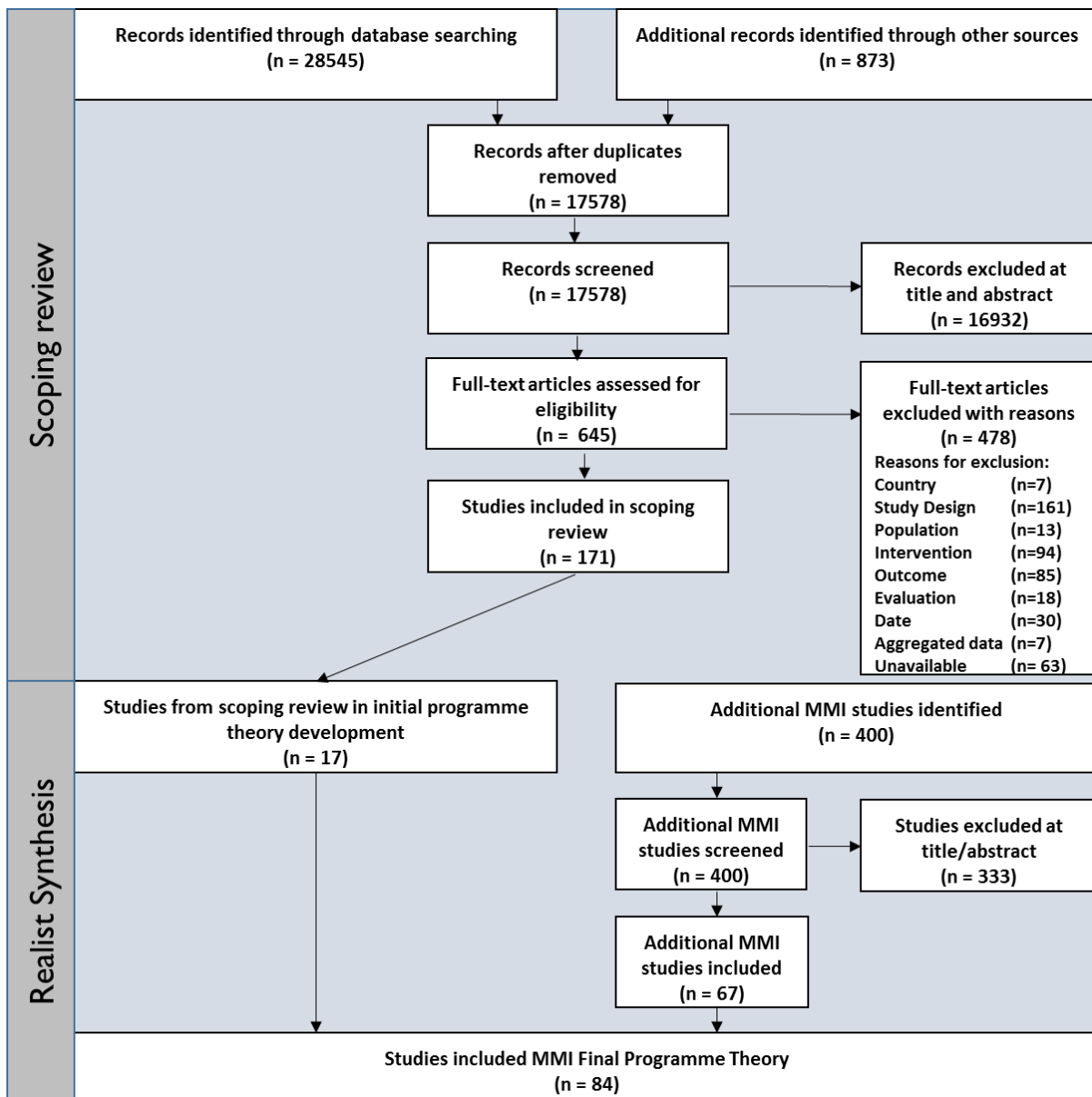


Figure 2: Prisma flow chart of included and excluded studies

2.3.2 Step 3: Focus group with young people

Who did we talk to?

Six young people were recruited from a local user-led organisation in Wales. The group is made up of care-experienced young people who have been trained in social research methods and advises on all aspects of research, from design to dissemination. Its aim is to embed the voices of young people who have experience and expertise in relation to social care services within research on health and social care topics. This group was selected due to their understanding of research and their lived experience of attending and chairing meetings within children's social care.

What did we do?

An hour-long young person focus group was facilitated by two researchers (COD & MM). In the first part of the focus group, young people were given mind maps representing three main questions around children and young people's involvement in meetings. The mind maps enabled young people to reflect individually on their own experience and think about how other children/young people could be involved in meetings. Young people were invited to write their own thoughts/experiences if they chose to. In the second part of the focus group, young people discussed their thoughts around the three main questions in a focus group format. Researchers took notes. Researcher notes and young people's notes were used to extract if-then statements.

2.3.3 Step 4: Focus group with Child Protection Case Conferencing professionals and interview with social work academic

Who did we talk to?

A focus group was carried out with professionals with experience of social work practice (n=14). Professionals were recruited from three local authorities in England which were identified as having knowledge and experience of delivering, and reforming Child Protection Case Conferences. The local authorities were in the process of adapting their approach to child protection conferences therefore a partnership with the researchers was beneficial to develop their thinking, alongside developing the programme theory. Additionally, the local authorities were experienced in delivering Family Group Conferencing, so the practitioners were able to identify nuances between different models. In addition, a social work academic was identified who had practice experience as a social worker and an Independent Review Officer and had carried out academic research in Child Protection Case Conferencing.

What did we do?

The two-hour focus group was facilitated by two researchers (LS and COD) who took notes. An additional researcher (MM) took notes. In the focus groups, professionals were consulted about the emerging

programme theory to gain their UK practice perspective on what felt right, what seemed different in their experience in UK practice (such as how UK legislation on assessment periods impact on their ability to prepare families for meetings, which different from US legislation potentially impacting on some of the literature), what was missing, and to gain a deeper analytical depth on areas of interest in the theory. The PT diagram was first presented to the whole group, before smaller groups discussed areas of interest. After the session, researchers (LS, COD & MM) discussed the session and the notes to consolidate into if-then statements.

A one-hour interview was conducted with a social work academic. This was carried out by two researchers (LS and COD) who took notes. This followed a similar structure to the focus group. The researchers first talked through the programme theory, taking notes on the diagram based on the reflections of the interviewee. The researchers then asked specific questions focused on gaps within the programme theory that the interviewee had direct experience of. After the session, the researchers (LS and COD) discussed the interview and notes to consolidate into if-then statements.

2.3.4 Step 5: Interviews with FGC professionals

Who did we talk to?

Practitioners from three local authorities in England with experience of delivering Family Group Conferencing were identified and interviewed (n=3). These local authorities were chosen as they have introduced Family Group Conferencing across different services within across their local authority and have supported other local authorities to do the same. Each practitioner was involved with the implementation of Family Group Conferencing at different levels of their organisation.

What did we do?

The interviews were carried out by one researcher (LS). One interview was carried out on the telephone and two were face-to-face. These interviews focused on the key elements of Family Group Conferencing, how they worked alongside social work processes, and the differences between Family Group Conferencing and professional led meetings. Notes were taken during these discussions and were turned into if-then statements. After the first interview, the programme theory was updated, and the following two interviewees were asked about a later version of the theory.

3. Findings

Findings are presented in three sections. First, the search results, the characteristics of included studies and of the stakeholders who took part are reported. Second, the programme theory is presented in diagrams and narratives about how shared decision-making meetings works, for which families and children, and in which circumstances. Third, key barriers and enablers to implementing shared decision-making meetings are highlighted.

3.1 Study characteristics

The literature search and screening of publications is summarised in the PRISMA flow diagram (Figure 2, section 2.3.1). In total, 171 publications were included in the original scoping review. Of these, 17 were coded as shared decision-making meetings and were included in this current review.

Fourteen of these studies were published in peer-reviewed journals, one was a book chapter (Pine and Spath, 2007) and two studies (Munro et al., 2017; Mason et al., 2017) were from grey literature. Two of the studies were conducted in the UK, one in Sweden, and the remaining 14 in the USA. All the studies were published in English.

Of the 67 papers identified through additional screening, 40 were from the USA, ten were from the UK, five were from Australia, five were from the Netherlands, three were from Norway, two were from New Zealand, two were from Canada and one was from Ireland (one paper referred to both the UK and USA).

3.2 Circumstances of delivering shared decision-making meetings

Through initial programme theory development, two important circumstances in which shared decision-making meeting meetings take place emerged as important.

For ease of presentation we refer these as child in need and child protection involvement. There are often child protection concerns about children in need, and children in need of protection are by definition in need. However, there is a general understanding that work with children in need involves a lower level of concern, and in general there are fewer consequences of non-cooperation by parents making it more voluntary. In contrast, meetings that are carried out under the aegis of child protection tend to involve higher levels of concern, there is a more obvious possibility of legal proceedings – or these may have already started – and as a result there tend to be serious consequences for parents if they do not engage with this process. There is also usually more involvement of other professionals. For these and other reasons there are significant differences between these types of meeting. These circumstances were explored in consultation with stakeholders (see table 1). We define them as follows:

Child in Need involvement: This can involve a range of circumstances, such as early intervention work carried out with a family support worker or a voluntary sector organisation, assessment by a local authority social worker, or working with a local authority on a Child in Need Plan, or child accommodation through Section 20.

Child Protection involvement: This refers to work with children's services due to concerns of a risk of significant harm to a child. This can occur through a Section 47 assessment, public law outline process and/or care proceedings.

Table 1: Who took part in stakeholder consultation?

What?	Who?	Which gaps/contexts addressed?
Focus Group 1 (statutory involvement)	14 practitioners within one Local Authority and one SW qualified academic. Roles included: Family Group Conferencing Lead; Service manager; Child/Young person advocate; Safeguarding lead for schools and education; Child protection social workers; A clinical practitioner; Strategic and practice leads	Organisational barriers and facilitators to working in collaboration with families Legal structures and frameworks within child protection Time points for delivering meetings
Focus Group 2 (statutory involvement)	6 young people aged 18-22 from a young person led organisation in Wales. Two male and four female.	Barriers/enablers of including children and young people in meetings Outcomes of children/young people involvement Who should/should not be included in meetings
Interview 1 (Statutory involvement)	SW qualified academic specialised in case conferencing	Coordinator/IRO roles and restrictions Family/children views of child protection conferences
Interview 2 (non-statutory involvement)	Former Local Authority Director of Children's Services	Rights based perspective of FGCs Systems level barriers to working in partnership with families Importance of system-based approach
Interview 3 (non-statutory involvement)	Local Authority Family Group Conferencing Lead	Compatibility of principle of FGCs with child protection social work Role of private family time Process of preparation stage of FGCs Role of coordinator
		Cultural importance of FGCs

Interview 4 (non-statutory involvement)	Local Authority Family Group Conferencing Service manager	Importance of location/food
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3.3 Final Programme Theory

The programme theory maps key mechanisms through which shared decision-making meetings can work to safely reduce the number of children in care (see appendix 9 for a full definition of realist terms used in this review). Mechanism is defined as how the intervention resource (e.g. shared decision-making meetings) interacts with how individuals think and feel (e.g. social workers, parents, families, children) to bring about changes in thinking, feeling, or behaviour that influence whether the intervention 'works' to achieve its intended outcome. The term moderator refers to the contextual factors that are critical to be present to enable these mechanisms to fire on the most important mechanisms and their moderators that emerged from the realist synthesis are prioritised and elaborated.

The theory highlights three key mechanisms through which this main outcome can be achieved, demonstrating context-mechanism-outcome chains. Important contexts are discussed throughout the programme theory that can help to enable the mechanisms to work or can be inhibitory. The meeting process takes place in three stages (before, during and after the meeting), with each contingent on the success of the previous stage. A separate, but related programme theory is presented to draw together the data and theory around children and young people's participation in meetings (see Programme Theory for involving children and young people in meetings). This highlights specific considerations for involving children and young people in meetings, and how they are represented when choosing not to attend.

Each meeting involves different people depending on the type of meeting and the individual needs of the family and child/young person. Box A details the terms used throughout the report to refer to some of the key people involved in the meeting process.

Box A: who is involved in the meeting?

Family: The term family in this report refers to the parents/carers of a child or young person (including the child or young person themselves), brothers and sisters, extended family, such as grandparents, aunts and uncles, and also other relatives and close friends who the child/young person considers as family.

Wider network: This refers to other people around the child or young person who could play an important role in supporting them and keeping them safe. This is individual to each child, but could include a specific teacher, sports coaches, neighbours, scout/guide leaders, friends' parents.

Coordinator: This is an important role within the process, but the person who provides this role differs depending on the type of meeting/the organisation that runs it. In Family Group Conferencing, the coordinator is often an independent coordinator who is trained specifically in this role. In other types of meeting, this role may be performed by a social worker or an Independent Reviewing Officer. The coordinator within the meeting process carries out the preparation work with families and works with families to identify who in the wider network should attend the meeting.

Advocate: An advocate can attend a meeting with a parent and/or a child/young person alongside them or on their behalf. An advocate can be someone trained through an advocacy service or can be someone chosen by the individual to support them. The main purpose of a child advocate is to enable children to express their wishes and feelings, to encourage empowerment of children and uphold their human rights. A family advocate can be someone independent who can help parents to have their voice heard in planning meetings. They can also provide an important role in ensuring that parents understand the legal requirements of the plan (see: <https://www.frg.org.uk/>)

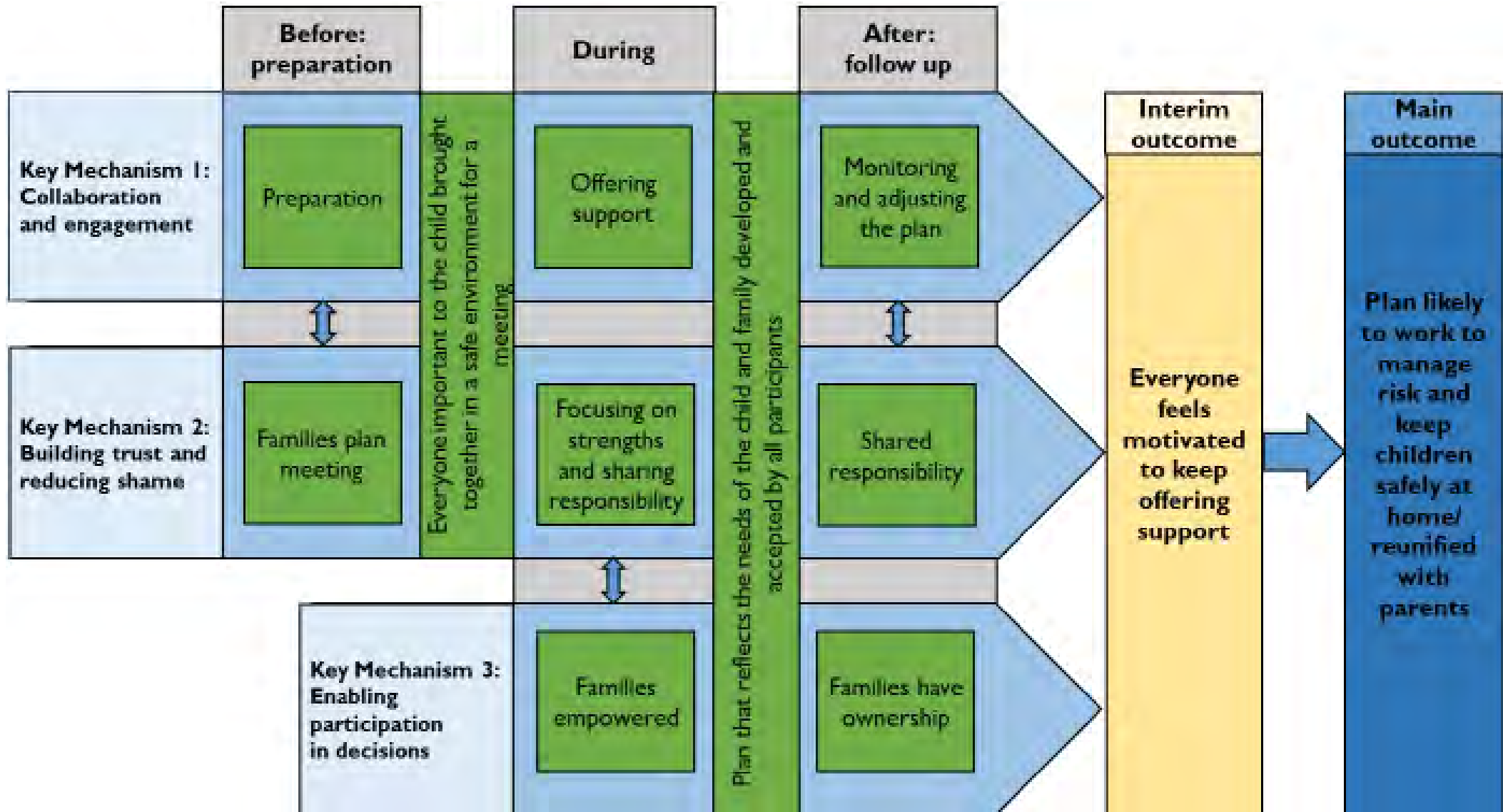
Social Worker: In this report, the term social worker refers to a Children's Social Worker. This is a social worker that works with a child/young person and their family to ensure that a child is safe. In this report, the social worker could be a Local Authority employed social worker but could also be employed in the third sector dependent on the type of meeting taking place.

3.4 Shared decision-making meeting: Final Programme Theory

The programme theory draws together data from the literature with focus group and interview data. The data used to develop the programme theory is available in appendices 5, 6 and 7. References of literature included are available in appendix 3.

According to the programme theory that maps how shared decision-making meetings could reduce the need for children to be in care, there are three key mechanisms that can help to achieve this outcome. Figure 3 shows the three key mechanisms in the light blue arrows which cut across the diagram: 1) Collaboration and engagement; 2) Building trust and reducing shame; 3) Enabling participation in decisions. These can be seen as pathways that operate across the three stages of the intervention, which are shown in the grey boxes of the diagram. The green boxes show what people do in the process and intersect with key mechanisms in different ways. The arrows indicate how the mechanisms interact with each other and how they can lead to the main outcome in the dark blue box which is that the plan works to manage risk and enable the child to live safely at home.

Figure 3: Overarching programme theory showing three key mechanisms



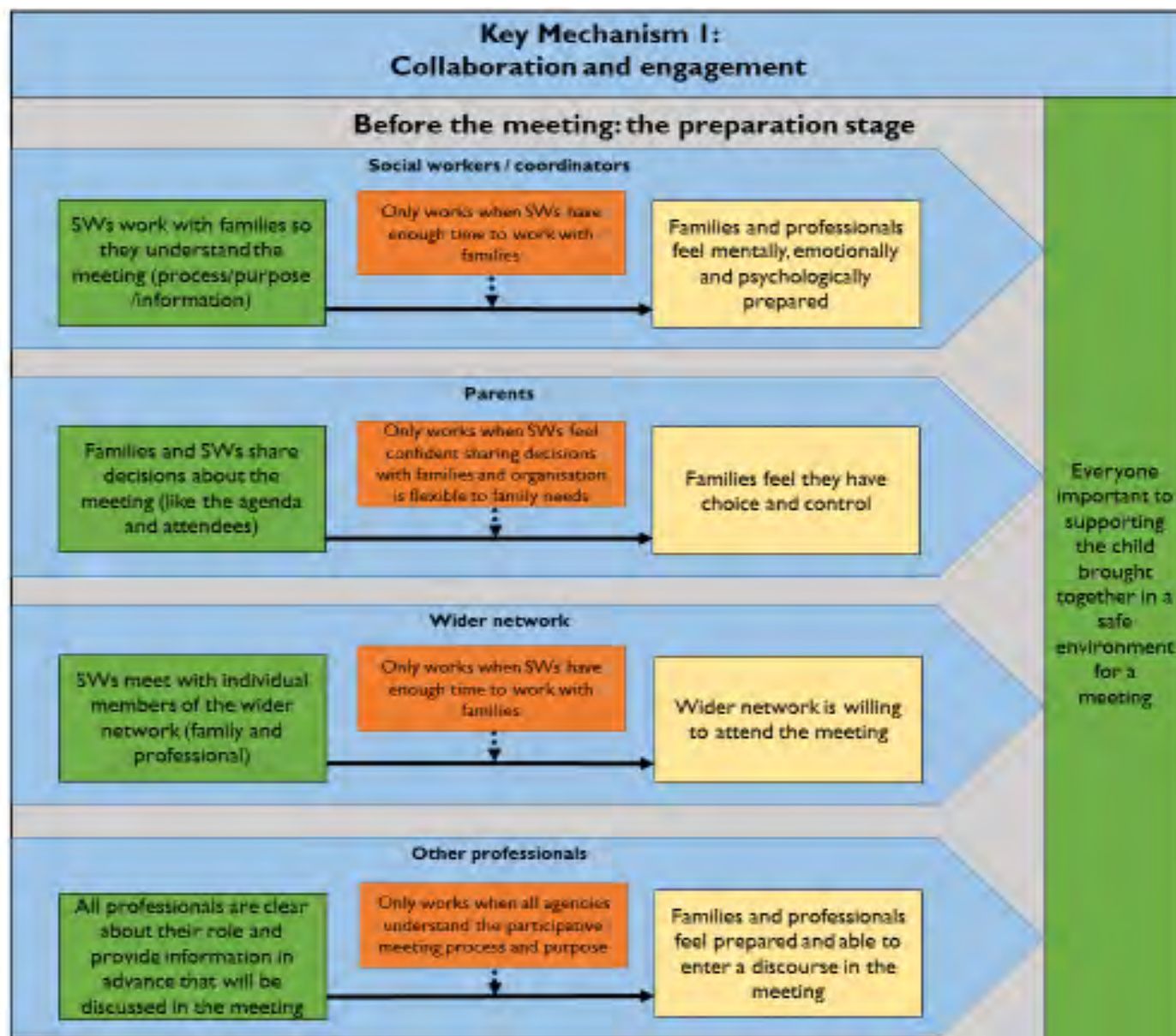
3.4.1 Key mechanism 1: Collaboration and engagement

The first key mechanism for safely preventing children from entering care is collaboration and engagement. This is important at three stages in the meeting process: before, during and after the meeting. We discuss here what needs to happen at each of these stages to ensure that professionals work collaboratively with families. This can lead to the ability for an open dialogue between professionals and family members. This in turn can motivate family and the wider network to engage with the process and provide their support to keep the child safely at home.

Before the meeting (Figure 4)

Before the meeting takes place, there is an important period of preparation that takes place with the main participant or family. In some circumstances, this is carried out by a coordinator, or by the social worker. This process of preparation can work in different ways to create collaboration between the social worker/coordinator and family members, and enable families to engage in the meeting. The diagram shows what each people in the meeting do (green boxes) and how people feel/what they know because of this (yellow boxes). The orange boxes in the diagram indicate contexts/moderators which may inhibit or facilitate these mechanisms working.

Figure 4: Key mechanism 1 - Collaboration and engagement before the meeting



Social workers work with families so they understand the meeting: If a social worker or coordinator works closely with the family over a period of time to help them to understand the purpose and process of the meeting, then the family can feel prepared for what will happen, and what everyone's role within the meeting will be. This can also help to ensure that families fully understand what information will be shared in the meeting. This can help them to mentally, emotionally and psychologically prepare for difficult conversations that may take place in the meeting, and be able to attend the meeting in 'the right frame of mind'. This means family members may be able to attend the meeting feeling calmer and more confident, and able to see the meeting as a space for constructive conversation. If the social worker or coordinator ensures that the information is provided in a way that the family members can understand, without the use of jargon, and with enough time given to enable family members to digest the information and ask questions, then they are more likely to be able to meaningfully engage with the meeting.

If a coordinator is involved in the preparation stage of the meeting, then they may have more time to work with individual family members. The availability of time is a key context that can enable or inhibit the activation of the meaningful collaboration and engagement. In the circumstance of statutory intervention, time frames set by the court or suggested in guidance such as 'Working Together' can limit the time available, and therefore inhibit the ability of social workers to support families to feel prepared. Ultimately, this can limit the ability for social workers and families to collaborate. Although often these timescales are flexible, it can be difficult for workers to feel able to make a case for working outside of them.

Families and social workers share decisions about the meeting: If social workers give families choices over how they participate in the meeting, then they can feel that they have some choice and control over the meeting process. This can include having practical choices about the meeting, such as where the meeting is held, when it will be held, whether technology (e.g. Skype) could be used in the event that someone is unable to physically attend. If this is achieved, families can feel the meeting is about them and therefore feel ownership over it.

Additionally, families can be given choice over what the meeting is about. If a social worker/coordinator/chair who is facilitating the meeting and responsible for preparing the family prejudges the family and/or has a pre-established agenda for the meeting then families may not feel they are able to meaningfully participate, or that their ideas will be heard. Rather, a social worker or coordinator can work with the family to establish an agenda for the meeting so that they feel they are an important part of the meeting, and that they have some control over the direction that the meeting will take and what will be discussed.

Social worker/coordinator meets with individual members of network: Families can also be given choices about who attends the meeting. If social workers/coordinators work with families to map out their networks, and who is important to them, and could play a role in supporting the child, then family members

who may not have been involved previously can take part in the process. Opening up the option to be involved to a wider conception of 'family' can help to engage the family further rather than focusing solely on the nuclear family. If social workers make efforts to engage with wider family members early on in their involvement, then can be easier to engage them in a shared decision-making meeting.

This can also be an opportunity for the social worker/coordinator to meet with other professionals to agree what will be discussed in the meeting, and work out who definitely needs to be there, and ensure that the most appropriate people are there.

If the social worker/coordinator has discussions with family members and the wider network, this can be an appropriate time to consider whether or not the child should be present in the meeting. If social workers work from the perspective that the child will always be in the meeting, then this could be a discussion about any reasons that they may not be able to be present for all of the meeting, and how it can be facilitated in a way that the child/young people could leave at certain points, or just be present for a section of the meeting.

Everyone is clear about their role in the meeting: In order for everyone to feel fully prepared it can be important for everyone to understand what their role will be, and what will be discussed in the meeting. If the social worker or coordinator ensures that the information is provided in a way that the family members can understand, without the use of jargon, and with enough time given to enable family members to digest the information and ask questions, then they are more likely to be able to meaningfully engage with the meeting. If social workers/coordinators help families to prepare ahead of the meeting, then they can come to the meeting with a clear idea of what they think is needed, and their reflections on the information that has been shared ahead of the meeting.

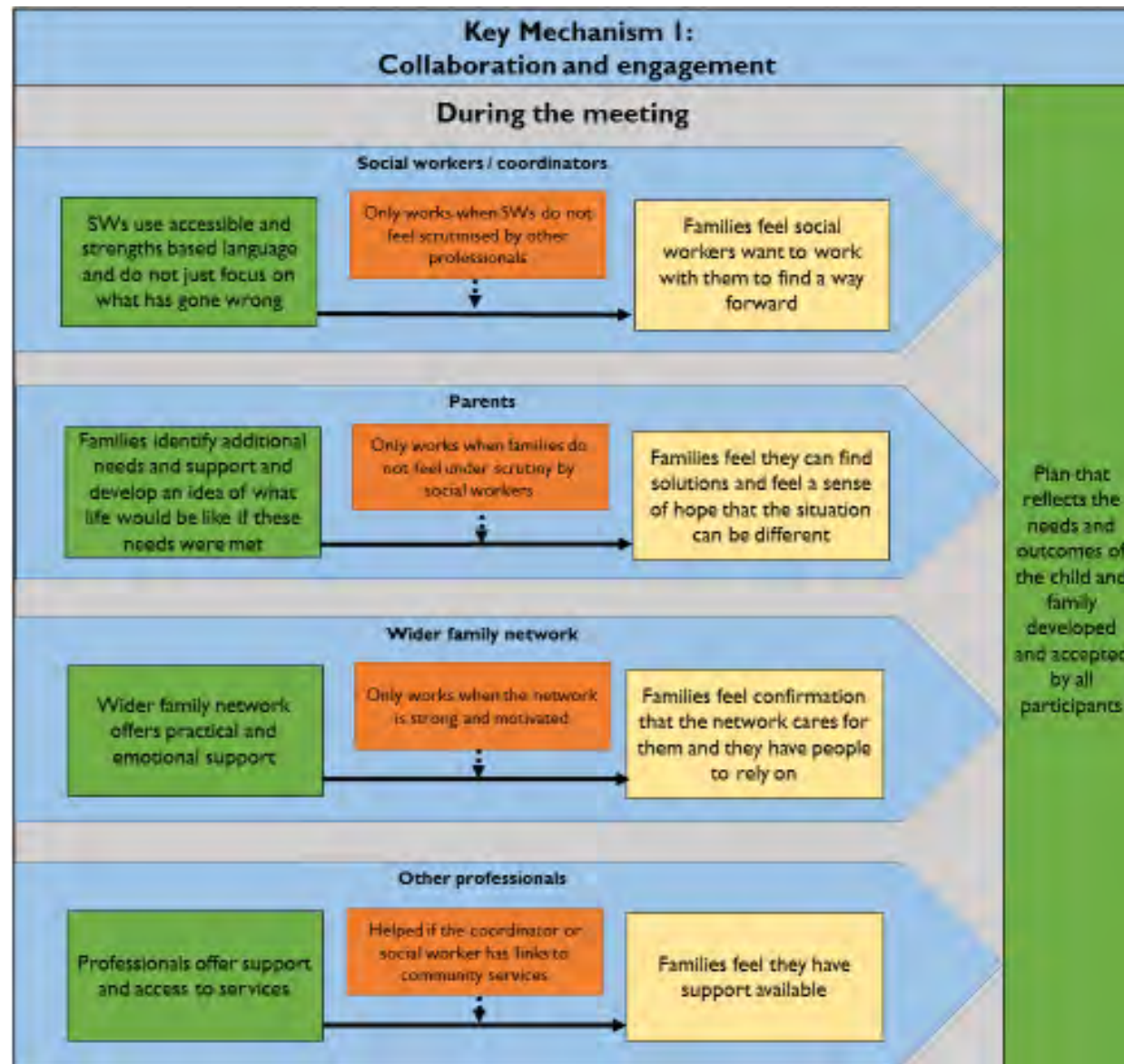
This can also mean asking professionals to only attend the part of the meeting that is most relevant to them. This can help to ensure that the balance of more family than professionals is maintained, which can make families feel important to the process. This can be more powerful if the child is in attendance and their voice is heard and central to the meeting as this can have a big impact on attendees focus on what is needed.

Ensuring collaboration and engagement in this way can then lead to everyone that is important to the child being brought together in a meeting that they feel is about them, and in which they will have an important role to play. However, in order for the social worker/coordinator to have enough time to work closely with the family to develop their understanding of the meeting, and to feel confident in sharing choices about the meeting with families, they need to feel they have the support of the wider organisation, and that there is flexibility to facilitate individual family requests.

During the meeting (Figure 5)

During the meeting, if the family members have been adequately prepared and they feel they have had the chance to shape the meeting in a way that meets their needs, then collaboration and engagement may be possible during the meeting. This involves everyone being open and willing to engage in dialogue, hear what each person has to say, and be flexible to changing their mind in a way that leads to the outcome that that is best for the child. This can be activated during the meeting in different ways.

Figure 5: Key mechanism 1 - Collaboration and engagement during the meeting



Social workers use accessible and strengths-based language: If all professionals in the meeting use language that is accessible then families will be able to understand what is being spoken about, what is required of them, and engage in a meaningful way with the meeting. This can include avoiding professional jargon and process orientated language, such as legal terminology, or social work acronyms but also avoiding referring to time frames for completing actions in weeks (i.e. 26 weeks from initial case conference) without anchoring it in more understandable terms (for instance, by the week before Christmas).

If the language used emphasises strengths rather than deficits, then the family may be more able to listen to what is being said and take on board the information. This can help families to feel that professionals want to work with them to find solutions to problems. If an advocate is available, then they can help the family to understand the purpose of the meeting, and the process involved. An advocate can do this by meeting with the family and adapting the language that is used to the individual family. The advocate can be a source of support for the family and they feel like there is someone there just for them. An advocate can be officially appointed or someone the family chooses, such as a solicitor, who can support through the process, speak on the family's behalf if they want them to and provide legal advice.

Families identify needs and support and an idea of what life would be like: If the meeting participants have an open discussion about what life could be like for the family if changes happen, then everyone can develop a shared, hopeful vision of what the outcome of a plan could be. If families feel that the meeting is about reaching positive solutions for their family, then they may be more likely to openly identify additional needs that they have that can be addressed to keep the child safe. This may be more likely to happen if families feel that the purpose of the meeting is to support them, and that they are seen as an important part of the solution. If families can identify concrete needs, and ways that these could be met, either within the network or through services, then they can begin to feel like it is possible to find solutions and move forward. This can be inhibited if families feel that they are under scrutiny from professionals. One way of alleviating this feeling can be through ensuring that families have private family time to openly discuss issues (data was contradictory here – it is important to understand who this works well for, and who would prefer this discussion in a different way).

Wider family network offers practical and emotional support: If the family has completed work to map out their network and have been given the opportunity to invite key people to the meeting, then people who are important to the family can be in attendance. This can allow for connections and relationships to be restored, particularly where the family may have become distanced from the community or wider family members. Members of the network turning up to the meeting in the first place can go a long way to rebuilding relationships as it shows a willingness to be involved in the child and family's life. In the meeting, if the network offers practical and emotional support to parents and each other than parents, young people

and children can gain confirmation that the network cares for them and is available to support them. This can be very powerful for families who have been disconnected from their social network or have experienced shame that has limited their openness with the network previously. Receiving confirmation that there are people available who care and will be there to offer support in the future can lead to the family, young person and/or child having an increased sense of self-worth. If the wider family network, then offers support to the family during the meeting then it can allow for the family resources and strengths to form the basis of the plan. This can help families to feel that they have people to call on for support when they need it, and that their family network can be seen as part of the solution to any issues, rather than 'the problem'.

Professionals offer support and access to services: In addition to support offered by the network, if professionals offer support and access to services, then the family needs can be met through a range of resources. If this is based on a shared understanding of the needs of the family, and a shared vision of what could be achieved, then the services are more likely to be appropriate to the specific needs of the family.

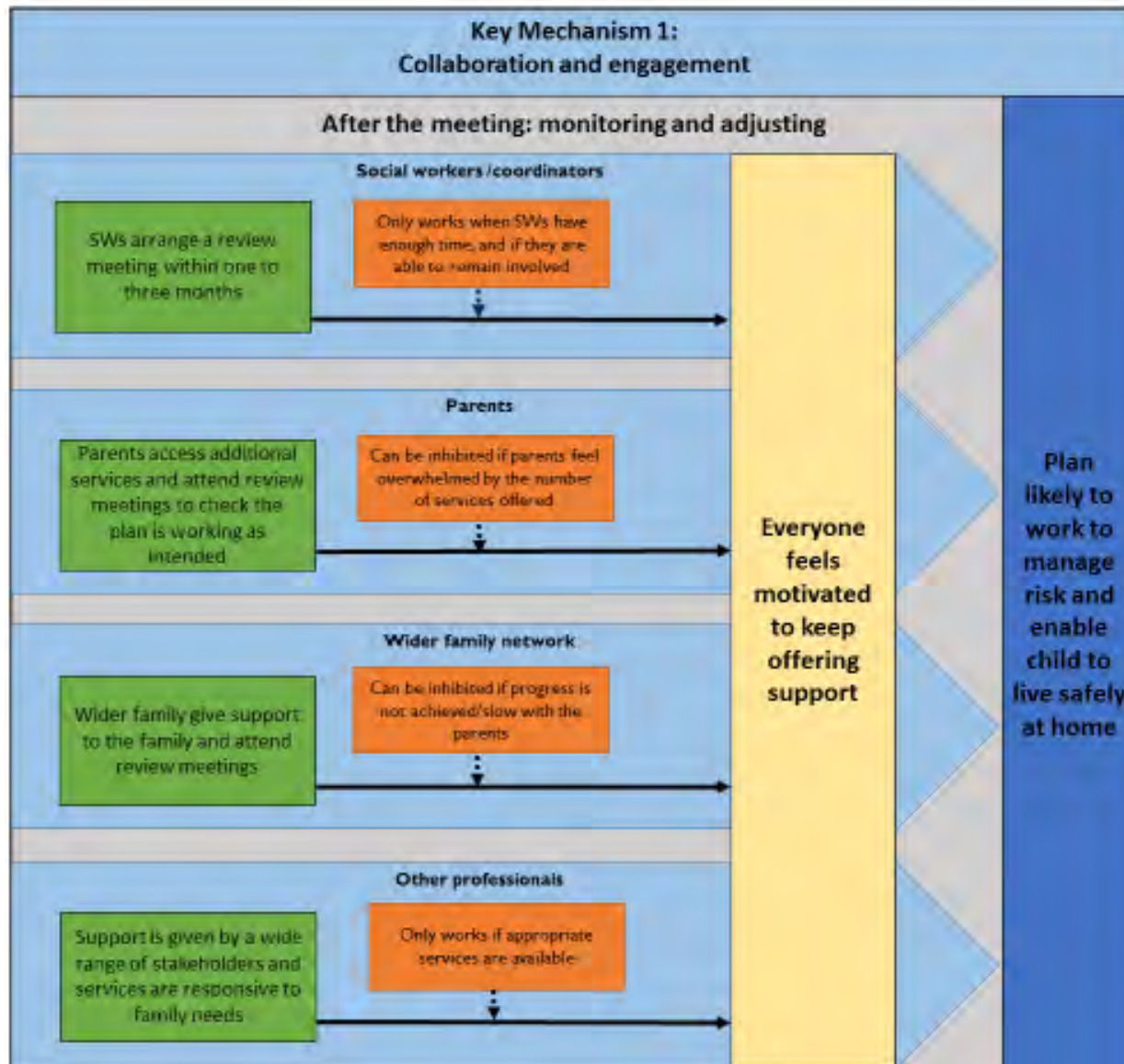
Seeing that the family has a network to support them can make social workers and other professionals feel reassured about the capacity of the family to meet the needs of the child and manage risk within the network. If social workers and professionals are optimistic about the capacity of the family then they may be more willing to collaborate with the family to come up with solutions, rather than feeling that professionals need to hold and manage all possible risks to the child.

This collaboration and engagement in the meeting can lead to participants identifying strengths, opportunities and needs in the family to be able to develop a realistic plan that can meet the needs of the child.

After the meeting (Figure 6)

Continued collaboration and engagement are important after the meeting in order to maintain the support network's commitment to ensuring the plan works to keep children safely at home. This can happen through monitoring and adjusting the plan after the meeting, in review meetings and through ensuring that services and support that is offered meets the family and child's needs. There is limited data on how this can work well to maintain engagement and support the success of a plan.

Figure 6: Key mechanism 1 - Collaboration and engagement after the meeting



Social worker arranges a review meeting within one to three months: If review meetings are set up to take place at set periods after the meeting, with the first one taking place within the first one to three months, then the network can be supported to remain motivated and offer support to the family, and can help ensure everyone follows through with the commitments made in the meeting. This is contingent on the services and support identified as necessary to meet the family needs being available. The review meeting working is inhibited if not everyone buys in to the review process, and do not attend the meeting. This can be facilitated by a continued relationship between the family and a professional who attended the meeting.

Parents access additional services and support and attend review meetings: Alongside this, if the family has access to additional and faster services than they may have had, this can help them to remain engaged after the meeting. It is important that the services are relevant to the individual family's needs and that they are offered in a timely matter. If there are too many services offered, and if they are not what the family needs, then they can become overwhelmed with what is needed and may disengage. Regular reviews of the plan can help to ensure that the services remain relevant, and are adapted if they no longer meet a need.

Wider family gives support and attends review meetings: If the network sees that the family is engaging with services and support, this can help maintain optimism within the network that change can be maintained. This can motivate everyone to keep offering support. If the wider family has been actively involved in the meeting, then it is more likely that they will want to attend review meetings and play an active role in ensuring the plan is followed. The review can also give family members an additional opportunity to re-establish contact. This can take the pressure off families having to reconnect and solve any issues they may have had in a one-off meeting. This may be particularly important where families may have been estranged prior to the meeting, or have not completely agreed on the issues and the way forward.

Services are given by a wide range of stakeholders and are responsive to family needs: If support is offered by members of the network that had previously not been engaged, the support available to the family can be wider and more sustainable. This can also help to ensure that the person/service can be tailored to meet the specific need, allowing for services to be responsive and adapt to the individual.

This continued engagement of the family network and ongoing provision of services can maintain the motivation of everyone to keep working towards the plan, making it more likely that the plan will help the child to remain safely at home with their parent/s.

3.4.2 Key mechanism 2: Building trust and reducing shame

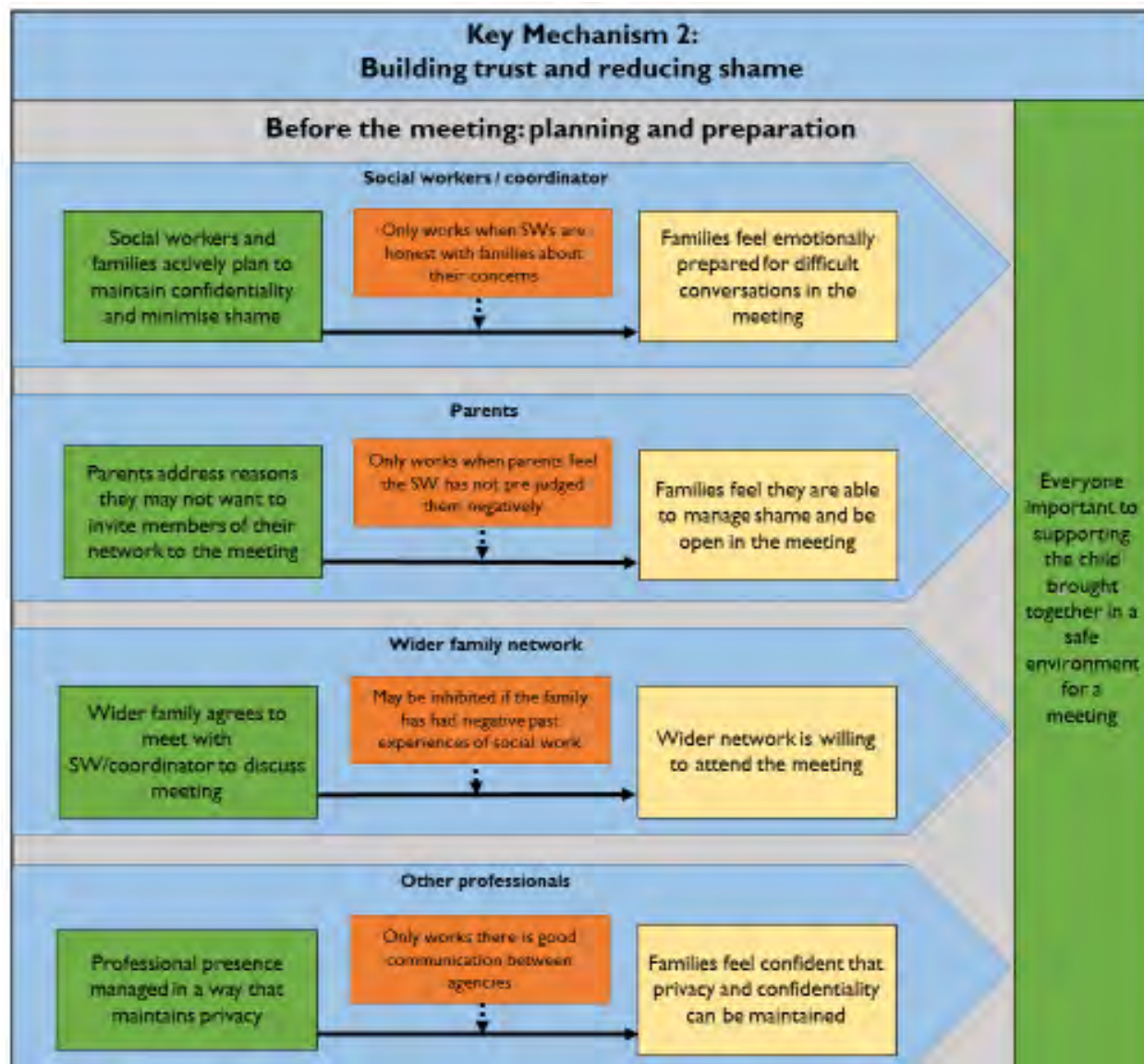
Building trust between social workers and families can be an important mechanism for parents and the wider family to feel able to participate in a meeting in a way that is open, and solution focused. Feeling

shame around involvement with children's services, and the reasons for this involvement can reduce the ability of families to be open with their network, or to invite them to a meeting. If this is addressed through the preparation stage of the meeting, then it can be possible to extend the network of people around the child who are knowledgeable about the situation and able to offer support.

Before the meeting (Figure 7)

Building trust and reducing shame can take a long time, so, although this is a key mechanism in this intervention, it also happens throughout the social worker and parent relationship. As part of the preparation for the shared decision-making meeting, this mechanism is enabled through open and honest communication between the family and the coordinator. It is also important for everyone who will attend the meeting, and the coordinator to work proactively to manage confidentiality throughout the preparation stage.

Figure 7: Key mechanism 2 - Building trust and reducing shame before the meeting



Social workers and families actively plan to maintain confidentiality and minimise shame: If social workers and families have the time to work together to discuss difficult issues, then they can plan the meeting in a way that maintains confidentiality and minimises stigma. This can mean ensuring that only relevant people are in the meeting, or that some information is shared outside of the meeting, or only in front of certain people. This can be supported through ensuring that families have choices about how they participate, and where the meeting takes place (see Key mechanism 1). If social workers are open with parents and the wider network about the concerns that they have, and what these are based on, then families may have more trust in the social worker, even if they do not necessarily see concerns in the same way. This can involve social workers helping families to understand what will be shared in the meeting, by the social worker and by other professionals. If parents know what will be spoken about in the meeting, they can prepare themselves, and make informed decisions about who should be there. They can also emotionally 'brace themselves' for difficult issues that may arise in the meeting, allowing them to feel able to respond to concerns.

Parents address reasons they might not want members of their network present: If social workers/coordinators have the time to work with families, they can start to address some of the reasons that families are reluctant to be open with their network and do not want certain people to attend a meeting. By focusing on strengths and positive experiences that families may have had of asking for support then families may be more open to asking for support from their network. If social workers/coordinators are able to acknowledge the shame that families might feel and reassure families that they only need to share what they are willing to share, then families might feel better about inviting more people to the meeting. If everyone can maintain a focus on the needs of the child, then they may be able to prioritise having people who can offer support to the child at the meeting.

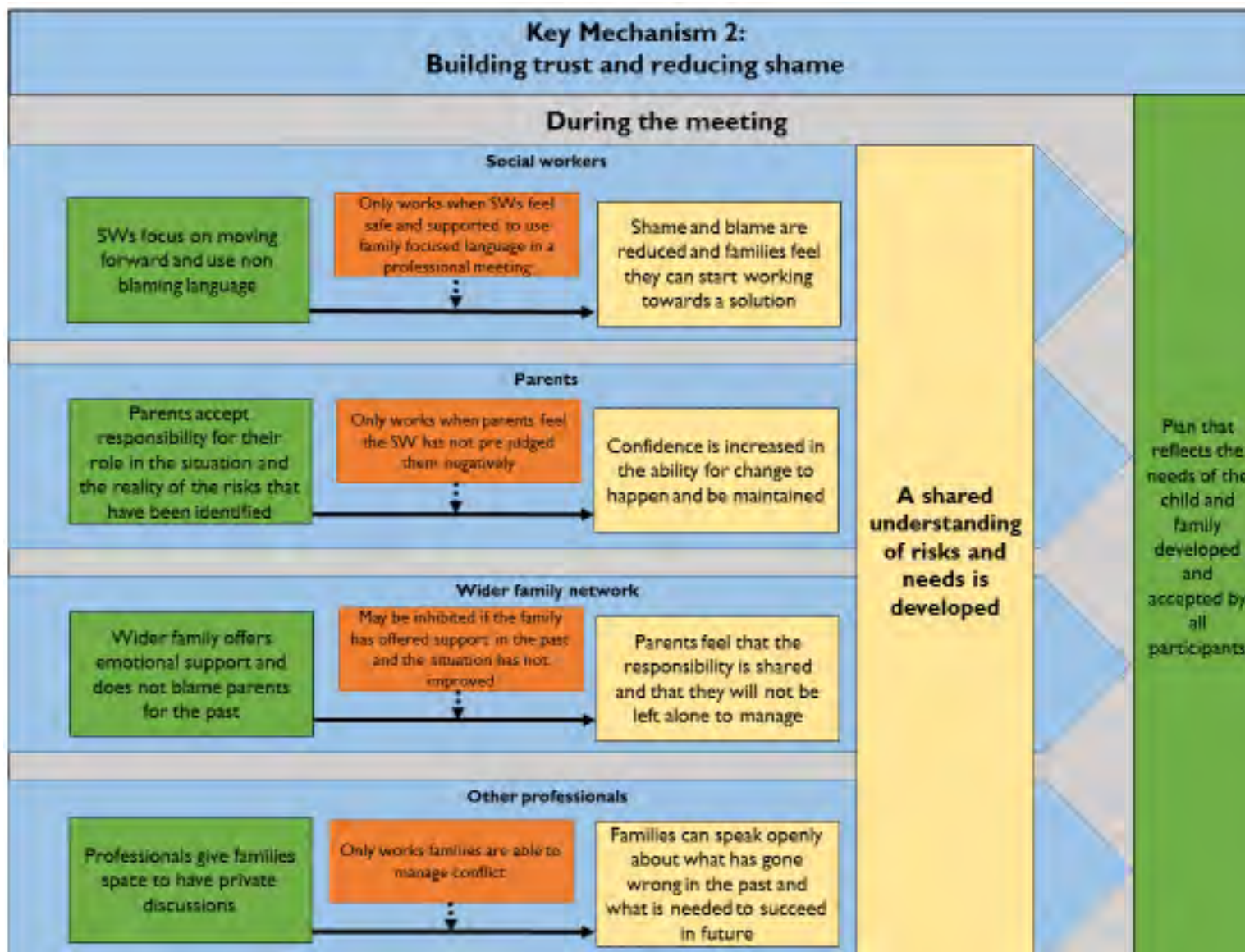
Professional presence managed in a way that maintains privacy: If professionals are only invited to parts of the meeting that are directly relevant to them, or just to share information, then families can feel more comfortable knowing that information will only be shared with necessary people. If this is made clear ahead of the meeting, then families may feel less anxious about their participation and professionals can feel clearer about their role in the meeting. This is only likely to happen where there is buy in from all the agencies that are involved (see Section 4.5 on Implementation).

Wider family agrees to meet with the social worker/coordinator: If the social worker/coordinator is able to reassure members of the wider network that the reason for attending a meeting is to support the family and the child, and that their involvement is valued and important, then family members that may have been reluctant to engage may be more likely to meet with them. This may be particularly important where members of the network may feel distrustful of children's services or may have had previous negative experiences of children's services involvement.

During the meeting (Figure 8)

If trust has been built between the social worker and the family before the meeting, then this could continue to be developed in the meeting itself. Meetings with other professionals present can feel like a very different environment which can impact on how this mechanism operates.

Figure 8: Key mechanism 2 - Building trust and reducing shame during the meeting



Social workers focus on moving forward: If all participants in the meeting (professionals and families) focus on solutions rather than on assigning blame for the past, shame and blame can be reduced for the family, and they can start working towards solutions. This can be inhibited if social workers feel under pressure from other agencies to assert control and focus on risk. In order to reduce shame, it can also be important for the wider family to be encouraged to focus on the future on not the past. This could be managed by a skilled chair of the meeting and by the group agreeing guidelines and ground rules for the meeting.

Parents accept responsibility for their role: If parents are able to accept accountability for what has gone wrong in the past then the meeting can be focused on moving forward and members can feel confident that plans could be more successful in the future. If all members of the meeting (family and professional) can openly accept and take responsibility for the situation, then blame can be lessened. Going forward, if all participants who have a role to play in providing support and services (family members, community members and agencies) take responsibility and are willing to be held accountable for carrying out their part of the plan, then shame and blame can be reduced for the family and professionals when moving forward. This can allow everyone to understand how and what they should do in different circumstances, and who should be contacted in different scenarios. This can be facilitated by roles, responsibilities and actions being clearly articulated, recorded and circulated to all members of the meeting group. Not only does this ensure that individuals know what they need to do, but it allows everyone to hold each other to account, and removes sole responsibility from the family.

Wider family offers emotional support and does not blame parents for the past: If the role of the wider family is understood as being there to offer support, rather than to talk about past failures, then the meeting can focus on how to improve life for the family. If everyone in the meeting can keep a focus on a shared vision of what could be achieved, and how life would be like if the situation was different, then parents can feel more hopefully and less blamed by the meeting.

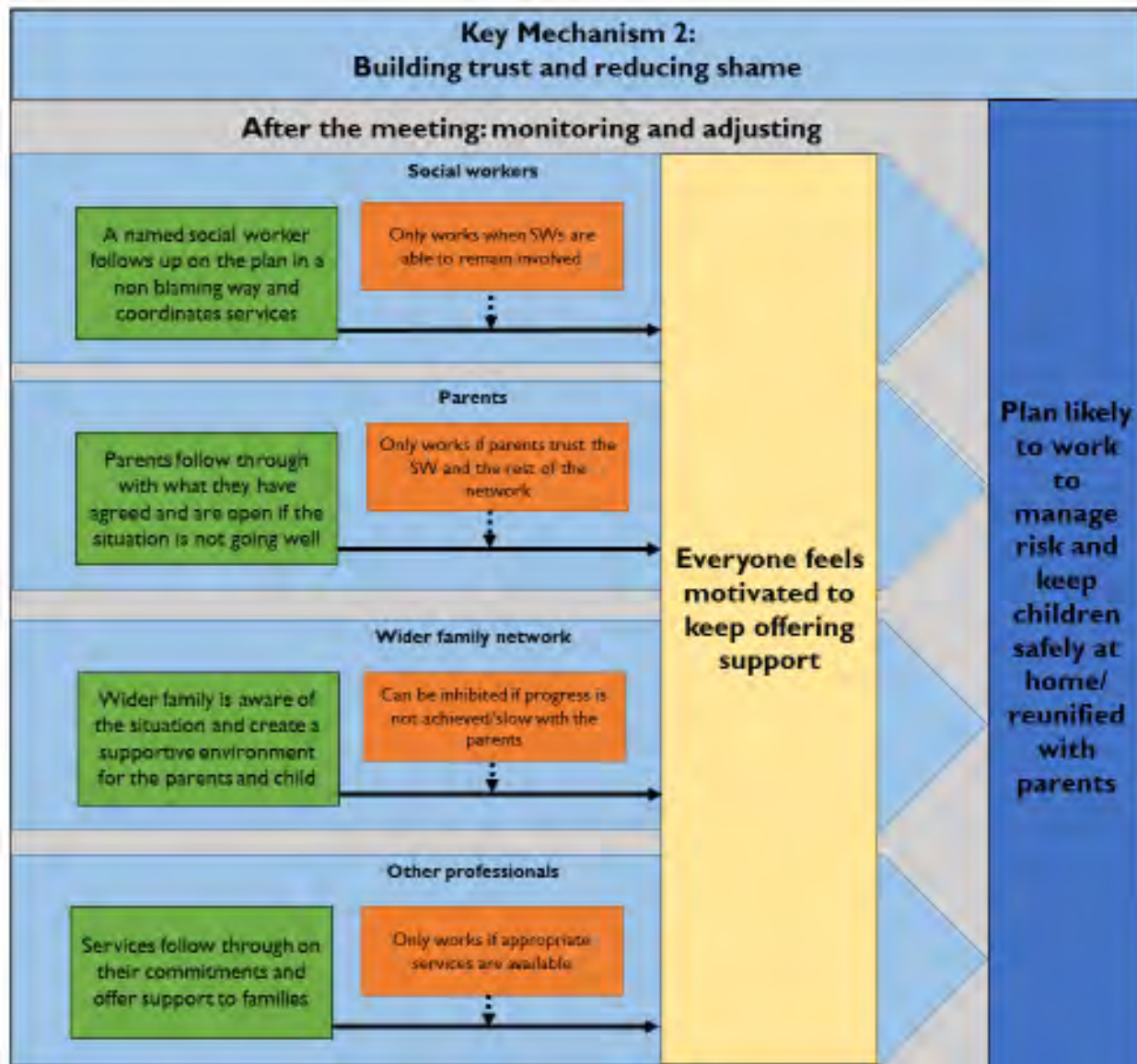
Professionals give families space to talk: If professionals give the family private time to talk over what has been discussed in the meeting, then families may feel more able to be open, and less scrutinised. This is dependent on the individual dynamics and culture of the family. There is a gap in the theory around which families benefit from having private family time, and who makes this decision. Regardless of how it is facilitated, it seems important that families are able to speak openly in a way that they do not feel under scrutiny. This can facilitate everyone gaining a clear understanding of the situation and the best way to move forward.

These mechanisms help to create a shared understanding of risks, needs, and outcomes between everyone at the meeting. Everyone being able to have their say in a safe, supportive environment can lead to the development of a mutual understanding in the meeting of what is going on for the family. This is enabled by families having reached a point through the whole process of meeting (through preparation also) of being able to understand the concerns that agencies have, have been supported to identify their own strengths and those of their network, and feel comfortable asking for support without fear of blame. Through this, a shared understanding can be developed of what is necessary to keep the child safe. If parents are open to hearing what professionals have to say about their concerns, and are able to accept responsibility for their part, professionals may feel more confident in the willingness of parents to change to reduce and/or manage risks in the future. Moreover, if the wider family network offers support to the parents and the child, the social worker and other professionals may feel reassured that the family has support to draw on in the future. This can increase their confidence in the viability of family plans. If a large part of the meeting is dedicated to developing the plan around these needs and strengths, then the plan can be detailed and specific to the individual plan, rather than rushed.

After the meeting (Figure 9)

If families feel that they are responsible, but not solely accountable for carrying out the plan then it is possible that they will be able to be more open with social workers and the network going forward. This can help to ensure that that the situation that brought them to the point of involvement can be better managed in the future as the network will be more knowledgeable about the situation and what support is needed.

Figure 9: Key mechanism 2 - Building trust and reducing shame after the meeting



A named social worker follows up: In order to maintain trust in services and faith in the plan, it is important that someone follows up after the meeting to see how it is working. This can be supported by a named social worker following up on the plan and coordinating services. Having a designated person to feed back to the group about how the plan is working and having regular review meetings can allow for progress to be monitored, and for adjustments to the plan to be made. For this to be done in a solution-focused way, it needs to be recognised that no plan will be perfect after an initial meeting, and that it is a 'live' document. This is helped by services reviewing and adjusting their service provision to meet family need, particularly as need changes over time. If this is done in a non-blaming way, then it can help ensure the plan that it meets the needs of the family. This can be inhibited by social work involvement ending when it is felt that all risk can now be managed within the network.

Parents follow through with what they have agreed: If parents follow through with what they have agreed to in the meeting, and positive changes are made, then this can help to keep the network motivated to keep offering support. If change is difficult to achieve, and there are setbacks, then this can be managed if parents are able to be open about the situation. This is helped if, during the preparation work and attending the meeting, parents have developed trust in the network and feel they will not be judged negatively if the situation is not fully improved, or the plan is not working as intended.

Wider family is aware of the situation: If the meeting has served the purpose of allowing parents to be open with their network about issues that they have previously felt ashamed to talk about then they may be more likely to talk to their network if the situation happens again. This can help to ensure that intervention happens earlier and that safety plans are put in place and are responsive. If the wider network has developed trust in the social worker through the preparation and taking part in the meeting, then they may be more likely to report concerns in the future. This can help ensure that the child is safe at home, and that risk can be managed within the network in a way that the social worker feels confident.

Services follow through on their commitments: If everyone follows through with the commitments that they have made in the meeting, this can help families to trust that there is a strong knowledgeable support network behind them that help them to succeed. Conversely, if people do not follow through, this can have the impact of reducing trust, and causing future disengagement from services.

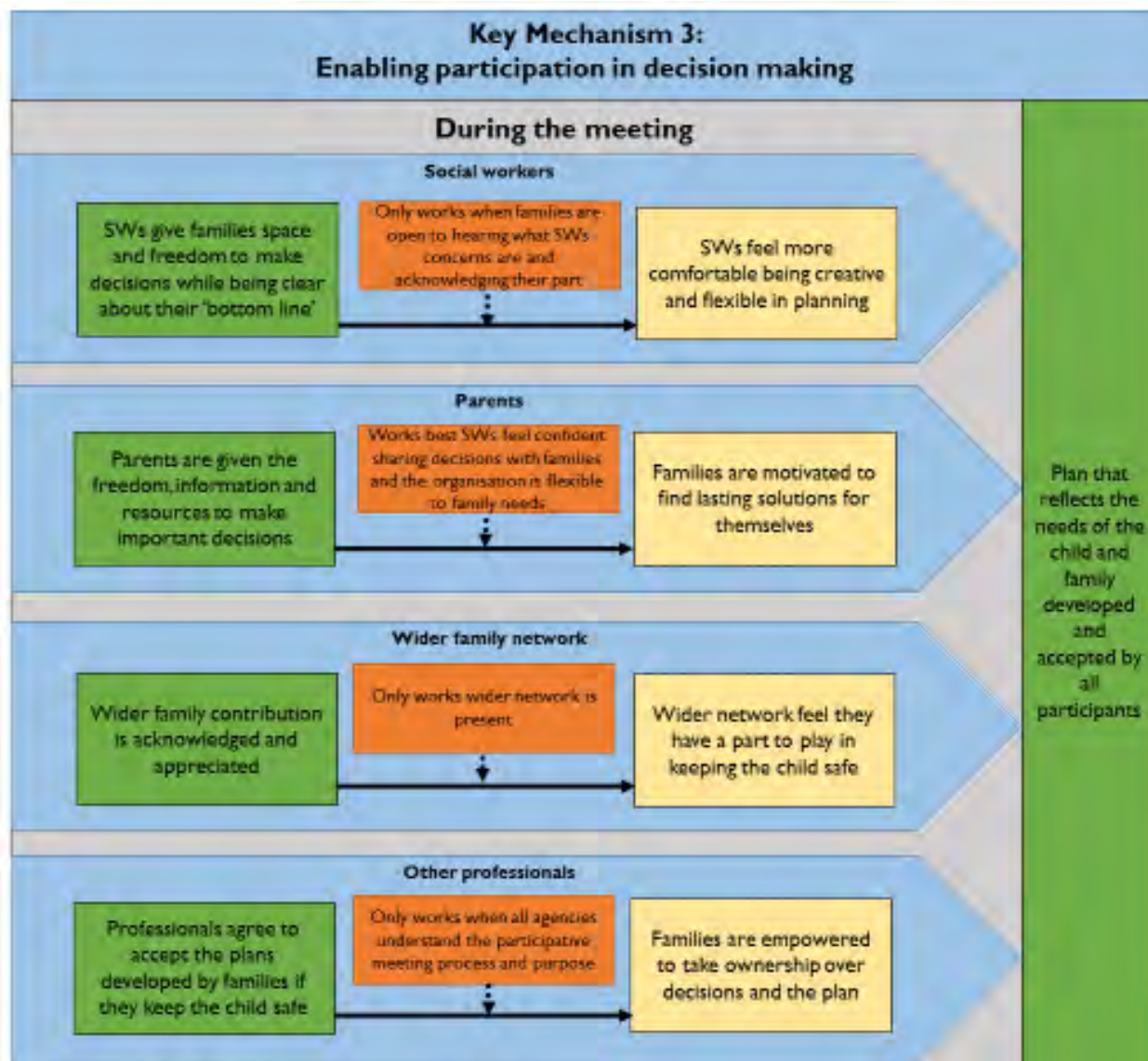
3.4.3 Key mechanism 3: Enabling participation in decisions

One of the main outcomes from shared decision-making family meetings is to enable families to be involved in making important decisions about the care and safety of the child. This mechanism is enabled through the other two key mechanisms and is a pathway itself.

During the meeting (Figure 10)

If families have been prepared fully for the meeting (see figure 4, key mechanism 1), including having had enough time to take on board the information that will be shared, and if they feel that their contribution will be valued, and taken seriously, then they may be enabled to take part in decision making in the meeting. This can involve the social worker/coordinator working with the family before the meeting for them to develop their own report/plan to bring to the meeting.

Figure 10: Key mechanism 3 - Enabling participation in decisions during the meeting



Social workers give families space and freedom to make decisions while being clear about their 'bottom line': If the meeting includes open, honest discussions about concerns, but also identifies strengths of the family, then professionals and social workers may feel more confident giving families the space and freedom to develop their own plans. For families to be able to find their own solutions, professionals need to be flexible to the plans that families develop, particularly as they may be different to standard social work practice. This can be facilitated by explicitly agreeing guidelines before the meeting, and again at the beginning of the meeting (such as which decisions are solely that of the parents/family, which may need social work input) - then everyone can be clear about the scope and flexibility of parent decision-making.

Parents are given the freedom, information and resources to make important decisions: If parents feel they have the freedom to make decisions, then they can feel empowered as parents and that they are seen as part of the solution, rather than 'the problem'. This can motivate parents and families to offer possible solutions for themselves that may be more suitable and sustainable than plans solely developed by professionals, which may not be appropriate or workable for the family, and that the family does not feel ownership over. If families have the opportunity to make decisions about what should go on the plan in order to address the situation and support the child to remain safely at home, then the plans are more likely to reflect the realities of the family needs and priorities. In this way, families are enabled to develop a plan that they feel is 'theirs'. It can also be important for the physical environment of the meeting to allow families to feel able to focus/engage with decision-making. This can involve having comfortable spaces to sit and talk in a way that feels relaxed and having space for people to take breaks.

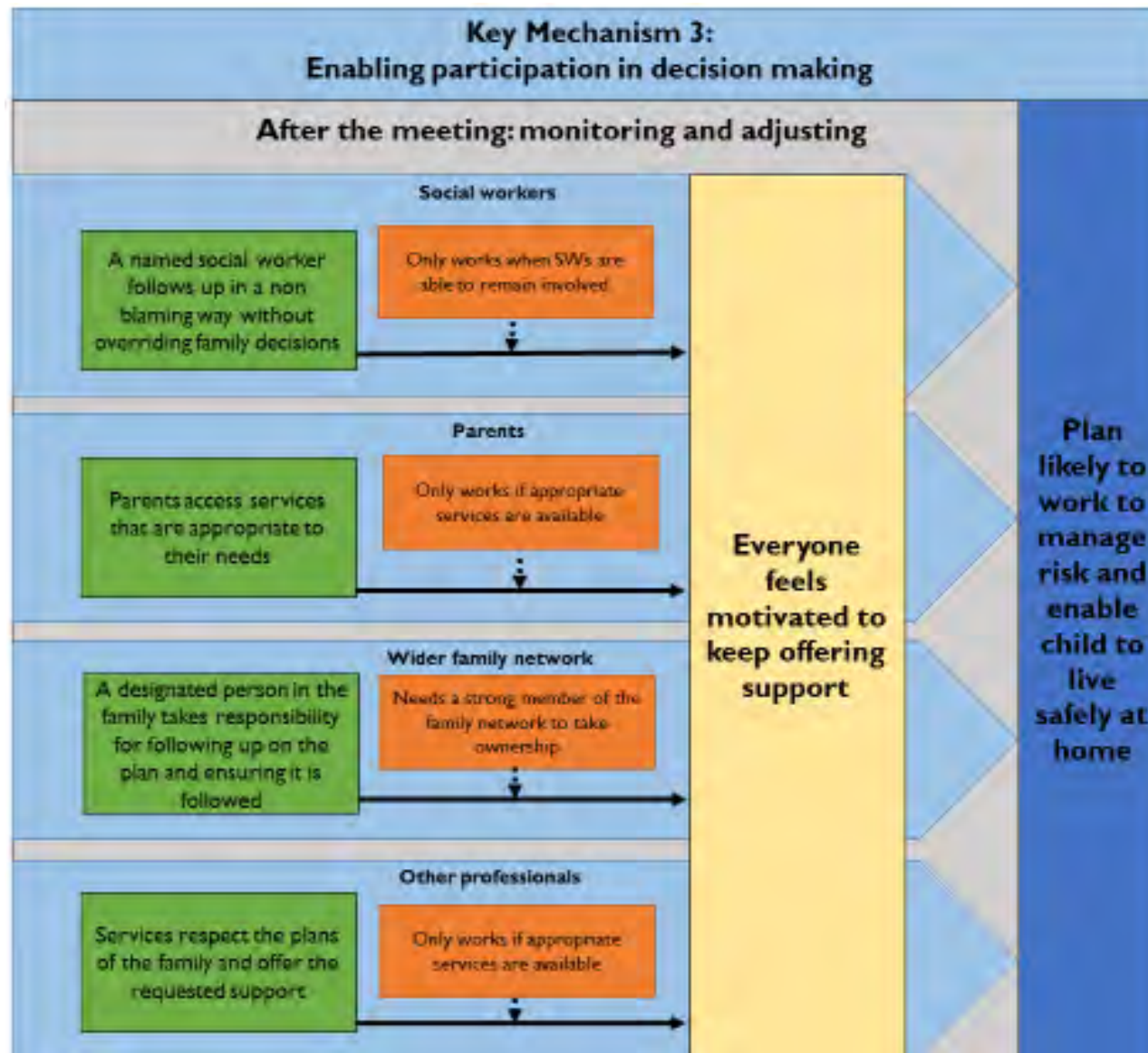
The wider family contribution is acknowledged and appreciated: If the contributions that the wider family have made are acknowledged, and their role within the child's support network is appreciated by other participants, then they can feel that they have a part to play in keeping the child safe. This can reassure them that their contribution in the meeting, and ideas for the plan, will be taken seriously. If the wider family feels that they will be taken seriously, then they may be more likely to actively participate in the meeting.

Professionals agree to accept the plans developed by families if they keep the child safe: Empowering families to take ownership over decisions can be more complicated in a non-voluntary context as there are often legal requirements that need to be addressed through the plan. This can involve, for example, non-voluntary engagement with services such as drug and alcohol services. However, if professionals are clear about what needs to be addressed by the plan, it is possible to be flexible around how this is met. What is important is for the plan not to have been pre-decided before the meeting, and for families to feel that they have space to make a real contribution to what happens next.

After the meeting (Figure 11)

If families are included in decision-making after the meeting has taken place, this can also help to ensure that the plan is followed and works to keep children safely at home. There was limited data on how this can be facilitated to work well for individual families.

Figure 11: Key mechanism 3 - Enabling participation in decisions after the meeting



A named social worker follows up: (see figure 9 – key mechanism 2). If a named social worker follows up on the plan, it can be important to agree in the meeting what their role will be, and how this can help to reinforce family decisions, rather than override them. This can mean acting as a mediator for families to get together to adjust the plan if it has not been working as intended, rather than changing the plan.

Parents access services that are appropriate to their needs: If families have been active in deciding which services that they feel are relevant to them and will help them achieve positive outcomes that they have set, then they are more likely to engage with those services, and make positive changes because of them.

Designated person in the family takes responsibility for following up: As above, if a designated person is nominated to monitor the plan, then families may feel more confident that the decisions that they have made will be followed through. This person could be a social worker, a community member, a family member or young person, or a combination of people responsible for monitoring different parts of the plan. If it is someone within the family network (perhaps on their own, or alongside a named professional) then this can help to ensure that families are continually involved in decision-making. Ensuring that the family is continually involved in decisions after the meeting can support the involvement to not feel like a 'one off' or tokenistic.

Services respect the plans of the family and offer the requested support: If families have been involved in decision-making and have developed a plan that included support from additional services, then it is important that services are responsive to these needs. This can be more difficult where the level of 'risk' is perceived to be low as it may be that families do not meet the threshold needed to access services. It is important therefore that organisations take family plans seriously.

This programme theory is meant to highlight how shared decision-making meetings can work to reduce the need for children to be in care by developing a plan that can work to manage risk and enable the child to live safely at home. Guidance for practitioners based on this programme theory can be found in a separate document (Practice focussed summary). The following section considers what needs to happen for shared decision-making meetings to be implemented in a way that can lead to this outcome.

3.5 Implementation

Twenty-seven papers included in the review discuss implementation. This provided evidence on implementing shared decision-making meetings to reduce the number of children entering care (three papers), and slightly more evidence on implementing shared decision-making meetings to increase the number of children re-unified with their family (four papers – one is coded for both outcomes). Unfortunately, any discussion of implementation was brief, with only one paper including a dedicated

implementation section. This paper was an evaluation of a multiple component intervention (Mason et al., 2017) but specifically included considerations for the meetings component.

No full implementation study on shared decision-making meetings was identified within current literature for the outcomes being explored in this report and the 21 additional papers did not link specifically with the outcomes of interest to this review. Therefore, although we intended to extract if-then statements in order to create a programme theory for implementation (as for delivery), we found there was only enough evidence to describe the barriers and enablers more generally in relation to implementing various shared decision-making meetings. Through bringing the literature together with stakeholder consultation, key considerations for implementation are presented in a table to inform practitioners and policy maker when looking to implement shared decision-making meetings in a children's social care context.

Whole system change

One key consideration that emerged from the literature and from stakeholder consultation was the need to see shared decision-making meetings in the context of a whole system, and therefore a need for a whole system change towards sharing decisions with families. Without this, the meetings themselves will struggle to fit within current systems and may fail to bring any sustainable change. While this was not the focus of this review, it is seen as extremely important in the implementation of these meetings.

Measuring implementation

There is debate in the literature around how implementation and fidelity to models of shared decision-making meetings can and should be measured. Some studies point to a need for fidelity measures in order to develop evidence-based practice and measure outcomes meaningfully (Stuczynski and Kimmich, 2010). Without these, it is difficult to know what is effective, and if different models operate differently from each other (Crea et al., 2008). While there are attempts to measure the implementation and fidelity of models based on the principles of share decision-making meeting, these can be problematic and difficult to operationalise (Rautkis et al., 2013; LaBrenz and Fong, 2016).

Variation in implementation

The importance of flexibility in the models has arisen from the diverse needs of the target group (Berzin et al., 2008) and the different purposes to which the model is used (Jeong, 2012). The basic principles should adapt to cultural context, and to the individual family culture (Roberts, 2007). This could be supported by engaging the local community to adapt the service to meet their needs (Roberts, 2007; Holland and O'Neill, 2012). Using a range of stakeholders in refining processes and learning with professionals and service users

to strengthen service development (Mason et al., 2017; Lee et al., 2013) can ensure that the model is appropriate to the context, and to identify any issues that arise during implementation.

3.5.1 Barriers and enablers of shared decision-making meetings implementation

We were able to identify some key themes regarding the barriers and enablers of implementing shared decision-making meetings (see Table 2), which related to different levels at which the intervention is implemented: the wider national context, organisational culture, organisational practice and individual practice.

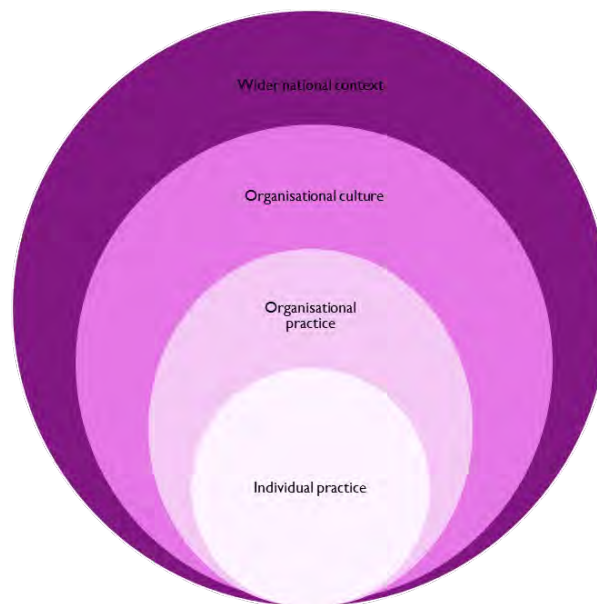


Figure 12: Levels at which implementation occurs

Wider national context

The wider national context is important to consider when looking at implementation. Legislation at a national level mandating the use of shared decision-making meetings, such as Family Group Conferencing in New Zealand, can have a significant impact on implementation, in terms of offering guidance on ways of implementing a new model, but also in the time frames available (Pennell et al., 2010). This can also impact on referral processes. Mandated referrals for a shared decision-making meeting at a trigger point (e.g. when a referral to children's services is made, or when concern increases) can ensure that all families

are supported to input to decisions, rather than individual workers having ultimate decision over who is involved or not (Crampton, 2007). In the UK, the statutory guidance set out in *Working Together to Safeguard Children* (2018) moderates the flexibility that social workers and organisations may feel that they have when implementing new models.

Organisational Culture

The culture of the organisation within which an intervention is implemented, such as the values held, motivation of staff, or the buy in or senior leadership principles can have an impact on the success, or otherwise, of implementation. Themes identified at this level for implementing shared decision-making meetings included buy in from leadership and high-level stakeholders (Mason et al, 2017; Crea et al, 2008; Rauktis et al., 2010; Stuczynski and Kimmich, 2010), approaches to risk (stakeholder consultation; Morris 2012; Rauktis et al., 2010; Morris, 2011), and the rate of implementation (Crea et al., 2008).

Particular attention was drawn in the UK literature and in consultation with professionals to the importance of the overall ethos and values of the organisation, and how well that fits with the new approach (Focus Group 1; Stakeholder interviews 1 and 2; Mason et al., 2017). The literature points to the facilitative nature of restorative approaches in supporting the implementation of shared decision-making meetings (Mason et al, 2017) whereas others point to a more general strengths-based approach (Devaney and Byrne, 2015; Rauktis et al., 2010). This can allow the new approach to adapt to and embed into existing complementary patterns of practice (Stuczynski and Kimmich, 2010). However, it is not clear exactly how this happens, and which elements of strengths-based approaches (if any) are key for adopting shared decision-making meetings.

Organisational practice/processes

Organisational practice refers to the practical things that are done by an organisation that support or hinder implementation. Themes identified at this level included employment of support staff (Devaney and Byrne, 2015; Crea et al., 2008), reduction of caseloads (Crea et al., 2008; Chambers et al., 2016), and reflective supervision that models good practice (Mason et al., 2017; Michalopoulos et al., 2012). Another important theme on this level that was identified both in the literature and in stakeholder consultation was the referral processes involved for specific interventions (such as Family Group Conferencing) (Stakeholder interview 1; Crampton, 2007; Lee et al., 2013). In addition, the way that the organisation worked with other agencies, and how well referral processes are integrated, and communication between agencies was considered significant to implementation (Crea et al., 2008; Rauktis et al., 2010).

Individual practice

Individual practice refers to barriers and enablers that occur at the level of individual workers within the organisation. Themes that were important on this level were the quality and relevance of training (Mason

et al., 2017; Connelly, 2006), knowledge and familiarity with the intervention (Crea et al., 2008) and worker values and characteristics (Morris, 2012; Rauktis et al., 2010; Roberts, 2007).

Level of implementation	Enablers	Barriers
Organisational (Culture)	<p>Buy-in:</p> <ul style="list-style-type: none"> • Commitment from leadership and high-level stakeholders (necessary for sustainability and not just initial start-up) • Buy-in from stakeholders and multi-agencies outside of the core organisations e.g. foster carers, community partners, judges, schools • Model becomes mandatory within policy to reduce the time taken for adjustment • Communication from leadership to reduce scepticism from staff over changes in practice • Ensuring enough time is given for exposure to the practice and then practice to change <p>Staffing:</p> <ul style="list-style-type: none"> • Different staff may acclimatise to the model more easily than other workers depending on training/experience/understanding/approaches etc. Staff turnover could prove beneficial if workers who are unable to adjust to the model decide not to stay. • Careful recruitment, training and gradual building of caseloads for new staff/coordinators • Staff rewarded through performance appraisals and being chosen to be champions of the model <p>Working Culture:</p> <ul style="list-style-type: none"> • Working within a restorative and strengths-based approach can allow the new practice to be adapted into existing complementary patterns of practice 	<p>Buy in:</p> <ul style="list-style-type: none"> • Differences in the perceptions, beliefs and values of individual staff can impact their buy-in • Multi-agencies who do not buy-in may not support decisions that are made in meetings • Model becoming mandatory within policy can cause staff to feel that their authority is diminished • Lack of leadership that is committed to a philosophy change • Other agencies processes and procedures are not compatible with the new model restricting adoption <p>Staffing:</p> <ul style="list-style-type: none"> • High number of families referred with not enough staff resource • High staff turnover impacts on the experience, skill and confidence level of workers implementing the model <p>Working Culture:</p> <ul style="list-style-type: none"> • Working within a risk adverse culture can cause workers to be wary of sharing decision-making • A highly regulated environment can restrict workers being able to change practice and for it to become mainstream. Likely to revert to older practices and core-values are lost • In-built assumptions around bureaucracies restricts innovative practices e.g. timescales being based around the average family
Organisational (Practices/Processes)	<p>Resource Support:</p> <ul style="list-style-type: none"> • Coordinator employed on a statutory footing • Reduced caseloads for staff • Having a full-time scheduler for meetings 	<p>Resource Support:</p> <ul style="list-style-type: none"> • Lack of coordinators or coordinators overstretched in their role • Staff (including coordinators) requiring supervision places increased demand on the organisation

	<ul style="list-style-type: none"> • Having adequate space and capacity to accommodate emergency meetings • Providing staff with the opportunity to share and reflect on practice • Ensuring team accountability during a crisis • Adequate supervision for staff to support how they work with families (which can be more effective than training in modelling practice). • Commitment from administrative support • New IT system that supports practice <p>Referral Process:</p> <ul style="list-style-type: none"> • Criteria-based referral process for families (as opposed to social worker discretion) • Integration of the model into other agencies processes to increase enrolment 	<ul style="list-style-type: none"> • Difficulties in collecting and incorporating new data and understanding its usage <p>Meeting Timings:</p> <ul style="list-style-type: none"> • Trying to organise meetings that suit the needs of individual families and professionals (e.g. domestic violence cases may need separate meetings for the victim and the perpetrator) • Limited flexibility in the timings of meetings restricts who can attend and where they take place • Meetings taking place after a decision has been made, indicating that the 'real meeting' has already taken place <p>Multi-agency working</p> <ul style="list-style-type: none"> • Tensions/different approaches within working relationships and services (for example different understandings of thresholds/risk)
Individual Practice	<p>Training:</p> <ul style="list-style-type: none"> • Training which is combined with observing real life practice (e.g. observing a meeting) can be more effective <p>Worker Characteristics:</p> <ul style="list-style-type: none"> • Newer workers may be more supportive of a new intervention (staff turnover could prove beneficial) • Attitude of individual workers e.g. having belief that it will work and being open to new ideas. • Workers who are culturally competent and more sensitive to the diverse needs of the community 	<p>Training:</p> <ul style="list-style-type: none"> • Insufficient level of training reduces worker confidence with specific groups (e.g. male perpetrators) <p>Workers Characteristics:</p> <ul style="list-style-type: none"> • Workers having assumptions that families are incapable of making decisions reduces a worker's buy-in and uptake of the model • Workers perceiving the model to be high-risk and their authority diminished due to sharing their decision-making power with families • Resistance amongst older workers who favour traditional methods <p>Meeting Timings:</p> <ul style="list-style-type: none"> • Meetings arranged may be convenient for families but not for workers e.g. evenings/weekends. • Difficulties fitting in meetings into already heavy workloads can result in workers having little flexibility for time off.

Table 2: Barriers and Enablers for implementation

4. Discussion

In this section we draw together our key findings, consider the limitations of the review and implications for practice, policy and research. We then outline our conclusions.

4.1 Key mechanisms and their enabling contexts

The programme theory elaborated and refined in this review is intended to inform practice to support the implementation, delivery, and evaluation of effective shared decision-making meetings to safely reduce the need for children to enter care, or safely return home to live with their families, and the contexts that enable this. The programme theory provides a starting point from which social workers and policymakers can consider where to direct resources to support social work practice with families and young people, to support parents to be involved meaningfully in decision-making, and to help wider stakeholders to work towards keeping children safe.

The programme theory shows three main pathways through which shared decision-making meetings can work to improve child safety, which occur at different points in the meeting process and are enabled by different contexts:

1. **Collaboration and engagement** is built between the social worker and the family through preparation and power sharing. Preparation ahead of the meeting can enable families to feel able and ready to engage meaningfully in the meeting. This happens through preparation meetings (usually more than one), whereby the social worker supports the family to understand, and be in control of the meeting. In the meeting, social workers and professionals can share the space to enable families to feel that their contributions are valuable, and that they will be heard. If this collaboration and engagement is built, then families may be more likely to remain engaged with services (both statutory and voluntary) in the future, which can support a safety plan.

2. **Trust and reduced shame** is important to allow for families to be open and therefore make plans that consider all important factors and circumstances. This can happen through social workers being honest with families about their concerns and helping to prepare them before the meeting. It is also helped by ensuring that the environment of the meeting, and the way it is conducted, is family focused, the language is strengths based, and the preparation work completed before the meeting is consistent with the way in which the meeting is experienced by family members. This is a main intermediate outcome for these meetings. Even if a plan was not developed after this point, and regardless of whether children enter care, it is an improvement in the experience of family members compared to non-participative meetings. It is therefore an important outcome in its own right.

3. **Families can be enabled to take part in decision-making.** This is enabled through the previous steps, and ensuring that families are given the space, time, and correct information, with the right support to be able to make informed decisions, and that these decisions are supported and respected by professionals.

These mechanisms work across different types of shared decision-making meetings but may be affected by the circumstances of the family's involvement. Two main high-level circumstances are summarised here as meetings taking place in a voluntary involvement, and those that take place in a non-voluntary statutory circumstance. In addition, children and young people's involvement in the meetings may work slightly differently and is discussed below.

Child in Need involvement

If a family is working with children's services where there is a lower level of concern, then one of the key challenges for a social worker working with a family can be to encourage engagement. This can be difficult for many reasons, including the adversarial image of social workers that is culturally held in the UK and the reality of the powers that workers can exercise on behalf of the state. It is therefore possible that families involved voluntarily with children's services (such as through a Child in Need plan) do not feel that the service is voluntary, and, if they did, may choose not to have any involvement with the service. A key part of the theory therefore for this context is building engagement so that families feel happy to choose to take part in the meeting.

Where a worker has engaged with a family in this way, and built trust through the process, it is important that the meeting continues in a strengths-based way. This means the meeting needs to be carefully managed so that everyone feels like they can have their say, and that it is safe to take part, but that it is a supportive environment, rather than one to just discuss what has gone wrong in the past. To achieve this, it is essential that all agencies involved in the meeting take this approach as well.

If the family are able to engage meaningfully in the meeting and the environment remains one that is focused on reaching a solution, offering support and sharing responsibility, then it is possible for families to be involved in decision-making. Through this, they can take ownership over the plans that are put in place, and those plans are more likely to meet their specific needs and draw on the strengths of the family and the wider network.

However, one of the potential difficulties in this circumstance is the availability of services after the meeting. If the family are no longer involved with children's services, it can be difficult to maintain access to services that may be only available to families meeting a set criterion. This can mean that, for families to develop a plan that meets their needs and is also sustainable, it is essential to engage services beyond statutory services, such as community services, and the wider family and network. It is therefore important for a shift

in attitude within and across organisations to take all meetings as being important, even outside of child protection circumstances.

Child Protection involvement

Where families are involved with children's services where there are concerns about the child's safety, there are other considerations to be taken into account and restrictions (explicit or implicit) on the meeting. For one, while the circumstances of involvement may not feel voluntary for family (such as families that are on a Child Protection Plan, or in Public Law Outline), attendance at the meeting cannot be forced. It is therefore still important for the social worker to build the ability and desire of the family to engage in the meeting. It may be more difficult in this context to create a feeling of true collaboration. However, in principle, if the worker uses the same approach as in Child in Need involvement, a trusting relationship can be built between the worker and the family which can allow a family to feel that the worker is trying to work with them to reach a solution, rather than having already reached a conclusion about the outcome.

For social workers, the process surrounding child protection interventions in families' lives can feel restrictive regarding bringing in new, more participative ways of working, due in part to tight time scales set out in policy guidance such as Working Together 2018. However, the processes themselves are sometimes more flexible than they are perceived to be. The reason for remaining bound by processes therefore may be more about the wider organisational environment, and the impact that it has on the workers' confidence in making decisions and sharing power than on the processes and procedures in place. Process within a statutory context can make workers feel safe, which can be the impact of a highly regulated environment with inflexible procedures but can also create a desire for more formalised procedures to be put in place. It is necessary therefore to consider the wider environment that the worker is operating in, and think about other ways that workers can feel safe and secure in their decision-making to enable them to feel confident working differently.

Involving children and young people

One key difference when involving children and young people in shared decision-making meetings is that they may choose not to attend meetings. It is still essential that the meeting remains child focused. This can be done in various ways. Firstly, it is important that a child or young person, whether or not they choose to attend the meeting, are involved in preparation stages of the meeting so that they can participate and have their voice heard in a way that is appropriate for them. This might involve creative methods, such as writing and submitting, or reading a poem, using technology to facilitate participation, such as through using skype, or to enable an advocate to write down the child or young person's views in their own words to be read at the meeting.

If a child or young person does decide to attend a meeting, the main mechanisms are similar to the participation of adults in meetings. However, the outcomes from the meeting are different for children and young people. Although having taken part in decision-making to produce a plan is important, children and young people can experience positive outcomes from participating in a meeting that works in a way described by the programme theory - such as feeling proud of their involvement, gaining increased confidence due to having presented and taken part in a professional meeting, and gaining transferable skills for other areas of their lives (such as problem solving skills).

Implementation

There was limited evidence to support the development of a theory about the best way to implement shared decision-making meetings. Moreover, enablers and barriers to implementation were often not specific to shared decision-making meetings, but more broadly related to the ability to implement innovative practice within children's social care. This highlights a need for more research and clarity in this area to support the implementation of shared decision-making meetings.

While there was discussion of the need for shared decision-making meetings to adapt to the individual cultural context of each family, a recent systematic review found that this did not always happen (Nygård, and Saus, 2019). The evidence for who shared decision-making meetings work best for, or how they can be adapted to individual families, or who they would not be appropriate for was mixed, and no conclusions could be drawn from this knowledge. This indicates the need for more research to explore who these meetings work best for and how they can be adapted to the context.

One strong key consideration that emerged from the literature and from stakeholder consultation, was the need to see shared decision-making meetings in the context of a whole system, and therefore a need for a whole system change towards sharing decisions with families. Without this, the meetings themselves will struggle to fit within current systems and may fail to bring any sustainable change.

4.2 Limitations

There are a number of limitations of this review. A main limitation of the rapid approach was that of time and resource which restricted opportunities to consult more widely. This review is part of a large fast-paced programme of research from a scoping review designed to inform the development of primary research as well as summarise the evidence that already exists. The pragmatic decision to focus consultation on practitioners within children's social care limited opportunities to consult more widely. Although we consulted with care experienced young people, we were unable to consult with families who had experience of children's social care. Evaluations that included qualitative data from families were included,

and in some way address this gap. However, further work with families to understand how shared decision-making meetings work for them is still an area for exploration.

The decision to include studies based on a key mechanism (shared decision-making) rather than a named intervention means that the literature included was diverse. While this allowed us to develop a more comprehensive theory, it also means it is difficult to draw conclusions about the way in which different types of meetings operate. A related limitation is that interventions that have been subject to more evaluation have more papers included, and any that have not been evaluated would not have been included. It would however be difficult to identify papers in this latter category while still maintaining a focus on the main outcomes (reducing the need for children to enter care or improving reunification). This focus (on studies that linked to the outcome of interest) also limited the studies that were included in the review. Although a large number of studies (84 papers in total) were included in the review, it is likely that other papers that were not included could have added even more detail to the programme theory. However, in this rapid review it was necessary to be pragmatic and include detail of most relevance to practitioners rather than seek to include everything.

The nature of the evidence base presented the main limitation to the analysis of implementation. The fluid nature of these interventions, the many forms they take in practice and the limited number of studies considering implementation contributed to difficulty in assessing implementation. This evidence base could develop if there was more clarity around what the meetings are, what they are not, and how those implementing them or evaluating implementation can know about how well they are being delivered.

A final limitation is that, while we acknowledge shared decision-making meetings must be seen in the context of a whole system, this was beyond the scope of this review. However, while this was not the focus of the review, we hope the theory makes clear how the meetings, and the participants within them, are part of a system, rather than independent interventions.

4.3 Conclusions

This review highlights important considerations when policy makers and practitioners consider how to ensure meetings engage children and families in a meaningful way. Research is clear that some traditional meetings such as child protection conferences can be both oppressive and challenging for parents and they can make building relationships, developing trust and supporting families difficult. There have been few studies in the UK which relate specifically to whether shared decision-making meetings can play a role in reducing the need for children to come into care and stay at home safely with their parents or carers. This is a gap which requires further study.

In terms of child protection work, the process of shared decision-making is likely to be much more challenging particularly for the parents and carers and the following points are important to consider. The pathways identified are still important, but professionals will also need to consider other challenges. The statutory processes that are required in this circumstance can play an inhibiting role to relationship building. Building collaboration partnership between professionals and families when the meetings are part of a statutory process is likely to be difficult as there is an inherent power differential created by legal status and structure.

4.4 Implications and Recommendations

Meetings between family members and professionals at key decision-making points are embedded within children's social care in the UK and many other countries. Interventions to enhance these meetings to improve family participation and meaningfully involve families in decision-making are also widespread.

In developing a theory about effective shared decision-making meetings, we are in effect holding up a mirror to best practice. Our findings should not therefore come as a surprise. In many ways, we are repeating what is already known in this area. However, we hope that by bringing this together in a practice focussed theory, we can help to emphasise what is important and meaningful to ensure that meetings can be truly participatory. With this in mind, we highlight the following implications from this report:

- First, while there is broad consensus about how we should facilitate effective shared decision-making with families in meetings, it appears evident that the reality is often very different to our understanding of good practice. We hope therefore that describing good practice in some detail may be helpful for practitioners and those delivering services in reviewing their current practice.
- Second, for those considering how to involve families in meetings – for instance because they wish to use Family Group Conferences or because they want to adapt case conferences – then the description of good practice may prove useful in developing and delivering effective services.
- Third, there is a strong tradition of research describing the often oppressive experience of meetings with families. Yet to date there is a lack of high-quality UK research about how we might do this better. Providing a detailed theory provides a starting point for researching what needs to be delivered, exploring how it should be implemented and evaluating the difference it makes. These are urgent research priorities.

We therefore recommend that more empirical studies with robust designs be conducted to explore the effect of shared decision-making meetings, and evaluate the key mechanisms through which meetings work, for which families and under which circumstances. It is important that these studies do not limit themselves to specific named interventions, but also include local authority efforts to redesign meetings such as Child Protection Case Conferences.

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Appendix 1: Named interventions³

Named interventions/terms	Definition
Family Involvement Meeting	<p>Goal: Every FIM shares a similar goal: make the best possible, least restrictive, least intrusive placement related decision with a high level of participant involvement. Strengthening the capacity of the family is emphasised.</p> <p>When: When a placement related decision is necessary (such as risk of care entry, change in placement, leaving care).</p> <p>Who: The meeting involves multiple persons in the decision-making process. The family unit is the focus of attention, assessment, and intervention as opposed to services only being provided to the identified client. A trained facilitator is not needed to deliver a meeting, but will oversee the process.</p> <p>Principles: Three fundamental principles of a FIM are; groups can be more effective in making good decisions than an individual, families are the experts on themselves, and when families are included in decision-making, they are capable of identifying their own needs/strengths. FIM also places value on the fact that members of the family's own support network add value to the process as natural allies and experts on community resources.</p> <p>Defining characteristics: N/A</p>
Team Decision Making	<p>Goal: These meetings are designed to develop a plan of action to meet family and child identified goals in an effort to increase their safety, well-being and permanence.</p> <p>When: When a placement related decision is necessary (such as risk of care entry, change in placement, leaving care).</p> <p>Who: Team Decision Making meetings bring together the community to develop and support a safety action plan for children and their families, and can involve anyone who supports the family or is identified by the family or social worker. A trained facilitator leads to group to try and reach an agreement.</p> <p>Principles: N/A</p> <p>Defining characteristics: N/A</p>
Family Group Conferences	<p>Goal: N/A</p> <p>When: N/A</p> <p>Who: Only people identified by the main participant is invited. A trained, independent facilitator arranges the meeting.</p> <p>Principles: The five main principles of the FGC model are as follows: (1) It is the participant's meeting. (2) The participant is assisted by an independent FGC facilitator (not employed by social services) to arrange the meeting. (3) The extended network of the participant is invited. (4) In the second part only the participant and his or her extended network are present. Making an action plan is the task and responsibility of the participant and his or her extended private network. (5) The FGC process results in a concrete action plan.</p> <p>Defining characteristics: A second part of the meeting (private family time) do not include any professionals. Making the plan is the responsibility of the family.</p>
Family Group Decision-Making	<p>Goal: To include families in key children's social care decisions.</p> <p>When: Family referred to FGDM meeting coordinator; Coordinator determines whether FGDM meeting will be held.</p> <p>Who: Various people identified by the family. A coordinator and a facilitator, often the same person, who is responsible for preparing the family for the meeting and facilitating the meeting itself.</p> <p>Principles: All participants must agree on the family plan. The family has the services of a coordinator, independent of their case management, to assist in the facilitation of the meeting; the family has private family time during the meeting when they can make decisions and plan for the care and safety of their child without professional influence; and there is commitment to respecting the family plan unless a child is placed at risk of harm.</p>

³ *Intervention definitions collated from review literature and online sources

		<p>Defining characteristics: Family Group Decision-Making (FGDM) is an umbrella term for meetings designed to provide a forum for family and group members to develop a plan for the safety and protection of the child. These meetings include FGC, FUM, and a hybrid of these two meetings, usually called FDM (Family Decision Meetings). The family may deliberate privately (in Family Group Conferencing Model) or in conjunction with agency and community members.</p>
Family Conferencing	Team	<p>Goal: Family Team Conference is a gathering of family members, friends, members of the family's faith community and professionals who jointly develop individualised plans to strengthen family capacity, to assure safety, stability and permanency and to build natural supports that will sustain the family over time.</p> <p>When: Family Team Conferences are employed from the first system interaction with the family (including the initial CPS intervention) until the family no longer is involved with child welfare.</p> <p>Who: People identified by the family and the facilitator as able to offer support to the family.</p> <p>Principles: Family Team Conferencing is based on a number of family centred beliefs and practice values such as genuineness, respect and empathy.</p> <p>Defining characteristics: Focus on the intensive skills development among frontline staff.</p>
Family Meetings	Group	<p>Goal: The purpose of family group meetings is "to provide family-based responses to children's protection and care needs; and to ensure an inclusive process for planning and making decisions relating to children's wellbeing and care and protection needs"</p> <p>When: They may be called in a number of circumstances, including, to develop a case plan, to review and revise a case plan, to consider any other matters relating to a child's wellbeing and protection and care needs, and by order of the Children's Court.</p> <p>Who: N/A</p> <p>Principles: N/A</p> <p>Defining characteristics: Mandated meetings.</p>
Family Meeting (The Oregon model)	Unity	<p>Goal: N/A</p> <p>When: N/A</p> <p>Who: N/A</p> <p>Principles: The approach is based on the beliefs that family histories have an impact on decision-making; that families are capable of protecting their children; that family relationships can be more influential and effective than professional helping relationships; and the extended family has primary responsibility for care and protection of its children.</p> <p>Defining characteristics: The unique feature of FUM is structured time for a facilitated discussion of family strengths and concerns.</p>
Family Conferencing	Welfare	<p>Goal: The Family Welfare Conference (FWC) is a model used within the child protection and welfare services to address concerns about the needs of children and their family's ability to respond to these needs.</p> <p>When: N/A</p> <p>Who: "Family" is defined broadly, to include the child, parents, extended family and significant others.</p> <p>Principles: The FWC is a decision-making meeting where the family are the primary decision-makers.</p> <p>Defining characteristics: It is arranged and facilitated by an independent coordinator. At the conference the family are given "private time" to produce their plan. The only record of the discussions at a FWC is the Family Plan, which is created by the family on the day.</p>
<p>Other terms are used generically to describe various other meetings. These include: Family Group Engagement; Family Team Meeting</p>		

Appendix 2: Scoping review searches

Eligibility criteria for the Stage 1 scoping review

The eligibility criteria were developed in accordance with the PICO (Population, Intervention, Comparator, and Outcome) format (Moher et al. 2014). To incorporate the EMMIE framework, an additional Evaluation (E) criteria was included, with studies being eligible if they reported evidence mapping onto one or more of the EMMIE dimensions (Table 1). To meet the aims of the scoping review, studies were only included where there was evidence of effect (first E in EMMIE), whereas other MMIE dimensions were not essential for inclusion.

PICO (E)	Inclusion criteria
Population	Children and young people who are in need of care or have been in care when ≤ 18 years old.
Intervention	Interventions are defined as a disruption to the system. They can operate across a single or multiple socio-ecological domain/s: intra-personal; inter-personal; organisational; community; and policy.
Comparator	Usual care; alternative intervention; no comparator.
Outcome	<ol style="list-style-type: none"> 1. Number of children and young people entering care 2. Number of children and young people (re-)entering care 3. Number of children and young people re-unified with their families following a period in statutory care <p>Corollary or proximal outcomes that support three outcome measures.</p>
Evaluation	<p>Evaluation of the intervention is reported for one or more EMMIE dimensions:</p> <ol style="list-style-type: none"> 1. Effectiveness (E) 2. Mechanisms through which the intervention generates intended or unintended effects (M) 3. Contexts that moderate effects (M) 4. System determinants of implementation (I) 5. Economic effectiveness (E)

Table 1: PICO (E) Scoping Review Eligibility

To ensure relevance to the UK setting, inclusion was limited to research conducted in the following countries: England; Wales; Scotland; Northern Ireland; USA; Canada; Australia; New Zealand; France; Germany; Sweden; Finland; Norway; Denmark; Netherlands; and Ireland. Whilst there are differences in the legal and social frameworks, research from these countries was deemed more likely to be applicable.

Information Sources for Stage 1 Scoping Review

To inform this review, the following 18 databases were searched: ASSIA, British Education Index, Child Development & Adolescent Studies, CINAHL, Embase, ERIC, HMIC, IBSS, Medline (including Medline in Process and Medline ePub), PsycINFO, Scopus, Social Policy & Practice, Social Services Abstracts, Sociological Abstracts and Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index- Social Science & Humanities, Emerging Sources Citation Index). Grey literature was identified through the following online resources: Action for Children, Barnardo's, Care Leavers' Association, Children's Commissioners' offices for four UK nations, Children's Society, Child Welfare Information Gateway, Department for Education, Early Intervention Foundation, Joseph Rowntree Foundation, National Institute for Health and Care Excellence (NICE), OpenGrey, REES Centre, Samaritans, Thomas Coram Foundation. Experts were contacted to identify relevant published and unpublished studies.

Electronic database and website searches were conducted to identify studies targeting: reduction of care entry; reduction of care re-entry; and increase in post-care reunification. International expert consultation was used as a supplementary searching technique. Abstracts and full-text studies were independently screened by two reviewers. Ten percent of data abstraction was independently conducted by two reviewers, with the remainder being extracted and then verified by a second reviewer. Evidence was extracted and grouped according to: primary outcome; intervention type, intervention point (mapped across socio-ecological domains); and the EMMIE categorisation of evidence type (Effectiveness; Mechanisms of change; Moderators; Implementation; Economic evaluation). One of the clusters identified in the scoping review included 17 papers about the impact of interventions that included a shared decision-making meeting on the numbers of children in care.

Appendix 3: Study Characteristics table for scoping review studies

Care Entry							
Authors, Year & Country	Name of intervention	Study design	Study population - Child or Young person (whole/intervention/comparison) Age (mean/range), Sex (% female), Care type, Other relevant characteristic	Study population - Family (whole/intervention/comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant characteristic	Study population - Professional Age (range/mean), Gender (% female), Organisation type, Professional role, other relevant characteristic	Study population - Other (e.g. community members) Describe, Age (range/mean), Gender (% female), other relevant characteristics	Sample size (whole; intervention; control/comparison)
Berzin et al. (2008), USA	Family Group Decision Making	RCT	Age: 5.15 years Sex: 45.35% Ethnicity: White 34.65%, African American 15.65%, Hispanic 46.35%, other 6.7% Care type: Home (100% Fresno), foster care (22%), kinship (74%)		Organisation type: Children's Social Services		Intervention n=70 Comparison n=41
Crea et al. (2008), USA	Team Decision Making	Mixed method implementation and process evaluation			Organisation type: Children's Social Services		n=3 agencies Site 1 n/a Site 2 n= 1473 children n=814 families Site 3 n= 4658 children n=2598 families
Lambert et al. (2017), USA	Family Group Decision Making	Retrospective longitudinal study using Structural	Age: 7 years (eldest child in case) Care type: Home and in state care	Relationship: Extended family members, friends, neighbours, and	Organisation type: Texas Department of Family and Protective Services	Description: Community members and other caregivers	n=613,180 cases (each investigation case included a single youth or multiple

		Equation Modelling	Other relevant: Information included on ethnicity (eldest child in case), rate of teen parents, risk assessment score and removal status	others identified by the family as potential sources of support Other relevant: Information included on household income and use of Family Team Meetings			youths from the same family)
Hollinshead et al. (2017), USA	Family Group Conferencing	RCT (intention-to-treat)	Age: 2.26 (youngest child in family) Care type: at home	Relationship: Mother Age: 27.17 years Ethnicity: 37.6% White, 30.0% Hispanic, 32.4% African American		Unknown	n=542 families (intervention=270 ; control=272)
Huebner et al. (2012a), USA	Sobriety Treatment and Recovery Teams (START)	Prospective natural experiment with mixed methods design	Age: 2.7 years, 47% under 1 year of age at referral Care type: Home and state custody	Relationship: 76% were birth fathers, with 5% being adopted or presumed fathers, and 19% were unmarried partners. All mothers were birth mothers. Age: Father median age: 28 years, mother median age: 25 years Other relevant: Information included on education, ethnicity, relationship status, employment status, substance abuse habits, and history of foster care, reported childhood	Organisation type: Children's Social Services Professional role: Social Service Worker Other relevant: Specially trained on START program	Description: Family mentors	n=322 families n=531 adults n=451 children

				neglect/abuse, and history of adult physical or sexual abuse.			
Mason et al. (2017), UK	Family Valued	Mixed method implementation and process evaluation	Care type: Home	Relationship: Parent and carers	Organisation type: Children's Social Services Professional role: Social Workers	Unknown	Multiple interventions (unknown sample size) n=1 organisation
Munro et al. (2017), UK	Family Group Conferencing	Mixed method implementation and process evaluation	16 children/young people	Interviewed: Wave 1 = 72 family members Wave 2 = 34 family members	11 social workers in total interviewed; 2 FGC coordinators		n=215 families in two boroughs
Rodger et al (2017), UK	Family Group Conferencing	Mixed method implementation and process evaluation - qualitative case study design					
Sundell & Vinnerljung (2004), Sweden	Family Group Conferencing	Quasi-experimental concurrent prospective study with non-equivalent comparison groups	Care type: At home	Unknown		N/A	n=97 children n=67 families

Reunification							
Authors, Year & Country	Name of intervention	Study design	Study population - Child or Young person (whole/intervention/comparison) Age (mean/range), Sex (% female), Care type, Other relevant characteristic	Study population - Family (whole/intervention/comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant characteristic	Study population - Professional (whole/intervention/comparison) Age (range/mean), Gender (% female), Organisation type, Professional role, other relevant characteristic	Study population - Other (e.g. community members) Describe, Age (range/mean), Gender (% female), other relevant characteristics	Sample size (whole; intervention; control/comparison)
Barth & Price (1999) USA	Generic - Legal representation	Review	Unknown	Unknown	Unknown	Unknown	Unknown
Berzin (2006) USA	Family Group Decision Making	RCT-secondary analysis	Age: 5.2 years (Fresno); 6 years (Riverside) Sex: 49% (Fresno); 44% (Riverside) Ethnicity: White 19% (Fresno); 36% Riverside African American: 14% (Fresno); 22% (Riverside) Hispanic 57% (Fresno); 43% (Riverside) Other 10% (Fresno) Care type: Home 100% (Fresno); foster care 13%, kinship 84%, other 3% (Riverside).		Organisation type: Children's Social Services		Intervention n=103 (Fresno); n=105 (Riverside) Control n=61 (Fresno); n=58 (Riverside)
Berzin at al. (2008) USA	Family Group Decision Making	RCT - same study as above	Age: 5.15 years Sex: 45.35% Ethnicity: White 34.65%, African American 15.65%, Hispanic 46.35%, other				n=110 children

			6.7% Care type: Home (100% Fresno), foster care (22%), kinship (74%)				
Chambers et al. (2016) USA	Family First	Quasi-experimental – non-equivalent comparison group	Sex: 59% (int) , 54% (comparison group) Care type: in care Other relevant: Information included on ethnicity, age at removal, reason for removal, household composition and primary language	Relationship: Biological mothers Age: Average age was 29–30 years old. Sex: Other relevant: Information included on ethnicity, household composition, primary language, economic needs and clinical needs	Organisation type: Department of Children and Family Services Professional role: Case Workers Other relevant: Caseworkers at the time of the intervention had an average of 13 years of Department of Children and Family Services work experience. Staff included one supervisor, three English-speaking caseworkers, and three Spanish-speaking caseworkers. Each caseworker also had extensive experience (an average of 12.7 years) working at the agency at the beginning of the project.	Description: Community Service providers and not-for-profit	Intervention n=48 families Comparison n=48 families

Huebner et al. (2012b) USA	Family Preservation Services	Natural experiment - non matched comparison groups	Age: 7.2 years (int group 1) , 8.1 years (comparison). Unknown for groups 2, 3 and 4. Care type: Family home Other relevant: 32.1% were identified as having an out of home care placement	Unknown	Organisation type: Family Preservation Program provider agencies	Unknown	n=1,510 families n=3,229 children (sample sized varied for each research question based on the match or completeness of the data)
Lee et al. (2013) USA	Family Involvement Meeting (part of Transitioning Youth to Families (TYTF) Intervention)	Natural experiment - matched comparison groups	Age: 15 years (int) Sex: 34% (int) ; 35% (comparison) Care type: Child welfare group care settings (group homes, residential treatment centres) Other relevant: Information included on ethnicity, reason for placement, other service involvement	Relationship: Biological parents, other family members, fictive kin or supportive adults, as well as possible foster family or treatment foster care homes.	Organisation type: Local child welfare agency Professional role: Child Welfare Staff Other relevant: Family Involvement Meetings also included professionals involved in the youths care (Court Appointed Special Advocate, therapist, caregiver)	Unknown	Intervention n=231 Comparison group n=173
Pennell et al. (2010) USA	Family group engagement	Retrospective non matched comparison case file analysis	Age: 42% 6 or younger, 27.1% 6-12 30.9% 12-18 Sex: 48% Care type: kinship, foster care, group homes, and institutions.	unknown	Unknown	unknown	n=789 children
Perry et al. (2013) USA	Family Team Conferencing	Mixed method process and outcome	Age: 7.35 years (int group 1) ; 7.17 years (int group 2) 7.78 years (comparison)	n/a	Relationship: parent/caregiver Age: 32.24 years (int group 1) ; 32.28	n/a	Intervention 1: n=266 families Intervention 2: n=270 families

		evaluation with random group assignment	Sex: 45.8% (int group 1); 45.5% (int group 2); 52.3% (comparison)		years (int 2); 31.53 years (comparison) Sex: 68.9% (int group 1); 72.2% (int group 2); 80% (comparison)		Comparison n=141 families
Pine & Spath (2007) USA	Generic reunification program	Qualitative case study	Care type: Multiple				n=254
Sheets et al. (2009) USA	Family Group Decision Making	Mixed method process and outcome evaluation with non-matched comparison group	Age: 8 years Care type: Foster care or relative care Other relevant: Information included on ethnicity, medical abuse allegations and physical abuse allegations for intervention and control groups	Relationship: Parents, relative caregivers and foster carers	Organisation type: Texas Department of Family and Protective Services	Unknown	Intervention n=468 Comparison n=3,598
Wang et al. (2012) USA	Family Group Decision Making	Retrospective quasi experimental design using discrete time survival model	Age: 5.3 years Sex: 49.8% Ethnicity: White: 32.8% African-American: 26.4% Hispanic: 38.1% Asian: 0.3% Native American: 0.3% Other/unknown: 2.0% Care type: Foster care (100%)				n=80690 Intervention n=12225 Comparison n=68465

Appendix 4: Study Characteristics table for MMI data

Author & Year	Country	Scoping review literature	Additional Literature	Mechanism/ Moderator	Implementation
Ahn et al. (2018)	USA		Y	Y	
Allan et al. (2017)	USA				Y
Barth and Price (1999)	USA	Y		Y	
Bearman et al. (2014)	USA		Y		Y
Berzin et al. (2007)	USA		Y	Y	Y
Berzin et al. (2008)	USA	Y		Y	Y
Brighton City Council, Hove, University Of Sussex, Centre for Social Work and Innovation Research (2017)	UK		Y	Y	
Burford et al. (2011)	USA		Y	Y	Y
Burns and Fruchtel (2014)	New Zealand		Y	Y	Y
Chambers et al. (2016)	USA	Y		Y	Y
Connolly (2006)	New Zealand		Y	Y	Y
Crampton (2003)	USA		Y		
Crampton (2006)	USA		Y	Y	
Crampton (2007)	USA		Y	Y	Y
Crampton et al. (2007)	USA		Y		Y
Crea and Berzin (2009)	USA		Y	Y	
Crea et al. (2008)	USA	Y		Y	Y
Crea et al. (2009)	USA		Y	Y	
Darlington et al. (2012)	Australia		Y	Y	Y
de Jong and Schout (2011)	Australia		Y	Y	
de Jong and Schout (2013)	Australia		Y		
de Jong et al. (2015)	Australia		Y	Y	
Deglau et al. (2015)	USA		Y	Y	
Devaney and Byrne (2015)	Ireland		Y	Y	Y
Dijkstra et al. (2016)	Netherlands		Y	Y	
Dijkstra et al. (2017)	Netherlands		Y	Y	
Feldman (2017)	USA		Y	Y	
Frost et al. (2012)	UK		Y		Y
Godinet et al. (2010)	USA (Hawai'i)		Y		

Goetz, Wolf and Family Resource Coalition, Chicago (1997)	USA		Y		
Greeno et al. (2013)	USA		Y		Y
Gustavsson et al. (2010)	USA		Y	Y	
Hayes and Houston (2007)	UK		Y	Y	
Healy and Darlington (2009)	Australia		Y	Y	
Hillebregt et al. (2018)	Netherlands		Y	Y	
Holland and O'Neill (2006)	UK		Y	Y	Y
Hollinshead et al. (2017)	USA	Y		Y	
Huebner et al. (2012a)	USA	Y		Y	
Huebner et al. (2012b)	USA	Y		Y	
Huntington (2006)	USA		Y	Y	
Jeong et al. (2012)	USA		Y	Y	Y
Johansen (2014)	Norway		Y	Y	Y
Jones and Kruk (2005)	Canada		Y		
Kim et al. (2016)	USA		Y		Y
LaBrenz and Fong (2016)	USA		Y	Y	Y
Lambert et al. (2017)	USA		Y		
Lee et al. (2013)	USA	Y		Y	Y
Lietz et al. (2014)	USA		Y		Y
Madsen (2014)	USA		Y	Y	
Malmberg-Heimonen (2011)	Norway		Y	Y	
Malmberg-Heimonen and Johansen (2014)	Norway		Y	Y	
Mason et al. (2017)	UK	Y		Y	Y
McCrae and Fusco (2010)	USA		Y	Y	
Merkel-Holguin (2007)	USA				
Merkel-Holguin et al. (2007)	USA		Y	Y	
Metze, R. N., et al. (2015)	USA		Y	Y	
Michalopoulos et al. (2012)	USA		Y		Y
Morris (2011)	UK		Y	Y	Y
Morris and Connolly (2012)	UK		Y	Y	Y
Munro et al. (2017)	UK	Y		Y	
Ney et al. (2013)	Canada		Y	Y	Y

Nixon (2007)	USA		Y		
Onrust et al. (2015)	Netherlands		Y	Y	
Osterling et al. (2008)	USA		Y	Y	
Pennell (2006)	USA		Y	Y	
Pennell et al. (2011)	USA		Y		Y
Pennell et al. (2010)	USA	Y		Y	Y
Perry et al. (2013)	USA	Y		Y	
Pine et al. (2009)	USA	Y		Y	
Rauktis et al. (2010)	USA		Y		
Rauktis et al. (2011)	USA		Y		Y
Rauktis et al. (2013)	USA		Y		Y
Roberts (2007)	USA		Y		Y
Rodger et al. (2017)	UK		Y	Y	Y
Rogers and Parkinson (2018)	UK		Y		
Schout and de Jong (2017)	Netherlands				
Sen et al. (2018)	UK/USA		Y		
Sheets et al. (2009)	USA	Y		Y	
Stuczynski and Kimmich (2010)	USA		Y		Y
Sundell and Vinnerljung (2004)	Sweden	Y		Y	
Vesneski (2009)	USA		Y	Y	
Wang et al. (2012)	USA	Y		Y	
Ward et al. (2014)	UK		Y	Y	

Appendix 5: Table of if-then statements from Scoping Review Literature

If Then #	Source	If-then statement	Whose perspective is it?
1	Mason et al. (2017), p.42	IF FGCs take place in a neutral protected setting THEN it can be easier for young people to be honest about their views	Social worker
2	Munro et al. (2017), p.26	IF FGCs include the child who has witnessed domestic violence THEN their voice becomes a powerful indicator to the parents on the impact of arguing and domestic violence within the family	Author analysis
3	Mason et al. (2017), p.43-44	If young people are involved in the FGC THEN they value the family being brought together and that they have able to have their say in the plan	Young person
4	Mason et al. (2017), p.44	IF everyone involved in the FGC is given an opportunity to have their say THEN young people feel like they have been listened to by everyone	Young person
5	Mason et al. (2017), p.57-58	IF children are given concrete roles in the FGC (e.g. choosing food, writing the plan, asking questions) THEN they feel they can have their say in important decisions	Young person
6	Munro et al. (2017), p.17	IF children are allowed to choose the venue THEN they may be less worries about it not being confidential.	Mother
7	Sundell and Vinnerljung (2004), p.268	IF children are not present at a FGC THEN advocates can play an important role in representing the children's views	Grandparent
8	Munro et al. (2017), p.17	IF advocates for children are involved in the FGC THEN they can help to involve children in the process and make sure their views are got across	Social worker
9	Munro et al. (2017), p.27	IF children/ young people have an advocate both before and during the FGC THEN they are supported to have their views represented	Young person
10	Mason et al. (2017), p.23	IF children do not feel confident expressing their views THEN an advocate who has taken time to find out their views can express them for the child.	Young person
11	Mason et al. (2017), p.48	IF FGCs give young people the opportunity to air their opinions THEN young people feel it is about them and their lives and things that affect them.	Social worker
12	Munro et al. (2017), p.30	IF social workers consistently ask for children's views through the FGC process THEN they are able to share their views with their parents that they previously have never felt comfortable doing	Social worker
13	Munro et al. (2017), p.34	IF FGC coordinators explain to children on a number of occasions about the process of a FGC THEN children understand that it is optional and can have control over what is shared and how	Mother
14	Mason et al. (2017), p. 53	IF the coordinator involves the children in the organising/planning of the FGC THEN the children feel in control AND the mother is positive about the way her children are involved	Mother
15	Munro et al. (2017), p.33	IF the FGC coordinator and the advocate do not protect the child from family conflict THEN the child can feel abandoned and attacked	Social worker
16	Munro et al. (2017), p.33	IF family members say in a FGC in front of a child that they cannot care for them THEN a child can feel rejected.	Social worker
17	Munro et al. (2017), p.33	IF children are in control of decisions that are important to them (e.g. the food) THEN they can feel like an active part of the FGC.	Social worker
18	Munro et al. (2017), p.20	IF children are involved in the planning of the FGC THEN they feel in control of the process	Mother
19	Munro et al. (2017), p.20	IF a child has been part of a FGC THEN they may experience more attention from CPS officers due to more frequent previous engagements	Author analysis

20	Munro et al. (2017), p.20	IF an advocate writes down a child's views and they can see what has been written THEN a child can know what will be said by the advocate and feel informed and represented	Young person
21	Munro et al. (2017), p.33	IF people don't buy into the review conference THEN they are less likely to attend despite being invited	Social worker
22	Munro et al. (2017), p.33	IF individuals who have barriers to participation (i.e. learning difficulties) have their own individual advocate THEN they can be supported to express their own views.	Social worker
23	Munro et al. (2017), p.33	IF families and communities are brought together in FGDM THEN information can be shared more easily AND THEN additional services for families can be provided	Author analysis
24	Munro et al. (2017), p.33-34	IF the physical space of the FGC is different to the usual children's social care environment THEN families feel the FGC is more neutral	Families
25	Munro et al. (2017), p.34	IF families are given some private time to discuss the plan without professionals present THEN the family feel they have the opportunity to develop a suitable plan that will address children's social care concerns	Families
26	Munro et al. (2017), p.20	IF families agree to discuss current problems in private amongst themselves THEN they are more likely to include the sensitive information in the decision-making	Author analysis
27	Munro et al. (2017), p.20	IF the meetings are managed in a way that everyone feels safe THEN everyone feels like they can have their say without fear	Social worker
28	Munro et al. (2017), p.34	IF FGCs support communication and cooperation, and offer supervision THEN family functioning can be improved	Author analysis
29	Munro et al. (2017), p.34	IF the FGC coordinator explains the process to the family THEN families are less sceptical as they understand that its purpose is to support them	Mother
30	Munro et al. (2017), p.20	IF families understand that the purpose of the FGC is to support them THEN they become less sceptical about taking part.	Mother
31	Mason et al. (2017), p.58	IF parents are sceptical about the purpose of the FGC THEN they can see it as 'just another hoop to jump through' and not take it seriously	Father
32	Mason et al. (2017), p.24	IF families are given the right information in an accessible way THEN they are able to be active participants in their plans for children	Author analysis and Coordinator
33	Mason et al. (2017), p.58	IF families are given autonomy and ownership of the conference process THEN they feel stronger, empowered and more in control of ensuring plans are in place and will be followed	Family
34	Hollinshead et al. (2017), p.292	IF FGCs are introduced to families by FGC coordinators rather than social workers THEN families are more likely to feel that they have a choice about having a FGC	Author analysis
35	Munro et al. (2017), p.17	IF social workers do not explain that an FGC is voluntary THEN families feel that they do not have a choice about taking part	Author analysis
36	Mason et al. (2017), p.47	IF social workers take control and dictate what needs to change to families THEN families can become dependent on the social worker and support services rather than think for themselves	Social worker
37	Mason et al. (2017), p.58	IF the FGC coordinator explain and reassure parents that it is a voluntary process THEN families feel that they are in control and that all the family (including children) are involved	Mother
38	Mason et al. (2017), p.13	IF families develop their own solutions rather than have them imposed by professionals THEN these solutions are likely to be better.	Author analysis
39	Mason et al. (2017), p.47	IF FGCs facilitators introduce FGCs to families as voluntary and state clearly what is involved THEN families anxiety around the process is reduced	Author analysis

40	Mason et al. (2017), p.44-45	IF families feel that the FGC is not a choice and that it just reaffirms current arrangements and does not offer additional support THEN they can feel resistant to engaging in it	Father
41	Sundell and Vinnerljung (2004), p.269	IF families are involved in FGC's AND feel empowered AND any early problems are addressed THEN FGC's can increase the likelihood of children remaining in the care of their birth family networks.	Author analysis
42	Mason et al. (2017), p.13	IF families are involved in the decision-making process THEN they can be empowered to say whether they do or not want the responsibility of taking on a child	Social worker
43	Mason et al. (2017), p.13	IF family members are empowered through the FGC to say no when they do not want the responsibility of looking after a child THEN other permanency options can be explored that may be better for the child.	Social worker
44	Mason et al. (2017), p. 57-58	IF a parent is in contact with hostile or controlling ex partners or family members during a FGC THEN they can feel tension and discomfort	Author analysis
45	Mason et al. (2017), p. 51	IF there is high conflict between family members AND there are no coordinator or advocate present THEN the FGC can turn into an opportunity to attack members in an insensitive and uncontrolled way	Social worker
46	Mason et al. (2017), p. 51	IF a social worker feels that a child may be exposed to family conflict in a FGC THEN they may struggle with the decision to include the child.	Social worker
47	Mason et al. (2017), p.14	IF the family has difficult/poor relationships and take part in a FGC THEN it could potentially have negative effects on the child such as adding to the emotional abuse	Social worker
48	Munro et al. (2017), p.37	IF families have concerns about conflict between family members THEN the FGC coordinator can reassure them through ensuring that safety procedures with the police have been put in place	Mother
49	Munro et al. (2017), p.37	IF safety procedures are put in place (e.g. with the police) THEN families can feel reassured that conflict between family members can be managed in the FGC	Family member/author analysis
50	Munro et al. (2017), p.19	IF families take part in FGCs THEN they feel their point of view is heard	Families
51	Munro et al. (2017), p.34	IF families have lots of issues THEN they may not want everyone knowing their business and so will not be open during the FGC	Social worker
52	Munro et al. (2017), p.34	IF some family members are perceived to be untruthful in presenting their situation during the conference THEN families do not feel optimistic that the plan will be adhered to.	Author analysis
53	Munro et al. (2017), p.38	IF families and all other attendees at a FGC have a chance to have their say THEN the family feels that the meetings are a positive experience	Mother
54	Munro et al. (2017), p.17	IF all attendees of the FGC have a chance to participate and be involved THEN families feel listened to.	Mother
55	Munro et al. (2017), p.17	IF families and communities are brought together THEN the family is involved in making child welfare decisions	Author analysis
56	Mason et al. (2017), p.44	IF families are sympathetic to the perpetrator and appear to conceal the perpetrator's violence THEN FGCs may not be appropriate or safe, especially in response to a crime (such as honour based violence).	Author analysis
57	Munro et al. (2017), p.21	IF social workers treat all families equally by involving violent partners and their families THEN FGCs might make him take responsibility for his actions rather than avoiding responsibility or blaming the victims	Author analysis
58	Munro et al. (2017), p.21	IF the FGC openly engages the whole family network THEN secrecy about violence is removed	Author analysis
59	Munro et al. (2017), p.18-19	IF secrecy about violence is removed by openly engaging the whole family network THEN control of perpetrator [over the victim] is reduced	Author analysis

60	Lambert et al. (2012), p.92	IF families are involved in FGCs THEN it allows everyone involved to get things out in the open and cards to be put on the table	Social worker, author analysis, family?
61	Munro et al. (2017), p.37	IF parents see FGCs as an opportunity to 'get things out there' and a way to understand what is needed to be done THEN they become less sceptical of the FGC	Father
62	Munro et al. (2017), p.19	IF families see a FGC as a chance to get everything out in the open THEN it can help families understand what they need to do	Father
63	Munro et al. (2017), p.19	IF families feel they and their culture are respected THEN better outcomes are likely to be achieved	Author analysis
64	Munro et al. (2017), p.19	IF families feel they and their culture are respected THEN they are more likely to engage in the FGC process	Author analysis
65	Berzin et al. (2008), p.51	IF the child is being kept safe THEN social services will respect the families' plans and decisions	Children's services strategic stakeholder
66	Munro et al. (2017), p.29	IF families participate in meetings THEN then social workers are more likely to perceive that they are committed to engaging with children's social services	Social worker
67	Sundell and Vinnerljung (2004), p.269	IF family members turn up for reviews as well as FGCs THEN the social worker perceives them as committed to being involved long term.	Social worker
68	Munro et al. (2017), p.18-19	IF FGCs engage women, children and their maternal networks THEN FGCs work to build upon pre-existing support AND involvement in children's services decreases [fathers family network usually absent]	Author analysis
69	Berzin et al. (2008), p.51	IF families participate in FGCs THEN families are supported to find solutions that may be more sustainable long term.	Author analysis
70	Mason et al. (2017), p. 51	IF families are given the opportunities to provide their perspective to children's social care through an FGC THEN they feel they can be understood as a family unit and feel seen a normal family.	Grandfather
71	Mason et al. (2017), p. 51	IF the parent is given a choice over who they want present at the FGC meeting THEN they may not choose the people that the social worker believes to be the best to look after the child	Social worker
72	Mason et al. (2017), p.59	IF parents have previously been involved with proceedings for another child THEN social workers may not feel optimistic about the use of a FGC	Social worker
73	Munro et al. (2017), p.18-19	IF families are involved in decisions about their child in a FGC THEN they are more likely to find solutions for themselves rather than those imposed by professionals	Author analysis
74	Mason et al. (2017), p.48-49	IF families who are likely to face statutory intervention are offered a FGC THEN they are offered a chance to make their own decisions on how to solve family problems	Author analysis
75	Mason et al. (2017), p.49	IF workers find ways to engage fathers THEN fathers are considered as possible safe placements for children or sources of natural family support	Author analysis
76	Mason et al. (2017), p. 53	IF FGC training is provided to all parties involved in an ICPC decision-making THEN all partners will feel confident managing risk in this new way	Author analysis
77	Mason et al. (2017), p.58	IF support for FGC's comes from senior management and beyond THEN the FGC service is more likely to be encouraged and engaged with by those outside of the service	Author analysis
78	Mason et al. (2017), p.38	IF there is a consistent, strategic focus on changing culture and practice to be high challenge/high support THEN social workers will work more restoratively, be open, harmonious and skilled	Author analysis
79	Mason et al. (2017), p.38	IF there is a consistent, strategic focus on changing culture and practice to be high challenge/high support THEN some children will be prevented from entering care	Author analysis

80	Mason et al. (2017), p.38	IF relational social practice is embedded THEN humane and therapeutic ways to help parents change are created	Author analysis
81	Mason et al. (2017), p.48	If the perpetrator is involved in a FGC THEN he can be worked with to change his behaviour	Author analysis
82	Mason et al. (2017), p.48	IF families develop a plan for change through a FGC THEN the plan is likely to be accept by the Child Welfare authority	Author analysis
83	Munro et al. (2017), p.18-19	IF all parties are brought together by restorative practice THEN people can reflect on how they interact with others and understand that individuals are responsible for their choices and actions	Author analysis
84	Munro et al. (2017), p.20	IF people understand that individuals are responsible for their actions THEN they can be held accountable	Author analysis
85	Munro et al. (2017), p.20	If the perpetrator is involved in a FGC THEN he can take responsibility for his actions and establish the reasons for using violence and harm caused	Author analysis
86	Huebner et al. (2012b), p.197	IF different agencies (e.g. housing) share information of men's histories of offending and addictions THEN they can ensure that the perpetrators are held to account and that women and child victims are kept safe	Author analysis
87	Huebner et al. (2012b), p.197	IF a perpetrator takes full responsibility for their actions rather than avoiding responsibility or blaming the victims THEN the FCG can help victims see abuse is not their fault	Author analysis
88	Munro et al. (2017), p.22	IF families take responsibility for their current problems THEN they are better motivated to find lasting solutions for themselves	Author analysis
89	Hollinshead et al. (2017), p.292	IF all agencies participate in the meetings THEN effective relationships are built between services that would not have previously had contact	Daily Domestic Violence Meeting (DDVM) member
90	Mason et al. (2017), p.12	IF other services are involved from the beginning THEN people can be rehoused faster	Daily Domestic Violence Meeting (DDVM) member
91	Mason et al. (2017), p.48	IF multi-agencies work and liaise together (e.g. probation and social work) THEN families do not have to repeat their story to difference agencies and appeared more honest with them	Author analysis
92	Mason et al. (2017), p.12	IF different agencies (e.g. housing) share information of men's histories of offending and addictions THEN integrated multiagency discussions and practices can focus on the offenders in a rigorous way and innovative way to ensure proactive engagement.	Author analysis
93	Munro et al. (2017), p.18	IF training includes a number of different agencies THEN there is increased recognition of shared objectives and goals for families	Author analysis and Youth justice practitioner
94	Sundell and Vinnerljung (2004), p.283	IF training includes a number of different agencies THEN a shared understanding about restorative practice and each other's roles is developed between agencies	Author analysis and Youth justice practitioner
95	Munro et al. (2017), p.18-19	IF social workers, family workers and others come together and understand that they are helping the same families THEN there is increased contact between services	Author analysis and Youth justice practitioner
96	Sundell and Vinnerljung (2004), p.268	IF family members have a lack of belief in the services of the child protection systems THEN they will not re-refer to children's services.	Author analysis
97	Munro et al. (2017), p.27	IF services provided to families are of poor quality THEN implementing the plan (which has been formulated by the extended family) may fail	Author analysis
98	Munro et al. (2017), p.38	IF social services do not continue support after the FGC THEN families feel frustrated with their Family Plan not being fully implemented	Survey respondents (families)

99	Munro et al. (2017), p.17	IF social services do not continue support after the FGC THEN the plan might not work	Survey respondents (families)
100	Munro et al. (2017), p.17	IF families who have previously lacked trust in children's social care (e.g. particularly African-American families) participate in FGC THEN families see children's social care as less adversarial and are more likely to ask for support	Author analysis
101	Munro et al. (2017), p.20	IF families are isolated from their families, feel ashamed and/or do not want people to know what is happening to them THEN FGCs can be a safe place to reveal abuse, tackle stigma and be offered emotional support	Author analysis and Social worker
102	Hollinshead et al. (2017), p.287	IF victims who have been isolated are offered emotional support in a FCG THEN they can find it easier to end a relationship.	Author analysis and Social worker
103	Hollinshead et al. (2017), p.287	IF FGCs involve relatives and others from the family's social network THEN responsibility for family's problems can be shared	Author analysis
104	Mason et al. (2017), p.47	IF FGC coordinators are present in the FGC process THEN families feel they have an independent source of support who did not have preconceived ideas about the family	Families
105	Mason et al. (2017), p. 50	IF a father is engaged and could become sober THEN he can be an important part of the solution	Author analysis
106	Mason et al. (2017), p.44-45	IF a father is given an opportunity to participate in the meetings THEN he feels his network of support has been acknowledged	Social worker
107	Sundell and Vinnerljung (2004), p.282	IF FGCs are believed to be aimed at increasing and activate the circle of formal and informal support around families THEN the family is more likely to be perceived by social work as having increased support	Author analysis
108	Hollinshead et al. (2017), p.293	IF perpetrators are supported THEN the cycle of offending can be broken	Author analysis
109	Berzin et al. (2008), p.51	IF a perpetrator does not get support THEN the perpetrator's cycle of offending is less likely to be broken AND the family unlikely to maintain relationships in a safe way	Author analysis
110	Mason et al. (2017), p.24	IF perpetrators are supported THEN family relationships can be maintained safely	Author analysis
111	Munro et al. (2017), p.21	IF families have a support network present at the meeting THEN social workers are reassured that the family has a network to support them and can make more informed decisions about the best outcome for the child	Social worker
112	Munro et al. (2017), p.29-30	IF social workers involve the wider kin and friendship networks that the family has identified as important to them THEN families are supported to identify and resolve their problems	Author analysis
113	Munro et al. (2017), p.21	IF families participate in FGCs THEN families feel they have the opportunity to demonstrate that they have a support network available and a chance to create a plan for the child	Grandfather
114	Mason et al. (2017), p. 50	IF mother feels she has a support network around her to help support her and her children THEN she feels powerful and in control of keeping her children safe and that she can be trusted	Mother
115	Mason et al. (2017), p. 57-58	IF mothers and wider support network are involved in developing the plan THEN it can help the mother to think, understand and accept what needed to change	Social worker
116	Munro et al. (2017), p.19	IF family networks are small or relationships are too fractured for the process THEN they will be unable to yield the levels of support required to protect and promote a child's welfare	Author analysis

117	Munro et al. (2017), p.26	IF parents have very little family that they can draw on THEN FGCs will not work since it has already been established that the family is unable to offer much	Social worker
118	Munro et al. (2017), p.28	IF external supports (e.g. wider family) are brought into the family as part of the safety plan THEN the safety plan is more likely to work to prevent removal of children	Author analysis
119	Munro et al. (2017), p.23	IF parents are showing success in treatment AND relatives receive support from Child Protection Teams THEN relatives may be more willing to care for the parents' children.	Author analysis
120	Munro et al. (2017), p.38	IF a mother feels unsupported THEN she can feel like the social worker is against her	Mother
121	Lambert et al. (2012), p.90	IF a mother participates in a FGC THEN she can feel more supported	Mother
122	Mason et al. (2017), p. 51	IF extended family does not know the conditions of the child's home THEN maltreated children may not be re-referred by extended family members	Author analysis
123	Mason et al. (2017), p.58	IF social workers use restorative practice THEN social workers work collaboratively with families	Author analysis
124	Mason et al. (2017), p.24	IF all parties are brought together in restorative practice THEN all parties can collaborate to reach the best solution.	Author analysis
125	Mason et al. (2017), p.24	IF social workers collaborate with the whole family, including fathers, wider kin and friends THEN	Author analysis
126	Mason et al. (2017), p.48	IF family members feel that they are on their own and that authorities are against them THEN they will feel apprehensive about having a FGC	Mother
127	Mason et al. (2017), p.49	IF families are told what to do by social workers THEN they will do what they are told to get the social worker off their back.	Social worker
128	Mason et al. (2017), p. 51	IF families have had negative experiences of social work THEN families are more likely to be reluctant to participate in a FGC	Author analysis
129	Sundell and Vinnerljung (2004), p.268	IF families feel that social workers are trying to work the family to come up with a solution rather than just remove the child THEN the family and the social worker can have an easier relationship	Social worker
130	Munro et al. (2017), p.19	IF coordinators are involved in the FGC process THEN they can explain and reassure both the family and social workers of the process THEN a better relationship between the social worker and family is created	Social worker
131	Munro et al. (2017), p.20	IF extended families are involved in FGCs and have the opportunity to be make important decisions close to their hearts THEN the power balance between CPS and families can be reduced and collaboration can be improved	Author analysis
132	Berzin et al. (2008), p.51	IF all parties are brought together in restorative practice THEN all parties have a mutual understanding of the problem	Author analysis
133	Huebner et al. (2012b), p.201	IF more social workers complete training THEN confidence increases across the organisation	Author analysis
134	Mason et al. (2017), p.13	IF social workers are trained on restorative practice THEN they are more confident with managing risk	Author analysis
135	Mason et al. (2017), p.14	IF FGC coordinators reiterate the principles of FGCs (e.g. not preaching, having dignity and respect) THEN social workers are reminded of the power shift and balance that is needed in FGCs	Social worker
136	Mason et al. (2017), p. 50-51	IF social workers take time to work restoratively with families THEN families can be supported to take ownership of interventions.	Social worker
137	Mason et al. (2017), p. 50-51	IF social workers adopt the philosophies and principles of FGDM THEN they are more likely to change the way they work with families	Author analysis
138	Mason et al. (2017), p. 50-51	IF social workers use restorative practice THEN families are supported to identify and resolve their own problems	Author analysis

139	Mason et al. (2017), p.61	If social workers work in restorative, humane and relationship-based way with families THEN parents who have previously had children removed and likely to have their expecting child removed, were helped to keep their babies.	Author analysis
140	Munro et al. (2017), p.22	IF social workers feel confident in challenging other professionals THEN they can direct professionals to an appropriate place	Social worker
141	Munro et al. (2017), p.22	IF fathers have histories of perpetrating domestic violence or are currently suspected of doing so THEN social workers can lack the skills and confidence in including them in practice	Author analysis
142	Munro et al. (2017), p.22	IF FGCs are focused on resolution with the paternal network (e.g. contact, maintaining connections with wider family, practical family arrangements) THEN skilful facilitation is needed to ensure safety	Author analysis
143	Munro et al. (2017), p.36	IF families are deemed high risk AND are involved in FTM meetings THEN FTM meetings can mitigate the risk of removal of their child/ren	Author analysis
144	Munro et al. (2017), p.38	IF families perceive the FGC as a way for Children's Social Care to get commitments in writing THEN families can feel like the plan can be used against them in court	Father
145	Sundell and Vinnerljung (2004), p.268	IF social workers already know the families likely outcome due to assessments, their histories and current circumstances THEN they feel that FGCs are just something that the courts want them to do as a tick box exercise	Social worker
146	Sundell and Vinnerljung (2004), p.268	IF African-American families have received effective support after re-reporting THEN further system involvement is reduced	Author analysis
147	Sundell and Vinnerljung (2004), p.269	IF the harm caused by violence is 'put right' in FGCs THEN future harm is reduced.	Author analysis
148	Sundell and Vinnerljung (2004), p.282	IF FGCs seek to put right the harm caused by violence in order to reduce future harm (restorative) THEN families who wish to stay together can feel pressure from social workers to separate	Author analysis
149	Sundell and Vinnerljung (2004), p.283	IF FGCs seek to put right the harm caused by violence in order to reduce future harm (restorative) THEN families who wish separate saw little value engaging in a process that aims to reduce perpetrator behaviour	Author analysis
150	Crea et al. (2008), p.1229	IF families participate in TDM meetings THEN an emotional bond between family members and community partners is established and families can draw upon community structures and supports.	Author, staff
151	Crea et al. (2008), p.1229	IF staff take the time to connect families to community support early during the case THEN an optimal placement decision can be made that will save time and agency resource later on	Author, staff
152	Sheets et al. (2009), p.1192	IF families participate in FGDM THEN children's anxiety is less than with traditional services.	Author
153	Sheets et al. (2009), p.1187	IF families participate in a conference THEN children are less anxious and more adjusted when placed with a relative following a conference	Author
154	Lee et al. (2013), p.456	IF caregivers and young people feel that everyone in a Family Involvement Meeting is on the same page THEN young people can participate in the meeting and say what they need to be able to succeed.	Caregiver
155	Lee et al. (2013), p.456	IF a young person is part of the Family Involvement Meeting process THEN they feel able to give their own voice to their own care.	Caregiver
156	Lee et al. (2013), p.455	IF young people participate in a Family Involvement Meeting THEN they can gain new insights and realisations about themselves, their caregivers and their placement options and resources.	Young people
157	Pine and Spath (2009), p.238	IF adolescents are involved in all aspects of the process as part of the team THEN the CYP can gain critical thinking and decision-making skills.	Author

158	Perry et al. (2013), p.88	IF a trained facilitator is used in the meeting to aid families to develop their goals and access means THEN families can be aided in achieving their goals in a timely manner.	Author
159	Perry et al. (2013), p.89	IF there is a skilled facilitator delivering the meeting THEN service goals may be accomplished.	Author
160	Perry et al. (2013), p.68	IF families are able to have time alone to discuss the suggestions and service plans put forth in the meeting THEN decision-making practices unique to the culture of the family can be upheld.	Author
161	Perry et al. (2013), p.89-90	IF families participate in a FTC which does not include family alone time THEN children, young people and families are more likely to benefit due to them being more responsive to service plans developed in the presence of professionals and facilitator	Author
162	Barth and Price (1999), p.90-91	IF families can be brought together in an environment that feels safe THEN separation can be avoided and reunification can be achieved.	Author
163	Pennell et al. (2010), p.1013	IF family groups take part in child welfare decisions THEN plans tend to keep children at home or with their relatives.	Author
164	Lee et al. (2013), p.455	IF Family Involvement Meetings provide opportunities for shared decision-making THEN caregivers and young people feel involved in decision-making.	Caregiver
165	Perry et al. (2013), p.68	IF Family Care Counsellors do not possess the specialized skills necessary to actively engage families and their natural supports THEN decision-making practices unique to the culture of the family can be undermined	Author
166	Lee et al. (2013), p.458	IF families are formally involved early in the intervention THEN outcomes may be improved for young people.	Author
167	Sheets et al. (2009), p.1191	IF extended family are involved in decision-making AND feel empowered THEN the children may exit care faster and more likely to be reunified with their families	Author
168	Sheets et al. (2009), p.1191	IF parents and relatives are involved in FGDM THEN they feel more empowered, have a greater sense of what is expected of them and are able to identify issues in the family plan.	Author
169	Lee et al. (2013), p.459	IF additional interventions are offered to families (such as family support groups, skill-building or empowerment) THEN family engagement may improve early in the placement process.	Author
170	Lee et al. (2013), p.459	IF families engage earlier in the process THEN opportunities for young people to return home after group placement may increase	Author
171	Perry et al. (2013), p.69	IF families are not engaged in case plan development THEN there families will not comply with case plans.	Author
172	Perry et al. (2013), p.91	IF deliberate efforts are made to engage families THEN family engagement is enhanced.	Author
173	Pennell et al. (2010), p.1018	IF engagement is expanded beyond the worker-parent dyad THEN the wider family group can take responsibility.	Author
174	Pine and Spath (2009), p.238	IF youth and family are involved in planning care THEN placements can be stabilised and youth remain connected to their families and kinship and cultural groups.	Author
175	Perry et al. (2013), p.69	IF cases are closed without engaging the family THEN appropriate services and supports that could have helped to increase protective factors and reduce future risk of abuse and neglect are not made available	Author
176	Chambers et al. (2016), p.149	IF parents access services quickly THEN children return home quicker.	Author
177	Chambers et al. (2016), p.149	IF access to drug testing and outpatient treatment is delayed THEN the time taken for reunification is also delayed	Author

178	Pennell et al. (2010), p.1018	IF family team meetings lead to faster access to services that children and families need THEN children can return home faster.	Author
179	Perry et al. (2013), p.70	IF there is no linkage between services THEN families will not be engaged with appropriate services and supports.	Author
180	Perry et al. (2013), p.68	IF families are engaged in a genuine and meaningful way THEN a service system can be responsive to families.	Author
181	Berzin et al. (2008), p.51	IF families and communities are brought together in FGDM THEN families can be given a role in making decisions and be offered additional services	Author
182	Perry et al. (2013), p.68	IF families are required to complete an array of services THEN they might feel overwhelmed.	Author
183	Perry et al. (2013), p.71	IF families are engaged with appropriate services and supports THEN protective factors can be increased and future risk of abuse and neglect can be reduced.	Author
184	Perry et al. (2013), p.69	IF family care counsellors do not have direct contact with community-based services THEN plans may include unavailable or inappropriate services.	Author
185	Lee et al. (2013), p.456	IF young people see their families at Family Involvement Meetings THEN they know that they have family support to help them.	Young person
186	Pennell et al. (2010), p.1014	IF families are part of a Family Group Conference THEN children's connections to their families and communities are reinforced.	Author
187	Sheets et al. (2009), p.1191	IF relatives care for children while parents complete treatment and continue to offer support after the treatment THEN a supportive environment in which the parent can be successful can be created.	Author
188	Sheets et al. (2009), p.1188	If a family's cultural system is activated and informed THEN that system can better support and assist families than traditional services focused only on parents and children.	Author
189	Pennell et al. (2010), p.1018	IF the FTM focuses on the wider family group THEN child welfare clients can be seen as receptive to help even where there is not a positive relationship between the client and the worker.	Author
190	Pine and Spath (2009), p.238	IF anyone who is significant in the youth's life is included in a collaborative team THEN relationships between team members can be strengthened and provide a safety net for the youth.	Author
191	Chambers et al. (2016), p.145	IF case workers have enough time THEN they can develop trusting relationships with families.	Author
192	Chambers et al. (2016), p.146	IF caseworkers develop trusting relationships with families THEN they can focus on child safety, provide quality services and achieve positive reunification outcomes.	Author
193	Chambers et al. (2016), p.149	IF families have multiple workers THEN they are more likely to take longer to be reunified than families with one worker	Author
194	Pine and Spath (2009), p.236-237	IF staff receive specialist training and develop competencies (knowledge, skills and competencies) THEN alliances between families and staff can be built.	Author
195	Pine and Spath (2009), p.236-238	IF staff delivering concrete and therapeutic services are culturally competent, and speak the same language as the client THEN reunification can be achieved.	Author
196	Perry et al. (2013), p.88-89	IF workers do not have enough time to dedicate to FTCs THEN there may be a low participation rate in meetings.	Author

197	Chambers et al. (2016), p.149	IF social workers have a reduced case load size THEN the time to reunification for families may decrease	Author
198	Pennell et al. (2010), p.1017	IF FTM meetings are arranged and quickly held THEN there is less time for inviting and preparing participants	Author
199	Pennell et al. (2010), p.1017	IF families are involved in a FTM rather than a FGC THEN the resulting plans are likely to be less comprehensive	Author
200	Pennell et al. (2010), p.1017	IF families are involved/participate in a quick turnaround FTM prior to the court hearing THEN it can prevent court rulings that are made without the families input	Author
201	Sheets et al. (2009), p.1191	IF courts require specific activities to be part of a plan THEN families may not see the relevance of the activities in the plan	Author
202	Sheets et al. (2009), p.1191	IF a family's cultural importance is for family involvement and support from welfare for their family systems (e.g. African American or Hispanic families) THEN family group decision-making can be a compatible and viable means of offering services to those families	Author
203	Pennell et al. (2010), p.1017-1018	IF families are experiencing housing issues or physical abuse THEN a meeting is more likely to be held	Author
204	Pennell et al. (2010), p.1017-1018	IF families are experiencing parental alcohol abuse or have children with special needs THEN a meeting is less likely to be held	Author
205	Perry et al. (2013), p.68	IF professional team decisions are made for high risk cases THEN families have limited, if any involvement in decision-making, case planning or ongoing service provision	Author
206	Pennell et al. (2010), p.1018	IF Family Team Meetings occur in the context of other improvements in foster care case flow THEN their [the meetings] momentum can be enhanced.	Author

Appendix 6: Table of Consolidated if-then statements from Scoping Review Literature

#	Consolidated if-then statement	If-then source	Whose perspective is it?
1	IF FGCs take place in a neutral protected setting THEN it can be easier for young people to be honest about their views	1	Social worker
2	IF FGCs include the child who has witnessed domestic violence THEN their voice becomes a powerful indicator to the parents on the impact of arguing and domestic violence within the family	2	Author analysis
3	IF young people and their family are involved in the FGC THEN young people value the family being brought together THEN everyone can have their say THEN young people feel like they have been listened to	3, 4	Young person
4	IF children are given decisions over the planning of the FGC (e.g. choosing food, writing of the planning and asking questions THEN they feel they are in control and involved in the process AND the mother feels positive about the way her children are involved	5, 14,17, 18	Young person, Mother, Social worker
5	IF children are allowed to choose the venue THEN they may be less worried about it not being confidential.	6	Mother
6	IF children do not feel confident expressing their views THEN an advocate can play an important role in supporting the children in representing their views	7, 8, 9, 10	Grandparent, Social Worker, Young person
7	IF social workers constantly ask for children/young people's opinions throughout the FGC process THEN young people feel it is about them AND THEN they are able to share their views with parents that they previously have never felt comfortable doing.	11, 12	Social worker
8	IF FGC coordinators explain to children on a number of occasions about the process of a FGC THEN children understand that it is optional and can have control over what is shared and how.	13	Mother
9	IF the FGC coordinator and the advocate do not protect the child from family conflict THEN the child can feel abandoned and attacked	15	Social worker
10	IF family members say in a FGC in front of a child that they cannot care for them THEN a child can feel rejected.	16	Social worker
11	IF a child has been part of a FGC THEN they may experience more attention from CPS officers due to more frequent previous engagements	19	Author analysis
12	IF an advocate writes down a child's views and they can see what has been written THEN a child can know what will be said by the advocate and feel informed and represented	20	Young person
13	IF families have had negative experiences of social work and feel that authorities are against them THEN families will feel apprehensive and are more likely to be reluctant to participate in a FGC	126, 128	Author, Mother

14	IF coordinators are involved in the FGC process AND they explain and reassure both the family and social workers of the process AND THEN families feel that social workers are trying to work the family to come up with a solution rather than just remove the child AND THEN a better relationship between the social worker and family is created.	127, 129, 130	Social worker
15	IF social workers collaborate with the whole family, including fathers, wider kin and friends AND they have the opportunity to be make important decisions close to their hearts THEN the power balance between CPS and families can be reduced and collaboration can be improved	125, 131	Author
16	IF people don't buy into the review conference THEN they are less likely to attend despite being invited	21	Social worker
17	IF individuals who have barriers to participation (i.e. learning difficulties) have their own individual advocate THEN they can be supported to express their own views.	22	Social worker
18	IF families and communities are brought together in FGDM THEN information can be shared more easily AND THEN additional services for families can be provided	23	Author
19	IF the physical space of the FGC is different to the usual children's social care environment THEN families feel the FGC is more neutral	24	Families
20	IF families are given some private time to discuss the plan without professionals present THEN the family feel they have the opportunity to develop a suitable plan that will address children's social care concerns	25	Families
21	If families agree to discuss current problems in private amongst themselves THEN they are more likely to include the sensitive information in the decision-making	26	Author
22	IF the meetings are managed in a way that everyone feels safe THEN everyone feels like they can have their say without fear	27	Social worker
23	IF FGCs support communication and cooperation, and offer supervision THEN family functioning can be improved	28	Author
24	IF the FGC coordinator explains the process to the family THEN families understand that the FGC is there to support them AND THEN they become less sceptical about taking part AND more likely to take it seriously	29,30, 31	Mother, father
25	IF FGC coordinators are present in the FGC process THEN families feel they have an independent source of support who did not have preconceived ideas about the family	104	Families
26	IF FGCs are focused on resolution with the paternal network (e.g. contact, maintaining connections with wider family, practical family arrangements) THEN skilful facilitation is needed to ensure safety	142	Author
27	IF families are given the right information in an accessible way THEN they are able to be active participants in their plans for children	32	Author, coordinator
28	IF families have lots of issues THEN they may not want everyone knowing their business and so will not be open during the FGC	51	Social worker

29	IF some family members are perceived to be untruthful in presenting their situation during the conference THEN families do not feel optimistic that the plan will be adhered to	52	Author
30	IF FGCs engage women, children and their maternal networks THEN FGCs work to build upon pre-existing support AND involvement in children's services decreases [fathers family network usually absent]	68	Author
31	IF families are given the opportunities to provide their perspective to children's social care through an FGC THEN they feel they can be understood as a family unit and feel seen a normal family	70	Grandparent
32	IF the parent is given a choice over who they want present at the FGC meeting THEN they may not choose the people that the social worker believes to be the best to look after the child	71	Social worker
33	IF parents have previously been involved with proceedings for another child THEN social workers may not feel optimistic about the use of a FGC	72	Social worker
34	IF workers find ways to engage fathers THEN fathers are considered as possible safe placements for children or sources of natural family support	75	Author
35	IF families are involved in FGCs AND they are given autonomy and ownership of the process THEN they feel empowered AND early problems are addressed AND THEN they feel more in control of ensuring plans are in place and will be followed AND THEN FGCs can increase the likelihood of children remaining in the care of their birth family networks	33, 41	Family, author
36	IF families are involved in the decision-making process THEN they can feel empowered to say whether they do or do not want responsibility of taking on a child AND THEN other permanency options can be explored that may be better for the child.	42, 43	Social worker
37	IF families (especially those who are likely to face statutory intervention) and communities are brought together in a FGC THEN they are offered a chance to make their own decisions on how to solve family problems AND be involved in making child welfare decisions	55, 74	Author
38	IF the child is being kept safe THEN social services will respect the families' plans and decisions	65	Children's services strategic stakeholder
39	IF FGC coordinators introduce and reassure parents that FGC is a voluntary process AND state clearly what's involved THEN families feel they have been given a choice and are in control AND that all the family including the children are involved AND THEN their anxiety/resistant around the process is reduced	34, 35, 37, 39, 40	Author, mother, father
40	IF social workers take control and dictate what needs to change to families THEN families can become dependent on the social worker and support services rather than think for themselves	36	Social worker

41	IF families are involved in decisions about their child in a FGC THEN families can be supported to find solutions by themselves that may be more sustainable long term rather than solutions imposed by professionals	38, 69, 73	Author
42	IF a parent is in contact with hostile or controlling ex partners or family members during a FGC THEN they can feel tension and discomfort	44	Author
43	IF there is high conflict between family members AND there are no coordinator or advocate present THEN the FGC can turn into an opportunity to attack members in an insensitive and uncontrolled way	45	Social worker
44	IF a social worker feels that a child may be exposed to family conflict in a FGC THEN they may struggle with the decision to include the child	46	Social worker
45	IF the family has difficult/poor relationships and take part in a FGC THEN it could potentially have negative effects on the child such as adding to the emotional abuse	47	Social worker
46	IF families have concerns about conflict between family members THEN safety procedures can be put in place (e.g. with the police) AND THEN the FGC coordinator can reassure the family through that safety procedures with the police have been put in place THEN families can feel reassured that conflict between family members can be managed in the FGC	48, 49	Mother, family member, author
47	IF families and all other attendees at a FGC have the opportunity to their say THEN families feel that they are listened to AND feel that the meetings are a positive experience	50, 53, 54	Families, mother
48	IF families are sympathetic to the perpetrator and appear to conceal the perpetrator's violence THEN FGCs may not be appropriate or safe, especially in response to a crime (such as honour based violence)	56	Author
49	IF social workers involve families and their violent partners (perpetrators) in FGCs THEN FGCs can help perpetrators to take responsibility for their actions and establish reasons for using violence rather than avoiding responsibility or blaming the victims AND THEN the secrecy about the violence is removed AND victims are helped to see that the abuse is not their fault AND THEN control of the perpetrator over the victim is reduced	57, 58, 59, 85, 87	Author
50	IF social workers involve violent partners (perpetrators) in FGCs THEN FGCs can help perpetrators to take responsibility for their actions and establish reasons for using violence THEN he can be worked with to change his behaviour	81, 85	Author
51	IF perpetrators are supported THEN the cycle of offending can be broken AND family relationships can be maintained in a safe way	108, 109, 110	Author
52	IF families are involved in FGCs THEN it allows everyone the opportunity to get things out in the open AND THEN everyone can understand what needs to be done AND THEN they become less sceptical of the FGC	60, 61, 62	Author, social worker, father
53	IF families feel they and their culture are respected THEN they are more likely to engage in the FGC AND better outcomes are likely to be achieved	63, 64	Author

54	IF family members participate in reviews as well as FGCs THEN social workers perceive them as committed to engaging with children's social services and being involved long term	66, 67	Social worker
55	IF FGC training is provided to all parties involved in an ICPC decision-making THEN all partners will feel confident managing risk in this new way	76	Author
56	IF support for FGC's comes from senior management and beyond THEN the FGC service is more likely to be encouraged and engaged with by those outside of the service	77	Author
57	IF there is a consistent, strategic focus on changing culture and practice to be high challenge/high support THEN social workers will work more restoratively, be open, harmonious and skilled AND some children will be prevented from entering care	78, 79	Author
58	IF relational social practice is embedded THEN humane and therapeutic ways to help parents change are created	80	Author
59	IF families develop a plan for change through a FGC THEN the plan is likely to be accept by the Child Welfare authority	82	Author
60	IF all parties are brought together by restorative practice THEN all parties have a mutual understanding of the problem AND people can reflect on how they interact with others and understand that individuals are responsible for their choices and actions	83, 132	Author
61	IF people understand that individuals are responsible for their actions THEN they can be held accountable	84	Author
62	IF families take responsibility for their current problems THEN they are better motivated to find lasting solutions for themselves	88	Author
63	IF all agencies participate in the meetings and understand that they are helping the same families THEN effective relationships are built between services that would not have previously had contact AND families do not have to repeat their story to difference agencies and likely to be more honest with them	89, 91, 95	Daily Domestic Violence Meeting (DDVM) member, author, youth justice practitioner
64	IF other services are involved from the beginning THEN people can be rehoused faster	90	Daily Domestic Violence Meeting (DDVM) member
65	IF different agencies (e.g. housing) share information of men's histories of offending and addictions THEN integrated multiagency discussions and practices can focus on the offenders in a rigorous way and innovative way to ensure proactive engagement	92	Author
66	IF training includes a number of different agencies THEN a shared understanding about restorative practice and each other's roles is developed between agencies AND there is increased recognition of shared objectives and goals for families	93, 94	Author, youth justice practitioner
67	IF family members have a lack of belief in the services of the child protection systems THEN they will not re-refer to children's services	96	Author, youth justice practitioner
68	IF social services do not continue to support families after the FGC or services that are provided area of poor quality THEN families feel frustrated with their plan not being fully implemented AND THEN the plan might not work	97, 98, 99	Author, families

69	IF families who have previously lacked trust in children's social care (e.g. particularly African-American families) participate in FGC THEN families see children's social care as less adversarial and are more likely to ask for support	100	Author
70	IF families are isolated from their families, feel ashamed and/or do not want people to know what is happening to them THEN FGCs can be a safe place to reveal abuse, tackle stigma and be offered emotional support	101	Author, social worker
71	IF victims who have been isolated are offered emotional support in a FCG THEN they can find it easier to end a relationship	102	Author, social worker
72	IF a father is given an opportunity to engage in the meetings and could become THEN he feels his network of support has been acknowledged AND THEN he can be an important part of the solution	105, 106	Author, social worker
73	IF families have a support network present at the meeting THEN responsibility for family's problems can be shared AND THEN families are supported to identify and resolve their problems through creating a plan for the child that includes the safety network AND THEN social workers are reassured that the family has a network to support them and can make more informed decisions about the best outcome for the child AND THEN the safety plan is more likely to work to prevent the removal of the children	103, 111, 112, 113, 118	Author, social worker, grandparent
74	IF mother feels she has a support network around her to help support her and her children THEN she feels powerful and in control of keeping her children safe and that she can be trusted	114	Mother
75	IF mothers and wider support network are involved in developing the plan THEN it can help the mother to think, understand and accept what needed to change	115	Social worker
76	IF parents have very little family or relationships are too fractured for the process THEN FGCs will not work since it has already been established that the family is unable yield the levels of support required to protect and promote a child's welfare	116, 117	Author, social worker
77	IF parents are showing success in treatment AND relatives receive support from Child Protection Teams THEN relatives may be more willing to care for the parents' children	119	Author
78	IF a mother participates in a FGC THEN she can feel more supported AND that the social worker is working with her not against her	120, 121	Mother
79	IF extended family does not know the conditions of the child's home THEN maltreated children may not be re-referred by extended family members	122	Author
80	IF more social workers complete training THEN confidence increases across the organisation	133	Author
81	IF social workers are trained on restorative practice THEN they are more confident with managing risk	134	Author
82	IF FGC coordinators reiterate the principles of FGCs (e.g. not preaching, having dignity and respect) THEN social workers are reminded of the power shift and balance that is needed in FGCs	135	Social worker

83	IF social workers take time to work in a restorative, humane and relationship-based way with families THEN families can be supported to take ownership of the intervention and take ownership to revolve their problems AND THEN parents who have previously had children removed and are likely to have their expecting child removed can be helped to keep their babies	136, 138, 139	Social worker, author
84	IF social workers adopt the philosophies and principles of FGDM THEN they are more likely to change the way they work with families	137	Author
85	IF social workers feel confident in challenging other professionals THEN they can direct professionals to an appropriate place	140	Social worker
86	IF fathers have histories of perpetrating domestic violence or are currently suspected of doing so THEN social workers can lack the skills and confidence in including them in practice	141	Author
87	IF families are deemed high risk AND are involved in FTM meetings THEN FTM meetings can mitigate the risk of removal of their child/ren	143	Author
88	IF families perceive the FGC as a way for Children's Social Care to get commitments in writing THEN families can feel like the plan can be used against them in court	144	Father
89	IF social workers already know the families likely outcome due to assessments, their histories and current circumstances THEN they feel that FGCs are just something that the courts want them to do as a tick box exercise	145	Social worker
90	IF African-American families have received effective support after re-reporting THEN further system involvement is reduced	146	Author
91	IF the harm caused by violence is 'put right' in FGCs THEN future harm is reduced	147	Author
92	IF FGCs seek to put right the harm caused by violence in order to reduce future harm (restorative) THEN families who wish to stay together can feel pressure from social workers to separate	148	Author
93	IF FGCs seek to put right the harm caused by violence in order to reduce future harm (restorative) THEN families who wish separate saw little value engaging in a process that aims to reduce perpetrator behaviour	149	Author
94	IF families participate in TDM meetings THEN an emotional bond between family members and community partners is established and families can draw upon community structures and supports.	150	Author/staff
95	IF staff take the time to connect families to community support early during the case THEN an optimal placement decision can be made that will save time and agency resource later on	151	Author, staff
96	IF families participate in a meeting/conference [with the child present] THEN children's anxiety can be reduced (especially if placed with a relative following the meeting)	152,153	Author

97	IF young people are involved in the meeting/conference process alongside everyone else THEN they can gain new insights and realisations about themselves, their caregivers and their placement options and resources AND THEN they can gain critical thinking skills and make decisions regarding their own care AND THEN they feel able to say what they need to succeed	154,155,156,157	Author, caregiver, young person
98	IF there is a trained and skilled facilitator to deliver the meeting AND to support the families in developing their goals THEN their goals are more likely to be accomplished in a timely manner	158,159	Facilitator
99	IF families are able to have time alone to discuss the suggestions and service plans put forth in the meeting THEN decision-making practices unique to the culture of the family can be upheld.	160	Author
100	IF families participate in a FTC which does not include family alone time THEN children, young people and families are more likely to benefit due to them being more responsive to service plans developed in the presence of professionals and facilitator	161	Author
101	IF families can be brought together in an environment that feels safe THEN separation can be avoided and reunification can be achieved	162	Author
102	IF meetings provide opportunities for families and young people to be involved in child welfare decision-making THEN caregivers and young people feel involved and empowered AND have a greater understanding of what is expected of them and are able to identify issues in the family plan AND THEN families are likely to comply to the case plans AND THEN children may exit care faster and be reunified with their families.	168,164,174,167,21	Author, caregiver
103	IF family groups and young people are involved in decision-making and care planning THEN plans tend to be to keep children at home or with their relatives AND THEN placements can be stabilised and youth remain connected to their families and kinship and cultural groups.	174, 163	Author
104	IF Family Care Counsellors do not possess the specialized skills necessary to actively engage families and their natural supports THEN decision-making practices unique to the culture of the family can be undermined.	165	Author
105	IF engagement is expanded beyond the worker-parent dyad THEN the wider family group can take responsibility.	173	Author
106	IF deliberate efforts are made to engage families THEN family engagement is enhanced.	172	Author
107	IF families are involved early in the intervention AND additional services are offered to families (such as family support groups, skill building or empowerment) THEN families may engage early in the placement process	166,170,169	Author

	AND THEN opportunities for young people to return home after placement may increase.		
108	IF Family Team Meetings lead to faster access to services that children and families need THEN children return home quicker.	176,177,178	Author
109	IF Family Care Coordinators have direct contact with community services AND there is linkage between services THEN families are engaged with the appropriate services and support THEN protective factors can be increased and future risk of harm of abuse and neglect can be reduced.	179,175,183 ,184	Author
110	IF families and the community are brought together and engaged in a genuine and meaningful way THEN the service system can be responsive to families AND families can be offered additional services THEN appropriate services and supports that can help increase protective factors and reduce future risk of abuse and neglect are made available.	181, 175, 180, 183	Author
111	IF families are required to complete an array of services THEN they might feel overwhelmed.	182	Author
112	IF caseloads are reduced AND families keep the same social worker THEN social workers have enough time to develop trusting relationships with families AND THEN they can provide quality services and focus on child safety THEN positive reunification outcomes can be achieved in less time.	191, 192, 193, 197	Author
113	IF staff receive specialist training and develop competencies (knowledge, skills and competencies) THEN alliances between families and staff can be built.	194	Author
114	IF staff delivering concrete and therapeutic services are culturally competent, and speak the same language as the client THEN reunification can be achieved.	195	Author
115	IF young people and anyone who is significant in their lives are part of the meeting THEN connections and relationships between participants are reinforced to provide a safety net for young people AND THEN young people know they have support to help them.	185, 186, 190	Author, young person
116	IF a family's cultural system is activated and informed AND offer support for both parents and children, such as caring for children while parents complete treatment THEN a supportive environment in which parents can be successful can be created.	188, 187	Author
117	IF the FTM focuses on the wider family group THEN child welfare clients can be seen as receptive to help even where there is not a positive relationship between the client and the worker.	189	Author

118	IF FTM meetings are arranged and quickly held THEN there is less time for inviting and preparing participants	198	Author
119	IF families are involved in a FTM rather than a FGC THEN the resulting plans are likely to be less comprehensive	199	Author
120	IF families are involved/participate in a quick turnaround FTM prior to the court hearing THEN it can prevent court rulings that are made without the families input	200	Author
121	IF courts require specific activities to be part of a plan THEN families may not see the relevance of the activities in the plan	201	Author
122	IF a family's cultural importance is for family involvement and support from welfare for their family systems (e.g. African American or Hispanic families) THEN family group decision-making can be a compatible and viable means of offering services to those families	202	Author
123	IF families are experiencing housing issues or physical abuse THEN a meeting is more likely to be held	203	Author
124	IF families are experiencing parental alcohol abuse or have children with special needs THEN a meeting is less likely to be held	204	Author
125	IF professional team decisions are made for high risk cases THEN families have limited, if any involvement in decision-making, case planning or ongoing service provision	205	Author
126	IF Family Team Meetings occur in the context of other improvements in foster care case flow THEN their [the meetings] momentum can be enhanced.	206	Author

Appendix 7: Table of if-then statements from Additional Literature

#	If-then statement	Source
1	IF multiple perspectives are presented on family issues THEN multiple solutions are formed AND family dynamics between siblings are improved	Berzin (2006), p.1450
2	IF multiple family members are brought together (including siblings) in a FGDM THEN siblings can be encouraged to help each other solve the problems	Berzin (2006), p.1450
3	IF siblings are brought together in a FGDM THEN siblings are more likely to have similar outcomes to each other than in traditional models	Berzin (2006), p.1456
4	IF SW are trusting, empathetic, authoritative and clear about consequences if change cannot be achieved THEN SW can develop a relationship with families that provides the opportunity for them to change	Brighton and Hove Council (2007), p.8
5	IF the SW has a supportive relationship with their manager THEN the SW's relationship with the family is enhanced	Brighton and Hove Council (2007), p.9
6	IF SW feel supported and contained within their team THEN they can build relationships with families to facilitate change	Brighton and Hove Council (2007), p.10
7	IF parents feel that social workers know enough about their family THEN the parents confidence increased	Brighton and Hove Council (2007), p.14
8	IF SW stay with the family throughout the process to work with and support the family THEN SW's job satisfaction increases creating a better experience for the child and family	Brighton and Hove Council (2007), p.14
9	IF the SW who is allocated throughout the process is available as a point of contact for the parent after the case has closed	Brighton and Hove Council (2007), p.14
10	IF SW work with children over a period of time THEN a trusting relationship will be formed THEN children feel comfortable to express their views	Brighton and Hove Council (2007), p.14
11	IF SW stay with the family throughout the process to work with and support the family THEN families feel understood by their SW and their confidence increases	Brighton and Hove Council (2007), p.15
12	IF SW listen to families perspective rather than going in with an agenda THEN families feel that the SW is getting to know them AND the SW feels more confident in having difficult conversations with families	Brighton and Hove Council (2007), p.15
13	IF the SW is understanding, supportive, helpful, compassionate, tenacious and empathetic THEN families feel that the SW believe in them and is more willing to be open and honest with the SW	Brighton and Hove Council (2007), p.22
14	IF the SW creates a collaborative working relationship with parents THEN the father is empowered to step up as a parent rather than side-lined as a perpetrator of DV	Brighton and Hove Council (2007), p.23
15	IF the chair of the meeting is able to engage, challenge and be clear about the damage to children and what needs to happen THEN parents can leave with a clear plan and understanding of the situation for their children	Brighton and Hove Council (2007), p.25
16	IF SW feel safe and supported by their managers and organisation THEN they can build relationships with families	Brighton and Hove Council (2007), p.25
17	IF the SW feels more confident in their job THEN the family will trust the SW more	Brighton and Hove Council (2007), p.37
18	IF the SW establishes a relationship with both parents AND can constructively challenge them in a gentle and empathetic way THEN parents feel safe and valued for their strengths	Brighton and Hove Council (2007), p.47
19	IF FTM are convened in plenty of time THEN everyone can prepare, trust the process, listen and be open without fearing that what they immediately say will be used against them or their relatives	Burford et al. (2011), p.321
20	IF the meetings are done in a respectful and clear way, with important information given to help the family plan THEN families will start to trust CP authorities	Burford et al. (2011), p.321

21	IF facilitators consistently follow up on families' plans THEN facilitators can see if the plans are being carried out. IF there is no facilitator THEN this responsibility ends up with the worker	Burford et al. (2011), p.329
22	IF there are follow up FTM after the initial FTM THEN it can ensure family's needs are met and that ongoing services are appropriate and helpful	Burford et al. (2011), p.329
23	IF FTMs bring in as many family as possible to be part of the decision-making THEN families may offer kinship care which speeds up reunification process	Burford et al. (2011), p.330
24	IF the facilitator is heavily family focused THEN they can invalidate the concerns expressed by other professionals about the child and send the wrong messages to the child	Burford et al. (2011), p.331
25	IF tasks are shared by multiple people rather than just the SW THEN it can break the cycle of blaming the SW	Burford et al. (2011), p.322
26	IF all the professionals involved in the FTM have a debrief following the meeting THEN they can critically reflect on the process, learn from it and improve the FTM process	Burford et al. (2011), p.333
27	IF SW go into an FTM with an idea of the preliminary service plan THEN the FTM provides confirmation of how that plan is going to work and provides a framework for going forward	Burford et al. (2011), p.334
28	IF FTMs are bound by timelines set by the court (e.g. within 72 hours) THEN this creates issues for SWs balancing their job expectations and outside work commitments	Burford et al. (2011), p.335
29	IF FTMs are bound by timelines set by the court (e.g. within 72 hours) THEN the usual SW cannot always attend and a replacement attends affecting the families engagement going forward	Burford et al. (2011), p.336
30	IF FTMs are bound by timelines set by the court (e.g. within 72 hours) THEN a supervisor is not always able to attend with the SW THEN the SW feels anxious that plans created in the FTM are not feasible	Burford et al. (2011), p.336
31	IF parents have a FTM before court THEN they are better prepared to present their case and the proceedings feel less adversarial with more thought gone into planning for the children	Burford et al. (2011), p.337
32	IF parents have an FTM before court THEN they have a better understanding of why SS had to intervene and when going to court	Burford et al. (2011), p.338
33	IF both parents and multiple family members show up to a FTM THEN it is easier to identify multiple issues within the family	Burford et al. (2011), p.339
34	IF parents have an FTM before court THEN it provides a friendlier and less intimidating environment than court to admit and accept responsibility for issues and lay out what they want the plans to be	Burford et al. (2011), p.339
35	IF SWs engage parents by inviting parents/families early in the process; respectfully share their concerns and relevant information; involve them in decision making before solutions have plans have taken shape THEN families will collaborate and trust the SW	Burford et al. (2011), p.341
36	IF the other professionals at the meeting provide the family with all relevant information THEN this helps the family to make informed decisions and plans for the child	Burns and Fruchtel (2014), p.1155
37	IF the professionals do not participate in the core part of decision making and planning THEN families are able to discuss the plan privately, develop solutions and make decisions themselves	Burns and Fruchtel (2014), p.1155
38	IF follow up meetings are held THEN the plan can be monitored, refined and progress can be discussed	Burns and Fruchtel (2014), p.1156
39	IF professionals believe in their families ability to fulfil the plan THEN the family is more likely to be successful	Burns and Fruchtel (2014), p.1156
40	IF the family is given a choice over aspects of the meeting (e.g. the venue) THEN they will feel ownership over the process	Burns and Fruchtel (2014), p.1156
41	IF there are multiple family members in a FGC THEN it is more likely that relationships are strengthened or created between members	Burns and Fruchtel (2014), p.1157

42	IF coordinators have strong connections with their community outside the SS sector THEN they can be more resourceful in establishing networks for families	Burns and Fruchtel (2014), p.1157
43	If services provide ready-made services to families rather than be flexible THEN the services and plans are unlikely to be successful	Burns and Fruchtel (2014), p.1157
44	IF FGCs use non-professional citizens to as independent coordinators THEN FGCs becomes part of society	Burns and Fruchtel (2014), p.1158
45	IF families are connected with community supports during the meeting THEN these community members may service as longer term supports for the family	Crea et al. (2009), p.298
46	IF families are given the opportunity to make decisions and give their perspectives THEN it can yield a clearer picture of their strengths and needs for developing the plan and making placement decisions	Crea et al. (2009), p.298
47	IF caregivers present their perspectives of the problem in the meeting THEN other participants can understand what services and supports would be needed to keep the placement in tact	Crea et al. (2009), p.306
48	IF families are given a voice during a FTM THEN families feel grateful that they have been listened to rather than told what to do	Deglau et al. (2015), p.164
49	IF families are engaged in FTMs in a respectful and humane way THEN they can feel empowered because they have been given the change to understand the process and what is expected from them and what they want from SS/services	Deglau et al. (2015), p.164
50	IF SW are resistant to a FTM and do not understand how it will help families THEN they can explain it to families in a way that families will not want to do it	Deglau et al. (2015), p.166
51	If families are given a voice in matters that concern them and a chance to make their own plan THEN they are more motivated to solve their problems	Dijkstra et al. (2016), p.101
52	IF families have alone time to discuss problems THEN sensitive information may be brought up as part of the decision-making process which may improve the quality of the plan	Dijkstra et al. (2016), p.101
53	IF the coordinator is satisfied that the plan keeps the child safe THEN the coordinator places responsibility on the family and social network to implement the plan	Dijkstra et al. (2016), p.101
54	If there is shame around the problems in the family (within minority groups) THEN sensitive information is less likely to be shared compromising on the quality of the family plan AND THEN reunification can be delayed	Dijkstra et al. (2016), p.106
55	If families put everything on the table to clear the air THEN relationships between these individuals can be improved	Feldman (2017), p.58
56	If families are given material before the meeting of how FGDMs work THEN they are more prepared for the FGDM	Feldman (2017), p.58
57	If families are given material before the meeting of how FGDMs work e.g. through social media, audio or visual THEN they are more prepared for the FGDM	Feldman (2017), p.64
58	IF children have advocates to represent their interests THEN the advocate should be knowledgeable about the role of the siblings and outcomes associated with sibling placements to ensure it is considered when planning	Gustavsson and MacEachron (2018), p.43
59	IF the independent coordinator role is taken up by a family member who works with the SW to activate members, fix the time and place etc THEN the family will feel more ownership over the process	Hillebregt et al. (2018), p.5
60	IF the coordinator meets each participant separately to talk them through the process THEN the coordinator can determine if the case is suitable for FGC and what additional supports may be needed for the participants	Huntington (2006), p.675
61	If families are given the freedom to make their own decisions and choices THEN the families will feel empowered	Huntington (2006), p.677
62	If families have emotional support from outside the immediate family THEN it can be a protective factor for children in at-risk environments	Huntington (2006), p.683
63	IF families are labelled as dysfunctional and there are doubts whether they can make their own decisions THEN functioning extended family or community can help the family make decisions	Huntington (2006), p.685

64	IF families and wider community participants are labelled as dysfunctional and there are doubts whether they can make their own decisions THEN the coordinator can adapt to a family's decision-making abilities and bring in members from larger communities where there are resources	Huntington (2006), p.685
65	IF victims attending a FGC are emotionally and physically vulnerable (adult or child) THEN support persons can be identified by the coordinator to protect them	Huntington (2006), p.686
66	IF a safe and formal but non-adversarial environment is created for parents to take ownership and responsibility for their shortcomings THEN the local authority can rectify its failure to support the family earlier	Huntington (2006), p.698
67	IF families have created/strengthened relationships through a FGC THEN they will not feel alone and feel able to ask for help	Johansen (2014), p.151
68	IF adults have weak or broken contact with network members AND THEN they receive confirmations that the network members care about them THEN the adult feels cared for and supported	Johansen (2014), p.152
69	IF networks members take on the role of chairmen and note takers THEN it can build respectful and supportive communication during the meeting	Johansen (2014), p.153
70	IF network members give appraisal support during the FGC to the client THEN the client can feel improved self-esteem and self-worth	Johansen (2014), p.154
71	IF the family is given alone time during the FGC THEN the coordinator can still play an important role by ensuring social control by informing the family that they will enter the meeting if conflicts arise	Johansen (2014), p.155
72	IF wider family and community members are involved THEN it encourages the sharing of responsibility of the wellbeing of children and the family	Jong et al. (2011), p.65
73	IF clients feel uncomfortable of inviting wider network to meeting due to them finding out about their problems THEN a coordinator can find a balance to ensure that the wishes of the client are respected and the right people are invited	de Jong and Schout (2011), p.65
74	IF professionals are honest and up front with families in the meeting THEN families may deal with the issues honestly	de Jong and Schout (2011), p.65
75	IF the FGC is organised on neutral ground THEN everybody can feel at ease	de Jong and Schout (2011), p.65
76	IF the coordinator is not someone who is experienced in the care system tradition THEN they can think and act independently	de Jong and Schout (2011), p.65
77	IF families have a private time during the FGC THEN they are given the chance to develop their own plan	de Jong and Schout (2011), p.65
78	IF families have a family member or care provider who is a designated person responsible for extended follow up and a mid-term review of the plan THEN family members are more likely to follow elements of the plan than they would have done in traditional case planning	de Jong and Schout (2011), p.66
79	IF the plan fails THEN the family should not be blamed and a new plan that is functional should be created	de Jong and Schout (2011), p.66
80	IF there are safety reasons or there are progress difficulties during family alone time THEN it may be necessary for a coordinator to be present to resolve the problem	de Jong and Schout (2011), p.71
81	IF agencies provide families with enough information and resources THEN families should be able to create a plan that reflect their needs	LaBrenz and Fong (2016), p.94
82	IF there is mutual respect and shared decision-making THEN the power imbalance between the family and agency is reduced	McCrae and Fusco (2010), p.41
83	IF there is sufficient planning and preparation to get a large support network to attend the meeting THEN the meeting can involve the most thorough decisions	Merkel-Holguin et al. (2007), p.2
84	IF families are involved in the decision making THEN professionals learn about the strengths and resources that communities have to offer families	Roberts (2007), p.7
85	IF professionals set clear rules on and expectations on how children should behave at a conference THEN it may restrict children's participation in the FGDM	Nixon (2007), p.27

86	IF SW/coordinator uses flexible communication; has excellent listening skills; imaginative ways of involving children in the process; is open, honest and not raise unrealistic/false expectations THEN children can successfully be involved in the process	Nixon (2007), p.28
87	IF the SW/coordinator spends time listening and preparing children over several visits before the FGDM THEN they feel safe and engaged and can understand what it is about	Nixon (2007), p.28
88	IF SW/coordinators are given enough time to get children involved and prepared for the FGDM THEN SW/coordinators can find out what children want from the conference, how they will best participate and have their say	Nixon (2007), p.28
89	IF children are unable to attend THEN family members can be used to express the child's views (although can be difficult to balance their own views and speaking for the child)	Nixon (2007), p.29
90	If a CYP has difficulty saying things in the meeting/cannot attend the meeting THEN an advocate can tell the family the difficult things that the CYP needs to say about them	Nixon (2007), p.29
91	IF the information provided at the meeting is jargon-free and the language used is child-friendly THEN children can participate in the FGC	Nixon (2007), p.30
92	IF children are given help, support and encouragement THEN they can feel able to chair their own conference	Nixon (2007), p.30
93	IF the conference feels daunting to children THEN a second room where the child can move in and out of the FGC can help reduce that anxiety	Nixon (2007), p.30
94	If a CYP has difficulty saying things in the meeting/cannot attend the meeting THEN practitioners need to think creatively about how the CYP can be given a voice (e.g. letters, videos, audiotapes, drawings)	Nixon (2007), p.30
95	IF children participate in the private family part of the conference THEN this can be beneficial for everyone as children know how different family members behave and how to influence their family	Nixon (2007), p.30
96	IF children participate in family alone time THEN children can participate more naturally as it is easier for them to talk in front of them due to knowing them	Nixon (2007), p.31
97	IF plans developed are jargon free, clearly written with stated responsibilities and timeframes and agreed on by all professionals and family members THEN children can understand the plan	Nixon (2007), p.31
98	IF children are present in the meeting THEN they can be involved by recording what is needed for the plan	Nixon (2007), p.31
99	IF children are given the right support to be involved in FGCs THEN their worries and concerns can be alleviated	Nixon (2007), p.31
100	If children are involved in the monitoring and reviewing of plans THEN they can feel actively engaged in the process by providing feedback on how things are working for the follow-up assessment	Nixon (2007), p.31
101	IF there is no follow up after FGDM THEN interest in the child may lessen and resources taper off	Nixon (2007), p.31
102	IF CYP are involved in the planning and identifying people in their own networks THEN they are positioned as leaders and guides of their own future	Merkel-Holguin (2007), p.43
103	IF CYP are involved in the process and see important adults in their lives participating positively during difficult deliberations THEN CYP are better prepared citizens to contribute to society	Merkel-Holguin (2007), p.44
104	IF CYP have fragmented, strained or non-existent relationships with family members and there is insufficient preparation of a potential social support network THEN the FGC may heavily depend or be dominated by service providers	Merkel-Holguin (2007), p.47
105	IF solution-focused questions and dialogue form part of the FGC preparation process THEN participants can focus on strengths and protective capacities when developing the plans	Merkel-Holguin (2007), p.47

106	IF the family agree to the FGC THEN the coordinator will start preparations for the FGC	Onrust et al., (2015), p.3
107	IF the plan is safe and legal THEN it will be accepted by professionals	Onrust et al., (2015), p.4
108	IF the family is given alone time during the FGC THEN it allows the family to express caring for each other, confront problems, draw on their cultural practices to find solutions and develop a plan that makes sense to them	Pennell (2006), p.265
109	IF the family is given alone time during the FGC THEN it can be an opportunity for family members to manipulate, intimidate or abuse their family group	Pennell (2006), p.266
110	IF the FGC takes place in a neutral environment and participants are given refreshments THEN families feel comforted and safe	Pennell (2006), p.275
111	IF professionals are appointed as FGC coordinators (as opposed to a non-professional) THEN they have the advantage of having the skills for overall preparation of the meeting and being able to minimise potential conflict	Schout and de Jong (2017), p.1198
112	IF there is sufficient time given to the planning and preparation of the meetings THEN the most suitable persons can be invited to participate and it can be arranged for a time that is most suitable for the participants	Schout and de Jong (2017), p.1204
113	IF parents and wider family are involved in the decision making processes THEN parents resistance to social workers can decrease as they feel more empowered (in context of statutory interventions and court proceedings)	Ward et al. (2014), p.78
114	IF wider family share knowledge of the parents and children to the CPS that were previously not known THEN proposals in the plans can include additional services that may be needed	Ward et al. (2014), p.80
115	IF families do not acknowledge there is a problem (e.g. sexual abuse, DV, substance misuse, covering up deliberate abuse THEN parents are unlikely to make sufficient changes within an appropriate timeframe	Ward et al. (2014), p.83
116	IF all participants can understand what happened, who was involved and how the offense affected the victim THEN an appropriate reparation agreement can be reached where the offender can make amends with the victim	Jeong et al. (2012) p.373
117	IF victims are allowed the opportunity to confront the offender with feelings of anger and hurt THEN offenders can be held accountable.	Jeong et al. (2012) p.374
118	IF the intervention is one off and short THEN it is unlikely that the offender will learn how their behaviour has negatively affected others.	Jeong et al. (2012) p.380-383
119	IF some members of the family are particularly dominant THEN some family members may not be able to say what they think.	Jeong et al. (2012)
120	IF meetings are aimed at reunification THEN they are more likely to take place in an official building normal office hours.	Berzin (2007)
121	IF individual members of the group do not follow through on decisions made in the plan THEN the plan may not be completed	Berzin (2007)
122	IF families have a lack of resources or services available to them THEN the plan may not be completed	Berzin (2007)
123	IF families are at the centre of the decision making process THEN they will talk more than professionals in meetings AND will be able to provide the most complete information about themselves.	Berzin (2007)
124	IF skilled facilitators are involved in the meeting process THEN they can ensure that family members have the necessary information to participate, involve all family members in discussion, clarify plans and redirect participants towards common goals.	Berzin (2007)
125	IF meetings include private family time THEN plans will be mainly developed by families and endorsed by professionals	Berzin (2007)
126	IF some of the family's concerns are not addressed in the original plan THEN negotiation may take place with professionals to develop a mutually agreeable family plan that preserved the family's original intent.	Berzin (2007)

127	IF children are present in the meeting AND the children are young THEN they may not be able to input into the plan.	Berzin (2007)
128	IF there are clear tasks and support to follow up on the plan THEN the plan components will be more likely to be completed.	Berzin (2007)
129	IF there is court involvement with a family THEN families may not have completed discretion over the plan AND THEN professionals may need to be involved in developing the plan.	Berzin (2007)
130	IF meetings do not translate into action for the child THEN an intervention with continued follow-up might be needed to ensure that the child's needs are met	Berzin (2007)
131	IF family members are given opportunities to be involved in decision making processes THEN they can feel that their contribution to assisting the child is recognised and appreciated by professionals.	Morris and Connolly (2012) p.45
132	IF family members feel that their contribution is appreciated by professionals THEN their commitment to, and engagement with care and protection plans is enhanced.	Morris and Connolly (2012) p.45
133	IF families take part in private family time during a meeting THEN there is an increased potential for family members to challenge one another	Morris and Connolly (2012) p.45
134	IF families are able to challenge one another in private family time THEN family self-regulation can be increased.	Morris and Connolly (2012) p.45
135	IF children are involved in a meeting THEN they value of the 'bringing together' process.	Morris and Connolly (2012) p.45
136	IF professionals begin with the assumption that all families will be open to being involved in participatory processes THEN families will all varieties of decision making processes and child caring traditions can be involved in participatory decision making.	Morris and Connolly (2012) p.24
137	IF the meeting is based on a rights-based model THEN children can be involved in a way in which they are influential participants.	Morris and Connolly (2012)
138	IF the participant works with a facilitator to analyse their network....	Malmberg-Heimonen (2011)
139	IF participants, including family members and professionals are well prepared before the meeting THEN the main participant can agree to everything that will be included in the meeting ahead of time.	Malmberg-Heimonen (2011)
140	IF a meeting can be used as a secure platform to share feelings of shame THEN relationships between participants can be restored.	Malmberg-Heimonen (2011)
141	IF feelings of shame are discussed between main actors in the meeting THEN shame can act as a strong corrector or preventer of behaviour.	Malmberg-Heimonen (2011)
142	IF the meeting creates a platform where participants are able to confront each other with their opinions THEN awareness of the seriousness of the situation can arise for participants [including the main participant].	Malmberg-Heimonen (2011)
143	IF main participants are able to choose who attends the conference THEN appropriate decisions can be made that take account of information that professionals may not have [such as financial abuse].	de Jong and Schout (2013)
144	IF the main meeting participant is able to clarify to their friends and family the current situation that they are in THEN the family can be more aware of what is going on and offer support	de Jong and Schout (2013)
145	IF a meeting can be used as a platform to share feelings of shame THEN families can speak openly with their network about the situation and families can offer support rather than professionals.	de Jong and Schout (2013)
146	IF a person who is socially isolated uses a meeting as a space to openly discuss feelings of shame THEN contacts and support can be restored and mobilised.	de Jong and Schout (2013)
147	IF families are positioned as the primary planning group through a meeting for the care of a child THEN plans can reveal the personal compromises that families are willing to make to respond to the needs of their children (e.g. moving house, supporting a child to learn to read).	Morris (2011) p.910

148	IF relatives take part in the planning for child protection THEN the strength and capacity of the family networks can be revealed.	Morris (2011) p.910
149	IF there is a better understanding of how families with enduring and complex needs can respond to these needs THEN there may be more ability (for professionals/family members) to support change.	Morris (2011) p914-915
150	IF professionals communicate directly with family members meetings and look directly at family members rather than down at the ground THEN family members feel respected in the meeting.	Darlington (2012)
151	IF a parent feels judged negatively before the meeting begins THEN they can feel helpless in the meeting.	Darlington (2012)
152	IF a parent feels judged negatively before the meeting begins THEN they can feel that the meeting convenor does not care what anyone has to say.	Darlington (2012)
153	IF a parent feels judged negatively by their caseworker THEN they can feel that one element [such as being in a wheelchair] is perceived to override anything else about them.	Darlington (2012)
154	IF families feel that their views were included in the decision-making process THEN they may be more likely to feel that the decisions that were made were right for the children [even where the child enters, or remains in out of home care against the parents' wishes]	Darlington (2012)
155	IF a parent lacks confidence in their ability to communicate THEN having people at the meeting (such as a solicitor can help them feel supported AND can negotiate on their behalf	Darlington (2012)
156	IF a parent feels that there are people there who support her and can make the environment comfortable THEN a parent can feel that they have more people on their team than against them.	Darlington (2012)
157	IF parents experience quality supportive relationships in the meeting THEN they are able to engage productively with the meeting processes.	Darlington (2012)
158	IF parents feel that their opinions will be reflected in the decisions that are made THEN inclusion can be effective rather than tokenistic	Darlington (2012)
159	IF parents feel that professionals are prepared to listen and understand their point of view THEN a sense of trust can be developed and can facilitate the development of a partnership with parents and professionals.	Darlington (2012)
160	IF highly trained facilitators help to keep the decision-making group on-task and focussed THEN they can assist in making a quality decision where the group reaches a consensus.	Crea & Berzin (2009) p.309
161	IF the social worker holds power in recording what has been said in the pre meeting THEN the family may feel do not have power in negotiating a plan for the safety and care of their children.	Ney et al. (2011)
162	IF the social worker misinterprets the parents' concerns THEN the family may feel do not have power in negotiating a plan for the safety and care of their children.	Ney et al. (2011)
163	IF in the meeting everyone shares negative opinions about one of the participants THEN that participant may feel angry [mad].	Ney et al. (2011)
164	IF the family are asked to speak first in the meeting THEN the family feels that they will be heard.	Ney et al. (2011)
165	IF families have the opportunity in the meeting to spend time alone without the social worker THEN they can have the chance to try and set up the family plan without feeling under surveillance.	Ney et al. (2011)
166	IF sensitive information is disclosed in the meeting [such as the results of a drug test] without prior disclosure THEN the meeting agenda can shift from what was intended [such as from reunification] to an agency led agenda.	Ney et al. (2011)
167	IF sensitive information is disclosed in the meeting [such as the results of a drug test] without prior disclosure and without the right documentation THEN other professionals may feel that the information was inappropriate.	Ney et al. (2011)

168	IF 'scientific proof' such as test results is seen as more valid in a meeting than the family's knowledge THEN the family can feel frustrated that the agenda of the meeting is changed in favour of the worker's perspective.	Ney et al. (2011)
169	IF families are allowed to talk in the meeting but the rest of the meeting is focused on negative aspects of parenting THEN the family will feel disempowered.	Ney et al. (2011)
170	IF meetings are emphasise more negative aspects of parenting than support THEN the family will feel like they are on trial	Ney et al. (2011)
171	IF all possible solutions/options are not explored in the meeting THEN the family can end up feeling less hopeful than when they entered the meeting.	Ney et al. (2011)
172	IF legal discourse is used within the meeting to prioritise the social worker's dominant agenda THEN the family can feel hopeless with regard to negotiating or exploring other options.	Ney et al. (2011)
173	IF professionals and the family perceive the situation to be different from each other THEN the family can end up feeling disempowered and depressed by hearing the negative interpretation of professionals in the meeting.	Ney et al. (2011)
174	IF families perceive social workers to have the legal power to make decisions (such as whether the child can return home) and veto what the parent says THEN the parent can feel like they have no control over parenting.	Ney et al. (2011)
175	IF social workers see the living situation of the children to be fixed and do not believe that change can happen THEN the FGC process may bring up a lot of pain for families.	Ney et al. (2011)
176	IF meetings take a community-building approach THEN treatment can focus on creating relationships and options for citizens to support each other.	Burns and Früchtel (2014) p.1152
177	IF meetings take a community-building approach THEN the pool of people involved in the care and protection process is widened.	Burns and Früchtel (2014) p.1152
178	IF there is a large number of participants involved in a meeting THEN there is a higher likelihood that relationships are strengthened or created.	Burns and Früchtel (2014)
179	IF non-professionals and 'ex-users' are given options to work as coordinators or supporters (working as citizens for other citizens) THEN coordinators might be more effective as they are connected to the local community and its groups (such as bankers, builders, café owners etc).	Burns and Früchtel (2014) p.1152
180	IF coordinators are connected to the local community and its groups (such as bankers, builders, café owners etc) THEN they are more resourceful in establishing networks around concerned families.	Burns and Früchtel (2014) p.1152
181	IF mothers are using drugs while participation and planning is needed THEN it may be difficult get cooperation in planning.	Cramer & Merkel-Holguin (1997) p.19-20
182	IF financial assistance is transferred from a parent who is using drugs to an alternative family leader THEN meetings can be used to determine what the parent needs to go to get their children and financial assistance back.	Cramer and Merkel-Holguin (1997) p19-20
183	IF families with multiple problems have few informal resources on which they can draw THEN they will lack support from a social network. [IF families with multiple problems have informal resources on which they can draw THEN they will have support from a social network.]	de Jong et al. (2015) p.281
184	IF participants in the meeting have little faith in the integrity and good intentions of others THEN [wider] family and professionals are apprehensive that if they become involved they will become overburdened with the complexity and multiplicity of the clients' problems.	de Jong et al. (2015)
185	IF meetings can break the cycle of professionals believing families will help each other, and families believing that professionals will take action THEN networks that are restored through the meeting can be strong.	de Jong et al. (2015) p.281
186	IF virtuous circles of informal support are mobilised and sustained for vulnerable families THEN opportunities for new social structures (expectations and behaviours) arise [for vulnerable families].	de Jong et al. (2015) p.281

187	IF families become members of different social groups (such as a family group, a group of friends or colleagues) through participating in a meeting THEN social behaviour can be strengthened and improper or destructive behaviour can be reduced.	de Jong et al. (2015) p.281
188	IF contacts between clients [participants] and their network are heavily damaged or faded THEN family and bystanders may be reluctant to participate in a meeting.	de Jong et al. (2015) p.284
189	IF coordinators use understanding and tact THEN the network can be motivated to participate in a meeting even when contacts between clients [participants] and their network are heavily damaged or faded.	de Jong et al. (2015) p.285
190	IF there the main participant hopes for appreciation from their family and to build there self-confidence AND the family uses the conference as a platform to express dissatisfaction with them THEN the main participant may withdraw into themselves in the meeting. [IF family members have different reasons for attending the conference and express dissatisfaction with the main participant THEN the main participant can withdraw from the process.]	de Jong et al. (2015) p.285
191	IF the meeting can give a clear view who the participant can derive support from THEN the participant can understand who will be there to support them, and what they need to do on their own.	de Jong et al. (2015) p.285
192	IF families become impatient when change doesn't happen quickly THEN the participant can become stressed in the meeting which can make the situation worse.	de Jong et al. (2015) p.286
193	IF families offer support to their loved ones but this is rejected THEN the willingness to help dissipates.	de Jong et al. (2015) p.286
194	IF families offer support to their loved ones but they don't show progress/relapse into destructive behaviour THEN the willingness to help dissipates.	de Jong et al. (2015) p.286
195	IF a client is unable to restore ties with their family THEN someone acting as a mediator can ensure bonding with the family.	de Jong et al. (2015) p.286
196	IF the main participant has felt shame about the situation during the conference THEN shame can be a protective factor after the conference as individuals may not want to relapse into circumstances about which they might feel ashamed once again.	de Jong et al. (2015) p.286
197	IF a participant is worried about the embarrassment of making the community aware of issues THEN they may be resistant to taking part in a meeting.	de Jong et al. (2015) p.286
198	IF meetings are requested as a last resort to avert placement of children or home evictions THEN they make become mired in the preparation stage.	de Jong et al. (2015) p.287
199	IF families with the help of their network can be empowered to establish their own plan to reduce unsafe situations THEN they can avoid placement or guardianship [of the children].	de Jong et al. (2015) p.289
200	IF meetings evoke what the main actor wants from the situation THEN it is possible to identify if there are gaps between what the main actor wants and what is actually (legally) possible.	de Jong et al. (2015) p.291
201	IF meetings help to widen a participants network of 'weak ties' such as through employment THEN participants can rely on more resources than if they only have private networks of 'strong ties'.	de Jong et al. (2015) p.292
202	IF meetings encourage families and professionals to equally share both responsibility for making decisions and accountability for the outcomes THEN families can be put on an equal footing with professionals.	Madsen (2014) p.385
203	IF meetings encourage families and professionals to equally share both responsibility for making decisions and accountability for the outcomes THEN neither party can refuse to take some responsibility for making changes when things are not going so well.	Madsen (2014) p.385
204	IF family members receive any relevant reports before the meeting THEN there will be no surprises in the meeting	Madsen (2014) p.386
205	IF the planning process provides a balance between convening a meeting quickly and insuring broad family representation with a solid understanding of the process THEN the remaining stages progress run more smoothly	Madsen (2014) p.386

206	IF families have private time to discuss their situation without professionals and other non-family members THEN they can be empowered to apply their knowledge and expertise in a familiar setting and in ways that are consistent with their ethnic and cultural decision-making practices.	Madsen (2014) p.387
207	IF families have private time to discuss their situation without professionals and other non-family members THEN they can be empowered to apply their knowledge and expertise in a familiar setting and in ways that are consistent with their ethnic and cultural decision-making practices.	Madsen (2014) p.387
208	IF the meeting focuses on possibilities rather than problems (i.e. what could life look like rather than what is wrong) THEN people can be lifted out of the immediacy of problems and provide a better foundation for responding to challenges.	Madsen (2014) p.394
209	IF social workers can think about people [in the meeting] as separate from and more than the sum of problems in their lives THEN they can move from seeing themselves as protecting children from maltreating parents to partnering with parents to protect their children from problems (e.g., frustration, stress, substance misuse) that pull parents away from their better judgment and parenting practices.	Madsen (2014)
210	IF social workers can move from seeing themselves as protecting children from maltreating parents to partnering with parents to protect their children from problems (e.g., frustration, stress, substance misuse) that pull parents away from their better judgment and parenting practices THEN shame and blame can be minimised.	Madsen (2014) p.394
211	IF shame and blame can be minimised in a meeting THEN engagement can be maximised.	Madsen (2014) p.394
212	IF people can see themselves as being in a relationship with a problem rather than having or being a problem THEN they experience a sense of relief and an increased ability to do something about the problem.	Madsen (2014) p.394
213	IF a space can be created between a person and a problem THEN people are enabled to draw on previously obscured abilities, skills and know-how to revise their relationships with the problem.	Madsen (2014) p.394
214	IF referrals for meetings identify potential kinship care providers THEN they are more likely to be approved for programme participation.	Crampton (2006) p.135
215	IF referrals for meetings identify potential kinship care providers THEN they are more likely to have family members who agree to try [participative decision making].	Crampton (2006) p.135
216	IF referrals for meetings identify potential kinship care providers THEN they are more likely to have a plan developed by the family.	Crampton (2006) p.135
217	IF referrals for meetings mention previous termination of parental rights THEN they are less likely to be approved [by one third].	Crampton (2006)
218	IF referrals for meetings mention special needs of children THEN they are more likely to be approved [two to seven times more likely].	Crampton (2006)
219	IF families are homeless THEN they are more likely to try [meetings]	Crampton (2006) p.136-137
220	IF there are concerns about the parents' mental health THEN families are more likely to try [meetings]	Crampton (2006) p.136-137
221	IF the family had previous involvement with Children's Protective Service THEN families are more likely to try [meetings]	Crampton (2006) p.136-137
222	IF there is parental substance abuse in a family THEN families are more likely to try [meetings]	Crampton (2006) p.136-137
223	IF there children in the family have special needs THEN families are more likely to try [meetings]	Crampton (2006) p.136-137
224	IF families develop a back-up plan during the meeting THEN families are showing commitment to the meeting process.	Crampton (2006) p.137
225	IF specific requests for clothing, furniture or legal assistance were made during the meeting THEN families are more likely to develop a successful relative placement plan.	Crampton (2006) p.137

226	IF it is specified during the meeting that the parents needed to obtain employment and housing and attend therapy THEN families are more likely to develop a successful relative placement plan.	Crampton (2006) p.137
227	IF families referred for children not attending school reach the point where there is consideration of having children removed THEN meetings can help social workers to develop alternative interventions [than what has already been tried].	Crampton (2006)
228	IF children have extended family members who are willing to participate in a meeting [even a small number of active and involved kin] THEN a meeting is more likely to work to divert children from foster care.	Crampton (2006)
229	IF family members and social workers are engaged in the process of sharing ideas and resources THEN they can come up with creative responses to very difficult cases of child maltreatment.	Crampton (2006)
230	IF a meeting can bring together substance abuse therapists, child welfare workers and family members THEN the meeting may allow them to develop solutions that address common concerns [such as a plan for the children to remain with extended family while the parents pursue treatment]	Crampton (2006)
231	IF extended family are able to provide the clout and motivation THEN parents may stay in substance abuse treatment.	Vesneski (2009)
232	IF extended family are concerned that keeping children out of foster care reduces their 'clout' for getting parents to complete substance abuse treatment THEN they can express this concern in the meeting and develop a plan that will encourage parents to complete treatment.	Vesneski (2009)
233	IF decisions are made collaboratively through a meeting THEN biases in [child welfare] decision making can be reduced.	Osterling et al. (2008) p.22
234	IF meetings are conducted at important decision-making points in the family and child's case THEN the needs of the family can be assessed and a service plan can be developed for the family that provides the safest and least restrictive placement for the child(ren) involved	Ahn et al. (2018) p.953
235	IF technology is used to help involve family participants who cannot travel to the meeting THEN all available family resources can be identified and provide input as possible placements if needed to prevent a child's removal from their family.	Ahn et al. (2018)
236	IF there is sufficient preparation time for the meeting THEN the family's satisfaction and involvement in the FGDM process is higher	Ahn et al. (2018)
237	IF there are a greater number of family members in attendance THEN the family's satisfaction and involvement in the FGDM process is higher	Ahn et al. (2018)
238	IF there is a clear goal and meeting purpose THEN the family's satisfaction and involvement in the FGDM process is higher	Ahn et al. (2018)
239	IF the meeting includes a conversation about the family's strengths THEN the family's satisfaction and involvement in the FGDM process is higher	Ahn et al. (2018)
240	IF the meeting is well managed (i.e. adequate time, efficient time management, good facilitation) THEN the family's satisfaction and involvement in the FGDM process is higher	Ahn et al. (2018)
241	IF participants understand the purpose of the meeting, THEN their satisfaction scores were 4 points higher than those who did not understand	Ahn et al. (2018) p.958
242	IF participants understand the purpose of the meeting, THEN they are more likely to make a decision regarding the plan for the family and child receiving services (40% higher than those who did not understand)	Ahn et al. (2018) p.958
243	IF participants feel they have had enough time to talk in the meeting THEN they are more likely to make a decisions regarding the plan (61% higher than those who did not).	Ahn et al. (2018) p.958
244	IF participants feel they have had enough time to talk in the meeting THEN they are more likely to be satisfied with the meeting.	Ahn et al. (2018) p.959

245	IF families feel they are part of a team in the meeting THEN they are more likely to be satisfied with the meeting.	Ahn et al. (2018) p.959-960
246	IF families feel able to express their own thoughts in the meeting THEN they are more likely to be satisfied with the meeting	Ahn et al. (2018) p.960
247	IF the plan that is developed is built on the family's strengths, THEN they are more likely to be satisfied with the meeting	Ahn et al. (2018) p.960
248	IF the family is satisfied with the meeting THEN there is a higher probability of the team making a decision on the service plan.	Ahn et al. (2018) p.960
249	IF families have the correct information, advice and support THEN they are capable of making effective, safe decisions about the welfare of their children.	Devaney and Byrne (2015) p.342
250	IF professional support and expertise is used to supplement the family's resources THEN the plan is focused on need as identified by family members, as opposed to the needs identified by practitioners.	Devaney and Byrne (2015) p.338
251	IF the bottom line is clarified in the meeting THEN the professional can step back from the meeting and allow the family to make decisions knowing that they can veto the plan if it does not address their concerns.	Devaney and Byrne (2015) p.342-343
252	IF the plan is written up and review meetings take place between 6 and 12 weeks later THEN it is possible for families and professionals to track the progress of the plan and make necessary adjustments	Devaney and Byrne (2015) p.343-344
253	IF enough time is invested [by the coordinator] with family members prior to the conference THEN relationships between the family members and the coordinator can develop	Devaney and Byrne (2015) p.348
254	IF enough time is invested [by the coordinator] with family members prior to the conference THEN the coordinator can recognise the complexity of family dynamics and can thoroughly explore issues with the family.	Devaney and Byrne (2015) p.348
255	IF the bottom line is made clear in the meeting THEN social workers feel confident in allowing the family to devise their own solutions	Devaney and Byrne (2015) p.348
256	IF the bottom line is made clear in the meeting THEN participants feel there is clarity to families about what is expected from them.	Devaney and Byrne (2015) p.348
257	IF families go away from the meeting feeling that they were important and listened to in the meeting and that they were respected THEN it makes them feel more enthusiastic.	Devaney and Byrne (2015) p.6
258	IF family members are treated with respect, are given a voice and a sense of ownership THEN this leads to families feeling a greater responsibility for their solutions	Devaney and Byrne (2015) p.6
259	IF the children's services investigation is incomplete and/or of low quality THEN coordinators can feel they are left to fill in the gaps in earlier practice.	Connelly (2006) p.528
260	IF the coordinator/chair of the meeting is frank and honest with participants THEN families are much more accepting of what they have done.	Connelly (2006) p.529
261	IF the coordinator/chair of the meeting is experienced THEN they can clarify the ground rules and adjust them to better manage the meeting process.	Connelly (2006) p.529
262	IF social workers clearly articulate what their bottom line is about safety THEN families have all of the information that they need to develop a plan that the social worker can agree to.	Connelly (2006) p.530
263	IF social workers have already 'prejudged' what was going to happen THEN the family can feel very disempowered.	Connelly (2006) p.530
264	IF families know and understand their rights and responsibilities THEN they can be clear that there is a legal process to follow.	Connelly (2006) p.530-531
265	IF the social worker has an empowering belief system and believes in the notion of sharing and partnership with family THEN they will be respectful of the process and sharing information.	Connelly (2006) p.531
266	IF social workers are unfamiliar with the processes involved in the meeting THEN they may feel nervous about their presentation	Connelly (2006) p.532

267	IF social workers are unfamiliar with the processes involved in the meeting THEN the quality of information-sharing phase at the meeting is lower.	Connelly (2006) p.532
268	IF the coordinator believes that the private family discussion may 'flounder' THEN they might encourage the family to have a professional with them.	Connelly (2006) p.533
269	IF the coordinator has a right to disagree with the plan decided in the meeting THEN the coordinator can provide an additional and relatively independent professional safety-guard.	Connelly (2006) p.534
270	IF a parent can see in the meeting that they have support from their family THEN they can focus on the needs of the children.	Crampton (2007) p.203
271	IF communities implementing [FGDM] have a common understanding of what they are trying to achieve THEN the programme can be designed to meet these goals.	Crampton (2007) p.208
272	IF children equate 'the family' in the meeting with all of its adult members THEN children may feel trapped by the official status being given to the authority of the family.	Holland and O'Neill (2012) p.93
273	IF children are present in the meeting THEN they may witness arguments and conflicts that may be distressing to them.	Holland and O'Neill (2012) p.93
274	IF children are present in the meeting THEN they may hear unsavoury details about family members.	Holland and O'Neill (2012) p.93
275	IF the meeting includes a chance to have discussions without professionals present THEN young people are more positive about them than other participants	Holland and O'Neill (2012) p.93
276	IF children are part of the planning of the meeting THEN structured time can be allowed for children's views to be expressed by themselves or by an advocate.	Holland and O'Neill (2012) p.94
277	IF children are part of the planning of the meeting THEN they can be given the opportunity to participate in the meeting in an informal way.	Holland and O'Neill (2012) p.94
278	IF adults are reminded in the meeting by the facilitator that the meeting is about the child or children THEN adults can feel that it is important to listen to children as participants.	Holland and O'Neill (2012) p.94
279	IF children are provided choices by adults in powerful positions in relation to them THEN their feelings of freedom to make choices may be affected	Holland and O'Neill (2012) p.94
280	IF children are involved in decision making processes THEN they wish to have their opinions listened to but not to make final decisions about difficult issues such as where they should live	Holland and O'Neill (2012) p.94
281	IF the need for children to be empowered in their own right (not just subsumed within the empowerment of adults) THEN adult society (policy and practice) can accept that there will be complexities when children express views that do not coincide with those of adults.	Holland and O'Neill (2012)
282	IF adults interrupt what the young person is trying to say at the meeting THEN the young person will not get the chance to say everything that they want to.	Holland and O'Neill (2012) p.99-100
283	IF adults interrupt the young person and shout during the meeting THEN the young person will not feel powerful in the meeting.	Holland and O'Neill (2012) p.99-100
284	IF children are given enough space and time to speak in the meeting THEN they are able to say what they want to say (even if at first they don't want to speak).	Holland and O'Neill (2012) p.100
285	IF there is conflict in the family (particularly when estranged couples or extended family members are brought together after a period of separation) THEN children may leave the meeting very upset (run out crying).	Holland and O'Neill (2012) p.100
286	IF there is conflict in the family during the meeting THEN the child may still feel the benefit of having attended the meeting and being asked what they think.	Holland and O'Neill (2012) p.100
287	IF children are able to attend a meeting (even when they fear there will be conflict) THEN they are able to clearly state their wishes regarding contact	Holland and O'Neill (2012)
288	IF children and young people are anxious that people (family and professionals) will respond negatively towards them in the meeting THEN they can be surprised by how well they performed in the meeting.	Holland and O'Neill (2012)
289	IF young people have low self-esteem THEN they can take pleasure in their success in the meeting	Holland and O'Neill (2012)

290	IF young people are able to express their views in a meeting (perhaps in a creative form such as through poetry) THEN they can take pleasure in their success in the meeting	Holland and O'Neill (2012)
291	IF children are offered advocates to participate in the meeting THEN children can feel positive about their participation (even where they do not feel safe or comfortable with their families).	Holland and O'Neill (2012)
292	IF families are able to reach a plan together by the end of the meeting THEN families (and young people) can experience a feeling of togetherness.	Holland and O'Neill (2012) p.102
293	IF families feel a sense of achievement (like they'd done something) through developing the plan in the meeting THEN at the end of the meeting they can be affectionate and happy	Holland and O'Neill (2012) p.103
294	IF children are involved in a meeting where the family is brought together THEN their priority is the process of bringing the family together rather than concrete outcomes.	Holland and O'Neill (2012) p.104
295	IF the meeting brings together family members that the child has not had contact with for a long time THEN children are happy with the meeting	Holland and O'Neill (2012) p.104
296	IF a family member that the child has not had contact with for a long time fails to attend the meeting THEN children can feel 'downhearted' and annoyed.	Holland and O'Neill (2012) p.104
297	IF the central person in the meeting and their network feel in control and are able to influence the situation THEN they can feel ownership over the problem and the solutions	Metze et al. (2015) p.174
298	IF people in the meeting are enabled to make their own plan, set their own rules and state their own priorities THEN they can feel ownership over the problem and the solutions.	Metze et al. (2015) p.174-175
299	IF members of the social network are willing to participate in a meeting and play a part in executing the plan THEN the central person can feel stronger, more worthy and it can increase their self-esteem	Metze et al. (2015) p.175
300	IF members of the social network offer emotional support THEN a meeting can help a person feel competent and self-worthy again.	Metze et al. (2015) p.175
301	IF a person realises what the possibilities of his social network are THEN they may be able to use those possibilities to the fullest.	Metze et al. (2015) p.175
302	IF a meeting results in a self-made plan with tasks for the central person, their network and for professionals THEN this may help the central person take actions that they normally would not have taken	Metze et al (2015) p.175
303	IF a meeting results in a self-made plan with tasks for the central person, their network and for professionals THEN the burden of the problem no longer rests on their (individual) shoulders but also on those of their social network.	Metze et al. (2015) p.175
304	IF a meeting can work to enlarge and strengthen the social network THEN (people with a low level of resilience and relational autonomy) can build up a supportive network that they could not build alone.	Metze et al. (2015)
305	IF participants are more engaged THEN the participants' odds of agreeing a service plan to help families achieve their goals is increased.	Xu et al. (2017) p.40
306	IF meetings are held in locations that family members feel comfortable in (such as their homes or community centres) THEN they are more likely to be engaged in the meeting	Xu et al. (2017) p.41
307	IF families feel a lack of motivation THEN they may not want to take part in a meeting	Dijkstra et al. (2017) p.259
308	IF families are reluctant to involve their family network THEN they may not want to take part in a meeting	Dijkstra et al. (2017) p.259
309	IF families feel they need other professional care (different than what is offered to them) THEN they may not want to take part in a meeting	Dijkstra et al. (2017) p.259
310	IF families have been involved in a high-conflict divorce THEN they may not want to take part in a meeting	Dijkstra et al. (2017) p.259
311	IF families feel that a meeting is not suitable for the presented problems within the family THEN they may not want to take part in a meeting	Dijkstra et al. (2017) p.259

312	IF social workers do not see the added value in holding a meeting for a family THEN families will not take part in a meeting	Dijkstra et al. (2017) p.259
313	IF agency concerns are addressed in the plan THEN preference is given to the family group plan over other possible plans	Williams et al. (2015) p.345
314	IF social workers work directly with families AND are optimistic about the ability of local services to help families THEN they will hold participative meetings in high regard.	Williams et al. (2015) p.361
315	IF there is a follow up meeting within 1-2 months of the initial meeting THEN it is possible for participants to maintain motivation and support the main participant to get everyone to keep the promises made in the meeting	Malmberg-Heimonen and Johansen (2014)
316	IF there are follow up meetings arranged THEN the family can feel they have more than one opportunity to re-establish contact	Malmberg-Heimonen and Johansen (2014) p.567
317	IF FGCs value the experience and commitment of families while attempting to harness the knowledge and skills of professionals THEN	Hayes & Houston (2017)

Appendix 8: Stakeholder if-then statements

#	If-then statement	Consultation group	Source
1	IF families and children are given the opportunity to come to meetings with their own plan to be discussed THEN families and children feel in control of the plan	Focus group 1	Practitioner
2	IF SWs acknowledge to families where things have gone wrong before with social services; are honest about what the concerns are; are clear on why they are involved; show that they care and are authentic; differentiate between support and protection; do not shame families; focus on what is/isn't working; focus on the child; works with the parents; considers their circumstance; believe in parents capacity to change; are non-judgemental THEN better engagement between the SW and families can be created	Focus group 1	Practitioner
3	IF the meeting is not flexible THEN the meetings will not be suitable for different families	Focus group 1	Practitioner
4	IF meetings take place in the UK THEN they are more likely to be hosted (and introduced) by a SW (than a coordinator)	Focus group 1	Practitioner
5	IF meetings take place within the third sector in the UK THEN they are more likely to have a coordinator role	Focus group 1	Practitioner
6	IF meetings have a coordinator rather than a SW (who assumes the coordinator role) THEN the coordinator has more time to build relationships with everyone involved	Focus group 1	Practitioner
7	IF there is a change of SW once the child comes into care THEN families may be able to build a new relationship with the SW	Focus group 1	Practitioner
8	IF SW have the time available THEN they can develop trusting relationships with families	Focus group 1	Practitioner
9	IF there are timescales in place THEN SW does not have time to build a relationship with the family and their network	Focus group 1	Practitioner
10	IF families have a consistent SW THEN SWs can build trusting relationships with families	Focus group 1	Practitioner
11	IF SWs unpick the family's relationship to authority/ families can discuss what the process feels like THEN SWs can help to improve the family's current relationship with the SW	Focus group 1	Practitioner
12	IF pre core group meetings happen THEN everyone can feel prepared	Focus group 1	Practitioner
13	IF meetings are not voluntary THEN this will impact on relationship with families	Focus group 1	Practitioner
14	IF the child was asked who knows them best THEN the person with the most information could be involved in the meeting	Focus group 1	Practitioner
15	IF SWs engage with wider professional network before the meeting (with permission from parents to share information) THEN a therapeutic space can be created that will guide future interactions for during the meeting	Focus group 1	Practitioner
16	IF the meeting is for a child protection issue e.g. as CP conference THEN the statutory processes e.g. timings can inhibit involvement and creativity with the parents	Focus group 1	Practitioner

17	IF SW and family agree on what the problem/issues are (for CP in particular) THEN collaboration is more likely	Focus group 1	Practitioner
18	IF the meeting is not voluntary (e.g. CP conference) THEN there will be an involuntary relationship between SW and parents THEN engagement will be less likely (despite previous relationship)	Focus group 1	Practitioner
19	IF parents know what to expect in the meeting and who is going to be there THEN they can feel reassured, less anxious and more likely to engage	Focus group 1	Practitioner
20	IF SW involves wider family who the parents already trust THEN parents may be more willing to also engage	Focus group 1	Practitioner
21	IF SWs state the concerns in clear, factual and simple terms (e.g. like SoS statements) that are easily understood THEN it can allow SW to engage with parents	Focus group 1	Practitioner
22	IF the meeting is voluntary (e.g. FGCs THEN It can be creative, participate and flexible (opposite is true for non-voluntary e.g. CP conferences)	Focus group 1	Practitioner
23	IF multi-agencies are involved from the start THEN everyone will be better prepared to join in the meeting discussion as they know their role, who each other are and what they will share (family need to also know who is attending: see during)	Focus group 1	Practitioner
24	IF the family is given a choice over where and when the meeting is held THEN the family can feel safer and be in the 'right frame of mind' to attend (chance to digest, process and prepare)	Focus group 1	Practitioner
25	IF there is a lack of preparation, information and time before the meeting/conference, THEN it is hard to get parents into the right frame of mind	Focus group 1	Practitioner
26	IF a workers relationship has been damaged with a family in a meeting, THEN they feel they have to work really hard to build that relationship again	Focus group 1	Practitioner
27	IF the wider professional community is not engaged in the planning of a pre meeting, THEN professionals at the meeting will not be on the same page	Focus group 1	Practitioner
28	IF professionals meet leading up to a conference/meeting, THEN they can negotiate which information will be shared with families at the pre meeting	Focus group 1	Practitioner
29	IF a practitioner has a different idea/opinion to their manager on what should happen in a meeting, THEN supervision is needed to discuss how that might impact on the family	Focus group 1	Practitioner
30	IF there was a pre-pre meeting that had facilitator support, THEN families and workers have the opportunity to develop their ideas before the meeting	Focus group 1	Practitioner
31	IF families and workers have the opportunity to develop their ideas before the meeting, THEN they are able to address some of the families concerns. THEN they can help a family to deal with their issues	Focus group 1	Practitioner
32	IF YP are made to feel comfortable THEN they feel like they could attend the meeting	Focus group 2	YP
33	IF YP know that the meeting is just about them rather than their sibling THEN they feel like they could attend the meeting	Focus group 2	YP
34	IF YP know what is going to be said about them in the meeting (e.g. details about their life) THEN the YP can feel prepared and it can reduce any embarrassment	Focus group 2	YP

35	IF SW is honest with the YP about what the meeting is about THEN the YP feels like they could attend the meeting	Focus group 2	YP
36	IF the meeting has a separate room (that offers quitter space) THEN the young person feels like they have an option if they get overwhelmed	Focus group 2	YP
37	IF YP are given a choice over where the meeting is held and knows they can get there THEN they feel like they could attend the meeting	Focus group 2	YP
38	IF the YP has a choice over when the meeting is held THEN they can make the decision for it not to interrupt school (due to missing education/stigmatising)	Focus group 2	YP
39	IF YP know what the plan is for the meeting (and where everyone will be seated) and what's going to happen THEN they feel that they could attend the meeting	Focus group 2	YP
40	IF YP feel prepared for the meeting and is aware of what will be disclosed THEN they feel like they could attend the meeting	Focus group 2	YP
41	IF the YP are given an option on whether they want to attend the meeting THEN they feel involved in the process	Focus group 2	YP
42	IF the YP does not wish to attend THEN they should not be forced to attend	Focus group 2	YP
43	If the meeting is held somewhere that the YP feels is safe THEN they feel like they could attend the meeting	Focus group 2	YP
44	IF the YP feels like they can have a say over who they want in the meeting THEN they feel like they could attend the meeting	Focus group 2	YP
45	IF YP are able to have a say on what would be shared in the meeting because some things are not appropriate in front of certain people THEN they feel like they could attend the meeting	Focus group 2	YP
46	IF YP had the option to be included in the meeting via Skype THEN they feel like they could attend the meeting	Focus group 2	YP
47	IF the YP can see what the meeting agenda is and decide which parts they want to be in the room for and which parts not THEN they are more likely to attend the meeting	Focus group 2	YP
48	IF YP know who will be in the meeting THEN they feel like they could attend the meeting	Focus group 2	YP
49	IF the chair or IRO in the meeting has a good relationship with the YP THEN they feel like they could attend the meeting	Focus group 2	YP
50	IF the YP is offered the chance to chair the meeting THEN they are more likely to attend the meeting	Focus group 2	YP
51	IF the YP has an advocate or someone they trust to go with them THEN the YP feels supported and confident to attend the meeting	Focus group 2	YP
52	IF there are disputes between the family THEN YP can feel uneasy with where their loyalty lies and not want to attend the meeting	Focus group 2	YP
53	IF the YP has the opportunity to speak with an advocate separately THEN they can feel more comfortable in sharing their views	Focus group 2	YP
54	IF the YP is able to make a list beforehand of what they would like to be discussed THEN they feel that they could attend the meeting	Focus group 2	YP
55	IF there is police presence at the meeting THEN YP can feel uncomfortable at the meeting	Focus group 2	YP
56	IF YP feels comfortable in the meeting by knowing everyone present THEN the YP feels like they could have their say in the meeting and tell them what stuff needs to happen	Focus group 2	YP

57	IF the YP is not comfortable with parents and carers being present in the same meeting THEN two separate meetings would be beneficial	Focus group 2	YP
58	IF the YP leads the meeting THEN the YP can ensure privacy is maintained	Focus group 2	YP
59	IF YP feel they will be listened to and respected THEN they will feel more comfortable in speaking at the meeting	Focus group 2	YP
60	IF only relevant and consistent people attend the meeting THEN the YP feels like they could have their say in the meeting	Focus group 2	YP
61	IF the YP is asked for their opinions THEN the YP feels like they could have their say in the meeting	Focus group 2	YP
62	IF the SW speaks on behalf of young person THEN the YP feels it is easier to share things that their parents may find difficult to hear	Focus group 2	YP
63	IF a YP cannot attend the meeting THEN recording the meeting allows the YP to know what has been said	Focus group 2	YP
64	IF the professionals in the meeting talk to the YP rather than about the YP THEN the YP can feel like they exist and are part of the meeting	Focus group 2	YP
65	IF the meeting is not run efficiently THEN YP can feel that it is a waste of time	Focus group 2	YP
66	IF YP are able to write down their ideas before the meeting and have someone else read it THEN they feel that they have had their say in the meeting	Focus group 2	YP
67	IF people tailor the way they speak when have special needs such as ASD THEN YP can feel more comfortable participating in the meeting and can understand what is going on	Focus group 2	YP
68	IF YP (under 13) have a trained professional advocate in the meeting THEN they will feel that their views are put across in the meeting	Focus group 2	YP
69	IF YP are given a choice over who their advocate is THEN YP feel more comfortable in having their say in the meeting	Focus group 2	YP
70	IF everyone is introduced to each other outside the meeting THEN it saves it having to be done in the meeting when the YP already knows everyone present	Focus group 2	YP
71	IF the meeting is more informal THEN YP feel less pressure and more comfortable in having their say	Focus group 2	YP
72	IF there are creative ways of involving children during the meeting (e.g. sandboxes, drawing, play) THEN they have something to focus on when they are speaking rather than having to look at people who will be staring at them	Focus group 2	YP
73	IF only relevant people are brought into the meeting for relevant parts (e.g. health/school) THEN the YP does not feel like everyone knows everything when they do not need to	Focus group 2	YP
74	IF the YP knows/can see what the SW has written down in the meeting THEN they YP can feel reassured that what has been written down is not twisted from what they said	Focus group 2	YP
75	IF the YP is given options (as opposed to one way that everything has to be done) THEN the YP feels that they have some control over the situation	Focus group 2	YP
76	IF the meeting was held somewhere where the YP felt comfortable THEN they feel comfortable in being able to have their say during the meeting	Focus group 2	YP

77	IF the YP feels they have support during the meeting (e.g. from an IRO) THEN they would feel comfortable in being able to have their say during the meeting	Focus group 2	YP
78	IF everyone who attends the meeting is friendly THEN they feel comfortable in being able to have their say during the meeting	Focus group 2	YP
79	IF YP feel involved and empowered in the meeting THEN they can plan for the outcomes	Focus group 2	YP
80	IF FGCs are built into the rest of the system (rather than seen as a discrete intervention) THEN they can be successful in shifting how decisions are made	Interview 1	Practitioner
81	IF the child welfare system is based on family rights THEN the system can change to work differently with families	Interview 1	Practitioner
82	IF 'family' is defined broadly (rather than just as parents and child) THEN participative meetings can include the wider family and community	Interview 1	Practitioner
83	IF an FGC is seen as a project or an intervention THEN it will fail to shift the system to be participatory and will not work	Interview 1	Practitioner
84	IF individual social workers have the responsibility of referring in the program THEN which families are referred will be dependent on the discretion of the individual social worker not family need	Interview 1	Practitioner
85	IF FGCs are seen as a family entitlement (rather than something that they are referred into by an individual social worker) THEN all families will be involved in decisions about their lives	Interview 1	Practitioner
86	IF families are given private time to address concerns raised by professionals THEN they are able to come up with a way that they want to move forwards	Interview 1	Practitioner
87	IF a coordinator spends enough time with all individuals in the family before the meeting THEN their confidence can be built AND THEN they are able to contribute to discussions and decisions in the meeting	Interview 2	Practitioner
88	IF the coordinator/SW spends time with the family on the family's schedule THEN this sends a strong message to families that they are important and valued	Interview 2	Practitioner
89	IF the process of FGCs is built into child protection processes (i.e. preparation, mapping out networks, building confidence) THEN the approach of FGCs could be embedded within social work	Interview 2	Practitioner
90	IF building the capacity of the family network is seen as a key part of social work THEN the FGC approach could be seen as mainstream social work	Interview 2	Practitioner
91	IF the coordinator works with all of the family members that will be present at the meeting beforehand THEN they can come to the meeting with a clear idea in their head of what they would like to happen going forward	Interview 2	Practitioner
92	IF the coordinator works with the family to be able to participate meaningfully in the meeting AND works with the social worker to be able to share power with families THEN the process of an FGC can improve the relationship between families and SWs	Interview 2	Practitioner
93	IF the coordinator is able to work with the family to overcome the barriers of stigma and shame THEN the family is more able to talk openly about what needs to change	Interview 2	Practitioner
94	IF the coordinator is seen as someone who is independent and not assessing the family THEN they are able to unlock networks that may not have been known to the social worker	Interview 2	Practitioner

95	IF the wider network are reassured that their details will not be shared (i.e. only first names are used) THEN they are more willing to attend an FGC	Interview 2	Practitioner
96	IF the coordinator/social worker always asks permission before an individual's details are shared THEN people can be reassured that they are just there to offer support to the family.	Interview 2	Practitioner
97	IF the coordinator always asks for permission to share what the young person writes or says (and does not share anything that the young person does not want to share) THEN the young person can feel trust in the coordinator to maintain their privacy	Interview 2	Practitioner
98	IF professionals in the meeting agree to and act on the principle that they will accept the family plan as long as the child is not at risk THEN the family can feel that their ideas and decisions are valued	Interview 2	Practitioner
99	IF the family plan is embedded into mainstream social work with the family (i.e. the design of interventions, the setting of goals and monitoring of progress) THEN the plan can be followed and implemented	Interview 2	Practitioner
100	IF there is one or two individuals in the family network who are strong and are able to drive the plan forward THEN the plan is more likely to work to galvanise and motivate the network	Interview 2	Practitioner
101	IF the FGC process is able to identify a core of people who will form a strong network (rather than a large number of people who are not willing to follow through) THEN the network can be a powerful support for families.	Interview 2	Practitioner
102	IF a coordinator is available to deliver or support an FGC (rather than just a social worker alone) THEN the coordinator role can be very important helping families feel that the process is voluntary	Interview 3	Practitioner
103	IF the social worker is the one to invite families to an FGC THEN this can feel like a strong signal to a family that the social worker is committed to working differently with them.	Interview 3	Practitioner
104	IF professionals are the ones who decide the criteria for families to be offered an FGC THEN it loses some of its power as a community led process	Interview 3	Practitioner
105	IF social workers participate in FGCs THEN each FGC can be seen as a mini training course in working in a participatory way with families and communities	Interview 3	Practitioner
106	IF the FGC is seen as important in the local authority and is built into local authority processes and procedures THEN this can enhance the value that is placed on it by social workers	Interview 3	Practitioner
107	IF members of the family advisory board are paid the equivalent of professionals for their involvement THEN they can feel like a true partner and valued member in the process	Interview 3	Practitioner
108	IF FGCs can be facilitated by the community themselves THEN it can feel like more of a natural, community based forum	Interview 3	Practitioner
109	IF the FGC includes elements that are culturally appropriate to having a group get together (i.e. food, language used) THEN they can feel like a supportive forum that replicates traditional forms of problem solving.	Interview 3	Practitioner
110	IF FGCs are culturally appropriate AND community focussed THEN they can be a good tool for engaging with groups such as unaccompanied asylum seekers who may have a limited family network	Interview 3	Practitioner

111	IF an FGC is used as a way to better understand the family and their network (rather than to assess the family) THEN it can open up new possibilities for better supporting the family	Interview 3	Practitioner
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Appendix 9: Glossary of Realist Terms

<p>Realist programme theory</p>	<p>This is an underlying theory about what a programme or intervention is expected to achieve and how it is expected to work to achieve this. It describes the way that a programme or interventions resources (e.g. training for staff, manuals, supervision, policy changes) interact with the reasoning of the people delivering and receiving it to bring about outcomes.</p> <p>Realist programme theory uses the concepts of resource, mechanism, context and outcome to build a picture about what works, for whom, and under which circumstances.</p> <p>Realist synthesis aims to generate and refine programme theory through a process of identifying, articulating, and consolidating context-mechanism-outcome chains.</p>
<p>If then statements: Context-mechanism-outcome (CMO) configurations</p>	<p>In realist review, mechanisms are a critical focus because they generate outcomes, and context because it changes the processes by which an intervention produces an outcome.</p> <p>CMO configurations are the building blocks of programme theory. A CMO configuration is a statement, diagram or drawing that draws out and reflects on the relationship of context, mechanism, and outcome of interest in a particular program. CMO configurations relate to a whole program or simply certain aspects.</p> <p>If-then statements are statements that describe all or part of one context-mechanism-outcome configuration.</p>
<p>Context</p>	<p>"Context often pertains to the "backdrop" of programs and research. ... As these conditions change over time, the context may reflect aspects of those changes while the program is implemented. Examples of context include cultural norms and history of the community in which a program is implemented, the nature and scope of existing social networks, or built program infrastructure. ...</p> <p>They can also be trust-building processes, geographic location effects, funding sources, opportunities, or constraints. Context can thus be broadly understood as any condition that triggers and/or modifies the behavior of a mechanism."¹</p>
<p>Mechanism</p>	<p>"Mechanisms are the agents of change. They describe how the resources embedded in a program influence the reasoning and ultimately the behaviour of program subjects."²</p> <p>"...mechanisms are underlying entities, processes, or structures which operate in particular contexts to generate outcomes of interest."³</p>

	Mechanisms demonstrate “how program outcomes follow from the stakeholder’s choices (reasoning) and their capacity (resources) to put these into practice” (p 66); and are “propositions about what it is within the program which triggers a reaction from its subjects” ⁴
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