

Rapid evidence review

FAMILIES' EXPERIENCES OF FAMILY GROUP CONFERENCES



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About Coram

Established as the Foundling Hospital in 1739, Coram is today a vibrant charity group of specialist organisations, supporting hundreds of thousands of children, young people, and families every year. They champion children's rights and wellbeing, making lives better through legal support, advocacy, adoption, and our range of therapeutic, educational, and cultural programmes.

About Family Rights Group

Family Rights Group (FRG) is a national charity working to ensure children can live safely in their family, and children in the care system have loving relationships they can turn to throughout life. The charity is the leading authority on FGCs in the UK having introduced the approach into the UK in the 1990s. The charity hosts the national FGC Network and runs a quality accreditation scheme for FGC services.

About Foundations

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

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INTRODUCTION

Family group conferencing (FGC) is a form of family group decision making (FGDM) used in children's social care in the UK and internationally.¹ It involves a family-led meeting in which the family network (family members, friends, and practitioners who know the family) come together to make a plan for a child where there is concern for their wellbeing or safety. The process is facilitated by an independent FGC Coordinator and involves multiple stages, including referral, preparation, the conference itself (which, according to Family Rights Group's accreditation scheme, must include private family time), and then a review and sign-off of the plan put together by the family (Family Rights Group, 2024).² The approach originated in Aotearoa New Zealand, in the Māori community, as a way to restore some control over childcare arrangements to Māori families, who had often experienced the institutionally racist state removing children from their care (Fulcher, 1999).

A randomised controlled trial (RCT) of FGCs in pre-proceedings conducted by Coram (Taylor et al.) in 2023 found FGCs were effective in preventing children going into care. Based on analysis of data for 1,227 children (643 in the intervention arm, 584 in the control arm), the trial found that children whose families were referred for an FGC were 8.6 percentage points less likely to go into care than children whose families were not referred for an FGC. The trial was not, however, able to provide detailed insight into the experiences of families being offered or taking up an FGC or how the average acceptance rate varied among families from different subgroups, such as those from ethnically minoritised communities.

This rapid evidence assessment comprises the first step in a wider research project that will examine family access to FGC. The research was commissioned by Foundations and is being carried out in partnership with Family Rights Group. It will combine quantitative and qualitative data to understand why families take up or turn down the offer of FGC, what impacts a local authority's capacity to offer families FGC, and whether marginalised families (such as those from ethnically minoritised communities) experience inequitable access to FGC compared with other families. In addition to a report summarising the research findings, there will be a set of recommendations informed by the research that will aim to help local authorities improve equitable access to FGC for the families they serve. The research project protocol can be found on the Foundations website.³

¹ Generally, 'FGC' is the abbreviation for both the overarching term for the practice of Family Group Conferencing and an individual Family Group Conference. Where we have written 'FGCs', this is referring to more than one Family Group Conference meeting.

² 'Private family time' occurs during the conference and involves professionals leaving the family alone so that the family can discuss the information they have shared and design a plan together (Family Rights Group, 2024). Family Rights Group FGC Accreditation: <https://frg.org.uk/family-group-conferences/fgc-accreditation> [Accessed 20 January 2025].

³ See: <https://foundations.org.uk/our-work/current-projects/family-group-conferences-service-design-family-experience>



Shortly after this research began, the UK government announced (in November 2024) that it will mandate the offer of FGDM for families at the pre-proceedings stage (see ‘Keeping children safe, helping families thrive’; Department for Education, 2024).⁴ As a form of FGDM that is already well-evidenced and in use in many areas of the country, it is expected that many local authorities will use the FGC model to fulfil this mandate. Therefore, this research project will help service providers to understand how they can best enable families to accept the offer of FGC, in the hope that this will support them with caring for their children in a way that works best for them.

This evidence review set out to look at the literature on families’ experiences of being offered an FGC, to inform the wider research study design and begin to answer the research questions. It aimed to look at what influences families’ decisions to turn down or take up the offer, especially families from marginalised groups, such as those belonging to minoritised ethnic groups or with disabled family members.

In this evidence review, we use the methodology of a rapid evidence assessment to investigate the research on this subject (Connelly et al., 2014). This is a way of conducting a literature review in a much shorter amount of time than a traditional review would take, by deliberately choosing a very limited set of criteria for research papers to be included in the review. The criteria we used to decide which research to include in this review are described below in the [methods](#) section.

The emerging findings from this rapid evidence assessment were presented to our Experts by Experience Advisory Group and informed the following stages of our research.

⁴ ‘Pre-proceedings’ refers to the stage in a child welfare case where children’s services work with a family to try and support them to address concerns about child wellbeing and safety that, if not addressed, are likely to lead to children’s services beginning care proceedings.



METHODS

Research question

What are families' experiences of being offered an FGC and what influences their decision to turn down or take up this offer?

Search strategies

We used the Google Scholar database to find literature for this review.

Table 1 lists the search terms used. These search terms were used in pairs, with those in the Concept 1 column paired with those in the columns for Concepts 2 and 3.

Table 1. Terms searched in Google Scholar

	Concept 1	Concept 2	Concept 3
Main concept	Offer of Family Group Conferencing (how it is communicated etc.)	Parent/carer experiences (specifically of the FGC offer)	Marginalisation
Keywords	FGC, Family Group Conference, Family Group Conferencing, FGC offer, Family Group Conference offer, Family Group Conferences offer, Family Group Conferencing offer, offer of FGC, offer of Family Group conference, offer of Family Group conferences, offer of Family Group conferencing	Family experiences, family experience, parent experience, carer experience, experience	Marginalisation, marginalization, marginalise, marginalize, marginalised, marginalized, marginalised families, vulnerable families, marginalised family, vulnerable family, ethnic minority, ethnic minorities, diverse family, diverse families, disabled family members, family members with disability, gay family members, trans family members, care-experienced family members, minoritised family, minoritised family members, BAME, BME, black and minority ethnic



	Concept 1	Concept 2	Concept 3
Alternative search terms using truncation and wildcards	Family Group Conferenc*	Family experience*, parent or carer experience*, child experience*, children experience*, family members experience*, positive experience*, negative experience*, [substitute “experience” for] impact*	

Inclusion criteria for studies

We only included literature that met the following criteria:

- Published within the past 20 years
- Written in English
- Research conducted and published in OECD countries.

To this initial list of criteria, we added the rule that studies must focus on the offer of the FGC, rather than the FGC process itself, because most studies were focused on the FGC process and outcomes, which were out of scope for this project.

Searches yielded 353 sources, which we then reviewed and distilled into the 22 included in this review. Our approach to reviewing and excluding articles involved reading through the titles and abstracts and, where necessary, searching for keywords (from the list of search terms) and reading the sentences in which they appeared within the article, to ascertain whether the article fitted our criteria.

Summary of included studies

Table 2 contains details of the studies that were included in this review’s analysis.

Table 2. Studies included in this analysis, listed in chronological order of publication year

Title	Author/s	Year	Country
Learning with families: A synopsis of FGDM research and evaluation in child welfare	Lisa Merkel-Holguin, Gale Burford and Paul Nixon	2003	Looks at multiple countries



Title	Author/s	Year	Country
Increasing the cultural responsiveness of family group conferencing	Cheryl Waites, EdD, ACSW, Mark J. Macgowan, PhD, LCSW, Joan Pennell, PhD, Iris Carlton-LaNey, PhD, Marie Weil, DSW	2004	North Carolina – USA
Research review: Child and family support services with minority ethnic families: What can we learn from research?	Ashok Chand and June Thoburn	2005	United Kingdom
Examining the use and impact of family group conferencing	Lee Barnsdale and Moira Walker	2007	United Kingdom
Empowering families, strengthening and protecting children: Introducing kinship program and family group conferencing program at the Children's Aid Society of London and Middlesex	Alan Leschied, Ryan MacKay, Shivon Raghunandan, Nicole Sharpe, and Marguerite Sookoor	2007	England
Family group conferencing in youth inclusion and support panels	Janet Walker, Christine Thompson, Graeme Wilson, and Karen Laing, with Mike Coombes and Simon Raybould	2008	England and Wales
Developing shared knowledge: Family group conferencing as a means of negotiating power in the child welfare system	Jeanette Elizabeth Schmid and Shoshana Pollack	2009	Canada
Building bridges in Liverpool: Exploring the use of family group conferences for Black and minority ethnic children and their families	Ruth O'Shaughnessy, Catherine Collins, and Iyabo Fatimilehin	2009	England
Family group conferences and Black and minority ethnic families: An evaluation study of two community-based organisations in London	Ravinder Barn, Chaitali Das, and Alice Sawyerr	2009	England
Efforts to engage parents and case outcomes in the child welfare system	Patty J. Sharrock	2013	Looks at multiple countries, including Sweden and Canada



Title	Author/s	Year	Country
Knowledge review on family group conferencing: Experiences and outcomes	Karen J. Skaale Havnen and Øivin Christiansen	2014	Looks at multiple countries, including Sweden, USA, and Norway
Family group conferences and cultural competence in social work	Ravinder Barn and Chaitali Das	2015	England
Learning from family group conferencing: Reimagining approaches and outcomes to child care and protection	Mary Mitchell, Kay Tisdall, and Chloe Riddell	2016	Scotland
Family Group Conferencing with BME families in Scotland	Katerina Valenti	2016	Scotland
Daybreak family group conferencing: Children on the edge of care	Emily R. Munro, Veena Meetoo, Katie Quay, and Antonia Simon	2017	England
Re-imagining family group conferencing 'outcomes' (PhD thesis)	Mary Mitchell	2017	Scotland
Exploring the declining rates of state social work intervention in an English local authority using family group conferences	Robin Sen and Calum Webb	2019	England
Right Balance for Families evaluation report	Kim Bohling, Violette Gadenne, Jo Milward, Juliane Wiese, and Matt Barnard	2020	England
Family group conferences in pre-proceedings: Evaluation report	Hannah Lawrence, A. Ludvigsen, Sarah Taylor, and J. Lovbakke	2020	England
The reclamation of whanau decision making in the context of child welfare: A case study of Iwi-led family group conferences	Michael Roguski	2020	Aotearoa New Zealand
Family group conferencing: A thematic analysis of families' perspectives	Sarah Martin-Denham	2021	England



Title	Author/s	Year	Country
A UK-wide survey of family group conference provision	Sophie Wood, Jonathan Scourfield, Kar Man Au, Rhiannon Evans, Delyth Jones-Williams, Fiona Lugg-Widger, Eve McCormack, Melissa Meindl, Philip Pallmann, Michael Robling, Elizabeth-Ann Schroeder, Stavros Petrou, and David Wilkins	2022	United Kingdom



FINDINGS

Reasons families chose not to take up the offer of an FGC

Key findings

- Negative previous experiences with statutory services
- Lack of belief in the effectiveness of the intervention
- Anxiety about and lack of trust in relationships within the family network

One of the most commonly mentioned factors that caused families to turn down the offer of an FGC was negative or stigmatising past experiences with statutory services (Waites et al., 2004; Barn, Das, and Sawyerr, 2009; Mitchell, 2017; Bohling et al., 2020; Martin-Denham, 2021). As noted by Mitchell (2017, p. 109), “previous approaches to support and assist the family may have been tried and failed and [as a result] professional intervention may be feared and unwelcome”. Other reasons given by families for refusing an FGC were a lack of belief that an FGC could actually help improve the situation (Mitchell, 2017; Martin-Denham, 2021), anxiety about “tension” or “acrimonious” relationships between different members or sides of family (Martin-Denham, 2021, p. 41), and family members not wanting other family members to know about some details of their situation (Munro et al., 2017).

Martin-Denham (2021) noted that, when it came to FGCs for families where there had been domestic abuse, family members who had been victims may feel anxiety about coming face to face with domestic abuse perpetrators. In these situations, social workers can mitigate this by making referrals for separate conferences with different members of the family (Lawrence et al., 2020, p. 21).

Previous research undertaken by Coram was able to identify two groups of families who were more likely than other families to decline the offer of an FGC. These were families who are known to but already less engaged with children’s services (for example, those who do not want to communicate with professionals) and families where parents have learning difficulties (Lawrence et al., 2020, p. 20).⁵ However, Lawrence et al. caveated these results by saying they should be judged with caution, due to “a combination of restricted data and a low sample size” (2020, p. 20).

⁵ Some of the challenges faced by parents with learning disabilities or difficulties in care proceedings are detailed in a report titled ‘What are the experiences of parents with learning disabilities or difficulties in care proceedings?’ by Nuffield Family Justice Observatory (Ryan, 2025). It is reasonable to infer that many of these challenges may also be faced by parents when engaging with the FGC process.



Factors impacting FGC offers and acceptance rates at local authority and practitioner levels

Key findings

- Social workers sometimes made selective referrals due to misunderstandings of FGC or personal biases
- FGC referrals were not always being made, even where referral was mandatory

There was evidence that factors at local authority, social worker, and FGC Coordinator levels may have an impact on the number of FGCs offered to families and how likely families are to say yes to an FGC offer. It was reported that some social workers may be selectively referring families they deemed to be “appropriate” (Barnsdale and Walker, 2007, p. 29) for FGC, based on personal biases or potential misunderstandings about what situations FGC can be used for (Barn, Das, and Sawyerr, 2009; Barn and Das, 2015). Barn and Das (2015, pp. 944–5) bring up Merkel-Holguin et al.’s (2003) suggestion that this biased selection may be specifically in favour of “Caucasian families”, though neither they nor Merkel-Holguin et al. gave an explanation for why referrers may be biased in this way or provided further evidence to support this suggestion. Barn, Das, and Sawyerr (2009) also reported a concern that individuals from ethnically minoritised communities and families are underrepresented in social worker teams and local service staff. This concern was echoed by Chand and Thoburn (2005), Barn and Das (2015), and Valenti (2016). Such underrepresentation could contribute to the perception of children’s services as a “white organisation” that is unable to understand the needs of ethnically minoritised families (Chand and Thoburn, 2005).

Recent data from the 2021 census and Department for Education (Office for National Statistics, 2021; Department for Education, 2025) shows that, while some minoritised ethnic groups (such as Asian, Asian British or Asian Welsh people, and people from the ethnic group called “Other”) are underrepresented in the workforce compared with the English population, other minoritised ethnic groups (such as Black, Black British, Black Welsh, Caribbean and African people, and people from Mixed or Multiple ethnic groups) are overrepresented. However, even well-represented minoritised ethnic groups may not be present at senior leadership levels within the social workforce, and representation may vary across individual local authorities. There are certainly some areas across the country where people from ethnically minoritised communities are not likely to see themselves represented in their local children’s services workforce.

Valenti (2016, p. 127) suggested that social workers have some “unfamiliarity” with the FGC approach, which might make them less likely to refer certain families for FGC or encourage them to take up an FGC offer. Eight years earlier, Walker et al.’s (2008, p. 70) research also found “there were some situations in which staff did not regard an FGC as suitable, including those in which there was domestic violence or concerns about child protection”. This is a particularly notable finding, given that FGC was originally developed “precisely as a result of just those kinds of



concerns” (Walker et al., 2008, p. 70). Little appears to have changed in the time between these two studies, in terms of local authority staff being clear about when FGC is an appropriate intervention to offer a family.

Additionally, there was evidence of concerns at the organisational and local authority level about having the capacity to effectively deliver FGCs to families (Walker et al., 2008). Walker et al. (2008, p. 202) wrote that, in one area where the programme they were assessing was rolled out, “staff were concerned that if all families were to be offered a conference [FGC], the agency might simply not have the capacity to deliver”. There was also evidence that, even in areas where making the offer of an FGC to a family was mandatory, such referrals were not always actually being made or the FGCs were not necessarily taking place (Valenti, 2016; Wood et al., 2022). This could be due to a culture among social work professionals of not promoting the FGC approach or because the FGC referral comes too late in the process, in that the child is already being accommodated (Valenti, 2016), or for other reasons that were not investigated (Wood et al., 2022).

Reasons families chose to take up the offer of an FGC

Key findings

- Families wanted to improve things for the sake of the child
- FGC gave families a sense of hope and belief that things can change
- Some parents/carers believed that the FGC would offer an opportunity for mediation with an ex-partner or an opportunity to address a child’s behaviour

Studies identified numerous reasons families chose to take up the offer of an FGC. The most commonly noted reasons were families acknowledging that there was a problem and wanting to solve it and families wanting to improve things for the sake of the child (Walker et al., 2008; Barn, Das, and Sawyerr, 2009; Mitchell, 2017; Martin-Denham, 2021). Some parents, who felt they had tried everything else, saw it as worth a try because they had nothing else to lose – as Martin-Denham noted, these parents were “Keen to try anything” (Martin-Denham, 2021, p. 77). Mitchell strongly expressed the significance of families being able to feel a sense of “hope” and “a belief that there was a real possibility for change” (Mitchell, 2017, p. 109), which they saw the FGC offering. This sense of hope is a key to attaining a strong “commitment by the family” to the process (Mitchell, 2017, p. 112). There was some suggestion that coordinators could help engender this sense of hope by taking time to gain family members’ trust, listening to them, and helping to identify personal goals and understand how the FGC process could assist with achieving them.

Some parents expected that the FGC would act as mediation between themselves and an ex-partner, where the relationship had broken down (Walker et al., 2008). By contrast, rather than addressing relationship issues with an ex-partner, some parents felt the FGC would offer an opportunity to address their child’s negative or destructive behaviour (Walker et al., 2008). Although both these kinds of conversations might take place as part of the preparation for a



conference, Family Rights Group states that the FGC itself is not the place for confrontation or mediation (Hutchinson, 2025).

It also emerged that some families were not aware of the services that were available to them and saw the FGC as a way to learn what these were and how to access them (Chand and Thoburn, 2005).

Workforce enablers that encourage families to take up an FGC offer

Key findings

- Referrers buying into and being well trained in the FGC approach
- FGC Coordinators empowering families to have ownership of the meeting and choice over the practicalities involved, such as the location and food provided
- The relationship between families and FGC Coordinators was a major factor that influenced families' likelihood to take part in the FGC
- Families particularly valued FGC Coordinators who showed empathy, warmth, and sincerity

This review also surfaced particular things social workers and other practitioners should do to facilitate the openness of families to the FGC approach and encourage them to agree to take part in it. For social workers, this included:

- Fully buying into the FGC approach – social workers need to commit to “shar[ing] professional power with families” and shifting from “‘doing to’ to ‘doing with’ families” (Valenti, 2016, p. 128). This was also highlighted by Mitchell (2017).
- Encouraging families to speak to the FGC Coordinator about their situation. In fact, Lawrence et al. (2020) wrote that “families may only accept the offer [of an FGC] if social workers actively encourage families to speak to the FGC Coordinator” (p. 21).
- Being well trained in FGC, so that they could understand the theory behind the approach, situations an FGC is appropriate for, when it is best to make a referral, and what is involved in the process, including what their own role in this should be (Barn, Das, and Sawyerr, 2009; Valenti, 2016).

For FGC Coordinators, this included:

- Making it clear to families that the FGC process is voluntary and the atmosphere at the meeting will be relaxed, informal, and non-accusatory (Waites et al., 2004; Barnsdale and Walker, 2007; Walker et al., 2008; Mitchell, 2017; Munro et al., 2017; Martin-Denham, 2021).



- Ensuring families truly have ownership of the meeting, by listening to their concerns and opinions before and during the meeting (Waites et al., 2004; Barnsdale and Walker, 2007; Walker et al., 2008; Mitchell, 2017; Munro et al., 2017; Bohling et al., 2020).
- Putting in place safety procedures if there are concerns about aggression or violence from some family members, and reassuring participants that these are in place and they will be safe during the meeting (O'Shaughnessy, Collins, and Fatimilehin, 2009; Schmid and Pollack, 2009; Mitchell, Tisdall, and Riddell, 2016; Munro et al., 2017).
- Making sure they are offering families plenty of choice about location, food, and other practicalities involved in the meeting (Waites et al., 2004; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Schmid and Pollack, 2009; Barn and Das, 2015; Munro et al., 2017). For some families, having the meeting at home may be preferable to having it in an unfamiliar space that would be difficult for older or disabled family members to access (Waites et al., 2004; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009). For other families, it was essential for the safety and wellbeing of family members that the meeting happened on neutral ground, such as in a community centre (Walker et al., 2008; Barn, Das, and Sawyerr, 2009).

One commonly expressed finding was that the relationship between the family and the FGC Coordinator was extremely important in determining families' likelihood to agree to take part and their overall experiences of the FGC process (Chand and Thoburn, 2005; Walker et al., 2008; Barn, Das, and Sawyerr, 2009; Mitchell, Tisdall, and Riddell, 2016; Mitchell, 2017; Munro et al., 2017; Martin-Denham, 2021). Poor or unstable relationships between the family and workers, such as FGC Coordinators, can lead to families disengaging from support (Waites et al., 2004; O'Shaughnessy, Collins, and Fatimilehin, 2009; Bohling et al., 2020). Relatedly, many families felt that empathy was the most important quality for an FGC Coordinator (and, incidentally, a social worker) to have (Chand and Thoburn, 2005; Barnsdale and Walker, 2007; Sharrock, 2013; Mitchell, 2017; Munro et al., 2017; Martin-Denham, 2021). Chand and Thoburn wrote that service users particularly value "accuracy, empathy, warmth, and genuineness" (2005, p. 176).

Importance of referral and preparation phase

Key findings

- The timing of the FGC offer was significant – families may not be likely to take up the offer of FGC at an early stage
- But a later offer may be accepted because families feel pressured to accept it, which compromises the voluntary philosophy of the FGC process
- The preparation period takes time and effort, but is essential
- FGC Coordinators used multiple methods of contacting the family network, such as face-to-face meetings and phone calls
- Information shared with families should be clear and accessible, available in different formats, and in multiple languages



The timing of the FGC offer was considered to be important (Valenti, 2016); in some cases there was encouragement for an FGC offer to be made early, whereas in others, workers chose to wait until they had developed a closer relationship with the family before making an FGC referral or offer (Walker et al., 2008). Keyworkers or social workers sometimes exercised their own discretion about when to offer an FGC to a family, with some basing this on personal opinions about when an FGC was most appropriate or likely to be effective. There was some suggestion that having an early FGC offer could be negative; Barnsdale and Walker noted that, where an FGC was offered early, “by the time a serious decision had to be made, some families had already had several Family Group Meetings and felt there was little new to bring to the situation” (2007, p. 81).⁶ Lawrence et al. wrote that “families are more likely to turn down the FGC offer early in their engagement with children’s services, for example during Early Help” (2020, p. 20).

Some research suggested that the voluntary aspect of FGC was sometimes lost, as “families often felt that they had no choice about participation” (Walker et al., 2008, p. 84) or “do not regard it as in their interests to refuse to participate” (ibid, p. 84). The timing of the offer could have a significant impact on this. At pre-proceedings specifically, Lawrence et al. wrote that “the social worker and the family advocate or legal representative will emphasise the importance of showing the courts that [an FGC] has taken place” (2020, p. 20) and Walker et al. suggested that, although parents ostensibly still understood and felt that the FGC was voluntary, they worried that they would be seen as “bad parents” or non-compliant if they did not agree to it (2008, p. 75).

Many studies were explicit that FGC preparation with families generally takes a long time (often tens of hours over several weeks) but it is essential for FGC Coordinators to invest this time (Barnsdale and Walker, 2007; Walker et al., 2008; O’Shaughnessy, Collins, and Fatimilehin, 2009; Schmid and Pollack, 2009; Sharrock, 2013; Mitchell, 2017).⁷ It was noted that multiple preparatory meetings may be necessary (O’Shaughnessy, Collins, and Fatimilehin, 2009) as well as lots of time spent sharing information with family members. Nevertheless, the literature is clear that investing this time is key and corners are not to be cut at this stage; Barnsdale and Walker wrote “The evidence suggests that curtailing preparation time will negatively impact upon family attendance, thereby reducing the potential benefits of the process” (2007, p. 64). There was a suggestion from Walker et al. (2008) that sometimes this meant that the FGC meeting itself did not actually go ahead, because the preparation stage had been so comprehensive that families felt they had all the information and possible solutions that they needed to move forwards.

Practitioners used multiple different contact methods to try and engage family members – some had face-to-face meetings (Barnsdale and Walker, 2007; Walker et al., 2008; O’Shaughnessy, Collins, and Fatimilehin, 2009; Schmid and Pollack, 2009; Mitchell, 2017; Sen and Webb, 2019; Bohling et al., 2020), and some used phone calls (Walker et al., 2008; Sharrock, 2013). Face-to-face meetings generally focused on immediate family members, with extended family, neighbours,

⁶ The phrase “Family Group Meetings” appears to have been used as a synonym for FGC in this sentence in the research paper, rather than a reference to a different FGDM approach.

⁷ By “preparation” we mean the stage when the FGC Coordinator contacts potential participants and has conversations with all involved about their participation to share information with them and understand what they want to get out of the FGC.



and friends being contacted by phone (Walker et al., 2008). It was suggested that more effort should be made to have face-to-face meetings with all potential FGC participants, not just the immediate family, to attain each attendee's full investment in the process (Walker et al., 2008). Otherwise, some attendees can feel as though they are simply on the periphery of the meeting – there to emotionally support, rather than being an active part of the emerging solutions to the family's difficulties and to planning care for the child. Family Rights Group, however, identifies emotional support as part of the solution and the FGC, so does not see a problem with attendees solely playing this role in the meeting (Hutchinson, 2025). This suggests there may be slightly different understandings between sector experts of what is expected of FGC participants.

When sharing information with families, studies found that information needed to be clear and that it can be useful to have this information available in different formats, such as videos (Waites et al., 2004; Walker et al., 2008). It was also important to have information available in multiple languages, to facilitate the understanding and participation of those whose first language is not English (Barn and Das, 2015; Valenti, 2016). Additionally, information sharing should include managing the expectations of families. Some families were disappointed when the meeting had not led to the results they expected, which could have been mitigated if the FGC Coordinator had appropriately prepared them for what the FGC could realistically achieve and what it was unlikely to achieve (Leschied et al., 2007; Walker et al., 2008; Schmid and Pollack, 2009).

Important factors to consider for marginalised families

Key findings

- There is a significant gap in the research on how marginalised families experience the offer of FGC and what may influence their decision to accept it or turn it down
- The only research identified relating to this was about the experiences of ethnically minoritised families, although there still needs to be further research on this subject
- Minoritised ethnic families may have had previous negative or traumatic experiences with English authorities, which make them less likely to accept an FGC offer
- Practical factors relating to the conference, such as the food provided, the location, and the inclusion of prayers, may hold greater significance for ethnically minoritised families and they should be given control over these factors
- FGC Coordinators should practise cultural competence and sensitivity, regardless of their background, but families should also be offered a culturally or ethnically matched coordinator, if this is possible

Although we searched for various forms of marginalisation that might impact families' experiences of an FGC offer and their decision to take up or turn down the offer (such as disability, mental



illness, and families with LGBT+ members⁸), there was no information found about any forms of marginalisation other than ethnic minoritisation. However, studies noted that there was still much research to be done to understand the experiences of ethnically minoritised families with the FGC process and FGC organisations (Leschied et al., 2007; O'Shaughnessy, Collins, and Fatimilehin, 2009; Valenti, 2016).

Evidence from the review highlighted that FGC Coordinators should be aware of the possibility that ethnically minoritised families may view children's services as "white" organisations (Barn and Das, 2015) and may have had previous negative or traumatising experiences with British institutions (Waites et al., 2004; Barn, Das, and Sawyerr, 2009). Families may have experienced cultural misunderstandings perpetuated by British authorities (Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015; Valenti, 2016), particularly regarding their inability (or unwillingness) to understand and accept family dynamics that derive from the family's cultural or ethnic background, such as the role of elders (Barn, Das, and Sawyerr, 2009; Valenti, 2016).

Evidence also suggested that an FGC should be held in the first language of the family (Munro et al., 2017); therefore, the use of interpreters may be necessary. The FGC Coordinator should consider whether an interpreter is needed and, if so, sufficiently prepare them for the FGC so they can fully understand their role in the process. A lack of interpreters was noted as a barrier to an FGC going ahead, although the authors did not explain if this was due to there not being enough interpreters available (due to capacity issues) or because the LA was unable to find interpreters available who spoke the required languages (Barn, Das, and Sawyerr, 2009). Language differences between family members and local authority staff were found to be frustrating for families and caused misunderstandings between staff and family members (Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Valenti, 2016).

As mentioned above, there was debate in the literature about how necessary it is to match families with FGC Coordinators according to ethnicity or culture and the extent to which this enables families to feel open to taking part in FGC. However, regardless of their culture or ethnicity, studies suggested that the FGC Coordinator should learn about the family dynamics related to the family's culture, such as the importance of elders and position of women, and factor this into the preparation for and facilitation of the conference (Waites et al., 2004; Barnsdale and Walker, 2007; Leschied et al., 2007; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Sharrock, 2013; Barn and Das, 2015; Valenti, 2016). This may mean allowing primarily men and elders to speak during the conference if that is preferred by the family, but also ensuring preparatory meetings include all members of the family, including the women and younger members, before the meeting (Waites et al., 2004; Valenti, 2016). It was emphasised that FGC Coordinators should practise cultural competence and sensitivity, regardless of their own background, and they should also take time to understand the context and experiences of family members (Leschied et al., 2007; O'Shaughnessy, Collins, and Fatimilehin, 2009; Valenti, 2016). For example, taking into consideration that a family may not have many members of their

⁸ Lesbian, gay, bisexual, transgender, and other sexual and gender identities.



extended family living nearby if they have migrated from another country (Barn, Das, and Sawyerr, 2009).

It was noted by several studies that it was important for the FGC Coordinator and their organisation to develop relationships with local community or faith organisations and partner with them to support family participation and develop cultural knowledge (Waites et al., 2004; Chand and Thoburn, 2005; Barnsdale and Walker, 2007; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015). This was discussed in the literature as making a positive difference to families being likely to engage with services, such as FGC services (Chand and Thoburn, 2005; Barnsdale and Walker, 2007; O'Shaughnessy, Collins, and Fatimilehin, 2009).

Regarding the practical aspects of the meeting itself, one significant point that emerged from the literature was that the location of the conference is important to all families, but particularly minoritised ethnic families. Some families wanted the meeting to be held in a neutral community setting or a place of worship, rather than an organisation's or local authority's building (Waites et al., 2004; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015). The evidence also suggested FGC Coordinators should give the family plenty of choice over the food that is provided for the conference and any additional features, such as prayers or breaks at particular times, that families may want to include during the day of the meeting (Waites et al., 2004; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015). Making it clear to families from an early stage that they will have full control over all these aspects of the conference day appeared to be important in making families feel comfortable enough to agree to take part.

There was debate in the literature about how necessary cultural or ethnic matching of the FGC Coordinator to the family was in terms of enabling families to feel open to participating. Some families clearly felt this was very important (Waites et al., 2004; Chand and Thoburn, 2005; Barnsdale and Walker, 2007; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015), whereas others were less concerned by it and simply felt the coordinator should be able to work cross-culturally with openness and cultural sensitivity (Chand and Thoburn, 2005; Barnsdale and Walker, 2007; Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015). Some asserted that families should themselves be asked if they would prefer a culturally or ethnically matched coordinator (Barn, Das, and Sawyerr, 2009; O'Shaughnessy, Collins, and Fatimilehin, 2009; Barn and Das, 2015).

A number of reasons were given for why cultural or ethnic matching might not be a good idea or may not work:

- Some families did not want a coordinator closely linked to their own community because they felt shame about sharing information about family difficulties with them or worried about a risk of private information leaking (Chand and Thoburn, 2005; Barnsdale and Walker, 2007; Valenti, 2016).
- It can result in unintended consequences for workers, who might end up being seen as some sort of expert on all things to do with that community, resulting in pressure to always



be the go-to person for cases within that community (Chand and Thoburn, 2005; O'Shaughnessy, Collins, and Fatimilehin, 2009).

- It can essentialise workers and families by focusing on their race only and removing nuances around other aspects of their identity (Chand and Thoburn, 2005; Barn and Das, 2015).
- Matching is often not possible in practice because of local communities being very diverse (O'Shaughnessy, Collins, and Fatimilehin, 2009).

It was suggested that language matching may be of greater significance than cultural or ethnic matching (Barnsdale and Walker, 2007; Barn, Das, and Sawyerr, 2009). Regardless, studies conveyed that FGC Coordinators should always have the ability to work cross-culturally and with an awareness of the intersectionality of the identities and situations of the families they work with.

Parents greatly appreciated the FGC Coordinator putting in the work to invite and share information with other members of the family because that meant they did not need to take on the administrative and emotional burden of performing this task (Martin-Denham, 2021).

Mothers are more likely to participate than fathers

Key findings

- Mothers were more likely to engage with the FGC process than fathers
- This could be because mothers tend to engage more with childcare arrangements than fathers in general or because FGC Coordinators are not making as much effort to engage fathers as they do with mothers
- Further research should be done on how to engage fathers and paternal family members, as well as how engaged grandparents are in FGCs

Though it was found that fathers are more likely to agree to take part in an FGC than other meetings related to their children's welfare where statutory services are or have been involved (Barnsdale and Walker, 2007; Barn, Das, and Sawyerr, 2009), studies still found that it was more likely that mothers would take up the offer of the FGC and actively engage during the meeting than fathers (Barnsdale and Walker, 2007; Walker et al., 2008; Mitchell, 2017). There were two potential explanations for this mentioned by writers: fathers are already less involved with their children than mothers and less likely to engage with the FGC Coordinator and process, or the FGC Coordinator identifies the mother as the primary carer and therefore emphasises her engagement, making less of an effort to engage the father. Walker et al. noticed that "co-ordinators appeared to put more time and effort into establishing a relationship with and preparing mothers for a conference" (2008, p. 83) and that there was a "general agreement" among key workers "that it is easier to communicate with mothers and that fathers are often reluctant to get involved in FGC and tend to leave parenting matters to mothers" (p. 204).



This upholds the findings of much research on the impact of gender on childcare involvement, which finds mothers are significantly more likely than fathers to be involved in their children's care (Sevilla and Smith, 2020; Andrew et al., 2021; Chung, 2021) and that there is a need for children's services to involve fathers in their children's care (Brown et al., 2009; Clapton, 2009; Philip, Clifton, and Brandon, 2018; Child Safeguarding Practice Review Panel, 2021).

More generally, there was no research identified that looked into potentially different levels of engagement with the FGC process between maternal and paternal family members or how engaged grandparents (who are frequently kinship carers) tend to be. This is another area for future research.



DISCUSSION

A clear finding from the review is the importance of the referral and preparation stages in effectively communicating about the FGC offer with the family, establishing good relationships between the FGC Coordinator and members of the family, and setting the tone for the entire FGC process (Barnsdale and Walker, 2007; Walker et al., 2008; O'Shaughnessy, Collins, and Fatimilehin, 2009; Mitchell, Tisdall, and Riddell, 2016; Mitchell, 2017). The literature clearly indicates that, though this takes considerable time (often tens of hours over several weeks), it is an important part of the FGC process in itself. O'Shaughnessy, Collins, and Fatimilehin write that “the success of the FGC rests largely on the relationships that are developed during this phase” (2009, p. 2044). Mitchell, Tisdall, and Riddell write, “This initial time helps break down power imbalances and ensure family members feel supported by someone they trust” (2016, p. 8). The evidence suggests that the interactions in this period are essential in getting family members to accept the FGC offer and follow through with the meeting itself, as well as emerge with positive outcomes and satisfaction with the overall FGC experience.

Yet, as Sharrock (2013) and Sen and Webb (2019) note, very little research has been dedicated to examining this key stage and families' experiences of it. Most studies found during the search were focused on the FGC process and outcomes, including considering participant and coordinator/facilitator perceptions and experiences. Very few studies looked into the initial discussions about FGCs between staff and parents/carers and what influenced their decision on whether to participate. The results from this FGC family experience project will contribute to filling that gap.

Referring practitioners and FGC coordinators face significant barriers when getting parents/carers to accept the offer of an FGC. As shown in the literature, many families being considered for an FGC by local authority staff will have had negative experiences with children's services or other statutory services and this will colour their openness to any new approaches suggested by social workers. Families may also feel anxiety or uncertainty about what exactly taking part will involve or what will be expected of them. Some family members may be concerned about potential conflict or coming face to face with members of their family network – for example, a perpetrator of domestic abuse. Additionally, families may have reached a point of apathy with their situation; they may feel that engaging in an FGC would be pointless because it would not make a difference.

For minoritised families specifically, there may be further barriers related to their ethnic, linguistic, or cultural identity. Ethnically minoritised families may have experienced institutional discrimination and feel that children's services is a “white” institution that is unwilling and unable to understand and support them. They may be unaware of the services that are available or find it difficult to interact with services due to language barriers. Furthermore, they may lack a local familial network due to having migrated to a different area or country, so extended family cannot be drawn on to provide support.

To overcome these family-level barriers, the evidence highlights that practitioners and coordinators should communicate with the family in a way that is empathetic, informative, and sensitive. This includes practitioners and coordinators emphasising the voluntary nature of the FGC and allowing family members to have agency in decisions about who will be invited, what



topics will be discussed, and the plan for further action that is created during the meeting. Practitioners and coordinators should give the family control over the practical aspects of the meeting, such as the location and what food will be provided, as well as allowing them to decide what help they need and what they need to discuss during the meeting. Evidence suggests that establishing this collaborative approach from the outset encourages families to trust practitioners and coordinators and agree to participate in an FGC. This empowering and voluntary approach is particularly important to safeguard, considering that parents/carers may feel under pressure to accept any suggested intervention, especially at the point of pre-proceedings, where the implied alternative to participating in an FGC may be court proceedings.

The literature suggests that practitioners and coordinators should be prepared to work cross-culturally and with an understanding of how race and ethnicity may influence a family's experiences with British institutions. Services should offer families the choice to have an ethnically or culturally matched coordinator where this is possible, rather than making assumptions about whether this will be important to families. Where ethnicity or cultural matching is constrained by practicalities or is not desired by the family, services should still ensure that all staff are trained to work flexibly, taking time to understand the ethnic and cultural context of families, their experiences, and their needs. FGC services should make an effort to provide information about the service in different languages, so that those whose first language is not English are able to fully understand what an FGC is and how it can benefit them. Where the first language of the family is not English, services should appoint a coordinator who speaks the first language of the family or provide an interpreter who can translate for the FGC Coordinator and other practitioners who are attending who may not speak the family's first language. Some studies found that spending time building relationships with community and faith groups and partnering with them to spread awareness and understanding of the FGC service and support families agreeing to take part in FGCs was important to achieve increased awareness of and trust in the FGC service. They highlighted that this requires time and staffing capacity, but is important to increasing FGC uptake, particularly among ethnically minoritised families.

Social workers and other practitioners who refer families for FGC have work to do when it comes to encouraging more ethnically minoritised families to take up the offer of FGC. Literature included in this study notes that, currently and historically, there is evidence that social workers may be "cherry-picking" which families to refer for an FGC (Barnsdale and Walker, 2007, p. 29; also mentioned in Walker et al., 2008; Barn and Das, 2015).⁹ The reasons for this are unclear but may be influenced by biases about which families are suited to the FGC approach, a perception of difficulty around engaging with families from certain communities, or a general lack of local authority engagement with certain community groups, meaning that families in these communities are likely to be less visible to social workers.

FGC Coordinators have an essential role in getting families to take up the offer of an FGC. The literature highlights that, during preparatory conversations, coordinators should spend time sharing information with families and understanding each member's experiences and perspectives.

⁹ It is important to note that we do not have quantitative data on ethnicity and engagement with FGC services readily available to confirm this qualitative finding, which is a gap this research project hopes to fill.



Families should be given comprehensive information about what the meeting may and may not achieve, to effectively manage their expectations. Coordinators should also spend time understanding any safety concerns and putting plans into place to manage these, so family members can feel confident that they will be safe if they choose to participate. Coordinators should be mindful of including fathers in the process, taking time to fully communicate with them and give them a role in decisions about the meeting itself and the childcare plan, even if this takes greater effort than engaging the mother. The FGC approach seems a natural opportunity, because of features of its design – like the coordinator spending considerable time communicating and sharing information with family members – to try and encourage fathers to share the burden of finding solutions to family problems with mothers. FGC Coordinators should be careful not to place sole or majority responsibility on the mother, unless this is truly appropriate.

At the organisation and local authority level, the review highlighted that staff should be well-trained to understand the FGC process, situations an FGC is appropriate for, when it is best to make a referral, and what is involved in the process, including their own role in this. Some of the studies included in this review indicated that FGC uptake among families can be increased by social workers fully buying into the FGC approach and encouraging families to speak to FGC Coordinators. Where there are biases among social workers against FGCs, misunderstandings about FGC, or a reluctance to share power with families in the way that FGC requires, there is likely to be a reduced number of referrals and families willing to accept an FGC offer and participate in the conference itself. Notably, there was no information in the literature on the role of senior leadership in creating buy-in among social work teams, although it is reasonable to assume that this would influence how social workers present an FGC offer to families and whether they choose to do so in the first place.

Additionally, the evidence suggests that local authorities need to make sure they have the staffing levels required to effectively deliver FGCs to all families. There is already evidence that even within local areas which have committed to offering FGC, this does not always happen for every eligible family (Walker et al., 2008; Valenti, 2016). Given the government mandate on local authorities to offer family group decision making (of which FGC is one model), local areas must commit to ensuring there is staffing and resource sufficiency so that all eligible families are offered an FGC before the application for a Care Order.



LIMITATIONS

This is a rapid evidence review and, therefore, its scope is deliberately limited to enable a quicker literature review with a smaller pool of studies that are fully analysed. The speed of the approach means there may be relevant information missing from the final analysis. There may be bias introduced as a result of researchers having to use their judgement to decide which studies meet the inclusion criteria and which do not. Additionally, the search process only used Google Scholar to locate literature, which means there may have been studies missed that would turn up using the same search terms in other databases.

As acknowledged above, there is limited research on FGC offers and the barriers and enablers to families choosing to participate in the FGC process. There is also far less research on FGC with ethnically minoritised families. As a result, the authors of this review were able to find little to no research on what influences parents/carers from ethnically minoritised families to take up or turn down an FGC offer. Furthermore, there was no literature found that looked at why parents/carers from families that were marginalised in other ways (for example, due to disability, sexuality or gender identity, or previous care experience) may accept or refuse an FGC offer. Thus no analysis or conclusions on this could be included in this review.

Ten of the studies included in this review were about FGCs in England specifically, with a further three that explored FGCs in the United Kingdom. The remaining studies included were conducted in mainly English-speaking countries, such as Scotland, Canada, and the United States of America. Though there are cultural and language similarities between these countries and England, it is difficult to draw conclusions about how applicable this research is to an English context, where local authorities are operating under English legislation and working with local communities that may be quite different from those in other countries.

Given this project's focus on whether parents and carers (plus wider family members) accept or turn down the offer of an FGC, this literature review has not included studies examining children's decisions to participate or not participate in an FGC. However, in the context of FGC – an approach that emphasises family empowerment and agency – the extent to which children feel included in decisions about accepting an FGC offer and what factors can enable them to have a say in this are worth exploring. Such exploration is, unfortunately, outside the scope of this study.



CONCLUSION

This review has drawn together literature that examines how parents/carers experience the offer of FGC, what factors influence how likely they are to accept or turn down this offer, and how barriers at the practitioner, FGC Coordinator, and local authority level may impact FGC uptake by families. While the review offered some answers, it also emerged that there is a significant gap in research on this, which was noted by some of the studies included in this review. There is a particular need to understand how marginalising factors, such as ethnicity, disability, gender and sexuality, and previous care experience, may moderate how likely parents/carers are to accept or turn down the offer of an FGC. This project will aim to fill some of these gaps in the literature, by examining specifically what factors at the local authority and family level influence parents/carers to accept or turn down the offer of an FGC, and whether these are different for marginalised parents/carers and in what ways, and working with local authorities and parents/carers to co-produce solutions to increase FGC uptake.

It is hoped that the mandating of an offer of family group decision making (FGDM) for families at the pre-proceedings stage will at least ensure every eligible family will be offered FGDM. However, even in cases where LAs choose to meet this mandate by offering FGC, it may not be the case that:

- a.** all eligible families will definitely be offered FGC
- b.** the duty will mean more families will be likely to actually take up an FGC offer
- c.** organisations and local authorities will have the capacity to effectively support the delivery of FGCs to all families who choose to proceed with them (Wood et al., 2022).

To make the FGDM duty effective, it will be important to take a national approach to collecting and monitoring FGC data to ensure selective referral practices do not continue after the new duty comes into law. This data should also be monitored to support understanding of how FGC services are engaging with families. It will be essential to ensure that FGC service capacity is able to meet the increased demand that may occur following the introduction of the FGDM duty, so funding and implementation guidance to support this may be worth considering.

How this review will inform project outputs

Along with informing the project approach and materials (such as discussion guides for interviews and focus groups), the findings from this review will support with designing the practice guidance we will be putting together as part of this project's outputs. We have found through this review that there are sometimes misunderstandings among social workers about what FGC is and the situations in which it is an appropriate intervention; therefore, the guidance will include information about this. It will emphasise the importance of the referral and preparation phase for building trust between the coordinator and family members. The guidance will include information found during this review about what helps families to feel able to accept the offer of an FGC, such as control over the practical arrangements of the meeting and feeling a sense of hope that the FGC can improve their situation. It will include guidance around how services can reach more families from ethnically minoritised communities and encourage them to accept FGC offers, as well as a call



to FGC Coordinators to be more persistent about involving fathers in the FGC preparation and meeting itself.

Suggested areas of focus for the rest of the study include:

- How parents/carers (especially those who are marginalised) experience an FGC offer and what factors make them more or less likely to accept it
- Whether parents/carers from marginalised communities or with marginalised family members are more or less likely than other parents/carers to accept the offer of FGC
- What social workers understand about FGC and why they feel reluctant to make FGC referrals
- How FGC Coordinators and social workers go about informing parents/carers about an FGC and how this differs when FGC Coordinators and social workers are engaging with people with different protected characteristics, such as disability
- How social workers and coordinators can encourage families to try FGC when they are presented with the offer
- What services or individual FGC Coordinators have done to try and mitigate or overcome any barriers they have discovered regarding getting parents/carers to accept an FGC offer.



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