What Works for Children's Social Care

Cardiff University
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THE IMPACT OF SHARED DECISION-MAKING FAMILY MEETINGS

EMMIE Summary

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This evidence summary is based on the following systematic review

Nurmatov, B.U., Foster, C., Bezeczky, Z., Owen, J., El-Banna, A., Mann, M., Petrou, S., Kemp, A., Scourfield, J., Forrester, D. and Turley, R. (2020). Impact of shared decision-making family meetings on children's out-of-home care, family empowerment and satisfaction: A systematic review.

About What Works for Children's Social Care

The What Works Centre 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 IMPACT OF SHARED DECISION-MAKING FAMILY MEETINGS

What is the intervention?

This systematic review focuses on meetings aimed at improving shared decision-making with families. In the UK, these meetings are often referred to as Family Group Conferences, based on the model which was first used in New Zealand in the 1980s. There are many variations of this model, such as Family Group Decision-Making, the Family Unity Model, Team Decision Making, Family Involvement Meetings, Family Group Meetings, Family Welfare Conferencing and Family Team Conferencing. Yet while there are subtle variations in the design and implementation, all include an organised meeting designed to enable the family and its wider social network (extended family and other significant adults such as friends or neighbours), to work closely with professionals when planning and making decisions around meeting the needs of the child/ren (Connolly, 2006). The core tenet behind this model is the belief that children and families should be at the centre of decision-making about their lives. This is based on the premise that families are more likely to share sensitive information and develop a stronger social network, enhancing the quality of plans, increasing engagement and reducing the need for professional involvement. The philosophy of involving families in this way has proved popular, and in some countries the offer of a shared decision-making with family shared decision-making meeting has become a legal requirement (Dijkstra et al., 2016).

This narrative is based on a systematic review undertaken by Nurmatov et al. (2020), which examined whether shared decision-making meetings are effective at reducing the number of children entering or re-entering care and increasing the extent to which children in care are returned home. The review also considered the impact on family satisfaction, parental empowerment, cost-effectiveness and whether shared decision-making meetings result in an increase in the number of referrals. The review included 32 published papers representing 33 studies. The systematic review found inconclusive evidence on how effective shared decision-making meetings are for these outcomes. The reviewers note that this is, in part, due to the lack of high quality comparative studies and differences in reporting adopted in the published evidence.

How strong is the evidence?

Eight of the 33 studies were randomised controlled trials. All 25 of the remainder were quasi-experimental studies, of which nine used propensity score matching to improve the extent to which the shared decision-making meeting group could be compared to the care as usual group. Each of the studies were assessed for risk of bias using the Cochrane eight domain-based evaluation for randomised controlled trials (RCTs) and quasi-RCTs. Overall, all the outcomes had a serious to very serious risk of bias. Additionally, the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) was employed was used to judge the

confidence in certainty of evidence using study limitations, consistency of effect, imprecision, indirectness and publication bias. All five of the primary outcomes below were rated as having a low to very low level of certainty of evidence.

Which outcomes were studied?

- Children and young people entering out-of-home care
- Children and young people re-entering out-of-home care
- Reunification with the family
- Family perception of empowerment in parenting situations
- Family satisfaction with the Family Group Meeting service.

Effectiveness: How effective are shared decision-making family meetings?

Outcome 1: Children and young people entering out-of-home care

Effect rating	+/-
Strength of Evidence rating	1

Outcome 2: Children and young people re-entering out-of-home care

Effect rating	+/-
Strength of Evidence rating	0

Outcome 3: Reunification with the family after being in out-of-home care

Effect rating	+/-
Strength of Evidence rating	0

Outcome 4: Families' perception of empowerment in parenting situations

Effect rating	+/-
Strength of Evidence rating	1

Outcome 5: Family satisfaction with the family group meeting service

Effect rating	+/-
Strength of Evidence rating	0

The number of young people and children who entered out-of-home care was assessed in 20 studies with a total of 620,711 participants. Results from nine studies were based on statistical analysis, of which three studies favoured shared decision-making meetings, although the review authors did not think this conclusion was warranted. The five RCTs concluded there were no differences or that fewer children entered care following care as usual services. The results were therefore mixed and do not clearly support or reject the role of shared decision-making meetings in achieving this outcome.

The number of young people and children who re-entered out-of-home care was assessed in three studies with 932 participants. Of the three studies, two small comparative studies reported a statistically significant difference between shared decision-making meetings and care as usual. While no children entered care following shared decision-making meetings, four children entered care following care as usual (Chambers, et al, 2016). Further, the rate of re-entry into care was lower at 1.23 for shared decision-making meetings and 1.61 for control services (Godinet et al., 2010). However, the third study, a larger randomised controlled study, reported a statistically significant difference where shared decision-making meetings were found to be less effective than care as usual (Perry et al, 2013). Therefore, regarding the effectiveness of shared decision-making meetings for reducing care re-entry, the evidence was inconclusive.

The number of children and young people that reunified with parents or guardians following a period in care was examined in 13 studies involving a total of 88,405 participants. This included three randomised controlled trials and ten quasi-experimental studies. Six studies found higher re-unification rates following shared decision-making meetings, one study found higher reunification rates following care as usual and seven studies found no difference between the two groups.

The family's perception of empowerment in parenting situations was assessed in four studies using quantitative measures with a total of 2415 participants. Three studies were RCTs, out of which two found no statistical difference in empowerment post shared decision-making meetings and control services. One study did not conduct a statistical comparison but concluded that there was no difference between shared decision-

making meetings and the control group. Finally, one study found that parents and relatives rated their empowerment as higher than the control group and while this difference was significant it was a very small difference between the two. Overall, the studies suggest no difference in parental empowerment between the shared decision-making group and the control services group.

The outcome of measuring the family's satisfaction from using family group meetings was assessed in four studies that included one RCT and three comparative studies with a total of 1509 participants. Three out of four studies used statistical analysis and found that two comparative studies reported satisfaction in the shared decision-making meetings group over the control group and the RCT study reported no difference between the two groups. The study with no statistical analysis reported positive satisfaction for the shared decision-making group over the control group but the result was determined as no difference due to the small sample size and lack of formal analysis. Overall, the evidence for family satisfaction is mixed and therefore remains inconclusive but satisfaction questionnaires found that family's rated "how satisfied are you with the amount of help you received?" and rated this higher in the shared decision-making group compared to the control group.

While the three outcomes of children entering out-of-home care, re-entering out-of-home and the number of children reunifying with families after a period in care, are defined as separate outcomes, they all relate to the number of children in care. When the results were pooled together, the results showed that 15 studies suggested favourable outcomes for shared decision-making meetings, 17 studies showed no difference and five studies suggested more favourable results for care as usual. Given the limitations and low quality of studies, the evidence regarding the effectiveness of shared decision-making meetings is inconclusive.

Mechanisms: how does it work?

Drawing on previous literature and the findings from the realist review by Stabler et al. (2019), it was hypothesised that the family-led model of meetings involves the wider family in decision-making thereby fostering motivation for further collaboration with professionals (Faller 1981; Featherstone et al. 2018). The model was also theorised to make people who are connected to the family more aware of the difficulties they're facing. This could allow families to draw on necessary resources from wider family and social networks (Morris 2007). These factors could in turn promote the safety of the child whilst keeping them at home. Regarding mechanisms, the realist review (Tabler et al., 2019) identified three core stages: pre-meeting preparation, the process of the meeting and an effective follow up. Alongside these stages, three high level and interconnected mechanisms were identified as crucial to effectiveness of shared decision-making meetings. The first mechanism, 'collaboration and engagement' was concerned with encouraging meaningful collaboration between the family and professionals. The second mechanism, 'building trust and reducing shame' was seen as crucial to achieving an open, solution focused environment. Both of these mechanisms operate at all three stages of the process to ensure that everyone who is important to the child is involved, and within a safe environment. The third mechanism, 'enabling participation in decisions' operated both during the meeting and in the follow up stage and was deemed be a crucial mechanism ensuring that families and children are central in the decisions important to their life.

Moderators: When, where and who does it work for?

The authors note limitations in the extent to which included studies included this information, and the detail provided. Most studies were conducted in the USA (n=24) with the remaining studies from the Netherlands (n=6), the UK (n=2), Canada (n=1) and Sweden (n=1). Where age was reported, most studies included children from 0 to 18 years. Based on 19 studies, the average age ranged from 2 to 10 years. Reasons for referral and level of reported risk varied and included children who had been sexually abused, physically abused, who had suffered neglect and cases in which the family had substance misuse issues.

Ethnicity data was reported in 22 of the 32 studies. In five studies over 50% of the sample were 'White' and in four studies over 50% were 'African American'. One study focussed exclusively on native Hawai'ians and other Pacific Islander families.

Implementation: How do you do it?

In terms of how meetings are delivered and implemented, there was significant variation and very few studies reported on fidelity. Most studies involved family group conferencing or a variation of this model.

Eleven services reported including the typical four-step structure of an shared decision-making meeting: referral, preparation, conference and the implementation. Of the nine studies that reported location, meetings were generally held in a neutral family friendly setting, such as a community centre. 'Private family time' was reported to feature in 23 of the included services. Some studies identified the personnel delivering the programme which varied greatly. These included facilitators, social workers, caseworkers, youth care workers, counsellors, some of which were described to be independent or trained. One study included an element of shared decision-making meetings as part of a wider substance misuse service, which aimed to keep children at home safely while another study included a team meeting element as part of a wider service to maintain foster and kinship families.

Control groups were reported to have received 'care as usual' but there was limited information on what this involved. Seven studies gave some information on control groups whereby workers made care plans with families. Seven studies gave some information on the service which involved service planning and collaborative work on care plans with families. Despite this similarity to shared decision-making principles, these services did not include other core features such as neutral facilitators, family alone time or time for family preparation. Reviewers note that as 'service as usual' often feature some elements of family collaboration, this could explain the reasons why studies found limited or no impact.

Another implementation factor that was noted was the question of whether shared decision-making meetings should be delivered as a standalone service or part of a wider structure. However, this is something that was

not evaluated in this review. Reviewers also note the potential importance of passion and skill in the effectiveness of shared decision-making meetings.

Economics: What are the costs and benefits

Seven studies evaluated cost and although there was no strong evidence to support the cost effectiveness of shared decision-making meetings, there were positive indications for cost saving due to the low cost of implementation.

What are the strengths and limitations of the review by Nurmatov et al (2019)?

The systematic review represents the most comprehensive and up-to-date review on the effectiveness of shared decision-making in children's social care. Authors ensured a thorough search of the literature and clear inclusion criteria. They also utilised an international panel of experts who identified unpublished or on-going studies. Formal examination of the quality of research and evidence strength was ensured through the use of the Cochrane and ROBINS-I risk of bias judgement and the GRADE assessments. The use of Harvest Plots offered an alternative to a meta-analysis which allowed for a synthesis of results across a diverse range of studies.

Most of the limitations relate to the individual studies included in the review. Heterogeneity of service design, target population and study methodology meant that a meta-analysis was not possible. Inconsistent and unclear reporting within included studies meant that accurate evaluation and comparisons were difficult. Accurate sample sizes were difficult to obtain due to the heterogeneity in reporting styles. Additionally, the majority of studies were deemed to have a high risk of bias and very low or low certainty of evidence.

Model fidelity was not assessed meaning that it was unclear whether the principles of shared family decision-making were fully operationalised, although two studies did report adhering to core values (YMCA Families United, 2014; Pennell et al. (2010). In terms of application to a UK context only two studies were conducted in the UK.

Summary of key points

- The evidence for the effectiveness of shared decision-making meetings was inconclusive for number of children and young people entering out-of-home care,

number of children and young people re-entering out-of-home care, number of children and young people reunified with their family following a period in care, families' perception of empowerment and families; satisfaction with the shared decision-making service.

- Most studies included in the review were found to have high risk of bias. This factor, along with low certainty and heterogeneity of study methodology may have resulted in the mixed results for all outcomes.
- When care entry, care-entry and re-unification outcomes were pooled together as one outcome that represented out-of-home care, the results could be interpreted in a positive direction of effectiveness of shared decision-making for prevention of out-of-home care.
- The review displays clear need for future research to provide a stronger evidence base for shared decision-making services.
- The review authors regard family participation as a fundamental principle in child welfare services and conclude that more work is needed to improve the quality consistency of the services that are designed to achieve this.

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