



What Works for
**Children's
Social Care**



OVERVIEW REPORT

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





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Acknowledgements

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About What Works for Children's Social Care

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.

About CASCADE

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.

To find out more visit What Works for Children's Social Care at: whatworks-csc.org.uk, or CASCADE at: sites.cardiff.ac.uk/cascade

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Introduction to our rapid realist reviews

We undertook a scoping review which tried to identify the international research that existed about ways to reduce the need for children to enter 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. We hope this outcome fits with the priorities of families, children, services and policy makers in that the way the need for children to be in care is reduced is through multiple outcomes that are important to positive family life, such as 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.

Several potentially helpful ways of working with families were identified. Some of these could be thought of as specific, defined services, for instance Intensive Family Preservation Services. For these we are carrying out more traditional evidence reviews. However, we also identified ways of delivering services that were less easy to categorise. Often these were common ways of doing things found in several interventions. 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 carrying out meetings.

For these ways of delivering services we are carrying out Rapid Realist Reviews. The aim of these is to build a theory about how these ways of delivering services work. We hope that where we

can identify a clear theory it will be helpful to people delivering services – as well as being important for thinking about how to evaluate them. Where we cannot describe a theory about how something works, the gaps or uncertainty we identify is less likely to be helpful to practitioners – but should help us know what the priorities are for developing better ways of working and researching.

Involving families in decision-making meetings

Enhanced involvement of families in important decision-making meetings was a feature of well-known service delivery models such as Family Group Conferencing. It was also important in Family Group Decision-Making and Family Unity Meetings, as well as in attempts to make child protection conferences more participative. All these

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.

approaches shared a belief that parents and children should be more involved in key decision-making forums. There was often a belief that doing so maximised the chances of children remaining in the immediate or wider family.

Such meetings are so important to current practice that we are carrying out two reviews. In a separate review we summarise the evidence on the effect of these meetings – with a particular focus on their effectiveness at preventing out-of-home care and improving family empowerment and satisfaction with services. This review has a different focus and an approach that has been quite unusual in children's services. The aim of this report is to examine what the literature says from research about all different types of meetings in children's services to build a theory about how social workers and others should run meetings to involve parents and children well.

We are fortunate that as well as research evidence we have been able to share our developing model with workers and managers who deliver such meetings, including conference chairs, family group conference coordinators and a mixture of workers and managers, and also care experienced young people who have attended meetings with family members and children's social care practitioners. We have not had the opportunity to share the theory with parents yet, though we will be doing this shortly.

This review is therefore not a description of the evidence. It is a description of the theory about how these meetings work that we found in the literature, and then checked with workers and managers. This then provides a basis for practice guidance and suggestions that flow from this.

Our hope is that "there is nothing as practical as a good theory"; that being clear on how involving parents, children and others in meetings might be done best will help those responsible for delivering such meetings. Yet we want to be clear that there are no secrets here – we are simply trying to distil good practice. We hope that many of our conclusions may be familiar to those who deliver services such as FGCs or child protection conferences. Yet, anecdotally we have heard there is a lot of variation in how FGCs, child protection case conferences and other services are delivered. We hope that this review helps the sector to think about what good practice in involving parents, children and others in meetings involves.

Overview of Findings

For those interested in the review methods or the detail of the findings a full report can be accessed on the What Works Centre for Children's Social Care website (<https://whatworks-csc.org.uk/research/reports/>). Here we summarise the findings of the review.

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

- a. Pre-meeting preparation
- b. The process of the meeting
- c. Effective follow-up

These emphasise that delivering shared decision-making meetings well requires more than just attention to time the set meeting takes place: preparation and follow-up are at least as important.

Across the stages of the meetings there were three high level processes that made shared decision-making meetings likely to be effective were:

- a. Enabling collaboration and engagement
- b. Building trust and reducing shame
- c. Enabling participation in decision-making

These can be thought of as pathways that operate across the stages of the meeting, and are interconnected.

Each of these pathways can be facilitated or prevented in various ways, and may operate differently depending on the circumstances in which they operate. A detailed description of good practice for each process and stage is presented in the full report and a separate practice guide. Here we summarise the ways in which the key processes and the different stages interact. We refer to the key processes as "mechanisms" – this is because in the realist approach mechanisms are what causes something to happen (see appendix 8 for a glossary of realist terms). We are also interested in how the context can influence whether a mechanism "works". So our figures generally describe the mechanisms that are needed to make meetings more likely to be helpful, while identifying the contextual factors that may influence them.

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 could be facilitated. Here we present general findings about how to involve families in meetings, while in the main report we unpick the differences between these types of meetings in more detail. In a nutshell, the more serious the concerns the more difficult full participation of family members tended to become as the barriers were more substantial. However, the mechanisms can operate in these more difficult circumstances, but more resource (such as time to build trust) may be needed.

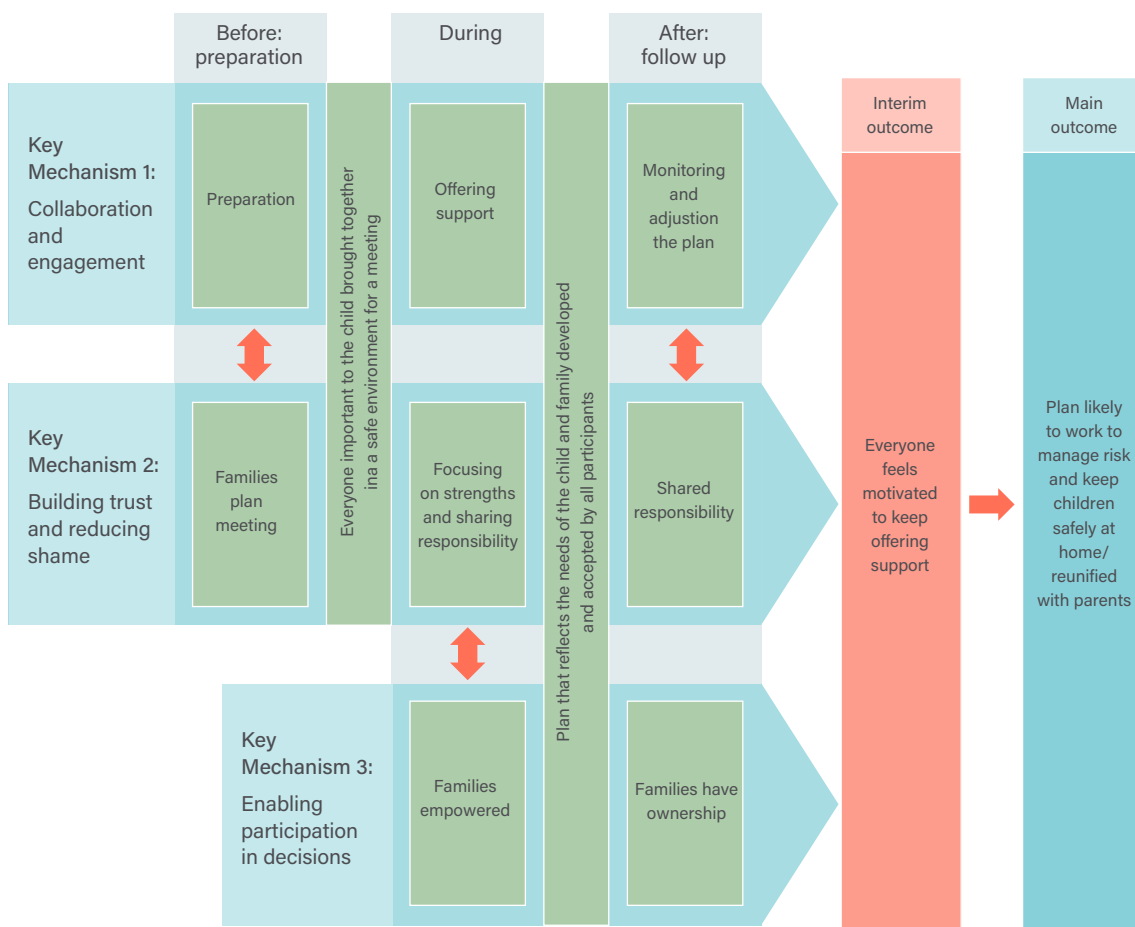
In addition, we reviewed evidence on how to involve children and young people in the literature. The literature that was general to the involvement of

children and young people, as well as other family members is part of the main theory. An adapted version of the theory is set out to capture data which is more specific to considerations of involving of children and young people.

Detail of findings

Figure 1 provides an overview of the way in which the three mechanisms operate at each of the three stages of an effectively delivered shared decision-making meeting. One finding was that shared decision-making meetings are not just about what happens in the meeting. They require effective preparation and follow-up work and services that are consistent with the ethos and decisions made in the meeting.

Figure 1: Overarching programme theory



The light blue arrow show the mechanisms (pathways). Each of the green squares states what needs to happen for the mechanism to be effective at that stage. This is what needs to be done (by the practitioner/wider network with the family) and are the goals that need to be achieved for the meeting to be participative. For instance, effective collaboration before the meeting is all about preparation. More detail about each of these areas is provided in the next eight figures. Each seeks to describe in more detail what needs to happen, and the contextual factors required to make it work in order to achieve the overall goal for each mechanism. Each figure should be largely self-explanatory.

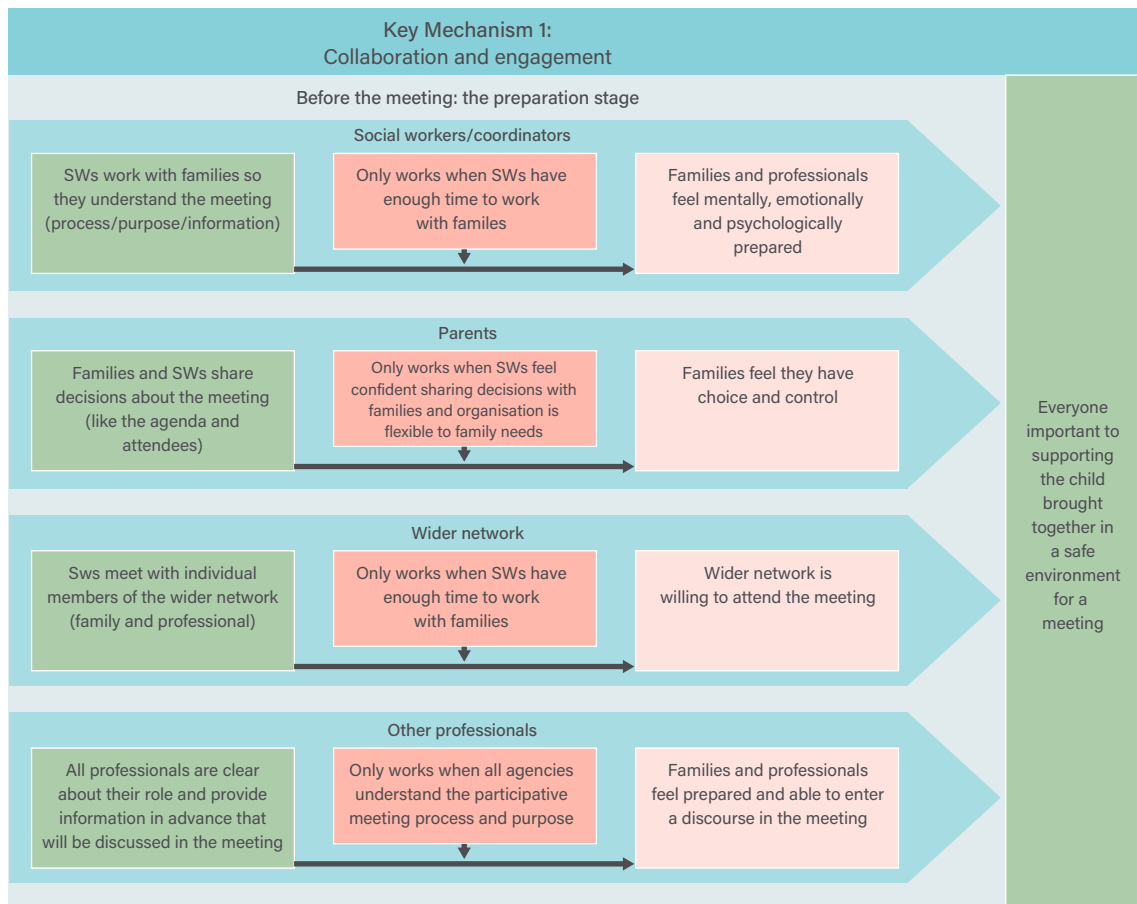
Key mechanism 1: Collaboration and engagement

This mechanism is concerned with the creation of 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, and how this creates family and wider

network engagement in the meeting process. This can involve working with the family to identify resources in their wider network and then to invite and facilitate a discussion amongst the wider family and network where they can decide what is needed for the child to be safely at home. Figures 2, 3 and 4 focus on what needs to happen to enable collaboration and engagement of family members and the wider network in shared decision-making meetings. Each figure refers to what has to happen at each stage of the meeting.

Before the meeting: Figure 2 outlines the preparation that needs to happen for families to be able to meaningfully engage with the meeting when it takes place. This includes ensuring family members are clear about the purpose of the meeting, families having the right information and legal advice, liaising with other professionals to ensure the family know what their contribution will be and developing and sharing the agenda. This preparatory phase takes time and confidence: time spent with the family and others and confidence in sharing and talking about sometimes difficult issues. It is also a key time when networks – professional or within the family – are mobilised.

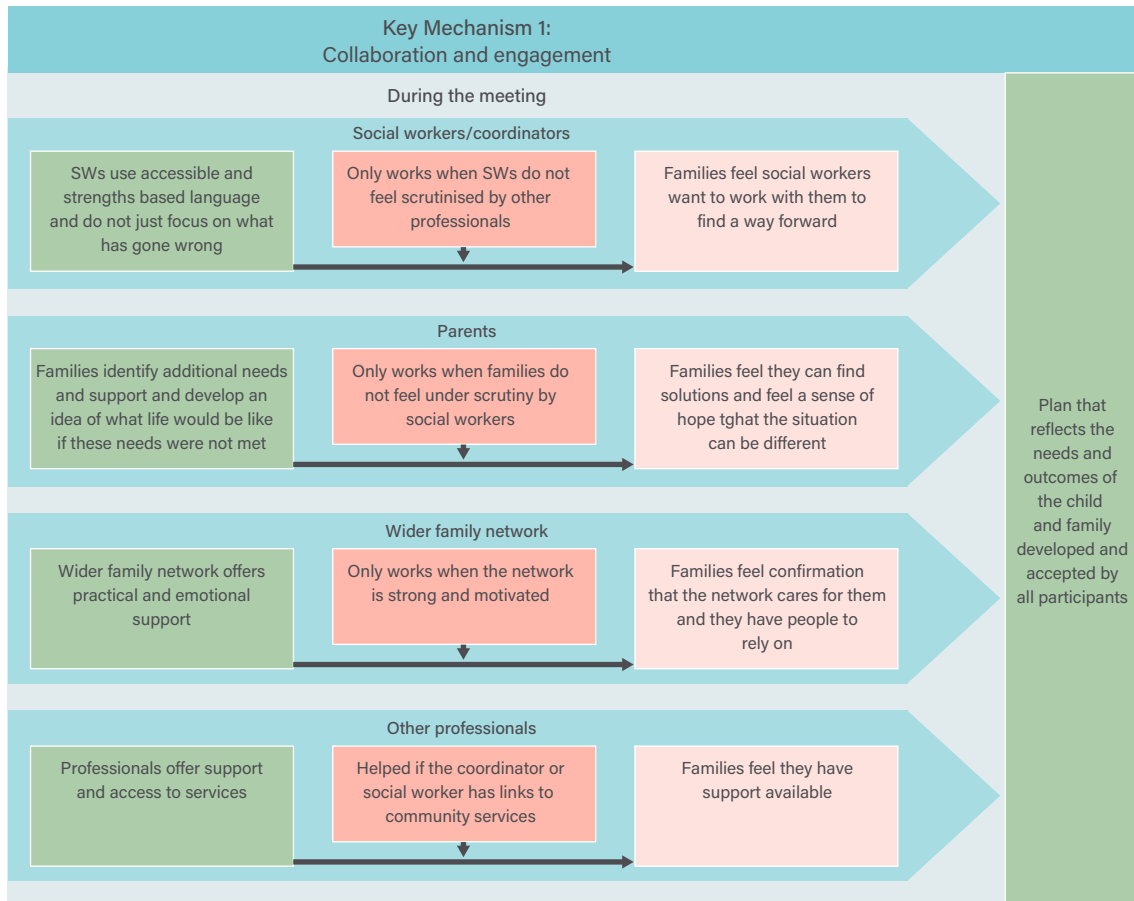
Figure 2: Collaboration and engagement before the meeting



During the meeting: The process of the meeting needs to be collaborative and engage parents and others effectively. Figure 3 sets out some of the key features of effective collaboration during the

meeting. These include continuing to use strengths-based language and thinking and taking seriously the family's understanding of the issue - and working with their understanding of their network.

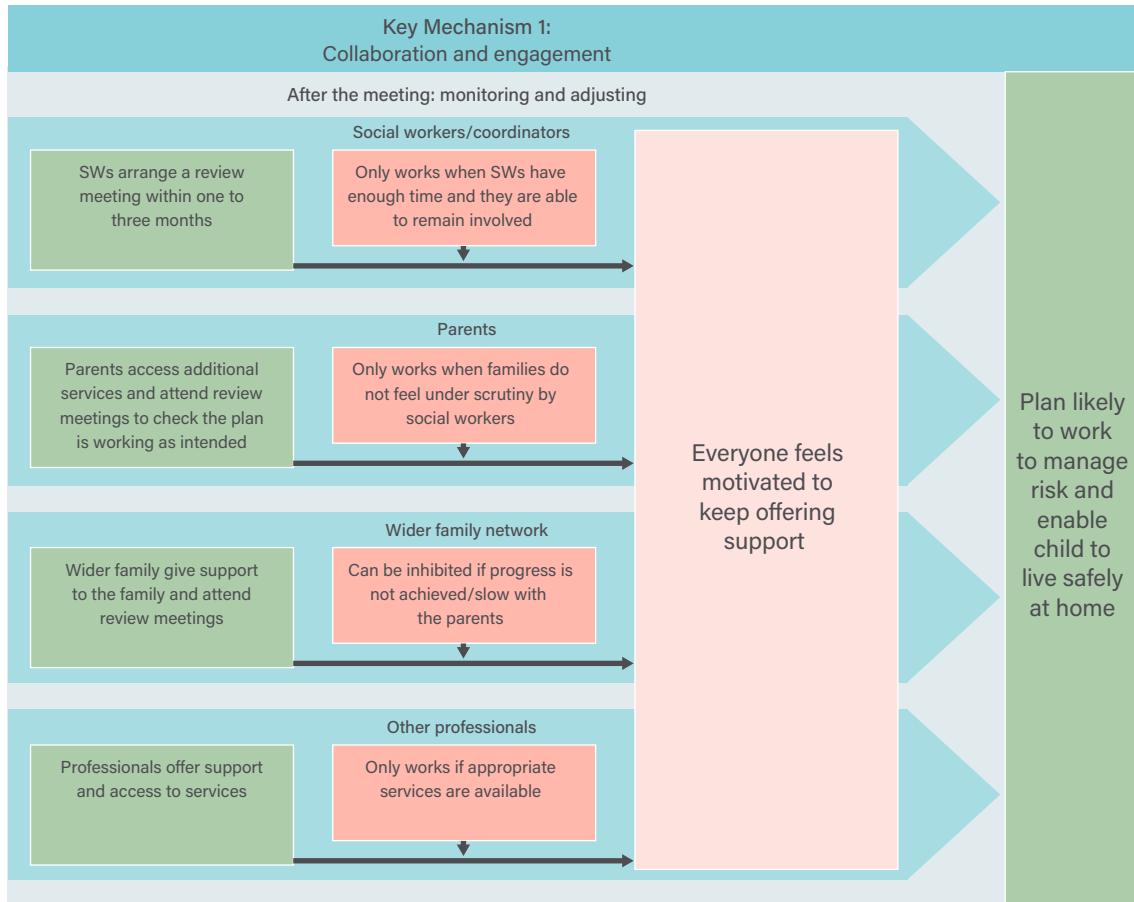
Figure 3: Collaboration and engagement during the meeting



After the meeting: Less attention was given in the literature to what happens after the meeting, and yet this is a crucial period. With regard to collaboration and engagement, this involves maintaining everyone's commitment to being

involved in supporting the family and the child, and remaining active in the plan. The literature pointed to two main ways of doing this, which was through review meeting and having a designated person to follow up on what had been agreed in the meeting.

Figure 4: Collaboration and engagement after the meeting



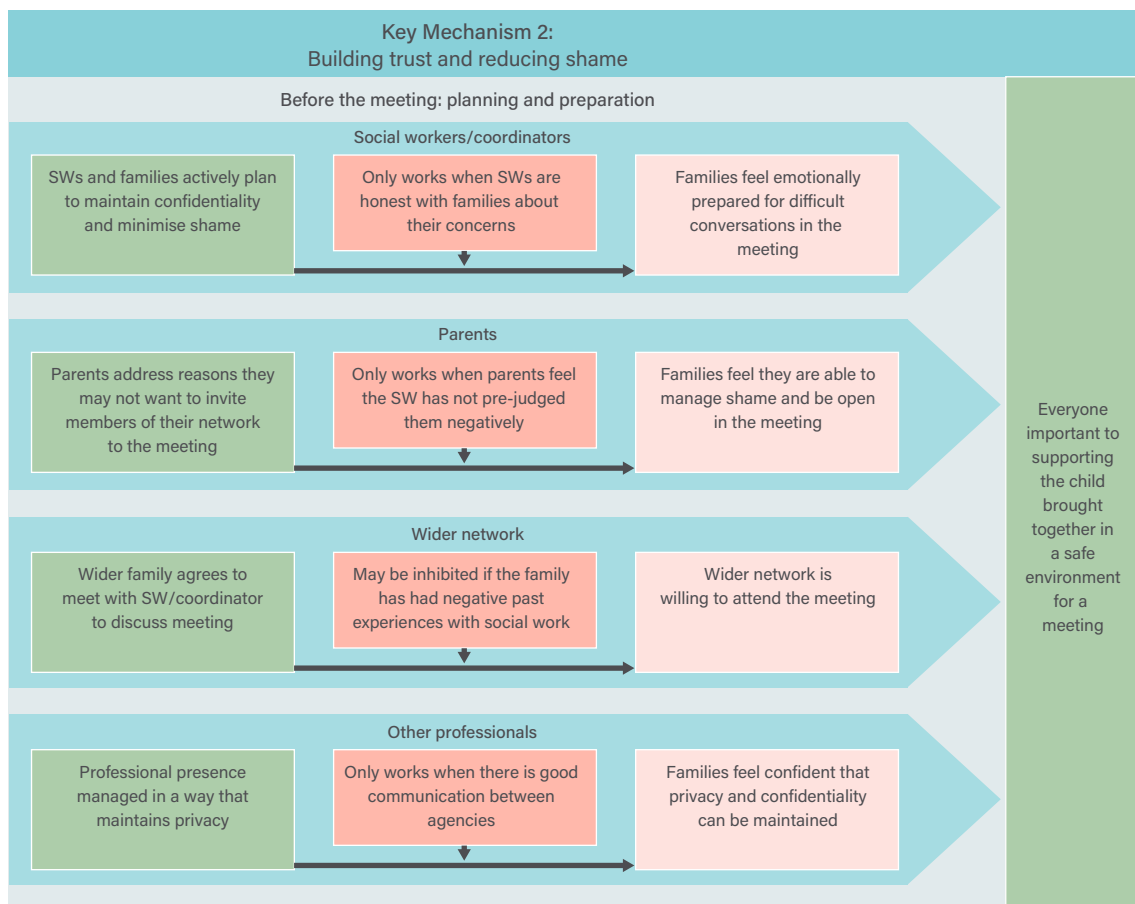
Key mechanism 2: Building trust and reducing shame

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. Figures 5, 6 and 7 focus on what needs to happen to enable collaboration and engagement of family members

and the wider network in shared decision-making meetings. Each figure refers to what has to happen at each stage of the meeting.

Before the meeting: Figure 5 focuses on how the social worker and others can work with the family to actively plan the meeting in a way that can reduce shame. At the heart of this is building on their strengths, with the considerable skills required to do so while communicating difficult information being paramount. A non-judgemental, strengths-focused approach is crucial here. It is also key that the members of the family and professional networks to be invited is negotiated in a thoughtful and transparent way before the meeting. This can help to increase the family's willingness to invite a wider network of people to be involved in offering support.

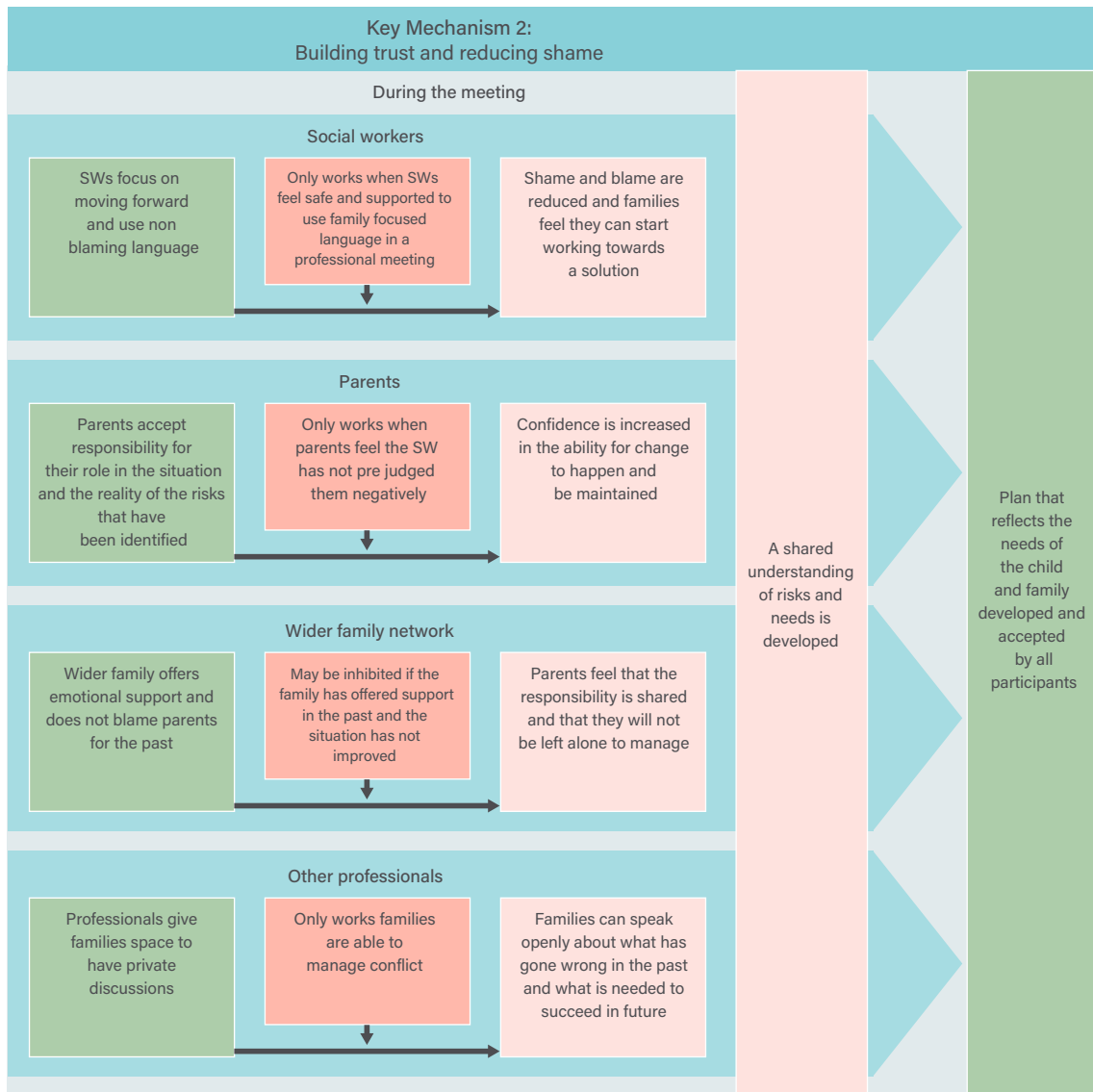
Figure 5: Building trust and reducing shame before the meeting



During the meeting: Figure 6 focuses on the process of trust building during the meeting. At this point the response of not only professionals but also family members is likely to be particularly important. While professionals should continue to be non-stigmatising in their language, success also requires parents to feel a sense of ownership over

the problem including appropriate responsibility while the wider family need to take a non-stigmatising attitude. A key operational issue is that the family should be allowed some time without professional involvement in order to make decisions or proposals.

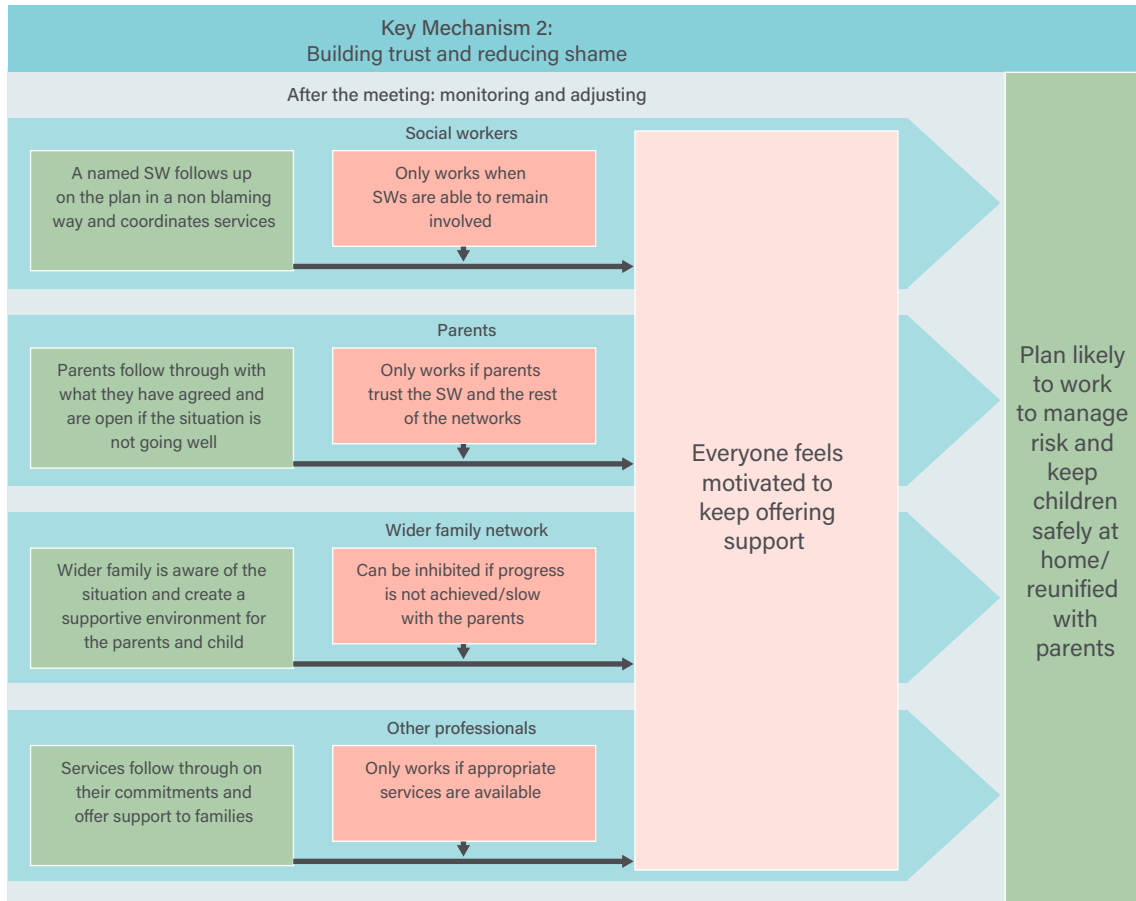
Figure 6: Building trust and reducing shame during the meeting



After the meeting: Similar themes are picked up in how the service or worker can sustain trust and engagement. Figure 7 outlines what needs to happen for this to be supported. Much of this is through having a non-blaming stance while

adjusting the plan. In essence, this means that it is important that no one feels solely responsible for the plan, and that there is a realistic expectation that change is not a linear process – there will be ups and downs.

Figure 7: Building trust and reducing shame after the meeting



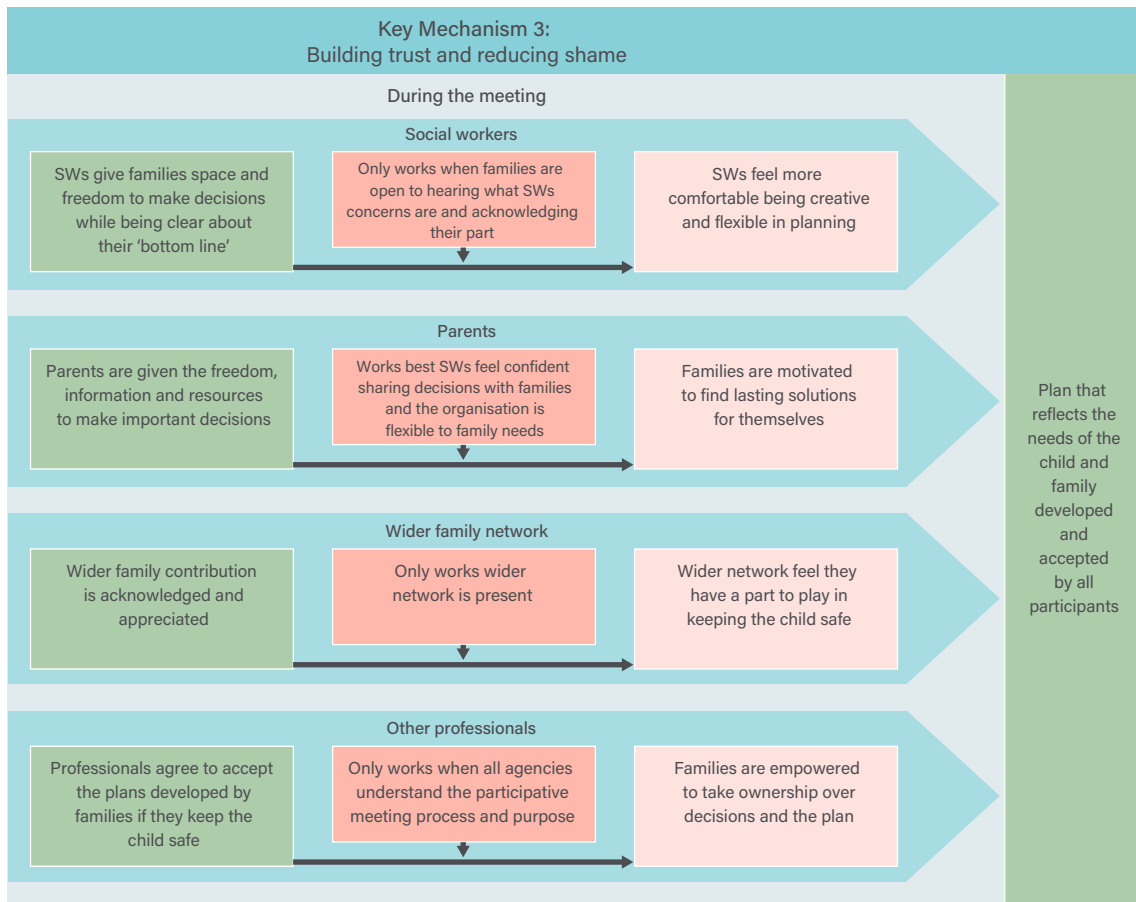
Key mechanism 3: enabling participation in decisions

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 that have already been discussed, and is an important pathway itself through which the need for children to be in care can be reduced. Figures 8 and 9 focus on what needs to happen to enable family members and the wider network to be meaningfully

involved in decision-making. What happens before the meeting to enable this mechanism is shared with key mechanisms 1 and 2 (see figures 2 and 5).

During the meeting: If families have been prepared adequately for the meeting, 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 happens through being given freedom to make decisions, and everyone's contribution being appreciated and taken seriously.

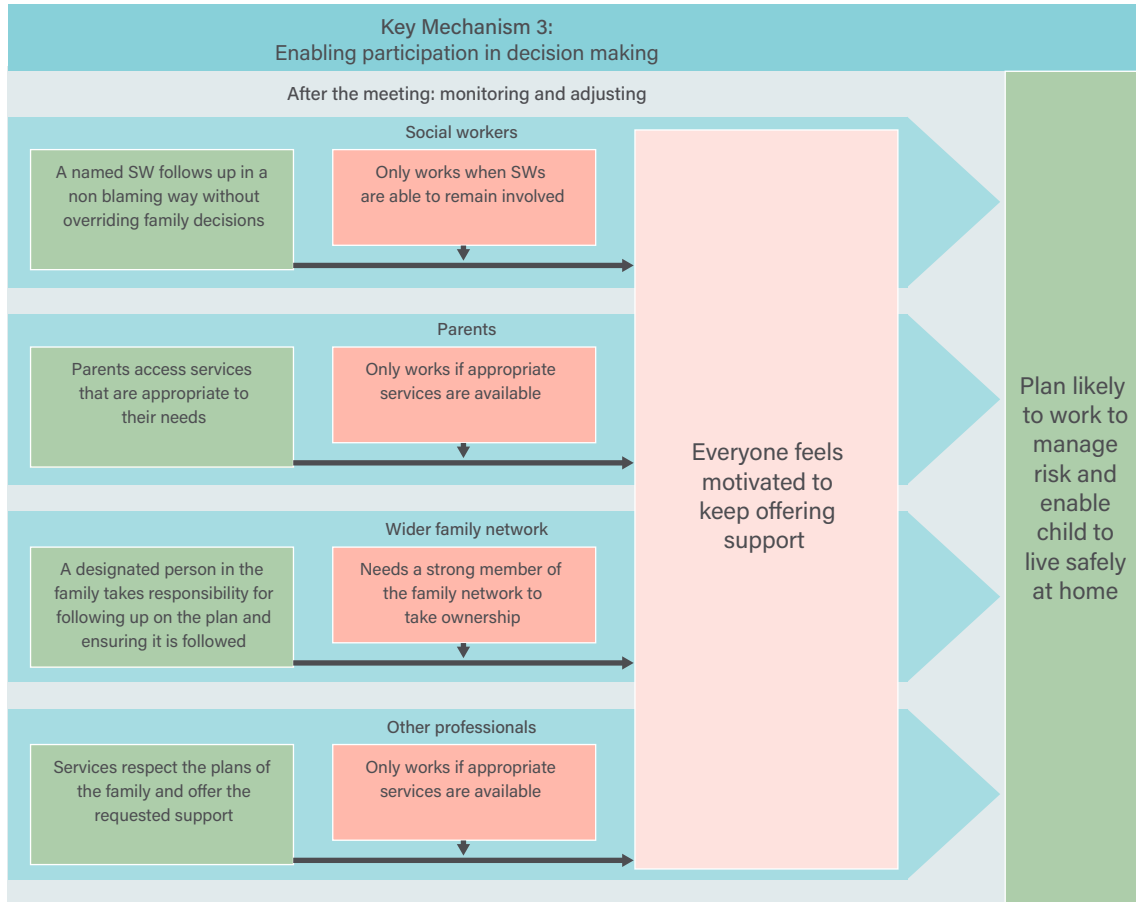
Figure 8: Enabling participation in decision-making during the meeting



After the meeting: There was very limited data that explored how the decisions made by families effectively led to action. It was seen to be important that services were responsive to family needs and took the plans that families had put together seriously. This might be facilitated by a designated person within the family taking ownership of

following up with services. Put another way, the meeting may be the easiest element of effective participation: the key thing is to make the plans actually happen. It is perhaps at this point that the worker has to do the most work to make involvement meaningful.

Figure 9: Enabling participation in decision-making after the meeting



Child/young person involvement in meetings

An important consideration for social workers is the way in which the delivery of shared decision-making meetings can and should meaningfully involve all children and young people. This is closely linked to supporting children's rights to participation in decisions that affect them (see for example The Children's Act 2004). This involves understanding how and when to involve children and young people in meetings, and how, if they are not in attendance at the meeting, their views are represented, and influence decision-making.

In particular, the contexts that facilitate or inhibit children's involvement may be different than for adults (such as their age or stage of development, or the issues that are being discussed). Additionally, the outcomes that may come from child/young person involvement may be different than those that may be the goals of family involvement more generally (see Figure 1). For example, a young child would not be seen as a key 'actor' in reducing the need for entry to care, but their understanding of the situation is an important outcome in itself.

Figure 10: Overarching programme theory for children and young people's participation in shared decision-making meetings



Implications

It is obvious that shared decision-making meetings are not a standalone intervention. Most importantly, they are part of an overall service. It is much more likely that they will work effectively if their delivery is consistent with the principles and practices across the service received by families. This is also likely to be a major factor affecting effective implementation of shared decision-making meetings; in authorities where partnership with families, strengths-based working and collaborative problem-solving are already part of practice, it is likely that shared-decision making meetings are already a key feature. Conversely, it would be difficult to implement a model premised on these principles in an authority that was bureaucratic, authoritarian and child protection focussed.

Nonetheless, shared decision-making meetings are a discrete element of involving parents and children in services and therefore worthy of specific attention. The main aim of this review was to identify some of the key things that need to happen to involve parents and children in meetings. The intention is to identify general features of good practice, with a particular focus on the ways in which these meetings might contribute to helping children remain in their families. This overview report is accompanied by practice guidance distilled from the studies reviewed.

For some types of meetings, such as Family Group Conferencing, the theory development substantially overlaps with existing descriptions of good practice.

It may be helpful to think about how this description of good practice complements others that exist. Yet the aim of this review is broader – it aims to consider what best practice is across a range of meetings because the principles of inclusion need to apply across the whole system. A particular challenge is to apply them into child protection case conferences. There seems to be less research on how to involve families effectively in such meetings, an area we hope to support with this review and future work.

A second potential contribution is to be specific about what good meetings that involve families and young people in decision-making look like so that we can evaluate it. A perpetual challenge of evaluations is knowing how well something has been delivered so that we can evaluate its impact. In this respect the relatively detailed and concrete description of key elements of practice may be helpful in evaluating whether families are being successfully involved in meetings.

The final point to make is that while research to date has tended to emphasise the delivery of the meeting, it may be the implementation and review of the recommendations of the meeting that is crucial. Empowering families and their network to make decisions is only meaningful if it is backed up by resources. This perhaps takes us back to the key point that meetings cannot be seen in isolation. Ultimately, they are one element of delivering humane and respectful services for children and their families.



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