

Dear Michael and Donald,

This second open letter follows on from our meeting on Oct 2<sup>nd</sup> when we discussed the proposed FGC evaluation by the WWC. Whilst we have not heard further from you, colleagues in the FGC field have sent us the FGC RCT research protocol and this has ensured we have kept up to date with the work. We understand that the design is largely unchanged since we met. We sent you our key concerns after the meeting and we reproduce these below:

*'Following our helpful discussion, and your welcome suggestion of keeping the dialogue open, we think the following three points are the most important ones to consider in the next few weeks and months of development:*

- 1. The need to have clear legal protocols around any denial of FGC option: we would like to comment further once proposals are made. We retain very strong reservations about the ethical basis for randomisation in the manner proposed at PLO stage, and question what additional strength this is likely to give to the study (as compared to a 'natural experiment' where FGCs are provided to all who want one wherever there is capacity to provide one).*
- 2. A fundamental issue for the study, agreed by all, is the importance of FGC integrity. There are severe problems likely in obtaining this, as we described when we met. We welcome the idea of a full review by the Leeds and Camden FGC teams to ensure the values and processes are authentic and look forward to details. It will also be important that the qualitative arm of the proposed study captures these factors as research data during the study.*
- 3. The need for the primary outcome measure to be one related to the intention of the FGC process, and to reflect what FGC is for, around voice, agency, decency, rights.'*

It is evident from the protocol that our concerns, and the expertise of many of those in the field, have not influenced the study:

- The protocol makes clear the focus of the study is the role of FGCs in influencing rates of entry into care. As we explained at length when we met, FGCs were built on notions of families (including children) exercising their rights and responsibilities, and not as gatekeeping or diversionary strategies for professional systems and services. We have repeatedly reinforced that FGCs are best understood as an exercising of these rights and responsibilities, not an intervention to manage demand.
- In the protocol we cannot see evidence of the review process you outlined (involving Leeds and Camden) to ensure FGC integrity and authenticity.
- The protocol does not make clear how families will access legal advice about their choices, who will provide this and pay for it (given it is an additional service), and critically how families will feel able to exercise choice and control about an RCT at a time when they are fearful about state intervention in their children's lives. As our earlier letter made clear, children have a right to know they received all the help that was possible to make the best plans for their well-being, denying access to an additional service at the point of pre proceedings in order to generate evidence for professionals does not sit comfortably with this reasonable expectation.

In essence, we remain concerned that the RCT measures the wrong thing, in the wrong way and at a cost to families and their children. There is much expertise in the field that could build a co-produced study that would reflect the rights based framework underpinning FGCs, and in so doing exercise respect for families and children as full participants in care processes.

We know that we were not alone in flagging all these concerns with you and offering our assistance. We remain deeply troubled by the position in which families are being placed by this study, and about the precedents being set.

As before, we hope this second open letter will inform and support wider debate.

Kind regards

**Kate Morris ([kate.morris@sheffield.ac.uk](mailto:kate.morris@sheffield.ac.uk)) Professor of Social Work, Sheffield (corresponding author)**

**ATD Fourth World UK**

**James Blewett, Making Research Count, Kings, England**

**Andy Bilson, Emeritus Professor of Social Work, University of Central Lancashire, England**

**Gale Burford, Emeritus Professor, Vermont, USA**

**Nick Burke, Social Worker**

**Paul Bywaters, Professor of Social Work, Huddersfield, England**

**Marie Connolly, Emeritus Professor, Melbourne, Australia**

**Dr Jo Dillon, Lecturer, Sheffield, England**

**Dr. Charlotte Drury, Service Manager, Monmouthshire County Council**

**Deanna Edwards, Lecturer in Social Work, University of Salford**

**Brid Featherstone, Professor of Social Work, Huddersfield, England**

**Anna Gupta, Professor of Social Work, Royal Holloway, England**

**Joe Hanley, Lecturer in Social Work, Open University**

**Dr David Hayes, Queens University Belfast**

**Karin Heber, Professional Officer, Scottish Association of Social Work**

**Dr Rick Hood, Kingston University, England**

**Dr. Michelle Janas, Social Work Student, Oxford Brookes University**

**David Jones, Social Worker and British Association of Social Work International Chair**

**Ray Jones, Emeritus Professor, Kingston, England**

**Dr Gideon de Jong, Senior Lecturer in Mental Health Nursing, Edith Cowan University, Australia**

**Christian Kerr, Social Worker**

**Edward Lloyd-Jones, Barrister and Visiting Lecturer, Royal Holloway, England**

**Jennifer Llewelyn, Professor, Dalhousie University, Canada**

**Hedda van Lieshout CEO Eigen Kracht Centrale**

**Lisa Merkel-Holguin, Director, National Center on Family Group Decision Making, USA**

**Dr Mary Mitchell, Edinburgh University, Scotland**

**Dr Rob van Pagée, Founder, Eigen Kracht Centrale**

**Kate Parkinson, Lecturer in Social Work, University of Salford**

**Joan Pennell, Emeritus Professor, North Carolina**

**Abyd Aziz Quinn, Senior Lecturer, University of Cardiff**

**Dr Barbara Rishworth, Clinical Psychologist, Reframe Collective**

**Anna Rockhill, Senior Researcher, Regional Research Institute, Oregon, USA**

**Dr Michaela Rogers, Senior Lecturer, Sheffield, England**

**Dr. Gert Schout, Amsterdam University Medical Center**

**Dr. Robin Sen, Lecturer, Sheffield**

**Guy Shennan, Social Work Practitioner and Trainer**

**Joe Smeeton, Lecturer, Sheffield**

**Roger Smith, Professor of Social Work, University of Durham**

**Helen Sparkles, Social Worker**

**June Thoburn, Emeritus Professor, UEA**

**Nigel Patrick Thomas, Emeritus Professor of Childhood and Youth research, University of Central Lancashire**

**Jane Tunstill, Emeritus Professor, Royal Holloway**

**Dr. Jo Warner, Reader in Social Work, University of Kent**

**Sue White, Professor of Social Work, Sheffield**