



Family Group Conference procedure Manual



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1.1 Introduction to Family Group Conferences

- A Family Group Conference is a family-led decision-making process. Family and friends come together to plan for a child, or children deemed to be at risk, in need of support or as a reunification following a child/children being cared for by the local authority.
- The family are given the opportunity to meet and to develop a family plan that aims to reduce any concerns the referrer has for the children.
- It seeks to strengthen the support network around the children and understand who can intervene when they need safety and support.
- It promotes the involvement of family and community networks if parents are unable to care for the children.

1.2 Purpose of an FGC

Family Group Conferences are designed to:

- **Empower families:** Families are the decision-makers and are involved in the plan to safeguard the children.
- **Strengthen family bonds:** The process recognises and respects each family's unique cultural and lived experience. It utilises the strengths in families and gives wider family members permission to be proactive in the child's care.
- **Collaborate with professionals:** The formal systems work in partnership with informal family and community systems. This collaboration changes the power dynamic through information sharing and collective understanding.

1.3 Family Group Conference process

1.3.1 Referral: Only professionals working with the family can make a referral, such as social workers and early help practitioners. The family must agree to the referral and the referral form (see appendix 2.1) must be filled in with the main carer or young person.

1.3.2 Coordination: An independent FGC coordinator will be allocated to the family and will hold a consultation with the social worker/case worker to confirm the referral information prior to any visits taking place.

1.3.3 Preparation: The coordinator will explain the process to the family and help organise the meeting. The coordinator will support the family to identify questions for their family to consider at their FGC, to establish an effective plan. It is their responsibility to identify the wider family network and meet with them to share the information and assess their willingness to attend. The coordinator will, in conjunction with the lead professional and family devise a family information form in preparation for the FGC.

1.3.4 Family Gathering: The family meet at the given time and are settled before the referrer is invited into the room. The referrer explains to the family the concerns they have and the overall aim of the FGC. They share the support that is available if needed and any non-negotiables. Example: If the family cannot find a place to live within the family network the LA will place her in a residential or foster placement. The family are given an opportunity to ask questions before the referrer and Co-ordinator leave the room. These questions have usually been discussed and agreed prior to the meeting and are relevant to FGC plan.

1.3.5 Private Time: The family are left on their own to devise a plan, guided by a set number of questions that will keep them focused on the task. They have as long as they need (open ended meeting) and can run the meeting as they see fit. The Co-ordinator will be at hand to intervene if requested or answer any questions that will assist the family decision making.

1.3.6 The Family Plan: When the family have devised their plan, they will call the co-ordinator and referrer back in to present it. The co-ordinator can help by making sure that everything is covered. When the plan is finalised, the referrer will agree it, in principle if they are able to do so or advise they will discuss with their line manager and inform the family or coordinator following this.

1.4 Roles and Responsibilities

1.4.1 Lead Professional: The professional working with the family, such as a social worker, will support the family and advise the co-ordinator if questions arise during the preparation stage. Example: Finance, statutory support etc They must attend the consultation prior to any preparation work being completed and sign the referrer-coordinator agreement. It is crucial that they update the coordinator in regard to any change in circumstances for the family or highlight any new concerns or risks prior to FGC taking place. When the family plan is agreed the lead professional will be responsible for including this plan in the care planning for the child and confirm that it is being used.

1.4.2 FGC Coordinator: The coordinator must be independent from the lead professional and therefore will not attend or contribute to any other meetings for the child. We will only complete joint visits to the family in exceptional circumstances and this will need to be agreed by the FGC team manager. The coordinator will prepare all the family members identified, Organise the venue and refreshments and facilitate the gathering ensuring that the process is followed correctly.

1.4.3 Family Members: Participate in the meeting and contribute to the decision-making process and when agreed execute the family plan. The coordinator will ask for someone in the family to nominate themselves to lead on the plan and be responsible for ensuring it is being implemented.

1.4.4 Timescales: It takes approximately 4 to 8 weeks from referral to meeting however the coordinator will work at the family's pace. The meeting typically lasts a few hours, allowing enough time for discussion and planning.

After the meeting, the agreed plan is implemented, and professionals support the family in achieving the goals set. The plan should be regularly discussed as part of care planning for the child and utilised if needed during a time of crisis or change in circumstance. The FGC can reconvene for a review at any point but typically the FGC coordinator will offer a review to the family 12 weeks following the initial FGC.

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1.5 Key values and Principle

1.5.1 Values:

- **Family Strengths and Resources:** Believing that families possess the strengths and resources necessary to make decisions that benefit the child or young person.
- **Collaboration:** Encouraging partnership and collaboration between families and professionals.
- **Respect and Empowerment:** Ensuring that the process is respectful and empowering for all family members.
- **Cultural Sensitivity:** Recognising and respecting the cultural contexts of each family.
- **Child Centred:** Always prioritising the welfare and best interests of the child/young person at the centre of the conference.

1.6 Benefits of a Family Group Conference

- It is evidenced that families are much more likely to execute and adhere to a plan that they have created and agreed.
- Parents and extended family members are the experts in the child/children's lives. They can and will respond to situations if given the opportunity to do so. They are also available 24/7 if need be. They often identify triggers or escalation in risk before professionals.
- Parents are more likely to share any difficulties they are having with a family member or someone from their support network in comparison to a professional.
- The support network is often aware of a parent's triggers and indicators of risk in their life and will act accordingly if given permission to do so and the correct information.
- Family plans are more permanent, as professionals cannot be involved indefinitely however family and support network are.
- 25yrs of evidence has consistently shown Family Group Conference as one of the most effective processes available when it comes to reducing children becoming Looked After.
- Family plans are less intrusive and promote a family's right to a private family life.

1.7 Genograms...

Family and Friends are an essential part of any network around a child. They provide vital support, safety and at times, necessary care for children when they are most vulnerable or at risk. Understanding the full Family Network is at the centre of the FGC. This should be recorded in a Genogram that explores 3 generations of family connections.

The aim of a genogram is to identify all the important people involved with the family. This means it can include members for instance, who do not live locally but are in regular contact with the family or, they may not be related at all but provide some support such as a neighbour or a teacher. Asking about where connected people live, about their experiences and how they are involved with the family helps you to get a good understanding of the family culture and how the child is being supported within their community.

Genograms are beneficial when holding a Family Group conference as they inform the invites and strengthen the support network. It is crucial that these are attempted with the main carers for the children so we can understand who is available to support the family. When a family is open to FGC a genogram will be attempted in the initial stages of planning or at the FGC if this is not possible. This will be shared with the referrer as agreed by the family. The FGC coordinator will also include or complete a genogram with the child/children dependant on their age and ability.

1.8 Guidance for referrals

- **1.8.1 Referral criteria**

For a family to be referred to FGC they must be open either level 2 or above and this includes cared for children. We do not accept referrals for families that are in the initial stages of assessment including child and family assessment or early help assessments. The family must be open and accessing services from early help or Children's social care. The parent/carer who has parental responsibility must have given informed consent for the referral, in which they have a full understanding of the FGC offer. Please ensure you provide them with the FGC leaflet (parents and children's) and offer to send them the link to watch a video of an FGC taking place via YouTube.

- **Consent**-A person with parental responsibility must give consent for the referral, written consent is preferable (see appendix 2.3) verbal consent will need to be considered by the FGC team manager. They must have had sight of the FGC leaflet and have an understanding of the process. A child who is considered Gillick competent can also consent to their own FGC if this is appropriate to do so. If an FGC is required to support a network member who is caring for the children, a person with PR must sign consent for this to happen (see appendix 2.3).
- **Network**-The parents must have a minimum of two people in their support network who are willing to attend a Family Group Conference. (This excludes parents and anyone living in their home)
- **Purposeful**-The FGC must have a specific role in reducing concerns and creating a plan of support for the child/children and this must be detailed in the FGC referral. The FGC needs to be for a person who is caring for the child/children or a parent who has consistent contact with the children.
- **EH/CSC**-The child/children must be open at level 2 or above and the lead professionals must have access to EHM.

- **Repeat referrals**-If the family have had a referral within the last 12 weeks that did not progress, the FGC team manager or coordinator will contact the family to confirm consent prior to accepting the referral. Signed consent is required in these instances.

1.8.2 Timescales

An FGC should take place at the earliest opportunity following a referral to the early help or children's social care, if the family consent to this. The FGC co-ordinator is to visit the child, their parents, and members of the child's wider family/support network in preparation of the FGC. A crucial aspect of the FGC is the preparation work. This includes the below:

- Supporting the family to understand the referrer's concerns.
- Creating the questions with the parent/carer which aim to reduce the referrer's worries.
- Creating the family information form.
- Understanding the family network through genogram work.
- Meeting the extended support network, sharing the worries with them and understanding what support they can offer.
- Gaining the child's wishes and feelings specifically relating to the support network and understanding what they want to achieve through FGC and how we can support them to be part of their meeting.

As part of the FGC, we will spend time building a relationship with the family and children, as highlighted above the preparation work has various stages and we will work at the family's pace. We will contact the family regularly to progress the FGC however we will not put pressure on the family to have an FGC within a specific timescale. On average FGC's take between 4-8 weeks however this is wholly dependent on the family's needs. Referrers should be aware that we do not hold urgent FGC's or emergency reviews. If a meeting with family is needed to establish or stabilise a family safety plan the referrer should consider holding a family network meeting and refer to FGC for further consideration, if the family consent to this. Referrers are welcome to contact the FGC team for guidance and advice in relation to family network meetings if necessary.

1.8.3 Reviewing the family plan

The referrer or the family can request a review of the family plan at any point, however we routinely offer a review 12 weeks after the initial FGC. At 12 weeks post FGC, the coordinator will also contact the lead professional and ask for a small summary on how the plan is being utilised. The coordinator will also contact the family to gain feedback from them and offer the FGC review meeting. Once the family has had an FGC this does not necessarily need to be reviewed however the family or referrer can request this, the family can also review the plan without professionals if they wish. The coordinator will consider and agree any appropriate review intervals for example a change in circumstances i.e. a family leaving a family assessment unit or if a risk increases. If a review does take place this is a much more streamlined process as the preparation work has previously been completed. The review will consist of inviting all the family members to get back together with the lead professional and coordinator to discuss the progress of the family plan and consider any necessary amendments.

1.8.4 Voluntary nature

FGC is a voluntary process, a family cannot be forced or ordered to engage. Practitioners should be cautious of the language they use regarding FGC. For example, stating in a plan or report that a family **must** or **need** to engage in an FGC. If you feel an FGC is beneficial for the family, then consider stating it would be beneficial for the family to consider the FGC offer and if they would like to engage in this process.

When completing a referral, it is preferable if you gain signed consent by a person with parental responsibility however in some circumstances the FGC team manager will accept verbal consent.

We also ask that referrers do not invite anyone to the FGC, who the family have not invited this includes other professionals or someone shadowing. The only professionals in attendance should be the FGC coordinator and social worker. If two coordinators are required for any reason, we will ensure they have been involved in the full FGC process and the families are happy for them to attend. If the family has a co-worker on the case, please inform us of this prior to the FGC and ensure the family are happy for you both to be present.

1.8.5 Pre-Birth offer

Knowsley Family Group conference service aim to offer an FGC to all families open for a pre-birth assessment, where they meet the criteria. This means that referrers can contact the FGC team and ask that we contact the family to offer the service prior to consent being gained and/or the referral being completed. If they require support to offer the service this will need to have been discussed with the family prior to any contact from the FGC team. All Pre-births should be considered for FGC, and we encourage all social

workers to contact the FGC team manager to discuss any families open at pre-birth offer at the earliest opportunity. Any referrals after week 34 of pregnancy will need to be discussed and agreed by the FGC team manager, as to whether it is appropriate to be completed at the later stage of pregnancy. Referrers should be aware that it is unlikely that any referrals received at this stage will have a completed FGC prior to the birth of the baby. This is to safeguard and support pregnant mothers from any additional pressures that may impact their own, or their babies health and wellbeing.

1.8.6 Legal planning meetings

The Family Group Conference Team manager attends legal planning meetings and will therefore accept and complete any referrals directly from the meeting, where there is sufficient information to do so. If FGC is identified as an action at LPM but there is no consent, the FGC team manager will initiate the referral and will complete this once consent is gained. If consent is not gained within 10 working days from the FGC referral will be reassigned to the social worker and need to be completed by them.

1.9 Recording Policy

1.9.1 This policy has been developed by Knowsley council in line with Family Group conference good practice guidelines. The Family rights group guidelines suggest that FGCs do not fit easily with most standard recording policies and therefore that FGC services should develop their own policies that reflect the unique nature of FGCs and the culture that they will be situated within, while still being compliant with the General Data Protection Regulations 2018.

1.9.2 Recording of information on ICS and EHM

Knowsley children's social care utilise ICS and EHM systems through liquid logic to record all case information.

1.9.3 Recorded on child's file on ICS

- An enquiry form (referral form).
- A record of any meeting held noting logistical and attendance information - not content information.
- A copy of any family plan/s;
- A copy of any direct work completed by the child including some notes around the discussion.
- Any child protection concerns raised by FGC staff during the planning of the FGC or any concerns raised at the meeting - to be recorded by the referrer.
- A record of the dates between which the service was involved with a family and the worker responsible for the FGC will be recorded on the child's file, using the FGC flag and episode.
- The contacts details of the individuals involved in the family plan with their agreement will be uploaded on to the child's plan.

1.9.4 Recorded on FGC episode/area

- Any visits completed by the FGC coordinator (brief details).
- Any contact made or received by the coordinator.
- Preparation work completed with the extended family network.
- Advocacy reports.

If the referrer requires this information, they should contact the FGC team manager to request further details.

FGC coordinators are responsible for tracking the FGC process itself e.g.. dates and outcomes of interventions.

1.9.5 Recording of information by FGC staff Electronic records:

The FGC service uses the FGC episode/area to hold contemporaneous records during work with families. At the point of closing an FGC intervention with a family, it is usual to keep a copy of the following:

- Enquiry form (Referral form)
- Family information Form;
- Family/network contact information;
- Family plan/s.
- Families should be informed about all records that are being kept about them. There is a separate GDPR statement that can be given to families on request.
- Following work ending with a family, these records will be kept on the service's secure drive for 3 years before then being deleted. No paper records will be kept.

1.9.6 Working notes:

Co-ordinators regularly keep handwritten notes of their visits to individual family members as an aide memoir. Co-ordinators must make it clear to any family member that confidentiality will be maintained unless they say or do anything that the co-ordinator deems a safeguarding concern. Once the coordinator has uploaded the notes to the ICS/EHM system these notes will usually be disposed of in the workplace confidential waste bins. Any concerns of this nature must be recorded and passed on to the appropriate person in accordance with KMBC Safeguarding policy. Unless it would place the worker at risk to do so, it is good practice to discuss this with the family member if confidentiality is to be breached.

1.9.7 Family/Network contact information

Among the documents to be kept for 3 years, the contact information for network members is to be stored in recognition that it may be helpful to resolve any crisis for a child or their family. Contact information for any family members who are part of the family plan unless they decline for their contact details to be stored.

This will be stored on the ICS system. If details are received from a parent but direct contact is unable to be made, in accordance with GDPR guidelines, that person's contact details will be removed from the form.

1.9.8 Photographs

At times a photograph of documents and/or art made by the children and young people are included with the family plan at the request of the family. These photographs are taken with Knowsley Council devices, the photograph is added to the family plan and deleted from the device. The photograph is not stored or kept in any other capacity except as part of the family plan.

1.9.10 Retention of Records

The Data Protection Act states that all individuals, including children have a right to access personal data about themselves held in records. Therefore records (as described above) must be retained after case closure. This is also important in the event of a complaint. No paper records / files are stored by the FGC service.

It is the undertaking of the FGC service that in line with the guidance outlined above, in all instances where information is to be kept, it will be done with the consent of meeting participants in accordance with the principles of the Data Protection act.

Knowsley metropolitan council Family Group Conference Service

2.0 Apendicies

Appendix 2.1 Step by step referral guidance



FGC Referral step by
step Guide.docx

Appendix 2.2 Refererr-cooridinator agreement



Refererr and
coordinator agreemer

Appendix 2.3 Referrer Consent form for person with PR and consent form for wider family



FGC Consent to FGC
service form referrer.c



FGC Consent to FGC
service additional fam

Appendix 2.4 Fgc leaflet adults and children over 8 years and leaflet



FGC leaflet for Over
8's .pptx



FGC Child leaflet.pptx

Appendix 2.5 Consent form (FGC coordinators only)



Family%20Group%20
Conference%20Infor

Appendix 2.6 Family information form template



family INFO FORM
Blank.rtf

Apenix 2.7 FGC blank meeting minutes template



FGC minutes
blank.docx

