

Maximising family led decision making – Policy, Principles and Procedure

Introduction

This document has been written to make clear how we want to work with families when there are significant decisions to be made.

It will include:

- What the law says about it
- Our Policy Statement – this sets out how we want to behave as an organisation and includes what we are committing to do
- Some principles which describe more fully how we want to behave and act like

What the law says

The legislation underpinning the requirement for promoting family decision making is supported by the [UN Convention on the Rights of the Child](#) (Articles 8, 9 and 18). Article 8 is about Protection and Preservation of Identity, Article 9 is about Separation from Parents and Article 18 is about Parental Responsibilities and State Assistance.

In addition the Children Act 1989 confirms the principle that the state / Local Authority should not intervene in family life any more than necessary to safeguard the child. The Children Act promotes the belief that children will do best when raised in their own birth families, with support at times of greatest need.

1. Policy statement – how we want to behave as an organisation with families

In Leeds, we are committed to helping families make choices, determine judgements, come to conclusions that guide their behaviours and plans for their child/ren, and develop solutions from within their own extended families and networks to the challenges they face. Our behaviour is guided by relational practice and maximising the involvement of families in decision making – this is what we do when there are decisions that need to be made.

We want the best outcomes for children and young people and believe that working in this way keeps them safe, supports them to grow up in their own families and helps them achieve good and sustainable outcomes.

As early as possible we will identify the most appropriate opportunities to maximise the involvement of families in decision making across all our involvement, at early help and in social work interventions, including when we support young people who have left care.

We are committed to shifting the balance of power from professional led decisions towards children and their families. This is a way of behaving with families throughout our involvement, not a one off event, and our culture and behaviour means that we are always thinking about how to put this into practice.

Within this context, this policy and procedure outlines opportunities most likely to maximise the ability for families to make decisions about their needs.

2. Principles

Underpinning our approach to maximising family involvement in decision making, are the *Leeds Practice Principles*:

1. **Always working WITH** – creating a context of high support and high challenge with children, young people and families and each other;
2. **Relationship based** – assuming that engagement and best outcomes are achieved through trusting and respectful relationships with each other, taking responsibility for creating and maintaining effective relationships at all levels;
3. **Enabling the utility of the family** – putting the family at the heart of everything we do; recognising and enabling the networks and skills within the family; and wherever possible families determine the direction of care and intervention;
4. **Early in the life of a problem** - engaging families in appropriate and effective support immediately when an issue is identified and maintaining a persistent offer to engage in support;
5. **One family, one lead worker, one plan** - wherever possible working to reduce numbers of practitioners involved with a single family and identifying one lead practitioner to coordinate a single comprehensive family plan. Where agencies are also involved with the adults in the family, a Think Family, Work Family approach should be adopted;
6. **Systemic, formulation driven and evidence based** - all plans consider the whole system around a family, information is effectively analysed and plans are created using the best available evidence;
7. **Transparent** - children, young people and families are as fully informed as possible and are always involved in and understand decisions that concern themselves and their families;
8. **Strength focussed** - all interactions, interventions and plans are seeking, affirming and utilising existing knowledge, skills and abilities; and adopt an evidence based approach to assessing needs and managing risk;
9. **Recognising that engagement with education is a protective factor** – seeking to maximise attendance, attainment and achievement;
10. **Accountability, evaluation and sustainability** - always working to continually understand a situation, improve plans and find ways to enable independence and reduce reliability on services.

In maximising family led decision making, we have also identified the following additional principles:

- a) At our very first interactions with families, we start to identify their wider family and networks to inform us what protective factors, strengths and supports are available. We record this information on genograms.
- b) As early as possible we identify the most appropriate opportunities to involve families in decision making across all our involvement from early help and across social work interventions, including when we support young people who have left care. This means supporting and promoting family decision making whatever our involvement including where the child or young person is subject to an early help, child in need, child protection, children looked after plan or pathway plan.
- c) We aspire to promote and support family decision making at all stages of our work with families and at a range of decision making points including but not exhaustively initial contact, referral, assessment, plan, review and other decision making points.
- d) Maximising family led decision making is a way of behaving with families throughout all our involvement, not a one off event or something to move past as part of a process.
- e) We identify and include both parents throughout our work with families. We are aware that sometimes this means working even harder to identify and include dads and the paternal side of the child's family.
- f) When children are looked after, we continue to identify who is in the child or young person's family networks who can offer support and contribute to their plan. This can help the child to maintain these relationships and potentially be reunified so they can live with their birth family.
- g) We introduce the idea of family decision making in all its various forms to families in the most open, positive and transparent ways.
- h) When we support and promote family decision making, we make clear with families the purpose of what needs to be decided and ensure that family decisions and the family plan are informed by and respond to the outcomes that need to be achieved for the child.
- i) We promote and support the most suitable form of family decision making at the time appropriate to the situation.
- j) We consider the right of the child or young person to have their needs considered by their wider family and network. Where parents do not give consent, we will take the severity of the situation and the wishes and feelings of the child or young person into consideration and plan accordingly. Legal advice confirms that: *'Unless parental responsibility is shared with the Local Authority, a Family Group Conference would not be offered without parental consent unless there is an identified risk of harm sufficient to require imminent alternative accommodation'*.
- k) If the family is not ready or is not wanting a family decision making opportunity when it is initially offered, or it doesn't work at a particular time, we don't give up, we rethink and respond to changing circumstances and offer it again. When it does work, we offer it again when it feels helpful.

- l) We continuously review our practice, culture and behaviours so that we do this work to the highest standards.
- m) We are committed to building the skills we need to be able to develop effective relationships with adults as well as children and young people so that we can promote, support and maximise family decision making.

3. Procedure

We maximise family involvement in decision making throughout our work at these key points:

Early Help

- Ask the family about wider family and network and who might be able to help including fathers and paternal side of family
- Start to develop the genogram and ask for contact details of any key people • Check Mosaic for recorded family plans
- Carry out a formulation with the family to identify what are the perpetuating concerns and work with them to identify achievable goals. Regularly help them to measure achievement against the goals
- Discuss with them what their wider family and network's contribution might be to achieving the goals.

Initial contact / referral

- Ask the referrer what they know about the wider family and network and how this could help the situation – including fathers and paternal side of family
- Duty and advice to explore this with the referrer and to use formulation questions to explore protective factors or strengths in the wider family and network
- Duty and advice to start to develop the genogram and ask for contact details of any key people
- Check Mosaic for recorded family plans

Assessment

- Further develop the genogram to identify all the key people in the child's family and network
- Assessment plan - plan the assessment collaboratively with the family; seek their consent to involve wider family and network
- Wherever it is possible to do so, a pre-planned meeting to support and empower the family to make a shared decision, should be promoted and facilitated before completion of the assessment

Plan

- Ensure the outcome of any family decision making is reflected in the plan for the child
- Plans for the child should be concise, consistent and coherent
- Plans should be shared appropriately with wider networks - the level of understanding in the family should be supported

Case decisions

- When recording a case decision, it should reflect the family's knowledge and views of the decision

Multi-agency meetings (including initial meetings and reviews)

- Consider the scope for wider family and network to be involved including identifying with family who should be invited where possible
- Ensure families are prepared and empowered to participate
- Ensuring family plans are available at the meeting
- Involve family and network in the decisions made

Care Proceedings

Before considering care proceedings, all of the above should have been carried out

Case closure or de-escalation to early help

It is important that extended family are involved in sustainability plans as early as possible and these should be reviewed at the time that case closure is being considered. This work should not be undertaken at the time that a case is being closed. It is also important that children and young people are consulted about the decision to end social worker involvement.

4. Circumstances where we may need to think carefully about our approach

There are some circumstances where maximising family involvement in decision making may not be appropriate or safe for the child at the outset. Where this is the case, careful consideration must be given and conversations should be held with relevant service leads. Once risks are clearer or assessed, the situation should be reviewed. These circumstances include but are not limited to:

- Fabricated and induced illness
- Honour based violence
- Forced marriage
- Female Genital Mutilation
- Where there is a history of intergenerational sexual abuse

5. Helpful processes towards maximising family led decision making

Family Group Decision Making (FGDM) is a term used to describe the process by which families make choices, determine judgments and come to conclusions that guide their behaviours and plans for their children. That the process is called **family** decision-making implies that it requires more than one member's input and agreement.

FGDM is a generic term that includes a number of approaches in which family members are brought together to make decisions about how to care for their children and develop a plan for services. Different names used for this type of intervention include family meetings, family group conferencing or emergency network meetings for example. While these can be facilitated in

different ways by any appropriate professional, all of these should be recognisable as a pre-planned meeting for a group of family members/network to come together with information about the situation having been shared with them beforehand and a safe space facilitated for them to discuss issues and make decisions in the best interests of their children.

As described above, it is important to note that in comparison to ongoing good practice and informal discussion with or inclusion of family or a child's network in the social care process, FGDM is a structured decision-making process or meeting at a specific point in time. The aim is to inform the decisions made about a child's care and welfare, aiming to shift the balance of power from professional led decisions towards the child/ren in need and their family.

Possible options for independently facilitated FGDM in Leeds include:

a) Family Group Conference (FGC):

A family led meeting that is held with as many family/network members, as possible to make plans and decisions about a child's future and how to keep them safe. It is organised by an independent coordinator and family includes any people in the child's network who are important to them and their parents, including friends, wider community and young people within the network.

Preparation is carried out with all potential attendees to ensure they have a full understanding of the issues and can contribute meaningfully. Choices about who attends, timing and venue are led by family and the defining feature of an FGC is that the majority of the meeting is given to family to spend private time creating their own plan which is then agreed in consultation with the referring professional. The expectation is that the family's plan will be agreed by the referring agency provided it adequately addresses the concerns which the agency has identified and is safe for the child.

Every family is unique and has its own community values, culture, personalities, dynamics and history. A FGC uses the family's own skills, strengths and personal knowledge to resolve difficulties. Using the family's own expertise and ensuring their involvement in the FGC process can help to redress the power imbalances that are experienced by children/young people and their families. A major strength of the FGC is that the child or young person routinely participates in the meeting and can therefore have a major influence on the plans that are made for him/her.

An FGC would strive to have all key network members in one meeting but where risk or legal orders prevent this being the case, a split conference can be achieved which creates a plan for the child by way of two meetings – the common link and liaison being the co-ordinator and referring professional.

Entitlement to Family Group Conferencing

It is the intention within Leeds that all families open to Children's Social Work Service should be entitled to the offer of an FGC from child in need status onwards. It is their right to have the opportunity to discuss and resolve professional concerns with their own network as early as possible.

As cases progress, the following situations are points where an offer of FGC must be made as part of the work being undertaken:

- Where a pre-birth assessment is planned/underway
- Where consideration is being given to escalating to Initial Child Protection Conference
- Where the case is progressing towards consideration of accommodation, Public Law Outline or proceedings

b) Family Meeting:

Meetings that happen in a planned way with a family's network after some preparation work has been completed.

Family led choices of timing and venue etc. should still be the case. A meeting would be considered a Family Meeting rather than an FGC where it does not include any private family time and is more facilitated by the coordinator by agreement ahead of the meeting or request from family on the day. Key elements of good FGC practice would still happen in these instances but with family being supported to create their plan.

c) Emergency Network Meeting:

A meeting convened with child's immediate network within a few days at a point of crisis, usually at the outset of a referral but not exclusively.

Urgency means family will have much less choice over date, time, venue etc. out of necessity and a smaller achievable group will be targeted. No expectation of full preparation but minimum requirement of phone conversation with all participants.

The meeting itself may not have all the features of an FGC but should aim to facilitate the best quality dialogue between family members and referral professional. Private Family Time is not essential though may be offered if felt appropriate to give family some space during discussion.

Ideally these meetings are aimed at addressing immediate safety and practical needs then working towards a fuller FGC once interim plan is agreed and in place.

The benefit of an independent offer to families is well documented but it is acknowledged that it is not always an option family choose to take up or is occasionally impossible due to the level of urgency. While **an FGC can only be facilitated by a trained coordinator**, it is feasible that another professional could seek to hold a family meeting or Emergency Network Meeting as long as the principles of family empowerment and formats described above are applied. Where good working relationships are in place, it may be that this is more appropriate for the family than including a further professional and staff within the FGC service are available for advice or support if any other professionals are considering this approach.

See [Family Group Conference Service Procedure](#)