

Practice Guide: the interface between Children's Social Work Service, other agency referrers and the Family Group Conference Service

Introduction

Family Group Conferences sit at the heart of restorative practice and are a central part of Leeds commitment 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. The offer of a Family Group Conference is an entitlement for families in Leeds.

This practice guide has been developed jointly between the FGC service and CSWS and is intended to help everyone to work together as smoothly and successfully as possible, ensuring that we avoid assumptions and preconceptions. The guide covers the FGC process from referral through to final review and case closure and should be read alongside the Practice Standards.

Additional practice guides are being developed via the 'community of practice', involving representatives from the FGC service, the kinship service and CSWS regarding:

- FGC and Pre-birth referrals
- FGC and kinship / care proceedings
- FGC and domestic abuse

- The status and use of the family plan

A separate piece of work is being undertaken by the FGC service and the Integrated Safeguarding Unit regarding the interface with Safeguarding and Reviewing.

A Family Group Conference is 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 facilitated 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.

The FGC process is voluntary, family led, solution focussed and strengths based. For a referral to progress there needs to be:

- Consent to the process from someone with parental responsibility
- A network willing to come together, which can include relatives, significant family, friends or community members.
- The commitment of the family to find a solution to the concerns identified.

In order for an FGC to be as successful as possible, FGC coordinators need to prepare all those who will be attending to ensure they understand the FGC process, the concerns and the bottom lines.

1. Referrals to the service

FGC team managers in each area are happy to discuss potential referrals before they're put through on Mosaic. The offer of an FGC is an entitlement for families in Leeds and there is an expectation that workers will discuss this with families positively. Try not to categorise a family's situation,

thinking it can't be accepted because of its label, for example that it's "only CIN" –the children can be edge of care and appropriate to refer. Try to think about what the family needs.

If an assessment is being undertaken for an unborn baby, there is an expectation that a referral is made to the service to enable the parents to be offered an FGC at the earliest opportunity. Consent to the referral from parents is not needed, as the aim is for the FGC service to make an independent offer so parents can make an informed choice about whether they wish to go ahead or not.

If a case is being taken to DARP to request PLO, Section 20 Accommodation or to initiate proceedings, there is an expectation that family will have been offered an FGC either by the social worker or by a referral to the FGC service and if not, that involvement of the family in decision making is evidenced. If a referral hasn't been made then discussion needs to have taken place with the FGC team manager about the situation. It is better to refer as early in the process as possible, as it can be harder to engage parents once the situation has reached a critical stage.

Please discuss FGC with the family before making a referral – coordinators are able to visit families to discuss our service before a referral is made if they're unsure or need more information. Please offer families the opportunity to meet with an FGC coordinator and contact the FGC team manager for your area to make the request.

If the FGC offer is discussed with a family and they explicitly refuse consent, please ensure this is recorded on Mosaic.

A Mosaic referral is needed for all the children in the family.

Please email the FGC team manager for your area to let them know that a referral has been made, as there are occasions when a referral has not been completed therefore hasn't come through or has come through on the wrong form.

Referrals will be screened and accepted as soon as possible based on team manager availability and whether additional information is needed from the referrer.

Referrals will be allocated within 10 working days (2 weeks) except during very busy periods.

FGC ICPC pathway – separate guidance is available regarding this pathway. Discussions about using the pathway when Section 47 enquiries have been initiated need to take place between Social Work and FGC team managers.

ICPC FGC Pathway cases will be allocated within 48 hours of the strategy discussion.

Emergency Network Meetings – please contact the FGC team manager for your area when an ENM is needed, either by email or phone so that a discussion can take place about the appropriateness of the request and to ensure it is dealt with promptly. This avoids situations where the referral has not been put through correctly and a request is delayed.

Emergency Network Meetings will be allocated within 24 hours where possible and the meeting itself held within 7 – 10 day.

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2. Allocation

Referrals will be allocated according to their priority and coordinator availability. If a family is already known to a coordinator we will try to reallocate to the same coordinator, unless the case is urgent and the coordinator does not have capacity.

If a high number of pre birth referrals are received then they are allocated by the expected date of delivery / seriousness of the situation (whether in PLO etc).

Once a case is allocated to a coordinator, it is hoped that the FGC is held within 6 - 8 weeks although this is dependent on a number of factors including but not limited to, the size and location of the network, ability to engage with family and referrer availability throughout the process.

3. Referral meeting

Coordinators are expected to arrange referral meetings immediately they are allocated a family so will contact referrers to set a date. Coordinators can't begin preparing a family for their FGC until they have held a referral meeting so it is important that referrers respond as quickly as possible to requests to meet. It is expected that referrers will be available to hold a referral discussion within a week of allocation, with the exception of leave. If unavailable, the referrer's manager will be contacted to see if anyone else can support a referral discussion.

The referral meeting can last up to an hour and is an important stage in the FGC process, as it sets out the parameters of the work and the relationship between the coordinator and referrer. Please try and book a room if at all possible.

During the referral meeting, as well as discussing the family and children, the coordinator will discuss knowledge of FGCs and previous experiences – positive and negative – hopefully this should avoid any assumptions or misunderstandings.

Coordinators will want to discuss:

- **The strengths** in the family – what is going well, what are they good at?
- **The concerns** and their impact on the child – the FGC process focusses on the present so coordinators need to know about the current concerns. In order to maintain independence the only documents needed by a coordinator are Child Protection Plans / Letter before Proceedings (PLO) which inform the bottom line. Similarly, coordinators do not accept invites to meetings.
- **The bottom line** - this is crucial so that the coordinator can prepare the family. The bottom line needs to be specific and to address what is expected in terms of safety for the child and what is non-negotiable. Bottom lines are anything that either cannot happen or absolutely must happen for CSWS to agree the plan.

Coordinators need to know if the bottom line changes in between the referral meeting and the FGC so that they can prepare the family appropriately.

If there are no explicit bottom lines at the point of the referral, coordinators will need some guidance about what might trigger escalation or next steps.

- Any language issues / religious beliefs / cultural traditions where known
- How the referrer will know things are better
- Any risk factors known at this point

- **Questions for the FGC** – potential questions are agreed between the worker and the coordinator and will name the specific issues the family need to plan around, e.g. sexual abuse or domestic violence based around the bottom lines. Questions are then discussed with the family and can be added to by the family if there is a specific issue they want to address.

Questions will be reviewed prior to the meeting to ensure that they are still appropriate.

Consent

Once the referral meeting has taken place the coordinator will contact parents / carers to begin the FGC process. Consent from someone with parental responsibility is needed for the process to continue. Parent's right not to consent to the process should be respected, particularly when they have engaged with a coordinator and received information enabling them to make an informed decision. **Standard 2. The FGC should respect the family's consent to proceed**

Once children are subject to an ICO or CO and parental responsibility is shared, the LA can consent to the referral and extended family can be contacted without parent's consent. The coordinator would continue to try and engage parents wherever possible.

Where a child is already living with another family member, contact can be made with the carer to consider the possibility of an FGC, with or without parental consent. The decision would lie with the family regarding whether they wished to proceed or not.

Please see Appendix 1 re advice from Counsel, Alex Taylor, regarding consent to FGC

4. Children's involvement in their FGC

Standard 4. Children or young people who are the subjects of a FGC will be the central focus and will be offered support to be involved, which may include an advocate/supporter.

Children have a right to be involved in their FGC and unless there are exceptional circumstances, the coordinator will meet with the children and discuss the FGC with them. Please discuss any worries you may have about this with the coordinator at the earliest opportunity. Sometimes children attend part of the meeting but in the main they will be involved from start to finish. Some professionals are concerned about children hearing information about their family and the effect this may have on them – our experience is that when children are living with their family they tend to know more about their situation than the professionals! Children see the problems but don't always see resolution – one of the benefits of them attending their FGC.

If contact has to be supervised between children and a parent or parents, then please discuss this with the coordinator so this can be safely managed.

Children who are looked after are also able to attend their FGC depending on their circumstances – again please discuss with the coordinator.

Any work undertaken by the coordinator with a child /young person will be shared at the FGC and belongs to the child – the service does not provide this to a worker unless the child agreed.

Young people and FGC where parental consent is withheld

There may be occasions where parents do not give consent for an FGC and the young person wants to go ahead or the situation means it is in their best interests for a meeting to take place. In these

circumstances, as long as the young person is assessed as being of an age and understanding to give consent, then discussions would take place about how to proceed.

If the young person is living in the same household as the parent with parental responsibility asking them to plan without their parent puts them at risk of being in conflict with them. It can also mean that carrying out the plan is problematic so careful discussion is needed before going ahead. Coordinators will keep trying to involve parents up to the point of any meeting.

5. Communication

Once a coordinator begins working with a family they will update referrers with the progress being made towards the FGC. It's important that the communication is two way – coordinators need to be kept updated of any significant changes in the family situation, for example if children are removed, if there is a bereavement. This is to avoid coordinators walking into a family home unaware of sensitive and/or potentially distressing information relevant to that family.

Referrers can contact coordinators at any time to discuss progress, delay etc. Coordinators will not share family information routinely but will make contact with regard to any safeguarding issues. At times coordinators may contact workers to clarify information following discussions with family members – this can feel challenging at times but is part of the coordinator role, to ensure that the family fully understands the concerns, as well as to discuss reasons for decisions.

Coordinators do not make assessments and would not provide specific information, e.g. the condition of a home, unless it presented a safeguarding issue. Similarly we would not comment on the presentation of the children. Coordinators do not provide family members contact details to referrers without the agreement of that family member – the exception to this would be an emergency situation where a child needed to be cared for. We would attempt to contact family first but would provide the information required.

If the family need or would like a specific resource, the coordinator will make the worker aware during preparation.

If family members are putting themselves forward to be assessed, again the coordinator will let the referrer know at the earliest opportunity.

If the family plan is likely to include something which will need management approval then this will be highlighted pre FGC e.g. a family placement as an alternative to a parent and child foster placement. This is so that approval can be sought prior to the FGC to enable family to agree a plan or a timescale given of when a decision will be made.

If a referrer feels it is no longer appropriate for the FGC to go ahead, they must speak to the coordinator before taking any action / speaking to the family. The decision to cancel or postpone an FGC lies with the family and the coordinator, as it is a family led process and will be discussed with the referrer. It is vital that this decision is recorded on Mosaic appropriately.

The FGC service does not provide detailed accounts of attempts to contact parents, as involvement in the process is voluntary but an overview will be provided, if needed for court purposes.

Preparation of network members

The coordinator prepares the network members to attend the FGC and this preparation includes sharing the concerns and bottom lines with them. We would aim to have all key network members in one meeting but where risk or legal orders mean this is not possible, then a split conference will be held. This requires good communication between the coordinator and referrer to ensure that the resulting plans meet the needs of the child.

6. Setting a date for the FGC

Dates for FGCs are discussed with families at an early stage in the process. As soon as the coordinator becomes aware from discussions with the family that the FGC is likely to need to take place in the evening or at a weekend, the referrer will be contacted and options discussed. If a referrer is unable to attend, then discussions will take place about who can attend in their place. It is expected that whoever attends the FGC has met the family beforehand, unless this is not possible e.g. if someone is covering at short notice.

It's preferable for only one worker to attend the FGC unless there is a good reason to have more than one – please discuss with the coordinator.

Working patterns of family members and attendance of children and young people may define when an FGC will happen. Coordinators will try to avoid holding FGCs late in the evenings and weekends unless there is no other option. If a worker is unable to work at the weekend or in the evening, this needs to be raised at the earliest opportunity so alternatives can be discussed.

7. Pre FGC meeting with the worker attending the FGC

Coordinators arrange to meet with the worker who will be attending the FGC a few days before. The purpose of this meeting is to share information from both sides. The coordinator will make the worker aware of any issues which the family are likely to raise which might be challenging, share who will be attending and discuss the best way to present information in the FGC.

It can be helpful for workers to prepare for the meeting by thinking in advance about the information they are going to share – this can then be discussed with the coordinator.

The coordinator will also discuss how the meeting will be managed. Coordinators facilitate the FGC rather than chair it and may not intervene in the way that, for example, a safeguarding chair might. They will have discussed in detail with the family how the meeting will run and expectations of them. The coordinator will discuss with referrers what they need to ensure the meeting goes well and how they will communicate with the coordinator if feeling under pressure / needing time out.

Other professionals attend an FGC if invited by the family, if you feel it's important that a professional is present please discuss this with the coordinator, rather than inviting them yourself. Students can attend the FGC if they are working with the family but would not be there just as an observer.

8. The FGC

If a worker is going to be late for a FGC it is essential they let the coordinator or a family member know that they are running late and try to give an estimated arrival time. Families can be anxious about their FGC and waiting for professionals to arrive can lead to increased tension. It is helpful if

the worker provides the coordinator with a work mobile number to enable them to contact the worker, particularly in the evening and at weekends.

FGC Stage 1

Standard 7. The FGC should be sensitive to the family's culture, taking account of ethnicity, language and religion.

Standard 5. The FGC service will ensure that the family has all necessary resources, including good preparation, relevant information, and a safe and appropriate environment to make their plan

Information sharing

The FGC is the family's meeting and any professionals attending are invited to give the family information about the strengths, concerns and any bottom lines to enable them to make decisions and plans about their children. The bottom line is key information for the family and will have been shared with the family during the preparation.

The coordinator will have discussed in the prep meeting the best way to share information and the likely areas of tension or challenge. Workers will not be asked to provide reports for the FGC – the aim is for information sharing to be a conversation, rather than a presentation. Simple, straightforward language is best, avoiding acronyms e.g. ICO, which family might not understand. Workers are asked not to take notes during information sharing and it's preferable if there are no papers or notebooks in sight.

It's always helpful when workers acknowledge a family's upset or anger, where appropriate, during this first stage. Offering to meet outside of the FGC to discuss a particular issue can be helpful in diffusing tensions. Similarly, it can be helpful if mistakes made by agencies are acknowledged.

There should never be any new information shared by a professional with the family at the FGC. If new information comes to light prior to the FGC then a discussion must take place with the coordinator about how that information will be shared with the family and in what timescale. It is never appropriate to deliver a PLO letter or assessment outcome at a FGC, as the family need time to process new and potentially upsetting information.

Often a FGC can be the first time a worker has met members of the extended family. It might even be the first time estranged family members or maternal and paternal families have come together. Tensions may be running high and there may be anger about the situation and/or anxiety about the children. The FGC is not an opportunity for assessment, as the behaviour of family members needs to be understood in the context of the heightened emotions a FGC can invoke and recognising that the FGC has been offered to them as a safe space.

Children will also share their information at this point in the FGC, supported by the coordinator, advocate or family member as appropriate.

FGC Stage 2

Private Family Time

Standard 3. The FGC should be family led and include 'private time' for the family to make a plan in response to concerns.

The coordinator and other professionals do not go into private family time unless invited by the family and if asked to go in, need to leave as soon as questions are answered / information clarified. Often discussions begin between workers about the family and their situation during private family time – coordinators need to maintain their independence and we would ask workers to be respectful of families during this time.

Families are given as long as they need for their private family time and it would be unusual for a coordinator to attempt to hurry a family up.

FGC Stage 3 Agreeing the plan

During the final stage of the FGC the worker attending has the opportunity to ask any questions to clarify the plan – this should be an interactive stage with a lot of discussion. If the bottom line is not met then the worker needs to highlight this. It may be that the family has not addressed an area of concern or answered a question and the coordinator may offer a further period of private family time so they can discuss this.

The worker will be asked if the plan is one they can agree and the plan **must** be agreed unless it puts the child at risk of further significant harm. The worker needs to feel confident to raise any queries they might have so that they can be resolved during the meeting, particularly where they don't feel that the bottom lines have been addressed.

Agency actions may also be agreed and these will be included in the plan. The coordinator will clarify next steps in terms of agency actions, along with timescales.

If a plan needs manager approval, then the referrer needs to explain this to the family and give them a timescale of when a decision will be made and given to them. It is important that this is as soon as possible following the meeting.

If resources requested to support a family plan are unable to be provided, the family need to be informed of the reasons and a timescale agreed of when they will receive a response.

Standard 6. The FGC should respect the family's privacy and right to confidentiality

Following the FGC

The coordinator will aim to send out the plan to everyone who attended within 3 working days. The plan is the family's plan and family actions cannot be changed by workers following the meeting without discussion and agreement of the family. Any concerns about the wording of agency actions need to be raised as soon as possible with the coordinator or FGC team manager.

In cases where the plan could not be agreed at the FGC itself and a manager is subsequently unable to agree the plan, the coordinator needs to be informed of the reasons and when the family will be informed of the decision. It may be that the family need to be brought back together at this point to see if they can amend their plan.

The family plan **must** be agreed unless it places the child or children at risk of further significant harm. Managers have the option of partially agreeing a plan if the majority of actions address the concerns and are safe and appropriate. Good practice would be that the manager unable to agree a plan contacts the FGC team manager to discuss, as soon as possible after the FGC has been held.

The family plan should be resourced if this is needed to enable it to be carried out. Any actions for professionals should be undertaken in an appropriate timescale.

Status of the Family Plan

When an FGC has taken place and a family plan has been agreed, it is sent to all relevant professionals including Safeguarding Chairs where a child is subject to a child protection plan and to the relevant Independent Reviewing Officer if the child is looked after. There is an expectation that the family plan will be incorporated into and become part of any other plan being agreed, if still relevant to the child's situation.

Reviewing the Family Plan

The family are given a choice about whether to hold a review or not but coordinators will encourage and support families to agree a review date where appropriate. Reviews take place as often as the family feel they need them (within reason) and a worker is needed to attend to share information in the same way as at an initial FGC.

If the referrer is concerned that plan does not appear to be working, the coordinator needs to be contacted to request an early review. The family need to be given the opportunity to revisit their plan, rather than immediately entering into other processes, for example PLO.

An FGC is not a one-off event and the family can be brought back together or re referred as many times as is needed, as the situation changes and evolves.

Any questions please contact the FGC Manager for your area:

Bernie Jackson South Tel. 07891 274216

Nicola Lines ENE Tel. 07891 270997

Nic Bonham WNW Tel. 07712 102647

Appendix re: Consent

Alex Taylor, Counsel

In my opinion it will be a rare set of circumstances in which a FGC can be convened without parental consent in the absence of proceedings because:

- a) A FGC exists to make decisions about a child and, insofar as those are decisions with any legal aspect or consequence, they are to be made by those who have parental responsibility or, in cases where children are making their own decisions, to at least involve those with PR.
- b) Sharing information with those who care about the family's welfare but are not part of the family (i.e. do not have PR and are not children) will almost always be an interference with the rights of those who have PR to respect for private and family life.

- c) Sharing concerns held by social workers about whether harm of some sort is accruing to children in the face of opposition to an FGC by those with PR will also almost always be an interference with the right to respect for private and family life.
- d) Except in cases of urgency – which probably do not count as family group conferences in any event – it will be difficult to justify such interferences in the absence of proceedings. Proceedings give those with PR the opportunity to be heard and to assert their right to a private family life and/or to challenge the accuracy of social work concerns in front of an independent court; there is no such opportunity if, after parents have withheld consent for an FGC, the FGC goes ahead anyway.
- e) The idea of a FGC taking place without the consent of those with PR is contrary to the purpose and ethos of the FGC and of the Children Act 1989 which repeatedly gives weight to the involvement of parents both in the context of offering section 17 services and in relation to its duty to take steps to avoid proceedings.