



# **Report on the impact of the Public Law Outline on Family Group Conference services in England & Wales**

**by**

**Family Rights Group  
in association with  
University of Birmingham**

**November 2009**

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### **Acknowledgments:**

We are very grateful to a number of people and organisations for assisting us with this report:

- The Family Justice Council who funded this work and hosted the dissemination seminar.
- Kate Morris, Associate Professor, University of Nottingham and Paul Mason, Senior Researcher, IASS, University of Birmingham for their advice on research methods.
- Family group conference services in England and Wales who responded to the survey.
- Service users who have generously shared their experiences.
- Family Rights Group would like to express particular thanks to Dr Elizabeth Monck for assisting with the analysis of the survey.

## Summary of findings and recommendations

Family Rights Group, with funding from the Family Justice Council, undertook a survey in 2009 of FGC projects about any child welfare FGCs they have undertaken since the Public Law Outline was implemented.

Family Rights Group sent an e-mail questionnaire to all FGC network members in England and Wales. The survey covered the period from 1<sup>st</sup> April- 31<sup>st</sup> December 2008 with the opportunity for the respondents to provide qualitative information to illustrate their responses. It addressed:

- Training on the PLO for FGC practitioners;
- Whether the FGC service has provided awareness training for the judiciary, legal and social care professionals on FGCs;
- Referrals to the FGC service including whether numbers had increased, and whether there had been shift in the nature of referrals;
- The number of FGCs held and when an FGC had taken place e.g. before or after a letter before proceedings had been sent or after proceedings was issued;
- Family plans, including whether these were accepted by the social worker and whether they had averted the need for proceedings; and
- Other observations about the process.

In total, 26 completed surveys were returned. Some of the data however, was incomplete. It was felt that the low response rate was due:

- Ø To the length of the survey and detail requested, which had deterred some respondents given their already pressing workloads
- Ø To many FGC projects not having information systems in place that could enable FGC managers to elicit the relevant detailed data.

This information was supplemented by:

- A telephone survey of 24 English FGC projects including 20 who hadn't responded to the detailed written survey. This included questions about overall numbers of referrals, FGCs and reviews as well as impressions on the impact of the PLO (the telephone survey covered the period until end March 2009);
- A short e-questionnaire of 6 organisations (who run in total 12 child welfare FGC projects) only one of which had responded to the written survey and none of whom had been interviewed by phone);
- An audit of the state of English FGC services undertaken as part of work being carried out by Family Rights Group for the Department for Children, Schools and Families to encourage the setting up FGC projects;
- Information from three expert seminars run by our academic adviser, Kate Morris (in conjunction with Professor Judith Masson and Professor Peter March and Jonathan Dickens) with local authority lawyers, social workers and FGC managers on the impact of the PLO.

The statistical data provided by 26 authorities in response to the written survey was interrogated using SPSS. Statistical data gleaned through supplementary methods was tabulated on excel worksheets and interrogated.

## Key findings

### **1) There has been a significant increase both in the number of referrals to FGC services, and the number and size of FGC projects over the last few years and particularly the last 12 months, in part as a result of the Public Law Outline:**

- In England 69% of local authorities now have some form of FGC project (in house or commissioned) or are in the process of setting one up (FRG audit, 2009<sup>1</sup>). In Wales 18 out of 22 authorities have an FGC service. This compares favourably with the results of research conducted by Louise Brown who found that in 2002 38% of localities in the UK had some form of FGC service (Brown, 2002<sup>2</sup>). Within England there is significant regional variation from 100% in the East of England to 50% in the North East.
- 22 FGC projects provided data specifically on child welfare referrals made in 2007/8 and 2008/9. **This reveals a 33% rise in child welfare FGC referrals over the last year.**
- The size of FGC services is growing, with 60% of projects in England in 2008/9 carrying out 50 or more FGCs a year, compared to 30% four years ago (Family Rights Group, 2005 survey<sup>3</sup>).

### **2) FGC projects felt that the PLO has had an impact upon their service**

In total 45 FGC projects responded to this question. 12 said it had no impact, whilst 33 said that the PLO has had an impact, including 16 who thought the impact had been significant. Reasons varied, highlighting the lack of uniformity across the country, with 4 projects having been set up as a response to the PLO, but equally 2 projects closing due to funding pressures.

The impact of the PLO has been

- in terms of an increase in referrals of children on the edge of/in proceedings
- a shift in the nature of referrals
- an impact upon families' engagement in the FGC process, with some families being offered an FGC who previously wouldn't have, but also some families feeling coerced into the process, thus potentially compromising its voluntary nature.

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<sup>1</sup> Family Rights Group (October 2009) Audit of FGC Services (Unpublished data)

<sup>2</sup> Brown L (2002) A Survey of Family Group Conference Use across the UK (University of Bath)

<sup>3</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

- Children's guardians and other professionals being more routinely included as information givers at FGCs, if they added information and the family wants them to attend. However, this highlighted some differences in perceptions and a lack of awareness of the FGC model amongst some guardians.

### **3) Outcomes**

FGCs result in plans being made by families and agreed by the local authority in over 90% of cases.

15 FGC projects provided some data about numbers of cases where care proceedings was avoided due to an FGC being held. Norfolk, for example stated that 20 family plans had avoided children being taken into care. Clearly this has potentially significant cost saving implications, in addition to clear benefits of an appropriate plan being made for the child.

Unfortunately however, most local authorities/FGC projects do not have in place information systems for recording when FGCs are being held during the pre proceedings process nor for tracking outcomes of FGCs, including whether care proceedings had been avoided. This is being raised at the regional FGC seminars being organized by FRG/OPM on behalf of the DCSF for senior local authority managers and FGC project managers and is an item for discussion at the national FGC Network.

### **4) The optimum time for referral to an FGC process**

FGC projects who responded to this question consistently stated that it should be offered to families as early as possible, but that there needed to be opportunities for families to be offered an FGC along the continuum of child welfare because it depends upon individual families as to when they are ready to face up to the seriousness of the concerns.

### **5) Scrutiny of FGC services**

The PLO process is placing local authorities under greater scrutiny. Whilst there are printed standards for setting up and sustaining FGC services, there is currently no nationally accredited quality mark that must be complied with in order for a service to be called a family group conference service. This raises questions as to whether some form of accredited quality standard needs to be introduced and whether it would be effective, and what would be the draw backs.

### **6) Practice concerns**

A number of concerns were raised by FGC managers:

- a) There is inconsistency in social worker practice in making referrals, for example not awaiting the family plan before initiating proceedings. One project manager stated that to address inconsistent practice by social workers, there needed to be a clear practice protocol and mandate with all relevant managers.
- b) Some letters before proceedings are being sent out not using a standard template, and without any idea of goals or targets that families need to achieve.
- c) Local authority legal departments were often not clear that the FGC is a voluntary process, cannot be ordered, and needs appropriate time allowed for preparation.
- d) There was unrealistic expectations amongst some social workers re timescales for convening an FGC and in some cases it was treated as a tick box exercise.
- e) The change in the nature of referrals had led to a higher number of referrals not converting into FGCs.
- f) The social worker/legal department not the FGC service are informing families initially about the option of an FGC. Whilst this may be inevitable, it may also deter some families from participating. One suggestion to address this was for information about FGC services to be sent to the family with the letter before proceedings.
- g) There is considerable variation in practice between and within local authorities as to how legal planning, safeguarding processes and FGC preparation timetables fit.
- h) There is lack of consistent follow up support for family and friends care placements.

### ***7) Training and awareness of the PLO and FGCs***

23 out of 27 FGC managers who responded had received some form of training about the PLO. However, nearly half of projects who responded had not trained all of their employed FGC co-ordinators and nearly 60% of projects hadn't trained all sessional FGC co-ordinators.

18 out of 27 projects who responded had provided some training to judicial, legal or social work professionals to raise awareness about the FGC model. However, in the main this was with social workers, and it appeared that it was still only a minority of legal teams who had been training/briefed. There were however, illustrations of excellent practice, including presentations to the local Family Justice Council and attendance at the local authority's solicitors' team meeting. There is considerable scope for further work in this arena.

## MAIN REPORT

### 1. Introduction

*“To start with I was very unsure about the whole thing. But I can now say it was the right thing to do. We have sorted out a lot of problems within our family.” – Father<sup>4</sup>*

*“I think this is an excellent facility for families who are willing to confront their issues in an effort to improve relationships.” – Grandad*

*“It felt strange leaving the family to make the plan, but they did. It would have gone to care proceedings without the FGC. It really benefited from having an independent co-ordinator. Any plan the department made would not have been adhered to in the way this has.” – Social worker*

*“I was surprised at how positive and proactive some family members were and how they initiated the plan whilst still being supportive to Joe’s mum.” – Social worker*

#### 1.1 What is a Family Group Conference?

A family group conference (FGC) is a decision making and planning process whereby the wider family group makes plans for children and young people who have been identified either by the family or by service providers, typically local authority children’s services, as being in need of a plan that will safeguard and promote their welfare.

Referrers to child welfare FGCs are normally, but not exclusively, social workers who identify concerns that the FGC needs to address and set out any bottom line as to what is deemed to be safe for the child. Family members and friends have an opportunity for private time during the meeting to draw up a plan, which will be agreed by agencies as long as it is safe.

FGCs were originally developed in New Zealand in response to concerns from the indigenous population about the impact of child welfare decision making on their traditional way of life, and about the number and types of placement of Maori children within the State care system. The FGC is recognised in law<sup>5</sup> in New Zealand as being the key process by which family groups make informed and responsible decisions, recommendations and plans for their children and young people. Indeed it is a requirement that before any child can be taken into state care, a referral for a family group conference must be made. Crucially, the

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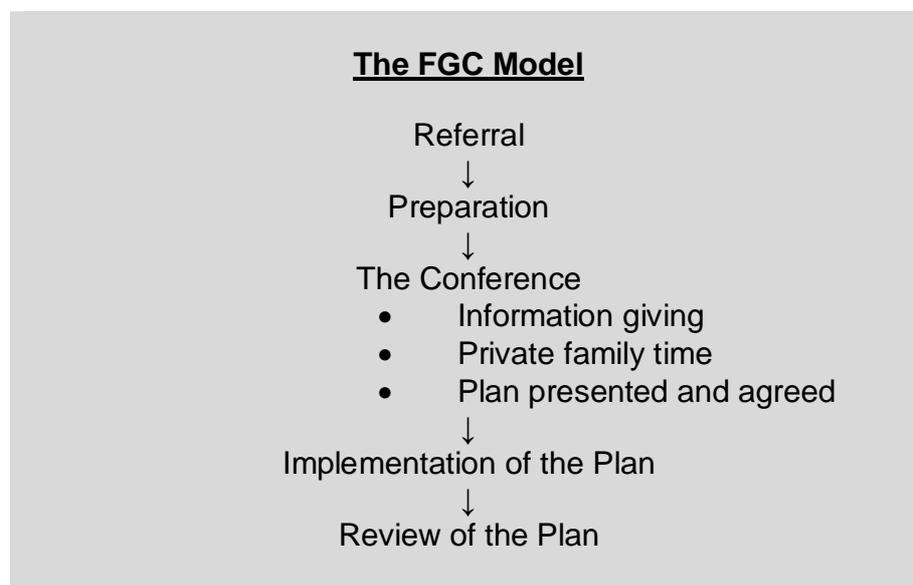
<sup>4</sup> Quotes from children, young people and their families come from feedback forms and evaluation carried out by FGC services in 2006 across the country and permission has been sought to use them.

<sup>5</sup> The Children, Young Persons and their Families Act 1989

FGC aims to empower families, within the State's systems for decision making and planning, so:

- as to make sure that the child or young person will live in a safe environment and be allowed to develop as an individual;
- that the family develops solutions to their current problems, drawing on their knowledge and experience to decide what is best for the child or young person; and
- as to encourage the child or young person to take part in the decisions that directly affect them.

## 1.2 How does the FGC model work?



The key steps involved in holding an FGC are as follows:

### **Step 1. Referral**

- There are concerns about a child's welfare that meet the local agency's criteria for referral to the FGC service.
- A person with parental responsibility (PR) or a child of sufficient age and maturity agrees to the referral and to the sharing of information.
- The case is then referred to the FGC service by the agency (known as 'the referrer').
- The FGC service allocates an independent co-ordinator. Families should be offered the opportunity to request a co-ordinator who suitably reflects their ethnicity, language, religion or gender, and the family's request should be accommodated wherever possible.

### **Step 2. Preparation**

The co-ordinator organises the meeting in conjunction with the child/young person and those with parental responsibility and/or the immediate carers, identifying who is in the family network for the child. This can include close friends.

- The co-ordinator discusses with the child/young person how they may be enabled to participate in the conference and whether they would like a supporter or advocate in the meeting<sup>6</sup>. The supporter/advocate will then meet with the child/young person in preparation for the meeting.
- The co-ordinator meets with members of the family network, discusses worries or concerns, including how the meeting will be conducted, and encourages them to attend.
- The co-ordinator liaises with the referrer and other relevant agencies to ensure family members have appropriate information about:
  - the child welfare and/or protection issues which need to be considered at the FGC. This includes identifying any bottom line about what can, and, importantly, cannot be agreed as part of the plan for the child from the agency's perspective.
  - services that could assist the child or family.
- The co-ordinator negotiates the date, time and venue for the conference, sends out invitations and makes the necessary practical arrangements.

### **Step 3. The conference**

- Information giving – This part of the meeting is chaired by the co-ordinator. They will make sure that everyone is introduced, that everyone present understands the purpose and process of the FGC and agrees how the meeting will be conducted including, if felt helpful by those present, explicit ground rules. The service providers give information to the family about:
  - the reason for the conference;
  - information they hold about the child and the family that will assist the family to make the plan;
  - information about resources and support they are able to provide;
  - any child welfare concerns that will affect what can be agreed in the plan (e.g. that the child must not have contact with a particular person); and
  - what action will be taken if the family cannot make a plan or the plan is not agreed.

The child/young person and family members may also provide information, ask for clarification or raise questions.

- Private family time – Agency staff and the co-ordinator are not present during this part of the conference. The family members have time to talk among themselves and come up with a plan that addresses the concerns

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<sup>6</sup> This is consistent with the child's right under article 12 ECHR to be supported to have a voice at their FGC in relation to plans being made for them.

raised in the information-giving part of the conference, identifying resources and support which are required from agencies, as well as within the family, to make it work.

- Plan and agreement – When the family has made their plan, the referrer and the co-ordinator meet with the family to discuss and agree the plan including resources.

It is the referrer's task to agree the plan of action and it is important that this happens on the day of the conference. There is a presumption that the plan must be agreed unless it puts the child at risk of significant harm.

Any reasons for not accepting the plan must be made clear immediately and the family should be given the opportunity to respond to the concerns and change or add to the plan.

It is important to ensure that any child present has a clear understanding of what is decided and that their views are understood.

Resources are discussed and agreed with the agency concerned, and it is important that, at this point, timescales and names of those responsible for any tasks are clarified. Contingency plans, monitoring arrangements and how to review the plan also need to be agreed.

The co-ordinator should distribute the plan to family members involved and to the social worker and other information givers/relevant professionals. If the child is in need, the social worker should include the family plan on the ICS.

#### ***Step 4. Implementation***

It is essential that all parties implement their parts of the plan within agreed timescales and communicate and address any concerns that arise.

#### ***Step 5. Review of the plan***

There should be a clear process for reviewing the implementation of the plan. A review FGC or other meeting can be arranged to consider how the plan is working, and to make adjustments or change the plan if necessary.

## 2. FGCs in England and Wales

FGCs were first piloted in England and Wales in the mid 1990s and by 2001 were being used in 38% of UK authorities, with varying frequency and application (Brown 2002)<sup>7</sup>. However, recently there has been a substantial increase in awareness of, and referrals for, FGCs as a result of several initiatives from central government:

- § The White Paper, *Care Matters: Time for Change* (DFES 2007) promotes family and friends care as an alternative to children being looked after and announced a training programme to develop capacity for convening FGCs<sup>8</sup>;
- § Following a recommendation in the *Review of Child Care Proceedings* (DCA/DFES 2006)<sup>9</sup> FGCs are cited in the revised version of Children Act 1989 Guidance Volume 1<sup>10</sup> as a useful means of exploring the possibility of safe placements for vulnerable children within their family network rather than them becoming looked after and/or being the subject of care proceedings (paras 3.24 & 3.32)<sup>11</sup>; and
- § The *Public Law Outline* (2008)<sup>12</sup> requires that a record of discussions with the family (which could include a family plan arising out of an FGC) is filed by the local authority when proceedings are issued as part of the pre-proceedings checklist; and that active case management includes encouraging the parties to use an alternative dispute resolution procedure, where appropriate, during the proceedings (para 3.15), which is likely to include the use of FGCs;
- § Best Practice Guidance on PLO<sup>13</sup> reiterates the importance of planning in partnership with whole family and seeking alternative potential carers in pre-proceedings stage as appropriate (Para 2.5.3)

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<sup>7</sup> FGCs are now being used by many local authorities to address a range of issues including: safeguarding children at risk of harm; permanence planning for children who cannot live at home or leaves care; youth offending, anti-social behaviour and truanting and planning for vulnerable adults.

<sup>8</sup> Family Rights Group and the Office for Public Management have been awarded the contract by the DCSF to deliver 12 regional training events aimed to increase the take up of FGCs, from Sep 2009-Sep 2010.

<sup>9</sup> The review recommends *"after all safe, appropriate alternatives have been explored...the Review recommends more consistent local use of early advice, advocacy and support initiatives, such as family group conferences, to help vulnerable families to understand local authority concerns and to be encouraged to address these as early as possible and before proceedings are issued. FGCs should also help to identify potential kinship care opportunities which can then be pursued where these are in the best interest of the child(ren)"* (Para 5.10 page 27)

<sup>10</sup> Children Act 1989 Regulations and Guidance, Volume 1 Court Orders

<http://www.justice.gov.uk/guidance/careproceedings.htm>

<sup>11</sup> In terms of recommendations for Wales see paragraph 3.8 in Welsh version at:

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenact/?lang=en>

<sup>12</sup> Public Law Outline <http://www.justice.gov.uk/guidance/careproceedings.htm>

<sup>13</sup> Preparing for Care and Supervision Proceedings: A best practice guide for use by all professionals involved with children and families pre-proceedings and in preparation for applications made under section 31 of the *Children Act* 1989, published by the Care Proceedings Programme, Ministry of Justice August 2009 This document says... *'One possible tool that the local authority might re-consider at this point is the use of a Family Group Conference/Family meeting which might assist identification of wider family support. However, it must be*

In October 2008 the Family Justice Council awarded funding to Family Rights Group to explore the impact of the Public Law Outline on FGC practice in England and Wales, including:

- Whether FGC practitioners have received training on the PLO and whether they had provided awareness training to judicial, legal and social care practitioners of the FGC model
- Whether referrals to FGC services had risen and whether there had been a shift in which families were receiving an FGC service
- What implications had emerged in relation to practice from the implementation of the PLO and
- Outcome data from FGCs projects since the introduction of the PLO.

### 3. FGC practice standards

The FGC model is still relatively new in this country, with the approach initially piloted in the early to mid 1990s. Unlike family mediators<sup>14</sup>, there is no requirement as yet for FGC coordinators, or the FGC projects employing them, to register with a professional body. However practice standards are now well established as a result of a number of initiatives:

- In 2002, Family Rights Group, Barnados and NCH jointly published Family Group Conferences: Principles and Practice Guidance<sup>15</sup>
- In 2006, with funding from the then DFES, Family Rights Group published The Family Group Conference Toolkit<sup>16</sup> – a practical guide for setting up and running an FGC service;
- Since the early 1990s Family Rights Group has run the national network of Family Group Conference projects in England and Wales<sup>17</sup>. This provides FGC practitioners with an opportunity to share practice experience and develop common approaches to specific problems. For example, in consultation with CAF/CASS and the FGC network, we are currently developing practice guidance for Guardians, FGC co-ordinators and social workers on the use of FGCs for children on the brink of or who are in court proceedings, specifically addressing the involvement of guardians in FGCs.

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*remembered that the child's welfare is paramount and also that the parents should be central to this process and their agreement obtained at the outset and throughout the process'* (para 2.5.3)

<sup>14</sup> Family mediators must be registered with the Family Mediation Council and comply with their requirements for qualification and continuing professional development in order to be able to practice in publicly funded cases.

<sup>15</sup> *Family Group Conferences: Principles and Practice Guidance*, Family Rights Group, Barnados and NCH, 2002

<sup>16</sup> Ashley (ed) (2006) *The Family Group Conference Toolkit – a practical guide for setting up and running an FGC service* (DCSF/FRG/Welsh Assembly Government)

<sup>17</sup> The membership includes 103 FGC services, which constitute the overwhelming majority of FGC projects in England and Wales. Details of network members can be found at [www.frg.org.uk/familygroupconferences](http://www.frg.org.uk/familygroupconferences)

- In 2008, Family Rights Group, in consultation with the FGC network published Using Family Group Conferences for children who are, or may become, subject to public law proceedings: A guide for Courts, Lawyers, CAFCASS and CAFCASS CYMRU officers and Child Care Practitioners<sup>18</sup> which was endorsed by the Family Justice Council and CAFCASS, and approved although not formally endorsed by the DCSF.
- Family Rights Group runs 3 day training for FGC co-ordinators and in conjunction with the national FGC Network and in partnership with the University of Chester is offering an accredited post graduate certificate for family group conference co-ordinators. Some FGC projects are also running training courses which are accredited by the Open College Network.

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<sup>18</sup> [http://www.family-justice-council.org.uk/docs/FGCs\\_and\\_courts.pdf](http://www.family-justice-council.org.uk/docs/FGCs_and_courts.pdf)

## 2. Family Group Conferences - the research context

Since their inception in New Zealand in the late 1980s, there has been widespread interest from academics and researchers into the efficacy of the family group conference model, many seeing it as a significant shift in practice worthy of detailed study. The FGC model is now used in some form in at least 17 countries. As the model has been taken on by other countries and developed to fit the local social and community needs, this emerging practice has been subject to considerable academic scrutiny. Consequently over the last two decades a substantial body of research has grown exploring the FGC model both in the UK and worldwide. Much of this work has focused on the views of key participants involved in the process and their perceptions and views about outcomes. However, due to ethical considerations and the complexity of the process, comparative examination of the model as an alternative to established interventions has been difficult, hence such work is scarce. Similarly due to economic and logistical reasons there has also been a shortage of long-term outcome studies of FGCs.

*'It should be noted that the FGC process and participants' views of outcomes now have more research than other more established models of decision-making giving a lack of comparative data by which to judge them'* Marsh P (2009).<sup>19</sup>

### 2.1 How are FGCs being used?

Since their introduction to the UK in the early 1990s, family group conference practice has broadened in its application. Early projects focused on work in the area of general child welfare and child protection with concerns about its applicability in some circumstances such as addressing child sexual abuse. However, as time has passed, practice has developed to encompass this and the model has been applied to other areas of planning for vulnerable children and adults.

FGCs are now being used in the UK in all areas of child welfare; including in:

- Preventative services
- Safeguarding work
- Court proceedings, both private and public law.
- Looked after children
- Education
- Youth Justice including restorative FGCs.
- Domestic Violence

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<sup>19</sup> Marsh, P (2009) Library and information service. Highlight no. 248.

More recently, some local authorities have developed services using the model to address the needs of adult service users and their families including

- Elder abuse
- Adults with learning disabilities
- Adults with mental health difficulties
- Adults subject to forced marriage

## 2.2 What are the costs of FGCs?

There has been limited detailed analysis of the relative costs of FGCs as opposed to other local authority decision-making processes. This perhaps reflects the complexities in clearly identifying the *real costs* of any local authority intervention and arriving at realistic comparative models. Indeed, in social care generally, until relatively recently, there has been poor data recording and analysis on the relative costs of different interventions.

Local authorities should however, not consider running FGCs on the cheap, without being aware that it could compromise the approach and impact. The costs in running an FGC include co-ordinator and advocate time, venue, food, input from professionals, costs of providing transport and childcare. There are also clearly the additional expenditure involved in setting up and running an FGC service over and above the costs of individual conferences.

Although there is a paucity of evidence on costs is, what research there is indicates that the process is best described as cost neutral or better (Marsh and Crow 1998<sup>20</sup>, Wheeler and Johnson 2003<sup>21</sup>, Merkel-Holguin 2003<sup>22</sup>)

Initially in the development of FGC services the assumption was voiced that giving families the opportunity to determine the resources they need would result in excessive demands on services. However this has not been reflected in the evidence. Marsh and Crow (1998) found that 55% of plans cost less than expected, 39% the same and only 6% cost more than anticipated. Further there is no indication of the process resulting in an increase in costs (Marsh 2009).

Given the increased use of FGCs by families either in proceedings or on the brink of proceedings, there is probably merit in further exploration of the possible cost savings that can result in these circumstances. The evidence would certainly suggest that FGCs may avoid the need for proceedings in some cases if used as encouraged by government guidance<sup>23</sup> and consequently reduce the costs

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<sup>20</sup> Marsh, P and Crow, G (1998) *Family group conferences in child welfare*. Oxford, Blackwell science

<sup>21</sup> Wheeler, C.E and Johnson, S (2003). *Evaluating family group decision making: The Santa Clara example*. *Protecting children*, 18 (1 and 2), 65-69.

<sup>22</sup> Merkel-Holguin, L (2003) *Learning with families: A synopsis of family group decision making research and evaluation in child welfare*, *Protecting Children*, 18, 1 and 2, Englewood, Colorado, AHA.

<sup>23</sup> Children Act 1989 Guidance and Regulations, Volume 1 Court Orders

incurred. The government's review of child care proceedings which preceded the implementation of the public law outline identified the costs of proceedings per child as £25 000.<sup>24</sup>

Various research studies report a significant reduction in the number of care proceedings after FGCs (Morris 2007<sup>25</sup>, Sawyer and Lohrbach 2008<sup>26</sup>, Walker 2005<sup>27</sup>). There are likely to be substantial savings for commissioning authorities from a relatively small number of cases where proceedings are avoided.

Perhaps less easy to calculate are the prospective further costs saved to public services if the FGC results in a plan in which the young person avoids entering the care system and subsequent post care support services beyond childhood.

### **2.2.1 Loughborough University 'cost calculator' for children's services<sup>28</sup>**

In recent years researchers at Loughborough University have developed an effective model for analysing costs of children in the care system and the additional costs incurred as more services are involved. This model allows for comparisons to be more effectively made of different interventions in a child's life from a cost perspective. The researchers are also now applying the approach to children in need. Data produced may inform commissioners of the potential savings resulting from the FGC model that is able to deter cases from evidently costly interventions.

The 'cost calculator' for children's services' (CCfCS) is purpose-designed software that calculates the costs of social care processes and placements for looked after children. It facilitates comparisons between the relative values of different types of care, making it easier to estimate the potential benefits of introducing a range of alternative interventions. The model was developed as part of a research project that aimed to explore the relationship between costs and outcomes for looked after children

Developments are now under way to extend the model to cover costs associated with other processes and agencies. Such a systems approach to cost calculations will make it possible to demonstrate how costs are spread across agencies, so that reducing the costs to one may increase costs to another.

The overall objective of the researchers is to develop it to incorporate unit costs of social care, education, health, mental health, socio-legal and youth justice processes so that eventually it will be possible to calculate the true costs to the

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<sup>24</sup> Department for Constitutional Affairs/ Department for Education and Skills, 2006, Review of Childcare Proceedings, [www.dca.gov.uk/](http://www.dca.gov.uk/)

<sup>25</sup> Morris, K (2007) Camden FGC service: An evaluation of service use and outcomes.

<sup>26</sup> Sawyer, R.Q, and Lohrbach, S (2008) *Olmstead County Child and Family Services: Family involvement strategies*. Rochester, MN: Olmsted County Child and Family services.

<sup>27</sup> Walker, L (2005). *A cohort study of 'ohana conferencing in child abuse and neglect cases*. *Protecting children*, 19 (4), 36-46.

<sup>28</sup> Info available at <http://www.ccfcs.org.uk/about/>

public purse of providing services to children with extensive needs and to explore how these might be better configured to improve outcomes.

The cost calculator is now being used by 15% of English local authorities (n20); however to date the cost calculator has not been applied to FGCs although the researchers have expressed an interest in exploring this area.

It is problematic to draw too many generalisations from a very complicated model of calculation however research using the CCfCS shows that the average cost of a looked after child placed at home is £312 per week.

From its initial study the research team assessed that residential care costs are:

- 8x more than foster care
- 9.5x more than kinship foster placement
- 12.5x more than placement within the family

On these figures taking the above average costs a child placed in a foster placement would cost the placing authority £129,792 per year as opposed to £16,224 for a looked after child placed at home.

The cost calculator figures are based on the 'real' costs incurred by all the systems that support a placement. The model is able to factor in for considerable other costs when additional and multiple difficulties are present, thus a looked after child with additional behavioural, educational and youth justice involvement would incur significantly greater costs per week than the figure quoted above.

These are compelling figures in making an economic argument for the use of FGCs to prevent unnecessary accommodation or to facilitate effective return home for those already in accommodation. Further they add weight to the argument that it is cost effective to commit resources to prevent family breakdown rather than to respond to problems later when more intractable.

### **2.3 To what extent are FGCs being used?**

Most families in England whose children are in need, subject to child protection enquiries or even into proceeding are not offered an FGC. Yet as Chapter 4 describes in more depth, Family Rights Group's audit of local authorities has found that there has been a significant increase both in the number and size of FGC projects over the last few years and particularly the last 12 months

In England 69% of local authorities now have some form of FGC project (in house or commissioned) or are in the process of setting one up (FRG audit, 2009<sup>29</sup>). In Wales 18 out of 22 authorities have an FGC service. This compares favourably with the results of research conducted by Louise Brown who found that in 2002 38% of localities in the UK had some form of FGC service (Brown,

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<sup>29</sup> Family Rights Group (October 2009) Audit of FGC Services (Unpublished data)

2002<sup>30</sup>). Within England there is significant regional variation from 100% in the East of England to 50% in the North East.

Table 1

Percentage of English local authorities with or in process of setting up an FGC Service

North East	50%
North West	65%
Yorkshire & Humberside	62%
East Midlands	78%
West Midlands	64%
East of England	100%
Inner London	71%
Outer London	53%
South East	89%
South West	75%

Source: Family Rights Group Audit, 2009

The survey work Family Rights Group has undertaken with funding from Family Justice Council (described in depth in Chapter 4) found that there has been a significant rise in referrals to FGC projects since the PLO. In some cases it has led to a shift in referral criteria so that families in or on the edge of proceedings are prioritized over early preventative cases. However, overall it does appear that ***the size of FGC services is growing, with 60% of projects in England in 2008/9 now carrying out 50 or more FGCs a year, compared to 30% four years ago*** (Family Rights Group, 2005 survey<sup>31</sup>).

The audit of FGC services conducted by Family Rights Group also indicated that there has been a growth in FGC projects being developed 'in house' as opposed to being delivered by external providers. The FRG audit found approximately 61% of projects are managed 'in house' and 39% are provided externally.

Whilst encouraging for the future development of the model, these figures reflect the fact that family led decision-making is still a relatively marginal activity. Brown concludes that there are still barriers to use and a relatively low take up of the model within local authorities (Brown 2007)<sup>32</sup>.

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<sup>30</sup> Brown L (2002) A Survey of Family Group Conference Use across the UK (University of Bath)

<sup>31</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

<sup>32</sup> Brown, L (2007) *The adoption and implementation of a service innovation in a social work setting-A case study of family group conferencing in the UK*. Social Policy and Society, 6(3), 321-332.

## 2.4 When is the best time to offer families and FGC?

There has also been much debate as to the best time to offer families an FGC and evidence as to when FGCs are most effective is mixed. Brady (2006)<sup>33</sup> argues it is most effective in early intervention, but Marsh and Crow (2000) argue that they are more frequently successful with complex cases because families see the urgency. However, most families when consulted about their experiences of the approach wish it had been referred earlier. Chapter 4 explores this in further detail from the perspective of FGC managers.

## 2.5 How effective are FGCs?

In its early use in the UK there was frequently expressed anxiety about the appropriateness of the model for some categories of case. However, the evidence shows that successful conferences have been held in almost every type of case (including sexual abuse) and at a number of different stages of case management (Marsh and Crow 2000)<sup>34</sup>

As to the effectiveness of FGCs, there is considerable research exploring the immediate outcomes of the process, often with researchers eliciting the views of all participants. Plans are accepted by the referring agency (usually children's social care) in 95-97% of cases even in difficult cases such as sexual abuse (Walker 2005).<sup>35</sup> This research is consistent with the survey findings set out in chapter 4 on acceptance of family plans by local authorities.

A consistent view is that families appreciate this way of working with the FGC being well received by families, young people and professionals (Holland et al 2007<sup>36</sup>, Schmid 2005<sup>37</sup>, Sandau-Beckler et al 2005<sup>38</sup>). Family members express dissatisfaction in 17% of responses compared with a dissatisfaction rate of 53% for traditional meetings (Walker 2005)

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<sup>33</sup> Brady, B (2006) *Facilitating family decision making: A study of the family welfare conference service in the HSE Western area*. Galway, Ireland, Department of Political Science and Health Service Executive, Child and family Research and Policy Unit.

<sup>34</sup> Marsh, P and Crow, G (2000) *Conferences in England and Wales* in Burford, G and Hudson (eds) *New directions in community-centred child and family practice*. New York, Aldine De Gruyter.

<sup>35</sup> Op cit

<sup>36</sup> Holland, S, Aziz, Q and Robinson, A (2007) *The development of an all-Wales evaluation tool for family group conferences: Final research report*. Cardiff, Wales: Cardiff University.

<sup>37</sup> Op cit

<sup>38</sup> Sandau-Beckler, P, Reya, S and Terrazas, A (2005) *Family group decision making in El Paso County, Texas* Protecting Children-Family Group Decision Making. An evidence based decision making process in child welfare, 15, 1 and 2, Englewood, Colorado, AHA.

Holland (2005)<sup>39</sup> reports that children are generally very satisfied with the approach, however Horan and Dalrymple (2005)<sup>40</sup> report that young people often do not feel heard. In this regard there is still variation in practice regarding the support for children in the process and whether advocacy services are routinely offered. As to the effectiveness of the model when used with different ages of children there is relatively little evidence concerning this, however one study suggests FGCs may be least effective when used with children entering teens (Kiely and Bussey 2001)<sup>41</sup>. The latter highlighted the additional support requirements of teenagers and their families as opposed to an issue concerning the appropriateness of the model for this age group

There is some evidence that FGC plans can date quickly especially in chaotic families (Pennell and Burford 2000)<sup>42</sup> and that there is sometimes poor follow through of plans (Sundell 2003)<sup>43</sup>. This reflects the need for the model not to be seen in isolation from other supports and services. A conclusion is perhaps that on its own the FGC is not likely to turn around complex and entrenched family situations without more focused support.

## **2.6 What is the evidence about preparation and private family time?**

As the FGC process becomes a mainstreamed intervention there are concerns that the fundamental features of the model may become watered down and in turn its efficacy and radical nature may be undermined. One such fundamental feature is the importance of the family having private discussion time to make their plan. Evidence shows that private family time is viewed positively by family members but is not always provided consistently.

However some family members express anxieties about private family time. In one study half felt that they would have preferred a professional to remain during Private Family Time but this wish reduces with better preparation (Holland et al 2004).<sup>44</sup> Connolly shows that private time has the potential to promote within-family challenges and self-regulation (Connolly 2006).<sup>45</sup> There is a real risk that the potential benefits resulting from this family determined regulation will be lost if private family time is not adhered to.

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<sup>39</sup> Holland, S, Scourfield, J, O'Neill, S and Pithouse A (2005) *Democratising the family and the state? The case of family group conferences in child welfare* Journal of Social Policy, 34, 1, 59-77, UK, Cambridge University Press.

<sup>40</sup> Horan, H and Dalrymple J (2005) *Promoting the participation rights of children and young people in family group conferences*. AHA.

<sup>41</sup> Kiely, P and Bussey, K (2001) *Family group conferencing: A longitudinal evaluation*. Sydney, Australia: Macquarie University

<sup>42</sup> Pennell, J and Burford, G (2000) *Family group decision making: Protecting children and women*. Child Welfare 79(2), 131-158.

<sup>43</sup> Sundell, K (2003) *Family group conferences in Sweden-continuing social services programs for children and parents*. [www.sos.se](http://www.sos.se).

<sup>44</sup> op cit

<sup>45</sup> Connolly, M (2006) *Up front and personal: confronting dynamics in the family group conference*. Family process, 45(3), 345-357.

Another fundamental feature of the process is that there is sufficient time for the family to be adequately prepared for the meeting. FGCs promote participatory decision-making but adequate preparation is needed so that manipulation does not get used in private family time (Pennell 2006)<sup>46</sup> and that any outstanding problems inhibiting full participation are dealt with prior to the meeting. This is particularly the case with entrenched and conflicted families where participants may start from a hostile position.

Therapeutic change is sometimes a consequence for many participants in the FGC process (Holland and Rivett 2008).<sup>47</sup> Again these potential positive benefits will probably rest on the process being undertaken in an effective and thorough way.

## **2.7 Do family members participate in FGCs?**

Most research indicates that there is an average of 6-10 family members participating in each FGC (Marsh 2009<sup>48</sup>, Northwest institute for families and children, Holland et al 2007<sup>49</sup>) and most express the view that they were pleased to attend.

FGC plans often involve a wide range of resources both from the family and from the participating agencies, with support ranging from babysitting to full time care (AHA 2009).<sup>50</sup> Falck showed that there was greater mobilisation of family networks after the FGC compared with controls. (Falck 2008).<sup>51</sup> However others express concern regarding the likelihood of continuing family engagement after a plan has been developed (Edwards et al 2007)<sup>52</sup>. Research concerning the nature of FGC plans and the resources committed to families by services and family members shows a broad range of often family-led supports. Horwitz demonstrated that 88% of FGCs resulted in kin agreements to help with children, 75% in emotional support, 44% support with transport, 35% in emergency respite care of children, and 32% providing a home for the child. (Horwitz 2008). This

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<sup>46</sup> Pennell, J (2006) *Restorative practices and child welfare: Toward an inclusive civil society*. In Morrison, B and Ahmed, E (eds) *Restorative justice and civil society*. Journal of social issues, 62(2) 257-277.

<sup>47</sup> Holland, S and Rivett, M (2008) *'Everyone started shouting': Making connections between the process of family group conferences and family therapy practice*. British Journal of Social Work, 38, 21-38.

<sup>48</sup> Marsh, P (2009) Library and information service. Highlight no. 248.

<sup>49</sup> Op cit

<sup>50</sup> American Humane Association (2009) *Protecting children; family group decision making* Denver, AHA.

<sup>51</sup> Falck, S (2008) *Do family group conferences lead to a better situation for the children involved?* Oslo, Norway: NOVA (Norwegian Social Research), Ministry of Education and Research.

<sup>52</sup> Edwards, M, Tinworth, K, Burford, G and Pennell, J (2007) *Family Team Meeting (FTM) process, outcome and impact evaluation phase ii report*. Englewood, CO: American Humane Association.

later figure in particular shows the potential life changing nature of family led decision-making for children.

Families reported a feeling of 'togetherness' once they had reached a plan (Holland and O'Neill 2006)<sup>53</sup> and not surprisingly there is extensive evidence of a greater participation from maternal relatives in the process (Northwest institute for children and families 2007<sup>54</sup>)

There is also a reported higher rate of attendance by fathers and father figures at FGCs than at statutory meetings, such as child protection conferences (Ryan, 2000<sup>55</sup>; Marsh and Crow, 1997<sup>56</sup>; Holland et al, 2003<sup>57</sup>)

Children are reported to view participation in their FGC very positively. Most felt they had a say in their meeting and expressed a liking for this way of working as preferable to other types of meetings (Holland et al 2004)<sup>58</sup> Despite these positive comments however only half of children in a latter study felt influential in their meeting (Holland and O'Neill 2006)<sup>59</sup>. As mentioned earlier there is inconsistent practice concerning the involvement of children with the extent of children's participation varying greatly. The lack of direct influence that some children have reported underlines the view that attendance at meetings is not in itself equivalent to active participation (Sieppert and Uhrau 2003)<sup>60</sup>

Concerning the use of the model by black and minority ethnic communities there is very little UK based evidence. Most relevant literature originates from America, Australia and New Zealand. Findings point to mixed results concerning the take up of FGC services by black communities. Two American studies found a significantly higher proportion of black and Native American children participating in FGC processes compared to the overall population of children in care (Velen and Devine, 2005<sup>61</sup>; Gunderson et al, 2003<sup>62</sup>). On the other hand, Merkel-Holguin's review of the research reveals that a limited number of studies actually

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<sup>53</sup> Holland, S and O'Neill, S (2006) 'We had to make sure it was what we wanted': *Enabling children's participation in family decision-making through the family group conference*. *Childhood*, 13(1), 91-111.

<sup>54</sup> Northwest Institute for Children and Families and Catalyst for Kids. (2007) *Finding our roots: Family group conferencing in Washington*, Seattle, WA.

<sup>55</sup> Op cit

<sup>56</sup> op cit

<sup>57</sup> op cit

<sup>58</sup> op cit

<sup>59</sup> op cit

<sup>60</sup> Sieppert, J and Unrau, Y (2003) *Revisiting the Calgary project evaluation: A look at children's participation in family group conferencing*. *Protecting children*, 18 (1 and 2), 113-118.

<sup>61</sup> Velen, M and Devine, L. 2005. Use of FGDM with Children in Care the Longest: It's about time. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

<sup>62</sup> Gunderson, K, Cahn, K and Wirth, J (2003) *The Washington state long-term outcome study*. *Protecting Children* 18(1 and 2), 42-47.

show that white Caucasian families disproportionately take part in FGC compared to minority populations. (2003, p9)<sup>63</sup>

The available evidence from the UK supports the view that black and minority ethnic families may be under represented in the take up of FGC services across the UK. Family Rights Group's 2005 survey of FGC projects in England found similar under use by black and minority ethnic families compared to the representation of black and minority ethnic children in the care population (Lupton and Stevens, 1997<sup>64</sup>; Chand, et al, 2005<sup>65</sup>; FRG 2005 survey). However, when black and minority ethnic communities have been asked about the model, most have found the approach useful (Dougherty 2003)<sup>66</sup> and recognised the model as respectful of cultural traditions and addressing their language and identity issues (Waites et al, 2004)<sup>67</sup>

## 2.8 What is the evidence on FGCs and safeguarding children?

There is now substantial evidence of the efficacy of the model when considering the use of FGCs where there are concerns about the risks to children within families. FGCs provide an opportunity for families to draw on their natural supports and to increase resilient elements within the wider family network to keep children safe. FGCs have been successfully held in situations where there has been substantial abuse including domestic violence (AHA 2009<sup>68</sup>, Pennell and Burford 2000<sup>69</sup>) These positive outcomes are not just in the immediate period after the FGC; a longitudinal study by Kiely and Bussey (2001)<sup>70</sup> demonstrated a reduction in reports to child welfare statutory services post FGC conference.

This finding was echoed by Titcomb and Lecroy (2003)<sup>71</sup> who found that 87% of children did not have a substantial report of abuse or neglect up to three years following the meeting, and by Pennell et al who found that families suffered less maltreatment following an FGC (Pennell and Burford 2000). There is also a corresponding significant reduction in the number of proceedings after FGCs (Morris 2007<sup>72</sup>, Sawyer and Lohrbach 2008, Walker 2005).

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<sup>63</sup> Op cit

<sup>64</sup> Family outcomes: following through on FGCs. Lupton, Carol, and Stevens, Martin University of Portsmouth. Social Services Research and Information Unit Portsmouth: Social Services Research and Information Unit, 1998 ISBN: 186137089X

<sup>65</sup> Chand A, Thoburn T, and Procter J (2005) *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. Jessica Kingsley

<sup>66</sup> Dougherty, S (2003) *Practices that mitigate the effects of racial/ethnic disproportionality in the child welfare system* Casey family programs.

<sup>67</sup> Waites, C, Macgowan, M.J, Pennell, J, Carlton-LaNey, I and Weil, M (2004) *Increasing the cultural responsiveness of family group conferencing* Social Work, 49, no. 2.

<sup>68</sup> op cit

<sup>69</sup> op cit

<sup>70</sup> op cit

<sup>71</sup> op cit

<sup>72</sup> op cit

## 2.8 Do FGCs help reunify children with their families?

There is ample evidence that FGCs have the potential to increase the use of family placements (Titcombe and LeCroy 2003, Sawyer and Lohrbach 2008<sup>73</sup>) and to avoid more intrusive and costly state intervention on behalf of children. FGCs produced plans that were assessed as having prevented children going into public care in 32% of cases and prevented court proceedings in 47%; and made no difference in 21% of cases (Smith and Hennessey, 1998). Edwards found higher rates of reunification for children whose families participated in FGC compared with those who didn't (Edwards et al 2007)<sup>74</sup>

Significant numbers of family members become carers as result of an FGC (Laws and Kirby 2007<sup>75</sup>) and there is a consequent increase in the rate of foster care placements with relative carers (Edwards 2007). These family solutions to placement needs of children are found to be both enduring and in response to children with complex histories. Longitudinal study suggests that FGCs generate additional kinship foster care and respite for children where there was abuse or neglect (Kiely and Bussey 2001).<sup>76</sup> Chapter 4 examines evidence of whether FGCs have led to family and friend placements in specific FGC projects since the PLO.

Participants whether professionals or family members consistently report satisfaction with the outcomes of FGCs. Gunderson (2004)<sup>77</sup> found that parents were happier, communities stronger, children more likely to have better outcomes when placed with family. Social Workers who have experienced FGCs also say they are 'highly effective' in working with kin (Gunderston, 2004)<sup>78</sup>.

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<sup>73</sup> op cit

<sup>74</sup> op cit

<sup>75</sup> Laws, S and Kirby, P (2007) *Under the table or at the table? Advocacy for children in family group conferences*. Brighton, Brighton and Hove daybreak project.

<sup>76</sup> Op cit

<sup>77</sup> Gunderson, K (2004) *Family group conference: Building partnerships with kin in Washington state*, in American Humane Association, FGDM issues in brief, AHA.

<sup>78</sup> Op cit

### 3. Legal context for Family Group Conferences

The Family Group Conference model is entirely consistent with, and indeed promotes, the cornerstone principles underpinning the Children Act 1989 (CA) namely that a child's welfare is best promoted in their family environment unless this would place him/her at risk of significant harm<sup>79</sup> and that the local authority should work in partnership with the child's family wherever possible to achieve this aim.<sup>80</sup> Such partnership is crucial for a number of reasons

- 93% of children who are subject to a child protection plan live at home with their families<sup>81</sup>. Thus, to ignore the family is to overlook the key people who are responsible for the child's day-to-day care including the implementation of the child protection plan.
- There is a widespread body of research which shows that key to the successful protection of children at risk of harm is a positive working partnership between the family and the local authority.<sup>82</sup>
- Mothers and most fathers have parental responsibility (PR) hence their consent is required<sup>83</sup> to any plan for the child, whether they are looked after or not, unless an emergency protection order or care order has been made conferring parent responsibility on the local authority. This is discussed further below.

#### Family support services

The local authority is under a general duty to safeguard and promote the welfare of children in need in their area and, so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs (s.17 CA 1989). The services may be provided for the particular child in need or any member of the family if it is with a view to safeguarding and promoting the child's welfare (s.17 (3) CA 1989).

Although the implementation of this duty hinges on the local authority's assessment of the child/family's need in individual cases, the State's role is clearly to support parents/carers to care safely for their children wherever this is possible and to ensure the child's welfare is safeguarded and protected. This is entirely consistent with the FGC model in which the expectation is that the local

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<sup>79</sup> This is also consistent with the child's rights under Article 8 ECHR and the obligations on the State under Article 18 UNCRC: '*States parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities*'.

<sup>80</sup> Department of Health (1990) *The Care of Children: Principles and Practice in Regulations and Guidance*, London, HMSO

<sup>81</sup> [http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/SFR22\\_2009.pdf](http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/SFR22_2009.pdf)

<sup>82</sup> Department of Health (1995), *Child Protection: Messages from Research*

<sup>83</sup> However, where the child is of sufficient age and understanding the child him/herself could consent to the plan.

authority will confirm which services it will provide to support the agreed family plan.

### **Safeguarding children**

Where there is evidence that gives cause to suspect that a child is or may be suffering significant harm, the local authority is duty bound to make enquiries about the child's circumstances (s.47 CA 1989). These enquiries enable the local authority to decide whether further protective action needs to be taken and whether the parents/carers need support services to help them care for their child. The expectation is that the local authority will work in partnership with the parents/carers to address the concerns and will only intervene to remove the child from their family environment where there are grounds for an emergency protection order or care order.

FGCs provide a convenient and effective mechanism for the local authority and parents/carers to work in partnership to address these concerns and find safe solutions for the child within the family network wherever possible. Indeed they are acknowledged in government guidance in Working Together (2006) as being appropriate in a number of contexts where there is a plan or decision to be made, for example:

- For children in need in a range of circumstances where a plan is required
- For the child's future welfare
- Where child protection enquiries (Section 47) do not substantiate concerns about significant harm but where support and services are required
- Where Section 47 enquiries progress to a child protection conference, the conference may agree that an FGC is an appropriate vehicle for the core group to use to develop the outline child protection plan into a fully worked-up plan.

The local authority retains statutory responsibility for ensuring the child is safe. They therefore need to make clear, when providing information to the family at the conference, what the bottom line is in terms of arrangements for the child so the family are in a position to draw up a safe plan. The guidance in Working Together<sup>84</sup> makes it clear that: *"FGCs do not replace or remove the need for child protection conferences, which should always be held when the relevant criteria are met"*.

### **Placement of looked-after children within their family network**

When children cannot remain at home or within their family network for whatever reason, they may end up being looked after by the local authority in

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<sup>84</sup> DfES (2006) Working Together to Safeguard Children – A guide to interagency working to safeguard and promote the welfare of children, HM Government

accommodation<sup>85</sup> or under a care order. When this situation arises, the local authority has a duty to make plans for them which:

- involve them being placed with their parent or relative or a foster carer or in a residential setting (s.23 (2) CA 1989)<sup>86</sup>; or
- involve the local authority making arrangements for the child to live with their parents or other relatives or friends within their family network unless this would not be reasonably practicable or consistent with the child's welfare (s.23 (6) CA 1989)<sup>87</sup>. In these circumstances, they cease to be a looked after child unless a care order is still in place<sup>88</sup> (in which case the placement with the parent or relative would normally be under s.23(2) above);
- give due consideration to the wishes and feelings of the parents, the child and others who are significant in the child's life about any decision relating to the child while they are looked after s.22(4)&(5); and
- in accommodation cases, are agreed with a person with parental responsibility unless the child is 16 or over in which case they can agree to the plan themselves<sup>89</sup>.

In addition, where there is a plan for a looked after child to be adopted, the adoption agency and court is required to consider whether there are any family members who may be able to look after the child and/or whether there are family relationships which it would be in the child's best interests to maintain (s.1(4)(f) ACA 2002).

FGCs provide an effective and efficient means for the local authority to ensure that all these duties are met because they provide an opportunity for:

- the family to receive coherent and detailed information about any child welfare concerns and for the local authority to be satisfied that the family's arrangements for the child will safeguard and promote the child's welfare;
- the family to identify any possible placements for the child within their family network when the child cannot remain at home with their parents; and
- the parents, children and other family members to give their views and agree any plans with the local authority when agreement is required.

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<sup>85</sup> A child is accommodated with the local authority they are looked after by agreement with those with PR and there is no emergency protection order or care order in force giving the local authority PR.

<sup>86</sup> In pursuance of this duty, the local authority may also place a child with a relative or friends with a minimum of safety checks for up to six weeks provided this is followed by a full fostering assessment (Reg 38 Fostering Services Regulations 2002)

<sup>87</sup> This is soon to be replaced by a new s.22C CA (as amended by s. CYP A 2008) which requires local authorities to consider relatives who are approved as local authority foster carers as first choice carers for a child, after his/her parents, for any looked after child.

<sup>88</sup> GC v LD [2009] EWHC 1942 (Fam)

<sup>89</sup> Reg 3 Arrangements for Placement of Children Regulations 1991

Used early enough, FGCs have the potential to prevent the need for care proceedings for some children<sup>90</sup>, hence it is no surprise that both revised government guidance to local authorities and the Public Law Outline state the importance of exploring all safe options for the child within their family network with records of discussions with the family being required as part of the pre-proceedings checklist, as outlined in section 1 above.

Although it is not legally required, it is arguable that as a matter of local authority policy, families should be offered an FGC before (or in an emergency as soon as possible afterwards) the State takes over decision making for, or care of, a child (e.g. through care proceedings), and that the family should have all the information needed to make an informed choice about accepting the offer of an FGC. Such a policy has already been adopted in a number of local authorities such as Kent County Council, Hampshire County Council, the London Boroughs of Camden and Islington.

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<sup>90</sup> Research has confirmed that where the future of a child is being considered by a court, it is helpful if an FGC is offered early on in the proceedings (Smith and Hennessey, 1998).

## 4. Analysis of FRG survey on the impact of the PLO on FGC services

### 4.1 METHODOLOGY

With funding from the Family Justice Council, Family Rights Group undertook a survey of FGC projects about any child welfare FGCs they have undertaken since the Public Law Outline was implemented. The information gleaned was intended to complement information already gathered in previous surveys about FGC practice e.g.: the length of time it takes to convene an FGC, employment practices and funding arrangements.

Family Rights Group sent an **e-mail questionnaire to all FGC network members in England and Wales**. The survey covered the period from 1<sup>st</sup> April-31<sup>st</sup> December 2008 with the opportunity for the respondents to provide qualitative information to illustrate their responses. It addressed:

- Training on the PLO for FGC practitioners
- Whether the FGC service has provided awareness training for the judiciary, legal and social care professionals on FGCs
- Referrals to FGC service including whether numbers had increased, and whether there had been shift in the nature of referrals
- The number of FGCs held and when an FGC had taken place e.g. before or after a letter before proceedings had been sent or after proceedings was issued
- Family plans, including whether these were accepted by the social worker and whether they had averted the need for proceedings and
- Other observations about the process.

The survey was structured following research consultation from the University of Birmingham. Following the initial questionnaire being sent out, Family Rights Group's policy adviser sent numerous chase-up emails. In total, 26 completed surveys were returned. Some of the data however, was incomplete. It was felt that the low response rate was due:

- Ø To the length of the survey and detail requested, which had deterred some respondents, given other pressing workloads
- Ø To many FGC projects not having information systems in place that could enable FGC managers to elicit the relevant detailed data.

Following further discussion with the University of Birmingham, Family Rights Group therefore sought to maximise the information that could be gathered by supplementing the detailed questionnaire responses with the following:

- A telephone survey of 24 English FGC projects including 20 who hadn't responded to the detailed written survey. This included questions about overall numbers of referrals, FGCs and reviews as well as impressions on the

impact of the PLO (the telephone survey covered the period until end March 2009);

- A short e-questionnaire of 6 organisations (who run in total 12 child welfare FGC projects) only two of which had responded to the written survey and none of whom had been interviewed by phone;
- An audit of the state of English FGC services undertaken as part of work being carried out by Family Rights Group for the Department for Children, Schools and Families to encourage the setting up FGC projects;
- Information from three expert seminars run by our academic adviser, Kate Morris (in conjunction with Professor Judith Masson and Professor Peter March and Jonathan Dickens) with local authority lawyers, social workers and FGC managers on the impact of the PLO.

The statistical data provided by 26 authorities in response to the written survey was interrogated using SPSS. Statistical data gleaned through supplementary methods was tabulated on excel worksheets and interrogated. Cathy Ashley, the Chief Executive of Family Rights Group and Deanna Edwards, Policy Adviser to Family Rights Group studied the written responses provided, drawing out relevant themes and pertinent information.

## **4.2 KEY FINDINGS**

### **4.2.1 Impact of PLO on FGC service: Has the PLO had an impact upon the FGC service?**

This question was included in the written survey to authorities, asked in the telephone interviews and included as part of the e-questionnaire. In total 45 FGC projects responded to this question. 12 said it had no impact, whilst 33 said that the PLO has had an impact, including 16 who thought the impact had been significant.

We are aware that the picture is not uniform across the country, with at least two FGC projects having closed since the PLO was introduced.

#### ***Why did some projects say that the PLO had no impact?***

12 FGC projects said it had no impact. In three cases the explanation was that project had always received heavy end referrals. One respondent stated the expected increase in referrals hadn't occurred.

One project in Wales said that the PLO appeared to having little impact upon practice in Wales. Family Right Group will be exploring this in further depth.

### ***Why did most projects say the PLO had some or a significant impact?***

33 projects believed the PLO had an impact upon FGC services, including 16 who thought it had a significant impact. They cited the following reasons

#### **a) The FGC project has been set up specifically in response to the PLO**

Four FGC projects said they'd been established as a direct response to the PLO. As stated however, we are aware of 2 other projects that have closed over the last year.

#### **b) A rise in referrals of children on the edge of/ in proceedings**

18 projects said the PLO had led to an increase in referrals of cases on the edge of, or in, proceedings. Two of these respondents said that the increase in referrals to the FGC service was in part a reflection of a growing confidence by social workers that FGCs could be used in complex situations and increasing awareness of the FGC model. However, one project said that there had been a subsequent dropping off since the second Laming report. Two projects stated they had both run two court 'directed' FGCs for an authority.

It is important though to raise a note of caution. FGC managers may indeed be correct in attributing the rise in referrals to FGC services as being in part due to the impact of the PLO. However,, it is extremely difficult to disentangle other factors which are also likely to have influenced the number of referrals, namely the shift in climate in children's social care following the death of Baby Peter, which, alongside the impact of the recession on some families' lives, has resulted in an increase in child protection enquiries and rise in care proceedings.

The section below goes into further detailed analysis on the number of referrals made and FGCs held.

#### **c) A shift in nature of referrals including changes in referral criteria to FGC services**

Eight FGC projects said there had been a shift in the nature of their referrals; in some cases this was a reflection of an explicit change to their criteria for referrals, with some authorities now offering all families of children at risk of being accommodated an FGC and review panels now regularly asking if an FGC had been held.

One projects stated that half of the project's funding was now targeted at "PLO" cases. Another project stated that they had been given more funding to ensure that they had experienced co-ordinators to take on high

end cases and have the commitment/job responsibility to meet any expectations to appear in court that might arise.

One of these projects said that since the PLO the local authority's Legal Services Department now notified the FGC service of all Legal Planning meetings, the FGC service would then contact the social worker responsible for the family to consider the option of holding an FGC. In 2008/9 in this authority 40 Legal Planning Meetings had been convened, of which 10 families subsequently held an FGC. Another project stated an FGC co-ordinator sits on the 6 weekly Legal Tracking panel that consists of the Social Care senior legal officer; heads of service for referral and assessment and family support and child protection; and the kinship manager. This panel reviews cases where legal advice has been sought and identifies those where an FGC should appropriately be offered to families. The legal team are also requested to provide copies of legal advice given to social workers, so that recommendations for an FGC can be followed up by the FGC service, as previously these recommendations were not actioned in a significant number of cases.

One project stated that the number of overall referrals they were dealing with hadn't increased, because social workers were now prioritising the ones in court at the expense of others "because they were worried about the court cases".

Another said the numbers of families subject to child protection enquiries had reduced but the number where proceedings had been initiated had increased, the project manager reflected she thought it likely that these would be the same families. In contrast two managers said FGCs were more likely now to be recommended at a child protection conference.

Three projects explicitly said they previously had a wider remit and undertook more preventative work. However, the situation isn't consistent throughout the country, with a few other projects stating that in the last 12 months they had secured other monies, such as Think Family Pathfinder and Parenting Commissioner monies and were now able to expand their referral criteria to offer FGCs to other agencies, including families whose children had a CAF.

#### d) The impact of the PLO upon family engagement in FGCs

One project said that families who wouldn't have been referred previously (either because an assumption would have been made by practitioners that they wouldn't engage, or that there was no wider family (other than mum and the children)) are now being referred to comply with the PLO.

Four projects however expressed concern that families now felt they had to have an FGC and it was less of a voluntary process, which had caused some barriers in working with families including a reluctance to engage. One project said the issue of the 'letter before proceedings' prior to or soon after an FGC referral allows a 'stick and carrot' approach to be used by social workers where the threat of legal proceedings hangs over the family's head. Consequently, they feel coerced to use the FGC process, to demonstrate their cooperation, but do not always feel genuinely motivated to develop, own and implement a family plan. Another project speculated that by the time of proceedings families have so many other people involved in their lives and are under considerable pressure that they can't differentiate an FGC from other processes they are going through.

One FGC manager stated that she had to have ongoing dialogue with referrers re-iterating the voluntary nature of an FGC – and that the FGC service continues to require some level of informed consent from a parent in order to initiate and work through the FGC process.

One project expressed the fear that FGCs were now being used to provide evidence/ammunition against families going to court, rather than an attempt to find a positive solution. At the expert workshops held, FGC projects expressed a worry that refusal to hold an FGC would be held as evidence of failure by the family to co-operate.

Two projects said that the complex family dynamics that is often present in cases going through care proceedings had implications for the FGC service's practice.

#### e) Involvement of other professionals including children's guardians as information givers in the FGC process

14 projects who responded to the detailed survey stated that guardian's sometimes attend the FGC as information givers, 4 projects said guardians never attend and 3 stated they rarely attend or hadn't attended to date.

One project stated that it was the norm for guardians to attend FGCs that were subject to court proceeding and the impact was always beneficial. Another stated that in two cases the Guardian was instrumental in supporting the referral for a FGC. During the meeting they shared information in relation to their role, rather than the specific details of any interaction they had with the subject children or family members. The project manager commented during the first and third stages of the meeting however, the Guardians did need to be restrained from directing family members' considerations, dictating the order of priorities and raising

new issues and information where the social worker was dealing with the matter outside of the FGC. The project manager said that consideration was given to Guardian's attendance and the impact on the dynamics of the meeting. For example, in a recent referral where the allocated social worker and Guardian had both been previously involved with the family when a previous child had eventually been placed for adoption, it was agreed that the tension in the relationship between family members and the Guardian would negatively impact on the dynamics of the meeting.

A couple of projects said the presence of a Guardian enabled family members to ask questions and seek clarification.

However, one project reported that a guardian had tried to insist she should be present in private time and a couple of projects said some Guardians had tried use the FGC to do an assessment. Another project said that they had been told by a Guardian that the legal process ensured the family's views and child's wishes were fully represented so questioned why would an FGC be helpful? Moreover the CAFCASS service local to the project has no manager currently and the FGC manager has been unable to get into the team meeting to discuss FGC's with them. A Welsh project expressed concern that children's Guardians have been obstructive in the past, such as refusing to allow a young person to go in to the room with their family, preventing referrals being made to the service and objecting vigorously to the work of the advocate. One project mentioned that on one occasion where an interim care order was in place and the family wanted to vary the child's plan for contact, while the social worker was willing to put the proposed variation back before the court, the guardian had made clear they would not support such a step.

15 FGC projects said that other professionals sometimes or regularly attend as information givers to the FGC. 3 FGC projects said other professionals never attend.

Those attending include:

- q Health visitors and doctors
- q Schools staff (teachers /head teachers / attendance improvements officers/ school health advisers/ education welfare officers
- q Connexions
- q CAMHS
- q Domestic abuse outreach workers
- q Drugs-alcohol treatment agency
- q Housing
- q Kinship Care workers
- q Mental health workers for parents
- q Police
- q Specialist assessors

q Youth workers

Four projects stated that will invite other professions if they can provide additional relevant information which the referrer cannot, for example the mother's CPN can explain to the family who don't understand the symptoms of the mother's mental health condition. A couple of projects mentioned it was important that professionals don't outnumber family members at the FGC. One project said that the average attendance at FGCs locally for many years had been about 3.5 professionals and 8 family members attending.

A number of projects stated that whenever family members requested these professionals to attend, it has been seen as beneficial for the family and the professionals concerned. One described such input as invaluable. The contribution made by professionals provided families with some relevant and useful information that allowed them to make informed decisions during their discussions in private family time. They had more information as to what was happening with their children, what resources were available and what professional support they could expect in the future.

Professionals have feedback that they were enthused by the empowerment model for families and how families demonstrated responsibility and cohesion in their approach to making their family plans. Some professionals voiced concern re the importance of family plans and whether it would be effective to make a difference

f) Other implications for FGC services and practice

One project said that the PLO has given FGCs a status and therefore they were now taken more seriously by local authority social workers.

One project manager said that family plans made at the FGC are now routinely sent (unless the family say they don't want this) to the child protection conference chair and the IRO if a child is in care so that their plan is given due weight.

Two said cases now have tighter timescales especially if in proceedings; this is explored further under practice concerns below.

One project emphasised that importance of co-ordinators, who did not already have a social care background, increasing their knowledge of the legal context to child welfare referrals in order to practice effectively.

Only one project stated that they had been sub-poenaed to court, but provided no information about the circumstances.

#### **4.2.2 Numbers of referrals and FGCs held, and when**

As stated 18 FGC projects who responded to the written or email survey or telephone interview stated that the PLO had led to arise in the number of referrals of families whose children were on the edge of or in care proceedings.

49 FGC projects provided data on referrals in 2008/9. A total of 4163 referrals were made to the 49 projects<sup>91</sup>. The average number of referrals per project was 85.

22 FGC projects provided data specifically on child welfare referrals made in 2007/8 and 2008/9. ***This reveals a 33% rise in child welfare FGC referrals over the last year.***

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<sup>91</sup> 9 projects provided data only for the first nine months of 2008/9, in such cases the figures have been annualised)

**Number of Child Welfare FGCs in 2007/8 and 2008/9**

Source	1.4.07	1.7.07-	1.10.07	1.1.08-	2007/8 total	1.4.08	1.7.08	1.10.08	1.1.09	2008/9 total (1.4.08- 31.12.08 annualised)	Increase number 2007/8- 2008/9
	- 30.6.07	30.9.07	31.12.07	31.3.08		30.6.08	30.9.08	31.12.08			
BURY	13	4	5	8	30	9	3	6	n/k	24	-6
CAMB	23	20	30	38	111	23	25	40	n/k	117	6
CEREDIGION	8	9	7	8	32	6	14	13	n/k	44	12
COVENTRY	12	10	17	13	52	25	32	17	n/k	99	47
ESSEX					489					569	107
HANTS	43	49	44	35	171	50	59	56	n/k	220	49
ISLINGTON	29	29	17	20	95	13	18	10	17	58	-37
KENT	67	54	76	93	290	121	84	80	96	381	91
LEICESTER	6	3	7	4	20	0	10	6	n/k	21	1
LB LAMBETH	n/a	n/a	n/a	n/a		2	20	10	n/k	43	43
LB TOWER HAMLETS	14	19	20	27	80	17	28	26	n/k	95	15
MEDWAY	18	15	9	14	56	34	8	18	n/k	80	24
NEATH & PORT TALBOT					30					33	3
NORFOLK	n/a	n/a	28	31	59	33	43	49		167	108
OLDHAM	15	11	16	10	52	8	10	5	n/k	31	-21
OXFORD	n/a	n/a	n/a	n/a	0	21	18	16	n/k	73	73
N SOMERSET	10	7	8	12	37	5	5	11	n/k	28	-9
STAFFS	6	7	8	9	30	25	29	26	n/k	107	77
STOCKPORT	15	3	16	11	45	17	8	9	n/k	45	0
TORBAY	23	15	23	11	72	16	11	12	n/k	52	-20
VALE OF GLAMORGAN	6	2	8	20	36	19	7	14	nk	53	17
WINDSOR & MAIDENHEAD					29					42	13

TOTALS	308	257	339	364	1816	444	432	418	113	2382	593
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44 FGC projects provided data on FGCs held in 2008/9. A total of 2935 FGCs (including reviews) were held by the 44 projects<sup>92</sup>. An average number of 67 FGCs was held per project including reviews. 38 projects provided data on the number of review FGCs held, on average projects held on average 22 review FGCs in 2008/9.

The data indicates that ***the size of FGC services is growing, with 60% of projects in England who provided data now carrying out 50 or more FGCs a year, compared to 30% four years ago*** (Family Rights Group, 2005 survey<sup>93</sup>).

#### 4.2.3 Outcomes of FGCs

The majority of FGC projects who responded to the written survey did not provide relevant data; in some cases we were informed this was because such data wasn't systematically recorded. Some projects did respond as set out below, although how outcomes were recorded varied between projects:

##### ***a) Family plans made and accepted by agencies***

The following information has been provided in response to the detailed written survey

Bury – 11 FGCs were convened in 2008/9 including 6 without a letter before proceedings being sent, 1 after the letter was sent and prior to proceedings being issued and 4 held after proceedings were issued. 10 of the FGCs resulted in a family plan, all of which were agreed by the local authority.

Cambridgeshire – 123 FGCs were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008, of which 14 were held after proceedings were issued and 7 held after proceedings were concluded. All resulted in a family plan which was agreed by the local authority.

Ceredigion – 15 FGCs were convened in 2008/9 prior to a letter before proceedings and 3 were held after proceedings were concluded. All FGCs resulted in a family plan which was agreed by the local authority.

<sup>92</sup> 5 projects provided data only for the first nine months of 2008/9, in such cases the figures have been annualised

<sup>93</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

Coventry – 22 FGCs were held between April 2008 and January 2009, including 8 held after proceedings were issued. All resulted in a family plan that was agreed by the local authority.

Hampshire – In the first nine months of 2008/9, 112 initial child welfare FGCs were held and 73 review FGCs. These included 43 FGCs which were held after a letter before proceedings had been sent, in all 43 cases a family plan was made.

Kent – 366 FGCs were held in 2008/9, with over 95% of families agreeing a plan, which was agreed in over 90% of cases by the local authority.

Leicester – 17 FGCs were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008, of which 8 had been held without a letter before proceedings being sent, 6 had been held after the letter of proceedings had been sent and prior to proceedings being issue and 3 had been held after proceedings had been issued. All had resulted in a family plan which had been accepted by the local authority.

London Borough of Lambeth – of the 11 FGCs held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008 10 resulted in a family plan, of which 9 were agreed by the local authority.

Medway – 19 FGCs were held in 2008/9, in all cases a family plan was made and accepted by the local authority.

Neath and Port Talbot – 23 FGCs were convened since 1<sup>st</sup> April 2009, all of which led to a family plan which was agreed by the local authority. Only two were categorised as PLO cases.

Norfolk – 73 FGCs were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008. Of these 42 were held prior to a letter before proceedings, 40 of these led to a family plan, of which 36 were accepted by the local authority. 14 FGC were held after the letter before proceedings was sent and prior to proceedings being issued, 13 resulted in a family plan, of which 10 were accepted by the local authority. 17 FGCs were held after proceedings had been issued, 16 resulted in a family plan, of which 13 were agreed by the local authority.

North Somerset – of the 19 FGCs convened since 1<sup>st</sup> April 2008, all resulted in a family plan which was accepted by the local authority. This includes 7 FGCs which were held after proceedings were issued.

Oldham – of the 20 FGCs convened since 1<sup>st</sup> April 2008 (excluding reviews), all resulted in a family plan which was accepted by the local authority.

Oxfordshire - 36 FGCs were held between 1<sup>st</sup> April 2008-31 December 2008, of which 4 had been held without a letter before proceedings being sent. They had all led to a family plan that was agreed by children's social care services. Another 7 FGCs had been held after proceedings had been issued, of which 6 had resulted in a family plan, again all 6 plans were agreed by the local authority.

Slough – 51 FGCs were held including 5 which were held after a letter of proceedings was sent and prior to proceedings being issued. All FGCs resulted in a family plan which was accepted by the local authority.

Stockport – 33 FGCs were held, all led to a family plan which was accepted by the local authority.

Torbay – 38 FGCs have been held since 1<sup>st</sup> April 2008, of which 38 resulted in a family plan, which in 37 of cases was accepted by the local authority.

Windsor and Maidenhead – 42 FGCs have been held (including reviews) since 1<sup>st</sup> April 2008, of which 33 resulted in a family plan, all of which were agreed by the local authority.

#### ***b) Avoidance of care proceedings***

Bury – this information isn't collected systematically by referrers, but the FGC project believes in at least one case where an FGC was held without a letter before proceedings being issued, the plan avoided the need for proceedings.

Cambridgeshire – this information isn't yet available for 2008/9. However, data for 2007/8 showed that 73 of the 104 families who had been referred for an FGC to prevent a child from becoming a looked after child had been deemed by the referrer to have achieved its objective. The figure for 2006/7 was 66. This information is systematically recorded by referrers.

Ceredigion – although information isn't collected systematically on whether FGCs have prevented proceedings, there is evidence a care order was rescinded following an FGC resulting in an agreed family plan.

Coventry – In the first nine months of 2008/9, 8 FGCs led to family plans that resulted in an avoidance of care proceedings, according to the referrer. This information is collected systematically by referrers.

Hampshire – In the first nine months of 2008/9, 18 family plans arising from an FGC had led to care proceedings being avoided, according to the

referring social worker. This information is systematically collected from referrers but not all complete the relevant forms.

Leicester - two of the FGCs which has been held before a letter of proceedings had been sent, had resulted in an avoidance of proceeding. However, information isn't systematically collected from referrers as to whether proceedings had been prevented.

London Borough of Islington – of 44 FGCs held in 2008/9, around 20 resulted in avoidance of care proceedings, based upon recording the primary reason for the referrals and then regularly reviewing the legal status and placement of the child for up to 24 months after the FGC.

London Borough of Lambeth – 4 FGCs held in the first 9 months of 2008/9 resulted in avoidance of care proceedings. Currently there is an informal process of information exchange between the referrer and FGC service on outcomes but this will be formalised in due course.

Norfolk - 20 family plans led to the avoidance of proceedings, including 12 which was the result of an FGC held without the letter before proceedings being sent, 6 due to an FGC held after the letter before proceedings was sent and prior to proceedings being issued and 2 due to an FGC being held after proceedings was issued. Information on whether proceedings had been prevented is systematically collected.

North Somerset – feedback indicates that FGCs resulted in the avoidance of care proceedings for 6 children in 3 families since 1<sup>st</sup> April 2008.

Oldham – identified 2 family plans that avoided the need for care proceedings. In one case the child stayed within their wider family under a special guardianship order, in another case two children went to live with a paternal aunt as a result of the family plan. Outcomes information isn't collected systematically by referrers.

Oxfordshire – identified three family plans that had avoided the need for proceedings.

Slough – in period April 2008 to Feb 2009 75 children avoided proceedings as a result of an FGC and follow up support. They report that following the FGC 4 children were removed from requiring a child protection plan, 36 children were supported to remain with their family, 7 children returned to their family from local authority care and 19 lived with family and friends care. There were also two children who were accommodated as child protection concerns were sufficiently serious and no suitable family members were identified.

Stockport – Since 1<sup>st</sup> April 2008 there were 9 family plans drawn up during an FGC which resulted in an avoidance of care proceedings. This information is now recorded systematically.

Windsor and Maidenhead – this information isn't collected systematically. However, the project manager is aware of an FGC which was about planning for the transfer of children living in foster care to be reunified in their father's care.

## Case studies

### Irfan's Story

Irfan was 6 months old and had been placed in foster care because both parents had severe learning disabilities and were unable to care for him safely, although they found this hard to accept this. The social worker referred the family for an FGC to plan for where Irfan could live safely. It was hoped that an FGC could bring the whole family together to plan for Irfan's future and explore alternatives to adoption.

At the time of referral to the FGC service, communication had broken down between the maternal and paternal branches of the family and there was conflict and tension. The referring social worker feared that any potential placement within the family would be jeopardized if the family could not work together. Members of both maternal and paternal family wanted to care for Irfan.

Viability assessments had been undertaken and the outcome of these were that there was some worries about the health of the maternal grandparents, and it was the social worker's assessment that Irfan would be best placed with his paternal aunt & her husband as long as there was significant support and contact from the maternal side of the family. This initially increased the tension and also created dissatisfaction with the social worker by the maternal side of the family. The conflict between the two families gave the social worker sufficient cause for concern that a placement for Irfan in the family might be difficult to sustain given the disagreements, hence twin tracking was underway.

The FGC service ensured that careful and sensitive preparation of all family members took place. The co-ordinator visited all the members of both families individually & spent time listening to the various points of view and hurt feelings and then helping them to focus on how an FGC might help them to keep Irfan within his wider family. The co-ordinator also identified a need for, and found, an advocate for Irfan's mother as her learning disability meant that she had struggled to get her views heard previously.

It was the wish of the parents that Irfan would live with them and the family took this view seriously alongside the concerns from the local authority. After 5 weeks of preparation the family had their initial FGC. 10 family members attended plus the social worker to give information to the family to help them with their decision making and to be clear about what the local authority would not accept. The mother's advocate helped her express her views about what should happen. The father was able to express his own views with support from his family.

Following private family time, the whole family agreed that the paternal aunt and uncle would be put forward for further assessment. Both the mother and the wider maternal family were reassured about contact by the paternal side of the family and together they had made some clear plans. Both sides of the family requested that Irfan move to his aunt and uncle's as soon as possible. Provisional dates were agreed between the families to begin to move Irfan back into his family. The local authority agreed to the family plan.

A review FGC was held 8 weeks later after Irfan had moved to his aunt's home. He was settling well, assessments were well underway, contact was going well with parents and the wider family and the aunt felt supported by the whole family. Neither the family nor the social worker felt the need for another FGC. Irfan is now no longer in local authority care & is thriving within his family

### **Baby Mark's story**

Mark became subject of a CP plan as an unborn child following a referral from probation workers who were concerned about his mother's drug and alcohol misuse and from health workers concerned about her substance misuse and mental health needs. Mark's mother had been diagnosed as having bi-polar disorder with the consultant psychiatrist stating that she was at very high risk of developing post puerperal psychosis following her baby's birth. After an initial assessment by Children's Services a residential parent and child unit was sought, however, due to the mother's potential mental health needs general units would not accept the family. Equally specialist mother & baby psychiatric units would not accept a referral because the mother was not actually unwell, only considered at risk of becoming unwell.

### **Purpose of FGC**

The FGC was offered to enable family members to make plans to -

- Ensure the baby was kept physically safe,
- Not placed at risk from his mother's mental health.
- Not placed at risk from his mother's drug or alcohol misuse.
- Ensure that essential mother/child emotional bonds could be developed.
- To support his mother to develop essential parenting skills.
- Support the mother in engaging with professional services.
- To enable family members to develop a parallel plan for Mark, should his mother not be able to make appropriate and timely changes in her substance misuse; that plan included identifying long-term alternative family carers for the children.

### **Outcome**

All family members made good use of the FGC process and were able to develop a family plan that addressed all the identified issues, including that of alternative family carers.

After Mark's birth, on discharge from hospital, he and his mother moved to stay with a maternal aunt and uncle and maternal grandmother. Maternal family members provided full time 24 hours supervision and support of Mark in his mother's care with close monitoring and support from Children's Services and health professionals.

After 10 weeks, Mark and his mother moved to their own home with a reduced plan of full time supervision and support provided by maternal grandmother and the on-going package of professional support

The involvement of the wider family in the FGC process meant that timely and appropriate family led plans were made for Mark prior to his birth. Children's Services did not have to initiate legal proceedings, nor was there need for Mark to be accommodated to the care of the department. Following birth Mark was able to live with his mother, to develop essential post birth emotional bonds and attachments and to experience minimal carers. The family plan remains in place and in active use.

### **The siblings' story**

The two children's parents were long-term drug users and had mental health problems. Both children had been supported at home for a long time (8-9 years). Eventually they were taken into care voluntarily. The FGC explored what support could be provided from the wider family. The view of the wider family was that they wanted to have ongoing regular contact including overnight contact with the children but that no one could provide permanent care and critically the view of the whole family (including the parents) was that it wasn't in the children's interest to return home. As a result permanent alternative plans were made which included extensive extended family involvement and as a result of the FGC the proceedings were not contested by the family.

### **Baby Tom's story**

Tom was less than a year old on an interim care order and living with foster carers. Tom's mother was in treatment for alcohol misuse and there was a possibility that his father was also misusing alcohol. Mother received very positive reports from the residential programme she was engaged in. Tom's father accessed support from a local service, and also received positive feedback that they had no significant concerns about him.

The FGC led to a family plan for Tom to be placed with his dad, who would have the full support of the maternal family in caring for Tom until such time as mum had completed her treatment and was able to rejoin the family. Tom's dad continued engaging in alcohol support services, took up parenting classes and any other support offered. The Guardian (via the social worker) expressed concerns about the relationship between Tom's parents, and thus relationship counselling was added to the FGC plan, which was agreed by the local authority. The guardian didn't support the plan. A hair-strand test from Tom's dad indicated alcohol use and when the case went to court the judge decided that the placement was too risky.

The family made a plan of an open-ended possibility of father and baby moving in with a paternal aunt, however, this was not agreed by the local authority. The social work team manager concluded that the local authority would support a plan for Tom to be adopted.

### **Baby Clare's story**

A pre birth assessment was undertaken in a residential family unit due to concerns that mum, a single parent, was drinking heavily and misusing drugs. At the pre birth conference, it was agreed that mum, who was accessing support to address her problems, would move in with maternal grandmother after the birth for additional support and Children's Services would monitor progress. Unfortunately the placement broke down after a month following mum return to drinking and drugs and her removal of the baby Clare from the home without the permission of Children's Services. Grandmother hadn't informed Children's Services of mum's actions and it was therefore decided, with mum's consent, to place baby Clare with foster parents.

Mum had previously made allegations against Clare's father for domestic violence and claimed he had mental health issues. The local authority found these claims to be unfounded.

Mum's lifestyle became increasingly chaotic and the local authority requested an FGC to explore the possibility of Clare living with her father and paternal family members, The FGC co-ordinator was able to identify significant members of the paternal family. Mum meanwhile was arrested for violent offences and her drinking and drug taking deteriorated significantly.

Father and paternal family were willing to care for child on full time basis, and therefore the local authority commenced an assessment of father and paternal grandmother with whom father and child would be living. An FGC was held to determine a support package for the father and determine how to contact with mother and maternal family could be managed. Unfortunately no maternal family members attended the conference although invited. The outcome of the FGC was that the paternal family devised a plan to offer practical, emotional and financial support. In addition, the family devised a plan of safety for Clare should her mother turn up unannounced. After the FGC Clare was placed with paternal family.

At the review FGC Clare's mother and maternal family attended as well as paternal family members. The plan for support for father from paternal family was working well and needed very little adjustment. Therefore the focus of review was to organise contact for maternal family and agree the plan of safety if mother turned up without agreement.

Mum promised to seek help to address her drink and drug problem. A contact plan for mum and maternal family members was agreed. The plan to date has been working for four months.

## **Brian's Story**

### **Background**

Brian was accommodated under Section 20 of the Children Act after his mum was found unconscious and taken to hospital following misuse of drugs and alcohol. Brian was in her care at the time.

### **Purpose of Family Group Conference**

A Family Group Conference was convened to enable the family to be involved in plans for Brian's future care; i.e.,

- How could extended family members support mum to parent Brian if assessments showed that he could return to her care
- Support for mum to address her drug/alcohol issues
- Support for mum to address her housing issues
- Whether there were any other family members who would be prepared to be assessed as a carer for Brian if assessments showed that he was not able to return to his mum's care.

### **Outcome**

The family was able to make a plan around all of the above points. At the time of the Initial Family Group Conference, mum was not in a position to have Brian returned to her care, therefore, assessments were carried out of paternal and maternal grandparents and Brian was placed with his paternal grandparents.

Four Review Family Group Conferences were held for Brian. At the third Review, paternal grandparents expressed difficulty in continuing to care for Brian as they did not feel that their accommodation was suitable in the long term - they lived in a one bed flat and had to sleep on the living room floor to enable Brian to have his own room.

Mum was attending weekly appointments with drug and alcohol services and was tested weekly. All the samples were clean.

Mum was having regular contact with Brian, with support from grandparents and this was reported to be of good quality. The family plan suggested that Brian move to his maternal grandmother. Mum would also move to the grandmother's home, and grandmother would support her with Brian's care. The local authority refused to accept the family plan and refused the family's request for new assessments of maternal grandmother and mum to be carried out. At the final review, the family proposed that Brian return to his mother's care. The local authority stated that they would take legal proceedings if Brian were returned to his mum.

The family implemented their family plan and returned Brian to his mother. The local authority took legal advice and was informed that Brian is not at risk of significant harm, therefore the threshold for care was not met. Brian remains in the care of his mum, who remains drug free. School and health professionals report that he appears well cared for.

#### **4.2.4 When is the optimum time to make a referral?**

Four respondents to the survey said referrals are being made late in the process and it *“seems as if so long as a referral has been made the social worker has met what they feel the PLO Checklist has asked for, without necessarily taking the family plan into full account.”* However, another project stated that as a result of the PLO referring social workers were actively seeking to use the FGC as early as possible and seeing beneficial effects.

One project manager cited an example where an FGC had been offered too late when a beneficial impact could have been made much earlier e.g. in the case of 3 children who had been in foster care 10 months when the decision was made that they could not go home and only then did the local authority use an FGC to look to the kinship network.

The detailed written survey asked projects when the optimal time was for a referral to an FGC. 15 projects stated when the first child protection review conference is convened or earlier. The explanation given by one project manager was that it was preferable if all referrals were pre-child protection as we would like to prevent children from being at risk of significant harm whilst parallel planning within a Family Plan for what should happen if things do get worse. Another stated ideally referral following the S.47 investigation would provide an opportunity for the family to have clarity about the concerns of agencies and identify existing and potential support networks to address those concerns sooner rather than later. Three projects recommended holding the FGC as early as possible before views become entrenched and to prevent the adversarial nature of the court arena impacting upon families.

Five projects stated that there should be an opportunity for referrals from any time along the child welfare continuum from section 17 referrals to care proceedings as a direction. Two stated that families always say that FGCs should have been offered earlier.

Two projects state for referrals of Section 17 cases, we have observed that some families working really well with the FGC process and plans can be made to prevent accommodation / prevent the initiating of proceedings and progression of the child protection plan. The project managers stated however, it is also true that some families respond better to statutory processes.. They also pointed out that it is crucial in such circumstances for referring workers to have a ‘clear bottom-line’ re what Children’s Services will do if the family can’t make a safe plan for their children.

Another point raised was that it assisted if referring social workers had done an assessment of need and were clear about the risks for the children involved.

One project manager said that in relation to the PLO process, she felt the first review child protection conference offers families the best and earliest chance to contribute meaningfully to the child protection plan. The core assessment has been completed so concerns should be clear and the child protection process underlines the seriousness of the situation but matters have often not yet escalated to legal action.

The overall consensus amongst FGC projects is however, reflected in the following quote: *“It depends on where the family is up to in realising the seriousness of concerns. Although a referral earlier on in the process is beneficial, some families haven’t realised the seriousness until a letter has been issued or proceedings have issued and are then keen to engage in the FGM process.”* - FGC manager

#### **4.2.5 Practice concerns**

The following practice and process concerns were raised by respondents to the surveys and/or in the workshops held:

**a) *There is still inconsistency in social worker practice of making referrals*** as part of the PLO and the process is often uncertain, be it in relation to referrals to FGCs or social worker not awaiting the family plan before initiating proceedings (three respondents). One project said social workers and team managers insist on ‘parallel planning’, but in practice this detracts from a genuine intention on their part to support implementation of the family plan.

One project manager stated that to address inconsistent practice by social workers, there needed to be clear practice protocol and mandate with all relevant managers.

**b) *Some letters before proceedings are being sent out not using a standard template, and without any idea of goals or targets that families need to achieve.*** (Expert workshop) One FGC project also said that the borough solicitor had continually requested more information from the FGC than the family plan, and that this had needed to be addressed.

**c) *Local authority legal departments are often not clear that it is a voluntary process, cannot be ordered, and needs appropriate time allowed for preparation.*** The FGC project has to address such expectations.

**d) *There are unrealistic expectations re timescales for convening an FGC*** (e.g. a week), with some social workers seeing it as a “tick box approach” (four respondents). A concern was expressed at the workshop held that once a letter

before proceedings had been sent, the social worker was already psychologically working out how to go to court rather than how to avoid proceedings.

Equally one project manager said poor practice and unrealistic expectations had prompted discussions with team managers about what is possible and what would and would not constitute an FGC. In this, it has been helpful to have the FRG/FGC Network/FJC guidance and it represented an opportunity for talking about FGCs as something they need as opposed to something we “sell”. The usefulness of the FRG/FGC Network/FJC guidance was also mentioned by a number of FGC projects at a national FGC meeting.

***e) The change in the nature of referrals had led to a higher number of referrals not converting into FGCs (two respondents)***

Another project said that referrals of children in proceedings were more complex and therefore took longer.

***f) The social worker/legal department not the FGC service are informing families initially about the option of an FGC.*** Whilst this may be inevitable, it may also deter some families from participating. One suggestion to address this was for information about FGC services to be sent to the family with the letter before proceedings (Workshop)

***e) Cases are now less amenable to finding family and friends care solutions*** although the respondent didn't elaborate on this point (one respondent).

***f) The importance of vulnerable adults having access to an advocate at an FGC was highlighted,*** given the serious nature of cases now being considered at FGCs.

***g) Considerable variation in practice between and within local authorities as to how legal planning, safeguarding processes and FGC preparation and timetable fits.*** An exercise conducted at the workshop held revealed significant differences in perception as to how the various processes should complement each other rather than the impact of the FGC be undermined by timescales required of other statutory planning processes,

***h) Lack of consistent follow up support for family and friends care placements***

One project manager raised concerns that there is a tendency for local authorities to now push family and friends care options at the last minute without providing clear follow up support for such placements. This concern is consistent

with findings from a freedom of information survey on family and friends care carried by Family Rights Group<sup>94</sup> as well as calls to our advice service.

**h) Increased scrutiny of inconsistent practice/quality across FGC projects.**

FGC projects raised at the expert workshop that increased interest in FGCs has led to renewed scrutiny and one local authority had decided to run the FGC service inhouse rather than continue commissioning it. Concern about the variation in practice standards operated by some FGC services whose authorities are trying to cut corners has been raised by a number of FGC projects at the national FGC Network. Discussion is taking place as to merits of an accredited quality mark for FGC projects, the feasibility of such a step requires careful consideration and input from stakeholders across the judiciary and social care fields as well as service users.

**i) Naming any meeting with a family, an FGC**

One project in Wales expressed concern that social workers are holding meetings with families individually and then calling these FGCs. The project manager stated that the language in Rights to Action (the equivalent to 'Every Child Matters' in Wales) is more ambiguous about the use of FGCs before a letter of intent to pursue legal proceedings is issued.

#### **4.2.6 Training and awareness of the PLO and FGCs**

FGC projects were asked in the detailed written survey and in the short email questionnaire which of their staff had any training on the PLO.

**a) FGC Managers:** The vast majority (23 out of 27) of FGC managers who responded had received some training, for example:

- Ø some staff attended a half day in-house briefing organised by the Quality Assurance Manager for Court Work and Associated Cases.
- Ø In one authority the manager attended a half day seminar (Feb 08) where the FGC service, kinship team and the local authority's legal dept delivered a joint workshop on how to address the impact of the PLO.
- Ø one project manager stated that she had attended a regional training day organised by the Ministry of Justice.

**b) FGC co-ordinators:** The picture was considerably more mixed in relation to co-ordinators, with just under 50% of projects who responded not having trained all their employed co-ordinators and nearly 60% of projects not having trained all their sessional co-ordinators on the PLO. However,

- Ø one authority stated that training in the PLO was mandatory for all child care staff.

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<sup>94</sup> Ashley and Roth (2009) Report on Freedom of Information Survey of local authority family and friends care policies (Family Rights Group)

- Ø in five authorities the council's legal dept had attended FGC team meeting to explain the PLO and its implications and in one of these authorities the PLO also now part of the internal induction programme for all new co-ordinators.
- Ø Another commissioned FRG to run a half day legal session for their FGC staff and also had a staff member attend a training for trainers day so that they could facilitate further training for FGC staff.

Only a third of the training received had been evaluated.

***c) FGC services providing training to judicial, legal and social work professions:***

18 out of 27 projects who responded had provided some training on FGCs to judicial, legal and/or social work professionals.

- Ø In a couple of cases a FGC project manager had provided a half day or full day training session for the legal services team.
- Ø Two projects had given presentations to the local Family Justice Council, whilst another had given a presentation to the legal team managers in her own and neighbouring authorities as well as to a Judge on FGCs and working to court timescales.
- Ø Two other FGC managers had attended the local authority solicitors' team meeting to discuss how FGCs and the PLO related to one another and the implications.
- Ø Two projects had briefing and question and answer sessions for judges, magistrates, solicitors, barristers and social care workers.
- Ø In one authority the FGC service had run a half day workshop for social work staff with Family Rights Group.
- Ø In another authority, they were introducing a rolling programme of training for all existing social care staff and it was also to be incorporated in the induction of new staff and those returning after a period of absence.
- Ø Others also stated they had trained social workers (and their managers), in some cases the training focused upon their role as potential referrers.
- Ø One project manager also stated that he gives a two hour presentation to third year social work students at a local university..
- Ø Projects in the South West of England raised that their authorities had contributed financially to the South West conference on 'FGCs and the PLO'. One authority mentioned that attendance was offered to all within social care in the authority including legal services but no court officials attended although some guidance did.
- Ø A Welsh project stated they had run an introductory course on FGCs, including the interface with the PLO for workers from education, health and social services.
- Ø One project manager stated that they had delivered an awareness session to Children's Guardians and there was definitely more scope, if time were

permitting, to educate Children's Guardians about FGC practice and principles. Another stated she had attempted to provide input at CAFCASS team meetings but so far the offer hadn't been taken up.

<b>Training and awareness</b>							
	<b>FGC service training on PLO FGC service Training on PLO FGC Service Training on PLO</b>			<b>Has that training been evaluated</b>	<b>Have legal or social care professionals been trained on FGCs</b>	<b>Has that been evaluated</b>	<b>Is the FGC Service represented on the FJC</b>
<b>Source</b>	<b>Project Manager</b>	<b>Employed coordinators</b>	<b>Sessions</b>	<b>Evaluation</b>	<b>Judges Etc</b>	<b>Evaluation</b>	<b>Represented Local FJC</b>
BURY	Yes	All	Some	No	Some	Yes	No
CAMBRIDGE	Yes	All	All	No	Yes	No	No
CAMDEN	Yes	n/a	All	n/k	Yes	n/k	No
CEREDIGION	Yes	n/a	All	No	Yes	Yes	No
COVENTRY	Yes	All	Some	Yes	Yes	Yes	No
DEVON	No	No	No	n/a	No	n/a	No
ESSEX	Yes	All	All	No	No	n/a	No
FLINTSHIRE	Yes	n/a	All	No	No	n/a	n/k
HANTS	Yes	All	Some	Yes	Yes	Yes	No
ISLINGTON	No	n/a	No	n/k	No	n/a	No
KENT	Yes	All	n/a	No	Yes	No	No
LEEDS	Yes	Some	n/a	No	Some	No	No
LAMBETH	Yes	Some	n/a	Yes	Yes	Yes	No
LEICESTER	No	No	n/a	n/a	No	n/a	n/k
MEDWAY	Yes	All	Some	No	No	n/a	No
NEATH & PT	No	No	No	n/a	Yes	Yes	No
NORFOLK	Yes	Some	n/a	No	Yes	No	n/k
N.SOMERSET	Yes	n/a	Some	Yes	Yes	No	No
OLDHAM	Yes	All	No (in process of)	No	Yes	n/k	No
OXFORD	Yes	Some	No	n/k	Yes	No	n/k
STOCKPORT	Yes	All	All	No	Yes	Yes	No
SLOUGH	Yes	n/k	Some	No	No	No	No
STAFFS	Yes	Some	n/a	No	Yes	Yes	Yes
TORBAY	Yes	All	All	Yes	No	n/a	No
VALE OF GLAMORGAN	Yes	n/a	n/a	No	Yes	No	No
WARWICKSHIRE	Yes	All	n/a	Yes	Yes	Yes	Yes
W&MHEAD	Yes	n/a	All	Yes	No	n/a	No
<b>TOTALS</b>	yes=23 no = 4	All = 11 Some=5 No = 3 n/a = 7 n/k = 1	All = 8 Some =6 No = 5 n/a =8	Yes=7 No=14 n/a=3 n/k=3	Yes=16 Some=2 No=9	Yes=9 No=8 n/a=8 n/k=2	Yes=2 No=21 n/k=4

#### ***d) Representation of FGC projects on their local FJC***

Only two FGC projects stated that they were represented on their local Family Justice Council. In one case the representative is a member of the FGC steering group and a member of the county's legal team.

#### **4.2.7 Recognition of other factors at play aside from the PLO**

As state above, local authorities are having to deal with a range of pressures, including the impact of the recession creating additional stresses on some families and the consequences of the serious case reviews into death of Baby Peter. One authority stated that following the Laming review, over 160 staff had moved jobs and whole new teams being established with new managers etc. This has had a profound effect on the referral rates such that it has been difficult to ascertain a pattern and identify the impact of the public law outline.

## **5. Where to get further information on Family Group Conferences**

### **5.1 How can I find an FGC service in my area?**

The coverage of FGCs across the country varies. Some local authorities have very well established in house FGC services which are run at arms length to Children's Services. In other areas there are FGC services that are entirely independent of the local authority which either have contracts with voluntary sector (and occasionally private sector) providers or spot purchase services from external providers.

If you would like to find out if your local area has an FGC project which is a member of the national FGC Network you can check on [www.frg.org.uk](http://www.frg.org.uk) where there is an FGC project list. Alternatively you can contact [dedwards@frg.org.uk](mailto:dedwards@frg.org.uk)

However, you should also be aware that the availability of FGC services is currently in development: as discussed in chapter 1, the government has committed to expanding the capacity to deliver FGCs nationwide<sup>95</sup>, hence a programme of regional training events on FGCs is being delivered from Autumn 2009 – Autumn 2010. As a result of which new projects may be established and existing projects may be expanded. Further information about these training events can be found at [www.frg.org.uk/dscf\\_fgc\\_training\\_events.html](http://www.frg.org.uk/dscf_fgc_training_events.html)

### **5.2 What is the national FGC network?**

Family Rights Group runs a national FGC network for UK FGC projects. The aims of the network are to

- promote good FGC practice
- develop the use of FGCs,
- disseminate information about FGCs and
- provide advice and guidance on FGC practice.

The network is serviced by FGC policy advisers who have extensive knowledge of FGCs and are experienced FGC practitioners. The network runs free quarterly network meetings/workshops, produces a tri-annual newsletter and offers a 10% discount on publications and selected training courses.

For further information on the FGC network contact Deanna Edwards ([dedwards@frg.org.uk](mailto:dedwards@frg.org.uk)).

To join the network contact Sheila Martin ([sheila@frg.org.uk](mailto:sheila@frg.org.uk)).

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<sup>95</sup> Family Rights Group and the Office for Public Management have been awarded the contract by the DCSF to deliver 12 regional training events aimed to increase the take up of FGCs, from Sep 2009-Sep 2010.

There are also locally self-organised regional FGC networks, with the South West regional network particularly active, for example they organised a conference on FGCs and the PLO earlier this year.

### **5.3 What information is available for families about FGCs?**

A free advice sheet on FGCs is available for family members and others who wish to find out more about the process. This can be downloaded from the following site: [www.frg.org.uk/pdfs/3.%20FGC/pdf](http://www.frg.org.uk/pdfs/3.%20FGC/pdf)

### **5.4 What information is available for professionals on FGCs?**

Other available literature includes:

- *Family Group Conferences: Principles and Practice Guidance*, Family Rights Group, Barnardos and NCH action for Children 2002
- *The Family Group Conference Toolkit – a practical guide for setting up and running an FGC service*, Ashley (ed) (2006) (DCSF/FRG/Welsh Assembly Government)
- ‘*Using Family Group Conferences for children who are or may become subject to public law proceedings*’. This guidance has been produced in consultation with FGC network members, CAFCASS and the Family Justice Council and has been endorsed by both CAFCASS and the FJC. It provides information and guidance to courts, lawyers, CAFCASS and FGC staff and referrers on FGC practice.
- Guidance on the ‘recording of information in FGC projects’ and summaries of recent research.

To access these and other information on FGCs go to [www.frg.org.uk](http://www.frg.org.uk)

### **5.5 What training and consultancy is available on FGCs?**

Some FGC projects run training courses which are accredited by Open College Network

In addition to the DCSF regional training events referred to above, Family Rights Group offers a full range of training and consultancy on FGCs, including

- an accredited 3 day training courses for FGC coordinators,
- courses on advocacy in FGCs, legal training for FGC practitioners and hearing children’s voices in the FGC.
- bespoke training and consultancy to meet local needs, for example on referrers and to raise awareness generally.
- in conjunction with the national FGC Network and in partnership with the University of Chester FRG is also offering an accredited post graduate certificate for family group conference co-ordinators.

For further information contact Cathy Ashley [cashley@frg.org.uk](mailto:cashley@frg.org.uk)

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# **Report on the impact of the Public Law Outline on Family Group Conference services in England & Wales**

**by**

**Family Rights Group  
in association with  
University of Birmingham**

**November 2009**

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- 4. The analysis of the FRG survey of family group conference projects**
- 5. Conclusions and recommendations**

### **Acknowledgments:**

We are very grateful to a number of people and organisations for assisting us with this report:

- The Family Justice Council who funded this work and hosted the dissemination seminar.
- Kate Morris, Associate Professor, University of Nottingham and Paul Mason, Senior Researcher, IASS, University of Birmingham for their advice on research methods.
- Family group conference services in England and Wales who responded to the survey.
- Service users who have generously shared their experiences.
- Family Rights Group would like to express particular thanks to Dr Elizabeth Monck for assisting with the analysis of the survey.

## Summary of findings and recommendations

Family Rights Group, with funding from the Family Justice Council, undertook a survey in 2009 of FGC projects about any child welfare FGCs they have undertaken since the Public Law Outline was implemented.

Family Rights Group sent an e-mail questionnaire to all FGC network members in England and Wales. The survey covered the period from 1<sup>st</sup> April- 31<sup>st</sup> December 2008 with the opportunity for the respondents to provide qualitative information to illustrate their responses. It addressed:

- Training on the PLO for FGC practitioners;
- Whether the FGC service has provided awareness training for the judiciary, legal and social care professionals on FGCs;
- Referrals to the FGC service including whether numbers had increased, and whether there had been shift in the nature of referrals;
- The number of FGCs held and when an FGC had taken place e.g. before or after a letter before proceedings had been sent or after proceedings was issued;
- Family plans, including whether these were accepted by the social worker and whether they had averted the need for proceedings; and
- Other observations about the process.

In total, 26 completed surveys were returned. Some of the data however, was incomplete. It was felt that the low response rate was due:

- Ø To the length of the survey and detail requested, which had deterred some respondents given their already pressing workloads
- Ø To many FGC projects not having information systems in place that could enable FGC managers to elicit the relevant detailed data.

This information was supplemented by:

- A telephone survey of 24 English FGC projects including 20 who hadn't responded to the detailed written survey. This included questions about overall numbers of referrals, FGCs and reviews as well as impressions on the impact of the PLO (the telephone survey covered the period until end March 2009);
- A short e-questionnaire of 6 organisations (who run in total 12 child welfare FGC projects) only one of which had responded to the written survey and none of whom had been interviewed by phone);
- An audit of the state of English FGC services undertaken as part of work being carried out by Family Rights Group for the Department for Children, Schools and Families to encourage the setting up FGC projects;
- Information from three expert seminars run by our academic adviser, Kate Morris (in conjunction with Professor Judith Masson and Professor Peter March and Jonathan Dickens) with local authority lawyers, social workers and FGC managers on the impact of the PLO.

The statistical data provided by 26 authorities in response to the written survey was interrogated using SPSS. Statistical data gleaned through supplementary methods was tabulated on excel worksheets and interrogated.

## Key findings

### **1) There has been a significant increase both in the number of referrals to FGC services, and the number and size of FGC projects over the last few years and particularly the last 12 months, in part as a result of the Public Law Outline:**

- In England 69% of local authorities now have some form of FGC project (in house or commissioned) or are in the process of setting one up (FRG audit, 2009<sup>1</sup>). In Wales 18 out of 22 authorities have an FGC service. This compares favourably with the results of research conducted by Louise Brown who found that in 2002 38% of localities in the UK had some form of FGC service (Brown, 2002<sup>2</sup>). Within England there is significant regional variation from 100% in the East of England to 50% in the North East.
- 22 FGC projects provided data specifically on child welfare referrals made in 2007/8 and 2008/9. **This reveals a 33% rise in child welfare FGC referrals over the last year.**
- The size of FGC services is growing, with 60% of projects in England in 2008/9 carrying out 50 or more FGCs a year, compared to 30% four years ago (Family Rights Group, 2005 survey<sup>3</sup>).

### **2) FGC projects felt that the PLO has had an impact upon their service**

In total 45 FGC projects responded to this question. 12 said it had no impact, whilst 33 said that the PLO has had an impact, including 16 who thought the impact had been significant. Reasons varied, highlighting the lack of uniformity across the country, with 4 projects having been set up as a response to the PLO, but equally 2 projects closing due to funding pressures.

The impact of the PLO has been

- in terms of an increase in referrals of children on the edge of/in proceedings
- a shift in the nature of referrals
- an impact upon families' engagement in the FGC process, with some families being offered an FGC who previously wouldn't have, but also some families feeling coerced into the process, thus potentially compromising its voluntary nature.

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<sup>1</sup> Family Rights Group (October 2009) Audit of FGC Services (Unpublished data)

<sup>2</sup> Brown L (2002) A Survey of Family Group Conference Use across the UK (University of Bath)

<sup>3</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

- Children's guardians and other professionals being more routinely included as information givers at FGCs, if they added information and the family wants them to attend. However, this highlighted some differences in perceptions and a lack of awareness of the FGC model amongst some guardians.

### **3) Outcomes**

FGCs result in plans being made by families and agreed by the local authority in over 90% of cases.

15 FGC projects provided some data about numbers of cases where care proceedings was avoided due to an FGC being held. Norfolk, for example stated that 20 family plans had avoided children being taken into care. Clearly this has potentially significant cost saving implications, in addition to clear benefits of an appropriate plan being made for the child.

Unfortunately however, most local authorities/FGC projects do not have in place information systems for recording when FGCs are being held during the pre proceedings process nor for tracking outcomes of FGCs, including whether care proceedings had been avoided. This is being raised at the regional FGC seminars being organized by FRG/OPM on behalf of the DCSF for senior local authority managers and FGC project managers and is an item for discussion at the national FGC Network.

### **4) The optimum time for referral to an FGC process**

FGC projects who responded to this question consistently stated that it should be offered to families as early as possible, but that there needed to be opportunities for families to be offered an FGC along the continuum of child welfare because it depends upon individual families as to when they are ready to face up to the seriousness of the concerns.

### **5) Scrutiny of FGC services**

The PLO process is placing local authorities under greater scrutiny. Whilst there are printed standards for setting up and sustaining FGC services, there is currently no nationally accredited quality mark that must be complied with in order for a service to be called a family group conference service. This raises questions as to whether some form of accredited quality standard needs to be introduced and whether it would be effective, and what would be the draw backs.

### **6) Practice concerns**

A number of concerns were raised by FGC managers:

- a) There is inconsistency in social worker practice in making referrals, for example not awaiting the family plan before initiating proceedings. One project manager stated that to address inconsistent practice by social workers, there needed to be a clear practice protocol and mandate with all relevant managers.
- b) Some letters before proceedings are being sent out not using a standard template, and without any idea of goals or targets that families need to achieve.
- c) Local authority legal departments were often not clear that the FGC is a voluntary process, cannot be ordered, and needs appropriate time allowed for preparation.
- d) There was unrealistic expectations amongst some social workers re timescales for convening an FGC and in some cases it was treated as a tick box exercise.
- e) The change in the nature of referrals had led to a higher number of referrals not converting into FGCs.
- f) The social worker/legal department not the FGC service are informing families initially about the option of an FGC. Whilst this may be inevitable, it may also deter some families from participating. One suggestion to address this was for information about FGC services to be sent to the family with the letter before proceedings.
- g) There is considerable variation in practice between and within local authorities as to how legal planning, safeguarding processes and FGC preparation timetables fit.
- h) There is lack of consistent follow up support for family and friends care placements.

### **7) Training and awareness of the PLO and FGCs**

23 out of 27 FGC managers who responded had received some form of training about the PLO. However, nearly half of projects who responded had not trained all of their employed FGC co-ordinators and nearly 60% of projects hadn't trained all sessional FGC co-ordinators.

18 out of 27 projects who responded had provided some training to judicial, legal or social work professionals to raise awareness about the FGC model. However, in the main this was with social workers, and it appeared that it was still only a minority of legal teams who had been training/briefed. There were however, illustrations of excellent practice, including presentations to the local Family Justice Council and attendance at the local authority's solicitors' team meeting. There is considerable scope for further work in this arena.

## MAIN REPORT

### 1. Introduction

*“To start with I was very unsure about the whole thing. But I can now say it was the right thing to do. We have sorted out a lot of problems within our family.” – Father<sup>4</sup>*

*“I think this is an excellent facility for families who are willing to confront their issues in an effort to improve relationships.” – Grandad*

*“It felt strange leaving the family to make the plan, but they did. It would have gone to care proceedings without the FGC. It really benefited from having an independent co-ordinator. Any plan the department made would not have been adhered to in the way this has.” – Social worker*

*“I was surprised at how positive and proactive some family members were and how they initiated the plan whilst still being supportive to Joe’s mum.” – Social worker*

#### 1.1 What is a Family Group Conference?

A family group conference (FGC) is a decision making and planning process whereby the wider family group makes plans for children and young people who have been identified either by the family or by service providers, typically local authority children’s services, as being in need of a plan that will safeguard and promote their welfare.

Referrers to child welfare FGCs are normally, but not exclusively, social workers who identify concerns that the FGC needs to address and set out any bottom line as to what is deemed to be safe for the child. Family members and friends have an opportunity for private time during the meeting to draw up a plan, which will be agreed by agencies as long as it is safe.

FGCs were originally developed in New Zealand in response to concerns from the indigenous population about the impact of child welfare decision making on their traditional way of life, and about the number and types of placement of Maori children within the State care system. The FGC is recognised in law<sup>5</sup> in New Zealand as being the key process by which family groups make informed and responsible decisions, recommendations and plans for their children and young people. Indeed it is a requirement that before any child can be taken into state care, a referral for a family group conference must be made. Crucially, the

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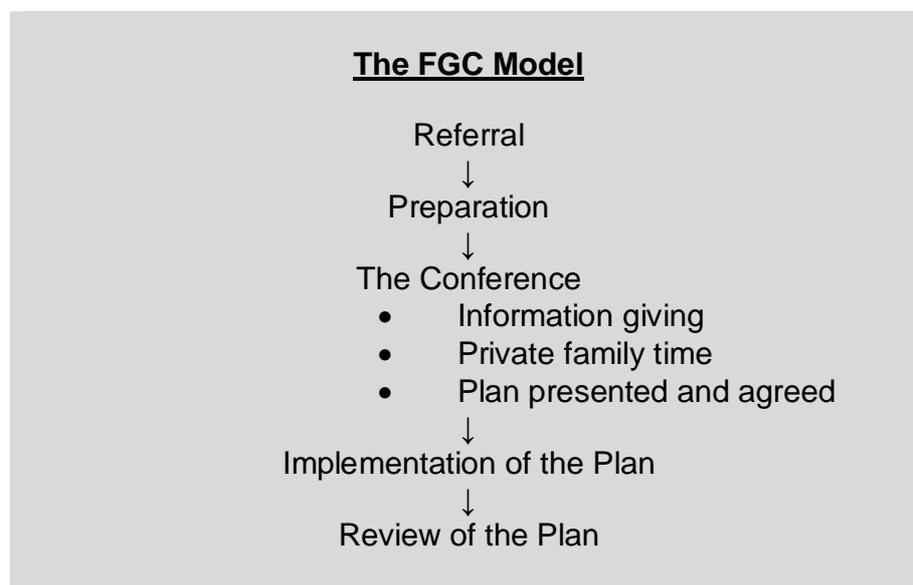
<sup>4</sup> Quotes from children, young people and their families come from feedback forms and evaluation carried out by FGC services in 2006 across the country and permission has been sought to use them.

<sup>5</sup> The Children, Young Persons and their Families Act 1989

FGC aims to empower families, within the State's systems for decision making and planning, so:

- as to make sure that the child or young person will live in a safe environment and be allowed to develop as an individual;
- that the family develops solutions to their current problems, drawing on their knowledge and experience to decide what is best for the child or young person; and
- as to encourage the child or young person to take part in the decisions that directly affect them.

## 1.2 How does the FGC model work?



The key steps involved in holding an FGC are as follows:

### **Step 1. Referral**

- There are concerns about a child's welfare that meet the local agency's criteria for referral to the FGC service.
- A person with parental responsibility (PR) or a child of sufficient age and maturity agrees to the referral and to the sharing of information.
- The case is then referred to the FGC service by the agency (known as 'the referrer').
- The FGC service allocates an independent co-ordinator. Families should be offered the opportunity to request a co-ordinator who suitably reflects their ethnicity, language, religion or gender, and the family's request should be accommodated wherever possible.

### **Step 2. Preparation**

The co-ordinator organises the meeting in conjunction with the child/young person and those with parental responsibility and/or the immediate carers, identifying who is in the family network for the child. This can include close friends.

- The co-ordinator discusses with the child/young person how they may be enabled to participate in the conference and whether they would like a supporter or advocate in the meeting<sup>6</sup>. The supporter/advocate will then meet with the child/young person in preparation for the meeting.
- The co-ordinator meets with members of the family network, discusses worries or concerns, including how the meeting will be conducted, and encourages them to attend.
- The co-ordinator liaises with the referrer and other relevant agencies to ensure family members have appropriate information about:
  - the child welfare and/or protection issues which need to be considered at the FGC. This includes identifying any bottom line about what can, and, importantly, cannot be agreed as part of the plan for the child from the agency's perspective.
  - services that could assist the child or family.
- The co-ordinator negotiates the date, time and venue for the conference, sends out invitations and makes the necessary practical arrangements.

### **Step 3. The conference**

- Information giving – This part of the meeting is chaired by the co-ordinator. They will make sure that everyone is introduced, that everyone present understands the purpose and process of the FGC and agrees how the meeting will be conducted including, if felt helpful by those present, explicit ground rules. The service providers give information to the family about:
  - the reason for the conference;
  - information they hold about the child and the family that will assist the family to make the plan;
  - information about resources and support they are able to provide;
  - any child welfare concerns that will affect what can be agreed in the plan (e.g. that the child must not have contact with a particular person); and
  - what action will be taken if the family cannot make a plan or the plan is not agreed.

The child/young person and family members may also provide information, ask for clarification or raise questions.

- Private family time – Agency staff and the co-ordinator are not present during this part of the conference. The family members have time to talk among themselves and come up with a plan that addresses the concerns

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<sup>6</sup> This is consistent with the child's right under article 12 ECHR to be supported to have a voice at their FGC in relation to plans being made for them.

raised in the information-giving part of the conference, identifying resources and support which are required from agencies, as well as within the family, to make it work.

- Plan and agreement – When the family has made their plan, the referrer and the co-ordinator meet with the family to discuss and agree the plan including resources.

It is the referrer's task to agree the plan of action and it is important that this happens on the day of the conference. There is a presumption that the plan must be agreed unless it puts the child at risk of significant harm.

Any reasons for not accepting the plan must be made clear immediately and the family should be given the opportunity to respond to the concerns and change or add to the plan.

It is important to ensure that any child present has a clear understanding of what is decided and that their views are understood.

Resources are discussed and agreed with the agency concerned, and it is important that, at this point, timescales and names of those responsible for any tasks are clarified. Contingency plans, monitoring arrangements and how to review the plan also need to be agreed.

The co-ordinator should distribute the plan to family members involved and to the social worker and other information givers/relevant professionals. If the child is in need, the social worker should include the family plan on the ICS.

#### ***Step 4. Implementation***

It is essential that all parties implement their parts of the plan within agreed timescales and communicate and address any concerns that arise.

#### ***Step 5. Review of the plan***

There should be a clear process for reviewing the implementation of the plan. A review FGC or other meeting can be arranged to consider how the plan is working, and to make adjustments or change the plan if necessary.

## 2. FGCs in England and Wales

FGCs were first piloted in England and Wales in the mid 1990s and by 2001 were being used in 38% of UK authorities, with varying frequency and application (Brown 2002)<sup>7</sup>. However, recently there has been a substantial increase in awareness of, and referrals for, FGCs as a result of several initiatives from central government:

- § The White Paper, *Care Matters: Time for Change* (DFES 2007) promotes family and friends care as an alternative to children being looked after and announced a training programme to develop capacity for convening FGCs<sup>8</sup>;
- § Following a recommendation in the *Review of Child Care Proceedings* (DCA/DFES 2006)<sup>9</sup> FGCs are cited in the revised version of Children Act 1989 Guidance Volume 1<sup>10</sup> as a useful means of exploring the possibility of safe placements for vulnerable children within their family network rather than them becoming looked after and/or being the subject of care proceedings (paras 3.24 & 3.32)<sup>11</sup>; and
- § The *Public Law Outline* (2008)<sup>12</sup> requires that a record of discussions with the family (which could include a family plan arising out of an FGC) is filed by the local authority when proceedings are issued as part of the pre-proceedings checklist; and that active case management includes encouraging the parties to use an alternative dispute resolution procedure, where appropriate, during the proceedings (para 3.15), which is likely to include the use of FGCs;
- § Best Practice Guidance on PLO<sup>13</sup> reiterates the importance of planning in partnership with whole family and seeking alternative potential carers in pre-proceedings stage as appropriate (Para 2.5.3)

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<sup>7</sup> FGCs are now being used by many local authorities to address a range of issues including: safeguarding children at risk of harm; permanence planning for children who cannot live at home or leaves care; youth offending, anti-social behaviour and truanting and planning for vulnerable adults.

<sup>8</sup> Family Rights Group and the Office for Public Management have been awarded the contract by the DCSF to deliver 12 regional training events aimed to increase the take up of FGCs, from Sep 2009-Sep 2010.

<sup>9</sup> The review recommends *"after all safe, appropriate alternatives have been explored...the Review recommends more consistent local use of early advice, advocacy and support initiatives, such as family group conferences, to help vulnerable families to understand local authority concerns and to be encouraged to address these as early as possible and before proceedings are issued. FGCs should also help to identify potential kinship care opportunities which can then be pursued where these are in the best interest of the child(ren)"* (Para 5.10 page 27)

<sup>10</sup> Children Act 1989 Regulations and Guidance, Volume 1 Court Orders

<http://www.justice.gov.uk/guidance/careproceedings.htm>

<sup>11</sup> In terms of recommendations for Wales see paragraph 3.8 in Welsh version at:

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenact/?lang=en>

<sup>12</sup> Public Law Outline <http://www.justice.gov.uk/guidance/careproceedings.htm>

<sup>13</sup> Preparing for Care and Supervision Proceedings: A best practice guide for use by all professionals involved with children and families pre-proceedings and in preparation for applications made under section 31 of the *Children Act* 1989, published by the Care Proceedings Programme, Ministry of Justice August 2009 This document says... *'One possible tool that the local authority might re-consider at this point is the use of a Family Group Conference/Family meeting which might assist identification of wider family support. However, it must be*

In October 2008 the Family Justice Council awarded funding to Family Rights Group to explore the impact of the Public Law Outline on FGC practice in England and Wales, including:

- Whether FGC practitioners have received training on the PLO and whether they had provided awareness training to judicial, legal and social care practitioners of the FGC model
- Whether referrals to FGC services had risen and whether there had been a shift in which families were receiving an FGC service
- What implications had emerged in relation to practice from the implementation of the PLO and
- Outcome data from FGCs projects since the introduction of the PLO.

### 3. FGC practice standards

The FGC model is still relatively new in this country, with the approach initially piloted in the early to mid 1990s. Unlike family mediators<sup>14</sup>, there is no requirement as yet for FGC coordinators, or the FGC projects employing them, to register with a professional body. However practice standards are now well established as a result of a number of initiatives:

- In 2002, Family Rights Group, Barnados and NCH jointly published Family Group Conferences: Principles and Practice Guidance<sup>15</sup>
- In 2006, with funding from the then DFES, Family Rights Group published The Family Group Conference Toolkit<sup>16</sup> – a practical guide for setting up and running an FGC service;
- Since the early 1990s Family Rights Group has run the national network of Family Group Conference projects in England and Wales<sup>17</sup>. This provides FGC practitioners with an opportunity to share practice experience and develop common approaches to specific problems. For example, in consultation with CAF/CASS and the FGC network, we are currently developing practice guidance for Guardians, FGC co-ordinators and social workers on the use of FGCs for children on the brink of or who are in court proceedings, specifically addressing the involvement of guardians in FGCs.

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*remembered that the child's welfare is paramount and also that the parents should be central to this process and their agreement obtained at the outset and throughout the process*' (para 2.5.3)

<sup>14</sup> Family mediators must be registered with the Family Mediation Council and comply with their requirements for qualification and continuing professional development in order to be able to practice in publicly funded cases.

<sup>15</sup> *Family Group Conferences: Principles and Practice Guidance*, Family Rights Group, Barnados and NCH, 2002

<sup>16</sup> Ashley (ed) (2006) *The Family Group Conference Toolkit – a practical guide for setting up and running an FGC service* (DCSF/FRG/Welsh Assembly Government)

<sup>17</sup> The membership includes 103 FGC services, which constitute the overwhelming majority of FGC projects in England and Wales. Details of network members can be found at [www.frg.org.uk/familygroupconferences](http://www.frg.org.uk/familygroupconferences)

- In 2008, Family Rights Group, in consultation with the FGC network published Using Family Group Conferences for children who are, or may become, subject to public law proceedings: A guide for Courts, Lawyers, CAFCASS and CAFCASS CYMRU officers and Child Care Practitioners<sup>18</sup> which was endorsed by the Family Justice Council and CAFCASS, and approved although not formally endorsed by the DCSF.
- Family Rights Group runs 3 day training for FGC co-ordinators and in conjunction with the national FGC Network and in partnership with the University of Chester is offering an accredited post graduate certificate for family group conference co-ordinators. Some FGC projects are also running training courses which are accredited by the Open College Network.

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<sup>18</sup> [http://www.family-justice-council.org.uk/docs/FGCs\\_and\\_courts.pdf](http://www.family-justice-council.org.uk/docs/FGCs_and_courts.pdf)

## 2. Family Group Conferences - the research context

Since their inception in New Zealand in the late 1980s, there has been widespread interest from academics and researchers into the efficacy of the family group conference model, many seeing it as a significant shift in practice worthy of detailed study. The FGC model is now used in some form in at least 17 countries. As the model has been taken on by other countries and developed to fit the local social and community needs, this emerging practice has been subject to considerable academic scrutiny. Consequently over the last two decades a substantial body of research has grown exploring the FGC model both in the UK and worldwide. Much of this work has focused on the views of key participants involved in the process and their perceptions and views about outcomes. However, due to ethical considerations and the complexity of the process, comparative examination of the model as an alternative to established interventions has been difficult, hence such work is scarce. Similarly due to economic and logistical reasons there has also been a shortage of long-term outcome studies of FGCs.

*'It should be noted that the FGC process and participants' views of outcomes now have more research than other more established models of decision-making giving a lack of comparative data by which to judge them'* Marsh P (2009).<sup>19</sup>

### 2.1 How are FGCs being used?

Since their introduction to the UK in the early 1990s, family group conference practice has broadened in its application. Early projects focused on work in the area of general child welfare and child protection with concerns about its applicability in some circumstances such as addressing child sexual abuse. However, as time has passed, practice has developed to encompass this and the model has been applied to other areas of planning for vulnerable children and adults.

FGCs are now being used in the UK in all areas of child welfare; including in:

- Preventative services
- Safeguarding work
- Court proceedings, both private and public law.
- Looked after children
- Education
- Youth Justice including restorative FGCs.
- Domestic Violence

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<sup>19</sup> Marsh, P (2009) Library and information service. Highlight no. 248.

More recently, some local authorities have developed services using the model to address the needs of adult service users and their families including

- Elder abuse
- Adults with learning disabilities
- Adults with mental health difficulties
- Adults subject to forced marriage

## 2.2 What are the costs of FGCs?

There has been limited detailed analysis of the relative costs of FGCs as opposed to other local authority decision-making processes. This perhaps reflects the complexities in clearly identifying the *real costs* of any local authority intervention and arriving at realistic comparative models. Indeed, in social care generally, until relatively recently, there has been poor data recording and analysis on the relative costs of different interventions.

Local authorities should however, not consider running FGCs on the cheap, without being aware that it could compromise the approach and impact. The costs in running an FGC include co-ordinator and advocate time, venue, food, input from professionals, costs of providing transport and childcare. There are also clearly the additional expenditure involved in setting up and running an FGC service over and above the costs of individual conferences.

Although there is a paucity of evidence on costs is, what research there is indicates that the process is best described as cost neutral or better (Marsh and Crow 1998<sup>20</sup>, Wheeler and Johnson 2003<sup>21</sup>, Merkel-Holguin 2003<sup>22</sup>)

Initially in the development of FGC services the assumption was voiced that giving families the opportunity to determine the resources they need would result in excessive demands on services. However this has not been reflected in the evidence. Marsh and Crow (1998) found that 55% of plans cost less than expected, 39% the same and only 6% cost more than anticipated. Further there is no indication of the process resulting in an increase in costs (Marsh 2009).

Given the increased use of FGCs by families either in proceedings or on the brink of proceedings, there is probably merit in further exploration of the possible cost savings that can result in these circumstances. The evidence would certainly suggest that FGCs may avoid the need for proceedings in some cases if used as encouraged by government guidance<sup>23</sup> and consequently reduce the costs

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<sup>20</sup> Marsh, P and Crow, G (1998) *Family group conferences in child welfare*. Oxford, Blackwell science

<sup>21</sup> Wheeler, C.E and Johnson, S (2003). *Evaluating family group decision making: The Santa Clara example*. *Protecting children*, 18 (1 and 2), 65-69.

<sup>22</sup> Merkel-Holguin, L (2003) *Learning with families: A synopsis of family group decision making research and evaluation in child welfare*, *Protecting Children*, 18, 1 and 2, Englewood, Colorado, AHA.

<sup>23</sup> Children Act 1989 Guidance and Regulations, Volume 1 Court Orders

incurred. The government's review of child care proceedings which preceded the implementation of the public law outline identified the costs of proceedings per child as £25 000.<sup>24</sup>

Various research studies report a significant reduction in the number of care proceedings after FGCs (Morris 2007<sup>25</sup>, Sawyer and Lohrbach 2008<sup>26</sup>, Walker 2005<sup>27</sup>). There are likely to be substantial savings for commissioning authorities from a relatively small number of cases where proceedings are avoided.

Perhaps less easy to calculate are the prospective further costs saved to public services if the FGC results in a plan in which the young person avoids entering the care system and subsequent post care support services beyond childhood.

### **2.2.1 Loughborough University 'cost calculator' for children's services<sup>28</sup>**

In recent years researchers at Loughborough University have developed an effective model for analysing costs of children in the care system and the additional costs incurred as more services are involved. This model allows for comparisons to be more effectively made of different interventions in a child's life from a cost perspective. The researchers are also now applying the approach to children in need. Data produced may inform commissioners of the potential savings resulting from the FGC model that is able to deter cases from evidently costly interventions.

The 'cost calculator' for children's services' (CCfCS) is purpose-designed software that calculates the costs of social care processes and placements for looked after children. It facilitates comparisons between the relative values of different types of care, making it easier to estimate the potential benefits of introducing a range of alternative interventions. The model was developed as part of a research project that aimed to explore the relationship between costs and outcomes for looked after children

Developments are now under way to extend the model to cover costs associated with other processes and agencies. Such a systems approach to cost calculations will make it possible to demonstrate how costs are spread across agencies, so that reducing the costs to one may increase costs to another.

The overall objective of the researchers is to develop it to incorporate unit costs of social care, education, health, mental health, socio-legal and youth justice processes so that eventually it will be possible to calculate the true costs to the

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<sup>24</sup> Department for Constitutional Affairs/ Department for Education and Skills, 2006, Review of Childcare Proceedings, [www.dca.gov.uk/](http://www.dca.gov.uk/)

<sup>25</sup> Morris, K (2007) Camden FGC service: An evaluation of service use and outcomes.

<sup>26</sup> Sawyer, R.Q, and Lohrbach, S (2008) *Olmstead County Child and Family Services: Family involvement strategies*. Rochester, MN: Olmsted County Child and Family services.

<sup>27</sup> Walker, L (2005). *A cohort study of 'ohana conferencing in child abuse and neglect cases*. *Protecting children*, 19 (4), 36-46.

<sup>28</sup> Info available at <http://www.ccfcs.org.uk/about/>

public purse of providing services to children with extensive needs and to explore how these might be better configured to improve outcomes.

The cost calculator is now being used by 15% of English local authorities (n20); however to date the cost calculator has not been applied to FGCs although the researchers have expressed an interest in exploring this area.

It is problematic to draw too many generalisations from a very complicated model of calculation however research using the CCfCS shows that the average cost of a looked after child placed at home is £312 per week.

From its initial study the research team assessed that residential care costs are:

- 8x more than foster care
- 9.5x more than kinship foster placement
- 12.5x more than placement within the family

On these figures taking the above average costs a child placed in a foster placement would cost the placing authority £129,792 per year as opposed to £16,224 for a looked after child placed at home.

The cost calculator figures are based on the 'real' costs incurred by all the systems that support a placement. The model is able to factor in for considerable other costs when additional and multiple difficulties are present, thus a looked after child with additional behavioural, educational and youth justice involvement would incur significantly greater costs per week than the figure quoted above.

These are compelling figures in making an economic argument for the use of FGCs to prevent unnecessary accommodation or to facilitate effective return home for those already in accommodation. Further they add weight to the argument that it is cost effective to commit resources to prevent family breakdown rather than to respond to problems later when more intractable.

### **2.3 To what extent are FGCs being used?**

Most families in England whose children are in need, subject to child protection enquiries or even into proceeding are not offered an FGC. Yet as Chapter 4 describes in more depth, Family Rights Group's audit of local authorities has found that there has been a significant increase both in the number and size of FGC projects over the last few years and particularly the last 12 months

In England 69% of local authorities now have some form of FGC project (in house or commissioned) or are in the process of setting one up (FRG audit, 2009<sup>29</sup>). In Wales 18 out of 22 authorities have an FGC service. This compares favourably with the results of research conducted by Louise Brown who found that in 2002 38% of localities in the UK had some form of FGC service (Brown,

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<sup>29</sup> Family Rights Group (October 2009) Audit of FGC Services (Unpublished data)

2002<sup>30</sup>). Within England there is significant regional variation from 100% in the East of England to 50% in the North East.

Table 1

Percentage of English local authorities with or in process of setting up an FGC Service

North East	50%
North West	65%
Yorkshire & Humberside	62%
East Midlands	78%
West Midlands	64%
East of England	100%
Inner London	71%
Outer London	53%
South East	89%
South West	75%

Source: Family Rights Group Audit, 2009

The survey work Family Rights Group has undertaken with funding from Family Justice Council (described in depth in Chapter 4) found that there has been a significant rise in referrals to FGC projects since the PLO. In some cases it has led to a shift in referral criteria so that families in or on the edge of proceedings are prioritized over early preventative cases. However, overall it does appear that ***the size of FGC services is growing, with 60% of projects in England in 2008/9 now carrying out 50 or more FGCs a year, compared to 30% four years ago*** (Family Rights Group, 2005 survey<sup>31</sup>).

The audit of FGC services conducted by Family Rights Group also indicated that there has been a growth in FGC projects being developed 'in house' as opposed to being delivered by external providers. The FRG audit found approximately 61% of projects are managed 'in house' and 39% are provided externally.

Whilst encouraging for the future development of the model, these figures reflect the fact that family led decision-making is still a relatively marginal activity. Brown concludes that there are still barriers to use and a relatively low take up of the model within local authorities (Brown 2007)<sup>32</sup>.

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<sup>30</sup> Brown L (2002) A Survey of Family Group Conference Use across the UK (University of Bath)

<sup>31</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

<sup>32</sup> Brown, L (2007) *The adoption and implementation of a service innovation in a social work setting-A case study of family group conferencing in the UK*. Social Policy and Society, 6(3), 321-332.

## 2.4 When is the best time to offer families and FGC?

There has also been much debate as to the best time to offer families an FGC and evidence as to when FGCs are most effective is mixed. Brady (2006)<sup>33</sup> argues it is most effective in early intervention, but Marsh and Crow (2000) argue that they are more frequently successful with complex cases because families see the urgency. However, most families when consulted about their experiences of the approach wish it had been referred earlier. Chapter 4 explores this in further detail from the perspective of FGC managers.

## 2.5 How effective are FGCs?

In its early use in the UK there was frequently expressed anxiety about the appropriateness of the model for some categories of case. However, the evidence shows that successful conferences have been held in almost every type of case (including sexual abuse) and at a number of different stages of case management (Marsh and Crow 2000)<sup>34</sup>

As to the effectiveness of FGCs, there is considerable research exploring the immediate outcomes of the process, often with researchers eliciting the views of all participants. Plans are accepted by the referring agency (usually children's social care) in 95-97% of cases even in difficult cases such as sexual abuse (Walker 2005).<sup>35</sup> This research is consistent with the survey findings set out in chapter 4 on acceptance of family plans by local authorities.

A consistent view is that families appreciate this way of working with the FGC being well received by families, young people and professionals (Holland et al 2007<sup>36</sup>, Schmid 2005<sup>37</sup>, Sandau-Beckler et al 2005<sup>38</sup>). Family members express dissatisfaction in 17% of responses compared with a dissatisfaction rate of 53% for traditional meetings (Walker 2005)

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<sup>33</sup> Brady, B (2006) *Facilitating family decision making: A study of the family welfare conference service in the HSE Western area*. Galway, Ireland, Department of Political Science and Health Service Executive, Child and family Research and Policy Unit.

<sup>34</sup> Marsh, P and Crow, G (2000) *Conferences in England and Wales* in Burford, G and Hudson (eds) *New directions in community-centred child and family practice*. New York, Aldine De Gruyter.

<sup>35</sup> Op cit

<sup>36</sup> Holland, S, Aziz, Q and Robinson, A (2007) *The development of an all-Wales evaluation tool for family group conferences: Final research report*. Cardiff, Wales: Cardiff University.

<sup>37</sup> Op cit

<sup>38</sup> Sandau-Beckler, P, Reya, S and Terrazas, A (2005) *Family group decision making in El Paso County, Texas* Protecting Children-Family Group Decision Making. An evidence based decision making process in child welfare, 15, 1 and 2, Englewood, Colorado, AHA.

Holland (2005)<sup>39</sup> reports that children are generally very satisfied with the approach, however Horan and Dalrymple (2005)<sup>40</sup> report that young people often do not feel heard. In this regard there is still variation in practice regarding the support for children in the process and whether advocacy services are routinely offered. As to the effectiveness of the model when used with different ages of children there is relatively little evidence concerning this, however one study suggests FGCs may be least effective when used with children entering teens (Kiely and Bussey 2001)<sup>41</sup>. The latter highlighted the additional support requirements of teenagers and their families as opposed to an issue concerning the appropriateness of the model for this age group

There is some evidence that FGC plans can date quickly especially in chaotic families (Pennell and Burford 2000)<sup>42</sup> and that there is sometimes poor follow through of plans (Sundell 2003)<sup>43</sup>. This reflects the need for the model not to be seen in isolation from other supports and services. A conclusion is perhaps that on its own the FGC is not likely to turn around complex and entrenched family situations without more focused support.

## **2.6 What is the evidence about preparation and private family time?**

As the FGC process becomes a mainstreamed intervention there are concerns that the fundamental features of the model may become watered down and in turn its efficacy and radical nature may be undermined. One such fundamental feature is the importance of the family having private discussion time to make their plan. Evidence shows that private family time is viewed positively by family members but is not always provided consistently.

However some family members express anxieties about private family time. In one study half felt that they would have preferred a professional to remain during Private Family Time but this wish reduces with better preparation (Holland et al 2004).<sup>44</sup> Connolly shows that private time has the potential to promote within-family challenges and self-regulation (Connolly 2006).<sup>45</sup> There is a real risk that the potential benefits resulting from this family determined regulation will be lost if private family time is not adhered to.

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<sup>39</sup> Holland, S, Scourfield, J, O'Neill, S and Pithouse A (2005) *Democratising the family and the state? The case of family group conferences in child welfare* Journal of Social Policy, 34, 1, 59-77, UK, Cambridge University Press.

<sup>40</sup> Horan, H and Dalrymple J (2005) *Promoting the participation rights of children and young people in family group conferences*. AHA.

<sup>41</sup> Kiely, P and Bussey, K (2001) *Family group conferencing: A longitudinal evaluation*. Sydney, Australia: Macquarie University

<sup>42</sup> Pennell, J and Burford, G (2000) *Family group decision making: Protecting children and women*. Child Welfare 79(2), 131-158.

<sup>43</sup> Sundell, K (2003) *Family group conferences in Sweden-continuing social services programs for children and parents*. [www.sos.se](http://www.sos.se).

<sup>44</sup> op cit

<sup>45</sup> Connolly, M (2006) *Up front and personal: confronting dynamics in the family group conference*. Family process, 45(3), 345-357.

Another fundamental feature of the process is that there is sufficient time for the family to be adequately prepared for the meeting. FGCs promote participatory decision-making but adequate preparation is needed so that manipulation does not get used in private family time (Pennell 2006)<sup>46</sup> and that any outstanding problems inhibiting full participation are dealt with prior to the meeting. This is particularly the case with entrenched and conflicted families where participants may start from a hostile position.

Therapeutic change is sometimes a consequence for many participants in the FGC process (Holland and Rivett 2008).<sup>47</sup> Again these potential positive benefits will probably rest on the process being undertaken in an effective and thorough way.

## 2.7 Do family members participate in FGCs?

Most research indicates that there is an average of 6-10 family members participating in each FGC (Marsh 2009<sup>48</sup>, Northwest institute for families and children, Holland et al 2007<sup>49</sup>) and most express the view that they were pleased to attend.

FGC plans often involve a wide range of resources both from the family and from the participating agencies, with support ranging from babysitting to full time care (AHA 2009).<sup>50</sup> Falck showed that there was greater mobilisation of family networks after the FGC compared with controls. (Falck 2008).<sup>51</sup> However others express concern regarding the likelihood of continuing family engagement after a plan has been developed (Edwards et al 2007)<sup>52</sup>. Research concerning the nature of FGC plans and the resources committed to families by services and family members shows a broad range of often family-led supports. Horwitz demonstrated that 88% of FGCs resulted in kin agreements to help with children, 75% in emotional support, 44% support with transport, 35% in emergency respite care of children, and 32% providing a home for the child. (Horwitz 2008). This

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<sup>46</sup> Pennell, J (2006) *Restorative practices and child welfare: Toward an inclusive civil society*. In Morrison, B and Ahmed, E (eds) *Restorative justice and civil society*. Journal of social issues, 62(2) 257-277.

<sup>47</sup> Holland, S and Rivett, M (2008) 'Everyone started shouting': *Making connections between the process of family group conferences and family therapy practice*. British Journal of Social Work, 38, 21-38.

<sup>48</sup> Marsh, P (2009) Library and information service. Highlight no. 248.

<sup>49</sup> Op cit

<sup>50</sup> American Humane Association (2009) *Protecting children; family group decision making* Denver, AHA.

<sup>51</sup> Falck, S (2008) *Do family group conferences lead to a better situation for the children involved?* Oslo, Norway: NOVA (Norwegian Social Research), Ministry of Education and Research.

<sup>52</sup> Edwards, M, Tinworth, K, Burford, G and Pennell, J (2007) *Family Team Meeting (FTM) process, outcome and impact evaluation phase ii report*. Englewood, CO: American Humane Association.

later figure in particular shows the potential life changing nature of family led decision-making for children.

Families reported a feeling of 'togetherness' once they had reached a plan (Holland and O'Neill 2006)<sup>53</sup> and not surprisingly there is extensive evidence of a greater participation from maternal relatives in the process (Northwest institute for children and families 2007<sup>54</sup>)

There is also a reported higher rate of attendance by fathers and father figures at FGCs than at statutory meetings, such as child protection conferences (Ryan, 2000<sup>55</sup>; Marsh and Crow, 1997<sup>56</sup>; Holland et al, 2003<sup>57</sup>)

Children are reported to view participation in their FGC very positively. Most felt they had a say in their meeting and expressed a liking for this way of working as preferable to other types of meetings (Holland et al 2004)<sup>58</sup> Despite these positive comments however only half of children in a latter study felt influential in their meeting (Holland and O'Neill 2006)<sup>59</sup>. As mentioned earlier there is inconsistent practice concerning the involvement of children with the extent of children's participation varying greatly. The lack of direct influence that some children have reported underlines the view that attendance at meetings is not in itself equivalent to active participation (Sieppert and Uhrau 2003)<sup>60</sup>

Concerning the use of the model by black and minority ethnic communities there is very little UK based evidence. Most relevant literature originates from America, Australia and New Zealand. Findings point to mixed results concerning the take up of FGC services by black communities. Two American studies found a significantly higher proportion of black and Native American children participating in FGC processes compared to the overall population of children in care (Velen and Devine, 2005<sup>61</sup>; Gunderson et al, 2003<sup>62</sup>). On the other hand, Merkel-Holguin's review of the research reveals that a limited number of studies actually

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<sup>53</sup> Holland, S and O'Neill, S (2006) 'We had to make sure it was what we wanted': *Enabling children's participation in family decision-making through the family group conference*. *Childhood*, 13(1), 91-111.

<sup>54</sup> Northwest Institute for Children and Families and Catalyst for Kids. (2007) *Finding our roots: Family group conferencing in Washington*, Seattle, WA.

<sup>55</sup> Op cit

<sup>56</sup> op cit

<sup>57</sup> op cit

<sup>58</sup> op cit

<sup>59</sup> op cit

<sup>60</sup> Sieppert, J and Unrau, Y (2003) *Revisiting the Calgary project evaluation: A look at children's participation in family group conferencing*. *Protecting children*, 18 (1 and 2), 113-118.

<sup>61</sup> Velen, M and Devine, L. 2005. Use of FGDM with Children in Care the Longest: It's about time. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

<sup>62</sup> Gunderson, K, Cahn, K and Wirth, J (2003) *The Washington state long-term outcome study*. *Protecting Children* 18(1 and 2), 42-47.

show that white Caucasian families disproportionately take part in FGC compared to minority populations. (2003, p9)<sup>63</sup>

The available evidence from the UK supports the view that black and minority ethnic families may be under represented in the take up of FGC services across the UK. Family Rights Group's 2005 survey of FGC projects in England found similar under use by black and minority ethnic families compared to the representation of black and minority ethnic children in the care population (Lupton and Stevens, 1997<sup>64</sup>; Chand, et al, 2005<sup>65</sup>; FRG 2005 survey). However, when black and minority ethnic communities have been asked about the model, most have found the approach useful (Dougherty 2003)<sup>66</sup> and recognised the model as respectful of cultural traditions and addressing their language and identity issues (Waites et al, 2004)<sup>67</sup>

## 2.8 What is the evidence on FGCs and safeguarding children?

There is now substantial evidence of the efficacy of the model when considering the use of FGCs where there are concerns about the risks to children within families. FGCs provide an opportunity for families to draw on their natural supports and to increase resilient elements within the wider family network to keep children safe. FGCs have been successfully held in situations where there has been substantial abuse including domestic violence (AHA 2009<sup>68</sup>, Pennell and Burford 2000<sup>69</sup>) These positive outcomes are not just in the immediate period after the FGC; a longitudinal study by Kiely and Bussey (2001)<sup>70</sup> demonstrated a reduction in reports to child welfare statutory services post FGC conference.

This finding was echoed by Titcomb and Lecroy (2003)<sup>71</sup> who found that 87% of children did not have a substantial report of abuse or neglect up to three years following the meeting, and by Pennell et al who found that families suffered less maltreatment following an FGC (Pennell and Burford 2000). There is also a corresponding significant reduction in the number of proceedings after FGCs (Morris 2007<sup>72</sup>, Sawyer and Lohrbach 2008, Walker 2005).

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<sup>63</sup> Op cit

<sup>64</sup> Family outcomes: following through on FGCs. Lupton, Carol, and Stevens, Martin University of Portsmouth. Social Services Research and Information Unit Portsmouth: Social Services Research and Information Unit, 1998 ISBN: 186137089X

<sup>65</sup> Chand A, Thoburn T, and Procter J (2005) *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. Jessica Kingsley

<sup>66</sup> Dougherty, S (2003) *Practices that mitigate the effects of racial/ethnic disproportionality in the child welfare system* Casey family programs.

<sup>67</sup> Waites, C, Macgowan, M.J, Pennell, J, Carlton-LaNey, I and Weil, M (2004) *Increasing the cultural responsiveness of family group conferencing* Social Work, 49, no. 2.

<sup>68</sup> op cit

<sup>69</sup> op cit

<sup>70</sup> op cit

<sup>71</sup> op cit

<sup>72</sup> op cit

## 2.8 Do FGCs help reunify children with their families?

There is ample evidence that FGCs have the potential to increase the use of family placements (Titcombe and LeCroy 2003, Sawyer and Lohrbach 2008<sup>73</sup>) and to avoid more intrusive and costly state intervention on behalf of children. FGCs produced plans that were assessed as having prevented children going into public care in 32% of cases and prevented court proceedings in 47%; and made no difference in 21% of cases (Smith and Hennessey, 1998). Edwards found higher rates of reunification for children whose families participated in FGC compared with those who didn't (Edwards et al 2007)<sup>74</sup>

Significant numbers of family members become carers as result of an FGC (Laws and Kirby 2007<sup>75</sup>) and there is a consequent increase in the rate of foster care placements with relative carers (Edwards 2007). These family solutions to placement needs of children are found to be both enduring and in response to children with complex histories. Longitudinal study suggests that FGCs generate additional kinship foster care and respite for children where there was abuse or neglect (Kiely and Bussey 2001).<sup>76</sup> Chapter 4 examines evidence of whether FGCs have led to family and friend placements in specific FGC projects since the PLO.

Participants whether professionals or family members consistently report satisfaction with the outcomes of FGCs. Gunderson (2004)<sup>77</sup> found that parents were happier, communities stronger, children more likely to have better outcomes when placed with family. Social Workers who have experienced FGCs also say they are 'highly effective' in working with kin (Gunderston, 2004)<sup>78</sup>.

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<sup>73</sup> op cit

<sup>74</sup> op cit

<sup>75</sup> Laws, S and Kirby, P (2007) *Under the table or at the table? Advocacy for children in family group conferences*. Brighton, Brighton and Hove daybreak project.

<sup>76</sup> Op cit

<sup>77</sup> Gunderson, K (2004) *Family group conference: Building partnerships with kin in Washington state*, in American Humane Association, FGDM issues in brief, AHA.

<sup>78</sup> Op cit

### 3. Legal context for Family Group Conferences

The Family Group Conference model is entirely consistent with, and indeed promotes, the cornerstone principles underpinning the Children Act 1989 (CA) namely that a child's welfare is best promoted in their family environment unless this would place him/her at risk of significant harm<sup>79</sup> and that the local authority should work in partnership with the child's family wherever possible to achieve this aim.<sup>80</sup> Such partnership is crucial for a number of reasons

- 93% of children who are subject to a child protection plan live at home with their families<sup>81</sup>. Thus, to ignore the family is to overlook the key people who are responsible for the child's day-to-day care including the implementation of the child protection plan.
- There is a widespread body of research which shows that key to the successful protection of children at risk of harm is a positive working partnership between the family and the local authority.<sup>82</sup>
- Mothers and most fathers have parental responsibility (PR) hence their consent is required<sup>83</sup> to any plan for the child, whether they are looked after or not, unless an emergency protection order or care order has been made conferring parent responsibility on the local authority. This is discussed further below.

#### Family support services

The local authority is under a general duty to safeguard and promote the welfare of children in need in their area and, so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs (s.17 CA 1989). The services may be provided for the particular child in need or any member of the family if it is with a view to safeguarding and promoting the child's welfare (s.17 (3) CA 1989).

Although the implementation of this duty hinges on the local authority's assessment of the child/family's need in individual cases, the State's role is clearly to support parents/carers to care safely for their children wherever this is possible and to ensure the child's welfare is safeguarded and protected. This is entirely consistent with the FGC model in which the expectation is that the local

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<sup>79</sup> This is also consistent with the child's rights under Article 8 ECHR and the obligations on the State under Article 18 UNCRC: '*States parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities*'.

<sup>80</sup> Department of Health (1990) *The Care of Children: Principles and Practice in Regulations and Guidance*, London, HMSO

<sup>81</sup> [http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/SFR22\\_2009.pdf](http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/SFR22_2009.pdf)

<sup>82</sup> Department of Health (1995), *Child Protection: Messages from Research*

<sup>83</sup> However, where the child is of sufficient age and understanding the child him/herself could consent to the plan.

authority will confirm which services it will provide to support the agreed family plan.

### **Safeguarding children**

Where there is evidence that gives cause to suspect that a child is or may be suffering significant harm, the local authority is duty bound to make enquiries about the child's circumstances (s.47 CA 1989). These enquiries enable the local authority to decide whether further protective action needs to be taken and whether the parents/carers need support services to help them care for their child. The expectation is that the local authority will work in partnership with the parents/carers to address the concerns and will only intervene to remove the child from their family environment where there are grounds for an emergency protection order or care order.

FGCs provide a convenient and effective mechanism for the local authority and parents/carers to work in partnership to address these concerns and find safe solutions for the child within the family network wherever possible. Indeed they are acknowledged in government guidance in Working Together (2006) as being appropriate in a number of contexts where there is a plan or decision to be made, for example:

- For children in need in a range of circumstances where a plan is required
- For the child's future welfare
- Where child protection enquiries (Section 47) do not substantiate concerns about significant harm but where support and services are required
- Where Section 47 enquiries progress to a child protection conference, the conference may agree that an FGC is an appropriate vehicle for the core group to use to develop the outline child protection plan into a fully worked-up plan.

The local authority retains statutory responsibility for ensuring the child is safe. They therefore need to make clear, when providing information to the family at the conference, what the bottom line is in terms of arrangements for the child so the family are in a position to draw up a safe plan. The guidance in Working Together<sup>84</sup> makes it clear that: *"FGCs do not replace or remove the need for child protection conferences, which should always be held when the relevant criteria are met"*.

### **Placement of looked-after children within their family network**

When children cannot remain at home or within their family network for whatever reason, they may end up being looked after by the local authority in

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<sup>84</sup> DfES (2006) Working Together to Safeguard Children – A guide to interagency working to safeguard and promote the welfare of children, HM Government

accommodation<sup>85</sup> or under a care order. When this situation arises, the local authority has a duty to make plans for them which:

- involve them being placed with their parent or relative or a foster carer or in a residential setting (s.23 (2) CA 1989)<sup>86</sup>; or
- involve the local authority making arrangements for the child to live with their parents or other relatives or friends within their family network unless this would not be reasonably practicable or consistent with the child's welfare (s.23 (6) CA 1989)<sup>87</sup>. In these circumstances, they cease to be a looked after child unless a care order is still in place<sup>88</sup> (in which case the placement with the parent or relative would normally be under s.23(2) above);
- give due consideration to the wishes and feelings of the parents, the child and others who are significant in the child's life about any decision relating to the child while they are looked after s.22(4)&(5); and
- in accommodation cases, are agreed with a person with parental responsibility unless the child is 16 or over in which case they can agree to the plan themselves<sup>89</sup>.

In addition, where there is a plan for a looked after child to be adopted, the adoption agency and court is required to consider whether there are any family members who may be able to look after the child and/or whether there are family relationships which it would be in the child's best interests to maintain (s.1(4)(f) ACA 2002).

FGCs provide an effective and efficient means for the local authority to ensure that all these duties are met because they provide an opportunity for:

- the family to receive coherent and detailed information about any child welfare concerns and for the local authority to be satisfied that the family's arrangements for the child will safeguard and promote the child's welfare;
- the family to identify any possible placements for the child within their family network when the child cannot remain at home with their parents; and
- the parents, children and other family members to give their views and agree any plans with the local authority when agreement is required.

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<sup>85</sup> A child is accommodated with the local authority they are looked after by agreement with those with PR and there is no emergency protection order or care order in force giving the local authority PR.

<sup>86</sup> In pursuance of this duty, the local authority may also place a child with a relative or friends with a minimum of safety checks for up to six weeks provided this is followed by a full fostering assessment (Reg 38 Fostering Services Regulations 2002)

<sup>87</sup> This is soon to be replaced by a new s.22C CA (as amended by s. CYP A 2008) which requires local authorities to consider relatives who are approved as local authority foster carers as first choice carers for a child, after his/her parents, for any looked after child.

<sup>88</sup> GC v LD [2009] EWHC 1942 (Fam)

<sup>89</sup> Reg 3 Arrangements for Placement of Children Regulations 1991

Used early enough, FGCs have the potential to prevent the need for care proceedings for some children<sup>90</sup>, hence it is no surprise that both revised government guidance to local authorities and the Public Law Outline state the importance of exploring all safe options for the child within their family network with records of discussions with the family being required as part of the pre-proceedings checklist, as outlined in section 1 above.

Although it is not legally required, it is arguable that as a matter of local authority policy, families should be offered an FGC before (or in an emergency as soon as possible afterwards) the State takes over decision making for, or care of, a child (e.g. through care proceedings), and that the family should have all the information needed to make an informed choice about accepting the offer of an FGC. Such a policy has already been adopted in a number of local authorities such as Kent County Council, Hampshire County Council, the London Boroughs of Camden and Islington.

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<sup>90</sup> Research has confirmed that where the future of a child is being considered by a court, it is helpful if an FGC is offered early on in the proceedings (Smith and Hennessey, 1998).

## 4. Analysis of FRG survey on the impact of the PLO on FGC services

### 4.1 METHODOLOGY

With funding from the Family Justice Council, Family Rights Group undertook a survey of FGC projects about any child welfare FGCs they have undertaken since the Public Law Outline was implemented. The information gleaned was intended to complement information already gathered in previous surveys about FGC practice e.g.: the length of time it takes to convene an FGC, employment practices and funding arrangements.

Family Rights Group sent an **e-mail questionnaire to all FGC network members in England and Wales**. The survey covered the period from 1<sup>st</sup> April-31<sup>st</sup> December 2008 with the opportunity for the respondents to provide qualitative information to illustrate their responses. It addressed:

- Training on the PLO for FGC practitioners
- Whether the FGC service has provided awareness training for the judiciary, legal and social care professionals on FGCs
- Referrals to FGC service including whether numbers had increased, and whether there had been shift in the nature of referrals
- The number of FGCs held and when an FGC had taken place e.g. before or after a letter before proceedings had been sent or after proceedings was issued
- Family plans, including whether these were accepted by the social worker and whether they had averted the need for proceedings and
- Other observations about the process.

The survey was structured following research consultation from the University of Birmingham. Following the initial questionnaire being sent out, Family Rights Group's policy adviser sent numerous chase-up emails. In total, 26 completed surveys were returned. Some of the data however, was incomplete. It was felt that the low response rate was due:

- Ø To the length of the survey and detail requested, which had deterred some respondents, given other pressing workloads
- Ø To many FGC projects not having information systems in place that could enable FGC managers to elicit the relevant detailed data.

Following further discussion with the University of Birmingham, Family Rights Group therefore sought to maximise the information that could be gathered by supplementing the detailed questionnaire responses with the following:

- A telephone survey of 24 English FGC projects including 20 who hadn't responded to the detailed written survey. This included questions about overall numbers of referrals, FGCs and reviews as well as impressions on the

impact of the PLO (the telephone survey covered the period until end March 2009);

- A short e-questionnaire of 6 organisations (who run in total 12 child welfare FGC projects) only two of which had responded to the written survey and none of whom had been interviewed by phone;
- An audit of the state of English FGC services undertaken as part of work being carried out by Family Rights Group for the Department for Children, Schools and Families to encourage the setting up FGC projects;
- Information from three expert seminars run by our academic adviser, Kate Morris (in conjunction with Professor Judith Masson and Professor Peter March and Jonathan Dickens) with local authority lawyers, social workers and FGC managers on the impact of the PLO.

The statistical data provided by 26 authorities in response to the written survey was interrogated using SPSS. Statistical data gleaned through supplementary methods was tabulated on excel worksheets and interrogated. Cathy Ashley, the Chief Executive of Family Rights Group and Deanna Edwards, Policy Adviser to Family Rights Group studied the written responses provided, drawing out relevant themes and pertinent information.

## **4.2 KEY FINDINGS**

### **4.2.1 Impact of PLO on FGC service: Has the PLO had an impact upon the FGC service?**

This question was included in the written survey to authorities, asked in the telephone interviews and included as part of the e-questionnaire. In total 45 FGC projects responded to this question. 12 said it had no impact, whilst 33 said that the PLO has had an impact, including 16 who thought the impact had been significant.

We are aware that the picture is not uniform across the country, with at least two FGC projects having closed since the PLO was introduced.

#### ***Why did some projects say that the PLO had no impact?***

12 FGC projects said it had no impact. In three cases the explanation was that project had always received heavy end referrals. One respondent stated the expected increase in referrals hadn't occurred.

One project in Wales said that the PLO appeared to having little impact upon practice in Wales. Family Right Group will be exploring this in further depth.

### ***Why did most projects say the PLO had some or a significant impact?***

33 projects believed the PLO had an impact upon FGC services, including 16 who thought it had a significant impact. They cited the following reasons

#### **a) The FGC project has been set up specifically in response to the PLO**

Four FGC projects said they'd been established as a direct response to the PLO. As stated however, we are aware of 2 other projects that have closed over the last year.

#### **b) A rise in referrals of children on the edge of/ in proceedings**

18 projects said the PLO had led to an increase in referrals of cases on the edge of, or in, proceedings. Two of these respondents said that the increase in referrals to the FGC service was in part a reflection of a growing confidence by social workers that FGCs could be used in complex situations and increasing awareness of the FGC model. However, one project said that there had been a subsequent dropping off since the second Laming report. Two projects stated they had both run two court 'directed' FGCs for an authority.

It is important though to raise a note of caution. FGC managers may indeed be correct in attributing the rise in referrals to FGC services as being in part due to the impact of the PLO. However,, it is extremely difficult to disentangle other factors which are also likely to have influenced the number of referrals, namely the shift in climate in children's social care following the death of Baby Peter, which, alongside the impact of the recession on some families' lives, has resulted in an increase in child protection enquiries and rise in care proceedings.

The section below goes into further detailed analysis on the number of referrals made and FGCs held.

#### **c) A shift in nature of referrals including changes in referral criteria to FGC services**

Eight FGC projects said there had been a shift in the nature of their referrals; in some cases this was a reflection of an explicit change to their criteria for referrals, with some authorities now offering all families of children at risk of being accommodated an FGC and review panels now regularly asking if an FGC had been held.

One projects stated that half of the project's funding was now targeted at "PLO" cases. Another project stated that they had been given more funding to ensure that they had experienced co-ordinators to take on high

end cases and have the commitment/job responsibility to meet any expectations to appear in court that might arise.

One of these projects said that since the PLO the local authority's Legal Services Department now notified the FGC service of all Legal Planning meetings, the FGC service would then contact the social worker responsible for the family to consider the option of holding an FGC. In 2008/9 in this authority 40 Legal Planning Meetings had been convened, of which 10 families subsequently held an FGC. Another project stated an FGC co-ordinator sits on the 6 weekly Legal Tracking panel that consists of the Social Care senior legal officer; heads of service for referral and assessment and family support and child protection; and the kinship manager. This panel reviews cases where legal advice has been sought and identifies those where an FGC should appropriately be offered to families. The legal team are also requested to provide copies of legal advice given to social workers, so that recommendations for an FGC can be followed up by the FGC service, as previously these recommendations were not actioned in a significant number of cases.

One project stated that the number of overall referrals they were dealing with hadn't increased, because social workers were now prioritising the ones in court at the expense of others "because they were worried about the court cases".

Another said the numbers of families subject to child protection enquiries had reduced but the number where proceedings had been initiated had increased, the project manager reflected she thought it likely that these would be the same families. In contrast two managers said FGCs were more likely now to be recommended at a child protection conference.

Three projects explicitly said they previously had a wider remit and undertook more preventative work. However, the situation isn't consistent throughout the country, with a few other projects stating that in the last 12 months they had secured other monies, such as Think Family Pathfinder and Parenting Commissioner monies and were now able to expand their referral criteria to offer FGCs to other agencies, including families whose children had a CAF.

#### d) The impact of the PLO upon family engagement in FGCs

One project said that families who wouldn't have been referred previously (either because an assumption would have been made by practitioners that they wouldn't engage, or that there was no wider family (other than mum and the children)) are now being referred to comply with the PLO.

Four projects however expressed concern that families now felt they had to have an FGC and it was less of a voluntary process, which had caused some barriers in working with families including a reluctance to engage. One project said the issue of the 'letter before proceedings' prior to or soon after an FGC referral allows a 'stick and carrot' approach to be used by social workers where the threat of legal proceedings hangs over the family's head. Consequently, they feel coerced to use the FGC process, to demonstrate their cooperation, but do not always feel genuinely motivated to develop, own and implement a family plan. Another project speculated that by the time of proceedings families have so many other people involved in their lives and are under considerable pressure that they can't differentiate an FGC from other processes they are going through.

One FGC manager stated that she had to have ongoing dialogue with referrers re-iterating the voluntary nature of an FGC – and that the FGC service continues to require some level of informed consent from a parent in order to initiate and work through the FGC process.

One project expressed the fear that FGCs were now being used to provide evidence/ammunition against families going to court, rather than an attempt to find a positive solution. At the expert workshops held, FGC projects expressed a worry that refusal to hold an FGC would be held as evidence of failure by the family to co-operate.

Two projects said that the complex family dynamics that is often present in cases going through care proceedings had implications for the FGC service's practice.

#### e) Involvement of other professionals including children's guardians as information givers in the FGC process

14 projects who responded to the detailed survey stated that guardian's sometimes attend the FGC as information givers, 4 projects said guardians never attend and 3 stated they rarely attend or hadn't attended to date.

One project stated that it was the norm for guardians to attend FGCs that were subject to court proceeding and the impact was always beneficial. Another stated that in two cases the Guardian was instrumental in supporting the referral for a FGC. During the meeting they shared information in relation to their role, rather than the specific details of any interaction they had with the subject children or family members. The project manager commented during the first and third stages of the meeting however, the Guardians did need to be restrained from directing family members' considerations, dictating the order of priorities and raising

new issues and information where the social worker was dealing with the matter outside of the FGC. The project manager said that consideration was given to Guardian's attendance and the impact on the dynamics of the meeting. For example, in a recent referral where the allocated social worker and Guardian had both been previously involved with the family when a previous child had eventually been placed for adoption, it was agreed that the tension in the relationship between family members and the Guardian would negatively impact on the dynamics of the meeting.

A couple of projects said the presence of a Guardian enabled family members to ask questions and seek clarification.

However, one project reported that a guardian had tried to insist she should be present in private time and a couple of projects said some Guardians had tried use the FGC to do an assessment. Another project said that they had been told by a Guardian that the legal process ensured the family's views and child's wishes were fully represented so questioned why would an FGC be helpful? Moreover the CAFCASS service local to the project has no manager currently and the FGC manager has been unable to get into the team meeting to discuss FGC's with them. A Welsh project expressed concern that children's Guardians have been obstructive in the past, such as refusing to allow a young person to go in to the room with their family, preventing referrals being made to the service and objecting vigorously to the work of the advocate. One project mentioned that on one occasion where an interim care order was in place and the family wanted to vary the child's plan for contact, while the social worker was willing to put the proposed variation back before the court, the guardian had made clear they would not support such a step.

15 FGC projects said that other professionals sometimes or regularly attend as information givers to the FGC. 3 FGC projects said other professionals never attend.

Those attending include:

- q Health visitors and doctors
- q Schools staff (teachers /head teachers / attendance improvements officers/ school health advisers/ education welfare officers
- q Connexions
- q CAMHS
- q Domestic abuse outreach workers
- q Drugs-alcohol treatment agency
- q Housing
- q Kinship Care workers
- q Mental health workers for parents
- q Police
- q Specialist assessors

q Youth workers

Four projects stated that will invite other professions if they can provide additional relevant information which the referrer cannot, for example the mother's CPN can explain to the family who don't understand the symptoms of the mother's mental health condition. A couple of projects mentioned it was important that professionals don't outnumber family members at the FGC. One project said that the average attendance at FGCs locally for many years had been about 3.5 professionals and 8 family members attending.

A number of projects stated that whenever family members requested these professionals to attend, it has been seen as beneficial for the family and the professionals concerned. One described such input as invaluable. The contribution made by professionals provided families with some relevant and useful information that allowed them to make informed decisions during their discussions in private family time. They had more information as to what was happening with their children, what resources were available and what professional support they could expect in the future.

Professionals have feedback that they were enthused by the empowerment model for families and how families demonstrated responsibility and cohesion in their approach to making their family plans. Some professionals voiced concern re the importance of family plans and whether it would be effective to make a difference

f) Other implications for FGC services and practice

One project said that the PLO has given FGCs a status and therefore they were now taken more seriously by local authority social workers.

One project manager said that family plans made at the FGC are now routinely sent (unless the family say they don't want this) to the child protection conference chair and the IRO if a child is in care so that their plan is given due weight.

Two said cases now have tighter timescales especially if in proceedings; this is explored further under practice concerns below.

One project emphasised that importance of co-ordinators, who did not already have a social care background, increasing their knowledge of the legal context to child welfare referrals in order to practice effectively.

Only one project stated that they had been sub-poenaed to court, but provided no information about the circumstances.

#### **4.2.2 Numbers of referrals and FGCs held, and when**

As stated 18 FGC projects who responded to the written or email survey or telephone interview stated that the PLO had led to arise in the number of referrals of families whose children were on the edge of or in care proceedings.

49 FGC projects provided data on referrals in 2008/9. A total of 4163 referrals were made to the 49 projects<sup>91</sup>. The average number of referrals per project was 85.

22 FGC projects provided data specifically on child welfare referrals made in 2007/8 and 2008/9. ***This reveals a 33% rise in child welfare FGC referrals over the last year.***

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<sup>91</sup> 9 projects provided data only for the first nine months of 2008/9, in such cases the figures have been annualised)

**Number of Child Welfare FGCs in 2007/8 and 2008/9**

Source	1.4.07	1.7.07-	1.10.07	1.1.08-	2007/8 total	1.4.08	1.7.08	1.10.08	1.1.09	2008/9 total (1.4.08- 31.12.08 annualised)	Increase number 2007/8- 2008/9
	- 30.6.07	30.9.07	31.12.07	31.3.08		30.6.08	30.9.08	31.12.08			
BURY	13	4	5	8	30	9	3	6	n/k	24	-6
CAMB	23	20	30	38	111	23	25	40	n/k	117	6
CEREDIGION	8	9	7	8	32	6	14	13	n/k	44	12
COVENTRY	12	10	17	13	52	25	32	17	n/k	99	47
ESSEX					489					569	107
HANTS	43	49	44	35	171	50	59	56	n/k	220	49
ISLINGTON	29	29	17	20	95	13	18	10	17	58	-37
KENT	67	54	76	93	290	121	84	80	96	381	91
LEICESTER	6	3	7	4	20	0	10	6	n/k	21	1
LB LAMBETH	n/a	n/a	n/a	n/a		2	20	10	n/k	43	43
LB TOWER HAMLETS	14	19	20	27	80	17	28	26	n/k	95	15
MEDWAY	18	15	9	14	56	34	8	18	n/k	80	24
NEATH & PORT TALBOT					30					33	3
NORFOLK	n/a	n/a	28	31	59	33	43	49		167	108
OLDHAM	15	11	16	10	52	8	10	5	n/k	31	-21
OXFORD	n/a	n/a	n/a	n/a	0	21	18	16	n/k	73	73
N SOMERSET	10	7	8	12	37	5	5	11	n/k	28	-9
STAFFS	6	7	8	9	30	25	29	26	n/k	107	77
STOCKPORT	15	3	16	11	45	17	8	9	n/k	45	0
TORBAY	23	15	23	11	72	16	11	12	n/k	52	-20
VALE OF GLAMORGAN	6	2	8	20	36	19	7	14	nk	53	17
WINDSOR & MAIDENHEAD					29					42	13

TOTALS	308	257	339	364	1816	444	432	418	113	2382	593
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44 FGC projects provided data on FGCs held in 2008/9. A total of 2935 FGCs (including reviews) were held by the 44 projects<sup>92</sup>. An average number of 67 FGCs was held per project including reviews. 38 projects provided data on the number of review FGCs held, on average projects held on average 22 review FGCs in 2008/9.

The data indicates that ***the size of FGC services is growing, with 60% of projects in England who provided data now carrying out 50 or more FGCs a year, compared to 30% four years ago*** (Family Rights Group, 2005 survey<sup>93</sup>).

#### 4.2.3 Outcomes of FGCs

The majority of FGC projects who responded to the written survey did not provide relevant data; in some cases we were informed this was because such data wasn't systematically recorded. Some projects did respond as set out below, although how outcomes were recorded varied between projects:

##### ***a) Family plans made and accepted by agencies***

The following information has been provided in response to the detailed written survey

Bury – 11 FGCs were convened in 2008/9 including 6 without a letter before proceedings being sent, 1 after the letter was sent and prior to proceedings being issued and 4 held after proceedings were issued. 10 of the FGCs resulted in a family plan, all of which were agreed by the local authority.

Cambridgeshire – 123 FGC were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008, of which 14 were held after proceedings were issued and 7 held after proceedings were concluded. All resulted in a family plan which was agreed by the local authority.

Ceredigion – 15 FGCs were convened in 2008/9 prior to a letter before proceedings and 3 were held after proceedings were concluded. All FGCs resulted in a family plan which was agreed by the local authority.

<sup>92</sup> 5 projects provided data only for the first nine months of 2008/9, in such cases the figures have been annualised

<sup>93</sup> Family Rights Group (2005) Survey of FGC Services (Unpublished)

Coventry – 22 FGCs were held between April 2008 and January 2009, including 8 held after proceedings were issued. All resulted in a family plan that was agreed by the local authority.

Hampshire – In the first nine months of 2008/9, 112 initial child welfare FGCs were held and 73 review FGCs. These included 43 FGCs which were held after a letter before proceedings had been sent, in all 43 cases a family plan was made.

Kent – 366 FGCs were held in 2008/9, with over 95% of families agreeing a plan, which was agreed in over 90% of cases by the local authority.

Leicester – 17 FGCs were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008, of which 8 had been held without a letter before proceedings being sent, 6 had been held after the letter of proceedings had been sent and prior to proceedings being issue and 3 had been held after proceedings had been issued. All had resulted in a family plan which had been accepted by the local authority.

London Borough of Lambeth – of the 11 FGCs held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008 10 resulted in a family plan, of which 9 were agreed by the local authority.

Medway – 19 FGCs were held in 2008/9, in all cases a family plan was made and accepted by the local authority.

Neath and Port Talbot – 23 FGCs were convened since 1<sup>st</sup> April 2009, all of which led to a family plan which was agreed by the local authority. Only two were categorised as PLO cases.

Norfolk – 73 FGCs were held between 1<sup>st</sup> April 2008-31<sup>st</sup> December 2008. Of these 42 were held prior to a letter before proceedings, 40 of these led to a family plan, of which 36 were accepted by the local authority. 14 FGC were held after the letter before proceedings was sent and prior to proceedings being issued, 13 resulted in a family plan, of which 10 were accepted by the local authority. 17 FGCs were held after proceedings had been issued, 16 resulted in a family plan, of which 13 were agreed by the local authority.

North Somerset – of the 19 FGCs convened since 1<sup>st</sup> April 2008, all resulted in a family plan which was accepted by the local authority. This includes 7 FGCs which were held after proceedings were issued.

Oldham – of the 20 FGCs convened since 1<sup>st</sup> April 2008 (excluding reviews), all resulted in a family plan which was accepted by the local authority.

Oxfordshire - 36 FGCs were held between 1<sup>st</sup> April 2008-31 December 2008, of which 4 had been held without a letter before proceedings being sent. They had all led to a family plan that was agreed by children's social care services. Another 7 FGCs had been held after proceedings had been issued, of which 6 had resulted in a family plan, again all 6 plans were agreed by the local authority.

Slough – 51 FGCs were held including 5 which were held after a letter of proceedings was sent and prior to proceedings being issued. All FGCs resulted in a family plan which was accepted by the local authority.

Stockport – 33 FGCs were held, all led to a family plan which was accepted by the local authority.

Torbay – 38 FGCs have been held since 1<sup>st</sup> April 2008, of which 38 resulted in a family plan, which in 37 of cases was accepted by the local authority.

Windsor and Maidenhead – 42 FGCs have been held (including reviews) since 1<sup>st</sup> April 2008, of which 33 resulted in a family plan, all of which were agreed by the local authority.

#### ***b) Avoidance of care proceedings***

Bury – this information isn't collected systematically by referrers, but the FGC project believes in at least one case where an FGC was held without a letter before proceedings being issued, the plan avoided the need for proceedings.

Cambridgeshire – this information isn't yet available for 2008/9. However, data for 2007/8 showed that 73 of the 104 families who had been referred for an FGC to prevent a child from becoming a looked after child had been deemed by the referrer to have achieved its objective. The figure for 2006/7 was 66. This information is systematically recorded by referrers.

Ceredigion – although information isn't collected systematically on whether FGCs have prevented proceedings, there is evidence a care order was rescinded following an FGC resulting in an agreed family plan.

Coventry – In the first nine months of 2008/9, 8 FGCs led to family plans that resulted in an avoidance of care proceedings, according to the referrer. This information is collected systematically by referrers.

Hampshire – In the first nine months of 2008/9, 18 family plans arising from an FGC had led to care proceedings being avoided, according to the

referring social worker. This information is systematically collected from referrers but not all complete the relevant forms.

Leicester - two of the FGCs which has been held before a letter of proceedings had been sent, had resulted in an avoidance of proceeding. However, information isn't systematically collected from referrers as to whether proceedings had been prevented.

London Borough of Islington – of 44 FGCs held in 2008/9, around 20 resulted in avoidance of care proceedings, based upon recording the primary reason for the referrals and then regularly reviewing the legal status and placement of the child for up to 24 months after the FGC.

London Borough of Lambeth – 4 FGCs held in the first 9 months of 2008/9 resulted in avoidance of care proceedings. Currently there is an informal process of information exchange between the referrer and FGC service on outcomes but this will be formalised in due course.

Norfolk - 20 family plans led to the avoidance of proceedings, including 12 which was the result of an FGC held without the letter before proceedings being sent, 6 due to an FGC held after the letter before proceedings was sent and prior to proceedings being issued and 2 due to an FGC being held after proceedings was issued. Information on whether proceedings had been prevented is systematically collected.

North Somerset – feedback indicates that FGCs resulted in the avoidance of care proceedings for 6 children in 3 families since 1<sup>st</sup> April 2008.

Oldham – identified 2 family plans that avoided the need for care proceedings. In one case the child stayed within their wider family under a special guardianship order, in another case two children went to live with a paternal aunt as a result of the family plan. Outcomes information isn't collected systematically by referrers.

Oxfordshire – identified three family plans that had avoided the need for proceedings.

Slough – in period April 2008 to Feb 2009 75 children avoided proceedings as a result of an FGC and follow up support. They report that following the FGC 4 children were removed from requiring a child protection plan, 36 children were supported to remain with their family, 7 children returned to their family from local authority care and 19 lived with family and friends care. There were also two children who were accommodated as child protection concerns were sufficiently serious and no suitable family members were identified.

Stockport – Since 1<sup>st</sup> April 2008 there were 9 family plans drawn up during an FGC which resulted in an avoidance of care proceedings. This information is now recorded systematically.

Windsor and Maidenhead – this information isn't collected systematically. However, the project manager is aware of an FGC which was about planning for the transfer of children living in foster care to be reunified in their father's care.

## Case studies

### Irfan's Story

Irfan was 6 months old and had been placed in foster care because both parents had severe learning disabilities and were unable to care for him safely, although they found this hard to accept this. The social worker referred the family for an FGC to plan for where Irfan could live safely. It was hoped that an FGC could bring the whole family together to plan for Irfan's future and explore alternatives to adoption.

At the time of referral to the FGC service, communication had broken down between the maternal and paternal branches of the family and there was conflict and tension. The referring social worker feared that any potential placement within the family would be jeopardized if the family could not work together. Members of both maternal and paternal family wanted to care for Irfan.

Viability assessments had been undertaken and the outcome of these were that there was some worries about the health of the maternal grandparents, and it was the social worker's assessment that Irfan would be best placed with his paternal aunt & her husband as long as there was significant support and contact from the maternal side of the family. This initially increased the tension and also created dissatisfaction with the social worker by the maternal side of the family. The conflict between the two families gave the social worker sufficient cause for concern that a placement for Irfan in the family might be difficult to sustain given the disagreements, hence twin tracking was underway.

The FGC service ensured that careful and sensitive preparation of all family members took place. The co-ordinator visited all the members of both families individually & spent time listening to the various points of view and hurt feelings and then helping them to focus on how an FGC might help them to keep Irfan within his wider family. The co-ordinator also identified a need for, and found, an advocate for Irfan's mother as her learning disability meant that she had struggled to get her views heard previously.

It was the wish of the parents that Irfan would live with them and the family took this view seriously alongside the concerns from the local authority. After 5 weeks of preparation the family had their initial FGC. 10 family members attended plus the social worker to give information to the family to help them with their decision making and to be clear about what the local authority would not accept. The mother's advocate helped her express her views about what should happen. The father was able to express his own views with support from his family.

Following private family time, the whole family agreed that the paternal aunt and uncle would be put forward for further assessment. Both the mother and the wider maternal family were reassured about contact by the paternal side of the family and together they had made some clear plans. Both sides of the family requested that Irfan move to his aunt and uncle's as soon as possible. Provisional dates were agreed between the families to begin to move Irfan back into his family. The local authority agreed to the family plan.

A review FGC was held 8 weeks later after Irfan had moved to his aunt's home. He was settling well, assessments were well underway, contact was going well with parents and the wider family and the aunt felt supported by the whole family. Neither the family nor the social worker felt the need for another FGC. Irfan is now no longer in local authority care & is thriving within his family

### **Baby Mark's story**

Mark became subject of a CP plan as an unborn child following a referral from probation workers who were concerned about his mother's drug and alcohol misuse and from health workers concerned about her substance misuse and mental health needs. Mark's mother had been diagnosed as having bi-polar disorder with the consultant psychiatrist stating that she was at very high risk of developing post puerperal psychosis following her baby's birth. After an initial assessment by Children's Services a residential parent and child unit was sought, however, due to the mother's potential mental health needs general units would not accept the family. Equally specialist mother & baby psychiatric units would not accept a referral because the mother was not actually unwell, only considered at risk of becoming unwell.

### **Purpose of FGC**

The FGC was offered to enable family members to make plans to -

- Ensure the baby was kept physically safe,
- Not placed at risk from his mother's mental health.
- Not placed at risk from his mother's drug or alcohol misuse.
- Ensure that essential mother/child emotional bonds could be developed.
- To support his mother to develop essential parenting skills.
- Support the mother in engaging with professional services.
- To enable family members to develop a parallel plan for Mark, should his mother not be able to make appropriate and timely changes in her substance misuse; that plan included identifying long-term alternative family carers for the children.

### **Outcome**

All family members made good use of the FGC process and were able to develop a family plan that addressed all the identified issues, including that of alternative family carers.

After Mark's birth, on discharge from hospital, he and his mother moved to stay with a maternal aunt and uncle and maternal grandmother. Maternal family members provided full time 24 hours supervision and support of Mark in his mother's care with close monitoring and support from Children's Services and health professionals.

After 10 weeks, Mark and his mother moved to their own home with a reduced plan of full time supervision and support provided by maternal grandmother and the on-going package of professional support

The involvement of the wider family in the FGC process meant that timely and appropriate family led plans were made for Mark prior to his birth. Children's Services did not have to initiate legal proceedings, nor was there need for Mark to be accommodated to the care of the department. Following birth Mark was able to live with his mother, to develop essential post birth emotional bonds and attachments and to experience minimal carers. The family plan remains in place and in active use.

### **The siblings' story**

The two children's parents were long-term drug users and had mental health problems. Both children had been supported at home for a long time (8-9 years). Eventually they were taken into care voluntarily. The FGC explored what support could be provided from the wider family. The view of the wider family was that they wanted to have ongoing regular contact including overnight contact with the children but that no one could provide permanent care and critically the view of the whole family (including the parents) was that it wasn't in the children's interest to return home. As a result permanent alternative plans were made which included extensive extended family involvement and as a result of the FGC the proceedings were not contested by the family.

### **Baby Tom's story**

Tom was less than a year old on an interim care order and living with foster carers. Tom's mother was in treatment for alcohol misuse and there was a possibility that his father was also misusing alcohol. Mother received very positive reports from the residential programme she was engaged in. Tom's father accessed support from a local service, and also received positive feedback that they had no significant concerns about him.

The FGC led to a family plan for Tom to be placed with his dad, who would have the full support of the maternal family in caring for Tom until such time as mum had completed her treatment and was able to rejoin the family. Tom's dad continued engaging in alcohol support services, took up parenting classes and any other support offered. The Guardian (via the social worker) expressed concerns about the relationship between Tom's parents, and thus relationship counselling was added to the FGC plan, which was agreed by the local authority. The guardian didn't support the plan. A hair-strand test from Tom's dad indicated alcohol use and when the case went to court the judge decided that the placement was too risky.

The family made a plan of an open-ended possibility of father and baby moving in with a paternal aunt, however, this was not agreed by the local authority. The social work team manager concluded that the local authority would support a plan for Tom to be adopted.

### **Baby Clare's story**

A pre birth assessment was undertaken in a residential family unit due to concerns that mum, a single parent, was drinking heavily and misusing drugs. At the pre birth conference, it was agreed that mum, who was accessing support to address her problems, would move in with maternal grandmother after the birth for additional support and Children's Services would monitor progress. Unfortunately the placement broke down after a month following mum return to drinking and drugs and her removal of the baby Clare from the home without the permission of Children's Services. Grandmother hadn't informed Children's Services of mum's actions and it was therefore decided, with mum's consent, to place baby Clare with foster parents.

Mum had previously made allegations against Clare's father for domestic violence and claimed he had mental health issues. The local authority found these claims to be unfounded.

Mum's lifestyle became increasingly chaotic and the local authority requested an FGC to explore the possibility of Clare living with her father and paternal family members, The FGC co-ordinator was able to identify significant members of the paternal family. Mum meanwhile was arrested for violent offences and her drinking and drug taking deteriorated significantly.

Father and paternal family were willing to care for child on full time basis, and therefore the local authority commenced an assessment of father and paternal grandmother with whom father and child would be living. An FGC was held to determine a support package for the father and determine how to contact with mother and maternal family could be managed. Unfortunately no maternal family members attended the conference although invited. The outcome of the FGC was that the paternal family devised a plan to offer practical, emotional and financial support. In addition, the family devised a plan of safety for Clare should her mother turn up unannounced. After the FGC Clare was placed with paternal family.

At the review FGC Clare's mother and maternal family attended as well as paternal family members. The plan for support for father from paternal family was working well and needed very little adjustment. Therefore the focus of review was to organise contact for maternal family and agree the plan of safety if mother turned up without agreement.

Mum promised to seek help to address her drink and drug problem. A contact plan for mum and maternal family members was agreed. The plan to date has been working for four months.

## **Brian's Story**

### **Background**

Brian was accommodated under Section 20 of the Children Act after his mum was found unconscious and taken to hospital following misuse of drugs and alcohol. Brian was in her care at the time.

### **Purpose of Family Group Conference**

A Family Group Conference was convened to enable the family to be involved in plans for Brian's future care; i.e.,

- How could extended family members support mum to parent Brian if assessments showed that he could return to her care
- Support for mum to address her drug/alcohol issues
- Support for mum to address her housing issues
- Whether there were any other family members who would be prepared to be assessed as a carer for Brian if assessments showed that he was not able to return to his mum's care.

### **Outcome**

The family was able to make a plan around all of the above points. At the time of the Initial Family Group Conference, mum was not in a position to have Brian returned to her care, therefore, assessments were carried out of paternal and maternal grandparents and Brian was placed with his paternal grandparents.

Four Review Family Group Conferences were held for Brian. At the third Review, paternal grandparents expressed difficulty in continuing to care for Brian as they did not feel that their accommodation was suitable in the long term - they lived in a one bed flat and had to sleep on the living room floor to enable Brian to have his own room.

Mum was attending weekly appointments with drug and alcohol services and was tested weekly. All the samples were clean.

Mum was having regular contact with Brian, with support from grandparents and this was reported to be of good quality. The family plan suggested that Brian move to his maternal grandmother. Mum would also move to the grandmother's home, and grandmother would support her with Brian's care. The local authority refused to accept the family plan and refused the family's request for new assessments of maternal grandmother and mum to be carried out. At the final review, the family proposed that Brian return to his mother's care. The local authority stated that they would take legal proceedings if Brian were returned to his mum.

The family implemented their family plan and returned Brian to his mother. The local authority took legal advice and was informed that Brian is not at risk of significant harm, therefore the threshold for care was not met. Brian remains in the care of his mum, who remains drug free. School and health professionals report that he appears well cared for.

#### **4.2.4 When is the optimum time to make a referral?**

Four respondents to the survey said referrals are being made late in the process and it *“seems as if so long as a referral has been made the social worker has met what they feel the PLO Checklist has asked for, without necessarily taking the family plan into full account.”* However, another project stated that as a result of the PLO referring social workers were actively seeking to use the FGC as early as possible and seeing beneficial effects.

One project manager cited an example where an FGC had been offered too late when a beneficial impact could have been made much earlier e.g. in the case of 3 children who had been in foster care 10 months when the decision was made that they could not go home and only then did the local authority use an FGC to look to the kinship network.

The detailed written survey asked projects when the optimal time was for a referral to an FGC. 15 projects stated when the first child protection review conference is convened or earlier. The explanation given by one project manager was that it was preferable if all referrals were pre-child protection as we would like to prevent children from being at risk of significant harm whilst parallel planning within a Family Plan for what should happen if things do get worse. Another stated ideally referral following the S.47 investigation would provide an opportunity for the family to have clarity about the concerns of agencies and identify existing and potential support networks to address those concerns sooner rather than later. Three projects recommended holding the FGC as early as possible before views become entrenched and to prevent the adversarial nature of the court arena impacting upon families.

Five projects stated that there should be an opportunity for referrals from any time along the child welfare continuum from section 17 referrals to care proceedings as a direction. Two stated that families always say that FGCs should have been offered earlier.

Two projects state for referrals of Section 17 cases, we have observed that some families working really well with the FGC process and plans can be made to prevent accommodation / prevent the initiating of proceedings and progression of the child protection plan. The project managers stated however, it is also true that some families respond better to statutory processes.. They also pointed out that it is crucial in such circumstances for referring workers to have a ‘clear bottom-line’ re what Children’s Services will do if the family can’t make a safe plan for their children.

Another point raised was that it assisted if referring social workers had done an assessment of need and were clear about the risks for the children involved.

One project manager said that in relation to the PLO process, she felt the first review child protection conference offers families the best and earliest chance to contribute meaningfully to the child protection plan. The core assessment has been completed so concerns should be clear and the child protection process underlines the seriousness of the situation but matters have often not yet escalated to legal action.

The overall consensus amongst FGC projects is however, reflected in the following quote: *“It depends on where the family is up to in realising the seriousness of concerns. Although a referral earlier on in the process is beneficial, some families haven’t realised the seriousness until a letter has been issued or proceedings have issued and are then keen to engage in the FGM process.”* - FGC manager

#### **4.2.5 Practice concerns**

The following practice and process concerns were raised by respondents to the surveys and/or in the workshops held:

**a) *There is still inconsistency in social worker practice of making referrals*** as part of the PLO and the process is often uncertain, be it in relation to referrals to FGCs or social worker not awaiting the family plan before initiating proceedings (three respondents). One project said social workers and team managers insist on ‘parallel planning’, but in practice this detracts from a genuine intention on their part to support implementation of the family plan.

One project manager stated that to address inconsistent practice by social workers, there needed to be clear practice protocol and mandate with all relevant managers.

**b) *Some letters before proceedings are being sent out not using a standard template, and without any idea of goals or targets that families need to achieve.*** (Expert workshop) One FGC project also said that the borough solicitor had continually requested more information from the FGC than the family plan, and that this had needed to be addressed.

**c) *Local authority legal departments are often not clear that it is a voluntary process, cannot be ordered, and needs appropriate time allowed for preparation.*** The FGC project has to address such expectations.

**d) *There are unrealistic expectations re timescales for convening an FGC*** (e.g. a week), with some social workers seeing it as a “tick box approach” (four respondents). A concern was expressed at the workshop held that once a letter

before proceedings had been sent, the social worker was already psychologically working out how to go to court rather than how to avoid proceedings.

Equally one project manager said poor practice and unrealistic expectations had prompted discussions with team managers about what is possible and what would and would not constitute an FGC. In this, it has been helpful to have the FRG/FGC Network/FJC guidance and it represented an opportunity for talking about FGCs as something they need as opposed to something we “sell”. The usefulness of the FRG/FGC Network/FJC guidance was also mentioned by a number of FGC projects at a national FGC meeting.

***e) The change in the nature of referrals had led to a higher number of referrals not converting into FGCs (two respondents)***

Another project said that referrals of children in proceedings were more complex and therefore took longer.

***f) The social worker/legal department not the FGC service are informing families initially about the option of an FGC.*** Whilst this may be inevitable, it may also deter some families from participating. One suggestion to address this was for information about FGC services to be sent to the family with the letter before proceedings (Workshop)

***e) Cases are now less amenable to finding family and friends care solutions*** although the respondent didn't elaborate on this point (one respondent).

***f) The importance of vulnerable adults having access to an advocate at an FGC was highlighted,*** given the serious nature of cases now being considered at FGCs.

***g) Considerable variation in practice between and within local authorities as to how legal planning, safeguarding processes and FGC preparation and timetable fits.*** An exercise conducted at the workshop held revealed significant differences in perception as to how the various processes should complement each other rather than the impact of the FGC be undermined by timescales required of other statutory planning processes,

***h) Lack of consistent follow up support for family and friends care placements***

One project manager raised concerns that there is a tendency for local authorities to now push family and friends care options at the last minute without providing clear follow up support for such placements. This concern is consistent

with findings from a freedom of information survey on family and friends care carried by Family Rights Group<sup>94</sup> as well as calls to our advice service.

***h) Increased scrutiny of inconsistent practice/quality across FGC projects.***

FGC projects raised at the expert workshop that increased interest in FGCs has led to renewed scrutiny and one local authority had decided to run the FGC service inhouse rather than continue commissioning it. Concern about the variation in practice standards operated by some FGC services whose authorities are trying to cut corners has been raised by a number of FGC projects at the national FGC Network. Discussion is taking place as to merits of an accredited quality mark for FGC projects, the feasibility of such a step requires careful consideration and input from stakeholders across the judiciary and social care fields as well as service users.

***i) Naming any meeting with a family, an FGC***

One project in Wales expressed concern that social workers are holding meetings with families individually and then calling these FGCs. The project manager stated that the language in Rights to Action (the equivalent to 'Every Child Matters' in Wales) is more ambiguous about the use of FGCs before a letter of intent to pursue legal proceedings is issued.

#### **4.2.6 Training and awareness of the PLO and FGCs**

FGC projects were asked in the detailed written survey and in the short email questionnaire which of their staff had any training on the PLO.

***a) FGC Managers:*** The vast majority (23 out of 27) of FGC managers who responded had received some training, for example:

- Ø some staff attended a half day in-house briefing organised by the Quality Assurance Manager for Court Work and Associated Cases.
- Ø In one authority the manager attended a half day seminar (Feb 08) where the FGC service, kinship team and the local authority's legal dept delivered a joint workshop on how to address the impact of the PLO.
- Ø one project manager stated that she had attended a regional training day organised by the Ministry of Justice.

***b) FGC co-ordinators:*** The picture was considerably more mixed in relation to co-ordinators, with just under 50% of projects who responded not having trained all their employed co-ordinators and nearly 60% of projects not having trained all their sessional co-ordinators on the PLO. However,

- Ø one authority stated that training in the PLO was mandatory for all child care staff.

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<sup>94</sup> Ashley and Roth (2009) Report on Freedom of Information Survey of local authority family and friends care policies (Family Rights Group)

- Ø in five authorities the council's legal dept had attended FGC team meeting to explain the PLO and its implications and in one of these authorities the PLO also now part of the internal induction programme for all new co-ordinators.
- Ø Another commissioned FRG to run a half day legal session for their FGC staff and also had a staff member attend a training for trainers day so that they could facilitate further training for FGC staff.

Only a third of the training received had been evaluated.

***c) FGC services providing training to judicial, legal and social work professions:***

18 out of 27 projects who responded had provided some training on FGCs to judicial, legal and/or social work professionals.

- Ø In a couple of cases a FGC project manager had provided a half day or full day training session for the legal services team.
- Ø Two projects had given presentations to the local Family Justice Council, whilst another had given a presentation to the legal team managers in her own and neighbouring authorities as well as to a Judge on FGCs and working to court timescales.
- Ø Two other FGC managers had attended the local authority solicitors' team meeting to discuss how FGCs and the PLO related to one another and the implications.
- Ø Two projects had briefing and question and answer sessions for judges, magistrates, solicitors, barristers and social care workers.
- Ø In one authority the FGC service had run a half day workshop for social work staff with Family Rights Group.
- Ø In another authority, they were introducing a rolling programme of training for all existing social care staff and it was also to be incorporated in the induction of new staff and those returning after a period of absence.
- Ø Others also stated they had trained social workers (and their managers), in some cases the training focused upon their role as potential referrers.
- Ø One project manager also stated that he gives a two hour presentation to third year social work students at a local university..
- Ø Projects in the South West of England raised that their authorities had contributed financially to the South West conference on 'FGCs and the PLO'. One authority mentioned that attendance was offered to all within social care in the authority including legal services but no court officials attended although some guidance did.
- Ø A Welsh project stated they had run an introductory course on FGCs, including the interface with the PLO for workers from education, health and social services.
- Ø One project manager stated that they had delivered an awareness session to Children's Guardians and there was definitely more scope, if time were

permitting, to educate Children's Guardians about FGC practice and principles. Another stated she had attempted to provide input at CAFCASS team meetings but so far the offer hadn't been taken up.

<b>Training and awareness</b>							
	<b>FGC service training on PLO FGC service Training on PLO FGC Service Training on PLO</b>			<b>Has that training been evaluated</b>	<b>Have legal or social care professionals been trained on FGCs</b>	<b>Has that been evaluated</b>	<b>Is the FGC Service represented on the FJC</b>
<b>Source</b>	<b>Project Manager</b>	<b>Employed coordinators</b>	<b>Sessions</b>	<b>Evaluation</b>	<b>Judges Etc</b>	<b>Evaluation</b>	<b>Represented Local FJC</b>
BURY	Yes	All	Some	No	Some	Yes	No
CAMBRIDGE	Yes	All	All	No	Yes	No	No
CAMDEN	Yes	n/a	All	n/k	Yes	n/k	No
CEREDIGION	Yes	n/a	All	No	Yes	Yes	No
COVENTRY	Yes	All	Some	Yes	Yes	Yes	No
DEVON	No	No	No	n/a	No	n/a	No
ESSEX	Yes	All	All	No	No	n/a	No
FLINTSHIRE	Yes	n/a	All	No	No	n/a	n/k
HANTS	Yes	All	Some	Yes	Yes	Yes	No
ISLINGTON	No	n/a	No	n/k	No	n/a	No
KENT	Yes	All	n/a	No	Yes	No	No
LEEDS	Yes	Some	n/a	No	Some	No	No
LAMBETH	Yes	Some	n/a	Yes	Yes	Yes	No
LEICESTER	No	No	n/a	n/a	No	n/a	n/k
MEDWAY	Yes	All	Some	No	No	n/a	No
NEATH & PT	No	No	No	n/a	Yes	Yes	No
NORFOLK	Yes	Some	n/a	No	Yes	No	n/k
N.SOMERSET	Yes	n/a	Some	Yes	Yes	No	No
OLDHAM	Yes	All	No (in process of)	No	Yes	n/k	No
OXFORD	Yes	Some	No	n/k	Yes	No	n/k
STOCKPORT	Yes	All	All	No	Yes	Yes	No
SLOUGH	Yes	n/k	Some	No	No	No	No
STAFFS	Yes	Some	n/a	No	Yes	Yes	Yes
TORBAY	Yes	All	All	Yes	No	n/a	No
VALE OF GLAMORGAN	Yes	n/a	n/a	No	Yes	No	No
WARWICKSHIRE	Yes	All	n/a	Yes	Yes	Yes	Yes
W&MHEAD	Yes	n/a	All	Yes	No	n/a	No
<b>TOTALS</b>	yes=23 no = 4	All = 11 Some=5 No = 3 n/a = 7 n/k = 1	All = 8 Some =6 No = 5 n/a =8	Yes=7 No=14 n/a=3 n/k=3	Yes=16 Some=2 No=9	Yes=9 No=8 n/a=8 n/k=2	Yes=2 No=21 n/k=4

#### ***d) Representation of FGC projects on their local FJC***

Only two FGC projects stated that they were represented on their local Family Justice Council. In one case the representative is a member of the FGC steering group and a member of the county's legal team.

#### **4.2.7 Recognition of other factors at play aside from the PLO**

As state above, local authorities are having to deal with a range of pressures, including the impact of the recession creating additional stresses on some families and the consequences of the serious case reviews into death of Baby Peter. One authority stated that following the Laming review, over 160 staff had moved jobs and whole new teams being established with new managers etc. This has had a profound effect on the referral rates such that it has been difficult to ascertain a pattern and identify the impact of the public law outline.

## **5. Where to get further information on Family Group Conferences**

### **5.1 How can I find an FGC service in my area?**

The coverage of FGCs across the country varies. Some local authorities have very well established in house FGC services which are run at arms length to Children's Services. In other areas there are FGC services that are entirely independent of the local authority which either have contracts with voluntary sector (and occasionally private sector) providers or spot purchase services from external providers.

If you would like to find out if your local area has an FGC project which is a member of the national FGC Network you can check on [www.frg.org.uk](http://www.frg.org.uk) where there is an FGC project list. Alternatively you can contact [dedwards@frg.org.uk](mailto:dedwards@frg.org.uk)

However, you should also be aware that the availability of FGC services is currently in development: as discussed in chapter 1, the government has committed to expanding the capacity to deliver FGCs nationwide<sup>95</sup>, hence a programme of regional training events on FGCs is being delivered from Autumn 2009 – Autumn 2010. As a result of which new projects may be established and existing projects may be expanded. Further information about these training events can be found at [www.frg.org.uk/dscf\\_fgc\\_training\\_events.html](http://www.frg.org.uk/dscf_fgc_training_events.html)

### **5.2 What is the national FGC network?**

Family Rights Group runs a national FGC network for UK FGC projects. The aims of the network are to

- promote good FGC practice
- develop the use of FGCs,
- disseminate information about FGCs and
- provide advice and guidance on FGC practice.

The network is serviced by FGC policy advisers who have extensive knowledge of FGCs and are experienced FGC practitioners. The network runs free quarterly network meetings/workshops, produces a tri-annual newsletter and offers a 10% discount on publications and selected training courses.

For further information on the FGC network contact Deanna Edwards ([dedwards@frg.org.uk](mailto:dedwards@frg.org.uk)).

To join the network contact Sheila Martin ([sheila@frg.org.uk](mailto:sheila@frg.org.uk)).

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<sup>95</sup> Family Rights Group and the Office for Public Management have been awarded the contract by the DCSF to deliver 12 regional training events aimed to increase the take up of FGCs, from Sep 2009-Sep 2010.

There are also locally self-organised regional FGC networks, with the South West regional network particularly active, for example they organised a conference on FGCs and the PLO earlier this year.

### **5.3 What information is available for families about FGCs?**

A free advice sheet on FGCs is available for family members and others who wish to find out more about the process. This can be downloaded from the following site: [www.frg.org.uk/pdfs/3.%20FGC/pdf](http://www.frg.org.uk/pdfs/3.%20FGC/pdf)

### **5.4 What information is available for professionals on FGCs?**

Other available literature includes:

- *Family Group Conferences: Principles and Practice Guidance*, Family Rights Group, Barnardos and NCH action for Children 2002
- *The Family Group Conference Toolkit – a practical guide for setting up and running an FGC service*, Ashley (ed) (2006) (DCSF/FRG/Welsh Assembly Government)
- ‘*Using Family Group Conferences for children who are or may become subject to public law proceedings*’. This guidance has been produced in consultation with FGC network members, CAFCASS and the Family Justice Council and has been endorsed by both CAFCASS and the FJC. It provides information and guidance to courts, lawyers, CAFCASS and FGC staff and referrers on FGC practice.
- Guidance on the ‘recording of information in FGC projects’ and summaries of recent research.

To access these and other information on FGCs go to [www.frg.org.uk](http://www.frg.org.uk)

### **5.5 What training and consultancy is available on FGCs?**

Some FGC projects run training courses which are accredited by Open College Network

In addition to the DCSF regional training events referred to above, Family Rights Group offers a full range of training and consultancy on FGCs, including

- an accredited 3 day training courses for FGC coordinators,
- courses on advocacy in FGCs, legal training for FGC practitioners and hearing children’s voices in the FGC.
- bespoke training and consultancy to meet local needs, for example on referrers and to raise awareness generally.
- in conjunction with the national FGC Network and in partnership with the University of Chester FRG is also offering an accredited post graduate certificate for family group conference co-ordinators.

For further information contact Cathy Ashley [cashley@frg.org.uk](mailto:cashley@frg.org.uk)

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