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2. Scope

3.1 This document sets out the criteria and process by which families can access London Borough of Havering's Family Group Conference Service. It provides guidance on the principles and procedures that will be followed to support and empower families to develop their own plans for keeping their children safe. It should be read by staff working within Children's Social Care.

3. Defining Terms

- 4.1 Family Group Conference (FGC) refers to a decision making and planning process in which a family group makes plans and decisions for children and young people who have been identified by LBH Children's Social Care as being in need of a plan to safeguard and promote their welfare.
- 4.2 **Family member** is a broad term that refers to all those people who the family perceive as supportive. They can consist of blood and non blood relatives.
- 4.3 **FGC Co-ordinator** is a member of LBH staff who co-ordinates the Family Group Conference process from referral to review and is key to promoting the ethos of family empowerment and solution-focused thinking within this process.

4. Aims and Objectives

5.1 The aim of this policy is to ensure the FGC Service provides a fair and accessible forum that in line with statutory requirements, supports and empowers families to care safely for their children. It will help ensure that safe and productive FGC's lead to improved outcomes for children. It aims to ensure services are delivered in accordance with the timescales outlined.

5. Policy Framework

- 5.1 The Family Group Conference model aims to empower families to use their expert knowledge of their family unit to create a plan that will safeguard and promote the welfare of the children within the family.
- 5.2 The ethos of the Family Group Conference mirrors that of the Children Act 1989, Human Rights Act 1998 and the United Nations Convention on the Rights of the Child (UNCRC). A fundamental principle of these Acts and the UNCRC is that children should be supported to live with their families unless safeguarding issues prevent this. Care Matters 2007 proposes a number of initiatives to support this, one of which is the promotion of the FGC model.
- 5.3 The Public Law Outline directs Local Authorities to undertake pre-proceedings assessments and to try to work with families to enable them to provide safe care for their children before bringing the matter to Court, unless the child is at immediate risk of significant harm. Courts expect Local Authorities to provide evidence of preventative interventions prior to the progression of planned proceedings.
- 5.4 Non-statutory practice guidance in 'Working Together' 2010 sets out the core principles of FGC's and makes recommendations regarding circumstances under which they should be convened.

- 5.5 LBH delivers its FGC service in line with the principles set out by Barnardo's, the Family Rights Group and NCH as follows:
- Families have the right to clear, appropriate information about the family group conference process.
- o Families have the right to be involved in the planning of the meeting.
- Family members have the right to be acknowledged as decision-makers in the family group conference process.
- Families have the right to private family time and a supportive and safe environment to make plans.
- Families have the right to have safe plans agreed and resourced.
- Families have the right to be involved in the development of family group conferences.

6 Equalities and access

- 6.1 The FGC Co-ordinator will try to ensure the FGC process is experienced as inclusive and non-discriminatory by discussing the individual circumstances of each family member with them and tailoring the FGC as appropriate. Particular attention will be given to the characteristics of race, religion / belief, pregnancy and maternity status, age, sexual orientation, disability, sex and gender reassignment although any factors that the family identifies as a barrier to engaging in the FGC process will be taken seriously and reasonable adjustments made.
- 6.2 The FGC Co-ordinator will take time to understand how religious beliefs, cultural traditions and other lifestyle factors influence how the family operates as part of the preparation stage.

- 6.3 The family will decide what language will be used at the family group conference, with interpreters provided for the others present as needed.
- 6.4 Information on the FGC process is available in a variety of languages including Braille and audio transcripts.
- 6.5 The format of the FGC will be adjusted as necessary in order to accommodate breast feeding mothers, prayer time, medical or psychological requirements or any other need as appropriate.
- 6.6 The FGC will be held in a location of the families choice, subject to risk assessments by the FGC Co-ordinator. The FGC Co-ordinator will make the reasonable adjustments required to support access to the venue.
- 6.7 Light refreshments will be provided with regard to cultural, religious and other beliefs.
- 6.8 LBH's FGC service recognises that families consist of blood and non blood relatives and that conceptions of family often vary by religion, cultural or other beliefs. LBH's FGC service has a broad conception of the term 'family' and will seek to engage all those people that the child and their immediate carers identify as family.
- 6.9 An individual approach to understanding each family member's communication method is taken and accommodated within the FGC process. These may include the use of British Sign Language, symbol system, communication aids or other methods of communication.
- 6.10 An Equality Impact Assessment of LBH's Family Group Conference processes has been carried out and can be found on Havering's website.

7 Comments, Compliments and Complaints

- 7.1 Children and / or their families can make comments, compliments and complaints about the Family Group Conference service and another services they receive from London Borough Of Havering by:
- Telephoning Complaints Team on 01708 433587
- o By filling in the complaints form (alternative languages and formats available)
- Faxing in comments, compliments or complaints to 01708 434014
- Emailing comments, compliments, complaint to social_services_info_complaints@havering.gov.uk
- 7.2 Children may find it more difficult to exercise their right to complain and can be supported in this process by a trusted adult where the young person requests this. In particular, children and young people in care should be signposted to the Children's Rights Advocate for support in making a complaint.

8 PROCESS

- 8.1 The FGC process has five distinct stages:
 - 1. Referral;
 - 2. Preparation;
 - 3. Conference;
 - 4. Implementation of the Plan;
 - 5. Review of the Plan.

8.2 Stage 1: REFERRAL

The FGC service accepts referrals for families where:

- A child has been taken into care as an emergency;
- A child is being rehabilitated to family members after being looked after;
- A significant change is proposed in a child's care plan that involves family members in the child's care provision;
- They are working with the Duty and Assessment, Children In Need and/or the
 Children with Disabilities Team(s) and child protection procedures are imminent;
- Public Law Outline processes have been instigated;
- They are working with a Family Intervention Projects;

Obtaining consent

The FGC process should be fully explained to the family in plain language and without jargon before a referral is made to the FGC service. Consent must be sought before the FGC referral is made and a record of this consent made.

The process and purpose of the FGC should be explained to the child as age/understanding appropriate and an explanation of their involvement in the process must be given. There is literature available from the FGC service to support this work.

In cases where LBH has decided to issue care proceedings, consent is not needed from the family before a referral is made to the FGC service. Consent should nevertheless be sought, but the referral should be made even if consent is withheld.

Referral process

The practitioner and their Team Manager should agree the purpose of the FGC, expected outcomes and the concerns the family will need to address before making the referral.

Once consent has been obtained and the purpose of the FGC clarified, the FGC referral form should be completed and forwarded to the FGC Administrator in the S&SSU. Particular attention should be paid to ensuring any issues of health and safety or potential risks are clearly identified.

Within two working days of the referral form being received an acknowledgement and estimated allocation date will be provided to the practitioner and the family members.

If there is a waiting list for the allocation of a Co-ordinator the practitioner will be informed of the expected allocation date. Cases will be allocated in date order unless the referral is for an unborn child, or if legal proceedings have been initiated – these cases will be prioritised. The adults with PR will have an initial telephone call from the FGC Co-ordinator to explain the FGC process and the expected start date.

The FGC Co-ordinator will aim to complete the conference within eight weeks of the allocation date.

8.3 Stage 2: PREPARATION

Once the FGC is assigned to a Co-ordinator stage two ('Preparation Stage') begins. An initial referral meeting between the practitioner and FGC Co-ordinator will be arranged, usually within one week of the allocation date. This meeting will clarify the critical issues that the FGC will address, any risk management issues and will decide the scope of the report that the practitioner will need to complete to present to the FGC.

The FGC Co-ordinator will visit the adults with PR to explain the process and explore who they would like to attend the conference.

In consultation with the family members, including the child / young person and the practitioner and their team manager, the Co-ordinator may decide to exclude individual family members from the meeting if there are concerns that their presence would be a risk to the safety of any others present. This decision will be informed by information from family members, and where necessary, checks with other service providers. The FGC Co-ordinator will seek consent from the individual concerned before carrying out checks. The Co-ordinator will explore if there are alternative ways of ascertaining the excluded persons views.

The child will usually be given the opportunity to attend the conference and asked who they would like to invite to the conference. Children may not be invited to attend the conference if they are very young and the family and / or the professionals involved feel the child's attendance would be in appropriate due to the child's age or developmental levels.

If the child wants support in order to attend the conference the FGC Co-ordinator will explore with the child who is the most appropriate person. This may be a friend or family member or an independent advocate. If the support person is a friend/family member the FGC Co-ordinator will visit the person to explain the process. Independent advocates will be commissioned by the FGC service.

If the child wishes to be supported by an advocate, that advocate will meet with the young person at least once before the conference.

If the child chooses not to attend the conference they will be given the opportunity to give their wishes and feeling through another media such as a tape, drawing or video.

The practitioner and FGC Co-ordinator will visit each person who will be attending the conference to discuss the process and to explore if there are issues or relationship dynamics that need to be managed during the FGC.

Family members who can not attend the conference will be supported by the Co-ordinator to contribute in other ways. Where there are barriers to attendance arising from 'protected characteristics' as defined by the Equality Act 2010, LBH will make every effort to remove those barriers and enable engagement.

The professionals identified on the referral form will be expected to attend the FGC and any other professional identified by the child / family members.

Each agency will provide a short report to present to the conference. The report will be shared with the parents at least two days before the conference. The professionals attending will provide an outline of the support available through their service; details of services external to LBH that they are able to refer the family to, and services the family may self-refer to.

The FGC Co-ordinator in consultation with the family, will organise a date and venue for the FGC to take place that is convenient and accessible to both the family members and the professionals. Religious and cultural factors will also be taken into consideration when planning the times / dates of the conference. A letter confirming the date and time will be sent to each participant.

The family will be asked if they have any particular dietary requirements prior to the conference and particular attention will be given to religious or cultural dietary needs.

Where possible, the referrer should be in a position to agree the family's plan at the conference. Any financial or resource implications should be discussed with the appropriate manager prior to the conference taking place where possible.

The adults and young person, if developmentally appropriate, will be asked to sign a consent form for information to be shared at the meeting.

8.4 Stage 3: CONFERENCE

The conference itself has three stages:

- Information Giving;
- Private Family Time and;
- Plan and Agreement.

On the day of the conference the lead professional must be present throughout the conference even though they will not be in the room during private family time.

During the **information giving** stage all professionals will be asked to summarise their report, setting out both the strengths and areas of their concern for the family unit. The areas of concern that the family need to address in order to create a plan will be presented to the family. There should be 'no surprises' in these summaries as the family will have previously been made aware of these concerns.

The family will be given the necessary **private family time** to create a safe and workable plan. Light refreshments will be provided.

During this time professionals will not be present, although they will remain in the vicinity to assist if required. The FGC Co-ordinator will return to the conference room only if the family require assistance and will answer any questions and then leave the room.

Where the child has support from an advocate, s/he will support the child for the duration of the conference, enabling them to have their voice heard throughout, even if the child feels unable to remain physically present for the entire conference.

When the family feel **their plan** is complete, the professionals will return to the room. The FGC Co-ordinator will check the plan is sufficiently detailed and is subsequently recorded as an action plan using the families own words as much as possible and noting who will be monitoring the plan.

Once the plan is recorded the FGC Co-ordinator will ask the referrer to agree the plan. The referrer is expected to provide reasonable resources to enable the plan to be successful. If the referrer is unable to give this agreement before consulting with a manager, the FGC Co-ordinator will set a date for this to happen. The referrer will be expected to give a response in two working days of the conference.

The referring agency should agree to support the family's plan **unless** it places a child at risk of harm or is unlawful.

8.5 Stage 4: IMPLEMENTATION

Other agencies whose support is required to carry out the plan should be contacted within two working days to ascertain if they are able provide the support requested and to discuss when this support can begin.

The family's plan will be written up by the FGC Co-ordinator and distributed to all parties within two weeks of the conference taking place. The plan will be recorded as written by the family and will include details of what resources are agreed and how the proposals in the plan will be carried out and monitored.

8.6 Stage 5: REVIEW

A review FGC date will be arranged with the family members and professionals. The frequency of review will be negotiated with the family, but unless otherwise requested, it will usually be 6-8 weeks after the initial FGC.

For cases being considered by the Court, the review date will be set in consultation with the Team Manager, FGC Co-ordinator and the wishes of the family, but will be after the expert reports are circulated to all parties and judgement has been given.

9 Quality Assurance

FGC's will be quality assured using the following methods:

- Family Reviews will be conducted 6-8 weeks after the initial Family Group
 Conference. Reported outcomes and other feedback from these reviews will be used to inform biannual monitoring reports.
- **Annual monitoring reports** will be submitted for scrutiny. Particular attention will be paid to the reported outcomes from FGC's and any equality issues arising.

Written and verbal feedback is obtained from families to identify strengths in the service and areas for future development. Data is considered and reported on reflecting the impact of the service on outcomes for children.

- Monitoring of complaints and compliments

10. Further Information

Further information on best practice and research relating to Family Group Conferencing can be found at Family Rights Group: http://www.frg.org.uk/