**Practice Guidance**

**Practice Guidance for Family Group Conferences**

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**What will this practice guidance provide?**

This practice guidance has been written for both social care and early help practitioners to establish when to refer for a Family Group Conference (FGC), how early help practitioners should conduct FGC’s and when and what to record as part of case management.

**What is a Family Group Conference?**

An FGC is essentially a decision making and planning meeting that is led by the family. It brings everyone together and empowers them to explore ways of finding solutions through negotiation, compromise and empathy. It allows them to agree their own Family Plan which can be sustained by everyone involved. The plan is monitored and there is an opportunity for it to be reviewed at a future date if necessary. A FGC uses the family’s own skills, strengths and personal knowledge to resolve difficulties for the children whose wellbeing is paramount.

It’s notseen as an isolated intervention, however in some circumstances it’s all that’s needed. FGC is a practical tool a practitioner can access to run in parallel with other agency resources being offered to the family.

**What can a Family Group Conference achieve?**

**Benefits for children**:

* The child is more likely to be cared for by a relative/friend than by the authority.
* A child has a greater opportunity to have their voice heard.
* The child gets involved in making family decisions.
* There is increased extended family involvement and support for the child.
* The child’s connection to their family is maintained and/or re-established and strengthened.
* The child sees all the family in a room together, communicating and making decisions about how to make life better for everyone helping to make them feel more secure and loved.
* Consistent structure and routine so the child knows when and what is going to happen.

**Benefit for the family:**

* The family feel in control of the decisions being made and are empowered to make it more sustainable knowing they have put some much effort into it.
* Family tensions and lack of communication can be resolved.
* The wider family gains knowledge about the situation that may have been previously withheld from them.
* The family has an opportunity to partner with supportive professionals.
* Family connections are maintained and/or re-established and strengthened.
* The family’s experience, strengths and knowledge are valued and respected.
* The family has an opportunity to use their knowledge and expertise to create a Plan that will work for them.

**Benefits for vulnerable adults:**

* The process acknowledges and respects their rights to make decisions that are appropriate for them.
* Choices and options can be explored in a supportive environment.
* The adult will remain in control of the decisions made about their life, and empowered and enabled to express their views to those around them.
* If the vulnerable adult lacks the capacity to make a decision, those people who care about them and know them best will be provided with all the relevant information and support to make a decision in their best interests.

**Benefits for agencies:**

* Family plans tend to be more detailed and creative than agency plans.
* Because the family make the plan, they are more likely to stick with it than they are with decision and plans made for them by others.
* Shared decision making takes pressure off the referrer to have ‘all the answers’ and provide solutions.
* The family shares responsibility for the safety and welfare of all family members.
* FGCs help facilitate good communication between family members, LA services and service providers.
* FGCs lead to additional information about resources and support available within the extended family network.
* FGCs help create safer reunifications for children.

**Research findings:**

* Family participation at FGCs is consistently high, with families attending and participating in FGCs in greater numbers than in other forms of decision making meetings.
* An increase in the involvement of fathers and paternal relatives.
* Private family time is embraced as an essential element of the FGC process.
* Family members are highly satisfied with most aspects of FGCs.
* Family members perceive they have considerable voice and decision making authority in FGCs.
* Studies overwhelmingly demonstrate that social workers and service providers are satisfied with FGCs. *(Vol.18 of Protecting Children – the American Humane Association publication)*

**When should you request an FGC?**

A referral can be made for an FGC when a child or young person is open to social care or has an open EHM assessment with a designated lead professional. And consent has been gained from their family for the FGC process, where they believe that an FGC may benefit. Examples of typical case status’ are below:

* Edge of care
* Support for the main carer
* Contact arrangements
* Non-school attendance & exclusions
* Displaying ‘out of character’ behaviour in school
* Anti-social behaviour
* Parental mental health / disabilities
* Breakdown in relationships within the family
* Preventing offending or re-offending
* Reducing anti-social behaviour
* Young carers
* Parental substance misuse
* Divorce, separation

**FGC Refusals**

It is at the discretion of the Early Help Management Team to accept an FGC request, therefore service is not guaranteed. It is advisable that you consult with the FGC Coordinator and your own Manager before submitting a request.

All refusals to provide an FGC must clearly be recorded by the Early Help Manager, detailing the rationale for refusal.

If a practitioner wishes to dispute the refusal, they must contact the Early Help Service Manager to discuss