

Coventry City Council
Children Learning & Young People
Directorate
Family Group Conference Service
Annual Report
April 2012 to March 2013

COVENTRY FAMILY GROUP CONFERENCE SERVICE ANNUAL REPORT 1/4/2012 – 30/3/2013

1) SERVICE PROFILE

Coventry Family Group Conference Service facilitates family meetings where strengths and resources within a network of family and friends can be drawn upon to make a family plan which offers support, care and safety for children and young people. The FGC Service is sited within the Safeguarding Children Service and works on a city wide basis addressing issues of child welfare.

Although the Service works primarily on cases referred by Social Care Children's Teams, multi agency access to the Service through the CAF process continues to be offered.

The FGC Service has been staffed by one full-time manager, two full-time and two sessional FGC coordinators. The FSR process identified funding to extend staffing by 1 full time FGC Coordinator from September 2012. Unfortunately the increased capacity this created, was not realised between July 12 – March 13 due to the absence of a member of staff undertaking social work training via the ELC route.

The annual budget for the service in 2012/13 was £165,738.

The Coventry FGC Service has continued to have a significant profile within the Regional and National network for Family Group Conferencing. The Service works closely with its neighbouring FGC Service in Warwickshire which has helped to reduce costs for example in sharing children's advocacy service and training costs. The service is also currently exploring the option of a shared pool of Sessional Coordinators. This would extend flexibility at times of high demand

2) KEY TRENDS 2012/13

- The FGC Service has continued to primarily work with families where critical decisions are being made about their children, in particular those at risk of harm, family breakdown or in need of permanence.
- More than half of families referred to the Service are single parent households and have multiple problems, including domestic abuse, drug and alcohol misuse and mental health needs.
- A significant number of families referred to the service have at least one parent with a disability.
- Early referral identification systems (through relevant Panels and Statutory Meetings) have been further strengthened and are embedded in order to promote take up and avoid delay. There has continued to be regular FGC staff presence in key services (RAS, Neighbourhood and

LAC Social Care Teams) as well as the ongoing FGC Awareness Raising Programme, maintaining a high profile of the service. Increasingly robust follow up of potential referrals has served to increase the referral rate to the service, but has been accompanied by some reduction in those cases progressing to full FGC.

- Despite the high level of need addressed by the service, all the FGCs undertaken in 2012/13 succeeded in making plans for children, which were acceptable to the referrer.
- FGC outcomes have continued to support CLYP priority areas through safely preventing children becoming LAC and improving outcomes for LAC in promoting permanence within the birth family.
- The Service has also continued to successfully support families in identifying informal family based resources to allow children to remain living safely at home, often as an alternative to expensive agency led provision.
- The Service offers extensive flexibility to families, in holding meetings at weekends, evenings and in venues of their own choice.

3) SERVICE DELIVERY DATA 2012/13

Referral Rate For FGC	2009/10	2010/11	2011/12	2012/13
Children referred to FGC Service	85	120	103	122
No of FGC's held	56	82	88	91
% of FGC's with more than 4 family members	90%	85%	72%	77%

3a) Referral Source

Referrals to the Service continue to be made primarily by **Social Care Children's Teams**. Although FGC was initially anticipated locally to be appropriately employed as preventive tool, the majority of referrals in practice continue to be at the higher level of need.

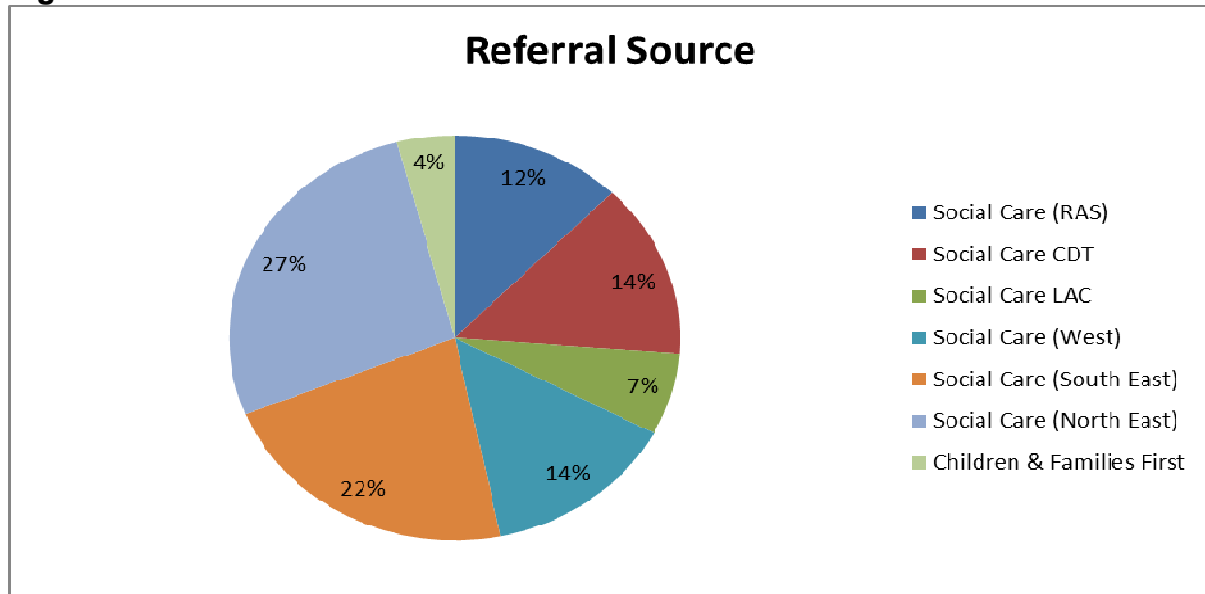
3b) Referrals for FGC within Social Care (Fig 1)

Consistency in uptake of FGC across the city by Neighbourhood Teams has been broadly maintained with all areas more routinely referring to the Service. There has been some degree of delay in FGC referral whilst case transfer from the Referral and Assessment Service to Neighbourhood teams. This has been addressed with relevant managers.

There has been a significant increase in the number of referrals to the service from Children's Disability Team. This is a positive development given the high level of need within this highly vulnerable group

Despite a tracking system being established with the Connected Persons Team, uptake of the FGC service from this service remains low.

Fig 1 – Referral Source



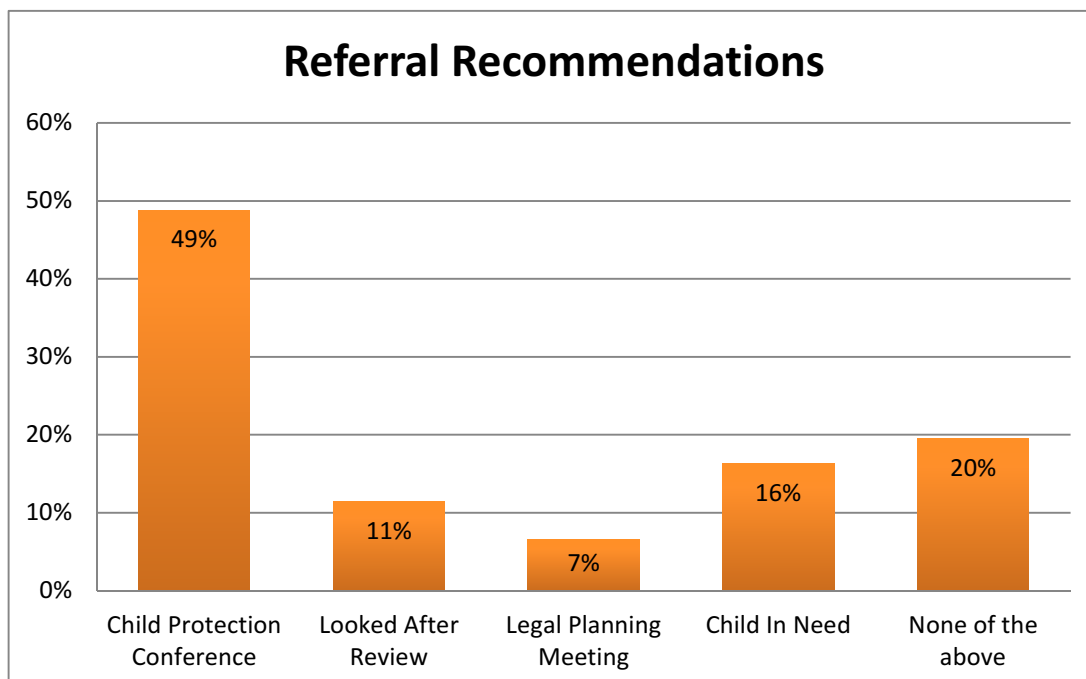
3c) Source of FGC Recommendation (Fig 2)

The FGC Service has tight follow up and tracking systems directly from Child Protection Conference, Looked After Children Reviews and Intensive Case and Support Panel.

There has been a significant increase in referrals from CPC recommendations from 40% to 49%. Direct follow up is now made with case holding Social Workers as soon as Safeguarding Service is notified of a child becoming Looked After.

The Service is also currently piloting the allocation of an FGC Coordinator directly from CPC and Legal Panel recommendation in order to progress more timely referrals.

Fig 2 – Referrals to FGC recommended by:

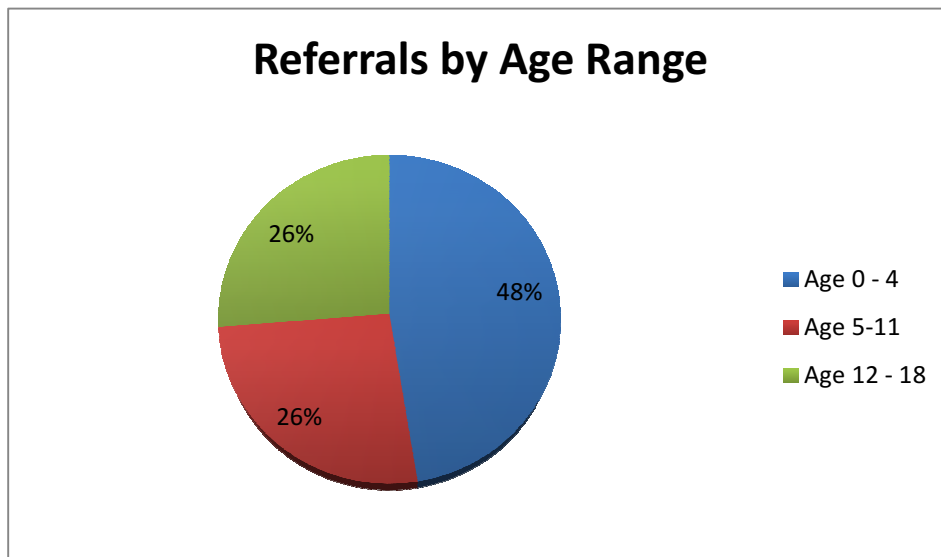


3d) Referral Characteristics

i. Referrals by Age Range (Fig 3)

There continues to be an increase in the percentage of children under the age of 4 who are accessing the service. Many of these are within the child protection arena and will include those for whom permanence planning is being progressed with the support of the family network.

Fig 3



ii. Child Protection Status of child at Referral (Fig 4)

The Service is working with an increased percentage of children subject to Child Protection Plans (from 43% to 59%) where the extended family are often providing specific safety provision within the Multi Agency Child Protection Plan. It continues to be an aim to promote the use of FGC pre Child Protection Conference in order to support reduced numbers of children subject to CP Plans.

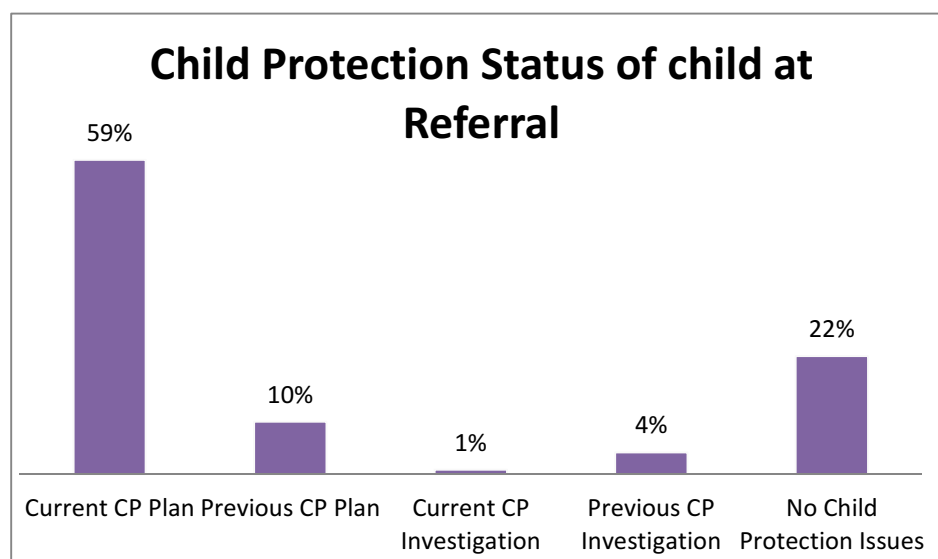
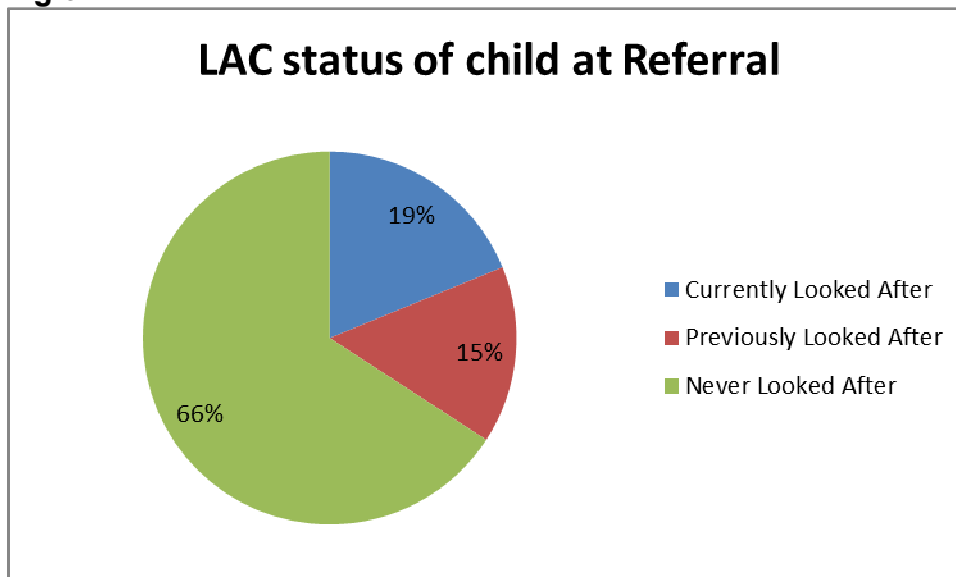


Fig 4

iii.LAC status of child at Referral (Fig 5)

There has been a reduction of 10% of referrals in respect of children who are LAC and the need is for a family plan to support rehabilitation or to promote permanence planning within the extended family. This continues to be a priority area for the service and will continue to be promoted in the relevant teams.

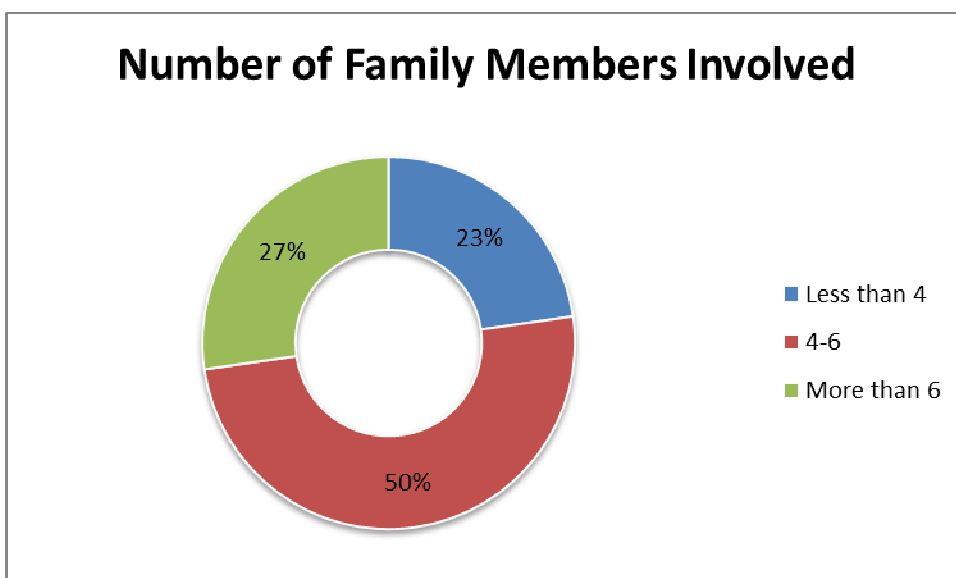
Fig 5



3e) Participation of family members the FGC process (Fig 6)

The service has continued to be extremely effective in ensuring the involvement of a wide range of extended family members and friends - many often previously uninvolvement in contributing to the family plan. Numbers can range from 3 – 15.

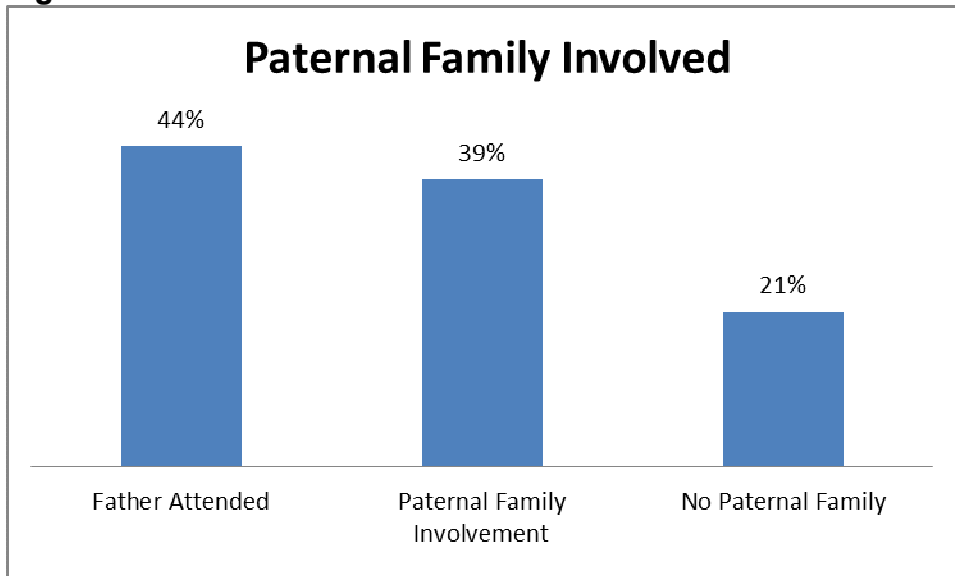
Fig 6



3f) Participation of paternal family members the FGC process (Fig 7)

FGC's have additionally been very effective in involving members of the extended paternal family who often lose contact when parents separate.

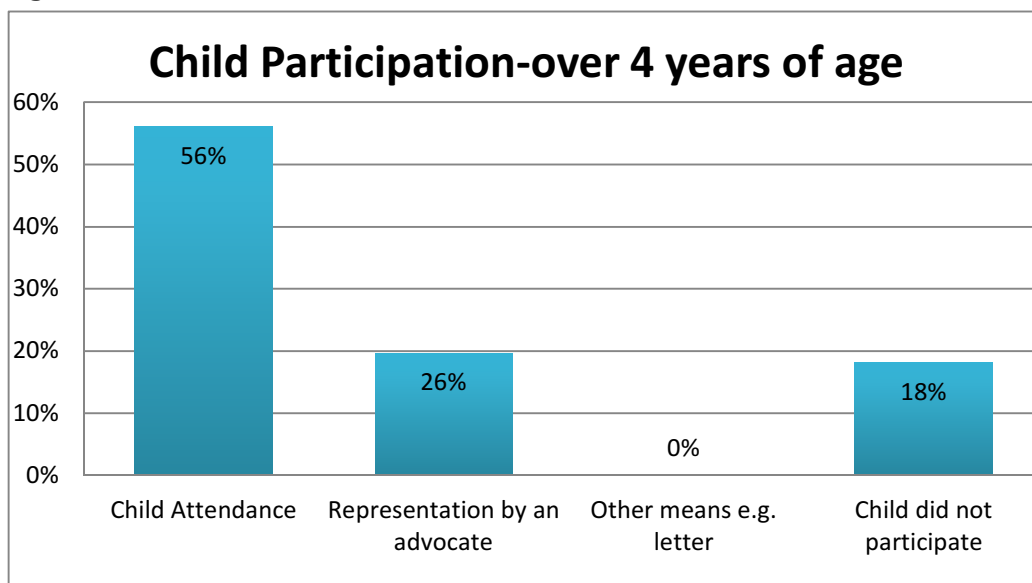
Fig 7



3g) Participation of Children & Young People (Fig 8)

The participation of children alongside their families in making decisions which affect their lives is a fundamental principle of FGC practice. Every effort is made to promote the involvement of children of all ages through a range of means. The small number who have not had involvement tend to be older young people who have proved difficult to engage.

Fig 8



4) FGC OUTCOMES

All of the FGCs undertaken in 2012/13 (91) succeeded in making plans for children, which were acceptable to the referrer.

The objective for each FGC is identified by the referrer. at the initial FGC. The outcome at closure is recorded by the FGC Coordinator following evaluation by the referrer.

4a) Outcomes Achieved

All of the Family Plans produced by Family Group Conferences in the reporting period with the following aims were reviewed and the children's subsequent status checked on Protocol on 7/05/2013.

To prevent a child becoming Looked After	Outcome
13 children had a FGC with the aim of preventing them becoming LAC	12 children have remained living with family members 1 child became LAC
To support a CIN Plan	Outcome
9 children were subject of CIN Plans	7 were children were closed to Social Care 1 stepped down to C&FF 1 became LAC
To support a CP Plan	Outcome
37 children had an FGC where aim was to support CP Plan	23 children were no longer subject of CP Plan

4b) Outcomes for Children Looked After at the Point of Referral to FGC

As there is a current focus upon improving planning and timescales for LAC children, data has been collated about the outcomes following FGC for this group specifically.

11 children were LAC at the point of FGC.

7 (63%) were no longer LAC at the point of closure to FGC.

Fig 9

	2010/11	2011/12	2012/13
Children no longer LAC – returned to parents	10	9	7
Children no longer LAC – SGO to family member	4	6	0
Children remain LAC but living with parents or family-plan to seek SGO	4	2	2
Children remain LAC – Plan LT Foster Care /Adoption	5	8	2
Total	23	25	11

4c) Estimated Cost Saving Resulting from FGC (Fig 10 and 11)

FGC Plans generally identify supports which can be provided from within the friends and family network. These can range from babysitting to contact supervision and on occasion full time care of a child.

The resultant savings to the Local Authority can be considerable, but are complex to quantify. For example FGC's undertaken at the pre-proceedings stage can contribute to the Local Authority avoiding the need to initiate Legal Proceedings and occurring the resultant costs or contributing to the timely identification of contingency carers for the child and thus preventing costly legal delays.

The figures below (Fig 10) relate to the estimated avoided costs made through accommodation being provided by the family network, where the alternative would have been placement in Local Authority care. The unit cost figures relate to the calculations made for the FSR and represent an average cost for an internal and an external foster placement. The table represents the range of potential savings dependent upon age and placement type. The estimated avoided costs form part of the overall reported position of the financial performance of CLYP.

Fig 10

	Average full year accommodation costs (fostering)	No of Children provided with accommodation by the family network via FGC(LAC prevented or returned home)	Total Potential Cost Saving
2010/11	Internal - £20,644 External - £42,068	15	Internal - £309,660 External- £631,020
2011/12	Internal- £17,420 External- £42,432	28	Internal- £490,443 External- £1,194,631
2012/13	Internal-£19,045 External-£40,169	19	Internal- £361,855 External- £763,211

The Service also collects data in respect of **potential cost avoidance** through the provision of family based support resources as follows:

Fig 11

Family Based Resources – estimated avoided cost	2011/12	2012/13
Family Support Worker Time	£49,920	£53,281
Supervised Contact/Transport Contact	£33,160	£16,134
Day care/Babysitting	£8,091	£2,597
Respite	£29,330	£91,698
Total estimated savings	£120,501	£163,710

The above data relates to cases where the family has provided the relevant service required. Costs represent the forecasted cost to the LA if they had provided the service themselves.

(Appendix 2 provides detailed data)

4 d) Views of Family Members re FGC Outcome and Process

The Service routinely obtains the views of family and friends in respect of the usefulness of the FGC process and success in addressing concerns.

One hundred and five family and friends completed evaluations in this reporting period which have been collated below. One of the concerns previously raised was whether FGC's were offered to families at the most appropriate time.

Was a FGC offered at the right time for your family	yes	Should have been offered earlier
	86%	14%

FGC Service Users have said:

'It was a far better process than I would have imagined. We felt listened to and the process was explained well. We were able to reach our own decisions-which was refreshing' Paternal Aunt
'I can now talk more to A (child's mum)without her feeling I am criticising her about things if standards are slipping' Maternal Aunt

'It brought both sides of the family together and helped with understanding each other's points of view' Paternal Grandma

'It has made my family and friends more aware of the difficulties we are facing' Parent

'I feel this, is a very good and aspirational way of working with families that have troubles. The coordinator was compassionate and down to earth' Parent

4 e) Views of Service Providers

In addition to the views of family members the service also collates the views of Agency's attending conferences. Agency representatives are asked to consider the effectiveness of the family's plan. **Sixty** percent rated the plan as **excellent** and **forty** percent as **good**. All the Agency representatives considered the plans had significantly contributed to improving the 'five outcomes' for the child.

'The family took on board the concerning issues between B and hls mum and drew up an impressive plan which they stuck to. At the time of the review all family members had continued to show committment and carried out their part of the plan' Family Support Worker

5) SERVICE CAPACITY

FGC Service capacity for 2012/13 was reduced for the reasons identified above, with the service being maintained through the use of Sessional staff funded through the Employee Learning Contract funding. Encouragingly, there has been an increase of 140% in the number of children referred to the FGC service in the first quarter of 2013/14. Although the service is now fully staffed, this may require further use of Sessional staff for which there is no allocated budget.

6) FGC SERVICE PRIORITIES

The FGC Service has continued to work closely to the CLYP/FSR priorities. Progress/ future action in respect of these priorities are addressed below:

FGC Service Priorities

CLYP Priority	Implications for FGC	Progress	Action planned for 2013/14
<p>Safely reduce LAC numbers</p>	<p>FGC needs to be robustly and consistently considered at key points when LAC is likely/ has taken place without FGC (ie in emergency admissions)</p>	<p>FGC Coordinator link with RAS and each Neighbourhood Social Care Team in place.</p> <p>FGC is mandated for consideration at point of Crisis Intervention Service involvement</p> <p>ICASP – FGC manager membership already.</p>	<p>Robust follow up systems to be continue to be prioritised to ensure early FGC referral.</p> <p>Consideration of formalised reporting/alert system for relevant managers from FGC Service where referrals delayed/ not progressed.</p>
	<p>CPC/Access to Resources Panel/ICASP recommendations for FGC should be acted upon as a priority. Routine notification to FGC Service from relevant Panels would speed up the process.</p>	<p>Notification systems now in place.</p> <p>During 2012/13 there has been increasing focus upon those children subject to legal orders but living at home with parents. FGC has been actively considered through the above Panel mechanism to have the potential as a key part of any discharge plan.</p>	<p>Currently allocating FGC Coordinator at the point of FGC recommendation from CPC to progress referral to reduce the delay by the SW.</p> <p>Progressing proactively cases to FGC without confirmation of family consent/potential may result in a reduction in the cases worked on by the service which progress to full FGC. This 'conversion' from referral to FGC itself needs to be monitored carefully given that all activity which does not result in a Family Plan reduces resources available to work with other families.</p>

CLYP Priority	Implications for FGC	Progress	Action planned for 2013/14
	<p>Through a clear requirement for earlier utilisation of FGC where court proceedings are anticipated, speedier exit of children to appropriate carers within the family network should be facilitated.</p>	<p>System is now in place for all cases coming to Legal Panel where FGC recommended, FGC service notified and Coordinator allocated to progress referral.</p>	<p>Some delay identified in 2012/13 in cases coming through Legal Panel being progressed to FGC.</p> <p>FGC Manager to meet with Legal Services to strengthen early identification process.</p>
<p>Reduce delays for all children</p>	<p>FGC is a flexible tool. Even if the primary function may be to identify supports to birth parents in caring for their children, an FGC can also establish a contingency plan for alternative care arrangements within the extended family.</p>	<p>Contingency planning should be central to FGC Plans.</p> <p>System is now in place for all cases recommended at Legal Panel to be directly linked with a coordinator to progress.</p>	<p>Contingency planning to remain a key element of all FGC Family Plans.</p> <p>The sharp focus within the Family Justice Review timescales (implemented in July 2013) upon timely planning for all children subject to legal proceedings, places great emphasis upon the need to progress FGC quickly. The FGC Manager is involved in the establishment of departmental systems to support adherence to new timescales.</p> <p>FGC Service to continue to use flexible sessional Staff to ensure no delay in progressing urgent need for FGC.</p>

CLYP Priority	Implications for FGC	Progress	Action planned for 2013/14
<p>Value for money placements</p>	<p>Within Connected Persons Assessments, FGC needs to be considered at the earliest opportunity. Although procedures refer to consideration of FGC, few referrals have been made.</p>	<p>The tracking system between FGC and the Connected Persons Team needs to be strengthened.</p> <p>All connected persons assessments must demonstrate that FGC has been considered.</p>	<p>The implementation of the Family Justice Review timescale has led to the need for increased focus on ensuring that early referral for FGC is made in respect of Connected Persons with the potential to care for children.</p>
	<p>Reconnecting young people who have been placed in expensive out of city placements with their family network using FGC is a positive use of the service. It may also hold the potential to identify potential carers in what can sometimes be a changed family situation.</p>	<p>Limited progress re increasing referrals from the LAC Service during 2012/13. Changes in the LAC Service from mid 2013 have led to increased robustness of links with FGC.</p>	<p>Build in reporting to LAC Service Managers of the referral rate for FGC by the LAC service.</p> <p>Continue to prioritise for allocation.</p>

Appendix1 FGC Case studies

Case Study – B family

FGC helping a family to make arrangements for the care of their children

The situation

Social Care had been working with the parents and children, E and R, for 12 months to support with the girls' learning difficulties. At the point of referral E and R were subject to child protection plans under the category of neglect and were residing with their mother. There was a history of domestic abuse perpetrated by father towards mother and the relationship between them was volatile. Both parents had a history of alcohol misuse and mother had accessed mental health services. Both E and R were experiencing emotional difficulties as they struggled to reconcile their divided loyalties.

Purpose of FGC

The initial focus of the FGC was to co-ordinate support from family members in order to support the girls to remain in the care of their mother. Over subsequent weeks it became untenable for R to remain in her mother's care and, having been initially unsuccessfully placed with her father, she was accommodated initially into local authority foster care.

By the time of the FGC review the Co-ordinator had been able to engage the girls' half-sister in the process. She had previously not been known to any of the professionals involved with the girls and had limited knowledge of their situation. Through conversations with the FGC Co-ordinator and attendance at the FGC review she expressed her desire to be considered as a carer for the girls, with a view to seeking a legal order to care for both of them until they reach 18.

What difference did the FGC make?

- It is to be hoped that the FGC was an empowering process for both of the girls as they were able to have their wishes and feelings heard by family members and to be involved in decisions being made about their care. Post-FGC evaluation forms completed by R identified that she had felt listened to a lot at the meetings and felt her views were included in the family plan.
- By attending the FGCs family members demonstrated their commitment towards the girls and their suggestions regarding ongoing contact arrangements contributed to strengthening the girls' familial relationships. This served not only as an additional protective factor for the girls but also promoted the offer of fulltime care within the family network.
- The necessary assessment in respect of the girls' half-sister is looking positive and is likely to recommend that E and/or R be placed in her care. This would not only be in line with the girls wishes both to the girls, by virtue of them remaining in the care of their family, but would result in substantial benefits in terms of cost savings.

Case Study - Child C

FGC promoting safety for children

The situation

C was a 1 year old child whose father had been arrested at age 15 for assaulting a 9yr old girl and was consequently on the sex offenders register. He was assessed to be at risk of re-offending. Father was deemed to have learning difficulties with poor communication skills.

C's Mum has some learning difficulty and had difficulty recognising concern about Dad's history as it happened several years ago. There was also domestic violence between the couple.

Purpose of FGC

At the time of the referral C was made subject of a Child Protection Plan. At the time there was some friction between the paternal and maternal extended family members.

Social Care wanted to give the family an opportunity to meet together for them to share the concerns around the father and for the family to look at how they could support the parents looking after C and keeping her safe. There were real concerns about the parents' ability to care for their child long term so the FGC was also an opportunity for the family to identify long term carers if C was unable to remain within her parents' care.

There was also a need for the extended family members to provide advice and support around budgeting, impact of domestic abuse, parenting (day to day care of the child) etc.

What difference did FGC make ?

The FGC service succeeded in getting both sets of maternal and paternal family attending the meeting which was a major step to the family working together to support and protect C.

The meeting worked really well in the sense that it got the message across from their family to the parents, that they would not minimise the concern and would do everything they needed to ensure their grandchild's safety.

The FGC plan involved the family putting in boundaries and expectations around the adults' contact with her. They devised a support plan around helping parents with budgeting, food dairy, shopping of well balance meals, supervision of contact, emergency support and the monitoring of the child's day to day care and safety.

The family was also able to agree on a contingency plan should the child be unable to remain in her parents' care – with maternal grandparents as main carers.

Appendix 2 Cost saving data

This table records tasks/supports provided by the informal family network which would/could have otherwise required agency funded resources.

	Family Support total hours in period	Transport total hours in period	Supervision of contact total hours in period	Day care total hours in period	Respite total hours in period
	6261	1218	848	838	6324
Cost Per Hour	8.51	7.81	7.81	3.1	14.5
Total costs	£53,281.11	£9,512.58	£6,622.88	£2,597.80	£91,698

Grand Total	£163,712
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