
4th September, 2012

Name of Cabinet Member:

Cabinet Member for Children & Young People
Councillor O'Boyle

Director Approving Submission of the report:

Director of Children, Learning and Young People

Ward(s) affected:

All

Title:

Annual Family Group Conference Service Report

Is this a key decision?

No

Executive Summary:

Coventry Family Group Conference 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 outcomes for the children and families who have been offered a Family Group Conference have been carefully monitored and evaluated and are documented in the Annual Report attached.

The Family Group Conferencing Service has increasingly demonstrated its value in enhancing and assisting wider family and community networks involvement to facilitate safe decision making for children and families in Coventry where there are child welfare concerns.

Recommendations:

Cabinet Member is asked to

1. Endorse the report and note the continued development of Family Group Conferencing as a process to enhance and assist wider family and community networks involvement in safe decision making for children and families in Coventry where there are child welfare concerns.

List of Appendices included:

Appendix 1 Family Group Conference Annual Report

Other useful background papers:

None

Has it or will it be considered by Scrutiny?

Yes

Booked on Scrutiny Board 2 11/10/12

Has it, or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title:

1. Context (or background)

1.1 Coventry Family Group Conference 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.

1.2 The Family Group Conferencing Service is sited within the Safeguarding Children Service and works on a city wide basis addressing issues of child welfare. The Service is staffed by one full-time manager, two full-time Coordinators, one 0.5 FGC Coordinator (post funded until December 12 from another area) and 2 sessional coordinators with the capacity to provide 80 Family Group Conferences annually.

The annual budget for 2011/12 was £164,347.

The FSR process has identified funding to extend staffing by 0.5 FGC Coordinator which will increase capacity in the service by 20%.

1.3 Key principles for the delivery of the Service include:

- The positive involvement of family and community networks in decision -making about their children
- The voices of children being heard and contributing to decision -making
- The provision of information and resources and empowering families to make safe, effective, realistic and lasting plans for their children.
- Continued prioritisation of 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 permanent alternative carers.

1.4 The outcomes for the children and families who have been offered a Family Group Conference have been carefully monitored and evaluated and are documented in the Annual Report attached. In summary these include:

- All 88 FGCs undertaken in 2011/12 (88) succeeded in making plans for children, which were acceptable to the referrer.
- Sixty percent of the children who were Looked After when referred to the Service were successfully returned home to live with parents/family members,
- 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.
- Through the continued flexible use of Sessional FGC Staff, the Service has been able to respond to demand without the need to operate a waiting list, ensuring a timely response to family need.
- An evaluation of the recorded views of family members indicates that families rated the preparation carried out by the Service very highly and took a positive view of the decisions reached by Family Group Conferences. They considered that the Family Group Conferences produced positive results for the children involved, and also for their parents.

1.5 The Family Group Conferencing Service has increasingly demonstrated its value in enhancing and assisting the involvement of wider family and community networks in order to make safe decision making for children and families in Coventry where there are child welfare concerns.

1.6 The Service has also demonstrated value for money in respect of savings achieved through the provision of informal sources of support identified through Family Plans as an alternative to Council resources.

1.7 The Coventry FGC Service has continued to have a significant profile within the Regional and National network for Family Group Conferencing, being an accredited provider of FGC Coordinator training. 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.

1.8 It is anticipated that future focus will be upon ensuring the consistent application of the service in family situations where there is most need. This supports the continuation and potential development of the FGC Service in the future.

2. Options considered and recommended proposal

Not applicable

3. Results of consultation undertaken

Not applicable

4. Timetable for implementing this decision

Not Applicable

5. Comments from Director of Finance and Legal Services

5.1 Financial implications

The FGC Service facilitates meetings with networks of family and friends to offer support and care for children and young people. By working successfully with these family networks it has been demonstrated that in 28 of the 88 cases referred in 2011/12, this has prevented the need for these young people to be accommodated by the Local Authority and avoided the costs associated with this.

The avoided costs can be considerable, but are difficult to quantify due to the need to assume what services would be required. The following table shows the potential costs avoided from the successful 28 FGC:-

| | Estimated Cost Avoided 2011/12 |
|--|-----------------------------------|
| Cashable:- | |
| Internal/External Fostering Provision | £581k to £1,143k |
| Supervised Contact Sessions | £33k |
| Daycare/Baby Sitting | £8k |
| Respite Care | £29k |
| Total Cost Avoided | £651k - £1,213k |
| | |
| Non-Cashable (Efficiency):- | |
| Family Support Worker Time (3,513 hours) | £49,920 |
| Total Efficiency Savings | £49,920 |

The FGC Service is key to supporting the CLYP Fundamental Service Review aims of providing Early Intervention and Prevention services to prevent children coming into the care of the Local Authority.

5.2 Legal implications

There are no Legal implications

6. Other implications

There are no specific implications to be considered

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / LAA (or Coventry SCS)?

Fifty nine percent of the children referred to the Service are currently or have previously been subject to Child Protection Plans. Family Plans established at FGC in these circumstances are often addressing specific safety / risk issues or providing a support plan to address longer term sustainability once risk of significant harm has been reduced.

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.

Recently the Service has successfully diverted one family , for which a Child Protection Conference had been requested, by negotiation with the neighbourhood Team Manager

that FGC be tried first. Although there were significant concerns about mother's alcohol misuse, it appeared that there was an informal network of family support which could be drawn upon.

FGC was progressed urgently and the outcome was successful in reducing risk to the child to a level which was manageable outside of child protection processes.

Approximately one third of children referred to the service are in the care of the Local Authority. Good care planning for these children requires the participation and contribution of everyone involved in the child's life including the child, their parents and significant family members. Family Group Conferences held in respect of children cared for by the local authority have primarily provided a vehicle for parents, the child and the extended family and friends to make decisions about the future care of their children. This can involve effecting an early return to the care of parents or extended family members.

The Family Group Conferencing Service has increasingly demonstrated its value in enhancing and assisting wider family and community networks involvement to make safe decision making for children and families in Coventry where there are child welfare concerns.

The Service has also demonstrated value for money in respect of savings achieved through the provision of informal sources of support identified through Family Plans as an alternative to Council resources.

6.2 How is risk being managed?

Not Applicable

6.3 What is the impact on the organisation?

None

6.4 Equalities / EIA

An Equality Impact Assessment was completed in August 2011. No specific actions were identified for this service.

The views of family and friends are obtained following each FGC in respect of the usefulness of the process and success in addressing concerns. Ninety -eight family and friends completed evaluations in this reporting period and ninety- six percent of those reported that they had found the FGC useful and had addressed the concerns.

About two-thirds of service providers who commented on their experience of FGCs, thought that the Conference had helped keep a child or young person out of Local Authority accommodation.

Evaluation forms completed by young people at the conclusion of their FGC highlight *that they felt safe and able to contribute, and were listened to by the adults attending their FGC. They felt well supported by their Advocate.*

6.5 Implications for (or impact on) the environment

Not Applicable

6.6 Implications for partner organisations?

Not Applicable

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Appendices

Coventry City Council
Children Learning & Young People
Directorate
Family Group Conference Service
Annual Report
April 2011 to March 2012

**COVENTRY FAMILY GROUP CONFERENCE SERVICE
ANNUAL REPORT
1/4/2011 – 30/3/2012**

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 is staffed by one full-time manager, two full-time and two sessional FGC coordinators (0.5 Temporary FGC Coordinator is additionally funded until Dec 2012 by FABB) with the capacity to provide 80 FGCs per annum.

The FSR process has identified funding to extend staffing by 0.5 FGC Coordinator which will increase capacity in the service by 20%.

The annual budget for the service in 2011/12 was £164,347. This budget pays for 1 FTE FGC Manager and 2 FTE FGC Co-ordinators and associated costs.

The Coventry FGC Service has continued to have a significant profile within the Regional and National network for Family Group Conferencing, being an accredited provider of FGC Coordinator training. 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.

2) KEY TRENDS 2011/12

- 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.
- 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.
- 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.

- Despite the high level of need addressed by the service, all the FGCs undertaken in 2011/12 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.
- Through the continued flexible use of Sessional FGC Staff, the Service has been able to respond to demand without the need to operate a waiting list, ensuring a timely response to family need.

3) SERVICE DELIVERY DATA 2011/12

| Referral Rate For FGC | 2009/10 | 2010/11 | 2011/12 |
|---|----------------|----------------|----------------|
| Children referred to FGC Service | 85 | 120 | 103 |
| No of FGC's held | 56 | 82 | 88 |
| % of FGC's with more than 4 family members | 90% | 85% | 72% |
| % Fathers attending | 74% | 51% | 58% |
| % of referrals progressing to FGC | 68% | 70% | 75% |
| % of referrals allocated to an FGC Coordinator within 5 days | 100% | 100% | 100% |

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.

FGC staff presence has been introduced to all MDT's in the last 6 months in an effort to promote early identification of families at risk of progressing to higher level need/risk.

This however has had limited impact and referrals from that sector remain low.

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 however been a 10% fall in referrals from RAS. Given the significant role RAS has in the entry of cases to Social Care, this warrants further exploration.

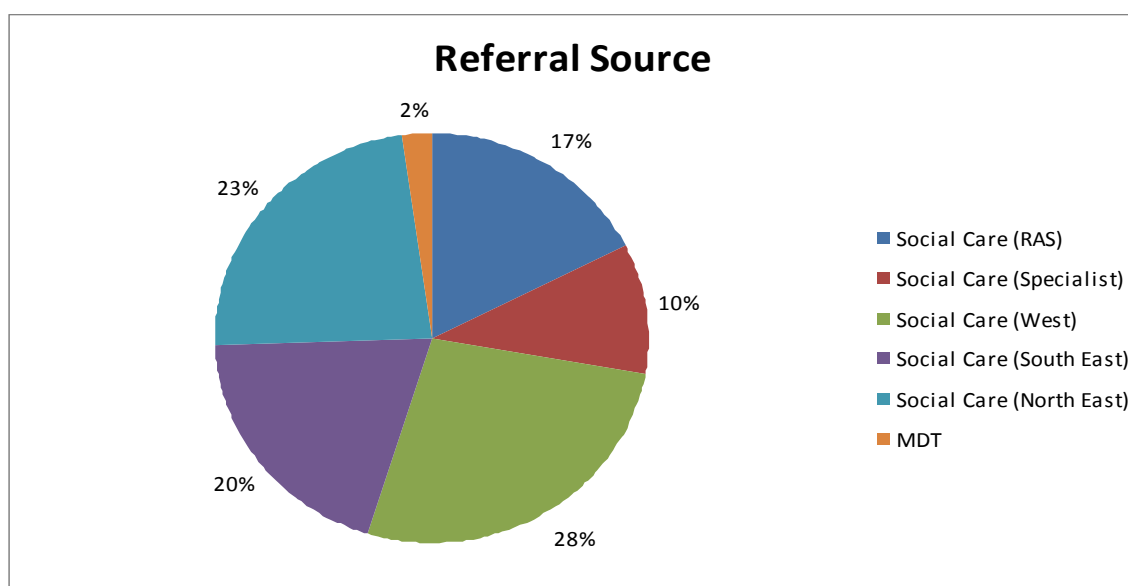
The issue of delay in FGC referral whilst case transfer to Neighbourhood teams is awaited has been highlighted as a contributory factor. The increased pressure within RAS resulting from the significant rise in child protection cases may also be creating a 'crisis' approach with Social Workers focusing on immediate action rather than planned strategies such as FGC.

Although there has been a 10% increase in referrals from Specialist Services, there is potential to extend the use of FGC further, particularly within the LAC Service in the area of promoting increased permanence for children through supporting Connected Persons seeking appropriate legal orders.

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

There is FGC staff presence in Social Care Teams on an approximately monthly basis with the aim of actively promoting referrals. This has proved to be an effective approach.

Fig I – Referral Source



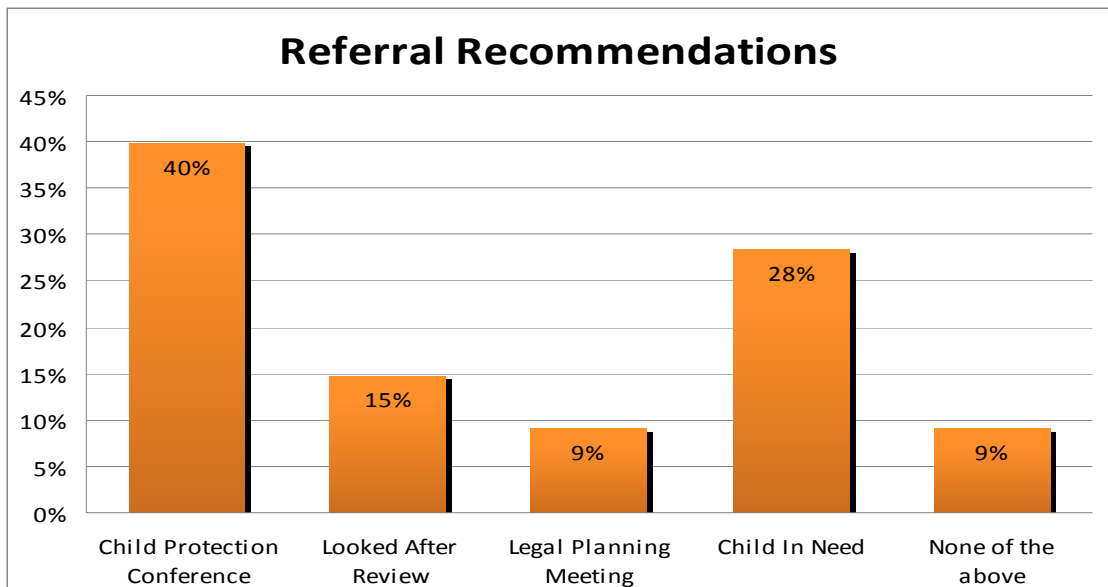
3c) Source of FGC Recommendation (Fig 2)

The FGC Service has tight follow up and tracking systems directly from CPC, LAC Reviews and ICASP.

These have been made more robust in respect of LAC children through direct follow up being made with case holding Social Workers as soon as Safeguarding Service is notified of a child becoming LAC.

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 – referral recommendations

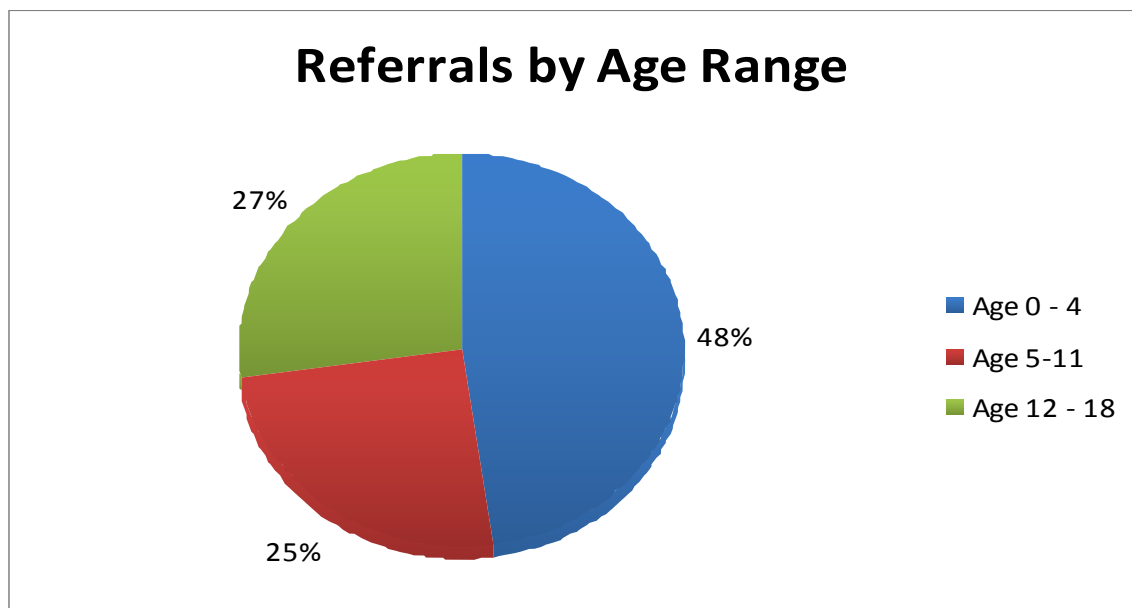


3d) Referral Characteristics

i. Referrals by Age Range (Fig 3)

There has been 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

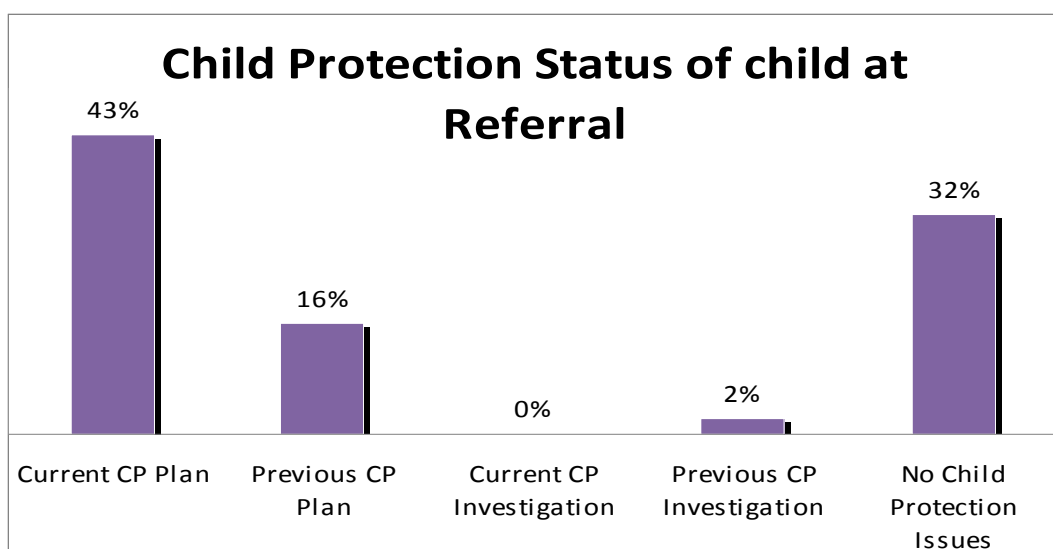


ii. Child Protection Status of child at Referral (Fig 4)

The Service continues to work with a high percentage of children subject to Child Protection Plans 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.

We have successfully diverted a case recently, for which a Child Protection Conference had been requested, by negotiation with the neighbourhood Team Manager that FGC be tried first. Although there were significant concerns about mother's alcohol misuse, it appeared that there was an informal network of family support which could be drawn upon. FGC was progressed urgently and the outcome was successful in reducing risk to the child to a level which was manageable outside of child protection processes.

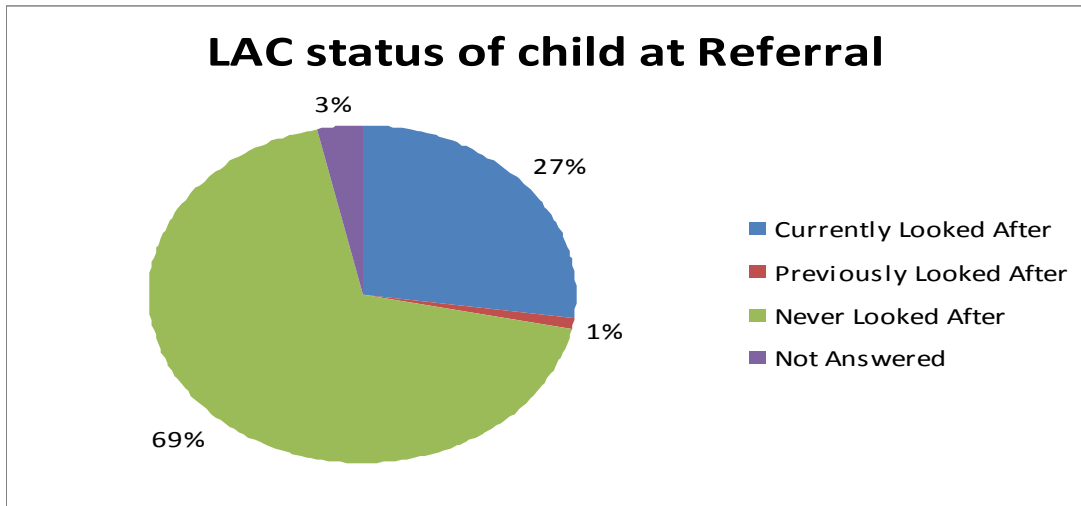
Fig 4



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

Approximately 1/3 of referrals are 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 is a priority area for the service and will continue to be promoted in the relevant teams.

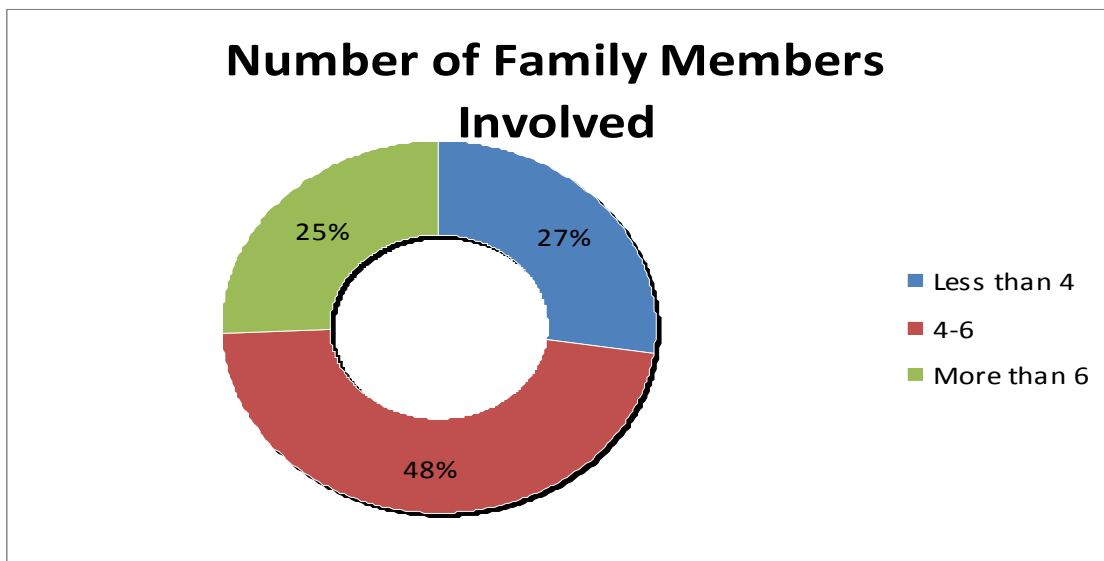
Fig 5



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.

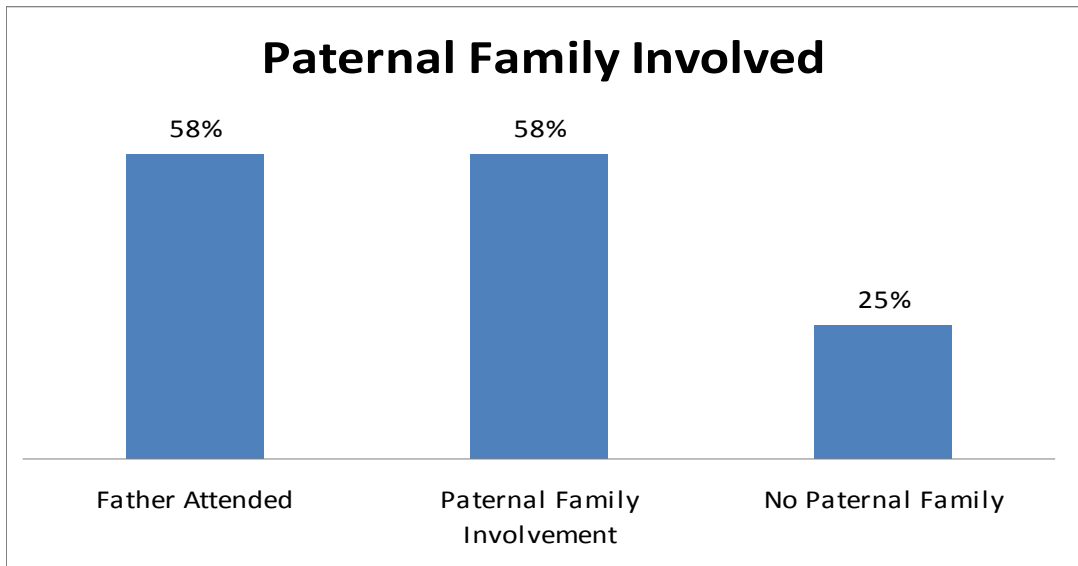
Fig 6



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. There has been a slight increase on last year in the level of paternal involvement in the FGC's undertaken.

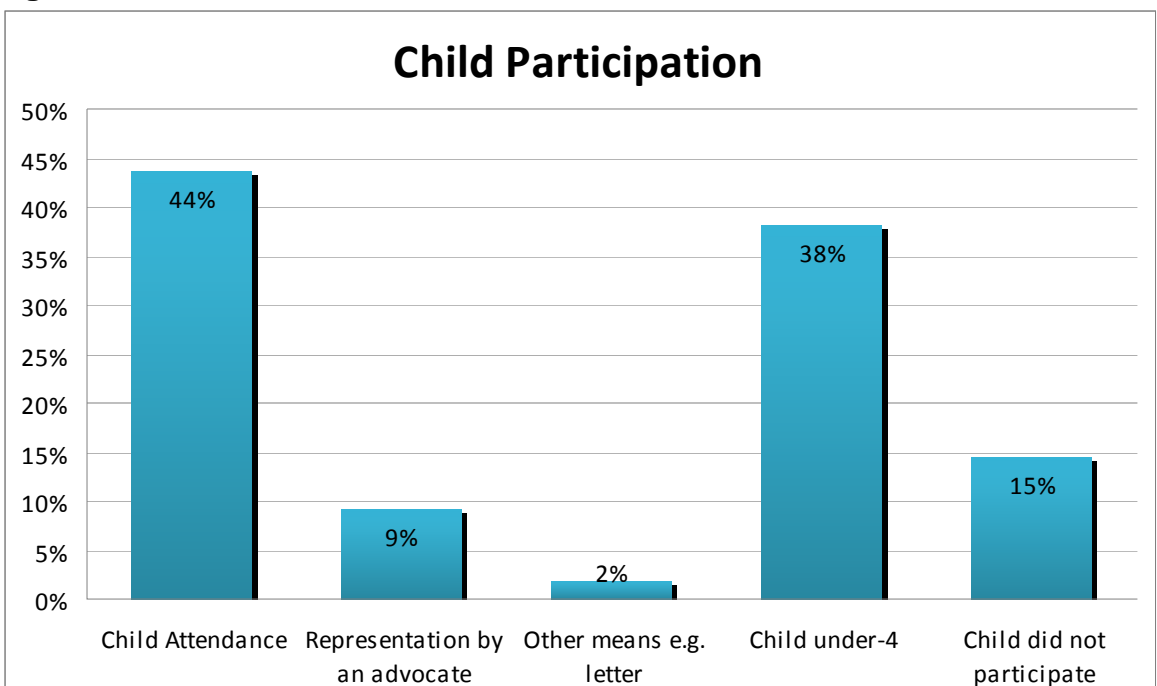
Fig 7



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.

Fig 8



The Service clearly works with a significant % of children 0-4 for whom participation in FGC can be challenging and difficult. FGC Coordinators are skilled in using age appropriate tools with pre-school children to elicit views and wishes. The expertise of Children Centre staff may also be called upon to support this.

4) FGC OUTCOMES

All of the FGCs undertaken in 2011/12 (88) 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) Referrer Feedback re FGC Outcome

All of the Family Plans produced by Family Group Conferences in the reporting period with the following aims were considered by the referrer to have addressed the concerns identified.

| Outcome | Achieved at closure |
|--|----------------------------|
| To prevent a young person becoming looked after | 13 |
| To support a CIN plan | 10 |
| To support legal proceedings | 6 |
| To facilitate permanency planning | 10 |
| To improve school attendance | 4 |
| To support a Child Protection Plan | 31 |
| To Facilitate Contact | 13 |

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.

25 children were LAC at the point of FGC.

15 (60%) were no longer LAC at the point of closure.

Fig 9

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

4c) Estimated Cost Saving Resulting from FGC (Fig 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.

The figure below (Fig 11) relate to estimated cost savings made through accommodation being provided by the family network, where the alternative would have been placement in Local Authority care.

Fig 11

| | 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- £20,748 External- £40,820 | 28 | Internal- £580,944 External- £1,142,960 |

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

Fig 12

| | |
|--------------------------------|-----------------|
| Family Support Worker Time | £49,920 |
| Supervised Contact | £33,160 |
| Day care/Babysitting | £8,091 |
| Respite | £29,330 |
| Total estimated savings | £120,501 |

(Appendix 3 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.

Ninety eight family and friends completed evaluations in this reporting period which have been collated below.

| Effectiveness of FGC preparation | Found FGC useful | FGC addressed the concerns |
|----------------------------------|------------------|----------------------------|
| 100% | 96% | 96% |

FGC Service Users have said:

'It gives you a feeling of being involved instead of being on the sidelines'
(Grandmother)

'Having everyone together has helped C (young person) understand the effects she has on everyone and take responsibility for her own actions. Her behaviour has greatly improved. Due to the input of FGC she now knows how much support she has'
(Family Friend)

'It has had a dramatic effect on my family as we have become a lot closer and are now able to sort out problems a lot easier'
(Sister)

'It was good to have a controlled discussion with other family members without the distractions of home. I can remind others of the action plan without feeling I am nagging'
(Great grandmother)

5) SERVICE CAPACITY

As the FGC Service was previously operating at full capacity given the staffing available and referral rate, the additional resource (0.5 fte FGC Coordinator Post) identified through the FSR will allow us to extend the use of the service in the priority areas below.

6) FUTURE FGC SERVICE PRIORITIES

The priorities identified through the FSR process have provided a clear focus for FGC future development, particularly in respect of children in the 0-4 and 11-15 age range-see Appendix 1

Anne Daly/Ann Clarkson
FGC Managers
July 2012

Appendix 1

| CLYP Priority | Implications for FGC | Mechanism |
|---|--|--|
| <p>Improve outcomes for children</p> | <p>With the clear focus within FGC upon empowering families it is well placed to form part of the 'toolbox' of supports to be offered by the proposed Children and Families Team Leaders and their staff within the new Children and Families First Service.</p> | <ol style="list-style-type: none"> 1. Establish systems with Children and Families First Services to identify high level need cases and to establish links with the Troubled Families agenda. 2. Review interface with RAS |
| | <p>A mandate for referrals to the FGC service should be applied to cases on the threshold of referral to Social Care/where there is an identifiable risk of LAC. The focus should be on the age range 0-4 given the priority need for timely planning for this group.</p> <p>This may require some reprioritising within the current FGC Service which currently accepts referrals within the lower level CAF arena. It would however better reflect the CLYP priority areas as established through the FSR.</p> | <ol style="list-style-type: none"> 4 Leadership team to endorse this mandate and require adherence and monitoring through performance management |

| CLYP Priority | Implications for FGC | Mechanism |
|----------------------------------|---|---|
| Safely reduce LAC numbers | <p>FGC needs to be more robustly and consistently considered at key points when LAC is likely/ has taken place without FGC (ie in emergency admissions)</p> <p>Process mapping as part of the FSR has improved the potential to focus on those key points.</p> | <ol style="list-style-type: none"> 3. Maintain FGC Coordinator link with RAS and each Neighbourhood Social Care Team. 4. FGC should be mandated for consideration at point of Crisis Intervention Service involvement 5. ICASP – FGC manager membership already. |
| | <p>At present 39.9% of children 0-4(59% 0-1) who are subject to CP Plans result in child becoming LAC. Continued priority needs to be given to CP cases as a means to avoiding LAC. There is a need for speedier referral to FGC by the SW. If CPC recommends FGC, Coordinator allocated at that point to progress referral</p> | <ol style="list-style-type: none"> 6. Currently piloting FGC Coordinator allocation at the point of FGC recommendation from CPC to progress referral to reduce the delay by the SW. |
| | <p>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> | <ol style="list-style-type: none"> 7. Potential to pilot FGC Coordinator allocation at the point of FGC recommendation from Panel to progress referral |

| CLYP Priority | Implications for FGC | Mechanism |
|--|---|---|
| Safely reduce LAC numbers | A mandatory expectation that all 1 st LAC Reviews consider FGC would strengthen referral to the service at this key point to support rehabilitation within 8 weeks. | <p>8. Caseholding SW's are now routinely notified of the need to consider FGC at point of LAC.</p> <p>9. Potential to pilot FGC Coordinator allocation at the point of FGC recommendation from LAC Review to progress referral.</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>10. 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> |
| | There may be greater potential to consider FGC where rehabilitation has previously been ruled out, but there is a change/ reassessment of the birth family circumstances which may indicate rehabilitation is now a viable option. A number of such cases have been successfully undertaken by the service. | <p>11. Continue to promote FGC within the LAC Service.</p> <p>12. Maintain current strong links with IRO's through which Care Planning within LAC Reviews is focused.</p> |

| CLYP Priority | Implications for FGC | Mechanism |
|---------------------------------------|--|--|
| Reduce delays for all children | <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>The FSR proposal to 'mandate and increase the use of FGC' in permanency planning for the 0-4 year old group is a welcome move. There is a need to ensure that the relevant Panels actively promote FGC.</p> <p>As the FSR has placed priority for FGC upon cases identified by Legal Panel, there is a need to strengthen the link with Legal Panels.</p> | <p>13. Contingency planning should be central to FGC Plans.</p> <p>14. Potential to pilot FGC Coordinator allocation at the point of FGC recommendation from Permanence Panel to progress referral.</p> <p>15. System is now in place for all cases recommended at Legal Panel to be directly linked with a coordinator to progress.</p> |
| Value for money placements | <p>FGC is well placed to identify potential carers for LAC children within the extended family. As well as being the preferred option for children and families themselves, this is generally the most cost effective placement.</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>16. The tracking system between FGC and the Connected Persons Team needs to be strengthened.</p> <p>17. All connected persons assessments must demonstrate that FGC has been considered.</p> |

| CLYP Priority | Implications for FGC | Mechanism |
|--------------------------|--|---|
| | <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>18. Increase robustness of link with LAC Service</p> |

Appendix 2 FGC Case studies

Case 1

Rehabilitation home from a Mother and Baby Foster Placement

At the point of referral Child A was six months old and living with her mother, D, in a mother and baby foster placement and subject of an Interim Care Order. A's parents were separated. Both had extensive histories of drug and alcohol misuse and A's father (K) had long term mental ill health.

Purpose of FGC

The aims of the FGC were to develop a support plan to enable A & D to move into their own home, a safety plan for A in the event that any family members had concerns about A's welfare, a contact plan for A and her father, K, and to identify contingency plans in the event that A had to be removed from D's care in the long-term.

Maternal family members and several of D's friends engaged well in the FGC preparation process, however, K was very hostile and unwilling to allow his family to be contacted by the FGC Service.

Following legal advice it was clarified that paternal family members could be contacted, against K's wishes, if it were considered to be in the best interests of A. In order to formulate a comprehensive support plan for D and involve K's family in decisions about contact and A's future care it was felt appropriate to contact paternal family members .

This had to be done very sensitively by the FGC Coordinator and whilst K changed his mind several times about whether he wanted them involved they did eventually attend the FGC. This afforded an opportunity to co-ordinate plans from both sides of the family.

Outcome for the family

The involvement of paternal family members had a number of benefits. Despite K's displeasure at the thought of his family attending, the fact that they knew him so well enabled them to assist K to remain calm and engage more effectively in the process. As well as resulting in a more comprehensive support plan to D it also widened the safeguarding network around A. It enabled relationships to be built between A and paternal family members, who up to that point had not met A. It also impacted on contact arrangements between A and K as paternal family members were willing to supervise their contact in a family setting. In addition Paternal family members were willing to be assessed as potential carers for A in the long-term if A placement with D broke down.

The family reviewed their plan on three occasions. A & D successfully moved to their own accommodation, supported by both maternal and paternal family members. A's contact with her father continues to be supervised by members of the paternal family. The legal proceedings have concluded and A was made the subject of a 12 month Supervision Order.

Case Study 2

Permanency planning

Historical Concerns

Miss B's five older children from a previous relationship were removed from her care following Care Proceedings in 2010 as a consequence of longstanding Neglect and drug misuse.

Miss B subsequently became pregnant again in April 2011 with a new partner and given the previous history of concerns the Local Authority initiated the Public Law Outline. The unborn child became subject to a Child Protection Plan and a Letter Before Proceedings was issued to both parents.

Purpose of FGC

FGC requested to:-

- a) identify potential family members who may be able to care for the unborn child long term
- b) If the parenting assessment was positive to identify support networks for parents .

Outcome for Family

FGC was able to identify extensive family support from both paternal and maternal families.

The Initial FGC agreed that the baby would be placed with their paternal grandmother until parenting assessments had been completed. The Family Plan identified daily contact arrangements for parents whilst parenting assessments were completed.

In the interim period between the initial FGC and the review FGC the personal circumstances of the paternal grandmother changed and she was no longer able to care for the baby. The family were responsive to the new situation and organised their own FGC to devise an alternative plan. The family agreed to place the baby with maternal grandmother with extensive support from both sides of the family. The new Family Plan was subsequently ratified by Social Care.

A review FGC meeting was held three months later. The outcome of the parenting assessment was positive and Social Care requested the family formulate a rehabilitation plan for the child's return home. The family developed a new support plan, which was subsequently agreed by Social Care.

The baby was successfully rehabilitated home to her parents care and continues to be supported by the extended family networks.

Case Study 3

FGC Preventing an Older Young Person Becoming LAC

The Situation:

- C is 15 years of age and was demonstrating extremely challenging behaviour - not abiding by house rules, staying out all night, very demanding of money. She had previously been accommodated by the LA due to her behaviour. The aim for the FGC was for the family to come together to work out a support plan which would prevent her coming back into care.

The FGC

- In the FGC, C acknowledged that things needed to change and was prepared to work with her family towards these changes. The focus of the plan was upon actions/activities which would help rebuild relationships between C and her family members; respite care to mother; family support to maintain boundaries and rules.
- The meeting was very positive, with the young person responding to being given the chance to share her views and wishes and to take responsibility for her part of the plan. She even offered to write up the plan herself!

Current Situation

- Social Care has closed the case on the above family;
- No reports of challenging behaviour from C
- C now has regular contact and support from her two much older siblings;
- C is now attending College and is involved in voluntary and part time work.

Appendix 3 Cost saving data

| Number of months support offered in period | Family Support Worker per month (hourly) | Family Support Worker total hours in period | Supervision of contact (hours) per month | Supervision of contact total hours in period | Day care (hours) per month | Day care total hours in period | Respite (hours) per month | Respite total hours in period |
|--|--|---|--|--|----------------------------|--------------------------------|---------------------------|-------------------------------|
| 8 | | 0 | 24 | 192 | 8 | 64 | | 0 |
| 8 | | 0 | 50 | 400 | 130 | 1040 | | 0 |
| 8 | | 0 | | 0 | | 0 | | 0 |
| 7 | | 0 | | 0 | | 0 | 64 | 448 |
| 5 | 12 | 60 | | 0 | 5 | 25 | 32 | 160 |
| 3 | | 0 | | 0 | 12 | 36 | | 0 |
| 10 | 60 | 600 | | 0 | | 0 | 20 | 200 |
| 9 | 8 | 72 | 56 | 504 | | 0 | 40 | 360 |
| 9 | 25 | 225 | 19 | 171 | 25 | 225 | | 0 |
| 9 | 8 | 72 | 48 | 432 | | 0 | | 0 |
| 9 | | 0 | 10 | 90 | | 0 | 6 | 54 |
| 8 | | 0 | 12 | 96 | | 0 | 20 | 160 |
| 6 | 20 | 120 | | 0 | | 0 | 20 | 120 |
| 1 | 40 | 40 | 28 | 28 | | 0 | | 0 |
| 4 | 192 | 768 | | 0 | 8 | 32 | 48 | 192 |
| 4 | 16 | 64 | | 0 | | 0 | | 0 |
| 5 | 48 | 240 | 15 | 75 | | 0 | 20 | 100 |
| 9 | | 0 | | 0 | 36 | 324 | | 0 |
| 4 | 240 | 960 | | 0 | | 0 | | 0 |
| 4 | 7 | 28 | | 0 | | 0 | | 0 |
| 9 | | 0 | | 0 | 96 | 864 | 8 | 72 |
| 11 | 24 | 264 | | 0 | | 0 | 24 | 264 |
| Total | | 3513 | Total | 1988 | Total | 2610 | Total | 2130 |
| Cost Per Hour £ | | 14.21 | Cost Per Hour £ | 16.68 | Cost Per Hour £ | 3.10 | Cost Per Hour £ | 13.77 |
| Total | | £49,920 | Total | £33,160 | Total | £8,091 | Total | £29,330 |