Resource Materials for

Awareness Raising and Training

On

Family Group Conference Practice

In Northern Ireland
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1. Introduction to Resource Materials

This project was developed as a direct response to:

- Discussion with DHSSPS re: the need to ensure local and up to date resources are available on Family Group Conference policy and practice;
- Learning from and building on Family Group Conference practice over the last 14 years;
- Ensuring consistent and clear messages re: Family Group Conference model, Family Group Conference process and roles and responsibilities of professionals and others;
- Need for provision of support materials for trainers across sectors.

The purpose of the resource material is to provide easy access to up to date information on Family Group Conference practice and the content can be used selectively to both raise awareness and provide training. Materials can be added to so that the content can be tailored to the appropriate context.

The development process included:

- Management by the Training Subgroup of the Family Group Conference Forum (NI).
- Workshop 26.01.2011 for those providing training on Family Group Conferencing – representatives attended from three Health and Social Care Trusts and the Youth Justice Agency. Current training provision was audited and gaps identified;
- Review of current training materials used within Family Group Conference services;
- Contact with Queens University; University of Ulster and Further and Higher Education Colleges re: process for providing teaching on Family Group Conference Practice.
- Piloting of some of the new materials developed with Western Health and Social Care Trust Managers;
- Drafting of materials for initial feedback from Family Group Conference Forum (NI) Training Subgroup
- Completion of Final Resources Materials in agreed formats.

**Use of the Resource Materials**

This package contains resource material from FGC practitioners and managers who have been working in this field for the last fourteen years. It is expected that the FGC Forum (NI) will be acknowledged in any use of this material.

This package contains resource material that can be used in awareness raising and training sessions for students, staff and volunteers. **We would expect that you would also draw on the practice experience of family group conference practitioners and families who have experienced the process in delivering this material.** Below you will find contact details for current FGC services in Northern Ireland who will be able to assist you in this process.

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Family Group Conference Service
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Family Group Conference Service
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BT47 2ND
Telephone: 028 71 314080
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Family Group Conference Service
The Doctor's House
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Armagh
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Strengthening Families Project
Action for Children
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Format

It was agreed that all of the materials would be available on an external memory stick and also on the Family Group Conference Forum (NI) Website for downloading free of charge.
2. Structure of the Resources

- Supporting Text
- Slides
- References

- Supporting Text

This section provides up-to-date information re: Family Group Conferencing both in Northern Ireland and internationally. It can be used alongside the slides to provide additional context and information.

The supporting text covers three main areas:
- Understanding the Family Group Conference Process
- Key Roles and Responsibilities
- Family Group Conference use in a range of settings.

- Slides

The accompanying slides are collated under the three main areas above and can be added to in order to contextualise the session to your own organisation and target audience.

- References

In this section please find a summary of relevant references, articles, journals, books, videos and websites in relation to family Group Conference practice.
3. Supporting Text

3.1 Understanding the Family Group Conference (FGC) Process

External Context

Legislation and policy both internationally and locally sets the context for FGCs and its underpinning principles.

UN Convention on the rights of the child

- Article 3—“everything should be in the child’s best interests”
- Article 5—“rights of parents, carers, family are respected”
- Article 9—“right to be with your parents if this is best for you”
- Article 12—“right to freely express the views that you have: for your opinion to be listened to in everything that effects you”
- Article 19—“right to be protected from abuse and neglect”
- Article 28—“right to Education “
- Article 29—“the education you receive should help you develop and grow”

Children (NI) Order 1995

There are five key principles underpinning the Children (NI) Order (1995).

1) Welfare of the child is paramount
2) Partnership with parents
3) Parental responsibility
4) Prevention of family breakdown
5) Protection from abuse
Welfare Checklist from Children (NI) Order: Article 3(3)

- The ascertainable wishes and feelings of the child – age and understanding.
- Child’s physical, emotional and educational needs.
- Likely effect on the child of any changes in circumstances.
- Age, sex, background, culture and any other characteristics considered relevant.
- Any harm suffered or at risk of suffering.
- How capable are parents or others to meet the child’s needs.

Consents: Children (NI) Order 1995: Article 26 (2) states:

“Before making a decision with respect to a child whom it is looking after or proposing to look after, an authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of:

(a) the child;
(b) his/her parents;
(c) any person who is not a parent of his/her but who has parental responsibility for him/her;
(d) any other persons whose wishes and feelings the authority considers to be relevant.

In making any such decision an authority shall give due consideration:

(a) having regard to his/her age and understanding, to such wishes and feelings of the child as the authority has been able to ascertain;
(b) to such wishes and feelings of any person mentioned in paragraph (2b) to (d) as the authority has been able to ascertain.”
Article 27 (7) further confirms:

Subject to any regulation made by the department for the purpose of this paragraph, any authority looking after a child shall make arrangements to enable him to live with:

(a) a person falling within paragraph 4 (basically a parent or someone with parental responsibility or someone with a Residence Order).
(b) A relative, friend or other person connected with him unless that would not be reasonably practicable or consistent with his welfare.

This sets the imperative and impetus to look at family as the first option prior to considering statutory care. A parent can however refuse to participate or can deny access to alternative carers from within the family/extended family/friends network by withholding names, etc.”

Consent of Persons with Parental Responsibility to an FGC:

Empowering Families: Regional Guidance on the Provision of Family Group Conferences in HSSC Trusts Children and Young People Services (2008) states that:

“Consent to the holding of an FGC must be obtained from a person with parental responsibility. Only one parent (person) with parental responsibility needs to give consent to enable the FGC to proceed.

(a) Where parents refuse consent to the holding of an FGC to explore family involvement, it is necessary to consider what are the reasons an FGC is being considered in these circumstances.
(b) It is important that the benefits of and alternatives to the holding of an FGC are properly explained so that they are fully informed when they make their decision. FGCs are not mandatory and families can refuse if they wish.

(c) If however, a child has been admitted to care or admission to care is being considered, then the legislation encourages the Trust to progress their efforts via the FGC Model as a means of acquitting their statutory responsibility to explore family alternatives.

(d) In cases where the opposition of the parent to the process is considered unreasonable, i.e. preventing a child having an experience of family life or denied opportunities to which he/she is entitled, this could be considered as interfering with the child’s rights (UN Convention on the Rights of the Child), then legal advice should be sought by the child’s Social Worker to ensure that the paramountcy principle is observed.

As in all situations, the action taken should be informed and proportionate to the degree of assessed seriousness. All actions taken should be proportionate, particularly in light of the ethos of the Model. Legal advice should always be sought by the child’s Social Worker where the views and actions of a parent conflict with the best interests of the child.

Consent of Child/Young Person to the holding of an FGC

(a) It is good practice that children and young people are consulted about having an FGC. Teenagers who are adamant that they do not want an FGC are unlikely to work with any plan emanating from one they took no part in. Children of all ages are encouraged to participate in FGCs. The degree and manner of participation will depend on their age and understanding.
(b) Parents retain parental responsibility for their child/young person until they reach 18 years, though as the child acquires more competence the degree to which parents exercise parental responsibility reduces.

(c) Young people under the age of 18 years can make some decisions for themselves and it would be reasonable for the consent of a young person aged between 16 and 18 years to be required for an FGC to be convened and for the plan to be agreed. For children under 16 years it is a more complex area. Whether or not a child’s views should override those of a parent is not spelt out in statute but can be derived from case law. “The Fraser Guidelines” suggest that where a child or young person has the intelligence and maturity to be able to understand the nature and consequences of his/her choice, their consent should be acquired.

(d) If there is a disagreement between the child and his/her parents about holding an FGC, which cannot be resolved, legal advice should be sought.

Interfaces with other policies and procedures

FGCs will potentially link with the three aspects of the Child Care systems, i.e. Child in Need, Child Protection and Looked After Children including young people leaving care.

The following is a guide as to how these processes may link.
A. Child in need

(a) Using the UNOCINI guidance documentation the need for a referral to an FGC is very likely to be identified subsequent to the completion of the first Child in Need case plan, or in any review of a Child in Need case plan.

(b) A case plan will have the authority to detail the purpose of the FGC: identification of the “bottom line”. (The bottom line represents the Trust’s non-negotiable position in relation to securing the child/young person’s welfare, e.g. without change which addresses the concerns Child Protection procedures will be initiated/legal advice will be sought/the child may have to be received into care/the child may not have contact with specified person.)

(c) Future case plans in taking account of the reviewed needs of the family, should take account of whether the family plan, or other plans also continue to meet those needs. While those revising the case plan do not have the authority to change the family plan, proposed changes should be considered at the review FGC.”

B. Child Protection

Co-operating to Safeguard Children (2003) DHSSPS states:

5.8 “Serious consideration should be given to their use (Family Group Conferences) as part of the process of safeguarding children”

Empowering Families: Regional Guidance on the Provision of Family Group Conferences in HSS Trusts Children and Young People Services (2008) states that:
(a) “An Initial Child Protection Case Conference could recommend an FGC as one recommendation in the Child Protection Plan.

(b) The Initial Child Protection Case Conference, chaired at senior manager level has the authority to agree appropriateness of this referral and should clearly identify the “bottom line” or any Trust requirements that the FGC is to address.

(c) Following the FGC the Core Group should use it’s authority to consider and ratify the family plan and any subsequent family plans.

C. Looked After Children (LAC) System

The case Co-Ordinator of a LAC case has the authority to agree the family plan in consultation with those with parental responsibility, the child or young person, and other key professionals.

Article 27(7) states.....

“when a child needs to be Looked After, the Trust is required to make arrangements for the child to live with a member of his family unless this would prove impracticable or inconsistent with the child’s welfare”

Public Law Outline 2009

Within Northern Ireland guidance was designed to accompany an information pack provided for Health and Social Care Trust staff to assist with the introduction of the ‘Guide to Case Management in Public Law Proceedings’ (July 2009) and in particular with the requirements for Trusts at the pre-proceedings stage.
The core objective stated at the opening section of the ‘Guide to Case Management in Public Law Proceedings’ is to deal with cases justly having regard to Article 3 of the Children (NI) Order 1995, focusing on the child’s needs and timetable thereby improving outcomes for the child who is the subject of public law proceedings. The emphasis is on consistency and predictability in all courts, allocation of proceedings to the appropriate level at the earliest possible stage, proactive case management, issue identification and early resolution as the means to achieving that end.

Evidence must be provided that family and friends have been informed and included in assessments / discussions and evidence that every family/ friends option has been explored before a child is admitted to care

Pre-Proceedings Stages

The term pre-proceedings describes the several stages of interaction between the child, family and Trust social work staff which occur prior to an application being issued for a Care/Supervision Order under Article 50 of the Children (NI) Order 1995. This is illustrated in the ‘Pre-Proceedings Flowchart’ (document 3) within this information pack.

For the purposes of the guidance pre-proceedings refers to the stage that the Trust decides that its safeguarding concerns has increased to the point that it is considering making an application to court to protect the child but that these concerns are not so severe that an emergency application needs to be made immediately.

Parents, the child (if of sufficient age and understanding) and others with a legitimate interest in the child’s future should, as far as possible, be involved in pre-proceedings assessment processes and should, as appropriate, be consulted on the Trust’s plans for the child. Thus the parent will already have been made aware of the Trust’s concerns about the child. In addition the Trust will have explored, perhaps through a family group conference or other family meeting, whether care can be safely provided by a relative or friend, having
assessed the suitability of possible arrangements and the most appropriate legal status for such arrangements.

In most situations the point at which the pre-proceedings stage commences is where safeguarding concerns increase, the Trust seeks legal advice and sends a ‘Letter before Proceedings’ to a parent.

Legal Advice

Trusts legal advisors have a significant role to play in providing advice about the requirements of the court including the pre-proceedings stage, disclosure of documents, threshold criteria and the making of applications. Where the Trust decides, having sought legal advice, that it intends to apply for a Care or Supervision Order, a ‘letter before proceedings’ should be drafted in consultation with the Trust legal advisor and sent to the parent. It is at this stage that the issue of disclosure of documents to prospective parties and their legal representatives and attendance at the pre-proceedings meeting can be discussed and agreed.

Letter before Proceedings

The notification to the parent should, in its written form, and where the urgency of safeguarding concerns permits its use, take the form of a ‘letter before proceedings’. A template letter is included in this information pack (document 5) but the letter, in cases where it is used, will need to be adapted to fit the particular circumstances of the case and other considerations including the abilities of the parent. As the ‘Guide to Case Management in Public Law Proceedings’ states it should include;

- The detailed concerns which lead the Trust to believe that the child has suffered or is likely to suffer significant harm within the terms of Article 50 of the Order;
- What exactly the Trust proposes ought to be done to protect the child from suffering such harm in the future.
It should also encourage the parent to seek legal advice as soon as possible and act as an invitation to attend a meeting with the Trust along with their solicitor to discuss these issues further.

It should also request that the solicitor for the parent contact the Trust so that they can be provided with information before the meeting (see ‘Before Issue’ Checklist document 6).

It is recognised that there will be cases where the scale, nature and urgency of Trust safeguarding concerns are such that it is not in the interests of the child for a ‘letter before proceedings’ to be sent. It may also be the case that not all the other pre-proceedings steps will have been completed. In such cases the Trust should detail the reasons for any missing documentation or absent steps.

Pre-Proceedings Meeting

The ‘letter before proceedings’ acts as an invitation to a ‘pre-proceedings meeting’ with the parent and their legal representative. The aim of this meeting is either to deflect proceedings or at least, to narrow and focus on the issues of concern.

It should be noted that the ‘pre-proceedings meeting’ is not adversarial and is a social work led meeting and not a forum for disputed facts to be determined. The Trust may also wish to have their legal representative present at this meeting to assist with these issues.

At the conclusion of this meeting with the parents (and their legal representative) the Trust should provide in writing the decisions of the meeting and, if possible, a revised plan for the child, outlining what the parent and the Trust are to do to safeguard the child and the steps the Trust will take if this action is not effective in safeguarding the child. This should be explained orally to the parent, signed and copied to all the parties present at the end of the meeting. It has been suggested that a hand written bullet point record of key agreements, decisions and action points is signed and given to the parties
present at the end of the ‘pre-proceedings meeting’ and a typed record forwarded after.

It may be helpful to formulate a loose agenda for use at the ‘pre-proceedings meeting’. In the information pack for Trust staff ‘Guide to Case Management in Public Law Proceedings’ (July 2009) there is a list of agenda items which may be considered for inclusion in any such meetings (document 8) along with a suggested template for recording these meetings (document 9). The information pack also provides checklist documents (document 4).

Within four weeks of this initial meeting the agreed plan should be reviewed in a further meeting with the parent and their legal representative and the reviewed plan sent to all parties and orally re-iterated to parent(s) as soon as possible.

If despite the pre-proceedings meeting following the ‘letter before proceedings’ the Trust continues to be concerned or concerns increase that the child is suffering, or is likely to suffer significant harm, then the Trust should make an application for a Care/Supervision Order, prepare their documentation and liaise with their legal advisor to obtain the date of the first directions hearing.

There are six stages to the process and stage one makes explicit reference to family group conferencing.

“Stage 1 - Pre-proceedings

3.1 Except where it is not possible to do so consistently with the best interests of the child or where immediate intervention is required, a letter must be sent by a Health & Social Care Trust (‘the Trust’) (or other applicant) to any prospective party prior to the issue of proceedings setting out

(1) the detailed concerns which lead the Trust to believe that the child has suffered or is likely to suffer significant harm within the terms of Article 50 of the Order;
(2) what exactly the Trust proposes ought to be done to protect the child from suffering such harm in the future.

3.2 Subject only to the best interests of the child, if any of the following documents are in the possession or power of the applicant, they must be disclosed to any prospective party and any legal representative retained by any prospective party before the issue of proceedings:

(1) any previous court orders and judgments;

(2) any relevant core assessment materials such as the current UNOCINI\textsuperscript{1} Initial and Pathway assessments, Article 4 welfare reports and Article 56 investigation reports, relatives and friends materials (e.g. genogram, kinship assessment and Family Group Conference Plans);

(3) reports of any assessments;

(4) any other relevant reports and records containing key information (which may include contact sheets and other records of incidents upon which the Trust is likely to rely in the event of proceedings);

(5) any relevant pre-existing Care Plans including any Child in Need Plan or Child Protection Plan;

(6) any document indicating that a prospective party may suffer or may have suffered from any disability which may render that prospective party unable to take a decision or give an instruction on any question relevant to a matter specified in paragraph 3.1 but such documents should only be disclosed to that party or a legal representative retained by that party and authorised to receive such a document.

\textsuperscript{1} Understanding the Needs of Children in Northern Ireland
The Hardiker Model

Northern Ireland Family Support Model

Family support is defined as the provision of a range of supports and services to ensure that all children and young people are given the opportunity to develop to their full potential. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need.

The wider vision of family support has been articulated in the Northern Ireland Family Support Model, which has been adopted by the four Children and Young People’s Committees in Northern Ireland. This wider vision of the totality of family support sets out how all organisations, with a responsibility for delivering services to children and families, should support families to become empowered, confident, responsible and able to help their children to reach their full potential.

This strategy will be informed by this wider vision of family support, which sets a blueprint for all organisations across sectors and partnerships to enable children to achieve the outcomes set out in the Children’s Strategy, through ensuring that a range of support services are developed for families and carers.

The Family Support Model, initially developed by Pauline Hardiker, is used to map and understand the range of family support services. It enables a ‘whole system’ approach to service planning to be conceptualised and emphasises the important links between the different levels of provision. Further, it is important that adequate service provision exists at all levels of the family support continuum. The most vulnerable children and families need to be supported in making the best use of the universal services that exist for all families.
Many children and young people can be vulnerable at particular points of their development and will need the support of preventative services to ensure that more enduring problems are not allowed to occur.

The Hardiker model has been adapted to show need and services and details four levels of need, which can be responded to by four levels of services. Family Group Conferencing is to be seriously considered as a response any time a decision needs to be made about a child’s support needs, protection from risk or need for care. Below are some examples, but are not exclusive.

Support Needs:

Hardiker Level 2 – Where the focus is prevention of family breakdown through a child’s needs not being met. When a child is assessed as “in need” and Family Support Services are considered. This can be due to:

- Childcare issues as in behavioural/parenting issues.
- Drug/substance misuse by the child or parent.
- Child or parent disability or illness.
- Mental health issues for the child or parent.
- Children coping with separation or divorce.
- Where the child is a young carer or a young parent.
- Where a young person presents at risk of or dealing with homelessness.
- Education – Where children are at risk of exclusion from school through their behaviours or choice (non-attendance).
- Where children are coming to the attention of the police for low level anti-social activity.
Protection Needs:

- Hardiker Level 3 – Where the focus is the protection of a child deemed to be “at risk of significant harm” or when serious concerns are expressed about the care of a child. This can be seen as:
  
  - Child “on the edge of care” through behaviour or lack of care.
  - Child protection issues – physical, sexual or emotional/psychological abuse.
  - Child witness of Domestic Violence.
  - Child living with serious parental substance misuse.
  - Where a young person is “beyond control” and are placing themselves at risk.
  - Where a young person is homeless with no supports.

- Where a child or young person is excluded from the school system through expulsion or chronic non-attendance.

- Where a child or young person is engaging in serious criminal activity and there is justice system involvement.

Care Needs:

- Hardiker Level 4 – Where the focus is on providing safe and stable placements for the child wishing to preserve family connections or consider reunification or where there needs to be concurrent planning/adoption. Situations can include:
- Looked After/Accommodated child.
- Seeking a kinship placement.
- Contact issues with siblings/parents/extended family.
- Victim of abuse who cannot remain at home.
- Child perpetrator of abuse who cannot remain at home.
- Young person leaving care.

- Young person in Juvenile Justice Centre or Young Offenders Centre.

**FGC Forum (NI) Regional FGC Standards for Northern Ireland**

Standard 1

The FGC Service will provide a high quality service which works within the NI FGC Standards.

1.1 The FGC service will be delivered by an Independent Co-ordinator who will have no other professional role with the family and will have no involvement in any professional decision making for the child/young person/vulnerable adult or family.

1.2 The FGC Service will ensure that the Independent Co-ordinator will be trained in the FGC model and in the skills necessary to undertake the role.

1.3 The FGC manager will provide supervision to the Co-ordinator.

1.4 FGC Managers will oversee and ensure a responsive and accountable delivery of the service.
Standard 2

The voice of the child/young person/vulnerable adult will be central to the FGC process and must be sought and heard at all stages of the process.

2.1 The Independent Co-ordinator will ensure that the wishes and feelings of the child/young person/vulnerable adult will be sought and represented in the conferencing process.

2.2 The Co-ordinator will ensure that advocacy is available for those who require it.

2.3 The Co-ordinator will ensure that the views of those unable to attend are shared at the meeting.

2.4 The Co-ordinator will ensure that where the child/young person/vulnerable adult chooses not to be or is unable to be present at the FGC, the family plan will be shared with them and their understanding of the content ensured.

Standard 3

Everyone participating in the FGC will be prepared and supported throughout the process.
3.1 The Co-ordinator will confirm the reasons for the referral with the person(s) central to the process and with their agreement share the information with the wider family network and professionals.

3.2 The Co-ordinator, with the child/young person/vulnerable adult and carers will explore those they wish to invite to the conference.

3.3 The Co-ordinator will use a range of creative methods to ensure that all contributions are sought and shared, and will ensure that the views of those unable to attend are shared at the meeting.

3.4 The FGC will be held in the first language of the child/young person/vulnerable adult, and attention will be given to any significant cultural issues.

3.5 The Co-ordinator will ensure that all children/young people/vulnerable adults and families will be prepared and supported to participate fully in the FGC process.

3.6 The Co-ordinator will assist the professionals in preparation for their role in the FGC process.

3.7 The Co-ordinator, at the end of the process, will ensure that all participants have understood what has been decided.
Standard 4

Families have a right to private family time within a safe and supportive environment in order to make decisions and plans.

4.1 The FGC Conference will be agreed at a date, time and venue that suits the family.

4.2 The Co-ordinator will ensure that there is a neutral venue which is suitable for the family to discuss issues in private and that there is sufficient time made available for the family to do so.

4.3 The Co-ordinator has the responsibility to outline the expectations of behaviour in the meeting will ensure that “ground rules” are established and adhered to so that all participants can feel safe and respected and their views heard.

4.4 The Co-ordinator and other relevant professionals will be available to the family for clarification or to provide information if required during private family time.

4.5 Only exceptionally if requested by a family member will a Co-ordinator/other professional be present during private family time for a prolonged period. This will only occur with the agreement of the family.

4.6 It is important to include all those identified by the family – however the Co-ordinator will assess any safety issues before the meeting and plan how these can be managed. In exceptional cases this may result in a family member not being invited to attend the meeting and their views represented in another way at the meeting.
Standard 5

Families have the right to have safe plans agreed and resourced.

5.1 The FGC Plan is the only written document to be produced by the FGC. The Co-ordinator will ensure that all participants receive a copy of the plan as soon as possible after the meeting.

5.2 The referrer will agree the plan as long as it does not place the child/young person/vulnerable adult at risk of harm and will consider any resources identified by the family.

5.3 If there is to be a delay in agreeing the plan the family need to be informed of the reasons and a timescale agreed.

5.4 The referrer will support the family to carry out their plan and ensure that any resources agreed are provided to the family in a timely way.

5.5 The family may choose a monitor/link-person who, along with the referrer, ensures that the family plan is being followed.

Standard 6

Families have the right to be involved in the evaluation and development of FGC Services.
6.1 Services will routinely seek feedback from all participants and these views will be used to inform and develop practice.

6.2 The FGC Service will use creative methods to ensure the views of the child/young person/vulnerable adult are sought and heard.

6.3 Participants can raise concerns or provide feedback about their involvement with the FGC process and this will be dealt with in a constructive way.

**UNOCHIN**

The Northern Ireland Executive is committed to the development of high quality services for children, which is reflected in the 10 Year Strategy – “Our Children and Young People – Our Pledge”. The strategy aims to maintain the positive outcomes for those children and young people who are doing well; whilst at the same time addressing those areas where insufficient progress has been made to improve the lives of the most disadvantaged and marginalized children and young people within Northern Ireland.

The DHSSPS SSI Inspection of Child Protection Services entitled “Our Children and Young People – Our Shared Responsibilities” Overview Report (December 2006) identified a number of deficiencies and recommended action to:

(a) Improve arrangements for safeguarding children and young people;

(b) Increase public awareness in this important area;

(c) Enhance professional practice, multi-disciplinary and interagency working and service provision; and

(d) Inform policy development with regard to safeguarding children and young people.
Improving the assessment process is a critical component of enhancing professional practice, multi-disciplinary and interagency working. The UNOCINI assessment framework does this by providing a balanced assessment model that is consistent and capable of meeting the requirement of professionals from all agencies working with children.

In order to support staff to conduct high quality assessments that clearly identify children’s needs and lead to these needs being met, a new inter-agency assessment model has been developed in Northern Ireland. This framework is called UNOCINI, which stands for Understanding the Needs of Children in Northern Ireland. The UNOCINI Assessment Framework has been developed to:

- improve the quality of assessment within stakeholder agencies.
- assist in communicating the needs of children across agencies.
- avoid the escalation of children’s needs through early identification of need and effective intervention.

UNOCINI has three assessment areas which are each divided into four domains:

- the needs of the child or young person.
- the capacity of their parents’ or carers’ to meet these needs.
- wider family and environmental factors that impact on parental capacity and children’s needs.

The UNOCINI Assessment Framework is not only concerned with a child’s needs and any risks – it also wants to identify strengths in the situation that may support or protect a child and upon which professional interventions may be built.

Adoption Regional Policy and Procedures outline the regional policy on permanency planning.
“Permanence” as a term describes the way a child needs to feel about where he lives and with whom he lives. For a child to thrive, physically, emotionally, spiritually and intellectually, he needs the security of belonging and of receiving consistent, reliable care from one or more significant adults. A “permanent placement” describes a placement with a particular family or adults with whom a child is expected to live for the duration of his childhood and beyond.

An established and important principle of child care practice is ensuring that children experience permanency and continuity within their birth families; this principle finds legislative expression in The Children (N.I.) Order 1995. Where, however, this is not compatible with the Trust’s general duty to safeguard and promote the welfare of children the issue of securing stable placements for children arises. Generally, the care system has not delivered good outcomes for children in long-term care. Adoption has, however, been shown to be successful in providing stable alternative placements for children who would otherwise spend their childhood in the care system. Yet, permanence as a placement choice is particularly complex.

**Policy**

It is the policy of the Trusts and Voluntary Adoption Agencies to achieve family life for all children and to ensure that services promote and provide a sense of permanence for them. Article 26 of The Children (N.I.) Order 1995 places a duty on the Trust to safeguard and promote the child’s welfare and before making any decisions with respect to a child to seek and take account of the views of the child, his parents and relevant others. Trusts seek to ensure that children experience permanence in the parenting they experience, as this is a key factor in safeguarding and promoting their welfare.
For most children it is preferable that they find permanence within their birth families, and to that end, Trusts are committed to providing a range of services which aim to:

- support families, including the use of “accommodated children” provisions;
- prevent children becoming looked after;
- assist parents care for their children.

Where an assessment indicates that the child’s parents are unlikely, within an acceptable timescale, to make and sustain the necessary changes in their parenting, the Trust must consider the best means of securing permanence for the child. In the first instance consideration should be given to the possibility of securing a permanent placement within the extended family.

At this stage, contingency plans are necessary to avoid delay in securing a permanent family placement for the child.

The Agency must ensure that, in all its work with families, the policy with regard to permanence is made clear and that parents are given an Explanatory Information leaflet on this policy. Staff should take time to discuss this information with parents to ensure they understand it.

For each looked after child, the care plan to be agreed, in consultation with his parents and relevant others, no later than the second review (i.e. 3 months), should outline and refine the options, including adoption, together with the actions required and timescales to ensure the provision of a permanent placement for the child. The Chairperson of the Review should ensure that the care plan is formulated in accordance with this guidance and that the plan identifies the persons responsible for taking forward the agreed actions.

Where adoption is the preferred option the Trust should hold a further review within three months of the second review, rather than wait for a
period of six months, which is the minimum statutory requirement. At this review the Care Plan should confirm the permanence route.

Currently work is being undertaken by the Department of Health and Social Services and Public Safety on the development of Standards for Kinship Foster Carers in Northern Ireland 2011. This work is in draft form and recognises the role that Family Group Conferencing can take in making plans with kinship foster carers. When the policy is finalised it will be placed on the Family Group Conference Forum (NI) website www.fgcforumni.org.

**Priorities for Action DHSSPS**

Since 2006, the DHSSPS has strongly endorsed this method of partnership working by including Family Group Conferences as part of their Priorities for Action (PfAs) for Boards and Trusts. The achievement of The Priorities for Action has been challenging, though they have been a substantial catalyst in positively changing the culture. While individual PfAs in different years have concentrated on different groups of children within the child welfare system, the overall policy direction is unequivocal; children and families should always be offered the option of a Family Group Conference (FGC) where a decision or plan needs to be made.

**Care Matters –A Bridge to a Better Future (2007) DHSSPS**

Care Matters: A Bridge To a Better Future states:

1. “The State through Government Departments and agencies, Health and Social Services Boards and Trusts and in partnership with voluntary sector providers has a unique responsibility for families and children who are in need which includes taking on the task of directly caring for some of Northern Ireland’s most vulnerable children.
2. Families are the bedrock of society and the most effective and preferable way in which to bring up children. The State has a responsibility to encourage families in this important task and where they encounter problems to provide early support and services. This is particularly the case where problems are such that families may breakdown for whatever reason and where children are at risk of harm or abuse.

3. Where a child cannot live with their own family we should ensure that where possible they can live with their extended family or have the experience of public care through a fostering arrangement, the most appropriate and stable arrangement for children who cannot live at home. Our overall aim should be to try to achieve permanence for a child with his or her birth family and where this is not possible, through adoption, long-term fostering, residence orders or through special guardianships.

4. All of us who work with or have responsibility for children in care both directly and indirectly must ensure that we are everything a good parent should be, offering a quality home and experience of childhood, ambition, hope for the future and demand the best of schools and services for these children. This is a hope and a vision shared by the many dedicated professionals and carers in the statutory and voluntary sector who work with this group of children. Unfortunately however, outcomes for children in care at present remain very poor. We must do better and while we have seen a number of improvements and investments targeted at children in care in Northern Ireland in recent years it is evident that we have a long way to go. Care Matters sets out how Government plans to meet this challenge. It establishes a vision for what services to children in care and on the edge of care should look like and sets out to realise this through ensuring the voices of children and families are heard, preventing children on the edge of care coming into care, promoting stability and permanence for children in care and improving services and outcomes for children who have left care.”
Families Matter DHSSPS 2009

As stated in Families Matter:

“DHSSPS wants to involve children, young people, their families and communities in the development of preventative services. We want children, young people and their families to be empowered with the skills and knowledge to protect themselves from abuse, harassment, discrimination, prejudice, exploitation and neglect. To develop the confidence and capability to love, protect and care for their community and family members. We want families to know how and where to get assistance when they need it and have timely access to those services when they need help in resolving difficulties.

To achieve this, this strategy endorses the ‘whole child’ approach that draws on the work of the Northern Ireland Children’s Services Planning process, which proposes that a whole child model should be regarded as a core map for integrated planning.

Family support is defined as the provision of a range of supports and services to ensure that all children and young people are given the opportunity to develop to their full potential. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need.

The wider vision of family support has been articulated in the Northern Ireland Family Support Model, which has been adopted by the four Children and Young People’s Committees in Northern Ireland. This wider vision of the totality of family support sets out how all organisations, with a responsibility for delivering services to children and families, should support families to become empowered, confident, responsible and able to help their children to reach their full potential.
This strategy will be informed by this wider vision of family support, which sets a blueprint for all organisations across sectors and partnerships to enable children to achieve the outcomes set out in the Children’s Strategy, through ensuring that a range of support services are developed for families and carers.”

**Use of Family Group Conference within the Youth Justice Agency**

Family Group Conference’s have been used internationally within the Youth Justice Sector and have started to be used in Northern Ireland in a limited way with young people in conflict with the law.

Family Group Conference’s have been developed by the Youth Justice Agency for use in cases of non-compliance of young people with Youth Conference Orders. It is also being developed as a planning tool for Young People re-integrating into families and communities at the end of a custodial sentence. On the preventative side of Justice, Family Group Conference’s are proposed as a resource for the Child Intervention Panels which are being piloted by the Police Service for Northern Ireland in partnership with other statutory and voluntary agencies. This is a developing area of practice and policy which has the possibility to involve families and young people in the decision making that will help them reduce their offending behaviour and integrate into their communities. It can assist in the repairing of relationships within families and communities by addressing the harm done by the offender and planning supports that will help to prevent re-offending and build on the strengths in the family and young person.
Introducing the Family Group Conference Model

Underpinning Philosophy of Working with Families

Family Group Conferences have been offered to children and families in Northern Ireland since the 1990s. This empowering practice has been promoted by innovative organisations as a process where families are given an opportunity to find solutions to their problems, within a professionally supportive framework. Since 2006, the DHSSPS has strongly endorsed this method of partnership working by including Family Group Conferences as part of their Priorities for Action (PfAs) for Boards and Trusts. The achievement of the Priorities for Action has been challenging, though they have been a substantial catalyst in positively changing the culture. While individual PfAs in different years have concentrated on different groups of children within the child welfare system, the overall policy direction is unequivocal; children and families should always be offered the option of a Family Group Conference (FGC) where a decision or plan needs to be made. The development of Regional Guidance aims to give greater clarity on roles and responsibilities, and to firmly embed the practice of FGCs within the child welfare system.

Family Group Conferencing, first conceptualised in New Zealand, provides a practical approach to partnership, empowerment and culturally sensitive practice.

The approach utilises the knowledge, skills and resources of both the formal (professional) and informal (family and community) systems within the child/young person’s ecological network. Through the work of an Independent Co-Ordinator, these two systems are brought together, with families empowered and informed to take on decision-making responsibilities. The role of Social Services and other service providers is to facilitate and resource plans and decisions that are consistent with securing and promoting the welfare of the child.
At an FGC, the family network is brought together in a meeting to plan and make decisions about a child/young person. This will involve the child/young person, those with parental responsibility, extended family, and carers and friends who are significant to the child. However, the Family Group Conference process is more than a one-off meeting; it is a process, which brings professionals and family members together to work in partnership, to meet the child’s needs and safeguard the welfare of the children in the family. The family is the primary planning group in an FGC.

As stated in the Regional Guidance the ethos underpinning FGCs is a simple one. It rests on the belief that family and community networks can be a valuable resource in the creation of solutions capable of ensuring the support, care and protection of children and young people.

For a long time professionals have struggled with the challenges of working within a professional system which has placed statutory responsibilities on them and engaging and involving the family system. As Bell, M (1999) highlights in Child Protection: Families and the Conference Process, Evaluative Research in Social Work. Aldershot Ashgate.

“the difficulties for social workers in attempting to operate within two different and at times competing systems – the professional system, with its own organisational, political, and procedural requirements and the family system with its unique aspirations, priorities, and different cultural ways of running their family.”

In local research undertaken by Kelly (1990) and Thorburn et al (1995) in Kelly G, (1990), Patterns of Care. Department of Social Work. Queens University, Belfast. Thorburn J, Lewis A, and Shemmings D, (1995), Paternalism or Partnership they found that families caught up in social work systems have
little influence on the nature, quality or quantity of services delivered or on defining their preferred outcomes to interventions.


“Partnership with families has remained an idea in search of practice and is often reduced to a parent observing a meeting of professionals.”


“The current model of partnership is in general one of limited family participation. It is concerned predominately with the ways that the family, primarily parents, can help professionals do their job.”

Research has highlighted the need for professionals to move towards a power sharing approach which acknowledges the strengths and skills and resources in families and results in an exchange of information and ideas towards resolving issues and making effective decisions with families. The ability of the professional and the independent co-ordinator to build honest and genuine relationships with family members echos the findings in research:

“The most important condition for success was found always to be the quality of the relationship between the child’s family and the responsible professional”.


*Allison.S and McCambridge C.(1999) The Role of the Coordinator in Family Group Conferences – A Northern Ireland Experience. Child Care in Practice Vol 5 No 4* present family group conferencing from a systemic perspective. They identify the tasks of the family system as:
To care, protect and nurture their children through the different development stages from birth to young adulthood.

To provide their children with a sense of identity, culture and values.

They identify the tasks of the Professional System as:

- To promote the welfare of children
- To support children and families
- To ensure that children are protected

And that the family system has responsibility, the professional system has a duty and that these are complementary and not competing. They highlight that in all cases there is an existing set of relationships between families and professionals. In many cases the existing set of relationships is characterised by:

PROFESSIONALS

- Suspicious of Family
- Need to control processes and information
- Undervaluing potential of family.
- Pre-occupied with detail of family problem history
- Sense of hopelessness
- Overwhelming sense of responsibility
- “We are doing all the work”
- Feeling stuck
- De-skilled
- Need to “protect” the Family
FAMILY

- Suspicious of professionals
- Sense of hopelessness
- Sense of powerlessness and being under threat
- Feeling stuck
- Sense of not being listened to or having a say
- Support is often imposed and not experienced as supportive
- Supports/resources can be imposed in a rigid or inflexible way.

The authors reflect on how child protection case conferences are key decision making forums in existing sets of relationships. They comment that it is a professional led process where the venue, timing and attendance is overwhelmingly professional. They comment:

- Professionals are the “Experts”.
- It is problem orientated.
- It is not a child-friendly process and service.
- Information is controlled by Professionals.
- Professionals can have “Private Time”.
- Decisions are made by Professionals.
- Plans are made by Professionals.
Family Group Conference is:

- Family led – the attendance is overwhelmingly Family,
- The venue is neutral and the timing is to suit Family members.
- The Family are viewed as their own expert.
- Information on concerns is provided by Professionals and considered by the Family.
- The Family have “private time”.
- The Family make decisions and plans for the consideration of the Professionals.
- The process is child friendly – many children see it as their Conference.

**Family Group Conference Principles**

- The family group conference (FGC) process is a decision making process which is a strengths based, solution focused way of working, which acknowledges the positives as well as addressing the needs and challenges in a family.
- Children, young people and vulnerable adults are at the centre of the decision making process and have the right for their voices to be heard.
- The FGC Co-ordinator is always independent of any professional involvement with the family. The independence of the Co-ordinator is a crucial factor in the process and this must be preserved.
- Children, young people, and vulnerable adults have the right to have their families and other significant people fully involved in planning their future.

- Families have the right and responsibility to be active decision makers about their family members. Given the relevant information, families can make informed, safe decisions about how the needs of a child/young person/vulnerable adult can be met.

- Participation in a family group conference is a voluntary process for the child/young person/vulnerable adult and family members involved.

- Each family is unique. Its culture and communication style is respected and embedded in the FGC process. Therefore, each FGC is unique.

- The process of the FGC should be informed and styled by the family and the pacing of the process will depend on the specific needs and circumstances of the family.

- Private time for the family is an essential component of the family group conference process.

- The family group conference plan should be accepted and resourced by the referring agency unless it places a child, young person or vulnerable adult at risk of significant harm.
Family Group Conference Process

Every family is unique and every family has its strengths. From time to time every family also has its difficulties and challenges. FGC is a family-led decision making process through which a family can join with its extended family and friends to develop a plan to protect and support the child(ren) and vulnerable adults of the family. It seeks to promote the child or young person’s or vulnerable adults welfare, uphold his or her rights and protect him or her from (the risk of) abuse. It engages the adult family members to take on such a role thus strengthening the family’s capacity to take care of its members. Support and protection from the community and statutory agencies is organized to make it possible for the family group to decide upon and carry out its plan.
Referral

Preparation

Family Group Meeting
Information Sharing
Private Family Time
Agreeing the Family Plan

Implementation of the Plan

Monitor & Review
Referral

- Professionals and family members agree that there is a need for FGC, i.e. there is a specific issue concerning a child, young person or vulnerable adult which requires a decision to be made.
- An independent co-ordinator is appointed to work with the family throughout the FGC process.
- The model welcomes pre-referral discussion about possible referrals and their perceived appropriateness.
- FGC can be requested by the child, young person, vulnerable adult, their family or a professional who has already discussed the model with the family and has their agreement to refer. This will depend on the criteria for referral in each organisation.
- The referrer must also supply detailed and accurate referral information on the appropriate form and make a commitment to seeing the process through. A referral meeting (telephone or face-to-face) is desirable.

Preparation

- The co-ordinator has contact with the referrer to discuss referral.
- The co-ordinator makes initial contact with the person(s) with parental responsibility and the child, young person or vulnerable adult. Reasons for and agreement with the FGC process are discussed.
- The co-ordinator, in conjunction with the child, young person or vulnerable adult, identifies the family network and makes contact with each member in turn. Issues are raised and strengths and solutions discussed.
- The co-ordinator makes contact with the professional network involved. Available resources are discussed and any decision that cannot be agreed (because it is unsafe for the child) is identified. Professionals are reminded that, if invited by the family, they should attend a Family Group Conference.
- The co-ordinator shares all the gathered information with the relevant parties.
- The date, time, catering arrangements and a venue suitable for the family are agreed for the Family Group Conference.
- Preparation of the child, young person or vulnerable adult and their family is ongoing. An advocate is identified where required by the child, young person or vulnerable adult.
- Rarely, persons to be excluded are identified and other ways of sharing their opinions discussed.

Family Group Conference is convened:

Information Sharing

- The co-ordinator facilitates this part of the meeting. All the family and professionals are present and ground rules are set.
- Professionals recap their concerns with the family in order that they can make informed decisions leading to a family plan. The professionals should include the strengths they identify and the resources their agency can offer.
- The family ask questions and share any information they wish to discuss (none of this should be new information; it should have previously been brought up during the preparatory stage).

Private Family Time

- The co-ordinator and professionals withdraw, leaving the family to discuss and plan in private.
- The family agree a plan that meets the care and protection needs of the child, young person or vulnerable adult, agree a contingency plan if required, and discuss how to monitor and review the plan.
- The co-ordinator and professionals are available during this time should the family require clarification or additional information.
- The family can have as long as they need and can take breaks at any time.
The Family Plan

- Once the family have agreed a plan, the co-ordinator and professionals rejoin the meeting and the family outlines their plan. This should be accepted unless it is considered unsafe for the child, young person or vulnerable adult.
- The co-ordinator records the plan, confirms agency support and availability of resources, and establishes who will monitor the plan.

Monitoring and Review of Plans

- Co-ordinator sends out copies of the plan
- Plan will include:
  - Who in family will do what
  - Who will check that things agreed are being done
  - Which professionals have responsibility for ensuring the plan is implemented

- Primary responsibility for monitoring the plan lies with the family – it is part of the ownership of it. A family member will be identified as a link person between the family and referrer.

- A Review FGC can be decided at this stage, and times and dates for a further meeting discussed. This occurs under the same (usually briefer) process outlined above.

Recording

- The only document to emerge from an FGC is a family plan detailing the decisions family members have made, the supports they have offered or been offered, and the actions to follow. There are no minutes taken of the FGC and the Co-ordinators do not keep notes of their involvement, other than basic contact details, copy of the referral, the family plan, and a note
of any child protection concerns, should they arise during the course of the FGC process.

- Solicitors and Guardians Ad Litem do not normally attend a FGC as the emphasis is on problem solving away from the Court arena. However, if either professional has information to contribute which may assist the family in developing a plan to protect or support the child/young person, attendance would be possible with the agreement of family members. If a Solicitor or Guardian Ad Litem does attend a FGC it would be for the Information Giving and Final parts of the meeting only and not private family time.

Ending

- The co-ordinator circulates the plan to all family and professional attendees. It thus becomes the working tool in the period leading up to the Review. At this point, the work of the co-ordinator is over and he or she withdraws from the family network. Work is reconvened if or when a review process is indicated.

FGC Review

- A mechanism whereby the family and referrer/professionals can be satisfied that what was agreed in the family plan is happening and adjust the level of support or resources as necessary.
- If the family situation has altered dramatically, the review may turn into a re-referral to look at new/different issues.
- Review timing varies as agreed by the family with the support of professionals.
- In the case of a crisis or breakdown of a family plan, the review can be brought forward at any time.
Significant Work

This term refers to one of two scenarios:

- In a number of situations, families go through the referral and preparation stages of the FGC, and this in itself brings appropriate resolution. Some families will even make a family plan during this time. When this occurs and no conference is held, it should be logged as significant work.

- When co-ordinators and families spend more than a specified amount of time (usually in excess of three full visits with outcomes) and put in a lot of work going through the FGC process, and the family then withdraws or events making continuing inappropriate, this should also be logged as significant work to ensure that the time and effort of all parties is recognized and noted.

Children and Young Peoples Participation


Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

This is encapsulated in the legal and policy framework in which we work.

Childrens (Northern Ireland) Order 1995 Part ii point 3(a).

Care Matters in Northern Ireland (2007), states: “Children in and on the edge of care remain some of our most vulnerable children and young people and require additional protections to ensure their voice is heard and their rights are protected and promoted”.
Public law proceedings list Family Group Conferencing as one of the steps to be taken pre proceedings in recognition of the importance of the inclusion of children and their families in decision making.

Our Children and Young People – Our Pledge (OFMDFM2006-2016) aspires to: "developing a culture where the views of our children and young people are routinely sought in matters which impact on their lives;"

“The involvement and active participation of children, young people and parents at local level is currently facilitated through the Children Services planning processes. This participation must mirror the mechanisms in place across government, regional and local levels, with children, young people and families participating at all levels....” Families Matter: Supporting families in Northern Ireland (DHSS March 2009)

Northern Ireland Children Services Plan 2008 – 2011 includes the following Participation Charter:

Participation Charter

- Children and young people are best authorities on their own lives
- Participation;
  - Is a right (UNCRC)
  - Is a dialogue to influence change
- Benefits everyone
- Is everyone’s responsibility
- Depends on respect and honesty
- Must be accessible and inclusive
- Is built in

Participation works (2006)
What does the research say?

The Social Care Institute of Excellence (SCIE) provides a number of practice guides relating to children’s participation in social care. “The participation of children and young people in developing social care’ (Wright et al, Practice guide 06) focuses on the process of participation. Poor participatory practice is one of the most commonly cited obstacles to participation. “It does not cost anything to listen to children (Kirby et al 2003), however, it does cost money to ensure that participation is effectively developed, sustained and practiced within an organisation.”

The National Youth Agency (2004) summarises the literature regarding ‘safe’ participation into four main areas for consideration:

Consent: “In seeking consent, organisations should recognise that children and young people can choose to participate or not and, when given relevant information, may decide not to get involved.”

Protection:”Organisations should consider the potential risks in involving children and young people and how they could be reduced. “’risks’ identified as; time; inconvenience; embarrassment; intrusion ; a sense of failure or coercion; fear of admitting anxiety.

Access: “issues such as venue, transport, disability access, language, access to resources and young people’s individual support needs should be considered.”

Rewards and Feedback:”Whatever the participatory activity there has to be something in it for the young people” (Practitioner). Children and young people should be asked how they would like to receive feedback and any feedback should be produced in a child friendly format.
Children’s participation – what helps?

- Give information
- Consult – have a continuous dialogue
- Prepare
- Take account of child’s agenda
- Consider child’s needs
- Facilitate independent support
- Treat children with respect

Give feedback

(Sinclair & Franklin, 2001)

“The participation of children and young people in the issues that affect them is only as good as the changes to their benefit which result.” (Wade 2001)

What do children and young people say:

Paul Nixon (2005) examines the concepts and practice issues in children’s participation in FGC.

“It helps if someone stays with me during the meeting.”

“I would like someone there who will tell my family the difficult things I need to say about them.” (Children quoted in Clarkson & Frank, 2000)

“I was able to say what I needed to say more or less. But being a teenager with a lot of adults, you don’t really get a word in sometimes, do you?” (Young Person quoted in Jackson, 1998)

“For the first time in my life there was a meeting about me, where I knew everybody.” (Child quoted in Rosen, 1994)

“It is important to have someone saying some positive things about me at the meeting, instead of it all being negative.”
“Less talk about the past and more about the future.”

(Children quoted in Clarkson & Frank, 2000)

“We were left alone for most of the time, the family, so that was alright. Because it was people I knew and they knew me, it was easier for me to talk in front of them.” (Child quoted in Jackson, 1998)

“I got to hear what everybody said and I had more of a say. I didn’t have to go but I did.” FGC Annual Report 07-08.
3.2 Key Roles and Responsibilities

Role and Responsibilities of the Independent Co-ordinator

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<thead>
<tr>
<th>Role of Independent Co-ordinator</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>1. The Independent Co-ordinator has no prior knowledge of, involvement with, or statutory responsibility for the family. Their role is to utilise their independence and objectivity, to facilitate bringing together the family and the professionals in the best interests of the child, young person or vulnerable adult. Independence and perceived independence of the Co-ordinator is therefore very important.</td>
<td>The Co-ordinator will not attend any decision making meetings in relation to the referral.</td>
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<tr>
<td>2. To meet with the referrer to discuss the referral.</td>
<td>Referral meeting will be held as soon as possible after receiving the referral form.</td>
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<td>3. To clarify roles/responsibilities/expectations of all participants.</td>
<td>Co-ordinator will meet with referrers and families and explain these fully before FGC.</td>
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<td>4. To ensure the child, vulnerable adult and family are fully informed about the FGC process and the reason the referral has been made.</td>
<td>Co-ordinator will take referral information to all family members attending FGC and share this with them.</td>
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<td>Role of Independent Co-ordinator</td>
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<td>5. To explore the wider family network.</td>
<td>Co-ordinator, in discussion with the family, will get contact details of extended family network/friends.</td>
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<td>6. To engage the child, young person, vulnerable adult, parents, all family members and significant others in the process.</td>
<td>The Co-ordinator will then visit all of the family network/significant others identified, share referral report and inform/explain process to them including who may possibly be at meeting.</td>
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<td>7. To prepare all participants for the FGC prior to it happening.</td>
<td>Advocacy will be offered to all that want it.</td>
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<td>8. To identify advocacy for the child, young person or vulnerable adult and any other significant participant who is deemed to be vulnerable, to ensure their voices are heard at the FGC.</td>
<td>Co-ordinator will liaise closely with advocate and ensure they are clear about their role in the FGC.</td>
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<td>9. To ensure that where advocacy is required for any child, young person or significant adult who is vulnerable, that the advocate is properly informed about their role in the FGC.</td>
<td>Co-ordinator will do everything in their power to ensure that relevant family members’ views/wishes are heard at the meeting.</td>
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<tr>
<td>10. To adopt creative means to ensure all significant contributions are stated at the FGC, e.g. letter from father in prison, videotape from grandmother who is unable to leave home.</td>
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<tr>
<td>Role of Independent Co-ordinator</td>
<td>Responsibilities</td>
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<td>11. To convene the FGC on behalf of the family and to invite all participants to the FGC.</td>
<td>Co-ordinator will organize the practicalities of the FGC including booking the venue of the family’s choice, send out letters of invite to all participating. To ensure the safety of all participants the Co-ordinator may decide to exclude individuals who would be a risk to have present.</td>
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<td>12. To facilitate/chair the FGC.</td>
<td>Co-ordinator will make introductions, agree ground rules and outline the three stages of the meeting. This will involve ensuring all family members have clear information from the professionals, keeping all participants focused on the issues and purpose of the FGC. The Co-ordinator will be available to the family throughout their “private time”.</td>
</tr>
</tbody>
</table>

Enable the family to formulate a plan which addresses Social Services’ concerns and facilitate the family’s presentation of their plan to the professional(s) and ensure children present understand the plan.

Finally, agree a review date if one
<table>
<thead>
<tr>
<th>Role of Independent Co-ordinator</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. To ensure that the child’s wishes and feelings are heard at the FGC.</td>
<td>Children and young people’s consent will be sought as to the presentation of their opinions either verbally or in written form. The Co-ordinator will ensure that these are kept uppermost and taken into account throughout the meeting.</td>
</tr>
<tr>
<td>14. To circulate copies of the family plan to all those who attended.</td>
<td>Co-ordinator will ensure that the plan is typed up and distributed to all participants. This may include a child-friendly version.</td>
</tr>
<tr>
<td>15. To organise FGC review meeting if necessary.</td>
<td>Co-ordinator will read all feedback and follow up any difficulties or dissatisfactions.</td>
</tr>
<tr>
<td>16. To review any feedback received in relation to the conference.</td>
<td></td>
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</tbody>
</table>
## Role and Responsibilities of the Referrer/Social Worker/ Information Giver

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Referrers should make referrals within the local FGC referral criteria, and receive support to do so from their existing line manager.</td>
<td>To have knowledge of the FGC model and their role within it. To determine the appropriateness of referral to an FGC. To be clear about the reason and purpose for an FGC.</td>
</tr>
<tr>
<td>2. They should discuss the possibility of FGC with those with parental responsibility or caring for the child, young person or vulnerable adult if appropriate.</td>
<td>To initially explain the FGC model to the family and the reasons why this service could be of benefit.</td>
</tr>
<tr>
<td>3. To meet with the FGC Coordinator to discuss the referral.</td>
<td>They must maintain their existing role with the child, young person, vulnerable adult and family.</td>
</tr>
<tr>
<td>4. To be the identified worker who will follow the FGC process and attend the FGC with the support of their line manager if necessary.</td>
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<tr>
<td>5. To carry out all required statutory duties and normal social work processes.</td>
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<tr>
<td>6. To attend the FGC, to be clear about the Trust’s non-negotiable position if change does not occur and the timescales around this.</td>
<td></td>
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<tr>
<td>7. To provide clear, good quality</td>
<td>Referral must provide a brief outline</td>
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<tr>
<td>Role</td>
<td>Responsibilities of:</td>
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<tr>
<td>8. Be prepared to answer questions raised by the family to promote their understanding.</td>
<td>- The family’s strengths.</td>
</tr>
<tr>
<td>9. To provide information about resources available and accessibility to these.</td>
<td>- Why the agency is involved and for how long.</td>
</tr>
<tr>
<td>10. Attendance of professionals at the FGC needs to be agreed with the FGC Co-ordinator and the family.</td>
<td>- The role of the referrer/Social Worker.</td>
</tr>
<tr>
<td>11. To agree the plan, ensuring that decisions, recommendations and plans from the FGC meet the care and protection needs of the child, young person or vulnerable adult.</td>
<td>- The main concerns which require a plan to be made.</td>
</tr>
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<td></td>
<td>- The likely outcome if a plan does not resolve matters.</td>
</tr>
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<td></td>
<td>- The resources currently in place.</td>
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<td></td>
<td>- Resources, services, information which could be available for the family – timescales, if known.</td>
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<td></td>
<td>- Any procedural requirements, i.e. assessments, policy and procedures which will need to be followed.</td>
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<td></td>
<td>- As far as possible to ensure that no new information is introduced at the FGC so that there are no “surprises” for family. Referrers will keep to the purpose for which the FGC was arranged.</td>
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<tr>
<td></td>
<td>To ensure the Trust’s commitment to agreeing and providing resources where appropriate for the family plan.</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
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</tr>
<tr>
<td>12. To support the family to carry out their plan.</td>
<td>Integrate the support and resources of the family and professional agencies.</td>
</tr>
<tr>
<td>13. To ensure that all resources identified are provided to the family.</td>
<td>Implement the family plan agreed or revise/modify it as needed with the family.</td>
</tr>
<tr>
<td></td>
<td>Monitor and evaluate the follow-through of the plan, particularly by encouraging an ongoing relationship between the key family members and professional agencies/formal systems.</td>
</tr>
</tbody>
</table>
Role & Responsibilities of the Referring Social Worker’s Line Manager/Team Leader

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be clear about the reasons for referral and the issues about which the family are being asked to make a plan.</td>
<td></td>
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<tr>
<td>2. Support their Social Worker through the process by case discussion, agreeing purpose and any conditions or limitations in family decision making.</td>
<td></td>
</tr>
<tr>
<td>3. Understand that it is the family who are the decision makers within this context – if there are any limitations to this, the referrer must clearly articulate these from the outset.</td>
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<tr>
<td>4. Team leaders need to be active in integrating the plan into the social work management of the case. They must ensure the FGC meeting is synchronised with other statutory meetings that are taking place through supervision.</td>
<td></td>
</tr>
<tr>
<td>To agree to and support the referral to FGC once it has been objectively agreed as safe and viable. Assist referrer about non-negotiable positions and support them during the meeting if necessary. Ensure that the referrer is clear about available resources. Ensure the frontline worker has regular supervision with regards to their role in implementing and/or monitoring the plan.</td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
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<td>------</td>
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</tr>
<tr>
<td>5.</td>
<td>Attend the Family Group Conference if necessary or be available for consultation.</td>
</tr>
<tr>
<td>6.</td>
<td>At the Family Group Conference be prepared to give relevant information and answer any questions the family have.</td>
</tr>
<tr>
<td>7.</td>
<td>Agree the plan if it is safe to do so.</td>
</tr>
<tr>
<td>8.</td>
<td>Monitor the progress of the plan through supervision.</td>
</tr>
</tbody>
</table>

**Role of the FGC Service Manager**

The FGC Service Manager will aim to provide a high quality service which works within the NI FGC Standards.

The FGC Service Manager will ensure that the service will be delivered by an Independent Co-ordinator who will have no other professional role with the family and will have no involvement in any professional decision making for the child/young person/vulnerable adult or family.

The FGC Service Manager will ensure that the Independent Co-ordinator will be trained in the FGC model and in the skills necessary to undertake the role.

The FGC Service Manager will provide supervision to the Co-ordinator.
The FGC Manager will oversee and ensure a responsive and accountable delivery of the service.

**Role of Information Giver**

It is the role of the information giver at the Family Group Conference to provide specific information to those attending. Information givers should present clear and succinct information focused only on the current situation. This needs to be respectful, supportive and be jargon-free.

The purpose of this additional information is to help inform decisions when developing the family plan.

Information givers usually include people who work with the family, young person, children or vulnerable adult. These people will be able to provide particular information to the family around a specific area, e.g. Health Visitors, Youth Workers, Teachers, Counselors and Mental Health Social Workers.

Information givers may also include friends or supporters who may wish to highlight particular issues in order to aid decision making.

Sometimes when families are in court other people such as the Guardian Ad Litem may be invited to attend the Family Group Conference; their role is also to provide information which enables families to make a plan.

Information givers do not stay during private family time and they do not present reports on the family or the meeting to anyone, even the court.

The only document to come out of a Family Group Conference is the Family Plan.

(N.B. The Family Plan cannot be copied or shared without the explicit permission of the family.)
Role of Advocate for Children, Young People and Vulnerable Adults

“Advocacy is about speaking up for children and young people. Some adults may also feel they need this service, particularly if they have learning disabilities or mental health problems. Advocacy is about empowering children and people to ensure that their rights are respected and their views and wishes heard. Advocacy is about representing their views, wishes and needs to decision makers and helping them to navigate the system.”

(a) The role of the Advocate/Supporter must be considered for any child/young person or vulnerable adult at the FGC.
(b) The Advocate must be independent and have no decision-making role in the FGC process.

(DOH 2002: The National Standards for the Provision of Children’s Advocacy Services)

(c) Support and Advocacy should ensure that the voice of the child/young person is heard and this can be provided in a variety of ways.

“The Co-Ordinator should discuss with the child how they will get their views heard and what support they require. Some will decline any extra help even when all the implications are considered. Others will look for emotional rather than practical support at the meeting (hand holding) while they have their say and/or will identify people who they would like to help them speak at the meeting.”

(Family Rights Group, Family Group Conference Toolkit)
Types of Support

Informal advocacy

a) Someone from within the extended family/friends network with assistance from the Co-Ordinator to help them fulfill this role effectively.

b) A professional known to the child/young person or adult whom they identify as important in their life, i.e. teacher, residential worker, personal advisor, peer advocacy.

Peer Advocacy

(a) Someone from the child or adult’s peer group.

The Co-Ordinator will need to ensure that informal or peer advocates are sufficiently informed and supported, to ensure that the child’s voice is heard.

Formal Advocacy

(a) An advocate from an Advocacy Organisation.

(b) An advocate provided by the FGC Service, e.g. a current Co-Ordinator.

This will be a distinct and separate role from the co-ordinating role.

(c) Whilst there are issues which need to be considered if support/advocacy is provided from informal or peer networks, it is important that children, young people and vulnerable adults have choice about how and by whom they are supported to participate in an FGC. It is the role of the Co-Ordinator to ensure that they are properly informed and supported to do so.
Key tasks for the Advocate:

(a) Ensure the young person has understood what the meeting is and how it works.
(b) How does the child want their information given to the meeting.
(c) Discuss the format of the child’s attendance at the meeting.
(d) Support the child through the process of the meeting and ensure their voice is heard.
(e) Agree who checks out the outcome with the child.
(f) ‘Debrief’ and goodbye – unless involved in a subsequent meeting.
FGC Process Checklist for Professionals – developed by FGC Service Western Health & Social Care Trust

Referral Stage

What do I need to think about?

Am I clear about the Model, the process and the philosophy? 🔘

Am I clear about the purpose of the FGC and how it might help the family? 🔘

Is there clarity and consistency between myself and my manager about the reasons for the referral and the issues about which the family are being asked to make a plan? 🔘

Am I clear about what Social Services need the family to make a decision about? 🔘

Am I clear about what are Social Services’ worries/concerns? 🔘

Am I clear about the bottom line – i.e. any conditions that should be in place to keep the child(ren)/young person safe? Is there any other agency/professional forum I need to consult with, e.g. LAC Review, Review CPCC, Case Planning, Core Group or Supervision? It is also important to be clear about options that are unacceptable that may arise as part of the family’s plan.

What resources can be accessed to support the family plan? 🔘

Have I the brief background information to hand to complete the referral form? 🔘

Have I ensured all assessments are completed that are needed to inform the family plan? 🔘

Is the FGC timely in terms of ongoing court proceedings? 🔘
Do I have any contact information on the extended family that may be helpful to the Co-ordinator?

Am I aware of any previous referrals to FGC Service and outcome of same?

Are there any individuals who would be attending the FGC that may present a risk to anyone who attends the conference including the professionals? Are there legal injunctions that need to be considered, e.g. Non-Molestation Order or circumstances where a family member is a detained patient?

Do I need to consider whether family members require interpreters, have special needs or whether there are any cultural considerations?

**Referral Stage**

What do I need to do?

I need to discuss FGC with the family, offering clear information about what it is.

I need to gain consent to proceed from the family and any child older than 14yrs who will be the subject of the FGC.

I need to ensure the senior and myself are available to attend the conference and the follow-up review.

My senior and I need to sign the Referral Meeting Report and return promptly.

In the event of a change in circumstances I need to inform the Co-ordinator promptly.
**Information Sharing Stage**

What do I need to think about?

Can I name the family’s strengths and resources? □

Have I considered what resources are available from Social Services and community-based support? □

Have I anticipated questions and concerns the family may wish to explore and consider clear responses to promote the family’s understanding. □

Am I prepared for the potential for some ventilation of negative feelings by family members; this is often reflective of a high degree of anxiety about the process. □

Am I prepared to acknowledge difficulties that have occurred but reinforce the desire to find a way forward in partnership, maintaining the future interest of the child/young person as the focus. □

Am I clear that the family are the decision-makers – If there are limitations to this, am I able to articulate these clearly at the Information Sharing Stage? □

**Information Sharing Stage**

What do I need to do?

Meet with the FGC Co-ordinator prior to the FGC to discuss the information. □

The attendance of other professionals must be agreed with the family prior to the FGC. □

Provide concise, child-focused, jargon-free information, being clear □
about support needs, care and protection, and potential resources.

Information shared could include:

- Naming the family strengths and resources.
- The main concerns which require a plan to be made.
- The resources that are currently in place.
- The resources, services and information that could be made available, how any costs will be met and likely timeframes, if known.
- The Social Worker’s best hopes.
- The procedural requirements which may need to be followed.
- Social Services’ non-negotiable position if change does not occur and possible timescales regarding this.
- The request for a contingency plan.

As far as possible ensure that there is no new information introduced at the conference that the family are unaware of.

**Checking & Agreeing the Plan**

What do I need to do?

Be clear that the family have invested effort in constructing their plan and it is helpful to acknowledge and appreciate this.

Listen clearly to all elements of the plan.

Ask for clarity if there are elements of the plan you are unclear about, get specific details if there is vagueness.

Be cognisant that while it is the family’s plan, this does not detract from the agency’s primary responsibility for the welfare of the child(ren)/young person. Where the plan does attend to this, affirm same, and where the plan does not attend to this, respectfully discuss
this with the family and explain your concern, inviting the family to offer alternative solutions.

If needed, you and your manager can take a brief time out at this stage to consider the plan separately, coming back to the FGC to explore any issues as above.

Confirm with the child/young person their view of the plan and consider any concerns they have. Be clear about their wishes that cannot be accommodated and the reasons for this. Include family members’ perspectives where appropriate.

Confirm the contingency plan with the family.

Share with the family your view of the plan, having attended to purpose, and acknowledge their work.

Outline next steps, namely how the plan will be taken forward. These steps might include:

- How resources that the family need can be accessed and the likely timeframes for same. Agreements to communicate if there are delays or difficulties.
- Explanations of the process and timeframes of any procedures that may need to be undertaken to fulfill plan, e.g. assessments, police checks, approval/adoption of the plan by Case Planning, LAC, CPCC, 16+ Reviews, Core Group Meetings or in relation to any court proceedings.
- Timeframe and process of follow-up tasks, e.g. advising Out of Hours Service of family contacts in an emergency, referrals for direct services, e.g. Family Support, CAMHS, addiction support, family therapy or Extern, etc.
- How the plan will be taken forward with the decision-making fora of Social Services, e.g. date and time of the next Case Planning Meeting, LAC Review, CPCC, Review CPCC or 16+ Review, and be
integrated as part of the overall case management.

- Establish the next contact with the family monitor by telephone or face-to-face contact. Confirm and agree these arrangements with the family member who has parental responsibility and/or care of the child(ren)/young person.

- Confirm the arrangements if the monitor becomes concerned – contacting Out of Hours, linking with Social Worker or Senior if Social Worker is unavailable, best time to ring the office, leaving message with secretaries, and contact details for return call.

- Establish the need for a Review FGC (the Co-ordinator will usually attend to this part at the initial sharing of the plan) and agree date, time and venue of same.

The Co-ordinator will introduce the elements as above but it is recognised that this is an opportunity to begin to establish and maintain an effective working alliance between the Social Worker, Manager and family members, and maximising this opportunity to have a respectful conversation with family can help to consolidate the plan and ultimately enhance the welfare of the child(ren)/young person.

**After the Family Group Conference**

A Family Group Conference is a process, not an event.

What do I need to do?

When I get the plan, I will highlight the tasks/resources that Social Services have agreed to undertake as partners, schedule and follow up same.

If there are any issues regarding this follow up, I should inform the family monitor of delay or potential issues.
I will diary distribution of the plan as part of integrating the plan into the social work management of the case, e.g. to the Independent Chair, Principal Practitioner or other key professionals (where appropriate) prior to next LAC, CPCC, Review CPCC, Case Planning Meeting, professional meeting or next court hearing.

I will discuss progress of the family plan on a regular basis with my line manager during supervision.

I will contact the family monitor and diary a follow-up meeting/discussion 2-3 weeks after the Initial FGC. This may be convened by the Co-ordinator if it has been agreed at the FGC.

At the follow-up meeting the monitor and myself can consider actions necessary to continue to drive the plan, e.g.

- If the plan is not working, should there be a Review FGC, or should the scheduled Review be brought forward, or does a statutory meeting need to be considered.
- If the plan is working, how will the monitor and Social Worker as partners maintain their communication to ensure the plan continues, how will they keep in touch on a regular basis and establish a working partnership. (It may be important to meet prior to the next decision-making forum.)

Is there any necessity to have key stakeholders/key family members, including the child(ren)/young person and/or other key professionals to meet in a smaller forum on a regular basis to maintain the momentum of the work and plan for phasing out of Social Services’ involvement as appropriate. This could be an integral part of your Core Group Meeting or Case Planning fora.
3.3 Family Group Conference Practice in a Range of Settings

The family group conference process has the potential for a wide and flexible application across a range of settings - Childrens Services eg child welfare; juvenile justice and education and adult services eg disability; older people; criminal justice and mental health.

Family Group Conferencing should be seriously considered as a response any time a decision needs to be made to resolve a difficulty in relation to a child/young person/vulnerable adult. This may relate to support needs, protection from risk or need for care.

Below are highlighted some real examples of family group conferences that have taken place in Northern Ireland. They have been adapted so as to ensure the identity of the family involved is protected. Full printed versions of these case studies are downloadable from the Family Group Conference Forum (NI) website http://www.fgcforumni.org/publications.php and can be used as handouts in training.

Child Protection

Sally was a single parent with an addiction to gambling. She was the sole carer of her 3yr old twins. Sally’s gambling addiction was spiraling downwards and leading to the children’s basic needs not being met. This included a lack of food, heat, appropriate supervision and nurture. Social services had worked closely with Sally in an attempt to help her meet the needs of the children, but due to pressures from the community and from her overwhelming need to gamble, the situation had become such that the Trust were considering removing the children into care. Sally’s wider family network were unaware of the seriousness of the situation.
Social services concerns included: Mums addiction, and how it impacted on her ability to meet the basic needs of the children and safety of the children due to lack of supervision.

The bottom line was that if things didn’t change then there may be a risk of family breakdown which may involve the children being removed into foster care.

The family produced the following plan:

- A family member was nominated to help Sally manage her money and ensure that food and electricity were always available.
- A safety and monitoring plan was agreed with Sally so that the family were sure at all times that the children were safe and that Sally had the support she needed.
- Sally to continue receiving counseling help and attend addiction counseling.
- Family offered regular support to Sally i.e. babysitting, decorating and company to go shopping.
- The family wanted Sally and the children to have “me time” so they agreed a rota where the children took part in activities like swimming lessons and going to the park.

Social services agreed the plan and the placement remained intact.

**Care Placements**

Mark had been living in a children’s home for approximately four years and was about to leave to live in the community. His social worker in the leaving and aftercare team and his key worker in residential were very concerned because he appeared to have little meaningful or consistent support from his family. His mum had remarried and was living twenty miles away, whilst many of her family including her parents and siblings lived / stepsiblings lived quite near to Marks flat. Altogether Mark had seven siblings /step-siblings but was
not in regular contact with them. Mark was confused about his cultural identity and constantly getting into trouble through being naïve and being in the wrong place at the wrong time. This was felt to be the reason why family members hesitated to get closer to him or invite him to their homes.

The purpose of the Family Group Conference was to explore the family network, make them aware of Mark’s needs in independent living and see if they could offer a co-ordinated plan of support. The Co-ordinator was pleasantly surprised to find that several relatives were interested in helping Mark, including his mother. Mark’s mum had reasons in the past for distancing herself from him but as long as she was not under pressure to take him home, she was willing to support him in independent living and to approve of him visiting her mother and getting to know his aunts and cousins.

Initially Mark was cautious about the idea of a family meeting, as he thought no-one would come. As he came to trust the Co-ordinator, he shared a lot about his experience of being in care and feeling rejected. He was extremely lonely and frightened of being left on his own to manage. When asked what he needed from his family, he said that he knew he had to make his own way and fend for himself, but that if he needed ‘comfort’ and ‘reassurance’ that he could turn to them. After meeting granny and several aunts/uncles/siblings, it was agreed who should be invited and the invitations went out in Mark’s name.

The Family Group Conference was attended by Mark, his mum, granny, aunt, uncle, advocate, Social Worker (Leaving/After Care Team) and Team Manager. It became quite an emotional meeting but also there was a lot of banter and humour. The Social Worker had been concerned that Mark might not have anywhere to go at special times such as Christmas and through the disconnection from the family, all kinds of family events would happen without him. Mark was very good at explaining his needs and his situation. He told them he did not want to be trouble to anyone but that at times he needed to feel loved and comforted. All the family members told him that they would help him. There was potential in Mark’s situation for the family estrangement to
continue through misunderstanding. There had been somewhat clumsy attempts on Mark’s part to reconnect with them. A small number of family members attended but the ones who came were prepared to offer something and were the key players. The Social Worker was relieved that arrangements were in place, that she had a means of communication with family members and that in particular there was support for Mark at weekends. Mark was happy with the outcome as he had not been expecting to be offered a place to live, but had wanted to know who he could link in with and who cared about him.

**Family Support**

Sean is fourteen and lives with his mum and older sister. His parents are separated and have a strained relationship. Sean has no contact with his dad. Sean’s sister has a serious chronic medical condition and attends Royal Victoria Hospital, Belfast, regularly for long periods. Social services’ concerns focused on the poor relationship between Sean and his dad, his low attendance and attainment at school, his use of drugs and the lack of someone to care for him when mum is away with his sister.

All relevant family members were contacted by the Co-ordinator and met together, without dad, at Sean’s request, although dad sent his views to the meeting and these were presented to the meeting by the Co-ordinator. Present were Sean, mum, sister, grandparents, aunts and some family friends. Sean was able to say that he worried a lot about his sister when she is in hospital and wanted to be able to contact his mum to check on things at this time, that he preferred to stay with his grandparents but also has a special relationship with one of his uncles. Dad sent a message that although Sean did not want to stay with him he still wanted to be kept informed about how Sean was doing. The family plan focused on who would do what in an emergency and Sean undertook to stick to the arrangements as family needed to know where he was and that he would be safe. Sean got everyone’s telephone
numbers on his mobile and mum agreed to keep in regular contact with him when she and his sister were away from the home.

It was agreed that camp beds were needed for those who would be putting Sean up and that taxis for school would be needed and that extended periods would need some financial assistance for grandparents. Two aunts agreed to monitor the situation.

**Domestic Violence**

Paul is a nine-week-old baby whose parents have a domestically violent relationship and are now living apart. Dad has a history of drug and alcohol misuse and assaulted mum during her pregnancy. The Initial Child Protection Case Conference recommended that he undertake psychological assessment and he was willing to comply. He has supervised contact with Paul by Social Services’ staff once per week and there is a Non-Molestation Order in place.

Baby Paul and his mum live with her mother at present but mum has difficulty in engaging with social services and may be secretly meeting dad. There is concern about her ability to protect Paul, the secrecy within the family network, and her isolation.

The FGC was attended by grandmothers, a maternal aunt, a paternal aunt and staff from Women’s Aid. As there was a Non-Molestation Order in place, dad could not attend but he was fully consulted and had the option to send his views, which in the end he declined to do.

The family produced detailed plans to deal with the current situation and also in the long term for Paul’s safety and his mum’s support. Communication was enhanced between both sides of the family and with social services and all agreed that secrecy was unhelpful. Phone numbers were exchanged. Respite offered to mum in the care of Paul to give her some time to herself.
Family agreed to contact Out-of- Hours if necessary regarding any incidents. The family was made more fully aware of the nature of the domestic violence and its impact on victims through input from Women’s Aid staff.

When the situation was reviewed eight months later, the plan was still working and the situation had improved. Dad was now willing to send his views, was more co-operative and the review was asked to consider who in the family could supervise contact. Again a plan emerged which was useful to the family and very helpful to social services.

**Mental Health**

**Context**

Jill is 40 years old and is currently in her second marriage to John. She has two children from her first marriage; Laura aged 15 and Jack aged 12.

Jill has a diagnosis of Obsessive Compulsive Disorder (OCD) and attends regularly the psychological therapies service for one-to-one counseling. Jill is obsessed with cleanliness, perfection and organisation and has a very negative self image. Heather, Jill’s therapist states that Jill is dealing with a number of psychological and emotional problems stemming from childhood and early adulthood. These problems cause difficulties on a daily basis and are affecting Jill’s ability to parent. Jill is dominant and controlling to a point that she becomes totally overwhelmed. Jill herself has had thoughts of self harm and suicide and had to be admitted to psychiatric hospital for a period of assessment. Jill also feels like a “stranger” in her own home as the children show little or no respect to her, although they are able to be respectful to their father and paternal grandparents. Heather envisages Jill being in therapy for a considerable length of time such is the “complexities of the psychological problems”.

Aim

- To allow the family to review their situation in a safe environment and make decisions without rows or arguments.
- For the professionals to provide the family with information about Jill’s mental illness and to gain family supports in helping Jill cope.

Outcome

The conference was attended by Jill’s two sisters and her mother. John her husband, Michael and Donna close family friends. Donna also was advocating on behalf of Jack and Laura as they did not want to be present. Sean and Heather represented the Community Mental Health Service.

The agreed plan had eighteen different points of action that included a more family integrated approach to helping Jill manage her condition.

- Donna, Laura and Jill will meet to discuss issues of privacy.
- Negotiations are to stop.
- Sanctions to be handed out and followed through.
- Family and friends agreed to assist Heather and Jill in completing Homework set by psychological therapy service.
- Regular contact between Jill and her siblings was agreed.
- Negative comments are to be countered with positive comments also.

Feedback post conference was very positive. The family and the professionals were very happy with the outcomes.

**Young Person with a disability**

Rory is a 16 year old boy from a rural community; he has recently acquired a significant disability resulting from a trauma. Rory has significant needs including help with personal care. This young man had spent a significant
amount of time in hospital and respite care, and had recently returned home with help from social services. Mum suffered from low mood, but was a gregarious character. The family were known to social services. This family were isolated from the wider community.

Meetings were held with Rory, Mum and extended family and friends to explain process and advocates identified. Rory’s views were ascertained with advocates and presented visually.

The family highlighted how they were managing Rory was at home and the family were glad of this. The family have tried to ensure that Rory’s social needs are met. Personal care would be too much responsibility for his brothers and sisters. Mum feels frustrated; isolated; has difficulty accepting situation; she feels overwhelmed by the current situation; she believes that the family is not listened to by service providers.

Current supports:
- Available family members try to help as much as they can but they live nearly 30 miles away, if they move home nearer to Rory they would be able to help more.
- They might be able to do overnight if the right equipment is available.
- Rory’s brothers and sisters will always be available for social activities.
- Mum will always want what’s best for Rory and will always strive to ensure that he gets the best care possible.

Respite: One night not enough family needs at least 2 nights per week and also longer in the summer.

Domiciliary care: Additional 3-4 hour twice a week required as minimum.

Counseling: This will be needed down the line. When the family are ready.
Family Plan included:

- Family members to liaise directly with respite lodge to secure additional places.
- Referrals will be made by social service and family to appropriate support agencies.
- Family to speak to occupational therapy about services which may be available to help Rory’s rehabilitation.
- Mum to be supported by family to be able to attend meetings appointments etc.
- Contact would be made with the local scout group to see if Rory would be able to attend with support of family.
- A contact list to be drawn up and left in kitchen in case of emergencies.

The family plan was accepted by social services. The family said that they felt heard and that it helped them to identify what Rory and mum needed to help them cope.

**Youth Justice**

Richard was committed to the Juvenile Justice Centre on a six month Juvenile Justice Centre Order (JJCO) which he received for an offence of burglary. The nature of the JJCO is that half of the time is spent in custody and half is spent under the supervision of a Probation Officer in the community. Richard has been involved in offending in the past and has been worked with the Youth Justice Agency as part of other Court Orders to try and address his offending.

Richard’s offending has harmed his relationship with his family to the point where his mother wanted to ‘wash her hands of him’ and other relatives only had limited contact with him. Richard has had a number of different care placements and just before he came into custody he was warned by the PSNI
that he would be under paramilitary threat if he returned to his local community. At the point of referral for a Family Group Conference Richard was saying he was motivated to avoid further offending.

The purpose of the Family Group Conference was to explore with the family the possible support they could offer Richard on his return home, to look at how they could help him to reintegrate into the community, how they could help him stop offending and keep him safe. In addition the Conference aimed to agree how relationships between the family members could be repaired.

Preparation work was undertaken by the Independent Co-ordinator with the family members to encourage them to see the possibility that they could support Richard following his release from custody and that Richard was open to having them involved in his life. Richard identified family members whom he felt could support him, including his parents, his brother and sister and an aunt and uncle. Preparation was also undertaken with Richard to help him understand the impact of his behaviour on his victims and on his relationships with family. Richard was able to acknowledge that his actions had hurt other people and, during the last month in custody all parties had moved to a point where they agreed to meet to address the issues relating to Richard’s release back into the community.

Richard’s parents, his brother and sister and aunt all agreed to be involved in the Family Group Conference but his uncle was unwilling to be involved. He felt strongly that Richard had broken his word in the past. He had promised to stop offending but had not and as a consequence, his uncle was unwilling to become involved in the process.

At the conference the family were asked to consider the following issues and were encouraged to develop a plan to support Richard on his return to the community:
Richard wants to re-build relationships within his immediate and extended family but he needs support to do this.

Richard needs support to make changes in his life-style and develop activities and interests which will help him to avoid offending in the future.

He will need help with getting into training or employment.

Richard needs to live somewhere that is safe and gives him structure and routine.

The family were given information about what resources would be made available from the Youth Justice Agency, including Circles of support and a volunteer mentor and they were given private time to discuss the issues and to agree a plan between themselves.

The family spent 90 minutes together and returned with a plan which was discussed with the professionals. They agreed that following his release that Richard would spend Monday to Friday with his parents and go to his aunt’s house each weekend. The family agreed to undertake a family activity supported by Youth Justice Agency staff once per month and Richard and his Mum undertook to attend the Strengthening Families programme to address their relationships. YJA staff agreed to support Richard enrolling in a car mechanics course with a view to gaining an apprenticeship.

**Public Law**

An 8yr old boy (Tony) is living with his dad and older sister. An acrimonious relationship has existed between the adults in the family, including extended family members. Mum had tried to facilitate contact voluntarily but this did not work out as the child had begun to indicate that he did not want to see Mum as he was frightened of her.
Mum took the case into court re: Contact (Article 8 Order) and an FGC was suggested. The court procedure had become very long and drawn out due to allegations and counter allegations by both parents. Dads care of Tony deteriorated and child protection procedures were instigated. Tony became more fearful and resistant to any contact with mum and as a result was referred to a family centre. At the family meeting Tony’s voice was heard through the family centre worker, as Tony did not wish to attend.

Aim:

- To ensure Tony got to school every day.
- To support Dad in promoting contact with Mum.
- To look at ways in which Tony could participate in activities outside the home.

Outcome:

The adults had extreme difficulty agreeing a way forward, the teenage sister took a leadership role at the family meeting. The teenage sister managed to get the family to allow her to facilitate the first few contacts in partnership with social services. This young person became the conduit for communication.

The family agreed to:

- Tony being given feedback on the meeting from his sister
- Tony would receive a letter from his mum detailing some new information about her life ie that she had a dog.
- Tony would be encouraged by his sister to reply.
- A meeting date to see Mum would be agreed and Tony and his sister would attend.
Within a week contact had been facilitated, Mum took Tony to school every day. The mums extended family were involved again in Tony’s life and Dad was accepting the situation well.

4. Slides

The slides in the accompanying pdf are collated under the three main areas

- Understanding the Family Group Conference Process
- Key Roles and Responsibilities
- Family Group Conference use in a range of settings.

and can be added to in order to contextualise the session to your own organisation.

See separate pdf.

5. References

In this section please find a summary of relevant references, articles, journals, books, videos and websites in relation to family Group Conference practice.


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6. Acknowledgements

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7. Conclusion

Please find below a quote from Shannon Pakura which is powerful and a moving reminder of the centrality of family.

“I have a three year old grandson. He is the love of my life. He is a handsome wee man; he has sandy hair and a maori nose. He is naughty, he has been known to throw the odd tantrum and there is no denying he is very spoilt.

My plea to you as a fellow professional is:

Should my Caleb ever come to your attention, should you ever have a professional role to play with him, should you be a social worker, or a lawyer or a co-ordinator or a judge – this is what you must do....
• You must find his Nana
• You must find his aunts and uncles and cousins and friends
• You must find his whanu, hapu, iwi – (kin)- even if he does not know them, they will know him
• You must ensure he is surrounded by those who love him and are connected to him
• You must not send him to strangers without our consent and involvement
• You must move heaven and earth to protect him, remembering he is mine not yours.”

Shannon Pakura

Chief Social Worker

New Zealand 2005