



BEDFORD
BOROUGH COUNCIL

Children's Services

Children In Need

Family Group Meeting Procedures

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Children's Services, Schools and Families

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FORMS

BIC150	Referral to Family Group Meeting Services
BIC152	Family Group Meetings - Outcome Form (6 Months)
BIC153	Evaluation form (Professionals)
BIC151	Family Group Meeting report guidelines
	Agenda for Family Group Meeting

LEAFLETS

FGM a guide for professionals
 FGM Information for children, young people, family relatives and friends.

For further information contact:

Family Group Meeting Manager: Telephone 01234 276882 ext 44882
 Family Group Meeting Administrator: Telephone

BACKGROUND

- 1 A Family Group Meeting (FGM) is a meeting where family members and friends make the main decisions. It is arranged and facilitated by the Family Group Meeting Co-ordinator, who is not involved in making decisions about the child.
- 2 FGMs are a means of enabling families to find solutions to their own problems within a professionally supportive framework.

Why should I refer?

- 3 FGMs have been proven, through research, to help produce better outcomes for children and young people by keeping them within their family or community.
- 4 The meetings are based on the belief that families can usually find their own solutions to their difficulties and that children and young people have a right to have their families involved in their future planning.
- 5 Feedback from children and young people and extended family members who have attended FGMs has shown that they find them a far better way of getting their wishes and feeling heard.

Referral Criteria

- 6 There are unresolved family issues which may lead to the child or young person becoming Looked After; and/or
- 7 There is a real chance that a meeting could assist in the child leaving care to return to the care of their family or friends.
- 8 There is a chance that the meeting could prevent a child suffering significant harm.
- 9 The meeting will help the extended family contribute to the child in need family support plan.
- 10 The meeting will assist with legal proceedings.
- 11 The meeting will facilitate contact for a Looked After Child.
- 12 There are issues with the child or young person's school attendance.
- 13 The meeting will assist in improving family relationships and help manage difficulties with a child or young person's behaviour.
- 14 In order for a Family Group Meeting to be viable there needs to be willingness for family members to meet in a room at the

same time. This will need to be checked out by the Social Worker with the family members.

Who can refer?

- 15 A social worker is the only person who may refer at the moment, but Health Visitors, Teachers, Education Welfare Officers and other Professionals can consult with a Social Worker who will then consider making the referral.

Before a referral is made

- 16 Social worker to discuss the possibility of using a FGM with the child and their family;
- 17 Social worker will discuss the possibility of using a FGM with their Team Manager;
- 18 Team Manager will approve the use of a FGM;

Making a referral

- 19 Contact FGM Manager at the Family Group Meeting Service - telephone 01234 276882 ext 44882 for an initial discussion. If the FGM Manager accepts the referral then;
- 20 A meeting will be held between the FGM Manager, the Social Worker and the FGM Coordinator. The FGM referral form (BIC150) will be completed at this meeting
- 21 The referral form will state what are the intended outcomes for the child or young person and what are the acceptable and non-acceptable options, for example a child returns to the parental home, but there can be no contact with a relative who may pose a risk to children.
- 22 The meeting will also look at
- What possible resources maybe required for a successful FGM.
 - Whether the case should be considered at the Bedfordshire Allocation Panel (BAP) will be discussed.
 - The funding of a placement with a relative is an example of what may need to be considered.
- 23 Exclusions from the FGM will need to be considered at the meeting;
- 24 The views of those excluded will still need to be shared at the FGM.

- 25 The responsibilities of the Social Worker and the FGM Co-ordinator will be clarified at the referral meeting.
- 26 A record of the FGM referral will be and its expected outcomes will be recorded on the Child's Swift record by the FGM Administrator

Child Protection Procedures

- 27 The FGM Manager and Co-ordinators will adhere to the Bedford Borough Council child protection procedures.
- 28 The FGM Manager and Co-ordinators will raise child protection issues with families and Social Workers where necessary.

Before the Family Group Meeting

- 29 FGM Co-ordinator will then visit the child and family members and explain the process of a FGM to the child and explore their wishes and feelings and gain an understanding of the child's perception of their circumstances. The FGM Co-ordinator will also work out who needs to come to the meeting.
- 30 The use of an Advocate will be discussed with the child to see if this helps them express their views. The Advocate may be a member of their family, a Teacher or other adult who they trust.
- 31 The FGM Co-ordinator will arrange the venue and time for a FGM.
- 32 The venue should not belong to Children Services and Social Care, as this may affect the impartiality of the process and potentially reduce the empowerment of the family to provide their own answers.
- 33 Timing of the FGM will need to be convenient to as many of the family members and friends as possible; therefore, it is likely to be in the evenings after work. Some FGMs may need to be at weekends. Invitations will be sent out via the FGM service.
- 34 Linguistic needs will have to be considered which may require the use of an interpreter (see Operational Procedures Interpreting and Translation Services)
- 35 Hearing needs will have to be considered.
- 36 Literacy needs will also have to be considered.
- 37 Cultural perspectives will also need to be considered for family members.

- 38 Disability issues will have to be considered including the access of the building.
- 39 Child care and transport for the FGM will be funded by the Children and Families teams.

PRESENTING INFORMATION TO A FAMILY GROUP MEETING

- 40 Social Worker will be asked to share information in the form of a short report (see below 'guidelines for a making a report'). It is important that the key family members are aware of what will be in this report, as confidential information will be shared with their extended family.
- 41 The report must be completed a week after the referral meeting.
- 42 The report does not have to follow the guidelines of the Assessment Framework or other departmental documents.

Guidelines for completing a FGM report

Size

- 43 No more than two sides of A4.

Headings

- 44 Put your information under the following headings:

Family strengths

- 44 State what the family's strengths and successes have been.

Background Information

45 here should be no information that is a surprise to the immediate carers of the child/young person. All new issues should be discussed, by the Social Worker, with the family, before the meeting.

- 46 Outline your current concerns about the child/children rather than a detailed account of how the current situation arose.

Questions, which need to be answered by the family.

- 47 The outcomes agreed on the referral form can be used here.

- 48 The questions should be clear and concise and incorporate a request from the family to consider a number of options.
- 49 State what your concerns are and what changes need to be made. State the timescale within which these changes need to be made.
- 50 Keep your questions focused on the needs of the child.

Unacceptable outcomes, which would put the child at risk.

- 51 State what is not acceptable in a family plan (that places a child at risk of significant harm)
- 52 State what will happen if no plan is made for example you may decide to apply for an Interim Care Order to remove the child from the risk of significant harm.

Support available from Children's services and other agencies.

- 53 State what resources may be available to help support the family plan. State what limitations there maybe on accessing resources and what procedures there are for getting these resources.

Style

- 54 The report should be specific i.e. Chris has run away from home three times rather than Chris has run away a lot.
- 55 The report should be clear and straightforward avoid jargon such as "parenting capacity", "environmental factors" or "child protection concerns".

After completing the report

- 56 The Social Worker will complete the report within a week of the referral meeting.
- 57 The report will then be sent to the FGM Co-ordinator who will make suggested alterations, if necessary, to ensure the report is clear. The FGM Co-ordinator will return the report to the Social Worker within one working day.

- 58 The Social Worker will then visit the key family members and share the report with them two weeks before the FGM.

STRUCTURE OF THE FAMILY GROUP MEETING

- 59 FGM is separated into three parts

Information sharing

- 60 The first part of the meeting is where the Social Worker and other professionals share their information with the family. The FGM Co-ordinator chairs the meeting.
- 61 The Social Worker will read through their report. The Social Worker will state what options are not acceptable (for example the placement of a child with someone who would put the child at risk of significant harm).
- 62 The information session will also include the opportunity for the family to ask questions and have a discussion with the professional.

Private Family Time

- 63 The family will then be given private time without the professionals present to decide what actions they can take to assist the child.
- 64 The process may take up to a few hours to complete and therefore breaks should be offered during this time. Refreshments and a time out room will be provided.
- 65 The FGM Co-ordinator and Social Worker will be available to answer questions from the family during private time (they will be situated in a nearby room).

Agreeing the plan

- 66 The family will have completed their discussions and will have agreed a plan on how they will help the child/young person. The family will have written up their plan.
- 67 The FGM Co-ordinator and Social Worker will come back into the room. The Family Plan is read out either by the Co-ordinator or a family member.
- 68 Any resources or support from Children Services and Social Care will be discussed.
- 69 If agreement cannot be given immediately by the Social Worker for these resources then a date will be identified by when the Social Worker will have a decision about them.

- 70 There will need to be provisional agreement by the Social Worker at the meeting for the plan by Social Care Services, unless it places the child or young person at risk of significant harm.
- 71 The family signs the Family Plan. The Social Worker and Co-ordinator do not sign this plan.
- 72 The Co-ordinator agrees to distribute a written recording of this plan.
- 73 All parties will agree how the plan will be monitored.
- 74 The FGM Co-ordinator will check whether the family wishes to have a Review and if so, set this at a date agreed with the family. Important dates such as court hearings will be taken into account. See review process below.
- 75 FGM Administrator will send out a typed version of the Family Plan plus a photocopy of the original and an evaluation form to all attendants of the Family Group Meeting.
- 76 The FGM Administrator will record details of the FGM in SWIFT within the Reviews Tab.

Review

- 77 The Social Worker will be expected to attend the Review FGM.
- 78 A brief updated report will be completed by the Social Worker with the same headings as above and within the same timescales for the meeting.
- 79 At the Review FGM the Co-ordinator will start the meeting by reading out the previous family plan drawn up by the family. The family will have a chance to review what they agreed to do.
- 80 The rest of the Review FGM will follow exactly the same format as the initial FGM. i.e. Information sharing, private family time and agreeing a plan.
- 81 It is unusual to offer further reviews unless it is of particular value to the child or young person.

SWIFT

- 82 As this is a request for a provision of a service from within Children Services and Social Care, the children/young people receiving this service will already be open to a Key Team within Children Services and so will already be recorded on SWIFT.
- 83 The FGM Administrator will be responsible for updating SWIFT on the open case in relation to the FGM.

Evaluation

- 84 After 6 months from the initial FGM, the FGM Manager will make contact with relevant family members to assess the long-term impact of the FGM. They will then inform the FGM Administrator who will update this outcome on Swift.
- 85 The FGM manager will also make contact with the allocated Social Worker at 6 months to see whether the desired outcomes were reached.
- 86 A six monthly and annual report will be produced that will evaluate the effectiveness of the FGM service in meeting these outcomes.
- 87 An evaluation of the feedback forms completed by family members will also be made over a 6 month and annual period.