



Brighton & Hove

Family Group Conference Project



Annual report

2011-2012

Executive Summary



- 42 (98%) of children identified by the referring social worker as at risk of accommodation had an agreed plan to divert from such care.
- This is estimated to have made potential savings of £1,176,000. This figure uses the base line cost of £28,000 per year for a child in care, as in the Loughborough University cost calculator, a formulae utilised by 15 Local Authorities in the UK. This is not an exact science, but has some academic and practical credibility.
- 21 (95%) of children in care had a plan made by their family and agreed with the referring social worker to reintegrate them into their extended family, therefore making savings whilst enhancing outcomes for children.
- 28 children for whom court proceedings were being considered had a FGC plan that was agreed with the referring social worker. Timely Family group Conference referrals have helped reduce the need for court applications by providing alternate planning. Alternate planning done in conjunction with the family has reduced the number of contested court proceedings which has reduced the length of time cases remain within the court system. The Review of Child Care proceedings (2006) estimated that for each child each care proceeding cost an average of £25,000. We believe that these successful FGC meetings also enabled substantial savings to be made.
- 80% progression from referral to first FGC meeting. The project has continued to show an improvement in its service delivery and this year an impressive 80% of our referrals has gone on to have an initial FGC. It is important for commissioners of service to be assured that referrals will have a high level of success in progressing to meetings, to maximise best use of resources, and best outcomes for children.

We believe that Daybreak has been able to achieve these very positive outcomes because of the specialist and expert service we can provide, as an independent charity focused entirely on family group conferences. All our staff are highly knowledgeable and skilled in work with FGCs, and this can maximise successful outcomes.

We have also been reminded recently of the importance of an independent service by a referral concerning a mother and 3 children, where relationships with the Local Authority had resulted in the family only agreeing to work with an independent

agency. Although not characteristic of most referrals, this is an advantage in some situations, and can achieve positive results impossible in another context.



Outputs

| | Number | Conversion % |
|---|--------|--------------|
| Agreed number of referrals in contract to accept this | 93 | |
| financial year | | |
| Actual number of referrals accepted | 108 | |
| Number of initial meetings convened | 87 | 81% |
| Number of review meetings convened | 51 | 59% |
| Number of referrals not progressing to a meeting | 21 | 19% |
| Total number of meetings held | 138 | |

We continue to see a rise in the conversion rate of referrals into conferences, which is up 4% on last year to an impressive 81%. We also have a 35 increase in the number of Initial meeting which have a review. I believe this is a reflection on the close working relationship between local social work teams and Daybreak, which has ensured referrals made are appropriate and that social workers have been able to gain informed consent from families for making the referral. Nearly 50% of initial FGCs go on to have a review, which is a good indication that families as well as social workers find the FGC process a useful tool in making decisions and plans for the care and protection of children.

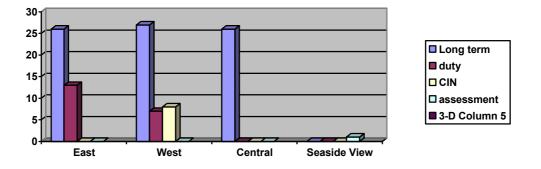
19% of referrals did not go on to have a FGC and the reasons given are as follows:

| | Number | % |
|---|--------|-----|
| Family decided not to go ahead | 8 | 38% |
| Referrer decided not to proceed with the referral | 5 | 24% |
| Family resolved the situation prior to meeting | 5 | 24% |
| Key family member wouldn't engage with process | 3 | 14% |
| Total | 21 | |

While families originally agree to the referral being made, once they learn more about the process they may decide that a FGC is not right for them or they manage to resolve the situation during the preparation period. The reasons given by family members for not proceeding include key family member being ill, family organising support before FGC, and parents separating during preparation period. Reason given by social workers for not proceeding includes a change in family circumstances and family reaching contract agreement prior to FGC.

Referral information

Referring teams



We have received referrals at a fairly even spread from the teams.

Children referred

Ages

In total 169 children were referred for a family group conference this year of which 143 went on to have a FGC. The age ranges of the children referred were:



Unborn: 16 (9%) 0-5 years: 76 (46%) 6-13 years: 61 (36%) 14+: 16 (9%)

In line with previous years the largest number of children referred are ages 5 and under, while there has been a slight increase the number of unborn babies referred. These age groups account for 54% of our referrals.

Ethnicity

Similar to previous years the majority of children referred were white British (82%), while the remaining 18% were of dual heritage background.

Legal status

| Supervision order | 4 |
|-------------------------|----|
| CIN | 3 |
| ICO | 16 |
| Directed by court | 1 |
| Special guardianship | 7 |
| Residence order | 2 |
| Contact order | 1 |
| Police protection order | 3 |
| Interim residence | 1 |
| Family assistance order | 2 |
| CP plan: | 93 |
| neglect | 61 |
| emotional | 14 |
| physical | 12 |
| sexual | 6 |

55% of children referred are on a Child protection plan. This indicates that in line with government policy FGCs are being used as a tool to reduce the number of children on CP plans, and to reduce the length of time they stay on CP plans.

Special needs/issues in the family identified on the referral form

| | Parent | Child |
|---------------------------|--------|-------|
| Substance misuse | 43 | 3 |
| mental health | 27 | 6 |
| Physical disability | 6 | 8 |
| Learning disability | 21 | 6 |
| Offending | 1 | 1 |
| Young carer | 0 | 1 |
| Contact issues | 0 | 6 |
| Domestic abuse | 25 | 34 |
| Special educational needs | 0 | 4 |
| Mum under 16 years | 2 | 0 |

Substance misuse amongst parents as well as mental health issues continue to be raised as a concern in FGC referrals along with domestic abuse. However this year we have seen a significant increase in the number of parents with learning disabilities being referred. Last year we had 1 parent referred while this year 21 parents identified as having a learning disability. This increase follows the national debate about providing parents with learning disability with support in order to enable them to parent their children.



Care givers at the time of referral

| Care giver | No of children |
|--------------|----------------|
| Mum | 57 |
| Dad | 6 |
| Parents | 34 |
| LAC | 24 |
| Grandparents | 22 |
| Aunt | 7 |
| Sister | 2 |
| Stepdad | 1 |
| unborn | 16 |

57% of children (incl unborn babies) referred lived with one or both parents, while 19% lived with extended family and 24% lived in Local Authority Care. This breakdown in care givers is similar to that of previous years.



FGC outcomes

Of the 169 children referred 143 had a FGC meeting and of those 93 children had a review FGC meeting.

Concerns addressed at the FGC

| Concern | No of children | No of children for whom concerns were addressed in plan | % |
|-------------------------------------|-------------------|--|------|
| Children for whom physical and/or | 123 | 122 | 99% |
| emotional health was a concern | | | |
| Children for whom safety was a | 100 | 100 | 100% |
| concern | | | |
| Children affected by Domestic | 21 | 11 | 52% |
| Abuse | | | |
| children for whom school attendance | 21 | 16 | 76% |
| or behaviour was a concern | | | |
| Children referred because court | 28 | | |
| proceedings were being considered | | | |

All plans were accepted by the referring social worker as being safe and addressing agency concerns regarding safety and the physical and emotional wellbeing of children. Many domestic abuse concerns were historical, but where current they were addressed in the families plan.

Having a clear plan that is owned by all parties will improve the outcome for children and their families and hopefully reduce the need for expensive court applications.

Care of children



| Number of children deemed to be at risk of family | 43 | |
|---|----|-----|
| breakdown or had a request for LAC | | |
| How many of these had a plan to remain or be placed | 42 | 98% |
| within their immediate or extended family | | |
| Number of children living in LAC | 22 | |
| | | |
| How many of children already living in LAC had a plan | 21 | 95% |
| to return to live with immediate or extended family | | |

Many of our referrals were for children who were at risk of becoming looked after or who were already looked after by the local Authority. Family Group Conferences has been successful in deflecting children from care by the early identification of support, and if necessary, of alternate carers. This has not only improved the outcome for children but has also potentially reduced placement costs and the costs of court applications. Family group Conferences has also been successful in identifying alternate carers which has enabled looked after children to be reunified with their immediate or extended family.

All parties agreeing plans and where necessary identifying alternate carers should also reduce the number of contested court applications as well as reduce the length of time cases spend in court. It may also reduce the number of court procedures where the court finds against the Local Authority.



Participation

Children and young people

Daybreak works hard at developing children and young people's sense of belonging by encouraging them to contribute to plans about their own safety and well being. In Brighton & Hove the majority of children age 5 and above attended their meeting and were able to contribute to plans being made for their welfare.

| Number of children who attended their initial FGC meeting | 71 |
|---|----|
| Number of children who attended their review FGC meeting | 41 |
| Number of children who did not attend for the following reasons: | |
| Parental decision | 32 |
| Under the age of 5 | 47 |
| Did not wish to take part | 19 |
| Social workers decision | 14 |
| Other (unwell) | 3 |
| Unborn | 9 |

Support

| Number of children who did not attend their meeting who had their views brought by other means such as advocate or letter | 30 |
|--|----|
| How many children were supported by a professional advocate | 30 |
| How many children were supported by a designated and prepared support person. | 13 |
| How many other people were supported by an advocate or designated and prepared support person | 11 |

Daybreak is committed to ensuring that children, young people and vulnerable adults are properly prepared and supported during the FGC process. 74% of children over the age of 5 who attended their meeting were supported by an advocate or a prepared support person, while 86% of children over the age of 5 who did not attend their meeting had their views brought to the meeting.

Family members.

A total of 831 family members attended the 138 meeting making an average of 6 family members per meeting. Of these 11 key family members were supported by a professional advocate during the meeting. This is some of the things family members said about their meeting:

"The child is safer because the family's views were listened to" "The FGC was linked to the Children Act principle of "children are better off in the family" and was delivered independently of social services which was great"

" It was good the child came and to hear their view"

Service providers

262 service providers attended the meetings making an average of 2 per meeting. This is what some social workers had to say:

"The coordinators contact with the extended family enabled us to identify potential carers for the child"

"Without a FGC I suspect we would have had contested proceedings with all the stress and expense involved"

"It brought the two sides of the family together to make a joint plan"



Reviews

We normally hold a review meeting between 6 and 12 weeks after the initial FGC. At the review meeting we ask all participants how things have been since the initial meeting. Our feedback forms show that things have started to improve for families following their FGC.

| | Better | The same | Less good |
|---|--------|----------|-----------|
| The safety of the children has been | 77% | 23% | 0% |
| The support from the extended family has been | 77% | 23% | 0% |
| The support from service providers has been | 56% | 46% | 0% |
| The child's contact with key family members has been | 58% | 42% | 0% |
| The children's attendance/behaviour at school (where applicable) has been | 74% | 26% | 0% |
| The leisure and social activities of the child has been | 71% | 29% | 0% |

| Appendix 1 | | | |
|--|-----|-----|----|
| The physical and emotional health of the child | 75% | 25% | 0% |
| has been | | | |

At the review it was deemed by all participants that the safety of 77% of children for whom safety was a concern had improved and that the physical and emotional health had improved for 75% of children. This underpins the notion that with the right information families are able to keep their children safe. While for some children things were the same as before, no children were worse of following their FGC.

Case studies

R/BRI/12/108: This case study illustrates that a FGC meeting can successfully identify a safe and wide ranging plan for a baby to remain within its extended family, and divert from care of the Local Authority. It also illustrates that FGCs are successful in working in the context of learning disability and substance misuse.

The referral was for an unborn baby. Mum has learning disabilities and the father has long standing substance misuse issues. Mum has had 2 previous children removed and had been assessed as unable to care for this new baby.

The FGC was to identify alternate carers for the baby and how this could be supported.

The family identified the maternal grandmother as a carer and developed a plan of support for her that included managing contact with the baby's mum. This plan was accepted by the department.

Category of referral: Child protection and PLO.

R/BRI/12/98: This case study illustrates that a FGC meeting can enable a family to plan for the safe return of a child from care, and also to make a back up plan if this first plan was unsuccessful.

The referral was for a baby who had been removed from his parents and placed in LAC on an ICO following a non accidental injury. The aim of the conference was to identify support for the parents should the baby return home and to identify alternate carers should the baby not be able to return home.

At the FGC the family devised a detailed plan of support should the baby return to the care of his parents. The family also identified the paternal grandparents as alternate carers for the baby should he not be able to return to the care of the baby.

Category of referral: Child protection and PLO

R/BRI/12/86: This case study illustrates that a FGC meeting can successfully plan for the reunification of a child from the care of the Local Authority to within the extended family network.

The referral was for a boy aged 5 who had been placed in LAC on an ICO for the 2nd time in 2 years due to Mum placing him at harm by having contact with a dangerous ex-partner and by having a substance misuse habit.

The purpose of the FGC was to identify alternate carers for the boy. A large number of family and friends attended the FGC including the boy's mother. The paternal grandmother and an uncle & aunt were identified as alternate carer's and at the time of the review the paternal grandmother was being assessed.

Category of referral: PLO and reunification from care