





Milton Keynes
City Council



Family Group Conference Service Annual Report 2024/2025.



2024/2025

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Introduction

The Family Group Conference Service actively supports family-based solutions at key points in the child's journey through Children's Social Care Services. Family Group Conferences (FGCs) are meetings about the care and protection of children that include and involve the extended family and friendship network in the planning and decision-making process. The FGC Service sits under Safeguarding & Quality and responds to referrals from all the children's teams.

FGC services were initially developed to identify and implement family support for children where families were in crisis and there was a risk of statutory intervention.

We have reviewed the structure and reach of the FGC service to optimise the impact on outcomes for children and make best use of Local Authority resources. The criteria agreed with operational Heads of Service are:

- As part of PLO.
- As part of Care Proceedings.
- There has been a CP Consultation or Strategy Meeting and an FGC has been recommended.
- There is a CP Plan in place and an FGC has been recommended.
- The primary concern is neglect, and the case has been open 6 months.
- The primary concern is neglect and there have been one or more re-referrals last 6 months.
- Children with Disabilities - 2 requests for care package to be increased within 6 months.
- To rehabilitate a Looked After Child to their parents' care – step down from care.
- To rehabilitate a Looked After Child to their extended family's care – step down from care.
- Reconnecting care leavers with family/friend networks

The service is managed by the FGC Manager who reports directly to the Safeguarding & Quality Manager. This role also undertakes some of the more complex FGCs. The majority of the FGC work is undertaken by Relief FGC Co-ordinators (variable hours) who are specially recruited and trained.

This report covers the period 1 April 2024 to 31 March 2025. It focuses on outcomes, the effectiveness of FGCs and value for money, through provision of sources of support identified through Family Plans as an alternative to Local Authority resource.

2 Performance Data

During the period 2024/25 the FGC Service received 121 referrals from Children's Social Care (compared to 157 last year) for 262 children. 103 FGC's have taken place which includes 11 virtual (video conferencing) FGC's.

The conversion rate from referral to initial FGC for these referrals was 76% (92 initial conferences). There is not a national conversation rate; however, Family Rights Group (FRG) confirmed that the average is about 75%.

Figure 1: Breakdown of 262 children subject to FGC by gender:

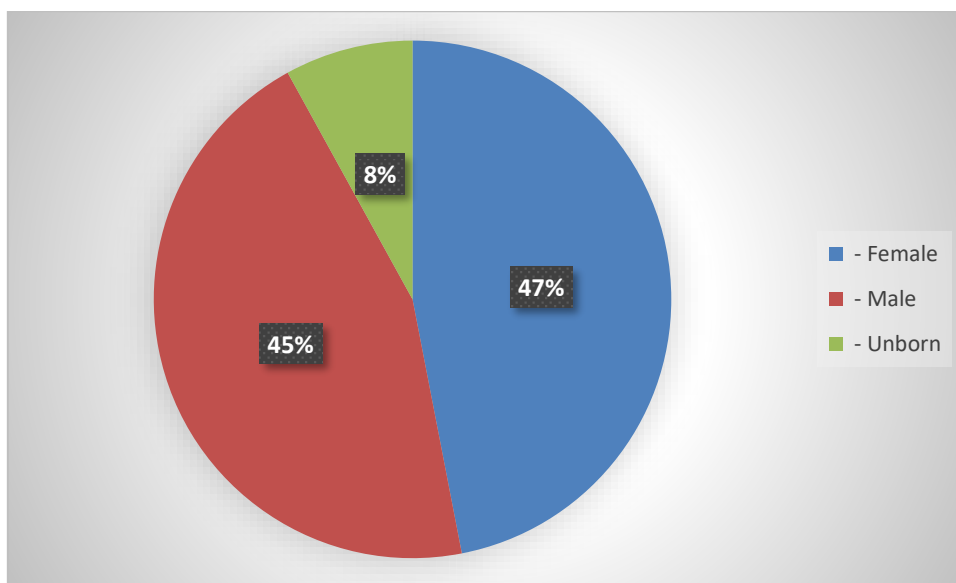


Figure 2: Age Ranges for the 262 children:

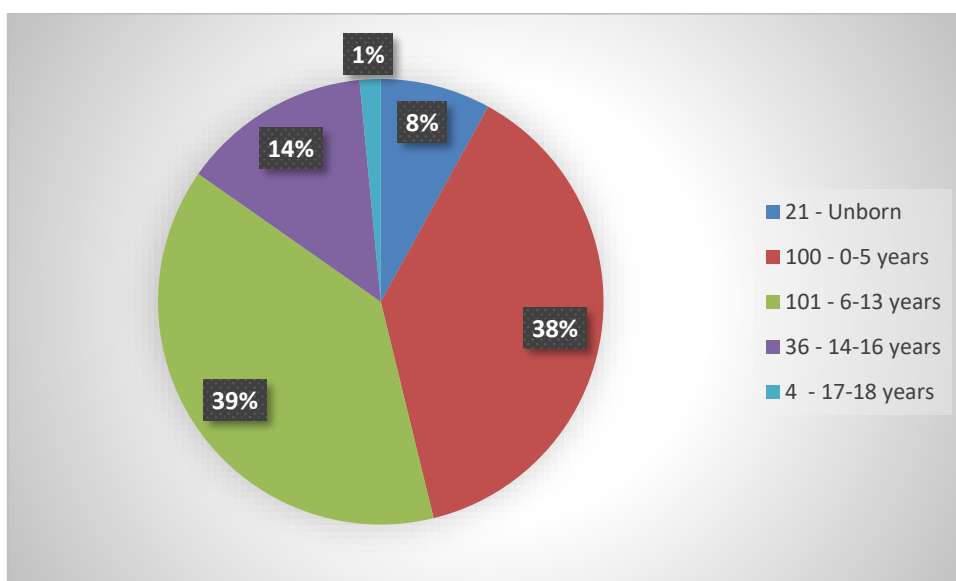


Figure 3: Ethnicity of the 262 children:

Ethnicity	No of Children
White British	193
White Irish	1
Any other White background	7
White & Black Caribbean	5
White & Black African	2
White & Asian	1
Any other mixed background	15
Pakistani	4
Bangladeshi	3
Any other Asian background	2
African	16
Any other black background	7
Any other ethnic group	4
Information not yet obtained	2
Total	262

The majority of the children referred were White British – 74% (193 children).

For the 121 Referrals received for this period:

- 103 Initial and Review/Second FGCs took place for the 121 families.
- 637 Family/Friends attended.
Co-ordinators aim to visit all family/friends invited to attend. If family/friends are unable to attend, the Co-ordinator will get their contribution and share this with the family at the conference and include it in the plan.
- 62 Fathers/Stepfathers attended.
Fathers are an important part of the FGC. If they are unable to attend, the Co-ordinator will get their contribution and share this at the conference.
- 113 Referrers/Agencies attended as Information Givers for the 103 Conferences.

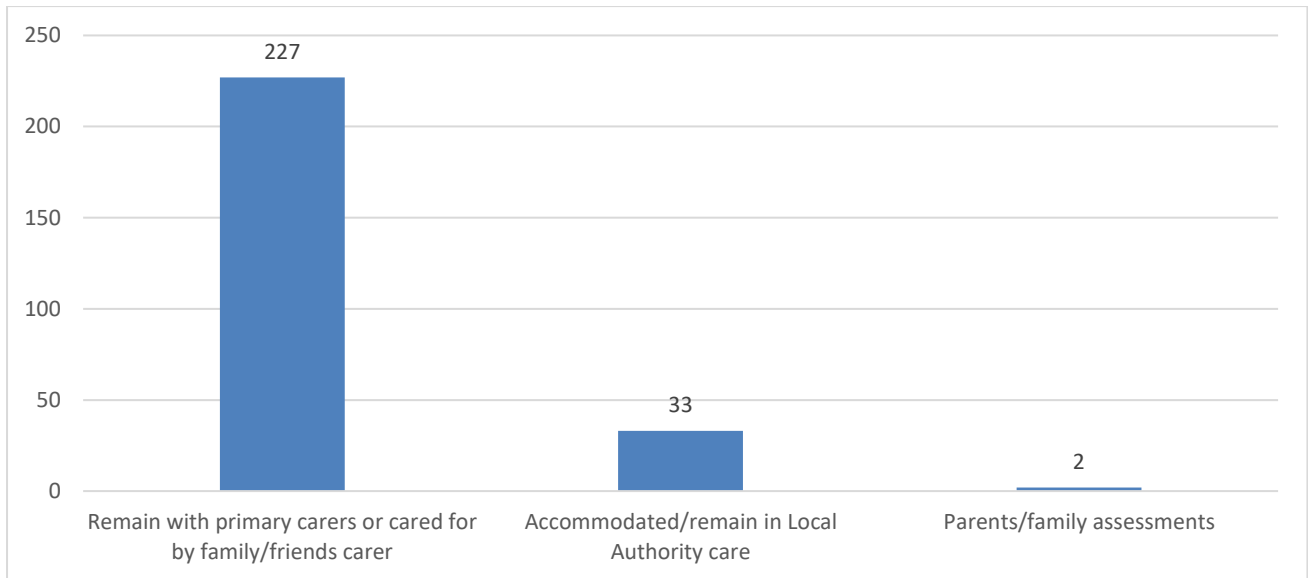
1. Outcome Data

Outcomes for referrals for the period 2024/25:

- 121 Referrals received for 262 Children which includes referrals for 21 Unborn Babies.
- 92 Referrals had an initial FGC (76%).
- 29 Referrals had 'NO' FGC (24%). In these cases, the decision was made by family and/or the Social Worker to not proceed with the FGC because for example: the children returned

to their parents/family carers during the preparation process; the difficulties were resolved; no family/friends network was identified; the family moved out of the area; or case closed by Children’s Social Care.

- 49 children from the 29 referrals were living with parent/family carers at closure of referral.



- 227 (87%) Children/Babies from the 262 children remained with their primary carers or are cared for by family/friend’s carers. For the 21 Unborn Babies, 15 Babies remained with parent/s or with family carers. 5 were accommodated by the Local Authority. 1 Baby was aborted.
- 33 (12.5%) Children from the 262 children were accommodated or remained in Local Authority Care because family/friends did not get through the assessment process to care for the children or no family members were identified.
- 2 (0.5%) Children – Parents/Family Assessments are currently being undertaken. Final decisions will be made by Court.

Positive outcomes demonstrated that children re-established positive contact with their fathers, paternal families and wider family. Additionally, parents and family members worked on improving relationships, positive communication and resolving conflict. The need for ongoing intensive support from the agencies was reduced.

2. Evidence of FGC Effectiveness

FGCs are expected to be effective in two ways:

- Enabling the wider family to be fully involved in decision making and planning for their children.
- Achieving better outcomes for children.

Research evidence demonstrates that families are willing to come together and make plans for their children. Most plans are approved by the Social Worker unless the case is in the Court arena, in which case final decisions are made by the Court. FGCs result in more people contributing to the plan with a considerable increase in the involvement of fathers and paternal family members. For most families the process can initially be uncomfortable, however evaluation shows that the majority of families are positive about coming together and feel listened to.

Outcomes: There is evidence that FGCs reduce the demand for services. FGCs also maximise the family's own resources. Table 4 shows for 2024-25 that 227 (87%) children/young people are now living with parent/s or family/friends.

Emergency LAC Panel: The Children and Young People's Emergency LAC panel was established in January 2016. The aim of the panel is to prevent young people from being accommodated and seeks to put into practice the intentions of the Milton Keynes City Council's Family Support Approach 2010:

There are unique advantages for children experiencing life in their own birth family and in most circumstances; children's needs are best met by being cared for within their families.

The FGC Service is represented at panel by the FGC Manager. Recommendations are made for an FGC for all cases if an FGC has not already taken place. Panel referrals are given priority, for example to prevent a child from becoming accommodated or to return them home from emergency short-term foster care.

An internal review in January 2016 highlighted The Panel makes very good use of alternative options especially FGC which seems well suited to its role in support of the Panel and has shown itself to be effective in a number of complex cases.

Outcomes for Emergency LAC Panel referrals have prevented the majority of young people from becoming accommodated.

FGC Service is also represented at Resources and PLO panel by the FGC Manager. Recommendations are made for family/friends' networks to be explored to reduce resources from other agencies and also to explore family/friends carer/s as an alternative if children are at risk of becoming LAC.

Case Studies and Foster Care Costs 2024-25

There are significant costs associated with children not being able to remain in the care of their family network. Successful FGCs prevent these costs.

The cost of Care Proceedings is estimated to be above £40,000, depending on the length of contested hearings, plus administrative costs. If a child becomes looked after, the costs of their care are high and potentially long term. Some examples of successful FGCs are given in the table below. Residential care costs would be significantly greater.

Case Studies (2023/24): prevention of care	Monthly foster care costs*
<p>Family A: Child 1 primary school age, Child 2 secondary school age and Child 3 nursery</p> <p>Status at FGC: Child Protection and at risk of escalating to Public Law Outline</p> <p>Parents used the FGC process to enable the wider family to support them emotionally and practically to address the concerns which included support with school runs, respite support, support for mother when she is struggling with her well-being and for the family to support father to have somewhere neutral and safe for him to have contact with his children.</p> <p>Outcome: A robust safety family plan of support made which prevented this case from escalating to PLO (Public Law Outline) as the Child Protection Plan concerns were addressed. Parents and family focused on the needs of the children and continued working together with the support of the Social Worker to review the plan following the FGC. The case closed to CSC.</p>	£5338.67
<p>Family B: Child 1 primary school age and Child 2 & 3 secondary school age</p> <p>Status: Care Proceedings</p> <p>Due to the ongoing concerns the children were removed from mother's care and placed with fathers and family member. Family members worked with mother to support her to address the concerns.</p> <p>Outcome: This was a complex case to manage due to the concerns and conflict between parents and wider family. The FGC process empowered and enabled the family to look at solutions and identify the best outcomes for the children. One child remained in family members care and x2 with children remained with their respective fathers following successful assessments. Family made a plan of support for the children, carers and also plan of support for mother to address CSC's</p>	£5377.67

<p>concerns. Family also made a contact plan to ensure the siblings continue to have regular and consistent contact with each other, their parents and wider maternal and paternal family members.</p>	
<p>Family C: Child 1 primary school age, Child 2, 3, & 4 secondary school age and Child 5 nursery</p> <p>Status: Care Proceedings</p> <p>Following a serious incident the children were put under Police Protection and placed with a family member who cared for the children during Care Proceedings. Separate maternal and paternal FGCs took place due to the level of conflict between the families and Court Orders preventing family members having contact with each other.</p> <p>Outcome: CSC's Care Plan was for the children to be cared by family member on a Special Guardianship Order (SGO). Plan of support offered by maternal and paternal family for family carer to meet the needs of the children and identified how the carer with the support of the wider family will manage/supervise contact between the children and their parents.</p>	<p>£8944.67</p>
<p>Family D: Child 1 primary school age and Child 2 secondary school age</p> <p>Status: Care Proceedings / Rehabilitate to Parents' Care</p> <p>Mother was struggling to care for the children and older child was placed in Foster Care. Mother did not want family to be involved as she did not want them to know about CSCs involvement. We worked sensitively, as we do with all families to support mother and father to involve the family/friends network and not be judgemental.</p> <p>Outcome: Children are in mother's care and older child rehabilitated to her care. Parents identified how they will co-parent the children with the support of the wider family. Children's views were gained and shared at the conference – these were very powerful. Family agreed emotional and practical support for both parents and for the children to ensure that they work closely together and are able to support the parents to meet the children's needs.</p>	<p>£3544.67</p>
<p>Family E: Child 1 & 2 primary school age</p> <p>Status: Care Proceeding</p> <p>Referral was for Unborn and x2 children. FGCs were in 2 parts (maternal and paternal) due to level of conflict, but a maternal family member attended both</p>	<p>£3423.34</p>

<p>conferences to enable the family to start working together and to ensure the plan enables the parents to meet all of the children's needs.</p> <p>Outcome: Children are in mother's care. The family are supporting her to work with the father to co-parent the children, and emotional and practical support is being offered for both mother and father. Family communication has improved and there is a clear contingency plan of who will care for the children should there be concerns about the children's care in the future.</p>	
<p>Family F: Child 1 nursery age</p> <p>Status: Care Proceedings</p> <p>Mother was living with maternal family members who were supporting her to care for her child, CSC had concerns about mother and family member/s.</p> <p>Outcome: The wider family worker participated in the FGC and supported mother to positively engage with FDAC (Family Drug & Alcohol Court) and ARC (Addiction Recovery Community) to address the concerns. CSC saw positive changes and supported mother to return to her own home. Family agreed to monitor and review the plan with the support of the Social Worker.</p>	£1633.67
<p>Total Approximate Foster Care Costs for 6 months if children remained/were accommodated</p>	£169,576.14

*Savings/costs based on information provided from Finance/CPS Payments for the FGC Annual Report.

The total approximate Foster Care cost for 6 months if children had remained accommodated would have been **£169,576**. It is not possible to give exact figures for these children as pathways vary, for example the permanency plan for younger children would normally be adoption.

The FGC Service demonstrated its effectiveness and value for money through the provision of sources of support identified through the Family Plans as an alternative to Local Authority resources. Not only is this a saving to the Local Authority and importantly, best outcomes are achieved wherever possible for the child through them being placed with their birth families.

3. Participation of children in FGCs and their views and wishes

The FGC Coordinator is the advocate for the child, supports them throughout the process and is committed to ensuring their views are heard at the FGC by family and Children's Social Care.

Children/young people are central to the decision-making process and will always be involved in the FGC conference process. A child may not attend due to their young age or capacity, or where parents are not in agreement for them to be in attendance, in which case the Co-ordinator will share their views and wishes and ensure that they are recorded in the plan.

We see a shift in family thinking and planning when children's voices are heard; at times adults do not realise the impact their actions are having on their children. Children are open and honest and will say it as it is.

Feedback from children consistently shows that they feel they have been listened to by the family and Social Worker.

The FGC Service places critical importance on gaining, learning from, and acting on feedback from service users. Families and young people complete the evaluation forms at the end of the initial FGC conference. Referrers and agencies also complete evaluation forms on the day of the conference.

Family members and agencies who engaged in the process were very positive about the FGC process and responded as follows to the questions on the evaluation form:

4. Quality Assurance and Service User Feedback

Family/Friends/Young Person's Evaluation Forms

Q1. What do you think of the plan the family has made?

- 92% said Very Good/Good
- 6% said OK

Q2. How helpful do you think the Family Conference has been?

- 89% said Very Good/Good
- 10% said OK

Q3. Did you have enough information from the following people (Children's Social Care/Agencies) to make good decisions?

- 85% said Very Good/Good
- 13% said OK

Quotes from family and friends about the process and FGC Co-ordinator:

- Discussions were good, the Co-ordinator was a great help at reassuring and explaining things to us, made comfortable and was better than I'd hoped.

- The communication was very good very organised and structured. It was clear and easy to navigate the whole process.
- Being able to voice opinions in a safe environment. The Co-ordinator has been very important in explaining procedures.
- I am extremely happy with this service, they have gone above and beyond to support us to make a plan for our children.
- I wanted to take a moment to express my heartfelt gratitude for your support and assistance during the family group meeting to me and my family. Your kind words and actions truly made a significant difference, and I am incredibly thankful for it.
- Made me feel better about next steps. Very helpful people and the process has helped me and my family.

Referrers/Agencies Evaluation Forms

Q1. Did you think the FGC was useful?

- 95% said Very Good/Good

Q2. Do you think the plan made addressed the concerns and was specific/smart/clear?

- 95% said Very Good/Good

Q3. Did the FGC Co-ordinator fully prep family for the FGC?

- 100% said Very Good/Good

Q4. Did the family understand the FGC process?

- 97% said Very Good/Good

Q5. Was the family supported during Private Family Time adequately?

- 100% said Very Good/Good

Q6. Were the guidelines/support for writing a FGC report useful?

- 100% said Very Good/Good

Quotes from referrers and agencies included:

- Good service provided, I wouldn't change anything.

- The Co-ordinator did a brilliant job in preparing the family who came to the meeting with clear plan of how to support all the children adequately. As a result, the meeting was completed within timescales.
- The Co-ordinator sensitively managed well the FGC when it became difficult and emotional for attendees. Offered reassurance, breaks and cups of tea.
- The facilitator did an excellent job ensuring everyone felt respected and included. The environment felt safe and the spacing allowed all participants to contribute meaningfully with not feeling rushed.
- Everything went well, communication with family and seeing family members committing to help and support. The venue was good and FGC Co-ordinator was really good in explaining things.
- Really relaxed and friendly co-ordinator. Built good relationship with the support network. Good communication outside of FGC.

5. Summary and Development

FGC Services contributed significantly to the Local Authority's Child First approach and Family Group Decision Making model. They provide a cost effective and family focused means to reduce the need for Looked After Children, Court Proceedings and Child Protection Plans and savings to the Local Authority (financial and staff time).

'Any Local Authority looking after a child shall make arrangements to enable that child to live with a member of their family, relative, friend or other person connected with them, unless to do so would be impractical or inconsistent with the child's welfare – Children Act 1989 – Section 23 (6)'

Face-to-face contact continues to be the key part of building relationships with children/young people, parents and family members that make FGCs a success. It is vital that families have the opportunity to come together in a neutral environment to have open and honest discussion to make safe plans for their children.

6. Areas for Development 2025-26

- A. Request for additional resource for the Family Group Conferencing team to ease current service strain and deliver new Family Group Decision Making service requirements under the *Families*

First Partnership Programme and the *Children's Wellbeing and Schools Bill 2024* has been agreed in January 2025.

- B. Recruitment process has commenced to recruit permanent staff: x1 Lead FGC Co-ordinator; x2 FGC Co-ordinators; x1 (12 months Fixed Term Contract) FGC Co-ordinator. This will ensure that there is stability within the team to meet the demand in the service. Team will be experienced/skilled to empower families, ensure children/young people's voices are heard and they are able to effectively engage families with complex difficulties and/or complex family dynamics.
- C. To continue working with operational Heads of Services and Team Managers to ensure that referrals are made: at the early stages of their intervention; to prevent children from becoming LAC; and to ensure wider family networks are explored and assessed at the start of the PLO process to prevent delays during Care Proceedings. To also ensure that referrals for reunification are received at a stage that will enable parents/carers along with the family/friends network to make a plan to support a child/young person returning to their family network.
- D. To secure a neutral base for the Family Group Conference Service:
- Rooms are available to meet families and young people to prepare them for their FGCs if they cannot be visited in their family home, in the community or they are homeless;
 - Where family friendly rooms are available for FGCs to take place during the working day and out of hours;
 - Where there is office space that is confidential for the team and co-ordinators to work during the day and out of hours.

