FGDM & Lifelong Links -Jan-Dec 2024

Midlothian

Before reading this annual report can you please think of a child or young person in your life that you love and care about. It could be your own child, a niece or nephew, a grandchild or a friend's child. Hold them in mind and think about their likes and dislikes, the things that you love about them and the things that drive you crazy!

Now imagine a situation where decisions have to be made about where your child should live, who they should spend their time with and how to keep them safe and protected. Who do you want to be involved in making those decisions? A Social worker? Headteacher? Children's Panel Member?

Or those family and friends who love and care for your child?

**Please note that throughout this report we have tried to talk about children, young people and their families rather than refer to 'cases'.*

The Vision – '*All children, young people and their family have the right to a family group meeting in Midlothian when decisions need to be made about their care, support and protection.*'

Parent feedback

"I was really nervous about today but quickly felt relaxed and I left the meeting with good butterflies and a sense of hope"

Impact and issues in 2024-

- Challenges remained around the reduction in service in the first half of 2024 which was a result of the staff reduction in 2023. From August 24 we were able to increase the size of the team from 1.5 to 2.2FTE and again in December 24 to 2.8 FTE coordinators. We are hopeful that 2025 will offer stability within the team and evaluate the ongoing demand for FGDM. Despite this challenge we have helped to prevent **more** children and young from having to be removed from parental and family care (see below for details).
- FGDM has continued to demonstrate that it helps to increase the number of **family and friends** supporting and caring for children and young people (14% increase in kinship care from Q3 23/24 to Q3 24/25). On average when we receive a referral the number is just above 3 family members supporting/involved with the child. After FGDM involvement this increases on average to 7+.
- We offer the service right across Children's Services and have continued to work alongside Team Around The Child (TATC) and Family Wellbeing Service (FWS) to provide FGDM in this

Parent feedback

'The result was great. I'm now spending time with both children. After not having them in our care for so long I'm so happy things have moved forward.'

early intervention area. Over the year we supported 7 family meetings from FWS/ TATC from a total of 10 referrals. It has been recognised that at times the offer of a family meeting at the early stages of wider services involvement, such as FWS or TATC, can be daunting to some parents. Whereas the reverse can be said for those families with children on the cusp of care, where opening up to wider family for support and care can be less daunting, as the care and protection of their children is at stake.

- As part of supporting the work of the TATC/ FWS we also opened referrals to our systemic service in 2024 and received 15 referrals from TATC/FWS for systemic work. We also included FWS in our first Calm and Connected parenting group in 2024. The aim of this was to provide more choice to families and ensure that the 1FTE FGDM post funded by FWS allows access to additional resources including FGDM, systemic/Non violent resistance NVR and our new NVR influenced parenting group which is called Calm and Connected (see systemic practice report 2024 for further details of Calm and Connected). The expectation is that this will continue into 2025.
- Lifelong Links- We would like to get to a point where the Lifelong Links service is no longer required because those who become looked after are supported and encouraged to remain connected with those who are important to them. The service remains small but does important work with those young people who wish to explore their heritage and identity and reconnect with those once important to them. Some examples of our work this year include family tree work, tracking down a birth father and reconnecting them with their child & reconnecting children and young people with grandparents who they were estranged from and establish written contact and exchange letters.
- At times throughout the year we have noticed that the FGDM coordinator can become a consistent person for some families where there have been multiple changes in worker/ team leader as they move through the child protection or care system. We have multiple examples where our independence from decision making and existing relationship with families has supported the wider service's work with children/ young people and their families. (See example of practice at end of this report.)
- The 2024 Permanence policy and procedures clearly sets FGDM as part of this process and helps to further embed FGDM within Children's Services. This is reflected in the increase in 'significant pieces of work' noted below. These are often not family meetings but FGDM is involved in creating family trees and then gathering wider family views in relation to permanence planning and this being shared with POG/permanence LAAC or permanence panel. The benefits of having someone independent do this work can be helpful to the worker and family. This is an area we are continuing to develop and planning a template for completing the gathering of views for permanence.

Child aged 6 feedback

"I liked the adults talking together and with me… I also liked the sweets. I chose them!"

Overall work and themes-

Year	2021	2022	2023	2024
Number of Families referred	77	113	96	91
Number of family meetings	22	48	49	45
Families who decided against the offer	36	39	37	26
Significant pieces of work	20	22	10	20
Mediation			2	2
Lifelong Links		8	10 (8 from 22 &2 in 23)	6

Outcomes from FGDM input	Number of children and young people
Remain at home with parent/carer (prevent removal)	27 children/young people from 18 Family Meetings/Work- 22 remain at home at time of writing 20 children/ young people in 2023
Remain with wider family ie Kinship (prevent removal to stranger care)	12 children/ Young people from 12 Family Meetings/Work 11 in 2023
Reunification home from foster/ kinship/residential	6 Children/ young people from 5 Family Meetings/ work- 5 of 6 children/ young people remain at home following reunification. 8 in 2023
Other	

The following approximate savings examples are based on an average child aged 5-10 with a standard level foster carer. This makes it a conservative cost saving. It does not include other costs associated with accommodating children such as supervised contact, transport costs , staff time or increased allowances for older children and young people.

It is unrealistic to suggest a linear cause and effect in all cases between FGDM and preventing accommodation. There are significant variables and complexities within every family situation that would make it almost impossible to draw such a conclusion. However, research[i] and our practice experience tells us that FGDM helps to prevent children from entering care and often allows children

and young people to return home more quickly. Below are indicative savings from conservative FGDM involvement and the impact this can have:

Preventative conservative savings based on just 12 children being prevented from entering foster care and remaining at home for a year is = **£335, 773.08**

Preventative conservative savings based on 7 children being prevented from foster care/ residential and remaining with family in kinship care = **£117, 739.44 (not paying fostering fees equivalent for each child)**

Based on the children being between 5-10 as well as a conservative estimate of cost and adjusting for fairness of FGDM input (not claiming every child stayed at home as a result of FGDM input)- This equates to potential cost savings for the local authority of £453, 512.52 annually.

As costs continue to spiral in local authorities who are experiencing a plethora of pressures on the public purse, FGDM offers an opportunity to help manage this within children's services. Evidence also highlights that as a result of FGDM, children who are accommodated spend less time in care compared to others and be less likely to still be in care after 1 year[ii].

Family Wellbeing feedback

'It felt informal and relaxed, it gave everyone a chance to share their views- for this family especially it was important that group rules were clear and established at the start of the meeting- not being focused on the past and blame shaming.'

Based on the above numbers -£**453, 512.52 and average coordinator number of FTE at 2.5 in 2024, this means that for every £1 Children's Services spend on FGDM we can save £3.** Consideration should be given to how we expand the FGDM Service further to meet demand and continue to improve outcomes for children, young people and their families.

Areas for development and recommendations-

- **Ensuring that those at risk or have been accommodated are offered a Family Meeting- Part 12 of the 2014 Act and the 2016 Order state that FGDM services must be available to children at risk of becoming looked after and also to other eligible people including pregnant women and fathers to be**. Whilst we have continued to have a steady number of referrals to the service we recognise that not all children and young people and their family are being offered this opportunity of engaging with our FGDM service. For example, between August 24 and Feb 25 we have accommodated children from 26 families however the FGDM service have only received referrals for 16 of these families.
- **Increase capacity to manage waiting times for FGDM and Lifelong Links**- ongoing challenges of waiting lists means that families have to wait for the support they need at the time they need it. On average we have a waiting list of 10 families across the year. With current resources we have been unable to offer FGDM to everyone who meeting the criteria as noted above.
- **Links to Midlothian's 24-30 Promise Plan-** The new Plan outlines a continuation and development of children and their families being centrally involved in decision making (p. 12-14 & 32 of Promise Report). It discusses families finding their own solutions and has a focus on edge of care, (p.52).

FGDM continues to be critical to this work and play a central role in the developing 'Edge of Care' service.

- **Continued development of permanence family work-** develop a template for this work and ensure we have an agreed practice standard across the team/ service.
- **Continued close links with FWS-** Ongoing role in the support of TATC and FWS by providing FGDM support on a regular basis. Ensuring access to systemic and Calm and Connected as part of this offer.

Anonymised example from practice

The family were offered FGDM due to concerns raised to social work by the midwife team following the birth of baby Susie. The worries centred around the parents' presentation and the fact that Ellie (mum) had not sought any pre-natal care advising professionals that she was unaware she was pregnant. There were ongoing concerns about Drew's (dad) mental health and substance use.
Subsequently baby Susie was accommodated at birth with foster carers and the couple's eldest daughter Abby (6) was placed in the care of maternal grandmother.
The concerns at the time included but not limited to:

- Parents appear to be using substances chaotically, Elle(Mum) tested positive for cocaine use and opiates .
- Concerns for mum's mental health
- Concerns about neglect, Abby attending school not wearing appropriate clothing, complaints of toothache
- Poorly managed physical health and mental health by Drew
- Mum and Dad unable to maintain clear narrative on circumstances, changing version of events, making it unclear as to what was going on for Abby and Susie.

Social work were looking for the family to make a plan around:

1. Is there anyone who is appropriate and able to care for Abbie and or Susie safely full-time?
2. If Abbie or Susie were to return home is there anyone who is able to support them with regular and flexible respite?

Key to our work in FGDM is the relationships that we are able to build with children, young people and their families. Upon meeting both Ellie and Drew it was evident that there was a deep mistrust of professionals and there were conflicting stories about the concerns. Our initial approach was to build a relationship with the parents and help them to understand the concerns but at the same time hear their perspective and what they hoped to happen with their daughters. Due to FGDM's unique position as independent, strength based and not involved in a decision making this can often help facilitate parents/children to share their story, wishes and needs.
It quickly became evident that there was a good network of support however there was also a lot of anger and confusion from extended family, as they felt excluded from the child protection process. Paternal grandparents had played a significant role in Abby's life and were used to seeing her several times a week. Neither Paternal or Maternal grandparents had met baby Susie, and this had caused distress and further distrust. In FGDM our coordinators are able to take the time to listen to the family, validate their feelings and help them understand the child protection process, this was the key to building up trust and provides a space for family to share their frustrations with what they perceived as a lack of progress.
Complex parental relationship and wider family dynamics proved to play a significant role with both sides of the family blaming each other for various issues. Drew and Ellie separated during the process adding to further challenges. The skilled work of the coordinator is to prepare both sides of the family to come together and focus on the children, whilst being blame free and future focused.
In addition to the family dynamics the case was held on duty much longer than anticipated and this delayed the start of a parenting capacity assessment by several months leading to plans for Susie being

repeatedly delayed. It also meant real challenges in organising the family meeting as longer term allocation was up in the air and the coordinator needed to be clear with the family about what we are asking them to make a decision on.

By the time of our first family meeting Susie had been in care for 6 weeks and those who came identified building a relationship with Susie was important to them and pulled together a plan for this to happen. The family also identified an older sibling of Susie and Abby who proved a positive source of support. Both Susie and Abby came to their family meeting Neither attended their (6 week LAAC review) and this ensured that the grandparents got to meet baby Susie and plans were also made for the Christmas period. This provided hope to the family and seen as progress.

Despite the separation of parents, they continued to wish to work together for the benefit of the children and there were ongoing positive reports from family time.

Looking at records since Susie was born the family had had many workers involved. From birth to 3 months the family were allocated within duty, and 12 different workers had some involvement with this family including supervised family time, phone calls, visits and meetings. It was then allocated within the practice team and then reallocated around 3 months later to a new social worker. Susie had had 3 different allocated social workers in a 6month period. This clearly added to family frustrations and concerns about the lack of progress in assessing whether Susie and Abby could return to the care of their parents.

Our FGDM coordinator was able to play a pivotal role in supporting the family during this challenging period. Whilst we would not normally be involved for this length of time, we recognised that having established a positive and trusting relationship with family that we needed to continue to reach out and offer a listening and supportive ear at a time of great change and worry for them.

Following a sustained period of positive progress, it was agreed to begin a planned reunification home with parents for Susie and Abby. The family meeting was a key part of planning this move home and also played a role in exploring how family would support if things became more challenging again. The review family meeting then focussed on a transition plan that all identified family members were able to be part of.

Both children were returned home to shared care within weeks of the final FGDM meeting and it helped build confidence amongst the family and professionals that everyone was on the same page and clear about roles and expectations. In the end we held 3 family meetings over the course of 10 months. At the point of referral only mum and dad were identified as key family members and by the time we concluded the work there 9 family members involved in the family plan.

Ellie feedback

"I was really nervous about today but quickly felt relaxed and I left the meeting with good butterflies and a sense of hope"

Drew feedback

'The result was great. I'm now spending time with both children. After not having them in our care for so long I'm so happy things have moved forward.'

[i] Family group conferencing: Following the evidence can keep children with their families - Foundations

[ii] https://foundations.org.uk/our-work/publications/family-group-conferencing-at-pre-proceedings-stage/