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Practice briefing

**FAMILY GROUP
CONFERENCE
ACCESS AND
UPTAKE:
LEARNING FROM
FAMILIES**

 **Foundations**

What Works Centre for Children & Families



ACKNOWLEDGEMENTS

Authors

Cathy Ashley, Pam Ledward, Nicola Lines and Paul Reddiex, with input and support from other colleagues at Family Rights Group.

About Family Rights Group

Family Rights Group is a national charity working to ensure children can live safely and thrive in their family, and children in the care system have loving relationships they can turn to throughout life. The charity is the leading authority on Family Group Conferences in the UK having introduced the approach into the UK in the 1990s. The charity hosts the national Family Group Conference & Lifelong Links Network and runs a quality accreditation scheme for FGC services.

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INTRODUCTION

This practice briefing aims to increase understanding and awareness of Family Group Conferences (FGCs) and support equitable access and uptake. It is aimed at professionals referring families into FGC services, FGC coordinators, FGC managers and senior leaders. Referrers may include social workers, early help practitioners, designated social care officers and youth workers, as well as children's services team managers and leaders.

This briefing draws upon learning from the [FGC Service Design and Family Experience](#) research report.¹ The research aimed to examine the context in which FGCs are being offered to families and to better understand the factors that influence whether, when and how families are offered an FGC and why they may or may not choose to take up the offer. The project, undertaken by Coram in partnership with Family Rights Group, and in conjunction with Dr Lorna Stabler, Cardiff University, also had a particular focus on understanding the experiences of minoritised families. See [Appendix A](#) for more information on what the research involved.

[READ THE FULL REPORT](#) ▶

This briefing uses the findings of this research to provide practice considerations for practitioners and senior leaders in order to increase the likelihood of families being offered an FGC, address inequities in access, and promote high quality practice consistent with [Family Rights Group's seven quality standards](#).²

The practice considerations focus on three stages of the FGC process [\[click to navigate\]](#):

**MAKING THE
OFFER OF AN FGC**

**OBTAINING
CONSENT**

**ENGAGING FAMILIES
WITH THE FGC PROCESS**

FGCs are a multi-faceted approach with coordinators and referrers having a range of responsibilities throughout preparation, within the FGC meeting and beyond. While our research focused on aspects most likely to impact upon family access to and acceptance of an FGC offer, expectations of practice and more detailed guidance regarding the whole process can be found in the [Family Rights Group FGC Toolkit](#).³

¹ See: <https://foundations.org.uk/our-work/publications/family-group-conferences-service-design-family-experience/>

² See: <https://frg.org.uk/family-group-conferences/fgc-accreditation/>

³ See: <https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026/>

WHAT IS A FAMILY GROUP CONFERENCE?

A Family Group Conference (FGC) is a family-led meeting in which a network of family and friends comes together to make a plan for a child. The process is supported by an independent coordinator who helps the family prepare for the FGC and facilitates the meeting.

The premise of an FGC is that those who know and love the child should be supported to lead the decision making that keeps them safe and promotes their wellbeing.

Our evidence shows that high-quality FGCs at the pre-proceedings stage can effectively draw on family networks to keep children safe and divert them from local authority care.⁴

The FGC process has five key stages: referral, appointment of an independent coordinator, preparation, the conference, and review of the plan. The FGC meeting itself involves information sharing, private family time, and agreeing the plan.

WHAT DO WE MEAN BY FAMILY?

In the context of FGC practice, family means not only the child and their parents but all those who care about the child, including extended family members and their partners, friends, colleagues, neighbours, and members of their community.

Key features of an FGC

- **The FGC coordinator is independent:** This means that the FGC coordinator and their manager have not had, and do not have, any role in any decision making for the children or adults involved in the FGC. The coordinator's independence is essential to an FGC's success.
- **Children are involved:** This is often with support from an advocate.
- **The FGC process is voluntary:** Families can be offered an FGC, but no family should be forced into having an FGC.
- **The FGC is family-led:** During private family time, the family develops their plan by reflecting together, considering what they can do themselves, and identifying the support they need to meet the needs of the child, young person, or adult in a way that makes sense for them. The meeting is held at a venue and time chosen by the family.

⁴ See: <https://foundations.org.uk/our-work/publications/family-group-conferencing-at-pre-proceedings-stage/>. Our randomised controlled trial found that children are less likely to be in care one year later (36%) compared to those not offered a family group conference (45%).

POLICY CONTEXT

Family Group Decision Making (FGDM) – an umbrella term for different methods that involve families in decisions about their children, of which FGC is a well-evidenced approach – is now strongly promoted across national children’s social care guidance and is increasingly framed as a core way of working with children and families.

- The Government’s Family First Partnership Programme is a core element of children’s social care reform and includes the system-wide embedding of FGDM.
- The Children’s Social Care National Framework aims to further embed FGDM across the system, alongside the wider use of Family Network Support Packages.
- The Children’s Wellbeing and Schools Bill will introduce a new duty requiring local authorities to offer FGDM prior to a local authority initiating care proceedings, unless doing so is not in the child’s best interests.
- Statutory guidance has consistently highlighted FGCs as a key mechanism for engaging the family network early and focusing on what families want for their child.

KEY PRACTICE CONSIDERATIONS



MAKING THE OFFER OF AN FGC

For a child and family, the FGC process starts with the referrer discussing a possible referral for an FGC with the person(s) who have parental responsibility for the child.⁵



WHAT DOES OUR RESEARCH TELL US?

Whether a child is referred for an FGC depends on a range of factors. Our research, commissioned by Foundations and conducted by Coram in partnership with Family Rights Group and Dr Lorna Stabler, found that:

- **Most families involved with children's social care in our sample were not offered an FGC.** This includes those with a child assessed as in need, those on child protection plans and those in pre-proceedings.
- **Most referrals (83%) came from statutory services** (41% from Child Protection, 28% Child in Need, and 14% children in care). The remaining 17% came from children who were being supported in another way, for example, by early help or SEND teams.
- **Only 10% of referrals involved children in pre-proceedings.**
- **Younger children** (pre-birth and pre-school children) were more likely to be referred, than older children.
- Children from a **Black ethnic background** seem to be under-represented in referral numbers – they made up 5% of children referred for an FGC, compared to 10% of all children with a Child in Need status in the same year.
- **Disabled children** were also less likely to be referred for an FGC.

⁵ Parental responsibility refers to the rights, duties, powers, responsibilities and authority which by law a parent has in relation to their child. This means a person with parental responsibility is responsible for the care and wellbeing of their child. Unless a Family Court order specifies otherwise, that person can make important decisions about the child's life.

Referring professionals should be supported to increase their knowledge, awareness and understanding of FGCs.

KEY FINDINGS

Limited referrer understanding, knowledge and awareness of FGCs reduced referrer confidence and accuracy when informing families about the FGC process. There was awareness amongst referrers that how they introduced FGC to parents/carers could have a major influence on how likely they were to take up the offer.

FGCs are a partnership model whereby families lead decision making, but the referrer is key to the process.

Alongside making the referral and securing relevant consent, the referrer is critical to:

- Giving and sharing information with the FGC coordinator and with the family (in writing) prior to and during the meeting
- Agreeing the family's plan
- Identifying resources that the family needs
- Implementing and reviewing the plan.

The referrer should be:

- Attuned to the family's needs and the wishes and feelings of the child
- Professionally committed to involving families in key decisions, and to communicating the potential benefits of FGCs to families
- Sufficiently skilled to make a referral that meets the local authority or agency's referral criteria.

WHO IS A REFERRER?

A referrer is any practitioner who formally requests that an FGC offer is made to a family, in line with the local authority's or agency's referral procedures. Where the FGC is addressing child welfare concerns, the referrer is likely to be the child's social worker and would be the person who agrees the family plan, including what kind of support the local authority can provide. In some localities, young people and families can self-refer, or other practitioners can make referrals to FGC services – for example, a teacher or a health visitor.

FGC services and local authorities should:

- Support referrers to develop a good understanding of the **FGC process** and what it involves⁶
- Ensure that there is a clear expectation that referrers are actively participating in the FGC process. This can be done through:
 - Meetings and regular information sessions with the FGC service
 - Referral processes and forms that clearly detail the role of the referring person
 - Local training and awareness-raising sessions
 - Publicity and promotional material
 - Supervision and line management.

53%

of referrals
to an FGC
service
resulted in an
FGC meeting



WHAT DOES OUR RESEARCH TELL US?

Enablers to being offered or referred for an FGC identified in the research included:

- A local authority-wide culture of promoting FGCs, supported by senior leadership
- Learning sessions and referrer resources
- Trigger mechanisms (formal and informal) to help prompt referrals
- Strong relationships between FGC services and referral teams to enable consistent referral pathways
- Ensuring information was shared sensitively with the family network to support engagement.

⁶ See: <https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/>

Referring professionals and families should know who is eligible to be offered an FGC.

KEY FINDINGS

Local eligibility criteria posed barriers to referrals.

Senior leaders should ensure that:

- Their local authority has a policy which clearly sets out when children and families have the right to be offered an FGC, so that children, families, and practitioners are clear as to when an offer should be made and when it can be requested.
- There is coordination across the local authority, so that the SEND and kinship local offers promote FGCs as a way of families taking the lead in making plans for children.
- There are clear policies and procedures outlining how an offer of an FGC should be made to families and how families can access further information about FGCs and the local FGC service.
- Workforce training programmes and awareness-raising activities routinely include what the local authority FGC offer is, including the relevant eligibility criteria – this can range from short accessible briefings to longer, more detailed training for key teams and practitioners.
- They monitor referrals and uptake through data collection.

Per local authority,
referrals ranged from

7 TO 1,114

with an average of

220



WHAT DOES OUR RESEARCH TELL US?

The data collection and deep dives found significant variation in the data local authorities collected and reported on in relation to which children and families were being offered and consented to an FGC, their engagement in the process, and outcomes resulting from the FGC. Having robust data enables local authorities and FGC services to understand who is accessing and benefiting from the process, identify and address inequities, and recognise what is working well. It also provides a strong foundation for informed decisions about the size, scope, and future investment in FGC services.

The research particularly highlights the lack of routine data collection on:

- Whether disabled children and children from different minoritised ethnic communities and religions are being offered the opportunity of an FGC.
- Whether fathers and paternal relatives are being invited to and are attending FGCs, and how this compares with engagement in statutory decision making processes.

In 2025, Foundations published [a report](#) which explored local authority FGC data collection to understand what data local authorities currently collect on FGCs, specifically at pre-proceedings, and what monitoring systems they use.*

The report made recommendations for how data could be routinely collected on family access to FGCs.

* See: <https://foundations.org.uk/our-work/publications/exploring-local-authority-data-and-monitoring-of-family-group-conferences/>

Practice supervisors and service managers should promote FGCs amongst prospective referrers, including families who may face barriers to accessing services.

KEY FINDINGS

Activities to promote awareness and understanding of FGCs can enable referrals. The findings suggest that children from Black ethnic backgrounds and those with disabilities may be less likely to be referred, and that language barriers and limited interpreter availability posed barriers to both access and uptake of an FGC.

FGC services and **local authorities** should:

- Consider ways to build working relationships and promote mutual respect with teams that make referrals. When teams have a clear understanding of each other's skills and role requirements, it encourages constructive dialogue and can lead to increased referrals.
- Actively ensure that disabled children, disabled parents and those with additional needs who are eligible for an FGC receive an offer. This includes the FGC service linking with the Designated Social Care Officer for SEND, specialist disability teams, and adult services to strengthen their understanding and encourage their support for FGCs.
- Actively promote FGCs to children and families, including through literature, videos and other creative materials and digital content, to support a wider knowledge and understanding of the offer. This should take into account the accessibility of language, as well as potential variations in literacy, understanding, learning styles, and age.
- Offer interpreters or translators to participants for whom English is not their first language, both during preparation and at the FGC meeting.
- Make links with community-based organisations that are well placed to increase the cultural awareness of coordinators, as well as support dialogue with the community they serve.

Senior leaders should:

- Strongly encourage teams that have a specific remit within children's services, e.g. those that support Gypsy, Roma and Traveller communities or families seeking asylum, to learn about FGCs and work with coordinators to support the making of an offer to families within their communities when possible. This should be supported by the FGC service.



WHAT DOES OUR RESEARCH TELL US?

The research found a range of activities being used in some local authorities to promote awareness of FGCs and ensure that children and families don't miss out on being offered an FGC. This included local mechanisms to track whether families had been offered an FGC, reducing the risk that an offer was withheld due to an individual practitioner's or team's assumptions. In some areas, this also involved building prompts into policies, procedures, meeting agendas, and supervision templates. For example, trigger points within child protection or looked-after children processes, or prompts in decision-making panels, to support consistent consideration of an FGC.

Referrers should be supported to explore, rather than assume, the availability of a family's support network.

KEY FINDINGS

Misconceptions about the availability of a family's support network posed barriers to referrals.

FGC practice is a restorative process, and FGC coordinators are skilled in understanding and supporting difficult relationship dynamics. Some families or individuals within a family may also benefit from additional support, such as access to mediation or restorative circles, either prior or after the FGC.

A referrer not knowing the full extent of a child's or parent's wider family network should not prevent the family from being offered an FGC, as the process enables them to explore and identify this themselves. For a number of reasons, many parents and family members choose not to share information about their support network with a social worker. The coordinator's independence and the dedicated time they can give to the process helps identify people who might otherwise be overlooked. It also enables the wider network to feel more at ease engaging in the FGC than they might with a social worker.

Referrers should:

- Refer families for an FGC even when it appears that they may not have many people in their support network.

Senior leaders should promote FGCs and actively show support for the model.

KEY FINDINGS

A culture and practice of promoting FGCs, including via senior-level commitment, can enable referrals.

Senior leaders should:

- Support greater access to FGCs to help children remain safely within their families and communities. Foundations has produced [a guide for local leaders](#) to help realise the potential of FGCs in their area.⁷

⁷ See: <https://foundations.org.uk/our-work/resources/family-group-conferences-in-practice/>

OBTAINING CONSENT TO AN FGC

FGCs are a voluntary process; no family should be compelled to have one. Informed consent from the outset is key. It is also important that practitioners understand who within the family can give consent and what they are being asked to consent to.⁸

Referrers should have a good understanding of the consent process for an FGC.

KEY FINDINGS

Some referrers demonstrated a limited understanding of the consent process, and in a small number of cases consent appeared compromised.

Referrers should:

- Record consent for the referral by a parent/kinship carer with parental responsibility.
 - This may be signing the referral form or a separate document.
 - This should be revisited throughout the process to ensure consent is still being provided.

FGC coordinators should:

- Ensure that those with parental responsibility are providing informed consent and that the FGC process can be progressed.

WHO CAN GIVE CONSENT TO THE FGC PROCESS?

The FGC process usually begins with the referrer talking with those who have parental responsibility about whether an FGC might be helpful.

Consent to the referral for an FGC where the child or young person is aged under 16 will need to come from someone with parental responsibility for the child,* although there may be some limited exceptions to this. If the young person is aged 16 or above, then their consent should be sought for the referral and the conference itself and for other aspects, such as information being shared about them.

* To learn more about who has parental responsibility and the implications, read Family Rights Group's quick factsheet on parental responsibility: <https://frg.org.uk/wp-content/uploads/2024/04/170424-PR-quick-facts-table.pdf>

Note: throughout the rest of this briefing, we will refer to the person providing consent as a parent or kinship carer with parental responsibility

⁸ Family Rights Group: Family Group Conference Toolkit discusses the issue of consent in-depth, including informed consent, within the family group conference context. A copy of which can be accessed here: <https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026/>

- Regularly check with families that they continue to be comfortable with the actions being taken. Ensure that those with parental responsibility know they have the right to withdraw consent at any time.
- Share the details of the referral with the parent/kinship carer with parental responsibility, and, when a referral is made, discuss this information with them to understand their perspective and agree ways it may be shared with the wider network. **Consent to share information is at the heart of FGC practice.**
- Along with FGC managers, adhere to the local authority or commissioning organisation's safeguarding policy, including when information needs to be shared to keep children safe.



WHAT DOES OUR RESEARCH TELL US?

The research found that referrals where a child was in pre-proceedings were less likely to have an FGC consented to and take place. The research also found that practitioners felt the risk of consent being compromised was heightened at pre-proceedings.

Maintaining the voluntary nature of FGDM/FGC is fundamental to the integrity of the process. As local authorities prepare to implement the new duty to offer families FGDM at the pre-proceedings stage, care must be taken to ensure that families continue to feel they have a genuine choice.

Referrers should ensure clear and accessible information about the FGC process and its benefits is provided to families, to enable them to make informed choices.

KEY FINDINGS

When and how an FGC is first introduced to a parent/kinship carer was identified as a critical point, strongly shaping whether the offer was accepted. Referrers felt that families benefitted from speaking with a member of the FGC service prior to deciding whether to go ahead with an FGC, so that they could describe the process to family members and answer any questions they might have.

Families need to have sufficient information about the FGC process to make an informed decision.

Referrers should:

- Make an offer of an FGC at a time, and in a context that enables the person(s) being offered the opportunity to ask questions and take their time to understand and decide.
- Prior to the offer of an FGC, speak to the parents/kinship carers with parental responsibility about the offer of an FGC and seek their agreement to be contacted by the FGC service to find out further information.
 - To enable this, local authorities could introduce a means of recording parental agreement to be contacted by the FGC service and share basic details about a family, to allow for a fuller conversation between the family and the FGC service directly.
 - **A parent/kinship carer indicating that they are willing to consider an FGC is not the same as providing informed consent to undertake the FGC process.**

FGC services and **local authorities** should:

- Build a bank of resources that explain FGCs in a variety of ways and forms, including both digital and printed materials, providing clarity on the process and its voluntary nature.
 - These resources should be shared with the parent/kinship carer with parental responsibility when initial discussions take place and then left with them in a format that enables family members to access the information later and reflect and consider. This should include sources of independent advice, such as **Family Rights Group's website** and advice service.



WHAT DOES OUR RESEARCH TELL US?

Factors found to support consent included:

- The independence of the FGC coordinator
- Trusting relationships with referrers
- A clear understanding of the FGC process
- Family readiness and ability to engage (e.g. supporting families to have productive conversations through things like mediation or restorative circles).

Referrers should understand how to address safeguarding concerns.

KEY FINDINGS

Safeguarding concerns, including domestic abuse, were found to prevent referrals.

FGCs are regularly used to address safeguarding concerns about a child. This can include:

- Safeguarding children at risk of significant harm, including where there is domestic abuse
- Addressing safeguarding concerns pre-birth
- Planning for children and young people who have been or are at risk of offending or exploitation, including those at risk of sexual exploitation or involvement in anti-social behaviour and the youth justice system
- Planning when a child cannot live at home or leaves care
- Planning when a child may not be attending school or is at risk of permanent exclusion
- Planning for looked-after children to return home to their family.

People who are or have been domestically abusive should only be invited to an FGC with the agreement of the adult or young person who is the victim/survivor(s).

Research has found that FGCs provide a protective factor for child safety through the effective sharing of important information about concerns and support needs,⁹ and can lead to improvements in parental care of the child.¹⁰ Reductions in safeguarding concerns are found to be sustained following the FGC.¹¹

It is important that all practitioners understand how safeguarding concerns, including domestic abuse, should be addressed.

Referrers should:

- Ensure any safeguarding risks are fully assessed before making a referral for an FGC. The coordinator is not responsible for these risk assessments.
- Provide good-quality referral information so the coordinator understands the safeguarding concerns and the purpose of the FGC (further detail on the information that should be included in the referral form can be found in [Appendix B](#)).
 - This should include any information about relevant court orders, such as domestic abuse protection orders, that place restrictions on where an individual can go, who they communicate with or any other limitations.
- Understand how safeguarding concerns, including domestic abuse, should be addressed.
- Ensure that any person who is or has been domestically abusive is only invited with the agreement of the adult victim/survivor.
- Avoid assuming a default approach when domestic abuse is involved; additional planning and flexibility may be required.

FGC coordinators should:

- Use the referral information to work with the parent/kinship carer with parental responsibility to explore how concerns are understood within the wider family and whether a safe network can be identified.
- If new safeguarding information emerges during preparation, follow local safeguarding procedures, including breaching confidentiality where necessary.
- Meet all participants in advance to ensure they have the information they need, understand the concerns, and can share additional knowledge, including challenging minimisation of harm.
- Create the conditions for a safe and purposeful FGC process and meeting, including planning for physical and emotional safety.
- Consider, with family members, especially those who may feel vulnerable, what support they may need during the process and how the coordinator will respond if issues arise.

⁹ Mason, P., Ferguson, H., Morris, K., Munton, T., & Sen, R. (2017). [Leeds Family Valued evaluation](#). Department for Education.

¹⁰ Munro, E. R., Meetoo, V., Quy, K., and Simon, A. (2017) [Daybreak Family Group Conferencing: children on the edge of care. Children's Social Care Innovation Programme Evaluation, report 54](#). Department for Education.

¹¹ Krakouer, J. Thain, E. Maclean, M. Octoman, O. Kaltner, M. (2024) [Evaluation of South Australia Family Group Conferencing](#). University of South Australia and Australian Centre for Child Protection.

- Draw on domestic abuse specialists where appropriate, both for information sharing and for advice on managing specific situations safely.
- Recognise that split meetings can be effective where networks cannot meet together, while also acknowledging that they do not remove all risks associated with domestic abuse.
- Support parents who may need an advocate or supporter at the meeting (e.g. survivors of domestic abuse, parents with learning difficulties, or parents who feel blamed).

ENGAGING FAMILIES WITH THE FGC PROCESS

FGCs are a family-led decision making approach. Preparation is key, with the coordinator meeting in person with the parent/kinship carer with parental responsibility, the child or young person and all those identified in the network, who may attend the FGC itself.

Coordinators should ensure children can take part in their FGC in ways that are right for them.

KEY FINDINGS

Approaches to engaging children in the FGC process varied across local authorities. Data from 40 local authorities showed that the majority (58%) had children attend in only a quarter of the FGCs that took place.

FGC coordinators should:

- Seek the child or young person's views throughout the process and ensure they remain central to decision making.
- Discuss a child's involvement in an FGC from the outset so parents/kinship carers understand that their involvement requires consent from those with parental responsibility.
- Offer a child an advocate, including the option of someone they know or a professional advocate. The FGC service is responsible for providing advocacy, and the coordinator must prepare the advocate so they understand their specific role within the FGC process.
- Offer children a choice as to whether to attend all or part of their FGC. Their age, understanding, and ability to manage the meeting may influence this decision.
 - For younger children, the decision may be made by those with parental responsibility.
 - In some circumstances, the family and practitioners may agree that it is not appropriate for a child to attend. This should only be for specific, jointly agreed reasons, such as inappropriateness given the subject, age, or ability of the child. Even then, coordinators must ensure the child's views are gathered during preparation and clearly represented in the meeting. They should also agree what, how, when and by whom information is shared with the child after the meeting.
 - If a child is not attending, their views should be shared through other means, such as representation by an advocate, a letter, a recording, or drawings.

Coordinators should actively engage older children and young people with the FGC process.

KEY FINDINGS

Older children were less likely to be referred or have an FGC consented to than younger children.

Where an older child is the main focus of the FGC, their agreement is essential to the plan's success. The process cannot realistically continue if they do not wish to take part. In some situations, such as when there are harms outside the home, a family network may still plan together to keep a young person safe, but the limitations of doing so without their engagement must be carefully explored in advance. If a young person is aged 16 or over, they can provide their own consent.

FGC coordinators should:

- If a young person is aged 16 and over, carefully explore whether their wishes conflict with those with parental responsibility.
 - To support an informed choice, consider the current relationship between the young person and those with parental responsibility, and any implications on their day-to-day care.
- If a young person is under 16 years old, still seek their agreement (rather than consent) and their involvement. This is key to ensuring that the resulting plan works.

Coordinators should work with the child, their family, and others who know them to ensure adjustments and actions are taken so that both the preparation and the meeting itself are inclusive.

KEY FINDINGS

The findings suggest that children from Black ethnic backgrounds and those with disabilities may be less likely to be referred, and that language barriers and limited interpreter availability posed barriers to referral and uptake. Data on fathers' engagement was limited and varied significantly.

FGC coordinators should:

- Work with families, their wider networks and practitioners to understand what adjustments are needed. A person's disability must never be a barrier to participation.
- Start from the premise that both parents and both maternal and paternal networks have value. The FGC approach, by engaging all who matter to the child, and exploring the family's network, can be extremely effective in involving fathers and paternal relatives, drawing upon them as a supportive resource in making a safe plan for the child.
- Support families to choose who is invited and attends their FGC. This can include family members, wider relatives, friends, community-based support or any other trusted individual as chosen by the parent/person with parental responsibility and the child. Some families may wish to invite religious or community leaders to their FGC or include an element of worship at the meeting.
- Explore the use of technology to include people who might previously have been excluded because they weren't able to physically attend an in-person meeting, to participate remotely. This should only be done to enhance inclusion of the family network. Geography should not preclude a family member being part of the process or being invited to the meeting.
- Ensure FGC meetings take place at a time convenient for the family network. This should not be limited to the usual working hours of practitioners.
- Ask the family about any religious or cultural requirements for the timing of the meeting, including what would not be acceptable for those attending.
- Involve families in the choice of venue for their FGC meeting. Social work settings or buildings which families may associate with traumatic or negative experiences are not appropriate.
 - While budget constraints can mean FGC teams may have to work within certain

parameters, the minimum requirement is that the venue is neutral (i.e. no one is deterred or prevented from fully participating at the FGC by negative emotions evoked by or associated with the building), meets any accessibility needs and is in a location that the family network feel comfortable with and can easily get to.

- Where support is required to help a family member attend an FGC, whether practical or financial, the responsibility for providing this lies with the FGC service.
- Ensure cultural and dietary needs and wishes are accommodated. Food is always central to FGCs and can help give families a sense of belonging and ownership of their meeting.
 - Often children will be involved in helping choose what food should be provided.
 - Families may have someone in the network who traditionally feeds everyone or makes a particular favourite dish. In some situations, the FGC service can reimburse a willing family member who buys or prepares refreshments that will be safe and acceptable.
- Give families the choice to hold the FGC meeting in their first language with interpreters for others.



WHAT DOES OUR RESEARCH TELL US?

Enablers to parents/kinship carers taking up an FGC offer included:

- A good understanding of what an FGC is, its process and benefits
- A desire to get support from their network
- Families seeing the FGC Service as independent from social care
- A positive relationship with the referrer, coordinator, or both
- A clear understanding of FGC including its focus on their child's needs; and
- Families feeling empowered, safe, and listened.

Additionally, factors that supported ongoing engagement in the FGC process included working flexibly and ensuring that the process is accessible for all network members.

There were some examples of services offering to match minoritised ethnic families with coordinators from the same ethnic or cultural background. However, some noted that there were also instances where families were reluctant to share intimate information with coordinators from the same community for fear of information being shared, even when confidentiality was clearly set out.

FGC managers should:

- Maintain strong links with SEND leads, specialist disability teams, adult services, and local disability organisations, and draw on national expertise and peer networks such as Family Rights Group's National FGC and Lifelong Links Network and the Disabled Children's Partnership, to ensure the service is accessible to disabled adults and children.
- Ensure there is a clear policy as to what expenses the FGC service will cover to enable family members to participate. This should include family members' travel expenses, contribution to childcare costs or, in exceptional circumstances, loss of earnings. Financial support not only enables family members to attend but also conveys a strong message that the family is really needed at the meeting.
- Work with the local authority to ensure clear **family involvement policies**, not only to address expectations and practical, emotional and financial support, but also to encourage engagement of children and families from different communities and in different circumstances with the FGC.¹²

HOW CAN LEARNING FROM CHILDREN AND FAMILIES BE USED TO IMPROVE FGC SERVICES?

FGC services should routinely gather feedback from children and families who were offered or participated in an FGC, using a range of accessible formats to ensure everyone can share their views.

Families should be invited, encouraged and supported to help shape local authority and partner agency policies, services and practices, including the development of the FGC service and participation in governance or decision making forums. Their insights offer valuable expertise that services can learn from.

Local authorities and FGC services should have clear family involvement policies that set expectations, outline practical, emotional and financial support, and promote engagement from families across diverse communities and circumstances.

Where feedback is collected, it must meaningfully inform service design and development. Wherever possible, families should be shown how their contributions have influenced change.

¹² See: <https://frg.org.uk/training-consultancy-and-resources-for-practitioners/supporting-families-to-shape-your-policies-and-practice/>

APPENDICES

Appendix A: Research methodology

The research project involved:

- A rapid review of existing evidence on families' experiences of being offered an FGC
- Deep dives with six local authorities which included focus groups and interviews with FGC managers, FGC coordinators, social workers and other practitioners who referred families to an FGC
- Interviews and focus groups with parents/kinship carers
- Interviews with sector experts and academics
- Consultations with an Experts by Experience advisory group
- A national data collection of local authorities on their FGC referral and consent processes as well as aggregated data on the number of FGCs and children involved in them where there was an FGC referral, consent and FGC meeting
- Co-design workshops with local authorities and an Experts by Experience advisory group on the solutions to barriers identified in the research.

Appendix B: What information should be included in the referral form?

- A brief outline of the family's circumstances
- The reason for requesting the FGC (including concerns, support needs and any non-negotiables)
- Information needed for safety planning
- Any lawfully shared personal data
- Key details about the needs of the child and family members – including any required adjustments or advocacy
- The initial questions the referrer wants the family network to address, which will later be refined with the coordinator and family.

In cases where the FGC questions are complex, the 'bottom line' is unclear, or risk is high, the referrer's manager may need to attend the referral meeting (alongside the FGC manager) to clarify the remit and agree next steps.

The ethos of the FGC approach emphasises minimal sharing and recording of personal or other sensitive information throughout the process.

What is the 'bottom line'?

The local authority (the referring agency) may have a bottom line i.e. something they view as not acceptable if included in the family's plan. The referrer should set out any bottom line(s) at the referral stage and in the information-giving section of the FGC. It may also highlight for the family the likely course of action the local authority would take in the event of their concerns not being addressed. The family may wish to take independent advice if they do not agree with the local authority's bottom line.