ADULT FAMILY GROUP CONFERENCES

in the London Borough of Camden

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Introduction by
Professor Peter Marsh

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Camden

Introduction

by Professor Peter Marsh

I have been involved in the Family Group Conferences (FGC) work in Camden adult services from relatively early days, and it is the most recent of my thirty years or so engagement with the development of FGC in social welfare in many different countries.

FGC – enhancing control and citizenship

The hallmark of FGC is the way that people can, if they wish, and as appropriate to different circumstances, genuinely be in control of the social care support they need.

FGC, as a decision-making mechanism, provides a radically different means of engaging people and their families. It is relatively simple in concept: however doing it needs considerable professional effort, and a significant level of agency commitment. Moving the development from its origins in children's services to a new use in adult services requires further effort again.

Adult FGCs have a very strong likelihood of real gains for quality of services, for the adult/family/professional experiences, and for making current expenditure more effective and efficient, and possibly lower in the long run.

FGCs provide a way, strongly welcomed by the people who have used it, for decisions about services to be taken by participants themselves, via an informed engagement with professionals. This is a respectful process, which provides a practical means of enacting participants' rights as citizens of our society. The process is one based on decency, respectfulness and thorough engagement. This process is a central

element of FGC work. It is an 'outcome' which needs to be put alongside the better, more appropriate, service that FGC decision-making is likely to generate.

Adult FGCs

Camden has made a serious commitment to FGC, initially in children's services and now in adults. It is building the work in the way that the best FGC services have done, via learning from others and from research, and via evaluation, of the progress being made.

My engagement, through a study of some previous developments of Adult FGCs, has highlighted a number of issues about Adult FGCs which Camden is examining, and which are beginning to be outlined in this report.

Previous research suggests that adult FGCs probably need co-ordinators who:

- can engage in a longer preparation time, even though there is likely to be a smaller number of family (primarily because of the likelihood of many professions being involved in existing, and potential, service delivery),
- have an ability to deal with long established events in a family's life (for example a lifelong role in protecting a particular family member, or a long-standing feud between family members) and,
- respect, understand, and can provide for physical problems of access and engagement (perhaps around transport, or getting tired in longer meetings, or possible deterioration in health, sometimes during the FGC preparation stage).

The Camden project

The development of FGCs in Camden has been based on careful thought, high levels of engagement within and outside the Borough, and a desire to learn from experience by using evaluation as a continuing element of the work.

This report is part of that thoughtful process, covering some key questions:

- The inter-connection of the project and Camden's use of strength-based approaches.
- The existing evidence regarding Adult FGCs.
- The possibilities for using Adult FGC, and how they may, in local practice, operate at a high-quality level.
- An assessment of how far the FGCs meet the goals of those who are using them.
- The likely effect on costs, both current and potential.

The resulting answers are very positive, showing that, in the complex multi-service world of adult care, the FGC can be carried out well, can meet the goals of those involved, and can offer some cost savings as well.

The next stages

Adult FGCs are based on the same principles as children's, but some of the issues they face seem exaggerated: for example, the length of time that family disputes or misunderstandings are likely to have lasted, the physical issues around an adult's participation, the different organisations and budgets involved in services.

There is much to be learned about these issues, and about the service changes that may be involved because of this different decision-making model, as well as the ways that the rights of citizens of our society may be respected and enacted at all stages in life.

In exploring these issues, Camden is improving local services and enhancing local engagement and citizenship. It is also making a lasting contribution to wider learning within the FGC and social care community, not just locally, but nationally and internationally.

Professor Peter Marsh
(Emeritus Professor, University of Sheffield)

What is this report about?

This report sets out an overview of the use of Family Group Conferencing (FGC) in adult social care (ASC) within Camden. It includes the findings of an analysis of 30 Adult FGCs that looked to address problems facing adults and their families and wider networks. This review work was supported by Professor Peter Marsh (Emeritus Professor, University of Sheffield).

This report outlines the next steps for further expansion of Camden's Adult FGC offer funding by highlighting the following benefits of using FGC with adults:

Strengths based working

The use of FGCs is an important part of strengths-based working and connects strongly with Camden 2025 and Supporting People, Connecting Communities. Practitioners see it as complementary to 'What Matters: the Camden approach to Adult Social Care'.

Safeguarding

FGCs have been used to prevent the need for a s42 safeguarding enquiry.

Positive financial impact

The findings of the detailed analysis of 26 FGCs show an indication of a strong preventative impact on personal budgets – with potential increases prevented or people not needing a budget at all due to the plans that are put in place. There is also a strong indication that FGCs are at the very least cost neutral with the current service offer as the FGC includes cost reduction through preventive planning.

Other benefits

- Practitioner time saved.
- Connection to wider Camden approach of community participation.
- Of the FGCs where a goal was identified, 80% had met that goal 9 month's post FGC.

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What is Family Group Conferencing?

Stemming from New Zealand, the FGC approach was introduced in the UK within children and young people's social work services – the latest figures show that some 84% of local authorities now offer a FGC service in their children's social work teams (Family Rights Group Survey 2015). Camden added an adult offer to their FGC service in 2013. Following a successful year, Adult Social Care confirmed that this offer would be made permanent. Referrals have included young people transitioning into the Adult Services, adults with disabilities and older people who require safeguarding and care planning. More than 60 FGCs have been held since 2013.

"Adult FGCs are family-led meetings that encourage and empower an adult with care and support needs and their family/wider support circle to think about their collective strengths and resources to make personalised plans for the future" (Research in Practice Network, 2017: 2). When we talk about a family in FGC we don't just mean immediate relations:

Family = relational network of significant others

An independent coordinator is assigned by the FGC service to organise the conference. Their independence is attributed to them not being previously involved in any decision making for the adult or their family. This allows the family to engage with them on an equal footing and conceive of them as independent to the local authority. They are responsible for engaging every member of the adult's chosen network, encouraging them to participate in the FGC. They also liaise with all stakeholders to understand their key concerns as well as understand what an 'ideal' outcome would look like to each other.

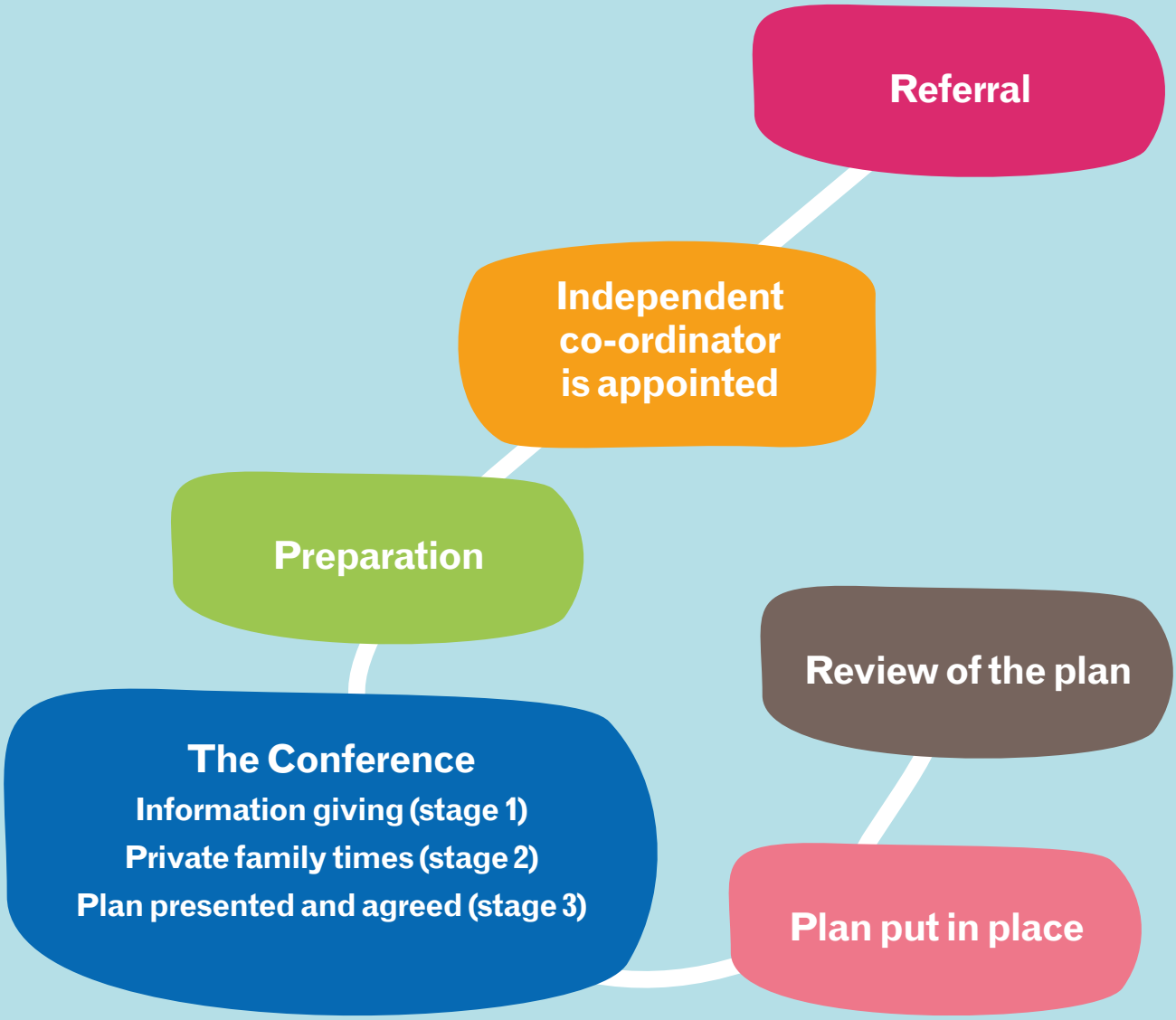
The adult at the centre of an FGC decides who they would like their support network to consist of. This usually includes the adult's immediate and extended family members, as well as friends and members of their local community. Where family are not present in the adult's life, the community focus becomes increasingly important (Ogilvie and Williams, 2010).

Professionals often attend FGCs to share key information with the adult's support network to ensure that they target their discussions and planning around significant aspects of the adult's care (Camden FGC Service, 2015). Their presence also allows for an open discussion to take place between the professionals and all members of the adult's support network which, in turn, ensures everyone involved is clear about the adult's support needs.

FGCs tend to operate according to the following values:

- Families and social networks are experts in their own situation.
- Individuals can work together to find long-term solutions.
- Everyone involved is more likely to stick to a plan which they have developed.
- No one will be blamed for the current situation, instead FGCs encourage everyone to look to the future.

For a detailed explanation of how FGCs work, see Appendix A, however the basic model is described in the following diagram.



FGC - strength based working

FGC and What Matters: the Camden Approach to Adult Social Care

'What Matters' is the Camden approach to adult social care which works to build and embed a culture of strengths-based practice across the service based on the *3 Conversations* approach. *3 Conversations* aims to remove practitioners from traditional 'assessment for services' and create a new practice culture where practitioners and people have conversations based on their individual strengths, assets and goals for their future. Practitioners utilise the 3 Conversations to tap in into the individual's own resources while also creating stronger links with the community.

This programme delivers the commitments of the strategic plan 'Supporting People, Connecting Communities' for living and ageing well in Camden, where the council's ambition is to

"support people to live healthy, active and independent lives for longer. We plan to focus on what is most important to the person, to recognise their strengths and their networks and to help people to stay connected in their communities."

This strengths-based environment creates firm ground for FGCs to flourish. FGC is an invitation for an adult and their support network to obtain additional support to enable them to make bespoke plans about their care. The opportunity for an FGC can be made naturally in the flow of conversations with people. FGC is a natural resource for practitioners to embed across the *3 Conversations* approach, for prevention, crisis planning, future relationships and repairing harm.

When to use an FGC

FGCs can be used in any situation where a person is at a critical point of change in their life whereby pulling in additional support to make decisions would help to ensure the plans success and remove responsibility in order to support the individual. Specific examples could be: end-of-life planning, long-term care planning, safeguarding, early stage dementia diagnosis, planning for independence, transitions, recovery plans, carer breakdown etc. Further examples of FGCs in practice will be explored below:

FGCs have been used by social workers as a way to prevent the need for **a section 42 enquiry** in order to help **safeguard adults in relation to physical abuse, financial abuse or neglect**, giving a platform for them and other professionals the opportunity to share concerns and help develop plans with the whole family. FGCs have been credited with demonstrating that safeguarding situations can be handled in a person-centred way giving social workers, adults and families satisfactory outcomes (SCIE, 2013b).

FGC Coordinators where it was necessary ensured that participants in the FGC, including 'perpetrators' and 'victims' of abuse, understood the focus, the social work concerns and were able to acknowledge this context. Seeking effective and safe engagement in the process for everyone taking part.

There is a promising picture emerging of the value in using FGC as a complementary approach or an alternative to a section 42 enquiry safeguarding process. This is very much in line with the principles of Making Safeguarding Personal.

"I knew the relationships, the dynamics with the care agency and the family members but what I wasn't aware of, because, unlike carers going in every day, I'm not party to it and I don't observe the interaction and behaviour between family members in the house that would affect the person I was working with. So that was something that came out of the meeting that made me more aware professionally of how I need to communicate people's needs going forward."

Camden Social Worker - Safeguarding FGC

FGCs are often used for the **purpose of care planning**. FGCs offer families and friends a framework from which to take a personalised approach, empowering them to make difficult decisions and ensure the adult's care needs are met. In cases where **end of life care** is discussed or the frailty of the adult is significant, preparation for the deterioration of their health is often required.

"The underlying principle of an FGC should remain as a focused objective to bring families and friends together to focus on the concerns for the adult."

Camden Social Worker

Likewise, **changes in people's or their carers' capacities, or specific services**, can be triggers for an FGC (Marsh, 2007). These circumstances are often relevant to **carer breakdown in adults** as well as within **young adults in transition**. FGCs can be used to plan education and housing and maximise the autonomy of the young adult. Their focus on the future can ensure that the wishes and hopes of young adults are safeguarded and kept at the forefront of any plans.

Recently, FGCs have been used to address issues of **hoarding** and **self-neglect (**Network Survey, 2017). It is hoped that these types of issues can be resolved with the support of the vulnerable adult's network and the adult in question would not require long-term support from a social worker (SCIE, 2012).

Research in Practice for Adults Knowledge Exchange (2017) has summarised the most common uses for FGCs in the UK as below:

- Supporting safeguarding processes with vulnerable adults.
- Transition from Children's to Adults' Services.
- Supporting carers.
- Planning discharge from hospital.
- Planning support after release from prison.
- Promoting independence.
- Support for adults with unmet care needs (mental and physical health, dementia etc.).
- Support planning for long term conditions, including end of life care.
- 'Best Interests' decision making.
- Self-neglect.
- Risk of homelessness.

There is evidence to suggest that FGCs are more successful when they are not used as a last resort – i.e. when all other interventions have failed (Schout et al., 2017). It may be that in those situations, an individual, their network, and the professionals involved have lost their motivation, and may find it hard to retain their hope for change (Schout et al., 2017). It is important to note that the **timing of the FGC** can have an important bearing on the outcome.

FGC aims and outcomes

The aim of offering Adult FGC across Adult Social Care (ASC) and Health is to enable professionals to access the FGC approach for individuals who require supported decision-making. FGCs provide an additional resource where traditional approaches have historically been unsuccessful or less person-centred.

Camden aims to achieve outcomes on both the national and local level:

National evaluation outcomes for vulnerable adults and their families and include:

- Sustainable plans that support safety and wellbeing;
- Enhanced individual and family resilience;
- Increased family and circle of support involvement in ongoing care planning, safeguarding, choice and independence.

Local outcomes include:

- Participants say they felt 'more in control' following their FGC;
- Social workers and health professionals achieving a higher level of direct communication with 'hard to reach' family members;
- Family members taking on more responsibility in decision making and support for their family member;
- Repaired relationships within families;
- Adults supported to make decisions about their own care using advocacy;
- Sustainable care plans with a range of elements that work together to support independence.

Pretty often as a social worker you get a snapshot of them from a visit or a snapshot from emails and stuff coming in. But when you do the FGC, it's more like a video. You get a much more animated process and I certainly felt at the end of the FGC I knew the people I worked with a lot more. Obviously there were actions for the FGC but there was other things that came out of it that I thought were very important for the case so I think that's the key point.

Camden Social Worker

Exploring what matters to people in the context of the community around them is a key benefit of family group conferences. In feedback people say that FGCs changed their view of the council and how it can help them with tricky problems. Social workers also report dynamic changes in their helping relationships with people.

In recent year's we've seen so much of the state controlling, more or less, every aspect of people's lives. We have not strengthened or empowered people to do much for themselves. And FGC is one way of doing that.

Camden Social Worker

FGC actually changed the relationship that I have with my client.

Camden Social Worker

Families get so confused with all the different people involved, the time at the beginning with all professionals there was really transparent and honest which helped the family go into their family time as they knew what the limits were and what the responsibilities of the professionals were.

Camden Service Manager

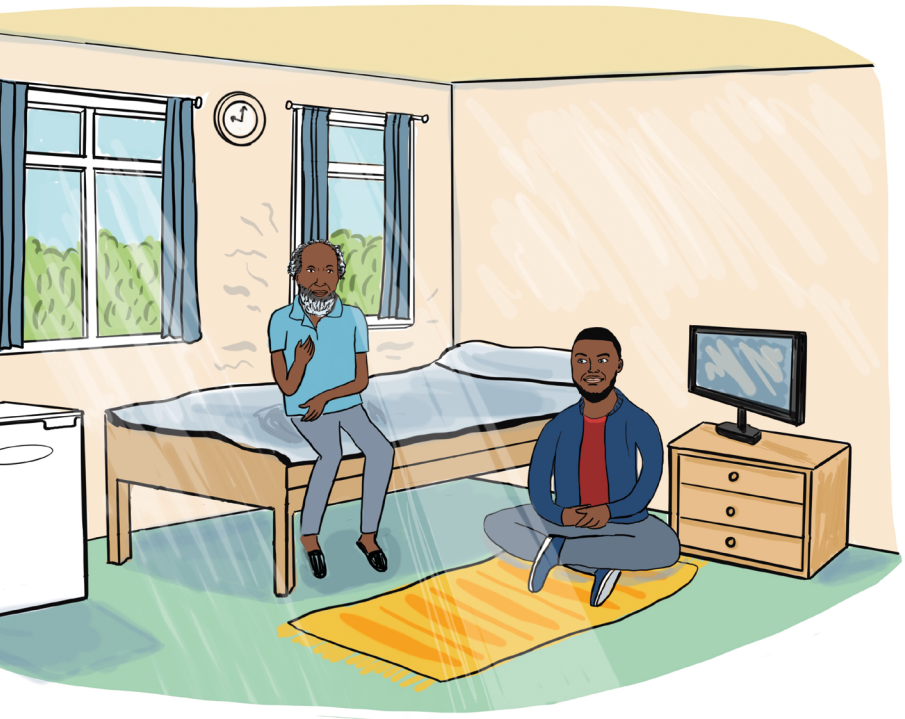
What I noticed is when we left [the FGC] that evening, the buzz and conversation when we were leaving: "are you're alright, how are you getting home, oh I'm going on the bus, oh well I'll go with you" was a completely different [feeling] from how I'd ever experienced a home visit or something like that. And I actually felt really optimistic and enthusiastic about it. I felt that this was a way of working that the people there could really understand and appreciate it...there was food, there was companionship, there was concern, there were actions, there was a kind of sense of purpose – so yeah when I left I felt "oh, isn't it nice to do a bit of work like that?

Camden Social Worker

What are the benefits of FGC?

Sharing the responsibility of care across the support network

Social workers have reported that in cases where an adult requires care, there is a tendency for one person in the support network to step forward whilst everyone else steps back (Camden FGC Service, 2015). FGCs can distribute the responsibility of care across a wider circle of support as every participant is encouraged to contribute as far as their skill sets and time permit (Forsyth et al., 2013; Marsh, 2007). Research in both the UK and the Netherlands has found that FGCs support the primary carer and the wider network unlike any existing service to date (Camden FGC Service, 2015; de Jong & Schout, 2013; see Marsh, 2007).



Bridging the relationship between professionals and families

Forsyth et al. (2013) suggest that FGCs may improve the mutual understanding between the support network and the professional agencies, which is sometimes a strained relationship. As a result of FGCs, social workers and health professionals can enjoy a higher level of direct communication with family members, while the support network can ask questions and better understand the professional's role and their decisions (Camden FGC Service, 2015). Of course the facilitation of this 'bridge' is important; in Camden we hold with the key learning from New Zealand and the origins of FGC as a challenge to white supremacy in that country in the late 1980s, that the process must be culturally attuned, and we are able to match to the diversity in Camden. There are 17 independent coordinators and advocates available in the Independent FGC Coordinator Group, who are commissioned per FGC. These coordinators and advocates originate from multiple cultural backgrounds including Bangladeshi, Black British, White Irish, White Scottish, Ghanaian, Somali, Syrian, White European Spanish heritage and they speak 13 languages between them. The Maori heritage of family group conference is very important.

Furthermore, professionals have reported feeling more positive and motivated because when they have the support of the family, the FGC becomes a team effort and, together, the agreements made as part of the FGC plan are more likely to be completed (Camden FGC Service, 2015; SCIE, 2012).

Improved resilience, wellbeing and empowerment of participants

The term 'co-production' – used throughout the 2014 Care Act – describes a way of delivering public services in the context of an equal and reciprocal relationship between professionals, individuals, their families and their wider community. When needs are met via 'co-production', it is argued that people and communities become more autonomous and empowered. Moreover, FGCs have been linked to a reduction in families relying on professionals and the state (de Jong and Schout, 2013; Forsyth et al., 2013).

FGC services in the UK have been celebrated for their ability to **improve participants' wellbeing**. Malmberg-Heimomen (2011: 949) found that FGCs led to "significant increases in life satisfaction and decreases in mental distress and anxiety and depression" amongst conference attendees. The Hampshire FGC Service attributed this spike in sense of wellbeing to the ability of FGCs to empower people to take control (DayBreak, 2012b). Similarly, the Midlothian FGC Service proclaimed that "one of the main benefits of the FGC was identified as allowing the voice of a person...to be heard and taken into account when generating the support plan" (Forsyth et al., 2013: 29).

Research suggests that a sense of **improved wellbeing** extends beyond the subject person to include their **support network** as FGCs aim to "empower the widest possible network of extended family members and friends" (Ogilvie and Williams, 2010: 12). It has been suggested that this empowerment gives the families ownership over care plans (Marsh, 2007) and places "families at the centre of the planning and decision making" (Forsyth et al., 2013: 17; see also Ogilvie and Williams, 2010). This in turn generates a realistic and personalised care plan (Forsyth et al., 2013) that draws on the support network's strengths and resources (Marsh, 2007).

The FGC Services across the UK also claim **high satisfaction from participants**. The Hampshire FGC Service reported that participants who do complete the feedback questionnaire are "overwhelmingly positive" (Daybreak, 2012a: 15) and all but one individual has answered yes to the question 'Would you recommend the (Daybreak FGC) service to others?' over a two year period (Daybreak, 2012a).

Tew (2015) attributes the increased wellbeing reported from participants to the **therapeutic nature of FGCs**. Whilst some argue that therapy stands outside the parameters of an FGC, there is evidence that the practical focus of FGCs, the relational nature of the process, its symbolism and emotional resonance can make a positive and therapeutic difference to those involved (Tew, 2015; Hobbs and Alonzi, 2013). The evaluation of Camden's FGC service (2015) reiterates this but states that a key factor in participant satisfaction is the ability of FGCs to be culturally sensitive. Visible details like venue, food and the integration of religious practices were found to improve engagement and satisfaction (SCIE, 2012). Likewise, the Midlothian FGC Service suggested that adapting to the cultural needs of the families concerned was as important to participant engagement and satisfaction with the service as the ability to produce safe care plans (Forsyth et al., 2013).

Secondary benefits

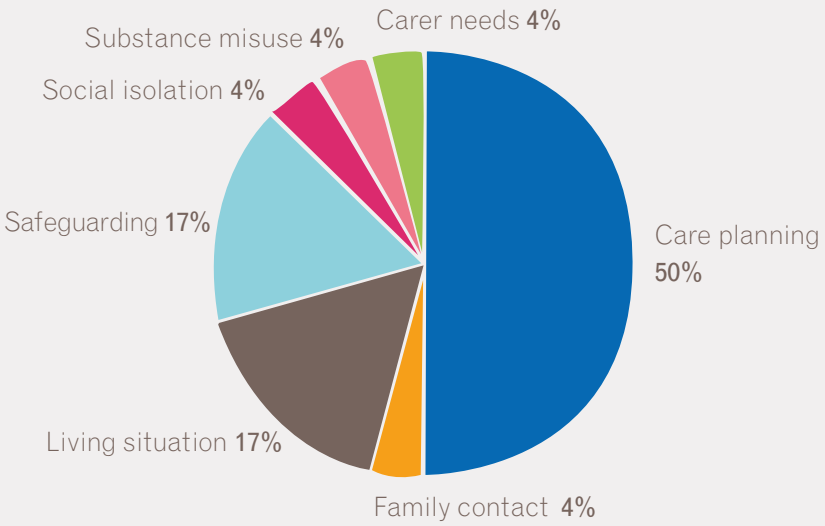
De Jong et al. (2015) argued that FGCs which failed to generate an appropriate care plan often led to important secondary benefits. They detailed instances whereby the professional agencies better understood the communication patterns across the social network, became aware of the gap between what the individual wanted and what was actually, or legally, possible and learnt how to defuse problematic situations in the future. Irrespective of the outcome, often individuals at the centre of FGCs were given a voice where previously they had been marginalised. Their experience demonstrated that the success of FGCs can be measured by many indicators – not just whether a successful care plan is drawn up – and reiterated that FGC processes are personalised and, therefore, not necessarily comparable.

Camden Adult FGC activity

Activity

The use of Adult FGC in Camden has gathered momentum over the last two years with over 60 FGCs completed in this time. FGCs take place for a range of reasons, with the majority for care planning, living situation or safeguarding issues. Camden's pool of independent FGC coordinators, speaking 14 different community languages, have been delivering the work in partnership with social workers.

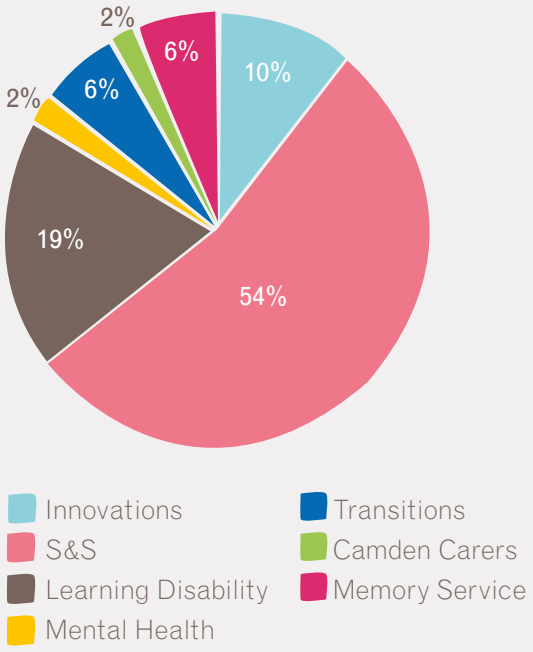
Referral reasons



Activity by service

The majority of Adult FGC referrals have come from the Support and Safeguarding (S&S) service. When this evaluation was carried out there were three innovation sites modelling 'What Matters, the Camden approach to Adult Social Care' which is now fully rolled out across frontline services.

FGC referrals



Analysis

30 FGCs were randomly selected and closely case audited by a small team working under the supervision of Professor Peter Marsh:

- **Jamie Spencer** – Head of Transformation & Performance
- **Tim Fisher** – FGC and Restorative Practice Service Manager
- **Reetha Hussain** – Care Practice Development Officer
- **Sadia Iqbal** – ASC Team Manager

The FGCs were carried out between 2013 and 2018. The referral reason and source was representative of the spread of all FGCs carried out to date.

Did the FGC meet the goals set out by the individual or the family at the start of the process?

Identifying 'family goals' from the initial referral was not always as straight forward as might have been anticipated by the 'single issue' focus on an FGC. However, in 20 of the FGCs studied, there was a clear goal expressed at the start of the process by the individual or family, although in 2 of those cases, there were contradictory goals expressed by different elements of the network.

The goals identified were categorised as:

- To maintain family relationships.
- To gain support from wider network.
- To be supported to stay living at home.
- Family to listen to what the adult wanted to happen.

We then looked at whether that primary goal had been achieved up to 9 months following the FGC.

Results

Of the 20 FGCs where a goal was identified, 80% had met that goal 9 months post FGC.

Family goals	Achieved?	
	No	Yes
Maintain family relationships	1	2
Support from wider network	1	8
To be supported to stay living at home	1	4
Family to listen to what the adult wanted to happen	0	1
Individual / family goals differed*	1	1
Total	4	16

*one FGC where family goals differed the adult achieved their goal

The results that particularly stand out are the success in supporting people to stay living at home and to gain support from their wider network. This is further illustrated in the case studies below, but this demonstrates how powerful FGCs can be in achieving goals that a more 'traditional' social care approach may fail to do.

Maintain family relationships

Case study: Daniel

Daniel (84 years old) had lived with dementia for three years before the FGC. His wife, Yolanda (67 years old), was his primary carer and reported that he had become increasingly forgetful and disorientated. As Daniel's dementia advanced, their marriage became increasingly strained, with frustration from Yolanda and aggression from Daniel leading to safeguarding concerns. An FGC was called because the wider family was concerned by their parents behaviour towards one another.

The plan centred round improving the wellbeing of both Daniel and Yolanda. The family agreed that Daniel required a tracking device when out alone. Not only would this ensure his safety, it would reduce Yolanda's stress and worry. Yolanda also agreed to take Daniel out as much as possible: the family contended that it would enrich Daniel's wellbeing whilst also affording the couple quality time. The FGC also empowered the family to better share the responsibilities of his care.

Moreover, the FGC engaged a wider support network around Daniel and Yolanda. All four of the sons involved offered to visit more frequently, whilst also supporting Yolanda as the primary carer. This fostered a supportive and reliable network around Daniel and Yolanda.

It is clear that the FGC empowered the family to enrich the wellbeing of both Daniel and Yolanda and engage a wider support network in Daniel's care.

Support from wider network

Case study: Alexandra

Alexandra, 82 years old, had lived alone for 6 years following the death of her husband.

Alexandra's relationship with her daughters was complex due the domestic abuse she had suffered at the hands of her late husband.

The social worker was concerned Alexandra spent too much time alone. Her support network consisted of five family friends: Isabel, Jack, Macey, Madeline and Piper. Her daughters both declined the invitation to participate, although the coordinator did note that because Alexandra was responsible for the care of her youngest daughter, her presence may have been counterproductive to the focus on Alexandra's needs.

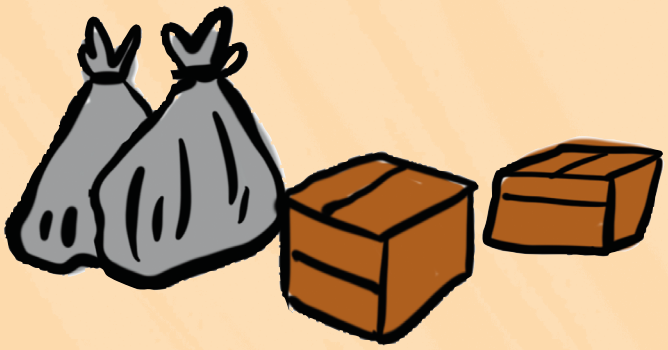
The FGC strengthened Alexandra's network of support in two principle ways.

Firstly, whilst the friends in attendance already assisted Alexandra in various ways, the conference reiterated to Alexandra the strength of the network around her and the formalised care plan demonstrated their commitment.

The network recognised the importance of Alexandra's daughters to her wellbeing. They respected the private nature of the family's complicated relationship but asked her Social Worker investigate options for further support – such as family counselling or therapy. This has the potential to strengthen the family relationships and the support network.

Isabel offered to assist with shopping, cooking and reminding Alexandra of GP appointments whilst Jack committed to driving Alexandra wherever was necessary and reiterated his flexibility. Everyone present acknowledged the impact Alexandra's hoarding had on her life. She had not eaten solid foods for four years because she was unable to gain access to her kitchen safely. The network agreed they would assist in packing away her belongings and arranging for a professional de-clutter service to visit.

It is clear the FGC enabled Alexandra to share her wishes, thoughts and concerns with her network. Consequently, they were able to agree to a strength based and realistic plan to improve her wellbeing and generate a stronger network of support.



Supported to stay living at home

Case study: Jill

Jill, 82 years old, has a head injury, frequent delusions and dementia. The FGC was requested to discuss the risks Jill faced in her current environment as well as plan Jill's future care.

Jill and her support network agreed the familiarity of her current home would be best to meet her needs. Philip, with the full support of Jill and her family, also requested a carer to provide personal care for one hour 5 days a week to improve Jill's wellbeing.

This support plan demonstrates that FGC helped to establish a strong network of support around Jill and her immediate family. Subsequently, the family were able to share the responsibility for Jill's care. The resulting support plan meets both Jill's needs and her main carer, this will protect the carer and minimise the likelihood of breakdown of care and family relationships.

Family to listen to what the adult wanted to happen

Case study: Kirstin

Kirstin, 83 years old, lives alone in sheltered accommodation. She experiences reduced mobility and is aided by a wheelchair and walking frame. She also has a diagnosis of dementia.

An FGC was held to resolve on-going family conflict that was affecting Kirstin's wellbeing. The conflict centred on Kirstin's incomplete Will, her inconclusive funeral plans and Kirstin's care rota.

Throughout the FGC process, her family heard Kirstin's voice and this defused a complex and highly emotional conflict.

The FGC enabled Kirstin and her family to agree upon a more realistic rota of care and formalised each family member's responsibility. By resolving the family's areas of conflict, the FGC ensured Kristin and her support network improved their wellbeing and built stronger family relationships.

Everyone's commitment to the plan strengthened the relationships across the support network. It is clear the support plan empowered the family to address their conflict, strengthen their own relationships and this has led to positive outcomes for Kirsten.

Connection over distance during Covid-19

Case study: Dave

Dave is 70 year old gentleman of second generation Mediterranean heritage who is living with a learning difficulty. He was housed in temporary supported living accommodation and was looking for a more permanent home. Until recently he had lived with his brother Stan in the 4 bedroom family home for over 50 years. The referring social worker also had some concerns about the provision of care and risks of self-neglect for Dave as the FGC came about following two recent hospital admissions. The participants were Steve, the FGC Coordinator, Dave, his brother Stan, his sister Sheila, his Access and Support Officer Debbie, and his carer Alice.

The FGC was held with the aim of resolving Dave's housing predicament. Stan was also given the opportunity to talk through his decision that he is no longer able to support his brother in the same way that he has in the past.

Dave's FGC was held at the time of the COVID-19 pandemic. In accordance with government guidelines at the time, to stay at home, not to meet others, even friends or family, the FGC was held virtually. Dave was very receptive to having a virtual FGC meeting.

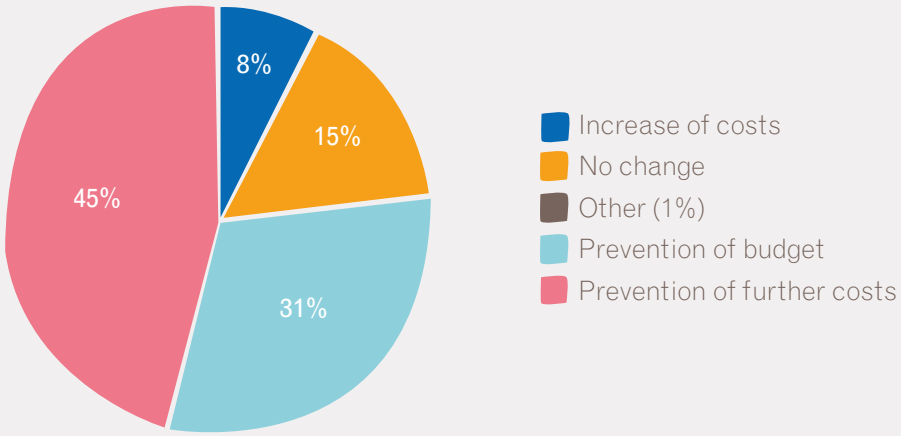
Dave does not like change and did not have a clear understanding of all that what would be involved in moving to another home although he had capacity to make the decision. The FGC meant he could talk about his future. For him to know that his support network were with him, and not to have a decision made by professionals helped Dave to gain some insight into the decisions at hand.

All attendees were aware that they should give Dave time, he often needs to repeat himself and consider things slowly, in his life this can lead to people being frustrated with him or losing attention. As this was a virtual meeting a voucher for food was sent to him and this really worked for Dave, his sister agreed to support him with shopping for the food of his choice, it was part of him feeling in control of the process.

As a result of the FGC, options were sought for a new home, showing Dave pictures and detailed descriptions. Sheila and Stan made a plan for regular emotional support via phone every other day. They planned visits too once lockdown was lifted. The group put together a detailed list of everything Dave needed for his move including the furniture and fixings he wanted to bring into his new abode.

Dave moved into his choice of home 6 weeks after the initial FGC and a fortnight after the big move the family reported back that it was a remarkable success, thumbs up from Dave.

FGCs - financial impact



Did the FGC have a preventative effect on the level of personal budget or other ongoing costs?

Of the 30 FGCs studied, 26 of them had personal budget or other expenditure data that allowed the team to consider whether the FGC may have had an effect on overall social care spend for that individual. The wider preventative impacts of FGCs are considered elsewhere in this report.

With the caveat that a degree of judgement was required to identify the impact of the FGC alongside the wider social care intervention, the results are nevertheless impressive:

- 77% of FGCs analysed appeared to have had a preventative impact on the ongoing budgets for the individuals who had an FGC. These figures are broken down to 46% prevented increases to existing budgets and 31% resulted in no budget put in place due to the FGC plan meeting the needs of the individual.
- 9 FGCs took place prior to any ongoing care being put in place. Of these, 8 individuals still had no ongoing budget 9 months on from the initial referral.
- 15 FGCs had an existing budget when the FGC took place. Of these:
  - None of the FGCs led to an increase in ongoing costs.
  - 9 FGCs had a 'preventative' impact where the budget was able to be reduced or the FGC could be said to have prevented further budget increases.

Saving resources

The evaluations examined in this report suggest that FGCs have the **potential to save money** (Camden FGC Service, 2015; Marsh, 2007). It is generally agreed that a plan supported by the adult's network can prevent issues escalating and, in turn, the need for multi-agency intervention, which can include costly provisions such as sheltered accommodation, support living or residential care. Moreover, it has been argued that where an FGC has produced a realistic and sustainable plan, there could be a reduced need for professional support over time because the person and their families learn how to be self-reliant (SCIE, 2013a).

Communication and engagement

'Alice – a picture portrait'

The Adult FGC team made a film about Alice, a woman facing difficult issues in her life, but through the power of FGC was able to draw her community around her. The film has cut through on a national level and has been held up as an example of innovative practice by both Adults and Children Chief Social Workers, the Social Care Institute for Excellence and a number of other organisations and local authorities.

What is powerful about the film is that it does not dwell on Alice's issues or deficits, as difficult as they were. The focus is on Alice as an individual with strengths and a history of her own. You see in the film all that Alice has given to her community over the years, and that the FGC unlocks the community's ability to give that strength back to her. Alice is an example of how FGC truly operates within the prevention arena, helping a person to rebuild their community of support before a crisis takes place.

"And in the end the love you take is equal to the love you make"

The Beatles

Developing the service

Overview of individual service

In Camden, Adult FGCs are offered as part of the toolkit of responses to complex situations as part of a strengths based, preventative approach to social care delivery. It is the aim of the Adult FGC service that FGCs will become a routine offer to adults and families that would benefit from supported decision making, further building on the strength of what's possible through the 3 Conversations approach.

The team

There is now a small team in place working to advance FGCs within Adult Social Care, these team members are:

Tim Fisher – FGC and Restorative Practice Service Manager

Miranda Johnson – Adult Family Group Conference Service Manager

Sean Ahern – Family Group Conference & Practice Development Co-ordinator

Jamie Spencer – Head of Transformation and Performance

Together the team will be creating an Adult FGC service delivery plan and working alongside Principal Social Worker, Stella Smith and *What Matters* Project Manager, Mary Stein in order to bring together the two areas of strengths-based working.

Functions

The Team will be working to:

- Further develop FGC referral pathways for social care teams and beyond.
- Review and develop all Adult FGC materials.
- Review and develop Adult FGC practice standards.
- Develop and implement an approach to research, evaluation and continuous improvement for Adult FGC.
- Explore and build new avenues and community links for FGC.

Areas of expansion

1) Adult social care, i.e. access and response, neighbourhood teams, community learning disability service, mental health

2) Continuing Health Care

3) Housing Officers

4) Care providers, i.e. care homes (residential & nursing), day centres

5) GPs

6) District RNs

7) Police

8) Fire

9) Ambulance

In-house teams/services will take priority for the first half of 2020. External providers and partners will be included once the FGC team has been able to take stock of in-house referrals and demand on the service.

Mental health

Mental Health FGCs (MHFGC) have been successfully embedded in Essex NHS Foundation Trust and there is an enthusiasm to adopt this model in Camden. Research (2013, Tew) identified key elements of an MHFGC as;

- True partnership between family, adult and professional system.
- FGC's bringing together networks that have been fragmented/overstressed/or confused.
- Enabling recovery on an individual's terms.
- Decreased dependence on services, increased social participation in the wider community, and increasing engagement with services when there has been a poor response from either side.
- Decreased stress on support network, and increased understanding between the whole system of strengths, weaknesses, and needs.
- Carers' needs and support are identified and are included in plans and decisions.

REPORT ENDS

Connection over Distance - Covid-19 and FGC with Adults

This report offers an overarching commentary on the first phase of our FGC work with adults pre March 2020. Since this report was written however, we've seen a huge shift in how we work. Covid 19, 'lockdown' and increased risk of serious illness have made us reflect on how we retain our commitment to strength-based working through the crisis and its manifold impacts.

Across Camden Adult Social Care there has been an urgent need to stay connected to the citizens who continue to need our support. As society locked down, people retreated to their homes, fearful of their safety and heeding government instructions. But growing out of this seemingly frozen society, there has also been a growing hope in the visibility of community connections, a sense of people pulling together and the potential of informal networks of support and mutual aid eager to ally positively with statutory provision of help. FGC has needed to evolve to offer a useful service through the crisis.

This section sets out a brief overview FGC work during 'lockdown' in the hope it will be useful to colleagues that read this report.

Needing the connecting bridges

Family group conference (FGC) has been conceived as a bridge between the system world of professionals and the life world of families. It is a method that is built on the value of mutual aid in communities (Burns and Fruchtel, 2014).

We know that it is a space where people can come together to look after each other, by sharing information and having private time to come up with a plan to solve a problem or make a change. During the early days of the COVID shutdown, Camden developed a 'FGC Connection Over Distance' logo, to give a message that recognised the importance of maintaining social connection through the necessity of social distancing and the physical separation of many family and friends.

Family Group Video Conference

As the whole world moved onto video conferencing platforms, so did FGC. With the video call facilitated by independent coordinators, we used 'virtual breakout rooms' to preserve the FGC principle of private time, allowing the community around an adult to still have the space to create the agenda and diagnose the problem, to bring their own plan of how to support an adult. Dialogue is one of the keys to the success of FGC. The connective power of a video call and online spaces can fulfil that mission. Case study of a virtual FGC on page 22 of this report (Dave's FGC).

Things to consider when using video conferencing tools:

- how people can access these platforms
- which ones are secure to use and align with local policies
- which platforms families are already using
- access to Wi-Fi or reliance on precious mobile data allowances

Alone Together

Like all helping human services, FGC is needing to adapt to the heightened psychological context that this crisis has precipitated. FGC coordinators have reported that FGCs over video in the lockdown can be emotional; people talking more about feelings, more about connection. There is something strangely connected and disconnected about video calls, together yet apart, and FGC has had to be both mindful and respectful of this aspect.

Camden saw a rise in Adult FGC interest across the lockdown period with referrals for help relating specifically to concerns raised by the Covid crisis. Referrals related to connecting isolated families, support to people that are anxious, and building networks of support for individuals who are 'shielding' due to their clinical vulnerability to serious illness and infection.

FGC Coordinators as Network Connectors

As a response to Covid-19, Adult Social Care made adjustments to the FGC coordinators role to assist practitioners to respond to the challenges we predicted we would face over the initial period. The team of 10+ independent coordinators speak many different languages and were able to work flexibly as 'Network Connectors'. By doing the ground work linking up and connecting people and families with social care and other networks of support, the aim of the role is to relieve pressure on citizens and our front line workers allowing them to focus their attention where it is needed most.

At the height of the pandemic we were concerned that family and friend networks that might support adults were likely to be social distancing and self-isolating themselves, uncertain of what support they would be able to provide to the adult at this time. Our coordinators are well practiced in Skype, WhatsApp and other methods of video conferencing they were able to adapt to a fast moving situation by making the links between professional and personal.

Throughout the response we found that there are significant numbers of people and organisations in the community that were keen to provide mutual aid support e.g. Age UK Camden, Voluntary Action Camden, Goodgym Camden, local communitiy centres and NHS GoodSAM. There was also a multitude of organically grown hyper-local mutual aid groups that grew out of the crisis.

The coordinators were skilled at linking these networks together, supporting the family or network to put a plan in place over the initial period until a full review or full FGC could be arranged. This work sometimes built towards a full FGC, sometimes it did not, but significant work was done in every case.

The FGC Lead provided the practical management of this effort, connecting coordinators with referrals and supporting them along with social care colleagues to understand this flexible role.

Learning from the response

One of the points of exploratory learning for FGC has been around mutual aid as community volunteer help, as a new concept for us in our FGC practice. This is not the case everywhere. In China, their version of FGC has community volunteers routinely invited and part of plans[1].

There will be an interesting conversation about how UK FGC might evolve further in this direction, and whether FGC could be a connecting mechanism for broader alliances of support.

1. FGC in China : https://www.bath.ac.uk/case-studies/supporting-social-work-services-for-children-in-china/

Appendix A

How do FGCs work?

The diagram included on the right illustrates the main stages of an FGC:

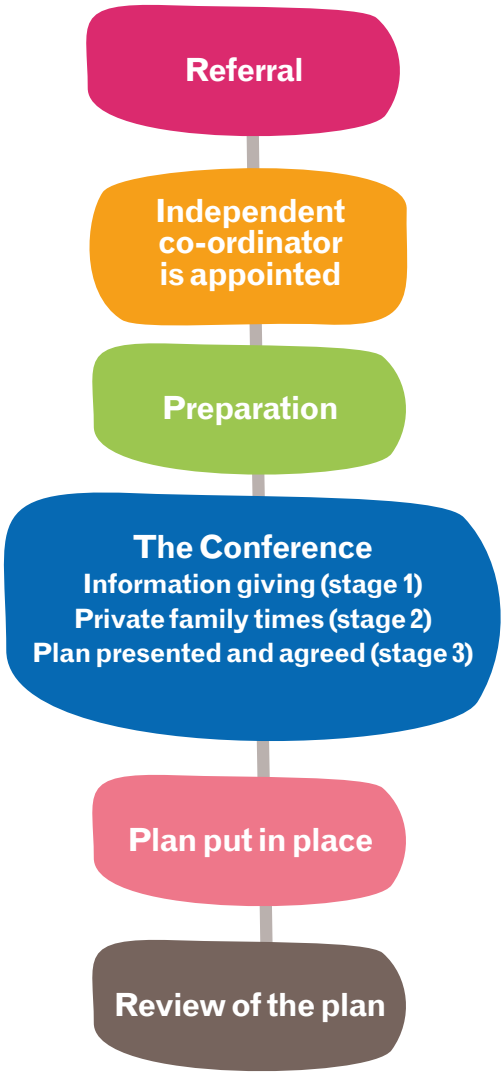
Typically a social care worker would make the **FGC referral** following a brief explanation of what it would involve and the family's initial agreement to participate.

The **independent coordinator** would then **prepare** everyone involved – ensuring they understood the aim of the conference and that their attendance was entirely voluntary, and knew what would happen during the FGC.

The coordinator is also responsible for setting up the logistical elements of the meeting, from selecting a neutral venue to organising refreshments – a key signifier that the conference is different to other meetings with professionals that the adult and their network may have experienced.

The **FGC meeting** itself typically has three stages.

- The first, **Information Sharing**, involves relevant professionals (including the social care worker) sharing with the adult (if present) and their support network the current state of affairs as well as their concerns.
- **Private Family Time**, the second element of the FGC, is when the coordinator and professionals leave the network alone to make a personalised plan based on the information shared, involving everyone present and playing to their respective strengths and resources.
- Once the family has completed their plan, the coordinator and other professionals re-join the meeting for the third stage, **Agreeing the Plan**. Often the coordinator will read the plan aloud to everyone in the room, ensuring it is both realistic and addressed the original aims of the FGC. The social care worker typically has an opportunity to sign off on the plan, and the coordinator may offer suggestions to improve the strength of the plan.



At the end of the conference participants elect an individual or group of people to monitor the plan. They are given the coordinator and social care worker's contact information and encouraged to make contact should they face any issues.

A **Review Meeting** may then be planned for three or four months after the initial FGC. The SCIE (2012) deems FGC reviews as necessary in sustaining resilience and maintaining momentum. The evaluation of Camden's FGC Service (2015) found that requests for extra reviews were common in adult FGCs because there tended to be more on-going care needs that required help from the local authority.

Appendix B

What are the key considerations in the FGC process?

Mental capacity

In any FGC that involves adults with dementia or a reduced capacity of any sort, it is important to understand how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards apply in each case. Daybreak (2010) argued that FGCs may fulfil the requirements of a 'Best Interests' meeting under the Mental Capacity Act 2005 by empowering adults to make decisions to the limits of their capacity. Where there is a reduction in capacity, advocacy may become a key part of the process (Forsyth et al., 2013; Ogilvie & Williams, 2010) to ensure the vulnerable adult's opinions and wishes are heard clearly by their support network.

Family dynamics

Adult FGC coordinators have reported that, in some cases, the complex family dynamics amongst the vulnerable adult's support network can make the preparation difficult (Camden FGC Service, 2015). Such families may feel that they need the coordinator to support them and, in turn, prevent them from leaving the room during Private Family Time (Camden FGC Service, 2015). Despite this, it is important that Private Family Time remains a key part of the process. Without this time, responsibility may not be transferred to the family and, in turn, they may exhibit a weaker commitment to the plan (Camden FGC Service, 2015). Research has suggested that establishing clear ground rules during the preparation phase can help mitigate against this problem.

Abuse cases

It was explained that FGCs can be used to safeguard adults in relation to physical abuse, financial abuse and neglect. As adults suffering abuse often suffer at the hands of their partner or a member of their family (Mowlam et al., 2007) and an FGC requires that the victim's family and wider support network are present, it is vital to ensure that further victimisation does not occur. A thorough risk assessment must be carried out in order to determine whether both the perpetrators and victims acknowledge that the abuse has occurred and whether they comprehend its impact – vital elements necessary before an FGC can take place (Camden FGC Service, 2015). Moreover, it is important to ensure relevant family and friends understand the history and are engaged with the process – for example, ensuring that they are not colluding with an absent abuser (Daybreak, 2010). Taking such steps will ensure that an open discussion of the abuse will take place and, in turn, mitigate the risk and make the situation safer – a core aim of the FGC. In taking such steps, FGCs can work against the secrecy of abuse by widening the circle of support (Tapper, 2010) and prioritising the adult's needs.

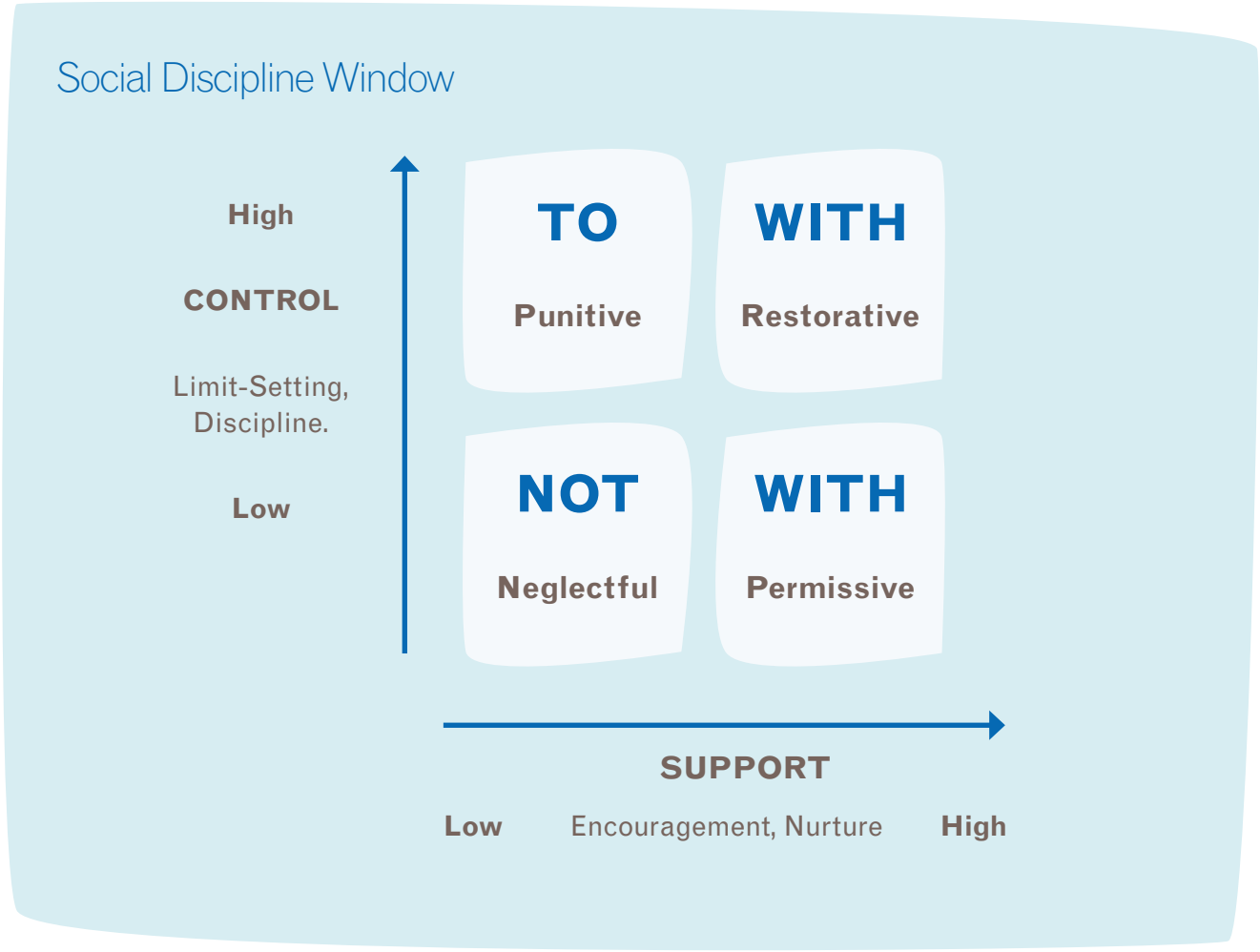
Are FGCs restorative?

It has been argued that FGCs have the capacity to be restorative in the sense that they can repair relationships within the family as well as with professional services (de Jong and Schout, 2013; O'Connell et al., 1999). De Jong (2014) contended that a process which brings people together to solve problems could also address feelings of shame.

He argued that "shame on one side acts as an engine for withdrawal and avoiding contact with family and friends but, on the other hand, can also act as a catalyst of breaking through deterioration and isolation" (de Jong, 2014: 226).

A survey of FGC projects found that people may not agree to FGCs because they are ashamed, citing a reluctance to 'cause a fuss' or to talk openly about their situation with their family, especially when they are the family's matriarch/patriarch. FGCs have been described as a mechanism for people to overcome their feelings of shame as it gives them a platform from which to address it with those close to them (Metze et al., 2015). This link has also been identified by researchers in the Netherlands, who sight Braithwaite's work on the importance of shame in restorative processes (see de Jong and Schout, 2013). Given its relevance, the borough of Camden has included Brown's (2007) work on shame in their FGC training programme.

The *Social Discipline Window* below suggests that FGCs are restorative on account of their ability to work with the family.



Appendix C
FGC Case studies.

Case study: Adil

Adil, aged 23, suffers from mild learning difficulties and lives at home with his parents. His parents are separated but continue to live together for what they believe to be the sake of Adil. An FGC was proposed in order to address the increasingly significant impact his parent's tense relationship was having on his wellbeing. The FGC involved Adil, his mother (Dirim), father (Kaan), two brothers (Salgir and Hilmi), support workers – Susie (Occupational Therapist) and Elaine (his counsellor) – and an interpreter (Dirim only speaks Kurdish).

This FGC engaged a wider network of support around Adil and his parents. When discussing how communication could be approved between Dirim and Kaan, Adil and Dirim agreed to try family therapy but Kaan refused. He also left the meeting during private family time (NB: he did return for the discussion of the family plan. However, the FGC process enabled Salgir to step forward and agree to act as the family's mediator to facilitate communication between his parents and prevent Adil from witnessing arguments or acting as their 'go between'. Furthermore, Hilmi and Salgir each agreed to host visits from Adil and their mother or father, respectively, at their houses once per week. This utilised the family's wider network of support to take the pressure off their parents and ensure Adil's needs were met.

From the offset the family unanimously agreed to prioritise Adil's physical and emotional needs. Firstly, it was agreed that Adil would move back into a bedroom in order to improve his physical health. Salgir agreed to oversee this transition and negotiate the impact on his parents. Moreover, the rest of the family offered support in line with their respective skill sets. For example Adil's mother agreed to cook for him as well as support him in doing more exercise, his father offered to shop for him whilst his brothers decided to help with his personal care (shaving, for example). These agreements endeavoured to meet Adil's physical needs in the first instance. The family also agreed to encourage Adil to be more independent longer term: Dirim agreed to teach him how to cook while Kaan decided to encourage Adil to shop for himself. Moreover, Kaan reiterated the importance of Adil's college attendance and voluntary work and the family formalised their commitment to help Adil participate in both activities. Lastly, in order to further his social development, the family asked the social worker to investigate suitable social activities for Adil.

In order to address his emotional needs, Adil's brothers agreed to be on hand for any issues that cropped up at home. They also formalised an 'open door' policy whereby Adil was welcome to use their homes as a respite in emotional times. Moreover, at Adil's request, his brothers agreed to discuss his future dreams, which included getting married, having children and getting a job, regularly and in a productive capacity. Adil also agreed to speak to Elaine about returning to counselling. In agreeing this, it is clear that the FGC gave Adil a platform from which he could share his thoughts, concerns and wishes for the future. The FGC encouraged the family to respect his voice and used it to inform their plan.

Case study: Moira

Moira, aged 49 at the time of the FGC referral, is affected by various learning disabilities. Prior to the FGC, Natalie (one of Moira's Aunts) cared for Moira full-time along with the support of carers. When Natalie experienced health problems and felt increasingly overwhelmed by her care duties, a conflict of opinion arose amongst Moira's family regarding how her future care could be provided.

Natalie was adamant that without her support Moira would not manage to stay in her current house. She reasoned that Moira should move into sheltered accommodation because she and Fed (Moira's dad) may not be around for long given their age (she was in her late 70s and Fed in his 80s) and preferred that a permanent arrangement was made. In contrast, Fed believed that Moira should either move to Slough (where her son Greg lived) or stay in her current home with extra care support. He even mentioned a willingness to finance a property in Slough to incentivise Greg. Greg had told Moira's social worker that he would contact his local Social Services to discuss how Moira could be supported if she was to move to Slough but, at the time of the FGC referral, had not yet made any further contact. With the support of an independent advocate provided by the FGC service, Moira was able to clearly state her wish to remain in her current house and to see her dad, Greg and her two Aunts, Alex and Maria, more regularly. She also shared that she would like to get out of the house more often and become more mobile. The FGC took place with Fed, Greg and Moira's care professionals – Nina (Care Support worker) and Gaynor (independent advocate). Unfortunately Natalie was unable to attend.

A plan was created in line with Moira's wishes to stay in her current home and enjoy more time outside – a result of being able to voice her own wishes and opinions clearly as part of the FGC process. Moreover, the family used the plan to improve Moira's wellbeing with various adjustments to her care: the hours of care support were extended in the evening to allow Moira to have a main meal and, in order to keep her stimulated, carers were to ask Moira lots of questions, play various games and plan day trips away from her home. Care hours were to be flexible every week to allow for various outings and Moira was to have a physiotherapist to increase her mobility and, in turn, enjoyment of outings. Lastly, all family members agreed to visit or call Moira regularly – indicative of the stronger network of support that surrounded Moira as a result of the FGC. Greg was to visit alternate weekends, Fed to visit for a whole week every month and all three Aunts were to visit more regularly. Greg also agreed to be the liaison between the family and social services.

It is clear that the initial plan improved Moira's wellbeing, generated a stronger network of support and enabled her to voice her own opinions and wishes in a manner that her family took seriously.

Case study: Calum

Calum (59 years old) suffers from poor health including broken spinal vertebrae, ulcerated legs, a heart value replacement, type 2 diabetes, visual impairment and long-term substance misuse, which has led to short-term memory loss. At the time of the FGC referral the social worker was made aware that Calum was using crack cocaine and heroin. Calum had lived in a hostel dedicated to single homeless people for the last two years and reached the end of his tenancy, but alternative accommodation had not yet been identified because his needs were too high. An FGC was held with the aim of resolving Calum's housing predicament. Calum's mother (Caitlin), Caitlin's Pastoral Carer (Sophie), two brothers (David and Martin), sister (Stephanie, who joined via video call), Single Homeless Project Support Worker (Rebecca) and Camden Health Improvement Practice Support Worker (Jane) attended the FGC along with Calum.

The FGC process led the family to unanimously agree that Calum should move closer to his family to improve his wellbeing. Specifically, those at the FGC concluded that Calum's needs would best be met by Sheltered Housing as he would have a robust support system around him as he transitioned from living in a hostel. Rebecca, a Support Worker present, promised to investigate possible Sheltered Housing options closer to the family. The family conceded that they had been unable to meet Calum's needs as a result of their own ill-health which prevented them from traveling to visit him. Everyone at the FGC agreed that living closer to his family and in Sheltered Accommodation would better meet his physical, medical and emotional needs. This proximity of support is signified by the agreement that Martin and Calum would go the barbers on a date specified, for example.

Additionally, those present at the FGC shared stories of how Calum had previously 'flourished' living close to his family: they reported that he was happy, clean and more engaged. Moving back to an area he was familiar with sought to ensure continuity and further Calum's reintegration. Furthermore, the FGC gave Calum an opportunity to share how isolated he felt because he was geographically estranged from his family. His mother and siblings recognised the strength of Calum's bond with the family, including his nieces and nephews, and hoped Calum's condition would improve as a result of being closer, as it had done previously. The family's decision sought to improve Calum's wellbeing whilst simultaneously strengthening his connection to his support network.

Appendix D

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Video resources

- Shame & Empathy by Dr. Brene Brown https://www.youtube.com/watch?v=qQjFfA7KfF0&feature=youtu.be
- An FGC in Practice https://www.youtube.com/watch?v=aB4ON_6m95Q&feature=youtu.be
- Brene Brown: Listening to Shame: TED Talk https://www.youtube.com/watch?v=L0ifUM1DYKg&feature=youtu.be

People, coming together,
offering support,
and being creative.