

# Family Group Conferences for Adults Hampshire



## Evaluation Report April 2014 – March 2016

## **Daybreak Family Group Conferences**

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# Family Group Conferences for Adults Hampshire Evaluation Report 2014 - 2016

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***Family Group Conferences for ADULTS***



**“Your right to choose”**

## Executive Summary

During the period April 2014– March 2016, Hampshire County Council has continued to provide Daybreak with funding for continuation of the highly respected Adult Family Group Conference service, which has been available throughout the county since 2007.

The criteria allows for referral for any vulnerable adult aged 18 years or over, for whom there are safeguarding concerns. Referrals can be accepted from any source, including self-referral by the service user or a family member, although almost all are received from social workers.

### Summary of referrals:

- 28 referrals received involving 30 service users
- 15 went on to have a family group conference
- 11 had at least 1 FGC Review meeting
- 40% of referrals were for older persons aged 60+ years
- 33% of referrals were for service users with a learning disability
- 23% of referrals were for service users assessed as lacking the capacity to make 1 or more of the decisions required

### Service User Participation:

- 66% of all service users attended their FGC
- 80% were supported by a trained advocate or another designated and prepared person at the FGC, or by presenting the service user's views in their absence

Daybreak actively seeks feedback on the FGC process and outcomes as experienced by service users, families and professionals. The response from those involved was overwhelmingly positive, and many comments have been included in this report, along with 2 case examples in Appendix A.

Although no cost benefits analysis for this period is currently available, a study undertaken by Hampshire Adult Services of recognised savings post FGC for the initial pilot of 2007 – 2010, showed **total estimated savings of £77,000** (See appendix B).



***“Your life, your choice”***

## Introduction

During 2014 – 2016 Daybreak has continued to work in partnership with Hampshire County Council to provide Family Group Conferences as part of an inclusive and personalised approach to Adult Safeguarding. Nationally a more personalised approach has been prompted by the introduction of the new Care Act 2014, but within Hampshire Family Group Conferences have been used in this way since 2007 so the required changes perhaps seem less radical than in some areas of the UK.

There has however been a drop in referrals for FGC compared to previous years, and this seems to have been at least in part due to reorganisation of Adult Social Care and safeguarding practices, as well as many changes in personnel. This may also reflect a large drop in overall Safeguarding referrals recorded by Hampshire Adult Services, the reasons for which are unclear.

Although, as might be expected, the majority of referrals are still for older persons, it is encouraging to note that recently we are receiving more referrals for adults with learning disabilities. The referral criteria agreed with Hampshire allows for referral for any vulnerable adult aged 18 years or over, for whom there are safeguarding concerns. Referrals can be accepted from any source, including self-referral by the service user or a family member, although the majority are still received from adult services staff. Referrals from any other source are brought to the attention of the relevant Adult Services team to ensure that other safeguarding procedures can be considered as appropriate.

Interest in FGC for adults and the pioneering work done in Hampshire, is growing throughout the UK, Europe and the US. Daybreak continues to receive regular requests from local authorities and other organisations for information, support and training, either from those with the wish to access or start a FGC service, or more generally to learn about the broader aspects of working inclusively with families.

The introduction of the new Care Act 2014 has had a significant impact on awareness and interest in Adult FGC throughout England and Wales. The Act clearly states the need to transform the way we work with those requiring care and support, putting people in control of their own lives, and warns that organisations must guard against safeguarding arrangements reverting to a paternalistic and over-interventionist way of working. This backs up the FGC way of working, and indeed FGC are suggested as one way to fulfil this requirement.

The financial situation throughout the UK remains a challenge for everyone working in Adult Social Care; whether in the public, private, or non-profit-making sectors. Daybreak is fortunate to have had the opportunity to work in partnership with Hampshire County Council, in taking a radical new approach to Safeguarding. In particular our thanks are due to our Adult FGC Steering Group for their continued support, advice and enthusiasm throughout the duration of this programme. We hope to continue to work with you for many years to come.

Linda Tapper  
Programme Manager  
Daybreak FGC





## Referrals, FGC Meetings and Reviews

	14 -15		15-16	%
Total number of referrals received	13	-	15	-
Number of service users involved in the referrals*	13	-	17	-
Number of referred service users assessed as lacking capacity to decide one or more of the relevant questions	3	23%	4	24%
Initial FGC meetings held**	9	70%	6	40%
1st Review FGC meetings held**	7	78%	4	66%
2 <sup>nd</sup> Review meetings held**	1		0	

*\* A referral may involve more than one service user / vulnerable adult. For example if a couple are both considered to be “at risk”, or the needs of more than one person need to be considered in any plan. This may be a situation where the perpetrator of abuse is a “vulnerable adult”, and the “victim” is a carer, often a parent or spouse.*

*\*\*On average across all Daybreak FGC programmes, 70% of referrals received and accepted progress to an initial FGC meeting and 60% of initial meetings held have at least 1 review meeting. Occasionally it will be agreed to hold a 2<sup>nd</sup> Review meeting, especially if the situation is complex, or if there have been unexpected changes in circumstances during the FGC process.*

Following a steady increase since 2007, for the past 2 years there has been a marked **decrease** in the proportion of referrals in which the service user had been assessed as lacking the capacity to make one or more of the relevant decisions (i.e. the FGC referral was for a Best Interests meeting):

- 2007 – 2010 - 16% (% of referrals which were for a Best Interests FGC)
- 2010 - 2012 - 30%
- 2012 – 2013 - 43%,
- 2013 – 2014 - 50%
- 2014 - 2015 - 23%
- 2015 – 2016 - 24%

It is not clear why this should be the case. Maybe there is a lack of awareness amongst referring social workers that FGC can be used as a Best Interests meeting, and a lack of understanding about the benefits that this can bring.

During 2015-16 there has been a decrease in the percentage of referrals which go on to have a family group conference. There can be many reasons why a referral may be submitted and accepted but not result in holding a full FGC meeting. As Family Group Conferences are voluntary, sometimes the service user (having consented to referral), changes his or her mind and decides that they do not wish to proceed. It is recognised that many social workers are referring for the first time, and may not have the understanding of the process that would enable them to explain it to the service user. This may result in the service user rejecting the proposal, or alternatively consenting to referral without fully understanding the implications. On meeting with the service user for the first time, the coordinator will always spend as long as necessary explaining the process to ensure that the service user can make an informed choice about whether to continue. The service user's decision will always be respected, whatever their reasons.

Even if a referral does not result in a full FGC meeting, there can still be a beneficial outcome for the service user. On many occasions the time that the coordinator spends with the service user and family members, listening to their views and talking through the issues and concerns, leads directly to individuals taking action to remedy the situation, without the need for a formal meeting.

However this year in particular there has been a marked increase in requests for FGC, where the referring social worker has cited the need for "mediation" between family members, as one of the main reasons for referral. While there is almost always an element of mediation required to bring a group of individuals with differing views to the table, there are distinct differences between FGC and a Mediation service.

### **Family Group Conference or Mediation?**

**Mediation** focuses on resolving the differences and improving the relationship between 2 or more parties, usually including exploring how the problems between them began.

**A Family Group Conference** is focused on helping an **individual**, with the support of those who care about them, to create and put in place plans for their future safety, well-being and happiness. If there are disputes within the circle of family and friends they are asked to put them aside and to focus on needs and welfare of the individual whom they all care about. The FGC does **not** focus on resolving their relationship – though this often does improve as a result of the FGC process. Most people do manage to find ways to work together towards a common goal.

### Referrals – by area and client group

	<b>2014-15</b>	<b>2015-16</b>
<b>Total referrals received</b>	<b>13</b>	<b>15</b>
Havant and Petersfield	1	0
Fareham and Gosport	4	3
Eastleigh and Test Valley	4	2
New Forest	0	3
Winchester	2	2
Alton and Fleet	1	0
Basingstoke, Rushmoor, Hart	1	5
<b>By client Group:</b>	<b>13</b>	<b>17</b>
Older persons	5	7
Learning disability	7	3
Physical Disability	0	2
Other (including MH; DV; drug/alcohol; brain injury)	1	5

All adult social care staff are given information about the use of adult family group conferences as part of the safeguarding course delivered in Hampshire, although due to the time restrictions of the course this is no longer delivered directly by Daybreak. Despite this information many social workers still say they are unaware that they could refer to the service, or what cases are appropriate for referral.

Staff changes often mean that social workers who had become familiar with the FGC model and referral process move on and are replaced by new staff who may be unaware of the service. Often it seems that a Family Group Conference is not considered unless a referral is suggested at a Safeguarding meeting, As fewer statutory safeguarding meetings are now being held, this may be having a “knock-on” effect on the number of FGC referrals made.



***Family Group Conferences –  
“...ensuring that vulnerable adults have a voice, and are included  
in decisions affecting their lives”***

## Service User Participation

	14-15		15-16	%
Number of service users involved in referrals which reached an initial FGC	9	-	6	-
Number of service users who attended their Initial FGC	6	66%	4	66%
Supported by trained independent advocate or other designated support person	5		3	
Number who did not attend, but whose views were presented at the FGC meeting by a trained advocate or other designated person	2		2	

All service users referred for a FGC, regardless of their mental capacity, will be encouraged to attend, offered appropriate support, and the meeting adapted to meet their needs. It is an important principle of family group conferences that vulnerable individuals will be empowered and enabled to be as fully involved as possible in the process. This principle is now also a requirement of the Care Act 2014, for anyone who would have substantial difficulty in understanding or taking part in the process. Whilst there is sometimes a friend or family member who can fulfil this role, often this is not an appropriate option, and an independent, trained advocate is needed.

Some service users refuse any specific support, and feel confident enough to speak for themselves. The coordinator will ensure that they have the opportunity to do this, that they are listened to, and that the meeting is a positive and empowering experience for them.

On some occasions a service user may choose not to attend, or may lack the capacity to make the decision, and it not be considered in their best interests to attend – most often due to concerns about their physical or mental health. It is the coordinators responsibility to ensure that whenever possible the service user's views are obtained and presented at the meeting. If the service user has the capacity to make the final decision about the plan, the coordinator or advocate will check that he/she is in agreement with any actions before the plan is finalised.

For the last few years the funding available for FGC has not included provision for advocacy. Although it has been possible for Daybreak to apply for funding from Hampshire CC for individual cases, on occasion this has caused difficulties and

delays. Local advocacy services will usually be utilised if available, but Daybreak also has a pool of trained volunteer advocates who can be available if required. However using volunteers is not without cost so our ability to provide this service long-term can never be assured.



## Outcomes

### *What does success look like?*

There can be no single criteria for a “successful outcome”. Although improved safety is always a priority, safeguarding cannot be considered in isolation from the wishes and well-being of the individual. In the eyes of the adult service user, their own “safety” may not be the most important issue.

Daybreak recognises that a service user with capacity to make their own decision, may choose to leave themselves at risk. However the FGC could still be considered to have a successful outcome if the process has resulted in greater awareness and understanding of risks and options, increased support being offered and accepted, and improved communication and relationships within the family.

Another beneficial outcome is often the development of greater understanding, trust and respect between the professionals/service providers and the service user and their family. Many interactions between families and professionals can be led by suspicion and distrust, often fuelled by media representations, or past experiences. Having a neutral “intermediary” who spends time with each individual, listening and explaining what is happening can make a huge difference to how professionals are viewed and how services are received.

Savings for the local authority may also be a desired outcome, but again this cannot be a realistic aim in every case. An evaluation of cost benefits of the first 3 years of this project, (summary provided in Appendix B), showed clear overall cost savings. Often this was due to increased family involvement in the day-to-day needs of their relative, which led to a reduction in the need for LA involvement and social worker time after the FGC process. It is expected (although it is difficult to prove in the short term), that there is also a reduction in re-referral rates, as families become more adept and confident at managing changing circumstances.

When considering whether the process had had a successful outcome, opinions of those involved may vary. It is essential to remember that family members and professionals alike may come to the table with their own “agenda”, and quite often have fixed ideas of what “should” happen. Some people may consider the process to be “unsuccessful” if it results in any outcome that is not what they themselves wanted.

It is important that the FGC coordinator is able to manage expectations; ensure everyone comes into the process with an open mind, willing to listen to and respect the views of the service user; and to challenge all participants to put aside their own preconceptions.



***Family Group Conferences –  
“bringing families back into decision-making”***



## Feedback on the Service

Following each initial FGC or Review meeting, all participants are sent a feedback questionnaire, inviting them to comment on the service they received, the plan developed and the outcomes achieved. The return rate for the questionnaire, perhaps inevitably, is quite low (usually around 20%), but those who do reply are overwhelmingly positive.

Respondents do not need to identify themselves in any way, but most do so. They are invited to include a contact number if they would be willing to be contacted to discuss their experience further, and Daybreak has a policy of contacting as many as possible. In addition we will routinely contact anyone whose comments indicate that they were dissatisfied in any way.

The following are some of the comments taken from the feedback questionnaires:

**Family member:** *“I think this will make (the person) more confident in themselves”*

**Social worker:** *“Opportunity for all parties to communicate openly at the same time in a safe forum”*

**Referring social worker:** *“structured, supportive, mediated by neutral parties with advocacy for the service user”*

**Family members:** *“family communication re-opened. Clear course of action in case of change of circumstances”*

**Service user:** *“I feel safer now that everyone is helping me. I like talking about what’s happening in the family and how to make it better”*

**Referring social worker:** *“seeing the family engage with each other and work as a unit. Excellent service!”*

**Family member (from very conflicted family):** *“we are in the same room!”*

**Referring social worker:** *“Good service. Keeps things on track and keeps everyone accountable for actions. Good to get other professionals involved”*

**Agency worker:** *“For the first time, I think the family felt they were supported in a positive way”*

***“Your life, your choice”***



***“An advocate can help me explain what I want – and make sure everyone listens to me!”***

## Working in Partnership

Daybreak’s involvement with the service users and families referred to us is intense but short-term. One of the main purposes of a Family Group Conference is to involve everyone who is concerned about the individual - family members, friends and professional service providers, and to ensure that any support plan is understood and agreed by all.

In many cases relationships and communication have broken down, and the FGC coordinator will spend a lot of time in the preparation period working to restore vital links and trust between all the parties. This can be of continuing importance to the safety and well-being of vulnerable service users, as they are likely to need to maintain a working relationship based on trust and mutual respect with service providers, as well as with their own family members.

	2014 -15	Average per mtg	2015 -16	Average per mtg
Number of family members/friends who attended an FGC meeting during the year (not including the service user)	68	4.0	52	5.2
Number of ASC representatives and other agency staff who attended an FGC meeting during the year (excluding advocates)	50	2.9	19	1.9

It is important that an appropriate balance is achieved at the FGC between the number of family members present and the number of professionals / service providers. Ideally, as this is a family meeting, the family should always make up the majority, however sometimes this is not possible. If there is a very small family group, but many professionals are involved, the service user and family may ask that they all be invited to contribute their knowledge of the situation into the meeting. In most cases however, all but the referrer and the advocate choose to leave after stage one of the meeting as their part in the proceedings is now over. This will then restore balance, and the family can take all views and information into account.



**“Working together makes us stronger!”**

## **Appendix A: Case study 1 – Margaret Phillips aged 82 years**

*(Names and some details changed to preserve confidentiality)*

**Situation:** Margaret normally lived in her own home with her son David. At the time of the referral Margaret had been a patient in a Community hospital for 6 weeks after becoming unwell at home. Since admission Margaret had required 2:1 support for transfers and all her daily living needs. Concerns had been raised that David had not allowed appropriate support for his mother while she was at home and that her care needs had not been met. Since admission David had become verbally abusive to care staff when they wanted to discuss the care his mother needed, and he was reluctant to accept the care package offered in order for her to return home, saying he could manage. Margaret was observed to be nervous and fearful when David tried to support her. Margaret had 3 other children who had been discouraged from visiting or being involved in her care by David.

**A referral for a Family Group Conference was made to address the question:**

- *What support does Margaret need in order for her to be cared for safely at home, and how can this be provided?*

**At the Family Group Conference:** Margaret did not attend her FGC due to her health, but her views were represented by her advocate. David attended along with Margaret's 3 other children and another family member. Despite their previously difficult relationships the family members agreed a comprehensive plan of support, in which they were all involved. After hearing from all the agencies present the family also agreed that the suggested care package would be accepted and care-workers welcomed in the home.

**Outcome:** A Review FGC was held 10 weeks later at which it was confirmed that all promised actions had been completed and there were no on-going safeguarding concerns. Margaret was said to be happy and well-cared for.

**Comment from Social Worker:** *"The meeting was managed well by the coordinator who acted as a mediator between the family and health professionals. It enabled information to be shared and clarified with all parties at the same time."*

**Comment from family member:** *"As a result of the plan her main carer will also have the support he needs so this will make M safer. She will have company and the care of her family in familiar surroundings"*

## **Case Study 2: Maria Stone aged 40 years**

*(Names and some details changed to preserve confidentiality)*

**Situation:** Maria has a long-term degenerative condition which is currently causing her increasing medical and physical difficulties. She is a single mother living with her 12 year old son Jake. Jake's father Martin has had intermittent contact with his son throughout his life but this has recently broken down as Jake refuses to see him. Maria is struggling to cope with Jake's behaviour at home and worries about what will happen in the future. Maria has limited mobility and her current home is unsuitable for her needs. She receives daily help from a care agency which is working well.

**A referral for a Family Group Conference was made to address the questions:**

- *What support does Maria need to care for herself and Jake?*
- *What needs to happen about the house and who can help with this?*
- *What role can Martin play in Jake's life and how can this be supported?*
- *Who can care for Jake for short periods or longer term if necessary?*

**At the Family Group Conference:** Seven family members attended the FGC including Martin, but Jake chose not to be involved. Maria was supported by an advocate provided by Daybreak.

**Outcome:** Maria decided she needed to sell the house and move to something easier to manage. Her family agreed a plan to assist her to do this. Martin agreed to finance Jake's out of school activities by direct debit, and other family members took responsibility for getting him to and from his activities and school. Everyone wanted to support Martin and Jake to get their relationship back and came up with lots of ideas including introducing skype/facetime if Jake agreed. Plans for short-term or emergency care for Jake were agreed; long-term plans discussed but decisions deferred so Jake could be consulted. A date for a Review meeting was agreed, but when the time came everyone was busy with the house move and decided they had everything under control.

**Comment from one family member:** *"Lots of historic problems were resolved. Positive steps and aims now in place. (We all) feel more supported"*

**Another family member commented:** *"Much more clarity in the family about their needs. More support = less worry!"*

## Appendix B:

### Cost benefits analysis (Hampshire 2007 – 2010)

As a part of initial pilot programme funded by Comic Relief in using FGC in Cases of Elder Abuse, Hampshire CC undertook a cost analysis of the first 49 referrals which reached at least an initial FGC meeting. (The pilot also accepted referrals from Southampton and Portsmouth Unitary Authorities but these were not included in the Hampshire Analysis)

The following table shows some of the results:

<b>Hampshire referrals which had at least 1 FGC meeting (2007 – 2010)</b>	<b>49</b>
Cases closed to Safeguarding following FGC	29
No further action from Adult Social Care services following FGC	17
Increased family/ community support	10
Reduced risk ( <b>in addition</b> to those closed to safeguarding)	8
Housing / accommodation issues resolved	8
Savings in residential care costs (returned home):	£30,000
Savings due to reduced/cancelled domiciliary care:	£12,480
Savings in social worker/ care management time*:	£34,880
<b>Total estimated cost savings :</b>	<b>£77,360</b>

\*Some cost savings were due to reduced domiciliary care package costs, or to the client no longer requiring a residential care placement. (Cost saving calculated for **1 year only**)

If the FGC resulted in reduced care management time the savings were estimated based on perceived reduction in time spent per week over **1 year**, as follows:

Estimated 1 hr reduction in care management time: £1040

Estimated 2 hrs pw reduction in care management time: £2080

Reductions in time spent were estimated by the referring social worker, as were the perceptions of reduced risk and increased family/ community support.

## DAYBREAK FAMILY GROUP CONFERENCES



*“I found it an easy relaxed atmosphere for everyone to air their views in”  
– comment from a family member who attended a  
Family Group Conference*



## DAYBREAK FAMILY GROUP CONFERENCES



***“A world where all who are vulnerable and disempowered are enabled to participate in decisions affecting their lives”***

**- Daybreak Vision Statement**

## **The Daybreak Vision Statement:**

“A world where all who are vulnerable and disempowered are enabled to participate in decisions affecting their lives”

**The Daybreak Mission Statement** frames our Vision in terms of what we strive to achieve:

“Empowering children, families and vulnerable adults to make good decisions and enhance their life chances”

**The Daybreak Value Statement** outlines the core beliefs we share

- A belief that families have the ability to make decisions about members of their own families
- A commitment to the empowerment of families to make those decisions
- The demonstration and promotion of mutual respect
- Promotion of the active participation of all involved in the process
- The recognition and valuing of difference
- A commitment to openness and transparency
- A recognition and valuing of the roles and responsibilities of agencies