



# Daybreak

## Family Group Conferences for Adults



**Pilot Project for Elder Abuse**

Funded by Comic Relief

**Evaluation Report  
2007 – 2010**

**Daybreak Bluebird project**

**Family Group Conferences for Adults**

**Evaluation Report**  
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## Introduction

The abuse of older people is recognized as a complex and difficult issue to address. Can Family Group Conferences (FGC) be successful in this context? This is what the Daybreak Bluebird project set out to explore.

In 2006 Daybreak was in discussions with colleagues in Hampshire Adult Services about the possibility of using Family Group Conferences (FGC) for vulnerable adults. Previously FGC had focused almost exclusively on children, but Daybreak had substantial experience of using the process in situations of domestic abuse, which, although focusing primarily on the safety of the children, also had good outcomes for the adult victim as well. A small amount of funding was made available from Hampshire to trial this method of working for adults and to introduce the concept of FGC to Adult Services staff. A training workshop evoked much interest, but did not result in a referral. However awareness of the model was raised in using FGC to address issues for older people.

In 2007 Daybreak secured substantial funding from Comic Relief and the Bluebird project was set up to use Family Group Conferences to address issues of Elder Abuse. The project covers Hampshire, Southampton, Portsmouth and the Isle of Wight, and is overseen by a Steering Group which consists of the CEO of Daybreak, the Bluebird Project Manager, representatives from Adult Services and a representative from Age Concern Hampshire, and meets approximately bi-monthly.

The funding allows referrals from any source, (including direct referrals from older people and their families), and covers any type of abuse, or suspected or potential abuse, of persons aged 50 years or over. It also covers the provision of advocates for any vulnerable adults involved in the Family Group Conference process.

The Mental Capacity Act (2005) came into effect in 2007. Family Group Conferences are very much in line with the requirements of the Act, with its emphasis on helping vulnerable adults to be as involved as they are able with decisions which affect them. In addition, for those assessed as lacking capacity in a specific area, the requirements for making “Best Interests” decisions, (*see appendix II*), requires the involvement of all those who know the person well – i.e. the broad definition of “family” used in FGC.

The contribution that Family Group Conferences can make to the implementation of the Mental Capacity Act was acknowledged in 2008

when Daybreak, in partnership with Hampshire CC was awarded a Department of Health “Regional Innovators Award”.

This report covers the initial three years of the Bluebird project, and the steps that have been taken to ensure that the use of Family Group Conferences can be maintained and expanded in the years to come.

## **Background**

***“Elder abuse and neglect (mistreatment) are increasingly acknowledged as a social problem in the UK and internationally, but there has been an absence of any sound data on the extent of this in the UK. This lack of evidence prompted Comic Relief and the Department of Health to fund a dedicated survey to provide nationally representative prevalence estimates of elder abuse and neglect in the community.”***

- *UK Study of Abuse and Neglect of Older People: prevalence survey report. Published by the National Centre for Social Research 2007.*

This study carried out by King's College, London found 4.0 % of people aged 66 and over, living in their own homes, reported that they had experienced mistreatment during the past year. This equates to approximately 342, 400 older people in the UK. Partners and other family members were most commonly reported as the perpetrators of mistreatment.

- *For a full report on this study, e-mail [info@natcen.ac.uk](mailto:info@natcen.ac.uk)*

In response to these findings Comic Relief chose to fund 15 projects throughout the UK who wanted to develop new methods of combating elder abuse and/or working with the older people who had been affected by it. Daybreak received 3 years funding to pilot the use of Family Group Conferences for older people affected by abuse; other projects developed counselling services, advocacy or awareness raising programmes.

Comic Relief and Blake Stevenson have supported Daybreak and the Bluebird Project throughout the last 3 years, and have always been available to talk through any problems or difficulties. Hampshire Adult Services have also been enthusiastic and helpful partners, both on an individual level and in providing the necessary information and training to enable us to successfully move into work with vulnerable adults.

## Setting up the Service

The first six months were designated to introducing and establishing this new service. This included the appointment of a programme manager, developing leaflets, referral and feedback forms etc., preparing a group of experienced Daybreak coordinators to work with an older age group and promoting the new service to potential referrers.

The coordinators were enthusiastic about introducing Family Group Conferences to a different age group with different problems, different family structures, and within a different legal framework. Training was provided on the Mental Capacity Act, adult safeguarding, “No secrets”, (*See appendix III*) and more recently on the implications of personalisation and self directed support (*See appendix IV*). Practice Development meetings are held monthly, during which coordinators share practice issues, discuss any problems, and support each other in what can be very demanding work. Although the principles and process of FGC remain true to the model, it was quickly apparent that there are some differences to be considered when the focus of the meeting is an adult. Not least of these is the right of adults to refuse help, even when that decision leaves them at risk. (*See appendix I: case study 6*).

Referrals were quite slow to come in during the first year, as adult services had to adapt to new ways of working. Daybreak developed specific training in the use of FGC for referrers and other providers of adult services, and several training days have now been held throughout Hampshire. It is anticipated that this will be continued on a regular basis to enable new staff to learn about the service. In addition links have been made with Southampton Solent and Portsmouth universities, and regular “guest” lectures are now provided for social work students at various stages of their degree course.

Although it is anticipated that the majority of the referrals received by the project will continue to come from statutory agencies, it was felt important to raise awareness within service user groups. To this end several visits have been made to older person’s and other service user groups throughout the county, to give talks about the FGC service and about abuse issues in general. Again it is intended that these links will continue and increase in the future.

## Referrals

1	What was the target number of referrals for this period? (2007 - 2010)	90	-
2	How many referrals did the project receive?	64	71%
3	How many vulnerable adults were referred?	90*	-
4	Number of referrals from: Hampshire	57	-
5	Southampton	5	-
6	Portsmouth	2	-
7	Referring agent: Adult Services	54	-
8	Police	7	-
9	Family (including victim of abuse)	2	-
10	Other	1	-
11	Categories of abuse: Neglect	20*	-
12	Physical	32*	-
13	Emotional or psychological	68*	-
14	Sexual	1*	-
15	Financial	28*	-
16	How many people were referred because of domestic abuse?	62*	-
17	How many people were referred as a "Best Interests" referral (i.e. did not have relevant mental capacity)?	10	-
18	How many additional families were contacted following a request from an agency, community group or family member? (Not resulting in referral)**	14	-

\* A referral may include more than 1 person: e.g. a husband and wife may both be experiencing abuse, and may be referred together

A person may be experiencing more than one category of abuse: e.g. financial and emotional

\*\* The reasons that these visits may not result in a referral could be that a referral was not appropriate at that time, or that after the issues are discussed the family decide they can deal with the situation themselves.



### FGC Meetings

19	How many initial FGC meetings did the project convene in this period? (% of referrals received)	44	69%
20	How many service users (subjects of referral) did these meetings involve?	65	-
21	How many referrals did not result in a meeting?	20	31%
22	How many review meetings did the project convene? (% of initial meetings held)	32	73%

#### **Referrals which do not result in a FGC meeting:**

There are many reasons why this happens, and many have positive outcomes. Often the preparation work which the coordinator does with family members, discussing the concerns and encouraging communication, results in them taking action to remedy the situation, without a formal meeting. *(See appendix I: Case study 5)*

Sometimes the service user will change their mind about proceeding with the referral, or there may be insufficient family willing to engage with the process. In three cases the service user died (not connected to abuse) before the FGC could be held. Occasionally Daybreak may decide that it is inappropriate to proceed – usually for safety reasons, if it considered that increasing family involvement may increase the risk to the service user or others, though this is rare.

#### **Review Meetings**

It is Daybreak’s policy that the family should always be offered and encouraged to have a follow-up (review) meeting a few weeks after the initial meeting. The purpose of the follow-up meeting is to review the plan made at the previous meeting, monitor progress and identify and address any other issues.

There are many reasons why a follow-up meeting may not take place. Sometimes family feel that they now have the situation under control and there is no need for another meeting, or it may not be possible to get everyone together again - particularly if family members have to travel long distances. Occasionally another event, such as sudden deterioration in health of the client, changes the situation and may mean that the plan could not be fulfilled, and other action has to be taken. The Bluebird project aims to have at least one review following a minimum of 70% of initial FGC meetings.

Occasionally when the situation is very complex, a second or even third review meeting may be offered and accepted.

### **Enabling Participation**

It is an important principle of FGC that any vulnerable person should be supported to have their voice heard. This should be done in a way that they choose, facilitated by someone with whom they feel comfortable. Vulnerable adults are encouraged and enabled to attend their own FGC meetings, though a few are either too frail or choose not to attend. The decision about whether to attend is ultimately their own. If he or she chooses not to attend, the coordinator will ensure that they are kept informed of progress, often by an advocate or support person telephoning during the meeting. When family make a plan at the FGC in the absence of the person for whom the meeting was held, the coordinator will ensure everyone is aware that the plan is subject to the agreement of the person concerned. (Unless the FGC is held as a “best interests” meeting).

Early in the project Daybreak recognised that there was in general very patchy provision of trained advocacy services available to assist vulnerable adults at their FGC. Some areas were comparatively well-served, but in others advocacy was either not available or restricted to certain categories of service user e.g. those with a learning disability. Access to advocacy is a crucial part of our work with vulnerable adults, and this could seriously impact on their ability to be heard.

In response to this, Comic Relief agreed that some funding could be used to recruit and train a pool of advocates who would be willing to assist any vulnerable person at their FGC to ensure their views are heard. Daybreak



found that many of our experienced coordinators were willing to undertake the extra training and be available to support service users when required.

*N.B. It should be noted that one person does not fulfill both roles – the coordinator will organize and facilitate the FGC, and another coordinator will take the role of advocate to support the vulnerable adult.*

All those who have experienced abuse are offered a trained advocate or, if they prefer a friend or family member to support them, this person will be prepared by the coordinator to undertake this important role. In addition other vulnerable family members may be identified during the preparation period, who may need an advocate or supporter to enable them to take part. In some cases this may include the perpetrator of abuse.

23	How many service users attended their own FGC?	47	75%
24	How many service users (subjects of the referral) accepted a trained advocate at their initial FGC meeting?	24	37%
25	How many service users (subjects of referral) had a designated and prepared support person at their FGC?	13	20%
26	How many other vulnerable adults or children had an advocate or supporter at the FGC meeting?	7	n/a
27	How many service users attended their review? (% of service users for whom review was held)	26	72%
28	How many service users (for whom review was held) accepted a trained advocate at their review meeting?	15	32%
29	How many service users (for whom review was held) had a designated and prepared support person at their review?	6	13%
30	How many other vulnerable adults or children had an advocate or supporter at the review?	4	n/a

Some people feel comfortable enough with the process and decide they wish to speak for themselves. The coordinator will help them prepare for the meeting, and at the meeting the coordinator will ensure that they have the time and opportunity to speak and ask questions.

## **When perpetrators of abuse are included in the FGC**

When the perpetrator of abuse is a family member (particularly a son or daughter) the primary concern of the victim is often to protect them. This concern is the main reason why many older victims of abuse refuse to cooperate with police or other agencies – they fear the consequences. In many cases the perpetrator is known to have mental health, alcohol or drug problems, and this increases the victim’s desire to see them helped not punished. A key principle of FGC is the “no blame” atmosphere, and encouragement for everyone to consider the situation holistically, and address relevant needs of other family members. It is this that often encourages victims to engage with the FGC process, when they will not accept other ways to address the situation.

The decision about whether to include a perpetrator of abuse in the FGC will depend on several factors. These include:

- Whether the victim of the abuse has an on-going relationship with the perpetrator and intends this to continue. (This is most often the case when the perpetrator is a family member, particularly a son or daughter)
- Whether the victim wishes the perpetrator to be included in the process
- If the perpetrator acknowledges the abuse and wants to change their own behaviour
- Any risks identified to other participants. This will include the victim, other family and professional participants. Consideration will be given to potential risk during the preparation period, at the FGC meeting and following the meeting.

In many instances a perpetrator of abuse who attends a FGC meeting will be feeling very vulnerable themselves. He or she may fear the reaction of other family members or professionals to their actions or behaviour. In these circumstances it can be helpful for him or her to have a support person so they do not feel so isolated, and can take a full part in discussions to try to remedy the situation.

## Working in Partnership with Families

Family Group Conferences are seen as a very successful means of working in partnership with families and therefore promoting active citizenship. This is a government priority and is consistent with our second charity objective.

31	How many family members and friends attended an initial FGC meeting? ( + average per meeting)	248	Av: 5.6
32	How many family members and friends attended a FGC review meeting? ( + average per meeting)	119	Av: 4.0



This is what some family members said about their experience of the FGC process. (Comments taken from feedback questionnaires after the meeting):

*“I feel that the help and understanding of (the coordinator's) calming influence was first class and I thank her very much”* - daughter

*“Exceptionally well-thought out, practical, useful and timely”* - son

*“Excellent service for those who are actively seeking help and not for a wand to be waved”* - son-in-law

*“The action plan is a great idea as it spreads the load between family and friends”* - family friend

*“Our sincere thanks for all the help and services provided by (the coordinator). We are grateful”* - son

## Working in Partnership with Agencies and other Community Groups

It is one of the principles of Daybreak that we recognize and value the work of our professional partners, and encourage and facilitate their work with service users and families. The coordinator will discuss with the service user and family which service providers it is appropriate to invite to the FGC.

33	In total how many service providers attended an initial FGC meeting? (+ average per meeting)	151	Av:
34	In total how many service providers attended a FGC review meeting? (+ average per meeting)	76	Av:
35	- How many adult services representatives attended FGC meetings? (initial and review)	83	-
36	- How many health representatives attended FGC meetings? (initial and review)	36	-
37	- How many domiciliary care representatives attended FGC meetings? (initial and review)	41	-
38	- How many police representatives attended FGC meetings? (initial and review)	24	-
39	- How many housing agency/ residential /nursing home representatives attended FGC meetings? (initial and review)	25	-
40	- How many other service provider representatives* attended FGC meetings? (initial and review)	18	-

\* Other service providers who attended included representatives from:

Children's services; occupational therapy; rehabilitation services; victim support; "Seeability"; Court of protection; solicitors

In general the willingness of agencies to attend FGC meetings is very encouraging and as shown, includes a wide variety of services. However it is noticeable that despite being invited in almost every case, very few GPs attend. (Only 5 out of the 36 health professionals who attended were GPs). Many family members comment on this. For example:

*"Lack of doctor and a medical report were a disadvantage"* - daughter

*“Everyone who was invited attended except GP”* - daughter

*“.. disappointing that GP did not turn up on the day...”* - nephew

Mental health services are well represented (including 13 community psychiatric nurses) and almost always attend when invited, as do police representatives.

Referrers and other service providers generally found the process useful with some comments being:

*“It was a powerful method of enabling the family to find a solution within themselves”* - care manager

*“Very good meeting. Client and family were treated with kindness and respect”* - care agency worker

*“It brought together quite a fractured family and helped them all understand the extent of the problems”* - care manager

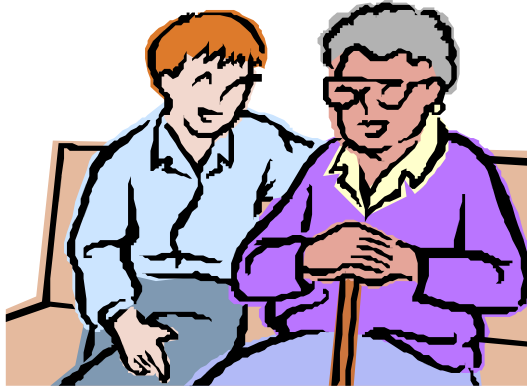
*“I think it has been an empowering method of getting family to look at the problems and try to find a solution”* - care manager

*“An interesting and enlightening experience!”* - CPN

*“Very good way of giving people the right to speak out in a safe environment and change their lives for the better”* - police officer

One service provider did note a negative aspect and commented:

*“Client has found the process difficult emotionally. However (Daybreak) has been very supportive in providing an advocate and on-going support”*  
-Social worker



### **FGC and the Mental Capacity Act 2005**

It was recognized from the outset that Family Group Conferences were by nature a best practice model in line with the principles of the Mental Capacity Act (MCA).

In particular FGC fulfill all the requirements of the Act for Best Interests decision making, in situations when someone is assessed as lacking the capacity to make a specific decision for him or herself. The Mental Capacity Act emphasis on advocacy, taking into account the service user's views and wishes, involving him or her in the decision-making, and consultation of family, friends and professionals, are all principles of FGC.

In 2008 the Department of Health awarded Daybreak, in partnership with Hampshire County Council, a Regional Innovator's Award for the work in developing FGC to support the implementation of the MCA in Hampshire.

To date we have received 10 referrals under Best Interests procedures, where decisions needed to be made to safeguard an older person who had been assessed as lacking the capacity to make the decision themselves.

## Outcomes

The perceived success or otherwise of Family Group Conferences can be evaluated in different ways, and may differ according to whose point of view is being measured.

The primary reason for referral for a FGC is to ensure the **safety** of the vulnerable adult(s), and that their needs are being met **in the way that they wish**. This may mean that some family members (and some professionals), may not get the outcome that they would like (e.g. to have the older person cared for in residential accommodation, or to prevent all contact with someone who may be abusive).

However, families are encouraged to look at the situation holistically, and address all the needs of the service user and any carers, so plans will reflect this.

41	How many plans were accepted by the referrer as addressing safety needs? (+ % of total 44 FGC held)	43	98%
42	How many plans also addressed where the service user should live?	29	66%
43	How many plans also addressed the support needed by the service user and/or by family caring for them?	35	80%
44	How many plans also addressed the service user's physical or emotional health?	28	64%
45	How many plans also addressed the service user's leisure and social opportunities?	20	45%
46	How many plans also addressed other issues identified by the referrer, service user or family?	16	36%

Some comments made by service users about their FGC:

*“In one week after 6 very bad years (we) left the meeting with clear tasks to move forward looking to the future”* - Mr W

*“Thank you Daybreak, you were indeed a new daybreak for me and my family”* - Mrs P



### **Raising Awareness**

In addition to direct services, Daybreak also provide training for referrers and other service providers, presentations to social work students in local universities, and talks to community groups such as the Hampshire Service User forum and older persons groups.

47	How many service providers /members of community groups attended a Daybreak training event about using FGC for vulnerable adults?	780*	-
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*\*approximate numbers used for large groups*

These events have a dual purpose in providing information about the service and how and when to refer, and also raising awareness of abuse and safeguarding issues in general for all vulnerable adults.

Daybreak is now offering training and consultation throughout the UK, for local authorities, or other service providers who are interested in finding out more about the FGC model, or having a similar service in their area.

*For more information on the FGC model as used for adults see:*

*The Journal of Adult Protection - volume 12 Issue 1 - February 2010  
Policy and practice paper: “Using family group conferences in safeguarding adults”*

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## Feedback and Evaluation methods

Everyone who attends a FGC receives a feedback questionnaire, which is used to monitor the quality of the service we provide, and the level of satisfaction with both the process and the outcomes.

48	No. of feedback forms received from family and friends (% of 367 forms sent out)	203	55%
49	No. of feedback forms received from professional participants ( % of 227 forms sent out)	174	76%

All service user and family and friends feedback forms include a question asking if they would be willing to receive a telephone call from Daybreak to gather further information on how we could improve the service.

We are now arranging for service users and family members who indicate that they would be willing to discuss their experience in more detail, to receive a follow-up telephone call from an interviewer unconnected with the project. This will give more opportunities for service users and families to reflect on their experience, and offer suggestions for the future. We also value any on-going advice or assistance that service users or families may be willing to offer.

It is often difficult to obtain reliable information about long-term changes after a family group conference, as other factors unconnected with the FGC can influence the situation. However we are trialing a system of contacting referrers approximately 6 months after the FGC process is completed to find out how the situation has developed and if their involvement with the service user has changed. So far results are encouraging with several referrers reporting that they have no more concerns and have closed the case. These results will be reported more fully next year.

In addition to feedback collected and evaluated by Daybreak as part of our normal procedures, Comic Relief commissioned Blake Stevenson to provide independent evaluation of all the projects. We have been working closely with both Blake Stevenson and Comic Relief, including provision of 6 monthly reports on progress and outcomes.

Comic Relief has also held annual “Learning Events”, in which the 15 projects funded by them to address Elder Abuse in different ways, come together to discuss issues and learning points.

## **Service User Involvement and Influence on service development**

So far we have been delighted to welcome one service user onto the Daybreak Board of Trustees, who has also spoken very movingly at a meeting of senior managers in Hampshire. A service user and a family member have attended a workshop discussing Family Group Conferences for Adults, to give their experiences.

Other comments from family members have been used to inform training for our coordinators and improve practice. An example of this is the comment from a member of the extended family about the process for informing everyone if a decision is taken that an initial FGC or a review meeting is not to go ahead. Procedures have now been tightened and clarified to ensure everyone receives full information about the reasons for the decision in good time.



## **Quality of the Service/ Complaints**

We actively encourage reporting to us of any dissatisfaction with the service. Any complaints received are rigorously investigated and acted upon, and used to inform future practice.

50	How many complaints were received about the service during 2007 - 2010?	1
51	How many complaints were successfully resolved?	1

## Cost Effectiveness

At Daybreak we understand the importance of demonstrating the cost effectiveness of any service. Setting up a Family Group Conference is necessarily a complex, highly skilled and time consuming task, and at first can appear to be an expensive “luxury”. Unlike children’s services where it is relatively straightforward to calculate the cost saving of preventing a child coming into local authority care, in adult services the monetary advantage is less visible.

However there are ways in which FGC have been seen to achieve clear cost effectiveness, as follows:

### **1. Social worker time has been significantly reduced.**

Several Adult Services practitioners and managers have commented on the cost of safeguarding investigations, and investigating complaints from service users and families:

*“We have to keep instigating safeguarding investigations for this family when one or other of the warring parties makes allegations against the others. This is having a huge cost in time and money for ourselves, the police, and the GP. A Family Group Conference can cut across all that and help them get together with someone neutral and sort it out”*

- referring care manager

### **2. A successful FGC can enable an older person to remain in their own home, and not feel compelled to escape abuse by moving to costly residential care. (See appendix I: case study 1)**

Of course some people considering residential care may be self-funding, so this does not always mean an immediate cost saving to the local authority. However it is a government priority to enable people to remain at home if they so wish, and there is no doubt that this is in fact what the majority of people want.

### **3. Cases can be closed, or involvement reduced when services are no longer needed. (See appendix I: case study 7)**

If the involvement of services is solely due to the safeguarding concern, then following a successful FGC those services can safely be withdrawn.

## **Looking to the Future**

Hampshire Adult Services have stated their commitment to the principles and provision of Family Group Conferences as part of their safeguarding procedures for adults. Funding is already in place to continue the service in Hampshire during 2010- 2011. In addition the service is now being extended to all vulnerable adults who are experiencing or at risk of abuse.

The introduction of personalisation and self directed support to all adult services echoes the principles of family group conferences. It reinforces our core belief that individuals and families, with the right information and support, are best placed to decide what works best for them. Over the next year we will be working with Hampshire Adult services to develop the use of FGC to enhance safeguarding within the personalisation programme.

Daybreak is committed to expanding the provision of FGC for adults in all areas. In particular we are currently looking at offering FGC to prisoners on the point of release, to address problems of reintegration into their family and society, and help reduce re-offending.

In addition we are looking to work with other areas of the UK who wish to develop family group conference services for adults, by providing a direct service, or training in this area of work.

Daybreak are currently working with Solent University to produce a training DVD showing simulated Family Group Conferences for adults. Many DVD/videos are available for children's services, but this will be the first specifically for adults, and will show a FGC for elder abuse, and another for a younger adult with a learning disability. The DVD will be available from November 2010.

On 12<sup>th</sup> November 2010 Daybreak is planning a national conference to present the learning from this initial pilot project and to promote the use of FGC for adults throughout the UK. For more details or to apply for a place on the day please contact us on [headoffice@daybreakfgc.org.uk](mailto:headoffice@daybreakfgc.org.uk)

## Summary

The last three years has brought enormous progress in expanding the use of family group conferences in Hampshire, empowering individuals and their families to have a real say in the decisions that affect their lives. At Daybreak we intend to build on the experience of setting up the service for adults, by striving to increase the range of vulnerable adults who can access the service, and also by encouraging other areas of the UK to follow Hampshire's example.



We are indebted to Comic Relief for the initial funding for this pilot project, and for the help and support they have shown us throughout the last 3 years. We also value the immense contribution from Hampshire Adult Services, and from Hampshire Age Concern, in setting up, implementing and supporting this programme from the beginning. We look forward to working with you for many years to come.

## **"Family Group Conferences"**

***"Bringing families back into decision making and planning"***

*Linda Tapper  
Bluebird Programme Manager  
Daybreak FGC  
June 2010*



## Appendix

### I. Case studies

The following brief case studies have had names and some identifying features changed to protect confidentiality. They have been chosen not because they necessarily had the “best” outcomes, but because they represent the diversity of the work addressed by this service, and the range of outcomes achieved.

- 1. Mr and Mrs Matthews.** Both in their eighties and living in sheltered accommodation. There was a history of long-standing physical and verbal abuse of Mr Matthews by his wife, which because of his increasing infirmity is now considered to constitute a threat to his life. Care workers were frequently refused access. Referred for FGC by adult services.

**Outcome:** FGC held, with family support for both couple. Initially there was pressure from family and professionals for Mr Matthews to accept a place in a residential home to ensure his safety - a move he was reluctant to accept. However following frank discussions Mrs Matthews acknowledged the seriousness of the situation and accepted help. Both are now accepting support to remain together in their home, and family and service providers feel confident that there is no further abuse.
- 2. Mrs Fisher.** 82 years old and living alone in her own home. Her adopted son Thomas had been diagnosed with paranoid schizophrenia, and was currently refusing medication. Thomas was visiting his mother daily and controlling all aspects of her life, using physical, verbal and emotional abuse. Police have been involved several times, but Mrs Fisher always refuses to press charges, because she considers herself to be Thomas’s carer. Referred by adult services.

**Outcome:** The FGC was attended by Mrs Fisher, Thomas, other family members and several service providers. Mrs Fisher clearly stated she did not want to stop Thomas visiting entirely, but she did

want him to reduce his visits to her and accept medical help. Thomas agreed to only visit at planned times and, with support from other family to seek medical help. A family plan was made to ensure that Mrs Fisher had other social opportunities outside the home. Mrs Fisher stated that following the FGC she feels more able to say “no” to her son if he turns up unexpectedly.

3. **Sheila.** In her mid fifties with a learning disability and living with her mother. Sheila had disclosed a serious sexual assault by another family member, but was uncertain as to whether she wanted to give a statement to police. The family were also very distressed and split about what to do next and how to protect Sheila. Referred by adult services and police.

**Outcome:** FGC held and attended by majority of family but excluding perpetrator. Sheila was supported at the FGC by an independent advocate. It was established that Sheila had the mental capacity to make her own decision about whether to give a formal statement and support prosecution. After a long discussion Sheila decided she did not want to proceed with prosecution, but requested perpetrator be spoken to by police. A plan was made at the meeting to ensure her safety in line with her wishes to remain in contact with all family. The family also agreed to support her wish to move into independent accommodation – a move which they had previously resisted.

4. **Mrs Rashid.** Sixty years old and has suffered longstanding physical and psychological abuse from husband. The abuse is now being witnessed by the couple’s 12 year old grandson who has come to live with them, and Mrs Rashid finally sought help after an incident which required medical treatment. Mrs Rashid now wants a divorce, but her husband is still living in family home, and the threatening and abusive behaviour is continuing. Referred by police.

**Outcome:** Family and friends, police, adult and children's services all attended the FGC - the perpetrator was excluded. A plan was made to put safety measures in place and to support Mrs Rashid to obtain a court injunction and remove husband from the home. Divorce proceedings started and Mrs Rashid and her grandson are now successfully rebuilding their lives.

5. **Ellen.** Aged 64 and recently widowed. Ellen’s nephew Peter, (her sister’s son) has moved in with her after falling out with his own parents. Peter suffers from depression and is unemployed. Ellen

doesn't want to tell him to leave, but is finding it hard to cope and her own health is suffering. Peter refuses to claim benefits or contribute to household expenses, and is expecting Ellen to keep him on her limited pension. Referred by Ellen's daughter after a suggestion by a health professional.

**Outcome:** The coordinator spent some time talking to Ellen, her daughter and Peter, explaining the process and aims of a FGC. A few days later Ellen phoned the coordinator to thank her and say that they had continued to talk long after her visit and were on the way to solving the problem. A formal FGC was not considered necessary at this time. A follow up call 6 weeks later revealed that the family had arranged a meeting with other family members themselves, and were supporting Peter to find alternative accommodation.

6. **Mrs Davis.** Aged 70 and living in her own home. Mrs Davis was very depressed, having suicidal thoughts and had previously overdosed on her medication. She was frightened by her son who was regularly drinking, taking drugs and becoming aggressive and violent, but she refused to report incidents to the police for fear he would be sent to prison. Referred by adult services.

**Outcome:** Family and service providers attended the FGC and made several suggestions to help. Mrs Davis acknowledged the severity of the risk she faced, but after a long discussion decided she was not ready to ask her son to leave the home, or to accept the use of the "place of safety" or other offers made. While family and professionals alike were upset and frustrated by this, it was accepted that Mrs Davis had the right to make her own decisions in this matter. After the meeting several participants commented that at least everyone now knew that Mrs Davis was fully aware of the risk and everyone's concerns for her safety, and that she knew what help was available if and when she felt ready to accept it.

7. **Mr and Mrs Lee.** Both in their eighties, Mr and Mrs Lee were suffering varying degrees of ill health as well as sight and hearing impairment. Each admitted to becoming increasingly frustrated and intolerant of the other and police were being called with increasing frequency to the home, due to domestic abuse incidents. The abuse was escalating, sometimes resulting in physical injury. The couple were under adult services safeguarding procedures, and referred by the police.

**Outcome:** There was a very small family network available to attend the FGC, but Mr and Mrs Lee each accepted an independent advocate



so both had the opportunity before the FGC to talk individually through their needs and feelings. The family plan agreed at the FGC concentrated on improving communication, both between the couple themselves, and with service providers. A follow-up telephone call to the referrer 5 months after the meeting revealed that there had been no more police call-outs, and the couple had been removed from safeguarding procedures.

**II. Best Interests** – From the Mental Capacity Act 2005, principle 5: When an adult is assessed as lacking the capacity to make a particular decision, “any decision made for or on behalf of that person, must be made in his or her best interests”. Copies of the Mental Capacity Act Code of Practice can be found at: [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

**III. No Secrets** – The Department of Health and the Home office issued joint guidance in 2000 on keeping adults safe called “No Secrets”. This was reviewed in 2007 – 09. For a copy of the review consultation visit:- [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) and quote:- *290862/safeguarding adults: a consultation on the review of the “No Secrets” guidance*

**IV. Personalisation and Self Directed Support** – Adult services in Hampshire has set out a model for delivering social care into the future which supports the governments drive to personalise health and social care. At the heart of the model is a commitment to put people at the centre of care delivery and to ensure that people and their carers are fully involved in all aspects of service planning and the delivery of quality care and support. Hampshire is committed to making Self Directed Support a reality for all people who ask for help from adult services, maximizing their choice and independence in managing their own support. Alongside this Hampshire recognise that where there are risks associated with the choices people make, or where they are vulnerable in other ways, protection must be offered where needed.

## **Family Group Conferences**

***“Bringing families back into decision making and planning”***



## The Daybreak Value Statement

1. A belief that families have the **ability** to make decisions about members of their own families
2. A commitment to the **empowerment** of families to make those decisions
3. The demonstration and promotion of **mutual respect**
4. The wish to promote the active **participation** of all involved in the process
5. A recognition and valuing of the roles and responsibilities of **agencies**
6. The recognition and valuing of **difference**

