

Short Research Summary - written for this report by Beth Mooney (MPhil student University of Cambridge)

The prevalence of FGC services across the UK is ever increasing: to date there are more than 10 services up and running in the UK¹ with more in development. Although FGC Service in the UK are in their infancy, they have been the subject of research this summary draws particularly on international work in Europe and local studies in Kent, Midlothian and Hampshire.

FGC services have been credited with the 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 service users 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). Evidently providing service users with a platform to share their thoughts and wishes with their support network is a key success of FGCs in the UK.

Research suggests that a sense of improved wellbeing extends beyond the subject person to include their support network as FGCs aim to "empower[ing] the widest possible network of extended family members and friends" (Ogilvie and Williams, 2010: 12). Empowerment giving the families ownership over care plans (Marsh, 2007) and places "families [are] 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). Forsyth *et al.* (2013) argued that, because the support network generates their own plan, they are more engaged in the process, empowered by their own capabilities (de Jong and Schout, 2013) and likely to carry out their responsibilities as established in the care plan. This research suggests that FGC processes in the UK empower participants to feel more in control and resilient (SCIE, 2012).

FGCs have also been recognised for their various relationship-building capacities. The research carried out in Midlothian concluded that FGCs could develop the bond between attendees (Forsyth *et al.*, 2013), whilst the Kent's FGC Service found that family relationships were improved following an FGC (Marsh, 2007). Ogilvie and Williams (2010: 12) contend that the bond between participants is developed because "a whole network of people other than the immediate family or carers [come together] to share the problem and offer solutions". Moreover, de Jong, Schout and Abma (2014: 2652) claim that "Family Group Conferencing has the potential to bridge the informal world of the community with the formal world of the agencies". This conclusion was substantiated by the research carried out with the Midlothian FGC Service as Forsyth *et al.* (2013: 26) confirmed that "the FGC is a valuable way of partnership working between professionals and families". Evidently, from the research cited here, it is clear that FGCs in the UK have help foster relationships between attendees as well as build trust between agencies, service users and their support networks. Their ability to develop relationships led de Jong (2013) to determine that FGCs can be restorative. In trials run in Bedfordshire and Greenwich, it was found that FGCs could repair "longstanding complex relationships" (SCIE, 2012).

¹ Including Birmingham, Camden, Dumfries and Galloway, Edinburgh, Essex, Hampshire, Lincolnshire, Kent, Midlothian and Swansea.

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). Likewise, in researching the Kent FGC Service, Marsh (2007: 6) contended that FGCs are “a popular service” and “the results are thought to be very positive for all concerned”. An early evaluation of Camden’s service reiterates this but advances that a key factor in participant satisfaction is their ability to be culturally sensitive. Likewise, the Midlothian FGC Service suggested that adapting to the cultural needs of the families concerned was important to participant engagement and satisfaction with the service, as was the ability to produce safe care plans (Forsyth *et al.*, 2013). Evidently, FGC Services in the UK are valued by service users and their support networks (see also Malmberg-Heimonen, 2011).

An additional finding by the FGC Services in the UK is that they “result[s] in savings through a reduction in future interventions, as the person and their families learn how to be self reliant” (SCIE, 2012: 18). The Kent FGC Service estimated that their FGCs had saved £85,000 over two years – an average saving of £7,000 per FGC (Marsh, 2007). In their review of Hampshire’s FGC Service DayBreak (2012b: 19) elucidated that FGCs are cost effective in three primary ways: firstly, social worker time has been “significantly reduced”, secondly, an empowered person could remain in their own home and avoid costly residential care, and thirdly, cases can be closed when services are no longer required.

References

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