

# Family and Group Conferencing for Adults

Key Standards and  
Guidance: Reflections for  
leaders and commissioners

**This tool includes points for discussion to support the commissioning and development of services, and to improve practice.**

## **INTRODUCTION**

**The Standards and Guidance set out the core elements that define good practice for Family and Group Conferencing (FGC) for adults.**

They are designed to inform the commissioning and delivery of FGC services, to provide a resource for critical reflection, and for auditing and developing practice.

They were drawn up through a Delphi consultation with panels of experts from across Great Britain, including people with lived experience, FGC practitioners and wider stakeholders. The wording of each standard achieved agreement from at least 80% of those participating. The guidance linked to each standard incorporates statements that were also agreed by the expert panels.

They have been developed and published through a collaboration between Community Catalysts, the University of Birmingham and Research in Practice. The work has been funded by the National Institute for Health and Social Care Research (NIHR).

It should be stressed that an FGC service cannot exist in isolation and it can only be effective if it is developed within a broader context of services that are committed to shared decision making, and personalised or strength-based ways of working. Achieving the following standards and making use of the supporting guidance, will be much harder if the wider service context is not supportive of the fundamental ethos of the approach.

Standard	Guidance
<p><b>Standard 1</b> <b>Independence of the coordinator</b></p> <p>Central to the model is the independence of the coordinator who has responsibility for facilitating the process, not for what should go into the Plan. They should not normally have any other role in relation to the central person and their network (such as social worker or service provider) but can enable the implementation and review of the Plan.</p>	<p>Individuals and network members need to feel they are in a safe space where they will not be judged or coerced into decisions that fit professionals' agendas. Trust can be weak, especially for those with prior negative experiences with services, and true independence of the coordinator is foundational to rebuilding that trust.</p> <ul style="list-style-type: none"> <li>i) Organisations must clearly define what independence means within their structure</li> <li>ii) A self-assessment tool should be developed to evaluate whether services maintain independence. A template for this is available from Research in Practice.</li> <li>iii) Services should ensure independence is reinforced through policies, role descriptions, and training</li> </ul>

### Discussion questions

- > How would you go about ensuring (and assuring) the independence of coordinators in the way that the FGC service is set up?
- > How could you build in mechanisms to check periodically whether coordinators continue to feel that they can act independently and that they are perceived to be independent by people who are using the FGC service?

<p><b>Standard 2</b> <b>Initial training</b></p> <p>Initial training for coordinators should be for a minimum of 10 days and should include</p> <p>(a) training on</p> <ul style="list-style-type: none"> <li>&gt; FGC values and principles</li> <li>&gt; communication and facilitation skills, cultural competence, and</li> <li>&gt; specialised knowledge of adult protection issues and community resources;</li> </ul> <p>and (b)</p> <ul style="list-style-type: none"> <li>&gt; opportunities for shadowing and co-working with experienced coordinators.</li> </ul> <p>They should also be shadowed while they undertake their first conferences.</p>	<p>Training should ensure that coordinators understand both the practical and emotional complexities of FGCs. Coordinators who lack understanding of cultural competence or trauma-informed practice can unintentionally alienate participants.</p> <ul style="list-style-type: none"> <li>i) Training must cover core competencies, including facilitation, safeguarding, neutrality, and inclusive practice</li> <li>ii) The inclusion of shadowing is essential - being supported by experienced coordinators allows new coordinators to develop confidence and sensitivity in handling difficult discussions</li> <li>iii) Services should ensure ongoing professional development opportunities extend beyond the initial training period</li> </ul>
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### Discussion questions

- > How could you ensure a quality training offer is developed to meet these key learning points?
- > How will you facilitate opportunities for shadowing and co-working for new coordinators? What subsequent training, shadowing or learning opportunities might be required?

### **Standard 3** **Preparing for uncertainty**

Coordinators are trained and supported to stay with uncertainty and give space for the central person and their network to find their own solutions.

Professionals can be uncomfortable with uncertainty. People need time and space to work through challenges. Rushing to prepackaged solutions can undermine the long-term success of the FGC.

- i) Coordinators, through their training and supervision, should feel able and confident to 'sit with the uncomfortable'
- ii) Coordinators should be supported to build their skills beyond initial training, ensuring they feel confident in adapting to complex situations

#### **Discussion questions**

- > How can you prepare the wider professional field to be comfortable with uncertainty in order to give the central person and their network time and space to come up with their own solutions?
- > What could be built into the ways of working of the FGC team to facilitate ongoing discussion of what may be safe or unsafe uncertainty in particular situations?

### **Standard 4** **Explaining the FGC process**

Guides in different formats should be created to give out to the central person and network members. These should break down the different stages of the FGC process (including preparation), so that everyone involved is aware of what it will be like and what will happen.

People with lived experience often feel that services speak a different language, full of jargon that creates distance. Breaking down the FGC process in a way that respects different communication needs would help people feel informed.

- i) There may need to be bespoke guides for children, professionals, people with different communication requirements, spoken languages etc
- ii) Digital and alternative communication methods should be explored to enhance accessibility
- iii) Relevant materials have been developed by Research in Practice

#### **Discussion questions**

- > How can you ensure high quality information is provided, including bespoke materials for people with different accessibility needs?
- > How could people with lived experience contribute to devising guides that are seen as relevant and accessible?

### **Standard 5** **Flexibility**

The process and format should be informal and flexible so as to best fit with people's social and cultural preferences, support needs, or other factors – as long as all participants will have a voice.

FGCs should adapt to people, not the other way around. Overly formal meetings shut people down before they even have a chance to speak. Flexibility - whether in location, structure, or format - helps ensure that individuals and networks feel safe enough to contribute meaningfully. Informality does not mean unstructured; it means making the space comfortable enough for real conversations to happen.

- i) Cultural awareness and sensitivity training should be mandatory for all practitioners
- ii) Services should ensure that meetings, processes, and materials are inclusive and reflect the cultural contexts of the participants
- iii) Translators, interpreters, and community liaison roles should be utilized to support cultural inclusivity

## Discussion questions

- > What scope would there be to adapt the format to fit better with people's social and cultural preferences, support needs, etc?
- > Could service protocols or external expectations get in the way of making appropriate adaptations to the process?
- > How could you evaluate whether the FGC service is working to principles of equality and diversity, and whether the FGC service is fully accessible.
- > What would be good mechanisms to get feedback from people as to whether their needs and preferences had been taken into account in the process?

### **Standard 6**

#### **Offering an advocate**

Where the central person may have limited mental capacity or other vulnerabilities that may affect their participation, they should be offered an advocate, or an alternative mechanism whereby their views and preferences can be represented (e.g. by preparing a statement or personal plan in advance).

Finding a way of having a voice is critical for those with cognitive impairments, communication difficulties, or emotional barriers. Ensuring they have an advocate, or another mechanism to express their voice, is essential. It can mean the difference between an FGC being empowering or being sidelined.

- Advocacy should be available to all participants where needed, but the model may differ by location
- Where a generic advocacy service exists, it should be considered as a potential resource
- FGC coordinators may take on the role of advocate in situations where a colleague is acting as the coordinator
- Services should ensure that information about advocacy options is provided clearly and proactively to participants
- If the central person has an advocate, the advocate should be invited to stay during Private Time

## Discussion questions

- > How should advocacy support best be built into the service offer?

### **Standard 7**

#### **Supporting participants to engage**

During the preparation phase, the coordinator should connect with the central person and each network member to explore their concerns, aspirations and preferred options – and how to include the widest relevant network.

Co-ordinators must be willing and able to 'go the extra mile' in supporting participants to engage in the process where they may be fearful, ashamed or embarrassed, or may initially lack self-confidence or motivation, or the skills to be effectively heard. This can be the difference between disengagement and real and lasting change.

Coordinators should focus on building a trusting relationship with the central person and network members. When the coordinator takes time to understand their concerns, fears, and aspirations, the process becomes something that people feel ownership over, rather than something that is 'done to' them.

## Discussion questions

- > How will you ensure that sufficient time is allocated for the preparation phase as research show that this can be crucial in enabling a successful Conference?

### **Standard 8** **Information sharing**

On the basis of what people have said, a working document should be drawn up and shared with all participants ahead of the Conference. This should be written from the perspective of the central person (but may also need to reflect the perspectives of other participants where these may differ). The central person's voice may be reflected through the utilisation of 'I' statements or, on occasion, by them taking responsibility for writing the document.

Having a clear, person-led information - sharing document can help a central person feel more prepared and in control. Using "I" statements allows their voice to come through, even if they struggle to articulate things in the moment. This document should remain flexible - it should guide, not dictate, the discussion.

Where significant professional concerns form part of the overall picture, it is important that both the central person and their family network have the opportunity to fully consider the professional perspective during the preparation phase for the conference.

### **Discussion questions**

- > What might be the best protocol for information sharing to ensure that it is done in a way that is flexible and person-centred, but that any professional concerns are also clearly communicated?
- > Where there are domestic abuse and safeguarding concerns, what needs to be put in place to ensure that information sharing takes place safely?

### **Standard 9** **Venue**

There should be a discussion with the central person and their network as to where they would be most comfortable in hosting their FGC. They should be offered the choice of a neutral venue for the Conference, such as a library or community facility. However, they may elect to hold the Conference wherever feels most comfortable to them - including the place where they live.

Office or clinical environments should be avoided

- i) Online and hybrid options for the conference can also be offered - particularly as a way of including people who may be geographically dispersed
- ii) Where possible, professionals should be encouraged to participate in person
- iii) Venues should be meaningful, accessible, and supportive of participation - and should provide comfort, safety, and dignity. Some venues may be chosen by the central person because they hold personal meaning and significance.

### **Discussion questions**

- > How will reasonable costs be resourced?
- > What outreach work could be done to connect with free or low-cost community venues so as to increase availability of choice?
- > What requirements will need to be considered for the FGC to be held in any location? (e.g. access, privacy etc.)

**Standard 10****Connecting with practitioners**

During the preparation phase, the coordinator should connect with the referrer and relevant practitioners to clarify what they would wish to bring to the discussion.

If a coordinator engages referrers beforehand and makes space for transparent discussions, it reduces power imbalances. However, this engagement should be framed carefully - it should not allow professionals to steer the process but rather to clarify their role in supporting the individual and their network.

**Discussion questions**

- > What would help professionals and service providers better understand their role in the FGC process?
- > How might good practice examples be shared to enable coordinators and practitioners to connect effectively while maintaining the independence of the FGC process?

**Standard 11****Setting the right tone**

In setting the tone for the conference, it should start in a way that brings people together on an informal basis and breaks down power hierarchies – such as the sharing of food.

The beginning of the meeting sets the emotional tone. In conferences that start with space for casual conversation or shared food, people tend to feel less defensive and more willing to engage.

- i) The coordinator plays a vital role in setting things up so that everyone feels included as equal human beings, not on the basis of roles or statuses
- ii) A welcoming atmosphere, comfortable seating, and appropriate refreshments should be prioritised
- iii) Food can be a tool for connection and participation, encouraging a less formal, more relational dynamic.

**Discussion questions**

- > What costs might be incurred from sharing food together at the start of a Conference and how can this be built into the base budget?

**Standard 12****Culture of mutual learning**

The discussion with practitioners in the conference should be facilitated so that all participants are able to learn with and from each other, with a particular focus around what matters to the central person.

A culture of mutual learning - where professionals listen as much as they speak - creates an environment where families feel heard rather than managed. When professionals genuinely listen, solutions are more effective and sustainable.

- i) Social care and health practitioners should be willing to join the process with open minds and learn with the central person and their network as to what may be current challenges and what would enable them to have the best quality of life
- ii) Where appropriate, there should be an opportunity for an extended discussion with practitioners at the start of the conference around safeguarding concerns or what may be feasible to include in the plan
- iii) Practitioners may also be invited to rejoin the conference to finalise proposals for service input (and how this should be coordinated), or to discuss whether safeguarding concerns are being sufficiently addressed

**Discussion questions**

- > What briefing and training could be offered to social care and health practitioners so that they are better prepared for engaging 'on a level' in mutual learning with the central person and network members?

### **Standard 13** **Private Time**

Central to the model is Private Time in which the central person and network members (and any advocate) work up their preferred Plan. In some instances, the central person and network members may invite the coordinator into the room to assist at particular points with their decision-making process.

The professional system must be willing and able to give power to the central person and their network to make their own decisions, and participants must believe that they can (and will be allowed to) take charge of their situation.

- i) Networks may need support to structure or navigate difficult conversations. While the coordinator should not seek to influence decisions, their availability to step in when needed can be key to ensuring the group moves forward constructively.
- ii) The conference needs to be as long as it takes for participants to fully understand the issues and consider responses. Alternatively, discussions may be better split over more than one shorter meeting.
- iii) A key outcome is that a plan is made and implemented that builds on the preferences, aspirations and capabilities of the central person and their network

### **Discussion questions**

- > What mechanisms could be put in place to monitor whether or not participants have Private Time and how well they feel supported in their decision-making process
- > What mechanisms could be put in place to check that FGC plans **do** build on the preferences, aspirations and capabilities of the central person and network members?

### **Standard 14** **Review and follow-through**

It is essential that coordinators are able to offer follow-through to support the implementation of the Plan, and to convene one or more conversations with the central person and network members to review how the Plan is working and address any additional issues that may have arisen.

Well-intended plans can fall apart due to a lack of ongoing support. Coordinators staying involved, even in a small way, can help keep momentum and accountability.

- i) Appropriate review and feedback mechanisms need to be built in from the start. These should be structured but flexible, avoiding over-monitoring that could undermine the network's role.
- ii) With people's permission, the FGC plan (and subsequent modifications) should be uploaded on to core agency information / recording systems in a place that has prominence
- iii) Where there are implementation issues due to promised resources not being provided, or professionals not delivering what they agreed to deliver, there needs to be a quick and efficient mechanism for this to be reported at management level and appropriate action taken

### **Discussion questions**

- > Research has indicated that follow-through and review can sometimes be less effectively managed than the earlier parts of the FGC process. What systems can be put in place to make sure that there is effective support to embed and review the working of the Plan?
- > What mechanisms can be put in place for sharing the Plan with relevant professionals and services, and ensuring that it is clearly visible on their online information systems?
- > What mechanisms can be put in place to flag up issues with the implementation of the Plan, particularly where professionals or services are failing to deliver what was agreed?
- > How will you be able to gather data on outcomes through the review process including whether any positive outcomes are sustained over the longer term? Which outcomes would you wish to track (see Factsheet on Beneficial Outcomes of FGCs)? How could (some of) this data be collated to give an overall picture of the impact of the FGC service?
- > What mechanisms can be employed for obtaining and responding to people's feedback as to their experience of the FGC service?





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