

Family and Group Conferencing for Adults

Support for building a business case

INTRODUCTION

Developing a robust business case for FGC for Adults is vital in order to demonstrate the need, value, and feasibility of a proposed service. An effective proposal should therefore provide a clear, evidence-based rationale for investment or redesign. It should show how the approach:

- Improves outcomes for individuals and communities.
- Delivers efficiencies across the system.
- Aligns with statutory and strategic priorities, including the Care Act 2014, CQC quality statements, and integrated care strategies etc.

When considering FGC for adults, a business case should be tailored to the local context, reflecting the unique needs, structures, and opportunities within each local authority or setting.

This guidance draws on insights from Community Catalysts' Development Programme, which supports local authorities, health trusts, and third sector organisations to adopt FGC for adults. Community Catalysts also convenes the Research and Practice Network for FGC for Adults in the UK. The development offer is grounded in research, lived experience, expertise and the facilitation of connection with others.

WHY FGC IS DIFFERENT

“Adult FGCs are family-led meetings that encourage and empower an adult with care and support needs and their family/wider support circle to think about their collective strengths and resources to make personalised plans for the future.”

Community Catalysts Research and Practice Network (2017)

FGC for adults is a powerful tool. Like other strengths-based models, it is founded in a respect for the autonomy and expertise of the person. FGCs explicitly bring in a person's networks – their family, friends and supporters – who will often be part of the person's care and support but are typically not involved in formal planning.

The [FGC model](#) challenges how people often experience health and care systems. It challenges power imbalances, uniting services and networks to support people in finding better paths forward.

See [Key standards and guidance for practice](#) for more detailed information on the foundation of the model.

BUILDING A BUSINESS CASE

“Are you showing the outcomes for the residents? How their health and wellbeing is improving, their lives are improving? But are you also showing how you are saving money, and what the outcomes are for you as a service?”

Caoimhe, Team Manager of Adult Early Help Worker Service & FGC Service, Waltham Forest

When implemented thoughtfully and with fidelity to the approach, [FGC for Adults can offer excellent value for money](#) and can lead to transformational outcomes for people, families, and the wider system. A strong business case should include:

1. Clear Outcomes – What are you aiming to achieve?
2. Local Context – Identify enablers, barriers, risks, and opportunities.
3. Strategic Fit – Position the proposal within the right part of the system and engage the right stakeholders.
4. Policy Alignment – Show how FGC supports statutory duties and strategic priorities.

To deliver FGC effectively, consider:

- [Commitment to key standards](#).
- Use of design thinking to explore local nuances.
- Strong cross-sector relationships that support implementation.

Here is an indicative structure for such a business case / proposal:

1. Executive Summary – Purpose, proposal, and expected impact.
2. Background and Context – Current challenges and policy drivers.
3. Needs Analysis / Evidence of Demand – Data and rationale for change.
4. Options Appraisal – Including a ‘do nothing’ scenario.
5. Preferred Option and Rationale – Why this approach is best.
6. Cost-Benefit Analysis – [Financial and non-financial impacts](#).
7. Implementation Plan – Timeline, resources, and delivery steps.
8. Risk Assessment – Risks and mitigation strategies.
9. Monitoring and Evaluation – Measuring impact and value.
10. Conclusion and Recommendations – Final case for approval.

IMPORTANT CAVEATS

While FGC can be highly effective, it is not a substitute for other services. Key risks to consider include:

- People being discharged from care and left without adequate support.
- Networks becoming overburdened and disengaging.
- Coordinators taking a directive rather than facilitative role.
- The central person feeling disempowered or unsupported.

FGC works best when introduced early, within a supportive organisational culture, and with a clear understanding of what is required from all participants.



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