

Family and Group Conferencing for Adults

Factsheet

Beneficial outcomes of FGCs

INTRODUCTION

Family and Group Conferencing (FGC) for adults is growing as a strengths-based approach in adult social care and mental health services. Although the primary aim of a FGC is to produce a viable plan that works for the person and their family or social network, research has shown how it can potentially achieve a broader range of beneficial outcomes.

“I found the second review really good, from where they started to where they were. He was happy, he was pleased to be back [home]. It was a huge change for him. He’d been in the care home a significant amount of time, and then to come back to where you lived, where you wanted to be, with the support of your family and services working together, he was happy.”

Network member

WHAT THIS FACTSHEET COVERS

This factsheet utilises findings from the NIHR funded research project on Family and Group Conferencing for Adults. It covers:

- Potential beneficial outcomes for the person, network members, and professionals and services
- Evaluating and measuring outcomes

BENEFICIAL OUTCOMES

Through the process of bringing people together, and the different conversations that take place, an FGC can lead to broader changes for the person, their family and social networks – including their ability to participate in community, employment or educational contexts, and improvements in their relationships with professionals and services. From the research, the following have been identified as potential beneficial outcomes from FGCs – although only some of these may be relevant in relation to a particular FGC process.

For the central person

- A plan is implemented that builds on their preferences, aspirations and capabilities.
- Enhanced capability and wellbeing.
- Empowerment through being better recognised, understood and supported by family, friends and the wider professional system.
- Better connectivity with friends and family (relationship capital) and with the wider community (social capital).
- Rebuilding or restoring relationships that had become distant or problematic.
- Support and encouragement for life changes, transitions or recovery journeys (including accessing educational or work opportunities).
- More effective and joined-up safety net that may include both network members and services.
- Improved communication and trust with practitioners and care services.

For family members, friends and other informal supporters

- A plan is made that works for them in terms of what they would like (and are able) to contribute.

- Enhanced capability and wellbeing.
- Sharing of caring responsibilities within the network and opportunities for mutual support.
- Feeling better recognised, valued and understood by other members of the network, the central person and/or professionals and services.
- Better understanding of the central person and their needs, preferences and aspirations.
- Rebuilding or restoring relationships that had become distant or problematic.
- Less social isolation and more opportunities to take forward one's own life.
- Less worry and anxiety with a more effective and joined-up safety net around the central person.
- Improved communication and trust with practitioners and care services.

For professionals and services (if they continue to be involved)

- A plan that makes more creative and effective use of available resources and is better tailored to the needs and preferences of the central person and their network.
- Better understanding on the part of professionals – able to see the whole person in the context of their network.
- More trusting and productive relationships with the central person and their network – better communication, smoother working, increased motivation.
- Safeguarding arrangements that are more personalised and which join up the contributions that can be made by friends or family members, and professionals or services.

From the research, the degree to which FGCs can build better communication and relationships with professionals and services depends, to a degree, on how the wider service system is operating.

Leaders and commissioners should reflect on the following:

- Are services joined up or fragmented?
- How flexible and personalised can services be in what they can offer?
- Is there support for productive and collaborative ways of working?

FGC does not, on its own, provide a panacea for resolving wider structural issues in service systems. However, where there is broader support for personalised, strengths-based or recovery-focussed ways of working, FGCs can provide a valuable mechanism for taking this forward.

A NOTE ON WELLBEING

The research showed that some of the greatest improvements in wellbeing were achieved by those who were in positions of providing care or support. This is an important finding as it allays any concern that FGCs may lead to additional responsibilities for providing care and support for already overstretched informal carers – to the detriment of their mental health and wellbeing. Instead, research findings indicate that bringing people together through an FGC can be particularly valuable for isolated or stressed informal carers.

EVALUATING AND MEASURING OUTCOMES

The review process of an FGC provides an opportunity to assess a range of relevant outcomes and it may be useful to build in a further 'check-in' after around nine months to assess whether (and how) any beneficial outcomes have been sustained. It would be important to gather this in a consistent but 'light touch' manner that fits in with the flow of a review conversation and encourages reflection – rather than letting it become a 'tick-box' exercise. This feedback can then be used as part of evaluating services.

One approach, trialled in Waltham Forest, is to use **Life-Mapping** to assess change in relation to what are identified at the outset as the domains where a person may be facing challenges (for the methodology, see <https://clearsignal.org/what-is-signal/>).

In the research, wellbeing was assessed systematically using the five-question capability-based [ICECAP-O questionnaire](#) – both for central persons and network members. The questions are worded in simple language and can be made available in accessible formats, to be used at the point of initial referral and again at the point of review or follow-up.

The questionnaire is free to use, although permission is required. Although originally developed for use with older people, the questions are also relevant to younger adults who may be facing some challenges in their lives.

Further information is available on <https://www.bristol.ac.uk/population-health-sciences/projects/icecap/icecap-o/>.

FOR FURTHER INFORMATION

Community Catalysts CIC hosts the [Research and Practice Network](#) for FGC for adults. This provides a forum for developing practice through learning together and exchanging ideas, experiences and findings from research. All the findings from the NIHR funded research project on Family and Group Conferencing for Adults, together with a wide range of resources, stories and other information, may be found on the FGC for Adults Website - <https://www.communitycatalysts.co.uk/fgcforadults/>.

You may also wish to check out how Camden assessed the impact of their FGC service - [Camden Impact Report \(2020\)](#)



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