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Family and Group
Conferencing for adults



**UNIVERSITY OF
BIRMINGHAM**

Family and Group Conferencing for Adults Summary of Research Findings

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Funded by the **National Institute for Health and Care Research (NIHR)**, our research into Family and Group Conferencing for Adults took place between November 2022 and November 2025. The research took place across 3 sites comprising 2 local authorities and 1 NHS Trust.

Family and Group Conferencing is an approach by which individuals, supported by their family and social networks, can take control over the decisions that affect their lives, and make plans for the future.

It also offers a valuable space for a conversation with any professionals and services that may be involved. The process is facilitated by an independent coordinator and comprises a series of stages.



A key finding from the research is that the **preparation and relationship-building** undertaken by the coordinator ahead of the Conference is crucial to its success.

Typically, the Conference itself starts with the sharing of food and an opportunity for everyone to get to know one another ‘on a level’. This sets the tone for very different sorts of conversations – both with professionals and within the person’s network – from those which might normally take place in other settings.

Professionals are invited to join with the person and their network in a conversation to share information and ideas so as to set the scene. There then follows **Private Time** which is the radical core of the process. In this, the individual and their network take as much time as they need to agree what should go into their **Plan** – which can then be finalised with any professionals or agencies that may be involved in providing ongoing support.

In order to support the implementation and embedding of the **Plan**, our research also highlighted the importance of the coordinator following through with those involved, and reviewing how things were going. Reviews offered an opportunity to affirm progress, re-energise the process and/or make changes in the light of experience or changing circumstances. However this was an area where practice could be a little inconsistent – and momentum for change could sometimes be lost.

A more detailed characterisation of practice model may be found in Mahesh et al (2025).



In the research we tracked a sample of **24 individuals** and members of their networks in order to assess what difference an FGC might make in their lives.

They were each interviewed shortly after their conference and again at follow-up 9 months later. Individuals and network members also completed capability-based wellbeing questionnaires (ICECAP-O) at baseline (shortly after being offered an FGC service) and again at follow-up. A comparator sample was recruited of people in similar circumstances receiving 'service as usual' from social care or mental health services. They were not interviewed but completed ICECAP-O questionnaires at baseline and follow-up.

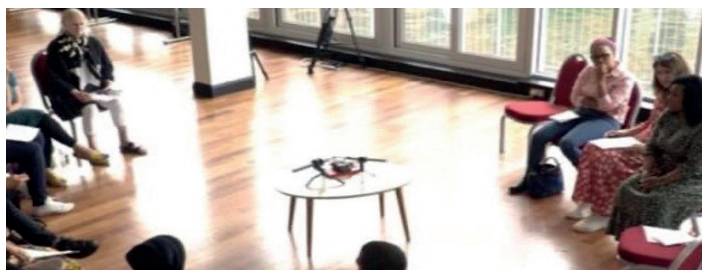
Within the FGC sample, there was one instance where no positive outcomes were achieved, and there was another where, despite improvements in communication within the network, the situation remained an escalating cause for concern. Across the rest of the FGC sample, a range of positive outcomes were reported – some of which were achieved via implementing the Plan and some of which came about through their experience of participation in the overall FGC process.

The Plan



The primary outcome of an FGC is that a Plan is made and implemented that builds on the preferences, aspirations and capabilities of the person and their network.

Within the research sample, Plans were successfully implemented in most instances. In one instance, the Plan was being kept 'in reserve' for when the person would no longer be able to stay at home. However, in another two instances, relationship or behavioural issues involving network members had not been surfaced and resolved in the FGC. As a consequence of participants not being fully honest and open with each other, the Plans that were agreed were either not implemented or not seen as being effective in addressing underlying issues.



For those involved in providing care or support, many reported less stress and anxiety.

Wellbeing



Most individuals and network members were able to cite improvements in their quality of life that came about as a result of their involvement in the FGC process.

For the individual, this often reflected improvements in their living situations (including moving to more appropriate accommodation or experiencing greater harmony where they were living), support in taking up opportunities in the community or an enhanced sense of independence. For those involved in providing care or support, many reported less stress and anxiety because responsibility was now better shared and they felt less isolated.

Although qualitative interviews with the individuals at the centre of the FGC process highlighted particular aspects where their quality of life had improved, overall assessments of wellbeing (using ICECAP-O scores) showed only small improvements on average between baseline and follow-up, indicating that other aspects of life could still be challenging for them. By contrast, the wellbeing scores for network members showed a larger improvement – which was particularly telling as the scores for network members in the comparator group showed a deterioration.

Empowerment and recognition



For most of our sample, both individuals and network members reported that the FGC process gave them more control over their lives and a stronger sense of being recognised for who they were, what mattered to them, what they were able to do and how they wanted to live their lives.

For persons at the centre of the process, this recognition could come from professionals and/or people in their network. In particular, being better understood by family or friends gave them a stronger sense of their own agency and ability to have influence over their day-to-day life. For network members, this recognition typically related to the caring roles that they were undertaking and, again, this could come from professionals and/or other people in their network.

Relationships and connectivity



A substantial proportion of participants reported positive changes in interpersonal relationships within their networks – changes which were generally sustained at the point of follow-up.

On a practical level, there could be improvements in communication (for example, setting up a WhatsApp group for the network or just a commitment to talk and check in on a more regular basis). In some instances, better understanding of each other had resulted in fewer conflicts and arguments within the network – and in a few situations, the FGC had been instrumental in healing family rifts or providing a safe space in which people could acknowledge strong feelings around hurt, loss or abuse which had hitherto not been talked about.

Ongoing collaboration with professional service systems



For the majority, the FGC enabled more collaborative and coordinated working with professional service systems.

However, in some instances, practitioners and/or service systems lacked the flexibility or capacity to engage in a more co-productive, joined-up and person-led way of working – and this could undermine the successful implementation of the Plan.

Safety



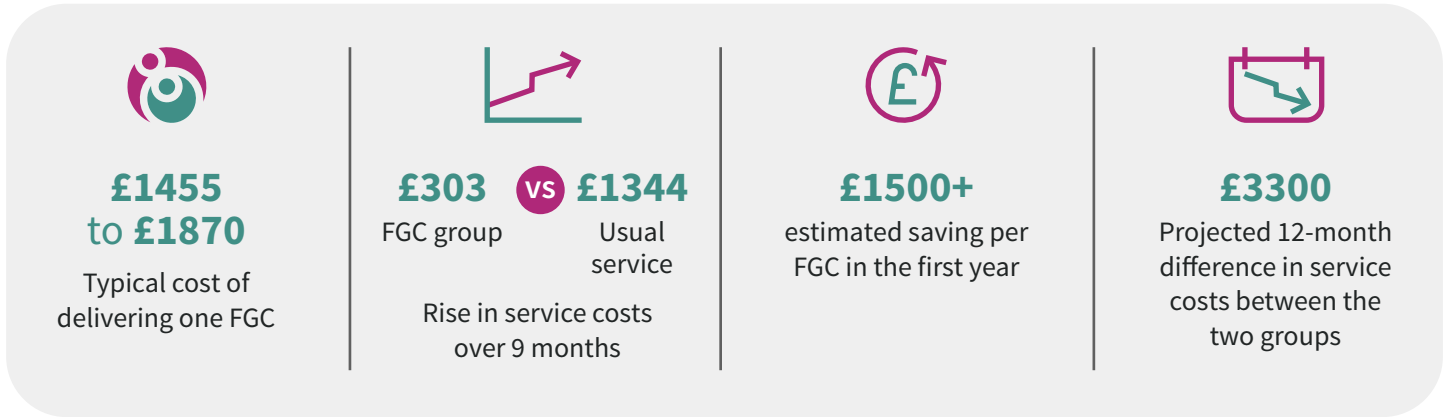
Explicit concerns around safety and safeguarding were only raised in a minority of the study sample.

However, where there were such issues, they were addressed in the context of family and network relationships – for example with wider family stepping in to stop financial abuse by a particular family member, or opening up a space within the family in which a person could feel safe to share when they were feeling suicidal.



Being better understood by family or friends gives individuals a stronger sense of agency and ability to have influence over their day-to-day life.

Costs and savings



The health and social care costs associated with individuals in our sample were assessed over a 3 month period at baseline (around the time when they had been offered an FGC service) and at follow-up (approximately 9 months post-conference).

A comparator sample was recruited of people in similar circumstances receiving ‘service as usual’ from social care or mental health services.

Including time input by all professionals into the overall FGC process, the typical cost of an FGC was assessed as being between £1,455 (local authority social care) and £1,870 (NHS mental health) – see Liu et al, 2025).

Overall service costs for both FGC and comparator samples increased from baseline to follow-up, but the increase in service costs was much lower (£303) for the FGC sample than for the comparator sample (£1,344) – suggesting that FGCs had been effective in preventing, reducing or delaying service costs that might otherwise have been incurred. Extrapolating costs (associated with resource use) over a 12-month period (from the data we have collected up to 9-months) results in an estimated difference between the comparator and FGC

samples of around £3,300. Hence, taking into account the cost of delivering FGC, it is estimated that overall costs for those in the FGC sample could be between £1430 and £1845 less than costs for the comparator group, depending on the service setting.

Therefore, taking the cost of the FGC into account, our research indicates that FGCs are likely to be, at the very least, cost-neutral, and could result in significant savings in excess of £1500 per FGC on average in the first year after a Conference, with potentially further savings thereafter.

This is a broadly similar result to that found in earlier local service evaluations of FGCs for adults in Hampshire (average saving of £1500 per FGC) and Kent (average saving of £7000 per FGC) – and is in line with a more recent analysis undertaken in Camden where it was found that 31% of FGCs had resulted in a plan that required no care service input and 45% had prevented an anticipated escalation of care costs.



Ingredients for success

At the start of the research, we identified factors that were seen as contributing to successful outcomes – and out of this we formulated our initial Programme Theory (see Tew et al, 2025).

Relevant factors include aspects of the service context in which FGC activity takes place, and particular processes and mechanisms within the overall FGC process that may (or may not) enable positive change to take place.

The factors identified below link back to this Programme Theory but have been updated a little in the light of our learning from our subsequent fieldwork.



Service context

Factors that can contribute to successful outcomes include:

- Strength-based practice ethos nationally and locally
- Professional system willing and able to devolve power to people and their networks
- Independence of coordinators
- Offering FGC as an early response wherever possible
- Coordinators trained and supported to stay with uncertainty and give space for people to find their own solutions
- Structure and practicalities that support people coming together on an equal basis – venue, food, etc
- Social and cultural acceptability – and ability to adapt format to better ‘mesh’ with cultural norms

Processes and mechanisms

Successful outcomes may be enabled through:

Inclusion and connection – ‘widening the circle’
– important for informal carers as well as central persons

Power through recognition and ownership
– experience of personal and collective agency (especially in Private Time)

Coming together on an equal basis
– doing with (not being done to)
– ‘shared learning platform’ involving person, network and professionals

Preparation and ‘scaffolding’ that enables purposive and courageous conversations - ensuring all voices are heard

Restorative processes
– reconnecting relationships
– acknowledging impact of hurt and harm
– overcoming feelings of shame

Publications

Liu, L, Tew, J, Mahesh, S and Kinghorn, P (2025) An exploration of the costs of family and group conferencing pathways in adult social care and mental health: A scenario-based cost analysis. *PLoS One* 20(12): e0326829

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Mahesh, S, Tew, J et al (2025) What is Family and Group Conferencing for adults? Part 1: Characterising the model and methods of enquiry. *NIHR Open Research*

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Tew, J, Mahesh, S et al (2025) What is Family and Group Conferencing for adults? Part 2: Developing programme theory. *NIHR Open Research*

Read online: doi.org/10.3310/nihropenres.13830.1

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Read online: doi.org/10.1093/bjsw/bcag034

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For more information on
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