RESEARCH ARTICLE

REVISED What is family and group conferencing for adults? part 2: Developing programme theory

[version 2; peer review: awaiting peer review]

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Any reports and responses or comments on the article can be found at the end of the article.

Abstract

Background

Although more commonly offered within services for children and their families, Family and Group Conferencing (FGC) is an option that is now also being offered within adult social care and mental health services. It provides a structured process whereby adults with potential support needs, together with members of their family and/or social networks, can devise their own plan for care and support. Based on a synthesis of evidence, this Paper develops an understanding of the programme theory that underpins current FGC practice for adults in Great Britain, outlining the range of potential outcomes that may be achieved and the contextual factors and mechanisms that may contribute towards successful outcomes.

Methods

Using a realist approach, evidence is synthesised from a review of the international literature, a national online survey, interviews with selected stakeholders (including people with lived experience) and a deliberative forum comprising a cross-section of informants from the field.

Findings

Potential relational, systemic and capability outcomes were identified over and above the FGC's stated aim of creating a plan for care and support that builds on the preferences, aspirations and capabilities of the central person and their network. A number of contextual factors were seen as important, mostly relating to how the FGC service is set up and its 'fit' within a wider strengths-based practice ethos. Key processes and mechanisms of change are conceptualised, relating to inclusion, recognition, reconfiguration of power relations and restorative processes.

Conclusions

This elucidation of the programme theory that underpins FGC practice with adults has practical relevance for the development of existing and new FGC services, both in the UK and internationally.

Plain Language Summary

Family and Group Conferencing (FGC) is now being offered in adult social care and mental health services in Great Britain. It is a process, facilitated by an independent coordinator, in which an individual, and their family, friends and significant others, come together in a meeting (called a Conference) to devise a plan to address their care, support and/or safety needs.

In this Paper, we explore how FGC works, what factors and mechanisms help it to work effectively, and what sorts of outcomes may be achieved by having a FGC (which, put together, comprise its programme theory). This is based on a review of the international literature, a survey of practice in Great Britain and interviews with selected stakeholders (including people with lived experience). This was then followed up with focussed discussions in a forum comprising a cross-section of informants from the field.

We found that FGCs could achieve more than just developing a plan for care and support that was tailored around a person's particular needs and preferences. FGCs could also enable participants to connect better with one another, potentially giving the person at the centre a more effective network of support around them, and enhancing their empowerment and wellbeing. We identified some of the main ingredients for success, including how a FGC service is set up and how well its ethos fits with local care and health services; how participants were included and recognised in the preparation for the conference, how power relations were equalised to enable a dialogue to take place; and (where applicable) how relationships were restored if they had become problematic.

Our findings have practical relevance for the development of existing and new FGC services, both in the UK and internationally.

Keywords
Family Group Conferencing, strengths-based, social care, support planning, coproduction, relational practice, empowerment, mental health recovery

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REVISED **Amendments from Version 1**

Figure 2, which had been missing, has now been added to the text.

Any further responses from the reviewers can be found at the end of the article

Introduction

Family and Group Conferencing (FGC) is a relatively new approach in adult social care and mental health services. It offers an inclusive approach in which people can plan for their care and support – and which can mobilise the strengths and resources that may potentially exist within people's family and social networks. It can also be used where there are safeguarding concerns or where people may require support for their decision making. It therefore fits well with wider policy and practice developments around strengths-based practice.

Originating in New Zealand, FGC has become established as a practice in children and family services in the Great Britain. It involves bringing together an individual with family and/or members of their social network in order to decide on a plan whereby to resolve current difficulties or challenges (e.g. around organising support, enabling recovery or ensuring safety). It is facilitated by an independent co-ordinator and comprises 3 stages:

i) preparatory work with the individual and each family/network member to elicit their involvement and help them to establish what they each want out of the process.

ii) the Conference itself which usually comprises information sharing and discussion with any professionals involved, followed by 'private time' in which the individual and family/network members share ideas and decide on their proposed plan. The coordinator and relevant professionals may rejoin at the end to finalise the plan.

iii) subsequent review meeting(s) to check out how the plan is working and adapt it if appropriate.

This model as currently practised in Great Britain in adult social care and mental health services – and its underpinning values and principles - is described in depth in our Part 1 Paper (Mahesh *et al.*, 2025). In this Paper (Part 2), we will bring together the evidence from the international literature, survey data, interviews and a deliberative forum from which we can build our initial conception of the programme theory that underpins FGC for adults. Specifically, we will be exploring the range of potential outcomes that may be expected from FGCs for adults, together with the contextual factors, processes and mechanisms that may be important in achieving these outcomes.

For clarity and simplicity in the subsequent discussion, we will use the following terminology:

- **FGC** denotes either Family and Group Conferencing or Family and Group Conference
- **Coordinator** denotes an independent person whose role is to facilitate people coming together and making a plan
- **Central person** denotes the adult with support needs with whom, and around whom, the FGC process is organised
- **Network** denotes family members, friends, and significant others who are invited to participate in the FGC
- **Private time** denotes the part of the Conference when the central person and network members take charge of formulating their plan. The coordinator and invited practitioners usually leave the Conference for this part.

Methods

Patient and Public Involvement

Co-researchers with lived experience of social care and mental health services were involved throughout in the design and conduct of the study. In particular, they read and analysed a sample of the literature that was reviewed, undertook interviews with stakeholders and co- facilitated the process of the Deliberative Forum. They took part in the discussion and synthesis of emerging findings and are co-authors of the Paper.

Approach

In this paper, we use a realist approach (Pawson & Tilley, 2004) to explore what may be key components of the programme theory that underpins FGC with adults. We sought to achieve a comprehensive understanding of this by using an integrative approach, drawing on the same sources of evidence as were used for the Part 1 Paper: analysing and synthesising data from a review of the international literature, an online survey, interviews with selected stakeholders (including people with lived experience) and, finally, a deliberative forum comprising a cross-section of informants from the field (for more detail, see Mahesh *et al.*, 2025). Our approach and purpose follows Pawson and Tilley's (2004) conception of a realist review and synthesis:

> The results of the review and synthesis combine both theoretical thinking and empirical evidence and are focused on explaining how the intervention being studied works in ways that enable decision makers to use this understanding and apply it to their own particular contexts (2004 p.7).

We reviewed and triangulated evidence from a literature review and a survey of practice across Great Britain with follow-on targeted stakeholder interviews. Where appropriate, we drew upon relevant RAMESES guidelines, in particular those relevant to analysing and reporting on the literature using a realist approach (Wong *et al.*, 2013) and the specific guidance on constructing and refining a realist programme theory or theories (Wong *et al.*, 2017 p.23). Out of this process we were left with certain key questions where there remained a significant lack of clarity or gap in understanding – and these questions were then put forward for reflective discussion at a Deliberative Forum. Putting this all together provides a basis for an initial formulation of what key Context-Mechanism-Outcome configuration(s) (CMOCs) may constitute the underpinning programme theory for FGC for adults. This initial formulation will be used to inform subsequent evaluative research conducted in selected case study sites. Figure 1 provides a

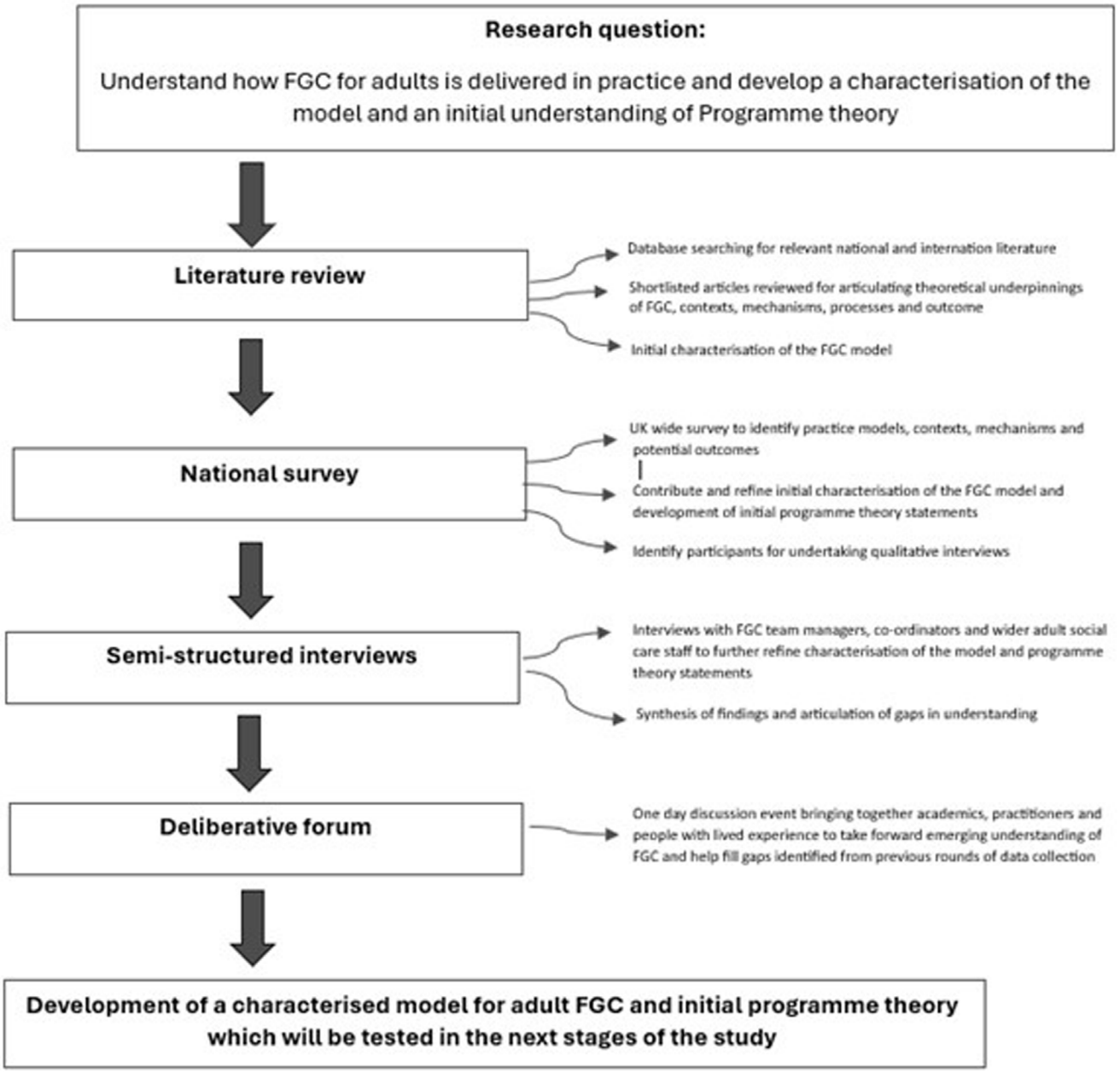

Figure 1. Schematic diagram of methods employed.

schematic diagram of the methods employed for the Part 1 and Part 2 papers.

A more detailed account of the methodologies used for the literature review, national survey, stakeholder interviews and Deliberative Forum, and ethical considerations, is provided in the Part 1 Paper (Mahesh *et al.*, 2025). For ease of reference, the tabulation of literature that was included in the review is detailed in Table 1.

Ethical approval and consent

Ethical permission for the study was obtained from the University of Birmingham Humanities and Social Sciences Ethical Review Committee (ERN_22-0818) on 9 / 12 / 2022. Stakeholder interviewees received a Participation Information Sheet in advance and written consent was obtained before the interview took place.

Findings

In presenting our findings, we will triangulate the evidence from the literature, national survey and stakeholder interviews, before going on to consider additional findings from the Deliberative Forum. Through this, we will be seeking to identify the key components for developing our understanding of a programme theory for FGC practice with adults – and, in particular, potential Context-Mechanism-Outcome (CMO)

Table 1. Summaries of the included literature.

Authors	Title	Date of Publication	Summary of abstract
de Jong and Schout	Breaking through Marginalisation in Public Mental Health Care with Family Group Conferencing: Shame as Risk and Protective Factor	2013	Adopting a case study approach, this study examined whether FGCs are valuable for service users in a public mental health care setting in Netherlands as a means to generate social support, prevent coercion and elevate the work of professionals. Findings suggest that shame and fear of rejection were the primary reasons for service users to avoid contact with their social network, resulting in isolated and marginalised living situations. Shame was also reported as a powerful engine for marginalised circumstances. An FGC was seen as a forum to discuss feelings of shame and generate support from social networks. The study also concludes that limited or broken networks are not a contraindication but a reason for organising FGCs.
Schout and de Jong	Collecting feedback as a tool to reduce care paralysis: something for family group conferencing coordinators?	2016	Drawing on empirical and theoretical findings, this paper considers the possibility of collecting feedback as an effective way of contributing positively to the relationship between FGC coordinators and service-users. This study is set in the Dutch primary mental health care context where service-users have little faith in professionals and demonstrate hostility in engagement. Findings indicate the importance of feedback theory for FGC coordinators in enhancing trust and engagement.
de Jong, Schout, Meijer,. Mulder & Abma	Enabling social support and resilience: outcomes of Family Group Conferencing in public mental health care	2016	This study examined outcomes from 41 conferences held within a primary mental health setting in norther Netherlands. Service users referred for a conference mostly had a limited network and few recourses from whom little support could be expected. Deploying t-tests and multilevel analyses on responses from 245 participants, findings suggest significant positive changes (from prior to after the conference) on three measures- (a) social support (b) resilience and (c) living conditions.
de Jong and Schout	Evaluating Family Group Conferencing: Towards a meaningful research methodology	2018	This study seeks to examine the theory on programme evaluation as an effective research methodology to study FGC. Although a RCT is the golden standard, it only provides a partial understanding of the complexities experienced by families. The study highlights that the context conferences are challenging as it is where the lifeworld of families constantly interacts with the system world of professionals and is characterised by multiplicity, polyvalence and interference. The authors conclude that the methodology used to examine the efficacy of FGC should meet this 'interplexitiy'.
de Jong, Schout, and Abma	Examining the Effects of Family Group Conferencing with Randomised Controlled Trials: The Golden Standard?	2015	In this critical commentary, the authors argue against recent criticism of FGC evidence especially when alternative methods to RCTs have been employed to research FGC. The study makes a comparison with how RCTs are conducted studies. Findings suggest that a RCT design cannot control conditions in the social reality of families the impact of unintended side effects. The study concludes that questioning the qualitative and evaluation methods that have been used so far to examine the outcomes of FGC is justified, and neither is there any reason to be uncritical towards the evidence that RCTs might provide.
Ramon	Family Group Conferences as a Shared Decision-Making Strategy in Adults Mental Health Work	2021	This article provides a narrative review of existing empirical research about FGC in the context of adult mental health. In addition, two community case studies consisting of videos of a mother experiencing mental ill health and a daughter are analysed in terms of their subjective experience of the FGCs they were involved in and examines the process and outcomes of FGCs. Findings suggest a promising strategy for SDM and demonstrates a high level of satisfaction from participating in the FGC meeting, while the evidence pertaining to the outcomes is inconclusive. The observed gap between the satisfaction from the process of FGC by the participants vs. the inconclusive outcomes relates to the implementation phase, in which the decisions made by the family are tested. There is a need for further exploration of its implementation process, evaluative methodology and methods.
de Jong and Schout	Family group conferences in public mental health care: An exploration of opportunities	2011	This study reports on an exploratory study on the applicability of FGC in public mental health care. Findings suggest that there are six reasons to start FGC pilots in public mental health care (a) professionals in public mental health care setting need to deal with service-users who are not motivated in seeking help and FGC can yield support even in the absence of the service-user (b) FGC may complement the repertoire of treatment options between voluntary help and coercive treatment (c) clients in public mental health care often have a limited network and FGC can expand and/or restore relationships (d) conferences could succeed both in a crisis and in other non-critical situations (e) service users with negative experiences with care agencies might be inclined to accept a conference because professionals have limited input (f) the social network could elevate the work of professionals.

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de Jong, Meijer & Schout	Family Group Conferencing as a Catalyst for Recovery and Ownership in Mental Health	2018	This study employed a qualitative case study framework to examine 41 FGCs held within a public mental health care setting in Netherlands. This article highlights two case portraits and gives insight into how ownership was restored and sheds light on the service users' recovery process. The authors conclude that FGC is seen as a promising tool to shift the attention from disorders and inabilities to capacities and the rediscovery of social resources.
Blundell, Clare & Clare	Family Group Conferencing as an Additional Service Response to the Abuse of Older People in Australia	2021	This paper presents the core processes of FGC, including the quality of the established evidence base for its use with older people. The limitations and caveats associated with this approach are explored, and a way forward is proposed to explore the utility and suitability of FGC for adults in Australia in response to some types and severities of abuse and mistreatment. Findings indicate that abuse of older people is complex and under-reported, and many older people choose to take no action as a large proportion of perpetrators are family members. FGC may enhance secondary-level service responses to abuse, mobilising the older person's protective networks, and reducing the risk of abuse.
Metze, Abma and Kwekkeboom	Family Group Conferencing for older adults: Social workers' views	2019	This study examined reasons for social workers' reluctance to refer older adults to FGC in Netherlands. Employing an exploratory methodology, this mixed methods study concluded that social workers were positive about FGC but were hesitant for reasons – they were already working with their service-users' social networks, fear of losing control over the care process, challenges associated with motivating service users. The study also noted reluctance from service-users due to fear of losing self-mastery and not wanting to burden their social networks. The authors conclude that implementing FGC in elderly care can be complicated and slow process partly because social workers have little experience with FGC. It may be useful to experiment with alternatives to FGC, for example, by focusing less on family networks and more on reciprocity.
Meijer, Schout and Abma	Family Group Conferencing in Coercive Psychiatry: On Forming Partnership Between the Client, Social Networks and Professionals	2019	This study examines the process and outcomes of FGC organised for service-users who were at the risk of coercive treatment in psychiatry in Netherlands. Findings suggest that service-users felt a sense of ownership and control over their situation and that agreements made with loved ones were more serious than those made with professionals. FGC can widen the circle of support by involving family and friends who are generally willing to support. Disclosing shameful feelings and embracing vulnerability, changing attitude (of letting go on control) and facilitation abilities of professionals are crucial in forming a partnership.
Górska, Forsyth, Prior, Irvine and Haughey	Family group conferencing in dementia care: an exploration of opportunities and challenges	2016	This qualitative study aimed to evaluate the impact of the pilot FGC service, delivered to people with dementia and their families, in terms of the experience of care provision by families and care professionals involved in the project. FGC was perceived as having positive impacts on service users, their families, service providers and the wider culture of care. However, participants identified a number of challenges related to service implementation- challenges of coherently articulating the needs of a person with dementia, difficult family dynamics and balancing involvement of professionals.
De Jong, Schout, Pennell and Abma	Family Group Conferencing in public mental health and social capital theory	2015	This qualitative study reports findings from 18 FGCs held in a public mental health setting in Netherlands which did not succeed as issues emerged during preparation or because a plan was never reached or fully implemented. Interviews indicate that conferences were often held as a last resort, in situations where professional care had already failed. The intended goal was not achieved because support from the social network was insufficiently mobilised and service users felt helpless about their situation. The study concludes that a single conference was insufficient to break through a sense of inadequacy and paralysis. Social capital theory points to the necessity of not only renewing informal networks ('strong ties') but of expanding networks through connecting public mental health care service users to paid and volunteer work ('weak ties').
Schout, Meijer and de Jong	Family Group Conferencing—Its Added Value in Mental Health Care	2017	This study aimed at determining the applicability of mobilising help from social networks of people with psychiatric problems. Specifically, this discursive paper sought to address 'what FGC adds to the existing methods that aim to reduce coercion in mental health care and promote inclusion'. Findings suggest that there is a wider applicability of FGC, even outside the framework of coercive care. This was based on a person's right to make a plan on their own, ability to address complex sets of problems experienced by this group, people's desires to change for their relatives and not professionals and FGC creates an opportunity to realise relationships. Where there were difficulties, professionals must act to treat psychiatric conditions before enlisting FGC and family driven strategies should first reserve space for professional driven interventions.

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Authors	Title	Date of Publication	Summary of abstract
Metze, Abma and Kwekkeboom	Family Group Conferencing: A Theoretical Underpinning	2013	This study aims to provide a theoretical basis for FGC by examining how the concept of empowerment can be linked with the basic assumptions underlying the FGC. Can making a plan of their own indeed help to empower people and if so, how does the process of empowerment proceed? Empowerment is often mentioned as a goal of the FGC, but authors are not unanimous when it comes to the operationalisation of empowerment, especially on the relational level of the person in his or her social context. In the article, the authors use the concepts of relational autonomy and resilience to conceptualize empowerment on the relational and individual level.
Tew, Nicholls, Plumridge and Clarke	Family-Inclusive Approaches to Reablement in Mental Health: Models, Mechanisms and Outcomes	2017	Framed within a realist evaluation and adopting a comparative case study approach, this paper examines 'whole family' models of practice and how these may (or may not) contribute to the reablement of people with mental health difficulties. Specifically, the study explored the relationships between contexts, mechanisms and reablement outcomes. An analysis of interviews with twenty-two families highlighted with different starting points and routes, engaging with whole families may lead to the construction of a secure and empowering base from which service users may reconnect with wider social worlds.
Fisher, Mooney, and Papworth	FGCs and adult social care	2018	This book chapter addresses the use of FGC in adult social care. Professional guidance and introduction of policy concepts such as personalisation, wellbeing and person-centred approaches have been supportive of FGC. Indeed, the foundations are in place for FGCs to become an embedded part of adult social care policy and service delivery for vulnerable adults. The chapter then highlights the evidence base for FGC particularly highlighting the potential of FGC to engage families for the benefit of vulnerable adults. The chapter concludes that for FGC practice to develop in the UK, it is important to roll out the FGC service into a wider range of adult settings such as adult mental health, prisoners and homeless people.
Metze	Independence or interdependence? A Responsive Evaluation on Family Group Conferencing for Older Adults	2016	Employing a case study approach, this study aimed at examining how FGC can help older adults retain and/or enhance their relational empowerment and what factors at the level of social workers and older adults influence the implementation of FGC. Findings suggested that FGC for older adults can be successful in enhancing relational empowerment if – professionals actually offer it to service users, older adults are open to sharing their problems with their network, older adults have sufficient level of resilience and relational autonomy, a diverse and capable social network, problems are related to internal factors of the older adults, and not caused by external factors such as generational poverty or heavy informal care duties and expectations of older adults correspond with their network and welfare state.
Hobbs and Alonzi	Mediation and family group conferences in adult safeguarding	2013	This study reports on a literature review on the use of mediation and FGC in the context of adult safeguarding in the UK. It explores how such 'family-led' approaches to adult safeguarding fit with the wider agenda of personalisation and empowerment, including the Mental Capacity Act 2005. Findings suggest that mediation and FGC are inclusive processes that enable people to explore choices and options in a supportive environment, assuring maximum possible independence and autonomous control over basic life decisions. When used appropriately, both approaches can be a valuable response to safeguarding concerns, promoting choice and control at the same time as protecting people from risk of abuse and harm. However, there are few robust evaluation studies currently available and no systematic research studies were found on cost-effectiveness.
de Jong, Schout and Abma	Prevention of involuntary admission through Family Group Conferencing: a qualitative case study in community mental health nursing	2014	Employing a naturalistic qualitative case study approach on one case identified from a larger set of data of 41 conferences held in a primary health care setting in Netherlands, this study aims to understand whether and how FGC might contribute to the social embedding of service users with mental illness. Findings highlight that to prevent involuntary admission to a psychiatric ward of a man with schizophrenia, neighbourhood residents requested for FGC between themselves, the person's family and the mental health organisation. Nine months after the conference, liveability problems in the neighbourhood had been reduced and coercive measures adverted. The conference strengthened the community and resulted in a plan countering liveability problem.
Johansen	Psycho-Social Processes and Outcomes of Family Group Conferences for Long-Term Social Assistance Recipients	2014	The aim of this study was to explore which psycho-social processes and outcomes does FGC generate for long-term social assistance recipients. Fifteen Norwegian social assistance recipients who had arranged FGCs were interviewed and five were observed. Findings highlight that a key motivation to arrange an FGC was relation-based and correspondingly, the most important outcome was improved relationships through respectful communication. The findings indicate that the FGC may have the potential to strengthen the sense of community and self-worth among social assistance recipients.

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Authors	Title	Date of Publication	Summary of abstract
Manthorpe and Rapaport	Researching Family Group Conferences in Adult Services: Methods Review	2020	As a methods review, this review outlines the methods used to obtain the evidence about FGCs, commenting on the advantages of different methods and their disadvantages. The report also considers the theoretical underpinnings of FGC and international research evidence regarding use and effectiveness of FGC. The report highlights the use of main research methods to study adult FGCs but a significant gap regarding cost-effectiveness remains. Further, few studies have collected data about the medium- to long-term outcomes for the people concerned to consider if promising outcomes are sustained and individuals' wellbeing enhanced.
de Jong and Schout	Researching the Applicability of Family Group Conferencing in Public Mental Health Care	2013	This research note aims to examine the application of FGC in mental health care in a public mental health care setting in Netherlands. The study aspired to be undertaken with the assumption that FGC promotes involvement, expands and restores relationships and generate support. The aim of the study is to provide an answer to the question of whether FGC is an effective tool to generate social support, to prevent coercion and to promote social integration in public mental health. As part of the preparation stage, professionals were trained in strengths-based working, mainly to focus on the strengths and resources of service users.
Markel-Holguin	Sharing Power with the People: Family Group Conferencing as a Democratic Experiment	2004	This article reviews children FGCs and adaptations of the model to different contexts, from the perspective of democratic practice and through the lens of responsive regulation. The study suggests that considering FGC in a democratic and responsive regulation context provides a theoretical construct to mainstream this practice and challenges years of professional domination. It demands new strategies for engaging the citizen as active participants in creating a community-based and responsively regulated system that protects children and supports families. The mainstreaming of family group conferencing lies in a collective understanding of this model as a practice that supports the pillars of democracy, one that promotes self-regulation, and one that fosters responsive regulation by encouraging differential response to families through individualising plans to more closely meet identified needs.
Metze, Kwekkeboom and Abma	The potential of Family Group Conferencing for the resilience and relational autonomy of older adults	2015	Employing a case study approach, this article reviewed two FGC cases of older adults to study the appropriateness of the concepts of resilience and relational autonomy in their FGC. Findings indicate that compassionately interfering social contacts, showing respect for the older person's needs and wishes gave older adults an impulse to take action to solve their problems. The person's motivation and willingness to ask for her seemed essential to foster behavioural change. Contextual factors such as the nature of the problem, involvement and capacity of the social network were also determining factors.
Schout, van Dijk, Meijer, Landeweer and de Jong	The use of family group conferences in mental health: Barriers for implementation	2017	This qualitative study examined situations and circumstances in which FGC may (not) be useful. Barriers included (a) the acute danger in coercion situations, the limited time available and control and risk aversion in mental health care (b) the severity of the mental state of clients leading to difficulties in decision-making and communication (c) considering FGC and involving family networks as an added value in a crisis situation is not part of the thinking of professionals (d) when clients and their networks are not open to FGC. The study concludes that awareness of FGC barriers helps to keep an open mind in its capacity to strengthen relationships between clients, networks and professionals.
Bredewold and Tonkens	Understanding Successes and Failures of Family Group Conferencing: An in-depth Multiple Case Study	2021	This study critically reflects under which conditions FGCs may or may not be successful. Drawing on data from four longitudinal cases, interviews with social workers, observations of trainings and a literature review, four conditions for the successful application of FGC was identified- (a) presence of a positive network (b) need for formal care in addition to informal care (c) active preparation against paternalism and humiliation (d) taking service-users reluctance to ask social networks for help seriously.
Malmberg-Heimonen and Johansen	Understanding the longer-term effects of family group conferences	2014	Using a randomised controlled design on 149 Norwegian longer-term social assistance recipients, this study analyses long term effects of adult FGCs in terms of social support, mental health and reemployment. In addition to randomly allocating all participants, 15 interviews were conducted to gain in-depth knowledge around FGC impacts. Despite high rate of participant satisfaction and significant shorter-term effects, the one-year follow-up identified neutral effects from FGC. Qualitative interviews demonstrated that lack of reciprocity in social relationships and lack of follow-up were the main reasons for the stagnation of an initially positive FGC process.

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Authors	Title	Date of Publication	Summary of abstract
de Jong, Schout and Abma	Understanding the Process of Family Group Conferencing in Public Mental Health Care: A Multiple Case Study	2018	This qualitative multiple case study research aimed to examine the process of FGC in a public mental health care setting in Netherlands. Process dynamics identified were (a) overcoming resistance and breaking through isolation and shameful feelings (b) service users change more likely for network members than professionals (c) role of coordinators are complex (d) professionals who cannot resist the temptation to take over. The study further highlighted that four factors influenced the quality of life of the service user (a) willingness of service user to invite and widen their social network (b) willingness of service user and network to share shameful feelings (c) mutual trust between service users and coordinators (d) professionals reinforce self-direction of the group and prevent service users from falling back into individual care trajectory.
Metze	"With a little help from my friends": Family Group Conferencing and home-evictions	2007	This study aims at addressing what people would do should they be threatened with home eviction. Experiences of those who were offered FGC were compared to two other target groups to identify conditions supportive of successful implementation of FGC with this service user group. The study highlighted that FGC fits well into the idea of people helping each other however, findings did not always suggest a positive outcome. Although FGC improved support from social networks and increased the confidence and security of service-users, plans were not always followed through sometimes due to the lack of motivation.
Metze, Kwekkeboom and Abma	You don't show everyone your weakness': Older adults' views on using Family Group Conferencing to regain control and autonomy	2015	This qualitative study aimed to examine existing views and attitudes of older adults concerning the use of FGC, and report on how older adults see the possibility to regain control over their lives using FGC. Resistance towards FGC was mainly due to service-users expecting people to be there for them without an FGC, not feeling ready for FGC, feeling embarrassed of asking for people and having the fear of losing control. The study concludes that for older adults, FGC means losing control and autonomy rather than gaining it. In order for FGC to work for older adults, a relational empowerment model should most likely be focused on reciprocity, peer-to-peer support, and solutions instead of problems.
Nygård and Saus	Is Family Group Conferencing a culturally adequate method outside its origin in New Zealand? A Meta synthesis	2019	This meta synthesis of 26 articles examines whether FGC is culturally adequate in indigenous communities. Through systematic and strategic searches, the study explored the existing trends of FGC research in indigenous contexts. Analysis indicates that there is a tendency towards taking the cultural adequacy of FGC for granted. A few researchers question these assumptions, and debate tokenism and colonialism in social work. The authors conclude that implementing FGC in new communities requires foundation in local, cultural context.
Barn and Das	Family Group Conferences and Cultural Competence in Social Work.	2016	Empirical study carried out in London to ascertain the views and experiences of FGC coordinators and managers, located in statutory and non-government organisations, who employed the FGC approach with culturally diverse families – predominantly in the context of working with children and families. This includes a discussion of the desirability of ethnic, cultural and religious matching of coordinators to families.

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configuration(s). Although it may seem a little 'back to front', it may be most helpful to start with identifying potential outcomes, so as to provide a background against which to identify which contextual factors and potential mechanisms of change that may be relevant and of significance. Following on from this, we will present a schematic outline of the has been identified as the key components of a programme theory for FGC practice with adults.

Positive outcomes that may be achieved through engaging in a FGC process

Within the literature there can be a tension between the sorts of outcomes that were seen as important by agencies and professionals, and those that may have felt more important to the central person and members of their network – an issue that has been highlighted in relation to FGCs in children and family services (Mitchell, 2020). A particular illustration of this in an adults context may be found in the reporting of a case study by De Jong and Schout. The reason for offering a FGC was that a couple were failing to maintain acceptable standards of cleanliness and basic hygiene in their home. The man worked long hours and the woman had become depressed and had 'started obsessively collecting all kinds of gadgets'. The outcome of the FGC process was judged a success because:

> 'Eight months after the FGC, there was sustainable attention paid to keeping their house clean. Both the woman and her husband agreed that the conference created a platform for discussing circumstances that they were ashamed of before. In addition, the vicious circle of unhygienic conditions, shame and social isolation was broken. Another positive side effect of the conference was that the woman now dares to stand up for herself and discuss issues with her husband.' (De Jong & Schout, 2013 p.1449)

Here the primary professional expectations of a good outcome would seem to be that concerns around unhygienic living conditions had been addressed. By contrast, other outcomes such as overcoming social isolation, and finding a voice in the marital relationship, which may have been seen as of rather more fundamental importance from the perspective of the couple at the centre - are denoted as 'in addition' and 'positive side effect'. As well as demonstrating potential differences as to what sorts of outcomes may be seen as important, this case study also illustrates the possibility that the FGC process may, in some instances, achieve important outcomes over and above just producing a plan - although in some instances the latter may be all that is wanted or needed.

When asked about this, all our survey respondents endorsed the idea that a broader range of outcomes could potentially be achieved as a result of offering an FGC. These outcomes reflected a wider vision of interconnected personal and systemic or relational change, and included:

- Improved wellbeing for the central person and/or members of their relational network
- A stronger and/or larger network around the central person
- Feeling recognised and heard by professionals and service providers
- Enhanced confidence and sense of agency
- More effective and creative use of social care resources

Drawing upon our analysis of the literature, our survey results and subsequent stakeholder interviews, we worked towards establishing a set of potential positive outcomes for a FGC process. Each potential outcome is discussed in more detail below.

a) Potential outcome: a plan is made and implemented that builds on the preferences, aspirations and capabilities of the central person and their network

Much of the literature indicated that the primary aim of FGCs for adults was to help the central person and their network to understand their particular situation and dilemmas and to develop a plan that would best address this. It was suggested that sharing different perspectives on a problematic situation could lead to better understanding by network members of the challenges that the central person was facing, and the generation of new and creative ideas to deal with the situation (Meijer *et al.*, 2019). The outcome of FGC is therefore 'a plan that is better aligned with the complex world of which clients are part of' (de Jong *et al.*, 2018). Whereas 'professional-driven plans may even lead to disengagement and passivity among clients', if 'a person can take responsibility for [their] own plan, with the support of social contacts and with information provided by professionals, [they] may … have a stronger feeling of ownership' (Metze *et al.*, 2015c, p.169).

All interview participants agreed that making a plan was in itself a valuable outcome from FGC – and that this plan could provide an opportunity to offer help and support that is better tailored to the individual:

> *"So, I think, having the control back, to make the plan. In my cases, it's transition planning, or care package planning, so it's how they want their care, and how they want their transition to adult services to look like. It is the person picking what they want to do with their lives, which is really important."* (Interview 6 - FGC team lead)

The process of engagement with the individual and network members could highlight additional issues and/or that the current service offer was not entirely relevant to the individual. In addition, it was reported that a plan could instil a stronger sense of responsibility and/or accountability towards the central person from both professionals and network members.

b) Potential outcome: enhanced wellbeing for central person and those offering care and support

A key outcome reported by most interviewees was the potential of FGC to improve the wellbeing, not just of the central person, but potentially also those who may be investing a lot of

their lives in providing care. Wellbeing may be understood, not just as subjective experience of happiness, but as active flourishing - 'a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community' (Foresight Programme, 2008 p.10). Such a conception of wellbeing in terms of an engaged and fulfilling life is reflected in Section 1 of the Care Act 2014 - and our interviewees articulated this in similar terms:

> *"It certainly gives the power … to the individual and the family [to] enable them to do what they can do and live a life they want"* (Interview 3- social worker)

Although there is a range of theoretical literature pertaining to wellbeing, within the context of FGC outcomes it may be helpful to conceptualise this in relation to the range of capabilities – or valued opportunities - that may or may not be available to a person in their everyday lives (Sen, 1993; see also Hopper, 2007). The notion of capability focuses on what people can do, be and achieve, and the choices available to them, so it may be seen as describing 'a kind of power' in a way that conceptions of happiness clearly are not (Sen, 2010).

Metze (2016) discusses how FGCs may contribute to enhancing individuals' subjective and objective experience of wellbeing through increased knowledge, confidence, competence, self-esteem, autonomy and freedom. A particular factor enhancing wellbeing may be overcoming a sense of shame, and the (sometimes self-imposed) social isolation that may have accompanied this (De Jong & Schout, 2013). A randomised controlled study showed that FGCs increased perceived emotional wellbeing among Norwegian long-term social assistance recipients (Malmberg-Heimonen, 2011). Johansen (2014) argues that participation in FGC may strengthen a sense of community or belonging with one's social network and this can improve a sense of self-worth for all. This emphasis on wellbeing gains for the whole network, and not just for the individual, is echoed by Górska *et al.* (2016) who stress the importance of outcomes in which the responsibility for care is more effectively shared between a wider (and potentially more mutually supportive) network, and hence no longer falls so much on a main carer whose quality of life may have been quite adversely affected, sometimes resulting in stress, emotional or mental health difficulties.

c) Potential outcome: empowerment through recognition and relational agency

In general terms, FGCs have been conceptualised as a democratic or emancipatory process in which both the central person and network members come to feel more in control over their lives – and themes of personal agency and autonomy are highlighted in the literature that was reviewed. FGCs may be seen to have the potential to shift power from professionals to the central person and their networks (Górska *et al.*, 2016) – and this was reported as a key outcome by both interview participants and in the wider literature (Metze, 2016; Parkinson *et al.*, 2018). The achievement of empowerment as an outcome could depend, in some instances, on the degree to which participants actually wanted greater control, and whether their previous experiences of engaging with professionals had been collaborative or otherwise. Taking a more psychodynamic perspective, Ramon (2021) suggests that FGC can have the power to 'unhook past failures', leading to at least a temporary sense that it could be safe and advantageous to take a greater degree of control over one's life. A study by De Jong and Schout (2013) proposed a pattern of change for central persons from shame to self-awareness; expropriation to ownership; and social isolation to recovery and participation.

Where the literature may be particularly helpful is in moving beyond individualistic conceptions of empowerment to more relationally grounded perspectives. Mitchell (2021) applies theoretical understandings of recognition (Fraser, 2000; Honneth, 2004) in elucidating how participants in children and families FGCs felt, perhaps for the first time, that they had been noticed and acknowledged for who they really were in terms of their identities, preferences, aspirations and capabilities. A sense of being recognised in this way can confer and reinforce people's sense of agency and having the right to be who they are. Through increased 'appraisal support', people may come to see themselves, and be seen by others, as having agency and an ability to contribute, rather than being seen as a problem or a burden, or just being situated as a carer for others (Johansen, 2014; Malmberg-Heimonen & Johansen, 2014). This sense of recognition may be experienced both in a central person's relationships with their family or social network, and/or in their relationships with practitioners and services – and may contribute to an ongoing sense of self-worth that situates them as social citizens whose aspirations and preferences matter.

From the 'relational turn' in social theory comes the idea that personal agency is rarely best understood an intrinsic property of the individual, but instead depends on the relational contexts in which we are situated (Burkitt, 2016). This idea of *relational agency* may be seen to have particular applicability for people who may be more vulnerable, disempowered or lacking capacity: those who, to a more extreme degree, may only be able to exercise agency through the understanding and support of others (see, for example, Klein & Goering, 2023). Relational agency may be seen to interlink closely with experiences of recognition: people's agency can only be enabled through their interpersonal relationships if significant others are able to recognise them for who they are and what they may want to be and do. A common theme from the practitioners interviewed was that, by participating in the FGC, network members appeared to better understand the central person's needs and aspirations.

Metze and colleagues (2015c) propose a similar theoretical terminology, using the term 'relational autonomy' to describe the interpersonal aspect of relational empowerment that may arise through participation in a FGC process. They argue that it is through the support of others that one may be enabled in 'finding a way to live in line with one's values and identity' (2013 p.171). In practical terms, agency may be enabled by 'receiving support in making decisions and taking actions', and 'being able

to ask for help in carrying out decisions' (ibid.). However, they caution against any idealised view of relationships, recognising that these may also be paternalistic, repressive or manipulative. What may perhaps be a little more controversial in relation to promoting relational agency is their suggestion that a positive outcome, where the central person may have limited capacity or varying motivation, could be that family or network members offer 'compassionate interference' in order to help restore a central person's lifestyle or living conditions back to how they have previously indicated they would like things to be.

d) Potential outcome: better support and opportunities through enhanced social and relationship capital

It is suggested that FGC may contribute to increasing resilience in the sense of the central person and their network having better resources with which to deal with any new challenges or crises that may emerge in their lives (De Jong *et al.*, 2016). This has strong similarities with understandings of social aspects of recovery – and staying well - in the context of mental health (Ramon, 2021; see also Tew *et al.*, 2012). In conceptualising what social and interpersonal resources may contribute to such resilience, it may be helpful to use the idea of recovery capitals (Tew, 2013) and, more specifically, to differentiate between (a) changes within a person's more intimate network of personal relationships with family or friends (relationship capital), and (b) potentially greater integration within a wider community of social associations (social capital).

From a study of social assistance recipients' experiences of arranging an FGC, an important finding was that 'the most important outcome, was improved relationships' including providing a means whereby 'to reconnect with lost network contacts' (Johansen, 2014 p.153). From their interviews with central persons and network members, Tew *et al.* (2017) found evidence of significant change within relational systems. Both the size of the network and the specific qualities and character of relationships may be important – enabling the central person (and other network members) to do, share and achieve things that would not be possible on their own; to give and receive support; to enjoy each other's company; and to experience a sense of belonging and connectedness. Practitioner interviewees identified that the FGC process could often improve relational connectivity between the central person and network members, and sometimes, just as importantly, between different network members.

The starting point for some families and networks may be that their patterns of interacting and communicating with one another may not be particularly positive – and hence their relationship capital may be rather limited. Johansen's (2014) research indicated that coming together in a FGC can open up more effective ways of interacting and communicating, and can thus improve unsatisfying relationships Practitioners identified that the process of jointly developing and agreeing on a plan can create a shared experience that can bring people closer (perhaps on the basis of some honest but challenging conversations), and that this often positively impacted on relationships on an ongoing basis. A restoration of broken or faded relationships was seen as leading to an increased level of social support and resilience for individuals involved in FGC (Malmberg-Heimonen & Johansen, 2014; Schout *et al.*, 2017) – with improvements noted in both the quantity and the quality of their relationships (de Jong *et al.*, 2016). Meijer and colleagues (2019) report that increased knowledge regarding the central person's situation could boost and strengthen their network's involvement, support and willingness to take action.

Research around recovery in mental health has highlighted that a key characteristic of recovery-supporting relationships is the ability to move relatively easily and seamlessly from a more one-sided relationship of providing support, when a person may be more unwell and debilitated, to one of 'doing with', and giving *and* receiving, as soon as the person is starting to feel more able (Schon *et al.*, 2009). A similar emphasis on relationships characterised by sharing and reciprocity, rather than 'doing to' or 'doing for', may be seen as a core component of relationship capital – one which could contribute to the longer term sustainability of the caring system (Metze *et al.*, 2015b).

Alongside potential developments of relationship capital, a number of authors also saw that FGCs could play a role in developing wider social capital which could be important, both in opening up resources and opportunities, and by reducing social isolation and giving people a stronger sense of belonging with the community (de Jong *et al.*, 2016; Johansen, 2014; Meijer *et al.*, 2019). An outward looking community-connecting focus was found to be a key feature of the recovery plans developed in mental health FGCs (Tew *et al.*, 2017), but such a focus on enhancing social capital was seen to be missing in FGCs in public mental health in Holland (de Jong *et al.*, 2015). Following Bourdieu, social capital is understood as 'the aggregate of actual or potential resources that are linked to a durable network of mutual relationships' (Bourdieu, 1986, cited in de Jong *et al.*, 2016 p.735). Coleman, another of the early theorists of social capital (1988), highlighted the role that family and network contacts can play in linking people into such durable networks of formal or informal social association. In the context of working with people with more severe mental health difficulties, De Jong and colleagues (2014) found that when the central person felt more respected, trusted and valued (in our terms, receiving recognition), they consequently behaved more accountably towards the community – in turn leading to better acceptance by (and 'social embedding' in) the community and hence better access to wider networks of social capital.

e) Potential outcome: enhanced communication and trust between lifeworld and service systems

Another piece of the relational jigsaw is the possibility that the overall FGC process may lead to more collaborative and effective relationships between those in the 'lifeworld' (central person, network and wider community) and the various practitioners and agencies that are part of the service systems that may offer support or intervention (de Jong *et al.*, 2014; Johansen, 2014). FGC can be seen as facilitating the development of more trusting and open relationships between networks and practitioners, and may have the potential to shift power from practitioners to the central person and their families (Górska *et al.*, 2016).

In some instances, interviewees reported that FGC changed the terms of how the central person and network members came to relate to practitioners and vice versa. Enabling the central person to make their own decisions in a way that is appropriate to them, alongside having clarity on roles and responsibilities of practitioners involved, appeared to positively change the perspectives of the central person and network members towards practitioners, thereby improving their relationships.

Meijer and colleagues' research found FGC added value where the process provided the possibility to realise partnerships within mental health work between the central person, their social networks and practitioners. They noted that support of the plan by practitioners could lead to shared control and less recourse to coercive interventions (Meijer *et al.*, 2019). De Jong and colleagues (2014) found that, in their research samples, people often had prior negative experiences with mental health care professionals - and learning to trust in them was an important outcome of FGC, both for the central person and their network. They suggest a significant factor in supporting this outcome was where a plan was established where all agreed its content, and this resulted in a bridge between the informal world of the central person and their network and the formal systems world of the practitioners. However, it has to be recognised that such a bridge depends on professionals and services actually delivering on what has been agreed – something which can be outside the control of the FGC service, but which may adversely affect outcomes.

More broadly, FGC may be seen as a mechanism for leveraging a culture shift towards to more coproductive ways of working within social care and mental health services:

> 'It has been recognized by the participants in our study that current services are predisposed to deliver interventions based on an expert opinion by a professional or a group of professionals, often guided by their professional standards, policy requirements, and their assessment of risk. It was indicated that, at times, such practice may lead to authoritarian decision making which takes control away from the service users in favor of the professional involved. It was acknowledged that this often results in fragile relationships between services and service users and low satisfaction with services received… FGC was … perceived as providing the opportunity to facilitate different way of thinking by professionals about their role in service delivery.
>
> > *I think it's one of the challenges for us as professionals not to go there with superman pants on to fix things and to allow families the opportunity to fix things for themselves. And that is a challenge because that is a change in the way we operate. It's getting away from us being the problem solver.* (Lea*, professional)'
>
> (Górska *et al.*, 2016 pp.238–9; see also Fisher *et al.*, 2018).

f) Potential outcome: a more inclusive safety net around the central person

From the perspective of the central person, seeing network members and practitioners working more collaboratively together could give a sense of a much stronger safety net (Manthorpe & Rapaport, 2020). De Jong and Scout (2013) reported that such a safety net could help break the downward spirals of marginalisation and isolation for those affected by mental ill health. When their social networks are intensively involved, a gradual deterioration can be prevented as relatives and neighbours can be alert to the need to arrange additional formal or informal support at an early stage – thereby helping to head off an aggravation of psychotic symptoms and prevent the need for coercive measures (de Jong *et al.*, 2014). In this way, strengthening social support may be a crucial factor in decreasing the risks and vulnerability associated with living with mental distress.

Within some service contexts, ensuring the safety of vulnerable adult(s) is seen as the primary outcome (see for example, Daybreak, 2010; Daybreak, 2013). A number of interviewees stressed the potential of a FGC to address safeguarding concerns in a way that was acceptable and appropriate to central person as an individual. FGCs may be seen to foster a personalised approach to risk management in which the central person, and those who care about them, think in a positive and productive way about how to achieve the lives they want, while managing identified risks (Hobbs & Alonzi, 2013). Network members may be able to highlight specific resources and potential sources of support that would not necessarily have been 'on the radar' of the professionals involved. Using a positive rather than a defensive approach to risk, FGCs may provide a forum in which to explore of the levels of risk that the central person may want to take, enabling them to make informed choices in conjunction with the key people who would need to provide support, or raise the alarm, should things not go according to plan. In these ways, FGC may be seen as providing an effective mechanism whereby to achieve the aims of the Making Safeguarding Personal policy initiative (LGA, 2013). and this was used in two of the early test bed sites (Manthorpe *et al.*, 2014).

In some instances, concerns around risk centre on the relational network – either with particular people acting in ways that may be abusive, neglectful or financially exploitative, or with splits, conflicts or communication issues between network members impacting on the safety or emotional wellbeing of the central person, as in the following instance:

> "*We have to keep instigating safeguarding investigations for this family when one or other of the warring parties makes allegations against the others. This is having a huge cost in time and money for ourselves, the police, and the GP. A Family Group Conference can cut across all that and help them get together with someone neutral and sort it out*" (referring care manager, quoted in Daybreak, 2010, p.19).

In such instances, although an agreed plan may be important (particularly in the short term), it is the restoration of honest and open relationships between network members that is likely to assure longer term safety and security for the central person – and obviate the need for ongoing professional involvement.

g) Potential outcome: more efficient or better tailored use of social care and health resources (if appropriate)

Where FGCs are offered at an early stage, the central person may not already be in receipt of and social care or health services, and the outcome of the conference may be a plan that just utilises informal and mainstream community resources – and thereby may prevent or delay people's need for formal service support. A recent evaluation of FGC services for adults in Camden found that 31% had resulted in a Plan that required no care service input (Spencer & Fisher, 2020).

Where such services may already be involved in providing support to the central person, there are indications from local evaluations that FGCs can generate savings by reducing the need for ongoing interventions or (more intensive) care services. A study in Hampshire estimated savings of £77,360 associated with 49 referrals to FGC – an average of around £1500 per FGC. Savings resulted from avoiding admissions to residential care, reduced need for domiciliary care and reduced social work and care management time (Daybreak, 2013). An earlier evaluation of an adult FGC service in Kent had estimated budgetary savings of around £7000 per FGC (Marsh with Kent Adult FGC Service, 2007). In Camden it was found that 8% of adults' FGCs had resulted in an increase in service budgets, 15% had resulted in no change and 45% had prevented an anticipated escalation of care costs (Spencer & Fisher, 2020).

Other studies have also identified some potential reductions in the use of formal services in different contexts. For example, De Jong and colleagues (2014) found that involuntary admission to a psychiatric ward can sometimes be averted when informal support through a FGC is sufficiently mobilized (see also De Jong & Schout, 2011; Ramon, 2021). Blundell *et al.* (2021) found FGCs can be used as an intervention tool to stop the risk of escalation or continuation of abuse.

When costs for delivering a FCC service are taken into account, it may be more realistic to see FGCs as tending, overall, to be expenditure neutral – and if FGCs are to be promoted as a positive option to citizens, it is important not to see financial savings or reductions in services as an intended outcome of the process. Rather, the anticipated outcome should be that they may enable resources to be deployed more effectively (and creatively) as part of a network-led plan of support. Bredewold and Tonkens (2021) stress the importance of not over-relying on the family and social network to carry out all the actions within a plan. A sustainable support system may often require a combination of formal and informal support, and expectations around such a collaborative approach need to be built in from the start.

Interviewees stressed that facilitating conversations between network members could shift the type and form of care provided, with network members offering to support the central person in more acceptable and appropriate ways. Rather than being seen as a mechanism for taking services away, FGCs may afford the central person and their network the opportunity to identify gaps in current care provision and discuss with invited professionals what may help to fill these gaps. One study found that FGCs could open up opportunities for the person with dementia to benefit from proactive services focused on promoting independence and participation rather than on the reactive management of dementia symptoms (Górska *et al.*, 2016). So far in the UK, there is little evidence of FGCs being employed when people may be offered the opportunity to directly manage their own support via the use of personal budgets or direct payments – but this could be an area for future development.

Contextual factors that may influence outcomes

Relevant contextual factors may be seen as those which support change and improve outcomes – or alternatively those which may make particular positive outcomes less likely to be achieved. Positive (or negative) outcomes from an FGC may be influenced by a range of service related and individual, network or community related factors.

Wider ethos of strengths-based practice and willingness to devolve power

Successful and sustained outcomes from a FGC process may be seen to be more likely to be achieved if the FGC service is situated within a wider practice ethos across services that is supportive of strengths-based and coproductive ways of working. Conversely, it may be much harder for people to keep control over their support arrangements if their dominant experience of services continues to be one of being 'done to' or 'done for'. Within children's services, deployment of FGCs has been particularly successful where it was implemented alongside the adoption of a wider practice framework of Restorative Practice (Mason *et al.*, 2017. Meijer, Schout and Abma (2019) argue that FGC requires a change in attitude by practitioners in wider service systems to recognise the capabilities of the central person and their network, and their role as experts in their own lives. In mental health services, this would reflect a shift away from 'treating' them as a patient to working with them as a citizen (Ramon, 2021). To support this context, a willingness of professionals is required for them to enter into challenging yet respectful conversations where they make contributions to a shared planning process that is being led by the person and their network.

Independence of coordinators

A key contributory factor that can enable trusting and open relationships is when coordinators are, and are seen to be, independent of any agency or other external agendas (Górska *et al.*, 2016). In practical terms, this means that they should not also be performing other roles such as social worker or care practitioner, or be involved in any process linked to determining

eligibility for services or resources, or assessing levels of risk.

In turn, the degree to which coordinators may (or may not) have their independence protected may depend, at a service level, on whether the organisational location and management of the FGC service affords practitioners the space and autonomy to operate according to core FGC values and principles (see Mahesh *et al.*, 2025) – a potential issue of concern that has been identified in relation to FGC in children's services:

> 'The ambition to fit family group conferencing within the procedures, time scales, and assumptions of bureaucracies has relegated family group conferencing to secondary planning form or a rubber stamp for professional ideas. The net effect is that family group conferencing principles and philosophy are watered down to fit into mainstream orthodox practice' (Merkel-Holguin, 2004 p.160).

While our interviewees in adults or mental health service contexts did not report that the independence of their services were being compromised in this way (and presented very much the reverse of this picture), this remains a factor to which we may need to be alert if FGC becomes more mainstreamed within local authority and NHS practice in the UK.

Workload, preparation and training

Alongside demonstrating independence, if coordinators are to engender trust from potentially anxious and fearful participants, it is important that, within their workloads, they are allowed (and encouraged) to spend as much time as is needed in order to connect fully with both the person and each of the network members during the preparatory phase (O'Shaughnessy *et al.*, 2010). They must also be able to demonstrate confidence and capability – which may, in turn, relate to the appropriateness and sufficiency of the training and supervision that they are offered (Parkinson *et al.*, 2018) – and this may need to include a specific focus on cultural competence (Barn & Das, 2016). However, as has been discussed in the Part 1 Paper (Mahesh *et al.*, 2025), there can be some controversy as to the degree to which the role should be 'professionalised' and hence what sort of training should be seen as necessary and appropriate (see also Blundell *et al.*, 2021; Schout & De Jong, 2017).

Practicalities that support participants coming together on an equal basis

In our Part 1 Paper (Mahesh *et al.*, 2025), we discussed how certain arrangements and practicalities can be crucial in establishing the ethos of FGC as something that is clearly distinct from the inherently professionally dominated and often hierarchically organised world of social care and health provision. Within the context of children's services, Bernheim *et al.* (2024) argue that the choice of venue for a FGC should be viewed as a core component of the process as it has the potential to either reinforce or disrupt power imbalances between central persons, practitioners and networks. From our interviews, we learned that a variety of community facilities could be utilised as 'neutral' venues but, in some services, cost considerations could limit this to certain publicly owned facilities such as libraries or community centres. For logistical and other reasons, we learned that an increasing number of people were requesting that the Conference should take place in their home – and there were mixed perceptions among those interviewed as to whether this was always appropriate in terms of creating a space that was genuinely neutral.

Equally important for many of our informants was the provision and sharing of food – usually at the start of the Conference. This practice, which dates back to the Māori origins of FGC, was seen by many as crucial in setting a tone that that was welcoming, informal and inclusive (unlike most decision-making meetings involving professionals). This allowed different participants to meet and get to know each other as people (rather than on the basis of role position) on a basis of equality and 'doing with'. However, within the wider organisational context in which FGC services could be located, the practical and symbolic value of this was not always recognised - and budgeting for food and refreshments could be defined as a luxury that could not be justified, particularly in times of austerity.

Understanding of FGC and social/cultural acceptability

Another important contextual factor is the degree to which potential participants have a clear understanding in advance of what the FGC process entails, how it is organised and what to expect from it. This, in turn, can depend on the degree to local services and potential referrers understand the FGC way of working, the sorts of outcomes that might be achieved and the various expectations that it places on the central person and their network, and on practitioners. Where there is a good understanding, appropriate referrals are likely to be made and people will be well prepared in advance as to how to engage with the process. However, despite their best efforts to educate referrers, interviewees alluded to examples where people did not engage, or Conferences were unsuccessful, because of misunderstanding or misinformation – for example where individuals agreed to FGC because they had been led to believe that this would involve some form of family therapy, mediation or counselling.

While for some potential participants, the idea of being open with friends or family about problems and challenges may seem natural, for others this may be a major concern – and this may be particularly so for certain social and cultural groups where such openness may not immediately feel congruent with established norms, with issues around shame or pride, and exposing vulnerability to others (Nygard & Saus, 2019). It can therefore be seen as important that coordinators have the space to engage with such concerns – and perhaps 'flex' the process a little in order to negotiate a better fit without compromising core values and principles.

Factors influencing motivation and willingness to engage

The motivation and disposition of the central person and members of their network towards the idea of utilising a FGC may influence the likelihood of a successful outcome from the process (Meijer *et al.*, 2019; Metze *et al.*, 2015a). It may be helpful to unpick how situational and historical factors may affect motivation. There can be instances where the urgency of the

situation acts as a motivating factor and it is possible that relationship issues may potentially increase motivation to 'sort things out' rather than necessarily acting as a barrier to engaging with a process. Conversely, in the sample of cases that they examined, De Jong and Schout (2013) found a recurring theme that feelings of shame, and fear of exposing shameful circumstances or actions to a wider audience, could be a major inhibiting factor that undermined motivation and hindered the movement towards a Conference.

In some instances, people's prior experience of being 'done to' or 'done for' in their interactions with social care and health services may have undermined their confidence in exercising agency and hence inhibited their motivation. However, in situations where motivation may not have been strong at the point of referral, interviewees described what could sometimes be a long process in which hope and confidence were gradually built up during the preparation phase. In many instances, this could lead to the central person and/or network members coming to the (sometimes quite sudden) realisation that they could actually take control of the decision-making process and, through this, that they could make things different in their lives.

Prior state of people's relational systems

Another relevant contextual factor can be the state and functioning of people's networks prior to referral. Positive outcomes may be easier to achieve when there is already a well-functioning network of supportive people involved. Interpersonal relationships in the network which already provide recognition can more easily enable change within the FGC process (Johansen, 2014). Linked to this can be the central person's already existing ability to articulate their wishes within their network of relationships and hence to reach decisions that reflect these wishes (Schout *et al.*, 2017). However, while these factors may provide an advantageous starting point, they should not be seen as pre-conditions for successful outcomes. Within the interviews, it was stressed that much of the skill of the coordinator can go into preparatory work with both the central person and network members to enable them to reach a point at which they are ready to engage in a process of making plans together. Nevertheless, Bredewold and Tonkens (2021) caution that FGCs may not be appropriate or effective where there are long term entrenched relationship issues or patterns of interpersonal behaviour that are abusive, belittling or blaming, or where there is the potential for some family members to dominate at the expense of others who are less powerful. De Jong and colleagues, 2013; De Jong and colleagues, 2015) highlight that the fragile nature of some participants' networks could at times lead to problems within the FGC process.

Although requiring substantially more preparatory work (possibly including mediation), it is suggested that FGCs can potentially perform a restorative function in bringing together people who have become estranged or where relationships have been damaged. This has featured in the children's and domestic violence literature (see, for example, Sen *et al.*, 2018) and is also picked up in a detailed analysis of adult case studies where de Jong and Schout conclude that 'a limited or damaged network is not a contra-indication but a reason to organise FGCs' (2013 p.1452). FGCs may be able to provide a context in which relationship issues can be aired and resolved, or in which networks could be brought back together (or created) where a person had become socially isolated. Although more challenging, offering FGCs in such contexts could offer very substantial benefits to the person in terms of (re)connecting with a functioning and supportive network of people around them – thereby both enhancing their quality of life and alleviating their potential dependence on social care services as their only basis of human contact and support.

Similarly, the nature of pre-existing relationships with practitioners and services may be seen to influence how easy it is for both to engage successfully in a shared planning process – and it can be helpful if there are already respectful and trusting relationships between them (Ramon, 2021) As Meijer and colleagues (2019) point out, the process of FGC is complex and builds on the contribution of different actors - the central person, network members, the professionals and the FGC coordinator. A key context for success within FGC is that all these actors contribute and are committed to the success of the process.

When to have a FGC

Within the context of mental health, Tew *et al.* (2017) found that positive outcomes tended to be associated with having family meetings earlier on when people's networks were still relatively intact (and motivations potentially stronger), rather than leaving this as somewhat of an 'add-on' towards the end of a treatment process, perhaps resorted to when other interventions had not been particularly successful. Research has shown how quickly people's relational networks may shrink following an episode of mental ill-health (MacDonald *et al.*, 2005). A similar pattern may be seen to apply in many other situations, and interviewees consistently highlighted that offering an FGC as a form of early response increased the likelihood of a successful FGC - providing the individual and their network with an opportunity to receive help and support that was timely and relevant to them from the very beginning.

> *"I think it's best placed early because you can get in, you can begin to understand what's going on within the whole network and then they can decide is this something we want to improve" (Interviewee 5-FGC team manager)*

By 'getting in early' as issues are first emerging, rather than leaving this option further down the line when network support could be harder to mobilise, it may be possible to prevent or reduce later reliance on social care services.

Mechanisms and processes

In examining the question of 'how it works', we will discuss what have been identified as some of the key processes and mechanisms of change. In contextualising this, it may be helpful to start with a first person account:

> '*During the conference I shared my inner thoughts and feelings with others. That I had never done before. I*

> *told them everything: how I thought about our current situation, that I wanted to get out of the mess, and which support I and my husband needed. It felt [that] nobody was controlling me, so I totally felt at ease. My mother also revealed: 'F. would never tell us that she is not feeling that well and that her living circumstances are severe.' And really, that shocked me, because since I'm living on my own, I have become an expert in pretending that everything goes well, while actually things got worse. I did not expect my family and friends were affected because I did not reveal my true feelings. A friend of mine told me during the conference that I must not need to feel afraid to share my inner feelings with others and just be straightforward with them*' (quoted in De Jong & Schout, 2013 p. 1448).

While the key mechanisms of change may vary between individuals and conferences, this may give a flavour of some important aspects of process which were important in this instance: the inclusion and bringing together of both family and friends, a sense of having control and having a voice, and the importance of sharing feelings as part of restoring relationships that had become distanced or dysfunctional.

Inclusion and connection – 'widening the circle'

There is a substantial literature that highlights the importance of key relationships with family or friends within many people's stories of successful recovery from mental health difficulties (Topor *et al.*, 2006), and support from a wider circle of significant others may be crucial in dealing with other challenges and situations of vulnerability. Although sometimes requiring persistent and delicate negotiation on the part of the coordinator, there was consensus from both the literature and the interviews that a successful outcome would be more likely to be achieved if the central person was willing to invite all those who might be helpful in developing a plan. Potentially, this could involve mobilising a wider network that may not just be limited to family members (de Jong *et al.*, 2017). Key to this could be overcoming reluctance based on people feeling ashamed or embarrassed to admit their difficulties to particular family members, friends or significant others (de Jong & Schout, 2013). In some cases, 'conferences helped in establishing contacts with new persons who subsequently could come up with creative solutions to be incorporated in the plan' (de Jong *et al.*, 2016 p.742). However, there could also be instances in which people reported feeling pressured into including people that they did not know sufficiently well (Bredewold & Tonkens, 2021) – and this could inhibit the openness and sharing that could be crucial in achieving a successful outcome. In some situations, coordinators took the contrary view that it was important not to lose momentum by taking additional time to include people who may be reluctant to join the process – and proceeding with a smaller but motivated network was seen as key to achieving positive results (de Jong & Schout, 2013).

Enabling different participants to connect with one another at the start of a conference was seen by interviewees as key to a successful process. Many informants stressed the value of people being able to do this in an informal way that could break down barriers – usually by coming together around sharing food:

> An "*adult's perception of that professional can change when they see [them] in a less formal setting with a little bit of food*" (Interview 7- FGC team lead)

In some services there was a strong emphasis in the preparation and agenda setting process towards an outward-looking community focus – seeing the plan as a stepping-stone towards wider community participation, both for the central person and also for those in caring roles who may themselves have become socially isolated (see, for example, Tew *et al.*, 2017).

Preparation and 'scaffolding' that enables courageous conversations

There was a strong consensus, both from the literature and out interviews, that the preparation stage is crucial to the success of FGCs – and that this involves coordinators offering time, sensitivity and creativity in order to build trust and to develop and tailor a process that fits the needs, preferences and cultural expectations of the central person and their network.

> *"We have a conversation with the person being referred in and the FGC coordinator and that's a chance to have just a really open conversation about the reasons for referral, anything to clarify about how FGC works, and their current situation."* (Interview 8 - FGC team lead)

While some FGCs may be relatively uncontentious processes for planning and decision making, the resolution of more challenging issues may involve the need for 'courageous conversations' that would otherwise not take place – either within the person's network or between network members and members of the wider professional or service system. In these, participants may need to be open and honest about their feelings, and how they each see the situation, potentially sharing what they may never have said before (Meijer *et al.*, 2019). This may include sharing very sensitive matters such as the impact of experiences of childhood sexual abuse (Tew *et al.*, 2017).

As one central person put it, for such conversations to take place and be followed through, there may need to be 'scaffolding' in place to provide sufficient structure and safety (Tew *et al.*, 2017). In achieving this, coordinators would need to take time to get to know and gain the trust of each participant:

> "*The co-ordinators just spending the time with the person, building up that rapport, finding out exactly what their situation is, what their goals are and who they want involved and then spending that time with those other people individually to find out their perspective and what they can offer and what they can't offer*" (interview 1- FGC team lead)

Once this trust is built, coordinators can facilitate a 'brave' space in which there is sufficient challenge and support for an honest exchange around difficult issues (Bredewold & Tonkens, 2021; Schout *et al.*, 2017) – and this may involve negotiating

appropriate groundrules to enable a safe and respectful sharing of views and opinions between network members, and setting an agenda that is future- and solution-oriented (Manthorpe & Rapaport, 2020). Both the preparation with individual participants and the formalised staged process of FGC may provide important elements of scaffolding – helping to generate and uphold a respectful style of listening and responding, and hence to open up more effective ways of interacting and communicating. From Johansen's study,

> 'A major finding was the supportive and respectful communication style that characterised the private deliberation... Another prominent finding from the observations was how conscientiously the network members adopted their roles as chairpersons and note takers, and how strictly they followed the service users' agendas. This behaviour added to the informants' experiences of being met with respect at the FGC. The presence and availability of the coordinator at the FGC and the roles of the network members as chairpersons and note takers were regarded by many as the prerequisite for this respectful and supportive communication to take place' (2014 p.153)

In some instances, a single conference may not provide sufficient 'scaffolding' if a network is going to be able to deal with more entrenched personal and relational issues – perhaps relating to past harm or trauma (Tew *et al.*, 2017; Tew, 2019). In such instances, one possibility may be a referral on to a family therapy service. However, it may also be important to consider whether adapting the model in order to offer more than one meeting over a defined period of time might provide sufficient scaffolding for a successful restorative process to take place.

'Shared learning platform'

Whereas in some (but by no means all) children and families FGCs, where professionals may come to the first part of the Conference to deliver a set of concerns and 'non-negotiables', there is an aspiration in adults FGCs that the first part of the Conference should function as a 'shared learning platform' (de Jong & Schout, 2013) in which network and professional participants can move beyond initial viewpoints and preconceptions and discover together new and better ways of understanding what may be going on (and why). Sharing stories and different perspectives on a problematic situation can lead to more understanding and generate ideas to deal with the situation, thereby creating a new, 'co-constructed actuality' in which central persons, network members and practitioners can all evaluate information and explore options (Meijer *et al.*, 2019). This experience can not only lead to a better understanding of the central person's situation, but can also facilitate shared ownership of problematic issues and encourages the formation of a partnership between different network members and between network members and services (Johansen, 2014; Ramon, 2021). However, it has to be recognised that not all professionals may feel ready to 'cede power' and may need some additional support and training if they are to enter into more equal and collaborative conversations (de Jong *et al.*, 2018).

Interviewees talked about the role of coordinators in encouraging professionals to move away from certain ways of conducting business – inviting them to join in a dialogue rather than to come with "*a list of things they need to check and [using] professional language to communicate*" (Interview 7- FGC team lead). From their research, Górska *et al.* found that the first part of the Conference, 'which involves the initial contact with service representatives in its information sharing phase, was perceived as an opportunity for the families and the professionals to come together, to listen to each other, and to get to know each other on equal ground' (2016 p.238). Another factor that was seen by interviewees as important in facilitating participants being 'on a level' with one another was arranging for relevant information to be shared with all participants in advance – so that people could feel well prepared and new information or concerns could not be 'dropped in' on the day.

Receiving recognition

In her analysis of mechanisms of change in FGCs for children and families, Mitchell (2021) identifies processes whereby network members feel respected and understood – both by others in the network and by practitioners - as a key mechanism that can lead to positive outcomes. This process of recognition needs to start in the building of a relationship between the coordinator and the central person – a process of 'getting to know' at a more personal level:

> *"So, a lot of the questions may be about thinking about what comes to mind when you think about your childhood, some could be negative, some could be positive. What are your strengths? What are your weaknesses? What are your hobbies? What are your most important possessions?"* (Interviewee 3-FGC coordinator)

Such recognition and 'appraisal support' may be seen as a precondition of an effective dialogic process – both constituting a mechanism for change as well as a valued outcome. Its importance was highlighted in interviews with stakeholders and in the national survey results – and is also highlighted in the wider literature:

> 'Being met with respect and concern from their family and friends was emphasised by many as a fundamental relational experience related to the FGC... The significance of being met with respect was closely related to the informants' self-disclosure of personal information at the FGC. That family and friends showed respect and interest in their problems and what they were disclosing about themselves was perceived as particularly important by the informants (Johansen, 2014 p.152; see also Malmberg-Heimonen & Johansen, 2014; Ramon, 2021).

As well as experiencing such affirmation, recognition may be seen to empower people within the FGC process. It 'opens up predispositions regarding future possibilities and is important in the way people vision their future…. This could eventually contribute to an increasing feeling of hope, as people experience more power to influence their possibilities in the future' (Meijer *et al.*, 2019 p.148). Recognition may not just be important

for the central person, but may be seen as a mutual and reciprocal process in which the network is strengthened by people simultaneously receiving recognition and offering recognition to others.

Power and ownership

Central to the working of FGCs is the transfer of power and sense of ownership of the process from professional systems to the central person and their network, letting them experience control and agency (Johansen, 2014). This shift of power may initially be rehearsed through (and, to some extent, symbolised by) offering participants control over practicalities, such has having the opportunity to make decisions around food, venue and who should be invited (Mutter *et al.*, 2002). In order for this to take place, a change in attitude among the practitioners involved in the FGC may also be required. Schout and colleagues (2018) describe the stance required in FGC as 'egoless care', where practitioners may contribute suggestions to the plans being made by the individual and social network, but resist taking over the agenda for change. Metze *et al.* propose that this may be understood theoretically as follows:

> 'Tew (2006) makes a division between protective power and cooperative power. Both are seen as positive forms of power, as they are used to help instead of suppress people. However, protective power—mostly employed by social professionals—can be seen as more paternalistic and directive, while cooperative power gives more space to the wishes and plans of the clients.' (2013 p.169).

As well as engendering opportunities for cooperative power between professionals and the central person and their network, there may also be a need to address potential power imbalances within family dynamics (De Jong & Schout, 2013), perhaps with particular network members tending to exert protective (or sometimes oppressive) power over the central person. It may therefore be important in setting groundrules and structuring the process of the Conference to build in opportunities for sharing and listening, and hence for the emergence of a greater degree of cooperative power relations.

There was broad agreement from the interviews that, fundamental to all FGC services was giving the central person ownership and control in the FGC process, in conjunction with members of their network:

> "*They feel quite empowered …. They'll be like, 'Oh, we're going to, we're going to have these meetings every month,' feeling motivated to help the person…. They feel very empowered by having that kind of conversations with one another and taking control of the process*" (Interview 4-FGC coordinator)

Coordinators were seen as having a key role in countering the assumption that professionals would still be in control and that the coordinator would have final decision-making powers. This can be a gradual process in which confidence and agency are established through a focus on 'small things' that can make a real difference in terms of establishing people's ownership of their own process

> "*We start the one-to-one work with the person and it's the small things that are the big things. So, during the … preparation … actually looking at what they want, because often people will really, undervalue themselves and the small things that would mean a lot to them*" (Interview 8 FGC team lead)

Examples were given of the various decisions that the central person would be invited to make during the preparation phase, including decisions regarding inviting potential network members and relevant professionals, where might be a comfortable and neutral space in which to conduct the Conference, what sort of food (or other activity) might be best to set the tone of the meeting, what should comprise the agenda for the day – and whether, indeed, there should be a Conference at all:

> "*So, from the very beginning … I will also remind them throughout the process that they have full control over whether this continues or not*" (Interview 4-FGC coordinator)

This experience of agency can help build their confidence that they could also have control as to what should go into their plan. It is argued that people's sense of being in control during the FGC process is important in achieving the longer term outcome of relational empowerment (Metze *et al.*, 2015c).

Where the central person may have had little experience of exercising agency in relation to their situation, one informant from a mental health FGC service described a structured process in which the central person was assisted in mapping out what they might wish for going forward using a proforma document called a personalised recovery plan. This comprised prompts consisting of strengths-based questions that helped to explore their aspirations and capabilities, alongside the challenges that they might currently be facing. This plan is owned by and confidential to the central person – but parts of it can then be shared in setting the agenda for the FGC, thereby putting the central person 'in the driving seat'.

Restorative processes

In situations where relationships within the network have become estranged or conflictual, a specific emphasis on engendering restorative processes may be important. For central persons with limited networks or for those who may have lost contact with their family members, research findings show the FGC can provide an opportunity to mobilise, reconnect, repair and revitalise networks which may have become tired or paralysed (de Jong & Schout, 2011; de Jong & Schout, 2013). In this way FGC can be described as a 'constructive', 'reintegrative' and 'restorative' experience for family and networks to come together and resolve problems (Fisher *et al.*, 2018).

Central to this may be addressing issues of shame, hurt or harm which may be getting in the way of people asking for help

or of network members providing support that is effective or joined-up. De Jong and Schout (2013) stress the need to create a safe and structured space in which participants can share their inner feelings as part of the 'courageous conversations' that may be needed. In order for this to be possible, coordinators may play a crucial role in the preparation phase by offering acceptance – thereby starting to release personal barriers of shame which might make people feel unworthy of the support of others and unable to contemplate feeling hopeful for a future in which they were more closely connected to people that matter to them. Also crucial, as part of the preparation, can be the establishment of a restorative 'no blame' culture (Fisher *et al.*, 2018), in which feelings relating to past harm or trauma can be acknowledged within a process that then looks forward to how people want to be with each other in the future.

By contrast, there may also be situations in which people may be feeling embarrassed when asking for help, or may be reluctant to open up too much for fear of losing control. From their research, Metze *et al.* concluded that, in order for a FGC approach to be appealing to many older adults, there needed to be respect for the principle that 'you don't show everyone your weakness'. So, instead of providing a space for the sharing of inner feelings, an effective FGC process may have to be more business-like and task focused, with an emphasis on 'reciprocity, peer-to-peer support, and solutions instead of problems' (2015a p.1).

Sustainability

Broadly speaking, the same mechanisms that are seen as promoting successful outcomes are also mechanisms that may influence the sustainability of any positive outcomes that are achieved. Involvement of people's social networks is seen as inherently likely to promote more sustainable plans and arrangements:

> 'When a professional and a client have one-on-one contact to create a plan, the client will often have to carry it out … without social support. Contrastingly, when a plan is made in collaboration with the client's social network, support from the social network is organized from the beginning' (Metze *et al.*, 2015c p.169).

There is an assumption in much of the literature that whereas professionally driven plans may lead to disengagement through lack of ownership over the plan, family and social networks may display a longer-term commitment to support of a person than public services can offer (Johansen, 2014). For the central person, the confidence and control derived from being the driver of the plan can lead to longer term sustainability (Tew *et al.*, 2017) - as not only are the individual's needs acknowledged but they have direct influence over what is planned to support them.

It is suggested that FGCs can promote an ongoing and self-sustaining change in the relational system, with social networks being strengthened around the central person, thereby reducing their vulnerability (de Jong *et al.*, 2014). Interviewees stressed that a shift in power from professional systems to the network can not only be key mechanism to empower the individual and their network, but can also be sustained, often lasting beyond the FGC process, but largely initiated by it.

> "*I think so, but certainly the potential is there at the time, it certainly gives the power to the family, to the individual and the family there to kind of enable them to do what they can do*" (Interview 3-social worker)

An increase in the size and connectivity of the network can lead to a more sustainable arrangement with the responsibility (and potential burden) of care being divided over several shoulders (Meijer *et al.*, 2019). Crucially, it is argued that the longer term sustainability of the caring system may depend on maximising opportunities for cooperative power, 'doing with' and reciprocity in the relationships between the central person and network members - and also between different members of the network (Metze *et al.*, 2015c). On an ongoing basis, such relationships may be seen to promote mutual recognition and relational agency. They may also be alert to the signals that indicate that a crisis situation could be emerging (Meijer *et al.*, 2019) – and ongoing trust and communication between central person, network and the professional system can promote an early and coordinated response that might avert the need for hospitalisation or other more intensive responses (Johansen, 2014; Manthorpe & Rapaport, 2020).

From a review of the existing research literature, Ramon (2021) notes that enthusiasm regarding initial positive changes arising out of the process was not always reflected in sustained outcomes at later follow-up. Metze and colleagues (2015c) point out a challenge with FGC (with older adults) is when the family and social network 'fail to live up to their promises', resulting in a negative expectation on the part of the social worker regarding the reliability of the social network to fulfil their obligations regarding the agreed actions in an FGC plan. Similarly, it can be the professional system which fails to provide sufficient contact and support during the implementation phase. Ramon argues that support during the implementation and review process does not always receive the investment that it requires from provider services – and perhaps particularly the need to work in ways that maintained the inclusion of family and network in ongoing support planning. While both the coordinator and the wider professional system could have a role to play in supporting the implementation and sustainability of the plan, interviews revealed a potential lack of consistency as to how best this should be achieved in practice, leaving open the possibility that ownership for this might fall between coordinator and professionals, leaving longer term success or failure very much in the hands of the central person and their network.

Findings from the deliberative forum

Having synthesised our preliminary findings from our literature review, national survey and interviews (as summarised above), we also identified particular areas relating to contexts, mechanisms and outcomes where our understanding of FGC was limited and/or there remained key unanswered questions or areas of contention. In order to gain a fuller understanding,

we convened a deliberative forum, both to check out what we thought we already understood and to further explore these specific areas. As a basis for deliberation, we circulated a summary of our preliminary findings in advance, alongside some specific questions as set out in Table 2 below. Out of the discussions, the responses we received gave broad support for our synthesis of key contexts, mechanisms and outcomes, and the specific responses to the questions that we posed are detailed in Table 2.

Perhaps the most striking finding to emerge from the forum was the potential complexity of the task undertaken by

Table 2. Summary of outputs from Deliberative Forum.

Question	Responses
How can power imbalances be managed – both within networks and between networks and professional systems?	• Organisational support for sharing power, including being comfortable with holding uncertainty • Being able to choose venue and food can give the message that people can be in charge of their own process. • Co-ordinators use the preparation stage to address potential power imbalances in the network – e.g. by proposing groundrules and exploring advocacy or language needs and how these will be addressed. • There may be particular challenges when engaging with families from social or cultural backgrounds where hierarchy is strongly embedded and it may be considered disrespectful for adult children to speak out to elderly parents, or for women to challenge men. However, when this is manged sensitively, conversations can be enabled that are crucial in organising appropriate support. • All relevant information needs to be shared with the person and their network in advance. • Advocates can step up during private time to ensure that a person's voice is heard.
What are key things before and during the conference that enable 'courageous conversations' to take place?	***During preparation*** • Time during the preparation phase is crucial to build rapport with the central person and their network and prepare participants for their Conference. • In a crisis situation, coordinators can bring agencies together to offer joined up support prior to a Conference and provide a space in conversations with network members to acknowledge and address how strong emotions may be managed on the day. • Whilst FGCs can be offered in situations where there are significant relationship issues, these need to be handled carefully in the preparation stage – possibly offering and arranging mediation prior to the Conference • The professional system needs to be willing to be tolerant of uncertainty in order to allow network to be in charge of FGC process and create a space for shared learning • Use the preparation stage to set the themes of the Conference so that boundaries can be agreed and (where appropriate) hurt or trauma can be acknowledged ***During the Conference*** • Groundrules to facilitate family dynamics – building in mechanisms for active listening, ensuring all voices are heard. • Learn from and with each other – recognising conflict and differences in opinions, but also creating a space to come to a collective understanding. • Recognise and be sensitive to cultural norms and respect family culture. • Engender hope
What sorts of outcomes should we expect from FGCs over and above making and implementing a Plan?	• It is for the person and their network to develop intended outcomes rather than outcomes being professionally led. • Wellbeing – in the sense of active flourishing and having a 'bigger life' that involves engaging with the people and things that matter (not just having basic support needs met). • Affirming and (re)claiming personal and social identities – through network members listening to who they are, and what matters to them – and thereby validating the person's sense of self. • Identifying safeguarding issues and developing collective strategies for addressing these. • In some cases, merely mobilising a network and bringing people together can be an outcome.
How can sustainability be best achieved after the Conference?	***Tools*** • Ensure that all network members have a copy of the plan on completion of the Conference. • Provide online access to the plan to enable network members to update the plan. **Review** • There needs to be a degree of flexibility as to how and when reviews are offered • Reviews may serve different purposes – e.g. sometimes need to revise plans due to changes in circumstances • As a general rule, it is useful to have reviews to check on the progress made with agreed plans and ensure accountability. • In situations where plans are working, there may not be a need for ongoing follow-ups. • In some instances where new issues have risen, a new conference can be convened instead of having a review.

coordinators during the preparation phase – and hence the need for them to spend sufficient time with the central person and each network member in order build up trust and develop a fuller understanding of the specific issues and dynamics that would need to be taken into account in planning for a safe and successful Conference. Central to this were the co-ordinator's skills and capabilities in bringing everyone together and setting a positive and constructive tone to the Conference (including the negotiation of ground rules where appropriate). This could involve not only active listening skills but also creative thinking in difficult situations and a confidence to be flexible and 'go with the flow' as part of a fundamentally person-centred approach, rather than stick too rigidly to any pre-determined format or formula.

It was seen as essential that coordinators were comfortable *being with* conflict - validating people's right to see things differently and have their own opinions, rather than seeking prematurely to try to gain agreement. Managing this effectively could require being alert to imbalances of power and any potential need for advocacy. It could also sometimes involve managing the professional field so that the central person and their network could have the space to make sense of their situation and devise their own plan - rather than feeling pressured by others to see things in a particular way.

A crucial element within this could be negotiating with professionals (and perhaps also some vocal network members) to stand back and be *tolerant of uncertainty* as the process unfolds, rather than seeking to rush to particular formulations of 'the problem' or to impose particular 'solutions' to it. For this to be achievable, there needed to be wider recognition within services that staying with uncertainty was an essential prerequisite of any genuinely coproductive process – and hence that professionally led assessment processes may need to be put on hold. However, this could be more difficult when there were safeguarding concerns, where statutory procedures and expectations could take precedence, and meetings between professionals might need to take place ahead of an FGC. In such instances, there would need to be clarity as to what were 'non-negotiables' and what could be the scope for the central person and network to make their own decisions.

Anticipated outcomes reported at the forum were similar to those shared by survey and interview participants. Wellbeing was seen as enabling a rich and fulfilling life for the individual that included people and things that matter to the individual. Linked to this was the potential for the recognition that people may receive during the FGC process to affirm and validate their personal and social identities – and hence enhance their sense of self. The process of bringing people together, even if they chose not to go ahead with a full Conference, was seen, in itself, as an important outcome for the central person.

Perhaps the most inconsistent area of current practice was seen to be in the follow-up and review process – and concrete suggestions were made as to how this could be made more robust (for example, by having an online copy of the plan that could be updated as and when necessary). While this was seen as positive in that this could be tailored to the needs of particular individuals and their networks, and that reviews could serve different purposes, it was also acknowledged that a more thorough follow-through process might be beneficial, particularly in ensuring ongoing connections with services when these were experiencing financial strain and cutbacks.

Putting this together: towards a preliminary programme theory for FGC for adults and mental health

Programme theory provides a conceptual mapping of how a particular practice model may be seen to work, the circumstances in which it is likely to be most effective, and the sorts of outcomes that may be achieved. It proposes a set of causal links and interconnections (Context–Mechanism–Outcome configurations) which need to be in place if successful outcomes are to be achieved. From the foregoing synthesis of findings from our various sources of evidence, we are able to identify key components of a preliminary programme theory for FGC for adults and hypothesise the potential linkages between contextual factors, mechanisms of change and the likelihood of achieving what have been identified as important potential outcomes of the FGC process as a whole.

In some instances, it can be helpful to disaggregate an overall programme theory into a set of discrete programme theory statements – hypothesised connections between a sub-set of contexts and mechanisms that may be specific to achieving a given outcome. However, for each of the outcomes that were identified in the foregoing discussion, the full set of contextual factors and mechanisms would seem to be relevant: Family and Group Conferencing would therefore seem to operate as an integrated whole in which all pieces of the constituent 'jigsaw' are mutually interconnected and reinforcing. An outline of the overall programme theory for FGC for adults and mental health is represented in Figure 2.

Conclusions

Our findings have shown that Family and Group Conferencing has the potential to be a radical and democratic practice which can offer a real alternative to more conventional professionally-led processes for planning and decision-making in the context of adult social care and mental health. What is perhaps most exciting is that, not only can it function as an inclusive and effective person-centred planning process, but it also has the potential to bring about systemic changes in people's relational worlds, and in their experience of empowerment, wellbeing and safety. These changes can be of benefit, not just to the central person, but also to those undertaking caring roles, particularly if much of the responsibility had tended to be held by a singular carer. These changes may be defined theoretically using concepts of capability (Sen, 1993), social and relationship capital (Tew, 2013), recognition (Mitchell, 2021) and relational agency (Burkitt, 2016).

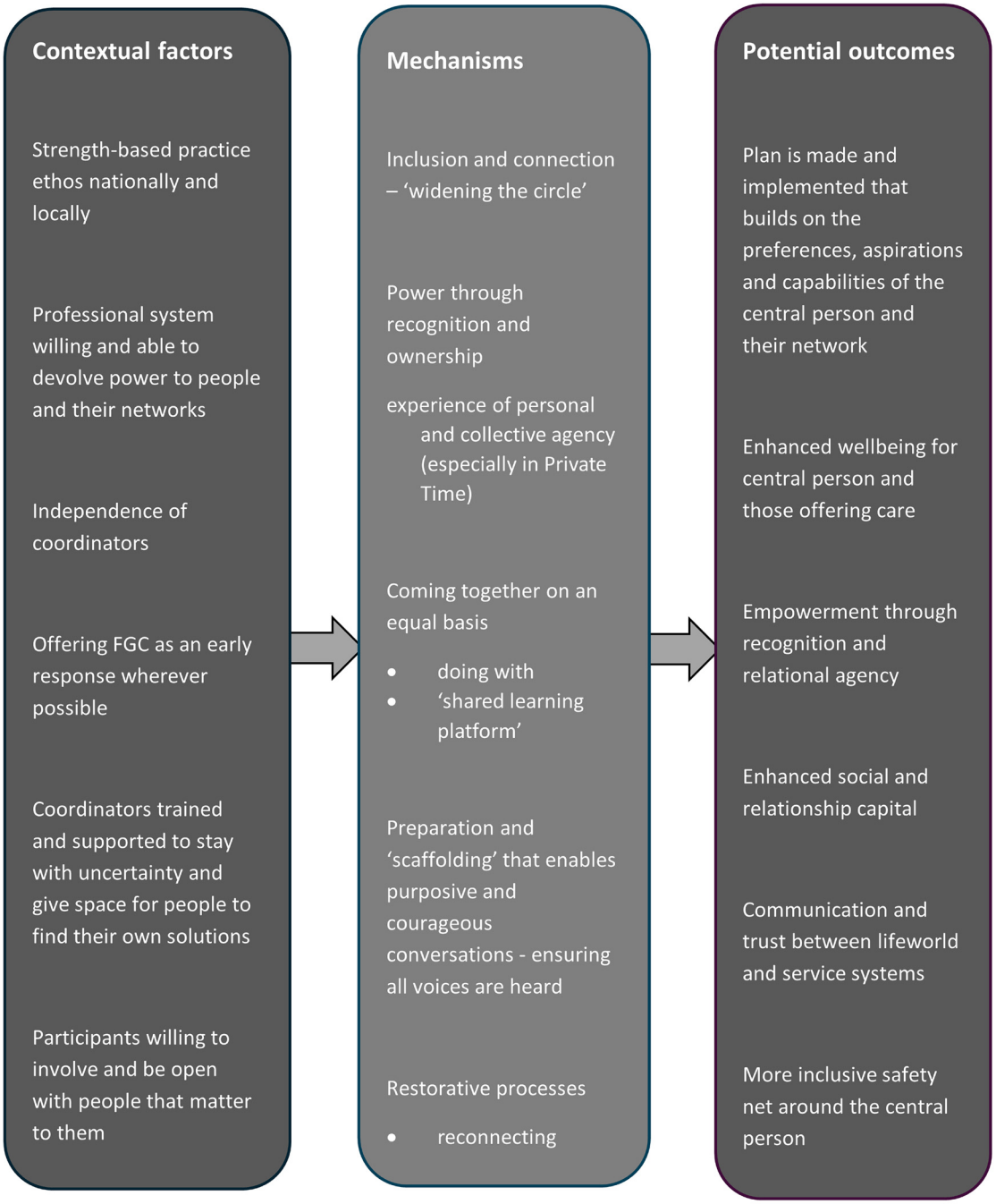

Figure 2. Programme Theory for Family and Group Conferencing for adults.

From our synthesis of the available evidence, we have teased out a number of inter-relating contextual factors that, combined, may be seen as necessary pre-conditions for FGC to work effectively – and these need to be borne in mind as new FGC services are established and existing services evolve. In many circumstances, FGC may be perceived as somewhat counter-cultural, as it challenges service cultures which are predicated on practices of 'doing to' or 'doing for', and in which it is always assumed that professionals know best. It may also seem somewhat counter-cultural to members of the public who may be a little uncertain about taking control over the process and/or the idea of sharing (some of) their vulnerabilities with a wider network of family and friends. But it is through retaining and upholding this degree of counter-cultural 'edge' that FGC can offer a route whereby to make possible conversations that resolve issues and realise outcomes that might not otherwise be achievable within more conventional individually-based services.

Our programme theory offers an emerging understanding of the key processes and mechanisms that are at the heart of how FGC works. Underlying all of these are themes of

(re)connecting and coming together, assuming ownership, (mutual) recognition and restructuring power relationships so as to open up possibilities for relations of cooperative power and 'doing with'. These mechanisms are enabled by attention to preparation, structure and practicalities (such as choice of venue and the sharing of food) - which together can provide the context for people to engage with each other on an equal and open basis, and establish 'scaffolding' that can support respectful, purposive and (if necessary) courageous conversations. Some (but not all) FGCs may involve restorative processes that may be initiated during the preparation phase and then take effect within the listening and sharing that may take place in the Conference itself. It may be seen that all of these mechanisms may potentially be important in achieving any of the identified outcomes – whether it is in achieving the practical outcome of making a plan that actually does build on the preferences, aspirations and capabilities of the central person and their network, or whether it is also achieving empowerment and relational outcomes, such as enhanced recognition, relationship capital and relational agency.

A better understanding of the programme theory that underpins FGC practice with adults has valuable implications for the training and supervision of coordinators, for the commissioning of existing and new FGC services, for educating other practitioners and potential referrers as to what FGC can (and cannot) offer, and for informing wider policy debates around the implementation of strength-based practices. Although focused on the practice model as developed in Great Britain, this programme theory may also be seen to have value internationally in relation to other FGC activity within adults social care and mental health.

Ethics and consent

Ethical permission for the study was obtained from the University of Birmingham Humanities and Social Sciences Ethical Review Committee (ERN_22-0818) on 9 / 12 / 2022. Stakeholder interviewees received a Participation Information Sheet in advance and written consent was obtained before the interview took place.

Data availability

Our qualitative survey and interview data cannot be de-identified to an acceptable standard due to (1) personal information that we collected as part of our survey and (2) there are very few services that offer FGC for adults in the UK, thereby risking potential identification of participating services/ persons. However, if readers wish to get access to restricted data, they can contact corresponding author Jerry Tew (email id: J.J.C.TEW@bham.ac.uk). I will provide data that is redacted of anything more obviously personally identifying and the reader would be asked to sign a confidentiality clause.

Extended data

Zenodo - Family and Group Conferencing (FGC) in adult social care and mental health. Doi: https://doi.org/10.5281/zenodo.14676833 (Mahesh (2025)).

This project contains the following extended data:

- Deliberative Forum questions.docx
- FGC survey topic guide.docx
- Interview topic guide - individuals and families.docx
- Interview topic guide- service managers and coordinators.docx

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