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institute for excellence

# Safeguarding adults: mediation and family group conferences

Information for commissioners



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## Introduction

*‘Our multiagency adult protection policy acknowledges that the principles of intervention should be based on the concept of empowerment and participation of the vulnerable individual, and so we wanted to provide practitioners and vulnerable individuals with options which focus on their needs and interests.’ (Sallyann Baxter, Principal Officer for Safeguarding Adults at Medway Council)*

*‘I have learned that mediation provides the opportunity for parties to identify what each needs, and for each to make specific requests of the other. As such, mediation can be used effectively in most conflict situations, including adult safeguarding and domestic violence.’ (Helen Banham, Service Manager Safeguarding Adults at Westminster City Council)*

This resource explains the use of mediation and family group conferences (FGCs) for adults who are – or may be – at risk from abuse. It provides information for commissioners on choosing the right model of service delivery, developing key policies and procedures, practice standards and training requirements, cost-effectiveness and monitoring and evaluation of services. For background information, first read [Safeguarding adults: mediation and family group conferences](#).

# 1. The adult safeguarding context

## 1.1 Policy context

The Department of Health's *No secrets* guidance on adult protection defines a vulnerable adult as a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH 2000 p 9). Vulnerable adults may be at risk of abuse and neglect, and this can take many forms, including physical, financial and emotional. A high percentage of abuse against vulnerable adults is carried out by family members – and in some cases, by those with caring responsibilities (O'Keeffe et al 2007).

There are many reasons for abusive relationships, including family history, the prospect of financial gain and carers feeling overwhelmed and stressed by their responsibilities. Family relationships are often complex and can be complicated further by age, illness, disability and dependency. Many people experiencing abuse may choose not to challenge it, as they do not want to damage their relationship with the person they often most depend on. In some cases the person carrying out the abuse may have their own problems, such as drug dependency or mental health problems. People with cognitive impairments may be unaware that they are being abused and therefore unable to report it.

In 2008, following a national consultation, the Department of Health announced a review of the *No secrets* guidance. The findings emphasised that people in abusive situations – and those who face safeguarding procedures – want to be empowered to find solutions for themselves (DH 2009). The government's response focused on three key concepts for safeguarding adults – protection, justice and empowerment – and emphasised that their role was to empower people at risk (DH 2010). Significant legal and policy changes in adult social and health care accompanied this shift from 'protecting' to 'safeguarding' adults. The duty to provide protection to those who do not have the mental capacity to access it themselves has also become clearer.

## 1.2 Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) aims to empower and protect people who may lack capacity to make certain decisions for themselves. The Act and its Code of Practice make clear the basis upon which a person may make a specific decision or perform a specific act on behalf of a person who lacks the capacity to make their own decision. Anyone who works with or cares for a person who lacks capacity must comply with the Act and must have regard to its Code of Practice when proposing to decide or act on behalf of that person. The underlying philosophy of the Act is to ensure that a person who lacks capacity is, as far as reasonably possible, empowered to make their own decisions. Where the person is assessed as lacking capacity to make a specific decision and all attempts to support them to make their own decision have been unsuccessful, the decision-maker is required to decide or act in accordance with the person's best interests.

The five key principles of the Act are:

1. You must assume a person has capacity to make a decision unless it is proved otherwise.
2. You must give a person as much help as possible before making decisions on their behalf.
3. A seemingly unwise decision is not evidence of lacking capacity to make that decision.
4. Any decision made on behalf of a person who lacks capacity must be done in their best interests.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms (Department for Constitutional Affairs 2007).

There is an obligation to permit and encourage the person to participate – or improve their ability to participate – as fully as possible in any act or decision affecting them.. The emphasis is now on supporting adults to access the services they want, rather than ‘stepping in’ to provide protection.

### 1.3 Mediation and family group conferences in adult safeguarding

There are many ways of responding to safeguarding alerts. Mediation and FGCs are formal response to safeguarding concerns that would fall between ‘soft’ responses such as talking to family members, and ‘hard’ responses such as involving the police or the courts. Practitioners need to listen to the person being abused and be able to offer the whole range of choices so that the safeguarding process does not impact negatively on quality of life, family relationships or self-determination. People want information and support to work through their options, but they also want to make their own choices and retain control. For this process to work, local authorities need to promote choice and control at the same time as fulfilling their statutory obligations to protect people from risk of abuse and harm (Wallcraft and Sweeney 2011).

Mediation and FGCs are family-led decision-making approaches that empower families and wider support networks of friends and carers to find solutions. In an adult context they include the at-risk person and place them at the centre of the decision-making process. These approaches enable people to explore their choices and options in a supportive environment. The at-risk person retains as much independence and autonomous control over their basic life decisions as possible, at the same time as getting the assistance they need.

A trained mediator or FGC coordinator can support the at-risk person and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again. These approaches offer people a way to take control of their situation and resolve issues within the family unit – often in the context of strained relationships – in a safe and controlled environment (ADASS 2011; Cabinet Office 1998; Klee 2009). They can also avoid the trauma of court proceedings, reduce the

inefficient use of court resources and lessen demand on family and community carers by making maximum use of all appropriate community support services.

Mediation is a process where a group of people who are in conflict meet with an independent, trained mediator to help them settle their differences. The mediator helps them to communicate and understand each other, to focus on their interests rather than their positions in an argument, and encourages them to solve their problems by reaching their own agreement. Mediation is most effective when the people involved are open to changing their perceptions, attitudes and/or behaviour to form an agreement.

The use of elder mediation is growing in the United States and Canada. It was developed for older adults or those with diminished cognitive powers or other physical vulnerability, and aims to help them fully engage with the mediation process (CCEL 2012). It focuses on issues of particular significance to them – such as health and social care arrangements, financial planning and decision-making, bereavement, end-of-life decisions and personal choices about daily living – which are often closely linked to the question of mental capacity.

Elder mediation encourages the older adult, their family and other interested parties – such as paid carers, clinicians, healthcare staff, nursing home and community care staff – to talk about problems and areas of dispute and to make decisions. It is likely to be multi-party, multi-generational and multi-issue mediation, often involving family members and family dynamics. It fosters the preservation of relationships among family and friends, which is critical to giving the best and most appropriate care possible to older adults with specific needs.

FGCs are decision-making meetings that help families find their own solutions to problems. An independent, trained FGC coordinator supports the family to make decisions and come up with their own plan to solve problems. The FGC coordinator will always leave the family alone for a period of time to find their own solutions – this is commonly known as ‘private family time’. FGCs originated in New Zealand in the late 1980s from Maori cultural practice in order to tackle the over-representation of Maori children in the child protection and juvenile justice systems. Since then, legislative mandates recommending the use of FGCs have been introduced in most parts of Australia, the Republic of Ireland and Northern Ireland, as well as best practice recommendations in many countries including the UK (Barnsdale and Walker 2007). It has only recently been used in several adult contexts – such as mental health services, long-term care planning, palliative and end-of-life care and safeguarding procedures.

FGCs promote cooperation, collaboration and communication between service professionals and families. They aim to increase a person’s understanding of their situation and to mobilise or remobilise their extended social network to help them find solutions to specific questions or problems. A person’s extended family, friends and others who are willing to give support are always involved – the family is the primary decision-making and planning group. The referrer, other service providers and agency representatives who provide information to the family will also be involved, and other professionals – including mental health and medical professionals, police, drug and alcohol treatment providers, care agencies, domestic violence counsellors and so on – may also be involved (Lupton 1998; Malmberg-Heimonen 2011).

Mediation and FGCs can also help families and professionals make suitable 'best interests' decisions on behalf of those assessed as lacking capacity – especially if they cannot agree on a proposed course of action – while enabling the person to participate in the decision-making process as far as possible (Tapper 2010).

These family-led approaches do not replace current policies, procedures and processes in adult safeguarding. However, they can be used within existing policies and offer another way to get the best safeguarding outcomes for people who use services and their families.

## 2. Implementing mediation and family group conferences locally

### 2.1 Current use of mediation and FGCs in the UK

FGCs are established as common practice in the context of child welfare in the UK. Barnsdale and Walker's (2007) report for the Scottish Executive shows that access to FGC services varies widely across the UK. Although schemes operate in most statutory social work agencies in Wales and Northern Ireland, only 40 to 69 per cent of local authorities in England provide them. The vast majority of these operate in the field of child welfare, and offer FGCs in situations involving child protection, children in need, children being considered for accommodation, children in residential or foster care and those leaving a care placement. Most schemes are collaborations between government and voluntary sector organisations, although a number of local authorities offer an in-house service. There are a number of commissioning models for these services and a number of national organisations providing FGCs in child welfare – including Family Rights Group (FRG), Barnardo's, Daybreak and a number of local service providers. However, there is no single point of access to service providers for practitioners who want to commission these services.

Three local authorities – Hampshire, Kent and Essex, currently provide an FGC service for vulnerable adults, and a fourth – Medway – is considering implementing a scheme in 2012. Of these, Kent County Council and North Essex Mental Health Partnership NHS Trust (formed as an extension of the in-house FGC service run by Essex children's services) provide an in-house service. Hampshire County Council uses a voluntary service provider, and Medway Council is considering the same.

Independent evaluation confirmed that the adult FGC service provided by Kent County Council and North Essex Mental Health Partnership NHS Trust was highly successful, which suggests that providing an in-house FGC service for vulnerable adults can be effective. However, the need for additional training for FGC coordinators was highlighted in both cases (Marsh 2007, Mutter 2002).

Mediation is not currently an established practice in child or adult welfare in the UK, although there is some experience of its use for older people. The Elder Mediation Project (EMP) was set up in London in 1991. Associated with the national voluntary organisation, Mediation UK, it provided free services to all those involved in conflicts concerning older and disabled people, and people who have reduced capacity. While the project was seen to be successful, Mediation UK went into voluntary liquidation in 2006 and the EMP ceased to operate. Although the EMP did not work directly with local authorities, it collaborated with those community mediation providers that did, and successfully increased referral rates (Craig 1998, 2000).

Mediation is widely used in the private sector and in court processes in private law, such as divorce settlements and child custody arrangements. There is also substantial evidence of its use by local authorities in the context of neighbourhood and housing disputes in the UK. For example, the Scottish Community Mediation Centre – an initiative by the voluntary organisation, Sacro, and the Scottish Government – was

established in 1999 to help social housing providers develop mediation services that are free to local authorities and housing associations or cooperatives. The centre is funded by the Scottish Government's Housing Division and aims to encourage the growth of mediation services and promote good standards. It has helped most Scottish local authorities develop their own mediation services through training, advice and support. It also provides constructive conflict resolution training for other local authority staff, such as community wardens, housing officers and the police. The Welsh homeless charity, Llamau, has developed mediation services in nine of the ten local authorities it works in. It was funded by the Welsh Assembly Government to produce a Family Mediation Toolkit for local authorities and third sector partners.

The Scottish Mediation Network links family, community and civil mediation providers in Scotland through its online searchable database of mediators. Currently there is no equivalent family mediation network in England, Wales or Northern Ireland. However, the Family Mediation Council regulates standards for family mediation in England and Wales. The Council approves family mediation bodies that meet its requirements. The government's Family Mediation Database lists family mediators who are trained and accredited by bodies approved by the Council.

Mediation is commonly used in public law cases – including child protection cases – in some parts of the United States and Canada, and increasingly in Australia. The use of elder mediation and adult guardianship mediation is growing in the United States and Canada. Some parts of Canada now have legislation that makes mediation mandatory in adult guardianship matters such as powers of attorney, care-giving and long-term care (nursing home) issues.

## 2.2 Delivering a mediation or FGC service

There are a number of models for delivering a mediation or FGC service, and those that have been used in the UK for FGCs or community mediation are listed in the table below. This resource does not advocate one or other of these models. This list has been compiled to help those practitioners who want to commission or set up a mediation or FGC service for adults to ask the right questions before reaching a decision (McDonough 2008).

Model of service delivery	Advantages	Disadvantages
<p><b>Commission an existing, independent and external service provider on a contractual basis</b></p> <p>FGC service providers are largely drawn from the voluntary and charitable sectors. There is more likely to be a range of providers for mediation – from the voluntary and charitable sector to the for-profit and not-for-profit private sector. Although these providers often work to service-level agreements or contracts and have formal referral procedures, there is no direct control over issues of policy or governance.</p>	<ul style="list-style-type: none"> <li>• Communities, clients and referring agencies are more likely to see services as neutral and independent</li> <li>• Formal tender processes may achieve best value</li> <li>• External provider carries indemnity insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Funding can be uncertain</li> <li>• No direct local authority control over quality and style of service delivery</li> <li>• Formal tender processes take time</li> <li>• A limited number of providers can offer mediation or FGC services for adults</li> </ul>
<p><b>Set up an in-house service</b></p> <p>Trained staff are directly employed by the local authority to run the service in line with the local authority's management structure and overall priorities. Staff, volunteers recruited from within the community or a combination of both run mediation and FGC services. The local authority funds the service.</p>	<ul style="list-style-type: none"> <li>• Funding is more certain</li> <li>• Direct local authority control over quality and style of service delivery</li> <li>• Services can be tailored to meet overall council strategies</li> <li>• Services can access the resources of other council departments (e.g. personnel and marketing)</li> <li>• More flexible to meet the fluctuating demand for services than contracts with external service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Communities, clients and referring agencies are less likely to see services as neutral and independent</li> <li>• Access to charitable funding is restricted</li> <li>• Could cost more than a contract with an external service provider (staff salaries, training costs, etc.)</li> </ul>
<p><b>Use another local authority to deliver services</b></p> <p>Use another local authority with an existing in-house service to deliver mediation and FGC services.</p>	<ul style="list-style-type: none"> <li>• Save money on the tender process</li> <li>• Access to an established, credible service</li> </ul>	<ul style="list-style-type: none"> <li>• Few local authorities have in-house mediation services</li> <li>• Existing in-house FGC services are generally in</li> </ul>

		<p>child welfare, which does not meet all the demands of adults</p> <ul style="list-style-type: none"> <li>• Additional training and resources are needed to expand existing child-centred FGC services into an adult safeguarding context</li> <li>• Could cost more than an external service provider</li> </ul>
<p><b>Establish an independent service provider</b></p> <p>A local authority could set up a mediation or FGC service as an independent charity, governed by a committee of representatives from community groups and statutory organisations. A combination of paid staff and volunteers would run the service. Referrals are likely to be direct and from a range of public agencies. Funding would typically come from local or national government or charitable sources. As with commissioning an external provider, there is no direct control over issues of policy or governance.</p>	<ul style="list-style-type: none"> <li>• Communities, clients and referring agencies are more likely to see services as neutral and independent</li> <li>• Services are flexible in responding to local needs</li> <li>• In-built community involvement</li> <li>• Community skills are boosted through the training and involvement of local people</li> </ul>	<ul style="list-style-type: none"> <li>• Funding may be uncertain</li> <li>• Local authority may need to be actively involved in fundraising and management</li> <li>• No direct local authority control over quality and style of service delivery</li> </ul>
<p><b>Train existing staff to be mediators or FGC coordinators</b></p> <p>Train staff in addition to their existing duties rather than establishing an in-house service that employs additional trained staff. This is sometimes used as an interim measure by local authorities and housing associations.</p>	<ul style="list-style-type: none"> <li>• Minimises costs</li> <li>• New organisational or departmental structures are not generally required</li> <li>• Mediation or FGC can be more easily integrated into the local authority's culture</li> </ul>	<ul style="list-style-type: none"> <li>• Communities, clients and referring agencies are less likely to see services as neutral and independent</li> <li>• Competing time priorities are likely</li> </ul>

<p><b>Use external, sessional mediators or FGC coordinators</b></p> <p>Employ sessional mediators or FGC coordinators on a case-by-case basis. These mediators and FGC coordinators may be freelance or attached to an external service.</p>	<ul style="list-style-type: none"> <li>• Communities, clients and referring agencies are more likely to see services as neutral and independent</li> <li>• Minimises costs if services are not frequently needed</li> <li>• New organisational or departmental structures are not required</li> <li>• External provider carries indemnity insurance</li> <li>• Useful for cases where existing services cannot meet full demand, or where additional expertise is required in complex cases</li> </ul>	<ul style="list-style-type: none"> <li>• There may be little or no local knowledge</li> <li>• Could cost more if services are needed more frequently</li> </ul>
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## 2.3 Collaborative commissioning for cost-effectiveness

Commissioning in collaboration with other local authorities or local authority departments should be considered, especially in FGCs where many local authorities already provide a service for children. Collaboration between child and adult services could increase the number of FGCs being requested, which would lower the cost per session. However, while many of the principles and processes associated with mediation and FGC are the same in both child welfare and adult safeguarding contexts, the child FGC model does not meet the requirements of adults. Investing in additional training and resources to deal with the requirements of adult safeguarding for existing in-house child FGC services is essential.

Collaboration between the local authority and external public sector organisations should also be considered for cost-effective service delivery. It takes more than one agency to provide all the services that vulnerable adults and their families need. Joint planning and commissioning is needed to ensure that all agencies work together to meet the needs of the people who use their services. Effective joint commissioning can avoid duplication of services, ensure value for money and efficiency, develop coordinated services, and share best practice and expertise.

## 2.4 Selecting the appropriate model

Each model is capable of delivering successful services in the right circumstances. The model you choose should fit your local context and priorities. For example, selecting a delivery model will depend on the likely demand of services. However, it is difficult to estimate likely demand in an area where there has been no previous service. Sacro –

an organisation that provides community mediation services for each of the local authorities in Scotland – suggests using the following as a guide:

<b>Estimated number of cases each year</b>	<b>Suggested service delivery model (guide only)</b>
1–10 cases	Sessional mediators and/or FGC coordinators
10–50 cases	Train existing staff as mediators and/or FGC coordinators
50–100 cases	Contract or establish small service provider, or in-house mediation and/or FGC service
100–200 cases	Contract or establish medium-sized service provider, or in-house mediation and/or FGC service
200+ cases	Contract or establish large service provider, or in-house mediation and/or FGC service

The size and density of an area’s population will affect your choice of service delivery model. For example, services are easier to deliver efficiently in closely grouped areas of high population density, therefore commissioners should adjust mediator or FGC coordinator time, resources and travel budgets in areas with more widely scattered populations to take account of long travel distances. The ratio of cases per mediator or FGC coordinator will need to be modified for rural and widespread populations, low population density areas should use occasional freelance mediators – although unit costs will be high – and in areas with low density but higher overall population, consideration should be given to the training of existing staff or to establishing independent or in-house services that are peripatetic, possibly through the use of sub-offices.

Choosing a model that is separate from the commissioning organisation encourages neutrality and independence, whether that model is a fully independent one or an in-house service that sets itself apart from the commissioning organisation.

## 2.5 Key policies and procedures

Any service delivery model adopted should have adequate values, policies and procedures in place. For a detailed discussion of policies and procedures ensuring best practice, read Information for practitioners in [Safeguarding adults: mediation and family group conferences](#).

The following is an overview of key issues that health and social care professionals should consider when thinking of commissioning or setting up mediation or FGC services for adults (McDonough 2009a). Appendices 3.1–3.4 contain flowcharts that show the mediation and FGC process from referral to review and meetings.

### 2.5.1 Safety policy

It is important to understand how risks to the mediator, FGC coordinator and clients are identified, and plan how to minimise them. The best way to do this is to develop a safety-conscious approach to the service and support this with adequate policies and training. Safety can be separated into two distinct but connected areas – personal safety and health and safety at work. The following questions should be addressed:

<b>Personal safety</b>	<b>Health and safety at work</b>
<ol style="list-style-type: none"> <li>1. Is there a personal safety policy with guidance on how to minimise risk?</li> <li>2. Is the policy a compulsory part of mediator and FGC coordinator training?</li> <li>3. Is there an adequate risk assessment system for referrals?</li> <li>4. Is there a clear and adequate reporting process for incidents of actual or potential risk to safety?</li> <li>5. Is policy and practice reviewed in light of reported incidents?</li> <li>6. Are mediators, FGC coordinators and support staff trained to deal with risks to safety?</li> </ol>	<ol style="list-style-type: none"> <li>1. Is there a health and safety at work policy?</li> <li>2. Does the policy have a procedure for identifying and dealing with workplace hazards?</li> <li>3. Is there an accident book in use?</li> <li>4. Is policy and practice reviewed in light of reported incidents?</li> <li>5. Is there adequate first aid provision?</li> <li>6. Is there a fire procedure with regular drills?</li> <li>7. Are mediators, FGC coordinators and support staff trained in health and safety issues?</li> </ol>

### 2.5.2 Referrals policy

Services should develop guidelines about the type of cases they will accept. Some services only take cases from their local child or adult social services department; others take all referrals. Some services accept cases where there have been incidents of violence; others do not. Whatever the policy, it is important that everyone is clear about who can refer and what cases may or may not be accepted for mediation or FGC. Many services prefer to assess each case individually, however, it is important to develop general guidelines. Appendices 3.5 and 3.6 contain a template referral form for mediation and FGC. Your referrals policy should address the following questions:

Source of referrals	Types of cases
<ol style="list-style-type: none"> <li>1. Will your service accept self-referrals?</li> <li>2. Which agencies will you accept referrals from?</li> <li>3. Is there an official referral form?</li> <li>4. How much detail about disputes do you need?</li> <li>5. What information on outcomes will you give to the referring agency?</li> </ol>	<ol style="list-style-type: none"> <li>1. Are there any incidents of previous violence that are acceptable for mediation or FGC?</li> <li>2. Will the service deal with multi-party issues?</li> <li>3. Does the service accept cases where people have drink or drug problems?</li> <li>4. Can there be criminal proceedings pending or under way because of the situation?</li> <li>5. Does the service accept cases where there are allegations of racism?</li> </ol>

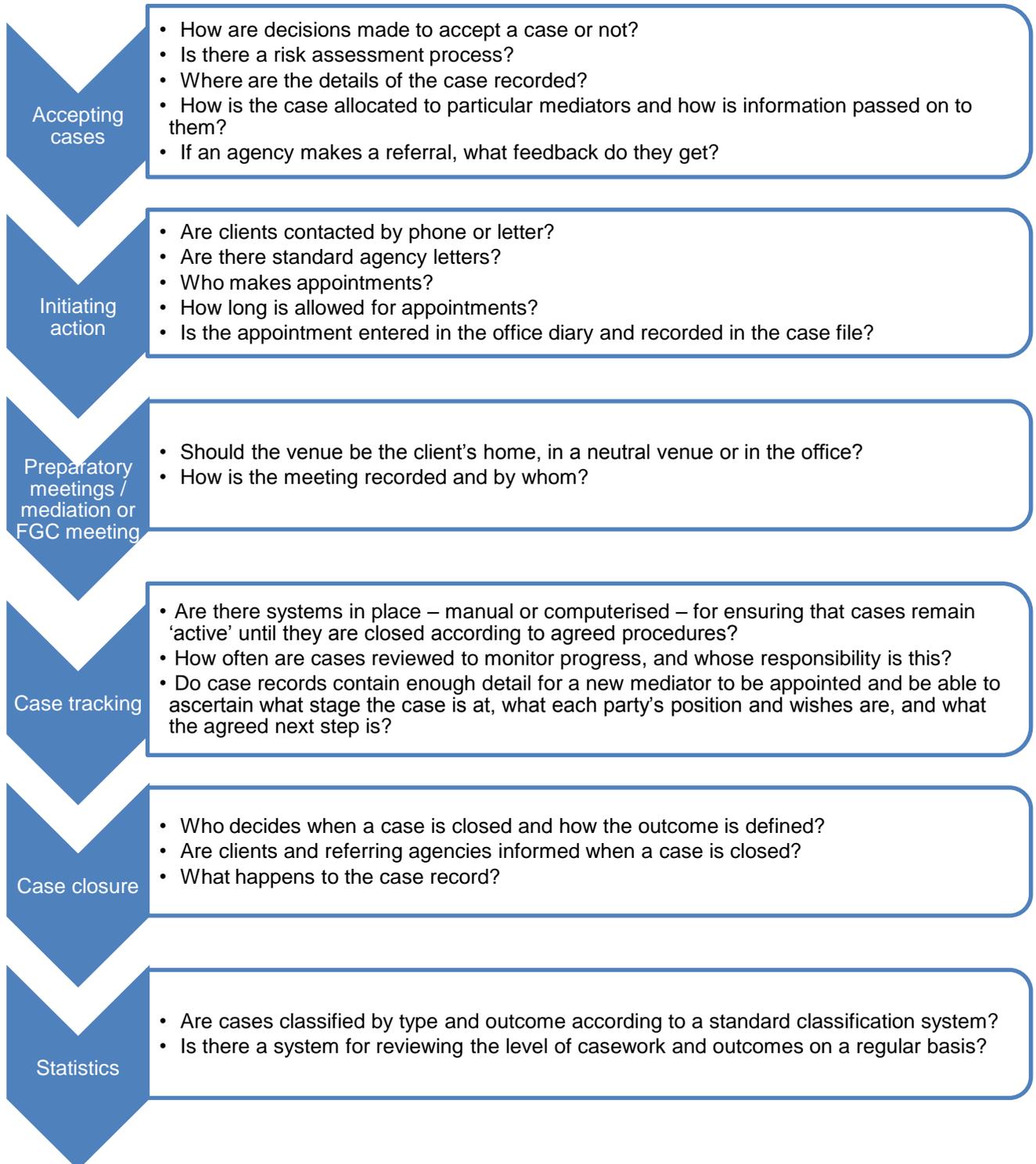
### 2.5.3 Equal opportunities and access to services

In-house services are covered by the organisation’s existing equal opportunities policy. The referring agency should ensure that all external service providers also have an adequate policy. Every individual in the service should be familiar with and subscribe to the aims of the policy. Every policy should contain:

- a statement of the service’s intent to combat discrimination
- the objectives of the policy
- measures to meet the objectives
- a monitoring and review process.

### 2.5.4 Case management system

All services – regardless of size or type – need to develop a process to manage cases. This process needs to be clearly documented so that all new mediators, FGC coordinators and support staff can refer to it. Some services use a computerised case management system while others operate with manual files and casebooks. Either way, there should be a systematic process with clear procedures at each stage of a case’s ‘lifetime’. The workflow below shows the key stages to consider (McDonough 2009a).



### **2.5.5 Confidentiality and information sharing**

Mediation and FGCs encourage participants to share information and explore options to resolve problems. Confidentiality and disclosure of confidential information are central to these processes. A service provider or in-house service needs to comply with legal and professional requirements in this area and observe best practice – this includes producing evidence to commissioners showing how they deal with confidentiality and disclosure. Key questions for commissioners of services to consider are:

1. Is there a clear policy on confidentiality and is it made available to clients?
2. Are mediators or FGC coordinators and support staff trained to apply this policy?
3. Does the policy state that confidentiality applies to individual mediators or FGC coordinators in any given case, or do the obligations apply to all members of the mediation or FGC service?
4. Does the policy cover exceptions to the duty of confidentiality?
5. Are records stored in a safe place?
6. Is there a clear policy on access to – and the routine destruction of – records, and is it made available to clients?
7. Are mediators or FGC coordinators and support staff trained to apply this policy?
8. Does the policy describe the type of information that the service may hold on clients?
9. Does the policy cover circumstances where access to records may be denied?
10. Do clients have the right to make a complaint if access is denied? And how will these complaints be managed?
11. Does the policy comply with the Data Protection Act 1998?

#### *Personal data*

The mediation or FGC service must also show that it complies with the Data Protection Act 1998. The Act provides for the rights of individuals and the responsibilities of organisations in the handling of personal information. The service must be able to provide evidence that the personal information it holds is:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate and up to date
- not kept longer than is necessary
- processed in line with the rights of the data subject

- kept safe from unauthorised access, accidental loss or destruction (GB. Statutes 1998).

### *Non-personal information*

If the service is a public authority, it must also show that it complies with the Freedom of Information Act 2000. The Act gives an individual the right to ask public authorities for information (not personal data) that they hold.

It also needs to ensure that people who want access to information can get it in a simple, efficient and effective way and that information is provided within an appropriate time limit.

## 2.6 Training, accreditation and professional ethics

Mediators and FGC coordinators require core skills to run services, and those working in the adult safeguarding context will need additional competencies to cope with the particular demands of adults – primarily their physical and mental health needs, the nature of family involvement and the potential for power imbalances, the needs of carers and the number of agencies that are likely to be involved. The service should have a clear policy on staff training – both initial training and skills development – and this should be provided by accredited trainers who are themselves experienced.

### **2.6.1 Core mediator skills and accreditation**

There is no single regulatory body, universal standard of training or code of ethics for mediators across all disciplines in the UK.

There is, however, a *Mediation Quality Mark* for family mediation providers. Run by the Legal Services Commission, this Quality Mark covers standards of organisation and customer care for mediation services. It also offers an individual accreditation scheme for mediators working for those services. All family mediation services and individual mediators providing publicly funded family mediation services must meet these standards.

An online database of self-certifying mediators in Scotland is held on the Scottish Mediation Register. Those registered agree to meet minimum standards in training, continuing practice development, adherence to a code of practice, complaints handling procedures and appropriate indemnity insurance.

The Family Mediation Council, which regulates standards for family mediation in the UK, was highlighted in the final report of the Ministry of Justice's Family justice review (Ministry of Justice, 2011). The report recommended that government should closely watch and review the progress of the Family Mediation Council to assess its effectiveness in maintaining and reinforcing high standards, and that it should if necessary be replaced by an independent regulator.

### **2.6.2 Core FGC coordinator skills and accreditation**

There is currently no consistent quality or accreditation system or regulatory body for FGC providers and coordinators in the UK, however, the Family Rights Group (FRG) has a central role in promoting the development of common values in FGCs. It runs the

National Family Group Conference Network, connecting organisations and individuals with an interest in the approach. The network aims to:

- agree and promote core principles and practice standards
- help members to share and learn from each other's experience
- undertake and disseminate research on FGCs
- campaign for the widespread use of FGCs and promote FGCs' use in different contexts
- advise and support agencies in setting up and sustaining FGC services
- provide access to high-quality training and consultation
- ensure that service users have a voice in the future development of FGC services (FRG 2012).

FRG obtained funding from the Department for Education in 2011 to regulate quality standards across FGC services by developing an accreditation framework for FGC services. This two-year project is led by FRG in collaboration with members of the FGC Network, Dr Louise Brown (University of Bath) and other key stakeholders (FRG 2012). They are currently seeking the views of FGC service providers, and aim to trial a draft accreditation scheme from April 2012. The FGC Forum in Northern Ireland has published a set of six National FGC Standards (FGCF NI 2011). These were developed to help children, vulnerable adults, their families and professionals understand the FGC process.

### **2.6.3 Specialised knowledge and skills in adult safeguarding**

There is currently no network or organisation overseeing professional standards for mediators or FGC coordinators working with vulnerable adults in the UK. Daybreak – a national voluntary organisation focused entirely on the delivery of FGC services and training – is currently the only provider to specifically offer training for agencies and professionals who are considering using FGCs to address issues concerning vulnerable adults.

Until a more formal accreditation system is developed for mediators and FGC coordinators in adult safeguarding services, work experience might be the main criterion for selection (CCEL 2012). This could include their core skills training, and the number of cases they have supervised and completed. However, setting requirements too high will exclude many good candidates, such as people who are respected in minority ethnic groups. Finding mediators or FGC coordinators in rural and remote areas may also be difficult.

It is essential that people undertaking mediation or FGCs have a base set of core skills and knowledge and conform to a code of ethical conduct. Therefore commissioners should consider what qualifications and additional training mediators or FGC coordinators receiving referrals from adult services will need. Training programmes should be skills based and designed to develop the necessary competencies. A list of potential inclusion criteria is given below.

**Core education and training for mediators:**

- A. A recognised mediator qualification, such as civil mediator training, family mediator training or civil and commercial mediator training.
- B. Accreditation from a training provider approved by The Law Society, The Bar Council, The Civil Mediation Council, The Family Mediation Council or similar.
- C. Training and practice experience, including, but not restricted to:
  - completion of an initial mediation foundation training programme
  - a minimum of 40 hours of face-to-face mediation practice
  - evidence of 10 hours of continuing professional development in each year since training
  - a professional development plan indicating their plans for the next 12 months
  - current knowledge of theory and practice
  - other requirements that may be set by the mediator's own recognised oversight body.
- D. Professional liability insurance.
- E. Full enhanced CRB check.

**Core education and training for FGC coordinators:**

- A. A recognised FGC coordinator qualification, such as a postgraduate certificate through the FRG/University of Chester or Daybreak/Open College Network, including three 30-hour modules covering, but not restricted to:
  - the principles and values of FGCs
  - the legal and policy framework that FGCs operate in
  - the role of the coordinator, and the skills required to prepare for the FGC, manage the meeting and the process that follows
  - the complexities of family-led decision-making and skills in managing these complexities and conflicts in families
  - the role of other professionals in the meeting
  - the importance of client participation and the issues involved in supporting participation in the FGC process
  - the nature and impact of domestic violence and how an FGC can be used to address it in a way that is safe for everyone
  - the importance of diversity and inclusivity in the context of FGCs
  - significant research findings in relation to FGCs

- the importance of advocacy, the different forms of advocacy that exist and other support that may be appropriate for vulnerable adults.

B. Training and practice experience, including, but not restricted to:

- shadow and observational experience on a minimum of two FGCs
- co-work experience on a minimum of one FGC
- prior experience of conducting a minimum of one FGC alone
- a current knowledge of theory and practice through continuing professional development.

C. Professional liability insurance.

D. Full enhanced CRB check.

**Specialised training and knowledge to work in adult safeguarding for mediators and FGC coordinators:**

A. Knowledge of the legal and policy framework that mediation or FGCs for safeguarding vulnerable adults operate in and how mediation or an FGC is applicable to safeguarding adults with capacity, and in making best interests decisions for those who lack capacity, including, but not restricted to:

- the Mental Capacity Act 2005 and its associated Code of Practice, the principles, assessments of capacity, best interests, acts in connection with a person's care or treatment, restraint, advance decision-making (including lasting powers of attorney (health and welfare, and financial) and advance decisions to refuse medical treatment)
- the role of the Court of Protection, including personal welfare and deputyship orders
- the Deprivation of Liberty Safeguards (DoLS)
- community support services, including the selection of and payment for services.

B. Knowledge and understanding of issues around ageing and disability, including:

- the dynamics associated with ageing and the impact on family relationships
- dementia screening, knowledge of assessment tools, family responses to dementia and the impact of dementia on the person's quality of life and his or her family
- end-of-life decision-making
- grief and loss

- living arrangements, choice, issues around residential care, including satisfaction with care in residential care
- culture and ageing, including the influence of culture on responses to ageing family members.

C. Knowledge and understanding about the nature and impact of elder abuse and domestic violence and how FGCs can be used to address them in a way that is safe for everyone, including, but not restricted to:

- the different forms of abuse, root causes, neglect, reporting and under-reporting of abuse and the criminal law implications, including financial abuse
- issues around the ill-treatment or wilful neglect of an adult who lacks capacity.

## 2.7 Use of volunteers

Volunteer mediators and FGC coordinators should be recruited, supported and supervised using procedures comparable to those for employed staff. This includes investing time and money in their training, clearly explaining your commitment to them as well as their commitment to you – during and after training, valuing their work to retain them once they are trained, regularly developing their skills, providing more structured opportunities to discuss casework issues, and clearly explaining your expenses procedure to adequately meet out-of-pocket expenses in a timely manner. Volunteer recruitment should be planned to attract people who broadly reflect the client group, and should encourage equality of opportunity.

## 2.8 Funding requirements and cost-effectiveness

Like any public service, mediation and FGC services need to be properly resourced with adequate staffing levels, administrative support, premises and general running costs.

There is little evidence to make accurate comparisons between the costs of the different delivery models or of the cost-effectiveness of FGC and mediation services in the adult safeguarding context. Although the benefits of using mediation and FGC for adults are diverse and sometimes intangible, future projects should be evaluated against cost-effectiveness. Below is a summary of the limited evidence that is available.

An independent evaluation of the Kent County Council FGC service for adults found that it had been successful. People using the service, carers, families and professionals all reported high levels of satisfaction and improved professional coordination. The aim to reduce budget expenditure for adult services by an average of £7,000 per FGC meant that there was a combined saving of approximately £85,000 over two years. These savings were based on data gathered before and after the FGC was set up, and using estimates of expenditure over a two-year period if the FGC had not been held. There were some relatively small additional costs for health, including increased use of community mental health teams and some additional respite care. If the FGC model prevents the need for care proceedings, costs to other public services – for example CAFCASS and the legal aid budget – could be reduced. There was a notable increase

in partnership working between families, friends and services – and between different services – which led to more efficient service provision. The report concluded that an FGC service covering both children and adults would provide the most efficient coordinator training and support (Marsh 2007).

An independent evaluation of the North Essex Mental Health Partnership NHS Trust identified that the average cost of each FGC was between £700 and £800, including the cost of the FGC coordinator. The report found that the FGC model strengthened the level of practical and social support and reduced isolation in people using the service. It also established a monitoring system that identified signs of deterioration so that further treatment could be offered or altered before a crisis occurred. This result implied that the effectiveness of FGC projects justifies the costs of setting them up once they are running at full capacity, however, no formal measure of cost-effectiveness was given (Mutter et al 2002).

An internal evaluation by Daybreak of its collaboration with Hampshire County Council reported that the FGC achieved clear cost-effectiveness. Practitioners and managers of adult services reported that social worker time was significantly reduced. The evaluation also indicated that an older person could remain in their own home when supported through the FGC model, as they were less likely to want to escape abuse by moving to costly residential care. Following a successful FGC, cases could be closed or some services could be withdrawn safely. Again, no formal measure of cost-effectiveness was given (Daybreak 2010).

The cost of commissioning one FGC referral is approximately £1,325 plus expenses (such as travel and room hire). The cost of commissioning a number of FGC services that are agreed and purchased in advance is likely to be slightly lower.

In 2007, the National Audit Office published a report on mediation in family cases involving legal aid (NAO 2007). It found that the costs associated with publicly funded mediation were substantially lower than those of publicly funded proceedings in family cases. The average cost of family court proceedings was £1,682 per case, whereas the average cost of family mediation was £752. The National Audit Office estimated a saving equivalent to £10 million per year if 14 per cent of the cases that went to court had been resolved through mediation.

The cost of family mediation – which is a reasonable comparison to the cost of mediation for safeguarding vulnerable adults – varies. Publicly funded mediation, where there are two or more sessions, costs between £756 (for sole mediation) and £1,064 (for co-mediation) per session, and up to a further £130 for an assessment meeting. Family mediation sessions are shorter and take place at intervals, so the model for delivery is unlikely to be the same as for adult safeguarding, which in most cases will require a single, longer session (perhaps half a day).

Publicly funded family mediation is on a fixed-cost basis, depending on individual circumstances. The rate used by the Legal Services Commission for other (non-family) publicly funded mediation since October 2011 is £126 per hour. This rate applies, for example, to mediation in publicly funded proceedings in the Court of Protection. The cost of a mediator spending a total of 10 hours on a case – including meeting the parties beforehand and facilitating the mediation session itself – would be £1,260. However, mediation is a shared cost, and the publicly funded element may not

necessarily be the total cost of mediation as one mediation party may be privately funded.

Mediation could also be used as a cost-effective way to resolve disputes under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. In private family law, mediation has led to more sustainable outcomes and reduced legal costs in decisions relating to children (Quartermain 2011). No such research has been undertaken for welfare disputes under the Mental Capacity Act 2005. However, the successful mediation of disputes costs substantially less than hearings before the Court of Protection and may incur less delay.

## 2.9 Evaluating the service

### 2.9.1 Make one person (or role) responsible

Funding, resources and support from the top are crucial aspects of a successful service (Nixon et al 2005). It is also important to place responsibility for monitoring the process in the hands of one person (or role). This person should monitor operational matters and ideally be independent of service delivery – for example, it might be problematic if mediators collected client satisfaction feedback, however, the project manager could fill this role (McDonough 2009a).

The person who is ultimately responsible for keeping the mediation or FGC project on track could be:

- the chair of the local advisory committee (or designate)
- a specific mediator or FGC coordinator
- a member of the mediation or FGC project staff or a coordinator
- a senior manager from a referring agency such as adult services
- a representative of the funder, if different from the referring agency.

### 2.9.2 Understand what you will evaluate and why

There are many reasons to collect feedback. It is important to set realistic goals and measure your success in meeting them. Identifying goals is the first step in any evaluation. Below are some reasons for collecting data:

- to see whether the service is meeting its aims and objectives
- to satisfy funders that targets are being achieved
- to ensure that stakeholders are satisfied with the service's performance
- to see whether the service is reaching the client group it is aimed at
- to improve internal decision-making and planning
- to review professional practice and procedures for their strengths and weaknesses
- to monitor equal opportunities practice
- to measure individual performance within the service

- to identify training needs within the service
- to review performance against that of similar services.

Previous evaluation of mediation and FGCs failed to record the impact of these services on families. The evaluation focused instead on the outcomes and experiences of individual family members (Morris 2011; Morris *et al* 2008). Although family-led approaches to decision-making have been examined in great detail, there is still limited evidence of long-term outcomes. This is because the commission and design of research is driven by the more immediate learning needs of services and practices.

It is essential to be clear about what is to be measured, why it is to be measured and what effect the measurement will have. All aspects of a mediation or FGC service's activities can and should be measured, but not at the same time. It is important that measurement is planned and phased: one means of doing this is to draw up a Service Evaluation Plan covering a period of one to three years, describing what is to be measured, how often and why.

### **2.9.3 Evaluation**

The following table classifies the functions of mediation and FGC services into seven headings. It suggests areas to be measured and possible tools of measurement for each (reproduced from McDonough 2009b). Neither list is exhaustive. Appendices 3.7 and 3.8 contain template mediation and FGC service user feedback forms.

Function of FGC or mediation service	Area of activity	Measurement tool
Services to clients	Response time to written enquiries	Observation log, examination of case records
	Response time to telephone enquiries	Observation log
	Hours that the office is open	Observation log
	Disabled access	Internal/specialist audit
	Client satisfaction with access and response times	Postal/telephone/face-to-face survey
	Client satisfaction with mediator and the mediation process	Postal/telephone/face-to-face survey, complaints procedures, structured interviews
Client profiles	Area of residence	Examination of case records
	Tenure	Examination of case records
	Age group, sex	Examination of case records, postal/telephone/face-to-face survey
	Employment/socio-economic status	Postal/telephone/face-to-face survey
	Ethnic origin	Postal/telephone/face-to-face survey
	Health factors	Postal/telephone/face-to-face survey
Referrals	Source of agency referrals	Examination of referral records
	Source of self-referrals	Examination of case records, postal/telephone/face-to-face survey
	Proportion of referrals accepted as cases	Examination of referral/case records
	Time between receiving referral and accepting/rejecting case	Observation log/examination of referral/case records
	Reason for rejection of referrals	Observation log/examination of referral records
	Presenting issues	Examination of referral records
Cases	Total number of cases	Examination of case records
	Outcome of cases	Examination of case records
	Improved client communication	Postal/telephone survey
	Classification of issues	Examination of case records
	Agreements/Family Action Plan holding after 3–6 months	Postal/telephone survey
	Case re-opened	Examination of case records
	Average number of live cases	Examination of case records
	Time taken per case	Observation log/mediator diary/examination of case records
Mediators/FGC coordinators	Training received/required	Training log/skills audit/appraisal and supervision records
	Qualifications	Personnel records/skills audit
	Average caseload	Examination of case records
	Average time per case	Observation log/mediator or FGC coordinator diary/examination of case records
	Outcome of cases	Examination of case records
	Mediator/FGC coordinator turnover	Personnel records
	Reasons for leaving	Exit questionnaire/personnel records
Management	Meeting of operational targets	Business plan/ service level agreements/ work plans
	Organisational efficiency	External standards – e.g. Customer Service Excellence/ PQASSO accreditation

	Governance	Compliance with charitable status requirements, company law, governing documents
	Personnel functions	Staff turnover rates, exit questionnaires, sickness records, grievance and disciplinary records, supervision/appraisal records, internal/external reviews
Other factors	Public awareness/perception of service	Focus groups, postal/telephone/face-to-face survey
	Awareness of service by potential referring agencies	Focus groups, postal/telephone/face-to-face survey
	Effectiveness of advertising	Focus groups, face-to-face survey

## 2.10 Overview

This checklist of key policies and procedures is essential for all mediation or FGC services for vulnerable adults irrespective of the model adopted.

- The provider is independent of statutory sector processes and legal responsibilities and has a clear Service Level Agreement with the local authority.
- There is a written document, formally adopted, which describes the governance and management responsibilities of the service. This may be a recorded committee decision or policy paper (for in-house services), a contract or service agreement (for external providers) or a constitution (for independent services).
- The referring agency has an identifiable point of contact, who fully understands the mediation or FGC process and the mediation or FGC coordinator's role.
- The service is focused on the vulnerable adult's needs and safety.
- The provider has clear personnel policies, such as adequate policies for recruitment, grievance and disciplinary procedures, and terms and conditions of employment.
- The provider has specialist experience and a background in delivering vulnerable adults' services.
- The provider has the capacity to deliver the contract/agreement.
- The provider has clear policies and written procedures for screening domestic violence/abuse, confidentiality and disclosure and safe working practices, and has a code of conduct.
- The provider is able to demonstrate that its practitioners have specialist training and relevant accredited qualifications. There should be a commitment to continual professional development.
- The provider or its practitioners are members of a national standards body.
- The provider adheres to a recognised ethical framework.

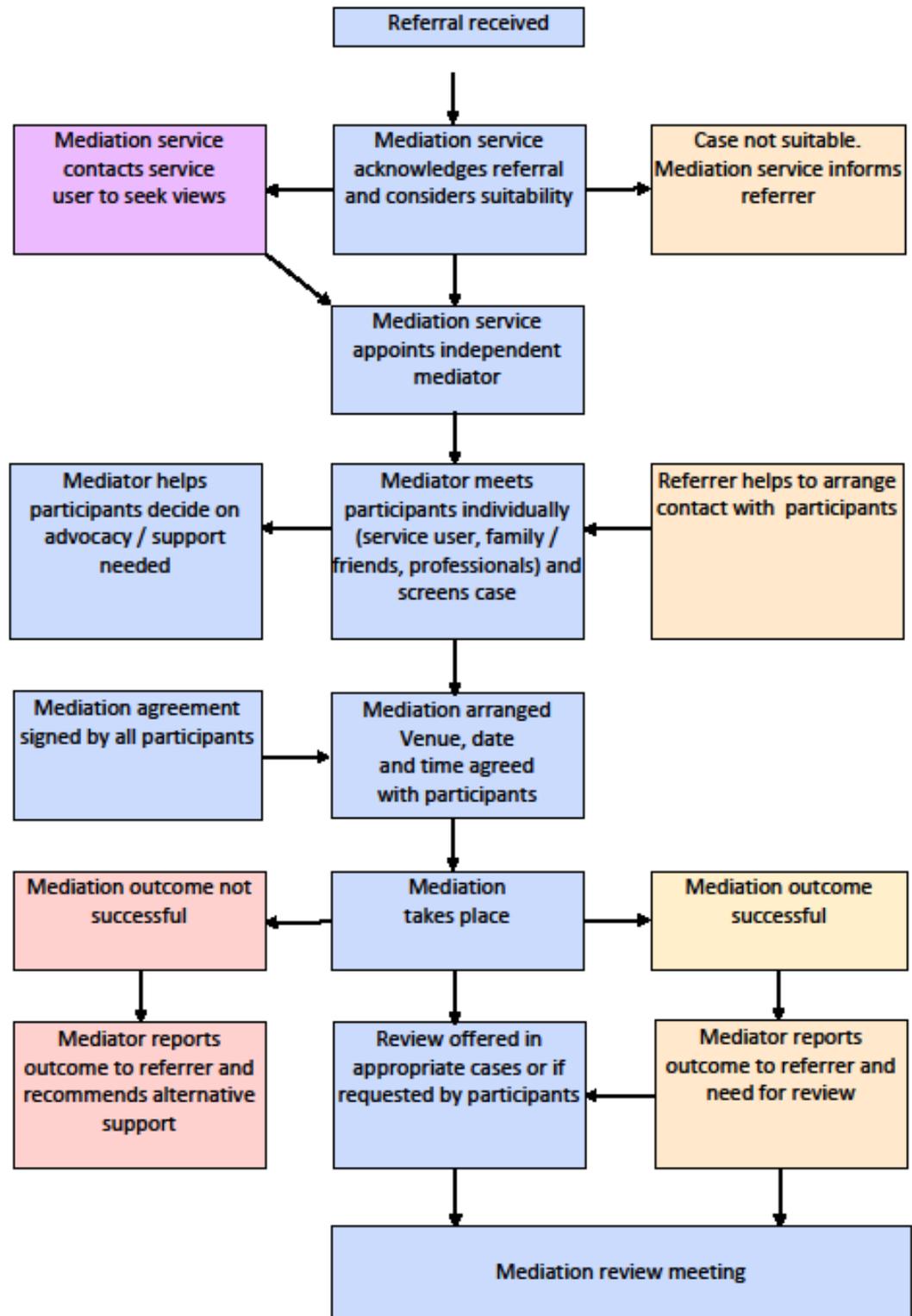
- The provider works to a recognised theoretical basis.
- There is written guidance on the types of case likely to be accepted and those that the service is unlikely to accept, and a clear mechanism for accepting and processing referrals from agencies and/or individual clients.
- The practitioners have access to professional support and supervision.
- There is a clear case management system, including a written description of the process for the administrative and operational management of cases.
- The provider has strong local networks with advocacy support groups.
- The provider has a written health and safety policy.
- The provider has a written equality and diversity policy.
- The provider has protocols to ensure that all staff in direct contact with vulnerable adults have enhanced CRB checks.
- The provider has a developed quality assurance system in place.
- There are clear procedures on how reporting from the mediation or FGC service contributes to the safeguarding assessment, which are agreed, documented and understood by all staff.
- There are procedures in place for monitoring and evaluating the standards of the service.
- Included in the system is a process to collect evaluative feedback and consider the feedback in the review process.
- There is an agreed mechanism for the review of the performance of the service.

## 2.12 Useful websites

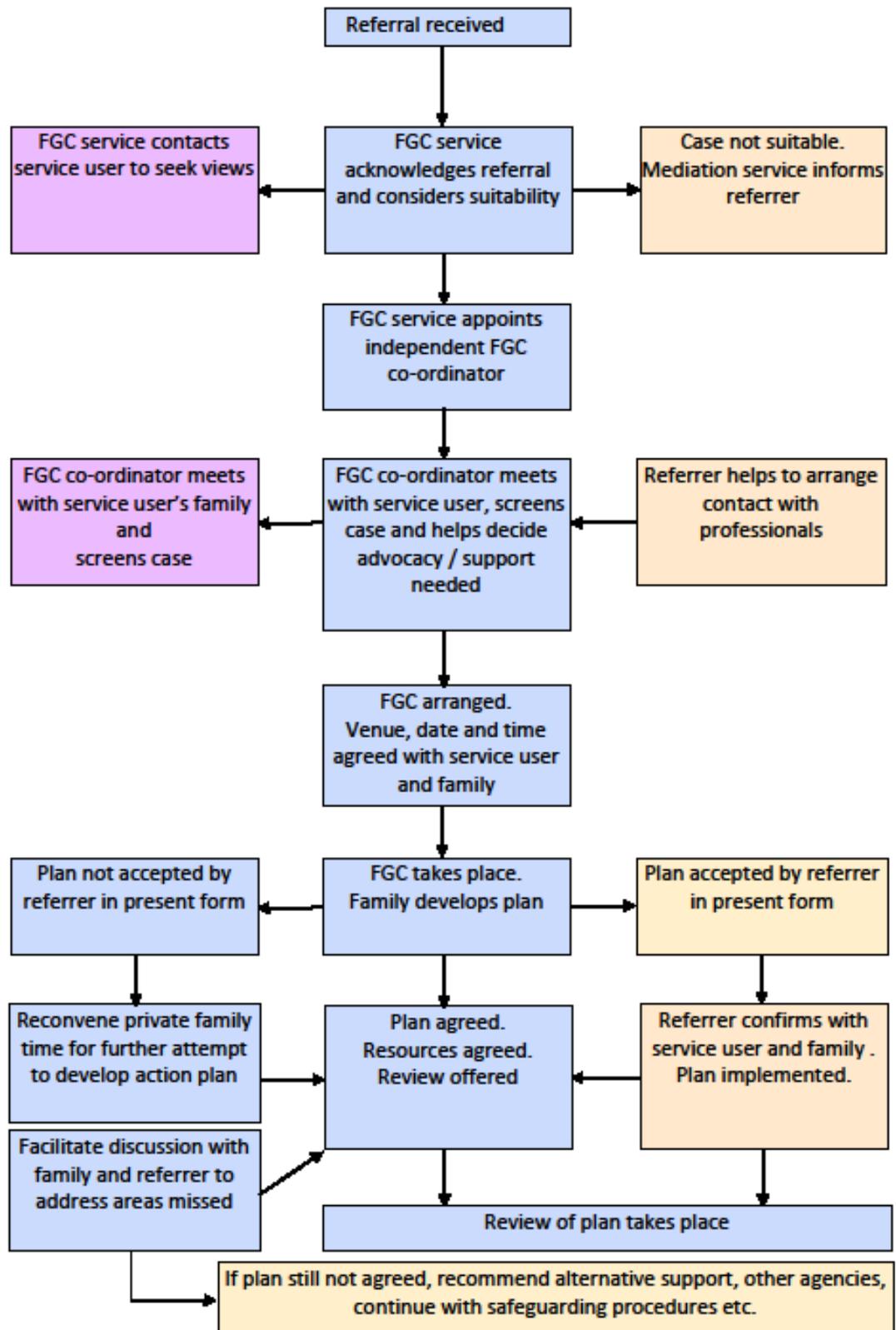
- Family Group Conference Network: [www.frg.org.uk/involving-families/family-group-conferences/fgc-network](http://www.frg.org.uk/involving-families/family-group-conferences/fgc-network)
- Family Mediation Council: [www.familymediationcouncil.org.uk](http://www.familymediationcouncil.org.uk)
- Family Mediation Database: [www.familymediationhelpline.co.uk/find-service.php](http://www.familymediationhelpline.co.uk/find-service.php)
- Family Rights Group: [www.frg.org.uk](http://www.frg.org.uk)
- Llamau: [www.llamau.org.uk](http://www.llamau.org.uk)
- Mediation Quality Mark:  
[www.legalservices.gov.uk/civil/fains/mediation\\_quality\\_mark.asp](http://www.legalservices.gov.uk/civil/fains/mediation_quality_mark.asp)
- Scottish Community Mediation Centre: [www.scmc.sacro.org.uk](http://www.scmc.sacro.org.uk)
- Scottish Mediation Network: [www.scottishmediation.org.uk](http://www.scottishmediation.org.uk)

## Appendices

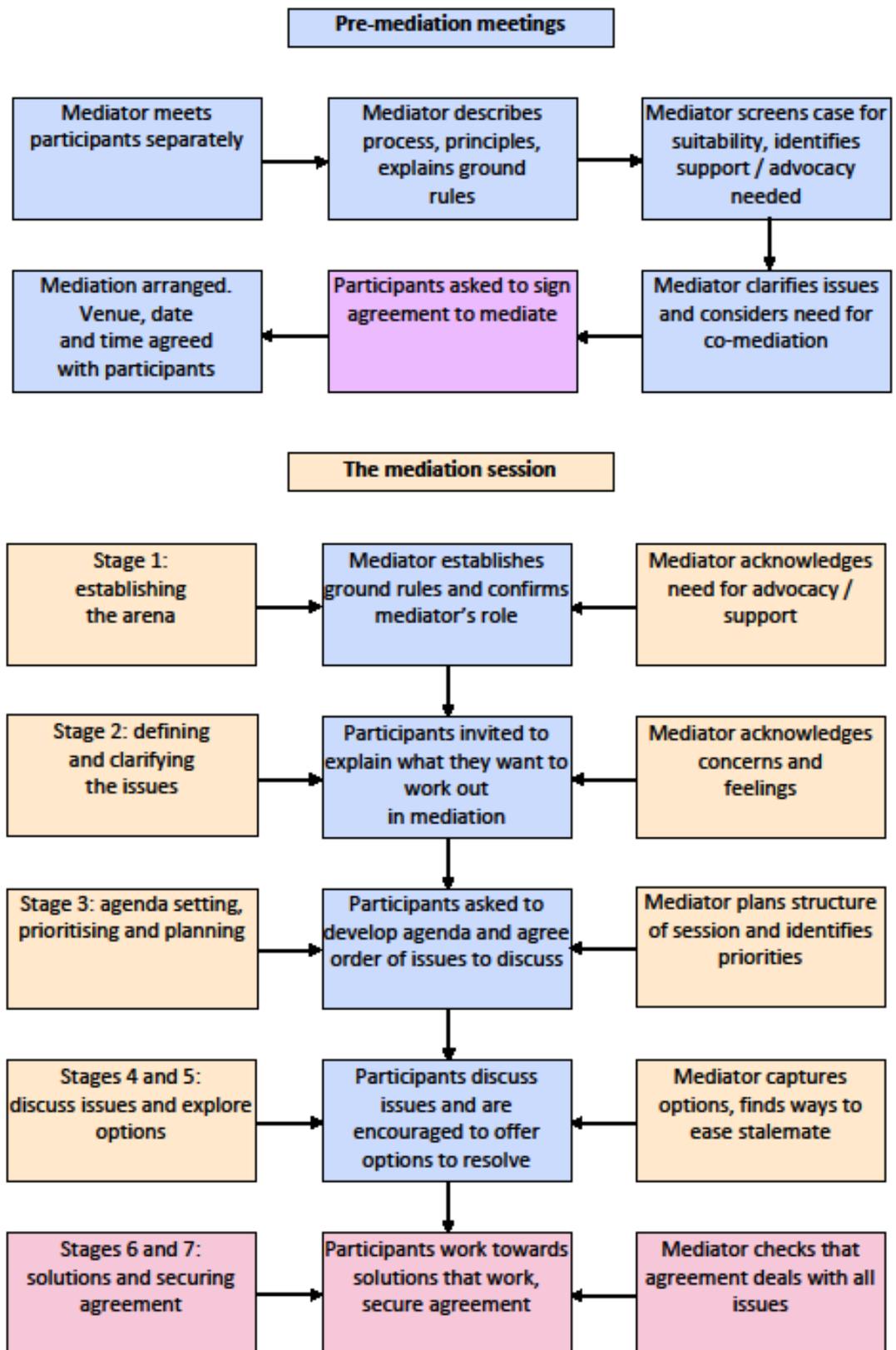
### 3.1 The mediation process from referral to review



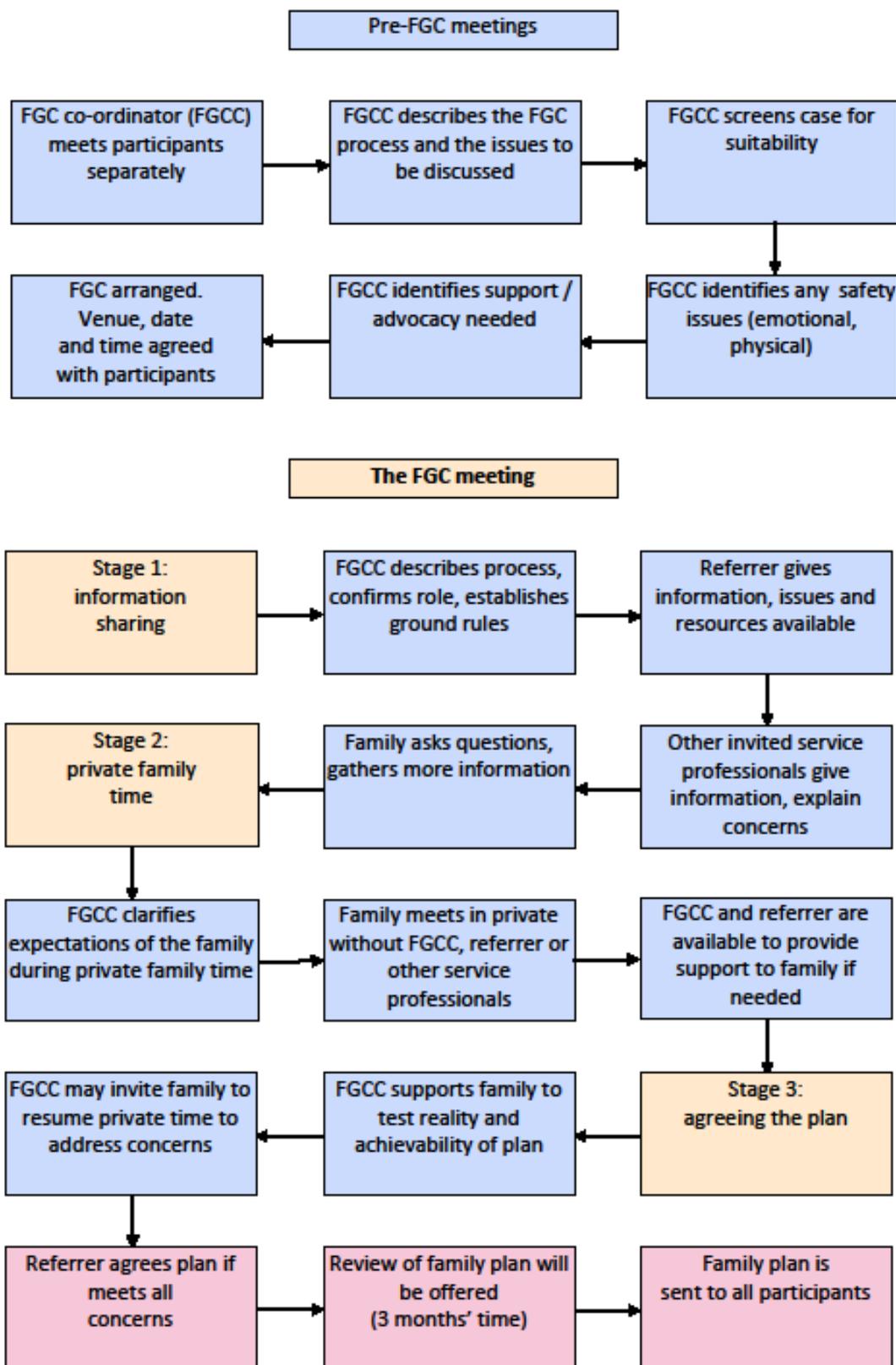
### 3.2 The family group conferences process from referral to review



### 3.3 Mediation sessions



### 3.4 Family group conference meetings



### 3.5 Template mediation referral form

See below.

Mediation Referral Form R1	
<b>Referrer details</b>	
Name of agency / team	
Name of referrer	
Address	
Telephone and extension	
Email address	

<b>Client details</b>	
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Living circumstances	
First language	
Has consent been given to contact?	

<b>Background details</b>	
Known risks?	If Yes, please give details.

Additional party details	Additional party 1
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 2
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 3
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 4
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Please continue on annex R2 and attach this to the form, if there are additional parties.

Reason for referral

**Please continue on annex R3 and attach this to the form, if there is additional information.**

Information for commissioners

Additional information		
1. Has client's capacity to consent to mediation been assessed?	Yes	No
2. If yes, what is the outcome of that assessment?		
3. Has client's capacity to make decision(s) relevant to referral been assessed?	Yes	No
4. If yes, what is the outcome of that assessment?		
5. Is there a legally appointed decision-maker (attorney, deputy, appointee)?	Yes	No
6. If yes, which, who is appointed and when?		
7. Is the client subject to safeguarding procedures?	Yes	No
8. If yes, please indicate briefly the reasons and current status.		
9. Are Court proceedings pending or running?	Yes	No
10. If yes, please give details (nature of proceedings, stage reached)		
11. Does client have any particular needs?	Yes	No
12. If yes, please give details below (e.g. need for advocate, support person).		
13. Is there a specific need for a written mediation agreement?	Yes	No
14. If yes, please give reason why (e.g. context of Court proceedings)		

Authorisation	
Referrer's signature	
Print referrer's name	
Manager's signature	
Print manager's name	
Date	

**Annex R2**

Additional party details	Additional party 5
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 6
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

Additional party details	Additional party 7
Title and surname	
First name(s)	
Date of birth	
Address	
Telephone	
Relationship to client	
Has consent been given to contact?	

When completed, please attach this additional page to referral form R1

**Annex R3**

Reason for referral

**When completed, please attach this additional page to referral form R1**

### 3.6 Template family group conferences referral form (from Daybreak)



## FAMILY GROUP CONFERENCE Referral Form

ADULT SOCIAL CARE

Referrer's Name	Team Address	Phone	Email

### CLIENT(S) DETAILS:

Title	Surname	Forename	D.O.B

Current Address	Post Code	Phone

CURRENT LIVING SITUATION: e.g. Alone; residential; with family

### KEY FAMILY MEMBER (REQUIRED IF CLIENT LACKS CAPACITY TO AGREE TO REFERRAL):

Name	Address	Phone
Relationship to client	Address	Phone

### OTHER SERVICE PROVIDERS INVOLVED:

Name	Agency/Role	Telephone



### 3.7 Template mediation service user feedback form

**Mediation Service  
Evaluation Form**

Thank you for using the [ ] mediation service. We are always working to improve the service we provide. To help us to do this, we would like to know more about your experience of using our mediation service.

It would be helpful if you could take a few minutes to complete the questions below and tell us about your experience of the service we provide. The information you give is treated in confidence and will not be linked to your details.

Please complete and return this form to [ ].

Your name	
Mediator name	
Date of mediation	

Please rate the following on a scale of strongly agree to strongly disagree. Please provide any additional comments you would like to add, where indicated in the space below each question.

**1. The information given to me by the mediator was clear and easy to understand.**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

**2. I feel that my needs were met by the mediator.**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

**3. I feel that I was treated with respect by the mediator.**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

4. I feel that the views of the person for whom the FGC was held were clearly presented.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

5. The mediator was able to answer my questions.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

6. I feel that I was listened to in mediation.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

7. I feel I was given enough support to express my views in mediation.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

8. The mediator checked that I was in agreement with the mediation agreement.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

### 3.8 Template family group conferences service user feedback form

See below.

**Family Group Conference Service  
Evaluation Form**

Thank you for using the [ ] family group conference (FGC) service. We are always working to improve the service we provide. To help us to do this, we would like to know more about your experience of using our FGC service.

It would be helpful if you could take a few minutes to complete the questions below and tell us about your experience of the service we provide. The information you give is treated in confidence and will not be linked to your details.

Please complete and return this form to [ ].

Your name	
Coordinator's name	
Date of FGC	

Please rate the following on a scale of strongly agree to strongly disagree. Please provide any additional comments you would like to add, where indicated in the space below each question.

1. The information given to me by the coordinator was clear and easy to understand.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

2. I feel that my needs were met by the coordinator.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

3. I feel that I was treated with respect by the coordinator.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

5. The information givers were able to answer my questions.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

6. I feel that I was listened to in the FGC.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

7. I was encouraged to ask questions.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

8. I feel I was given enough private time to develop the family action plan.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

9. The coordinator checked that I was in agreement with the family action plan.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

10. The coordinator treated everyone equally.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

11. The venue used for the FGC met my needs.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

12. Overall, I found the FGC to be a positive experience.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

Comments:

Please use the space below to add anything else about your experience of the FGC.

**Social Care Institute for Excellence**

Fifth Floor

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London SW1Y 5BH

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