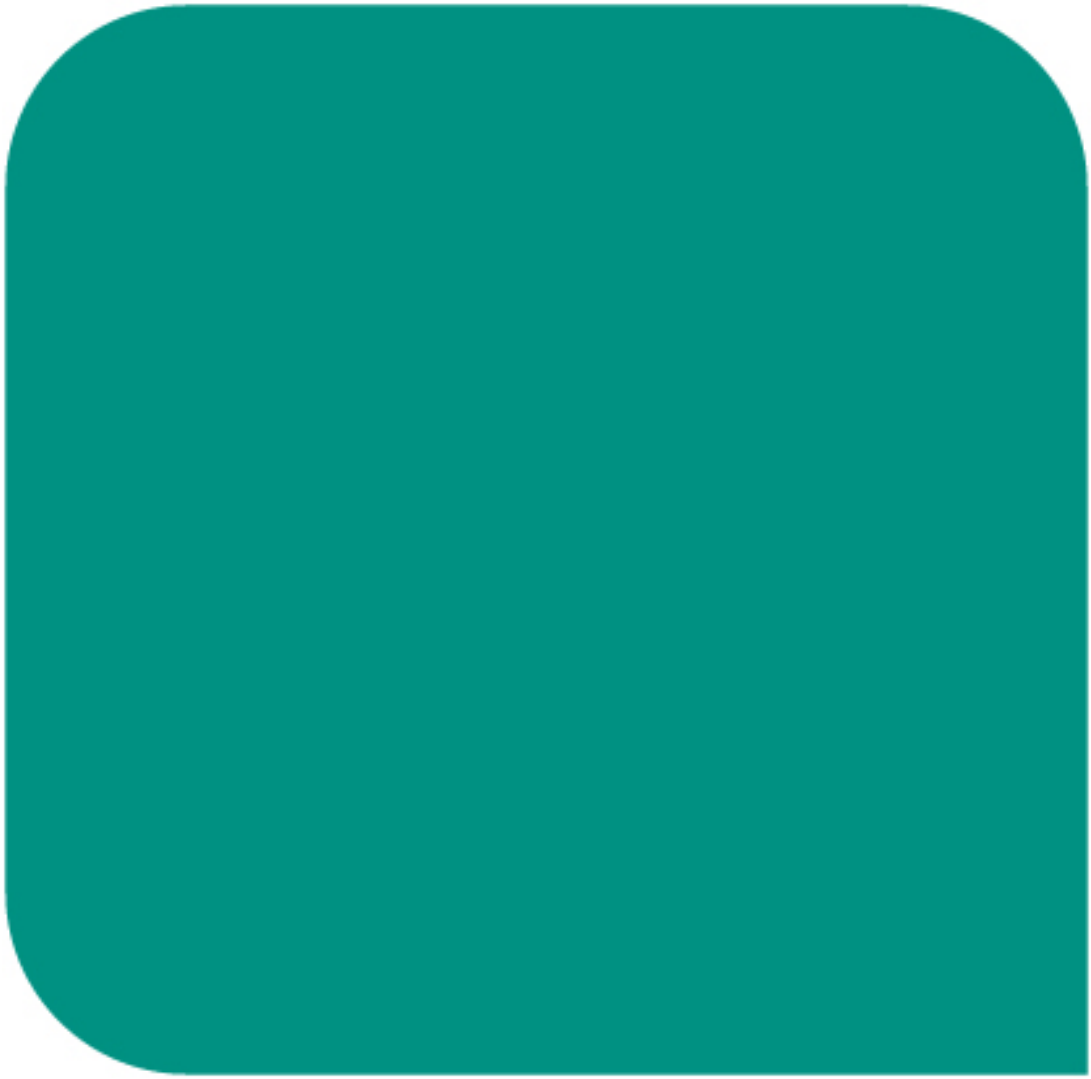
social care
institute for excellence

Safeguarding adults: mediation and family group conferences

Literature review



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Introduction

This review looks at research literature since 2000 on the use of mediation and family group conferences (FGC) in safeguarding vulnerable adults. Mediation and FGC are established as common practice in the context of child welfare. However, they can also offer a different approach to safeguarding vulnerable adults, especially in the context of personalisation and self-directed support. Although there is some evidence of promising and innovative practice, an initial scoping exercise by SCIE found very little systematic evidence of the use or effectiveness of mediation and FGC in the UK or abroad.

This briefing gives an overview of mediation and FGC. It looks at how family-led approaches to safeguarding adults fit within the wider context of personalisation and self-directed support, including the Mental Capacity Act 2005 and its associated Code of Practice. By reviewing the research it aims to understand best practice guidance on mediation and FGC in the child welfare context, the experiences of vulnerable adults and the professionals working with them, and outcomes and effectiveness. It also attempts to understand how this knowledge can be applied in practice to safeguard adults. This briefing also looks at:

- current research specifically on the use of mediation and FGC with adults
- the implications for practice in the use of mediation and FGC in adult safeguarding
- examples of innovative practice in the UK, and what local authorities have learned from these pilots
- what needs to happen next and how can this be achieved.

Summary

- Mediation and FGC in an adult context include the at-risk person and place them at the centre of the decision-making process. They 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.
- Early evidence suggests that – used appropriately – mediation and FGC 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.
- Adequate policies and procedures must be in place to ensure that mediation and FGC services can deal with domestic abuse and offer advocacy support to everyone involved so that they can safely and effectively participate in the decision making process.
- Mediators and FGC coordinators working with at-risk adults must receive suitable training and support. There is currently wide variation in the processes, training and experience of mediators and coordinators. The Family Rights Group (FRG) is developing an accreditation framework for FGC services for children, and this could be adapted for practice with adults. However, there is no comparable organisation overseeing mediation with vulnerable adults in the UK, and there is an opening for a charitable organisation to develop work in this area.
- Many practice developments and service models for the use of M and FGC in safeguarding adults are at an early stage of development and only a few effectiveness studies are currently available. No systematic research studies were found on costs or cost-effectiveness.
- There is a clear need for further mediation and FGC pilots in safeguarding vulnerable adults, and these need to be openly evaluated – including their costs and benefits – so that local authorities can learn from them.
- There are a number of barriers to promoting M and FGC in adult safeguarding. If further research and pilot schemes support the use of such approaches, it is crucial that providers consider how a practice can be established that is sensitive to existing systems and procedures in the UK.

Methodology

Scoping and searching was carried out between December 2011 and February 2012. The search focused on peer-reviewed papers on the use of mediation and FGC in adult contexts, but also included systematic reviews and evaluations of mediation and FGC in child welfare settings. The information for the search was drawn from readily available sources such as university libraries, electronic databases, journals and books, and – where appropriate – research commissioned by government departments and other relevant research identified by the authors. Key studies were also used to identify other literature. The review is mainly based on information and research written in the UK since 2000, but where this was limited, research from other countries relevant to the UK context and older studies were also used. This is not intended to be a systematic review it is more a concise summary of research knowledge on the use of mediation and FGC in safeguarding adults.

All of the SCIE work on mediation and family group conferencing for adult safeguarding has been peer reviewed externally and internally by academics and practitioners.

Background and policy context

The Department of Health's (DH) *No secrets* guidance on protecting vulnerable adults from abuse 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). 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).

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.

In May 2011 – in line with the broader personalisation agenda (Carr 2010) and the recommendations of the Law Commission's 2011 review of adult social care law – the government emphasised the importance of empowering vulnerable adults in the context of safeguarding adults, and announced its intention to make Safeguarding Adults Boards (SABs) statutory.

Adult Safeguarding and the 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 MCA 2005 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 MCA 2005 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 MCA 2005 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 of Constitutional Affairs 2007).

There is an obligation to encourage and allow the person to participate – or improve their ability to participate – as fully as possible in any act or decision affecting them. If a person cannot be empowered to make their own decisions, then decisions must be made in their best interests and the option must be the least restrictive of the person's rights and freedoms. The emphasis is now on supporting adults to access the services they want, rather than 'stepping in' to provide protection.

Family-led approaches to safeguarding

There are many ways of responding to safeguarding alerts including 'soft' responses, such as talking to family members, and 'hard' responses such as involving the police or the courts. Mediation and FGC are formal responses to safeguarding concerns. 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 negatively impact 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 et al 2011).

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 (Baladerian, 1998).

The adversarial and confrontational approach used by the criminal justice system is often not the most suitable approach to deal with the issue of an abusive relationship in the context of safeguarding adults. Professionals working with vulnerable adults recommend using a 'restorative justice' approach. This aims to restore social

relationships by involving the victim and other members of the family or community as active participants in the safeguarding process (Groh and Linden 2011).

Mediation and FGC 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. 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, resolve issues within the family unit – often in the context of strained relationships – in a safe and controlled environment (ADASS 2011, Cass 2011, Cabinet Office 1998, DH 2008 and 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 and FGC can also help families and professionals make suitable 'best interest' decisions on behalf of those assessed as lacking capacity to make a decision – especially if they cannot agree on a proposed course of action – whilst 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.

Mediation is also a family-led decision-making process. It is usually used when a conflict or dispute needs to be resolved between family members. It can involve only those directly involved in the conflict or dispute, or it can involve the extended family and associated professionals. An independent trained mediator will assist the parties in mediation. However, unlike FGC, the mediator facilitates the entire mediation session. Mediation is not currently an established practice in the context of child or adult welfare in the UK, but it is widely used in the private sector and in connection with court processes in private law, such as divorce settlements and child custody arrangements. Mediation is also commonly used in public law cases – such as child protection – in some parts of the US and Canada, and increasingly in Australia (Cunningham and van Leeuwen 2005, Lande 2000). The use of elder mediation is growing in the US and Canada. It was developed for older adults or those with diminished cognitive ability 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.

The origins of FGC

FGC originated in New Zealand in the late 1980s from Maori cultural practice to tackle the over-representation of Maori children in the child protection and juvenile justice systems (Shlonsky *et al* 2009). Since then, legislative mandates recommending the use of FGC have been introduced in most parts of Australia, the Republic of Ireland and Northern Ireland, and well as best practice recommendations in many countries including the UK (Barnsdale and Walker 2007). Family mediation was established in the UK in the late 1970s and early 1980s as an innovative practice designed to counter the perceived negative effects of divorce on children that arose from court proceedings (Brown 2005 and Saposnek 2004). 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. Both mediation and FGC are family-led rather than professionally-led decision making processes. They are based on the idea that families can identify resources and support that outside agencies cannot easily identify, and they give families greater ownership of decisions made (Pennell and Anderson 2005). Although there is no agreed definition of mediation and FGC, the key aspects of each are outlined below.

Family group conferences (FGC) and family group decision making (FGDM) are terms used to describe family-led decision making processes, where a plan has to be made to address a concern, often in the context of child welfare (Nixon *et al* 2005). An FGC promotes cooperation, collaboration and communication between service professionals and families. It aims 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. The FGC coordinator should be independent and not employed by social services. They will arrange a meeting between the at-risk person, their extended family, friends and others who are willing to give support. The family is the primary decision-making and planning group. 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'. In order to provide information, the referrer 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 and Malmberg-Heimonen 2011). Referrals are typically made to FGC services by professionals – usually social workers. An FGC will result in an action plan that addresses the issues that led to referral and to which all parties, including the referring agency, must agree.

Research into the use of mediation and FGC in child welfare

There have been a number of literature reviews on the use of FGC in child welfare (Crampton 2007, Fox 2008, Helland 2005, Huntsman 2006, Morris 2011, Nixon *et al* 2005, Polk 1994, Wall and Lynn 1993, Wall *et al* 2001). They focus on:

- the background and wider context of mediation and FGC
- the types of cases suitable
- adapting cases for culturally diverse and indigenous communities
- practice techniques and processes
- standards and training
- outcomes and long-term effects – such as their ability to bring about agreement, the implementation of plans or agreed course of action, and their effect on the placement of children in care proceedings.

Family members and child welfare professionals generally agree that these meetings improve child protection work (Kelly 2004, Pennell and Burford 2000, Sheets *et al* 2009, Swain and Ban 1997 and Walton *et al* 2004), however there is limited research to support this. There is a need for systematic, long-term quantitative and qualitative studies that look at the lasting impact of decisions on the lives of the families involved (Fox 2008, Lupton and Nixon 1999). The Family Justice Review (Ministry of Justice, 2011b) also highlighted the potential of mediation and FGC to improve outcomes for families involved in the family justice system. It recommended that a pilot on the use of formal mediation approaches in public law proceedings should be established and that FGC should be considered before legal proceedings. However, it noted that more research was needed on how the methods could be most effectively used, their benefits and the costs. The Interim Report shows that mediation appears to be more flexible than FGC, and can help to focus on issues during care proceedings and may be used to settle the detail of care plans between the family and the local authority (Ministry of Justice 2011a).

Although family-led approaches to decision making have been the subject of considerable scrutiny, the evidence on long-term outcomes is limited because the more immediate learning needs of services and practices has driven the commissioning and design of the research (Morris 2011). There are a number of studies that look at the overall effectiveness of mediation and FGC in the context of child welfare that can offer valuable insights (Barnsdale and Walker 2007, Brown 2002, Burford *et al* 2009, Fox 2008, Kelly 2004, Levine 2000, Lupton 1998, Lupton and Nixon 1999, Mackay and Brown 1998, Marsh and Crow 1997, Pennell and Anderson 2005, Polk 1994, Sheets *et al*. 2009, Sieppert Hudson and Unrau 2000, Shlonsky *et al* 2009, Sundell and Vinnerljung 2004). The methods and sample sizes of these vary considerably, but they all identify similar factors for outcomes, such as:

- type of issue and/or case

- level of conflict or the complexity of the problem,
- attitudes and motivation of participants (including those of professionals and mediators/facilitators)
- resources available to the service.

Marsh and Crow's (1997) report on a Nuffield Foundation-funded evaluation of 80 FGCs found that the meetings successfully involved extended families and had generally good outcomes and high levels of satisfaction from all participants. However, in a report for the Scottish Executive, Barnsdale and Walker (2007) conclude that although communities can easily decide on the outcomes they want to achieve, the lack of evidence means they cannot make informed decisions about taking part in FGDM, the processes that are important, or who benefits most from them.

Morris (2011) emphasises that many of the studies have failed to capture the impact of interventions on families as systems, focusing instead on outcomes and the experiences of individual family members, often at a particular moment in time. Morris argues that there is a need to develop more systematic research methods to understand family-focused practices and their outcomes. Efforts to conduct randomised trials on the effectiveness of mediation and FGC have so far been limited. Crampton (2007) discusses two trial attempts – one in the UK and one in California – that were cancelled as they were unable to recruit enough subjects. Shlonsky and colleagues (2009) have devised a Cochrane protocol for FGDM, which is currently assessing the effectiveness of the formal use of FGDM in child safety, permanence (of child's living situation), child and family wellbeing, and client satisfaction with the decision-making process, but the results of this are not yet available.

Research specific to the safeguarding of vulnerable adults

Although mediation and FGC are primarily known in the context of child welfare, both approaches have been used in several adult contexts, including:

- mental health services (de Jong and Schout 2010, 2011, 2012)
- adult guardianship (Gary 1997, Honds 2007 and Radford 2002)
- long-term care planning (Boise and White 2004, Bromley and Blieszner 1997, Gentry 2010, Healy 2000, Persson and Castro 2008, and Pinquart, Sörensen and Peak 2005)
- rehabilitation planning (Fronek 2005, 2010)
- medical settings such as palliative and end-of-life care (Azoulay 2005, Craig 1996, Curtis *et al* 2001, 2005, Dreyer Forde and Nortvedt 2009, Hudson *et al* 2008, Lautrette *et al* 2006, Meeker and Jezewski 2005, 2009, Saulo Wagener and Rothschild 1998).

Malmberg-Heimonen (2011) has also recently published the results of a randomised controlled study that aimed to evaluate the social support and mental health effects of FGC on longer-term adult social assistance recipients in Norway. The results indicate that those taking part in FGC showed significant increases in life satisfaction and decreases in mental distress, anxiety and depression. There were also positive indications for emotional social support and social resources. These findings indicate the importance of mobilising and remobilising social networks for longer-term social assistance recipients and the potential benefits of FGC for adults more generally.

However, this review focuses on domestic abuse (Craig 1994, 1997, 2002, Groh and Linden 2011, McIvers 2011, Smyth 2011, Tapper 2010 and Wilson *et al* 2011). Although it is not yet established in the UK, the use of elder mediation in the US and Canada in the past decade (Bertschler and Bertschler 2009, Bertschler and O'Reilly 2003, Cox and Parsons 1992, Larsen and Thorpe 2006, Parsons and Cox 1989) has led to significant overlap with the use of FGC in adult safeguarding. As with general mediation, 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 (CCEL 2012). Some parts of Canada now have legislation which require mandatory mediation in adult guardianship matters such as powers of attorney, care-giving and long-term care (nursing home) issues (CCEL 2012).

Research and evaluation on the use of elder mediation in preventing or protecting vulnerable older people from domestic abuse is equal to or more comprehensive (Craig 1994, 1997, 1998, 2002, McIvers 2004 and Smyth 2011) than the use of FGC or FGDM (Groh and Linden 2011, Holkup *et al* 2007, Tapper 2010 and Wilson *et al* 2011). Both

approaches emphasise the principle of empowerment and focus on problem solving rather than blaming. They can also both take into account the needs of other family members. This is especially valuable in potential adult abuse cases, where there is unintentional neglect by a spouse or other family member who may be having difficulty coping as a carer, or where the perpetrator is a close family member who may have mental health, alcohol or drug-related problems (Craig 1998 and Tapper 2010). They also both aim to, encourage professionals from several disciplines to work together to understand and address the complexity of the issues that lead to abuse (Smyth 2011).

Mediation and FGC are distinct and separate models that need more research to evaluate their relative strengths and weaknesses in different cases. For future evaluations to be effective, they must recognise that mediation or FGC is not a service or a therapy in itself, and show the effectiveness of facilitating family led decision-making, rather than an assessment of service outcomes following mediation or FGC.

A Local Government Improvement and Development review (Humphries 2010) on safeguarding adults recommended the development of mediation and FGC approaches because they can offer better outcomes and efficiencies. However, this recommendation must be viewed in connection with the point about FGC being a decision-making model. There is a clear need for further pilots of mediation and FGC in the context of safeguarding vulnerable adults that are openly evaluated so that other local authorities can learn from them (Ogilvie and Williams 2010, Wallcraft and Sweeney 2011 and Wilson *et al* 2011). However, current studies suggest that there are specific implications for practice in the use of mediation and FGC for safeguarding adults, and these should be considered when developing pilot studies. The most important of these relate to capacity and communication, and power imbalance.

Implications for practice in the use of mediation and FGC in safeguarding vulnerable adults

Capacity and communication

Two of the most important issues in using mediation and FGC with vulnerable adults relate to capacity and communication (Lieberman and Fisher 1999 and Schmitz 1998). Mediators and FGC coordinators will always assume that a person who is 16 years of age or more has capacity to decide whether to take part although this assumption may be displaced by an assessment of his or her capacity. Participation must be as meaningful as possible If it is reasonably believed that a person lacks capacity to agree to take part in a mediation or FGC process, the mediator or FGC coordinator will make a decision to proceed under the MCA 2005 and its associated Code of Practice. This decision should always be in the best interests of the at-risk person and must be the least restrictive of the person's rights and freedoms. However, the mediator or FGC coordinator should continue to permit and encourage the person to take part, or to improve their ability to take part, as fully as possible. They must also be prepared to accommodate barriers to communication.

Cox and Parsons (1992) suggested that using older people as volunteer mediators can facilitate communication with older vulnerable adults and enhance the process of conflict resolution. Given the importance of personal control over decision-making, the efforts of social workers to actively engage cognitively impaired elders to make joint

decisions with family members may have many benefits (Healy 2000). However, the Family Rights Group (2011) recommend that mediation and FGC should not proceed unless there is a particular strategy in place to ensure the vulnerable person can express themselves and protect their interests effectively or – in the case of a vulnerable adult who lacks capacity – their wishes can be, as far as possible, presented to the meeting. This process will sometimes involve an independent advocate who has experience of that party's particular vulnerability.

Managing the power imbalance

Mediation and FGC involving older people and people with disabilities can reveal power imbalances as they are often the weaker party in a dispute (Park, Wood and Gottlich 1992). There is also evidence that unequal power between participants makes a successful outcome less likely (Wall and Lynn 1993). This reason not to refer vulnerable adults to mediation and FGC is seen by some as irrelevant as mediators and FGC coordinators are trained to recognise these power imbalances and address them (Craig 1998). However, the appropriateness of these approaches in the context of domestic abuse has led to heated debate, and Knowlton and Muhlhauser (1994) state that mediation and FGC are unequivocally wrong when a history of violence exists in a relationship. They argue that if violence is used as a means to assert power and control, a process that brings parties to the table as equals is faulty and not suited in the presence of these dynamics. Craig (1998) and Flynn (2005) also note that other issues such as safety and the level of violence may determine the appropriateness of mediation. However, in their survey of international practice, Nixon *et al* (2005) found that 40 per cent of schemes did not screen participants for suitability beforehand. They stressed the need to better understand how screening processes are implemented and managed.

This also raises questions over the timing of the use of such approaches. Mediation and FGC may be most suitable in the early stages of relationship conflict, or when concerns are first raised. Knowlton and Muhlhauser (1994) emphasise that once violence has occurred, parties will not be able to approach the mediation table on 'equal ground'. There is growing evidence to suggest that mediation and FGC can be used in the early stages of conflict or disagreement to prevent abuse towards vulnerable adults. The processes empower families to cope with end-of-life transitions such as long-term care decisions before stressors become unmanageable (Craig 1998, Larsen and Thorpe 2006 and Park *et al* 1992). However, Nixon *et al* (2005) found that FGCs in child welfare tend to be usedin the more serious cases. They argue that although professionals may think this is a good early preventative model, unless the problems are serious enough it may be difficult to get people to engage. Although mediation and FGC should not necessarily be dismissed when working with an abused vulnerable adult – depending on the nature and extent of the person's vulnerability – this is likely to be a serious concern that has a number of implications on practice. Knowlton and Muhlhauser (1994) stress that mediators and FGC coordinators need sufficient training in the preparation process to enable them to deal with these dynamics and seek appropriate information from the parties. Nixon *et al* (2005) also found that of those agencies specifically providing FGC for domestic abuse all stressed that the process should not proceed unless additional safety measures are in place and pre-meeting discussions about sharing information with law enforcement have taken place.

Examples of innovative practice in the UK

Family group conferences (FGC) are established as common practice in the context of child welfare in the UK. In a survey on the use of FGC in child welfare practice in 2001, Brown (2003) found that 38 per cent of UK councils already provide an FGC service, and 93 per cent of these were in child welfare practice.

Barnsdale and Walker's (2007) report for the Scottish Executive showed that access to FGC services vary widely across the UK. Although schemes operate in most statutory social work agencies in Wales and Northern Ireland, only about 40 per cent of authorities in England and Scotland provide them. These FGC services cover situations in child protection, children in need, children being considered for accommodation, children in residential or foster care and those leaving a care placement.

Family Rights Group gave evidence to the 2011 Justice Select Committee inquiry into the Family Courts (HC 518-iii, 2011) that 69 per cent of local authorities in England and 18 of the 22 Welsh authorities have or are setting up an FGC service. However, families are still offered FGC services in an inconsistent way – so a family in need is not guaranteed to receive the service.

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.

Hampshire County Council and Daybreak's 'Bluebird' project

In 2006 Daybreak explored the possibility of using FGC for vulnerable adults in Hampshire County Council Adult Services. Daybreak had substantial experience of using the FGC process in cases of domestic abuse, and although this focused primarily on the safety of children, it also had good outcomes for the adult victim. In 2007 Daybreak secured substantial funding from Comic Relief to set up the 'Bluebird' project, which used FGC to address issues of elder abuse. The project covered Hampshire, Southampton, Portsmouth and the Isle of Wight. The funding allowed for referrals from any source, including direct referrals from older people and their families, and covered any type of abuse – including suspected or potential – of people aged 50 years or more. It also included advocacy services for vulnerable adults involved in the FGC process. The service has now been extended to all vulnerable adults who are experiencing – or are at risk of – abuse, and this is being evaluated.

Kent County Council

Kent established an in-house FGC service for children in June 2002 and extended the service to include older people and people with learning difficulties in 2006. An independent evaluation concluded that provision for both children and adults could provide more efficient services as long as relevant training is given to FGC coordinators. The report also recognised that expanding an existing children's FGC service to include adults should not be seen as an extension of current services but as a new development in FGC work. Despite the success of this pilot – including cost savings – the adult FGC service closed in 2010.

North Essex Mental Health Partnership NHS Trust

Children's services in Essex established an in-house FGC service for the care and protection of children in 1996. It noted that a large number of the families that were referred to the FGC service included a parent or carer with mental health issues (including substance abuse). It also recognised that these parents would benefit from conferences on mental health issues, and this led to the conclusion that FGC would benefit people with mental health problems and their support networks whether they had children or not.

In 1999 Essex piloted an FGC service for vulnerable adults in the context of adult mental health care planning. It is currently available to everyone on the Care Programme Approach (CPA) – a system for managing the care of people receiving mental health services– through a referral from the service user's care coordinator. An independent evaluation found that extending the FGC service in this way was effective, although it needed a lengthy consultation period to address the challenges presented by practitioners and managers within mental health.

Medway Council

Since 2009, Medway Council has commissioned Medway Mediation to provide FGC for children. A case file audit of safeguarding vulnerable adults in 2010 highlighted the need to involve vulnerable adults in the creation of protection plans, and FGC services were seen as a way to do this. The success of the collaboration between Hampshire County Council and Daybreak – together with the case file audit – contributed to the decision to extend the council's service to include vulnerable adults. As a result, the council's adults and children's services decided to jointly procure services from an external provider. This is expected to run for three years from July 2012. Medway will also offer an advocacy service to support vulnerable adults who participate in an FGC. The scheme will be publicly evaluated and could become a core service if it is effective and sustainable.

The development of mediation and FGCs in adult safeguarding

In their survey of international practice, Nixon *et al* (2005) warned that – like other empowerment-oriented practices – FGC and other family-led approaches can be taken over by legal processes and professional colonisation, especially where it is added onto existing traditional practice. The often traditional assumption that professionals should be in control of decision making and resources is in direct conflict with approaches that put the at-risk person, their family or community participants at the centre of the decision making process (Jones and Finnegan 2004, Morris 2011, Sundell, Vinnerljung and Ryburn 2001). Brown's (2003) analysis suggests that the culture of social work prevents FGDM services being integrated into mainstream care and protection planning because of the challenges of adopting innovative practices in a highly regulated environment. Nixon *et al* (2005) also found that funding and resources, and support from the top-down were the two top reasons given for successful schemes by respondents. Lupton (1998) similarly reports that a lack of resources contributes to difficulties in achieving desired outcomes, even if families feel enabled to gain control over the content of a plan. As Barnsdale and Walker (2007) report, this seems to be one of the most significant challenges for FGC projects and services.

Nixon *et al* (2005) outline three forms of mandate, each with different levels of support for implementation:

1. Good practice – this relies on individual practitioners or managers promoting and using these approaches
2. Procedural – the agency sets clear standards and expectations on where mediation or FGC should be used
3. Legal – the law confers rights, obligations and duties on families and professionals to ensure that appropriate approaches are used.

Although the good practice mandate was the most common, it was also perceived as vulnerable to a lack of commitment from practitioners or concerns over changes in management or cuts in funding. Procedural mandates can increase the profile of FGC in organisations and ensure that such approaches are seriously considered in specific situations. However, Nixon *et al* (2005) report that without a strong legal mandate FGC practice will always be vulnerable to budget cuts or changes in management. These approaches can conflict with the dominant 'top-down' professional expert models of decision-making. If further research and pilot schemes support the use of mediation and FGC in safeguarding adults, it is crucial that providers consider how effective practice can be established that is sensitive to existing systems and procedures in the UK.

Developing codes of best practice

There is currently wide variation in the processes, training and experience of mediators and coordinators (Calvete, Corral and Estévez 2008, Craig 1997, Gallagher and Jasper 2003, Magill 2010). Nixon *et al* (2005) argue that this adds to the difficulty of agreeing on best practice.

There is currently no consistent quality or accreditation system or regulatory body for FGC providers and coordinators in the UK. The Family Mediation Council was set up in 2007 to regulate standards for family mediation in England and Wales (FMC 2012), and it approves family mediation bodies that meet its requirements. The government's Family Mediation database lists family mediators who are trained and accredited by organisations approved by the Council. The final report of the Ministry of Justice's Family Justice Review 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. It also suggested that it should, if necessary, replace the Council with an independent regulator (Ministry of Justice 2011b). There is also 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 (LSC 2012).

The Family Rights Group (FRG) obtained funding from the Department for Education in 2011 to regulate quality standards across FGC services by developing an accreditation framework. This two-year project is led by the 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 (FRG 2012).

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 the physical and mental health needs of service users, the nature of family involvement and the potential for power imbalances, the needs of carers and the number of agencies who 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.

Practitioners and agencies working in this area could collaborate to formulate a code of best practice, and this in turn could inform best practice in the field overall. To aid this, and as part of this resource, a draft Code of Practice for mediation practitioners working with vulnerable adults has been developed. Please follow this link for more information.

See **www.scie.org.uk/publications/mediation** for references / bibliography

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