



Royal Greenwich Social Work Practice Pioneer Project (SWPPP)

Pilot Family Group Conferences and restorative approaches to protect adults at risk

Evaluation report written by Tricia Pereira (project lead)

Introduction

The review of *No Secrets* highlighted examples of practice that the document felt could be improved on. In my previous role as manager of a busy social work team at Royal Greenwich, I found our management of safeguarding cases mirrored these examples:

Plans are often made by professionals or by one or two family members in control. There may be limited options to remedy the abuse situation. Sometimes the older person would rather the situation continued (e.g. with a son with an alcohol misuse problem) than risk being isolated from their family or losing control over their life. (DH and Home Office, 2000)

A priority for Royal Greenwich's Safeguarding Adults Multi-agency Group (SAMAG) is the involvement and empowerment of people who use services in addressing safeguarding issues. The five main priorities identified within the business plan are:

1. Personalisation
2. Prevention
3. Communication and involvement
4. Quality assurance
5. Access to redress

Auditing of safeguarding cases identified the need for improvement around involving the vulnerable adult/adult at risk and others in the development of *their* protection plan:

'A family group conference could help them regain control while understanding the level of risk posed to them, and they can then consider the available options. (DH, 2008)

Royal Greenwich's chair of SAMAG had been involved in the use of Family Group Conferences (FGC) elsewhere, and had seen the benefits of this approach. The chair, along with the senior assistant director of adults and older people's services, Jay Stickland, were keen to realise these benefits for adults at risk in Greenwich.

In addition we recognised the need to be less process-driven and more service user-led – in line with personalisation – and felt that exploring FGC and restorative approaches would optimise the use of fundamental social work skills.

This direction is in tune with the Department of Health principles for adult safeguarding and adheres to our SAMAG business plan, which includes the following:

- a preventative approach to safeguarding;
- a personalised approach to the management of risk, meeting the needs of all the community, including those directing their own care.

Hypotheses

We devised our hypothesis and aim for the project, 'Opening the circle of communication and involving others (in the safeguarding process and plan) improves accountability, ownership and promises better outcomes.'

There is a whole range of research and guidance (predominantly around children and families) which indicates that this approach is both effective and supports practice that upholds fundamental human rights. It is in tune with the Department of Health (DH) principles for adult safeguarding.



What have we been doing and with whom?

The Royal Borough of Greenwich is one of 10 Social Work Practice Pioneer Projects (SWPPPs). During this project Royal Greenwich has been working in partnership with Daybreak. We have used FGC and restorative meetings/approaches as an additional resource to address and/or resolve safeguarding vulnerable adults issues.

Our link worker has been Daybreak manager Linda Tapper, who has experience around FGCs and restorative meetings with adults at risk and elder abuse.

What is a restorative meeting?

A restorative meeting focuses on the event, what has happened, who has been affected by it, and agrees what action needs to happen. According to Zehr and Mika (1998), there are three key ideas that support restorative justice:

- First is the understanding that the victim and the surrounding community have both been affected by the action of the offender and, in addition, restoration is necessary.
- Second, the offender's obligation is to make amends with both the victim and the involved community.
- Third, and the most important process of restorative justice, is the concept of 'healing', or the collaborative unburdening of pain for the victim, offender and community.

What is a Family Group Conference?

FGCs originated in New Zealand and were originally used to enable the practice of social workers to work with and not against Maori values and culture. Legislation in New Zealand ensured that FGCs are a central part of practice and services where serious decisions about children are to be made. We are adapting the FGC process.

The FGC is a formal meeting where the individual concerned, family, extended family members or relevant others and professional practitioners, work closely together to make decisions that best meet the needs of the individual. An accredited FGC coordinator, independent of the local authority, facilitates the meetings in Greenwich.

The process we use has five main stages:

1. Referral made by the allocated social worker.
2. Preliminary meetings:
 - the FGC coordinator meets with the individual, gathers their views, ascertains what outcomes they would like and who they would like to invite to the FGC;
 - the coordinator also meets with each invitee and separately with the referring social worker.

3. FGC meeting – information sharing regarding the concerns that have been raised.
4. Private time – the coordinator and professionals leave the meeting and the individual, invited attendees/family meet alone to develop a plan that addresses the concerns that have been raised. The plan is then presented and agreed if the concerns have been addressed and the plan does not put the individual at further risk. A contingency plan is also developed and agreed.
5. Review of the plan.

The FGC could also be used to:

- develop safeguarding plans
- support the 'best interest decision-making' process.

We applied the FGC/restorative approach to support and empower citizens to take more control of their lives, and to enable families and communities to work together to reduce conflict and risk.

We believe that FGC/restorative meetings may provide another (more inclusive) option when addressing safeguarding issues. The idea of professionals sharing responsibility for resolving family or group difficulties with family/group/community members seems a sensible 'back to basics' way forward.

We also wanted to explore the use of FGC around preventative work, as it is thought that the earlier on in the safeguarding process FGC is introduced, the better it is for improving outcomes.

This approach ensures that the individual is at the heart of the process, and that their wishes and views are shared and heard in a supportive and empowering environment. We work alongside advocacy services to ensure that the individual has full support to be able to participate in the process.

The overall aim for our department is to explore and determine if FGCs and restorative approaches should become established as a resource to support people who use services, and therefore embedded in everyday practice.



Training and awareness raising

Initially 48 social workers within the Adults and Older People's Directorate and Mental Health Directorate were invited to attend training on the FGC process and restorative approaches.

The training upskilled social workers, enabled them to refresh their existing social work skills and further develop skills around the use of restorative approaches within the context of adult social care and in particular, protecting adults at risk.

The training programme covered, among other topics:

- Empowering people who use services, families and communities, to enable them to take responsibility for problem solving and the safety and wellbeing of all
- Effective communication and listening
- Skills in successful partnership working
- Skills in analysing risk with people who use services
- Task-centred methods/developing safeguarding plans (with the individual)
- Advocacy and prevention
- Family work
- Complex case management

Comments and feedback following the training session indicated that social workers overall were very positive of this alternative approach. Workers felt that the approach was naturally in tune with how they should be undertaking their work.

Follow-on workshops

- Two workshops for managers were convened.
- Two additional ‘surgeries’ were organised where staff could meet with Daybreak (Linda Tapper) and discuss possible cases. These proved to be invaluable.
- The safeguarding adults team provided continuous hands-on administration, daily support, information and advice.

The difference it has made for social work and social workers

Referrals to the pilot project came directly from local authority social workers. The social worker may propose an FGC or restorative meeting as an outcome to a safeguarding alert or as an additional outcome of a safeguarding investigation to resolve issues raised. The conference or meeting was led by the service user’s pre-identified desired outcomes and the FGC/restorative meeting was hosted by Daybreak, with support from the social worker, if appropriate.

It was intended that taking part in this project would encourage social workers to:

- include the person who uses services at the heart of developing their own protection plans;
- adopt a solution-focused method of problem solving with individuals, families and communities;
- recognise the strengths and abilities of every individual;
- respect the rights of everyone involved;
- encourage involvement and feedback from people who use services on the safeguarding process.

The project also ensured that learning would be integrated more broadly into adult social work practice via follow-up workshops and discussion in supervision and PRAD (the performance review and development appraisal system).

Referrals

February 2012 to March 2013	
Number of referrals received	15 (6 older people, 6 learning disability, 3 mental health)
Number of referrals that have reached full FGC process including review	6
Number of cases pending FGC	3

Number of cases withdrawn	5 cases withdrawn (4 withdrawn by the service user and 1 withdrawn by the social worker)
Number of enquires considering referral (from 1 March 2013)	4
Number of people assessed as lacking capacity	0
Number of referrals involving concerns about a family member	11
Number of referrals where the police have been contacted	5

Referral pathways

The cases were identified by social workers from their existing caseloads and following the allocation of new cases. The FGC process suited some teams within Royal Greenwich more than others. Most referrals were made by the community learning disability team and the specialist social work team working with adults and older people (including those with a physical or sensory disability).

The community learning disability team embraced the idea of FGC. They felt it suited their client group as it provided opportunities for their clients to express themselves with their families/carers and encouraged individuals to participate in making decisions about their own lives. As one social worker said, "It gives people a voice and their family has to listen; it's not coming from us, it's coming from them."

Teams that provided emergency support found it difficult to offer FGC as an option to individuals, but were able to use their understanding of the project to make recommendations during handover to the long-term teams.

We received several referrals where there was conflict between family members. These often concerned a person with learning disabilities wanting to increase their independence. We also received referrals on the following:

- Disputes between family members and professionals, that is, care home
- Safeguarding concerns about direct payments/individual budget, that is, personal assistant
- Safeguarding concerns about family members including financial mismanagement.

Evaluating the project

Discovery Interviews

The overall aim of our project was that following the FGC the client:

- felt 'safer'
- was more confident and better able to manage future concerns
 - knew who they could contact for support
 - expanded their network of support
 - was more aware of resources within their local communities.

Daybreak produced a questionnaire that was distributed to people who use services, their families and professionals who attended the FGC or restorative meeting. The aim was to gain feedback on how the meeting was set up, whether the person was listened to and supported and how the plan was created. Regrettably very few were returned.

To address this, the safeguarding vulnerable adults team introduced Discovery Interviews. People who use services welcomed the opportunity to be able to discuss the process and how it felt to them, to discuss the outcomes and if they felt safer following the FGC or restorative meeting.

Undertaking a Discovery Interview this way rather than sending out a questionnaire ensured that we received responses from each person, enabled us to ask probing questions and fully explore the process. The information we received has informed the way the project has developed and helped us adapt and make changes to our safeguarding process in general.

Social workers have said they feel more empowered themselves – workers report this approach feels more inclusive with achievable outcomes as the social workers are working alongside the individual.

Evaluation workshops with social workers

During initial training (February 2012), assumption questionnaires were carried out with all social workers. These were not controlled questions but questions to prompt reflection on practice and to aid discussion during the workshops. The questionnaire was repeated at the end of the project (February 2013).

We also carried out interviews with each social worker and spoke with managers to gather information on how participating in the FGC project had influenced their practice.

In February 2013 we conducted workshops with all social workers, whether or not they had referred to the project.

Initial training was so positively received that we anticipated an overwhelming number of referrals. However, this was not the case. Initially referrals were slow to the project and we used the following questions to examine why this was.

Summary of issues and discussions raised during the workshops

- The evaluation highlighted that some social workers misunderstood the FGC process. They thought they had to “sell it” to *all* family before referring. As a

result, some families felt they did not want to attempt this approach, misbelieving it was “family therapy” or that it would cause more conflict.

- Some social workers were initially reluctant to refer as they assumed the process would take considerable time, meaning an increase of time spent on each case, therefore an increase to workload/allocation.
- Some people who use services were initially reluctant to participate for many reasons, including the fact that they felt the situation may become worse (particularly where there was long-term family conflict), the situation couldn't be resolved or they were afraid to 'face' the person alleged to have caused harm.
- Where workers didn't refer they used a similar approach and variety of methods such as professional meetings and meetings with people who use services and their families, supporting families and individuals to openly discuss issues or raise issues.
- Workers who referred reported that the FGC was beneficial in managing complex situations and felt the approach was empowering and non-judgemental. A worker commented, “It reduced my workload as the coordinator met with the family and mediated between them although I was still involved.”
- The process highlighted that, with the involvement of other family members in the decision-making process, social workers were working holistically in a person-centred and inclusive way.
- The process is open and transparent; they felt this was a positive impact and meant an open forum equated to a better outcomes. People who use services could see that the social worker was reliable.

Overall social workers felt that the process had provided them with a positive additional resource. They felt the FGC process enabled them to spend time on certain safeguarding cases where they may not have ordinarily been able to. They also ensured that the person who uses services and (wider) family members were included in developing the safeguarding plan.

Social workers performance/casework is often measured by timescales. The participants at the workshops shared that they tended to rule out FGCs or restorative meetings as these methods of intervention were not suited to quick or emergency decision-making.

Therefore, during the workshops, we explored at what point the idea of an FGC or restorative meeting may be introduced to people who use services. We also discussed the types of cases that may benefit from these approaches. An example was the 'delayed approach' where an emergency decision is made to ensure the safety of the person at risk, and once the situation is stable, the FGC or restorative meeting is carried out to revisit the situation and to inform future decision-making.

Case example 1: the delayed FGC approach

We have had instances where social workers made enquiries, then decided to withdraw the referral.

One of the cases involved a married couple. Mrs Thompson* has a physical disability and mental health needs. She was admitted into hospital regarding her physical disability. When she was due for discharge her husband, Mr Thompson, stated that he did not want her to come home. He felt he could not manage and would not be open to discussion. Mrs Thompson desperately wanted to return home.

The social worker felt that a FGC in conjunction with a discharge planning meeting could be an opportunity for all involved to share their views and to work together to identify options and solutions.

Mrs Thompson was very keen for this happen as she felt that she and her husband had never “really talked honestly.” Initially Mr Thompson agreed to participate but then changed his mind. He could not and did not want to be part of the process and was adamant that his wife should not return home as “I can’t cope and I’m not sure what I will do if she comes home.”

Unfortunately, Mrs Thompson was placed in a temporary placement. Once the situation is stable the social worker is hopeful that an FGC can be used to revisit the situation and assist with decision-making.

The difference it has made for people who use services, carers and families

We aimed to improve the confidence and security of adults at risk and hoped that this approach could benefit people who had been unable to access services previously. It is recognised that the earlier on in the safeguarding process FGC is introduced, the better it is for improving outcomes. Therefore, we have found that the FGC approach is beneficial either around preventive work or as an intervention where safeguarding issues have already arisen.

Through the Discovery Interviews people who use services expressed how holding an FGC was positive for them. Here is a summary of what they said, with accompanying examples.

Choice and rights

People who use services felt that the FGC process gave them back control over the situation – they felt supported:

“Holding the FGC was a catalyst.... Everything went up in the air after the meeting, the meeting was chaos, everyone talking, but I said what I had to. It got worse, but it made me think what I wanted and I knew he had to leave.” (Mrs Chu)

Case example 2: Mrs Chu, age 88 (older person)

Living in her own home with her son David, who had moved back in with her two years previously, Mrs Chu reported that David was verbally and physically abusive towards her.

Mrs Chu said she felt that her son was taking over and controlling her life, and would like him to move out, but he refused. Mrs Chu also had another son, Bob, with whom she had had no contact for 18 months, partly due to the antagonism between the brothers, and it became apparent there had been complex family dynamics for many years.

Although the referral was made to try to resolve the relationship between Mrs Chu and David, Mrs Chu stated that she wanted to include Bob, and that her priority was to restore her relationship with him.

The coordinator did manage to persuade both Bob and David to attend, although this led to an extremely difficult initial meeting with a great deal of arguments and aggression between the brothers. The review meeting had to be cut short because of the continued disagreements, and the distress this caused to other family members.

Afterwards, however, Mrs Chu said that the meeting clarified for her the steps she needed to take to improve her situation. She was very happy with the outcome that enabled her to re-establish a good relationship with Bob, and eventually ensured that David moved out of her home.

Support for those who would not ordinarily meet the criteria for formal services

‘I didn’t know where to turn, I was so angry at her and with myself, with everyone. How could I have gotten into this situation where things are so bad I’m scared what I may do. She won’t listen, nobody will listen to me. I’m really ashamed of myself. Sometimes I think it’s better if she leaves and goes into a home where she can have proper care, but she’s my mum, I can’t throw her out ... now I know what buttons she presses I can deal with it ... differently.’

‘Her not being here all the time will help us both, to have a break from each other.... I’m sure that will help. I don’t know why we didn’t think of it before, I can’t believe it.’

'It won't be easy following this [the action/protection plan] we will have to try really hard.' (Mrs Peters)

Case example 3: Mrs Peters, age 59

Mrs Peters is in financial difficulties. Until a few years ago the family enjoyed a comfortable lifestyle. Her husband is no longer living with her and her father died 18 months ago following an illness. Her elderly mother, Mrs Smith, recently moved to live with her and her daughters.

Mrs Peters and Mrs Smith have been arguing, and the relationship between them is rapidly deteriorating. There is regular shouting and screaming. Mrs Peters said she has lashed out and pushed her mother.

The family were referred to social services for an assessment, and having been called to the home more than once, the police also contacted social services with concerns about the family.

Mrs Smith wants to continue to live with her daughter, but would like to be treated with respect and consideration. Mrs Peters fluctuates between wanting her mother to leave and wanting her to stay. She is afraid that due to the constant negative criticism from her mother, culminating with the arguments, she will harm her mother. She has spoken to her GP who, apart from offering medication, feels he was not supportive.

The social worker involved with undertaking an assessment of need was regularly contacted by Mrs Peters in desperation. The family did not meet the criteria for formal services; however, they were offered, and were open to participate in an FGC.

An FGC was offered to explore living arrangements and due to concerns that Mrs Peters may harm her mother. Many of the family's relationship issues were historic.

The FGC explored formal support for the family such as counselling, mediation and informal support. A niece of Mrs Smith offered to provide regular planned overnight respite, and to provide some day time support around social activities.

Maintaining family and professional relationships

Rosie was not able to manage her finances; however, she did have capacity to choose how she wanted this situation to proceed. The most important thing for her was to regain access to her money and to maintain contact with her brother.

Case example 4: Mike and Rosie

Mike is the brother of a young woman with a learning disability, Rosie. Mike is alleged to have financially abused his sister. He had transferred monies from her account to his own and had then opened up a separate account in his name. Rosie did not wish to involve the police; she did not want him to be charged and felt she was unable to confront him as she felt he would not want to see her anymore, and she wanted to continue to have a relationship with him.

Therefore the social worker, Rosie, her support worker and an advocate met and explored how Rosie felt and what she wanted to do. What outcome did she want? The advocate wrote this down and Rosie signed it. A restorative meeting was convened. The social worker and advocate met with Mike. They explained to him how Rosie felt and what her wishes were.

Mike was in denial. He said he was keeping his sister's money safe as he felt she was unable to do this. Mike agreed to return all the monies and continued to have contact with his sister.

Rosie's support worker facilitated the first contact. The social worker assessed Rosie's capacity to manage her finances. The outcome was that she was unable to manage. Therefore the social worker referred Rosie for appointeeship to minimise the risk of reoccurrence. The process went at a pace that was comfortable for Rosie. She was able to understand the purpose of a restorative meeting and gave her consent. Professionals followed Rosie's wishes and involved her in each step.

It was important for Rosie to maintain contact with her brother and as the support worker was not involved in challenging Mike, this meant their professional relationship remained amicable, which was also important for Rosie.

Empowerment, flexibility and proceeding at the 'pace' of the individual

'The conference meeting was very hard.... I don't know what I feel.... I couldn't say anything (before) because she would have a real go at me after. It feels painful, when you can't open up and tell people it hurts and I get so stressed.'

'Since the meeting I have started to open up because everyone knows now, I tell people when they ask me. I think the plan is good, very good. They listened to me and did it my way.... I feel better knowing that things will happen and their going to do it my way, it's important.' (Ms Dart)

Case example 5: Ms Dart, age 58 (physical disability)

There were reported concerns about her treatment by a personal assistant, Mary, whom Ms Dart had employed for many years. Ms Dart reported verbal abuse, neglect and possible financial abuse. Ms Dart refused to confront Mary or allow anyone else to do so, on her behalf. She was very reluctant to involve anyone else, and appeared frightened of the consequences of any intervention.

Ms Dart was explicit that she did not want a different care worker, but it was made clear to her that unless improvements were made, the matter was serious enough for it to be passed to the police for possible prosecution.

Ms Dart agreed to have a meeting to discuss the issues and possible solutions, and also to have family members informed and invited. She was adamant that Mary should not be told about the meeting or the concerns raised with her at that stage. Ms Dart believed that her family would be reluctant to get involved, but they did agree to attend the meeting and proved supportive.

It was agreed at the meeting that some action must be taken to ensure improvement to Ms Dart's situation, and she agreed that the social worker could approach Mary to try to establish a new routine, which would be closely monitored. At the review it became apparent that Mary would not or could not change her ways, and Ms Dart agreed to further action being taken to ensure her safety and wellbeing.

This was an extremely difficult case as Ms Dart had full mental capacity to make decisions about who to employ, and had the right to choose to remain in a situation that left her at risk of abuse. Previously she had adamantly refused all interventions, and it took a great deal of time, support and patience before she felt confident enough to proceed.

Ultimately, although it proved impossible to preserve any relationship between Ms Dart and Mary, the outcome did ensure a great improvement in her situation, without imposing any action against her wishes.

Case example 6: Miss Ball, age 38 (learning difficulty)

Miss Ball was living in her own flat with support, but expressed concerns that family members had taken over control of her finances, just giving her 'pocket money'. Miss Ball wanted to regain control and felt that with support she was capable of managing. Family members were reluctant to discuss the matter, and on the evening before the FGC, attempted to prevent the meeting taking place, saying that none of the family would be there, and instructing Miss Ball not to attend.

However, Miss Ball decided that she wanted to go ahead as she said it was her meeting and she felt she did not need her family's permission or approval. The meeting went ahead in line with her wishes (with an altered format), and Miss Ball stated afterwards that she was pleased she had stood up for herself and was very happy with the resulting plan.

Although this case did not have a restorative outcome on the family relationships, it did empower Miss Ball to make her own decisions, and to choose how she wanted to be supported.

Cost-effective and better outcomes

Case example 7: Alain

Alain is a young man with a learning disability. He was living at home with his mother and her new partner. A safeguarding alert was raised alleging physical abuse by his mother's partner. The family were pulled apart by the allegation coupled with his mother's plan to continue with her plans to marry her partner. It was agreed that Alain would temporarily stay with his paternal aunt in another borough while the allegation was investigated.

His mother admitted that relationships were getting more and more difficult, but wanted her son to return, or at least maintain contact with her, and Alain wanted to still have contact with his mother.

An FGC was arranged to explore living options with Alain and to restore his relationship with his mother. The FGC included several extended family members who had previously been unknown to the social worker. His maternal uncle had declined the invitation, and then decided to attend the FGC at the last moment. He played a major role in pulling together the plan. Alain chose to be supported at the FGC by his college tutor.

Although a definitive decision about where Alain wanted to live was not made at the meeting, plans were agreed to support him to explore all options so that he could make an informed choice about what would be best for him.

His aunt said she would love to have Alain live with her but was concerned about housing issues and needed support. This would mean that if Alain remained with her, he would be unable to continue at his college where he was doing well.

The college tutor provided support with exploring and securing a place at a local college.

The social worker arranged a transfer to the other local authority. As part of the referral the social worker provided referrals and support with housing options and social care.

In addition the wider family agreed a comprehensive and long-term programme of support and contact, including taking Alain to visit his father and other paternal family who lived abroad. His uncle said he would monitor contact with his mother.

Another alternative was for Alain to be placed in residential or supported living scheme this would have cost approximately £1,200 per week. Due to the FGC this was not necessary.

Alain is currently enjoying a holiday in South America with his aunt, to visit his paternal family: he returns later in March.

Cost comparison (approximate)

- Average base cost of a Daybreak FGC £1,100 for the social work pilot (£650 coordinator costs per initial meeting and average £350 per review meeting not including expenses and not including safeguarding team or social worker's input).
- Average cost of learning disability residential placement £1,200 per week.
- Average cost of elderly residential placement £640 per week.
- Average cost of care package for an older person (two home visits each day) £110 per week.

One successful FGC, where alternative living arrangements are being discussed resulting in a person who uses services being supported to remain within the community, could mean significant financial savings.

Investment and sustainability

The adult FGC pilot is currently being funded by SCIE SWPPP, resourced and managed in the safeguarding adults team, with referrals being delivered by Daybreak. The role of the safeguarding adults team has been to provide support, advice and information to social workers and their managers, to discuss cases and their appropriateness for the FGC service, to provide administrative duties, keep records and commission the services of Daybreak. This had had an effect on resource management.

Although the aim of the project had been to improve outcomes for people who use services, we also needed to examine the cost of delivering this option and if there were any potential short-term or long-term savings that would promote sustainability.

While we had explored reducing need and costs as an outcome, we realised that, initially at least, FGC may not necessarily provide 'cheaper' (in terms of time or finance), immediate or quicker long-term solutions. However, with an initial investment of resources (social work time) we hope that the FGC process will:

- enable the social worker to work more collaboratively with people who use services and their families when developing safeguarding plans;
- enable the adult to maintain their independence, take control of the situation and their lives with support from others;
- identify alternative options and resources within the family and local community;

- possibly lead to less safeguarding re-referrals as families become confident in resolving conflict among themselves.

As we have demonstrated, a successful FGC can bring positive outcomes for the individuals involved, and financial savings for the department.

Conclusion

In conclusion, Royal Greenwich has a successful FGC service and a separate restorative approach coordinator based within children's services. It is likely that referrals to the adult FGC service would not initially be great in number; it would therefore seem practical to work in partnership and develop greater links with existing in-house services in order to sustain this project. It is intended that all social workers would refer direct to the respective (FGC and restorative approach) services that are also able to provide awareness raising and follow on training directly to social workers and their managers.

* Throughout this report, all names and some details have been changed to preserve anonymity.

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Appendix 1: Example of an action plan



Composite case example only

Daybreak Family Group Conference

for

Mary and John Jones

Date of birth: 12/02/34; 12/02/32

Ref: R/RGR/01/01

Held on: Monday 1 June 2012

Venue: The Church Hall, High St, London

Present	Role/relationship	Contact numbers
Mary Jones John Jones Paul Jones Marie Smith David Smith Susie Smith Bobbie Brown Elsie Green Joe Bloggs Doris Morris Liz Bell Ann Plum	Son Daughter Son-in-law Grand-daughter Family friend Social worker (referrer) Police Care agency Advocate/supporter for Mary and John FGC coordinator	xxxxx
Also invited – did not attend		
Sam Blue Peter Black	Cousin GP (written report provided)	xxx

Reasons for the referral

A safeguarding alert was received for Mr and Mrs Jones, due to a reported incident involving their son Paul who was living with them at the time. Paul is currently on bail pending a decision re. prosecution. Mr and Mrs Jones want to maintain a relationship and contact with their son, but need extra support now that he is no longer living with them.

Questions for the meeting

- How can Mary and John maintain contact with Paul, but be protected from abusive situations?
- What practical support does Mary and John want/need, and who can provide this?
- What support would Paul like to help him to address his problems?

The family were asked to consider the following points when developing their plan

Paul has bail conditions that he must not live at or visit Mary and Jim's home.

Paul is due in court on 16 August.

Family action plan

	Action	By whom?	By when?
1.	Paul will remain living with Marie and David in the short term, but will look urgently to find his own flat. He agrees he will move out before they go on holiday at the end of August	Paul	a.s.a.p before end of August
2.	Bobbie will take Mary and John to visit the local day centre to see if they would like to go one day per week. Elsie will make the arrangements for the visit	Elsie Bobbie	Within two weeks
3.	Susie will visit Mary and John on her way home from work each week night around 5pm	Susie	To start immediately
4.	Elsie will contact Dr Black to request a mental health assessment for Mary and will also inform Marie when this will take place so that she can accompany her mother	Elsie Marie	Before the review meeting
5.	Doris will arrange for the care agency to also provide an evening visit daily at around 8pm	Doris	To start by 30 June
6.	Paul will make an appointment to see Dr Black and ask to be referred for help with his drinking	Paul	Within seven days

Any other comments or information that the family wish to be recorded

The family are all committed to ensuring the welfare and safety of Mary and John, but also care about Paul and wish to support him. However, they recognise he must be willing to accept help.

The plan will be monitored by

Elsie Green (Tel: 4444444444) and Marie Smith (Tel: 333333333333)

If anyone has any concerns before the review they should contact the referrer (Elsie Green) or the FGC coordinator

A review meeting has been agreed for: **Monday 12 September @ 2.00pm**

I believe that this is a true record of the decisions and plans made by the family. If anyone has any queries please contact me on

Signed:

Date:

Ann Plum

Family Group Conference Coordinator

Appendix 2: Assumptions questionnaire

Assumptions questionnaire results, 5, 14 and 18 February 2013

Note: Social workers chose from 'Strongly disagree', 'Disagree', 'Agree' and 'Strongly agree'

2012	14 Feb 2013	18 Feb 2013	
Neutral	Mixed	Agree	The people who get most passionate about a particular case of abuse are the relatives.
Neutral	Mixed	Agree	The people who get most passionate about a particular case of abuse are the local community.
Neutral	Agree	Mixed	The people who have the most investment in protecting the vulnerable adult are the family and relatives.
Neutral	Strongly agree	Strongly agree	The people who understand the family structure and how decisions get made are the members of the family.
Agree	Total strongly agree	Total strongly agree	Human beings are happier, more cooperative, more productive and more likely to make positive changes in their behaviour/lives when those in positions of authority do things <i>with</i> them, rather than <i>to</i> them or <i>for</i> them.
Agree	Agree	Strongly agree	Families hold information that professionals can never access.
Agree	Agree	Agree	The law is not the best way of making people work together for the welfare of others.
Agree	Strongly agree	Strongly agree	There are some members of a family whose views are respected by other family members, but this may not be obvious to professionals.
Agree	Strongly agree	Strongly agree	There are myths, stories, legends and secrets within families that professionals may never know about.
Agree	Agree	Strongly agree	Families make decisions behind closed doors regardless of what professionals may or may not do.

Agree	Strongly agree	Strongly agree	Enabling people to communicate their feelings to others can resolve a difficult situation and avoid total family/community breakdown.
Disagree	Disagree	Strongly disagree	Professionals should not be seen to be supporting vulnerable adults to take risks.
Agree	Agree	Strongly agree	Restorative practice can enable people to realise how their behaviour has affected others.
Agree	Agree	Agree	The most critical function of restorative practice is restoring and building relationships.
Agree	Strongly agree	Strongly agree	All adults at risk should have a level of independence.
Disagree	Mixed	Mixed	If two parties are in disagreement it can be impossible to find a compromise or resolution.
Strongly disagree/ agree	Agree	Disagree	There are some families who are too dysfunctional to be able to formulate or adhere to a plan.

Appendix 3: Example of Discovery Interview

Safeguarding Adults, Discovery Interview for Daybreak Project, Family Group Conferences (FGC)

Introduction

These questions focus on the service that you received from the Royal Borough of Greenwich.

Any information gained in this questionnaire will be kept private and confidential. The only exception to this would be if you wish to follow up any actions with your care manager or if you have any further concerns.

Date

Name/surname

Framework I/RIO

Q1. Were you told a safeguarding investigation is being undertaken?

Yes

No

Q2. Did you feel your views and wishes were responded to appropriately?

Yes

No

If No, please explain

Q3a. Were you asked if you needed support?

Yes No

Q3b. Was this support available from someone of your choice?

Yes No

Please give details

Q4. Were you given advice and information about how the team would support you?

Yes No

Please give details

Q5. Were the police involved?

Yes No

If Yes, did you feel the police handled the case well/sensitively?

Yes No

Q6a. Were you invited to attend the Family Group Conference/case conference?

Yes No

Q6b. Did you attend?

Yes No

If Yes, please tick the appropriate box

At the Family Group Conference/ case conference:	Yes	No	Not sure
--	-----	----	----------

I was able to give my views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I had help from a relative/friend or advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

I understood what was decided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------	--------------------------	--------------------------	--------------------------

Q7. Overall, how satisfied were you with how you were listened to and involved throughout the process?

- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied

If you were dissatisfied, why was this?

Q8. How do you feel the Family Group Conference went?

- It went well, it was a helpful meeting

It went okay, not as helpful as I wished

It did not go well

Q9. Did you or your family get any feedback from the meetings?

Yes

No

Not sure

Q10a. Were you involved in making the safeguarding action plan?

Yes

No

Q10b. Did you receive a copy of the safeguarding action plan?

Yes

No

Q11. How did you feel about the plan?

Good, I thought it was going to help

I was not sure it was going to help

Other, please explain

Q12. Overall, do you feel that things have improved for you now?

- Things have improved a lot
- Things have improved a little
- Have stayed about the same/not improved enough
- No, the situation still exists

If things have not improved, please give details

Q13. Do you now feel safer?

- Yes No Not sure

Q14. How are things now?

	Agree	Neither agree nor disagree	Disagree
I am treated with dignity and respect from those around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those who care for me take my views and wishes into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to contact if I don't feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be confident contacting this person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Would you like further support in relation to the safeguarding process?

Yes

No

Q16. Do you wish to make any further comments? Anything that you write will not be passed directly to those concerned/involved in providing your care or will be passed on anonymously.

Thank you for your time and participation

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