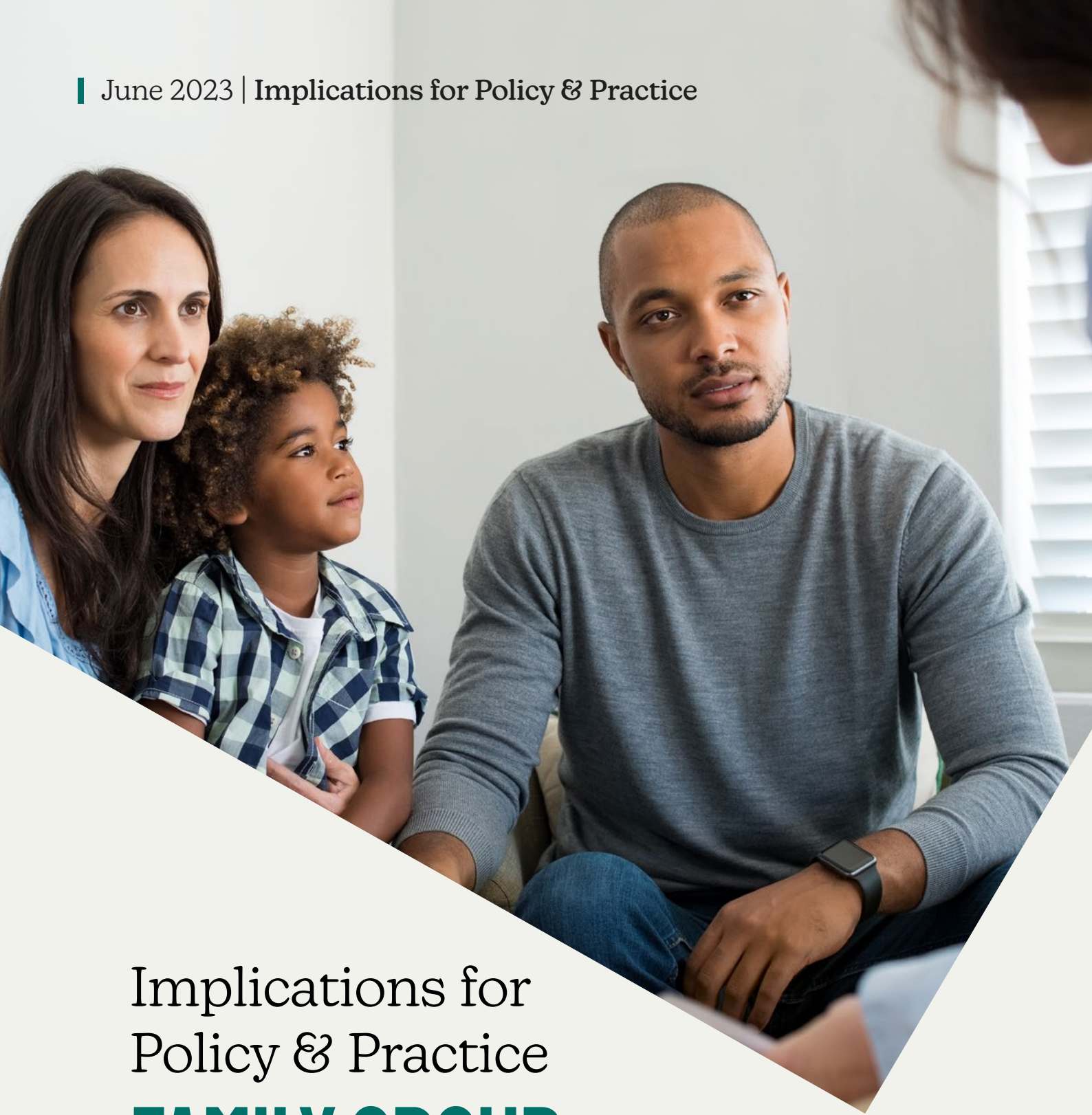


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Implications for
Policy & Practice
**FAMILY GROUP
CONFERENCES**

Foundations

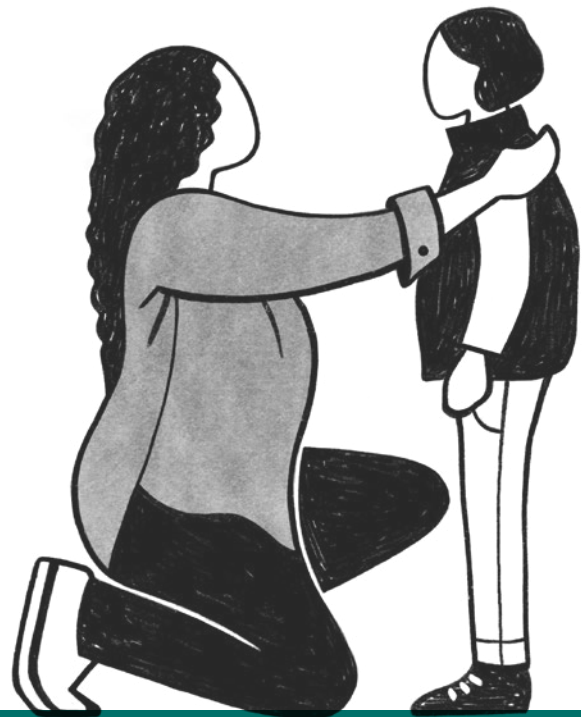
What Works Centre for Children & Families

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FAMILY GROUP CONFERENCES: AN EVIDENCE-BASED APPROACH TO KEEPING FAMILIES TOGETHER

Family group conferences at pre-proceedings stage can keep children out of care: findings from a large-scale impact evaluation and recommendations for policy and practice.

Family group conferences (FGCs) are meetings led by family members where family, friends and networks meet in order to plan and make decisions for a child who is at risk. They are a way of involving families in decision-making and planning about how best to keep children safe and avoid the need for processes such as legal proceedings.



FGCs have long been recognised as an important way to meet the underpinning principle of the Children Act 1989 to balance the rights of children to express their views, the rights of parents to exercise their responsibilities, and the duty of the state to intervene when the child's welfare requires it. The use of the FGCs has spread worldwide since the 1980s yet, despite the strong support for and widespread use of FGC's,¹ the evidence for their effectiveness until now has been weak.

We worked with Coram to evaluate the impact that a referral for FGCs at pre-proceedings stage has on child outcomes, undertaking the first Randomised Controlled Trial (RCT) of family group conferences in England (funded by the Department for Education's Supporting Families: Investing in Practice programme). We found that children whose families were referred for a family group conference were less likely to go into care 12 months after the pre-proceedings letter was issued. Just over a third of children (36.2%) whose families were referred to an FGC were taken into care, compared to nearly half (44.8%) of children who were not referred. **If rolled out across England, this could mean over 2,000 fewer children going into care per year, saving over £150 million.**²

This study evaluated the introduction of FGCs at the pre-proceedings stage in 21 local authorities in England between 2020 and 2022.³ In addition to being the first ever RCT of FGCs in the UK, this was the largest RCT of FGCs in the world. Daybreak were commissioned to support the delivery of FGCs across the 21 local authorities. The evaluation involved over 2,500 children in approximately 1,500 families, half of the families (the 'intervention group') received a referral for an FGC, and half (the 'control group') received the local authority's usual services. Child outcomes between the two groups were then measured and compared. We also conducted an Implementation and Process Evaluation (IPE), looking at how FGCs were implemented and perceived by those involved, which found that there was high fidelity and high adherence to good standards of practice in the delivery of FGCs.

The findings from our RCT, IPE and cost-analysis provide the most robust evidence to date of the positive impact that FGCs at the pre-proceedings stage have for children and families in England. Full findings are reported here: <https://foundations.org.uk/our-work/family-group-conferencing>.

1 In England, 70% of local authorities were reported to be running an in-house or commissioned FGCs service for children in their area or were planning to do so (Family Rights Group, reported in [DfE 2020 Report](#))

2 This is an estimate calculated by Foundations based on the evaluation findings.

3 376 families with 694 children aged 0 to 17 years took part. Covid-19 meant that only 40% of FGCs were delivered in-person, with 41% delivered virtually, and 19% as hybrid virtual/in-person.

KEY FINDINGS

- **Children whose families were referred for an FGC were less likely to go into care** twelve months after the pre-proceedings letter was issued. Just over a third of children (36.2%) whose families were referred to a family group conference were taken into care, compared to 44.8% of children who were not referred.⁴
- The RCT found that **children referred for family group conferences were less likely to go to court** for decisions about their care. At the end of the study, 59% of children referred for family group conferences had care proceedings issued, compared to 72% of children who were not referred.
- The RCT found that **children referred for family group conferences spent less time in care**. Six months after the pre-proceedings letter, children whose families had been referred for family group conferences, and subsequently went into care, had spent an average of 87 days in care, compared to 115 days for children who were not referred.
- **Practitioners were positive about their experience**. Over three quarters (76%) of local authorities thought family group conferences at pre-proceedings stage had made a difference to how they work with families. However, we were unable to gather sufficient data to assess parents' perceptions of their involvement in family group conferences.
- The cost-analysis found that, despite higher-than-expected costs due to several factors including COVID, **family group conferences are cost-effective**, with a saving of £960 per child referred in the first year.

⁴ Though the study's authors believe it's likely that FGC likewise improves outcomes at the 18-month period, there was no detectable difference within this evaluation; more research is needed to determine if this is due to the limits of a small sample size (as the researchers suspect), or whether this is reflective of a genuine lack of impact long-term.

Pre-proceedings are entered into when a local authority has concerns about the care of a child. The purpose is to ensure all possible steps have been taken to avoid the need for care proceedings. A letter is sent to the parents or adults with parental responsibility, saying the local authority will seek to take the child(ren) into care if changes are not made. The parents are invited to a meeting to agree a plan to change how they look after their child(ren) and discuss what support is needed. If positive changes are made, care proceedings are avoided. If not, the local authority will issue care proceedings, and may ask the court to take the child(ren) into care.

Family group conference model. The model of family group conferencing used in this evaluation is similar to that used in other local authorities, with six key stages: referral, preparation, the meeting, acceptance/rejection of the plan, implementation of the plan, and review of the plan. The FGC itself is relatively short, lasting around three hours and usually taking place in a neutral location.

Randomised controlled trials. RCTs are an evaluation method where people are randomly assigned to programmes or service-as-usual. Done well, RCTs are more able than other kinds of evaluation to say whether programmes, rather than other factors, are the cause of outcomes. This means we can be more confident about whether an intervention is making a difference for children and families.

Child outcomes. The specific child outcomes measured and compared in this evaluation were:

- whether children became looked-after
- whether court proceedings were issued
- time the children spent in care
- whether children's living arrangements remained the same or changed
- how inclusive their birth parents perceived their interactions with their local authority to be

KEY MESSAGES FOR POLICY AND PRACTICE

- **The use of family group conference at pre-proceedings stage can keep children with their families and out of care:** 12 months after the family group conference, children were less likely to go to court, less likely to go into care, and to spend less time in care when they became looked after.
- **Family group conferences can save public money:** This study found family group conferences to be cost effective, despite higher-than-expected costs due to COVID-19, with a saving of £960 per child referred in the first year. This is likely to be an underestimate because the costs in this study were higher than normal.⁵ **We estimate that if family group conferences were to be rolled out across England, 2,293 fewer children would go into care in a 12-month period, which would save over £150 million within two years.**
- **We should be using family group conferences in more local areas:** We know that family group conferences are a cost-effective intervention which can keep children out of care, therefore local authorities should introduce family group conferences at pre-proceedings stage, where they are not currently doing so.
- **High-quality delivery of family group conferences is central to their effectiveness:** Implementation quality must be maintained if the effects seen in this study are to be replicated.
- **Family group conferences should be accompanied by a range of other effective support to keep children safe in the long-term:** Family group conferences are unlikely to be a sufficient intervention to keep children safe on their own and should be provided alongside ongoing high-quality support which meets the needs of the child and family.
- **There is a need to undertake further research into the effectiveness of FGCs at different points in the children's social care system,** for example as part of targeted early help, or support provided for a child in need.

⁵ This was because of the impact of Covid, initial start-up costs and the study design.

WHAT DO THE FINDINGS MEAN?

This study provides, for the first time, high-quality causal evidence that the use of FGCs at the pre-proceeding stage can keep children with their families and out of care. FGCs also demonstrate good value for money. This creates a compelling case for local authorities to introduce FGCs at pre-proceedings stage where they are not currently doing so.

Our view is that activities which are widely used and promoted in policy should be evaluated for impact. This is a landmark evaluation both because of the information it provides about the impact of FGCs, and because it shows that it is possible to evaluate impact using robust methods in children's social care. Although RCTs are common in other fields, this is a relatively new approach in children's social care. This evaluation demonstrates that RCTs can be used in children's social care research and paves the way for future research of this kind to strengthen our knowledge about what works to improve child outcomes in this sector. Rigorous evaluation about the impact of children's social care interventions is vital for making the case to local and national government for interventions that are most likely to make the most differences, such as FGCs, and, ultimately, for improving children's outcomes.

This study also demonstrates that rigorous evaluation is possible using ethical methods. A frequent objection to the use of control groups in evaluations are the concerns that some children and families could miss out on support. This study evaluated the introduction of FGCs at pre-proceedings stage in areas that were not previously offering FGCs at this stage through funding delivery of FGCs. This means more families were offered family group conferencing because of the trial.

Despite statutory guidance recommending the use of family group conferencing since 2014, too often FGCs are not provided or happen too late to divert children away from the care system, as highlighted in the Independent Review of Children's Social Care. We welcome the Department for Education's recent commitment to test how best to implement family group decision making through their £45m 'Families First for Children' pathfinder, as announced in the Children's Social Care Implementation Strategy, ['Stable Homes, Built on Love'](#).

Going forward, the Department for Education should consider how they might incentivise and enable delivery of high-quality family group conferencing at pre-proceedings stage in every local area and track its use. Despite wide availability, uptake of FGCs is patchy. This evidence demonstrates the potential impact of rolling out FGCs across England, so that families have an entitlement to an FGC at pre-proceedings. Policy makers and inspectors should consider how best to use the tools they have to make this happen. As part of this, it will be important to consider how to maintain standards as use is scaled up so that effectiveness is maintained.



CONCLUSION

There is a statutory duty to ensure every effort is made to enable a child to remain safely within the family network before beginning care proceedings, and that family members are sought to care for children who cannot remain at home. This study provides causal evidence that the use of FGCs at the pre-proceeding stages is a cost-effective intervention which can achieve this aim: keeping children with their families, and out of care. There is an argument that families have a right to an FGC before entering court proceedings.

Improving outcomes and making this system more accountable to children and families means acting decisively on high-quality evidence of what works. Foundations will focus our efforts on increasing the availability of high-quality FGCs at pre-proceeding stage as part of our new strategy.

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