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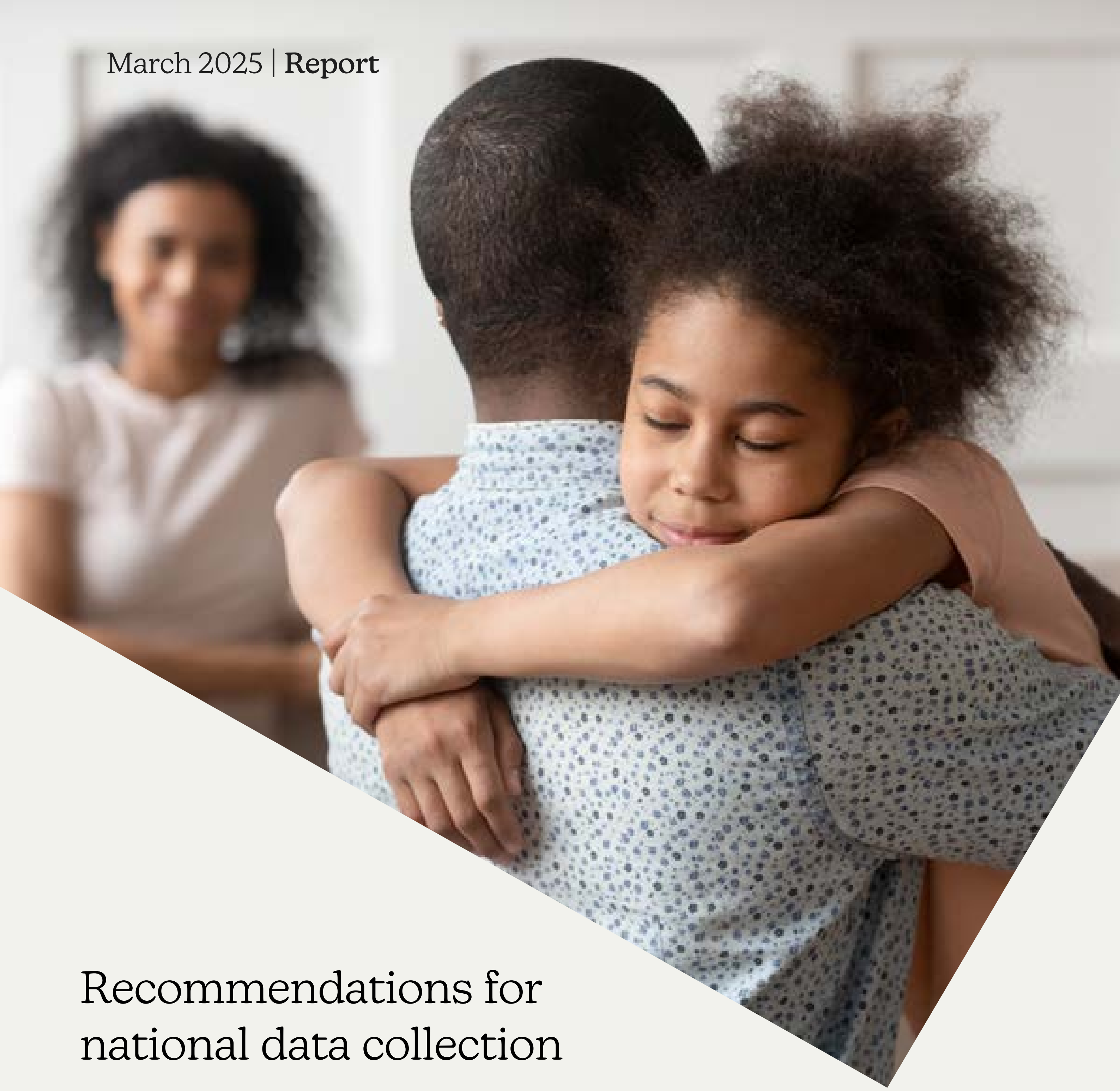

Recommendations for national data collection

EXPLORING LOCAL AUTHORITY DATA & MONITORING OF FAMILY GROUP CONFERENCES

Foundations
What Works Centre for Children & Families

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Acknowledgments

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Funding and competing interests

Foundations provided funding to Coram, working with Family Rights Group, Daybreak, and Data to Insight to explore local authority FGC data collection and recommend options for a national FGC data collection. Foundations is funded by the Department for Education, England.

About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

About the project partners

- **Coram**, established as the Foundling Hospital in 1739, Coram is today a vibrant charity group of specialist organisations, supporting hundreds of thousands of children, young people, and families every year. We champion children's rights and wellbeing, making lives better through legal support, advocacy, adoption, and our range of therapeutic, educational, and cultural programmes.
- **Family Rights Group (FRG)** is a national charity working to ensure children can live safely in their family, and children in the care system have loving relationships they can turn to throughout life. The charity is the leading authority on FGCs in the UK having introduced the approach into the UK in the 1990s. The charity hosts the national FGC Network and runs a quality accreditation scheme for FGC services.
- **Daybreak** is the biggest charity specialising in the provision of FGC, with almost 25 years of delivering FGCs for over 15 different local authorities during this time. Daybreak now

utilises a range of solution-focused approaches and believe in a world where families and communities work together to make decisions and solve problems affecting their lives.

- **Data to Insight** (D2I) is the sector-led service for LA children's data professionals. Led by local authorities, and supported by ADCS, DfE, DLUHC, and Ofsted, D2I works to make better use of data in children's services.

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EXECUTIVE SUMMARY

Introduction

A Family Group Conference (FGC) is a family-led decision-making approach used in children's social care in the UK and internationally. It involves a family-led meeting in which the family network (family members, friends and practitioners who know the family) come together to make a plan for a child where there is concern for their wellbeing or safety. FGCs are widely used in England and there is a growing evidence base for their effectiveness, particularly at the pre-proceeding stage in the UK; however, there is currently no routinely collected data on the extent to which FGCs are offered and taken up by families. Local authorities do not have a standardised system or approach for capturing FGC data and there are various systems and methods for collecting data across children's services. Without a method for collecting data on the use of FGCs, it is not possible to know at a national level which families are being offered FGCs, which families accept, and what their outcomes are.

The key aims of the project were:

1. To understand what data local authorities currently collect on FGCs at pre-proceeding stage specifically, and at other stages where relevant, and what data and monitoring systems they use.
2. To develop recommendations for how data could be routinely collected on family access to FGCs at pre-proceedings (which should cover **how** as well as **who** should do this).

The project's key lines of inquiry were:

1. What does current practice in local authorities look like regarding the recording and reporting of information on FGCs?
2. What are the barriers and enablers for local authorities to collect and report on FGC data?
3. What are the mechanisms, barriers, and enablers to introducing a standardised, routine national data collection from local authorities on FGCs?

Methods

The project took a mixed-methods, multi-disciplinary approach to answer the key lines of enquiry and develop a list of options for a national data collection on FGCs. The methods included: an assessment of previous work on FGC data collection; two parent-carer panel discussions; interviews with staff from 10 local authorities; and in-depth site visits with three local authorities to explore how they recorded and reported on FGCs. In total, we spoke to 58 professionals, including FGC service managers, business and administration support, heads of services, business and data analysts, and FGC coordinators. We also held interviews with FGC providers, national stakeholders, and academics. An assessment of other relevant data collections supported the development of options for national data collection. Consultation workshops were held with local authorities who validated the emerging findings and co-developed recommendations and options for a national data collection.

Key findings

Local authorities **recorded** a range of data on FGCs including: referral information; information used to plan an FGC; information on the conference meetings and reviews (including attendance); the FGC plans and review plans themselves; as well as information from families and professionals at closure and after the FGC, including feedback and views on outcomes. Data was recorded using a range of different methods including children's services case management systems (CMS) and local authority internal recording systems and spreadsheets. Many services had an FGC 'pathway' on their CMS which is used to record and manage information on FGCs. Almost all FGC services also used spreadsheets to record some form of FGC data. There was substantial variation in the quality of FGC data and in data quality assurance processes.

For most FGC services, data **reporting** focused on workflows and outputs of FGCs, such as the number of referrals and conversion rates (the proportion of accepted referrals which ultimately result in an FGC taking place). Some services reported on feedback and satisfaction with the FGC from families, children and young people, and professionals. A small number were able to report on outcomes after FGC (for example whether a child was placed into care subsequent to an FGC) but were not able to show attribution. The frequency of reporting also varied. Most FGC services were part of regular reporting within the FGC service or the local authority more generally, on a quarterly or annual basis for instance.

Overall, local authorities were supportive of the introduction of a national standardised, routine data collection on FGCs. Many felt that it could promote FGCs within their local authority as well as nationally, possibly creating more support and leveraging funding. FGC services generally wanted a national data collection on FGCs to provide benchmarking data. However, there were a number of concerns from some FGC services which could be seen as barriers to a national data collection. These are explored in the Key findings section.

Options for routine data collection

Options for a routine, national standardised data collection on FGCs were developed.

Option 1: Voluntary, standalone collection of aggregated local authority-level FGC data

The purpose of this option would be to:

- Test whether local authorities can provide local authority-level aggregated data on FGCs.
- Provide high-level data on FGCs at a national, regional, and local level for policymakers, local authorities, and other stakeholders.
- Generate buy-in to national data collection across the sector.

- Provide a robust baseline of FGC provision which could then be used to develop more detailed data collection in the future.

Option 2: Voluntary standalone collection of child-level FGC data from local authorities

The purpose of this option would be to:

- To test whether local authorities can voluntarily provide individual child-level data on FGCs.
- To provide a comprehensive dataset on children who have received (or been offered) an FGC for national policymakers, local authorities, and other stakeholders.

Collecting individual child-level data would provide a comprehensive national dataset on children involved in FGCs which could be used to analyse factors which influence access, engagement, and possibly outcomes.

Option 3: Collection of child-level FGC data from local authorities through an existing national data collection

This option would utilise a robust, existing method for collecting data such as the Child in Need (CiN) Census or Adoption and Special Guardianship (ASG) data collection. It would also provide a comprehensive national dataset on children which could be linked to other data to look at factors which influence access, engagement, and outcomes of FGCs at a child, local authority, regional, and national level.

Recommendations

The following features and processes for a national FGC data collection are recommended:

- Co-develop the data collection with the sector
- Allow time to test and pilot the new data collection
- Minimise burden on local authorities, by only collecting data which will be useful to the sector and used to inform local, regional, and national policy and practice
- Provide a data collection template and accompanying guidance
- Account for variation in FGCs
- Ensure data is submitted and held securely in line with UK GDPR
- Maximise usefulness to the sector, by providing tools to analyse the data for benchmarking purposes locally, regionally, and nationally
- Provide transformation funding to develop a national data collection
- Gain approval from the DfE's Star Chamber (relevant only to Option 3).

We recommend a phased approach to the creation of a national FGC data collection, beginning with the co-design and then collection of an aggregated local authority-level survey (Option 1). This would be used to support the co-design and then implementation of a national child-level data collection, either as a voluntary standalone collection or as part of an existing national data collection (Option 2 or 3).

Finally, it is recommended that the collection of FGC data is built into national reporting mechanisms such as Children's Social Care Dashboard, and local authority benchmarking such as the Local Authority Interactive Tool (LAIT).

INTRODUCTION

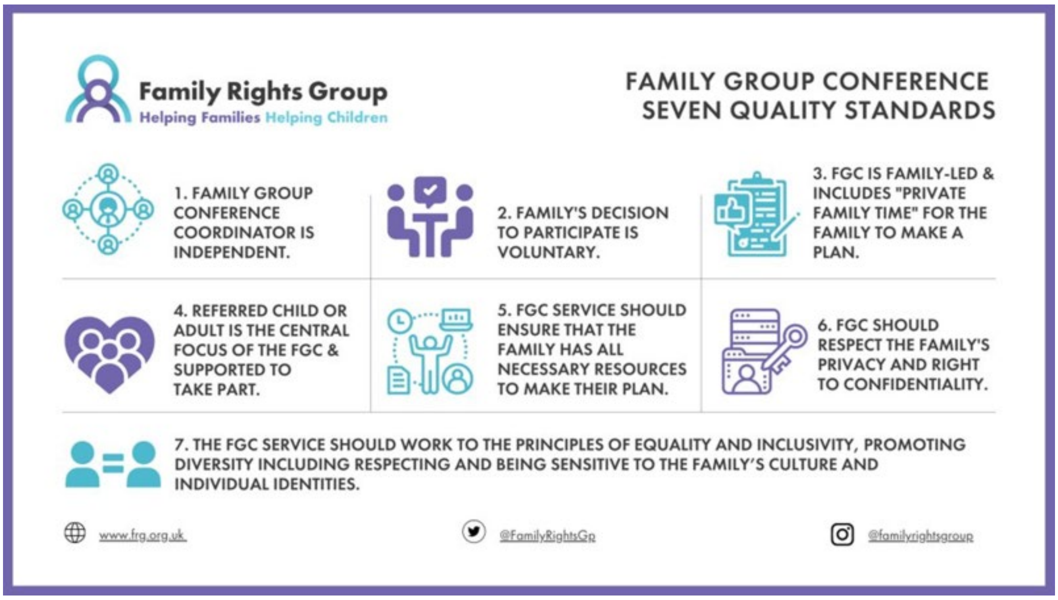
This section sets out the background and context for the report. It explains what Family Group Conferences (FGCs) are, the current evidence base for their effectiveness, and the rationale for the project.

Project background and context

What is a Family Group Conference?

An FGC is a family-led decision-making approach used in children's social care in the UK and internationally. It involves a family-led meeting in which the family network (family members and friends) come together to make a plan for a child where there is concern for their wellbeing or safety. It is a voluntary process which allows a family and their network to draw on their strengths and resources to make a safe plan for a child/ren.[1]

Figure 1. Family Rights Group – Family Group Conference: Seven quality standards (go to accessibility text)



Family Rights Group
Helping Families Helping Children

FAMILY GROUP CONFERENCE
SEVEN QUALITY STANDARDS

1. FAMILY GROUP CONFERENCE COORDINATOR IS INDEPENDENT.
2. FAMILY'S DECISION TO PARTICIPATE IS VOLUNTARY.
3. FGC IS FAMILY-LED & INCLUDES "PRIVATE FAMILY TIME" FOR THE FAMILY TO MAKE A PLAN.
4. REFERRED CHILD OR ADULT IS THE CENTRAL FOCUS OF THE FGC & SUPPORTED TO TAKE PART.
5. FGC SERVICE SHOULD ENSURE THAT THE FAMILY HAS ALL NECESSARY RESOURCES TO MAKE THEIR PLAN.
6. FGC SHOULD RESPECT THE FAMILY'S PRIVACY AND RIGHT TO CONFIDENTIALITY.
7. THE FGC SERVICE SHOULD WORK TO THE PRINCIPLES OF EQUALITY AND INCLUSIVITY, PROMOTING DIVERSITY INCLUDING RESPECTING AND BEING SENSITIVE TO THE FAMILY'S CULTURE AND INDIVIDUAL IDENTITIES.

www.frg.org.uk
@FamilyRightsGp
@familyrightsgroup

A key principle of the FGC process is that the family are experts about their own circumstances and the process aims to ensure that they are the key decision-makers. An independent FGC coordinator

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[1] See: https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/

supports the process and helps the family prepare for the FGC. The coordinator undertakes exploration work to understand the family, friends, and community networks and support the family to understand the concerns of the referring agencies. The FGC coordinator works to ensure the child or young person's voice, wishes, and feelings are central to the process at all times. Children are usually involved in their own FGC and are often supported by an advocate or support person. The FGC itself includes private family time, which is when the family network makes a plan with and for the child. The plan draws upon the family's strengths, as well as agency and family resources.

In the UK, FGCs are used in many areas of the child welfare system, including early help and preventative services, when there are safeguarding concerns, with children in care and care-experienced children, and at the pre-proceedings stage, when local authorities consider applying to the Family Court to remove the child to protect them from significant harm or the risk of significant harm from their parent. FGCs are hypothesised to improve outcomes through several mechanisms, which include quicker processes, clearer information, more power-sharing with the family, building upon insights of the family, drawing upon resources/support of wider family, and greater trust between families and professionals (Taylor et al., 2023). There are typically five stages of an FGC: the referral; preparation; the conference; implementation of the plan; and review of the plan.[2]

What is the current policy on FGCs and their use?

In late 2024, the Department for Education (DfE) published the Command Paper *Keeping Children Safe, Helping Families Thrive*, in which they outlined their intention to mandate an offer of Family Group Decision Making (FGDM) – of which FGCs are a specific model – at the pre-proceedings stage in every local authority area. The *Children's Wellbeing and Schools Bill*, which was introduced in the House of Commons on 17 December 2024, is the vehicle for this reform.

Previously, the legal framework in England and Wales did not include a specific duty on local authorities to offer an FGC at a particular stage of work with a family. However, statutory guidance,[3] which local authorities are required to act in accordance with, promotes their use as a particularly important method of engaging the family network early on. This is included within the Kinship Care *Guidance* (2024) and the *Court Orders and Pre-Proceedings guidance* (2014). In addition, statutory guidance *Working Together* (2023) was updated to further promote the use of FGCs in local authorities to protect and promote the welfare of children. *Working Together* was strengthened to ensure more consistency across local authorities in this area and encourage earlier engagement with family networks following the previous government's consultation response: *Stable Homes, Built on Love*. This report was in response to the Independent Review of Children's

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[2] For more information, see Family Rights Group: https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/

[3] This includes *Family and friends care: Statutory guidance for local authorities* (DfE, 2011) [at paragraphs 4.34 – 4.35 and 4.37]; and *Court orders and pre-proceedings for local authorities* (DfE, 2014) [paragraph 24].

Social Care (MacAlister, 2022), which recommended a new legal entitlement to FGDM before a case reaches the formal pre-proceedings stage. The President of the Family Division's Public Law Working Group's report[4] regards the use of FGCs as "essential" at the formal pre-proceedings stage. The Government's 2023 Kinship Strategy has also made a public commitment to partner with Foundations and the sector to ensure all families are offered a high-quality FGC at the pre-proceeding stage (DfE, 2023).

What is the evidence base for FGCs?

There is a growing evidence base for the effectiveness of FGCs in the UK, particularly at the pre-proceeding stage. In 2017, FGCs were evaluated as part of the Department for Education's (DfE) Children's Social Care Innovation Programme (Munro et al., 2017; Sebba et al., 2017). Coram evaluated FGCs which were delivered by Daybreak, an FGC provider, in the London Borough of Southwark and Wiltshire County Council, and found that more children who had an FGC lived with their family at the end of pre-proceedings than those that did not have an FGC (Lawrence et al., 2020). Similarly, a 2017 evaluation of the Leeds Family Valued programme, which oversaw the expansion of FGCs to more families, including those affected by domestic violence, found reductions in court proceedings, as well as a reduction in the number of looked-after children, children in need, and those subject to Child Protection Plans (Mason et al., 2017). The evaluation also reported that families who participated in FGCs felt more involved in the process and felt their values had been respected.

To build on this growing evidence base, Foundations commissioned Coram, in partnership with Daybreak, to conduct a randomised controlled trial (RCT) of FGCs – the largest in the world (Taylor et al., 2023). The RCT measured the impact of FGCs at pre-proceedings stage on child and parental outcomes. The study compared families referred for an FGC with families who were not referred. It found that children whose families were offered an FGC at pre-proceedings stage were less likely to go into care than those who were not, 12 months after entering pre-proceedings. Those who were offered an FGC and did spend time in care, spent six months less time in the care system following care proceedings than those that were not offered an FGC. FGCs at the pre-proceedings stage were also found to be cost-effective, by lowering the likelihood that children who are the subject of the pre-proceedings process would go into care. This evaluation was specifically referenced in the *Keeping Children Safe, Helping Families Thrive* Command Paper. There have been fewer impact studies on FGCs at other stages of child welfare, such as early help or during family reunification when children leave care, which is an area of potential future research.

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[4] Public Law Working Group. (2021) *Recommendations to achieve best practice in the child protection and family justice systems* [at page 112, paragraph 19 (f)], see: https://www.judiciary.uk/guidance-and-resources/message-from-the-president-of-the-family-division-publication-of-the-presidents-public-law-working-group-report/

What is currently known about FGCs nationally?

The project included a rapid review of previous national FGC data collections and studies to explore what is currently known about FGCs nationally and what data has previously been collected and how, including the barriers and enablers to collecting and reporting on FGC data. The review found that while there is a growing body of evidence on the effectiveness of FGCs, there is very little data collected on FGCs in England. One of the few recent studies to look at the provision of FGCs nationally was undertaken by CASCADE (Wood et al., 2022). It found that 79% of local authorities in England had an FGC service, with 95% of these FGC services stating they offered FGCs at the pre-proceedings stage. The annual number of FGCs per service reportedly ranged from 5 to 800, with substantial variation in how FGCs were delivered.

Overall, the review found very little information on what or how local authorities recorded or reported on FGCs. However, it did find that data was being captured on a range of different indicators including outcomes and effectiveness, FGC processes, barriers and enablers to implementation, and cost. A range of methods were used to collect this data including interviews, surveys, and administrative data from national datasets and local authority case management systems.

Problem statement

Although widely used, there is no routinely collected data on the extent to which FGCs are offered and taken up, including at the pre-proceeding stage. Local authorities do not have a standardised system or approach for capturing FGC data and there are various systems and methods for collecting data across children's services. Without a method for collecting data on the use of FGCs, it is not possible to know at a national level which families are being offered the service, which families accept, and what their outcomes are. This is now a particularly pertinent issue to resolve, with the legal entitlement to FGDM for families in prospect.

Project aims

To address this gap, the project had the following key aims:

- To understand what data local authorities currently collect on FGCs at pre-proceeding stage specifically, and at other stages where relevant, and what data and monitoring systems they use.
- To develop recommendations for how data could be routinely collected on family access to FGCs at pre-proceedings (which should cover *how* as well as *who* should do this).

This project focused on *what* FGC data (including data relating to family outcomes) is currently collected and *how* this data could be collected in a standardised, routine national data collection approach. It did not focus on what constitutes a successful outcome for an FGC and did not aim to advise on what outcomes should be collected. A longer, co-design project would be required to determine what constitutes a successful outcome for an FGC and would need input from children, young people, and families, as well as local authorities, providers, and key stakeholders.

Key lines of enquiry

The project's key lines of inquiry are set out below:

1. **What does current practice in local authorities look like regarding the recording and reporting of information on FGCs?**

The project looked at what information is recorded, how, and by whom, including the quality, frequency, and consistency of the data. It also looked at how data is reported on, to whom, and for what purpose. In addition, the project team explored what data local authorities need to collect to design, deliver, and improve FGC services.

2. **What are the barriers and enablers for local authorities to collect and report on FGC data?**

The project explored the barriers and enablers to standardised FGC data collection, which may relate to administration, costs, technical data skills, alignment with FGC principles, monitoring systems, and workplace culture.

3. **What are the mechanisms, barriers, and enablers to introducing a standardised, routine national data collection from local authorities on FGCs?**

The project assessed existing mechanisms to collect and report on data in children's services as well as how a national data collection could be co-designed with a range of stakeholders, including parents/carers.

METHODS

Ethical review

The project went through a full ethics application via Coram's Research Ethics Committee, chaired by Professor Jonathan Portes.[5] Given one of the core values of FGCs is family voice, it was important that the project included the views of families, including children and young people. Unfortunately, given the very short timeline for the project, the ethics committee agreed that it would not be feasible to speak to children and young people. It was, however, agreed that the project would include the views of parents and carers. This was achieved by speaking to members from the Family Rights Group's parents and kinship carers panels who either had experience of a FGC or social care involvement.

Research design, data collection, and analysis

The project took a mixed-methods, multi-disciplinary approach to answer the key lines of enquiry and develop a list of options for a national data collection on FGCs. The methods included an assessment of previous work on FGC data collection as well as two parent-carer panel discussions. Interviews with staff from 10 local authorities and in-depth site visits with three local authorities were held to explore how local authorities recorded and reported on FGCs. This involved speaking to 58 professionals, including FGC service managers, business and administration support, heads of services, business and data analysts, and FGC coordinators. Interviews with FGC providers, national stakeholders, and academics were also held. An assessment of other relevant data collections supported the development of options for national data collection. Consultation workshops with local authorities, which included 39 professionals, validated emerging findings and co-developed recommendations and options for a national data collection. These methods are set out in more detail below.

Assessment of previous work on FGC data collection

A rapid review of previous FGC data collections and studies which collected FGC data was undertaken. It assessed previous work which collected data on the coverage and content of FGCs as well as assessed common variables and data collection methods in FGC studies. Details of the methods used are set out in the Appendix. Its findings are reported in the introduction of this report.

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[5] More information about Coram's ethics processes can be found here: https://www.coram.org.uk/wp-content/uploads/2023/09/Coram-Research-Ethics-Policy-June-2023.pdf

Parent-carer panels

The project included two online focus groups with members from FRG's parents' and kinship care panels, who had either been part of an FGC or had social care involvement. The first focus groups took place at the start of the project to help inform the project's key lines of enquiry and consisted of eight parents and carers. It focused on what data parents and carers recalled being asked for as part of an FGC, by whom, when and in what format, and the data they think is important to collect from families about FGCs. The second focus group consisted of seven parents and carers and focused on gathering feedback on the projects' findings and recommendations. Both groups involved parents and carers with a range of different experiences of FGCs and demographic characteristics.

Fieldwork with local authorities explored how FGC services gathered feedback from families, embedded family voice in their services, and co-designed FGC services, including data collection methods.

Fieldwork with local authorities

A key part of the project was exploring current practices in a variety of local authorities with regards to the recording and reporting of FGC data. This included understanding the views of practitioners and FGC service providers on a national collection of FGC data. A meeting with FRG's FGC Managers Network took place, with 43 representatives from local authority FGC services, to inform the fieldwork, including the development of topic guides. A sample of local authorities was selected for the fieldwork to ensure diversity in the:

- Maturity of the FGC service (i.e. how long it has been running)
- FGC delivery model (provided by the local authority or commissioning a third party, and the use of self-employed FGC coordinators)
- Size of the FGC (e.g. the number of staff and the number of FGC meetings held per year)
- Geographic and demographic make-up (unitary/county council, urban/rural, diverse demographic groups, numbers of children within children's social care)
- FGC data maturity and wider children's social care data maturity.

A sample of 20 local authorities were selected. An information sheet was sent to local authorities explaining what was involved in being part of the study. The sample was drawn from the local authorities that took part in the RCT led by Coram, Daybreak's contacts, and local authorities who are part of FRG's FGC and Lifelong Links National Network. In total, 13 local authorities agreed to take part in the study.

Three local authorities were chosen to take part in site visits: Hertfordshire, Tower Hamlets, and Leeds. Site visits involved preparatory interviews with the FGC managers to understand the FGC services and their data collection and reporting methods. Subsequently a one-day in-person visit explored the project's key lines of enquiry with a range of local authority staff. Visits included interviews, demonstrations of data collection tools and methods, and presentations of analysis and reporting from FGC services using case management systems and other sources of FGC recording and reporting. Interviews were conducted with FGC managers and service leads, heads of service, team leads, FGC coordinators, and team business or administrative support, in addition to data leads and business analysts who work on FGC data within local authorities. Site visits took place in April 2024 and a total of 19 local authority staff were spoken to across the three sites.

Alongside site visits, the project conducted online interviews with 10 local authorities. These were: Bath & North Somerset, Birmingham, Bracknell, Central Bedfordshire, Devon, Dorset, Kent, Kirklees, Reading, and Sefton. Interviews were either conducted with individuals or small groups, and some included demonstrations of data collection tools and methods, and analysis and reporting from FGC services. Interviews were mainly conducted with FGC managers and service leads, but also included team leads, FGC service business or administrative support, data leads, and business analysts. Interviews were approximately an hour long and took place throughout March and April 2024. In total, 15 interviews were conducted with 39 participants.

Another 10 local authorities took part in one or more online interviews. All participants were asked to complete a consent form which included a privacy notice. FGC service leads were also asked to complete a short pre-interview survey on basic information about the service. Topic guides were used for interviews and site visits.

Characteristics of the local authorities

The FGC services in the local authorities we spoke to had been running from over 20 years (Tower Hamlets) to less than 18 months (Sefton), including one currently undergoing transformation (Dorset as part of the Pathfinder Pilot).

There were a range of FGC service sizes ranging from those with only a handful of FGC coordinators to other, larger local authorities, with a number of locality teams with upwards of 25 coordinators.

In line with previous research, most FGC services were in-house local authority FGC services (11 out of 13). Services were located as separate and independent teams, either within Children's Services or adjacent, for example as an arm of the quality assurance section. Two FGC services were provided by third-sector providers (Daybreak in Reading and Dorset, who are currently transitioning to an in-house service). In most services (9 out of 13), FGC coordinators were employed by the local authority.

Six services held FRG accreditation,[1] two were in the process of applying and five were not accredited. Most stated they were aligned to the FRG's FGC standards.

There was a significant range in the number of FGCs that took place each year ranging from 20 to 800 depending on the size of the local authority and the FGC team. Some services currently had waiting lists. It was not possible to ascertain how many services had waiting lists, or how long families were waiting to receive an FGC.

FGC services received referrals from various sources. Some services received most of their referrals from social work teams working with children with CiN status or on CP plans, whereas other services had referrals from early help, children in care teams/reunification and missing children's teams. Most referrals at the pre-proceedings stage were from social work teams working in Child Protection or Edge of Care teams.

Discussions with national stakeholders and academics

The project also involved discussions with national stakeholders to gain a wider perspective on the key lines of enquiry. This included understanding enablers and barriers to FGCs and other relevant data collection, and areas of innovative practice or successful implementation of new data collections, including in children's social care. These stakeholders included the Local Government Association, the Children's Commissioner's Office, and selected academics.

Assessment of other relevant data collections

An assessment of existing data collections was conducted to understand their processes, systems, validation, and reporting. The available guidance on data submission and validation was also reviewed. The review identified seven existing data collections and two that are currently being developed. The assessment was based on the following research questions:

- What existing data collections are relevant to recommendations for a national FGC data collection?
- What are the key features and processes of the existing data collections?
- What features and processes of existing data collections are relevant or applicable to a national, routine, standardised FGC data collection?
- What features and processes would be recommended for a national, routine, standardised FGC data collection?

The review used an assessment framework to assess the key features and processes of the existing data collections, which is set out in the main report.

Consultation workshops with local authorities

The project included two online consultation workshops. Both were held after fieldwork was completed in May 2024. The first workshop included the 13 local authorities who had taken part in fieldwork with a total of 18 attendees. The second included local authorities from FRG's FGC Managers Network with a total of 21 attendees. The workshops included a presentation, discussion, and validation of the emerging findings and initial recommendations for a national FGC data collection.

Analysis

All interviews with local authorities and experts were recorded with consent and transcribed. Parent-carer panels were recorded but not transcribed. Instead, anonymised notes from the panel were taken to protect participant anonymity.

Data from the interviews was analysed using thematic analysis to identify key themes across participants. Themes were analysed using reflexive thematic analysis and findings generated using Braun and Clarke's (2019) six-stage process. Interview transcripts and notes were coded, and themes identified using the project's key lines of enquiry. Commonalities and differences in themes from different participants were drawn out in the analysis. Throughout this process, reflective analytical sessions took place with members of the project team to reflect, discuss, and scrutinise emerging findings and recommendations as well as to provide quality assurance.

Limitations

Although we were able to talk to parents and carers as part of the project, given the very short timeframe of the project we were unable to work with children or young people to understand their experiences and views on the data collected about them during FGCs.

The short timelines for the project also meant that there was a limited amount of co-design work with local authorities. Two consultation workshops were successfully held; however, they did not include third-sector providers (other than Daybreak who were part of the project team) or other relevant stakeholders. Future work to develop options for a national data collection should include extensive co-design with a large group of local authorities as well as sector and data experts.

KEY FINDINGS

The findings are divided into two parts. The first is on the current practice of local authorities regarding the recording and reporting of information on FGCs, and explores the barriers and enablers to collecting and reporting on FGCs for local authorities. The second part looks at the mechanisms, barriers, and enablers to introducing a standardised, routine national data collection from local authorities on FGCs.

1. What does current practice in local authorities look like regarding the recording and reporting of FGC data?

This section summarises data collected during the fieldwork with local authorities and the assessment of previous FGC data collections. It considers what information is recorded, how, and by whom, including the quality, frequency, and consistency of the data. It also looks at how data is reported on, to whom, and for what purpose.

What information is currently recorded and reported on?

Local authorities record a range of different data on FGCs. Table 1 sets out the different types of information recorded, how it was recorded, by whom, and when.

Table 1. Information recorded as part of the FGC process

What information	Description	How	Where	By whom	When	What information is included
Referral information	Information provided as part of the referral process.	• Electronic referral form on CMS • Word document referral form sent via email • Automatic referral form triggered by a change in child's status	• CMS through to an FGC pathway on the CMS • FGC service spreadsheet	Filled out by referring professionals or automatically triggered when a child's status changes	When a referral is made	• Details of the referring team/service and professional • Reason for referral/presenting need of the family • Demographic information about the child and the family (mother, father, child(ren)) names, ages/DOB, ethnicity, language, disability/SEND • Status of the child and other important information such as living arrangements • Consent by the family

What information	Description	How	Where	By whom	When	What information is included
‘Family Information Sheet’/ Agenda	FGC services often used the referral form to work with referrers to create a ‘Family Information Sheet’ (sometimes referred to as an agenda). This is a family friendly document containing information that will be made available to the family in advance of, or at, the FGC.	Typically a Word document	• FGC pathway on CMS • FGC service internal system	FGC coordinator with input from referral partner	After a referral is accepted	• Reason for referral and presenting need of the family presented in a family friendly way • Demographic information about the child and the family as well as status of the child and other important information such as living arrangements

What information	Description	How	Where	By whom	When	What information is included
Planning notes	Planning notes to support preparation of the FGC or an FGC review.	Various formats (work documents, spreadsheets, etc.) or case files on CMS	• Coordinator's personal folders • FGC service internal recording system • FGC pathway on CMS	FGC coordinator	When arranging an FGC or an FGC review	• FGC notes on the case • Contact details of the family network • Number of times engaged with the family • Practical arrangements and • Length of time for preparation
Conferences and FGC reviews	Information on the FGC conference meeting itself and the review meeting which can take place afterwards.	Forms or directly onto CMS or internal recording systems	• FGC pathway on CMS or • Internal recording system	FGC coordinator, administrator, or FGC manager	When an FGC meeting or review takes place	Such as when and where it took place, who attended (including paternal, child involvement, advocate present, etc.)
FGC plans and review plans	The plan the family develops at an FGC, and the review of this plan (either three months after the FGC or at a set time agreed with the family).	FGC plan or review template	Child record on CMS or in a small number of cases internal recording system	FGC coordinator, administrator, or FGC manager	After an FGC meeting or review	Information on the plan the family has developed during their private family time to address the key concerns leading to an FGC

What information	Description	How	Where	By whom	When	What information is included
FGC closure	Information collected when an FGC has taken place, or when an FGC has not taken place.	FGC closure form	FGC pathway on CMS or internal recording system	FGC coordinator	After an FGC meeting or review	• Reason for closure (FGC took place, or reasons it did not) • Time taken to closure, and (particularly for self-employed coordinators) time spent on FGC and practical costs • Outcomes after the FGC, including legal status and living arrangements at closure
Feedback	Feedback on the FGC process and views on its outcomes.	Online or paper questionnaires; some contacted parent/carers for short interviews	FGC service internal recording system	Collected from children and young people, parents/carers, family and friends network and professionals involved in the FGC	Directly an FGC meeting or review	Feedback included: • Satisfaction with the FGC (i.e. how well prepared families felt, whether they felt information shared was useful, the right people attended, and they were able to have their say, etc.) and outcomes they think the FGC has achieved or will achieve

Where, how, and who records information on FGCs?

Data relating to FGCs is **recorded** using a range of different methods including children's services case management systems (CMS) and local authority internal recording systems and spreadsheets.

Almost all the local authorities we interviewed used their children's services' CMS to upload FGC plans and reviews. This is usually recorded on the child's file for whom the referral was made. Mosaic Children's Social Care Case Management system and Liquidlogic Children's System (LCS) are the most commonly used CMS; however, others are also used, such as Eclipse.

Many services also have what local authorities called an FGC 'pathway' on their CMS which is used to record and manage information on FGCs. These are internal areas (what could be termed micro-sites) on CMS which are used to manage and record data solely on the FGC process. They usually comprise a series of forms which are filled in or uploaded such as referral forms, case notes and closure forms which record the 'pathway' or case history of each FGC (see Figure 2). The information within FGC pathways is usually inputted by FGC coordinators or administrative staff. In most cases, the information is only accessible and editable by FGC staff and not those outside the FGC service such as social workers.

Services that do not have an FGC pathway appeared to record limited information on FGCs on their CMS. This mainly included families' FGC plans (and an FGC review where relevant), which were recorded on the referring child's individual record so that it could be accessed by social workers and others on the CMS.

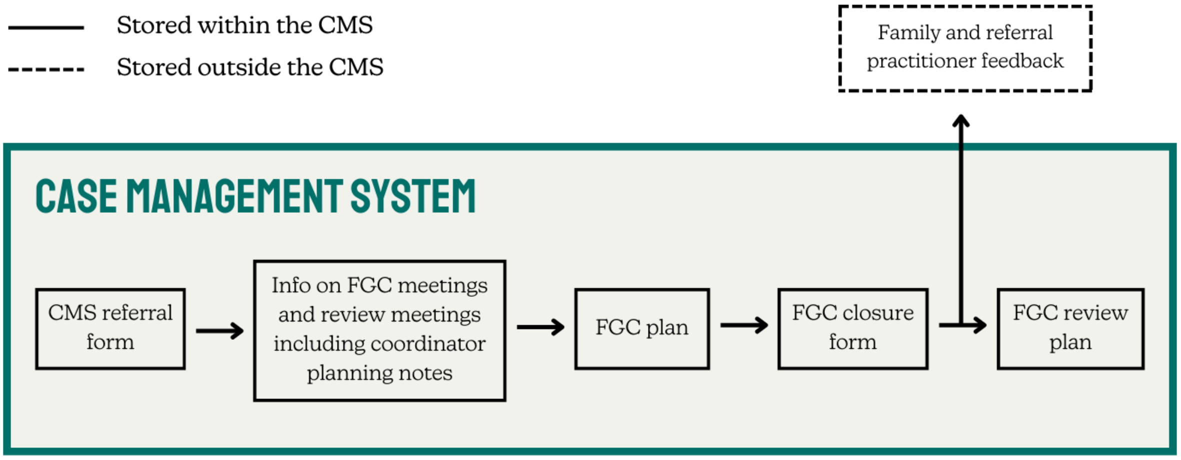
Almost all FGC services we interviewed used spreadsheets to record some form of FGC data. However, the extent to which these spreadsheets were used varied. Those that used their CMS to record substantial amounts of FGC information tended to only use spreadsheets for operational purposes (to assign referred families to coordinators, for example). However, FGC services that recorded limited information on CMS, or did not record any data on FGCs using CMS, used spreadsheets extensively.

There was also a range in *who* recorded information on FGCs. This depended on: the roles and structure of the team; what data was recorded; and how FGC services were configured (an in-house service vs commissioned externally, or authority employed coordinators vs self-employed coordinators). Often in-house FGC coordinators would input the data directly into the CMS, whereas self-employed coordinators (contracted by the local authority) would send the data to FGC managers or business support colleagues to input.

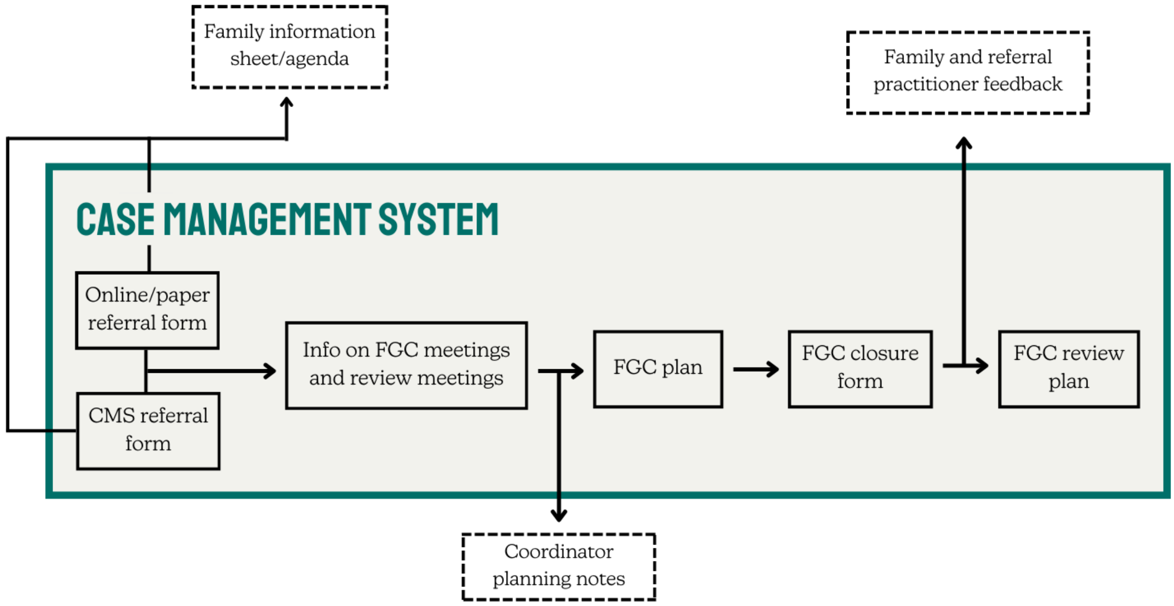
Figure 2. Three examples of FGC data flows (go to accessibility text)

The following figures display three examples of data flows in FGC pathways. These are 'step by step processes. The figures show which data is stored within or outside the CMS across these data flows.

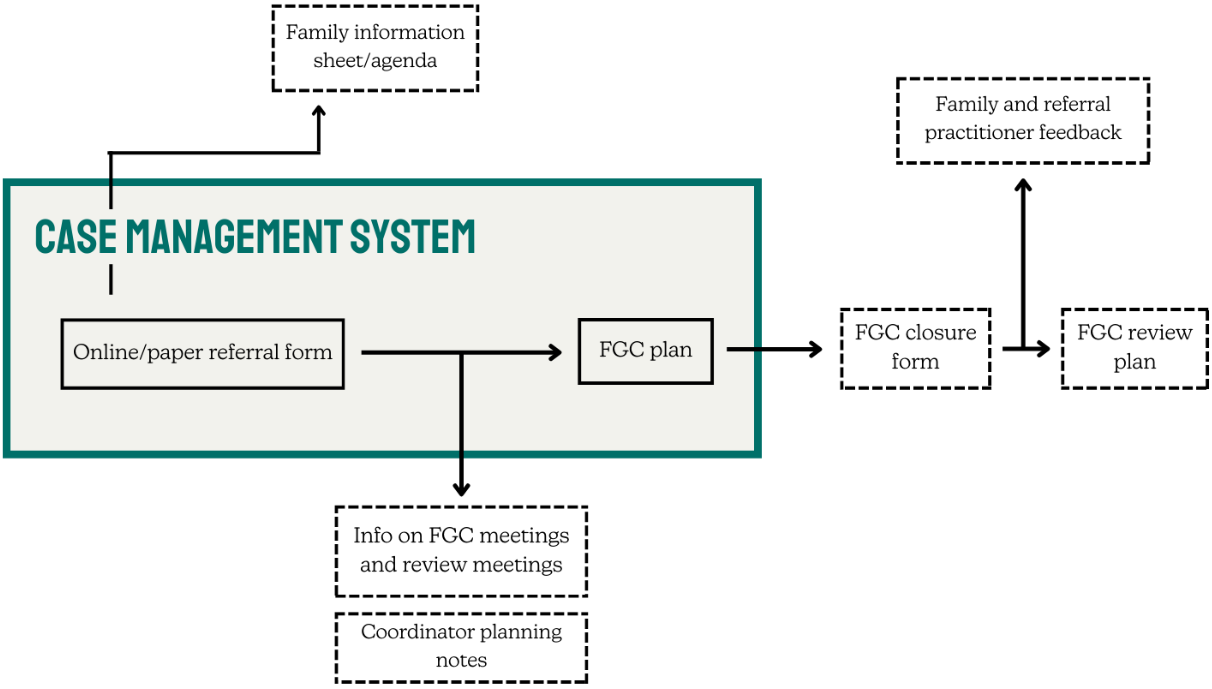
Example one: An example where most of the FGC data is stored on a CMS in a 'pathway'



Example two: An example where some of the FGC data is stored on a CMS in a 'pathway'



Example three: An example where most of the FGC data is not stored on a CMS



Referrals and information on families

FGC services accepted referrals from different teams across the local authority ranging from courts and children's social care to early help and family support. Most FGC services used CMS to accept referrals. However, some used word document referral forms emailed to the FGC service. This included situations where referrals came from teams not on the same CMS, such as early help. In some FGC services, automatic referrals were triggered on the CMS when, for example, a child was placed on a Child Protection plan.

No FGC services we spoke to collected information on the quality of the referrals received, although many did raise it as an issue when talking about referrals into the service.

Some services created a 'Family Information Sheet', sometimes referred to as an 'agenda' containing information about the family (e.g. the reason for referral, strengths within the family, and presenting need), which was presented in a family friendly way to the family to guide their decision-making in the FGC. They were usually a joint piece of work by the FGC coordinator and the referring professional and incorporate the views of the family as gathered by the coordinator. These were usually uploaded to the CMS or on the FGC service internal recording system.

Planning notes

Most FGC services recorded very limited information in the form of planning or case notes on CMS or other internal recording systems. This was in contrast to the extensive CMS case notes formally recorded by social care and early help professionals. It was said to reflect the core principles of FGCs, which are that it is a family-led decision-making approach, not an exercise in professionals assessing or investigating the family. The independence of the FGC process would also be compromised if the coordinator recorded extensive formal files.

Conference meetings

FGC services collected a range of information on the conference meetings, including number of attendees, who attended, and where it took place. The data included whether the father and mother attended as well as other family and friends. Some services also included basic information about attendees including their relationship to the family, their contact details, and basic demographic data. Some also captured whether the child or young person attended and whether they had an advocate. A small number of services also recorded basic information (contact details, relationship to the family, etc.) on those who did not attend and those who provided information to the meeting in other ways, such as virtually. Some recorded this information on their CMS, and others on internal recording systems such as spreadsheets.

FGC plans and reviews

During the conference, families create an FGC plan for the child. This is a key document that articulates what will be done to address the wellbeing/safety concerns. The plan is sent to the family and other conference attendees. Most FGC services we spoke to also upload the FGC plan onto the child's record on their CMS (where they were open to social care). This was the case even for the local authorities that recorded very minimal information on their CMS, including those that did not have an FGC pathway on their CMS. Where FGC reviews took place (where the family, professionals and FGC coordinator met to review the plan at a certain date after the initial conferences) they were recorded in the same way.

FGC closure and feedback

Many services had an FGC closure form that was completed by the FGC coordinator; or at the least, local authorities recorded information at closure on the CMS or internal reporting system. This was also the case when an FGC did not take place. In these instances, services recorded the reasons for not having an FGC such as:

- The family or young person did not want to engage with their network
- They or the FGC coordinator did not feel an FGC was appropriate at that time
- The situation had changed so significantly to negate the purpose of an FGC
- Insufficient network to conduct an FGC
- Unable to engage the family
- The referral was not accepted by the service
- A referral was withdrawn.

Almost all FGC services attempt to collect feedback on the experience of FGCs from families, children and young people, friends, and professionals taking part in the conference. Feedback included satisfaction with the FGC process (for example, how well prepared families felt, and whether they felt the information shared was useful, if the right people attended and they were able to have their say) as well as views on the expected impact of the FGC (for example, whether they feel the family plan will improve the situation for the child/ren).

Most services send links to online surveys after FGC meetings, usually along with the FGC plan. Many reported developing these online surveys during the pandemic. Some services gather feedback via paper surveys handed out to families, children and young people, and professionals immediately after the in-person conference. Some services use both paper and online surveys.

Generally, response rates are low, especially from families, children and young people. Some noted that response rates from professionals (such as social workers who referred the family) via online surveys are now higher compared to previous paper surveys.

A small number of services collected feedback from families by contacting them (usually by phone) at a specific time after their FGC meeting (for example, after three or six months). These interviews focused on satisfaction with the FGC process and views on the impact of the FGC.

Parent-carer views on the collection of data as part of an FGC

Findings from two focus groups with participants from FRG's parent-carer panels on their views and experiences of data collection as part of the FGC process.

None of the parent-carers could recall being consulted on the information that was collected about them as part of the FGC process, as well as more generally when working with children's services. Most could not remember being asked about consenting to the collection of data, including personal data.

The majority did not remember being asked for their feedback on the FGC process. However, there was one example of best practice where the FGC coordinator sought feedback at the FGC meeting with the carer, as well as all those attending the meeting. They also called attendees around a month after the meeting to update them on the process and seek their feedback. The carer in this example felt listened to and heard, making a difficult process easier to come to terms with.

It was felt that FGC services needed to be clearer in explaining what information was being collected and what was being done with that information – this was seen as extremely important for the parents-carers feeling that their voice was heard and to build a trusted relationship with their FGC coordinator.

Parent-carers felt it was important to ask all those involved with the FGC process (i.e. the friends and family network) if they understood what FGC was for, and why it was held, as well as views on what worked well and what did not, in addition to their views on what they saw, or hoped to see as an outcome of the FGC. Some parent-carers also felt that FRG FGC Seven Quality Standards (see Figure 1) should be used as a framework for seeking feedback on the FGC process.

Participants had the following ideas on how to ensure parent/carer views on the process were captured in a sensitive way and without additional burden. This included:

- Prioritising feedback throughout the FGC process, not only at the end of the meeting or at closure of the FGC process. For example, asking for feedback on the referral and the pre-FGC meeting process before an FGC. Integrating feedback as part of the meeting (including throughout the meeting) and as part of follow-up work with families (for example when finalising the FGC plan).

- Adapting and tailoring the collection of feedback based on how those involved in the FGC wish to provide their views. For example, visual surveys or audio recorded feedback. It is necessary to take into account the needs of those giving feedback, including those who may have English as an Additional Language (EAL), have special educational needs or a neurodiversity which may impact how they would want to provide their views.
- Being sensitive to the cultural identity or other identities of participants in the FGC feedback process to ensure equity and inclusion.

Providing a clear response to the feedback to those involved, which will help ensure they feel their views are heard and acted upon, especially where issues and concerns are raised as part of the feedback.

Impact of FGCs

There were a range of ways FGC services collected information on the impact of FGCs. Some used feedback forms to capture professional and family perspectives on what outcomes had been achieved. Some used data collected at referral stage and at closure to look at any changes to the child's legal status, and in some instances, the child's current living arrangements. Some went further and used their CMS to collect data on the legal status of the child at, for example, 6 to 12 months after an FGC. Some did this manually by looking up the status of the child on the CMS, which was noted as very time consuming. Services with more advanced systems had CMS set up to report on social care outcomes automatically via dashboards. Other services used their system of spreadsheets to combine their quantitative and qualitative impact reporting.

Case study A. Devon's FGC monitoring

Historically, Devon's FGC monitoring focused on 'workflow', such as numbers of referrals, time taken to allocation and then an FGC meeting and closure. That led to a narrow view of the service that did not look at its impact. They subsequently adopted a form of Outcomes Based Accountability where they monitored workflow as well as:

- Quality (see Devon's Quality Indicators for FGC Case Study below)
- Outcomes tracking the Child Status at Point of FGC and subsequently whether the child's position has improved, maintained, or escalated at 3 months, 6 months and 12 months post an FGC. This is combined with family feedback 3 months after their FGC on whether the FGC made a positive difference for their children. Bringing these two sources of data together strengthens the evidence for FGC impact.

Devon noted being able to look at all three elements of the service meant they could present a holistic view of what they are doing, both in terms of making operational and practice improvements but also presenting a narrative to senior leaders that is focused on how the service has made a difference to children and families.

Quality and consistency of data

There was substantial variation in how FGC services, particularly FGC managers, viewed data quality and how they assured data quality. Some services were quite limited in what they did to quality assure their data, instead focusing on quality assuring the outputs of the service, such as FGC plans and FGC reviews. Other services had more comprehensive processes, such as spot checks and audits of FGC data on CMS or data teams which comprehensively checked data entered on the CMS for missing or incorrect entries. Two issues were highlighted during fieldwork:

- Where a child was not open to children's social care (i.e. did not have social worker involvement, for example if they were being supported by Early Help), there was sometimes no child-level record on the social care CMS. In these instances, the plans were shared with the referral professional and the family and saved on an internal system.
- Children's services' CMS usually record information at the child level; however, FGCs are a whole-family intervention, which means FGC services usually record data at the family level. While FGCs are usually initiated to develop a plan for an individual child, there are sometimes other children in the family who will be included in the FGC plan. This can create challenges for FGC services as to how to record FGCs for all children within the same family when each have separate records on the children's services' CMS.

Reporting on FGCs

For most FGC services, the **reporting** focuses on workflows and outputs of FGCs, such as the number of referrals and where they came from (e.g. by different teams or services), the legal status of the child at referral, conversion rates (the proportion of accepted referrals which ultimately result in an FGC taking place), the number of FGC meetings and plans completed, coordinator caseloads, and who attended the FGC meeting.

Services often looked at the reasons why families did not undertake an FGC. However, most did not conduct detailed analysis on the factors influencing refusal, such as the point at which families were offered an FGC, or the characteristics of the family, child, or young person. As a result, many services did not look at access to FGCs at the population level to understand whether there was equitable access.

While services reported on the number of referrals and the reasons why teams or services referred, it was much less common to see referrals reported on by presenting need or the demographics of the families (such as age, ethnicity, whether English was an additional language, or whether the child or young person had SEND). Additionally, no local authority we spoke to looked at equity of access or provision of an FGC compared to the wider population. For example, they did not analyse the legal status of the child or the demographics of those being offered/accepting an FGC compared to the wider population. This was mainly due to limited information on the social care population or population data available within the local authority more generally. As a result, services were limited in their ability to look at access, especially in terms of equity, diversity, and inclusion.

Limited data was also reported on the content of FGC plans, other than to report that the plan had been agreed, sent to families, and uploaded on the CMS. This was also the case for FGC reviews.

Some services reported on feedback and satisfaction with the FGC from families, children and young people, and professionals. The extent of reporting on this was mixed, however, due to low response rates for feedback. Services were also less able to report on the quality or impacts of an FGC due to difficulty in measuring these. Services responded to feedback on FGCs in different ways. Some used it to improve practice, such as discussing feedback as a team or to change processes and systems. The majority used feedback in their reporting mechanisms, such as quarterly or annual reports. This included quantitative data such as the number of families that, for example, felt listened to as part of the process or were satisfied with the FGC process. It also included qualitative data, such as quotes from survey responses.

The frequency of reporting also varied. Most FGC services were part of regular reporting within the FGC service or the local authority more generally, on a quarterly or annual basis for instance. This was not the case for all local authorities, some only reported on their FGC services on an ad hoc basis, for example when requested by senior leaders for strategic purposes or as part of an Ofsted inspection.

What is not recorded or reported?

Overall, FGC services expressed a range of views on whether they wanted to collect or report on more data. Services with less advanced and mature data collection systems often wanted to collect more data, for example on the quality of the service. Services with more mature data systems felt that they were 'data rich but analytically poor'. They were less interested in collecting more data and more interested in analysing the data they had.

However, almost all services did want to improve the way they collected feedback from families, children and young people, and professionals. Many felt that their current methods were limited due to low response rates.

Most services also wanted to improve their impact reporting. While some were able to look at social care outcomes, such as the legal status of the child 6 or 12 months after an FGC or the child's living arrangements, most acknowledged that it was difficult to attribute these outcomes to an FGC given many other factors that could contribute to these outcomes. They wanted an improved system to demonstrate their impact. A small number of services wanted to look at other outcomes, such as improved family functioning, better child outcomes (such as school attendance and reduced missing episodes), and expanded family networks.

While this project did not set out to recommend what data should be recorded by FGC services, there were a small number of FGC services that were collecting data which could be useful for other local areas to consider. This included:

- A broader range of presenting needs of the family and child or young person. Most services collected information on the single presenting need, focused on the status of the child, for example subject to formal pre-proceedings process. However, only a limited number of services collected data on complex family needs, such as any presenting mental health, substance abuse, domestic abuse, or missing episodes issues.
- The desired outcomes for the family and the child or young person. Many services collected information on the reasons for referral or the main presenting need of the family, but not all collected quantifiable data on what outcomes the family wanted from the FGC – in many cases where this information was recorded, it was in open text responses on case notes. A good example of this was the desired outcomes from Leeds' FGC Service Enquiry Screening shown below.

Case study B. Outcomes collected by Leeds' FGC Service

Outcomes currently included by Leeds' FGC Enquiry Screening form include:

- Avoid child being looked after
- Avoid/de-escalate child protection plan
- Child maintained within a family placement
- Return to family from care
- Family supported to take or reduce domestic violence
- Family supported to help themselves (avoid/de-escalate statutory intervention)
- Strengthen family & reduce offending
- Family reconnected.

- More information about the child at the end of an FGC. Most services captured the legal status of the child, but few captured the child's current living arrangements.

- The quality of an FGC. Only a limited number recorded: the proportion of FGCs where the child or young person attended (where appropriate); the extent of the child or young person's involvement (e.g. whether the child's views were shared at the meeting); whether an advocate was provided; the proportion of FGCs with private family time; whether the referrer attended the first part of the FGC or whether the family made a plan.
- While many services were capturing information on the ethnicity of families, not all captured additional information such as whether the child had SEND or an Education, Health and Care (EHC) Plan, or whether English was their second language.

Why is information recorded and reported? What are the different purposes it serves?

We identified four broad purposes for recording information on FGCs, with some overlap.

Operational

Data was used to support the running of the FGC service, managing FGC timelines and coordinators' workloads. It usually included data on the FGC process, such as the date of the referral, the service that referred, the FGC coordinator, the date of the FGC, who attended, and when an FGC plan was sent to families.

The data was mainly used by FGC managers or team leads, with administrative or business support where available. The data was mainly captured at an FGC or family level via internal recording systems in large spreadsheets that most services had. Some local authorities had additional spreadsheets at a coordinator level to manage the workflow of the team, such as the number of families they were working with and when they were expected to hold an FGC meeting.

In a small number of FGC services, CMS systems were used instead of spreadsheets to track FGCs and coordinators. In some services this appeared to work well; however, others mentioned that it was difficult to use CMS for this purpose, because they do not show an overview of the FGCs open at a service, team, or coordinator level. One local authority had integrated their CMS into Power BI (a data analysis and visualisation software tool (Microsoft)) allowing for a real-time overview at each of these levels in an accessible format.

Case study C. Kent’s Power BI system

Kent’s FGC service had created a comprehensive Power BI system which took data from various parts of their Liquidlogic CMS (including the FGC service pathway, children’s social care and other areas such as the missing children’s service) and displayed it in a number of dashboards. These used a range of different styles, including graphs, and charts. Kent’s data team had worked closely with the FGC service to create a number of dashboards for various purposes. These included dashboards which looked at:

- Operational processes such as where referrals were coming from, reasons for referrals (e.g. edge of care; reunification; unborn; missing; placement stabilisation; step-down; in court) and the allocation of cases to teams and coordinators. These dashboards were used to understand capacity and their workflow.
- The profile of cases such as demographics including age and gender of the child, ethnicity, whether the child had a disability.

Indicators such as the outcome of a referral (whether it resulted in an FGC, a family plan, or a restorative meeting for example) as well as the average number of attendees to an FGC and the proportion where mothers and fathers attended. These could be broken down by locality, team, and coordinator for example. Outcomes of an FGC including whether the child or young person became looked after at a later date. Kent also offered FGCs to families who had a number of missing episodes, and tracked the number of missing episodes six months prior to an FGC and six months after the families had an FGC as a performance indicator.

Quality assurance and service improvement

FGC managers used data to support quality assurance of the FGC service – including audits and supervision – spot issues or gaps in service delivery, and support service improvement. Data included outputs such as time between the referral and the FGC meeting, conversion rates (i.e. the number of accepted referrals versus the number that go on to have an FGC meeting), quality of the services such as whether fathers attended, whether the views of the child or young person were shared, whether there was private family time, and whether a review took place. Some data also included family feedback and satisfaction with the service.

Some undertook ad hoc analysis, others had dashboards created from CMS or their spreadsheets periodically, and some used CMS or additional software (such as Power BI) to access real-time data. Services used this data to spot gaps, for example teams who were not referring into the service, or support service improvements including increasing attendance by fathers or the number of FGC reviews.

Managers mainly looked at output metrics such as referrals (e.g. which teams/services or localities referrals were coming from), FGC conversion rates (whether a referral resulted in an FGC), the time taken to get to conference, or whether a review had taken place. This was mainly viewed at a service or team level, although some use it at a coordinator level for supervisions.

Some services considered quality issues using more detailed data analysis, such as why a referral did not go to conference, the number of family members attending, whether there was paternal attendance, whether the views of the child or young person were shared, or whether there was private family time. For example, Devon (shown below in Case Study D) looked at quality through quantified indicators and feedback from families.

Case study D. Devon's quality indicators for FGC

Devon had two ways of looking at quality. The first was through quantified indicators which looked at:

- **Engagement:** including the average number of adults (family and friends) at the FGC; the percentage of FGCs where the child/ren attended, the average number of children attending, and the percentage of FGCs where child's views were shared.
- **Mode:** including the percentage of FGCs held face to face, hybrid, or remotely.
- **Process:** including the percentage of FGCs with private family time, where the referrer attended and where the family made a plan.

The second looked at family feedback gathered from interviews undertaken by senior coordinators every month with a randomly selected number of families around three months after their FGC. They collected data on:

- The number of families who have put a plan in place
- Whether the plan had made a difference (see Devon's FGC monitoring case study above)
- Whether the FGC process was helpful or unhelpful
- Whether anything could have been done differently.

This provided both quantitative data on whether families felt, for example, that the plan made a difference, as well as rich qualitative data on how it had made a difference. The service would then use this data to develop case studies as well as shape service development.

Strategic

Data was used at a strategic level to report to senior leaders or boards for accountability purposes and/or to feed into wider strategic conversations across children's services. Many used output metrics from spreadsheets or CMS similar to those used for quality assurance, such as number of referrals, status of child at referral, and number of conferences held. Where available, services used data on outcomes and costs, for example data on social care status for those that had an FGC. The data usually looked across a specific period and used annual or quarterly reports or senior meetings.

External requirements

Data was also used to meet external requirements, such as ad hoc requests from Ofsted and requests from evaluation studies. The data requested varied substantially, and ranged from number of referrals, number of FGCs offered and completed, as well as the legal status of the child at the point of referral and after the FGC. Some services noted inconsistencies in what Ofsted requested, and the burden this and other external requests (such as from evaluations) could put on the service without having additional resources.

What are the barriers and enablers for local authorities to collect and report on FGC data?

There were a range of factors that influenced how local authorities collected and reported on FGCs. These included factors **internal** to the local FGC service, for example the type of recording and reporting system, the capacity and capability of the service, and the maturity of the service; and factors **external** to the FGC service, for example the capability and capacity of the data systems and their teams within the wider local authority, the expectations by senior leadership, and external reporting requirements by funders and evaluators.

Type of recording and reporting systems

The type of system used to record information on FGCs, whether it was a CMS or an internal recording system, such as spreadsheets, had a significant impact on how FGC services collected and reported on their FGC data.

Services that used mainly internal recording systems via spreadsheets to record FGC data were able to create and adapt them easily to capture all the information they required. However, data entry was manual and therefore required significant capacity, especially where services had recreated comprehensive recording and reporting systems. One service, for example, had three data sources and six background reports used to collate their FGC monthly summary Excel report which recorded workflow information quality and outcomes (see Case Study A and D). In addition, spreadsheets often limited the ability of FGC services to analyse their FGC data, especially when services were constrained by capacity and capability. Spreadsheets also limited their ability to link data held elsewhere, such as children's services' CMS, which included social care outcomes.

Services that relied more on CMS to collect data on FGCs – often via an FGC pathway – were able to use them to reduce the amount of manual data entry, for example by receiving referrals and assigning coordinators within the CMS. CMS also appeared to be easier to report on social care outcomes (for example on the legal status of a child six months after an FGC) because they held this data within the wider social services' CMS and could therefore link the data.

However, it often took substantial time and capacity from the FGC service to develop their CMS. It also required additional support from CMS providers or data analysts within the local authority. FGC services we spoke to found it was more difficult to customise FGC data collection using CMS. This often meant that services felt they did not capture all the data they wanted. CMS were also much more difficult to adapt and change, requiring assistance from the in-house data teams or sometimes the external CMS provider. This took time and resource, and FGC services were sometimes waiting years for changes. Some services also reported struggling to run reports themselves (rather than having data analysis or business support teams do it for them) and some found that the reports were not accurately reporting on all the data.

Some services also used data reporting and visualisation tools within their CMS or an add-on programme, such as Power BI. Use of Power BI in some cases (Case Study D) appeared to be very effective in supporting the service to use their data for a range of operational, quality assurance, and strategic purposes. This contrasted to the limited ability of some FGC services who relied on spreadsheets and in some instances CMS reporting functions to report on their FGC data.

FGC service capacity and capability

FGC services with limited capacity struggled to record and report extensively on their FGCs, whereas services which had administrative or business support were able to use their time to input, clean, and report on FGC data. The capability of FGC services was also an important factor. The expertise and confidence of FGC managers, team leads, or business and administrative support influenced how data-focused and inquisitive the service was. This was critical in developing suitable data systems, both in creating systems which could effectively capture the data they required and providing resources (for example, dedicated administrative support) to collate, analyse, and report on data.

Maturity of FGC services

Long-running services have had more time to develop their systems for collecting, monitoring, and reporting on FGCs. Some of these services had spent significant time creating an FGC pathway on their CMS or developing comprehensive internal reporting systems via spreadsheets to capture the data they required. However, the maturity of the service did not necessarily impact the ability to collect and analyse data. Some longer-running services struggled to collect and report on FGC data (mainly due to capacity and IT system capability) whereas others captured a significant amount of data which wasn’t used.

Commissioning of FGC services

Coordinators did not input data onto the CMS if the service was commissioned externally to a provider (such as Daybreak) or the coordinators were self-employed. However, this did not necessarily limit the reporting that was undertaken. Some externally commissioned providers provided comprehensive performance reports (for example quarterly and annually).

However, in some cases, not much data was inputted into the CMS, which limited the extent to which the CMS could be used for reporting – for example social care outcomes of children who had an FGC. In other cases, however, business support staff or FGC managers input the data (into CMS or an internal information system) once it was received from the FGC coordinator, which then allowed them to use these systems to report on the delivery and impact of their FGC service

Size and roles within FGC services

The roles within the service appeared to be important. Having administrative or business support roles within the team created capacity to record and analyse FGC data. Although the number of FGC coordinators or the number of FGCs undertaken per year did not appear to affect how data was collected or reported, larger services were more likely to have administrative or business support roles.

Local authority senior leaders

Pressure from senior leaders to demonstrate impact and cost savings across children's services often resulted in FGC services collecting and reporting on the service for accountability and cost-saving purposes. Changes in senior leadership also influenced data collection and reporting processes. For some services, this meant having to provide regular data on outputs and impact to new senior leaders. This could be time consuming for those with less capacity and limited data collection. Changes to senior leaders could also mean that FGC services were asked to change what data they recorded repeatedly, which took substantial time and capacity, caused inefficiency, and limited long-term reporting ability.

Capacity and capability within the local authority

Data collection and reporting was enhanced when support was provided from the central business insight or data analytical teams in local authorities. The support included establishing systems to collect data (via CMS or internal reporting systems such as spreadsheets) as well as managing the reporting and analysis of data.

Transformation programmes or external initiatives

Some of the FGC services with extensive, mature recording and reporting systems had been part of a wider transformation or change programme within the local authority (such as a change in data systems) or been part of an external initiative which had come with data monitoring and evaluation requirements and funding. For example, in Bath & North East Somerset and Kent the local authority had undertaken a data transformation project (focused on Power BI data visualisation system (see Case Study C above)), which provided resources to be able to transform their FGC data recording or reporting.

For other local authorities, funding and reporting requirements had come directly from external sources for service innovation and/or evaluation, which was the case in Dorset and their Pathfinder Programme. A number of local authorities noted the implementation of Lifelong Links had been an important driver in transforming their data and monitoring, which included data on FGCs as they were often part of a joint service and there was a requirement to report more systematically on their practice as a result of their contractual obligations.

In Hertfordshire, it appeared that a combination of multiple change programmes and initiatives over the years had helped the FGC service develop a robust and comprehensive data monitoring and outcomes reporting system (see Hertfordshire's Case Study D below).

The services which had been supported with additional resources and capacity to develop their recording and reporting systems had more extensive ability to report on data, including on the quality and outcomes of their FGCs.

Case study E. Hertfordshire's data transformation

Hertfordshire had an extensive recording and reporting system, using a combination of their Liquidlogic CMS system and an internal Excel database. Their data transformation had taken place organically over a number of years and appeared to have been through a combination of external and internal funding, a service manager who had prioritised the recording and reporting of data, and support from a central data analyst team. Internal and external requirements to monitor, evaluate and understand the potential savings or cost avoided by Lifelong Links, provided further insights and support for FGC reporting, and more recently the council's Family Safeguarding for Children in Care Programme, which has helped to expand the local FGC offer, has provide significant emphasis and support to data reporting and cost savings.

As a result, data collection and reporting on outcomes had naturally grown and increased and had allowed the service to invest in personnel dedicated to data analysis. This was supported by a large data performance team that sat centrally which supported the FGC service to extract and analyse data from their Liquidlogic CMS system.

However, in a small number of local authorities, broader children's service-level change programmes (as opposed to the implementation of Lifelong links, Power BI software, or an evaluation) have taken significant time to implement. In some instances, they have caused delays in FGC reporting or recording or have led to FGC services needing to change the way they record data. For example, one FGC service reported that changes to the way the entire children's services requested feedback required them to change the way they asked for feedback from families by using a short, generic feedback form which did not capture data that the service felt was important. However, on the whole, most transformation programmes or external initiatives with monitoring and evaluation requirements had helped to develop local authority data capture and reporting.

2. What are the mechanisms, barriers, and enablers to introducing a standardised, routine national data collection from local authorities on FGCs?

This section summarises the findings from fieldwork with local authorities and the project's assessment of existing data collections to understand the barriers and enablers to introducing a standardised, routine national data collection on FGCs.

Local authority perspectives

Overall, staff from local authorities that we spoke to (mainly FGC service leads, but also Children's Services Heads of Service and data leads) were supportive of the introduction of a national standardised, routine data collection on FGCs. Many felt that it could promote FGCs within their local authority as well as nationally, possibly creating more support and leveraging funding.

FGC services generally wanted a national data collection on FGCs to provide benchmarking data. However, services varied in what benchmarking data they wanted. Most mentioned output metrics such as the number of coordinators, referrals, conference, and review meetings per year, and conversion rates. Some mentioned benchmarking the proportion of referrals from different teams/services within the local authority. Services were also interested in understanding the impact that their service and others were having, mainly on social care outcomes such as the legal status of the child after an FGC. They were also interested in measuring the potential cost savings that they and other services generated. Some were unsure how this could be achieved as they understood that many factors could influence a child's social care outcomes.

However, there were a number of concerns from some FGC services which could be seen as barriers to a national data collection. These included:

- **Variation** – FGC services were different in how they undertook FGCs and felt that most data would not be comparable. For example, some services offer an FGC review to all families that have an FGC, some do it on a case-by-case basis and others do not offer them at all. In addition, some services offered FGCs to families at a range of different points in their interactions with children's services (for example in early help or in reunification), and others only offered FGCs to those whose children were subject to Child Protection enquiries or in the formal pre-proceedings process.
- **Focus on outputs not outcomes** – some local authorities were worried that a national data collection would focus on the output metrics that were easiest to measure. For example, the number of families offered an FGC or the number of FGCs that take place. There was a concern that this could create adverse incentives to focus FGC services on outputs rather than service quality and whether they had had a positive impact on the family.
- **Accounting for FGC standards** – there was a major concern as to how a national data collection would be able to check whether local authorities were offering FGCs in line with FRG's FGC quality standards (Figure 1). Questions were raised about how other types of family network meetings, which do not follow all of the quality standards (for example, the inclusion of private family time) would be accounted for in a national data collection. Their inclusion in a data collection could skew information about FGCs and their impact.
- **Focus on pre-proceedings** – some services were anxious about suggestions that data should be reported solely on the number of FGCs at pre-proceeding stage. Authorities acknowledged the positive impact findings from the RCT on FGCs at pre-proceeding stage (Taylor et al., 2023), but expressed concerns that collecting data on FGCs only at pre-proceedings stage could create perverse incentives. It might encourage local areas to focus just on this part of the social care system, instead of offering FGCs at the point that's right for the child and their family, for example in early help or child protection, averting problems escalating to pre-proceedings.
- **Ofsted** – some services noted that there was a lack of consistency in what Ofsted requested on FGCs when inspecting local authorities. Any national collection would need to align with what Ofsted requested as part of their inspection processes.
- **Sector co-design** – there was some anxiety that a national data collection would not be co-designed with the sector, as well as with children, young people, and families. Many of

the local authorities pride themselves on their work with families to develop and adapt their FGC service, including what data they collect.

Assessment of existing data collections

To help understand the mechanisms, barriers, and enablers to introducing a standardised, routine national data collection on FGCs, the project assessed relevant existing data collections within the wider field of children's social care. It examined a host of metrics including collection processes, systems, validation, and reporting.

The key features and processes of the existing data collections

The review identified seven existing data collections and two that are currently being developed. These are set out in Table 2 below. Key terms are explained in Table 3.

Table 2: Key features and processes of the existing data collections

Collection	Description	Level of obligation	Subject	Size	Data types	UID?	Pseudonymised?	Source	Collection Frequency	Validation	Reporting	Linking
DfE Child in Need (CIN) census	Collects admin data on all children who were referred to children's social care services during the year, even if no further action is taken	Statutory	Child	27 fields	Dates, categories, IDs, text, counts	Yes	Yes	LA	Annual	DfE COLLECT system	Annual Statistical First Release (SFR)	Office for National Statistics (ONS) Secure Research Service (SRS)

Collection	Description	Level of obligation	Subject	Size	Data types	UID?	Pseudonymised?	Source	Collection Frequency	Validation	Reporting	Linking
DfE Children looked after data return (also known as SSDA903)	Collects admin data on all children who were in care during the year	Statutory	Child Social worker	64 fields 4 fields	Dates, categories, IDs, text, counts ID, dates, category	Yes	Yes	LA	Annual	DfE COLLECT system	Annual SFR	ONS SRS
DfE Section 251	Collects data on local authority spending in education and children's services	Statutory	LA	166 fields	ID, dates, categories, counts, finance, text	N/A	N/A	LA	Annual	DfE COLLECT system	Annual SFR	N/A

Collection	Description	Level of obligation	Subject	Size	Data types	UID?	Pseudonymised?	Source	Collection Frequency	Validation	Reporting	Linking
HM Courts & Tribunals Service (HMCTS) Family Court	Collects admin data on all cases presented to courts relating to public and private Family law	Statutory	Family	unknown	ID, dates, categories	Yes	No	Family Man	Quarterly	Internal	Quarterly	ONS SRS
Ofsted Annex A	Collects admin data on children's social care services to inform an inspection	Statutory	Child Adopter	150 fields 19 fields	ID, count, text, categories ID, categories, dates	Yes	Yes	LA	Inspection	Internal	N/A	N/A

Collection	Description	Level of obligation	Subject	Size	Data types	UID?	Pseudonymised?	Source	Collection Frequency	Validation	Reporting	Linking
Ofsted fostering survey	Collects admin data on households involved with fostering services at any time during the year	Voluntary	Household	65 fields	ID, count, text, categories, date	Yes	Yes	LA	Annual	Internal	Annual	N/A
DfE Adoption and Special Guardianship (ASG) data collection	Collects admin data on children and adults open to adoption services during the year	Voluntary	Child Adopter	26 fields 28 fields	ID, dates, categories, counts ID, dates, categories, counts	Yes	Yes	LA RAA	Quarterly	Data collection template, review	Quarterly Excel aggregate	N/A

Collection	Description	Level of obligation	Subject	Size	Data types	UID?	Pseudonymised?	Source	Collection Frequency	Validation	Reporting	Linking
Early Help and Supporting Families National Insight Data Collection	Collects admin data on children receiving Early Help services during the year	in development	Family	114 fields	ID, dates, categories	Yes	Yes	LA	Biannually	Internal	N/A	N/A
Standard Safeguarding dataset	A sector-defined harmonised dataset for children's social care services	in development	Child	N/A	N/A	N/A	N/A	LA	N/A	N/A	N/A	N/A

Notes:

- Key terms are defined in Table 3 below.
- Where available a hyperlink provides further information about the data collection.
- Two additional collections (shaded in the table above) are currently being developed with central government funding: Early Help (DLUHC/DfE) which is currently being piloted; and the Standard Safeguarding dataset (DfE), which is not yet created. DLUHC also funded a quarterly Early Help benchmarking exercise delivered by Data to Insight, separate to their own client-level data pilot.

Table 3. Existing national data collection key terms

Key terms	Description
Pseudonymised	Names are replaced with unique, artificial identifiers to prevent direct identification of individuals, while allowing for data analysis and data linkage.
PII	Personally identifiable information refers to any data that can be used to identify an individual, either by itself or in combination with other information, for example address, date of birth, gender, or ethnicity.
Local authority Child Unique ID	Each LA's case management system will allocate a unique identifier for each child that has a record in the system. This identifier is used consistently through children in care services, but other LA services may use different systems that allocate a different ID. The ID is only unique within the LA, and can be replicated for a different child in another LA.
FamilyMan	FamilyMan is the case management system used by the courts for Family Law cases.
DfE COLLECT	The COLLECT (collections online for learning, education, children, and teachers) portal is used by schools, local authorities, and the department for education for processing data collection returns.[6] Major benefits of the portal include real-time data collection monitoring and progress reporting, the ability of a local authority to view exactly the same information as DfE when queries arise and no installation issues because it is a website.
Statistical First Release	This is an official statistical publication produced by UK government organisations. The production of the statistics will have followed the ONS' Code of Practice and Statement of Principles for data collection, analysis, and publication.
Secure Research Service	Run by the ONS it gives accredited researchers secure access to de-identified, unpublished data in order to work on research projects for the public good.

These nine data collections were assessed to help understand their key features and processes which will need to be considered in any national FGC data collection. These include:

- **Level of obligation.** Five of the seven existing data collections are statutory. Two are voluntary and generally achieve 100% return rates. The voluntary returns generally achieve a high return rate due to their usefulness to those completing the return (i.e. local authorities) and the relatively low number of fields required. The timeliness of the Adoption

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[6] More information can be found here: https://www.gov.uk/government/publications/collect-guides-for-schools-and-local-authorities

and Special Guardianship (ASG) data collection (being published only months after data is collected and every quarter) may also have an impact.

- **Size** & **Subject**. The number of fields varies from 27 to 169. They also vary in the subject of the return: data at the level of the child, family/household, adopter, or social worker. Only one collection, the DfE S251, collects data at an aggregate, local authority level, and does not collect data at an individual level.
- **ID** & **Pseudonymisation.** All existing data collections at an individual level used a form of individual ID. Social care data sourced from local authorities (Child in Need (CIN) census and children looked after data return (also known as SSDA903) use the same Unique ID for children,[7] so data from those collections can be linked to build up a broader picture of an individual child. Individual-level data is pseudonymised (no names collected) but personally identifiable information (PII) such as date of birth, gender, and ethnicity, is collected.
- **Collection format.** Apart from the Family Court[8] collection, the collections all use an Excel-based template which is issued to local authorities (and Regional Adoption Agencies in the case of the Adoption and Special Guardianship data) to compile their data return. DfE directly collects three returns (CiN census, SSDA903, Section 251) using a secure online portal for submission (COLLECT) that validates data. The validation process checks for data anomalies (e.g. incorrect data types) but not the accuracy of the data. The same checks are applied to the Ofsted data collections. The ASG data is validated within the data collection template and by the data collection team to increase the accuracy of the data.
- **Collection frequency.** Four collections collect data annually. The Family Court and ASG collections are quarterly, and the Early Help collection is being piloted bi-annually.
- **Reporting.** Reporting follows the frequency of collection, for example four of the returns collect data annually and therefore report annually. Three of these report via a Statistical First Release (CIN census, SSDA903, Section 251), two of which now use the DfE's 'explore education' statistics[9] which allows users to create their own tables. The Family Court reports quarterly, providing accessible tables as well as data visualisation tools in Power BI for some of the data.[10] The ASG collection reports quarterly with agency-, regional-, and national-level tables and Business Intelligence reports.[11]

A number of important additional features were identified:

- All collections were developed in consultation with the relevant sector. How this took place and the length of time taken varied.

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[7] HMCTS takes data straight from FamilyMan, which uses a different UID to the one allocated by local authority's children's social care. Whereas education and SEND data collections do not use the same IDs as the social care.

[8] HMCTS takes data directly from the source database: FamilyMan.

[9] More information can be found here: https://explore-education-statistics.service.gov.uk/

[10] See: https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2023/family-court-data-visualisation-tools

[11] See: https://coram-i.org.uk/asglb/data/

- All DfE collections were approved by DfE's Star Chamber and all children's services-related collections had agreement from the Association of Directors of Children's Services (ADCS).
- All collections were piloted or tested before full implementation to determine the burden it would place on those collecting the data (mainly local authorities) and the value of any subsequent data analyses.
- National data which are gathered within statutory data collections (for example the DfE's CiN Census and SSDA903) have the highest response rates and, on the whole, better-quality data (particularly when expectations and resources come from senior leaders within LAs).
- Most data collections are acknowledged to be burdensome on local authorities. Existing CMS can make it difficult to check and correct data. As a result, local authorities need to dedicate resources to quality assure and report data. As most DfE data collections are annual, this can mean trying to check data from almost a year ago.
- Clear, comprehensive guidance is issued for all collections to ensure those collecting the data understand what data is required.[12] This is important because the data provided is open to the interpretation of each agency collecting the data, making it difficult to undertake comparative analysis.
- The publishing timelines for data impact how useful they are to the sector. The CIN, SDDA903 and fostering data are typically published eight months after year-end, which means that they can be used for past performance but not to inform current practice or any predictive analytics. The ASG data is published within two to three months of quarter-end, with agency-, regional-, and national-level analyses. The quick turnaround makes it the most real-time national data collection in children's social care and allows the sector to look at trends and forecasts and to take action if necessary. For example, the data has predicted when there will be a shortage of adopters and informed a targeted recruitment campaign.
- There is a significant range in the level of reporting and how data is published. Collections are increasingly using more advanced analytical and visualisation tools to help users interpret and use the data they need. DfE returns are published via an annual Statistical First Release and most also provide an online data manipulation and data table creation platform.[13] HMCTS Family Court data is published quarterly, and some elements are supported by data visualisation tools.[14] Whereas the ASG return produces business intelligence reports and local-level data files.[15] These are important in allowing local authorities to analyse and benchmark their data.

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[12] See links to each data return in Table 2 which all include guidance for those completing the data.

[13] See: https://explore-education-statistics.service.gov.uk/data-tables

[14] See: https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2023/family-court-data-visualisation-tools

[15] See: https://coram-i.org.uk/asglb/data/

OPTIONS ANALYSIS

This section sets out options for a national data collection on how (and by whom) FGC data could be routinely collected across England. The purpose of the data collection would be to provide a national picture on which families are offered and receive FGCs, including at the pre-proceedings stage, and what their outcomes are.

Option 1 – Voluntary collection of local authority-level FGC data

This would be a standalone, voluntary, national collection of data at a local authority level, collecting aggregate data on access to FGCs.

Purpose

- To test whether local authorities can voluntarily provide local authority level aggregated data on FGCs.
- To provide high-level data on FGCs at a national, regional, and local level for policymakers, local authorities, and other stakeholders.
- To generate buy-in to national data collection across the sector.
- To provide a robust baseline of FGC provision which could then be used to develop more detailed data collection in the future.

Rationale

It would be easier for local authorities to begin with a simple data collection, given capacity and capability of FGC services in data collection varies significantly. This approach would reduce the risk of poor-quality data and would allow the collection to be developed gradually over time. This option would test whether local authorities can submit this level of data, what the quality of the data is and how long it takes to return the data, which is important information when creating a national, standardised data collection.

What would the collection provide?

Depending on the exact data collected, this option could show:

- How many families had been offered an FGC
- How many had received an FGC
- How many reviews had taken place and how many people on average had attended FGC meetings.

This option is limited in the insights it could provide on access to FGCs. However, aggregate data on the local authority more broadly could be included to provide context to the FGC data. For example, the number of FGCs undertaken per year per 1,000 children or offered to families in pre-proceedings could be compared to the number of children in the local authority, on Child in Need or Child Protection Plans or subject to formal pre-proceedings processes.

If the additional data items were collected (as set out below), national descriptive statistics could be provided on child or family characteristics, reasons for an FGC not taking place and the status of the child after an FGC. Analysis could be undertaken at the local authority level and could include comparisons between local authorities.

Level of obligation

Voluntary. There is currently no statutory or mandatory means to collect and report data on FGCs.

Frequency

Annual. This would limit the burden on local authorities. However, many FGC services did note that they reported internally on a quarterly or sometimes monthly basis.

Other national data collections are usually collected by financial year and local authorities reported this was the case for their FGC services. Therefore, it would be logical to have the return at the end of a financial year. The first data collection could ask for the previous two financial years; however, this would significantly increase the burden on local authorities for the new data collection and could impact buy-in and response rates.

Level of analysis

Local authority level. Collecting data at a local authority level would be recommended as FGC services are unlikely to be able to report on their FGCs at a geographical area, for example a Middle layer Super Output Areas (MSOAs) or Lower layer Super Output Areas (LSOAs).[16]

What data could be collected nationally?

The data reported would depend on what local authorities currently collect. Below is an indicative list of what could be collected from a relatively small, local authority level aggregate. It is based on the data items most consistently collected when speaking to local authorities.

- Number of (accepted) referrals
- Number of FGCs offered to families at different stages: early help, CiN, Child Protection, pre-proceeding stage, in care/reunification, other[17]
- Number of conference meetings that take place
- Number of FGC plans agreed

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[16] See: https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies

[17] However, some FGC services did not appear to be collecting information on the status of the child at the point of referral, instead collecting data on the team that the referral comes from.

- Number of FGC reviews
- Number of children attending per FGC
- Average number of family members and others attending conference meetings.

Below are additional data items that only some local authorities collected, and which gave them a richer picture of the families they worked with and the FGC service. To reduce the burden on local authorities and possibly increase the number of responses to the data collection, we suggest the data items below could be optional, especially when a national data collection is first introduced. This means that all local authorities would be asked to provide data on the eight data items above, with additional items listed below for the local authorities who could opt in to provide this additional data. Guidance could be developed to help local authorities gradually collect this additional data.

- **Data on child or family characteristics.** The majority of local authorities did collect basic demographic data on the families who were offered an FGC, for example the gender, ethnicity, and age of the child. It was less common to collect whether the child had a Special Education Need or Disability (SEND) and the parental characteristics (such as number of additional children, the age of the parents, their marital status, and ethnicity). As a result, optional fields on child and family characteristics could include:
    - Child gender
    - Child ethnicity
    - Child date of birth
    - Whether a child has SEND
    - Maternal/paternal date of birth
    - Maternal/paternal ethnicity
    - Marital status
    - Number of additional children.
- **Reason for referral.** Most local authorities did record the reasons why families had been referred. However, there was not complete consistency in reasons for referral across local authorities (due to there being no standardised approach) and FGC services varied in how detailed this data was – some allowed one reason in a short list, others allowed multiple reasons in an extensive list.
- **Reasons for an FGC not taking place.** Some FGC services did collect information on why an FGC did not take place after it was offered. For example, if the family did not want to engage their network, didn't feel it was an appropriate time, or had an insufficient network. However, there was a lack of consistency in the reasons noted and in how detailed the data was.
- **FGC quality.** A concern highlighted throughout the project was how a national data collection would be able to identify whether local FGC services were reporting on FGCs that met a minimum standard, for example fulfilled FRG's seven Quality Standards (Figure 1).[18]

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[18] See: https://frg.org.uk/family-group-conferences/fgc-accreditation/

Local services could be asked whether their service is accredited by FRG. They could also be asked to self-report whether their service is fulfilling the seven FGC quality standards within the data return. However, it would be difficult to assess the accuracy of self-reported data.

How would the data be collected?

Data collection template or online survey

Local authorities would submit aggregate level data on a relatively small number of items (for example between 10 to 20) via an online survey or an Excel spreadsheet template. The data would need to be sourced from local authorities' own data system, whether it would be their CMS and/or internal information system (such as Excel spreadsheets).

Data collection template

The **advantages of a data collection template** would be that FGC data could be added over the course of the data collection period as information is sourced across the service and possibly the wider local authority.[19] The template could also be used by the FGC service for operational, strategic and quality assurance purposes (such as those outlined in the first section of this report). This could be enhanced by the template having in-built functionality to provide a basic dashboard of the data provided for the FGC service.

The **disadvantages of a data collection template** would be that recording and submitting the data would require a number of steps: saving the return within the FGC service's local data systems, inputting data, and then submitting it to an online portal or via a secure email. Although validation can be built into the template to prevent possible errors in data entry, it would be difficult to prevent missing data which would be likely in a new return of this nature. If data is missing, extra time would be needed for each local authority to clarify any missing data.

Data collection survey

The **advantages of an online survey** would be that it is likely to have less steps to complete (it would not need to be downloaded, saved on an internal data system, completed and then uploaded or sent), and therefore easier for FGC services and likely faster to collect. It would also be easier to limit the amount of missing and incorrect data through mandated fields.

The **disadvantages of an online survey** would be that FGC services would not easily be able to use the data for their own purposes unless the survey provided spreadsheets of the data they provided.

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[19] This can also be done with online surveys, but it requires the ability to save and return to the survey using unique survey links which can involve accessibility issues.

In order to support a high response rate, the return could be collected via Freedom of Information (FOI) requests if local authorities have not provided the minimum data required within a set time period, as is the case for the Coram Annual Childcare Survey (see below).

Case study of a blended approach to data collection. Coram Annual Childcare Survey

Coram's annual Childcare Survey has a blended approach to data collection and mandating data returns. The report is based on surveys sent to all Family Information Services at local authorities. Respondents can either fill in a form which is then sent to Coram or complete an online survey. It asks for voluntary returns, but after a month, FOI requests are sent to local authorities which have not responded. This is highly effective in achieving almost a 100% response rate.

Any organisation could undertake either of these options, collecting the data independently or on behalf of another organisation, such as Foundations or DfE.

How would the data be reported on?

There would be several reporting options, including an output with data analysis at a national, regional, and local authority level with weighting applied. The report could include how the data was collected and any lessons learned, as well as a commentary on the data quality and how it could be improved in future collections. The output could include data tables or online data platforms, allowing for the creation of tables and other outputs to suit the needs of the user.[20] Given data would be at a local authority level, limited explanatory data analysis could be undertaken. If the published data identified individual local authorities, consent would be needed from local authorities. This could impact response rates.

The benefits and opportunities

- **Limited burden on local authorities.** Request a small number of data items on information most FGC services already collect, making a high response rate more likely.
- **Feasibility testing.** It would test if local authorities can return data on FGCs before collecting a larger, more complex data return (as set out in Options 2 and 3 below).
- **Limiting personal data protection issues.** An aggregated return would limit the risk of data security issues as no personal, individual-level data would be shared. There would be no GDPR or consent issues with families.

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[20] Examples include: https://explore-education-statistics.service.gov.uk/data-tables and https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2023/family-court-data-visualisation-tools

- **Flexibility in who administers the collection.** A wider range of organisations would be able to collect the data because there are limited GDPR and consent issues, and data will not be linked to other individual-level data. This could also reduce the costs of the data collection.
- **Rapid output.** A limited number of data items at an aggregate level would be easier to analyse and would allow outputs to be produced quickly for local authorities and the sector. A rapid output could also inform current operational and strategic decision-making. This is a major advantage of the ASG data return and one of the main reasons quoted as to why the voluntary return achieves a very high response rate.
- **Benchmarking.** A key incentive for local authorities to return data is that benchmarking can be undertaken, which allows local authorities to compare results with statistical and geographical neighbours.

The disadvantages

- Depending on what data was requested, the data collection would only provide limited insights on access to FGCs, other than at a group level. That is, it would not be able to assess individual characteristics (e.g. ethnicity) associated with access and take-up.
- The data collection would only be able to look at total or average numbers by local authority. The data could not be used to analyse individual-level data and sub-groups, for example, the proportion of FGCs offered or completed by ethnicity or age of the child/ren. Any sub-group analysis would need to be explicitly requested from local authorities.
- It would be difficult to look at the impact of FGCs, for example on the status of the child, as many FGC services did not collect this data and those that did looked at child status 6–12 months later. As a result, there would need to be a significant time lag in providing the data, or two separate returns, one for current year for those having had an FGC and one for the previous year looking at the status of the children 6–12 months later.
- It would not be possible to quality assure the data or look at the quality of FGCs, other than whether the FGC service was accredited or self-reporting on FGC quality.

What are the risks/unintended consequences

- A voluntary data collection could have a low response rate.
    - Mitigations: i) develop the return in consultation with the sector; ii) keep the number of mandatory data items small (10–20) initially; iii) provide adequate time to collect the data; iv) follow the voluntary request with a FOI to increase response rates.
- Focus on outputs rather than outcomes. A data collection which mainly collects data on outputs (i.e. number of referrals, number of FGCs, etc.) risks creating a perverse incentive to focus on the number and outputs of FGCs rather than outcomes and quality.
    - Mitigation: measures of quality according to FRG's FGC seven quality standards could be operationalised and self-reported by FGC services in the data return.
- Collecting data solely on the number of FGCs in pre-proceedings could create a perverse incentive for local authorities to focus their FGC service at this stage, instead of allowing local authorities to offer FGCs at the right point in a child's journey.

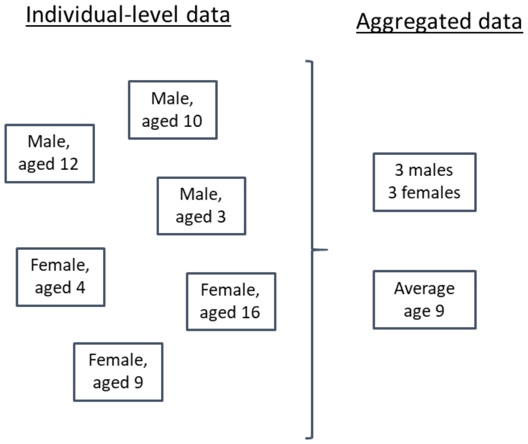
- Mitigation: collect data on all FGCs, including at pre-proceedings stage.

Individual-level vs aggregate-level data

Aggregate-level data is data which combines (or 'aggregates') individual-level data by some means (for example summed together or averaged). This could be by geographic area, by year, or individual characteristic such as gender, age range, or ethnicity.

Individual-level data is at an individual level which has not been aggregated. It could relate to anything about that individual, including their age, gender, profession, or date of their FGC. The figure below provides an example:

Figure 3. Example of individual-level and aggregated data



(go to accessibility text)

There are various advantages and disadvantages to collecting aggregated versus individual-level data.

The advantages of aggregate-level data:

- It reduces the complexity of data, especially large amounts of data, making it easier and more efficient to analyse and interpret. As a result, it can improve data quality and consistency by reducing the likelihood of errors and making it more reliable.
- It can be used to summarise data from multiple sources, making it easier to understand patterns, trends, and relationships across different sources.
- It can be used to analyse data without providing individual-level data which may be identifiable or include personal data. This can mean that GDPR and consent issues may not be as extensive as with individual-level data.

Disadvantages of aggregate-level data:

- It cannot be used to look at individual units. For example, if aggregate data on the number of attendees per FGC meeting was collected, only the average number for all

FGCs in a local authority would be known, rather than each number of attendees per FGC. This would limit the ability to quality assure the data for any outliers which may be incorrect.
- There are limitations on further data exploration, for example, undertaking sub-group analysis.

It cannot link individual data across datasets, meaning the relationship between one variable and another cannot be analysed. Additionally, individual outcomes cannot be tracked over time.

Given the disadvantages of an aggregate data collection, Option 2 and 3 below provide detail on an individual child-level data collection.

Option 2 – Voluntary collection of child-level FGC data

This would be a standalone, voluntary national collection of data on access to and provision of FGCs at an individual child level.

Purpose

- To test whether local authorities can voluntarily provide individual child-level data on FGCs.
- To provide a comprehensive dataset on children who have received (or been offered) an FGC for national policymakers, local authorities, and other stakeholders.

Rationale

Collecting individual child-level data would provide a comprehensive national dataset on children involved in FGCs which could be used to analyse factors which influence access, engagement, and possibly outcomes.

What would the collection provide?

Depending on the exact data collected, this option could provide data on:

- The number of families who had been offered and received an FGC and a review, as well as their characteristics, including the legal status of the child at the point of referral as well as their ethnicity, age, gender, and disability).
- What services and teams were referring children into the FGC service and reasons for a referral not taking place.
- The FGC process including when the meeting took place, who attended, whether a plan was accepted, and if feedback on the plan was collected.

Analysis could be undertaken to understand the relationship between the data collected, for example the relationship between being offered and receiving an FGC and the legal status of the child at referral or their ethnicity. If data was provided on the impact of the FGC, for example the legal status of the child 6 or 12 months after the FGC, then analysis could be undertaken on its relationship to the other data collected such as whether fathers attended the FGC or whether a child previously had an FGC.

A key issue would be that families would have to consent to their data been shared and used. High rates of refusal would have a significant impact on the representativeness of the data.

Level of obligation

Voluntary. There is currently no statutory or mandatory means to collect data on FGCs.

Frequency

Annual. An annual data collection would likely be sufficient as most relevant datasets provide data annually, which limits the burden placed on local authorities. It would also potentially limit some data quality issues because increasing the frequency of reporting could create discrepancies in what collection (i.e. what quarter) the FGC should be recorded – for example, the date of the conferences, or the date the plan is agreed or sent to families.

Level of analysis

Individual child-level. This would involve a data entry for each child that a referral was made for and an FGC was offered to. All data would be pseudonymised, with no names collected but personal identifiers collected. The advantages of collecting data at an individual child-level is that it would allow for reporting on child-level outcomes, such as the status of the child after an FGC.

What data could be collected nationally?

Based on the data items most consistently collected when speaking to local authorities, an indicative list of what could be collected for each child who was offered an FGC, is below:

- Status of the child at the point of referral (including whether the child is in pre-proceedings)
- Service or team that referred the child and date referral was accepted
- Whether the child has had an FGC before
- Date of birth of the child
- Ethnicity of the child at the point of referral
- Gender of the child at the point of referral
- Whether the child had Special Educational Needs or Disabilities (SEND)
- If no conference took place, reasons why [dropdown of options]
- Date the FGC meeting took place
- Number of individuals in the family network who attended
- Whether the child’s father attended
- Whether the FGC plan was accepted

- Whether a review took place or a review has not yet taken place but is planned to take place
- Whether feedback had been collected from families.

FGC quality

A concern is whether local FGC services would report on FGCs which were not following the FRG Quality Standards (Figure 1).[21] A national data collection would not be able to verify this. However, as highlighted in Option 1, local services could be asked whether they were accredited by FRG and to self-report on whether their service is fulfilling the quality standards in the data return. This could be done at a local authority level, given that collecting this data at a child level would create a substantial data burden.

Impact of an FGC

There would be a significant time lag in providing the data on the status of the child 6 or 12 months later. One possible solution would be to provide separate sets of data – one for the current year for those having had an FGC and one for the previous year looking at the status of the children 12 months later.

Core and additional data

Some local authorities stated that some of the data items listed above would be more difficult to provide and could be burdensome, which could reduce the number of responses to the data collection.

Local authorities suggested that this additional data could be added on to the main collection for the local authorities that are able to. For example, all local authorities could be asked to provide data on the 10 most consistently reported data items as part of a 'core' dataset, with an additional 10 items for local authorities that could provide this data as part of an 'add-on'. Guidance and support could be provided so that over time more local authorities could be supported to collect and provide the additional data items. The data items to be included in the 'core' and 'add-on' could be devised based on the data provided as part of Option 1.

How would the data be collected?

Data collection template

As the data collection would be at a child level, it would be very difficult to collect data via an online survey as data would need to be inputted for each child separately. Instead, a data collection template, such as an Excel spreadsheet, would allow for each child to be a different row in the spreadsheet. The spreadsheet would include self-validation (i.e. only dates would be allowed to be entered for DOB, or yes/no for whether an FGC review took place), as well as validation checks on missing or incorrect data entries. The data would need to be sourced from local authority data

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[21] See: https://frg.org.uk/family-group-conferences/fgc-accreditation/

systems, whether it would be their CMS and/or internal information system (such as Excel spreadsheets).

The advantages and disadvantages of a data collection template are articulated in Option 1. To support a high response rate, the return could be collected via FOI requests after local authorities had been given time to complete the voluntary collection as detailed in Option 1.

Case study of two data collections currently in development

Standard Safeguarding – RIIA Quarterly Dataset. A small set of aggregate performance data from local authorities on a quarterly basis, collated to assist local authorities and DfE in understanding in-year data trends. The return is backed by ADCS and has a high response rate (around 120–140 local authorities). The DfE also provided £10,000 per region for local authorities to help set up the collection**.**

Early Help Data return. A small set of aggregate Early Help performance data which is shared between participating local authorities on a quarterly basis. This does not have ADCS backing nor has it had funding to resource the collection. It has a lower response rate of around 60 local authorities.

Linking

To allow local authorities to link child-level data on FGCs with other data, individual identifiers would need to be included. Families would need to consent to the data being shared.

While matching this could be done through personal data (such as name, surname, DOB, etc.), there would be additional GDPR issues for collecting personal information and matching these can be difficult. Instead, Child Unique ID (UID) could be generated to limit the collection of personal data, but consent to data being used would likely still be needed. Matching to the UID would also allow for child-level outcomes (for example status of the child at a time point after an FGC) to be matched. This would need to be undertaken at a local authority level which would increase the burden on local authorities. The UID could be used to match to other data such as the national children's social care data collections, including the CiN census. However, matching would need to be undertaken by the DfE or within the Security Research Service which would have a significant time lag. Local authorities would have to consent to linking the data with DfE. In addition, families who are offered FGCs, but are not involved in children's social care, such as those supported by Early Help, may not have a children's services UID.

How would the data be reported on?

There would be several options for reporting on the data, as outlined in Option 1. The output could include the data collected (at a national, regional, and/or local authority level), in the form of accompanying tables, a dataset including pseudonymised child-level data or an online data platform allowing for the creation of tables and other outputs.[22] Consent would be needed to publish data identifying individual local authorities, which could impact response rates.

The benefits and opportunities

- **Provide a national dataset.** Collecting individual child-level data would provide a comprehensive national dataset which could be used to understand which factors influence FGC access and engagement. Sub-group analysis would also be possible, such as analysing access to FGCs by protected characteristics.
- **Assessment of outcomes.** If local authorities provided data on outcomes (such as status of the child at 6 or 12 months after an FGC) then analysis on outcomes and factors influencing outcomes could be undertaken.
- **Comprehensive benchmarking.** It would allow for more in-depth analysis to look at relationships between data items which could be more useful to local authorities and national policymakers than an aggregated return. It would also allow for more sophisticated benchmarking, for example looking at the demand for FGCs (for example the number of CiN or CPP versus the numbers accessing FGCs).
- **Longitudinal analysis.** Child-level data would also allow for longitudinal data analysis to look at the longer-term outcomes of FGCs as well as whether families were having multiple FGCs over a period of time.
- **Flexibility in who administers the collection.** Any organisation could collect the data as long as they had adequate data collection expertise and data protection infrastructure. This could reduce the costs of the data collection.

The disadvantages

- Local authorities would have to gain consent from families for their data to be shared and navigate GDPR regulations. Additionally, a high refusal rate from families to share their data would impact on the representativeness of the data.
- Could place a significant burden on local authorities, and FGC services in particular, especially those with limited capacity and capability to provide child-level data.
- Increasing the amount of data requested, increases the risk of missing or inaccurate data.
- The increased amount of data items would be harder to analyse, and it would take longer to produce outputs for local authorities and the sector.
- Personal data would be collected, meaning an increased risk of data breaches.

What would be the risks/unintended consequences

- A voluntary data collection could have low response rates.
    - Possible mitigations: i) keep the number of mandatory data items small (10–20) at least initially; ii) provide adequate time to be able to collect the data; iii) ensure

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[22] Examples include: https://explore-education-statistics.service.gov.uk/data-tables and https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2023/family-court-data-visualisation-tools

    support from key stakeholders such as the ADCS and Ofsted; iv) follow the voluntary request with a FOI to increase response rates.

- Could risk overburdening FGC services.
    - Possible mitigation: ensure a comprehensive co-design and piloting phase along with minimising the amount of data requested.
- Collecting data on the number of FGCs in pre-proceedings could create perverse incentives to focus on just providing FGCs at pre-proceedings, instead of allowing local authorities to offer FGCs at the right point in a child's journey.
    - Possible mitigation: collect data on all FGCs, including at pre-proceedings stage.

Option 3 – Collection of child-level FGC data through an existing national data collection

This option would use an existing national data collection, such as the Child in Need (CiN) Census or the Adoption and Special Guardianship (ASG) data collection (both of which are set out in Table 4), to collect data on access and provision of FGCs at an individual child level. There are a number of national data collections that could be used; however, CiN Census would be the most feasible to use for the reasons set out below.

Table 4. High-level description of national data collections for Option 3

DfE Child in Need (CiN) Census data collection	DfE Adoption and Special Guardianship (ASG) data collection
Overview: Collects admin data on all children who were referred to children's social care services during the year, even if no further action is taken. This includes children looked after, those supported in their families or independently, and children who are the subject of a child protection plan. **Level of Obligation:** Statutory **Size:** 27 fields **Data types:** Dates, categories, IDs, text, counts **Content:** Modules include: child identifiers; child characteristics; children in need details; factors at assessment; CIN plan dates; Section 47 information and child protection plans. Uses a number of Child identifiers including local authority child unique ID. **Frequency:** Annual (financial year) Collection & validation: DfE COLLECT system **Reporting:** Annual Statistical First Release (SFR) **Linked to:** Office for National Statistics & (ONS) Secure Research Service (SRS)	**Overview:** Collects admin data on children and adults (adopters) open to adoption services during the year and Special Guardianship Orders (SGOs) **Level of Obligation:** Voluntary **Size:** 26 fields (for children) **Data types:** ID, dates, categories, counts **Content:** Sections include: child characteristics (including child identifier); key dates and outcomes of the adoption process; reversals and disruptions in the adoption process; adopter-level data; SGO data. Uses a number of Child identifiers including local authority child unique ID. **Frequency:** Quarterly **Collection & validation:** Data collection template, review **Reporting:** ASG Quarterly Data Linked to: N/A

Purpose

- To test whether local authorities can provide individual child-level data on FGCs via an existing national data collection.
- To provide a comprehensive national picture on FGCs including at the pre-proceedings stage, for national policymakers and local authorities in order to understand access and provision as well as outcomes of FGCs through linking data to other datasets.

Rationale

This option would utilise a robust, existing method for collecting data. It would also provide a comprehensive national dataset on children which could be linked to other data to look at factors which influence access, engagement, and outcomes of FGCs at an individual, local authority, regional, and national level.

What would the collection provide?

Using an existing national data collection would limit the number of data fields that could be collected compared to a standalone data collection (such as Option 2) due to the amount of data already collected through these current national collections. However, key demographic data (child's age, gender, etc.) would already be collected within the return, which would eliminate the need to collect this data as part of the FGC module. Depending on the exact data collected, this option could provide data on:

- The number of families who had been offered and received an FGC and a review
- What services and teams were referring children into the FGC service and reasons for a referral not taking place
- The FGC process, including when the meeting took place, who attended, whether a plan was accepted, and if feedback on the plan was collected.

As with Option 2, analysis could be undertaken to understand the relationship between the data collected. For example, the relationship between being offered and receiving an FGC and the legal status of the child at referral or their ethnicity. If data was provided on the impact of the FGC, for example the legal status of the child 6 or 12 months after the FGC, then analysis could be undertaken on its relationship to the other data collected such as whether fathers attended the FGC or whether a child previously had an FGC.

A key issue would be that families would have to consent to their data been shared and used. High rates of refusal would have a significant impact on the representativeness of the data.

Level of obligation

This would depend on whether the existing national data collection was itself statutory (such as the CiN Census) or voluntary (such as the ASG collection). Using a statutory return would increase the level of obligation on local authorities to provide the data. This would increase the burden on local authorities and means that local authorities would have to use extra resources to collect the data.

Frequency

This depends on the frequency of the existing national data collection: the CiN census is collected annually while the ASG return is submitted quarterly. A quarterly return would be burdensome on the local authority and would provide them with very limited time to validate data, which could lead to poor-quality data. An annual collection would be aligned to the CiN census and would be well suited to a return that collected data on children's social care status 12 months after an FGC.

Level of analysis

Individual child-level. This means a data entry for each child that was referred and offered an FGC. All data would be pseudonymised, with no names collected but personal identifiers collected.

The advantages of collecting data at an individual child-level is that it would allow for reporting on child-level outcomes, such as the status of the child after an FGC.

What data could be collected nationally?

Incorporating FGC data into an existing data collection would need sign off from government. The DfE's Star Chamber would need to agree for additions to the CiN Census and ASG collection. Additionally, local authorities, the ADCS, and Ofsted would need to be involved and consulted in the co-design of the data collection. On that basis, a small data collection could include:

- Status of the child at the point of referral (including whether the child is in pre-proceedings)
- Service or team that referred the child
- Whether the child has had an FGC before
- If no Conference took place, reasons why [dropdown of options]
- Date the FGC meeting took place
- Number of individuals in the family network who attended
- Whether the paternal father attended
- Whether the FGC plan was accepted
- Whether a review took place or a review has not yet taken place but is planned to take place.

Key demographic data on the child (such as their age, gender, ethnicity, and SEND status) would already be collected as part of the CiN Census or ASG collection.

How would the data be collected?

Data collection portal or template via an existing collection

This would depend on the existing data collection used. If a DfE-run data collection was used, for example the CiN Census, then the DfE's online portal for submission COLLECT would be used. The COLLECT (online collections for learning, education, children, and teachers) portal is used by schools, local authorities and the DfE for processing data collection returns.[23] Major benefits of the portal would include real-time data collection monitoring and progress reporting for those collecting the data. The system validates the data and local authorities would be able to view the same information as the DfE if queries arise. In addition, there are no installation issues because it is a website. The system also acts as a secure means of submission.

If a data collection not managed by DfE is used (such as the ASG collection), a data collection template could be used. The spreadsheet would include self-validation, as well as validation checks on missing or possibly incorrect data entry. The advantages of this approach would be that an independent organisation could collect the data (like the ASG collection). In addition, the template could also be used by the FGC service for their own purposes. The disadvantages would be the same as those outlined in Options 1 and 2.

For either method, the data would need to be sourced from local authorities' own data system, whether that is their CMS and/or internal information system (such as Excel spreadsheets).

Linking

As data would be collected via an existing data collection, the same conventions would be used. All data would be pseudonymised, with no names collected but personal identifiers collected. For example, in the CiN Census and ASG collection, a child known to a local authority is given a UID. This UID could be used by the FGC service. Some children may need to be given a UID by the local authority as children who are not involved in children's social care, such as children who are supported by early help, may not have a children's services UID.

The major advantage of using the CiN Census is that the data would be linked to the data already collected in the Census and the children's social care dataset. This would allow for child-level outcomes (for example status of the child at a time point after an FGC) to be matched. This would remove the need for matching to be undertaken by the local authority and therefore reduce the burden on them. The UID could be used to match to other data in DfE (such as the National Pupil Database which includes educational outcomes such as attainment data) and other data (such as the ONS via the Secure Research Service (SRS) which includes data on crime, employment, and other outcomes). However, matching would need to be undertaken by the DfE or within the Security Research Service which would create a time lag.

How would the data be reported on?

Reporting could be part of the standard reporting of the existing data collection. If the collection was part of a DfE-run data collection (such as the CiN Census) gathered via COLLECT, then it could form part of a DfE statistical release.[24] If the collection was not part of a DfE-run data

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[23] More information can be found here: https://www.gov.uk/government/publications/collect-guides-for-schools-and-local-authorities

[24] See: https://explore-education-statistics.service.gov.uk/

collection (for example the ASG collection), there would be a number of options for reporting on the data.

Both options would allow for a standalone report as well as aggregated data (at a national, regional and/or local authority level), provided via Excel spreadsheets or online data platforms, allowing for the creation of tables and other outputs.[25]

The benefits and opportunities

- **Provide a comprehensive national dataset.** Collecting individual child-level data would provide a comprehensive national dataset on children which could be used to look at factors which influence access to and engagement with FGCs. Sub-group analysis would also be possible, such as analysing access and engagement by different family characteristics.
- **Assess impacts.** Comprehensive analysis on outcomes (such as status of the child 6 or 12 months after an FGC) and factors influencing outcomes (such as whether having an FGC review had an impact on social care status) would be possible.
- **Comprehensive benchmarking.** It would allow for more in-depth data analysis to look at relationships between data items which could be more useful to local authorities and national policymakers than an aggregated return. It would also allow for more sophisticated benchmarking, for example looking at the possible demand for FGCs (for example the number of CiN or CPP versus the numbers accessing FGCs).
- **Reduce burden of matching data.** Using a national data collection would remove the need for local authorities to link or match the data (on social care outcomes for example), which would reduce the burden on them.
- **Longitudinal analysis.** Child-level data would also allow for longitudinal data analysis to look at the longer-term outcomes of FGCs as well as whether families were having multiple FGCs over a period of time.
- **Less data protection risks.** While there would be a risk of data security breaches compared to a local authority-level data collection (Option 1), the risks could be less than a standalone data collection (Option 2), as it would be part of an existing dataset which already had data security systems.
- **More accurate data.** While there would be a risk of missing or inaccurate data from a child-level return, the risk could be less than from a standalone data collection if it was part of an existing dataset which already had set validation and quality assurance processes.

The disadvantages

- Local authorities would have to gain consent from families for their data to be shared and navigate GDPR regulations. Additionally, a high refusal rate from families to share their data would impact on the representativeness of the data.

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[25] Examples include: https://explore-education-statistics.service.gov.uk/data-tables and https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2023/family-court-data-visualisation-tools

- Could place a significant burden on local authorities, and FGC services in particular – especially those with limited capacity and capability to provide child-level data.
- Collecting data via an existing national data collection could potentially limit the amount of data which could be requested compared to a standalone voluntary collection. The sign off procedures and logistics required would likely impact how much additional data could be added on to existing collections.
- Child-level data with linked data on outcomes would create a large dataset which would take longer to produce outputs for local authorities, compared with Options 1 and 2.
- Data would only be collected on children in social care (e.g. Children in Need and Child Protection) and not include children in early help.

What would be the risks/unintended consequences

- Including the data return as part of a DfE-run national data would be a lengthy process which would need to go through DfE's Star Chamber, who assess the burden and resources that it would take for local authorities to collect the additional data.
- Could risk overburdening FGC services.
    - Possible mitigation: ensure a comprehensive co-design and piloting phase along with minimising the amount of data requested.
- Collecting data on the number of FGCs in pre-proceedings could create perverse incentives to focus on just providing FGCs at pre-proceedings, instead of allowing local authorities to offer FGCs at the right point in a child's journey.
    - Possible mitigation: Collect data on all FGCs, including at pre-proceedings stage.

RECOMMENDATIONS

Undertake a phased approach to FGC data collection

It is recommended that a phased approach to the creation of a national FGC data collection is taken. We recommend beginning with Option 1, which could then be used to support the rollout of Option 2 or 3. Table 5 sets out the different options.

Table 5. High-level description of data collection options

Option 1	Option 2	Option 3 – CiN Census	Option 3 – ASG
Voluntary collection of local authority-level FGC data **Level of Obligation:** Voluntary **Level of data:** Local authority **Type of data:** Aggregated **Collection:** Data collection template or online survey **Validation:** Data collection template review **Reporting:** Standalone report **Linking:** None	Voluntary collection of child-level FGC data **Level of Obligation:** Voluntary **Level of data:** local authority **Type of data:** Aggregated **Collection:** Data collection template or online survey **Validation:** Data collection template review **Reporting**: Standalone report **Linking:** Possibility of linking to Office for National Statistics (ONS) Secure Research Service (SRS)	Collection of child-level FGC data via CiN Census **Level of Obligation:** Statutory **Level of data:** Child **Type of data:** Individual level **Collection:** DfE COLLECT **Validation:** DfE COLLECT **Reporting:** Annual Statistical First Release (SFR) **Linking:** Office for National Statistics (ONS) Secure Research Service (SRS)	Collection of child-level FGC data through ASG **Level of Obligation:** Voluntary **Level of data:** Child **Type of data:** Individual level **Collection:** Data collection template **Validation:** Data collection template review **Reporting:** As part of Quarterly Excel aggregate **Linking:** Possibility of linking to Office for National Statistics (ONS) Secure Research Service (SRS)

Collecting child-level individual data (Option 2 or 3) would provide a comprehensive dataset to look at FGC access, engagement, and impact. However, this project found that many local authorities would currently not be able to provide much of the child-level data suggested in Options 2 or 3. A *phased approach* could be used to support local authorities to develop systems to collect child-level data.

As set out in Table 6, a phased approach would begin with a co-design period which would inform the launch of a survey to collect aggregated FGC data at a local authority level (Option 1). The survey would test the feasibility of collecting aggregate data and provide a high-level baseline assessment of provision and access to FGCs. The survey would also include a questionnaire on the current collection of child-level data and the future feasibility of collecting child-level data on a set of items (for example those listed in Option 2). The survey could also collect information about the barriers and enablers to providing child-level data to inform the piloting of a child-level data collection as detailed in Option 2 and 3.

A phased approach would mean that Option 1, a survey collecting aggregated data at a local authority level, could be undertaken as a voluntary data collection within a relatively short timeframe taking into account the need for a co-design period. This approach would also mean that the voluntary collection of aggregated local authority-level data could continue while a child-level data collection is co-designed.

A phased approach could also be used to move from Option 2 (a standalone child-level data collection) to Option 3 (a child-level data return collected via a current data collection). However, given the different ways data would be collected via Option 2 compared to Option 3, deciding which of the two child-level data collections would be best to avoid it becoming overly burdensome for local authorities.

Table 6. Example of a phased approach to data collection including a timeline

Task	Timeline
Co-design with local authorities and national stakeholders an aggregated local authority-level data collection (Option 1)	October 2024–February 2025
Survey of aggregated local authority-level FGC data (Option 1) based on 2024/25 financial year (April 2024–March 2025) Publication of aggregate data with findings on local authority views on a child-level data collection including plans for its collection in the 2026/2027 financial year	March 2025–June 2025 August 2025
Co-design with local authorities and national stakeholders on a child-level data collection Publish guidance on child-level data collection	September 2025–January 2026 January 2026
Repeat survey of aggregated local authority-level FGC data (Option 1) based on 2025/26 financial year (April 2025–March 2026) Publication of aggregate data	March 2026–June 2026 August 2026
Data collection child-level FGC data for 2026/2027 financial year Publication of child-level FGC data 2026/2027	Launched March 2026 Data capture closed April 2027 September 2027

A phased approach could also account for any changes taking place at a national level given the recent change in government. These will have an impact on FGCs which will need to be accounted for in any national data collection. There are also a number of reforms taking place in children's social care data with the publication of the Children's Social Care: Data and Digital Strategy and the development of a Children's Social Care Dashboard. There are also a large number of data projects currently taking place, such as the development of a new Standard Safeguarding Dataset for Children's Social Care and Early Help performance data pilot.

NEXT STEPS AND CONCLUSION

This section sets out the key features and principles to guide the development of a national data collection on FGCs. It also provides recommendations to improve current practice in local authorities regarding the recording and reporting of information on FGCs.

Key features and processes for a national FGC data collection

A number of features and processes for a national, routine, standardised FGC data collection are recommended:

- **Co-develop the data collection with the sector** – this includes local authority FGC services, commissioners, commissioned FGC providers, families (parents, carers, children and young people), and key stakeholders such as the ADCS (who will want to understand how FGC data collection can benefit local authorities as well as the resource levels needed). The most effective national data collections have been co-designed with local authorities and the sector. This would also align with the values which underpin the FGC model and the important principle of co-design, which is 'being done with, not too'. If stakeholders feel involved and valued, they are more likely to support and actively participate in the data collection efforts, leading to better-quality data and response rates.
- **Allow time to test and pilot the new data collection** – to determine the resources required, the insights that can be gained and which data items may be difficult for some local authorities to provide. During this period, the content of the data collection may change based on the feasibility, benefit, and challenges identified. Successful national data collections have been developed over an extensive period with numerous piloting phases and iterations. Collections are not without teething problems, and they do not usually get everything ironed out first time. Therefore, it would be useful to have a simple short return initially (Option 1), looking to increase the coverage and quality of data as LAs get used to reporting on FGCs. A testing and piloting phase will also give CMS providers time to ensure their system can comply with the changes.
- **Minimise burden on local authorities** – by collecting only data which will be useful to the sector and used to inform local, regional, and national policy and practice. This could be supported by:
    - Automating data validation and submission as much as possible, so that staff can focus on the tasks that add most value to the data collection
    - Only creating new data items that are necessary and will provide a clear benefit to the sector through the analysis that can be provided
    - Only collecting data as frequently as is practical and be clear about why data is being collected and how it will be used.

    - Building analysis into data collection templates to provide immediate benefit and to support quality assurance and timeliness of data returns.
- **Provide a data collection template and accompanying guidance** – to give a clear steer on the data that needs to be provided and to ensure the data submitted is consistent across all participating agencies. This will allow for comparative analysis and increase the quality of the data provided. Ensure that guidance is frequently updated to address any issues that emerge and to support ongoing learning and development.
- **Account for variation in FGCs** – any national data collection should attempt to account for variation in how FGCs are undertaken by collecting information on their process (for example whether they provided an FGC review) as well as whether services are fulfilling the seven FGC quality standards (Figure 1) for their service within the data return.
- **Ensure data is submitted and held securely** – in line with UK GDPR because the data collected will be classified as sensitive.
- **Maximise usefulness to the sector** – by sharing data and analysis and providing the tools to analyse the data for benchmarking purposes locally, regionally, and nationally. This should include minimising the timeframe for providing data back to the sector after it is collected. The best way to secure a high rate of return and good-quality data is to provide clear benefits to participating agencies through meaningful insights provided in a timely way. For example, producing LA-level reports with benchmarking will incentivise local authorities to provide accurate data.
- **Provide transformation funding to develop a national data collection** – any attempt to create a national data collection should consider providing funding to support improved data collection and reporting as part of the phased approach. This could be part of a wider data transformation funding programme. Local authorities reported that transformation projects had been a key catalyst for some FGC services to create advanced data collection and reporting systems used to report on FGC access, provision, and impact. The Standard Safeguarding Quarterly Dataset was provided with £10k per region for local authorities to help set up the collection by DfE, and bring local authorities together in each region for peer support.
- **Ensure data collected is pseudonymized** – if individual child-level data is collected (Options 2 and 3). Preferably this would be done with the LA UID to enable data linkage with other LA data collections and allow more in-depth analyses to be done beyond what would be possible with only the data collected as part of this return.
- **Gain approval from the DfE's Star Chamber** – if an existing national data collection is used (Option 3).

Recommendations to improve current FGC data practices in local authorities

FGC services are collecting and reporting on FGCs in a range of ways, with very limited knowledge of how others are collecting data or what best practice involves. Overall, there needs to be substantial work to raise the standards of FGC data recording and reporting. Many FGC services appeared to be 'data rich' but 'analytically poor' in the sense of not being able to report on everything they wanted to. This was for a number of reasons, including poor systems, lack of time/capacity, and a lack of skills/expertise. Any national data collection should be supported by work to improve local authority FGC data collection and reporting. Recommendations include developing:

- **FGC Data Quality Standards** – to increase the standard and quality of data. These, standards would need to be co-designed with local authorities and could include best practice examples and guidance for the different ways FGC services are currently collecting and reporting on their FGC data. These could be integrated into FGC accreditation with the FGC network. Work could be undertaken with a number of local authorities to co-design these.
- **Templates and standards for collecting and reporting on feedback** – including best practice to gather parent-carers, children and young people as well as professionals views and their informed consent (which should make clear what data is collected on them and how it will be used). This should sit alongside systems to integrate feedback and the voice of parent-carers, children and young people in particular into service development, quality assurance (such as use of the seven FGC quality standards) and outcomes reporting.
- **Open-source data analytics and reporting tools** – for the sector to easily analyse and report on data. This could be built into the national data collection reporting or provided as a standalone tool.
- **Tools for assessing costs –** for local authorities to input in financial data (such as direct and indirect costs) to understand the running costs at, for example, a service and per child level. If impact data was also included in the return, some form of cost–benefit and value for money analytical tools could be developed.
- **Peer to peer opportunities to share data collection and reporting tools** – as well as the data and analytics themselves across local authorities, possibly regionally, supporting best practice and the upskilling of local authorities. This could involve partnering local authorities which have less mature, but similar, FGC data systems, such as the same CMS or reporting requirements.

Most services did not look at the equity, diversity, or inclusion of their FGC service. While many FGC services capture information on the ethnicity of children and their parents/carers, most did not look at equity of access to an FGC compared with their wider child population. In addition, most services did not look at access to their FGC service for those with protected characteristics or factors which would make access and engagement harder such as having a child with SEND. In addition to wider research looking locally and nationally at access to FGCs through an equality, diversity, and inclusion lens, further work needs to be undertaken to support FGC services to collect better data on this and to understand equity of access to FGCs in their local area.

Build the collection into national reporting mechanisms

To support the collection and use of a national data collection on FGCs, work could be undertaken to build data into national reporting mechanisms.

One important mechanism is the Children's Social Care National Framework[26] and its accompanying Dashboard.[27] The National Framework is statutory guidance and sets out the purpose and principles of children's social care, along with four outcomes and three system-level enablers that help achieve them. The Dashboard is currently in development but is expected to provide a visual representation of key metrics and indicators, which will include information on what is happening in practice, and how the outcomes and enablers described in the National Framework are being achieved. The dashboard is not a primary data collection mechanism, and therefore could not be used to collect data on FGCs. However, data collected on FGCs could be reported on via the dashboard.

Additional reporting mechanisms for local authority benchmarking is the Local Authority Interactive Tool (LAIT),[28] an interactive spreadsheet for comparing data about children and young people across all local authorities in England. The 'Children's services statistical neighbour benchmarking tool' allows local authorities to look at data compared to its 'closest statistical neighbours' (local authorities with similar characteristics). FGC data could be included in the LAIT and updated when new data becomes available.

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[26] For more information see: https://www.gov.uk/government/publications/childrens-social-care-national-framework

[27] For more information see: https://www.gov.uk/government/publications/childrens-social-care-dashboard-and-indicators-update

[28] For more information see: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

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APPENDIX A

Rapid review of previous work on FGC data collection

Methods

The review had the following research questions:

1. What are the different ways data on FGCs has previously been collected? What are their methods?
2. What data is collected in previous studies and are there any commonalities?
3. What are the barriers and enablers to collecting and reporting on FGC data?
4. What is key in ensuring quality data on FGC?

The review used Google Scholar to search for relevant literature using the following search terms:

- 'family group conference*' United Kingdom OR UK OR England OR Scotland OR Northern Ireland OR Wales
- 'family group conference*' impact report
- 'family group conference*' end of year report
- 'family group conference*' annual report
- 'family group conference*' evaluation
- 'family group conference*' outcomes
- 'family group conference*' evidence.

To ensure the relevance of the sources reviewed, sources were only included that:

- Used data from the UK, England, Northern Ireland, Scotland, or Wales
- Were published between 2014 and 2024
- Were written in English.

Sources identified through this search were then searched for further relevant sources in their reference lists. From this, 17 sources were identified and assessed as part of the rapid evidence review. These sources can be found in the References.

- The review identified 16 sources (relating to 15 studies) that met the inclusion criteria. Six sources focused on an individual local authority in England; five focused on multiple local authorities in England (ranging from 2 to 21 local authorities); two sources focused on Scotland; and one focused on London. Two sources were about the same study and had a

UK focus[29] (these sources will be referred to as a single study). We also included one source that had an international focus as it analysed two UK studies.

Key findings

What data has previously been collected on FGCs?

The rapid review found very limited information on what data local authorities collect, other than what was reported in the CASCADE survey. However, from the 15 studies reviewed, it was established that a range of data has been collected from FGC services.

The majority of studies looked at **outcomes** related to level of social care intervention (10 studies), for example: number of children (re)entering and leaving care; Looked After, Child Protection, and Child in Need status; referral rates; and living arrangements. Other variables included changes in legal basis of placement of a looked after child; placement stability; and length of time in care and of pre-proceedings and proceedings. Studies used national datasets including the Child in Need dataset within the National Pupil Database as well as local authority management information. For example, the CASCADE survey found that a third of FGC services had commissioned or produced an evaluation of their FGC service, and two-thirds of FGC services (63.7%, n=86) collect outcome data after an FGC, either at 3, 6, or 12 months. Outcome data included social care service or placement outcomes, family functioning and wellbeing, and the experience of the FGC itself.

Several variables related to **FGC processes**, including: number delivered; number of attendees; number of FGC staff; stage and circumstances in which they are offered; involvement of children and young people; FGC practice standards; whether implemented as planned; plans for future delivery; whether FGC services are evaluated; and the data currently recorded for evaluation purposes. Local authorities provided data on processes through surveys and/or data returns (e.g. Wood et al., 2022; Taylor et al., 2023). The variables in some studies related to **barriers and enablers to implementation** of, access to, and engagement in FGC which were explored in surveys and interviews (e.g. Taylor et al., 2023; Martin-Denham, 2021).

Some variables related to **family satisfaction** with FGC, and others focused on **engagement and experience**, including whether families understood what would happen at the FGC. Several explored whether families felt empowered, listened to, included, or respected. Some of these variables were measured quantitatively with questionnaires, such as satisfaction (Nurmatov et al., 2020) and how included parents felt in decisions about their children's care (Taylor et al., 2023). In addition, the CASCADE survey found that the majority of services collected data on family satisfaction with the FGC.

Variables also related to the **effectiveness** of FGC, including whether the plan was the best outcome for the child (e.g. collected in a survey by Mason et al., 2017); and whether families felt

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[29] This study is running from 2021 to 2025. One source was the protocol (Scourfield et al., 2023), which details some research not yet carried out; the other is a report of the survey findings so far (Wood et al., 2022).

FGC had helped to solve their problems (e.g. collected using Likert scale questions by Mason et al., 2017). Some studies (e.g. Bohling et al., 2020) explored perceived impacts on CYP and families, including on wellbeing, relationships, and family functioning, in interviews and focus groups. Holmes et al. (2020) explored social connections using a questionnaire they developed with FRG (Social Connections Tool) and measured the rate of (re)establishing contact with the people the CYP had identified as wanting to have contact with. Children and young people's mental health, wellbeing and educational outcomes were measured in some studies (e.g. Holmes et al. (2020) using the National Pupil Database). One study measured the occurrence of adverse events – missing and absent period and harmful and risk-taking behaviours (Holmes et al., 2020).

Several outcomes related to **staff**, including turnover, absence and vacancies (e.g. measured using national data comparisons in Rodger et al., 2020), and confidence, job satisfaction and efficiency (e.g. explored in qualitative work and surveys in Bohling et al., 2020).

Six studies included **cost data** analysis with varying approaches: cost-effectiveness (Nurmatov et al., 2020), cost–benefit analysis (Taylor et al., 2023), some using a Fiscal Return on Investment methodology (Rodger et al., 2020; Holmes et al., 2020), or the 'Manchester Model' developed by New Economy (Mason et al., 2017).

What are the barriers and enablers to collecting and reporting on FGC data?

Several studies had challenges **recruiting families** to take part in data collection (e.g. Munro et al., 2017; Rodger et al., 2020; Lawrence et al., 2020; Bohling et al., 2020). This was attributed to a number of issues including local authorities not always having up-to-date contact details for family members, and family members being reluctant to revisit potentially difficult times of their lives (Lawrence et al., 2020).

Low response rates from **social care and FGC staff** was an issue in a number of studies (e.g. Rodger et al., 2020a; Bohling et al., 2020). Social workers and FGC coordinators were often busy and under pressure, so were unable to prioritise data collection (Mason et al., 2017). Studies also received low response rates from **local authorities** who did not always respond to requests for data, especially when their time would not be compensated (e.g. Lawrence et al., 2020).

- A number of studies had issues with **data quality**, including missing and invalid data, the inability to access data requested, and differences in whether reporting was on a family-level, child-level, or 'case'-level (Lawrence et al., 2020; Taylor et al., 2023). Inconsistencies in definitions and data also affected quality. For example, inconsistent definitions between local authorities in what constituted 'early help' (Wood et al., 2022); unclear reporting of characteristics of FGC or other shared decision-making meetings, and of business-as-usual (Jong et al., 2015, Nurmatov et al., 2020).

APPENDIX B

Accessibility text

Figure 1. Family Rights Group – Family Group Conference: Seven quality standards

‘Family Rights Group, Helping Families Helping Children’, ‘Family Group Conference Seven quality standards’

1. Family group conference coordinator is independent.
2. Families decision to participate is voluntary.
3. FGC is family let and includes “private family time" so the family to make a plan.
4. Referred child or adult is the central focus of the FGC and supported to take part.
5. FGC service should ensure that the family has all necessary resources to make their plan.
6. FGC should respect the families’ privacy and right to confidentiality.
7. The FGC service should work to the principles of equality and inclusivity, promoting diversity including respecting and being sensitive to the families’ culture and individual identities.

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Figure 2. Three examples of FGC data flows

The following figures display three examples of data flows in FGC pathways. These are ‘step by step processes. The figures show which data is stored within or outside the CMS across these data flows.

Example one: An example where most of the FGC data is stored on a CMS in a ‘pathway’

The forms and/or documentation are listed in this order: ‘Case Management System (CMS) referral form’, to, ‘Info and FGC meetings and review meetings including coordinator planning notes’, to, ‘FGC plan’, to, ‘FGC closure form’, to ‘FGC Review Plan’. These five forms- and/or documentation are grouped in a single box, showing that all of these documents are stored within the CMS.

‘Family and referral practitioner feedback’ sits outside of the box between ‘FGC closure form’ and ‘FGC Review Plan’, indicating that it is stored outside of the CMS.

Example two: An example where some of the FGC data is stored on a CMS in a ‘pathway’

The forms and/or documentation are listed in this order: ‘Online/paper referral form’ sits above ‘CMS referral form’. This indicates that either the referral form or an online/paper form is submitted and then saved onto the system. Arrows point from ‘CMS referral form’ to ‘Family

Information Sheet Agenda’ which is outside of the main box, indicating that it is stored outside of the CMS.

The steps following ‘Online/paper referral form’ and ‘CMS referral form’ are as follows: ‘Info on FGC meetings and review meetings’, to, ‘FGC plan’, to, ‘FGC closure form’, to ‘FGC Review Plan’. Arrows between each indicate the step by step progression. These are contained within in the main box, indicating that they are stored within the CMS.

As in Example one, ‘Family and referral practitioner feedback’ sits outside the main box between ‘FGC closure form’ and ‘FGC Review Plan’, which indicates it is stored outside of the CMS. ‘Coordinator planning notes’ also sits outside the main box, between ‘Info on FGC meetings and review meetings’ and ‘FGC plan’.

Example three: An example where most of the FGC data is not stored on a CMS

The forms and/or documentation are listed in this order: ‘Online/paper referral form’ sits inside the box with an arrow pointing to ‘FGC plan’, indicating that these two aspects are stored within the CMS and that ‘FGC plan’ follows the ‘Online/paper referral form’. This is followed by ‘FGC closure form and ‘FGC review plan’; both elements are outside of the box, indicating that they are not stored within the CMS.

‘Family Info Sheet Agenda’ is connected to the first stage: ‘Online/paper referral form’ and sits outside the box, indicating that it is not stored within the CMS.

‘Info on FGC meetings and review meetings’ and ‘coordinator planning notes’ sit between ‘Online/paper referral form’ and ‘FGC plan’, however are placed outside of the box. This indicates they are both stored outside of the CMS.

‘Family and referral practitioner feedback’ sits above the main step by step process, between ‘FGC closure form and ‘FGC review plan’ connected by an arrow. This is also placed outside of the box, indicating that it is stored outside of the CMS.

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Figure 3. Example of individual-level vs aggregate-level data

‘Individual-level data’:

- Male, aged 10
- Male, aged 12
- Male, aged 3
- Female, aged 4
- Female, ages 16
- Female, aged 9

‘Aggregated data’:

- 3 males 3 females

- Average age 9

(Click here to return to main report)