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Final report

FAMILY GROUP CONFERENCES: SERVICE DESIGN AND FAMILY EXPERIENCE

Foundations
What Works Centre for Children & Families

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About Foundations – 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 Coram

Coram is the first and longest-continuing children's charity, established as The Foundling Hospital – the birthplace of children's social care – in 1739. Coram's vision for children is a society where every child has the best possible chance in life, regardless of their background or circumstances and the Coram Institute for Children is instrumental in realising this vision by turning insight into impact.

About Family Rights Group

Family Rights Group is a national charity working to ensure children can live safely and thrive 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 Family Group Conferences in the UK having introduced the approach into the UK in the 1990s. The charity hosts the national Family Group Conference & Lifelong Links Network and runs a quality accreditation scheme for FGC services.

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GLOSSARY OF TERMS/ABBREVIATIONS AND ACRONYMS

Abbreviation/ acronym/term	Description
Advocate	An advocate may be involved in a Family Group Conference (FGC) to support someone involved in the FGC (child, young person, or adult) to be able to participate fully and have their views and needs communicated.
Child in Need (CiN)	A statutory status given to a child if their health or development is unlikely to reach or maintain a reasonable standard, or is likely to be significantly impaired, without the provision of services from the local authority. Section 17 of the Children Act 1989 places a general legal duty on children's services departments to work to keep children safe, well cared for, and at home unless this would place them at risk. To help achieve this, children's services must provide a range and level of services in their local area to help children in need and their families (section 17(1) Children Act 1989).
Child Protection Plan (CPP)	A written plan developed when a child is judged to be at risk of significant harm. If a Child Protection Conference decides a child is at risk of significant harm, a Child Protection Plan must be drawn up. The aim of the plan is to: • Make sure the child is safe from harm and well cared for, both now and in the future • Promote the child's health and development • Support the family and wider family members to keep the child safe and promote the child's welfare.
Early help and Family Help	Non-statutory services provided to families who need additional support but do not meet the threshold for statutory social care intervention. These services aim to prevent problems from escalating to crisis point by providing targeted support to families facing challenges, which may include parenting support, counselling, housing advice, or help accessing other services. The 2022 independent review of children's social care recommended that early help services be combined with Child in Need services (see above) and called 'Family Help'. The government has confirmed Family Help as national policy, with Family Help including targeted early help and Child in Need services under Section 17 of the Children Act 1989.
Family Group Conference (FGC)	A family-led meeting in which the family and friends network come together to make a plan for a child. The process is supported by an independent Coordinator who helps the family prepare for the FGC and facilitates the meeting. The family-led meeting includes private time for the family network to draw up the plan. Children are involved in their own FGC, often with support from an advocate. An FGC is a voluntary process.
FGC 'agenda'	In preparation for the Family Group Conference meeting, the FGC Coordinator works with the referrer to understand the reasons for the referral

Abbreviation/ acronym/term	**Description**
	to the FGC service. This includes questions that the family network should address in the plan that they draw up at the FGC meeting. This information is then written up into an 'agenda' or information document for families. It should be written in family friendly language and shared with parents/ kinship carers for their input ahead of it being shared with the wider network.
Family Group Decision Making (FGDM)	An umbrella term for different methods of engaging families in decisions about their children. Family Group Conferences (FGCs) are a family-led process, underpinned by clear principles and seen as the gold standard of FGDM. FGDM can also include family team meetings, Family Network Meetings, family unity meetings, family team conferences, team decision making, and emergency family meetings; some of these can be professionally led one-off meetings that sometimes do not follow a clear practice protocol.
Initial Child Protection Conference (ICPC)	A meeting held when agencies believe that a child may be at risk of significant harm or has suffered significant harm. The aim of the conference is for the family and professionals to meet and share information with each other about the risks and the strengths. They will then think about and decide – with the family and, where appropriate, the children and young people – what will ensure the safety and wellbeing of the children and young people. The timescale for convening an ICPC following a strategy discussion is 15 working days. This is a national timescale set by the government, and all local authorities in England are expected to meet it. The urgency of the situation, however, may dictate a shorter timescale.
Kinship carer	Kinship care is any situation in which a child is being raised in the care of a friend or family member who is not their parent. The arrangement may be temporary or longer term. Kinship carers can be grandparents, uncles, aunts, older brothers and sisters, or other adults who have a connection to the child, such as neighbours or family friends. Kinship carers are sometimes called family and friends carers.
LA	Local authority/ies.
Pre-proceedings	Pre-proceedings refers to a formal process that the local authority must follow if they are considering applying to the Family Court to initiate care proceedings for a child Also known as the Public Law Outline (PLO) process, its main goal is to provide families with support and resources to make necessary changes to protect a child's welfare and resolve concerns, thereby avoiding formal court intervention. The process typically involves a Letter Before Proceedings (LBP) outlining social services' concerns, a pre-proceedings meeting to discuss a plan for improvement, and ongoing monitoring to ensure the plan is followed.

EXECUTIVE SUMMARY

Introduction

Family Group Conferences (FGCs) are a type of decision-making process used in children's social care in the UK and internationally, involving voluntary meetings led by family members to plan and make decisions for a child where there are concerns. FGCs are most commonly used when a child is in need of support or is at risk of harm or abuse. In 2023, the largest randomised-controlled trial (RCT) of FGCs found them to be effective at diverting children from entering care when they were completed at the pre-proceedings stage (Taylor et al., 2023).

In November 2024, the UK government announced that local authorities will be required to offer Family Group Decision Making (FGDM) to all families where there are child welfare concerns that have reached the pre-proceedings stage (DfE, 2024). FGDM is an umbrella term for different methods for engaging families in decisions about their children, of which FGCs are an evidence-based model. This requirement is soon to be mandated in law as part of the Children's Wellbeing and Schools Bill. The Bill mandates the offer of FGDM to all families before a local authority applies for a care or supervision order (unless the local authority deems it not to be in the child's best interest). Keeping families together through FGDM is also a central pillar of the government's Families First Partnership (FFP) programme guide, which outlines delivery expectations for safeguarding partners in England.

Despite the strong evidence base on the effectiveness of FGCs, there is limited data on exactly whether, when, and how families are presented with an offer of an FGC and why families choose to take up the offer or refuse it. In particular, the experiences of families with different demographics and needs – for example, those from minoritised ethnic backgrounds or children or parents/kinship carers with a known disability – being offered an FGC, and in turn the influencing factors in the FGC being taken up, are not well understood.

The UK government's plan to mandate FGDM, combined with the evidence in support of the use of FGCs, means it is likely that the number of FGCs being offered by local authorities will increase. This explorative research was therefore an opportunity to better understand families' experiences of the offer of an FGC to support all local authorities in implementing them effectively and equitably.

Foundations commissioned Coram, in partnership with Family Rights Group and Lorna Stabler from Cardiff University, to carry out this explorative research. The research began in October 2024 and concluded in September 2025.

Objectives

We aimed to examine the context in which FGCs are offered to families and gain a better understanding of the factors that influence whether, when, and how families are offered FGCs and why they may or may not choose to participate in them.

The main aims were:

- To understand the organisational and service context that influences whether, how, when, and by whom FGCs are offered at pre-proceedings stage and stages before pre-proceedings
- To understand the intersectional barriers and enablers that impact families being offered and/or accepting an FGC
- To understand families' experiences in being offered and engaging in an FGC at pre-proceedings stage and stages before pre-proceedings
- To co-produce evidence-based solutions with key stakeholders (including Experts by Experience and sector partners) in order to highlight best practice; support equitable access; and increase the take-up both at pre-proceedings and before pre-proceedings, so that more children and families can benefit from the FGC process.

Methods

The research had three phases: inception, discovery, and co-design of solutions. The project used a mixed-methods, multi-disciplinary approach to answering the research questions, including:

- A rapid review of existing evidence on families' experiences of being offered an FGC
- Deep dives with six local authorities, which included focus groups and interviews with FGC Managers, FGC Coordinators, Social Workers, and other practitioners who referred families to an FGC
- Interviews and focus groups with parents/kinship carers
- Interviews with sector experts and academics
- Consultations with an Experts by Experience Advisory Group (people with lived experience of FGCs and/or the children's social care system)
- National data collection from local authorities on their FGC referral and consent processes, as well as aggregated data on the number of FGCs and children involved in them where there was an FGC referral, consent, and an FGC meeting
- Co-design workshops with local authorities and the Experts by Experience Advisory Group on the solutions to barriers identified in the research.

We used thematic analysis to analyse qualitative data and descriptive statistics to explore data from the national local authority data collection.

Key findings

Overview of the national picture

- **FGC services were widespread but not universal:** 80.4% of local authorities in England currently provide an FGC service (with a further 5.2% establishing one).
- **The number of children referred for an FGC was small compared with the number of referrals to children's social care, the number of Children in Need, and children subject to a Child Protection Plan.**

Being referred to an FGC service

- **There was significant variation between local authorities** in both the number of FGC referrals and the number of children referred.
- Local authorities had a **range of eligibility criteria**, with the main distinction being whether they accepted referrals only from children's social care statutory services or from a broader range of services such as early help.
- **Many professionals and parents/kinship carers felt the pre-proceedings stage was too late for an FGC** and felt FGCs should be offered as an early intervention tool helping to prevent families from needing more intensive support.
- According to the local authority data collection, most children referred for an FGC were subject to a Child Protection enquiry, had a Child Protection Plan (41%), or were Children in Need (28%).
- Of all children referred for an FGC **only 1 in 10 were in pre-proceedings at the time of referral (10%)**.
- **Younger children were more likely to be referred** than older children.
- There was some evidence to suggest **inequity of access for an FGC referral for children from Black ethnic backgrounds.**
- Although there were data quality issues, **evidence suggested inequity of access for an FGC referral for children or parents/kinship carers with a known disability.**
- There was considerable variation in how FGCs were introduced both within and across local authorities. In most areas, the referring professional (not the FGC Coordinator) introduced and initially offered the FGC.
- Families could be offered an FGC at several points during their engagement with services; some required additional support, such as medication, to enable them to go on to accept the offer of an FGC.
- The **main barriers** to families being offered or referred for an FGC included: local authority service capacity and funding limitations, alongside local eligibility criteria which restricted referrals to social work teams; limited referrer understanding, knowledge, and awareness of FGCs; and high workloads and high turnover of referrers.
- The **main enablers** to families being offered or referred for an FGC included: a local authority-wide culture of promoting FGCs; senior leadership support; FGC educational activities and materials – trigger mechanisms prompting referrals; and strong relationships between FGC services and referral teams.
- **Some referrers demonstrated a limited understanding of the FGC consent process, and in a small number of cases consent appeared compromised.**
- The local authority data collection found that just over three-quarters (79%) of all referrals were consented to (comprising 75% of children that were referred), with just over half (53%) of all referrals leading to an FGC in 2023/24 (comprising 54% of children that were referred). This suggests that there were **sizeable numbers of FGC referrals that were not consented to or did not then take place**.
- **Children referred by statutory services appeared to be more likely** to have an FGC consented to and ultimately take place than those referred from non-statutory teams.
- **Children in pre-proceedings at the time of referral were less likely** to have an FGC consented to and ultimately take place than those not in pre-proceedings.

- Families of **younger children** were more likely to consent to and proceed with an FGC than those of older children. **White children had the lowest rates of consent and progress to a conference** as a proportion of referrals made, whereas Asian children had the highest. **Children from Black ethnic backgrounds had the largest gap between the proportion of FGCs consented to and those that go on to have an FGC.** A high proportion of missing data on children and parents/kinship carers with disabilities meant there remains an evidence gap regarding equity of consent and take-up.
- **Enablers to parents/kinship carers taking up an FGC offer** included: understanding what an FGC was, its process and benefits; wanting to get support from their network; seeing the FGC service as independent from social care; a positive relationship with the referrer, Coordinator, or both; a clear understanding of FGC, including its focus on their child's needs; feeling empowered, safe, and listened to; a fear (real or perceived) that their children would be removed from their care or they would be seen as uncooperative if they did not take up the offer. Additionally, reasons that supported ongoing engagement in the FGC process included working flexibly and offering alternative methods, and ensuring accessibility for all network members.
- **Barriers to parents/kinship carers taking up an FGC offer were varied and complex** and included past negative experiences of receiving support; delays in the process; a poor relationship and/or communication with their referrer; concerns about information being shared with their network; anxiety about conflict between family members; feeling stigma or shame about social services involvement or aspects of their situation like mental illness; feeling overwhelmed; finding the wording 'Family Group Conference' confusing or off-putting. Changing family circumstances caused some parents/kinship carers to withdraw from the process.
- **Children's engagement:** The consent process and general practice for involving children in FGCs varied across local authorities and understanding of legal and ethical obligations for involving children was inconsistent. Where children did not or only partly attended, Coordinators used alternative processes to capture children's views.
- **Fathers' participation:** Data showed wide variation in father attendance at FGCs, with low response rates highlighting the need for better data and for future measures to capture fathers' engagement in the FGC process, not just physical attendance. Common barriers to father participation included inability to take time off work, safeguarding concerns, or domestic abuse (leading to split conferences, mediation, or exclusion of abusive fathers from major involvement).

Recommendations and next steps

Recommendations for further research include:

- **Improve understanding of equity of access and take-up** by examining which child, family, practitioner, and local authority factors influence whether an FGC is offered and accepted, including disparities linked to **ethnicity, disability, and age**.
- **Investigate age-related differences**, particularly why **younger children** are more frequently referred and proceed to FGCs, and how access and consent could be improved for **older children**, including those supported by youth services or youth justice.

- **Explore cultural and disability-related inequities**, including reasons for lower take-up among some **ethnic minority families** and barriers experienced by **disabled children and disabled parents/kinship carers**, and identify effective, culturally responsive, and accessible practice.
- **Examine intersectional barriers** for families experiencing multiple disadvantages (e.g. older disabled children, neurodiverse families from minoritised ethnic backgrounds) and determine whether disparities persist after accounting for age, stage, service capacity, and local practices.
- **Conduct deep-dive analyses using individual-level data** across multiple local authorities to understand variation in referral, consent, and take-up, including differences in the target populations for FGCs (early help vs statutory).
- **Investigate how FGCs can support families with small or dispersed networks**, identifying what good practice looks like when network size is a barrier to referral.
- **Strengthen understanding of consent quality and voluntariness**, including how informed, ongoing consent is obtained, what helps safeguard voluntariness, and families' reasons for declining.
- **Explore access and take-up at different stages** of children's social care involvement, especially **early help**, reunification, kinship, and leaving-care pathways, including what supports families to accept an FGC (e.g. mediation).
- **Examine low take-up in pre-proceedings** and assess the impact of the **FGDM mandate**, including barriers and enablers to offering and accepting FGCs once the duty is implemented.
- **Prioritise children's perspectives**, ensuring participatory, co-designed research to understand children's experiences across referral, offer, consent, and conference stages, and what helps or hinders their involvement.
- **Improve FGC data and monitoring**, exploring how better data quality, consistency, and analysis can strengthen practice, support equity monitoring, and inform service improvement.

Overall, lessons learnt include:

- Significant **data gaps and inconsistent definitions** across local authorities limit the ability to evaluate equity and take-up; stronger national data standards are needed.
- **Participatory, lived-experience-led approaches** improved the quality and richness of findings; future research should embed co-design and include families who decline or are not offered an FGC.
- An **intersectional approach** is required to understand how age, ethnicity, disability, and other overlapping factors shape access and take-up.
- **Referrer understanding and confidence** play a major role in whether families are offered or accept an FGC; improved training and clearer, independent explanations are essential.
- **Early intervention pathways** require development, because the pre-proceedings stage is often too late and early help referrals remain limited.
- **Consent practices vary**, and voluntariness is sometimes compromised; future work must strengthen how informed, ongoing consent is secured and safeguarded.

- **Children's participation** is a key evidence gap; future research should be co-designed with children to understand their experiences across the whole FGC process.

WHAT IS A FAMILY GROUP CONFERENCE?

An FGC is a family-led decision-making approach used in the UK and internationally to help families plan for the safety, wellbeing, and stability of their child. The approach originated in Aotearoa, New Zealand, which had experienced disproportionate removal of children from the Māori community into state care by an institutionally racist state system (Fulcher, 1999). The approach was developed as a way to support family-led decision-making, drawing on Māori community knowledge and strengths to make a plan to care for their children.

FGDM is an umbrella term for different methods of engaging families in decisions about their children. An FGC is an evidence-based form of FGDM that is proven to divert children from the care system (Taylor et al., 2023). FGCs are often referred to as the gold standard of FGDM and are distinct for using independent Coordinators and incorporating private family time for decision making.

In the UK, FGCs and FGDM are used in many different contexts. This report focuses on the use of FGCs in children's social care. FGCs in this context involve 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 that allows a family and their network to draw on their strengths and resources to make a safe plan for a child/ren.[1]

There are typically five stages of an FGC: the referral; appointment of the independent FGC Coordinator; preparation; the conference; and review of the plan (see Figure 1).[2]

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

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

Figure 1. The five stages of a Family Group Conference [3]

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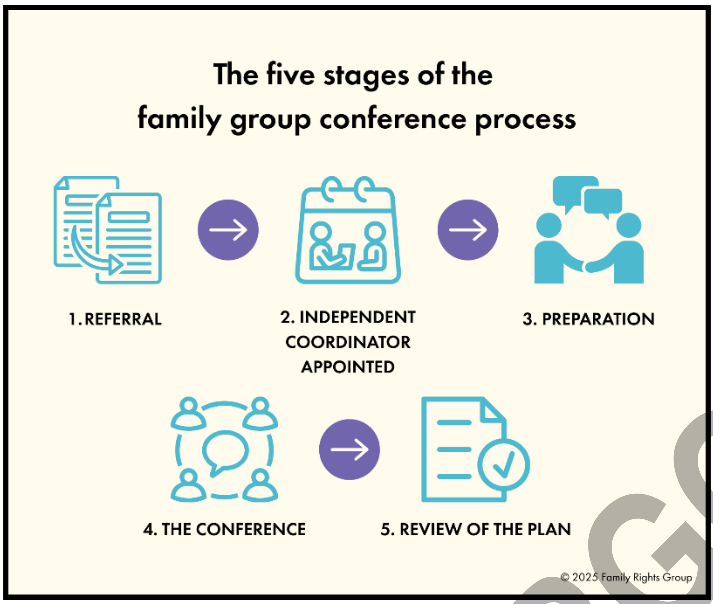

A key principle of the FGC process is that the family are experts about their own circumstances and the process aims to ensure that they are the key decision makers. An independent FGC Coordinator is appointed to support the family through the process and helps them prepare for the FGC. This Coordinator is independent of any role in any children's services decision making for the children or adults involved. Their independence is a core part of the FGC approach, to ensure power is held by the family.

The Coordinator undertakes preparation work to identify the family, friends, and community networks. The Coordinator supports the family to understand the purpose of the FGC, including the concerns of the referring agencies and how the family can contribute to the plan for the child. Children are usually involved in their own FGC and are often supported by an advocate or supporter. The FGC Coordinator works to ensure the child or young person's voice, wishes, and feelings are central to the process at all times, even if they do not attend the conference themselves.

The FGC itself includes an information-sharing stage, which is an opportunity for the family network to hear clear information from practitioners about the concerns that need to be addressed and the external support available to them. The FGC also includes private family time, which is when the family network makes a plan with and for the child. The plan draws on the family's strengths, as well as agency and family resources. Figure 2 sets out the seven quality standards from Family Rights Group that are used as a basis to assess local children's social care FGC services when they are accredited by Family Rights Group in the UK.

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[3] Family Rights Group, 2022.

Figure 2. The seven quality standards from Family Rights Group that are used to assess local FGC services when they are accredited

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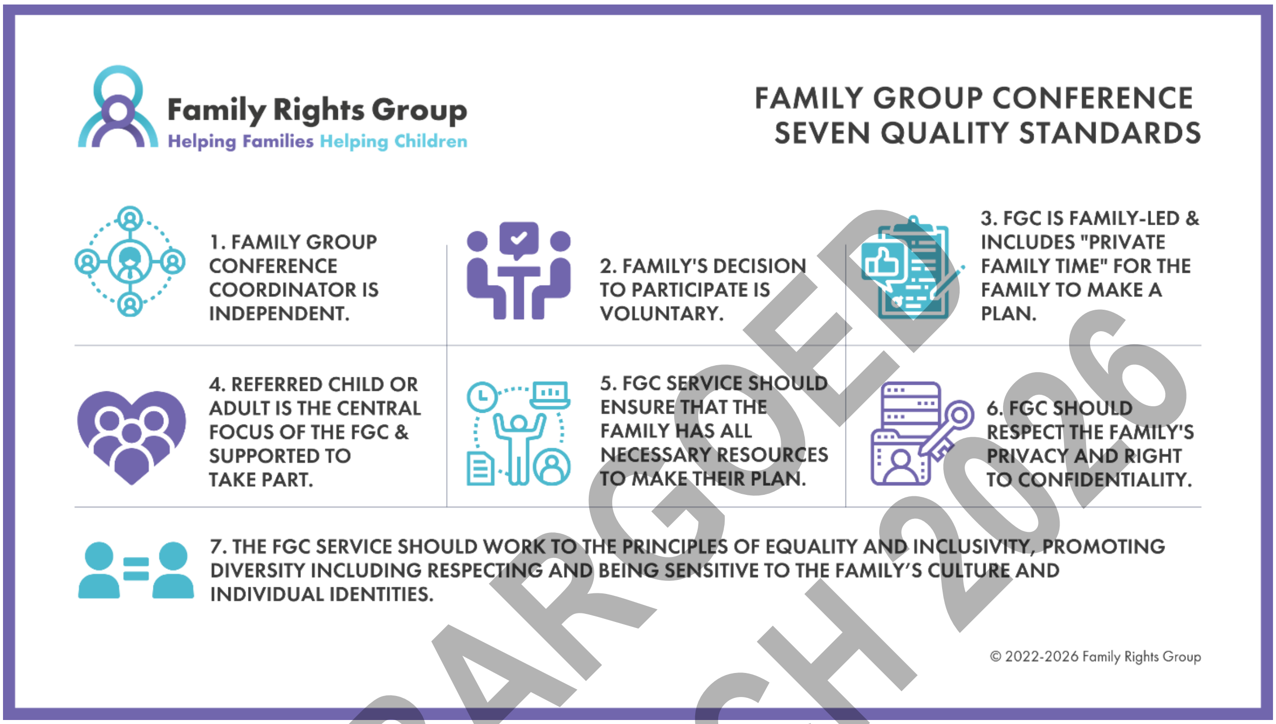

Family Rights Group
Helping Families Helping Children

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.

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In the UK, FGCs are used in many areas of the child welfare system where it is deemed safe to do so – including early help and preventative services, when there are safeguarding concerns, and with children in care and care leavers. This includes at the pre-proceedings stage,[4] when local authorities consider applying to the Family Court for a care order to protect a child/ren from significant harm or the risk of significant harm. FGCs are believed to improve outcomes in several ways: they aim to make decisions in a fair and transparent way, provide clearer information, and share power more equally with families. They focus on the child's needs, value the family's knowledge and insights, and draw on support from the wider family network. FGCs also seek to build greater trust and stronger partnerships between families and professionals (Taylor et al., 2023).

In November 2024, the government published the command paper 'Keeping children safe, helping families thrive', outlining its plans to reform aspects of children's social care (Department for Education, 2024). It includes a commitment to involve families in decision making at the earliest stage possible and throughout a child's involvement with children's services. In addition, the government has set out in its Children's Wellbeing and Schools Bill a new duty for local authorities to offer all families, where concerns have been raised about child wellbeing and safety, an FGDM meeting at the pre-proceedings stage. The Bill is currently progressing through Parliament (UK

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[4] The pre-proceedings process is a formal stage where a local authority's children's services outline concerns about a child's wellbeing and agree a plan with parents/carers to avoid care proceedings being taken to court.

Parliament, 2024–2026). If the current drafting is finalised, children's services will not be able to start care proceedings for a child until an offer of FGDM has been made to the child's parents, or those with parental responsibility for them, unless the local authority considers that it would not be in the child's best interests for the offer to be made.

What is the evidence base for FGCs and access to FGCs?

There is growing evidence base for the effectiveness of FGCs in the UK, particularly at the pre-proceedings stage. Foundations commissioned Coram, in partnership with Daybreak, to conduct the largest RCT of FGCs (Taylor et al., 2023). The study measured the impact of FGCs at pre-proceedings stage on child and parental outcomes for over 2,500 children in approximately 1,500 families across 21 local authorities in England. 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 offered one, 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 who 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.

Despite the growing evidence base for the effectiveness of FGCs in preventing children going into care, not all local authorities in England currently provide an FGC service. A study in 2022 looked at the provision of FGCs and estimated that 82% of local authorities in England had an FGC service (Wood et al., 2022). Of the 82 local authorities that provided data, 93% stated they offered an FGC at the pre-care proceedings stage (Wood et al., 2022). The report highlighted that a large number of families in England currently miss out on being able to access an FGC due to living in an area which does not have an FGC service.

The study also found that there were substantial variations in the number of FGCs taking place across local authorities: between 20 and 800 FGCs per local authority (with an average of 163). This suggests that many families have limited access to an FGC because they live in an area where only a small number of FGCs are offered and subsequently take place. Our local authority data collection findings from the research presented in this report update some of these numbers to illustrate the current provision of FGCs in England (see Table 8).

Only a small minority of families involved with children's services are currently offered an FGC (Wood et al., 2022). And whether a family is offered an FGC is largely dependent on where they live. Whether a local authority has an FGC service, how large it is, and who can access it depend on several factors. One of the most important is the level of commitment from senior leaders, including the approach they support and the values they promote. This can be further complicated by a lack of awareness or understanding of, or even misconceptions about, the FGC approach. In some areas, a dynamic FGC service Manager may be instrumental in the growth of the service and its sustainability. Similarly, external factors such as awareness of FGCs among family judges may influence the approach taken by a local authority. Financial pressures have caused some FGC services to contract, despite evidence from Foundations' RCT of their impact on cost savings, whereas others have chosen to invest in their FGC service precisely because of their economic as well as social impact.

A number of studies (Munro et al., 2017; Sen and Webb, 2019; Nurmatov et al., 2020; Martin-Denham, 2021; Taylor et al., 2023; Stanford, 2024) suggest there are a range of contextual, organisational, service-, and family-level factors that may influence variation in the numbers of families that accept an FGC offer. Service-level factors may include maturity and expertise of the service, understanding of the FGC offer and relationships with referral partners, referral mechanisms, capacity, how the service is designed, and whether there are any structural or systemic characteristics that contribute to discrimination. Studies have highlighted issues of intersectional discrimination, inequality, deprivation, and structural oppression, which might influence how families interact with services (Valenti, 2016).

Other children's service-level factors may include what the offer is, how it is communicated, when it is made, who to, and by whom, as well as in what context. How services define and establish 'informed consent' from someone with parental responsibility may also be an important factor. However, limited evidence has looked at how and when the offer of an FGC is made, particularly in the UK context.

The RCT of FGCs in pre-proceedings found that just over half of families (56%) accepted an FGC when they were offered one at the pre-proceedings stage, ranging from 23% to 78% across local authorities (Taylor et al., 2023). Although some elements of the offer were atypical,[5] the RCT demonstrated, as with other previous research (Lawrence et al., 2020), that there are factors that affect why parents/kinship carers accept the offer of an FGC.

The RCT also included interviews with families and highlighted that some families felt "overwhelmed", viewing FGCs as "another meeting". Some families reported that the purpose and the benefits of an FGC were not explained to them, and they weren't clear about how an FGC could help them. In some cases, families expressed that FGCs seemed "pointless" (Taylor et al., 2023).

Other important factors undermining equitable access and uptake may include language and cultural barriers, bias from organisations and professionals, and wider intersectional discrimination, inequality, and structural oppression that families experience when they engage with children's services and in their wider lives. Previous evidence has suggested that these can include a family's prior involvement with social care, the reasons for social care involvement (for example, substance abuse), and issues of shame and the hidden nature of a presenting problem (Bohling et al., 2020; Martin-Denham, 2021).

It is unclear how a family's race or ethnicity may impact their experience of an FGC offer and their likelihood to accept. Valenti (2016) and O'Shaughnessy, Collins, and Fatimilehin (2009) found that although FGC was created within Māori communities in Aotearoa, New Zealand, as a means of responding to families' needs in a culturally appropriate and sensitive way, there has been little

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[5] For example, 40% of FGCs in the trial were online due to COVID-19 restrictions and timescales from referral to FGC were constrained by the trial.

examination of its use with other minoritised ethnic groups (O'Shaughnessy, Collins, and Fatimilehin, 2009; Valenti, 2016).

Timing of the offer in relation to pre-birth referrals and pre-proceedings may also influence acceptance, as can family dynamics, including parental separation and parent/kinship carer immigration status and incarceration. There are important differences related to when an FGC is offered to a family in pre-proceedings and in other circumstances in the child's social care continuum (such as in early help, Child in Need, Child Protection, and reunification). There may be unique factors that influence the likelihood of an offer being made and accepted at each stage, or the same factors might have different levels of influence at different stages. At pre-proceedings specifically, these include legal representation and other obligations put on families, in addition to barriers at a service level, such as statutory duties, timelines, and the workload of Social Workers.

There are gaps in knowledge about which local authorities are offering FGCs, the scale of the service, and when and to which families they are being offered. This research project was designed to help provide data to address these evidence gaps, building on previous work commissioned by Foundations and conducted by Coram looking at local authority data and monitoring of FGCs (Stanford, 2025).

Alongside the question of whether families within a local authority are offered an FGC, there is a clear evidence gap about why, within authorities, some families are less likely to be offered an FGC than others. Another is why some families are less likely to accept one. There is also a need to understand families' experiences in being offered an FGC, including the organisational and service context. We also need to understand how and when FGCs in pre-proceedings are offered, and the intersectional barriers and enablers that impact families being offered and/or accepting an FGC. This is critical to co-producing evidence-based solutions, including highlighting best practice, to support local authorities and the sector to deliver more equitable access and high take-up at the pre-proceedings stage so that more children and families can benefit from the FGC process.

Research rationale, aims, and questions

Research rationale

Despite this strong evidence of the impact of FGCs, there is currently limited data on exactly whether, when, and how families are presented with an offer of an FGC. Among those families involved with children's services that are offered an FGC, there is also limited evidence on why families choose to take up this offer or refuse it. Furthermore, the experiences of those from different demographic groups and with different needs, such as minoritised ethnic families or those with disabilities, being offered an FGC are not well understood. The government's announcements on FGDM, including its legislative programme, and the evidence in support of the FGC approach make it likely that the number of families offered an FGC by local authorities will soon increase. As such, this research presents a timely opportunity to both better understand families' experiences with the offer of FGC and support all local areas to implement them effectively and equitably.

Research aims

The research aims were to:

- Understand the organisational and service context that influence how, when, and by whom FGCs are offered at pre-proceedings stage and stages before pre-proceedings
- Understand the intersectional barriers and enablers that impact families being offered and/or accepting an FGC
- Understand families' experiences of being offered and engaging in an FGC at pre-proceedings stage and stages before pre-proceedings
- Co-produce evidence-based solutions with key stakeholders (including Experts by Experience and sector partners) to highlight best practice, support equitable access, and increase take-up at both pre-proceedings and before pre-proceedings, so that more children and families can benefit from the FGC process.

Research questions

Table 1 below presents the research questions for the study. The research questions were revised during the study, after the protocol was published.[6] The changes were small and mainly focused on making the language clearer and reducing repetition. The revisions did not meaningfully change the aims of the study, nor the way it was conducted.

Table 1. Summary of the study's research questions

(go to accessibility text)

Research questions	
What, how, by whom, and when	RQ 1. Regarding FGC, what exactly is or is not offered to parents/kinship carers, how is it offered, by whom is it offered, and when is it offered, including at pre-proceedings stage and before pre-proceedings?
Barriers and enablers	RQ 2. What are the barriers and enablers for LAs (including Social Workers, other professionals, and FGC services) in offering FGCs to parents/kinship carers of children at the pre-proceedings stage and before pre-proceedings?
	RQ 3. What are the barriers and enablers for parents/kinship carers agreeing to an FGC at the pre-proceedings stage and before pre-proceedings?
	RQ 4. What are the barriers and enablers for other family members (including children) to agreeing to be part of an FGC at the pre-proceedings stage and before pre-proceedings?

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[6] The protocol can be found here: http://foundations.org.uk/wp-content/uploads/2025/02/family-group-conferences-service-design-and-family-experience-protocol.pdf

Research questions	
Equity of access	RQ 5. What can we learn about families who are less likely to be offered an FGC or decide not to take up FGC at pre-proceedings?
	RQ 6. Why are some families not offered an FGC? What eligibility criteria are used by LAs when deciding whether to make an offer, and how has this differed across LAs?
	RQ 7. What factors relating to FGC services appear to impact whether a family is offered an FGC?
	RQ 8. How do families/professionals think the FGC offer could be made more equitable for families or easy for them to take up? Are there elements of this process that could better meet the needs of families from different diverse backgrounds/with different needs?

Methodology

Coram, in partnership with Family Rights Group and Lorna Stabler from Cardiff University, developed a research protocol which was published in March 2025.[7] This section outlines the study's methodology, approach for ethics approval, and limitations, and provides the rationale for deviations from the protocol.

Research design

The project involved a mixed-methods approach over three chronological phases:

- **An inception phase**, during which we set up the project, including liaising with the six deep-dive local authorities and meeting with the Experts by Experience Advisory Group, and conducted a rapid evidence review
- **A discovery phase**, where we conducted deep dives with six local authorities, which included focus groups and interviews with FGC Managers, FGC Coordinators, Social Workers and other practitioners who referred families to an FGC, and parents, as well as interviews with sector experts and academics. We also conducted and analysed a national data collection of local authority FGC data and held Experts by Experience Advisory Group meetings
- **A co-design of solutions phase**, which comprised three co-design workshops with local authorities, and meetings with the Experts by Experience Advisory Group and Co-Researchers.

The research design is summarised in Figure 3 below.

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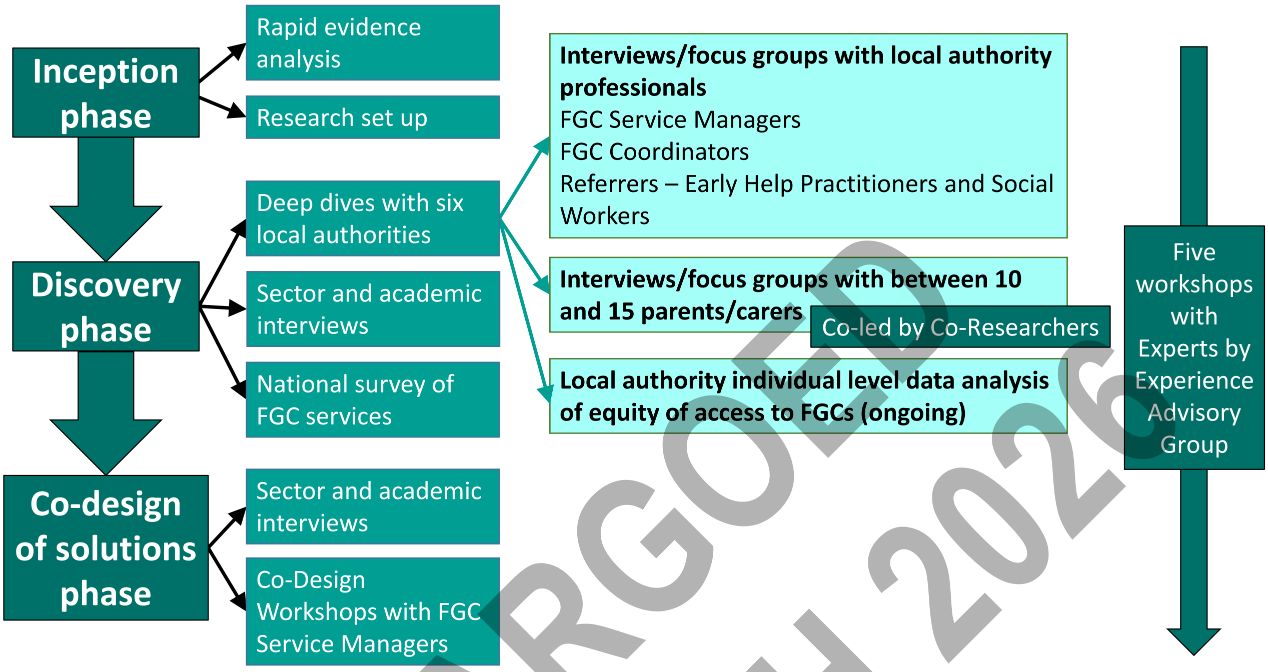
[7] The protocol can be found here: http://foundations.org.uk/wp-content/uploads/2025/02/family-group-conferences-service-design-and-family-experience-protocol.pdf

Figure 3. Summary of the research design

(go to accessibility text)



Experts by Experience Advisory Group

A fundamental part of our approach was the co-design and co-production with Experts by Experience. To facilitate this, we established an Experts by Experience Advisory Group. Members included individuals from Family Rights Group's parents and kinship carers panels, who provided critical insights into the FGC data project, which explored what data local authorities were collecting on FGCs (Stanford, 2024). Additionally, we recruited members from Hertfordshire County Council's established parent and kinship panels. In total, the advisory group was made up of six parents/kinship carers with experience of interacting with children's services, many of whom had experience of the FGC process. The group included a mix of parents and kinship carers with different demographics and family circumstances.

Advisory group members met throughout the lifecycle of the project (and those who felt comfortable doing so also attended co-design workshops) to ensure they shaped the project not only at the outset, but throughout. This included at:

- Project inception phase via an introductory session to explain the project and get initial thoughts on the design of the research
- Project design phase to support our approach to local authority deep dives and research material for fieldwork
- Midway through fieldwork to reflect on findings from the evidence review and support with any identified issues
- End of fieldwork to discuss emerging findings, recommendations, and outputs.

Family Rights Group and Hertfordshire County Council's Parent/Kinship Carer Coordinator was responsible for organising, facilitating, and supporting the group before, during, and after meetings via their family participation officer with additional support as needed. Members were paid (£25 an hour, in line with National Institute for Health and Care Research guidance[8]) for their input.

Co-Researchers with lived experience

As set out above, Co-Researchers were brought into the project team following a strong recommendation from the Experts by Experience Advisory Group, who felt that this would make parents/kinship carers feel more comfortable in interviews. Some were interested in taking on this role in the project in addition to participating in the Advisory Group.

After presenting this suggestion to Foundations, we secured increased project funding to recruit, train, and pay Co-Researchers for their valuable contribution to the research. We created a job description for the Co-Researcher role and distributed this to the Experts by Experience Advisory Group with an invitation to them to apply if they were interested. Three applied but one dropped out due to personal circumstances. We interviewed the two remaining applicants before appointing them as Co-Researchers.

Two members of the Coram Institute ran the Co-Researcher training, which comprised around five hours across two sessions. During these two sessions, Co-Researchers learnt about:

- Research methods
- Ethical research and consent
- Data security
- Qualitative interviewing and how to prepare for an interview
- The research project design and research questions.

Following completion of this training, each Co-Researcher was given a certificate.

We held a 30-minute planning meeting ahead of each interview to discuss how the Co-Researcher wanted to approach the interview in terms of their level of involvement – they could choose to lead the interview or listen and discuss afterwards, for example. We also had a 30-minute debrief meeting after each interview, so the Researcher and Co-Researcher could reflect on how the interview went and the Co-Researcher could be supported through any emotional difficulties that had arisen for them during the interview.

We had hoped that Co-Researchers would each co-lead some of the focus groups with local authority staff in addition to co-leading every parent/kinship carer interview. However, because of the project's tight timeline, the difficulty of aligning parent/kinship carer availability with Co-Researcher working hours, and the short notice at which many interviews were arranged due to families' varying needs, Co-Researchers were only able to co-lead on two parent/kinship carer interviews each. One Co-Researcher was able to attend a local authority focus group.

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[8] See: National Institute for Health and Care Research 'Payment guidance for researchers and professionals involving people in research': www.nihr.ac.uk/payment-guidance-researchers-and-professionals.

Co-Researchers were paid £25 per hour for their work on the project, which included training, interviews, and any required meetings.

Methods

We used a mixed-methods, multi-disciplinary approach to answer the research questions. This included:

- A rapid evidence review
- Deep dives with six local authorities, including interviews and one focus group with parents/kinship carers
- Interviews with sector and academic experts
- National data collection of local authorities
- Co-design workshops.

Rapid evidence review

To inform the rest of the study, a rapid evidence review was undertaken at the start of the project.

This evidence review synthesised the literature on families' experiences of being offered an FGC, to inform the wider research study design and address the research questions. It aimed to look at what influences families' decisions to turn down or take up the offer, especially families from marginalised groups, such as those from minoritised ethnic groups or with disabled family members.

The methodology of a rapid evidence assessment was employed (Connelly et al., 2014). This is a way of conducting a literature review in a much shorter time than a traditional review would take, by deliberately choosing a limited set of criteria for research papers to be included in the review, which has an impact on the representativeness of the review.

The findings from this rapid evidence review were published separately (Raws, 2025) and informed the following stages of our research, including the deep-dive fieldwork topic guides and the national data collection template content.[9]

Deep dives with six local authorities

Our research design aimed to work with local authorities to gather a broad and deep understanding of which families are offered an FGC and take up the offer. This included undertaking deep dives in six local authorities.

To select these local authorities, a short mapping exercise was undertaken based on our partnership's collective knowledge of local authorities' FGC services and their engagement with families. We collected information on the following criteria:

- The diversity of the local authority population

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[9] See: https://foundations.org.uk/our-work/publications/families-experiences-of-family-group-conferences-rapid-evidence-review

- FGC maturity and current FGC delivery model
- Maturity of the parent/kinship carer participation/advocacy within the FGC service.

Information on these criteria was obtained through publicly available data,[10] Family Rights Group's knowledge of FGC services, and our previous research (Taylor et al., 2023; Stanford, 2024). Based on these criteria, we identified six local authorities with a diverse population and a range of maturity in terms of their FGC service and the parent/kinship carer participation work. Three of these local authorities were unable to participate due to capacity issues and therefore we identified a further three who were able to take part in the deep dives.

The deep dives consisted of interviews with FGC Managers, followed by focus groups with FGC Coordinators and referring practitioners (held separately). Interviews with FGC Managers and team leads were often single- or two-person interviews, with focus groups usually containing about three to 10 practitioners, with some containing more than this – group size varied considerably between sessions. These took place between March 2025 and May 2025, with the majority taking place online.

The topics covered in deep-dive interviews and focus groups included:

- What is the current FGC offer? How, by whom, and when is an FGC offered to parents/kinship carers at pre-proceedings stage? How is 'informed consent' established? How does this differ when offered at an earlier stage? Would a mandatory offer for FGC change professionals' attitudes?
- What impacts do they anticipate the new mandatory offer duty will have – on their teams, on families, on referral partners, etc.? What changes might need to be made to facilitate meeting the new obligation to offer FGDM in the form of an FGC to all families at pre-proceedings?
- What are the referral pathways for FGCs? How do FGC services work with referral partners and what is communicated to their practitioners in terms of the referral process?
- What is communicated to families about FGCs? Are there any specific communication approaches for specific groups?
- How are other members of the family (including children and young people) engaged with about an FGC?
- What is done to address cultural/other equity, diversity, and inclusion issues?
- How do FGC services engage families in feedback on the FGC service and improvements to it?

Engagement with parents/kinship carers

We were led by the local authorities in terms of sampling and approaching parents/kinship carers. We asked FGC Service Managers to contact parents/kinship carers who had been offered an FGC to tell them about the research and invite them to participate. We conducted seven interviews with

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[10] For example, Office for National Statistics population profiles for local authorities in England, available at: www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationprofilesforlocalauthoritiesinengland/2020-12-14

individual parents/kinship carers and one focus group with seven parents/kinship carers from one of the deep-dive local authorities. We were flexible around carrying these out online or in person, depending on what felt most suitable for the participants. All but one chose to have the interview online.

We took a tailored and reflexive approach to interviews, testing the interview guide with our Experts by Experience Advisory Group and adjusting parts of it based on their feedback. We sent parents/kinship carers a £25 thank-you voucher.

Key lines of enquiry focused on the experiences of parents/kinship carers regarding receiving an FGC offer, as well as the barriers and enablers to them and other family members accepting an FGC offer. This included how the FGC process was explained to them, how they were given information, and whether they clearly understood the process.

Sector and academic interviews

We had one interview with FGC academic Mary Mitchell (University of Edinburgh), as well as an interview with the Head of Services at Daybreak, Claire Cooper. The interview with Mary Mitchell took place following the rapid evidence review and during early fieldwork. We spoke to her about the findings of the rapid evidence review and to help inform the choice of topics to include in the discussions with local authority staff. The interview with Claire Cooper happened towards the end of fieldwork and we used it to ask about her reflections on what we had learnt through the focus groups with local authorities, interviews with parents/kinship carers, and analysis of the national data collection.

Local authority data collection

The project was designed to address a lack of adequate data about how many local authorities offer an FGC service, how many children are the subject of a referral, and how many FGCs take place. It also attempted to provide insight into whether referrals and take-up differ by characteristics of the child or family.

Previously, Foundations had commissioned a report exploring what data on FGCs is currently collected by local authorities and what methods are used to store this data. The report (Stanford, 2025) recommended several options for how this data could be routinely collected across England to provide a national picture of FGC service provision. This included the option of voluntary data collection at an aggregated or child level, or the collection of child-level data through an existing national data collection.

Building on the FGC data project recommendations, we conducted a voluntary national data collection from all local authorities in England. The collection asked for aggregated data on the number of FGC referrals, the number of FGCs that were consented to, and the number that were taken up in the 2023/24 reporting year (March 2023–April 2024). We also asked for the number of: children that were referred for an FGC; children subject to an FGC that was consented to and that took place in 2023/24; and re-referrals; as well as the number of children who were in pre-proceedings at the time of being referred. We also asked for the number of children by legal status (i.e. a Child in Need or subject to a Child Protection inquiry or Plan), age, ethnicity, and whether the child or one of the parents/kinship carers were disabled. We also asked for the number of FGCs that were not accepted and reasons why. In order to understand whether the FGC service operated in line with key FGC principles and standards, we also asked a number of questions based on the FGC quality standards framework (Figure 2).

The local authority data collection was designed in November 2024 and piloted at the December 2024 Family Rights Group National FGC Network meeting. It was launched in January 2025 alongside guidance, a joint press release, and communications by Foundations, Coram, and Family Rights Group around the publication of the previous research study (Stanford, 2024).[11] It was also sent to all FGC services in Family Rights Group's FGC Network, as well as all Directors of Children's Services. We provided detailed written guidance on completing the data collection and offered email correspondence and meetings with them, where these were requested. The deadline was originally set for April 2025, but was extended to the end of May 2025 in order to increase response rates. Data was cleaned and analysed in June–July 2025 to inform co-design workshops in August–September 2025.

Co-design workshops

We brought together emerging findings from the deep dives, evidence review, and data collection along with initial recommendations, solutions, and best practice. These were used to facilitate co-design workshops with FGC Service Managers. These took place with the six deep-dive local authorities, as well as the three local authorities that had been invited to be deep-dive areas but had declined due to capacity.

- Workshop 1: presented and discussed findings and emerging solutions about the referral process, working with referrers, and consent.
- Workshop 2: presented and tested findings and emerging solutions about equity of access.
- Workshop 3: designed recommendations based on the research findings.

These workshops were co-designed with the Experts by Experience Advisory Group and members of the group were invited to take part. They instead chose to have a separate meeting with us to discuss the recommendations, particularly those on consent and flexibility around supporting families with different needs.

We also held a co-design workshop with Family Rights Group's National FGC Network members, which was attended by approximately 70 people.

Workshops were online and involved presentations and testing of findings. These were validated and challenged by participants in discussions. Emerging recommendations and solutions from fieldwork were also presented and discussed. The workshops also directly fed into the development of a practice briefing, another output of this project.

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[11] See: www.coram.org.uk/news/data-gaps-on-family-group-conferences

Sample recruitment and data collection

Qualitative data (interviews and other fieldwork)

We recruited FGC Coordinators and referrers by asking managers of local FGC services to reach out to teams within children's social care to tell them about the research. We provided an information sheet for them to distribute and invitations to participate in focus groups. FGC Service Managers also assisted with arranging the times and dates for these focus groups to best fit the availability of these teams.

We recruited sector experts and academics by contacting them via email, including an information sheet about the research.

We recruited parents/kinship carers by asking FGC Service Managers to consider parents/kinship carers they had worked with and who among them might be interested in taking part in the research. They then approached these parents/kinship carers on our behalf to inform them about the research and invite them to take part.

We provided information sheets about the project that FGC Service Managers could give to parents/kinship carers. In some cases, FGC Service Managers invited parents/kinship carers to contact them to arrange an interview and in others they provided the project team with contact details of parents/kinship carers and then we contacted them over email or by phone to ask if they would like to participate and arrange an interview.

Table 2. Characteristics of LAs that took part in focus groups

(go to accessibility text)

	Size of the FGC team*	Number of FGC Managers	Internal or external
Local Authority A	Small (recruiting 2 more, which would make medium)	2	In-house
Local Authority B	Large (+ actively recruiting more FGC Coordinators)	3	Recently moved in-house
Local Authority C	Small	1	In-house
Local Authority D	Large	4	External
Local Authority E	Small	2	In-house
Local Authority F	Medium	2	In-house

* Size of the FGC team (by number of people employed – mix of full- and part-time): Small: 1–10; Medium: 11–20; Large: 21+.

** Data taken from the local authority-level data collection run as part of this study.

Table 3. Qualitative fieldwork achieved sample

(go to accessibility text)

Area	Focus groups with FGC Managers	Focus groups with FGC Coordinators	Focus groups with FGC referrers	Engagement with parents/ kinship carers*
Local Authority A	1	1	1	2 parents/kinship carers interviewed
Local Authority B	1	1	1	1 parent/kinship carer interviewed
Local Authority C	1	1	1	1 parent/kinship carer interviewed
Local Authority D	1	1	2	Focus group with 7 parents/kinship carers
Local Authority E	1	1	2	1 parent/kinship carer interviewed
Local Authority F	1	1	4 – 3 with different social work teams and 1 with referrers who work at the pre-proceedings stage	1 parent/kinship carer interviewed
Total	**6**	**6**	**11**	**7 focus groups/ interviews with a total of 14 parents/kinship carers**

* All parents/kinship carers presented as female.

Quantitative data (data collection)

Information on the data collection, including guidance on completing the template and instructions on how to participate, was shared on the Foundations website, and linked in a joint press release from Foundations, Coram, and Family Rights Group which was published on each organisation's website. It was also sent to all FGC services in Family Rights Group's FGC Network and to all Directors of Children's Services in England.

We received data from 92 local authorities out of the 153 local authorities in England (60% of all local authorities in England). With checks and information from Family Rights Group, we were able to confirm whether local authorities that did not provide any data have an FGC service. As shown in Table 4, of the local authorities that did not provide data, 31 (20% of all local authorities in England) were understood to have an FGC service, 8 (5%) told us they were establishing an FGC service, and 22 (14%) stated they did not have an FGC service.

Table 4. Local authority data collection response rates

(go to accessibility text)

Response rate	Count	% of all LAs in England (n=153)
Provided data on their FGC service	92	60.1%
Did not provide data: has an FGC service	31	20.3%
Did not provide data: establishing an FGC service	8	5.2%
Did not provide data: does not have an FGC service	22	14.4%
Total	**153**	**100%**

Looking *only* at the local authorities that we understand to have an FGC service (123 local authorities), Table 5 shows that we were provided with data from 75% of local authorities we understand have an FGC service (92 out of 123 local authorities); with 25% (31 local authorities) understood to have an FGC service not providing data.

Table 5. Local authority data collection response rates for local authorities with an FGC service

(go to accessibility text)

Response rates of local authorities with an FGC Service	Count	% of responding LAs
Provided data	92	75%

Did not provide data	31	25%
Total	**123**	**100%**

Analysis

Qualitative data analysis

We recorded the deep-dive interviews and focus groups, and then transcribed the data, with anonymisation happening at the point of transcription. In only one parent/kinship carer interview did the participant not feel comfortable being recorded, so the researcher took detailed notes during the conversation, taking care not to note down any potentially identifying details.

Analysis of qualitative data involved data collation, sorting, and coding from transcribed fieldwork and thematic investigation against the key lines of enquiry. These transcripts and notes were then imported into NVivo and thematically coded using both an inductive and deductive approach. Two of the research project team who had conducted most of the focus groups came up with an initial code frame based on the themes they had identified. They then developed and refined this code frame as they coded the transcripts. We used reflexive thematic analysis guided by Braun and Clarke's six-stage process of reflexive thematic analysis to generate findings (Braun and Clarke, 2019). This involved assessing commonalities and differences in participant groups, unpicking the reasons for these, and supporting identification of any unexpected themes. We conducted within and between case analyses (e.g. both within and across local authorities), bringing together the views of the different participants (e.g. referring professionals, FGC staff, parents/kinship carers). Analysis was fully documented, ensuring the evidence claims can be traced back to the original data source.

For the analysis of the local authority data collection, we thoroughly checked and cleaned the data provided. Analysis was undertaken using Microsoft Excel and provided a detailed descriptive picture and explored variations in response patterns by key variables.

We then brought together the qualitative and quantitative data, and explored where findings validated or undermined each other in relation to the key research questions. We reflected these consistencies or inconsistencies and discussed within the project team what they revealed with reference to the research questions. These were tested in the co-design workshops. Subsequently, we also considered what gaps still remained and how any inconsistencies suggested that further research was needed.

Quantitative data analysis

We undertook extensive quality assurance of the returns by cleaning and checking data and querying data errors with local authorities.

We analysed data from the local authority data collection using descriptive statistics including counts, frequencies, means, medians, and ranges. We also undertook thematic analysis on the two open text response questions relating to how FGC referrals are made and how FGCs are offered to parents/kinship carers in each local authority, to draw out common themes as well as quantify some of the common processes local authorities referred to.

In an attempt to explore local social care context and equity of access to an FGC referral for local authorities that provided us with data, we looked to compare the number and characteristics of children referred for an FGC in 2023/24 with those that potentially were eligible for an FGC. As there is no published data on the number of children eligible for an FGC, and (as highlighted in this report) the eligibility criteria are not consistent across local authorities, we used a number of different nationally available statistics, including:

- The number of referrals and children with a referral to children's social care services in 2023/24
- The number of children with an episode of need at any point during 2023/24 and at the end of 2023/24
- The number of children being at risk of harm and becoming the subject of a Child Protection Plan at any point in 2023/24
- The number of public care applications received by Cafcass and number of children on these applications in 2023/24
- The number of children looked after at the end of 2023/24.

At the start of the research, a rapid evidence review of families' experiences of FGCs was undertaken and published separately (Raws, 2025). It highlighted a number of evidence gaps, including whether there were differences in equity of access to FGCs and the experiences of FGCs within the referral and offer process for families with different characteristics. This included those at different points within children's social care and those from more marginalised groups, such as those from minoritised ethnic groups, or those who might face additional barriers to engagement such as those with disabled family members.

In an attempt to fill the evidence gap, the local authority data collection was used to explore equity of access to FGCs. It asked local authorities to provide data on the characteristics of children who were referred for an FGC, an FGC that was consented to, and an FGC that took place. Characteristics included the age, gender, and ethnicity of the child, and whether they or one of their parents/kinship carers had a disability. Equity of access was explored in two ways:

1. Looking at **equity of access to an FGC referral** by comparing the characteristics of children referred for an FGC with those who potentially were eligible for an FGC. As there is no published data on the number of children eligible for an FGC, we used national data on the number of Children in Need as an indication of the eligible population for comparison. Note that the proportions provided were for all local authorities (not just those that provided data) because this data is not available at a local authority level.
2. Looking at **equity of access to an FGC once a referral took place** by comparing the characteristics of the number of children referred for an FGC with the number of children where an FGC was consented to and the number of children where an FGC took place.

Equity of access was also explored in fieldwork in the deep-dive areas, the co-design sessions, and with the Experts by Experience Advisory Group.

To understand the number of children with a disability who could be eligible, we looked at the number of children who had an Education Health and Care Plan (EHCP) in both the Child in Need census and National Pupil Database.

All data was analysed in Excel. Formulas, analytical outputs, and the logic of the analysis were checked for accuracy by a second researcher.

Ethics

Coram's independent Research Ethics Committee, chaired by Professor Jonathan Portes, approved the study in December 2024. The ethical application process involved submitting a comprehensive ethics application, with accompanying research tools and materials, and presenting to the ethics committee and taking critical questions. No research fieldwork began until ethical approval was received.

Deviations from the protocol

The research deviated from the protocol in several ways, largely as a result of parts of the project taking longer than expected. The project timeline had to be extended to account for changes to the project design and fieldwork approach, with report publication moved from August 2025 to March 2026.

We originally intended to conduct the fieldwork in two separate 'waves', where we would conduct deep dives with local authority FGC teams with whom we had previously worked (see Stanford, 2024) for the first wave and then conduct fieldwork in the other local authorities for the second wave. However, it took longer than expected to set up the fieldwork in some of the first-wave local authorities due to their limited capacity and one needing an application to their ethics panel. As a result, the fieldwork was conducted in one continuous period with interviews with FGC Managers taking place first before focus groups with FGC Coordinators and referrers and then interviews and focus groups with parents.

The Experts by Experience Advisory Group suggested at its second meeting that it would help to have Co-Researchers on the project who were parents/kinship carers who had experience of children's services involvement. They felt this may help parents/kinship carers being interviewed to feel more comfortable. The rationale was that some may have had negative experiences with children's services and may feel better understood and able to engage with the research if interviews were co-led by people who had similar experiences to their own. As a result, we recruited the two Co-Researchers from the Experts by Experience Advisory Group. The recruitment process involved a short application form and informal interview. We followed this up with two training sessions for the Co-Researchers on research methods and the role they would take on the project. More information on this process is in an addendum report[12] accompanying this report.

Finally, we planned to hold two workshops with local authorities during the co-design phase, with a Delphi exercise between the first and second workshops. Local authorities fed back that they had low capacity to complete additional work outside the two workshops. As a result, we decided not to undertake the Delphi exercise and instead held an additional co-design workshop, which

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[12] See: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-service-design-and-family-experience-addendum-report.pdf

specifically focused on discussing findings and recommendations related to equity of access to FGCs. This resulted in three co-design workshops that involved comprehensive discussions and were able to inform valuable, actionable recommendations.

Limitations

There are a number of methodological limitations that should be considered when interpreting the report's findings.

Short timescales: The project had a short timeline. The project started in October 2024, with fieldwork running from January to July 2025 and co-design taking place in August and September 2025. This meant very limited time for each phase, and for each element of fieldwork. As a result, we were limited in the amount of data collection and co-design that could take place, as well as the areas we could focus on.

Deep-dive areas: We took a pragmatic approach to sampling given that we wanted to hear from a range of local authorities. Local authorities were chosen to be broadly illustrative in terms of geographic spread, diversity of their population, FGC delivery models (for example, externally commissioned or in-house), and the number of years the FGC service has been running. However, given the small number of deep-dive areas, it is possible that they may have had practices which differ from that in other or even most local authorities.

Interview and focus group sample: Participants were invited to focus groups and had the choice to participate in them or not. Therefore, there could be an element of self-selection, making it possible that we heard from professionals and parent/kinship carers who had stronger, more positive views on FGCs or were more knowledgeable about FGCs. In addition, local authorities guided sampling of parents/kinship carers for interviews in relation to FGC experience, which may have biased the sample.

Families who did not have an FGC: We were unable to interview families who did not take up or engage in the FGC process when offered, or those that were eligible but were not offered an FGC. This is an important gap in our research and one which should be prioritised in future research.

Children's and young people's voices: Due to the time and ethical constraints we were unable to speak directly to children and young people about the consent and engagement process in FGCs.

Local authority data collection: We were able to achieve a good response rate from FGC services, considering that the collection was voluntary and novel and the detailed data that we requested is not required for statutory reporting purposes. However, the data collection did not include all local authorities in England. We received data from 92 out of 153 local authorities, representing 60% of local authorities. Some of the remaining 40% did not provide data because they do not have an FGC service or are setting one up. There were some local authorities with an FGC service that did not provide data. From this we understand that we have data from 75% of local authorities with an FGC service (92 out of 123 local authorities that have an FGC service). Although this is a majority of local authorities with an FGC service, it is not all of them and therefore our data collection findings are not representative of all FGC services in England and should be treated with caution.

Within the data provided, some local authorities were unable to provide a complete set of data. This mainly concerned data on disability and ethnicity, but also concerned data on fathers' participation in FGCs and reasons families did not take part in a conference. In addition, although extensive cleaning and checking of local authority responses took place, a number of local authorities did provide data with discrepancies which could point to issues of data quality in the responses we received.

Focus on access: The aim of the research was to explore understanding of the factors that influence when and how families are offered FGCs, including at the pre-proceedings stage, and why they may or may not choose to participate in them. As a result, it focused on how FGCs are offered to families and what affects their decision to take up or turn down this offer. The research did not focus on the conference itself or the subsequent outcomes of the conference and only touched on some of the factors that influence taking part in an FGC. Other research, as highlighted in our rapid evidence review (Raws, 2025), has focused on those elements.

FINDINGS

As outlined above, the study's research questions were organised into three groups: 1) the what, why, whom, and when of FGC referrals and consent process; 2) barriers and enablers; and 3) equity of access. Some questions in these sections relate to the broader national picture, others relate to how the system is working, and others closely examine individual-level experiences. In some cases, the research questions overlap with different parts of the journey a family experiences from being offered an FGC to participating in that FGC.

Therefore, the findings section begins with **an overview** of what the data collection tells us about the national picture of FGCs. It then presents findings across the three overarching stages of a family's journey through the FGC process – from being **referred,** to **consenting/accepting** the offer, and **taking up** an FGC. The focus of the research was on referring, offering, and consenting to an FGC, and what influences families to take part in the actual conference. The findings include insights related to equity of access for different groups of children and parents/kinship carers at each stage of the FGC process, including children's status at the time of their referral, their age, gender, and ethnicity, and whether the child or parent/kinship carer had a known disability.

Overview of FGC availability

Key findings

- **FGC services are widespread but not universal:** 80.4% of local authorities in England currently provide an FGC service (with a further 5.2% establishing one).
- **The number of children referred for an FGC was small** in comparison with the number of referrals to children's social care, the number of Children in Need, and children subject to a Child Protection Plan: in 2023/24, responding local authorities recorded 18,470 FGC referrals (involving 33,128 children), resulting in 9,818 FGCs taking place. In comparison, in these local authorities there were 344,782 requests for services to be provided by children's social care in 2023/24 (involving 308,034 children, with 62,118 children being at risk of harm and becoming the subject of a Child Protection Plan at any point in 2023/24).

From our national data collection, we received data from 92 local authorities, 60% of all 153 local authorities in England. With Family Rights Group, who work with a significant number of local authorities with an FGC service, we were able to ascertain whether local authorities who had not provided data had an FGC service. From this we calculate that there are 123 local authorities in England (80% of all local authorities) that currently have an FGC service, 8 local authorities (5%) that are currently establishing an FGC service, and 22 local authorities (14%) that do not offer an FGC service – as shown in Table 6.

Table 6. Number and percentage of local authorities that have an FGC service

(go to accessibility text)

FGC service	Count	%
Provides an FGC service	123	80.4%
Establishing an FGC service	8	5.2%
Does not offer an FGC service	22	14.4%
Total	**153**	**100%**

From this we calculated that of the local authorities that provide an FGC service, 92 (75% of local authorities with an FGC service) provided us with data on their FGC service. It should therefore be noted that although this is not all local authorities with an FGC service, it is a large proportion. Data provided in this report should as a result be seen as illustrative of FGC services and not be treated as representative.

The data collection of local authorities asked how many FGC referrals were made for the reporting year 2023/24 as well as how many children were referred, and re-referred into an FGC service. As shown in Table 7, for the local authorities that responded to this question, a total of 18,470 referrals were made for 33,128 children.

The local authority data collection gathered information on the number of FGC referrals that were consented to by parents/kinship carers and the number of resulting FGC meetings for the year 2023/24. It is important to note that the definition of what is classed as a referral, as well as what is categorised as 'consent', and the way consent is obtained and by whom, varies between local authorities. There may also be FGCs that were consented to in 2023/24 which took place in the subsequent year (2024/25) and therefore will not have been counted in the data.

From the local authorities that provided data, Table 7 shows the number of FGC referrals (18,470), the number of FGCs consented to by parents/kinship carers (14,619), and the number of FGCs that took place as a result of a referral in 2023/24 (9,818).

It also shows the number of children who were referred for an FGC (33,128), number where an FGC was consented to by a parent/kinship carer (24,687), and the number that took place in 2023/24 as a result of a referral (17,900).

Table 7. Number of FGC referrals, consents, and FGCs taking place as well as the number of children subject to a referral, consent, and FGC meeting for local authorities that provided data for 2023/24

(go to accessibility text)

	Number	Number of children
FGC referrals	18,470	33,128
FGCs consented to by parents/kinship carers	14,619	24,687
FGCs taking place	9,818	17,900

To put this into context, for the local authorities that provided data on the number of children referred for an FGC in 2023/24 (83 local authorities), there were:

- 344,782 requests for services to be provided by children's social care and 308,034 children referred to children's social care services[13]
- 402,776 children with an episode of need at any point during the year
- 228,427 children who were classed as a Child in Need at year end
- 62,188 children assessed as being at risk of harm and the subject of a Child Protection Plan
- 6,332 care applications with 10,597 children on care applications[14]
- 48,320 children looked after at the end.[15]

Although none of this data provides an exact estimate for the number of children eligible for an FGC in the local authorities that provided data, it does give an indication of the number of children who could be considered for an FGC by local authorities.

See Figure 4 for data from our local authority data collection on the number of referrals received from different teams within the local authority.

How was the new Family Group Decision Making (FGDM) legislation perceived by professionals?

In 2024 the government announced a plan as part of 'Keeping children safe, helping families thrive' (Department for Education, 2024) to place a duty on local authorities in England to offer all families where concerns have been raised about a child's wellbeing and safety Family Group

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[13] See: https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2024

[14] See: www.cafcass.gov.uk/about-us/our-data/annual-data-summaries

[15] See: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024

Decision Making at the pre-proceedings stage. Several forms of FGDM exist, but local authorities with an established FGC service or who regularly commission external Coordinators will probably use FGC specifically to meet this mandate. We asked professionals what impact they thought this would have on equity and accessibility of FGC for families.

There were misperceptions around the new legislation

In two deep-dive local authorities, referrers in focus groups were not aware of the new legislation and how it related to FGC. In one, they felt that the mandate would lead to more Family Network Meetings (another form of FGDM) rather than FGCs to meet the timescales.

Across many deep-dive local authorities when discussing the new mandate with referrers, there was often a repeated perception that families would be forced to have an FGC or another form of FGDM at the pre-proceedings stage. Some felt that the legal mandating of the offer would be perceived negatively by families, who may feel increased pressure to say yes to the offer even though they are not required to by the mandate.

> "I think we would have to be very careful in how Social Workers would introduce the FGC service to the families, rather than having to say, 'This is something that you must do because, you know, you have to do it; everyone has to do it', which automatically strips the autonomy and the power away from the families and puts them back into a seat where they're not in control. And that is the complete opposite message to what we deliver as FGC service, so that that's something to consider."
> – Coordinator, Local Authority E

In co-design it was highlighted that it is important to have clarity among practitioners and families about the new mandate, to avoid adding to this misunderstanding

Professionals were concerned about capacity

Many FGC Service Managers, Coordinators, and referrers believed the new mandate would cause the number of FGC referrals at pre-proceedings to increase and felt that FGC services would need to grow to meet this need. Some FGC Managers were concerned that an increased number of referrals would exceed their capacity, especially because many had already experienced recent periods where they had to use a waiting list for families because there were no Coordinators available. Some also felt it was an opportunity to secure additional funding to expand their FGC service.

On the other hand, some Coordinators and referrers felt that the legislation would make no difference because they already had a local mandate to offer all families FGC at or by the pre-proceedings stage.

Professionals felt that FGCs should be offered earlier in the system

Many professionals told us they felt the pre-proceedings stage is too late for an FGC and that it is important to offer FGCs to parents/kinship carers at an earlier point. They felt an FGC should be offered as an early intervention tool and some had experience of early FGCs helping to prevent families from needing more intensive support.

Being referred to an FGC service

Key findings

- There was **significant variation** between local authorities in both the number of FGC referrals and the number of children referred – with an average of 202 referrals per local authority, involving an average of 399 children. There was large variation in the number of referrals from a low of 7 to a high of 1,144.
- Local authorities have a **range of eligibility criteria**, with the main distinction being whether they accept referrals only from children's social care statutory services or from a broader range of services such as early help.
- Many professionals and parents/kinship carers felt the pre-proceedings stage was too late for an FGC and felt FGCs should be offered as an early intervention tool helping to prevent families from needing more intensive support.
- From the local authority data collection, most children referred were subject to a Child Protection enquiry or had a Child Protection Plan (41%) or were Children in Need (28%).
- Of all children referred for an FGC **only 1 in 10 were in pre-proceedings at the time of referral (10%)**.
- Younger children were more likely to be referred than older children.
- There was some evidence to suggest inequity of access for an FGC referral for children from Black ethnic backgrounds.
- Although there are data quality issues, evidence suggests inequity of access for an FGC referral for children or parents/kinship carers who have a known disability.
- Referrals were **usually made by Social Workers**, but could be made by a range of practitioners including early help or SEND teams.
- Referral processes were broadly similar for children in pre-proceedings and other stages.
- There was **considerable variation in how FGCs were introduced both within and across local authorities**. In most areas, the referring professional (not the FGC Coordinator) introduced and initially offered the FGC.
- There was awareness among referrers that **how they introduced FGC to parents/kinship carers could have a major influence on how likely they were to take up the offer.**
- Families could be offered an FGC at several points during their engagement with services, with some requiring additional support to engage effectively with the process.
- **Barriers** to being offered or referred for an FGC included:
    - Service capacity and funding limitations restricted the ability to accept more referrals
    - Local eligibility criteria that limited referrals from outside children's social care
    - Limited referrer understanding, knowledge, and awareness of FGCs reduced referrer confidence and accuracy when informing families
    - High workloads and high turnover of referrers

    - Safeguarding concerns influenced whether practitioners felt an FGC was appropriate
    - The short timescales and dynamics of non-statutory support and mismatched processes between services created additional steps that discouraged referrals
    - Misconceptions about the availability of a family's support network.
- **Enablers** to being offered or referred for an FGC included:
    - A local authority-wide culture of promoting FGCs, supported by senior leadership
    - Educational activities and materials for referrers
    - Trigger mechanisms (formal and informal) helped prompt referrals
    - Strong relationships between FGC services and referral teams enabled consistent referral pathways
- Ensuring information was shared sensitively with the family network supported engagement.

Which families were being referred for an FGC?

There was significant variation between local authorities in both the number of FGC referrals and the number of children referred for an FGC

The data collection of local authorities asked how many FGC referrals were made for the reporting year 2023/24 as well as how many children were referred, and re-referred into an FGC service. As shown in Table 8, for the local authorities that responded to this question, the average (mean) number of referrals per local authority was 220, with a large range, between 7 and 1,144 per local authority. The average (mean) number of children referred for an FGC per local authority was 399, with a range of 15 to 1,820 per local authority. These differences across local authorities were probably due to a number of factors including the local authority and FGC service capacity, funding, and size.

Table 8. Number of FGC referrals and number of children referred and re-referred for local authorities that provided data for 2023/24

(go to accessibility text)

	Number of referrals	Number of children referred	Number of children re-referred
Mean	220	399	28
Median	172	293	12

	Number of referrals	Number of children referred	Number of children re-referred
Range – low	7	15	0
Range – high	1,144	1,820	325
Total	**18,470**	**33,128**	**1,843**
Number of local authorities that provided data	84	83	67

Local authorities had a range of eligibility criteria

When interpreting the number of FGC referrals and children referred it is important to note that many local authorities had eligibility criteria for accepting referrals for an FGC. The main distinction centred around whether they accepted referrals only from children's social care statutory services or from a broader range of services.

From analysis of the data collection, 83 local authorities told us where their referrals come from via open text responses. The majority (54 local authorities) said they accept referrals from both statutory and non-statutory services. The services or people local authorities said they got referrals included:

- Early help or front door services
- Youth Justice or youth offending
- Families themselves (through a self-referral)
- Child Protection
- Child in Need
- Reunification
- Children looked after or children in care
- Care-experienced adults
- Family workers
- Youth workers
- Workers carrying out social care assessments or intervention work
- Children with disabilities
- Special guardianship
- Fostering
- Leaving care.

In addition, 19 local authorities stated that they accept referrals from statutory services only, such as Child Protection or Child in Need. For 12 local authorities, it was not clear from their answer where they accept their referrals from, and six local authorities did not answer.

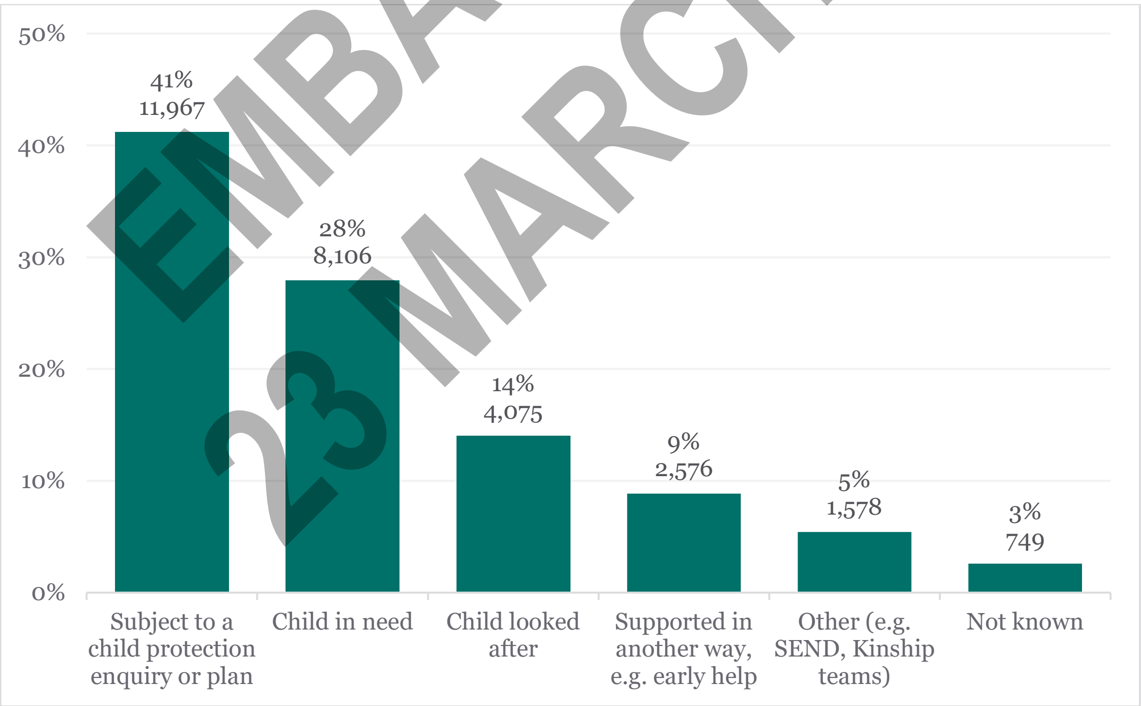
In five of the six deep-dive local authorities, FGC Managers stated that parents/kinship carers were offered FGCs at a range of points, including non-statutory services such as early help. In the sixth, an FGC referral could only be made at the point of considering an Initial Child Protection Conference (ICPC), at pre-proceedings, to explore a child leaving care, or to support a child who has left care. In our co-design phase we spoke to many local authorities as part of Family Rights Group's FGC Network who noted that differences in eligibility were dependent on a number of factors including their capacity, funding, size of the FGC service, and leadership priorities. These are discussed in more detail below.

Most children referred for an FGC had a Child Protection Plan or were a Child in Need

The eligibility criteria for local authorities probably influenced where referrals came from. Figure 4 shows that, of the local authorities that provided data on children's status at the time of their referral, just over four in 10 referrals (41%) were for children who were subject to a Child Protection enquiry or Plan. Just under three in 10 (28%) were for children who were a Child in Need. A lower proportion of referrals were for children who were in the care system (14%), or for children who were being supported in another way – for example, by early help (9%) or by other services, such as special educational needs and disability (SEND) or kinship teams (5%).

Figure 4. Number and proportion of children referred for an FGC by status of the referred child at referral in 2023/24 (n=29,051 children)

(go to accessibility text)
(link to raw data)



The data shows that children referred were being supported in different ways by the local authority, with the majority (69%) being supported by Social Workers due to their assessed needs and legal status as a Child in Need or subject to a Child Protection Plan or enquiry. The data also shows that a small proportion of children (14%) were being referred from other services such as early help, SEND, or kinship teams.

Only a small proportion of children were in pre-proceedings at the time of referral

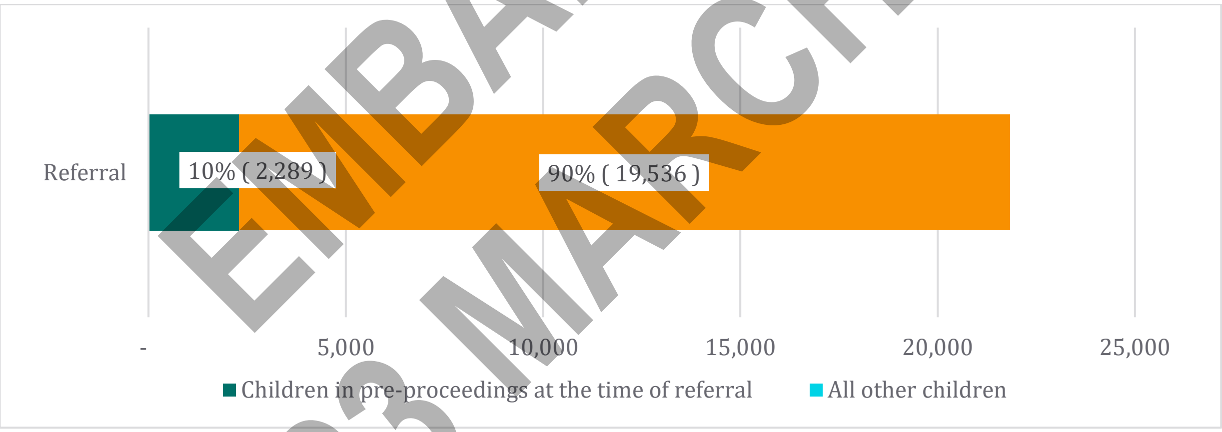
Local authorities were asked to provide the number of children who were in pre-proceedings at the time of their referral, separate from their status at the time of referral.

Pre-proceedings refers to a formal process and period when the local authority is considering applying to the Family Court for a care or supervision order for a child. Also known as the Public Law Outline (PLO) process, its main goal is to provide families with support and resources to make necessary changes to protect a child's welfare and resolve concerns, thereby avoiding court intervention. The process involves a Letter Before Proceedings (LBP) outlining children's service's concerns, a pre-proceedings meeting to discuss a plan for improvement, and ongoing support and monitoring to ensure the plan is implemented and effective.

Figure 5 shows that for local authorities that provided data on pre-proceedings, one in 10 children referred were subject to pre-proceedings at the time of their referral.

Figure 5. Number and proportion of children referred for an FGC by whether they were in pre-proceedings at the time of referral in 2023/24 (n=24,114 children from 53 local authorities)

(go to accessibility text)
(link to raw data)



Many professionals and parents/kinship carers we spoke to said FGCs should be offered to families earlier

In the deep-dive local authorities many of the professionals and parents/kinship carers we spoke to believed that FGCs should be offered to families at an earlier stage, before a child is placed on a Child in Need plan or becomes subject to a Child Protection enquiry or Plan, because it was believed this could help prevent later statutory involvement. However, in our evidence review published as part of this project, we found limited research studies looking at FGCs when offered at earlier stages of children's social care intervention (Raws, 2025).

Younger children appeared to be more likely to be referred for an FGC than older children

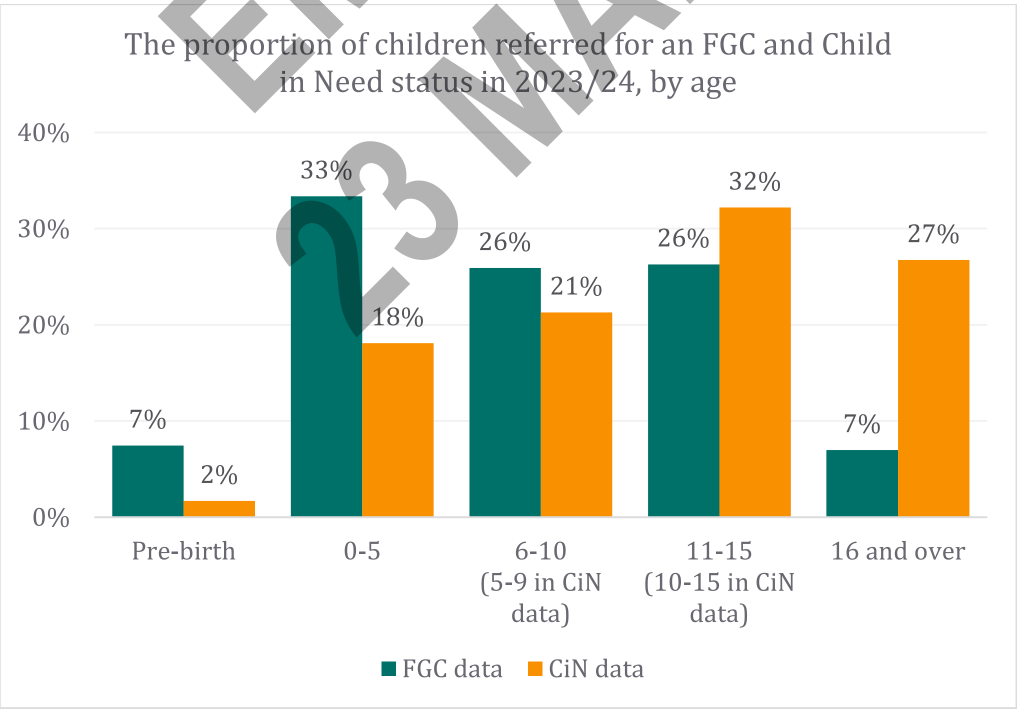
The age of children referred for an FGC was identified as an area to explore when looking at equity of access. Figure 6 shows the proportion of children referred for an FGC in 2023/24 for local authorities that provided data (n=66, equally 24,858 children). This is compared with the national statistics on the proportion of children with a Child in Need status as a proxy for the cohort of children who could be eligible for an FGC. For local authorities that provided data, there is a high proportion of young children referred for an FGC compared with older children. For example, a third (33%) of all children referred for an FGC were aged 0–5, while over a quarter were aged 6–10 and 11–15 respectively.

Looking at the age distribution of children with a Child in Need status in England in 2023/24 has some limitations: the age ranges are not directly comparable and Child in Need statistics are for the whole of England, not just those that responded to our local authority data collection.

Given these caveats, Figure 6 does show a much smaller proportion of younger children and a higher proportion of older children had a Child in Need status compared with children referred for an FGC: almost 60% of children with a Child in Need status are over 10 years old, compared with a third of children referred for an FGC. This suggests that children referred for an FGC are likely to be younger than those who have a Child in Need status.

Figure 6. Proportion of children referred for an FGC from 66 local authorities in 2023/24 in comparison with the number of children classed as in need in 2023/24 across all local authorities

(go to accessibility text) (link to raw data)



When this difference was presented at co-design sessions, local authorities suggested a number of reasons for it. One was that younger children (especially pre-birth and children under 5) were more likely to enter care proceedings or be subject to a Child Protection Conference or pre-proceedings process for concerns such as familial harm or neglect.

FGC services also stated that older children are more likely to be open to children's services for longer and therefore referrers could be more likely to be dismissive of another approach such as an FGC. Some suggested that issues which brought some older children into contact with social care were thought by some referrers (although this was not necessarily the case) to be less amenable to an FGC (for example, extra-familial harm or contextual safeguarding concerns) and therefore discounted by referrers.

Limited awareness of FGCs among youth services or Youth Justice Services was also mentioned as a reason for fewer referrals for older children. This was seen in the local authority data, with only one mention (out of 92) of youth services in the 'other' category. It was also highlighted that these services often worked predominantly with children rather than the wider family and that many FGC services had not engaged these teams as much as they had for children's social care or services for younger children such as family hubs.

There was no difference in referrals by gender of the child

There was an even split in gender (50:50, male:female) in children referred for an FGC in 2023/24 for local authorities that provided data (64 local authorities). This was somewhat different from the national Child in Need population for the whole of England in 2023/24, which had a 55:45 split of males to females.

Data suggested inequity of access to an FGC referral by ethnicity

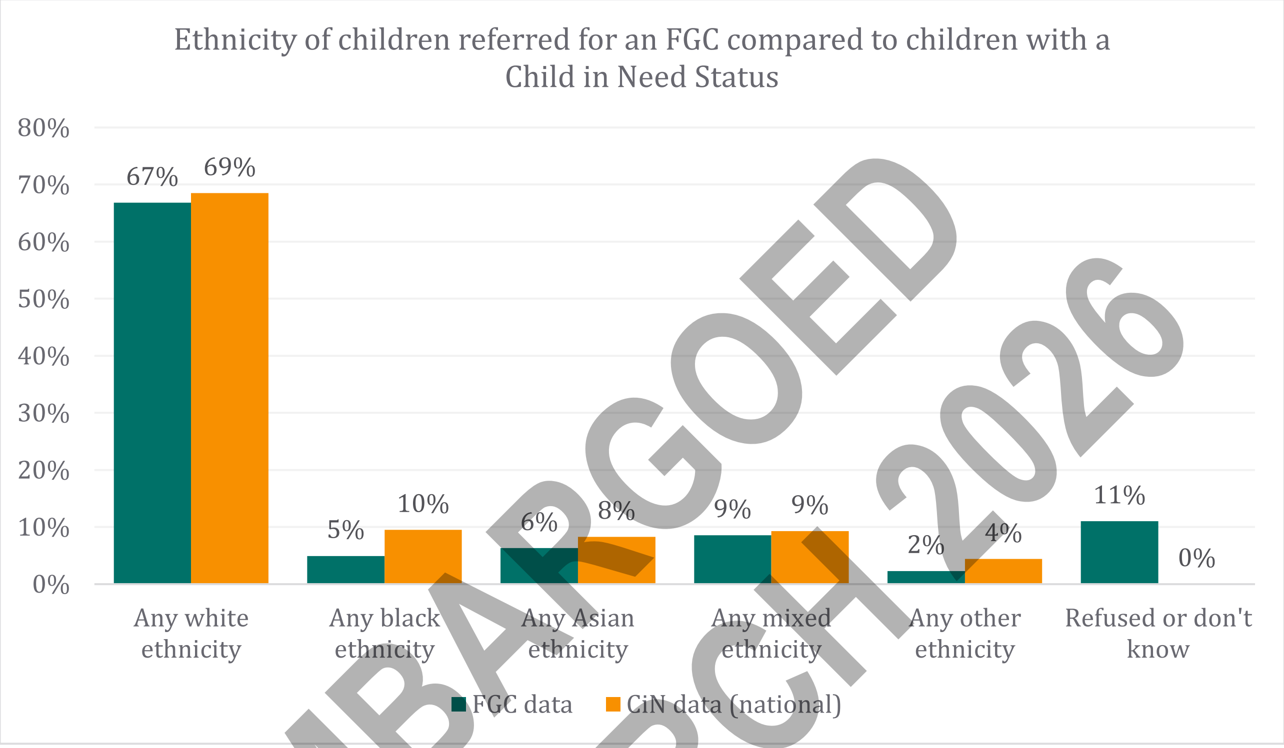
The project's local authority data collection looked at equity of access by child ethnicity because our rapid evidence review had found previous equity issues by ethnicity (Raws, 2025). Figure 7 shows the proportion of children referred for an FGC in 2023/24 by ethnicity for local authorities that provided this information (69 local authorities). It shows that in local authorities that provided data, children from a White ethnic background made up over two-thirds (67%) of all those referred for an FGC. It also shows that the ethnicity of the child was not recorded for over a tenth of children who were referred for an FGC.

Figure 7 also compares the proportion of children referred for an FGC with data on the ethnicity of Children in Need in 2023/24 for all of England. It shows that the ethnic make-up of children referred for an FGC is broadly similar to that of children with a Child in Need status. However, it also shows that children from a Black ethnic background made up 5% (1 in 20) of those who were referred for an FGC compared with 10%, or one in 10, of all children with a Child in Need status in the same year. The proportion of children from an Asian background who were referred for an FGC was slightly lower than the proportion of children who were a Child in Need.

Given that the data provided for FGCs does not cover all local authorities and the Child in Need figures are for all local authorities in England, these figures should only be seen as indicative. However, they do suggest that more research is needed to look at equity of access, particularly for children from Black and Asian backgrounds.

Figure 7. Proportion of children referred for an FGC by ethnicity across 69 local authorities, compared with children with a Child in Need status in 2023/24 for all of England

(go to accessibility text) (link to raw data)



Two of the deep-dive local authorities had analysed their FGC referral rates by ethnicity compared with children who were involved with social care. One had not seen any disparities when they looked at the ethnicity of children in children's services compared with children who were referred for an FGC. However, one local authority did highlight that the ethnic profile of families who were referred for an FGC differed significantly from those who were open to children's services.

> "We'd also picked up in our annual report last year that the children we looked at, the children that have been referred to us and their ethnicities and the ethnicities of the children that were open to children's services at that point, and there was quite some disproportionality which we sort of raised then with senior leaders."
> – FGC Service Manager, Local Authority A

The local authority found that children from Black or Asian backgrounds were around half as likely as White British or dual heritage children to be referred for an FGC. In focus groups in this LA, Social Workers and FGC Coordinators raised this disparity. Both reflected that there may be assumptions made about families from certain communities in terms of their networks already being involved and therefore not needing an FGC.

> "I think that there is sometimes their [Social Workers'] own sort of biases and their own assumptions … If I think about the families that have worked with over

> the years, there hasn't been, there hasn't been that much diversity … I think sometimes there is assumptions that family are already involved. They've already, you know, got their network and you know, they know the family and are already offering that support."
> – FGC Coordinator, Local Authority A

Other potential reasons included assumptions that some communities were very private and would not want to share information with the wider family, and that the workforce was not reflective of the families involved with children's services so there could be barriers in communicating in culturally appropriate ways.

As a result of finding these disparities in practice, a working group was set up to respond to the findings, but at the time of our fieldwork these had not yet seen significant changes. FGC Coordinators and FGC Managers discussed using translators and trying to match families with Coordinators who had a shared cultural background with families to support communication and increase uptake. However, they also acknowledged that the main disparity was in who was referred, not who accepted. In the review that found disparities in referrals, no such disparity was found in who then accepted the offer once the referral was made.

It is possible that this trend could be reflected in other deep-dive local authorities but that local-level data regarding ethnicity had not been analysed. Some FGC services also noted that they had very small minoritised ethnic populations.

When talking about barriers for minoritised ethnic groups in co-design, some FGC services raised the issue of referrers discounting FGCs for some minoritised ethnic families because they believed their local network to be too small, or saw language barriers as insurmountable.

There remained an evidence gap in relation to access to FGCs for children and parents/kinship carers with a disability

The experiences of children and parents/kinship carers with a disability in accessing an FGC was an area highlighted as an evidence gap in our rapid evidence review (Raws, 2025). As a result, we asked local authorities in our national data collection to provide the number of children who were referred for an FGC in 2023/24 where the child/young person or the parent/kinship carer had a known disability. Although 9% of children referred for an FGC were said to have a known disability, local authorities did not know whether the child had a disability for almost a quarter (23%) of children referred for an FGC.[16]

These figures are likely to be an underrepresentation because government statistics show that 46% of children within the Children in Need national statistics (2023/24) had SEN support, compared with 18% of the overall pupil population; 22% had an EHC plan compared with 5% of the overall pupil population.

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[16] This figure rose to 25% for children where an FGC was consented to and 28% for children where an FGC was said to take place.

However, despite a large proportion of children in the data having an unknown disability status, there was a clear indication that children with a known disability were underrepresented at all stages from the point of referral, to consenting, and in the numbers of FGCs that take place.

Deep-dive local authorities highlighted that there was less of a history and culture of children's disability teams utilising FGCs to identify support from the wider network. One mentioned that families with children with disabilities and complex needs were also a lot less likely to be referred within their service.

> "They are a big area of the service, but we barely get any children with disabilities … I think the barrier to that has been that I think the professional view is that naturally around a child with complex needs, the professional level of support is often going to be higher. And sometimes I feel that maybe the family network is overlooked, but there's always something that a network can contribute to – to make things slightly easier for that family. And, I'd argue, it's even more needed when – when we've got a child or young person with complex needs."
> – FGC Service Manager, Local Authority C

This suggests that potential assumptions about what a family network could bring when there is already a lot of professional involvement could be a barrier to referrers seeing the benefit of an FGC to a child with a known disability and making an offer.

Another barrier highlighted by an FGC service was that parents/kinship carers of a child with a disability, especially if the child had complex disabilities, felt that they could not ask their network for support given the severity of their child's needs. One FGC service in the co-design workshop highlighted the difficulty they had faced engaging with the children with disabilities team. As a result, they employed a Coordinator to sit within that team to promote take-up. The role was in its infancy, but early signs were positive.

How were referrals made and by whom?

The project's local authority data collection asked how referrals were made for an FGC via an open text question. The steps in the referral process for FGC appeared to be broadly similar, but varied in specifics across the different local authorities who gave this information (79 local authorities provided a response to this question).[17]

Referrals were usually made by Social Workers

As shown in Figure 4 (above), the referrals were for children with a Child Protection Plan or enquiry or for children with a Child in Need status (69% of all referrals), meaning that referrers were mainly Social Workers. However, some referrals came from other services (14% of all referrals) such as early help, SEND teams, or Youth Justice Services (YJS), and therefore referrers also included early help/Family Help or SEND and youth justice practitioners.

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[17] To read more information on the referral process via case management systems, see Stanford 2025. This can be accessed online here: https://foundations.org.uk/our-work/publications/exploring-local-authority-data-and-monitoring-of-family-group-conferences

Many local authorities used their internal case management system for referrals

Regarding how local authorities managed referrals, just over half (40 local authorities) of those who provided this information said that they used their internal case management systems (such as Mosaic or Liquid Logic) to manage referrals. Around a third (27 local authorities) said they used forms sent over email for referrals. Nine local authorities that accepted referrals from teams or people internal and external to the council said internal referrers used the council's internal system (usually Mosaic or Liquid Logic) and external referrers used an email form, Microsoft Teams, or a phone conversation to refer. Two local authorities said they used a Microsoft Form for referrals and one local authority said they used a paper form.

In the six deep-dive areas, referrals came through a number of mechanisms. Typically, the referrer would fill out and submit a referral form on their case management system that the local authority used for its referral processes or would submit a referral form via email.

As this part of the data collection was an open text question (meaning respondents were free to write in an answer rather than being directed to select from a pre-determined list of responses), the level of detail local authorities included varied, with only some providing a clear and thorough explanation of their referral process. Generally, local authorities said that a Social Worker, Early Help Practitioner, or outreach worker (usually whoever was the Lead Professional for the family) would identify that an FGC could be beneficial after meeting with a family or finding out a little about their circumstances. The same worker would then make the referral, sometimes after discussing it with the family and getting their consent (see below for more detail on consent).

Some local authorities said that referrers might discuss a family with someone from the FGC service before making the referral, if they needed guidance on the process or were unsure whether an FGC would be appropriate for the family. A few local authorities said that the decision to refer a family for an FGC happened during supervision meetings, panel meetings, or Legal Planning or Legal Gateway Panel Meetings.

Local authorities stated that after the formal referral had been made, referrals would go to the FGC Service Manager for approval and subsequently be allocated to a Coordinator. A few mentioned that the FGC Manager may contact the referrer to ask for further details if they felt the information in the form was not comprehensive enough or was missing anything.

Usually, when the FGC service received a referral, an FGC Coordinator would be assigned to a family and the Coordinator would meet the referrer, before contacting the family to arrange a meeting to begin the process with them.

Trigger points prompted practitioners to make a referral to the FGC service

Referrals were usually made because a practitioner felt that a family could benefit from an FGC service, or because it had been triggered by a process, such as a Child Protection Conference or the letter before pre-proceedings.

In all six deep-dive local authorities, professionals mentioned trigger points. These may be set out in their local authority policies or procedures, or within paperwork or at meetings where they were prompted to consider an FGC referral, asked if they had made an FGC referral, or asked why they had not made an FGC referral. These trigger points could take the form of formal written prompts in paperwork (such as assessment forms or court orders) or informal questions and conversations in Child Protection conferences, supervision sessions, team meetings, legal panels or gateway meetings, and other arenas in which a professional may discuss families with peers and senior staff.

> "In most of the cases I have from [local authority] here, right now, in terms of Child Protection Plans, Child in Need Plans, and assessment recommendations, you'll find that FGC is already there, and if you are reviewing some of the forms, it will say 'have you considered an FGC?'"
> – Referrer, Local Authority F

The referral process appeared to be broadly similar when children were in pre-proceedings

Current statutory guidance states that local authorities should consider referring the family to an FGC service if they believe there is a possibility the child may not be able to remain with their parents, or in any event before a child becomes looked after, unless this would be a risk to the child (Department for Education, 2014). The referral process for an FGC for children who were in pre-proceedings did not appear to be different from the process for those not in pre-proceedings. Of the six deep-dive local authorities, in some pre-proceedings was a trigger point for the referrer to consider FGC at three local authorities, but in all there was some form of prioritisation for families who entered pre-proceedings.

How was an FGC introduced and offered to families?

In most local authorities the referring professional, not the FGC Coordinator, introduced and offered an FGC to parents/kinship carers

The data collection of local authorities asked how an FGC is introduced and the offer of an FGC is made to parents/kinship carers in their local authority via an open text question. Most local authorities (59 of the 78 that provided this information) said that a Social Worker, Early Help Practitioner, or other type of family or young person worker (usually whoever was the Lead Professional for the family) would be the person who would introduce the concept of an FGC and communicate an FGC offer.

In some local authorities, who communicated the offer was dependent on which stage of children's services involvement the family had reached. This could be the Social Worker, another practitioner, or an FGC Coordinator.

In the six deep-dive local authorities referrers (for example, early help practitioners and Social Workers) were the professionals who most commonly first introduced the FGC to parents/kinship carers and had the first opportunity to explain the process of an FGC and gain their consent to make a referral for an FGC.

There appeared to be considerable variation in how FGCs were introduced and offered across as well as within local authorities

Most local authorities did not provide explicit detail on exactly *how* an FGC was introduced and offered to families. Many said this was done during a conversation, often with the parent/kinship carer being given materials containing additional information, such as leaflets or videos, to help them understand FGCs and if it felt right for them. It was not clear whether these conversations happened in person or over the phone, with additional materials provided online, through email, or during a visit.

One local authority said that families were told about FGCs in the pre-proceedings letter they would be sent, after which an FGC Coordinator would contact them to arrange an in-person visit.

A large number of local authorities mentioned having a discussion or conversation with families about FGCs, to ensure their informed consent and buy-in to the process. Some noted that if the family were unsure about FGC, the referrer would bring a member of the FGC team into the conversation to speak with the family further.

In the six deep-dive local authorities, referrers said they usually spoke to families during one of their regular meetings, often in-person during one of their visits. Some mentioned using leaflets and videos about FGCs to help family members to understand the FGC process. Many referrers used conversations about the family network (when they worked with parents/kinship carers to complete a genogram or ecomap [18], for example) as a natural segue to ask if parents/kinship carers would consider involving their network to address the difficulties they or their child were facing.

When introducing the FGC offer to parents/kinship carers, referrers said they may talk about the following:

- How it takes a village to raise a child, so all parents/kinship carers need support from their network
- How every family has its challenges, but can also come together to use its strengths to help address those challenges
- The conference is the family's opportunity to have their say, with the clear message that the family has ownership of the FGC process
- That an FGC can be the family's route to ending the local authority's intervention with their family
- How the FGC plan will help the family to get support from their network once the local authority is no longer involved.

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[18] According to Research in Practice (2024), genograms are "visual diagrams that contain important relational, cultural, and historical details" that are co-created by family members and practitioners. According to Safeguarding Network (2025), "Unlike genograms, which are very structured and show the make-up of a young person's family, ecomaps are a visual means for a young person to show who is in their network (be that family, friends, neighbours, school staff) and what sort of relationships they have with them."

Referrers in deep-dive local authorities also mentioned often trying to frame the FGC as an opportunity for the family to have their voices heard by the local authority about how they could use their strengths and insights to manage any concerns.

> "[I say] actually this is an opportunity for your family to come together and decide about what that plan looks like and take control over that again."
> – Referrer, Local Authority F

There was awareness among referrers that how they introduced the FGC process to parents/kinship carers could have a major influence on how likely they were to agree to having an FGC. Referrers said they presented FGC in positive terms, often mentioning how friendly the FGC service or a particular FGC Coordinator were.

> "How it was really packaged and sold to parents really makes, I think, the big difference, in terms of their engagement."
> – Referrer, Local Authority F

In some local authorities the FGC service was asked to introduce FGCs to families

In some deep-dive local authorities, before a formal referral was made, a referrer would ask the FGC Coordinators or Managers to talk to the family about the FGC process so the family was better able to understand the service and whether they wanted to give their informed consent.

> "I've had a couple recently where the … workers asked me beforehand and said 'I want to make this referral. The family are not sure. What do you think? Can you have a conversation with them?' Absolutely. It's one of the things that we offer to families and to our kids. We're best placed to actually talk about our service. It's our service. We promote it better than anybody else … We bring a world of experience."
> – Coordinator, Local Authority A

Some referrers said that bringing in the FGC service to have a conversation about the FGC process helped some parents/kinship carers feel more open to trying it. But referrers also said that other parents/kinship carers reacted with discomfort to more professionals being involved.

> "We work in the front line, so, it's really important in terms of who talks to the family about the Family Group Conference. I always find that if I'm the person who's going to tell them about my concerns or why the local authority is worried about something, then they are unlikely to listen to me if I'm the one bringing, you know, that approach to them. … But sometimes because we have this difficult dilemma of care and control, we find that if you are the person in the front line and you are the one who's talking about the concerns, it may not be as well received as if it's another colleague of yours."
> – Referrer, Local Authority F

The potential for the FGC service to speak to the family before a referral was made was not always consistently offered, or known about by referrers.

Families may be offered an FGC at multiple points during their engagement with services

Many referrers interviewed said that they did bring up FGC early in their interaction with a family, particularly if it was obvious that there was a close family network present that could be mobilised to provide support. However, some FGC Managers noted that referring families before the referrer had time to understand the needs of the family could be counterproductive.

> "Sometimes we do have certain staff members that they're very aware of FGC. So as soon as they've got a case and it's like bang a referral in, but they don't really know what the issues and the concerns are around the child and the family and the family dynamics and what actually the FGC plan needs to target. So sometimes it comes too soon, so it gets to the point of FGC and actually the request has changed."
> – FGC team Manager, Local Authority C.

Most of the professionals we spoke with in deep-dive local authorities said that parents/kinship carers may be offered FGC a number of times throughout their relationship with social services. Some believed that the reiteration of this offer was important because it enabled them to engage the family when they were ready to have an FGC.

Referrers spent time building relationships with family members before offering an FGC

Some referrers in deep-dive local authorities mentioned the importance of building up a good relationship with the family before making the offer. As parents/kinship carers could feel uncomfortable at the prospect of an FGC, some referrers felt that the family needed to get to a point where they trusted them enough to try an FGC, and that this process of building trust can take time.

> "At three months as well, you would hope that the key worker would form quite a good relationship, because what often happens with all these families is that, you know, they say, 'Oh, no, me and John, you know, he wouldn't help. He wouldn't be a help to me. He's not part of my support network.' But what they don't realise is actually if it was asked, if the question was asked, he would jump up in a heartbeat and support, you know. So it's about building a relationship with those families, enable them to, kind of, give them the confidence to reach out to some of these family members."
> – Referrer, Local Authority E

Some families needed support to engage effectively with the FGC process

Another reason some referrers said they waited before offering an FGC to a family is that families often needed support to get them to a place where they were able to engage with the FGC process, which requires that family members can have a positive dialogue with each other. This could involve mediation or restorative circles, to help facilitate helpful conversations within the family. In some local authorities, the FGC service itself had Coordinators with the skills to do these interventions with families, but, in many, Coordinators did not.

What were the barriers to making a referral and offering an FGC to parents/kinship carers?

Some local authorities had limited eligibility criteria

As set out in the previous section, the local authority data collection suggested that a substantial number of local authorities did not accept referrals from non-statutory children's social care services. This had an impact on who could be referred for an FGC.

FGC service capacity and funding constraints limited FGC services' ability to take on more referrals

A key barrier for some FGC services was their limited capacity and funding constraints.

The FGC services we spoke to made strong efforts not to turn down referrals because they were keen that there be no barriers for families and they usually had sufficient capacity to meet the referrals that came in. But FGC Service Managers at three of the services we spoke to said they had experienced capacity issues recently that had meant they had to start waiting lists. There was some evidence that knowing there was a waiting list for the FGC service meant referrers were less likely to refer and caused some families to grow frustrated.

In one of the deep-dive local authorities, the size of the FGC service had been reduced, leading to far lower capacity and the implementation of eligibility criteria for families. This FGC service no longer took early help referrals and would only do FGCs with families who were at a more serious level of support from the local authority (Child Protection and above).

> "We don't have the level of resource that would be required for [all families who could benefit from an FGC having access to one]. You know, the fact that we had to limit our criteria when we were restructured … So I think resource is one of the key things."
> – FGC Service Manager, Local Authority A

Lack of knowledge and understanding of FGCs limited referrer confidence in referring and ability to inform families accurately

As noted above, referrers (usually early help practitioners and Social Workers) were typically the first to speak to a family about FGCs.

Even though most of the referrers we spoke to said they did understand what an FGC was, further conversation revealed gaps and misunderstandings in their knowledge. This appeared to impact their confidence in offering an FGC and understanding their part within the FGC process, as well as their ability to accurately inform families about FGCs and obtain informed consent. For example, some referrers thought that referring a family to the FGC service would mean they did not need to focus on that family until the FGC process was complete and did not understand they needed to support the family through the FGC process.

> "We need [the referrer] involved. This is about you identifying, building that relationship with the family, understanding the risk, what would the aims be for when they are coming to the end of their piece of work, so that we can start getting the family to have that ownership and that support when there isn't going to be professionals."
> – FGC Coordinator, Local Authority E

Another aspect of the FGC process that some referrers were unclear about was who could come to the conference. Some parents/kinship carers said they were told by Social Workers that they could not invite anyone who was not a family member to their conference, despite this being incorrect.

> "I was asking if I could have friends there and we were told that I couldn't have friends there and it was only when I had my next Family Group Conference that I was like, 'Well, this person isn't actually family. This person's a friend' and the [Coordinator] was like, 'absolutely bring her along. She's your support network.'"
> – Parent/kinship carer, Local Authority B

Some referrers were open about having gaps in their knowledge. These often related to the overall aims of an FGC for a family, the referrer's role in the process, the family-led philosophy of FGC, and what the review process should involve.

> "We speak about Family Group Conference all the time. All the time. We talk about it, we're spoken to about it, but I as a worker still don't fully understand the end result."
> – Referrer, Local Authority E

The FGC services we spoke to recognised that there were misunderstandings and knowledge gaps among referrer teams around FGCs, which potentially impacted referral rates. They had worked to try and rectify this, and promote and maintain awareness of FGCs and their service, including:

- Attending team meetings
- Lunchtime learning sessions for specific teams or services
- Introductory slots during inductions or wider training sessions, such as for newly qualified Social Workers in their Assessed and Supported Year in Employment (ASYE)
- Drop-in sessions open to all professionals
- Designated member of the FGC team as a contact point with potential referring teams
- Educational material such as posters and leaflets in offices.

Although it was believed by deep-dive local authority FGC services that these activities did help to plug knowledge gaps and increase confidence, the extent of their effectiveness was not clear, nor was it clear which of these approaches was most effective at improving referrer understanding of FGCs or the referral process. It was probably a combination of the above. However, it was noted that many of these activities took up a significant amount of time. A number of FGC Service Managers said that they had to reduce such activities due to pressures on service delivery. Despite these activities, some knowledge gaps among referrers persisted, according to FGC Service Managers, Coordinators, and referrers themselves.

FGC Service Managers and Coordinators, who perceived gaps in knowledge among referrers as a barrier to referral, talked about the challenge of trying to educate referrers about FGCs without making them feel patronised and implying that they were not highly experienced, knowledgeable, and skilled professionals. There was a sense that referrers may choose not to engage with sessions offered, due to believing they already have a complete understanding of FGCs.

It was also highlighted that there was generally a lack of investment in training on FGCs for referrers, including continuing professional development (CPD).

One FGC Service Manager had found that they had been able to get Social Workers more interested in learning about FGCs and encouraging families to take it up by discussing their team's FGC data, including how often the teams referred compared with other teams, where their strengths were, and where they could improve.

> "What I've been doing, more over the past few years and since we've got quite good reporting is, going in and sharing locality- or team-specific information to make it more relevant and more exciting for them and something more they can critically think about."
> – FGC Service Manager, Local Authority F

Overall, understanding and awareness varied among referrers. There also appeared to be a gap between how well FGC Service Managers believed referrers understood the FGC process and how well referrers actually understood it. The overarching message appeared to be the importance of using a variety of methods regularly to maintain awareness of FGCs and combat any misunderstandings about FGCs.

Referrers' high workload resulted in reluctance to refer

One issue that came up repeatedly in focus groups in deep-dive local authorities was referrers having high workloads. Many FGC Coordinators and FGC Managers believed that large workloads contributed to some being reluctant to find the time to refer a family and support them through the FGC process. They felt it led to poorer quality referrals and contributed to delays in the process, which families found frustrating and which made them more likely to pull out of the FGC process.

Local authorities also highlighted the impact of the current social care reforms on referrals for FGCs and for FGDMs more widely. Some practitioners felt this would increase demand, whereas others were already locally mandated to offer all families FGCs at pre-proceedings, where deemed safe to do so and in the child's best interest.

High turnover of referrers meant many lacked the knowledge and confidence to refer families

Another issue mentioned frequently in focus groups as a barrier to staff making referrals was the high turnover rate of early help practitioners and Social Workers. Coordinators and referrers talked about how important building up experiential learning is for understanding FGCs and being likely to refer. Referrers regularly leaving and entering the workforce meant that FGC services have to constantly "re-educate, re-educate, re-educate" (FGC Manager, Local Authority B).

> "There's a high turnover of staff like we've never seen before, and you'll get that you've won the hearts and minds of … Social Workers and then they leave and

> then you have to start all over again."
> – FGC Managers, Local Authority E

FGC Managers said that newly qualified Social Workers and early help practitioners often had little to no training on FGCs, and as a result made sure FGC was part of their induction when they joined the local authority.

Safeguarding concerns impacted whether a practitioner felt an FGC was appropriate

A number of factors influenced whether a practitioner felt a referral was appropriate for a family. Some referrers discussed thinking very carefully about making a referral or choosing not to make one at all where there were issues such as domestic abuse in a family. More information on best practice in relation to FGCs and domestic abuse is set out in the practice briefing accompanying this report[19], and in Family Rights Group's FGC Toolkit[20] – a summary of which is included below.

Summary of guidance from Family Rights Group's FGC Toolkit in relation to domestic abuse

Family Rights Group's Toolkit for FGC Coordinators spells out how FGCs are commonly used in planning in families where there is domestic abuse. With safety planning at the heart of the process, from referral and preparation to the FGC meeting and plan itself, FGCs can be an effective and meaningful way for those affected by domestic abuse to plan for the safety of themselves and their children. The impact of domestic abuse is a reality for too many adults and children in our society, and all Coordinators should receive additional training to recognise power dynamics and coercive control and to prepare for the safety of all participants. The Toolkit for FGC Coordinators also makes clear that people who are or have been domestically abusive should only be invited to an FGC with the agreement of the adult victim/survivor.

Referrers also discussed having had doubts about referring families where there were other safeguarding concerns about members of the wider family network and they felt the family could not be deemed a protective factor. In such circumstances, some referrers saw the FGC as an opportunity to explore the parent/kinship carer's friends and neighbours as part of their support networks.

> "You have to have some kind of open conversations about actually who's going to be healthy to have in that network."
> – Referrer, Local Authority F

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[19] See: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-access-and-uptake-practice-briefing.pdf

[20] See: https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026

FGC Service Managers and Coordinators also discussed having encountered examples where referrers did not refer a family because they believed the parent/kinship carer did not have enough of a network to invite to a conference. Many mentioned discouraging referrers from making assumptions about family networks and instead encouraged referrers to leave that work to a Coordinator.

> "And then they say, 'Oh, before I do the request, I'm just going to go out and do the – explore the network with the family' and we're like, 'no, no, we'll do it. We'll do it!'"
> – Coordinator 2, Local Authority F

> "You don't have to explore the network before you put the referral in. That's fine."
> – Coordinator 5, Local Authority F

The short timescales and dynamics of non-statutory support hindered FGC referrers

In local authorities that did accept referrals from non-statutory children's social care services, deep-dive local authorities highlighted that their FGC service often struggled to get referrals from these services. Local authorities specifically mentioned the challenge of getting referrals from early help support with families, in spite of work they had done to try and increase the number of referrals.

Several reasons for the low proportion of referrals from early help were suggested in deep-dive fieldwork and later during co-design workshops. These included barriers similar to those suggested for statutory social work teams, including lack of awareness and understanding of FGCs, the referral process, and the practice and limited funding of FGCs for families within early help services.

However, local authorities also mentioned two additional potential barriers:

- The short period of time that early help workers often worked with parents/kinship carers to build a level of understanding of the family or trust with the family to be able to offer an FGC
- The dynamics between families and early help services in terms of its voluntary nature as well as what early help support focused on.

FGC services suggested thought was needed to ensure FGCs met the needs of families referred from early help, which were distinctive from the needs of those referred from social work teams.

Mismatched processes between services added practical steps which discouraged referrals

Some deep-dive areas spoke about the barrier that certain services such as early help services had in not being on the same case management system used for FGC referrals, meaning that these services had to submit referrals via email or another way. In several local authorities, FGC Service Managers talked about improvements to the referral form the service had made to reduce the workload burden on referrers and that they encouraged referrers who might not have time to fill out a complete referral to submit a partially completed form instead so that the FGC service could initiate contact with the family.

> "I say, 'Open up the referral form and [the case management system], just literally put a couple of lines in it. And let's get going.' I'm not somebody who's going to go back and say, 'You haven't put enough information in this.' I would just pick up the phone. I don't want any, we don't want barriers."
> – FGC Service Manager, Local Authority E

What were the enablers to making a referral and offering an FGC to parents/kinship carers?

A local authority-wide culture and practice of promoting FGCs, with senior leadership buy-in, supported referrals

FGC services highlighted that a key enabler to improving access was a culture of promoting FGCs across the local authority.

Sometimes this was part of a wider practice model or approach at a local authority, such as being systemic, relational, or restorative, for example. It could include embedding FGCs and their values in the local authority practice approach – for example, their children's social care practice framework or model for supporting families.

> "We've been very lucky in that all our administration have been supportive of the FGC model and I'm going to say our biggest strategic connection now is our [title of approach] framework and that's the restorative practice model that we have in relation to how we work with families. And, … within that, there is a commitment that every family will be offered an FGC."
> – Family Participation Manager, Local Authority D[21]

This theme ran through focus groups with FGC and local authority professionals. This included:

- Multiple formal and informal trigger points to prompt referrers to offer an FGC or justify why one had not happened
- FGCs being brought up during referrers' supervision sessions, team meetings, and other group meetings
- FGCs being directly named in the practice framework or model, including in guidance
- The senior leadership team demonstrating personal buy-in to the FGC approach through regular promotion and communication across the local authority.

This culture of promoting FGCs meant that referrers were constantly prompted to consider referring their families for an FGC and helped to get their buy-in to FGC as a valuable and impactful way to support families.

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[21] This local authority had no in-house FGC Service, so this Manager was responsible for managing the sessional FGC Coordinators and promoting FGCs.

Many FGC Service Managers also spoke about how important it was that the senior leadership team bought into FGCs and ensured they were woven into how staff support families. This included senior leadership teams fostering a culture of FGCs being central to family support by openly promoting them, speaking to their teams about how they can benefit families.

Educational activities and materials for referrers helped enable referrals

FGC Managers and Coordinators felt referrers (even when they believed they were knowledgeable about FGCs) should be encouraged to take advantage of training and awareness-building activities (such as lunchtime learning sessions and drop-in sessions) and informational materials to aid their discussions about FGCs with families. This helped overcome knowledge gaps and ensured families had the right information to make an informed decision.

Professionals spoke about the importance of providing information about FGCs in numerous formats and languages, so that referrers and Coordinators were more easily able to educate families about FGCs in a way that made it clear to them what an FGC is and how it could benefit them. Referrers, Coordinators, and parents/kinship carers spoke about having used leaflets, videos, and websites such as Family Rights Group's website. This included alternative versions, such as leaflets designed for children or those that are easy-read for those with English as an additional language.

Many referrers and Coordinators talked about how useful they found showing videos about FGCs to families, because these provided a visual element that made the FGC process very easy to understand and were especially useful for families where members of the network had learning difficulties or disabilities. It was also seen as important that these videos were accessible online so families could watch them in their own time without a referrer or Coordinator around.

Formal and informal trigger points appeared to prompt referrals

FGC Service Managers and Coordinators spoke about how having regular formal and informal trigger points prompted referrers to consider offering FGCs to families. This helped keep FGCs in the conversation and increase the number of families referred. Such trigger points included:

- Formal written prompts in paperwork (such as assessment forms, review paperwork, or court orders)
- Formal prompts in processes, such as Child Protection Conferences or when families entered pre-proceedings
- Informal questions and conversations in team meetings, Child Protection Conferences, supervision sessions, team meetings, and other arenas in which professionals may discuss specific families with peers and senior staff.

One FGC service had created a self-referral route for families, so that they did not need to rely on referrers offering the service to them and could access it themselves. They recognised that relying on individual referrers to offer an FGC to a family could cause some to miss out, because it could be contingent on the referrer themselves understanding what an FGC is, how it could benefit the family, and having bought into it. However, other local authorities also commented that this could cause a substantial increase in demand that they would not be able to meet within their current capacity.

Strong relationships with referral teams appeared to enable referrals across the local authority

A key factor that enabled increased access to referrals appeared to be a strong and close relationship between the FGC service and teams across the local authority, which allowed them to promote the service and raise awareness and understanding of FGCs in general. This included FGC staff attending team meetings and regularly promoting their work where referrer knowledge could be updated and new staff could be connected with the FGC service.

Some FGC Managers, Coordinators, and referrers felt that this could be facilitated by referral teams sitting near FGC staff in the office, as well as FGC staff being present in team meetings, holding drop-ins and lunchtime learning sessions, and maintaining frequent email contact with referral teams. However, it was also noted that the co-location of services was not essential and that FGC services had to be clear about their independence if sitting with children's service teams.

Referrers and FGC staff mentioned having mutual respect for their respective roles and professional skills and capabilities.

FGC staff being proactive with referrers and flexible in offering individual support and advice to referrers when needed was seen as important. Referrers found it useful when they knew they could easily contact or speak to a member of FGC service staff about a referral they were considering making.

> "I get some people come up to me in the office and say, 'Oh, Family Group Conference. Yes. I've got a family' … We get some, I think a decent amount of informal chats … And I've also offered to help them with referral forms and tell them how to make the referrals and things like that. So … they know we're available to them."
> – FGC Coordinator, Local Authority F

Many Coordinators and referrers spoke about the FGC service also being flexible regarding informal conversations about potential referrals. Some referrers appreciated Coordinators being available to discuss families with them and advise them whether an FGC would be an appropriate step for a family. Many Coordinators indicated they were happy to have these conversations and pleased to be approach by referrers. They were keen to support referrers to better understand FGCs and the referral process.

Five of the six deep-dive local authorities [22] had an in-house FGC service. In the local authority where this was not the case, they hired self-employed, sessional FGC Coordinators. However, this did not appear to have an impact on the relationship between the FGC service and the wider local authority.

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[22] Local Authorities A, B, C, E, and F, as referred to in Table 2.

Ensuring information was shared sensitively with the family network supported engagement

Referrers and Coordinators mentioned the importance of ensuring any information shared with their network was written sensitively and collaboratively with the parents/kinship carers to make sure they were comfortable with it. Often simply altering the wording in reports to be more tactful and getting the parent/kinship carer's sign-off before information was shared was enough to give parents/kinship carers a stronger sense of ownership over the process. Coordinators also mentioned the importance of referrers only including information about the family's situation that was directly relevant to the concerns around the welfare of the child(ren).

Consenting, accepting, and taking up an FGC

Key findings

- Some referrers demonstrated a limited understanding of the consent process, and in a small number of cases consent appeared to be compromised.
- Even with the caveat that local authorities will define referrals and consent differently and some FGCs consented to will take place in the following reporting year, the data suggested that **sizeable numbers of FGC referrals were not consented** to or did not ultimately take place:
    - 79% of referrals were consented to by a parent/kinship carer in 2023/24, comprising 75% of children who were referred
    - 53% of referrals in 2023/24 resulted in an FGC in 2023/24, comprising 54% of children who were referred.
- FGC services reported that the **main reason FGCs did not take place was that the parents/kinship carers did not engage** or want an FGC.
- **Children referred by statutory services appeared to be more likely to have an FGC consented to and ultimately take place** than those referred from non-statutory teams.
- **Children in pre-proceedings at the time of referral were less likely to have an FGC consented to** and ultimately take place (61% and 47% respectively) than the overall population in the data collection (79% and 53% respectively). There were differences by age and ethnicity of the child, suggesting some inequity of access to FGCs:
    - Families of younger children were more likely to consent to and proceed with an FGC than those of older children, with 79% of pre-birth referrals receiving consent and 64% resulting in a conference, compared with 69% consent and only 44% progressing to a conference for 16–17-year-olds.
    - White children had the lowest rates of consent and progress to a conference as a proportion of referrals made (75% and 55% respectively), whereas Asian children had the highest (88% and 68% respectively). Children from Black ethnic backgrounds had the largest gap between the proportion of FGCs consented to

and those that go on to have an FGC – over a quarter (26%) of those consented to did not go on to have an FGC.

- A high proportion of missing data on children and parents/kinship carers with disabilities meant there remains an evidence gap regarding equity of consent and take-up.
- **Enablers to parents/kinship carers taking up an FGC offer** included:
    - Understanding what an FGC was, its process, and benefits
    - Wanting to get support from their network
    - Seeing the FGC service as independent from social care
    - A positive relationship with the referrer, Coordinator, or both
    - Having a clear understanding of FGCs
    - Focusing on their child's needs; and feeling empowered, safe, and listened to
    - Concern about what would happen if they did not have an FGC was a motivator, including a fear (real or perceived) that their children would be removed from their care or they would be seen as uncooperative if they did not take up the offer.
- Additionally, reasons that supported ongoing engagement in the FGC process included:
    - Working flexibly and offering alternative methods helped to ensure that people who could not attend were still able to contribute and be included
    - FGC Coordinators supporting families to ensure that meetings were accessible for all network members
    - Incorporating family feedback helped improve access to and take-up of FGCs
    - Employing FGC Coordinators from diverse backgrounds was thought to encourage uptake from minoritised groups.
- **Barriers to parents/kinship carers taking up the FGC offer** were varied and complex and included:
    - Past negative experiences of receiving support
    - Delays in the process
    - A poor relationship and/or communication with their referrer
    - Concerns about information being shared with their network
    - Anxiety about conflict between family members
    - Feeling stigma or shame about social services involvement or aspects of their situation like mental illness
    - Feeling overwhelmed
    - Wording of 'Family Group Conference' being confusing or offputting.
- Changing family circumstances caused some parents/kinship carers to withdraw from the process. The consent process and **general practice for involving children in FGCs varied** across local authorities and understanding of legal and ethical obligations for involving children were inconsistent. Where children did not attend or only partly attended, Coordinators used alternative processes to capture children's views.
- Data from 35 local authorities showed **wide variation in father attendance at FGCs**, with low response rates highlighting the need for better data and for future

measures to capture fathers' engagement in the FGC process, not just physical attendance.

- Common barriers to father participation included inability to take time off work, safeguarding concerns, or domestic abuse (leading to split conferences, mediation, or exclusion of abusive fathers from major involvement).

How did parents/kinship carers consent to an FGC?

An underpinning principle of the FGC approach is that it is voluntary: families must provide informed ongoing consent to participating in the FGC process. The different types of consent are outlined in brief here, but covered in the practice briefing accompanying this report[23], and in Family Rights Group's FGC Toolkit[24]. This includes permission given by the family to the referrer to introduce the parents/kinship carers (as well as the young person if appropriate) to a Coordinator to find out more about the process.

Consent in the context of this report can include someone with parental responsibility (or a young person aged 16 or over) agreeing to:

- The FGC process (as set out in Figure 1)
- Information being shared (including agreement when appropriate from the person about whom information is shared)
- The Coordinator speaking to the child/young person
- Who is invited to attend the FGC
- The subsequent FGC plan (if there is one).

As part of the local authority data collection some local authorities provided open text responses on consent when asked about the referral and offer processes. The level of detail local authorities provided varied.

Most detailed a process where consent to the FGC process in principle was sought from those with parental responsibility before a referral was made. Subsequent to a referral being accepted, the FGC service would then offer an FGC, at which point their consent was required for the process to proceed.

Many local authorities said they recorded formal consent through getting parents to sign a form. However, in one local authority, they recorded family consent in four different ways: through parents completing a form, by a QR code that goes directly to the FGC service, or through an email or text message. One local authority said that, if the FGC was for a child aged 16 or 17, it was mandatory to get consent from them in addition to the parents in order for the referral to go ahead.

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[23] See: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-access-and-uptake-practice-briefing.pdf

[24] See: https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026

The majority (47 of the 78 local authorities that provided responses to the open text question on offering FGCs) said that FGC Coordinators will check a family's consent after the FGC offer has been made, even if the referrer had to get consent in order to make the referral. They will also have a longer conversation with the family than the referrer may have done about what an FGC is and how it could help them. Some local authorities mentioned that this conversation would involve the FGC Coordinator asking who the family wanted to attend the FGC and getting consent from the person/s with parental responsibility to contact these people to invite and share information with them about the situation and FGC process.

Some referrers appeared to lack understanding of the consent process

In our deep-dive fieldwork when asking frontline professionals directly, we found that there was no universal understanding of how informed consent should be obtained.

Typically (as set out in Family Rights Group's 2026 FGC Toolkit), a practitioner should seek permission to introduce the parents/kinship carers (as well as, if appropriate, the young person) to an FGC Coordinator to find out more about the process and subsequently gain their consent to make a formal referral. However, we did find instances where this was potentially not the case, where either permission was not sought to introduce a parent/kinship carer to a Coordinator, or where they were not told about an FGC referral before one was made. Because referrers themselves were often unsure of what the difference was and the consent and referral process itself, it was difficult to know for certain what was and wasn't consented to.

It appeared in deep-dive areas that sometimes referrers accepted verbal consent from parents/kinship carers to submit a referral, and then an FGC Coordinator allocated to the family would seek written consent to accept an offer of an FGC after fully explaining the FGC process to the parents/kinship carers.

> "They've discussed it with them and got consent in the sense of 'Are you happy for me to make a referral and for someone to come out and talk to you about it?' And then we would then go out and do a full kind of conversation about what FGCs actually are. Sometimes they maybe haven't got the kind of full picture of what it is from the Social Worker. So we would then give them the full information and then get written consent."
> – Coordinator, Local Authority E

In one deep-dive local authority, the FGC service changed its approach to taking referrals. Now, when it receives a referral, one of the FGC Service Managers will call the parents/kinship carers to explain the FGC process and seek their consent to start the process. Only at that point will the Manager allocate the case to an FGC Coordinator.

> "[The Coordinator would] go through the whole work of meeting with the Social Worker, getting that briefing, you know, that's like an hour of the Social Worker's time, an hour of the Coordinator's time, and then calling the family and the family, not – either not wanting it or not responding to any of that contact. So it was by doing that [contacting families] up front, we could then, like, focus our resource on the families that were really up for an FGC, improved our conversion rate to about 50% of families that are allocated having an FGC, and also just kind

> of save time for Social Workers and the Coordinators."
> – FGC Manager, Local Authority F

There were a small number of instances where consent appeared to be compromised

Family participation in an FGC is voluntary. In some cases, however, referrers and FGC service staff told us that consent had been compromised before the FGC process. Sometimes this could be because parents/kinship carers simply felt they had to say yes when the FGC offer was put to them by a referrer or written into their Child Protection Plan or a court order. These parents/kinship carers then sometimes withdrew consent when a Coordinator got in contact with them.

> "We have had a few court-directed FGCs in more recent times, which is really quite frustrating. Even though [name] and I went to that Family Justice Board and reminded them that that shouldn't be happening."
> – FGC Service Manager, Local Authority E

Although a court can require a family be offered an FGC, no family is required to accept such an offer. These instances of courts or local authority decision makers trying to direct an FGC highlight the importance of both Social Workers and lawyers including the judiciary being educated about the FGC process and principles – including its voluntary nature.

Many FGC Coordinators and Managers were concerned that families might feel pressure to consent to having an FGC, and saw their role once they received the referral as making sure the family knew that the process was voluntary, no matter what stage their social work involvement was at.

> "I think a lot of the families we work with, even if it's on Child in Need – and that's [a] consensual service, you know – they still believe that the – they've got to do it, you know, they're forced into doing things. They still believe that. Even though you reassure them that's not the case."
> – Referrer, Local Authority F

How many FGC referrals were consented to and subsequently took place?

The local authority data collection gathered information on the number of FGC referrals as well as the number of children that were consented to by parents/kinship carers with parental responsibility (henceforth shortened to 'consent by parents/kinship carers') and the number of FGC meetings that took place in 2023/24 as a result of a referral in 2023/24.

As set out earlier in the report, it is important to note that the definition of what is classed as a referral, as well as what is categorised as 'consent', and the way it is obtained and by whom, varies between local authorities. In addition, there may be FGCs that were consented to in 2023/24 which took place in the subsequent year (2024/25) and therefore will not have been counted in the data. These factors will have an impact on the numbers presented below.

Table 9 shows that, for the local authorities that provided data, a total of 14,619 referrals were consented to by parents/kinship carers in 2023/24, which equated to 24,687 children. The average (mean) number of referrals consented to per local authority was 176, ranging from 4 to 808 per local authority. The average (mean) number of children where an FGC referral was consented to per local authority was 321, with a range of 12 to 1,566 per local authority.

The table also shows that 9,818 FGC meetings took place in 2023/24 as a result of a referral in 2023/24, which equated to 17,900 children. It shows that the mean average is 117 FGC meetings that took place per local authority that provided data in 2023/24. This ranged from no FGCs taking place to 474 taking place. The average number of children who were referred for an FGC that resulted in an FGC meeting was 229 per local authority, with a range from no children to 1,003 children per local authority.

Table 9. Number of FGC referrals, consents, and FGCs taking place as well as the number of children subject to a referral, consent, and FGC meeting for local authorities that provided data for 2023/24

(go to accessibility text)

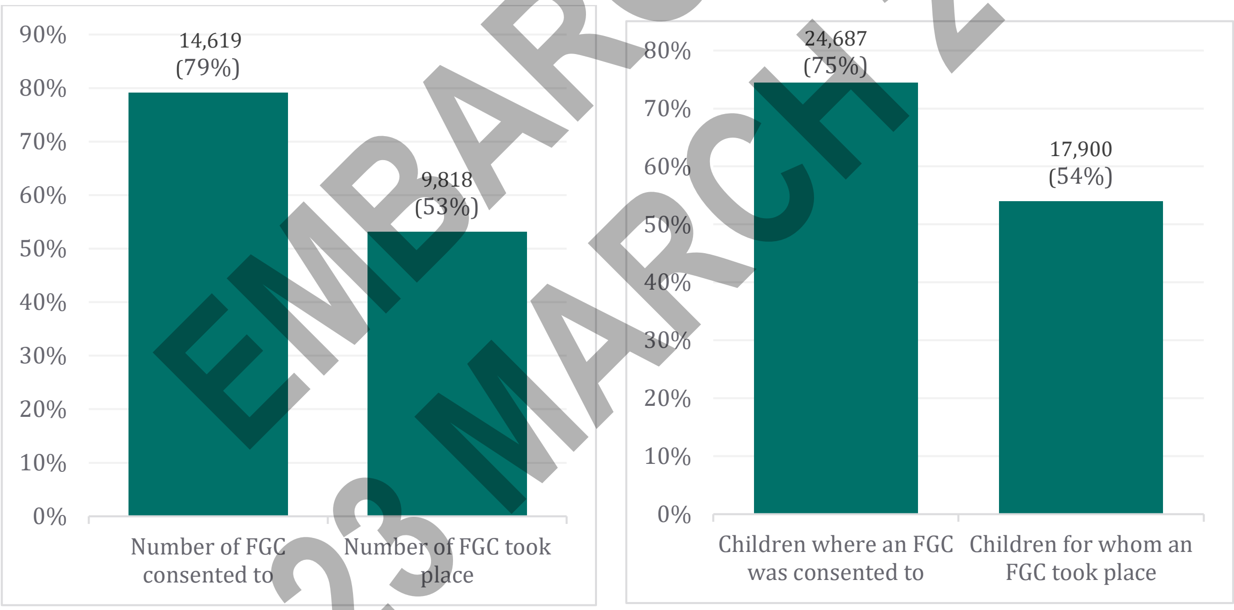
	Number of referrals made	Number of children referred	Number of referrals consented to by a parent/ kinship carer	Number of children who were subject of an FGC referral where an FGC was consented to by a parent/ kinship carer	Number of FGC meetings taking place	Number of children where an FGC meeting took place
Mean average	220	399	176	321	117	229
Median average	172	293	147	243	102	185
Range – low	7	15	4	12	0	0
Range – high	1,144	1,820	808	1,566	474	1,003
Total	**18,470**	**33,128**	**14,619**	**24,687**	**9,818**	**17,900**
Response rate	84	83	83	77	70	78

A large proportion of FGC referrals were not consented to or did not ultimately take place

Figure 8shows the number and proportion of FGC referrals (which may involve one or more children) that were consented to (79%) and ultimately took place (53%) in 2023/24. This equates to 67% of FGCs that were consented to resulting in an FGC meeting. Figure 8 also shows the number and proportion of children who were referred for an FGC where the FGC was consented to (75%) and ultimately took place (54%) in 2023/24. This equates to 73% of children where an FGC was consented to, subsequently having an FGC meeting.

Figure 8. Number and proportion of FGC referrals that were consented to and took place, and the number children referred for an FGC that were consented to and took place

(go to accessibility text)
(link to raw data)



Even with the caveat that local authorities will define referrals and consent differently and some FGCs consented to will take place in the following reporting year, the data suggests that almost half of FGC referrals that were made in 2023/24 did not convert into delivered FGCs.

FGC services reported that the main reason why FGCs did not take place was that the parents/kinship carers did not engage or want an FGC

The data collection asked whether local authorities collected data on the reasons that FGCs did not take place when they were offered. Three-quarters of local authorities (54 out of 72) said they collected data on the reasons an FGC did not take place. Figure 9 shows that the main reason local authorities believed FGCs did not take place was that parents/kinship carers did not engage or want an FGC (60%), followed by changes in circumstances (15%), and there not being enough family members (11%). It should be noted that these are reasons logged by the FGC service and not reasons given directly by parents/kinship carers, which could be different.

Figure 9. Reasons given by FGC services for why FGCs did not take place when offered (n=3,885)

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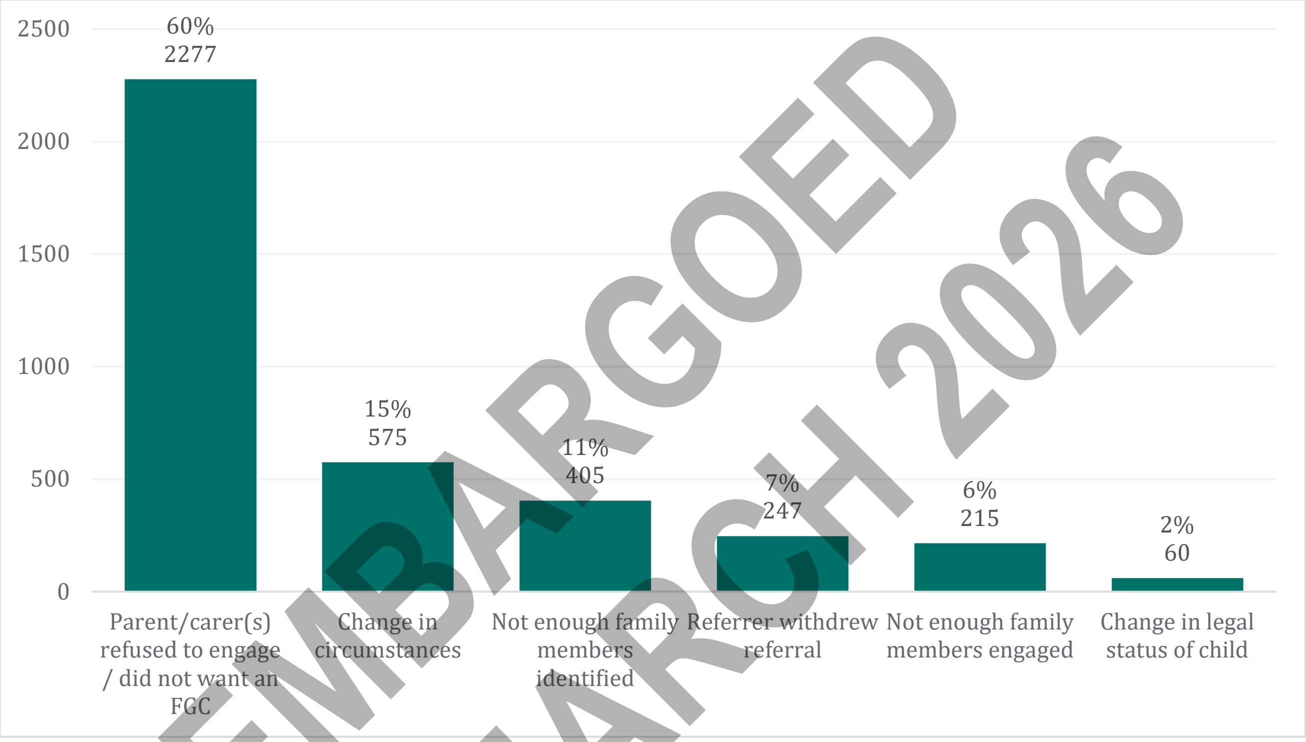
(link to raw data)



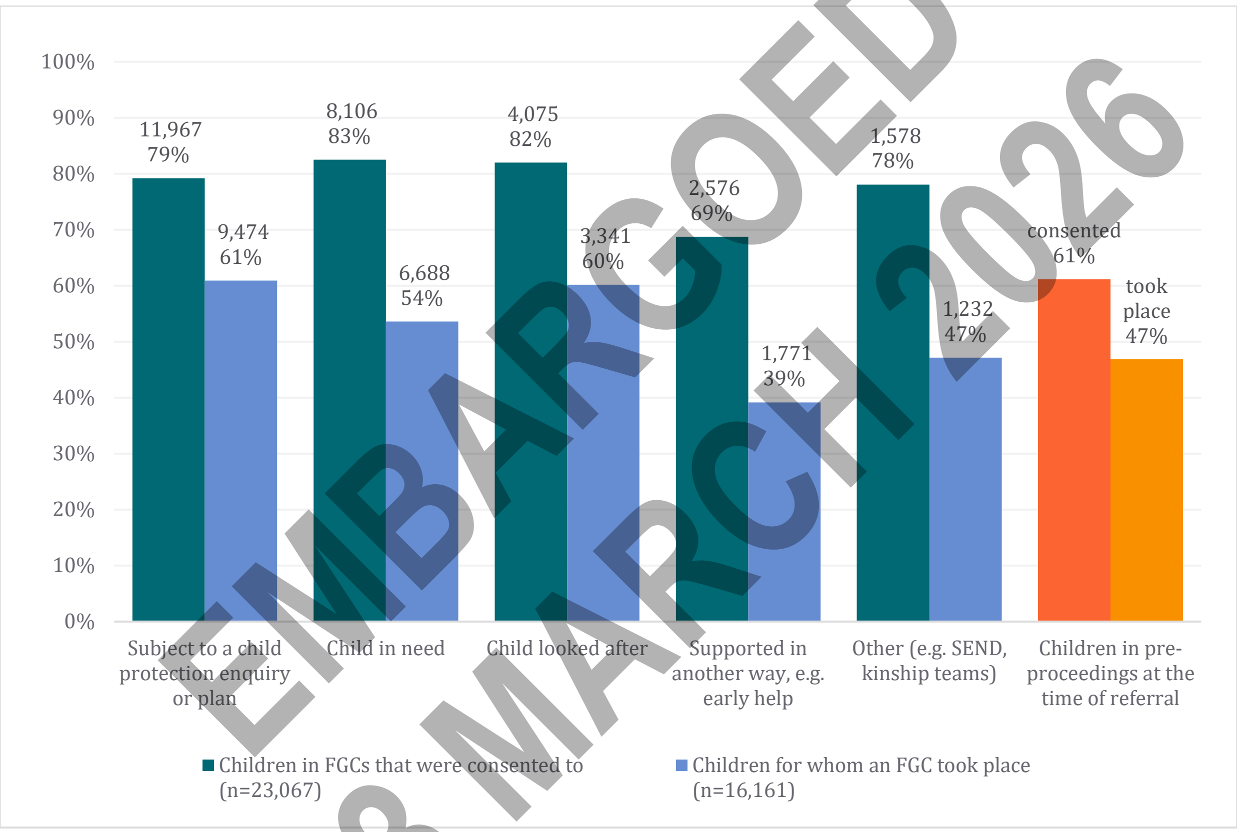
Children referred by statutory services appeared to be more likely to have an FGC consented to and ultimately take place than those referred from non-statutory teams

Figure 10 shows the proportion of children where an FGC was consented by a parent/kinship carer and took place as a percentage of total referrals by status of child at referral. It is somewhat of a complicated picture. The proportion of FGCs consented to was highest for children who had a Child in Need status and those who were looked after at the time of their referral (83% and 82% respectively). There was a slightly lower proportion of children where an FGC was consented to who were subject to a Child Protection enquiry or Plan or were being supported by other means such as a SEND or kinship team (79% and 78% respectively). The lowest proportion of children where an FGC was consented to was those supported in another way, such as early help (69%), or where the status of the child at the time of the referral was not known (41%).

A similar picture can be seen for the number of children where an FGC took place as a proportion of referrals. Children who were subject to a Child Protection enquiry or Plan or were looked after at the time of their referral were most likely to ultimately have an FGC take place in 2023/24: with 61% and 60% of children respectively. Under half (47% and 39% respectively) of children supported in another way (e.g. early help) or by other teams (e.g. SEND, kinship teams) were likely to ultimately have an FGC take place.

Figure 10. Number and proportion of children where an FGC was consented to and took place by legal status of the child at referral as a proportion of children who had an FGC referral in 2023/24 (n=29,308)

(go to accessibility text)
(link to raw data)



Children in pre-proceedings at the time of referral were less likely to have an FGC consented to and ultimately take place than those not in pre-proceedings

Data on consent and take-up of children in pre-proceedings at the time of their referral was collected via a different question, given that children could fall into any of the status categories and be in pre-proceedings. However, we have presented the results in Figure 10 to show that consent was lower than for those not in pre-proceedings at the time of referral and that under half of children (47%) in pre-proceedings at the time of referral went on to have an FGC. This suggests that there was a lower rate of children in pre-proceedings at the time of their referral where parents/kinship carers consented to an FGC than the overall proportion of parents/kinship carers who consented.

Our research in deep-dive local authorities was unable to identify specific reasons why the rate of consent was lower for children in pre-proceedings. However, FGC Managers suggested that this could be because trust may have broken down between the family and local authority by this point.

Despite overall data showing lower rates of consent at pre-proceedings stage when compared with earlier in the statutory process, many referrers, Coordinators, and FGC Managers felt the pressure on parents/kinship carers to agree to FGC increased significantly at the pre-proceedings stage.

> "... because of that independent legal advice, and because it's a slightly different conversation really at that point we see a much higher level of buy-in. I guess in, ... In crass terms, the stakes are higher, so the pain of going through the conference and perhaps the emotional difficulties that the parent might experience or the fear that they have is outweighed by the potential gain of their child maybe not coming into care."
> – Referrer, Local Authority F

This was also felt by some parents/kinship carers we spoke to:

> "The way that it was explained to me, I must admit it wasn't the nicest kind of way. It was put to me that if I didn't have the Family Group Conference, my daughter would go into care because I wasn't willing to work with them and things like that. So I, at the point, I guess, I kind of felt like I had to have this Family Group Conference, whether I wanted to or not."
> – Parent/kinship carer, Local Authority B

Some referrers and Coordinators noted that local authority processes meant that professionals felt an emphasis on having an FGC quickly, because having an FGC might help them to find solutions to prevent the child from being taken into care. In a co-design workshop one local authority said they had recognised this in their annual analysis of referrals. As a result, they had attempted to put in mitigations in the form of communications and guidance to Social Workers referring families in pre-proceedings to ensure local authority processes did not put pressure to compromise the time required for an FGC.

FGCs for younger children were more likely to be consented to and take place than for older children

Using data from our local authority data collection we looked at differences between age groups of children who were referred for an FGC where the parent/kinship carer consented to the FGC and where the FGC meeting then took place. Figure 11 shows that, although there was variation across local authorities once referred, FGCs for younger children were, on average, more likely to be consented to and take place than for older children.[25] For example, almost 8 in 10 (79%) of pre-

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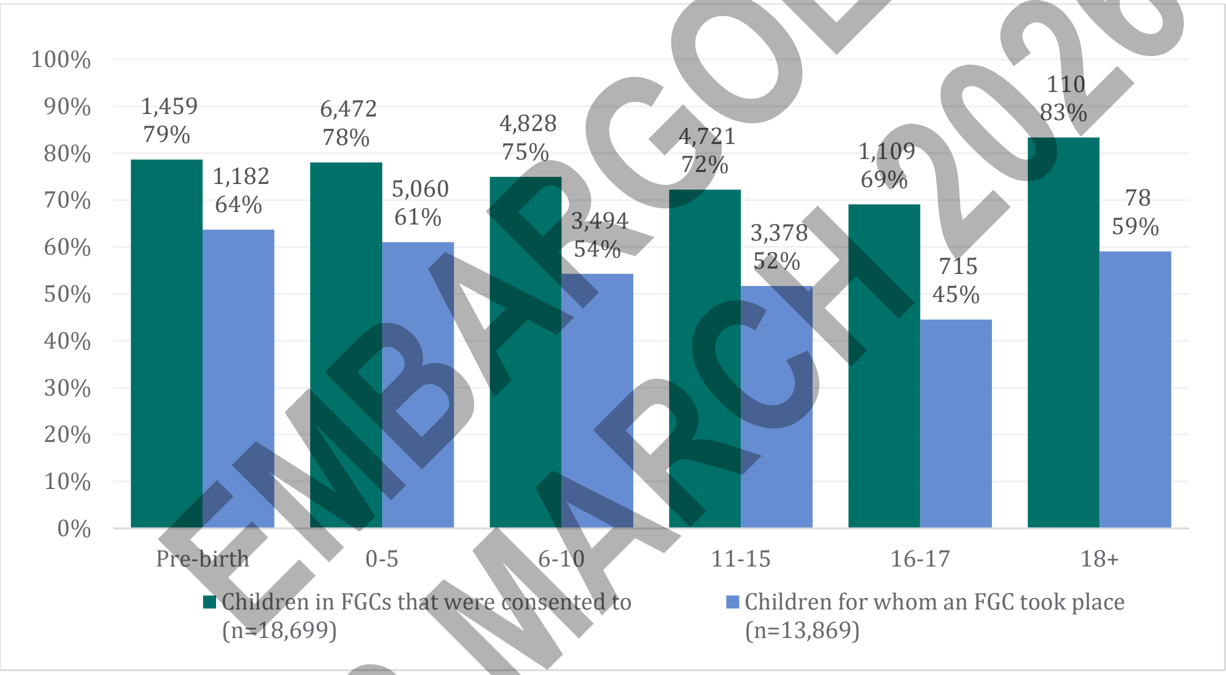
[25] This was not the case for the 18+ category; however, the sample size for this category was very small and so caution should be observed when looking at these numbers.

birth referrals were consented to by an expectant parent and almost two-thirds (64%) of those referred led to an FGC. Conversely, 69% of children aged 16–17 referred for an FGC had their FGC consented to but only 44% of those referred ultimately went on to have an FGC.

Although we have not run statistical tests on these differences, they suggest that referrals for young children are more likely to be consented to and much more likely to take place.

Figure 11. Number and proportion of children where an FGC was consented to and took place by age of child as a proportion of children who had an FGC referral in 2023/24 (n=24,858)

(go to accessibility text)
(link to raw data)



FGC services overall agreed that an FGC was more likely to go ahead for younger children. Although there was some variation in the deep-dive areas – some had the highest conversion rates for children aged 0–5 or 6–10 – all appeared to have much lower conversion rates for young people aged 16 and above.

A number of reasons for FGCs to be less likely to go ahead for older children were suggested in the deep-dive fieldwork and in subsequent co-design sessions. One reason proposed was that families can sometimes develop compassion fatigue, especially in circumstances of relationship or living arrangements breakdown between the parent/kinship carer and the young person, as well as the wider family network. Families could then be wary of being asked to provide support by the time they are approached to take part in an FGC.

In comparison, one FGC Manager suggested there is often quite a lot of positivity and optimism around the birth of a new child and therefore parents/kinship carers and the wider family network can be more willing to come together, even in the face of conflict.

A common reason suggested was that older children were required to be actively involved in the FGC process and need to provide informed consent, which was sometimes not given due to a lack of engagement on the part of the child or young person. It was also suggested that fully engaging older children and young people, especially on their terms, often needs frequent contact over a long period, which wasn't always possible when dealing with statutory timescales. It was also evident that, although an FGC can often proceed even if a younger child chooses not to participate, the resulting family plan is likely to be ineffective if an older child or young person declines to engage and effectively 'votes with their feet'.

There were limited gender differences in consent and take-up of FGCs

As with age, the number of children who were referred for an FGC was compared with the number of children whose parent/kinship carer consented to the FGC and the number of children where a conference took place. Figure 12 shows a very similar proportion of male and female children referred for an FGC where an FGC was then consented to and ultimately took place. There was a much lower proportion of children whose gender was categorised as 'other' who, once referred, went on to have an FGC, although this was a very small number (and therefore caution should be used). This was not raised in deep-dive areas but is an avenue for further research.

Figure 12. Number and proportion of children referred for an FGC, for whom an FGC was consented to and ultimately took place by sex of child

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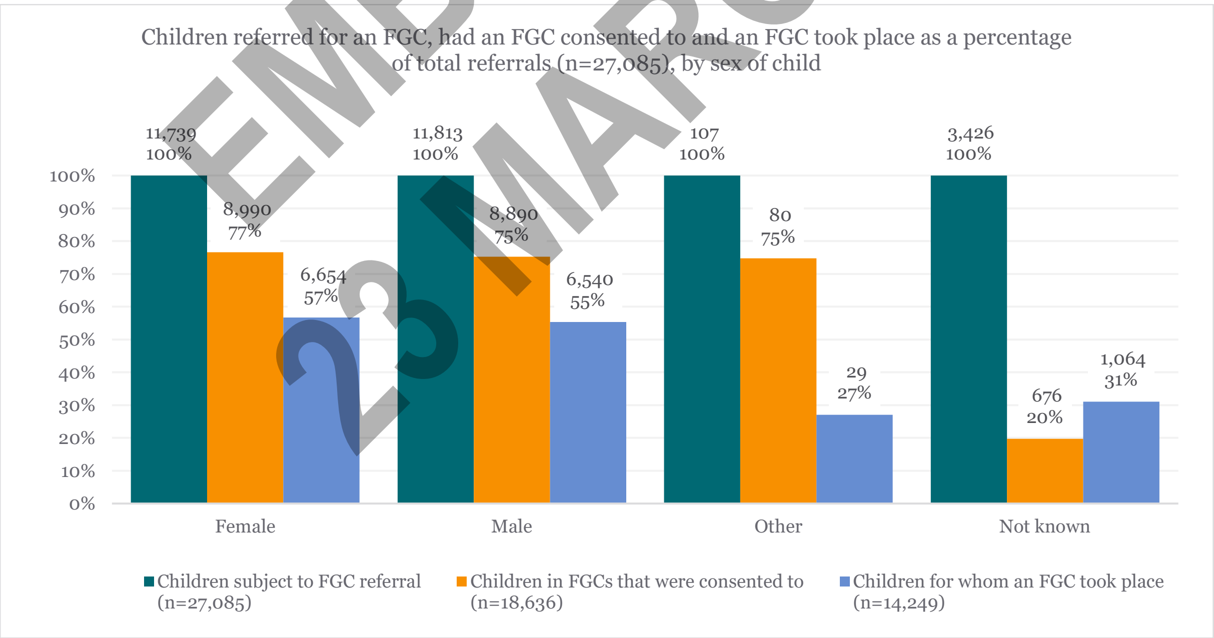

There appeared to be differences in parents'/kinship carers' consent and FGC take-up by child ethnicity

Our rapid evidence review found evidence that minoritised ethnic families may be less likely to consent and accept an FGC offer (Raws, 2025). As a result, analysis of the local authority data collection looked at the number and proportion of children by ethnicity where an FGC was consented to and the proportion that ultimately went on to have an FGC. Figure 13 shows that children from a White ethnic background made up the biggest ethnic group by number of referrals, but had the lowest rate of consent to an FGC (75%) and had the lowest rates that subsequently went on to have an FGC (55%), compared with those from other ethnic groups. The rates of consent and rates who subsequently had an FGC for all children from other ethnic groups were markedly higher.

Data also shows that, of those referred, consent was highest among families of children from an Asian ethnic background. This group were also more likely to have an FGC take place compared with children from other ethnic groups. Children from Black ethnic backgrounds had the largest gap between the proportion of FGCs consented to and those that went on to have an FGC – over a quarter (26%) of those consented to did not go on to have an FGC.

These figures should be treated with caution because a sizeable proportion (9%) of local authorities did not provide data on ethnicity. But, again, this does suggest that there may be barriers to access to being offered an FGC and take-up for specific minoritised groups.

Figure 13. Number and proportion of children referred for an FGC, had an FGC consented to, and an FGC took place as a percentage of total referrals (n=26,778), by ethnicity of child

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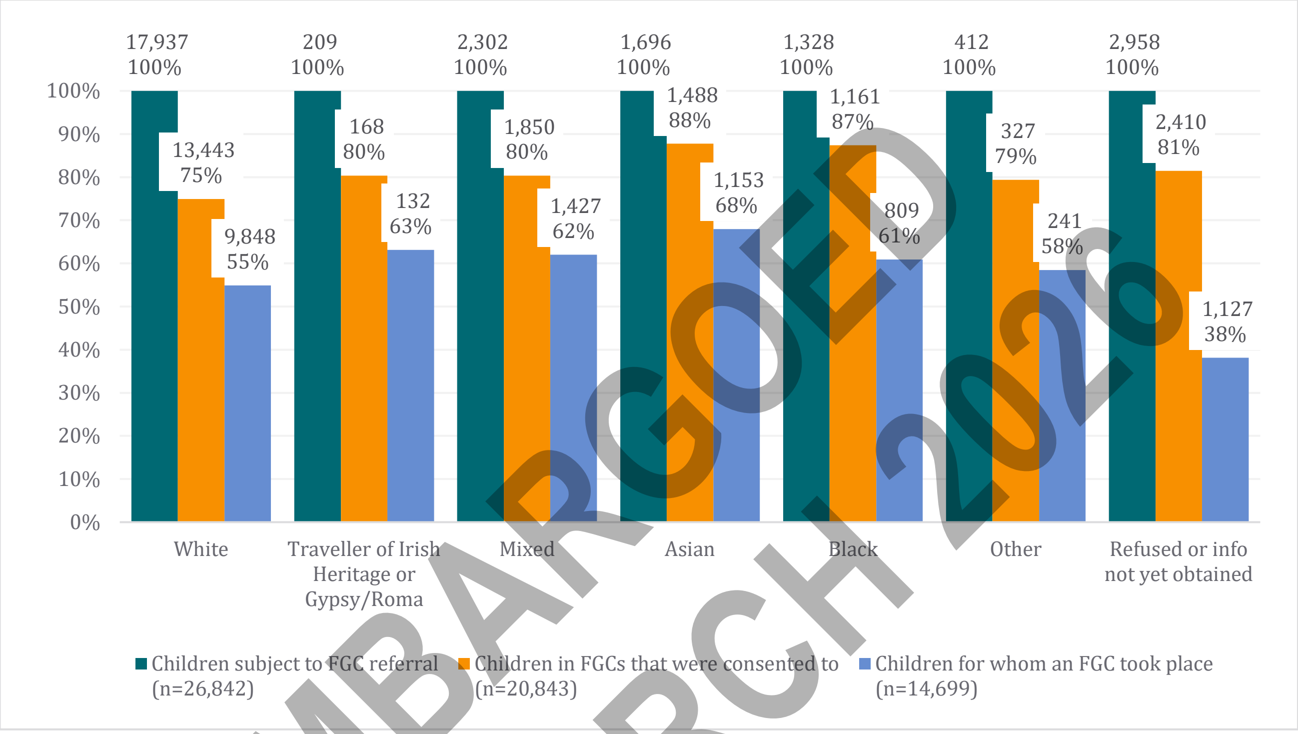

From our fieldwork and co-design sessions, a number of reasons why there could be variation by ethnicity were noted. One was that within sections of some communities, subjects such as sexual abuse or mental illness are taboo, which meant parents/kinship carers from these communities could be reluctant to have an FGC for fear of familial conflict, because of not wanting to share details about their situation, or because the issue was not understood/accepted as an issue.

> "I think [the mother's] religion made her very intrinsically embarrassed to tell her parents and her sisters in the network that, you know, 'children services are involved because I've got mental health problems'. You – you're not allowed to have mental health problems, as far as her family is concerned."
> – Lawyer who works on pre-proceedings cases, Local Authority F

However, local authorities noted that reluctance to involve family members – due to issues such as taboo subjects, feelings of shame, or discomfort discussing personal challenges – was evident across a range of ethnic and cultural groups.

> "I think because we predominantly work with the Bangladesh community, you, you could simply say, oh, yeah, they're – they're less likely. And I think sometimes we can wrongly assign it to culture … we can't really generalise it to one specific group."
> – Referrer, Local Authority D

There were some examples of services offering to match the ethnic or cultural background of Coordinators with minoritised ethnic families.

However, some noted that there were also instances where families were reluctant to share intimate information with Coordinators from the same community for fear of information being shared even when confidentiality was clearly set out. In many areas Coordinators noted educating themselves about cultural contexts of families they were working with. There were also examples of making adaptations as a result of these contexts. For example, having additional pre-conference sessions with family members to explain topics such as mental health in a culturally sensitive way.

Some parents/kinship carers who had migrated had a very small or no family network in the local area. There appeared to be many instances when Coordinators worked to include their perspective through online calls and through a hybrid conference with family members abroad. However, limited communication and technology for participants abroad could sometimes hinder their ability to be active participants in the process.

Co-design sessions raised a number of enablers to supporting minoritised ethnic families. This included working with local community groups or leaders and religious leaders from specific cultural or ethnic groups to explain the FGC process and importantly the independence of the Coordinator and the voluntary nature of an FGC. Connecting with professionals who are already working alongside families from certain groups was also highlighted. For example, one Coordinator spoke about engaging with a worker who ran an Asian women's group to spread the word and she also allowed the Coordinator to join and speak to the women in the group about FGCs.

There remains an evidence gap in relation to consent and take-up of FGCs for children and parents/kinship carers with a known disability

Analysis of our local authority data collection looked at the percentage of children for whom an FGC was consented to and ultimately took place as a proportion of children referred, for those that have a known disability. Figure 14 shows that for the data we received, of those referred, children that have a known disability had a higher rate of consent and conversion rates to an FGC than those without a known disability, with similar rates to those where the status was unknown. This is positive, but there are a number of caveats to this data. This included the large proportion of children whose disability status was not known (23%).

Figure 14. Number and proportion of children referred for an FGC, had an FGC consented to and an FGC took place as a percentage of total referrals (n=21,281), by known disability

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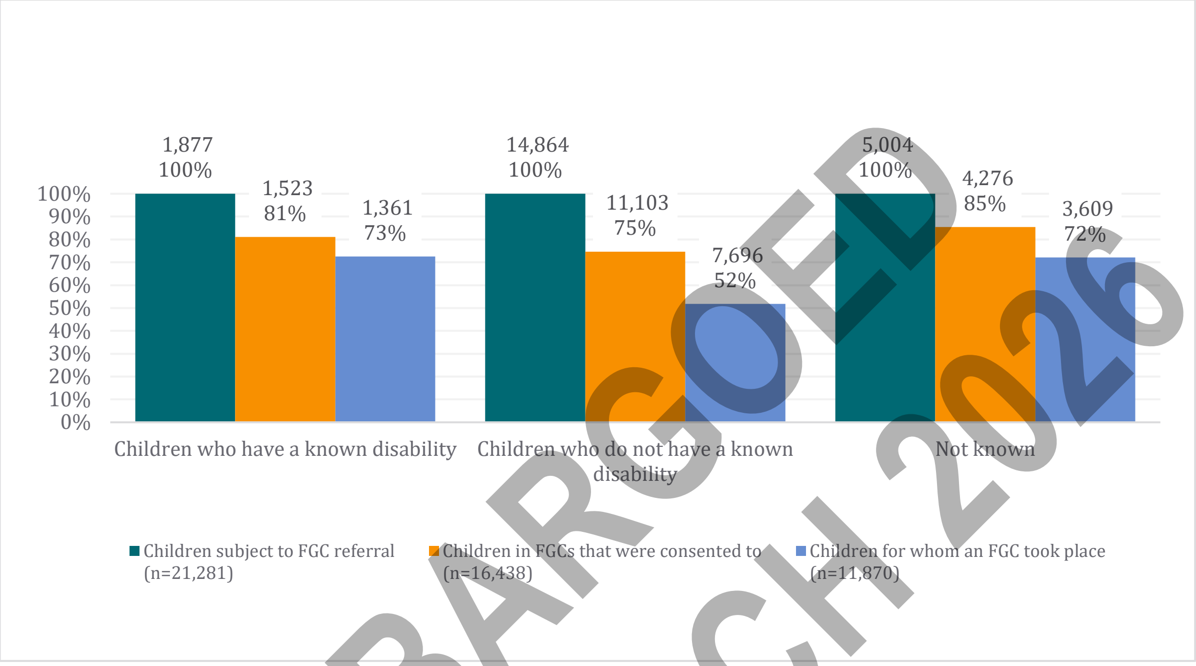

The local authority data collection also requested data on whether the parent/kinship carer had a known disability. Figure 15 shows the percentage of children for whom an FGC was consented to and took place as a proportion of children who were referred for an FGC, for children where the disability of their parent/kinship carer was known. There was a much larger percentage of parents/kinship carers whose disability status was not known and there was also no way of distinguishing type of disability from the data collected. Given these limitations, the finding that children where a parent/kinship carer had a known disability had a higher rate of consent and FGC taking place should be treated with caution.

Figure 15. Children referred for an FGC, had an FGC consented to, and an FGC took place as a percentage of total referrals (n=17,173), by parent/kinship carer known disability

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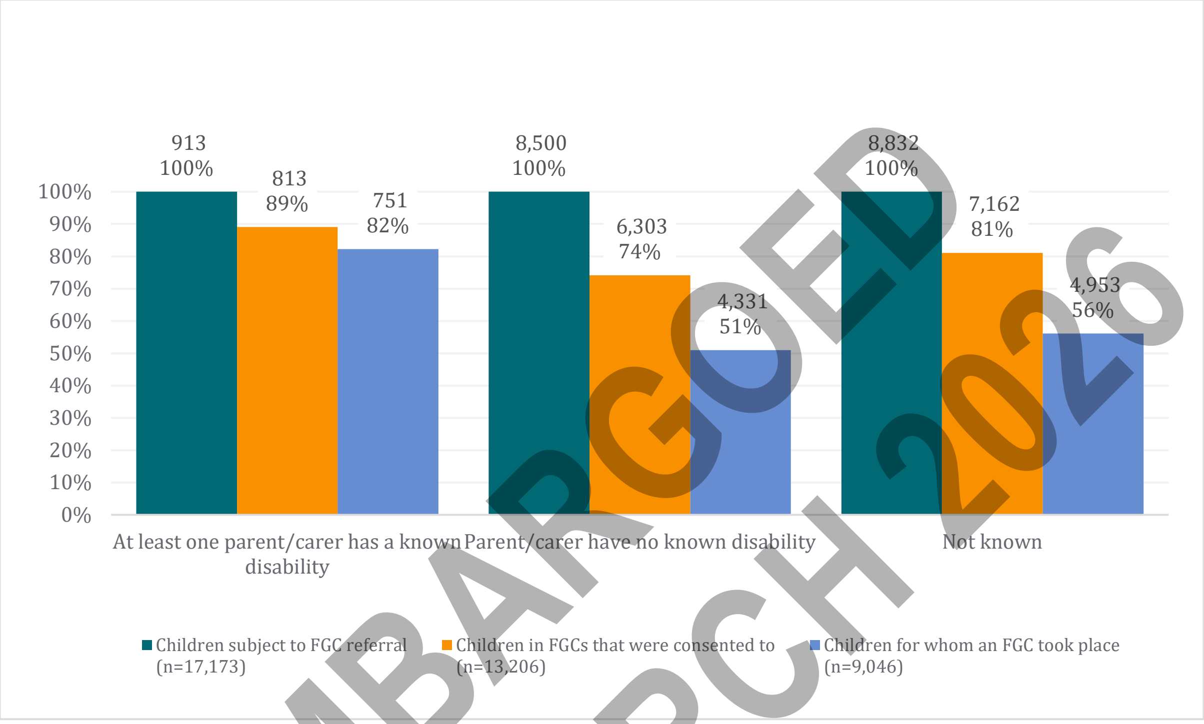

Analysis therefore suggests that, although there were data limitations, consent and take-up of an FGC may have been higher for many of those (children and parents/kinship carers) who have a known disability than for those that do not have a disability or where disability is not known.

Coordinators and referrers said they approached working with children or parents/kinship carers who had some form of learning disability, whether diagnosed or not, or physical disability with an emphasis on their needs in order to accommodate them to engage in the FGC process. Coordinators reported adapting their approach to support parents with disabilities, such as using easy-read materials or accessible venues. But barriers remained, including assumptions about the role of family networks and challenges in engaging disability services. It was therefore clear that this was an ongoing research and practice gap.

What were the enablers to parents/kinship carers accepting an FGC offer?

The reasons parents/kinship carers were motivated to say yes to the offer of an FGC were no less diverse than the reasons many had for turning it down. They included having a positive relationship with the referrer and/or Coordinator, having a full understanding of FGC and its benefits, the independence of the Coordinator, and wanting to put together a plan for their child drawing on their own networks, to get ongoing support. Pressure to take up the offer was also mentioned.

Understanding what an FGC was, its process, and benefits helped with accepting an offer

Coordinators and referrers often spoke about how important it was to ensure the parents/kinship carers fully understood FGC because once they did they were more likely to engage with it. Materials such as leaflets or quick guides helped with this, as did guiding parents/kinship carers towards videos or webpages.

Many referrers felt getting the Coordinator involved in the conversation with parents/kinship carers as soon as possible helped because they were best able to explain FGC comprehensively. Referrers did this by connecting the parents/kinship carers with the Coordinator early in the referral process. Coordinators and referrers discussed how Coordinators being prepared to have a conversation with parents/kinship carers over the phone or in person early in the referral process helped many to feel more open and positive about having an FGC.

> "[FGC Coordinators] have got much more understanding of their role, what their job does, what it entails, how they could negotiate carefully, navigate working with those people to get that referral through and at times I've gone back to FGC to say, 'any chance you could just give them a call to explain what FGC is?' because that's, you know, there's their skill."
> – Referrer, Local Authority F

Parents/kinship carers in our Experts by Experience Advisory Group also said Coordinators should make multiple attempts to contact and offer to meet parents/kinship carers at a location where they felt comfortable. They felt this could be particularly important for parents/kinship carers who are care-experienced or have past trauma, because they may find it very daunting to engage with a new professional and avoid contact as a protective strategy.

Some referrers felt framing an FGC as part of how the family could end social service involvement and continue to support themselves using their own resources helped gain buy-in.

> "I … will say to people, you know, 'Having me involved isn't going to protect your child because I'll probably only see them for an hour and a half once a fortnight, sort of thing, you know. You need all those other people involved to protect children and be part of that plan.' And that can often be part of the conversation. 'So who are these people that can do that?'"
> – Referrer, Local Authority E

Additionally, referrers and Coordinators felt parents/kinship carers were more likely to say yes to having an FGC when they felt empowered, safe, and listened to.

Some parents/kinship carers were motivated by wanting to get support from their network

Parents and kinship carers we interviewed said they wanted to find out what support they could get from their network to help with the challenges they were facing and to care for their child or children. A couple said that their situation had reached a point where things needed to change and they felt the FGC could not hurt.

Having a positive relationship with their referrer and FGC Coordinator made it easier for parents/kinship carers to agree and progress with an FGC

Parents and kinship carers also told us that they felt more comfortable proceeding with the FGC process when they had a good relationship with either their referrer or the FGC Coordinator. This could help overcome previous negative experiences they had had with professionals.

> “[The Coordinator]’s just listened to what we have to say and acknowledged what we said, and he just seemed more compassionate compared to the Social Worker. ... Which makes a big difference. ... I feel like we’ve been heard. ... He’s really nice, he gives out clear information. He gives us options. He listens to us. And he explained everything in detail and he took on board my children’s anxieties, and he worked with us to find, like, solutions to what fits our family needs.”
> – Parent/kinship carer, Local Authority A

Understanding that the FGC Coordinator was independent helped allay parent/kinship carer concerns

An enabler mentioned by many FGC service staff, referrers, and parents/kinship carers was the FGC service being independent from social work teams. Parents/kinship carers felt reassured when they learnt that the FGC process would be managed by a Coordinator who would not make decisions in their case and was employed separately from social work teams. This was particularly the case for parents/kinship carers who had had previous negative experiences or a lack of trust with Social Workers.

> “One of the questions that you always, even though you introduce yourself as an independent Coordinator, you always get asked, are you a Social Worker? It’s like they don’t always hear that until they ask you that question. And once you say no, you always get on very well with them.”
> – Coordinator, Local Authority D

Some Coordinators noted that it could be very difficult for some parents/kinship carers to fully grasp the Coordinator’s independence. It was very easy for parents/kinship carers to simply group everyone from the local authority together.

> “I had one family where I must have said about five times. I’m not a Social Worker. I’m independent. And then the separated partner of the man phoned him and he went, ‘sorry, the Social Worker’s here, I’ve got to go’.”
> – Coordinator, Local Authority F

The independence of the FGC Coordinator from social care was also mentioned as a factor in parents and wider networks feeling more comfortable.

Concern about what would happen if they did not have an FGC was a motivator

Although it was not an enabler per se, parents and kinship carers we interviewed who had taken part in an FGC said that the threat (whether perceived or actually expressed) of having their child or children taken into care made them agree to have an FGC. Some believed an FGC would enable them to demonstrate cooperation with social services. Some were fearful that turning down the offer would be perceived negatively by the local authority. Others wanted to use the FGC to show social services that they had a support network around them because they felt they had been perceived by professionals as a poor parent without support.

Some Coordinators and referrers said that parents/kinship carers who did not want an FGC when they were offered it at an early stage may change their minds if the risk of losing their child became higher or they entered pre-proceedings, when the stakes are much higher. Repeating the offer of an FGC to parents/kinship carers was said to allow them to accept an offer of an FGC when they may be more ready for it.

> "My experience of it is you, you keep trying to offer it at different stages because, … it's that persistence with it and trying it at different levels and depending on where people are at because it's a voluntary process. Sometimes they just are not ready for it or there's too much going on for them. Some families will say, 'Listen, I'm dealing with quite a lot right now. I'm not ready for another thing.' And then it's just about recording and making sure that we are following up and – and we, we keep revisiting in terms of that intervention."
> – Referrer, Local Authority F

The use of clear informational materials played an important role in supporting consent and encouraging take-up

What FGC services offered in terms of materials for referrers to use when talking to families about FGCs appeared to have an important role in improving referral rates. Providing educational materials appeared to help referrers feel confident in what the FGC process entailed and talking about this and the benefits of an FGC with parents/kinship carers.

From the local authority data collection open text responses, a large number (57) provided information on the various activities they undertake to support FGC referrals. These included:

- FGC team members attending staff meetings
- FGCs promoted in comms
- FGCs promoted in induction training
- Have a guide/quick guide on completing referrals
- Have leaflets/quick guides on FGCs for staff and families
- Regular drop-in sessions
- Have information on intranet
- Ongoing training on referral and FGCs
- FGC service offering to speak to referrers about possible referrals to help them decide whether a referral is appropriate and guide them through the referral process

- FGC service offering to speak directly with the family before a formal referral is made
- FGCs brought up in meetings/supervision
- Videos about FGCs
- Info on council website
- Link to referral form in staff email signature.

All the FGC Service Managers and Coordinators we spoke with in the deep-dive local authorities told us their service provided some sort of leaflet or guide to FGCs, including two deep-dive areas that provided leaflets specifically for children. Coordinators and referrers often used these leaflets during their conversations to educate parents/kinship carers and other family members about FGCs, as a guide they could talk through and a resource to be left behind with families while they considered whether they wanted an FGC.

However, some referrers we spoke to were unaware that their FGC service provided leaflets about the FGC process or said that these were not easy to access because they required printing or were not in an obvious place in the office. Additionally, many of the parents/kinship carers we spoke to said they had never been given a leaflet or any other resources about FGCs.

Four of the FGC services we spoke to had a video that they shared with referrers and parents/kinship carers, either one that they had made themselves or one borrowed from another local authority or Family Rights Group. Many Coordinators and referrers said they found videos particularly helpful to explain to parents/kinship carers and other family members about FGCs. They spoke about the videos as bringing the process to life and felt it was good that families could sit and watch the videos in their own time without the Coordinator or referrer needing to be around.

Overcoming language differences helped support take-up

One potential gap mentioned by FGC Service Managers, Coordinators, and referrers where services may not be managing to reach parents/kinship carers was families whose first language was not English.

All deep-dive FGC services said they provided a leaflet or guide to FGCs that was printed in English. Many said that a translated copy of this could be requested for families whose first language was not English, but only one local authority provided translated leaflets as standard. These were in a language commonly spoken by families in the local community, many of whom have used the FGC service. Where there were not leaflets in the language of the parents/kinship carers, Coordinators mentioned translating the information into the language of the parent/kinship carer via online translation pages.

Working flexibly and offering alternative methods helped to ensure that people who could not attend were still able to contribute and be included

Coordinators emphasised the importance of being as flexible as possible regarding the date and time of the meeting to allow as many people as possible to attend. Where this was not enough, they contacted people and got statements of support to bring and read out at the conference. This approach was also useful where people could not attend for other reasons, such as poor health.

Even when people were not able to be fully involved in the process and attend the conference, Coordinators were able to find other ways to include their involvement. Often, this involved the Coordinator speaking with the person either in person or over the phone about their feelings about the situation and what support they could offer. In other situations, the Coordinator took written statements which were presented to other attendees at the conference.

> "They couldn't come to every meeting because obviously they all work full-time. But they sent emails and give updates of what they thought and what they felt. … and me, my daughter, because she's, because she's got ketamine bladder, she's really struggling and she couldn't make the last two conferences. So [the FGC Coordinator] is coming out today to get her voice. So she – because she's missed the last couple, she's going to get her voice in person."
> – Parent/kinship carer, Local Authority C

FGC Coordinators supported families to ensure that meetings were accessible for all network members

One factor, cited by many Coordinators and referrers, was finding a suitable venue for the conference that was accessible and inexpensive for conference participants to travel to while being affordable for the service. Some noted how much time this could take and mentioned budget limitations that prevented them from being able to be as flexible as they would have liked about the conference venue. But generally, Coordinators were able to find good venues that suited families' needs.

A number of FGC Managers and Coordinators emphasised the need to be adaptive to allow for inclusion of members of a parent/kinship carer's family network in the FGC process through alternative modes of participation. For example, if members were ill or lived abroad. This included gathering statements of support or setting up hybrid conferences where participants could join online. FGC Managers highlighted the need to provide accessible venues for FGCs, with travel reimbursements for those with limited budgets to travel.

Flexibility was also mentioned on the part of the referrer and Coordinator to help overcome potential barriers around different needs. Examples of this included:

- Sharing information about additional needs in referral forms, so these could be catered for
- Contacting parents/kinship carers many times and in different ways
- Providing clear information, in a number of formats
- Offering an advocate
- Ensuring the chosen venue was accessible and suitable for participants
- Ensuring families who had multiple FGCs were supported by the same Coordinator. Many of the parents/kinship carers we spoke to had had two or more FGCs and appreciated having the same Coordinator for all of them, because they had an established relationship and understood the details of the family's situation.

FGC Service Managers and Coordinators clarified that, even if a parent's/kinship carer's family network were abroad, they could still be included in a hybrid FGC, where members who were far away joined online. FGC Service Managers in a co-design workshop said that face-to-face FGCs were preferred, but that they used hybrid conferences in these circumstances or, for example, if they worked in a county that was large and rural, and did not have very good public transport routes, because they often found that the families they worked with did not drive.

A barrier to this was participants having access to the IT equipment and possessing the skills needed to join a meeting virtually, as well as Coordinators having to leave their laptop with the family during private family time. One local authority had dealt with the latter barrier by having its IT department set up laptops that had no sensitive information on them, which were given to Coordinators to use for hybrid conferences so they could be safely left with families. Although such IT solutions might be necessary to ensure accessibility for all network members, because FGCs are a relational based practice they should be held in person except for in exceptional circumstances such as when enabling someone to join from abroad.

Overcoming language differences supported take-up. Some FGC services employed Coordinators who spoke local community languages which could be matched to families. This was helpful for relationship building and prep work for the conference, but it was noted that a separate translator was critical at the FGC meeting, given the distinct role of the Coordinator.

Some deep-dive FGC services had used the Family Rights Group's FGC Network to contact FGC services in other areas to ask if they had a Coordinator who spoke the first language of the family and would be willing to work with them. Where translators/interpreters were needed, there were a number of barriers. This included practical challenges in sourcing translators or interpreters at the right times and in the right language/dialect. Many FGC services used commissioned or in-house translation services; however, the quality was often felt to be varied. A few Coordinators also said that they had had to resort to using interpreters over the phone in some interactions with parents/kinship carers and even at the conference itself. Good practice appeared to be providing a briefing for the interpreter before the conference and a debrief after.

Incorporating family feedback helped improve access to and take-up of FGCs

FGC services spoke about obtaining family feedback to improve access to and take-up of FGCs. Many services had some form of feedback survey that they issued to parents/kinship carers following their FGC. Some also had feedback forms for children and young people who participated, and others also had feedback forms for those who attended the conference (but this was rarer). Some said paper forms were provided at the end of the conference, but most provided electronic forms to parents/kinship carers or a link to an online survey using the local authority's survey platform or one such as Microsoft Forms. One local authority highlighted that the FGC Service Manager contacted parents/kinship carers over the phone once their FGC had concluded to ask them questions about it. This was believed to be a really useful approach that allowed the service to get high-quality feedback that they had been able to use to make adaptations to increase access and take-up.

In two local authorities, the FGC service had set up an Experts by Experience Panel or a steering group to discuss feedback with parents/kinship carers who had been through the FGC process. This had helped to guide the local authority's strategy around making FGCs part of the framework for supporting families and empowered parents/kinship carers to have an impact on local policy and practice.

Employing FGC Coordinators from diverse backgrounds was thought to encourage uptake from minoritised groups

FGC services spoke about the importance of having Coordinators from diverse backgrounds and with varied experience working with families with diverse needs. Some had also put considerable work into increasing the diversity of their Coordinator team and had felt this had hugely benefited some families who otherwise might have found accepting the FGC offer and going through the process more difficult.

At least two of the FGC services we spoke to said that they had recruited Coordinators who spoke at least one language other than English fluently and could therefore run FGCs in both English and another language.

Two FGC services we spoke to described providing funded training to staff at the local authority (while preserving independence) and/or members of the local community to become an FGC Coordinator. This enabled them to achieve two aims: to raise the profile of FGCs among local authority staff and to have Coordinators who would not otherwise have been able to afford to train.

They spoke about how there was a limited pool of FGC-trained Coordinators and were concerned that the cost of the training could be a barrier for people. They believed people with valuable life and work experiences and desired language skills could be missing out on becoming Coordinators who might be better able than others to support some families to benefit from an FGC.

> "I think it might be restrictive in terms of those people that are able to access it. So I think if you were to open it up, then you might attract people from wider backgrounds and then that might have a knock-on effect in terms of the people that are able to engage with the offer."
> – FGC Service Manager, Local Authority B

What were the barriers to parents/kinship carers accepting an FGC offer?

When approaching parents/kinship carers about taking part in the research, we asked FGC services to speak to both parents/kinship carers who had taken up the FGC offer and those who had declined it. Due to the short timescales, only those who had agreed to have an FGC came forward to be interviewed. This means we did not speak to parents/kinship carers who turned down an FGC when it was offered to them.

Reasons parents/kinship carers take up or turn down the offer of an FGC are often numerous and complex. The themes below are drawn from concerns expressed by parents/kinship carers who had an FGC offered to them and what referrers and FGC service staff said they were told by parents/kinship carers who declined an FGC. Many of these themes were also reiterated by our Experts by Experience Advisory Group.

Some parents/kinship carers felt unable or unwilling to involve their family network

This included concerns around their network, including not wanting family or friends to know about their involvement with children's services or not wanting to share details about their private life with members of their family or network for reasons including shame or stigma. For example:

> "I've worked with some families and they've really not wanted to speak to their family – the rest of the family – about where actually social care are at and the concerns that are raised for them to be experiencing pre-proceedings."
> – Coordinator, Local Authority E

Conflict between family members or not wanting to see certain members of the family were also highlighted. This was often because people believed their own difficulties stemmed from things these family members had done. For example:

> "I don't think my partner's family knew that he was using cannabis and I think it was a big concern to me because I just thought, 'Oh, if they know like some of the things that are in this report, then it's going to come down against us.' And they're going to like, essentially, hate us. And it – I mean, it did cause quite a lot of drama, to be honest, with the family, but at the same time, I know that it was – probably needed to be said."
> – Parent/kinship carer, Local Authority B

Anxiety about how information shared by family network members might influence decisions about their family was also a contributing factor. Parents/kinship carers interviewed also spoke about their concern that the FGC meeting and subsequent plan would put a burden on their family members.

Conversely, some parents/kinship carers and Coordinators also mentioned that parent/kinship carers sometimes believed they did not have anyone to invite to an FGC and would therefore decline on those grounds.

Past negative experiences of receiving support and feelings of distrust could influence acceptance or withdrawal from the process

Previous negative experiences with social services, the referring Social Worker, or past FGCs or other types of FGDM meetings were also identified as factors contributing to parents'/kinship carers' reluctance to take up the offer of an FGC.

Some Coordinators and parents/kinship carers said that some conference invitees had themselves had negative experiences with, or a lack of trust in, local authority services, or specifically social care, or did not trust them, and therefore did not want to be involved in the process.

Coordinators and referrers also said that people's personal and work commitments were also a barrier to them agreeing to be part of the FGC process or attending the conference.

Poor communication between the referrer and the parent/kinship carer was identified as a potential barrier

Communication, or lack of, was also a significant factor. Parents/kinship carers we interviewed felt their Social Worker had not communicated fully with them about what the FGC process was, as well as explaining the benefits of an FGC. They felt this failure to explain an FGC clearly could be a factor in other families choosing not to accept an FGC offer.

Parents/kinship carers feeling overwhelmed was consistently mentioned as a barrier to uptake

Parents/kinship carers being overwhelmed by their situation and the extent of social care involvement was also consistently mentioned. It was highlighted that the offer of an FGC often comes at a time when families are experiencing a huge amount of input from professionals and when families feel overwhelmed and distressed by social services' intervention. This is especially true when a family is at the pre-proceedings stage and there is a fear that their child or children may be taken into care.

The wording of 'Family Group Conferences' could be confusing or off-putting

Some FGC Service Managers, Coordinators, and referrers spoke about the wording of a 'Family Group Conference' being confusing and in some instances off-putting for families in terms of sounding corporate and intimidating. Some referrers pointed out its similarity to the wording of a 'Child Protection Conference'.[26] Referrers said it can be difficult for parents/kinship carers to understand that an FGC is a completely different approach from this and other statutory processes.

> "It's not going to be like a Child Protection Conference where you're going and you've got other professionals there that are telling, you know, get – you're giving updates and stuff. This is a family meeting. This is your meeting. The actual Social Worker is not even going to be present when you're having your private family time. This is for you to come up with a plan with your family members and friends. And I think often when it's kind of explained like that and they start to think, 'Oh, OK.' They just need to understand the differences between the meetings, I think … because it's called a family group 'conference', which is a bit like 'Child Protection Conference', sometimes the name – I know we've spoken before about names and obviously with all the changes coming up like 'Family Network Meetings or things like that, I don't know whether sometimes that puts people off."
> – Referrer, Local Authority B

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[26] A Child Protection Conference is a meeting organised by social services when there are serious concerns about a child's welfare. The meeting involves the family and professionals and should include sharing information about the concerns for the child, deciding how to keep the child safe, and whether this needs to be formalised in a Child Protection Plan (Citizens Advice, 2021).

Some Coordinators also felt that the inclusion of the word ‘family’ in the title caused confusion for some referrers and families, who thought only family should be invited.

> “As we all know, it’s not just for families, it’s whoever is part of that support network. But, again, I think that for individuals who maybe don’t have a supportive wider family network, kind of, you’re already starting on the back foot just in respect of that language and then having to kind of even just explain the name and how it’s not necessarily entirely a reflection of what the reality is.”
> – Referrer, Local Authority F

> “I think the word ‘family’ group conference sometimes can, kind of, stop people – sometimes thinking that they’ve got other people around them because maybe they aren’t family, but actually maybe they haven’t looked at the neighbours or they haven’t looked at their friend down the road, who pops in every week.”
> – Coordinator, Local Authority E

Changing family circumstances can cause some parents/kinship carers to withdraw from the process

A factor that affected whether an FGC meeting took place was changing family circumstances. FGC service staff and referrers said that sometimes a family’s situation changing can mean they withdraw from the FGC process. This may have happened because family members had significantly fallen out with each other and could no longer commit to having a dialogue or supporting the parents/kinship carers. In other cases, new details could emerge related to risks around the child that made other interventions more of a priority or added complicating factors to a potential FGC process. These new details could be related to sexual abuse or drug misuse, for example.

> “They’re quite dynamic – the families we work with – and quite often quite big things can suddenly happen that mean everyone goes like, ‘Oh God, now it’s not the time for FGC’ or ‘We need to give this some space.’”
> – FGC Manager, Local Authority F

How were children engaged in their FGC?

A core principle of an FGC, as set out in the practice briefing accompanying this report[27], and in Family Rights Group’s FGC Toolkit,[28] is the importance of supporting children to be actively involved in their FGC.

A child should always be invited to take part in their FGC unless there is a good reason for them not to attend, such as the child chooses not to be there or it is not safe for them to attend. If a child

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[27] See: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-access-and-uptake-practice-briefing.pdf

[28] See: https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026

or young person is not going to attend, then their views may be presented by other means, such as by an advocate and/or through a letter, recording, and/or drawing.

As set out above, consent is an important part of the FGC process. This includes consent to an FGC referral and the conference itself. This also includes consent for information being shared about the child as part of the FGC process and whether the Coordinator can speak to the child/young person alone/away from their parents, for example. If a child is under the age of 16 then consent to these would typically need to be from a person with parental responsibility for the child. However, this will depend in part on the age and understanding of the child. If it is a young person aged 16 or above, then their consent should be sought for the referral and the conference itself and for other aspects such as information being shared about them, for example. In all the circumstances above, the absence of involvement from the parent/kinship carer may cause practical difficulties in the process itself. Importantly, the approach taken should be designed to make the best plan for the child, and this includes avoiding harming the relationship between the child and their parents/kinship carers.

Due to time and ethical constraints we were unable to speak directly to children and young people about agreeing to be part of an FGC. Our understanding of the factors influencing children's involvement in this process is therefore based on the perspectives of FGC professionals.

Overall, professionals from FGC services and referrers agreed that, in principle, young people, if appropriate, need to consent to an FGC for it to progress and children and young people should be involved in the process. But opinion on how consent was gathered and the extent of their involvement differed – largely over the emphasis placed on child involvement by the FGC service, but also over the skills of different Coordinators, the understanding of FGC referrers, and on the child's and family's circumstances

The process for obtaining consent from children and young people for an FGC appeared to vary across local authorities

FGC Managers noted that the focus of consent was usually far more on parent/kinship carer consent. One FGC Service Manager said they had an expectation that any information shared with a family network about a young person aged 16 or older was consented to by that young person, preferably via written consent.

There was some confusion among FGC Service Managers about when consent should be sought from a child or young person aged under 16 years old. In part, this is not a surprise, because it will depend on the age, maturity, and specific circumstances of the young person.

Generally, FGC Service Managers were unclear on the legal and ethical obligations around obtaining a child's or young person's consent for parts of the FGC process. Some mentioned a desire for national guidance about this. This is covered in Family Rights Group's updated FGC

Toolkit[29], which was published after the research and included in the FGC practice briefing accompanying this report.[30]

Coordinators said that it was usually not a problem getting consent from parents/kinship carers to speak to their child or children, once they had explained why and what the conversation would involve. Where there was reluctance to consent to this, Coordinators were able to get consent from parents/kinship carers to go through a third party, such as a teacher with whom the child got on well, to have this conversation with the child for them. Coordinators also took this approach in cases where they themselves, referrers, or parents/kinship carers felt it would be too much for the child to speak to another professional whom they did not know.

Only a small number of areas collected data on whether the child attended their FGC; for those that did collect this data, most children did not attend

The local authority data collection asked FGC services to provide the number of children who were referred for an FGC where the child attended. Only 40 local authorities provided data on this, suggesting many local authorities may not be collecting this data. Table 10 shows, for the local authorities that provided data, that the majority (58% or 23 of the 40 local authorities) had children attend only a quarter of the FGCs that took place. It should be noted that there may be legitimate reasons why children do not attend their FGC. As shown in Figure 6, 66% of children referred for an FGC were aged 10 or under. The data collection did not ask for reasons for non-attendance, nor did it ask for other metrics concerning child engagement.

Table 10. Children referred for an FGC who attended as a percentage of the total number of children in FGCs that took place (n=40)

(go to accessibility text)

Proportion of FGCs that a child attended	Number of local authorities	Percentage of local authorities that provided data (n=40)
0–24%	23	58%
25–49%	7	18%
50–74%	7	18%
75% or higher	3	8%

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[29] See: https://frg.org.uk/family-group-conferences/purchase-fgc-toolkit-2026

[30] See: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-access-and-uptake-practice-briefing.pdf

Total	**40**	

From interviews in deep-dive local authorities, generally parents/kinship carers wanted to have their children's perspectives included in their FGC. However, many had mixed views about children actually attending all or part of the conference itself. Some said they did not feel this was appropriate because it would be too upsetting for the child or children. Others said they were happy for their child or children to attend or come to just the beginning or end of the conference.

FGC services spoke about the fact that engagement in the FGC process for children and young people can be facilitated through Coordinators inviting children to attend all or part of the conference, speaking with them directly or through another party (such as a favourite teacher), and writing down their feelings and wishes to read out at the conference.

The importance of an advocate for the child was highlighted

The importance of an advocate for the child was highlighted by some Coordinators and referrers.[31] A few mentioned that independent advocates could be difficult to source, so sometimes a family member, friend, or trusted adult acted as an advocate, which some children and families preferred. One deep-dive local authority said they always offer an advocate to work with the children.

> "It's giving options for children really that, you know, their voice does need to be heard. That's an integral part of FGCs and every single FGC … we offer an advocate for the child to work alongside that child and prepare that child."
> – Family Participation Manager, Local Authority D[32]

In the same local authority, as part of the plan the family network creates together at the conference, a dedicated section responding to the child's concerns is included. They said this extra step had made children feel reassured and gave an opportunity for family members to make it clear that they loved the child and the challenges the family was facing were not their fault. They felt this had a very positive impact on children and families who had gone through the FGC process.

Coordinators and referrers said that they also often had children who attended for only part of the conference, rather than the whole meeting. This allowed them to have a clear presence at the meeting, but meant they could be protected from discussions that their parents/kinship carers felt might be upsetting for them. Having the option to attend only part of the conference or participate in other ways also facilitated involvement for those children who were anxious about the idea for any reason.

Where children did not attend the conference itself, Coordinators used numerous methods to try and ensure their thoughts and feelings could still be presented at the conference. They visited children in person to talk to them about their family, how they felt about the situation, and what

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[31] An advocate is "someone who helps parents, children or other family members get their views across when dealing with children's services and other official agencies" (Family Rights Group, n.d.a).

[32] This local authority had no in-house FGC service, so this Manager was responsible for managing the sessional FGC Coordinators and promoting FGCs.

they wanted to happen. They tried to have these meetings separately from the parents/kinship carers, if possible, and with children individually, if there was more than one child. During these conversations, many Coordinators said they used particular approaches to support the child and capture their perspective. These included:

- Supporting each child to draw their own genogram or ecomap of their family and people who were important to them
- Writing or getting the child to write down their thoughts and wishes.

These pieces of writing or pictures were then read out or presented at the conference by the Coordinator or the child themselves.

Some Coordinators raised that even if a baby or child wasn't physically present, often their photo would be in the centre of the room, which helped ensure everyone remained focused on the child's interests and wellbeing.

Involvement of fathers and paternal family

The local authority data collection also asked FGC services to provide the number of children who were referred for an FGC that took place in 2023/24 where the father attended the FGC meeting. Only 35 local authorities provided data. Table 11 shows that for 60% of local authorities that provided data (21 out of 35 local authorities) fathers attended in half or less of FGCs that took place in 2023/24. In 11% of local authorities that provided data (four out of 35) fathers attended 75% or more FGCs that took place in 2023/24. This should be put into context that fathers' attendance is traditionally low with regard to statutory involvement, and that in some cases the child will not have a father present in their lives, or will have a father who has chosen not to be present. There will also be safeguarding reasons why some may not be present at the conference.

However, the data does suggest that more local authorities need to collect data on fathers' attendance. It also shows that there is substantial variation between (as well as within) FGC services in terms of the extent that fathers attend conferences. This suggests that more needs to be done to consistently increase fathers' attendance at conferences, and possibly participation in the whole FGC process.

Table 11. Number of children referred for an FGC where the father attended as a percentage of the total number of children in FGCs that took place (n=35)

(go to accessibility text)

Proportion of FGCs where the father attended	Number of local authorities	Percentage of local authorities that provided data (n=35)
0–24%	5	14%
25–49%	16	46%
50–74%	10	29%
75% or higher	4	11%
Total	**35**	

In deep-dive local authorities, many FGC Managers and Coordinators said that, generally, it was easier to engage mothers and maternal family in the FGC process than fathers and the paternal family. Many also noted that paternal engagement rates were generally better for FGCs than when fathers were asked to engage with social care teams, for example.

Various barriers for paternal engagement in FGCs were raised. Some Coordinators mentioned the difficulty for the father to get time off work. This issue was felt more keenly in families where the father was the main earner and worked on a zero-hours contract, so potentially missing out on his earnings could have a real impact on the family.

> "The biggest excuse I get from fathers is …, 'Well, I've got to work. I'm an Amazon delivery driver' or 'I'm, you know, Uber eats. If I don't work, I don't earn any money.' There's a lot of economic pressure on families at the moment. … So you get a lot of that, but hopefully you can talk to some. So I've got one who's a delivery driver and I've got the FGC next week and he's going to come. But I had to give him well in advance notice."
> – Coordinator, Local Authority B

Some Coordinators and referrers mentioned in some circumstances that there were safeguarding concerns around the father, especially in situations with domestic abuse, which could make it difficult to keep the father involved while protecting the mother and child from physical violence, coercive control, or significant distress. One solution for this was to have a split conference, but this still entailed the parent/kinship carer agreeing to have a dialogue with a partner or ex-partner who may have caused them and the children harm, even if this dialogue was to be facilitated by a third party.

Sometimes other work, such as mediation, was offered to a family to support them to reach a place where they could have an FGC safely. Coordinators and referrers may also decide that it may not be appropriate for an abusive father to have contact with his children or a significant influence in their plan of care, which may mean he should not be involved in the FGC or a referral should not be made in the first place.

> "I can only think of one in the last while where we were really worried about the risks surrounding domestic abuse … we talked it out with the social work team and our domestic abuse service, and we actually felt it wouldn't be safe to proceed. But they are going to come back to us once they've done a bit more work."
> – FGC Service Manager, Local Authority E

It is worth noting that the Coordinators and referrers we spoke to were overwhelmingly female, with only a handful of male referrers in focus groups across all six deep-dive local authorities. Across these local authorities and those in co-design there was a range – for example, from two out of 12 Coordinators to two out of 16 Coordinators and one out of 25. One local authority remarked that they had observed that male Coordinators did have an impact, not only on paternal engagement but also that of other men in the network. The lack of men in FGC service teams could be impacting how likely fathers are to engage with the FGC process.

DISCUSSION

This research looked to understand how, when, and by whom FGCs are offered and examine barriers and enablers that operate at the offer and referral stage of FGC, with a particular focus on factors that impact local authorities making an FGC offer and parents/kinship carers accepting it. It also looked to understand equity of access to an FGC for families from different demographic groups, including those from marginalised groups or with additional needs.

National context

The study included a national data collection of all FGC services in England. Although not all local authorities provided data, we were able to account for all local authorities in terms of understanding whether they had an FGC service, were in the process of setting one up, or did not have an FGC service. From this we estimate that 80.4% of all local authorities have an FGC service, and a further 5.2% are in the process of setting one up, with 14.4% not offering an FGC service. This appears to be similar to data collected in 2022, when it was estimated 82% of local authorities in England provided an FGC service (Wood, et al., 2022). This means that services are widespread but not universal.

Of the 92 local authorities that provided data, a total of 18,470 referrals were made and 33,128 children were referred for an FGC in 2023/24. These are very small numbers given the large number of children being supported by children's services and specifically the numbers of Children in Need and those subject to a Child Protection Plan. In comparison, in these local authorities there were 344,782 requests for services to be provided by children's social care in 2023/24 (involving 308,034 children and 62,118 children being at risk of harm and becoming the subject of a Child Protection Plan at any point in 2023/24).

Implementing the FGDM legislation

Some local authorities we spoke to believed the new mandate for FGDM at the pre-proceedings stage could cause referrals to increase, with some believing that this could exceed their service's capacity, causing a barrier to access. There was also significant confusion among referrers, with some not aware of the new legislation and others mistakenly believing that the mandate would mean families were mandated to have an FGDM at pre-proceedings, rather than it being an *offer* to families of an FGDM at the pre-proceedings stage, with families not having to *accept*. It will therefore be important that the mandate is communicated clearly to professionals to ensure misconceptions are minimised to make it clear that local authorities must offer FGDM at the pre-proceedings stage, but families do not have to accept the offer.

It will also be important to ensure capacity to offer FGDM, which in many instances will be FGCs, to prevent families missing out on the offer, particularly when offered to families before pre-proceedings as part of earlier intervention because many professionals felt the pre-proceedings stage was too late for an FGC and felt FGCs should be offered as an early intervention tool helping to prevent families from needing more intensive support. In addition, given the broader reforms taking place across children's social care, it will be important to continue to monitor FGC take-up – including in pre-proceedings – within the FGDM rollout.

What, how, by whom, and when

How and by whom were FGCs offered?

Our research found that the overall FGC referral, offer, and consent processes were broadly similar across all six deep-dive local authorities, echoing previous research (Stanford, 2024; Taylor et al., 2023). Referrals were usually made because a practitioner felt that a family could benefit from an FGC service, or because it had been triggered by a process, such as a Child Protection Conference or entering pre-proceedings. However, there were nuances in the referral, offer, and consent processes across local authorities.

Professionals referring families, typically Social Workers and early help practitioners, were the first to introduce FGC to parents/kinship carers and gain their consent to make a referral. This conversation was a crucial point that could strongly influence whether parents/kinship carers were likely to take up the offer.

Some local authorities offered families the opportunity to speak to a Coordinator early on to find out more about the FGC process. This could be effective in getting families to accept an FGC offer, because the Coordinator often has the knowledge and skills to effectively explain the FGC process and build trust. However, this option was not always consistently offered.

When were FGCs offered?

Although local authorities and parents/kinship carers suggested FGCs should be offered before statutory social care involvement, as with previous research (Wood, et al., 2022), the local authority data collection showed the majority of referrals (83%) came from statutory services (41% from Child Protection, 28% Child in Need, and 14% child in care). Only 14% came for children who were being supported in another way, such as by early help or 'other' (such as SEND). This was partly due to a large number of local authorities having referral policies that restricted when a family could be referred to the FGC service, due to values, capacity, and funding constraints. However, we also found that some services that did accept referrals from non-statutory teams struggled to receive them. This appeared to be due to a lack of knowledge and confidence of early help practitioners in making referrals, as well as differences in how early help works with families.

Which offers were consented to and took place?

The data collection found that almost four in five (79%) FGC referrals were consented to, and just over half of referrals ultimately resulted in an FGC meeting taking place (53%) in 2023/24. However, our research also found that the definition of what is classed as a referral, as well as what it means for a parent/kinship carer to 'consent' to an FGC, can vary between local authorities. With that caveat, our data suggests a sizeable number of FGC referrals that are not consented to or do not end up taking place. This appears to be in line with previous research: although it is not directly comparable, the conversion rate of FGCs in the previous RCT of FGCs in pre-proceedings had a conversion rate of 47% from referral to conference (Taylor et al., 2023).

We found that there were confusion and differences in understanding about how consent should be obtained from parents/kinship carers with parental responsibility, children, and the wider family network within deep-dive areas. What was being consented to and how also appeared to considerably, sometimes on an individual worker basis.

We also found instances where consent had explicitly been overridden or compromised, as highlighted in previous research (Raws, 2025).

It is important that referrers and FGC services, as well as local authority legal teams, are clear that consent by families to an FGC should be informed, needs to be given by someone within the family with the legal authority to provide such consent (normally a parent or kinship carer with parental responsibility), and can be withdrawn at any time. This is addressed in the practice briefing and in depth in Family Rights Group's FGC Toolkit for Coordinators (2025).

Given that FGCs are a voluntary process, it was felt by some that this could be compromised at pre-proceedings, if families felt pressured to accept the FGC offer, for example, for fear that they would be judged negatively if they decline it. This was also a finding in previous research (Walker et al., 2008; Lawrence et al., 2020). Although the reality of the situation at pre-proceedings is that the local authority is seriously considering applying for a care order application, it is key that it is the family themselves who determine whether they wish to go ahead with an FGC.

Our local authority data collection found that the conversion rate of referrals into conferences for children in pre-proceedings was slightly lower than the conversion rate for all children referred for an FGC in 2023/24: 47% compared with 54%.

In the 92 local authorities that provided data, a mean average of 117 FGCs per local authority took place in 2023/24, and a median average of 102, with a range between 0 and 474. Although it is not directly comparable due to the likelihood of different local authorities responding, previous research from 2022 found the mean average per local authority to be 140.9 and the median 92.5 with a much larger range between five to 800 FGCs (Wood et al., 2022).

Why were some families not offered an FGC?

A sizeable number of FGC services appeared to have restricted eligibility criteria, such as having to be open to children's social care to be able to make a referral. In many instances this appeared to be due to capacity and funding constraints of the FGC service.

Barriers and enablers

The **major barriers** to FGC referrals that the research was able to identify were: FGC service capacity and funding constraints; gaps in knowledge and understanding of FGC among referrers, and the high workloads and turnover of referrers. This was largely in line with previous research, particularly around knowledge gaps and misconceptions about FGC purpose and process, referrer reluctance to refer due to assumptions about family capacity or network availability and organisational constraints, such as lack of time, resources, and clarity around referral criteria

(Raws, 2025). Some referrers were reluctant to make referrals in cases involving domestic abuse or safeguarding concerns or because of misconceptions about the availability of a support network led some referrers to avoid referrals.

Specific barriers to early help referrals included awareness, knowledge, and confidence, as well as funding and timing around intervention and escalation.

We found limited research that looked at what organisational factors facilitated FGC referrals. Our research found that **key enablers** included activities to increase awareness and knowledge of referrers, close and strong relationships between referrers and FGC teams, and senior-level buy-in alongside embedding FGCs and their values in local authority practice.

What FGC Service Managers, Coordinators, and referrers said about **why parents/kinship carers turned down FGC offers** appeared to validate some findings from previous research (Raws, 2025). They suggested this was influenced by having a poor relationship with their referrer, having previous negative experiences or shame and stigma due to social care involvement, not wanting family members to know the details of their situation, and anxiety about tension or conflict between family members.

One finding from this research that had not emerged in our review of previous evidence was the confusion among referrers and parents/kinship carers about the wording of "Family Group Conference" and what it meant for the actual FGC process. This was identified as causing issues for both referrers making the offer and parents/kinship carers accepting or fully utilising the offer.

Although the rapid evidence review found that parents/kinship carers were often motivated to accept an FGC offer because it had given them a sense of hope that there was a real possibility for change, parents/kinship carers in our research emphasised having reached a point of desperation and feeling they had no choice but to accept the offer of an FGC.

Similarly to the conclusions of the rapid evidence review, our research found that the relationship between parents/kinship carers and the referrer or Coordinator was often the key to supporting parents/kinship carers to accept an FGC, and subsequently go through the FGC process. Where parents/kinship carers were able to trust Coordinators to respect them, empower them, and support their understanding of the process, they were far more likely to accept an FGC offer.

The independence of the Coordinator and their emphasis on the child's needs in the process was also found to be important. Previous research also highlighted the importance of sufficient preparation time and rapport building in advance of the Conference.

Our research also highlights the importance of **practical and logistical factors** including Coordinators being flexible about supporting referrers and parents/kinship carers around the referral and consent process.

Although we identified limited previous research on **children's participation** in the FGC process and conference itself, our research found that professionals and parents/kinship carers agreed that children should, in principle, be involved in their FGCs. However, in practice this varied widely between and within local authorities and understanding of legal and ethical obligations for involving children were inconsistent.

Data on **fathers' participation** showed substantial variation between (as well as within) FGC services in terms of the extent that fathers attend conferences, suggesting more needs to be done to consistently increase fathers' attendance at conferences, and possibly participation in the whole FGC process. Common barriers to father participation include inability to take time off work, safeguarding concerns, or domestic abuse (leading to split conferences, mediation, or exclusion of abusive fathers from major involvement).

Previous research (Roskill et al., 2008) was consistent with findings from the deep dives which highlighted that paternal engagement rates were generally better for FGCs than involvement of fathers in statutory processes. For example, case file analysis undertaken as part of 'Fathers Matter volume 3: Working with risky fathers'[33] found that 56% of children's services files audited did not even include a phone number for the father, that information on who had parental responsibility was often missing from files, and only 33% of fathers were present at the Child Protection Conference.

Equity of access

Our rapid evidence review highlighted a number of evidence gaps, including whether there were differences in equity of access to FGCs and the experiences of FGCs within the referral and offer process for families with different characteristics (Raws, 2025). Using our local authority data collection, equity of access was explored in two ways. Firstly, by comparing the characteristics of children referred for an FGC with those that were eligible for an FGC to understand whether there were issues in access to a referral. As no data exists on the eligible population, we used data on the number of Children in Need as a proxy. Secondly, we compared the characteristics of the number of children referred for an FGC with the number of children where an FGC was consented to and the number of children where an FGC took place.

Findings should be treated with caution because not all local authorities provided data, and we had no way of validating the quality. Additionally, we only asked for data in relation to age, gender, ethnicity, language, and disability. However, combined with findings from our fieldwork this does provide evidence on equity of access in relation both to FGC referrals and to subsequently having a conference.

When looking at a child's **age**, compared with the Child in Need population (a broad target group for FGCs), pre-birth and pre-school children were found to represent a higher proportion of FGC referrals. In addition, younger children referred for an FGC were found to have a higher consent and conversion rate than older children. This was believed to be because of the high proportion of younger children in Child Protection and in pre-proceedings; younger children's needs often relating to caregiving, which could be provided by the family network; the additional need of gaining informed consent from older children; and less engagement from youth services.

We found limited differences in equity of access and take-up by **gender**.

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[33] See https://frg.org.uk/product/working-with-risky-fathers/

Data that is available suggests the **ethnicity** of children referred for an FGC are broadly similar to those who have a Child in Need status. However, a lower proportion of children from Black ethnic backgrounds are likely to be referred for an FGC than for the wider Child in Need population. Ethnicity disparities in access were also found in one deep-dive local authority.

There were also ethnicity disparities identified in take-up of FGCs, although it appeared that those from White British backgrounds had the lowest conversion rates from referral to conference. In addition, children from Black ethnic backgrounds had the largest gap between the proportion of FGCs consented to and those that go on to have an FGC.

These findings suggest a potential ethnicity disparity that requires deeper investigation. Reported barriers to take-up included stigma and shame, language and confidentiality concerns, small or dispersed family networks, and digital barriers. Locally adapted practice and community outreach were cited as effective enablers both in our research and in previous research looking at access for minoritised ethnic groups (Raws, 2025).

Findings from our research and previous evidence suggested there were barriers to families whose **first language is not English**, in terms of both reach and take-up. Most services that participated in this research appeared to offer only English-language materials by default and relied on ad hoc translation solutions. Where interpreters were needed, barriers included sourcing them at the right time and in the right language/dialect, causing delays to the process as well as misunderstanding through poor interpretation.

Children and parents/kinship carers with **disabilities** were highlighted as an underrepresented group in FGC referrals, with limited data available and a significant proportion of records lacking recorded disability status, pointing to a need for improved data collection. Barriers included assumptions about the role of family networks and challenges in engaging children with disability teams and related services, with enablers centring around the FGC service developing close working relationships with such teams, and adaptations to support identified disabilities, such as using easy-read materials or accessible venues.

Although part of the research focus was on factors that particularly affected families from ethnically or culturally minoritised communities, or those with a disability, we were not able to uncover significant findings that distinguished the experiences of such parents/kinship carers from White British parents/kinship carers or those without a disability. It appeared that each family situation involved a variety of factors which were unique to that family, of which ethnic or cultural identity or an individual's disability was only one of many. FGC Service Managers, Coordinators, and sector experts spoke about the fact that since FGCs are family-led, Coordinators are trained to understand that every family will have needs and concerns that they must support, which might include those that relate to ethnic or cultural background or disability, or – much more common – a host of interdependent factors which might affect take-up and participation. Professionals did not feel that ethnic/cultural differences or needs, or child or parent/kinship carer disability, acted as greater or lesser barriers than any other family needs. Best practice appeared to be to emphasise that referrers and Coordinators work with open-mindedness, curiosity, and flexibility, seeking additional support when responding to a disability or ethnically/culturally relevant aspects of the family's situation. This was highlighted in the rapid evidence review suggesting referrers and Coordinators, regardless of their own background, should work in a culturally sensitive way.

Overall, it appears that from the local authority data collection **there are issues with equity of access to being referred**, particularly in relation to ethnicity, disability, and age, but that further investigation with better data on the eligible population is needed. There appeared to be potentially **less inequity once families were referred**, given the family-led approach to FGCs. However, barriers to take-up were still identified for those for whom English was an additional language and or where subjects such as sexual abuse or mental illness were taboo or not understood/accepted by some family members within certain communities. When asked about equity of access *once a referral took place*, local authorities believed that where barriers were identified they worked hard to overcome them. It was highlighted that FGC Coordinators were used to working with families who had different needs, such as learning difficulties or specific cultural needs, giving many examples of working flexibly to suit each family's needs.

Improving equity and access

Our research found many ways the FGC service can help to improve the equity of, and accessibility to, FGCs for families. To overcome barriers to knowledge, understanding and confidence of both professionals and families it was suggested that there should be an **increase in the range of informational materials** provided for referrers and Coordinators to use when speaking to families about FGCs.

There was an emphasis on nationally produced resources, to ensure consistency of information across all local authorities and to enable local authorities to devote their time and resources to supporting families and doing more **targeted training** with referrers, which was an important factor highlighted by the research.

The rapid evidence review suggested that the FGC service establishing relationships with local community or faith organisations made a positive difference to families engaging with the service. However, this was not widespread among deep-dive areas. This could be an avenue for FGC services to take to increase access to and uptake of FGCs among local families.

Improving translation services was also identified for those who did not speak English as a first language, including easy access to translated informational materials and better access to interpreters.

Our research identified recruitment as an opportunity for FGC services to **diversify their workforce**, including in terms of gender, ethnicity, and religion, as a way to help overcome barriers around language differences and cultural or ethnic differences between families and Coordinators, as well as engaging fathers in FGCs. This included funding training for local authority staff (without compromising the Coordinator's independence) and encouraging, funding, and providing opportunities for the recruitment and training of people in the local community to become FGC Coordinators.

Participatory approach and co-design

The participatory aspect of this research was important for informing our approach and validating and challenging our findings.[34] The Experts by Experience Advisory Group provided useful reflections on the approach to the interviews with parents/kinship carers, advising us to highlight a potentially upsetting question in advance communications with participants and flag that they could choose ahead of time whether they were comfortable with us asking this question. They explained that many parents interacting with a local authority have been distressed by a lack of transparency, so we should give parents/kinship carers clear information about what the interview would involve, in emails or conversations with them before the interview and in our introduction at the top of the interview. They also suggested we reassure parents/kinship carers that if they struggled to remember any parts of the process we asked them about, this was fine and there was no pressure to remember things perfectly. They emphasised that the traumatic nature of social services involvement and other life events that may happen around a similar time could affect someone’s memory and the importance of cultural sensitivity and flexibility for the Coordinator role.

Working with the Co-Researchers helped to bring in lived experience of interacting with social services to the research, which added further sensitivity and understanding to our approach to interviews with parents and kinship carers.

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[34] For a longer, more detailed account of this part of the project, please see the addendum report: https://foundations.org.uk/wp-content/uploads/2026/03/fgc-service-design-and-family-experience-addendum-report.pdf

RECOMMENDATIONS AND LESSONS LEARNT

Recommendations

Equity of access and take-up of FGCs

This study uncovered likely inequities at the referral stage – particularly for Black children, children and parents with a known disability, and younger children. We therefore need further research to increase our understanding of:

- What factors (child/family characteristics, team, stage of involvement, referrer, geography) predict being offered an FGC.
- Why younger children are more likely to be referred and ultimately go on to have an FGC. This should include looking at the reasons older children are referred, how referrals come from services that work with older children (such as youth services and Youth Justice or Youth Offending), and how access and take-up are associated with young people's consent.
- Why there appears to be a lower rate of take-up for families from minoritised ethnic backgrounds, and best practice for working with different cultural backgrounds.
- Whether there is inequity in access for children and parents/kinship carers who have a known disability and, if so, why. This should also explore the experiences of disabled children and their parents/carers in accessing and taking up an FGC.
- The intersectionalities of families with different characteristics and needs. The data collection and our fieldwork did not look at access, consent, and take-up of FGCs where families may experience multiple barriers to accessing an FGC. A core question would be: how much of the apparent ethnic/disability difference remains after adjusting for age, stage, LA practices, and service capacity? For example, consider older children with a disability, or children from minoritised ethnic families that have neurodiversity.
- Differences in the target population for FGCs (all children, those eligible for early help, or those in children's services). Include a deep-dive analysis in a number of local authorities and analysis on individual child-level data to understand what drives the variation.
- How FGCs can be used with families with small networks and what best practice looks like.

Consent quality, voluntariness, and informed participation

This study found consent practice to be inconsistent and in some cases compromised, but voluntariness is foundational to FGC fidelity, as well as other types of FGDM. Further research is needed to explore:

- How "informed, ongoing consent" is operationalised in practice at different stages
- What phrasing, sequencing, and by-whom steps are taken to safeguard voluntariness
- Families' reasons for declining an FGC (captured directly from families).

Access and take-up of FGCs at different stages of children's social care involvement

This research showed lower take-up rates for FGCs with families whose child was not on a Child Protection Plan or a Child in Need. Further research should be undertaken to:

- Understand the use of FGC in early help, including enablers, access through referral partners and take-up by families.
- Investigate what an FGC should look like in early help and Family Help alongside the current Families First Partnership reforms
- Explore the barriers and enablers to referrals and take-up of FGCs from teams and services, such as reunification or leaving-care teams, kinship and special guardianship teams
- Explore access and take-up of FGCs for families that self-refer for an FGC
- Explore the association between family characteristics and needs (such as age of the child, family ethnicity, disability), and which teams within local authorities they are currently being supported by or the legal status of the child
- Explore what can support families to get to accepting an FGC: i.e. what support do they need before an FGC, such as mediation?

Access and take-up of FGCs at pre-proceedings

This research found that a low number of children in pre-proceedings were referred for an FGC in 2023/4. Further research should be undertaken to:

- Explore the low number of FGCs for children in pre-proceedings as a proportion of all FGCs in local authorities. This should include an investigation of lower-than-average consent and take-up of conferences in pre-proceedings despite fieldwork findings that parents/kinship carers felt more pressure to have an FGC once in pre-proceedings.
- Understand the impact of the forthcoming mandate to offer FGDM at pre-proceedings on FGCs, and the barriers and enablers to offering and taking up an FGC once the mandate comes into effect.

Perspectives of children in the referral, offer, consent and conference itself

Any further research should ensure it is co-designed and includes participatory approaches that support the involvement of children/young people. Further research should be led by children's views on what is important to research but could include exploring:

- Children's experiences of being referred for an FGC, including how they were engaged in the process from consent all the way to conference and family planning and review
- Perceived barriers and enablers to children taking part in their FGC

Data and monitoring to improve practice and equity

This study was the first of its kind to undertake a national data collection of access, consent, and take-up of FGCs in England following the recommendations of the previous Foundations study (Stanford, 2024). Building on its success, we recommend initiating another national FGC data collection of aggregated FGC data from local authorities, improving and expanding on the data collected as part of this study. This could include collecting data on:

- Participation in the FGC process as a whole, as well as the conference itself. For example, data on paternal participation, and child consent and participation (including whether they had an advocate in the process)
- Reasons families (parents/kinship carers, children, and the wider family network) choose not to participate in an FGC. This should be from families themselves, not from practitioners
- Ethnicity and disability status of both children and parents/kinship carers.

To support this, we recommend:

- Co-developing data collection with the sector (including with the Department for Education) and local authorities, and aligning it with the Families First Programme national data request on FGDM
- Allow time to test and pilot the data collection template and accompanying guidance
- 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.

Data is critical to understanding access and take-up of FGCs within the current reforms and FGDM rollout, and would support both further research on access and take-up and practice improvements.

Supporting local authorities to improve their data collection and analysis

Many local authorities need to improve their FGC data collection so that it can inform policy and practice. This includes better data on participation in the FGC process as a whole, as well as the conference itself – including paternal participation and the child's participation; why families (parents/kinship carers, children, the wider family network) choose not to consent or participate in an FGC; and ethnicity and disability of both children and parents/kinship carers.

To support this FGC data quality standards should be developed alongside templates and standards for collecting and reporting on feedback. This should sit alongside systems to integrate feedback and the voice of parents/kinship carers, children, and young people, in particular into service development, quality assurance (such as use of the seven FGC quality standards), and outcomes reporting.

Lessons learnt

This study generated important learning not only about access to FGCs, but also about how future research, policy implementation, and delivery of the FGC model can be strengthened:

1. Better data and clearer definitions are essential.
The research highlighted major gaps in local authority data – especially on ethnicity, disability, father engagement, child participation, and reasons for declining an FGC – making it difficult to fully understand equity and take-up. Strengthening national data standards and consistency will be crucial for future evaluation.

2. Participatory and lived-experience-led research improves insight and quality.
Working with Experts by Experience and involving Co-Researchers enriched the research and improved engagement with families. Future studies should embed participatory methods and prioritise capturing the voices of children and families who decline or are not offered FGCs.

3. Intersectional understanding of access and take-up is required.
The study identified potential inequities linked to age, ethnicity, and disability, but could not fully examine families facing multiple, overlapping barriers. Future work should use individual-level data and intersectional analysis to understand who is missing out and why.

4. Referrer knowledge, confidence, and practice strongly shape access.
Variation in how FGCs are understood and introduced to families is a major driver of inequity. Implementation should focus on strengthening training, improving materials, and ensuring independent, clear, and consistent explanations of FGCs.

5. Earlier intervention routes need further development.
Professionals and families perceived pre-proceedings as too late for an FGC, yet early help referrals were limited. More work is needed to understand and design effective early-stage pathways into FGCs.

6. Consent quality must be safeguarded.
The study found inconsistent practices and sometimes compromised voluntariness in consent. Future research should explore how informed, ongoing consent can be protected – especially as the FGDM mandate is introduced.

7. Children's participation requires focused attention.
The study could not directly capture children's experiences, which remains a significant evidence gap. Future research should be co-designed with children to understand how they experience referral, offer, consent, and the conference itself.

Together, these insights spotlight the need for stronger data, more participatory and intersectional research, improved referrer practice, earlier intervention, and a clearer focus on informed consent and children's participation to support effective, equitable implementation of FGCs.

BIBLIOGRAPHY

Bevan, N., Connelly, M., Francis, J., Marshall, S., Williams, K., Wilson, D., Thomas, J., Newman, M., & Gough, D. (2014) Rapid Evidence Assessment Toolkit index. http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment

Blair, N. (2015) Researched to death: Indigenous peoples talkin' up our experiences of research. International Review of Qualitative Research, 8 (4), pp.463–478. DOI: https://doi.org/10.1525/irqr.2015.8.4.463

Bohling, K., Gadenne, V., Milward, J., Wiese, J., & Barnard, M. (2020) Right Balance for Families: Evaluation report. Department for Education. https://assets.publishing.service.gov.uk/media/5fa2c9708fa8f57897fcf809/Camden.pdf

Braun, V., & Clarke, V. (2019) Thematic Analysis: A Practical Guide. SAGE: London

Citizens Advice (2021) If there's a Child Protection Conference for Your Child. https://www.citizensadvice.org.uk/family/children-and-young-people/protecting-children/if-theres-a-child-protection-conference-for-your-child

Connelly, M., Francis, J., Marshall, S., Williams, K., Wilson, D., Thomas, J., Newman, M. & Gough, D. (2014) Rapid Evidence Assessment Toolkit index. Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20140402164155/http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment

Coram Impact & Evaluation Team (2011) Coram Research Ethics Policy. https://www.coram.org.uk/wp-content/uploads/2023/09/Coram-Research-Ethics-Policy-June-2023.pdf

Department for Education (2014) Court orders and pre-proceedings: Statutory guidance for local authorities. London: Department for Education. https://assets.publishing.service.gov.uk/media/5a7ebaab40f0b62305b82ce7/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf

Department for Education (2024) Keeping Children Safe, Helping Families Thrive: Breaking down barriers to opportunity. London: Department for Education. https://assets.publishing.service.gov.uk/media/67375fe5ed0fc07b53499a42/Keeping_Children_Safe___Helping_Families_Thrive__.pdf

Family Rights Group (n.d.a) Advocate. https://frg.org.uk/get-help-and-advice/a-z-of-terms/advocate

Family Rights Group (n.d.b) Child protection plans. https://frg.org.uk/get-help-and-advice/what/child-protection/child-protection-plans

Family Rights Group (n.d.c) What should be in a child in need plan? https://frg.org.uk/get-help-and-advice/what/child-in-need/what-should-be-in-a-child-in-need-plan

Family Rights Group and Roskill, C., et al. (2011) Fathers Matter 3: Working with Risky Fathers

Family Rights Group (2022a) Family Group Conference: Quality Standards. https://frg.org.uk/wp-content/uploads/2023/01/FGC-Quality-Standards.pdf

Family Rights Group (2022b) What is a Family Group Conference? https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference

Family Rights Group (2024) FGC Accreditation – Family Rights Group. https://frg.org.uk/family-group-conferences/fgc-accreditation

Fulcher, L.C. (1999) Cultural origins of the contemporary family group conference. Child Care in Practice, 5 (4), pp.328–339. DOI: https://doi.org/10.1080/13575279908415538

Gilbert, L., Borjes, E., & Ollerearnshaw, R. (2022) Evaluation of the Young Citizens Programme: Final report. Coram. https://www.coram.org.uk/wp-content/uploads/2023/01/Young-Citizens-Evaluation_Final-Report.pdf

Harrison, L., Johnson, K., Hiller, L., & Strong, R. (2001) 'Nothing about us without us': The ideals and realities of participatory action research with people with an intellectual disability. Scandinavian Journal of Disability Research, 3 (2), pp.56–70. DOI: https://doi.org/10.1080/15017410109510776

Hertfordshire County Council (n.d.) Ohana. https://www.hertfordshire.gov.uk/services/childrens-social-care/in-care/lifelong-links-ohana-support-group.aspx

Hopkins, R., Minogue, G., McGrath, J., Acheson, L.J., Skehan, P.C., McMahon, O.M., & Hogan, B. (2022) 'Digging Deeper' advocate researchers' views on advocacy and inclusive research. Social Sciences, 11 (11), p.506. DOI: https://doi.org/10.3390/socsci11110506

Johnson Hall, M. (2024) Findings from the first year of the Step Up Programme. Coram Institute for Children. https://www.coram.org.uk/resource/findings-from-the-first-year-of-the-step-up-programme

Jones, L., Blackshaw, D.E., Johnson, M., Bhalla, N., & Udeagbaja, A. (2024) Sibling Time Activity Day Pilot: Evaluation report. Coram Institute for Children. https://www.coram.org.uk/resource/sibling-time-report-april-2024

Lawrence, H., Ludvigsen, A., Taylor, S., & Lovbakke, J. (2020) Family group conferences in pre-proceedings: Evaluation report. https://www.coram.org.uk/resource/follow-evaluationfamily-group-conferences-pre-proceedings-2020

Martin-Denham, S. (2021) Family Group Conferencing: A thematic analysis of families' perspectives. University of Sunderland and Department for Education

Munro, E.R., Meetoo, V., Quy, K., & Simon, A. (2017) Daybreak Family Group Conferencing: Children on the edge of care. Department for Education. https://core.ac.uk/download/pdf/84589514.pdf

Nurmatov, U.B., Foster, C., Bezeczky, Z., Owen, J., El-Banna, A., Mann, M., Petrou, S., Kemp, A., Scourfield, J., Forrester, D., & Turley, R. (2020) Impact of shared decision-making meetings on children's out-of-care, family empowerment and satisfaction: A systematic review. What Works for Children's Social Care and Cardiff University. http://whatworks-csc.org.uk/wp-content/uploads/WWCSC_Shared_Decision-making_Family_Meetings_systematic_review_Feb2020.pdf

O'Shaughnessy, R., Collins, C., & Fatimilehin, I. (2009) Building bridges in Liverpool: Exploring the use of family group conferences for Black and minority ethnic children and their families. British Journal of Social Work, 40 (7), pp.2034–2049. DOI: https://doi.org/10.1093/bjsw/bcp102

Patel, V., Taylor, S., & Gilbert, L. (2021) Evaluation of objects in social work project. Coram. https://www.coram.org.uk/resource/resource-evaluation-use-objects-social-work-2022

Raws, E. (2025) Rapid evidence review: Families' experiences of family group conferences. Foundations – What Works for Centre for Children & Families. https://foundations.org.uk/our-work/publications/families-experiences-of-family-group-conferences-rapid-evidence-review

Research in Practice. (2024) Using genograms in practice: Practice Tool (2024). Research in Practice. Available at: https://www.researchinpractice.org.uk/children/publications/2024/august/using-genograms-in-practice-practice-tool-2024/

Roskill, C., et al. (2008) Fathers Matter 2: Further findings on fathers and their involvement with social care services

Safeguarding Network. (2025) Ecomaps. Safeguarding Network. Available at: https://safeguarding.network/content/ecomaps

Sen, R., & Webb, C. (2019) Exploring the declining rates of state social work intervention in an English local authority using Family Group Conferences. Children and Youth Services Review, 106

Smela, B., Toumi, M., Świerk, K., Francois, C., Biernikiewicz, M., Clay, E., & Boyer, L. (2023) Rapid literature review: Definition and methodology. J Mark Access Health Policy, 28 July, 11 (1): 2241234. DOI: 10.1080/20016689.2023.2241234

Stanford, M. (2025) Exploring local authority data and monitoring of Family Group Conferences. Foundations – What Works for Centre for Children & Families. https://foundations.org.uk/our-work/publications/exploring-local-authority-data-and-monitoring-of-family-group-conferences/

Taylor, S., Blackshaw, E., Lawrence, H., Stern, D., Gilbert, L., & Raghoo, N. (2023) Randomised controlled trial of Family Group Conferencing at Pre-Proceedings Stage. Foundations. https://foundations.org.uk/wp-content/uploads/Reports/Randomised-controlled-trial-family-group-conferencing.pdf

Taylor, S., Lawrence, H., Blackshaw, E., Stern, D., Gilbert, L., Mollidor, C., Juliette, C., Ashworth, K., Capuano, S., & Jones, F. (2022) Evaluation of Creative Life Story Work Summary Report. What Works for Children's Social Care. https://whatworks-csc.org.uk/wp-content/uploads/Creative_Life_Story_Work_summary_WWCSCS_Nov_2022_Accessibile.pdf.

UK Parliament (2024–2026) Children's Wellbeing and Schools Bill. https://bills.parliament.uk/bills/3909

Valenti, K. (2016) 'Family Group Conferencing with BME families in Scotland'. Social Work in Action, 29 (2): pp.121–136

Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. & Raybould, S. (2008) Family group conferencing in youth inclusion and support panels: Empowering families and preventing crime and antisocial behaviour? London: Youth Justice Board. Available at: https://assets.publishing.service.gov.uk/media/5a7d926140f0b64fb735c351/yjb-family-group-conferencing-youth-inclusion-support-panels.pdf

Wood, S., Scourfield, S., Au, K., Evans, R., Jones-Willams, D., Lugg-Widger, F., McCormack, E., Meindl, M., Pallmann, P., Robling, M., Schroeder, E., Petrou, S., & Wilkins, D. (2022) A UK-wide survey of family group conference provision. Family Voice. https://cascadewales.org/wp-content/uploads/sites/3/2022/12/CASCADE-Family-VOICE-survey-findings.pdf

ACCESSIBILITY TEXT

Figure 1. The five stages of a family group conference

Infographic titled 'The five stages of the family group conference process'. It shows five stages arranged in sequence with icons and arrows between them. Stage 1: 'Referral', represented by an icon of documents. Stage 2: 'Independent coordinator appointed', shown with an icon of two people sitting at a table. Stage 3: 'Preparation', illustrated with an icon of three figures in discussion. Stage 4: 'The conference', shown with an icon of four figures around a speech bubble. Stage 5: 'Review of the plan', represented by an icon of a document with a checkmark. © 2025 Family Rights Group.

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Figure 2. The seven quality standards from Family Rights Group that are used as a basis to assess local FGC services when they are accredited

Infographic titled 'Family Group Conference Seven Quality Standards', presented in a grid with seven numbered points, each accompanied by an icon. Standard 1 shows an icon of a group of four figures representing that the family group conference coordinator is independent. Standard 2 shows two seated figures and states that the family's decision to participate is voluntary. Standard 3 features an icon of a document and pencil and states that the conference is family-led and includes private family time for making a plan. Standard 4 shows a heart symbol and states that the referred child or adult is the central focus of the conference and supported to take part. Standard 5 includes an icon of a checklist and people, stating that the service should ensure the family has the resources needed to make their plan. Standard 6 shows a padlock and states that the service should respect the family's privacy and right to confidentiality. Standard 7 shows two abstract figures and states that the service should work to principles of equality and inclusivity, respecting diversity and the family's culture and individual identities. Logos and contact information for Family Rights Group appear at the bottom.

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Table 1. Summary of the study's research questions

Text-based figure titled 'Research questions', listing eight research questions in three thematic sections.

Section 1: 'What, how, by whom and when' — RQ1 asks what is or is not offered to parents or kinship carers regarding Family Group Conferences (FGCs), how, by whom, and when these are offered, including before and during pre-proceedings.

Section 2: 'Barriers and enablers' — RQ2 asks about barriers and enablers for local authorities, including social workers, other professionals, and FGC services, in offering FGCs to families at or before pre-proceedings. RQ3 asks about barriers and enablers for parents or kinship carers agreeing to an FGC at these stages. RQ4 asks about the barriers and enablers for other family members, including children, agreeing to take part.

Section 3: ‘Equity of access’ — RQ5 asks what can be learned about families less likely to be offered or to take up FGCs at pre-proceedings. RQ6 asks why some families are not offered an FGC and what eligibility criteria local authorities use. RQ7 asks which factors relating to FGC services affect whether a family is offered an FGC. RQ8 asks how families and professionals think the FGC offer could be made more equitable and better meet the needs of families with diverse backgrounds or needs.

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Figure 3. Diagram summarising the research design

Flowchart illustrating three research phases: Inception, Discovery, and Co-design of solutions. Each phase is shown as a vertical green arrow with linked activity boxes.

In the Inception phase, two boxes list ‘Rapid evidence analysis’ and ‘Research set up’.

In the Discovery phase, four boxes list: ‘Deep dives with six local authorities’, ‘Sector and academic interviews’, ‘National survey of FGC services’, and a highlighted box showing ‘Interviews/focus groups with local authority professionals’, including FGC service managers, FGC coordinators, and referrers such as early help practitioners and social workers. Another highlighted box shows ‘Interviews/focus groups with between 10 and 15 parents/carers’, labelled ‘Co-led by Co-Researchers’. A further box states: ‘Local authority individual-level data analysis of equity of access to FGCs (ongoing)’.

In the Co-design of solutions phase, two boxes describe ‘Sector and academic interviews’ and ‘Co-Design Workshops with FGC Service Managers’.

To the right of the diagram, a vertical arrow points to a box labelled: ‘Five workshops with Experts by Experience Advisory Group’.

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Table 2. Characteristics of LAs who took part in focus groups for the research

Table showing six local authorities with information on Family Group Conference (FGC) team size, number of FGC managers, and whether the service is internal or external.

Local authority A: Small team (recruiting two more, which would make it medium), 2 managers, in-house.
Local authority B: Large team (actively recruiting more FGC coordinators), 3 managers, recently moved in-house.
Local authority C: Small team, 1 manager, in-house.
Local authority D: Large team, 4 managers, external service.
Local authority E: Small team, 2 managers, in-house.
Local authority F: Medium team, 2 managers, in-house.

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Table 3. Qualitative fieldwork achieved sample

Table showing the number of focus groups held with Family Group Conference (FGC) managers, coordinators, and referrers, along with engagement with parents and kinship carers across six local authorities.

Local authority A: 1 manager focus group, 1 coordinator focus group, 1 referrer focus group, and interviews with 2 parents or kinship carers.

Local authority B: 1 manager focus group, 1 coordinator focus group, 1 referrer focus group, and 1 parent or kinship carer interviewed.

Local authority C: 1 manager focus group, 1 coordinator focus group, 1 referrer focus group, and 1 parent or kinship carer interviewed.

Local authority D: 1 manager focus group, 1 coordinator focus group, 2 referrer focus groups, and a focus group with 7 parents or kinship carers.

Local authority E: 1 manager focus group, 1 coordinator focus group, 2 referrer focus groups, and 1 parent or kinship carer interviewed.

Local authority F: 1 manager focus group, 1 coordinator focus group, 4 referrer focus groups (three with different social work teams and one with referrers working at the pre-proceedings stage), and 1 parent or kinship carer interviewed.

Total: 6 manager focus groups, 6 coordinator focus groups, 11 referrer focus groups, and 7 parent or kinship carer focus groups or interviews involving 14 participants.

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Table 4. Local Authority data collection response rates

Table summarising response rates from local authorities in England regarding Family Group Conference (FGC) service data.

Row 1: ‘Provided data on their FGC service’ – Count 92, representing 60.1% of all 153 local authorities.
Row 2: ‘Did not provide data: has an FGC service’ – Count 31, representing 20.3%.
Row 3: ‘Did not provide data: establishing an FGC service’ – Count 8, representing 5.2%.
Row 4: ‘Did not provide data: do not have an FGC service’ – Count 22, representing 14.4%.
Final row: Total – 153 local authorities, 100%.

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Table 5. Local authority data collection response rates for local authorities with an FGC service

Table showing response rates from local authorities that have a Family Group Conference (FGC) service.

Row 1: ‘Provided data’ – Count 92, representing 75% of responding local authorities.
Row 2: ‘Did not provide data’ – Count 31, representing 25%.

Final row: Total – 123 local authorities, 100%.

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Table 6. Number and percentage of local authorities that have an FGC service

Table showing the number and percentage of local authorities offering, establishing, or not offering a Family Group Conference (FGC) service.

Row 1: 'Provides an FGC service' – Count 123, representing 80.4%
Row 2: 'Establishing an FGC service' – Count 8, representing 5.2%
Row 3: 'Does not offer an FGC service' – Count 22, representing 14.4%
Final row: Total – 153 local authorities, 100%

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Table 7. Number of FGC referrals, consents, and FGCs taking place as well as the number of children subject to a referral, consent and FGC meeting for local authorities that provided data for 2023/24

Table showing counts of Family Group Conference (FGC) activity and numbers of children involved.

Row 1: FGC referrals – 18,470 referrals involving 33,128 children.
Row 2: FGCs consented to by parents or kinship carers – 14,619 consents involving 24,687 children.
Row 3: FGCs taking place – 9,818 conferences involving 17,900 children.

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Table 8. Number of FGC referrals and the number of children referred and re-referred for local authorities that provided data for 2023/24

Table showing summary statistics for referrals, children referred, and children re-referred to Family Group Conferences (FGCs).

Row for Mean: 220 referrals, 399 children referred, 28 children re-referred.
Row for Median: 172 referrals, 293 children referred, 12 children re-referred.
Row for Range (low): 7 referrals, 15 children referred, 0 children re-referred.
Row for Range (high): 1,144 referrals, 1,820 children referred, 325 children re-referred.
Row for Total: 18,470 referrals, 33,128 children referred, 1,843 children re-referred.
Row for Number of local authorities providing data: 84 for referrals, 83 for children referred, and 67 for children re-referred.

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Figure 4. Number and proportion of children subject to an FGC referral by status of the referred child at referral in 2023/24

Bar chart showing the characteristics of children referred for a Family Group Conference (FGC).

'Subject to a child protection enquiry or plan': 41% (11,967 children).

'Child in need': 28% (8,106 children).
Child looked after': 14% (4,075 children).
'Supported in another way, e.g., early help': 9% (2,576 children).
'Other, e.g., SEND, kinship teams': 5% (1,578 children).
'Not known': 3% (749 children).
Vertical axis shows percentages from 0% to 50%.

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Figure 5. The number and proportion of children subject to an FGC referral by whether they were in pre-proceedings at the time of referral in 2023/24

Horizontal bar chart showing the proportion of children who were in pre-proceedings at the time of referral compared with all other children.

The bar is divided into two segments:

10% (2,289 children) were in pre-proceedings at referral.
90% (19,536 children) were all other children.
The x-axis ranges from 0 to 25,000.

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Figure 6. Proportion of children subject to an FGC referral from 66 local authorities in 2023/4 in comparison to the number of children classed as in need in 2023/4 across all local authorities

Bar chart comparing the proportion of children subject to a Family Group Conference (FGC) referral with the proportion of children recorded as Child in Need (CiN) in 2023/24, by age group.

Pre-birth: 7% in FGC data; 2% in CiN data.
Ages 0–5: 33% in FGC data; 18% in CiN data.
Ages 6–10: 26% in FGC data; 21% in CiN data.
Ages 11–15: 26% in FGC data; 32% in CiN data.
Ages 16 and over: 7% in FGC data; 27% in CiN data.
Two series are shown: teal bars for FGC data and light honey-coloured bars for CiN data. The vertical axis runs from 0% to 40%.

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Figure 7. Proportion of children referred to an FGC by ethnicity across 69 local authorities, compared to children with a Child in Need status in 2023/4 for all of England

Bar chart comparing the ethnicity of children subject to a Family Group Conference (FGC) referral with the ethnicity of children recorded as Child in Need (CiN) nationally.

Any white ethnicity: 67% in FGC data, 69% in CiN data.
Any black ethnicity: 5% in FGC data, 10% in CiN data.
Any Asian ethnicity: 6% in FGC data, 8% in CiN data.
Any mixed ethnicity: 9% in FGC data, 9% in CiN data.

Any other ethnicity: 2% in FGC data, 4% in CiN data.
Refused or don't know: 11% in FGC data, 0% in CiN data.

Two series are shown: FGC data in teal and CiN national data in honey. The vertical axis ranges from 0% to 80%.

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Table 9. Number of FGC referrals, consents, and FGCs taking place as well as the number of children subject to a referral, consent and FGC meeting for local authorities that provided data for 2023/24

Table presenting summary statistics for Family Group Conference (FGC) referrals, children referred, consents, and meetings.

Mean averages: 220 referrals; 399 children referred; 176 referrals consented to; 321 children with consent; 117 FGC meetings; 229 children with an FGC meeting.

Median averages: 172 referrals; 293 children referred; 147 referrals consented to; 243 children with consent; 102 FGC meetings; 185 children with an FGC meeting.

Range low: 7 referrals; 15 children referred; 4 referrals consented to; 12 children with consent; 0 meetings; 0 children with a meeting.

Range high: 1,144 referrals; 1,820 children referred; 808 referrals consented to; 1,566 children with consent; 474 meetings; 1,003 children with a meeting.

Totals: 18,470 referrals; 33,128 children referred; 14,619 referrals consented to; 24,687 children with consent; 9,818 meetings; 17,900 children with a meeting.

Response rates: 84 for referrals; 83 for children referred; 83 for consents; 77 for children with consent; 70 for meetings; 78 for children with a meeting.

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Figure 8. Number and proportion of FGC referrals that were consented to and took place and the number children subject to an FGC referral that were consented to and took place

Bar chart showing the proportion of Family Group Conference (FGC) referrals in 2023/24 that were consented to and that took place, based on 18,470 referrals.

Number of FGCs consented to: 14,619, representing 79%.
Number of FGCs that took place: 9,818, representing 53%.
The vertical axis shows percentages from 0% to 100%.

Second graph:

Bar chart showing the proportion of children subject to a Family Group Conference (FGC) referral in 2023/24 for whom an FGC was consented to and for whom an FGC took place, based on 32,762 children.

Children where an FGC was consented to: 24,687 children, representing 75%.

Children for whom an FGC took place: 17,900 children, representing 54%.
The vertical axis ranges from 0% to 80%.

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Figure 9. Reasons given by FGC services for why FGCs did not take place when offered

Bar chart showing reasons why a Family Group Conference (FGC) did not take place in 2023/24.

Parent or carer refused to engage or did not want an FGC: 2,277 cases (60%).
Change in circumstances: 575 cases (15%).
Not enough family members identified: 405 cases (11%).
Referrer withdrew the referral: 247 cases (7%).
Not enough family members engaged: 215 cases (6%).
Change in legal status of the child: 60 cases (2%).
The vertical axis ranges from 0 to 2,500.

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Figure 10. Number and proportion of children where an FGC was consented to and took place by legal status of the child at referral as a proportion of children who had an FGC referral in 2023/24

Bar chart comparing the proportion of children in different need categories for whom a Family Group Conference (FGC) was consented to and for whom an FGC took place.

Categories shown from left to right:

Subject to a child protection enquiry or plan: 11,967 children consented (79%); 9,474 children had an FGC (61%).

Child in need: 8,106 children consented (83%); 6,688 children had an FGC (54%).

Child looked after: 4,075 children consented (82%); 3,341 children had an FGC (60%).

Supported in another way, e.g., early help: 2,576 children consented (69%); 1,771 children had an FGC (39%).

Other (e.g., SEND, kinship teams): 1,578 children consented (78%); 1,232 children had an FGC (47%).

Children in pre-proceedings at the time of referral: 61% consented; 47% took place (counts not shown in the chart labels).

Two data series are displayed: teal bars for ‘children in FGCs that were consented to’ (n=23,067) and lilac bars for ‘children for whom an FGC took place’ (n=16,161). The vertical axis ranges from 0% to 100%.

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Figure 11. Number and proportion of children where an FGC was consented to and took place by age of child subject as a proportion of children who had an FGC referral in 2023/24

Bar chart showing the proportion of children in different age groups for whom a Family Group Conference (FGC) was consented to and for whom an FGC took place. Age groups displayed are: Pre-birth, 0–5, 6–10, 11–15, 16–17, and 18+.

For each age group, two bars are shown:

Children in FGCs that were consented to (teal; n = 18,699).
Children for whom an FGC took place (lilac; n = 13,869).

Data by age group:

Pre-birth: 1,459 consented (79%); 1,182 took place (64%).
Ages 0–5: 6,472 consented (78%); 5,060 took place (61%).
Ages 6–10: 4,828 consented (75%); 3,494 took place (54%).
Ages 11–15: 4,721 consented (72%); 3,378 took place (52%).
Ages 16–17: 1,109 consented (69%); 715 took place (45%).
Ages 18 and over: 110 consented (83%); 78 took place (59%).
The vertical axis ranges from 0% to 100%.

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Figure 12. Number and proportion of children referred for an FGC, for whom an FGC was consented to and ultimately took place by sex of child

Bar chart comparing the percentage of children who were referred for a Family Group Conference (FGC), had an FGC consented to, and had an FGC take place in 2023/24, shown by the child's recorded sex.

Four categories are shown: Female, Male, Other, and Not known. Each category contains three bars:

Children subject to an FGC referral (teal; n = 27,085)
Children in FGCs that were consented to (honey; n = 18,636)
Children for whom an FGC took place (lilac; n = 14,249)

Data shown:

Female: 11,739 referrals (100%); 8,990 consented (77%); 6,654 took place (57%).
Male: 11,813 referrals (100%); 8,890 consented (75%); 6,540 took place (55%).
Other: 107 referrals (100%); 80 consented (75%); 29 took place (27%).
Not known: 3,426 referrals (100%); 676 consented (20%); 1,064 took place (31%).
The vertical axis ranges from 0% to 100%.

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Figure 13. Number and proportion of children referred for an FGC, had an FGC consented to and an FGC took place as a percentage of total referral, by ethnicity of child

Bar chart comparing the percentage of children referred for a Family Group Conference (FGC), those for whom an FGC was consented to, and those for whom an FGC took place, shown by ethnicity.

Seven ethnicity categories are displayed: White; Traveller of Irish Heritage or Gypsy/Roma; Mixed; Asian; Black; Other; and Refused or information not yet obtained. Each category contains three bars:

Children referred for an FGC (teal; n = 26,842)
Children in FGCs that were consented to (honey; n = 20,843)
Children for whom an FGC took place (lilac; n = 14,699)

Data by category:

White: 17,937 referrals (100%); 13,443 consented (75%); 9,848 took place (55%).

Traveller of Irish Heritage or Gypsy/Roma: 209 referrals (100%); 168 consented (80%); 132 took place (63%).
Mixed: 2,302 referrals (100%); 1,850 consented (80%); 1,427 took place (62%).
Asian: 1,696 referrals (100%); 1,488 consented (88%); 1,153 took place (68%).
Black: 1,328 referrals (100%); 1,161 consented (87%); 809 took place (61%).
Other: 412 referrals (100%); 327 consented (79%); 241 took place (58%).
Refused or information not yet obtained: 2,958 referrals (100%); 2,410 consented (81%); 1,127 took place (38%).

The vertical axis ranges from 0% to 100%.

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Figure 14. Number and proportion of children referred for an FGC, had an FGC consented to and an FGC took place as a percentage of total referrals, by known disability

Bar chart comparing the proportion of children referred for a Family Group Conference (FGC), those for whom an FGC was consented to, and those for whom an FGC took place, shown by disability status.

Three categories are displayed:

Children who have a known disability
Children who do not have a known disability
Disability status not known.

Each category contains three bars:

Children subject to FGC referral (teal; n = 21,281)
Children in FGCs that were consented to (honey; n = 16,438)
Children for whom an FGC took place (lilac; n = 11,870).

Data by category:

Known disability: 1,877 referrals (100%); 1,523 consented (81%); 1,361 took place (73%).
No known disability: 14,864 referrals (100%); 11,103 consented (75%); 7,696 took place (52%).
Not known: 5,004 referrals (100%); 4,276 consented (85%); 3,609 took place (72%).

The vertical axis ranges from 0% to 100%.

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Figure 15. Children referred for an FGC, had an FGC consented to and an FGC took place as a percentage of total referrals, by parent/kinship care known disability

Bar chart comparing children referred for a Family Group Conference (FGC), children for whom an FGC was consented to, and children for whom an FGC took place, grouped by whether a parent or carer has a known disability.

Three categories are shown:

At least one parent or carer has a known disability
Parent or carer has no known disability
Disability status not known.

Each category contains three bars:

Children subject to an FGC referral (teal; n = 17,173)
Children in FGCs that were consented to (honey; n = 13,206)
Children for whom an FGC took place (lilac; n = 9,046)

Data by category:

At least one parent/carer has a known disability: 913 referrals (100%); 813 consented (89%); 751 took place (82%).

No known parent/carer disability: 8,500 referrals (100%); 6,303 consented (74%); 4,331 took place (51%).

Disability status not known: 8,832 referrals (100%); 7,162 consented (81%); 4,953 took place (56%).

The vertical axis ranges from 0% to 100%.

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Table 10. Number of children who were subject to an FGC where the child attended as a percentage of total number of children in FGCs that took place

Table showing the proportion of Family Group Conferences (FGCs) that a child attended, based on responses from 40 local authorities.

0%–24% attendance: 23 local authorities (58%)
25%–49% attendance: 7 local authorities (18%)
50%–74% attendance: 7 local authorities (18%)

75% or higher attendance: 3 local authorities (8%)

Total: 40 local authorities.

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Table 11. Number of children who were subject to an FGC where the father attended as a percentage of total number of children in FGCs that took place

Table showing the proportion of Family Group Conferences (FGCs) where the father attended, based on responses from 35 local authorities.

0%–24% father attendance: 5 local authorities (14%).
25%–49% father attendance: 16 local authorities (46%).
50%–74% father attendance: 10 local authorities (29%).
75% or higher father attendance: 4 local authorities (11%).

Total: 35 local authorities.

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