

Public sector impact studies

Children's Social Care: Family Group Conferencing





The problem

Children's social care in the UK is facing a crisis of demand and cost. Since 2014 the number of children in care has risen by 22% to over 80,000, while local authority spending has become increasingly skewed toward acute crisis management rather than prevention. In 2022-23 alone, nearly £6.6 billion was spent on residential placements. Beyond the financial strain, taking a child into care is one of the most intrusive interventions the state can make, often severing vital family networks and resulting in poor long-term life outcomes.

Although local authorities have long sought alternatives that enable children to remain safely within their families, the sector has historically lacked robust, causal evidence about which interventions are effective. As a result, decision-making has often relied on professional judgement, local custom, and intuition rather than on demonstrably effective practice, limiting the ability to scale preventative approaches with confidence.

This public sector impact study is based on a talk at Productivity Pitches, a series of events hosted by the Institute for Government and The Productivity Institute, which aims to share and support ways to improve public sector performance levels. The talk is available to watch on the [Institute for Government's website](#).



The innovation

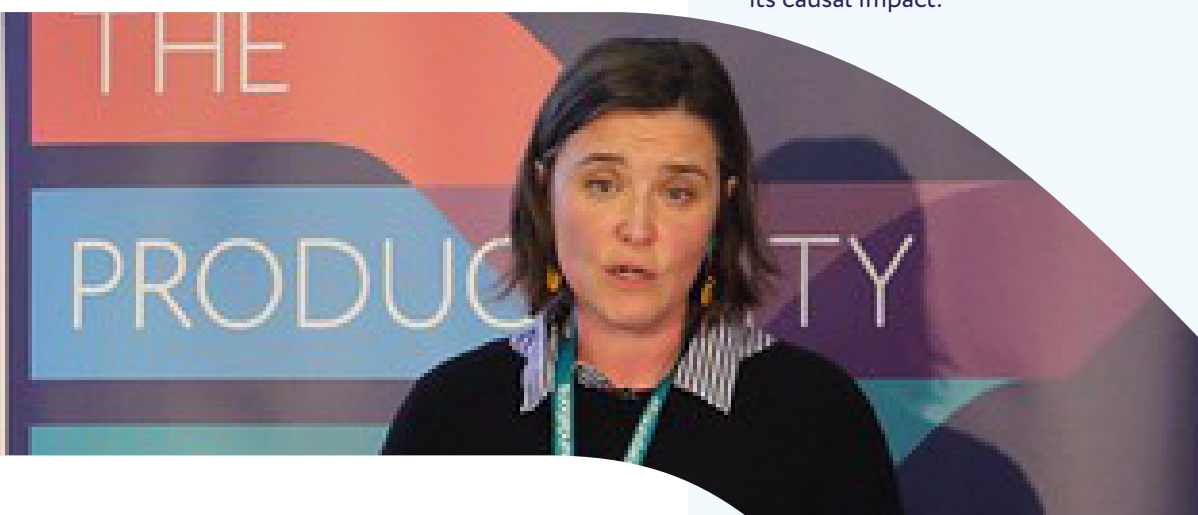
Family Group Conferencing (FGC), a well-established model of family group decision-making is an approach that seeks to reorient the power dynamic between the state and the family. Originally developed in New Zealand to address the over-representation of Māori children in care, the model is grounded in the principle that families, when properly supported, are often best placed to develop workable plans for their children's safety and wellbeing. The key elements of FGC are:

Independent coordination: Unlike standard social work meetings, an FGC is facilitated by an independent coordinator who is not part of the case management team. This works to separate planning from enforcement, and to establish trust and neutrality.

Family-led planning: Responsibility for developing a care plan is placed with the wider family network, including extended family and trusted friends, rather than being dictated by social workers.

Restorative approach: The process is grounded in the assumption that families are best placed to understand their own circumstances and resources, and that collaborative planning is more likely to produce sustainable solutions than compliance-based enforcement.

Although similar models were already present in 80% of local authorities, it was applied inconsistently, and evidence of effectiveness was limited. The core innovation, therefore, was not the introduction of a new practice, but the standardisation of the model and the application of rigorous evaluation to establish its causal impact.





The impact

To test the effectiveness of FGC, Foundations - the national What Works Centre for Children and Families - commissioned Coram to undertake the largest randomised controlled trial of the model conducted globally¹. The study involved 21 local authorities and more than 2,500 children. The evaluation found that:

- *Reduced care admissions:* 36.2% of children in the FGC group were less likely to be looked after compared to 44.8% in the control group.
- *Shorter durations in care:* For the minority of children who did enter the care system, their time spent there was 25% shorter, and they were 18% less likely to have their case escalated to the family court system.
- *Financial impact:* Foundations estimated that a national rollout of the model would result in 2,200 fewer children entering care within a 12-month period. This reduction would generate a saving to the taxpayer of approximately £150 million within just two years.
- Crucially, the strength of this causal evidence helped bridge the gap between local experimentation and national policy. The evidence played a central role in underpinning the Department for Education's decision to mandate Family Group Decision-Making at the pre-proceedings stage through the Children's Wellbeing and Schools Bill, scaling the approach from a discretionary local tool to a statutory national expectation.

¹ A full write-up of the evaluation is available on [Foundations' website](#).



Takeaways

The FGC example illustrates three critical lessons for public sector productivity.

First, it demonstrates that rigorous evidence provides the necessary traction to scale innovation. While professional intuition and local experience are vital for designing pilot schemes, the causal evidence from the randomised trial was the deciding factor that persuaded the Treasury to unlock funding and the Department for Education to mandate the model. This distinction highlights that robust and replicable research is vital for securing system-wide political and fiscal buy-in.

Second, the case highlights the necessity of institutional courage when evaluating established practices. Leaders had to accept the risk inherent in a randomised trial, including the possibility that a widely supported programme might prove ineffective. This willingness to test assumptions means that they were able to replace uncertainty with confidence and ensure that investment is directed solely at interventions that demonstrably improve the lives of children.

Third, it shows that valid concerns regarding control groups must be addressed to generate reliable data. Many practitioners worried that offering the service only to the treatment group infringed upon family rights, even though the control group continued to receive standard care. Resolving these reservations and building broad sectoral buy-in were therefore essential to ensuring the delivery of the trial. This success demonstrates that navigating short-term ethical complexity is often a requisite step in achieving long-term social gain.

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