Department for Education

Family Network Pilot Evaluation

Initial research report

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Government Social Research

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Definitions and terminology

CiN (Child in Need) -

> Child in Need is defined under section 17 of the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled.

CLA (Children Looked After) -

> Where a child is provided with accommodation by the local authority for a continuous period of more than 24 hours, are subject to a care order, or are subject to a placement order.

CPP (Child Protection Plan) -

> A child becomes the subject of a CPP if they are assessed as suffering, or are likely to suffer significant harm, at an initial child protection conference.

Edge of care –

> In some local authorities, 'edge of care' was used as an additional eligibility criteria for accessing the Family Network Pilot and Family Network Support Packages (FNSPs), funded through their top-slice allocation. This referred to situations where a child was not yet in pre-proceedings but was considered at risk of entering care - for example, where a social worker identified an immediate concern or a rapidly deteriorating situation.

FFCP (Families First for Children Pathfinder) -

> The Families First for Children Pathfinder is a UK government initiative designed to test and implement system-wide reforms in children's social care.

FGC (Family Group Conference) -

> A family group conference is a decision-making meeting led by the family, where relatives and close friends come together to create a plan for a child. An independent coordinator supports the process by helping the family prepare for the meeting. The meeting follows a structure that includes sharing information, private family time for discussion, and reaching agreement on a plan.

Family Meeting -

> Family Meetings were already used in many of the local authorities as part of their existing efforts to shift practices to a more family-led model of engagement. The intention of family meetings is to engage family networks at earlier stages in the children's journeys. However, Family Meetings differ from Family Group Conferences in two ways. Firstly, they are run by the Social Worker, rather than a Family Group Conference coordinator. Secondly, Family Meetings are less formal than an FGC.

FNP (Family Network Pilot) -

The Family Network Pilot is a Department for Education initiative that provides flexible funding to extended family networks to help children remain safely with their birth families and avoid entering care using tools like Family Group Conferences and Family Network Support Packages.

FNSP (Family Network Support Package) -

Financial support that can be delivered directly to a Family Network when (i) a child has a suitable family network but (ii) there is a financial barrier to them stepping in and providing support.

LGMs (Legal Gateway Meetings) -

A decision-making forum where local authority staff and legal representatives assess whether a child's situation requires legal intervention, such as starting pre-proceedings or care proceedings.

Logic model -

Visually articulates how the inputs, activities, and outputs of a programme or intervention will lead to intended outcomes and impacts.

Pathfinder -

A mechanism for testing how a programme or intervention should be implemented and delivered, including the management of associated risks, before further roll-out.

Pilot -

A mechanism for evaluating the implementation, delivery, and impact of a programme or intervention at a smaller scale. A pilot programme or intervention is delivered as intended for a larger study.

Pre-proceedings -

The stage where children's services consider what should happen before the initiation of public law proceedings under section 31 of the Children Act 1989 to apply for a care or supervision order. Pre-proceedings is the last opportunity for parents to make improvements to their parenting before care proceedings are issued.

Reunification -

Reunification refers to the process of returning a child who has been in care - whether foster care, residential care, or kinship care - back to their birth family.

S17 (Section 17) -

As stated in Section 17 of the Children Act 1989, it is the general duty of every local authority to (1) safeguard and promote the welfare of children within their area who are in need, and (2) so far as is consistent with that duty, to promote the upbringing of such children by their families.

Top slice -

An amount of funding provided by government to participating local authorities as part of the Family Network Pilot, so that they can test Family Network Support Packages in areas other than pre-proceedings. For example, as part of reunification practice, for children in need, or at child protection.

1. Executive summary

1.1 Overview

The Family Network Pilot (FNP), funded by the Department for Education (DfE) aims to support children to remain safely within their extended family and prevent children going into care. It does so by offering Family Group Conferences (FGCs) and Family Network Support Packages (FNSPs) to families at the pre-proceedings (PLO) stage. This report presents findings from an Implementation and Process Evaluation (IPE) and Impact Evaluation of this pilot conducted across seven local authorities over three phases of qualitative research with local authority strategic and delivery stakeholders, as well as analysis of local authorities' monitoring data. This evaluation was conducted by Verian with support from Alma Economics and the National Children's Bureau.

1.2 Key Findings

FNSPs were used flexibly to address practical barriers to family support, including funding for furniture, transport, income replacement, and home modifications. Stakeholders valued their potential to prevent escalation and reduce care costs and felt that there were some emerging successes here. However, concerns were raised about eligibility restrictions (e.g. excluding birth parents), administrative burden, delays in payment, creating dependency, and some initial confusion about FNSP spend criteria.

While a full impact evaluation is planned for 2026, initial qualitative evidence suggests the pilot helped strengthen family networks, reduced escalation, and in some cases, avoided care proceedings. Delivery teams reported improved family relationships and increased stability for children. Some local authorities anticipated long-term cost savings and a more sustainable model of family support, though there were still some reservations about the causality of these outcomes.

Strategic and delivery stakeholders widely supported the FNP's ethos of empowering families. The pilot was seen as an enabler for wider changes around shifting practice towards more relational, family-led approaches in children's social care. However, this required significant mindset change, particularly among social workers used to working within tight financial constraints.

Findings showed that by the latter delivery stages, the FNP was embedded as 'business as usual' across most local authorities. Over time, referrals to the FNP increased and leadership and internal processes improved. Early challenges around administrative burden and role clarity were largely resolved through training, business support, and streamlined governance.

FGCs were central to the pilot's delivery and were generally seen as empowering and effective, though most stakeholders felt that both FGCs and FNSPs would be more effective if used at earlier stages, rather than just at pre-proceedings. Some local authorities were using their "top-slice" - a smaller portion of the funding that local authorities could use to enrol families in the pilot who were not in pre-proceedings - to offer FGCs and FNSPs at alternative stages and felt that this had yielded greater impact.

Delivery models ranged from centralised to decentralised, shaped by local context and capacity. Centralised models reduced burden on social workers but risked bottlenecks, while decentralised models empowered teams but sometimes lacked consistency. Over time, most local authorities made improvements to their processes, increased FGC capacity, and felt they had embedded the pilot effectively.

The success of FNSPs and FGCs depended on good coordination between FGC coordinators, social workers, budget holders, finance teams and families – as well as clear communication. However, challenges included some perceived overlap between FGCs and existing family meetings, some children having limited family networks, and some families potentially feeling pressured to participate in FGCs in order to access FNSPs.

Delivery staff such as social workers and FGC coordinators felt that families responded positively when engagement was supportive and clearly explained. FGCs were particularly valued when they felt different from traditional social work interactions. However, mistrust, shame, and delays in funding could undermine family participation.

Many Wave 2 local authority stakeholders felt that they had benefitted from learnings from Wave 1 local authorities, but this was not necessarily reflected in the monitoring data. The average time between FGCs and FNSP payments across all Wave 1 local authorities increased over time, contrary to expectations of reduced time between FGCs and FNSP payments, which could have indicated greater process efficiency. Recent data collections indicate that the time between FGCs and FNSP payments has also increased across the 7 Wave 2 local authorities.

Alma Economics' early analysis of FNSP using National Pupil Database data, as yet, found no consistent effects across Wave 1 local authorities. More conclusive results are expected soon. Due to data lags, only information from the initial months of the pilot's implementation in Wave 1 local authorities could be analysed, so findings are indicative at present.

2. Background and context

2.1 Introduction to the Family Network Pilot (FNP) and the wider policy context

2.1.1 Policy context

Over the last two decades, the Government and the children's services sector have been working to improve and reform the children's social care system. Many of these reforms focus on diverting funding to earlier, more preventative measures in the system with the aim of having more positive long-term outcomes for children while also generating savings for local authorities.

In recent years there have been several reports and reviews that set out key priorities for improving the children's social care system:

- The Independent Review of Children's Social Care (2022) examined the experience and outcomes of children and young people who interact with the children's social care system, from Early Help through to child protection arrangements and the care system. The review recommended fundamental reforms across the system such as merging Early Help and Child in Need intervention thresholds to create a new category of Family Help, increasing oversight for complex Child Protection Cases and strengthening family networks.

- The Child Safeguarding Practice Review Panel's National Review into Child Protection in England (2022) cited system-wide, multi-agency failures in child protection following its review into the circumstances leading up to tragic deaths of Arthur Labinjo-Hughes and Star Hobson.

2.1.2 The Family Network Pilot in relation to the Families First for Children Pathfinder (FFCP)

The Family Network Pilot (FNP) is an initiative funded by the Department for Education (DfE) as part of its broader Families First for Children Pathfinder (FFCP) under the *Stable Homes, Built on Love* strategy.

- The overall Families First for Children Pathfinder was budgeted at £45 million, running from July 2023 to March 2025. The Pathfinder was established to test the deliverability of key recommendations from these key practice reviews. It was designed to improve support and protection for children and families through earlier intervention, stronger multi-agency collaboration, and a more integrated approach to service delivery. There are four key reform strands to FFCP that were delivered as a

whole systems transformation: safeguarding partners, family help, child protection and family networks.

- Out of that £45 million, £7.8 million was ring-fenced specifically for the Family Network Pilot (FNP). The FNP is exploring the impact of offering flexible funding to help extended families support children to remain safely at home, avoiding care where appropriate. These Family Network Support Packages (FNSPs) are designed to reduce barriers that prevent extended families from providing stable, loving homes, offering financial and practical support to enable children to stay safely within their family network.

- The FNP also aims to strengthen family-led approaches by expanding the use of family group decision-making and trialling FNSPs, as recommended by the Independent Review of Children's Social Care.

- The FNP evaluation also relates to the activities undertaken as part of the 'Family Networks' pillar of the FFCP (see Appendix A for a more detailed description of this pillar).

2.1.3 Family Network Support Packages (FNSPs): Policy and process

Family Network Support Packages (FNSPs) are a central feature of the Family Network Pilot (FNP), designed to provide practical and financial support to help children remain safely within their extended family networks. These packages aim to unlock barriers - such as housing, transport, or income - that may prevent family members from stepping in to support a child, even when they are willing and able to do so.

Unlike Section 17 payments, which are typically made directly to birth parents and often involve multiple layers of administrative oversight, FNSPs are more flexible and can be tailored to the needs of the wider family network. This distinction allows local authorities to respond more creatively and swiftly to emerging needs, with fewer bureaucratic constraints.

To fund these packages, participating local authorities received funding allocations from DfE. These funds are governed by internal accountability structures. Authorities have discretion over how FNSPs are deployed, with some opting for low-cost, short-term interventions and others supporting higher-cost, longer-term arrangements such as home adaptations or wage subsidies. A small percentage of this funding was reserved as the 'top-slice' – a smaller amount of money which each local authority could choose to spend in a more open way.

The pilot was focused on families in pre-proceedings - those at the highest risk of a child entering care. This decision was informed by evidence from the Foundations

Randomised Controlled Trial (RCT) on Family Group Conferences (FGCs), which demonstrated the potential impact of family-led planning at this stage. Given the pilot's short delivery timeline, targeting pre-proceedings enables the collection of robust data on outcomes for children most at risk, helping to build a compelling case for future investment and scale-up.

2.1.4 Recent policy developments

In November 2024, the Government also published its Local Government Finance policy statement 2025 to 2026, which announced a new ringfenced Children's Social Care Prevention Grant, to support all local areas to roll out many of the reforms tested in FFCP. This investment alongside additional funding announced at Spending Review mean a national programme, Families First Partnership programme (FFP), overseen by DfE and rolled out to all local areas in England and their local safeguarding partners (including police, health and education), launched in April 2025. Although FNSPs are not explicitly included as part of FFP, DfE is still invested in the outcomes of the FNP to expand the evidence base to help inform future policy decisions.

2.2 Overview of the evaluation

The Department for Education (DfE) commissioned Verian, an independent research organisation, to conduct an evaluation of the FNP across Wave 1 and Wave 2 local authorities, alongside Alma Economics and the National Children's Bureau (NCB). The evaluation comprised three workstreams:

- An Implementation and Process evaluation (IPE) led by Verian to understand how the FNP was implemented and to identify barriers, facilitators, and unintended consequences
- An Impact Evaluation (IE) led by Alma Economics to assess the impact of the FNP on local authorities and families
- A Value for Money (VfM) Evaluation also led by Alma Economics to assess the FNP's value for money

As part of the evaluation, the NCB provided specialist advice and support on the evaluation design and delivery, to ensure the evaluation considered the nuances of the policy context and children's social care more generally.

2.2.1 Implementation and Process Evaluation Questions

Below are the 10 Evaluation Questions (EQs) for this evaluation and the chapters in which they are answered.

EQ1. To what extent the pilot is acceptable to key stakeholders, including the leadership team, practitioners, agencies, and where appropriate, children and families? (Acceptability defined as having buy in from the different groups locally) (Chapter 3)

EQ2. Was the pilot implemented as set out in the logic model, and to what extent does it vary? (Chapter 4, Chapter 5)

EQ3. What are the accountability and oversight roles of the Department for Education and local authorities in ensuring progress, fidelity to the policy and the assurance process in relation to spend of FNSPs? (Chapter 4, Chapter 5)

EQ4. How do local authorities work with family networks to ensure their financial needs are met? (Chapter 5, Chapter 6)

EQ5. What is the role of the social worker in delivering the pilot? (Chapter 5)

EQ6. What are the barriers and facilitators to implementing and delivering the pilot as a whole and the FNSP specifically? What are the barriers and facilitators for families to engage with the pilot? (Chapter 3, Chapter 5, Chapter 6)

EQ7. What, if any, are the unintended consequences in the implementation and delivery of the pilot as a whole and the FNSP specifically? (Chapter 6, Chapter 7)

EQ8. What, if any, existing local authority funding rules and/or arrangements limit or constrain the pilot as a whole and FNSPs specifically? (Chapter 5)

EQ9. What are the perceived potential impacts of the pilot and the FNSPs? (Chapter 6, Chapter 7)

EQ10. What are the costs of implementing and delivering the pilot and how have local authorities spent pilot funding? (Chapter 5)

2.2.2 Implementation and Process Evaluation Methodology

The IPE adopted a mixed methods approach to deliver a holistic understanding of the FNP delivery processes and experience. It explored in detail the experiences of local delivery teams – at strategic, operational and frontline levels - tracing their journey from planning and set-up to implementation of the FNP. The IPE was also set up to supplement and feed into the Impact Evaluation Framework by qualitatively exploring perceptions of impact on delivery teams.

A case study approach was used to better understand delivery approaches across local areas, their experience of delivery and their perceptions of impact. 7 case study local authorities were awarded funding to take part in the FNP, and fieldwork was conducted with all 7 local authorities:

- 4x Wave 1 FN areas: Brighton and Hove, Gateshead, Sunderland, Telford and Wrekin
- 3x Wave 2 FN areas: Hammersmith and Fulham, Hartlepool, Staffordshire

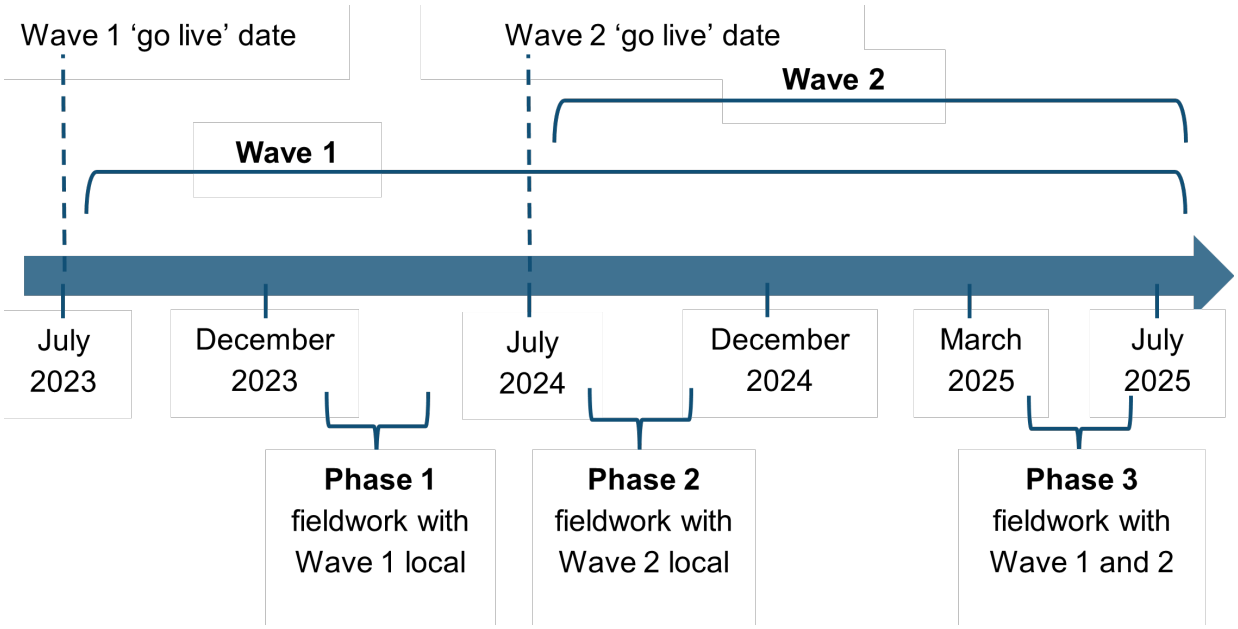
Within each case study, both qualitative and quantitative research was carried out with strategic leads and delivery team stakeholders. There was no fieldwork undertaken with families or children as part of this work. The following sections capture the detail of this research.

2.2.3 Family Network Pilot Timelines

The Family Network Pilot was launched in four local areas in July 2023 as part of a phased approach to design and delivery. These four local authorities were chosen by DfE as examples of areas with strong practice, with all of them already using FGCs and being noted as having the capacity to deliver the reforms. This cohort formed Wave 1.

A second Wave of three more local authorities were selected to begin delivery from July 2024. The phased rollout was intended to enable learning from Wave 1 to inform and strengthen expectations for and implementation in Wave 2. Figure 1 below outlines the timeline for the local areas involved in the roll out of the FNP, and an initial outline of the timelines for the three phases of qualitative research.[1]

Figure 1: Timeline of FNP programme implementation and evaluation fieldwork across Wave 1 and Wave 2 areas



[1] This timeline represents a consolidated view of each Wave, though specific dates vary slightly between local areas within each Wave.

2.2.4 Qualitative methodology

This workstream comprised a total of three phases of research across 2024 and 2025. The target audience groups included strategic stakeholders[2] and delivery staff.[3] A series of focus groups and depth interviews were held online via Microsoft Teams across each of these phases.

Flexibility and changes to methods

Verian also tailored its qualitative fieldwork approach to align with the specific needs of each local authority. Smaller local authorities often identified fewer strategic leads for interviews, while larger local authorities typically required more group sessions with delivery staff to reflect their larger delivery teams or cover multiple districts.[4] For a more detailed list of fieldwork activities undertaken in each phase of this research, please refer to section 2.3.1 below (or see Appendix C for a full breakdown of the achieved sample).

Recruitment

All participants were recruited via a designated point of contact within each local area, supplied by the DfE once they had secured consent to share their details with us. The Verian team then briefed these designated contacts about the research and the profile of stakeholders to be interviewed. Information sheets were also shared for circulation among potential respondents. Based on this, the designated contacts identified relevant stakeholders involved in programme delivery, gained their consent to share their details with Verian, who then started recruitment.[5]

2.2.5 Quantitative methodology

Monitoring data

Alma Economics collected six batches of monitoring data from all local authorities (including both Wave 1 and Wave 2), spanning six quarters and covering the period from October 2023 to March 2025.The key variables being monitored are shown in Appendix B.

[2] This included roles such as Director of Children's Services, FNP Lead, District Leads, FGC Leads and some operational leads.
[3] This included roles such Social Workers or Family Group Conference coordinators but also included some Team Managers.
[4] Interview methods were adapted to be more flexible in the final round of fieldwork due to recruitment challenges. In some cases, delivery groups were instead conducted as 30-minute depth interviews due to staff availability.

[5] While this approach helped ensure we spoke with those directly involved in implementation, it is acknowledged that this may have introduced some limitations in terms of representativeness and the potential for positive selection bias.

Due to initial delays and inconsistencies in data returns, several actions were taken to support the data collection process. Alma Economics conducted a training session for local authority representatives to explain how the monitoring information data collection tool should be used. Following the session, Alma Economics updated the monitoring information data collection tool and its accompanying guidance, incorporating feedback gathered during the training. Additionally, the Alma team developed an FAQ document and a training session video, which was shared with all local authorities to enhance the quality of data collected and provide better support to local authorities in the data collection process.

The monitoring data does not allow for impact analysis and is limited to generating summary statistics, therefore no definitive conclusions about the impact of the pilot can be drawn based on the monitoring information and data analysis. However, some interesting trends and outliers have been observed and are detailed throughout chapter 5. See Appendix B for a list of the KPIs being monitored in this dataset.

Impact evaluation

Alma Economics used data from the National Pupil Database (NPD) to explore whether there were any early indications of the impact of the FNP on the probability of children entering care or exiting care through specific routes (Special Guardianship Orders or Residence Orders) in the local authorities implementing the pilot. To estimate the early impact of FNP, Alma Economics applied a difference-in-differences approach, which compares the change in outcomes over time in the treatment areas to the change in outcomes in matched comparator areas that did not receive the intervention. Due to time lags in the published data, Alma Economics was able to analyse data capturing only the first few months of the pilot implementation in Wave 1 local authorities. Consequently, the results are only indicative and are unlikely to show the full effect.

Clarifying the level of analysis

The difference-in-differences analysis was conducted using child-level outcome data, meaning that outcomes were observed and modelled for individual children rather than in aggregated form at the local-authority level. Treatment status, however, was assigned at the local-authority level because FNP was introduced by local authorities rather than targeted at specific children. The estimated effects therefore reflect changes in child-level outcomes that are attributable to living in a local authority where FNP was introduced, compared with children in matched comparator local authorities.

2.3 Evaluation context / reading this report

There are some important contextual factors to be considered when reviewing the findings of this evaluation.

2.3.1 Data sources used in this report

This report draws primarily on qualitative fieldwork conducted with Wave 1 and Wave 2 local authorities Due to staggered start dates, Wave 1 areas had significantly more time to embed and deliver the pilot than Wave 2 areas at each phase of research. This difference should be considered when interpreting findings. Findings are drawn from across all three phases of the qualitative research. Throughout the report these are not referred to specifically as 'phases'. Instead, we reflect on findings from the pilot's set up and delivery stages. Insights are also drawn from set up and delivery stages across different Waves. Please note that Unless otherwise stated, all quotes used in this report are from this phase 3 fieldwork data.

Phase 1: set up and early delivery in Wave 1 local authorities

- Timeframe: March – April 2024 (7–8 months after Wave 1 launch on 1 July 2023)
- Case Study group: Wave 1 FNP local authorities, strategic stakeholders and delivery staff
- Sample size: 11 stakeholders and 21 delivery staff

Phase 2: set up and early delivery in Wave 2 local authorities

- Timeframe: August – November 2024 (1–3 months after Wave 2 launch on 1 July 2024)
- Case Study group: Wave 2 FNP local authorities, strategic stakeholders and delivery staff
- Sample size: 10 stakeholders and 14 delivery staff

Phase 3: later stages of delivery in Wave 1 and Wave 2 local authorities

- Timeframe: May – June 2025
- Case Study group: Wave 1 and Wave 2 FNP local authorities, strategic stakeholders and delivery staff
- Sample size: 20 stakeholders and 44 delivery staff

Additional data referenced where relevant:

- Monitoring data: Wave 1 and Wave 2 local authorities' data returns, spanning six quarters and cover the period from October 2023 to March 2025. Please note that monitoring data provides only summary statistics and does not allow for impact

evaluation; therefore, no firm conclusions about the impact of the programme can be conclusively reported at this stage.

- FFC evaluation report: insight and analysis from the latest FFC evaluation report (Spring 2025)[6]

2.3.2 Family perspectives

The evaluation does not include direct research with families or children. However, perspectives from frontline staff (e.g. social workers and FGC coordinators) offer some early reflections on family experiences.

[6] Full report available here: https://www.gov.uk/government/publications/families-first-for-children-pathfinder-programme-evaluation-report

3. Early perceptions, understanding and buy-in to the FNP

This chapter explores stakeholders' early perceptions of the FNP and their understanding and buy-in to the programme.

Chapter summary

- FGCs were largely seen as empowering and effective but also presented challenges such as timing, buy-in from families, and overlap with existing family meetings. Their success often depended on local context and delivery and the experience of the FGC coordinator.
- Families responded positively to FNP when engagement was clear, supportive, and the programme clearly explained. However, delays, unclear messaging, and past negative experiences could undermine trust and participation.
- While the programme design was broadly supported, concerns remained around narrow eligibility criteria, timing of intervention, and the inability to fund parents directly, which some staff found difficult to justify.
- The pilot was widely valued for enabling creative, family-led solutions through FGCs and FNSPs but some areas described the need for a cultural shift when adopting these approaches.
- Strategic and delivery stakeholders consistently understood the FNP's aim to keep children safely within family networks. This understanding had deepened over time through hands-on delivery experience.

3.1 Stakeholder understanding of the pilot and views on its aims

Strong and consistent understanding of the programme's intent

Throughout all phases of fieldwork, the aim of the FNP has been consistently and clearly stated by strategic leads and delivery staff. They understood the purpose as being to support children to remain safely within their family networks and out of care. There is broad support for the aims and ethos of the FNP, as the programme is seen to align with

local authorities' strategic aims and complement existing efforts to embed family-first approaches.[7]

While strategic stakeholders had a strong grasp of the pilot during its initial setup and early delivery stages, by the later phases of delivery, both they and their delivery teams reported an even deeper understanding - reflecting knowledge gained through implementation and practical experience of the FNP. This sentiment was reinforced by delivery teams, who emphasised that having firsthand experience of engaging with the FNP was key to deepening their understanding of it.

Consensus that the pilot could enable more creative, flexible, and family-led solutions

Across all phases of FNP fieldwork, there was a broad consensus that the design of the FNP enabled more creative, flexible, and family-led solutions, particularly through the use of Family Group Conferences (FGCs) and Family Network Support Packages (FNSPs). This positive sentiment around the programme's ethos was expressed across both strategic and delivery roles, with many participants highlighting the value of the funding in addressing poverty-related barriers to family support.

A significant cultural shift for some local authorities

Several strategic leads and delivery teams felt that the pilot's approach aligned with an existing shift that many of the local authorities were making in their practice, namely moving towards family-led decision making models and the principle of empowering families. Some strategic stakeholders highlighted the work they were already doing within the local authority around unlocking family networks and embedding Family Meetings and FGCs.

However, for local authorities who were in the earlier stages of implementing a family-led approach, this represented a different way of working with families that required a more significant cultural shift .particularly among social work teams.

Nonetheless stakeholders tended to value the principle of empowering families, often stressing the importance of families being able to shape and take ownership of their support plans.

[7] There were a few notable exceptions to this. For example, in one local authority, a few delivery team members had very low awareness of the pilot, even the later phases of fieldwork, though this may have been due to delays in delivery, small cohorts of children and families in pre-proceedings in some local authorities, meaning that participants had not yet used the FGCs or FNSPs within their caseload; or attendees' job roles - meaning that some participants had not yet personally interacted with the pilot.

3.2 Stakeholder views on programme design

While the programme's design was broadly supported, stakeholders raised concerns about the FNSP eligibility criteria, the timing of support offered to families as part of the pilot, staff workload and clarity around how the FNSP could be spent. These themes were also raised in discussions about pilot delivery in, see chapter 5.

Eligibility criteria for the core FNP cohort

Initial impressions of the project design were that the eligibility criteria for the core FNP cohort may be too narrow. Though some strategic leads felt that limiting eligibility to families who were at pre-proceedings helped define the intended cohort, making implementation easier, this restriction meant the number of eligible families was often very small, which some felt was misaligned to the size of the FNSP budget.

There were also mixed views on the timing and scope of the pilot. Many felt earlier intervention (e.g. at Child in Need or Child Protection stage) would be more effective than offering this intervention at pre-proceedings. Many local authorities have already tried to directly address this by using their 'top-slice' for edge-of-care cases,[8] thereby making FNSPs available to cohorts not yet at pre-proceedings.[9]

Additionally, there were differing views between strategic stakeholders and frontline teams on the exclusion of parents from direct financial support in the FNP design. Reflections on implementing the programme's eligibility are included in chapters 4 and 5.

Further detail on this can be found in chapter 5.

Initial views on the use of FGCs as set out in the pilot

At the outset, FGCs were consistently seen as both a strength of the pilot's design – as well as a potential barrier. On the one hand, they were seen as a tried and tested practice with a clear structure and potential to empower families. On the other, they were sometimes seen as a barrier due to or previous negative experiences with the model (e.g. knowledge of the long timeframe needed to approach family members and schedule the session, potential family reluctance to take part, and possible overlap with existing family plans).[10] However, most stakeholders spoke positively about the FGC model and

[8] As mentioned in the glossary, 'edge of care' was used as by some local authorities an additional eligibility criteria for accessing the Family Network Pilot, funded through their top-slice allocation. This referred to situations where a child was not yet in pre-proceedings but was considered at risk of entering care - for example, where a social worker identified an immediate concern or a rapidly deteriorating situation.
[9] The top-slice offered greater flexibility than the main FNSP fund and was seen by stakeholders as an opportunity to spend in a variety of ways that benefitted children or young people. Local authorities utilised the 'top-slice' to focus on families not yet at pre-proceedings; unborn babies who may be taken into care once born, children on the edge of care, and on family reunification.
[10] E.g. existing Child Protection Plans.

its intent, even while highlighting these potential benefits and challenges. Views on FGCs in practice, as part of the pilot's set up and delivery, are explored in detail in chapters 4 and 5.

Initial views on FNSPs and their scope

When considering the design of the FNP, stakeholders noted that FNSPs differed in purpose from other funding pots, such as Section 17, as they could be used to support both essential needs and enrichment activities for children that might otherwise be considered 'non-essential'. FNSP funding was viewed as easier to access, more flexible and targeted extended family networks, allowing for more creative use.

Strategic and delivery stakeholders therefore generally saw little overlap between FNSPs and Section 17 funding, though some suggested that FNSPs could help ease pressure on the limited Section 17 budget. [11]

> I just feel like it's [FNSP] not even comparable to Section 17, and I suppose that's coming from a social worker, who's worked, and who's practically been on my knees begging my manager for £40 to top up someone's electricity.– *Strategic Stakeholder, Wave 2*

[11] As stated in Section 17 of the Children Act 1989, it is the general duty of every local authority to (1) safeguard and promote the welfare of children within their area who are in need, and (2) so far as is consistent with that duty, to promote the upbringing of such children by their families.

4. FNP Set Up across Wave 1 and Wave 2 areas

This chapter explores the set-up and implementation process for the FNP, examining how well the programme has been operationalised and embedded, and whether the local authorities have made any changes to the pilot design. Where possible, it explores any differences between Wave 1 and Wave 2 local authorities and the reasons for these differences.

Chapter summary

- The Family Network Pilot is now widely embedded as part of 'business as usual', with familiar processes and language helping normalise its use across teams, and knowledge and confidence increasing with more 'hands on' experience of delivering the pilot in each local authority.
- Referral rates have increased as internal communications and training, and, especially in Wave 2 areas learning from Wave 1 implementation.
- Clear and visible leadership of the pilot was seen as essential in the set-up phase.
- Initial delays in establishing processes and concerns about social worker workload were addressed through increased system integration, the introduction of business support staff, and improved communication of the FNP's goals and values.

4.1 Experiences of early pilot implementation

4.1.1 Summary of the key activities undertaken during the pilot set-up phase in chronological order

Allocation of responsibilities:

Identifying operational leads

Assigning roles for FGC coordination, finance and admin (e.g. Business Support Officers)

Recruitment:

Hiring Family Group Conference (FGC) coordinators

Hiring admin support

Training:

Quarterly service briefings, masterclasses and presentations

Peer learning, linking FGC coordinators across local authorities to share best practice

Training and awareness building activities for internal teams

Communication:

Leaflets for professionals and families explaining the FNP

Inclusion in team meetings, service briefings, monthly comms updates

Use of newsletters, internal comms and roadshows

Process and governance setup:

Integrating FNP into existing legal panels and governance structures

Updating referral forms, data capture tools

Creating flowcharts for families and staff to explain the FNP process

Setting up systems to track spending and family outcomes

4.1.2 Enablers to effective implementation of the FNP

Integration of the pilot into 'business as usual' processes

A number of the strategic stakeholders across both waves felt that the pilot was well embedded. In part, because they had incorporated pilot activities into their regular processes making the new activities feel less like an additional burden for staff. For example, a Wave 1 local authority added an FSNP section to the existing FGC referral paperwork, rather than creating an additional form.

> There's not an extra form to fill in either. That would probably tip over the edge if there was another referral form. – *Delivery Stakeholder, Wave 2*

Regular communication within local authorities

Most delivery staff in both waves first heard about the pilot through internal briefings before or around the time the pilot commenced. Internal communications, training, and awareness raising were important to increasing the number of referrals to the pilot, particularly for Wave 1 local authorities. Some of the Wave 1 areas had found that awareness and understanding of the pilot had been low, and as such had subsequently built in more communications opportunities including regular emails, and regular discussion of the programme in team meetings. Delivery staff in Wave 1 areas typically

reported they felt happy they had the information and materials needed to make referrals and support families.

Both strategic stakeholders and delivery staff found that ongoing updates in team meetings, drop-in sessions, and discussions were particularly beneficial in keeping the pilot at the forefront of social worker's minds.

> We put a lot of time and effort into ensuring that the different teams within the different service areas are aware of the process, what it could be used for in breaking down those barriers… Social workers will use things if they see the usefulness of them and they're accessible. – *Strategic Stakeholder, Wave 1*

> They held a comms meeting, and they were telling us all about it quite early on, what we're going to be rolling out and how it was going to be rolled out, the ways that the money needed to be spent and what the criteria was around it. So we were given an opportunity to hear direct from service managers. – *Delivery Stakeholder, Wave 1*

Learning from Wave 1 areas

Strategic stakeholders in Wave 2 areas often believed they had benefited from the experience of Wave 1 areas, particularly in ensuring strong communications and offering training at the very start of the programme. However, some Wave 2 delivery staff reported that they would have also benefited from ongoing training and guidance once they started to actively refer families and engage with the pilot. Common areas where understanding could be improved were delivery processes, guidance on eligible FNSP spend, and clarity of roles and responsibilities – particularly for those who did not receive training at the outset, or where there have been in-pilot changes.

Building on existing FGC capacity

For several local authorities, the pilot enabled them to expand their existing FGC provision. Strong relationships with in-house or external FGC teams supported successful implementation, as effective relationships and processes could be set up rapidly - or were adapted from what was already in place.

Clear leadership of the pilot within each LA

Several of the strategic stakeholder and delivery staff emphasised the importance of a centralised approach to delivery and a clear and visible lead for the pilot. This this offered a key point of contact and decision-making, who was both senior enough to make decisions and approve spend, but also accessible to operational staff to discuss decision-making and flexibilities. For example, a Wave 1 area noted that they had initially involved their legal panel in the sign-off of the FNSP spend but this created some delays. Instead,

when they moved decision-making to their operational lead, it reduced the turn-around for sign-off and enabled direct ongoing communication with staff.

However, it was also noted that adequate measures need to be put in place to ensure this centralisation of responsibilities did not become a 'bottleneck' in the case of any absence, or as referrals and requests increase.

4.1.3 Barriers to effective implementation of the FNP

Many Wave 1 and Wave 2 local authorities initially faced low pilot take-up and required further internal training to embed the pilot across their teams. Key setup challenges included:

- delays and lack of clarity in assigning roles and responsibilities at the start of delivery
- delays in recruiting admin staff and FGC coordinators
- relying on managers to cascade initial information and training
- gaps in early comms and over-reliance on emails
- delays in establishing clear data-sharing expectations

These issues were often reported by strategic stakeholders in Wave 1 local authorities as they had to create processes from scratch. Wave 1 delivery teams also tended to report more confusion at the set up and early delivery stages of the pilot.

In both Wave 1 and Wave 2 local authorities, many 'set-up activities' were still being established and tweaked during the delivery phase as local authorities worked out what worked for them.

> It's hard isn't it, getting your head around it, getting it together and implementing it. I think we just needed to be quicker off the ground. – *Strategic Stakeholder, Wave 2*

> [The pilot was] kind of slow to get going. There's been a delay with [DfE]. … [the pilot] was due to start - to launch - and then the money wasn't in, so it kind of got pushed back. So it has felt it's not got a huge amount of momentum to start with. But now it feels like it's going at more of a pace. *Strategic Stakeholder, Wave 1*

5. FNP delivery across Wave 1 and Wave 2 areas

This chapter examines the delivery and implementation of the FNP pilot, including programme accountability, delivery models and experiences of delivery the three key elements of the pilot: FGCs, FNSPs and culture change within local authorities. This chapter will highlight differences across participating local authorities in Waves 1 and 2 and explore summary statistics from local authorities' FNP monitoring data.

Chapter summary

- **548 families were offered an FGC**, with 427 taking place.
- **265 families received FNSP support**, with average spend per family at £2,800. Spend was highly varied and tailored, covering items from furniture to travel and income replacement.
- **The Department for Education provided consistent oversight through monthly meetings and KPI reporting,** while local authorities developed layered internal systems including trackers, panels, and finance checks. Over time, governance was streamlined and business support roles expanded.
- **Delivery models ranged from centralised to decentralised, shaped by local context.** Centralised models reduced burden on social workers but risked bottlenecks, while decentralised models empowered teams but sometimes lacked clarity and consistency. Both evolved to address capacity and communication gaps.
- **Key enablers to delivery include,** effective admin support, responsive DfE guidance, flexible use of top-slice funding, shared learning between local authorities and experienced Family Group Conference coordinators.
- **Key barriers to delivery include,** early confusion over eligibility, inconsistent approvals, delays in payments, and administrative burden. Cultural resistance to spending, over-complicated pathways, and some challenges engaging families in Family Group Conferences posed a barrier to implementation, though many of these were addressed over time and the FGC model of practice was generally positively viewed across all local authorities.

5.1 Programme accountability and oversight

DfE's accountability and oversight role

The DfE has held a consistent and structured oversight role throughout the FNP. Their primary mechanism has been monthly meetings with local authorities, which were widely seen as helpful and supportive, and provided a forum for clarification, encouragement, and course correction. One strategic lead noted that DfE contact has been very consistent which has been beneficial, and has not always been the case with other pilots they have been involved in.

DfE also set monitoring and reporting requirements via a series of KPIs, which local authorities were expected to follow (see Appendix B). These were described as 'thorough' and have been used within local authorities to support performance management and practice improvement.

Several leads mentioned that DfE encouraged them to be "braver" and more creative with the funding. One lead reflected on this, highlighting how DfE's messaging helped shift mindsets at the strategic level.

> I had to get myself into that [spending] frame of mind, and I'm getting reassurances left, right and centre from the DfE and other local authorities – *Strategic Stakeholder, Wave 2*

Strategic stakeholders reflected on the positive relationship that they had with DfE. There was consensus across both Wave 1 and Wave 2 local authorities that the DfE team was approachable and created a culture that enabled and supported candid conversations about both eligibility and individual cases.

There was broad consensus that DfE had been responsive and provided clarity in cases where there had been ambiguity about eligibility of FSNPs spends, or how to apply the top-slice funding.

> [Our] FGC coordinator sometimes emails DfE to clarify something, and DfE provides guidance. DfE has been very responsive. - *Strategic Stakeholder, Wave 2*

Local authorities' accountability and oversight

Local authorities developed a range of internal mechanisms to ensure accountability for FNSP delivery and spend. These included detailed tracking systems, internal assurance processes, and oversight by operational and strategic leads, some of which were built into existing processes and some of which were introduced specifically for the FNP.

Many local authorities used spreadsheets or trackers to monitor referrals, pre-proceedings status, FGCs, and outcomes.

Oversight was often multi-layered. Spending decisions were typically reviewed by panels, operational leads, or finance teams. For example, one local authority decided that any FNSP spend over £500 goes through a panel chaired by a Director, so that they have oversight of the spend and can challenge it if needed. In many areas, finance teams played a gatekeeping role, ensuring that all receipts are accounted for and that DfE figures match internal records.

Qualitative review processes have also been introduced in some cases. One area conducted case study reviews with social workers and FGC coordinators, examining what happened before, during, and after the FGCs. Another described doing a random selection of 10–12 case studies in order to assess whether the FNP interventions have worked – and if not, why not - and what they could do differently. These reviews were then used to inform practice within the local authority.

Changes made to roles and oversight processes within local authorities over time

- Many local authorities increased clarity on different roles and responsibilities and improved communication between FGC coordinators, social workers, and business support roles.
- Several local authorities streamlined governance, removing the need for multiple legal panel approvals and delegating decision-making to operational leads.
- Business support roles were expanded, taking over administrative and financial tasks from social workers to reduce delays and improve family experience.
- Tracking systems were improved, with more consistent use of codes, centralised spreadsheets, and regular reviews of spend and progress.
- Some local authorities introduced performance review mechanisms, such as random case audits and regular feedback loops with external FGC providers or internal boards.

5.2 Delivery models

Delivery models for the FNP varied across local authorities, generally falling on a spectrum from ‘centralised’ to ‘decentralised’ models. The delivery approach depended on myriad factors relating to the context of the local authority, including:

- the size of the local authority and the structure of their teams
- the size of their eligible cohort
- whether they were already using FGCs as part of their practice
- whether they had an in-house FGC service or outsourced it
- the experience of the FNP Lead in delivering similar programmes

Centralised model: Most processes and decisions are managed by a central lead

In a centralised model, most processes and decisions are managed by a central lead. Central leads will identify suitable families and then approach a social worker who will then support the referral process. Social workers may offer input and oversight on paperwork and administrative tasks, though these are primarily managed by the central lead who may also process FNSP payments.

Benefits of the centralised model:

This model can offer consistency in decision-making and reduce the knowledge burden and admin burden on social workers and frontline teams.

Challenges of the centralised model:

This can create bottlenecks and over-reliance on one individual and risks frontline staff having less knowledge, understanding and practical experience of pilot delivery and the ethos behind it. This can constrain the delivery of the pilot (i.e. how many FGS and FNSPs can be delivered) and limit organisational learning.

Decentralised model: Responsibilities are distributed among social workers and external partners

In a decentralised model, decisions still sit with a central lead or senior team, but other team members' responsibilities might include:

- social workers having the key responsibility for putting families forward for the pilot, often initiating the process themselves
- social workers managing the pilot process from referral to FNSP delivery, including owning the paperwork and administration tasks
- social workers or a dedicated administrative support role processing FNSP payments

Benefits of the decentralised model:

This model encourages family-led practice to be more strongly embedded within teams because they are more involved in putting families forwards for the pilot and managing the process.

Challenges of the decentralised model:

This approach can lead to inconsistencies in process unless there is a robust communication and training plan in place. Without clear delegation of the administration (e.g. to a dedicated administrative support person), social workers may face an unmanageable increase in administrative tasks, which can slow down delivery and reduce engagement.

5.3 Delivery outputs

The majority of Wave 1 and Wave 2 local authorities involved in the evaluation have described their current stage of delivery as ‘embedded’, with just one describing it as a ‘work in progress’. This marked a clear shift from the insights drawn from earlier rounds of research, where many local authorities felt they were still in the early set up stages.

> It's definitely embedded with us, and we crack on and we know exactly what we're doing. – *Delivery Stakeholder, Wave 1*

> It's [the FNP] very much thought of and spoken about in day-to-day practice. – *Delivery Stakeholder, Wave 2*

In order to measure delivery outputs, participating local authorities have provided monitoring data on how many FGCs and FNSPs have been delivered over the course of the pilot. The following section presents summary statistics from this monitoring data. When interpreting these statistics, it is important to note that the Wave 1 local authorities have been running the pilot since July 2023, while Wave 2 local authorities began a year later in July 2024. To avoid singling out individual local authorities – especially where differences in delivery pace could be misinterpreted – all local authorities have been anonymised.

5.3.1 FGC delivery outputs

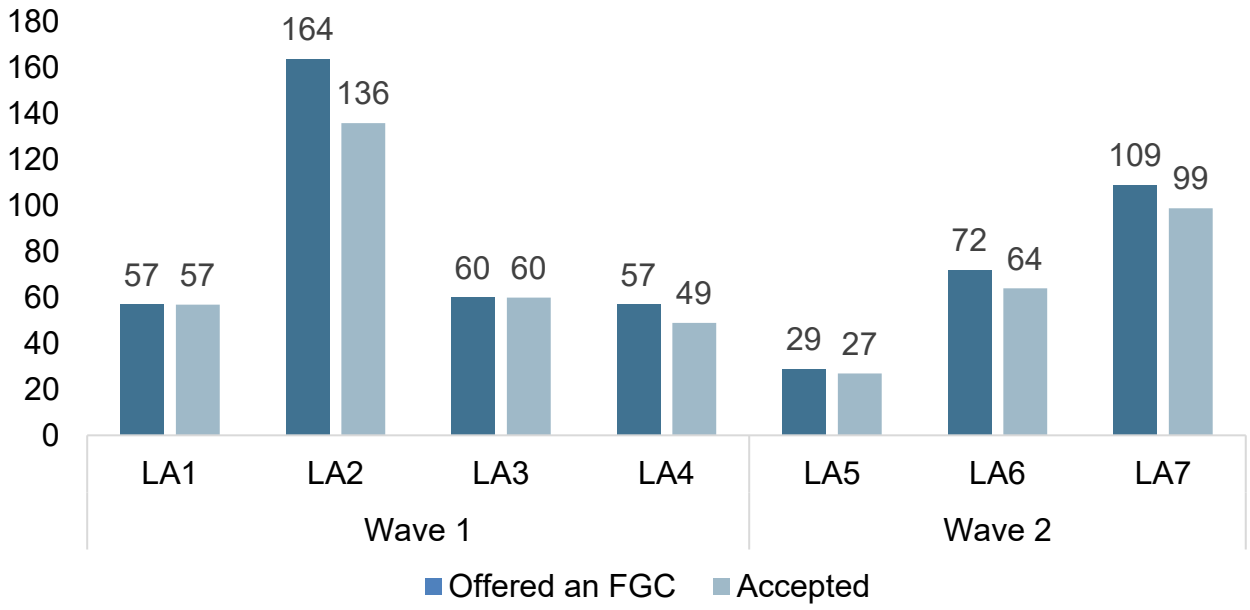
A total of 548 families were offered an FGC across all local authorities and quarters, with 492 accepting the offer. 49 families were offered an FGC but did not accept it, with the most common reason provided being ‘non-engagement’, meaning that the family did not respond to or participate in the steps required to initiate or progress the FGC process.

Additionally, 193 families were offered an FGC, but no updates were provided on whether they accepted at the time of data analysis (Appendix D – Table 2). [12]

An FGC took place for 427 families. This discrepancy between the number of families accepting an FGC offer and the number of FGCs that took place could be explained, among other factors, by the time lag between accepting an FGC and the FGC occurring (Appendix D – Table 2).

Two local authorities had 100% acceptance rates. In contrast, LA2 (83%) and LA4 (86%) had the lowest acceptance rates (Figure 2 and Appendix D – Table 4 and Table 5).

Figure 2: Number of families agreeing to and receiving an FGC across local authorities until March 2025



5.3.2 FNSP delivery outputs

A total of 326 families agreed to an FNSP. At the time of analysis, 265 families had received an FNSP. One potential reason for the discrepancy between the number of families who agreed to an FNSP and those who received it could be due to the time taken between support package agreement and delivery (Appendix D – Table 2).

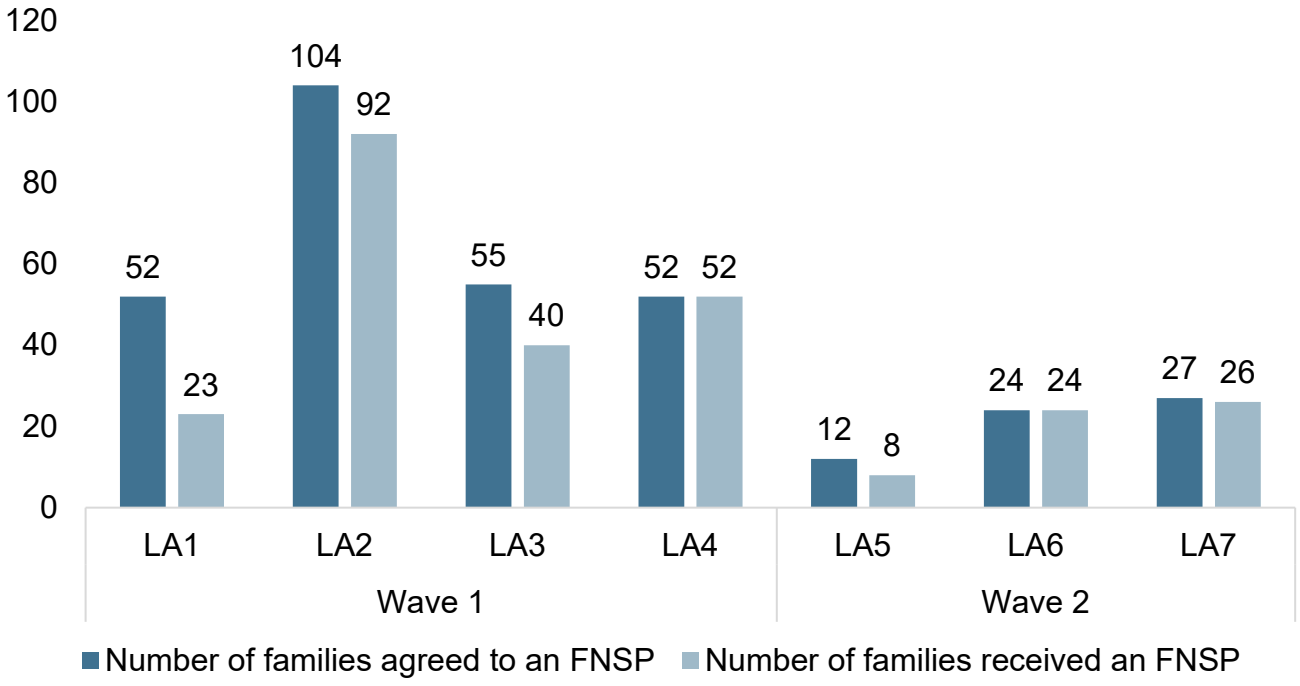
60 families did not agree to an FNSP with the most common reasons being 'non-engagement', 'change in circumstances' (though no further detail was provided about

[12] The reason the total number of families accepting the offer, not accepting the offer, and with no updates on acceptance does not add up precisely is because a single family may have more than one child, and FGCs might be offered for multiple children within the same family. Additionally, data may be missing for some children within the same family, contributing to the discrepancy.

these changes) and ‘family did not identify any items that they needed/no support required/ Support not needed’.

In two local authorities (LA4 and LA6), all families that agreed to an FNSP received the FNSP. At the lower end of the spectrum, only 44% of families in LA1 and 67% in LA5 who agreed to an FNSP had received it by the time of the analysis. (Figure 3 and Appendix D – Table 6 and Table 7

Figure 3: Number of families agreeing to and receiving an FNSP across all local authorities until March 2025



The 265 families who received an FNSP were issued a total of 2,372 individual payments, encompassing both one-off and recurring payments. The average FNSP spend per family was approximately £2,800, while the average FNSP spent per child was £1,600. These differences between the average spent per child and per family may arise because families may have more than one child or varying numbers of payments (Appendix D – Table 2).

There has been an increasing trend in total FNSP spending by local authorities over the quarters. In particular, 5 local authorities (i.e. LA2, LA3, LA4, LA6 and LA7) have shown a consistent rise in expenditure over time (Figures 4 & 5). This aligns the qualitative insights, which reflected that the pilot has become more embedded in local authorities over time.

Figure 4: Total spend on FNSPs (£) across Wave 1 local authorities and quarters

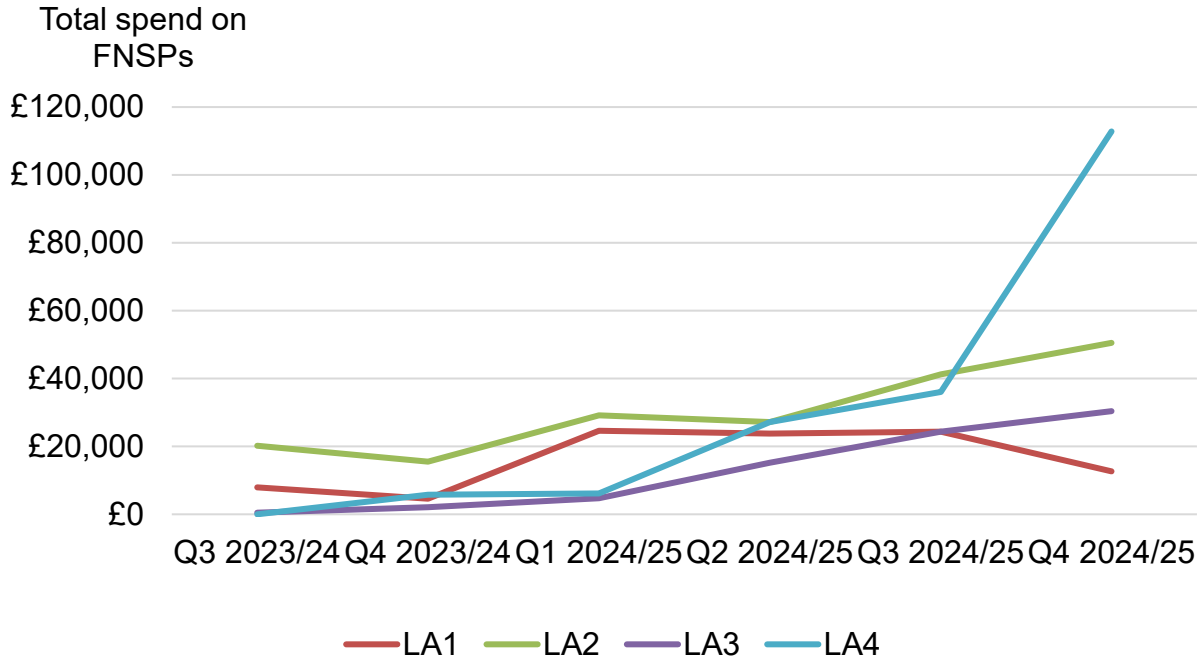
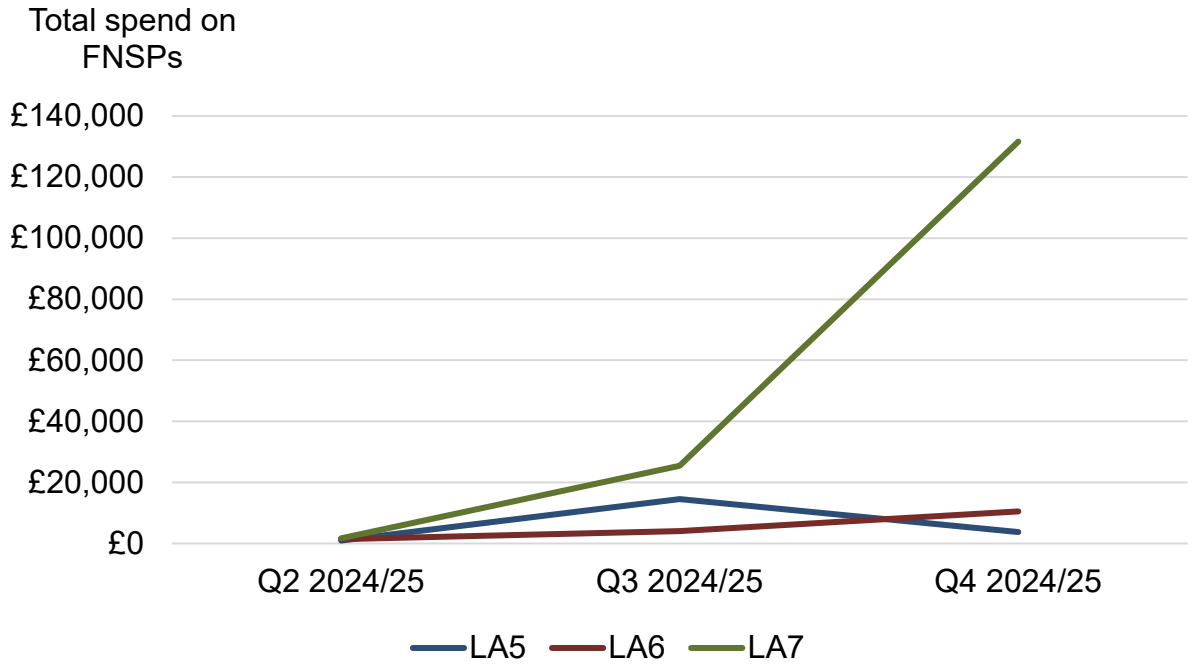


Figure 5: Total spend on FNSPs (£) across Wave 2 local authorities and quarters



Categories of FNSP spending

Qualitative interviews and focus groups showed that FNSP funding has been used in a wide variety of ways across Wave 1 and Wave 2 local authorities. Examples included:

- household items (such as white goods, beds, baby equipment)
- major household alterations such as a loft conversion or extension
- travel costs (including both the purchasing and rental of cars, driving lessons, bus tickets and taxi fares)
- visas for family members travelling from overseas
- accommodation (rental and Airbnb costs)
- family activities (theatre tickets, Merlin passes and Sealife tickets)
- replacement for income or salary lost (as a result of taking on additional time caring for a child)

Across all local authorities, the amount of size of payments and the way they have been spent has been decided on a case-by-case basis:

> Sometimes it feels wrong spending it on certain activities, e.g. theatre tickets that aren't cheap, but it was agreed at FGC as it was something the children requested, and would provide support to them and family, so it fits the design criteria. - *Strategic Stakeholder, Wave 2*

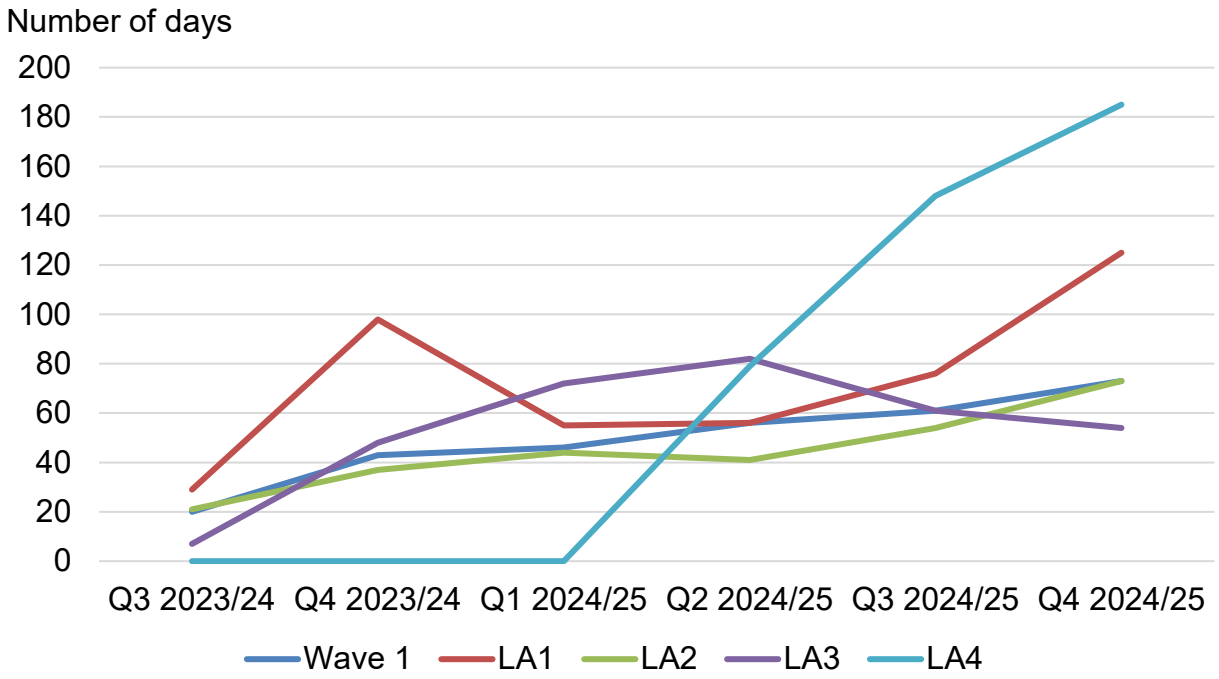
In the FNP monitoring data, several categories of spending were recorded, including activity, food, furniture, home modification, transport, and other. The most common payment categories recorded were ‘other’ (48% of total payments), ‘furniture’ (23%), and ‘transport’ (11%). Among the ‘other’ category, the most common descriptions provided were unpaid leave/wages/loss of earnings; accommodation and housing (e.g. household expenses, rent, deposit); gas/electricity/utilities; and car seats/baby transport.

The ‘other’ category was also the highest spend category (£340,000). The second most expensive category was home modification (£182,000), followed by furniture (£80,000).

Time between FGC and FNSP payment

The average time between FGCs occurring and delivery of FNSP payments increased over time across all Wave 1 local authorities, contrary to expectations of reduced timings that might have indicated improved process efficiency. When examining the data across individual Wave 1 local authorities, there is no consistent trend across all quarters (Figure 6 and Appendix D – Table 10 and Table 11).

Figure 6: Average time between FGC took place and FNSP payment across Wave 1 local authorities and quarters



The average timeline in Wave 2 local authorities across Q2 2024/25 to Q4 2024/25 also does not follow a clear trend. In Q2, the average time was 94 days, which decreased to 46 days in Q3, but then increased again to 113 days in Q4.

It is therefore not possible to conclude whether lessons learnt from Wave 1 have been applied to Wave 2 and no firm conclusions about process effectiveness can be drawn. There was also lots of variation in timescales within all the Wave 1 and Wave 2 local authorities. (Figure 6 and Appendix D – Table 10 and Table 11)

However, in the focus groups and interviews, there were various reasons given for these delays. According to stakeholders, delays may have been caused by:

- a time lag between FGCs and funding application approval
- ineffective payment processes or a lack of understanding about how to process the payments
- resourcing challenges meaning that either FGC coordinators, social workers, key FNSP budget holders or admin support staff were struggling to be available and efficient with progressing FNP cases.

Some of the Wave 1 local authorities outlined that they experienced these process related issues when the pilot was first rolled out but felt that many of these issues were

improved as processes were updated and with the introduction of much-needed admin resource.

5.4 Delivery experience across three key elements of the FNP

This section covers the key barriers and enablers in delivering the FNP. Views on FNSPs, FGCs and culture change within local authorities are presented as individual themes.

5.4.1 Views on FGCs in practice

All stakeholders identified both benefits and challenges of delivering FGCs as set out in the FNP design. However, general sentiment towards FGCs was generally positive, even where challenges were highlighted.

Benefits of FGCs as used in the FNP

Empowerment: Delivery staff consistently highlighted the empowering nature of FGCs, noting that families appreciated having control over their support plans. Strategic leads echoed this, framing empowerment as a cultural shift in social work practice, moving from doing 'for' families to enabling them to act for themselves.

Upskilling families: A notable development in the later phases of delivery (May – June 2025), was that strategic leads began to view FGCs as a tool to ‘upskill’ families - enabling them to create safety within their own networks and reducing the need for future state intervention. Further detail and examples of this are provided in chapter 7, ‘Outcomes and Impacts’.

> Empower them [families], teach them the skills and knowledge that social workers have, so that they become their own problem solver. … It starts to impact on the generations, so it's not just these children, but then they're learning problem solving skills that will then help them in the future. – *Strategic Stakeholder, Wave 2*

> I think [that using FGCs to get families to come up with their own plans] develops a self-efficacy, that often families can actually be in a cycle of having that sense of self efficacy eroded, not built up. – *Strategic Stakeholder, Wave 2*

Independence of FGC coordinator role: Delivery staff valued the independence of FGC coordinators as this helped build trust with families, particularly where social workers’

relationships with the family had become strained.[13] Strategic leads reinforced this sentiment, and in one local authority that commissioned an external FGC provider, they felt that this was even more beneficial as it ensured families perceived them as completely independent.

Flexibility and creativity of FNSP spend: Delivery staff appreciated the flexibility built into FNSP spend as it allowed for creativity and tailored support. Many noted that FGCs were seen as an effective model for exploring the support options in a structured way.

Formal, but informal approach: Delivery staff, particularly FGC coordinators, found that relaxed, family-friendly environments for FGCs improved engagement with families, who could otherwise be more reluctant to engage with social services.

Some adaptability in FGC delivery to respond to acute case-level risk: Some strategic leads noted that in a few cases where urgent needs had to be addressed, they used informal meetings which helped mobilise family support more quickly. This could be a more flexible approach to FGCs (such as having fewer family members present than outlined in the model, adapting the model slightly if required)[14] or a Family Meeting.[15]

Uncovering wider networks: Delivery staff observed that FGCs helped uncover extended family members who could provide support. Even where Family Meetings were already embedded in local authorities' practice, FGCs were more in-depth and could uncover further support. Strategic leads agreed, noting that FGCs formalised family support.

Alignment with existing practice: FGC set up and delivery was smoother in local authorities where FGCs were already an embedded part of their practice. Some strategic stakeholders noted they were able to incorporate the pilot smoothly due to their FGC process having been well established prior to the pilot. Some also believed it was part of a social worker's role to think about all the avenues that can benefit their families, and this pilot offered another option for them to consider.

> It is not an add-on to the day job. This is just good social work practice. Thinking about families and support – this is what we ayyre here for. - *Strategic Stakeholder, Wave 1*

[13] This sentiment existed whether FGC coordinators were in house or contracted from provider organisations.
[14] Some local authorities occasionally used a Family Meeting to unlock the FNSP support where this was agreed specifically with DfE. See definition below.
[15] Family Meetings were already used in many of the local authorities. These were meetings that differed from FGCs in two ways. Firstly, they were run by the Social Worker, with the intention of engaging family networks Secondly, they were more informal than an FGC. This approach was part of the existing work many local authorities were doing to shift practices to a more family-led model of engagement, including Family Group Decision Making approaches.

> When the referring social worker had already been taking a family network approach to the work anyway... it's worked extremely well. So, there's been some brilliant work done by the social worker, which has then been able to carry forward into a good referral, into some good preparation, and then a really good FGC. - *Strategic Stakeholder, Wave 2*

Challenges of FGCs as used in the FNP

Eligibility/timing: Both delivery staff and strategic leads agreed that widening the eligibility criteria so that FGCs could be used earlier in a family's journey could be more effective. Delivery staff noted that families at the pre-proceedings stage often felt 'hopeless' (because they felt it was too late to make a difference) or could not make full use of the FGC or FNSP offer as they were too distressed. Other stakeholders advocated for using FGCs earlier in the child's journey, such as at the Child Protection or Child in Need stage, to prevent escalation and trauma.

Pressure: Delivery staff reflected that some families might have felt pressured to participate in FGCs to access FNSP funding. Strategic leads acknowledged this tension and emphasised the need for clear communication and preparation to avoid coercion.

Lack of family networks: Delivery staff noted that some families lacked sufficient networks to hold an FGC, limiting access to support. Strategic leads addressed this by adopting pragmatic approaches, such as informal meetings used in place of formal FGCs and using top-slice funding creatively. In the latest FFCP[16] findings, some local authorities also brought in charities to play the role of extended families. In other cases, family members were disengaged from the process or were difficult to locate when setting up an FGC.

Complex family networks and risk management: In a small number of cases, it was reported that the FGC process had not adequately considered family dynamics. For example, in one local authority, stakeholders reported family members were included in an FGC where there had been accusations of abuse.

FGC as a barrier to FNSP access: The requirement for an FGC to access FNSP funding was seen by some as a barrier, particularly when families were reluctant to engage or lacked sufficient networks. Strategic and delivery staff highlighted trust issues, complex family dynamics, cultural factors, past experiences with social services, and timing of interventions could affect participation.

Duplication: Some social workers felt that there was overlap between FGCs (run by FGC coordinators) and Family Network meetings (run by social workers). However, many

[16] Families First for Children Pathfinder (see definitions and terminology).

highlighted that FGCs are far more in-depth, often take place over longer timescales, and have a more clearly defined practice model and others felt that this existing family-led practice set a strong foundation for the FGC, making the model more effective.

Setting expectations for FGCs: Some social workers were not familiar with an FGC and lacked the knowledge and experience to explain the benefits of an FGC to family members. Consequently, they struggled to prepare the families adequately for an FGC.

5.4.2 Views on FNSPs in practice

Overall, strategic stakeholders across Wave 1 and Wave 2 local authorities reported that they have used the FNSP funding in different ways and that this has evolved over time. Section 17 funding has become more restricted over the last few years, and this pilot has enabled spend on individual families in ways that would have been out of scope of Section 17. However, stakeholder also highlighted some challenges with FNSPs.

Benefits of FNSPs

Enabling creating thinking: Across the delivery period, strategic stakeholders and their delivery colleagues have learnt to think more creatively and respond more effectively to the changing dynamics of families and their networks. In one instance, the FNSP was used to subsidise a family member's wages for the 8 weeks during which there was an ongoing parent assessment process. This freed the family member up to provide respite through the provision of regular childcare over that period:

> We've covered family's wages so that they can take time off and spend more time with the kids. I think that was particularly helpful. Obviously, we've had to fall short of paying them to care for the children because that takes us into a different realm. - *Strategic Stakeholder, Wave 1*

Broad spending criteria for those who were eligible: The criteria for what FNSPs could be spent on were seen as broad and flexible, for those who were eligible. This flexibility was generally welcomed and contributed to smoother delivery.

> There was never a financial need to be more be more selective. Obviously, the selectivity comes from the eligibility of the spend and the fact that there's a viable family group around the child and the parents to support that. So, I think that it would have been counterproductive to put any other local criteria on that. It was enough set down by DfE already. – Strategic *Stakeholder, Wave 1*

Local authorities rarely imposed additional restrictions beyond those set by DfE, recognising that tighter controls could hinder effective use of the funding. However, some local authorities introduced informal guidelines over time, such as not approving cash

payments due to concerns about monitoring and perceived misuse.[17] These decisions were typically made at the discretion of FNP leads or senior stakeholders responsible for approving spend.

Strengthening FGC practice: Some explained that the FNSPs had encouraged FGC participation among families and FGC practice within local authorities.

Challenges of FNSPs

FNSP eligibility felt narrow: As noted previously, only offering FNSPs at pre-proceedings felt too restrictive; earlier use of FNSP support was preferred by strategic leads and social workers who spoke about earlier intervention as a priority.

Perceived lack of consistency in FNSP spend sign-off in some local authorities: Strategic stakeholders were often the gatekeepers to approval on FNSP spend and have retained authority on how the FNSP has been spent on individual families. Wave 1 local authorities generally felt this approach improved efficiency and processes. However, in some Wave 2 areas, it also led to tension and frustration between strategic and delivery teams due to perceived inconsistencies in spend approvals. Delivery staff reported that similar requests were sometimes approved and other times rejected, making it difficult to set expectations with families. There were some cases where this caused uncertainty and stress amongst frontline teams.

Initial lack of clarity on how to apply FNSP spend criteria: Some strategic leads acknowledged that they were initially a little unclear on the spend criteria and how to apply them, though their understanding improved through supportive conversations with DfE. They also noted that their teams' grasp of the criteria evolved over time. Nonetheless, delivery teams tended to perceive this as inconsistency, particularly in the absence of clear guidance on FNSP spend.

Parents not being eligible for FNSPs: Frontline teams felt this was hard to justify this part of the eligibility criteria to parents – particularly in cases of acute need. Some frontline staff reported having allocated FNSPs to other family members, knowing that (for example) the auntie would then pass the FNSP-funded resource - e.g. a mattress or bus tickets - directly to the parent. On the other hand, some strategic stakeholders mentioned that by the pre-proceedings stage, social workers will usually have worked extensively to support parents already, and that the FNP aims to unlock other support in the family network.

[17] Other local authorities had decided at an early stage not to process cash payments at all.

> The way the money's been spent, it has been life-changing for families, for kids. I just think for me, as the direct worker, it's difficult to sit in front of a family and say 'I can help nana, but I can't help mum'...'nana can take you out for the day, but mum can't.' – *Delivery Stakeholder, Wave 1*

Fear of dependency on FNSP payments: Both strategic stakeholders and delivery teams across Wave 1 and Wave 2 local authorities expressed some anxiety about creating financial dependency among some of the most deprived families who were eligible for FNSP funding. Whilst the FNSP served to support families and family networks to care for children and young adults, consideration of spend often required an exit plan to ensure that families did not become over reliant on FNSP funds and consider it as a long-term financial support package:

> [When we build out an FNSP we always consider] whether these types of payments are helping a family, or just creating a helplessness.- *Strategic Stakeholder, Wave 2*

> One of the worries that we had was, how long do we do that for? To make it sustainable and viable longer term at least there is a potential challenge that we are creating that dependency. - *Strategic Stakeholder, Wave 2*

Spend criteria not perceived as broad enough: In some very specific cases, the spend criteria of the FNSP had not been considered broad enough to accommodate the needs of individual families. For instance, a Wave 1 strategic stakeholder wanted to pay for a 'kids club' place, but did not feel that this was within scope:

> I think I wanted to sign off on the kid's clubs for them to attend, you know. But I don't think we could. I think the criteria didn't allow for that. That's one of the things we would have liked to do. - *Strategic Stakeholder, Wave 1*

Further to this, there were some core services that were not within scope of the pilot funding which had limited the ways in which the money had been spent. A Wave 1 strategic stakeholder reported how they found 'work arounds' where core services were over-stretched and inaccessible to some Children in Need:

> What we weren't allowed it to use the money for was anything that was seen as a core service. So, for example, if this challenge is around CAHMS, there's challenges around access across the country, you wouldn't be able to use any of those (FNSP) monies for something like that. I've challenged and said, oh, can we not use it for therapy? And I'm not sure we could in all instances because that was the core service. - *Strategic Stakeholder, Wave 1*

5.4.3 Views on culture change within local authorities

One of the FNP's aims was to encourage a new balance between risk management and relational support. In line with this, some stakeholders felt strongly that the programmes were not just about introducing new tools like FGCs and FNSPs but about changing how practitioners think and work – and that this was critical to implementation. In interviews and focus groups, two related themes emerged: the culture of low-spend support for families with very restricted budgets; and the broader move towards more relational, family-led approaches. The impact of the FNP on the practice culture in local authorities is discussed in this section, and elaborated on in chapters 6.2 and 7.2.

Thinking creatively with large sums of money was a significant change for frontline teams

Early implementation of pilot found that a significant mindset change was needed among local authority staff and social workers to overcome a longstanding emphasis on saving money in a challenging economic climate. One stakeholder explained that whilst local authority finances were stretched and finite, this pilot demanded that social workers think creatively around financial solutions with large sums of money, which was a very different way of working. As such, being encouraged to 'spend' money was seen as challenging.

> When you work in Children's Services, we're not allowed £20 to buy a child a McDonald's, you actually have to really push for anything for your families. – *Strategic Stakeholder, Wave 2*

> Social workers are not used to being told there's a huge sum of money. Just think about spending it as much as you like. As creative as you like. Normally, you go to your manager and say can I have this? It's like no, no or you can have half of that or they have to go to a food bank or something. – *Strategic Stakeholder, Wave 1*

Some social workers struggled with this shift

Given this cultural clash, some stakeholders felt that social workers were a barrier to spending the FNSP funds. One FGC coordinator explained that a social worker was reluctant to spend on a new car for a family as they felt it was taxpayers' money, and it should be spent on other things. In this case, the FGC coordinator was frustrated that the social worker struggled to see the long-term financial impact of the car (i.e. if a child could stay with their grandparents, this removed the need to pay for a long-term care placement).

A broader shift toward relational, family-lead practice

Being encouraged to think outside of the box during the pilot was praised by a number of delivery team members, with some noting they were pleasantly surprised by the plans

and FNSP support requests that families had put together. One strategic stakeholder in a Wave 2 area also remarked how this had led to a change in mindset amongst delivery teams and bolstered a move towards family-lead practice since the pilot encouraged social workers to think creatively about how to utilise family networks, which represented a cultural shift compared with more traditional ways of working.

> This pilot has helped them [practitioners] to be more creative in their thinking, and thinking outside the box, which has had a positive impact on children and families. - *Strategic Stakeholder, Wave 2*

Embedding this change of approach or mindset with delivery teams

Local authorities supported this cultural shift among their workforce with messaging around FNSP spend criteria, sharing case studies and success stories, and offering support and supervision for delivery staff. Some local authorities had already made significant progress towards a more family-led approach and were already engaging the family network through FGCs and Family Meetings. While in other local authorities, strategic leads felt that this shift was part of a broader cultural change that would be ongoing process towards a more family-led approach.

5.5 Family response to the FNP

The insights in this section are drawn from research with strategic leads and delivery teams across the Wave 1 and Wave 2 local authorities, who shared their views on family engagement. This section therefore does not represent direct views of families who have interacted with the pilot as should be interpreted within this lens.

5.5.1 Factors that enabled family engagement with the FNP

Families engaged with the FNP because they could see how the pilot would benefit them. These benefits were varied across families and included bring networks together, repairing relationships and increasing parent's sense of agency.

Informal, flexible FGC settings and the opportunity to lead their own support plans helped families feel heard and respected.

> One of the most frequent things they say [about FGCs and the FGC coordinators], is that it's just lovely to have people that listen to you, that actually hear what you say. – *Delivery Stakeholder, Wave 2*

> [Families are] used to fighting to get a foodbank voucher, or some second-hand uniform, and then we're going in saying 'look, we can potentially help fund for an extension, or a bigger car', and I think it just blows their mind initially. – *Delivery Stakeholder, Wave 2*

Delivery teams consistently shared that families engaged more positively with FGC coordinators than social workers as it was beneficial to have an independent facilitator to come in with a different, more relational approach.

Knowing that the FNSPs were available and could offer practical support like transport or furniture - was also a motivator for families to engage in the FNP, especially when framed around children's needs.

In summary, families tended to respond positively to the FNP when:

- There was early, clear, and relational engagement with the Family [18]
- FGCs were clearly differentiated from traditional social work interactions
- Families felt heard, empowered and included in decision making
- Funding was delivered promptly and reliably within clear timescales

5.5.2 Barriers to family engagement with the FNP

Past negative experiences, broken trust, and delays in funding undermined family engagement with the FNP.

Families were less receptive when FGCs were offered too late or felt tokenistic. Shame, pride, family conflict, and administrative hurdles also reduced participation, especially where cultural attitudes or lack of trust in the local authority played a role. Additionally, where families did not have extended networks to draw on, this also posed a barrier.

[18] Relational social work is an approach that places relationships at the heart of social work practice. It views change as emerging through meaningful, reciprocal relationships (particularly between social workers and families or networks) rather than through top-down interventions. Social workers and other support staff should ideally help families and networks to reflect, collaborate, and co-create solutions to challenges.

> I think [the pilot might be] breaking trust a bit more, because you've got families who, we're saying 'we've got money, think big, think bold', and then there's a huge delay in terms of them getting their request. Sometimes they're out of [pre-proceedings] by that point … it's been really difficult. I'm mindful about how that reflects on us as an FGC service [and] how that then impacts maybe their relationship with the social worker. – *Delivery Stakeholder, Wave 2*

In some cases, families were fearful or ashamed to admit that FNSP funds would potentially change their circumstances. FGC coordinators felt that this could lead to families attending FGCs under-prepared and unwilling to discuss FNSP funding provision.

Thus, family engagement was weaker when:

- families lacked trust in the local authority or had negative past experiences
- funding delays or unclear messaging created confusion or disappointment
- the timing of the offer made it feel too late to be meaningful
- family conflict, shame, or pride made families more resistant to accepting support

5.5.3 Family response to FNSPs as part of the pilot

Families differed greatly in how they responded to being able to access the FNSP. Social workers and FGC coordinators felt that some families asked for a huge range of support, from ‘nice-to-have’ items (such as a holiday abroad for some respite) to a set of pillowcases, a day out to a theme park, a home extension; or a whole house redecoration. Frontline staff felt that some of the more expensive requests did get approved. At the other end of the spectrum, frontline staff felt that some families would only ask for the bare minimum and actually needed a lot more support than they felt comfortable to ask for.

5.6 Overall enablers and barriers to successful delivery of the FNP

Stakeholders and delivery leads highlighted several enablers to successful implementation as well as challenges they faced delivering the FNP. These are outlined below. A brief summary of the key enablers and barriers related to FGCs, FNSPs and

culture change is included below, but for more detailed reflections on these three key elements – including barriers and enablers - please refer to section 5.4 above.

5.6.1 Enablers to delivery of the FNP

A positive, open relationship between local authority leads and DfE

Support from the DfE for the pilot leads in understanding and enabling flexibilities in the pilot, and facilitating learning between local authorities, was regularly cited as a key enabler. Several of the Wave 1 and Wave 2 local authorities noted that having a positive relationship with the DfE team, and regular communication, knowledge sharing and support opportunities has been beneficial when establishing or making any changes to the pilot. This enabled them to have transparent and constructive discussions about where flexibilities were possible.

> I think [the DfE] are being accountable, being flexible, but owning those flexible decisions. – *Strategic Stakeholder, Wave 2*

Clear administrative systems and reducing burden on social workers

A key concern for both Wave 1 and 2 areas was that pilot processes might create additional administrative burden, particularly for social workers, reducing buy-in to the pilot and slowing delivery. Several local authorities were able to mitigate this by building the pilot into existing systems, streamlining governance and sign-off process and using Business Support Administrators to reduce administrative burden.

In particular, the use of Business Support Administrators/Officers to help with the finance administration and purchasing elements of the FNSP reduced bureaucracy and consequently made the process more time efficient. Strategic stakeholders across both Wave 1 and Wave 2 local authorities reported that the level of admin support in place had varied since the pilot was first set-up.

Where local authorities had not had this admin support in place initially, the administration of FNSP payments was placed on social workers and their associated admin teams. Social workers struggled with this administrative burden and were uncertain of how to code the funds, which delayed payments and impacted monitoring and reporting. Once business support officers were recruited in Wave 1 local authorities, delivery was managed more centrally by the FGC and admin team, which freed up social workers and consequently increased FNSP buy-in:

> We then just recently got a business support officer which has made a massive difference to actual processing. She's been amazing because there have been glitches around getting payments out. It's critical that we code everything

> correctly, otherwise we lose track of where things are. It could go to the wrong budget. – Strategic *Stakeholder, Wave 1*

Existing family-led practice approach within local authorities

When local authorities had already been moving towards a family-led approach, or had already established and embedded an FGC service, it enabled quicker and more effective implementation.

FGC coordinators played a critical role in the delivery of the FNP

FGC coordinators were essential to smooth delivery. Local authorities have taken different approaches to the recruitment and placement of their FGC coordinators, for example, some local authorities had an FGC coordinator who sat within existing internal teams, whilst other local authorities had FGC co-ordinators involved who were external to the local authority and separate from social workers.

Despite the variations in where the FGC coordinator sit across teams, there was universal consensus that they played a significant and invaluable role in overseeing and managing FGCs. They were also seen as independent from social workers and therefore could build trusted relationships with family members and support to family networks:

> The FGC teaches the skills, it gets everything on the table so it's open and honest and transparent, in a safe way, that families feel safe that they're not going to be held accountable for everything, because the expectation is you're honest, because you're going to be expected to fix it, rather than a social worker either fix it, or take draconian actions to address the issues. – *Strategic Stakeholder, Wave 1*

Some local authorities recognised the demand on FGC coordinators and where they were at capacity, considered boosting the number of FGC coordinators within the team. Wave 2 strategic stakeholders increased the capacity of the FGC team to manage workloads.

Flexibility of the top-slice

As noted previously some local authorities felt the eligibility criteria for the FNP were too restrictive. As such, some areas were using their top-slice funding to extend the pilot to families before they reached the pre-proceedings threshold, including for Child Protection plan returners, Child in Need cases, edge of care cases or reunification cases. Having this flexibility was highly valued by all local authorities and stakeholders viewed the top-slice as an opportunity to reflect on and respond to individual and local needs.

5.6.2 Challenges of FNP delivery

Uncertainty around the FNSP spend criteria

Strategic stakeholders and delivery teams across both Wave 1 and Wave 2 local authorities reported that both the FGC co-ordinator and/or social workers had been uncertain at times about whether their FNSP applications had aligned with the FNSP spend criteria. As detailed above, where consensus had not been reached within a local authority, clarity had been required from DfE.

Early underestimation of necessary communication and knowledge sharing among frontline teams

Although communication via internal briefings, training and awareness raising were an integral part of the pilot set-up, many local authorities did not appreciate how difficult it would be to share knowledge about the FNP and embed the pilot in practice. Strategic leads reflected that a structured launch and communications plan would have helped support this at the outset. Communication improved over the course of the pilot as local authorities tried to ensure that social workers were clear on both the aims of the FGC and eligibility criteria of the FNSP, but this was more labour intensive than expected.

> I think people are just so much more aware. I think probably in the first year we held the reins too strategically, so it didn't really filter down… We put a lot of time and effort into ensuring that the different teams within the different service areas are aware of the process, what it could be used for in breaking down those barriers. So it [FNP process] is a lot easier to use [now] than perhaps what it was during the year one. – *Strategic Stakeholder, Wave 1*

Where the FGC model had not been embedded as prior to the pilot set-up, some social workers struggled to understand the objectives and aims of the FGC model, this slowed down delivery in some local authorities. In one Wave 2 local authority, a stakeholder reflected that the FGC coordinators had to proactively engage with the social workers and provide additional support, for example, where the social worker had not provided clear questions or enough information to hold an FGC.

In some local authorities, strategic stakeholders had taken ownership of FGCs or given sole responsibility to the FGC coordinator, as they reflected that the social worker could be a barrier, rather than an enabler to organising an FGC within the agreed timescales:

> They're [FGC coordinators] are good with the actual FGC itself, meeting the families...their frustration has come from the social workers not doing what they need to do, in a timely manner, if at all. – *Strategic Stakeholder, Wave 2*

Additional burden on social workers for FGCs and FNSPs

Social workers recognised that the preparation for FGCs could be both time consuming and emotionally draining, with some even feeling that the hour or two needed to attend a family's FGC was difficult to fit into their working day. Social workers were required to encourage family members to engage with the FNP, this involved additional paperwork and admin, which was felt to be a significant burden further to their day-to-day responsibilities.

In one instance where an FNSP had been used to purchase a VISA, navigating the immigration laws and liaising directly with the Home Office proved to be cumbersome and time-consuming.[19] There was limited guidance provided to delivery staff on how best to navigate these processes. Consequently, some social workers in one local authority (where social workers were responsible for delivering FNSP funds to families) admitted that they felt a sense of 'dread' when managing an FNSP due to the overwhelming administrative burden.

Logistical challenges of organising an FGC

The prescribed timescales for an FGC were barrier to delivery. Both strategic stakeholders and delivery teams reported that delivering within 12 weeks of pre-proceedings had been a challenge. Strategic stakeholders across Wave 1 and Wave 2 local authorities felt that using FNSPs at pre-proceedings was too late, particularly where children were in vulnerable and traumatic situations. Additionally, where family networks had been engaged at an earlier stage, teams felt that they had already exhausted this option by the time they reached pre-proceedings.

These restrictive timescales added time pressures to the preparation for FGCs and became a challenge when either the FGC coordinator was at capacity, or the service was overwhelmed with an increased number of referrals:

> I'm finding at the moment, because of all this influx of referrals, I can't make those meaningful relationships that I'd like to, which can potentially compromise your conference, because when they come, they don't really know what you're about, they don't know who you're for, they don't know how to answer the questions. – *Strategic Stakeholder, Wave 2*

[19] In this case, the local authority had agreed not to reimburse costs as many families did not have the resources to pay for items up front and claim the money back. They also did not transfer cash for FNSPs, and Social Workers were tasked with delivering funds – which meant, in this case, that this needed to be organised by the Social Worker, on top of their caseload.

Further to this, FGCs were booked in advance, so where family members cancelled or withdrew last minute there were significant logistical challenges to rearranging an FGC within the required timescales.

Poor mental health and fractured family relations can create a barrier to FNP

Stakeholders from both Wave 1 and Wave 2 local authorities acknowledged that poor mental health and a breakdown in familial relationships was a barrier to the smooth delivery of the FNP. In cases where family relationships had broken down, it was difficult to organise an FGC and ensure that all relevant family members attended. Parents had often hidden their problems and were ashamed to share them with their wider family network or were fearful of being blamed or held accountable for the situation facing their children.

Logistical challenges of processing FNSP spend

The FNSP funding was processed differently to Section 17 funding, so it meant that some systems that were familiar to both social work teams and admin teams were redundant when processing FNSP funds, and FNSP funds were often coded as Section 17 spend in error.[20] This caused both coding and processing issues for both Wave 1 and Wave 2 local authorities. The processing tasks were much more admin-heavy than some local authorities had anticipated, and this slowed down the delivery considerably in the early stages while processes were being streamlined and admin teams became better informed on what was required of them.

Delivery teams confirmed that the cumbersome payment process was initially a barrier to smooth delivery. Some delivery teams were not informed when payments had been approved which resulted in social workers having to chase the FGC contacts for confirmation. Furthermore, some social workers had to take responsibility for transferring funds via BACS to families and collating all receipts. These processes created additional work pressures on staff members who already felt at capacity:

> When I was doing all the payments, I had absolutely no insight into how much work goes into just doing one BACS payment - it's ridiculous...in terms of the amount of steps that have to be taken for, £2 even, to go into somebody's bank. It's just not OK. – *Strategic Stakeholder, Wave 2*

Where there were delays in payments, families often reached out directly to the social worker (rather than the FGC coordinator or admin team). This impacted trust with families

[20] Social worker teams often initially allocated FNSP spend to Section 17 as they either were not informed or did not fully understand the new requirements. The accountant in one Wave 1 local authority had to spend time recoding spend that had been allocated to the incorrect funding pot.

as the social workers were not always clear on the reasons for the delay or the schedule of payments.

The payment of funds had been slowed down further by finance teams, who in some cases, refused to release funds until all the proper checks and balances had been in place. In local authorities where social workers were responsible for administration this caused delays and in some cases created tensions between social workers and expectant families. In local authorities where there was a Business Support Officer in place, a lot of these issues were mitigated.

Over-complicated pathways

In some cases, the initial pathway that was implemented was viewed as overcomplicated. A Wave 1 strategic stakeholder reflected that the pathway established during the initial set-up phase could have been implemented in a more straightforward way and they have since simplified their process. In this case, the governance of the FNP initially involved a legal panel at both the start and end of the process, this second panel has now been removed, as it was slowing down and negatively impacting the payment process.

Difficulty reporting and monitoring outputs

Both Wave 1 and Wave 2 areas reflected that reporting and monitoring had felt overly complicated during the initial stages of delivery, and consequently, some Wave 1 areas had made changes to simplify these processes. Some delivery teams described the monitoring process as ‘a nightmare initially’. They described the process as ‘messy’ and delivery staff were struggling to understand how FNSP spend should be coded.

In one Wave 1 local authority, they had recruited a dedicated team member to oversee the outputs and returns provided to DfE:

> The whole reporting was quite complicated... but now I've got an administrator within the team, who is responsible for the returns to the DfE can collate information. It feels like we've got more of a handle on, you know, it kind of feels a little bit tighter. – *Strategic Stakeholder, Wave 1*

Further to this, there was a lack of confidence that the current processes effectively measured impact and outcomes. For example, where a car had been bought for a family, it was pointed out that it was difficult to measure the positive impact that this has had on the family and indeed whether the car was being used in the way that it was intended i.e. to positively impact school attendance.

7. Outcomes and impacts

This chapter covers the perceived and potential impacts of the FNP on families and local authorities.

Chapter summary

- Qualitative evidence from social workers suggested that some families felt more supported and empowered through strengthened relationships and practical help from their networks, enabled by Family Group Conferences (FGCs) and Family Network Support Packages (FNSPs).
- Some local authorities saw cultural shifts toward relational, family-led practice, with some highlighting potential long-term cost savings.
- Early impact analysis showed no consistent treatment effects across Wave 1 areas, though more conclusive evidence is expected soon. Though two Wave 1 areas showed some signs of reduced care entry; effects elsewhere were mixed and inconclusive, with longer-term evaluation needed.

7.1 Early perceptions of potential FNP outcomes for families

7.1.1 Short term outcomes for families

Stakeholders observed some improved relationships among the family networks

Both strategic stakeholders and delivery teams noted that families involved with the pilot often saw improved relationships with their family network and higher engagement in supporting the relevant child or children. Having a formal programme in place was helpful for parents who had previously been ashamed to engage with the local authority or found it difficult to seek help from their family members. The FNSP was key to unlocking this family support as some family members had previously wanted to support the child but were unable to do so due to financial or time constraints.

> I just think it's been really helpful to have as a resource, and I know for the families that I've used it for it's been life changing, the daily life for both of them really has improved the quality of their lives massively. So I think it's really good. *Delivery Stakeholder, Wave 1*

> The practice of actually meeting together, in the children's centre, to get everybody in one room, for mum, she felt that was invaluable, and she wanted to continue even if there was no money, and they couldn't access anything. - *Delivery Stakeholder, Wave 2*

Case study (Wave 1 area)

- A mother experiencing mental health problems had initially felt ashamed to ask for support from the pilot. Whilst the FGC was challenging, a grandmother (her mother) offered to help, and the family received an FNSP in the form of petrol, a bed, and furniture. The grandmother was then able to visit, and when she did, things were calmer at home. The mother and grandmother also repaired their relationship as a result. The delivery team is hopeful this has a positive impact for the family in the longer term.

Without the FNSP funding, the delivery team believed the child in this family would have gone into proceedings.

Delivery teams also highlighted that the FGC was a valuable tool to show families how to work together to overcome current challenges they were facing with less intervention needed from social services. In some cases, this led to a de-escalation of proceedings. In one example a child was moved down from pre-proceedings back to child protection.

Case study (Wave 2 area)

Children who had previously been removed from their parents' care had recently returned to their mother's care on a supervision order. When they were due to return to court to enter proceedings, the family were put forward for the FGC pilot. Through their FGC, the family put together a family safety plan. When there was a crisis the family successfully followed the safety plan created in the FGC. The family understood their plan, felt empowered and carried it through. As a result, proceedings did not have to be issued.

Local authority teams observed fewer children entering care

In interviews and focus group discussions local authority stakeholders provided examples of cases where children were supported to remain in their families. They felt that these children would have otherwise been put into care and both components of the pilot were seen as contributing to this as FGCs provided families with a sense of agency and allowed them to take responsibility for their own plans to keep children safe, meanwhile the FNSPs unlocked support from a wider family network. However, some stakeholders, were less certain about the direct impact on reducing the number of children in care or were hesitant to say that the pilot was the direct cause of children not entering care.

> I don't know if it necessarily stopped children becoming cared for, it certainly has increased our numbers of children that are cared for in families, as opposed to being in mainstream foster care or residential care. - *Strategic Stakeholder, Wave 1*

> Whether or not we're buying a car or a flight ticket or a bed at grandmas, whether that's revolutionised this family into being able to support the safeguard safety of their children, I don't know. - *Strategic Stakeholder, Wave 2*

Support from family gave parents respite

The increased support from family members unlocked as part of the pilot provided primary carers with respite, which was seen as particularly valuable for those facing personal challenges such as mental health problems. For example, one FGC coordinator recalled a mother who was receiving support with childcare through the pilot:

> I've gone out and met her, she broke down in complete floods of tears...she was like, 'you coming out and explaining this to me, and offering me this opportunity and this support is essentially what I've been asking for all this time. I've got so many restrictions on what I can and can't do, but no one has actually sat me down and said what can you already do, and how can we empower you to continue doing that'. - *Delivery Stakeholder , Wave 2*

Since then, the mother has been to all meetings, hasn't broken a written agreement in place for seeing the child's father, and has time to think about what mental health support she would like to engage with.

However, in other cases, restrictions on providing funding directly to parents sometimes led to local authorities being unable to approve financial support to families, even if this funding could help to keep the children with their primary carer.

Case study (Wave 2 area)

A previously homeless father of two children had recently found accommodation but had no furniture, or finance to buy any necessities. The two children had been previously living between their mother, grandparents and aunt.

The children could visit their father but weren't allowed to stay overnight due to the lack of furnishings. This was the main barrier to the children moving back in with their father, but the local authority could not approve an FNSP to help him due to the pilot's eligibility criteria.

7.1.2 Potential long-term outcomes for families

Improved longer-term outcomes for children and families

Both strategic stakeholders and delivery teams were positive about the long-term implications of short-term outcomes of the pilot for families (i.e. keeping children out of care and strengthening their family network). The short-term outcome of families learning how to work through challenges together was anticipated to continue positively impacting them after their involvement with the pilot ended.

> When the funding is gone, [families are able] to tap into their family network, as opposed to over relying on social services moving forward, because they've formulated, with support, a better relationship with those family members. - *Delivery Stakeholder, Wave 2*

It was occasionally noted by strategic stakeholders that although the pilot could have a positive impact on many families, it may not be suitable for every child to remain in the care of the primary parent, particularly where there are unresolved problems with the child's primary carer (e.g. addiction). One strategic stakeholder also worried that an FGC could just become a temporary way of managing a family's situation and noted the importance of managing expectations with families about how long actions need to last in order to avoid disappointment.

Increased stability for children as they move into adulthood

As a result of strengthened family networks, delivery teams believed that a child's long-term outcomes would also improve. They were keen to highlight the many challenges faced by children in care and the "huge ripple effect" that the trauma from being separated from their family can create. Delivery teams also hoped that this would break the cycle so that these children would not repeat the same behaviours when they grew up and had families of their own, and that this would lead to reduced burden on social care, mental health and other public services in the future.

Case study (Wave 2 area)

A mother with two children in pre-proceedings was put forward for the pilot. A grandparent was identified as part of their family network, but they already had another older child in their care, who was a Child in Need but not directly eligible for the pilot themselves.

The focus of the FNSP was enabling the two children in pre-proceedings to spend some of their time staying at their grandparent's. Previously the grandparent had only received food vouchers from social services, but through the pilot they were able to receive additional financial support to be able to look after their two grandchildren in pre-proceedings in the form of a new car; and money for a 'summer house type building'

where the two grandchildren could stay over as the grandparent's house was not big enough. Some funds were also provided for some leisure activities for the children.

In addition, the social worker was able to secure pilot funding for the older child already in the grandparent's care, in order to free up the grandparent's time to take care of the two other children. The funding paid for a gym membership, and the child's confidence has already improved - they attend the gym daily and now focus on healthy eating. They had been out of education for a long time but recently started a phased return to education. The relationship between this child and the grandparent also improved, and the grandparent is less strained.

The older child is no longer at risk of going into care, and the two grandchildren are now out of pre-proceedings. They can remain with their mum but will also continue to spend time at the grandparent's house.

7.2 Early perceptions of potential FNP outcomes for local authorities

7.2.1 Outcomes for local authorities

Improved understanding of family dynamics

The pilot enabled delivery teams to gain a better understanding of family members already known to them and make contact with family members whose existence may have previously been unknown. The FGC coordinator was often seen as key to unlocking this understanding, given their perceived independence from the family's social worker.

Whilst this increased understanding of family dynamics was viewed as a positive consequence, one strategic stakeholder noted that this could lead to an unanticipated increase in workload for social workers, as families began opening up to local authorities about issues that previously weren't known to social services.

Pilot impact on staff workload

There were mixed experiences in terms of how the pilot affected the workload of delivery teams, and this was often dependent on how responsibilities had been assigned within each local authority. Where the pilot had been integrated into existing processes (for example, discussing eligible families during Legal Gateway Meetings), some social workers didn't experience much of an additional burden as a result of the pilot. The main additional tasks mentioned were administrative and related to referral forms and FNSPs. However, others had found the additional workload challenging – one social worker highlighted that the commitment of attending a 2–3-hour FGC for each family was significant and could be difficult to schedule around their other commitments, and others

found the FNSP administration time consuming, especially where there was no dedicated person looking after these in the local authority.

> When this initial thing of FNP pot of money [was implemented], it sounds great, but I think in practice, it's been a lot more work than anyone envisioned. - *Delivery Stakeholder, Wave 2*

One Wave 1 delivery team member noted that, although there was an increase in their workload to deliver the pilot, they saw this as worthwhile as this was laying the groundwork for long-term change:

> You're putting the groundwork … and getting as much support as you can, with the view that everybody knows that if you've got a good network around your children, our job as a social worker is easier. We just need to work hard at the beginning to put that in place. - *Delivery Stakeholder, Wave 2*

Ways of working

Knowledge of relational, family-led practice was further embedded in some local authorities as a result of this pilot, leading to an emphasis on empowering families rather than on risk assessment. This was particularly significant for those new to Family Group Conferences (FGCs), where the approach represented a notable shift in practice and culture. In contrast, authorities already using FGCs and working with broader family group decision-making approaches saw the pilot as reinforcing this shift, with strategic leads especially perceiving the pilot as a continuation of this work rather than a major change.

> Some of the referrers [social workers] are using us [FGC coordinators] multiple times, and are developing an insight into the programme, into the model, and how the model's used. They're developing a confidence in the model, because they're seeing good results coming from it. – *Delivery stakeholder, Wave 2*

Some delivery stakeholders who were less familiar with FGCs also felt that the pilot had broadened social workers' and other support staff's views on what is possible; some were pleasantly surprised by the families' plans and solutions they came up with in FGCs. The pilot also led to more collaboration and knowledge sharing between the pilot local authorities. Frontline staff expressed relief that there was another support tool they could use with their families, and another staff member (FGC coordinator) collaborating with them to support their families.

Potential cost savings in the medium to long term for children's social care

When asked if they thought FNSPs could have a cost saving impact in the long term, there was broad agreement across strategic stakeholders and delivery teams that they could – and some thought they may have already had a cost-saving impact. They pointed to the very high costs of funding a childcare placement, which could run into several thousand pounds per week for fostering placements, or potentially much higher for residential care placements - which some local authorities said were now being used more frequently due to a nationwide shortage in foster carers.

> The cost of a handful of children not being accommodated would genuinely cover the costs of the entire pilot - *Strategic Stakeholder*, *Wave 2*

Delivery teams also pointed to all the other costs involved in a child's family being involved in legal proceedings - including legal costs, increased social worker involvement, commissioning specialist assessments, and mental health support – which could be reduced or avoided altogether if a family network could be supported to keep a child or children in their care.

Delivery teams were keen to stress that although the cost-saving benefit would be welcome, they could not "put a price on" what this support would mean for families, and the positive change this could bring for them.

7.3 Early quantitative analysis of FNP Wave 1 local authorities' outcomes

7.3.1 Methodology

Data

The primary data source for this analysis is the National Pupil Database (NPD), a comprehensive administrative dataset maintained by the Department for Education. It includes detailed information on Children Looked After (CLA), such as care status, duration of care, placement type, and exit route, with consistent coverage across all state-funded schools in England. The dataset also includes local authority identifiers, which allow the researchers to carry out geographically disaggregated analyses.

Alma Economics used NPD data spanning the 2018/19 to 2023/24 financial years. The data from 2023/24, covering April 2023 to March 2024, captures the initial phase of implementation in Wave 1 local authorities' which began in July 2023. To enrich the dataset and include key explanatory variables, Alma Economics matched data on Children Looked After with school census information to incorporate child-level

characteristics such as Special Educational Needs (SEN) status and eligibility for free school meals. This enabled them to control for individual-level factors that might independently influence outcomes, improving the robustness of estimates. From the two merged datasets, Alma Economics constructed a panel dataset with one observation per child per year, combining the CLA data with school census records.

To estimate treatment effects using difference-in-differences, Alma Economics focused on the last two years of the panel, using 2022/23 as the pre-treatment period and 2023/24 as the post-treatment period. Unaccompanied asylum-seeking children were excluded from the analysis due to their unique pathways and eligibility processes.

Difference-in-differences approach

To estimate the early impact of FNP, Alma Economics applied a difference-in-differences (DiD) approach. This method compares the change in outcomes over time in the treatment areas to the change in outcomes in matched comparator areas that did not receive the intervention. By exploiting variation across both time and treatment status, DiD allows controlling for unobserved factors that are constant over time, as well as time trends that are common across areas. The key identifying assumption is that, in the absence of the intervention, the treatment and comparator areas would have followed parallel trends. By comparing pre- and post-implementation periods, the effect of FNP in the Wave 1 local authorities' can be estimated while accounting for underlying differences between areas and broader policy or contextual changes affecting all local authorities.

Treatment and comparator areas

FNP was firstly implemented in July 2023 in four Wave 1 local authorities: Brighton and Hove, Gateshead, Sunderland and Telford and Wrekin. In Summer 2024, the pilot was implemented in three additional local authorities': Hammersmith and Fulham, Hartlepool, and Staffordshire (Wave 2). However, this analysis is focused on the impact on Wave 1 local authorities as the treatment period for Wave 2 local authorities is not captured by the currently available NPD data. Alma economics used the Children's Services Statistical Neighbour Benchmarking tool to identify comparator areas for each Wave 1 local authority area. The model is designed specifically to support comparisons between local authorities in the context of children's services, using a broad set of indicators related to demographics, deprivation, and service demand. It identifies the most similar areas based on these characteristics. For each treatment area, the 10 closest matches were selected as comparators, except in two cases where one of the closest matches was also a treatment area so was removed. Alma Economics also ran one specification of the analysis where all the treatment areas were pooled together and were compared to the pool of all comparison areas used in the individual specifications. The list of comparator areas for each specification can be found in Appendix E.

Outcome variables

For the early evaluation of FNP in Wave 1 local authorities, Alma Economics focused on two main outcomes to see whether any early effects of the pilot can be identified:

1. A binary variable indicating whether a child was in care at the end of the 2023/24 financial year. Since treatment in Wave 1 local authorities began in July 2023, some months of the 2023/24 financial year remained untreated. Therefore, using an end-of-year snapshot provides a more accurate representation of the intervention's effect for this first wave.

2. A binary variable indicating whether a child exited care into a Special Guardianship or Residence Order (SGRO).

Explanatory variables

The analysis also included a set of explanatory variables to control for observable characteristics that may influence the outcome independently of the treatment. The estimated model controlled for the following variables on child-level:

- age
    - gender
    - ethnicity
    - SEN status
    - eligibility for free school meals
- Income Deprivation Affecting Children Index score (IDACI score)[21]
- duration of care (for specifications where the outcome variable is exit of care into a special guardianship order or a residence order)

Specification & sample

The main specification is a linear probability model estimated using the following difference-in-differences framework:

$$Yi,t = a + \beta 1 \cdot Treatedi + \beta 2 \cdot Postt + \delta \cdot (Treatedi \times Postt) + \gamma \cdot Xi,t + \varepsilon it$$

where Yi,t is the binary outcome variable for child i in year t (either being in care at year-end or exiting care into a special guardianship order or a residence order), $Treatedi$ is an

[21] This analysis uses the IDACI scores included in the NPD extracts for the 2018/19–2023/24 financial years. These reflect the version of IDACI available in the dataset at the time it was produced. A revised IDACI model has since been released, and future analyses may draw on the updated scores once incorporated into the NPD.

indicator for children in local authorities that received treatment in Wave 1, $Postt$ indicates the post-intervention period (2023/24), and Xi,t is a vector of child-level control variables. These include age, gender, ethnicity, SEN status, eligibility for free school meals, and IDACI score; for the SGRO outcome, the model also controls for duration in care. The coefficient of interest is δ which captures the average treatment effect.

All regressions are estimated with robust standard errors. As robustness checks, Alma Economics also estimated models without controls and used logistic regressions for both outcome variables. Across all specifications, the results were broadly similar, with only minor differences in the direction, size, or statistical significance of the estimated treatment effects.

For the outcome on being in care at the end of the financial year, the full sample of children in the panel was used. For the SGRO outcome, two specifications were estimated: one using the full sample and another focusing only on children who were in care during 2022/23. The full sample captures overall rates of exit to SGRO, while the restricted sample provides a clearer view of exit pathways for those already in the care system prior to the intervention.

Limitations

A limitation of this analysis is that, since we couldn't track individual children receiving FNP support, the analysis is conducted at the local authority level, which may dilute the observed effects. However, the intention-to-treat approach helps mitigate any selection bias, which can be present in evaluations where only those receiving interventions are included in the treatment group. Additionally, the treatment effect is likely to take time to materialise. The data currently available reflects a short duration and small magnitude of treatment, meaning the full impact has not yet been captured. As such, the results are based on an early stage of the intervention. Finally, while we used the Children's Services Statistical Neighbour Benchmarking tool to select control areas, we plan to refine this approach in future analyses by using more sophisticated matching techniques based on pre-treatment trends and key child and area characteristics.

7.3.2 Findings

The findings presented in this section are early findings for the treatment effects in Wave 1 local authorities, covering the period from July 2023 to March 2024. Given the short duration since implementation, and with monitoring data indicating that relatively few Family Network Support Packages were delivered during this time, any measurable impact was expected to be limited. There was no clear pattern in the two outcomes across treatment areas, with treatment effects varying in direction, and statistical significance and economic meaningfulness generally being on the lower side. This is not unexpected at this stage, and the results should not be interpreted as evidence for or

against the effectiveness of the policy. Longer-term follow-up will be needed to assess impact.

Table 1 gives an overview of the regression results. The first part of the table displays the treatment effects (TE), the statistical significance level (*p < 0.05, **p < 0.01, ***p < 0.001) and the absolute t-statistics for each of the treatment areas (compared to the 9-10 control groups) and the pooled specifications where all treatment areas were compared to all comparator areas. The second part of the tables gives a summary of the treatment effects found across all specifications.

Table 1: Overview of regression results for Wave 1 local authorities

Regression results:	In care at the end of 23/24	Exits from care into SGRO (full sample)	Exits from care into SGRO (sub sample)
LA1	TE -0.08% t-stat -0.86	TE -0.02% t-stat -0.86	TE -2.17% t-stat -1.09
LA2	TE 0.08% t-stat 1.28	TE 0.06%** t-stat -3.06	TE -7.28%*** t-stat -3.72
LA3	TE 0.01% t-stat 0.19	TE 0.01% t-stat 0.41	TE 2.25% t-stat 0.76
LA4	TE -0.06% t-stat -0.77	TE 0.02% t-stat 1.51	TE 3.83%* t-stat 2.35

Regression results:	In care at the end of 23/24	Exits from care into SGRO (full sample)	Exits from care into SGRO (sub sample)
Pooled	TE 0.01% t-stat 0.17	TE -0.01% t-stat -1.5	TE -1.73% t-stat -1.67
Summary of treatment effects (TE):			
Minimum	-0.08%	-0.06%	-7.28%
Mean	-0.01%	-0.01%	-0.84%
Median	-0.03%	-0.01%	0.04%
Max	0.08%	0.02%	3.83%

Early findings from treatment between July 2023 and March 2024 show no consistent treatment effects across Wave 1 local authorities, with outcomes varying in direction and generally low t-statistics. While early results show no consistent pattern, two local authorities, LA1 and LA4 showed some early indication of reduced likelihood of children being in care, while LA2 and LA3 displayed small increases. LA4 also showed a positive effect on exits from care into Special Guardianship (increased probability of exiting care through an SGRO for children being in care by around 4%), while LA2 showed the largest negative effect on this outcome (an unexpected decrease in the probability of exiting care through SGRO by around 7%). Effects in other areas were small and mixed. Given the relatively short treatment period and low delivery of Family Network Support Packages, this should not be taken as proof of the policy's effectiveness or ineffectiveness, as a longer-term evaluation is needed to determine its true impact.

7.3.3 Plan for future evaluation

The next phase of the evaluation will benefit from a longer implementation period and increased uptake of FNPs, allowing for more meaningful analysis of treatment effects. Alma Economics will also incorporate more sophisticated matching techniques to

improve comparability between treatment and comparator areas, exploring approaches such as matching on pre-treatment trends in key outcomes (such as CLA rates), child characteristics (e.g., eligibility for free school meals), and area-level indicators (e.g. Index of Multiple Deprivation). Alma Economics also plan to expand the range of outcomes assessed, including indicators such as the number and duration of Child Protection Plans, as well as the duration of the period of children being in need.

8. Summary of key learnings and implications

Learning: The FNP enabled more creative, family-led solutions but required a cultural shift in practice. This was generally seen as a progressive, positive shift.

Implications:

DfE: Promote relational, family-led approaches in national guidance and funding frameworks.

Local authorities: Provide training and reflective spaces to support mindset shift among social workers and embed family-led practice.

Learning: Eligibility criteria for the pilot (e.g. pre-proceedings only, no direct support to parents) were seen as too narrow and those who used FGCs and FNSPs at earlier stages tended to report better outcomes.

Implications:

DfE: Consider expanding support eligibility to earlier stages (e.g. Child in Need) and consider the role of the parent at these earlier stages.

Local authorities: Use top-slice flexibly to support edge-of-care and reunification cases; communicate eligibility clearly and gather evidence about the impact of the FGC/FNSP at different stages.

Learning: FGCs were seen as empowering for families, but often occurred too late in the child's journey.

Implications:

DfE: Encourage earlier use of FGCs in future programmes.

Local authorities: Embed FGCs earlier in the child's journey; ensure social workers understand and value the model and know when and how to use it.

Learning: FNSPs were flexible and created positive impact for some families but delays and admin burden undermined delivery.

Implications:

DfE: Provide clearer guidance on FNSP spend approvals and use cases. Possibly streamline reporting requirements or provide templates / support in future to aid smoother set up and delivery.

Local authorities: If budget allows, invest in business support roles to reduce admin burden. Clarify internal processes and roles (e.g. a clear process flowchart shared with all relevant stakeholders).

Learning: Centralised delivery models reduced burden on social workers but risked bottlenecks.

Implications:

DfE: Encourage Local authorities to assess delivery models based on local context and capacity.

Local authorities: Balance central oversight with team-level empowerment; ensure contingency plans for key roles.

Learning: DfE oversight and flexibility were valued by LAs.

Implications:

DfE: Maintain responsive, supportive oversight. Continue to reinforce Local authorities having direct, candid, psychologically safe conversations with DfE via one point of consistent contact.

Local authorities: Engage proactively with DfE to clarify flexibilities and share learning across local authorities.

Learning: FGC coordinators were critical to success, especially when they were experienced and were seen by families as independent to the social worker.

Implications:

DfE: Invest in FGC coordinator training and awareness materials (some Local authorities in London spoke about FGC coordinator/skills shortages).

Local authorities: Recruit and retain experienced FGC coordinators; provide training and support for new staff.

Local authorities: Have a clear sense of how many families may be eligible for the pilot, how many are likely to agree to an FGC and how much FGC resource is likely to be required at the outset to prevent delays if requests increase.

Local authorities: Ensure FGC coordinators are positioned differently to the social worker with families, so that they understand the difference in approach.

Local authorities: If possible, FGC meetings can take place in locations away from council offices.

Learning: Families responded best when engagement was early, relational, and clearly explained.

Implications:

DfE: Continue to emphasise importance of relational engagement in national guidance and other wider sector work.

Local authorities: Prioritise early, clear communication with families about the support they can access; use FGCs to build trust and uncover family networks.

Delays in FNSP payments damaged trust and engagement.

Implications:

DfE: Explore ways to support local authorities to streamline payment mechanisms and flag this at the outset.

Local authorities: Simplify internal spend sign-off and payment processes. Have clear roles and responsibilities at all stages; ensure families are kept informed about timelines and are clear on who to ask if there are delays.

Learning: Some local authorities worried about FNSP creating dependency or causing reputational risk from large spends.

Implications:

DfE: Provide reassurance and case examples to local authorities that support bold, needs-based spending.

Local authorities: Use reflective supervision to balance risk and impact; document the rationale for high value spends to increase confidence.

Learning Respondents reported that the pilot helped reduce escalation and avoid care in some cases, but causality is hard to prove.

Implications:

DfE: Upcoming impact evaluation will assess long-term outcomes.

Local authorities: Continue collecting case studies and monitoring data to build the evidence base.

Leaning: Cultural change towards working with children and families in a more family-led way is underway but uneven across LAs.

Implications:

DfE: Support peer learning and buddying between local authorities.

Local authorities: Share best practice internally and externally; use champions to model new ways of working and engage with staff to understand needs and concerns.

Learning: The staged approach to implementation (Wave 1 and Wave 2) had mixed success

Implications:

DfE: Continue to consider this staged approach for future programmes and support structured and unstructured knowledge exchange through buddying between local authorities and providing practice forums.

9. Appendices

Appendix A – Description of Family Network pillar of the FFC Pathfinder

Family Network: description of pillar as part of the Families First for Children Pathfinder

- Engaging and empowering parents and family networks involved in child protection, including via parental representation.
- Introduce new Family Network Support Packages (FNSPs) to provide practical and financial support to enable family networks to help children stay safe and thrive at home.
- Establishing a system-wide, 'families first' culture, which addresses structural inequalities, attends to the full spectrum of families' contexts and needs, and facilitates a welcoming and effective system for children and families.
- Engaging and involving children and families in design and delivery.
- Embedding Family Group Decision Making (FGDM) and establishing multi-agency child protection teams in every local area.

Appendix B - KPIs included in local authorities' monitoring data

Cohort accessing funding

- Number of children, per family within pre-proceedings/edge of care cohort
- Uptake of FGC
- Average cost of FGC
- Uptake of FNSPs
- Number of families considered not eligible
- Access to s.17 funding alongside FNSPs
- Number of families at pre-proceedings deemed to be not eligible for FNSP during the pilot, including contextual information and rationale.
- Total value of each FNSP individual payment
- Total annual FNSP spend per family and per child Impact/Outcomes

Outcomes of pre-proceedings in cohort accessing funding

- Decision to issue care proceedings
- Decision to issue private law proceedings
- Decision not to issue care or private proceedings, pre-proceedings ends
- Ongoing- no outcome to date
- Child(ren)'s living arrangements following pre-proceedings or proceedings

Appendix C - Achieved sample for Phase 1, Phase 2 and Phase 3 FN fieldwork

Note that in the table below, S = Strategic stakeholder, D = Delivery stakeholder. The number in brackets is the total number of people who participated in each activity within each phase.

Wave 1 Local authorities

LA1

Fieldwork phase 1 (March – April 2024):

Strategic stakeholders: 1 group interview (3)

Delivery stakeholder: 1 group interview (3), 2 depth interviews (2)

Total participants: 8

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 1 group interview (2)

Total participants: 5

LA2

Fieldwork phase 1 (March – April 2024):

Strategic stakeholders: 1 group interview (3), 1 depth interview (1)

Delivery stakeholder: 3 group interviews (9)

Total participants: 13

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 1 group interview (2), 4 depth interviews (4)

Total participants: 9

LA3

Fieldwork phase 1 (March – April 2024):

Strategic stakeholders: 2 depth interviews (2)

Delivery stakeholder: 1 group interview (2)

Total participants: 4

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 2 depth interviews (2)

Delivery stakeholder: 2 group interview (6)

Total participants: 8

LA4

Fieldwork phase 1 (March – April 2024):

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 1 group interview (5)

Total participants: 8

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 2 group interviews (8)

Total participants: 11

Wave 2 Local authorities

LA5

Fieldwork phase 2 (August – November 2024):

Strategic stakeholders: 1 group interview (2), 1 depth interview (1)

Delivery stakeholder: 1 group interview (6)

Total participants: 9

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 1 group interview (2), 1 depth interview (1)

Delivery stakeholder: 2 group interviews (7)

Total participants: 10

LA6

Fieldwork phase 2 (August – November 2024):

Strategic stakeholders: 1 group interview (2), 2 depth interviews (2)

Delivery stakeholder: 2 group interviews (4)

Total participants: 8

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 2 group interviews (5)

Total participants: 8

LA7

Fieldwork phase 2 (March – April 2024):

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 1 group interview (4)

Total participants: 7

Fieldwork phase 3 (May – June 2025)

Strategic stakeholders: 3 depth interviews (3)

Delivery stakeholder: 3 group interviews (6), 4 depth interviews (4)

Total participants: 13

Appendix D – Data for FNP monitoring data

Table 2: Summary of monitoring data across participating local authorities

FNP data summary	Total figures
Families in pre-proceedings	740
Families being offered an FGC	548
Families accepted an FGC	492
Families going ahead with an FGC	427
Families agreed to an FNSP	326
Families received an FNSPF	265
Total number of FNSPs offered	2,372
Number of recurring FNSPs	367

Source: Wave 1 and Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 3: Average FNSP spend by child and by family across participating local authorities

Average FNSP spent	Total figures
Average FNSP spent by child	£1,633
Average FNSP spent by family	£2,797

Source: Wave 1 and Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 4: Number of families being offered an FGC and number of families accepting the offered FGC across Wave 1 local authorities

Wave 1 local authorities	Number of families being offered an FGC	Number of families accepting an FGC
LA1	57	57
LA2	164	136
LA3	60	60
LA4	57	49

Source: Wave 1 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 5: Number of families being offered an FGC and number of families accepting the offered FGC across Wave 2 local authorities

Wave 2 local authorities	Number of families being offered an FGC	Number of families accepting an FGC
LA5	29	27
LA6	72	64
LA7	109	99

Source: Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 6: Number of families agreed to an FNSP and number of families received an FNSP across Wave 1 local authorities

Wave 1 local authorities	Number of families agreed to an FNSP	Number of families received an FNSP
LA1	52	23
LA2	104	92
LA3	55	40
LA4	52	52

Source: Wave 1 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 7: Number of families agreed to an FNSP and number of families received an FNSP across Wave 2 local authorities

Wave 2 local authorities	Number of families agreed to an FNSP	Number of families received an FNSP
LA5	12	8
LA6	24	24
LA7	27	26

Source: Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 8: Average FNSP spend by child and by family across Wave 1 local authorities

Wave 1 local authorities	Average FNSP spent by child	Average FNSP spent by family
LA1	£2,448	£4,258
LA2	£1,193	£1,997

Wave 1 local authorities	Average FNSP spent by child	Average FNSP spent by family
LA3	£953	£1,930
LA4	£3,480	£3,614

Source: Wave 1 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 9: Average FNSP spent by child and by family across Wave 2 local authorities

Wave 2 local authorities	Average FNSP spent by child	Average FNSP spent by family
LA5	£1,776	£2,442
LA6	£281	£668
LA7	£2,785	£6,107

Source: Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 10: Average time between when an FGC took place and the FNSP payment was made across Wave1 local authorities and quarters

Average time between FGC took place and FNSP payment	Q3 2023/ 24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Wave 1	20 days	43 days	46 days	56 days	61 days	73 days
LA1	29 days	98 days	55 days	56 days	76 days	125 days
LA2	21 days	37 days	44 days	41 days	54 days	73 days
LA3	7 days	48 days	72 days	82 days	61 days	54 days
LA4	N/A	N/A	N/A	79 days	148 days	185 days

Source: Wave 1 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Table 11: Average time between when an FGC took place and the FNSP payment was made across Wave 2 local authorities and quarters

Average time between FGC took place and FNSP payment	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Wave 2	N/A	N/A	N/A	94 days	46 days	113 days
LA5	N/A	N/A	N/A	49 days	130 days	182 days
LA6	N/A	N/A	N/A	40 days	65 days	118 days
LA7	N/A	N/A	N/A	177 days	28 days	107 days

Source: Wave 2 local authorities' quarterly data monitoring returns (October 2023 to March 2025)

Appendix E – Impact evaluation additional information

Comparator areas

Comparator areas used for Brighton & Hove:

- Reading
- City of Bristol
- Bath and North East Somerset
- Bournemouth, Christchurch & Poole
- Southend-on-Sea
- Portsmouth
- Leeds
- Sheffield
- York
- East Sussex

Comparator areas used for Telford and Wrekin:

- Medway
- Rotherham
- North Lincolnshire
- Dudley
- Doncaster
- Swindon
- Wigan
- Peterborough
- Lancashire
- Plymouth

Comparator areas used for Gateshead (Sunderland got excluded due to being a treatment area as well):

- Durham
- St. Helens
- Darlington
- South Tyneside
- Wakefield
- North Tyneside
- Tameside
- Barnsley
- Wigan

Comparator areas used for Sunderland (Gateshead got excluded due to being a treatment area as well):

- South Tyneside
- Durham
- Barnsley
- St. Helens
- Halton
- Tameside
- Redcar and Cleveland
- Wakefield
- Darlington

Regression tables

Notes

The tables below show the full regression tables for each treatment area and the pooled specification. Each table presents the results for three regressions: (1) the effect of treatment on the probability of being in care at the end of 2023/24, (2) the probability of having excited care into a Special Guardianship or Residence Order (SGRO) based on the full sample of all children and (3) the probability of having excited care into an SGRO based on the sub sample of children in care in 2022/2023. For each variable, the table presents the coefficient with the statistical significance denoted by asterisks (*p < 0.05, **p < 0.01, ***p < 0.001), and the t-statistic in brackets in the row after. Given the difference-in-difference approach used, the coefficient of the interaction term (Treated × Post) is the primary focus of our analysis, as it represents the causal effect of the treatment on the outcome of interest. Observations in all regression tables were rounded to the nearest 10.

Table 12: Full regression table for LA1

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Treated	0.00181**	0.000595**	0.0277
	(2.82)	(2.83)	(1.88)
Post	-0.000249	0.00000182	-0.00543
	(-1.07)	(0.03)	(-0.99)
Treated ×× Post	-0.000761	-0.000246	-0.0217
	(-0.86)	(-0.86)	(-1.09)
Year of birth	-0.000374***	0.0000635***	0.00202*
	(-13.51)	(8.08)	(2.43)
Gender	0.00197***	0.0000841	0.00125
	(8.87)	(1.33)	(0.22)
Asian	-0.00558***	-0.000551***	-0.0500***
	(-18.64)	(-11.43)	(-3.41)

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Black	0.000761	-0.000818***	-0.0612***
	(1.05)	(-17.83)	(-11.98)
Chinese	-0.00548***	-0.000303***	0
	(-14.21)	(-12.88)	(.)
Mixed ethnicity	0.00164*	-0.000206	-0.0243*
	(2.40)	(-1.20)	(-2.02)
Other ethnicity	-0.00637***	-0.000947***	-0.0628**
	(-9.25)	(-7.43)	(-2.60)
SEN plan	0.0373***	-0.000644**	-0.0294***
	(33.05)	(-3.19)	(-4.86)
SEN support	0.0139***	0.000328**	-0.0178**
	(30.96)	(2.71)	(-2.77)
FSM eligibility	0.0118***	0.00153***	0.00828
IDACI score	-0.0151***	0.000458	0.102***
	(-15.44)	(1.73)	(4.90)
Duration in care	-	0.000341***	-0.000679***
	-	(14.71)	(-9.15)
Constant	0.758***	-0.128***	-3.982*
	(13.60)	(-8.09)	(-2.38)
Observations	752,510	752,510	7,740
R-squared	0.0126	0.00785	0.0343
F-test	280.9	35.97	22.09

Table 13: Full regression table for LA2

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Treated	-0.00276***	0.000251	0.0524**
	(-6.17)	(1.57)	(3.19)
Post	-0.000371	0.0000197	-0.000208
	(-1.46)	(0.28)	(-0.04)
Treated ×× Post	0.000813	-0.000603**	-0.0728***
	(1.28)	(-3.06)	(-3.72)
Year of birth	-0.000338***	0.0000800***	0.00346***
	(-11.79)	(9.60)	(3.98)
Gender	0.00201***	0.0000762	0.00120
	(8.72)	(1.15)	(0.20)
Asian	-0.00531***	-0.000356***	-0.0118
	(-16.54)	(-3.75)	(-0.44)
Black	0.00135	-0.000676***	-0.0662***
	(1.86)	(-15.26)	(-10.11)
Chinese	-0.00607***	-0.000258***	0
	(-13.17)	(-10.70)	(.)
Mixed ethnicity	0.00251***	-0.000173	-0.0243*
	(3.35)	(-0.91)	(-1.96)
Other ethnicity	-0.00617***	-0.000813***	-0.0215
	(-7.72)	(-4.82)	(-0.58)
SEN plan	0.0367***	-0.000671**	-0.0320***

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
	(31.28)	(-3.25)	(-5.20)
SEN support	0.0128***	0.000329**	-0.0191**
	(28.27)	(2.64)	(-2.79)
FSM eligibility	0.0115***	0.00148***	0.00824
	(33.17)	(14.38)	(1.40)
IDACI score	-0.0176***	0.000325	0.108***
	(-17.71)	(1.17)	(5.02)
Duration in care	-	0.000346***	-0.000712***
	-	(14.02)	(-8.78)
Constant	0.686***	-0.161***	-6.883***
	(11.91)	(-9.60)	(-3.93)
Observations	698,380	698,380	7,210
R-squared	0.0119	0.00763	0.0397
F-test	248.4	34.12	20.73

Table 14: Full regression table for LA3

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Treated	-0.00223***	0.00000425	0.00816
	(-5.88)	(0.04)	(0.42)
Post	-0.000282*	-0.0000833*	-0.0128*
	(-1.96)	(-2.52)	(-2.53)
Treated ××	0.000102	0.0000577	0.0225

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Post			
	(0.19)	(0.41)	(0.76)
Year of birth	-0.000260***	0.0000204***	0.00241**
	(-15.38)	(5.10)	(3.05)
Gender	0.00143***	0.0000134	-0.00344
	(10.31)	(0.43)	(-0.68)
Asian	-0.00298***	-0.000199***	-0.0388***
	(-19.97)	(-7.94)	(-3.88)
Black	-0.00207***	-0.000200***	-0.0177
	(-8.06)	(-3.37)	(-1.64)
Chinese	-0.00294***	-0.0000910***	-0.0568***
	(-14.51)	(-7.48)	(-7.62)
Mixed ethnicity	0.00153***	0.00000937	-0.000707
	(4.81)	(0.13)	(-0.09)
Other ethnicity	-0.00415***	-0.000366***	-0.0317
	(-13.03)	(-7.56)	(-1.82)
SEN plan	0.0276***	-0.000308**	-0.0232***
	(33.50)	(-2.62)	(-4.45)
SEN support	0.00886***	0.000208**	-0.00656
	(30.96)	(3.25)	(-1.05)
FSM eligibility	0.00901***	0.000695***	0.0154**
	(37.56)	(12.29)	(3.23)
IDACI score	-0.00881***	0.000226	0.0873***
	(-13.94)	(1.50)	(4.15)

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Duration in care	-	0.000243***	-0.000424***
	-	(11.38)	(-6.68)
Constant	0.526***	-0.0410***	-4.791**
	(15.46)	(-5.10)	(-3.02)
Observations	1,130,760	1,130,770	6,460
R-squared	0.0111	0.00588	0.0283
F-test	274.6	20.73	11.74

Table 15: Full regression table for LA4

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Treated	0.000999	-0.000201*	-0.0326***
	(1.89)	(-2.47)	(-3.55)
Post	-0.000516**	-0.0000740*	-0.00986*
	(-3.21)	(-2.03)	(-2.36)
Treated ×× Post	-0.000554	0.000206	0.0383*
	(-0.77)	(1.51)	(2.35)
Year of birth	-0.000399***	0.0000481***	0.00414***
	(-20.29)	(10.00)	(6.08)
Gender	0.00193***	0.0000951**	0.00673
	(12.36)	(2.68)	(1.59)
Asian	-0.00439***	-0.000214***	-0.0115

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
	(-30.13)	(-7.15)	(-0.96)
Black	-0.00257***	-0.000203***	-0.0185
	(-9.13)	(-3.45)	(-1.42)
Chinese	-0.00277***	-0.000175***	-0.0298***
	(-3.87)	(-9.34)	(-5.68)
Mixed ethnicity	0.00294***	-0.000157	-0.0127
	(6.72)	(-1.85)	(-1.95)
Other ethnicity	-0.00314***	-0.000329***	-0.0205
	(-6.35)	(-3.56)	(-1.07)
SEN plan	0.0334***	-0.000305*	-0.0137**
	(38.38)	(-2.46)	(-3.08)
SEN support	0.0115***	0.000330***	-0.00117
	(34.82)	(4.42)	(-0.23)
FSM eligibility	0.00824***	0.000610***	-0.00148
	(32.63)	(10.48)	(-0.34)
IDACI score	-0.0151***	0.000559**	0.112***
	(-21.46)	(3.09)	(5.82)
Duration in care	-	0.000233***	-0.000388***
	-	(13.95)	(-7.74)
Constant	0.807***	-0.0968***	-8.277***
	(20.42)	(-10.00)	(-6.04)
Observations	1,180,470	1,180,470	9,040
R-squared	0.0113	0.00625	0.0290
F-test	343.8	24.75	15.89

Table 16: Pooled regression table for Wave 1 local authorities

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
Treated	-0.0000142	0.000211**	0.0197*
	(-0.06)	(2.88)	(2.56)
Post	-0.000393***	-0.0000545*	-0.00708*
	(-3.93)	(-2.20)	(-2.48)
Treated ×× Post	0.0000584	-0.000147	-0.0173
	(0.17)	(-1.50)	(-1.67)
Year of birth	-0.000328***	0.0000450***	0.00343***
	(-27.91)	(14.60)	(7.81)
Gender	0.00176***	0.0000670**	0.00177
	(18.43)	(2.79)	(0.63)
Asian	-0.00435***	-0.000286***	-0.0281***
	(-44.40)	(-14.31)	(-3.72)
Black	-0.00247***	-0.000371***	-0.0344***
	(-13.32)	(-9.92)	(-5.42)
Chinese	-0.00387***	-0.000176***	-0.0509***
	(-15.44)	(-17.89)	(-9.33)
Mixed ethnicity	0.00145***	-0.000161**	-0.0121*
	(5.96)	(-2.94)	(-2.49)
Other ethnicity	-0.00473***	-0.000527***	-0.0334**
	(-18.28)	(-11.81)	(-2.92)
SEN plan	0.0322***	-0.000411***	-0.0227***

	(1) In care	(2) SGO exit – full sample	(3) SGO exit – sub sample
	(61.15)	(-4.99)	(-7.64)
SEN support	0.0108***	0.000283***	-0.0102**
	(55.19)	(5.90)	(-3.00)
FSM eligibility	0.00943***	0.000915***	0.00714*
	(60.84)	(22.74)	(2.52)
IDACI score	-0.0112***	0.000555***	0.110***
	(-26.61)	(5.04)	(9.51)
Duration in care	-	0.000276***	-0.000509***
	-	(23.74)	(-14.18)
Constant	0.665***	-0.0906***	-6.832***
	(28.08)	(-14.61)	(-7.74)
Observations	3,130,260	3,130,260	24,190
R-squared	0.0112	0.00661	0.0320
F-test	903.3	85.90	48.26

Appendix F – Comparing thematic insights from the Family Network Pilot and the Families First for Children Pathfinder

This chapter brings together insights from the FFCP evaluation (published in July 2025, see 2.1.2 for more information on FFCP)[22] with our findings from the FNP evaluation. It focuses primarily on differing perspectives on the use of Family Group Conferences (FGCs) and Family Network Support Packages (FNSPs), while also exploring other overlapping themes.[23]

Chapter summary

- Family Group Conferences (FGCs) were used more flexibly and earlier in the Families First for Children Pathfinder (FFCP), while in the Family Network Pilot (FNP) FGCs were a prerequisite for accessing Family Network Support Packages (FNSPs) and often occurred later in the child's journey. Earlier use was widely seen as more effective.
- The most notable difference between the two programmes lies in the flexibility of implementation. The FFCP's broader, system-wide integration of these tools allowed for earlier, more tailored, and more preventative use. The flexibility afforded in the application of FGCs in the FFCP was widely seen as a strength, enabling local authorities to adapt the approach to their specific contexts and needs.
- A shared theme was the importance of cultural change - moving from risk-centred approaches to social work towards more family-led, relational approaches

Views on the FGC model and application

All 6 local authorities involved in the FFCP evaluation (**Families first for children pathfinder programme: evaluation report**, July 2025) implemented FGCs and FNSPs but these were delivered in a slightly different way to the FNP.

Both the FNP and FFCP aimed to strengthen family networks and reduce the need for statutory intervention by embedding family-led planning and providing practical support. FGCs and FNSPs were central to this vision, but their implementation varied.

[23] As mentioned previously, the use of FGCs and FNSPs was embedded within a wider programme of reform under the FFCP. This broader context helps to explain the areas of overlap between the FFCP and FNP evaluations, particularly in how these approaches were interpreted and applied. For an overview of how FGCs and FNSPs were implemented differently in the Family Network Pilot and the Families First for Children Pathfinder, see Chapter Seven.

FGCs

In the FNP, FGCs were a required gateway to accessing FNSPs and were typically offered at pre-proceedings. This created a structured but narrow window for intervention.

In contrast, the FFCP embedded FGCs within a broader Family Group Decision Making (FGDM) model and encouraged their use at multiple points in a family's journey - such as during Early Help, before Child Protection planning, or prior to care proceedings. This flexibility allowed for earlier and more preventative use of FGCs, which was widely seen as more effective.

FNSPs

FNSPs in the FNP were tightly linked to FGCs and restricted to families at the pre-proceedings stage.

In the FFCP, they were offered more broadly, with local authorities given discretion to define eligibility and governance. This allowed for more creative and context-specific use of the funding.

Across both programmes, FGCs were praised for empowering families to take ownership of their plans. In the FFCP, early use of FGCs was credited with preventing escalation at all stages of a family's journey, and even avoiding care proceedings in some cases.

FNSPs were valued for their potential to unlock support from extended family members. Strategic leads saw them as a powerful "invest to save" tool, and delivery teams appreciated the funding to enable them to respond to practical barriers that might otherwise prevent a child from staying safely within their family network.

Challenges and Concerns

In the FNP, requiring a Family Group Conference (FGC) before accessing FNSP funding was often seen as a barrier - especially for families who were reluctant to participate or lacked strong networks. Some delivery stakeholders were concerned that families might feel pressured or even coerced to take part in an FGC just to receive support, particularly if funding appeared to be withheld for those who declined. Delivery teams also noted that the eligibility criteria were too restrictive and that the administrative workload, especially around FNSP payments, was significant.

There were also concerns in both programmes about the sustainability of FNSPs and the risk of creating dependency. Some local authorities avoided recurring payments or direct cash transfers, and the inability to fund parents directly was a consistent source of frustration for delivery teams.

Culture change within local authorities in FNP and FFC

A shared theme across both the FNP and FFCP was the need for a cultural shift in children's social care - from a risk-centred and compliance-driven practice to robust, but more relational, family-led approaches. Respondents felt that the programmes were not just about introducing new tools like FGCs and FNSPs but about changing how practitioners think and work.

In the FNP, this shift was most visible in how social workers approached FNSP spending. Tight budgets within local authorities had made many cautious, and some felt uncomfortable suggesting or approving some FNSP spends - even when they could prevent a child entering care. Strategic leads had to actively support staff to adopt a more open mindset.

In both programmes, success depended on empowering families and seeing them as partners. But this transformation required time, leadership, and consistent reinforcement. Some local authorities were just beginning this shift, while others saw the FNP and FFCP as reinforcing a cultural change that was already underway.

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