Department for Education

Pre-Case Management Hearing Meetings

Evaluation of pilots to reduce unnecessary family court delays

Research report

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Preface

We would like to thank all those who gave their time to take part in the interviews and survey for sharing their experiences openly. Their contributions were essential in shaping the findings and recommendations presented in this report.

We would also like to thank colleagues at DfE for their valuable input, guidance, and support throughout the research. We are also grateful to delivery partners, Mutual Ventures, Gate One and Mott MacDonald for their input and support across the evaluation. Finally, we would like to thank our colleagues and associates at Verian, NCB, and Alma Economics for their work in delivering this evaluation: Ramla Attah, Frances Hansford, Ruth Atkinson, Nathan Turner, Emma MacKay, Ellinor Ottosson, Michael Ratajczak, Peter Mathews, Oriol Bosh, Alex Hurrell, Elisabetta Pasini, Lawrence Newland, Lucille McKnight, Dustin Hutchinson, and Jemima Colahan.

It is with great sadness that we acknowledge the significant professional contribution of our colleague, Phoebe Penfold, to this evaluation and to her wider work at Verian. Her insight and commitment were highly valued, and she will be greatly missed.

Abbreviations

A note on unintended consequences and unexpected outcomes:

Unintended consequences are effects generated by the pilot which were not anticipated and/or intended, these can be positive or negative.

Unintended positive consequences are effects generated by the pilot which, although positive, would not directly contribute to the primary aim of the pilot.

Unexpected outcomes are any outcomes or effects from the pilot which were not included on the Theory of Change but can be seen as contributing to the primary aim of reducing unnecessary delays.

CBA	Cost-benefit analysis
CCD	Core Case Data
CMH	Case Management Hearing
CPI	Consumer Price Index
DfE	Department for Education
DFJ	Designated Family Judge
DP	Delivery Partner
HMCTS	His Majesty's Courts and Tribunals Service
IMD	Index of Multiple Deprivation
IRO	Independent Reviewing Officer
KEQ	Key evaluation question
LFJB	Local Family Justice Board
NAO	National Audit Office
NCB	National Children's Bureau
PLO	Public Law Outline
PoC	Proof of concept
PSW	Propensity score weighting

SIHIS Suspected Inflicted Head Injury Service

ToC Theory of change

ToRs Terms of reference

VfM Value for money

Executive Summary

The Department for Education (DfE) commissioned Verian and partners (Alma Economics and National Children's Bureau (NCB)) to deliver an independent evaluation of three pilot interventions, implemented between April 2024 and March 2025, that were designed to reduce unnecessary family court delays:

Pilot 1: The Designated Family Judge (DFJ) Trailblazers pilot aimed to identify local causes of delays and implement targeted interventions in response to the issues identified.

Pilot 2: Introduced a consistent approach to conducting pre–Case Management Hearing (CMH) meetings, to take place before the first CMH.

Pilot 3: Introduced a new multi-disciplinary Suspected Inflicted Head Injury Service (SIHIS) for children 0-8 years in three national Health Service (NHS) Trusts.

This report presents findings from the evaluation of the pre–Case Management Hearing (CMH) meetings pilot (Pilot 2).

Context

The pilot introduced a consistent approach to conducting pre-CMH meetings for non-urgent cases, to take place after proceedings have been issued and before the first CMH. The meeting provides a forum for the child's social worker and the court-appointed Cafcass guardian to share information and prepare for the first CMH. The pilot was a departure from usual practice in that it promoted a systematic approach to information sharing which might otherwise happen in an *ad hoc*, and sometimes rushed, manner. In particular, it provided the opportunity to agree details such as the proposed timetable and proposed expert assessments ahead of, rather than at, the first CMH. The pilot was implemented in 57 local authorities and supported by a specialist delivery partner (DP) consortium which received £675,044 from DfE. Local authorities did not receive funding from DfE.

A theory of change (ToC) was developed in collaboration with DfE, the Expert Panel and key stakeholders, at the start of the evaluation. It demonstrated the multiple pathways by which the pilot was expected to help reduce unnecessary delays in the family courts, while also reducing costs for courts and local authorities, improving family experience of the court system, and improving cross-agency work. The ToC was tested and refined during the evaluation.

Evaluation methodology and implementation

This evaluation had three objectives, organised as three types of evaluation:

1. To understand how the pilot was designed and implemented, and how acceptable it was to key stakeholders (process evaluation).

2. To assess whether, how, and why the expected pilot outcomes outlined in the pilot ToC were achieved (impact evaluation).

3. To evaluate the pilot's likely value for money (VfM) through a comprehensive, *ex-post* cost-benefit analysis (economic evaluation).

The evaluation spanned two years (April 2024 – May 2026) and used a theory-based, mixed-methods approach. It triangulated primary and secondary, quantitative and qualitative data from multiple sources to provide a comprehensive response to 11 Key Evaluation Questions (KEQs). Primary data was collected via (1) a survey administered to staff in all 57 local authorities, for which we received 20 individual responses from 16 local authorities; and (2) in-depth interviews with 26 stakeholders – local authority social workers and their managers, Cafcass guardians and their managers, and a Local Family Justice Board (LFJB) representative – in four local authorities. The quantitative impact evaluation used secondary data from the His Majesty's Courts and Tribunals Service (HMCTS) case management system to identify changes due to the pilot on key outcome measures. The economic evaluation used data from the quantitative impact evaluation to estimate the value for money of the pilot, alongside existing literature, pilot monitoring data, and informed assumptions, to provide breakeven analyses, estimating the minimum reduction in case duration required for the pilot to achieve cost neutrality.

A panel of experts in the family justice system contributed to our evaluation design and ToC, reviewed and commented on our evaluation findings, and worked closely with us on the final evaluation outputs.

Findings against the KEQs

Process evaluation findings

KEQ1: Was the pilot implemented as set out in guidance provided by the DfE? What variations were introduced by local authorities, if any, and why?

DfE provided initial Application Guidance, followed by additional 'how to' guides and templates. Research participants' views on the usefulness of the guidance were mixed, and some interviewees indicated insufficient guidance for Cafcass. Pilot guidance was largely followed, but with some exceptions:

- pre-CMH meetings were not held for a significant portion of non-urgent cases (for various reasons, including scheduling difficulties, low capacity among overstretched staff, delayed guardian allocations, and insufficient time due to the court listing of the first CMH);
- pre-CMH meetings often fell outside of the suggested timeline (3 to 12 days following application to the court) (again largely due to court listing practices);
- family-friendly notes were not produced for 52% of the meetings held (reasons included social worker workloads, the short timeframe for completing the note, the complexity of preparing a note suitable for the family, and questions over its value).

KEQ2: What were the barriers and facilitators to implementation of the pre-CMH meeting?

The main facilitators to implementation included strong pre-existing relationships and effective communication between local authorities and Cafcass, clearly assigned administrative support, the guidance materials, support provided by the DP, and senior leadership buy-in. The main barriers included scheduling difficulties among social workers and guardians, limited staff capacity for additional work, and court listing practices (leaving insufficient time for the pre-CMH meeting to happen before the first CMH).

KEQ3: Is the pre-CMH meeting acceptable to key stakeholders (implementers, families, other organisations affected by the pilot)?

Participants were divided as to whether the pilot could help to reduce unnecessary delays; some felt the pre-CMH meeting could help to reduce delays, while others felt there are many factors outside the control of the local authority which can dilute any positive effects of the pre-CMH meeting. The pilot was seen to be coherent with existing local authority and Cafcass services. Some local authorities indicated that additional resource was needed to support implementation. Most pilot local authorities expressed interest in continuing at least some elements of the pilot, and interviewees provided suggestions to strengthen the guidance. Participants were divided on whether pre-CMH meetings should be made statutory, raising concerns around staff capacity, factors outside the control of the local authority (such as court listings), and the possibility that the meeting could add to delays if other parts of the process are held up until the meeting takes place. Information relating to families' experience of the pilot was mixed, with one interviewee reporting negative feedback, while others had received no comments from affected families.

Impact evaluation findings

KEQ4: What (if any) is the impact of the pilot on the primary outcome, the length of court proceedings?

The primary analysis does not suggest that holding a pre-CMH meeting is likely to have reduced case durations, with the estimated effects being small, imprecise, and uncertain. Sensitivity analyses using all cases in pilot areas (reported in Annex G) produced a similar overall pattern and did not materially change this conclusion. A sensitivity analysis using only the cases in the 57 local authorities that had a pre-CMH meeting similarly does not suggest that holding a pre-CMH meeting is likely to have reduced case durations.

KEQ5: What (if any) are the early outcomes of the pilot?

The analysis found no clear evidence that the pre-CMH meetings pilot was associated with earlier changes in court processes that might plausibly arise if cases were better prepared ahead of the first CMH. There was no clear evidence of change in the number of CMHs or the number of days from case submission to the first CMH. This is broadly consistent with the findings for the primary outcome, which suggested at most a modest effect on overall case duration.

KEQ6: What do key stakeholders (e.g. leaders, practitioners, and families) perceive as outcomes of the pilot solutions? How do they believe the outcomes came about?

Interviewees believed that most intermediate outcomes on the ToC had, to some degree, been achieved. Local authority and Cafcass interviewees indicated that the meeting helped to improve case planning and contributed to a more effective first CMH, as issues such as full timetabling and assessments were discussed before, rather than at, the hearing. They did not believe that the pilot had reduced the number of assessments, or the number of changes in care plans and orders, because these are driven by the complexities of the case. They similarly indicated that the pilot may help to reduce the number of CMHs in straight-forward cases, but not so much for complex cases where it is often necessary to hold further CMHs. Most interviewees and survey respondents felt that the pilot had improved collaboration and communication between Cafcass and local authorities on individual cases.

Research participants generally agreed that the pre-CMH meeting did not help families to feel better informed or more involved in the court process, as a family-friendly note was often not sent to the family, and in those cases where one was sent, interviewees believed the family was unlikely to read it. They also did not believe that sending a note to the family could help with earlier presentation of relatives, as late presentation tends to be due to difficult family circumstances which are not altered by the pre-CMH meeting and the family-friendly note.

In terms of expected pilot outcomes, the evaluation suggests that the pilot improved cross-agency working and generated a model for potential rollout, and may have helped to reduce unnecessary delays. Evidence on reduced costs for courts and local authorities is inconclusive, and there is little evidence that the pilot helped to improve family experiences.

In terms of long-term impacts, some interviewees believed that the pilot contributed to improved practice in the family justice system; no research participants believed that the pilot could contribute to improved care outcomes among children.

Interviewees reported some unexpected outcomes including: social workers feeling more confident, and a Cafcass guardian feeling less stressed (because they had a named contact and earlier information; pre-CMH meetings were held for short notice and urgent cases (beyond the scope of the pilot) in five local authorities; and stronger relationships between the London Boroughs due to regional learning sessions.

Contextual enablers included: having an allocated (rather than 'duty') guardian at the pre-CMH meeting; good working relationships between the local authority and Cafcass; senior leadership support for the pilot; strong commitment among social workers; court listings allowing sufficient time between the application and the CMH.

KEQ7: What does the refined pilot ToC look like?

We refined the original ToC based on our evaluation findings. We had insufficient evidence to say whether two of the mechanisms shown on the ToC had occurred as planned, due to limitations in our sample. Stakeholder perceptions suggest that some intermediate and pilot outcomes, and one long-term impact, did not come about due to 'theory failure' rather than 'implementation failure' (insufficient implementation time or shortcomings in implementation).

KEQ8: What, if any, were the unintended consequences (positive and negative)? Who did the negative or positive unintended consequences affect?

Interviewees did not identify any positive unintended consequences.[1] One negative consequence was identified: additional stress among some social workers and guardians who already felt overstretched (although, as reported against KEQ6, one guardian reported lower stress).

[1] Unintended positive consequences are different to unexpected outcomes. The latter are any outcomes or effects from the pilot which were not included on the ToC but can be seen as contributing to the primary aim of reducing unnecessary delays. The former are effects generated by the pilot which, although positive, would not directly contribute to the primary aim of the pilot.

Economic evaluation findings

KEQ9: To what extent does the pilot represent value for money?

Based on the results of the quantitative impact analysis on the reduction in case duration, the pilot did not represent value for money. However, due to the relatively low costs of delivery and large number of affected cases, the analysis suggests that a small reduction in case duration corresponding to 11.8 days would have been required for the pilot to break even and achieve cost neutrality. As the average case duration across the 57 pilot local authorities was 44 weeks in 2023/24, a reduction of under two weeks would represent a small reduction to the overall case length.

In addition to the benefits quantified and monetised in the CBA model, there were other benefits of the pilot that have been excluded due to a lack of robust evidence. These could include improved cross-agency working, reduced stress for Cafcass guardians, and more effective case management hearings.

KEQ10 How do cost reductions caused by this pilot vary by group, e.g. between court costs and costs faced by local authorities and households?

Based on estimates from the breakeven analysis, operational cost savings to local authorities make up 100% of total benefits associated with a reduction in case length of 11.8 days. These are made up of 55% cost savings based on reduction in the costs of placement, while 45% are based on a reduction in legal staffing costs.

Summative evaluation: learning to inform future rollout

KEQ11: What have we learned across pilot local authority sites that can help to guide rollout of the pre-CMH meeting if it is included as a statutory duty in the PLO process?

Modifications to implementation suggested by interviewees included: including Independent Reviewing Officers (IRO) in the meeting if they hold useful information; dropping the family-friendly note, or adapting its contents to contain only basic facts; dropping the need to produce agreed minutes. Considerations for rollout included: clear communications and guidance for implementers and managers around purpose, roles and expectations; clear communications for other affected by the change, particularly the judiciary; partnership with the MoJ in order to secure judiciary support.

Limitations to the evaluation

Limitations included:

- participation was lower than we aimed for despite comprehensive recruitment efforts, possibly reflecting limited awareness or involvement in the pilot among some local stakeholders, and this may have introduced bias into our findings;
- families were not directly involved in the evaluation due to ethical concerns around re-traumatisation, and insights into family experiences were limited as most interviewees had minimal contact with families;
- participation in the survey was low (28% of all participating local authorities) so we have limited insights from non-sampled local authorities (those which are not represented in our interviews) on implementation, acceptability and outcomes;
- HMCTS CCD used in the QED included limited information about cases and raised some concerns about data quality.

Conclusions

Some interviewees and survey respondents indicated positive effects of the pilot on court processes such as case planning, a more effective first CMH and a reduction in the number of CMHs for some cases. Positive effects on the implementing organisations – local authorities and Cafcass – in the form of improved communications on individual cases, and improved cross-agency working, were widely recognised. Primary and secondary data on whether these effects helped to reduce case durations is inconclusive. Evidence from the quantitative impact evaluation did not find statistically significant evidence that holding a pre-CMH meeting is likely to have reduced case duration. Some interviewees believed that frontloading preparatory work ahead of the CMH could contribute, but others pointed to factors beyond the control of local authorities, such as court listing practices and judge decision-making, that can diminish its effects. It is also possible that the need to hold an additional meeting may have added to the overall duration of cases, and/or that the implementation period may have been too short for local authorities to efficiently embed the meeting as normal practice. The effect on costs for local authorities is also inconclusive.

Primary data suggest that holding a pre-CMH meeting was likely to have little direct impact on families. There would be indirect benefit to families if the meeting caused a reduction in case durations, but the evidence for this remains inconclusive.

The economic evaluation found that the pilot did not represent VfM, as the costs of implementation exceeded the benefits associated with the possible small reduction in case duration identified in the quantitative impact evaluation. The break-even analysis estimated that the pilot could achieve cost neutrality with a reduction in case duration of 11.8 days. It is possible that the pre-CMH meeting could eventually offer VfM once effectively embedded into local authority processes, if the ongoing costs of

implementation are lower than those incurred for the pilot (for instance, without ongoing support, and by relaxing some of the requirements on local authorities), and since a number of secondary benefits identified in the primary data have not been included in the CBA model.

For the pre-CMH meeting to have an effect on case durations and to achieve VfM, other factors beyond the control of the local authorities, such as court listing practices (leaving sufficient time for a pre-CMH meeting to be held) and judge decision-making (around the need and timing of further hearings) may need to be addressed alongside implementation barriers including shortages of Cafcass guardians, social worker workloads, and incompatibilities on social worker and guardian schedules.

1. Introduction

The Department for Education (DfE) commissioned Verian and a consortium of partners (Alma Economics and National Children's Bureau (NCB)) to deliver an independent evaluation of the following three pilot interventions, designed to reduce unnecessary family court delays:

- Pilot 1: Designated Family Judge (DFJ) Trailblazers
- Pilot 2: Pre-Case Management Hearing (pre-CMH) meetings
- Pilot 3: Suspected Inflicted Head Injury Service (SIHIS)

The pilots were delivered over a 12-month period between April 2024 and March 2025. The evaluation ran in parallel, spanning two years (April 2024 – May 2026), and used a mixed-methods, theory-based approach. It included three key components: a process evaluation, an impact evaluation, and an economic evaluation.

This is the final report of the evaluation of the pre-CMH meetings pilot (Pilot 2)[2]. The DfE is the primary user of this evaluation. The evaluation will support DfE's Family Justice Policy team's decisions on whether to roll out the pilot nationally, by making pre-CMH meetings a mandatory part of the Public Law Outline (PLO).

Further users of the evaluation include pilot implementers (agencies and stakeholders involved in implementation), and other agencies involved in the family court system, including local authorities which did not pilot the intervention. The evaluation provides learning and insight to support future delivery of interventions designed to reduce unnecessary delays and may inform decision making within the wider system regarding this.

Structure of this report

The report is structured as follows:

- Section 2 presents an overview of the pilot and its theory of change (ToC);
- Section 3 presents details on the evaluation methodology, fieldwork implementation and analysis;
- Section 4 presents the evaluation findings, structured around the Key Evaluation Questions (KEQs);

[2] The Verian consortium also produced final reports for the other two pilots: Verian Alma Economics and NCB (2026). Evaluation of pilots to reduce unnecessary family court delays - Designated Family Judge Trailblazer Final Report; and Verian, Alma Economics and NCB (2026) Evaluation of pilots to reduce unnecessary family court delays - Suspected Inflicted Head Injury Service (SIHIS) Final Report.

- Section 5 contains our conclusions.

A separate technical annex accompanies this document. It includes

- Annex A: KEQs and sub-questions
- Annex B: Evaluation matrix
- Annex C: Documents reviewed for this report
- Annex D: Monitoring data
- Annex E: Technical detail on primary data collection for the process and impact evaluations
- Annex F: Technical detail on the quantitative impact evaluation
- Annex G: Sensitivity analyses
- Annex H: Technical detail on cost benefit analysis
- Annex I: Expert panel composition
- Annex J: Decision not to interview families for this evaluation

2. Context: The pre-CMH meetings pilot

This section provides an overview of the pilot evaluated in this report: the pre- CMH meeting (Pilot 2). The pilot was developed and funded by the DfE. It aimed to help to reduce unnecessary delays in family court proceedings through the systematic use of a meeting between the local authority social worker and the Cafcass guardian assigned to a case, ahead of the first CMH.

Lengthy case durations for public law cases are a serious problem in the family courts system. Longer cases mean increased risk of physical and emotional harm to children, and higher costs for the taxpayer (Mutual Ventures, (2022), p4[3]. In 2014, a statutory 26-week time limit was introduced for care and supervision proceedings to encourage reduction in case durations – this is called the Public Law Outline (PLO). However, the average case duration remains consistently high, at 36 weeks in 2024, with significant regional and local variation. For example, in December 2024, the average duration ranged from 24 weeks in Wales to 53 weeks in London (National Audit Office (2025), p6). The DfE and others have undertaken work[4] to identify the causes of unnecessary delays in the system, and this pilot, along with others funded by the DfE, is aimed at reducing some of those causes.

In the remainder of this section, we describe how the pre-CMH meeting was intended to work, and how it was expected to contribute to the aim of reducing unnecessary delays in the courts. Delay can occur at various stages across the PLO process, including delays arising from the initial CMH, for instance due to insufficient information sharing between the Cafcass guardian and the social workers making the application. When this happens, the CMH may request additional work, investigations or evidence that could have been prepared ahead of the CMH.

The pilot introduced a consistent approach to conducting pre-CMH meetings for non-urgent cases[5], to take place after proceedings have been issued and before the first CMH. The meeting brings together the child's social worker and the court appointed Cafcass guardian and consists of the following steps:

- **Preparation activities:** Before the pre-CMH meeting, social workers are expected to pull together case information such as key case notes, and information on professionals working with the family.

[3] Recent modelling suggests that each one-week reduction in average proceedings duration could generate a financial cost avoidance of approximately £24 million across all English local authorities.
[4] For example, in 2023, DfE commissioned Mutual Ventures to undertake this study: https://www.mutualventures.co.uk/care-proceedings.
[5] Urgent cases are judged to involve immediate risks to a child's safety or welfare, requiring swift, sometimes same-day, court action. Non-urgent cases do not meet the same high threshold for immediate "out-of-hours" or "without notice" intervention as urgent cases.

- **Pre-CMH meeting:** The pre-CMH meeting should take place between 3 and 12 days following application to the court. The guidance promotes a proactive approach to preparation for the CMH without compromising Cafcass independence. The meeting provides a formal structure for the child's social worker and Cafcass guardian to be better informed about family circumstances and families' wishes and feelings regarding the proceedings.
- **Meeting outputs:** As part of the delivery of the meeting, a family-friendly note was to be prepared to support family members to better understand the court process. Lawyers and judges could also use the information from the meeting minutes to gain an earlier and better understanding of the case.

The pilot was a departure from usual practice in that it promoted a systematic approach to information sharing which might otherwise happen in an *ad hoc*, and sometimes rushed, manner. In particular, it provided the opportunity to agree details such as the proposed timetable and proposed expert assessments ahead of, rather than at, the first CMH.

The pilot was delivered in 57 local authorities, each of which voluntarily signed up to test the approach. Ten of them had been involved in a 'proof of concept' (PoC) phase (in which a total of 22 local authorities participated) held between August – December 2023[6]. DfE provided guidance and templates on how to conduct the meeting, based on PoC learning. Local authorities which signed up to the pilot embedded the meeting within their usual systems and budget. They were not provided with funding from DfE.

The pilot was supported by specialist Delivery Partner (DP) consortium Mott Macdonald and Gate One. DfE provided the DP with £675,044 in funding to provide ongoing support and learning opportunities to local authorities, including:

- Guidance materials and templates
- Advice and troubleshooting support
- Opportunities to participate in capacity-building and regional and national events to share learning.

A ToC demonstrating how the pilot was expected to help reduce unnecessary delays in family court proceedings was developed in collaboration with DfE, the Expert Panel and key stakeholders, at the start of the evaluation. This original ToC, developed before pilot implementation, can be seen below in Figure 1. The ToC was tested and refined during the evaluation.

[6] Research in Practice acted as DP for the PoC pilot and produced a final report (Rothera et al (2023)). Research in Practice joined NCB, one of the consortium partners conducting this evaluation, in February 2024. This did not represent a conflict of interest for the evaluation as NCB's role was primarily in stakeholder engagement; they were not involved in the evaluation design, data collection and analysis, or reporting.

The ToC posited that formalisation of communications between the social worker and guardian allocated to a case would improve case planning, for example by facilitating earlier timetabling and earlier requests for expert assessments. It was expected that this would make the first CMH more effective, and thereby reduce the number of further CMHs. It was also expected that holding a pre-CMH meeting would help to reduce the number of expert assessments requested by the courts, and reduce the number of changes to care plans and court orders. These outcomes were expected to help to reduce unnecessary delays in the courts and thereby reduce costs for courts and local authorities.

The pilot was expected to improve family experiences by helping them to be better informed and involved in the process through provision of a written meeting note. It was also hoped that this would help families to present relatives to assume caring responsibilities earlier in the process. Some were also expected to benefit from shorter case durations.

Alongside the pathways expected to reduce unnecessary court delays, it was hoped that the systematic approach to a pre-CMH meeting would lead to stronger professional relationships among local authority and Cafcass staff, improved collaboration on individual cases, and stronger cross agency working.

Finally, it was expected that by the end of the pilot, participating local authorities would be implementing the pre-CMH meeting consistently, as set out in the Terms of Reference (ToRs) provided in DfE's 2024 guidance[7], albeit with local adaptation in the meeting agenda, and local 'systems' for implementing the meeting. This was expected to result in clarity on a model, and accompanying guidance, before potential rollout across local authorities.

The pilot was expected, in the long-term, to contribute to improved care outcomes for children (for example, through fewer placement moves if case durations were reduced), and to improved practice in the family justice system**.**

[7] The guidance stipulated that 'while the TORs must be the same for each pilot site, there is scope to shape the agenda and the systems surrounding the meeting' (p8). The standard elements set out in the ToRs included aims of the meeting, timing of the meeting, practical arrangements (facilitator, host, attendees, suggested meeting duration), the importance of sharing family views and wishes, and sharing of a family-friendly-note with the family.

Figure 1: Original ToC guiding the evaluation

Activities	Change mechanisms	Intermediate outcomes	Pilot outcomes	Impacts
Preparation for pre-Case Management Hearing (CMH) meeting, e.g. pulling together key case information. Pre-CMH meeting between local authority social workers and Cafcass guardians for non-urgent cases, after application to court and before CMH. Learning, capacity-building activities and ongoing support provided by delivery partner (DP).	**PATHWAY 1: Court processes** Social worker and Cafcass guardian use pre-CMH meeting to be better informed about family circumstances and take more pro-active approach to preparation for CMH, without compromising Cafcass independence. Lawyers and judges use information in pre-CMH meeting minutes at first CMH, to gain earlier and better understanding of the case.	**PATHWAY 1:** Improved case planning, e.g. earlier full timetabling, earlier requests for expert assessments. Faster and better-informed decision-making by court, and more effective CMH. Fewer expert assessments requested, and changes in care plans & orders. Reduction in number of further CMHs.	Reduced costs for courts and local authorities. Reduction in unnecessary delays in family court proceedings.	Improved care outcomes for children, e.g. fewer placement moves. Improved practice in family justice system.
	PATHWAY 2: Family experience Social worker and Cafcass guardian take child's wishes and feelings, and views of parents and family network, into account in pre-CMH meeting. Family members use information in family-friendly note to better understand the process.	**PATHWAY 2** Families better informed about, and involved in, the process. Earlier presentation of relatives to assume caring responsibilities.	**PATHWAY 2** Improved family experience of the system.	
	PATHWAY 3: Local authority and Cafcass working relations Local authority and Cafcass staff develop stronger professional relationships as result of earlier and consistent engagement.	**PATHWAY 3** Improved collaboration and communications in individual cases across relevant agencies.	**PATHWAY 3** Improved cross agency working.	
	PATHWAY 4: Pilot model Staff and DP apply learning from across local authorities to strengthen pilot implementation and model for potential rollout.	**PATHWAY 4** Consistent practice across pilot local authorities.	**PATHWAY 4** Model and guidance for potential rollout across local authorities.	

3. Evaluation methodology and implementation

Evaluation objectives and approach

In line with client requirements, this evaluation had three main objectives:

1. To understand how the pilot was designed and implemented, and how acceptable it was to key stakeholders.
2. To assess whether, how, and why the expected outcomes outlined in the ToC were achieved.
3. To evaluate the pilot's likely value for money (VfM) through a comprehensive cost-benefit analysis.

As agreed with DfE, to meet these objectives we designed and employed a rigorous theory-based, mixed methods approach. At the core of this approach was the pilot ToC, which outlined how stakeholders expected the pilot to generate change. The ToC guided our data collection and shaped our analysis of how activities led to outcomes. It set out expected outcomes, mechanisms of change (the pathways linking activities to outcomes), and contextual factors that enabled or hindered progress.

Over the course of the evaluation, the ToC was tested and refined to reflect how the pilot worked in practice. Evidence was gathered on:

- Activities delivered by the pilot.
- Outcomes triggered by the activities: The changes perceived by interviewees, and the change in key variables in administrative data.
- Mechanisms of change: The shifts in knowledge, attitudes, behaviours, and processes which underpinned outcomes.
- Contextual factors: Factors such as organisational culture, inter-agency relationships, workforce stability, and system constraints (e.g. judge availability) which affected pilot delivery and outcomes.

Our mixed methods approach allowed us to triangulate primary and secondary, quantitative and qualitative data from multiple sources and build a credible narrative. We used statistical quasi-experimental methods where appropriate, complemented by stakeholder perspectives. This approach enabled both breadth and depth of insight, supporting robust evaluation findings.

The evaluation comprised three interlinked components:

- The process evaluation focused on how the pilot was designed, implemented, and accepted by key stakeholders, drawing on staff perceptions in interviews and a survey.
- The impact evaluation examined whether and how expected outcomes were achieved, using administrative data for quasi-experimental design (QED) analyses, combined with stakeholder perceptions of outcomes, causal mechanisms and contextual factors via interviews and a survey.
- The economic evaluation assessed whether the pilot offered VfM, through cost-benefit analysis, by analysing cost data from the pilot and data on projected benefits from the impact evaluation and the wider literature.

Evaluation questions

The overarching key evaluation questions (KEQs) are shown below. They are organised by the evaluation components outlined above, followed by a summative KEQ. The detailed sub-questions for each KEQ are shown in Annex A.

Process evaluation

1. Was the pilot implemented as set out in guidance provided by the DfE?
2. What were the barriers and facilitators to implementation of the pre-CMH meeting?
3. Is the pre-CMH meeting acceptable to key stakeholders (implementers, families[1], other organisations affected by the pilots)?

Impact evaluation

4. What (if any) is the impact of the pilot on the primary outcome, the length of court proceedings (using administrative data)?
5. What (if any) are the early outcomes of the pilot (using administrative data)?
6. What do key stakeholders (e.g. leaders, practitioners, and families) perceive as outcomes of the pilot? How do they believe the outcomes came about?
7. What does the refined pilot ToC look like?
8. What, if any, are the unintended consequences of the pilot (positive and negative)?

Economic evaluation

9. To what extent does the pilot represent value for money?
10. How do cost reductions caused by the pilot vary by group, e.g. between court costs and costs faced by local authorities and households?

Summative KEQ

11. What have we learned across pilot local authority sites that can help to guide rollout of the pre-CMH meeting if it is included as a statutory duty in the Public Law Outline (PLO) process?

Data sources

The evaluation drew on a range of secondary and primary data sources, described below, to answer the KEQs and test the ToC. The evaluation matrix in Annex B shows which sources were used to respond to each KEQ.

Secondary data

Secondary data were central to all three evaluation components. These included pilot documents, monitoring and administrative data, and published evidence. Each type of data provided a different lens through which pilot design, implementation, and outcomes could be understood.

Pilot documents

Pilot documents provided insight into the design and delivery of the pilot. We mostly analysed these documents to identify implementation fidelity of the pilot. Annex C provides a summary of pilot documents reviewed for the evaluation.

Monitoring data

Monitoring data from implementers and the DP provided insights into pilot activities, outputs, the roles of the DP, and associated learning and support activities. Monitoring data used in the evaluation are shown in Annex D.

Administrative data

To test pilot impacts on key outcomes, we used anonymised administrative data from His Majesty's Courts and Tribunals Service (HMCTS) Core Case Data (CCD). This supports robust econometric analysis of pilot effects and feed into the economic evaluation by quantifying key benefits, such as reductions in court days.

Evidence from literature

For the economic evaluation, we used evidence from the literature to estimate potential long-term and indirect benefits such as cost savings to the public sector and families, and improvements in child wellbeing associated with reduced delays in family court proceedings.

Primary data

Primary data played a key role in generating rich, contextualised insights into how the pilot was implemented and perceived, as well as capturing perceived outcomes not available through secondary data.

In depth interviews

We conducted in-depth, semi-structured interviews with pilot implementers in sampled locations. The interviews explored individual and organisational implementation experiences, acceptability, perceived outcomes and unintended consequences, mechanisms and contextual factors underpinning outcomes, and learning for potential rollout.

Survey

We administered a survey to staff in all local authorities implementing the pilot. The survey included a mix of quantitative (multiple choice) and qualitative (open-ended) questions to help us to understand pilot implementation and perceived outcomes, particularly in local authorities which were not included in the sample for in-depth interviews.

Evaluation implementation

This section summarises the research activities that were implemented to generate and analyse the evidence we used to address the KEQs. This is in line with the final approach developed and formally agreed with DfE in the extensive design phase. Where the approach has evolved since the sign-off of the inception report, this is explicitly flagged in the final sub-section.

Primary data collection for the process and impact evaluations

Primary data for the process and impact evaluations was collected via interviews and a survey between February - April 2025, and a second round of interviews in November-December 2025. The first round of data collection focused on issues related to pilot design and implementation, facilitators and barriers to implementation, and pilot acceptability, alongside some preliminary data on outcomes. The second round of data collection focused on outcomes and mechanisms, unintended consequences, and learning for rollout.

We conducted interviews in purposively sampled local authorities. The local authorities were selected in consultation with DfE and the DP. Details on the local authority sampling

processes and criteria are set out in detail in Annex E. The selected local authorities were:

- Bradford
- Bury
- Kent
- Sutton
- Tower Hamlets

In total we interviewed 26 individual respondents (with one of these respondents interviewed twice). Respondents included local authority social workers and managers, Cafcass guardians and managers, and a Local Family Justice Board (LFJB) representative. We received 20 responses on the survey from 16 different local authorities. All but two of these were local authorities outside the sample for in-depth data collection, giving us insights into implementation and acceptability beyond the sampled locations. Details on the identification and recruitment of respondents for interviews and the survey, the number and categories of interviewees, and the local authorities represented in survey responses, are set out in detail in Annex E.

Primary data for the process and impact evaluations were triangulated across sources and stakeholders to capture multiple perspectives. Quantitative data (monitoring data and close-ended survey responses) were analysed using descriptive statistics. Qualitative data from interviews and open survey questions were analysed using thematic analysis via a Framework Approach, mapping and summarizing data from across cases in line with the KEQs. Our data analysis followed an iterative process. The evaluation team engaged in weekly debriefs during the fieldwork process and participated in an analysis workshop at the end of each stage of the fieldwork.

Impact evaluation quasi-experimental design (QED) (KEQs 4 and 5)

The impact evaluation assessed whether the pilot was associated with changes in key court process outcomes using anonymised administrative data from the HMCTS CCD. The quantitative impact analysis was pre-specified in a statistical analysis plan.

The HMCTS CCD used in the analysis included 31,043 cases. Of those 24,973 cases had a case submission date between April 2024 to December 2025 (the post-treatment window used in analysis) and 9782 were cases in the 57 pilot areas. Within the 12 months of pilot implementation, pilot areas recorded 5,578 cases (number of cases with a case submission date from 1 April 2024 to 31 March 2025). Of these, 3,412 were recorded as having had a CMH, and 606 cases were recorded as having had a pre-CMH meeting. The HMCTS CCD data extract does not distinguish between urgent and non-urgent cases, so the quantitative impact analysis used all cases. i.e. both non-urgent and urgent.

The primary outcome (for KEQ4) was the length of court proceedings, measured as the number of days from case submission to case disposal. Secondary outcomes (for KEQ5) were selected to capture earlier changes in court processes that might plausibly arise if the pilot improved case preparation and the effectiveness of the first CMH. These were:

(1) the number of CMHs recorded, and

(2) the number of days from case submission to the first CMH

The number of days from case submission to the first CMH was included as an additional indicator of early court process timing, although it was recognised that this measure is strongly influenced by court listing practices and therefore may be less directly affected by the pilot than other outcomes. The number of expert assessments was originally included as a key outcome under KEQ5 but was excluded from the final analysis because the HMCTS field had substantial missingness and showed evidence of changes in recording practice over time, meaning it could not be interpreted robustly.

Across outcomes, the evaluation used a quasi-experimental difference-in-differences design. This compared changes over time in pilot areas against changes over time in non-pilot areas, to assess whether outcomes changed differently in areas participating in the pilot after implementation began. The analysis was based on two cohorts of cases: a pre-pilot baseline cohort comprising cases submitted between 1 April 2021 and 31 March 2022, and a post-pilot cohort comprising cases submitted from 1 April 2024 onwards.

Cases were classified as treated if they were issued in local authorities participating in the pre-CMH meetings pilot, and as comparison cases if they were issued in areas not participating in that pilot. To maximise comparability between pilot and comparison groups, the main analysis used a matched and weighted sample based on area-level and case-level characteristics for both primary and secondary outcomes (Index of Multiple Deprivation (IMD), % of renters, % of carers). In other words, the comparison cases were defined based on statistical analysis to ensure comparability across these area-level and case-level characteristics. (Unweighted models and additional sensitivity analyses were undertaken separately and are reported in Annex G.)

The primary outcome required a slightly different modelling approach from the secondary outcomes. This is because many cases submitted after the start of the pilot were still ongoing at the end of the observation window. To account for this, the primary outcome was analysed using a survival-based difference-in-differences approach. This approach treats ongoing cases as right-censored rather than excluding them. The impact of the pilot on case duration is presented using summary measures derived from these models, including differences in the proportion of cases disposed by selected time points and estimates of average days saved.

The secondary outcomes were analysed using weighted difference-in-differences regression models, using the same treatment and cohort definitions as for the primary

outcome. The number of CMHs was analysed using a weighted negative binomial model, and the number of days from case submission to the first CMH was analysed using a weighted linear model with standard errors clustered at local authority level.

Further detail on data cleaning, construction of analysis samples, matching and weighting, model specification, and estimation of confidence intervals is provided in Annex F. Results from the sensitivity analyses are reported in Annex G.

Economic evaluation

In line with HM Treasury's Green Book guidance, the evaluation centres on the development of a social cost-benefit analysis (CBA) model. Using data from the impact evaluation, we estimate the benefits associated with the reduction in court lengths, weighing these against the costs of delivery. The primary benefits monetised in the model were operational savings caused by a reduction in court running costs.

Further detail on methodology, assumptions and modelling decisions is discussed in Annex H. This includes methods for estimating programme costs (both direct and indirect), and financial savings from reduced court time associated with reduced delays in care proceedings.

Expert Panel

We worked closely with an expert panel composed of five senior figures involved in family courts work and related areas. They included a barrister; a Senior Advocate; a children and family's social worker; an NHS Safeguarding Deputy Director; and an Assistant Director from Research in Practice, a leading research and evaluation provider in Children's and Adults Services. Short biographies of the expert panel members are provided in Annex I.

Expert panel members contributed to our evaluation design and ToC, reviewed and commented on our evaluation findings, and worked closely with us on the final evaluation outputs.

Limitations

This evaluation faced several limitations.

First, participation in interviews was lower than we aimed for, and we had no interviews with staff working in the family courts or with DFJs covering the local authorities in our sample. As a result, our findings primarily reflect the perspectives of staff in local authorities, a smaller number of Cafcass staff, and one LFJB member. This has limited our ability to understand legal sector professional perspectives on implementation,

acceptability and outcomes (KEQs 1, 2, 3 and 6, 7, and -8), and led to inconclusive findings on a small number of outcomes. It may have introduced bias into our findings, as it is possible that court-related staff would have had a materially different view on the pilot.

These gaps occurred despite a comprehensive recruitment effort. With support from DfE, we developed a contact list of possible interviewees in each selected area. We started recruitment early, four weeks before the planned start of data collection. We also extended data collection beyond the initial end date, in order to accommodate scheduling difficulties. Potential participants were contacted across two recruitment rounds, with each round including up to three follow-up emails. We also liaised with Cafcass leadership to help facilitate recruitment and encourage participation. To increase the likelihood of engagement, we offered flexible interview times, and used a snowball sampling approach, asking participants to suggest additional contacts who may be able to contribute. After several weeks of recruitment activity, we sought further support from HMCTS to identify additional potential participants. The limited response to our efforts may reflect limited awareness or involvement in the pilot among some local stakeholders.

Second, families were not involved in the evaluation. Following discussions with DfE and experienced professionals, we chose not to interview families due to ethical concerns around re-traumatisation. This decision, outlined in Annex J, reflected a shared judgment that the potential harm outweighed the likely benefit, given the limited number of families involved and the potential sensitivity of their experiences. Indirect insights into family experiences were also limited as few interviewees had had contact with families whose cases had a pre-CMH meeting. This has limited our ability to understand family views on the pre-CMH meeting, particularly if the meeting is acceptable to them (KEQ3); and if meetings, when held, made any difference to their experience of the court system (KEQ6).

Third, the survey response rate was on the low side, with responses from one or more individuals in 16 (28%) of the 57 pilot local authorities, 15 of which were not in our sample for in-depth data collection. This was despite multiple strategies to boost participation, including reminders to complete the survey; extension of the time to complete the survey; requests via the DP to complete the survey; and a final request from DfE to complete the survey. This means we have limited insights from non-sampled local authorities (those which are not represented in our interviews) on implementation, acceptability and outcomes (KEQs 1, 2, 3 and 6).

Fourth, the QED relied on HMCTS CCD administrative data, which included limited information about cases and raised some concerns about data quality. The data did not include detailed information on the characteristics of children or on case type, which limited the extent to which differences between pilot and comparison areas could be adjusted for in the quantitative analysis. In addition, some variables had substantial

missingness or data errors. For example, some records had implausible date values and had to be excluded from the analysis. Furthermore, the expert reports variable had around 50% missingness, which meant it could not be used as a reliable outcome measure.

Finally, CCD coverage in the early period (including 2021) is incomplete because courts migrated onto the Reform system gradually over time.[8] The number of cases captured in CCD increased through 2021 and then became much more stable once coverage is broader. However, this means that for 2021, the first year used to build the counterfactual, 12,477 cases are missing from the dataset used for the analyses. While DfE provided access to the legacy dataset, local authority information was missing from the dataset, preventing us from assessing how this missingness might have impacted the impact evaluation findings.

The evaluation had originally planned to supplement the HMCTS data with Cafcass administrative data, which would have provided richer case-level information and could have helped mitigate some of these limitations, particularly in relation to case characteristics and model adjustment. However, it was not possible to secure access to Cafcass data within the timeframe of the evaluation, and it was therefore agreed with DfE that the quantitative impact analysis would rely on HMCTS data only. While the main impact analysis used matching, weighting and fixed effects to improve comparability between pilot and comparison groups, it remains a QED and so cannot rule out all unobserved differences between areas or other concurrent changes in the wider system.

Fifth, 10,154 post-pilot cases (40.7%) were still ongoing at the end of the observation period. For the primary outcome, this was addressed using survival analysis methods that account for right-censoring. However, this means that the findings on case duration should still be interpreted as estimates based on the follow-up available at the time of analysis, rather than as complete lifetime observations for all post-pilot cases.

Changes to the original design agreed with DfE

The following changes were made:

- We dropped the second survey (originally planned for April 2025). The response rate for the first survey, fielded in March 2025 while implementation was ongoing, was low. We felt that the response rate was likely to be even lower after implementation had concluded.

[8] In 2016, HMCTS launched a reform programme to bring modern technology and new ways of working to the courts and tribunals system to better ensure it is just, proportionate and accessible. The reform included digitalisation of a number of services, with the aim of enabling public users and legal professionals to start and manage cases digitally, reducing time, effort and cost, and leading to improved access to justice. Core Case Data (CCD) is the reformed case management system.

- We did not interview families who were affected by the pilot (see Annex J).
- The approach for the primary outcome (case durations) in the QED was refined during the evaluation. Rather than relying only on completed cases, we used a survival-based difference-in-differences approach for case duration, which allowed us to include cases that were still ongoing at the end of the observation period.
- The main QED analyses reported for KEQs 4 and 5 improved on the original methodology by including matching and weighting to improve comparability between pilot and comparison groups. Technical detail on the final quantitative approach is reported in Annex F, and unweighted models and additional sensitivity analyses are reported in Annex G.
- We added time from case submission to the first CMH as an additional secondary outcome because it provides an early indicator of whether the pilot was associated with changes in early case progression and hearing readiness; although it was not one of the original sub-questions, it was judged analytically useful for KEQ5 given the pilot's intended focus on improving preparation before the first CMH.
- The number of expert reports was excluded from the final QED analysis because data quality issues, including substantial missingness and evidence of changes in recording over time, meant that the results could not be relied on.

4. Evaluation findings

Introduction

This section presents the findings from the evaluation, structured around the three core workstreams: process, impact, and economic evaluation. Together, these strands provide a comprehensive assessment of how the pilot was implemented, what it achieved, and the value it represents. In this findings section we present our evidence against each KEQ in turn. We then interpret the evidence from across the KEQs in the conclusion.

Process evaluation findings

The process evaluation findings are structured around three KEQs:

- KEQ1: Was the pilot implemented as set out in guidance provided by the DfE? What variations were introduced by local authorities, if any, and why?
- KEQ2: What were the barriers and facilitators to implementation of the pre-CMH meeting?
- KEQ3: Is the pre-CMH meeting acceptable to key stakeholders (implementers, families, other organisations affected by the pilot)?

KEQ1: Was the pilot implemented as set out in guidance provided by the DfE? What variations were introduced by local authorities, if any, and why?

KEQ1 Summary

- DfE provided initial application guidance, followed by additional 'how to' guides and templates. Views on the usefulness of the guidance were mixed, and some interviewees suggested there was insufficient guidance for Cafcass.
- Pilot guidance was largely followed, but with some exceptions: pre-CMH meetings were not held for a significant portion of non-urgent cases, pre-CMH meetings often fell outside of the suggested timeline, and family-friendly notes were not produced for 52% of the meetings held.
- Reasons pre-CMH meetings were not held for non-urgent cases included: availability of relevant staff and difficulties coordinating diaries; the capacity of overstretched staff to attend 'another' meeting; delays allocating guardians due to shortages of guardians in some areas; insufficient time to arrange the pre-CMH meetings before the first CMH due to court listing practices; and case specifics, such as consolidated hearings, or cases transferred to the Family Drug and Alcohol Court (FDAC).

In February 2024, DfE published pre-CMH Meeting Pilot Guidance for local authorities and circulated it to all local authorities signing up to the pilot. The guidance provided details of the approach and expectations relating to the delivery of the pilot, including purpose and aims of the meeting and core meeting attendees. In addition to the initial guidance, local authorities were later provided with meeting agenda templates, learning from the proof-of-concept phase, and 'how to guides' as supporting documentation. These additional materials were provided after the pilot had started.

Research participants generally considered the guidance to be clear. For example, in the survey, 19 of 20 respondents agreed that the guidance provided was clear. However, participants were mixed in their opinion of how useful the initial guidance circulated in February 2024 was. In local authorities where pre-CMH meetings were already being delivered prior to the pilot, participants were generally neutral about the guidance materials as they already had a good understanding of the pilot model. In those local authorities in which the pre-CMH meeting was new, most found the guidance helpful however some did not. In one local authority, participants indicated that the guidance and materials lacked clarity, and that the supporting materials were shared too late, leaving local authorities uncertain of how "things are meant to be". Another participant from the same local authority felt that throughout the pilot period there was some confusion about what should be covered in the meeting in their local authority.

Some interviewees highlighted that the guidance was primarily focused on local authority staff, and that further tailored guidance for Cafcass team members would have been helpful. DP interviewees noted that specific guidance for Cafcass guardians was developed and shared with Cafcass managers, but it was unclear whether this guidance was subsequently communicated to or accessed by the guardians themselves.

> "It would have been helpful to have something much clearer in terms of guidance to share directly with Cafcass staff, so they understood more about it from Cafcass' perspective. There wasn't anything like that. [The guidance was] all very local authority" - *Cafcass manager*

The DP interviewees emphasised that the guidance materials were intentionally designed to provide a high-level overview, ensuring relevance for all local authorities, regardless of their size and internal structures. As a result, key aspects of implementation such as roles and responsibilities for meeting coordination, and managing communication between local authorities and Cafcass, were left open to local interpretation. This flexibility led to some variation in how local authorities approached the pilot while still generally adhering to the guidance. For example, the nominated facilitator for meetings varied between local authorities, including social workers, team leaders, and court

progression officers from the local authority. Some local authorities also included additional participants such as the Independent Reviewing Officer (IRO)[9] in the meetings.

Among survey respondents, 18 of 20 reported that their approach to implementing the pilot did not differ from the guidance and templates. This was also reflected in the interviews, where the vast majority of participants agreed that the guidance and the meeting agenda were followed. Participants also noted that conversations at pre-CMH meetings generally followed the shared meeting agenda, although a small number of participants mentioned minor adaptations to the agenda to ensure the conversation was as useful as possible.

> "We follow [the agenda], but the conversation is what the conversation needs to be if we need to explore something, it's not a rigid one." - *Local authority Manager*

> "I think there's been, in some cases,… a deliberate reflection on the agenda for the meeting, to make sure that… it's useful for both parties and it's not just about saying here's all the information that we've written down verbally." - *Delivery Partner*

Respondents to the stakeholder survey were also asked how frequently core elements of the pilot were being delivered, against a set list of activities. The data show that most responding local authorities were undertaking the core activities associated with the pilot 'most of the time'. The main exception was preparation of a family-friendly note, which was only prepared 'most of the time' in half of the responding local authorities. The data also suggest that activities that were the responsibility of Cafcass – particularly a conversation with family members and the child/children ahead of the pre-CMH meeting - were happening 'most of the time' in a minority of local authorities. However, the survey included only one respondent from Cafcass, therefore perspectives on Cafcass activity are from the local authority perspective.

Interviewees and monitoring data from the DP highlighted three main deviations from the pilot guidance. Firstly, a pre-CMH meeting was expected to be held for all non-urgent cases. However, monitoring data collected from local authorities by the DP showed that there were 1072 non-urgent cases across the 57 local authorities, with a pre-CMH meeting held for 647 (60%) of these cases[10]. HMCTS CCD data show that there were 5578 cases (urgent and non-urgent), with a pre-CMH meeting held for 606 (11%) of those cases. Despite consultation with DfE and the Ministry of Justice (MoJ), we have not

[9] IROs oversee and review care plans to ensure local authorities are acting in the best interests of children (Department for Education. https://support-for-social-workers.education.gov.uk/explore-roles/independent-reviewing-officer?preferenceSet=True).

[10] Note that these are the data received from the DP by the deadline of 31st March 2024; the DP informed us that a few local authorities notified them of additional cases after this date, but the DP did not add them to their database. We have not checked the quality of the data received from the DP, although we did correct an error in the Salford data that became apparent in our own analyses (number of cases and number of pre-CMH meetings).

been able to find a clear explanation for the large discrepancy between the monitoring data and HMCTS administrative data. Some of the difference may be explained by the inclusion of urgent cases in the HMCTS data. It is also possible that local authorities underreported the number of cases that reached a CMH, or that there were errors in the DP collation of the data. Regardless of where the discrepancy lies, a pre-CMH meeting was not held for some portion of non-urgent cases.

Local authorities were asked to record the reason each time they did not hold a meeting against a pre-defined list of possible reasons provided by the DP. The frequency of reasons indicated is presented in Table 1. The DP reported that the 'Other' category included consolidated hearings[11], Family Drug and Alcohol Court (FDAC) cases, and administrative issues (Gate One and Mott MacDonald (2025), Appendix 5. Our interview data on barriers to implementation (reported under KEQ2) correspond closely with the information submitted by the local authorities. The key barriers to implementation included: shortages of Cafcass guardians in some areas, such that a guardian had not been allocated in the window of time in which the pre-CMH meeting should occur; court listing of cases leaving insufficient time to hold a pre-CMH meeting; unavailability of relevant staff/difficulty coordinating diaries, making it difficult to schedule a pre-CMH meeting; and limited capacity of overstretched staff to attend 'another' meeting – we heard of some instances where one party did not turn up to a scheduled pre-CMH meeting.

Table 1: Reasons a pre-CMH meeting wasn't held for non-urgent cases across 57 local authorities

Reason given	% of cases
Delayed guardian allocation	7%
Listing time too short	8%
Agreed processes not being followed	9%
Availability of relevant team members	22%
No reason given	26%
Other	26%

Source: Monitoring data collated by the DP[12].

[11] This occurs when two cases are combined. It may involve for example combining the cases for siblings, meaning there is unlikely to be the opportunity to hold a pre-CMH meeting for the case that was introduced later.
[12] Data provided by the DP total 98%; we presume the difference is due to rounding.

Table 3 in Annex D, shows the number of pre-CMH meetings held, and the percentage of applications for which a pre-CMH meeting was held, by pilot local authority, according to the monitoring data received from the DP. There is significant variation across local authorities, with some holding pre-CMH meetings for all non-urgent cases, and others holding them for as few as 25% of cases. It is important to remember that holding a pre-CMH meeting was not mandatory. The low proportion of applications for which a pre-CMH meeting was held in some local authorities reflects challenges in an already overstretched system. These challenges would need to be addressed for the pre-CMH meeting to be consistently held.

Secondly, timing of the meeting deviated from the guidance in the vast majority of local authorities. The PLO specifies that the CMH should take place 12 to 18 days after the application. As a result, the pilot guidance suggested that the pre-CMH meeting should take place between 3 to 12 days after the application. Across the pilot, the average time between application and the pre-CMH meeting was 17 days, with the average time ranging from 3 to 31 days. Only one local authority consistently held a pre-CMH meeting within the suggested timescale (Bath) (Gate One and Mott MacDonald (2025)). The reasons for holding the pre-CMH meeting outside the recommended timeframe were not noted in the monitoring data collected by the DP, however DP analysis suggested that the significant variation across local authorities was due to variation in local court listing practices across local authorities, with 'only 2 local authorities listing CMH hearings mostly within PLO guidelines' (Gate One and Mott MacDonald (2025), Appendix 7, p10). The implication is that where CMHs were scheduled later than the PLO timeline of 12 to 18 days, pre-CMH meetings occurred later than the DfE guidance window of 3 to 12 days.

Thirdly, family-friendly notes were inconsistently produced across the pilot. Monitoring data indicate that family-friendly notes were not produced for 52% of the meetings held. Within that, there is significant variation, with most participating local authorities not producing family-friendly notes consistently. Of the 53 local authorities that held pre-CMH meetings[13]:

- only 11 local authorities produced family-friendly notes for all pre-CMH meetings;
- 26 local authorities prepared family-friendly notes for half or more of their meetings;
- 15 local authorities produced notes for less than 25% of their meetings;
- 9 local authorities produced no notes at all.

The DP reported that the family-friendly note was a regular point of discussion and difficulty. Contributing factors included whether local authorities considered the note to be

[13] Three local authorities had no non-urgent cases that reached a CMH, and one local authority did not hold pre-CMH meetings for any of its non-urgent cases.

useful, the complexity of the write-up process, the short timeline for preparing the note, and uncertainty around who was responsible for producing and signing off the note. Some participants expressed uncertainty about how valuable the note was felt to be, and others were unaware that delivering one was an expectation. The DP indicated that where responsibility for preparing the family-friendly note sat with social workers, it was less likely to be delivered, due to their workloads and other competing priorities.

> "[There's] quite a lot of variance around…how well [the family-friendly note is] received by the local authority and...how effective they are at producing it." - *Delivery Partner*

> "I'm not entirely convinced by the minutes going to the family and us having a whole letter about it. I find it's quite strange that we're giving the family a whole narrative about a meeting that they're not invited to, and they don't have any stake in at all....I don't know how…coherent that is to the family." - *Local authority Manager*

Guidance materials included the preparation of a child-friendly note as an additional item to consider, though it was not deemed a core element of the pilot. While we did not hear evidence of any local authorities producing child-friendly notes, it is possible that some local authorities took steps to ensure the family-friendly note was also child-friendly.

Interestingly, five local authorities conducted meetings for short notice applications and urgent cases[14], despite this being beyond the scope of the pilot. In Bradford, for example, interviewees noted that pre-CMH meetings were sometimes held for urgent cases, even after the CMH itself, due to the perceived value of the discussion between social worker and Cafcass guardian for urgent cases. In these instances, the core agenda and processes for pre-CMH meetings were generally followed, with the main difference being the timing of the meeting – i.e. sometimes taking place after the initial CMH.

[14] A total of 12 pre-CMH meetings were held for short notice and urgent cases across the five local authorities, with family-friendly notes produced for 9 of the 12 meetings.

KEQ2: What were the barriers and facilitators to implementation of the pre-CMH meeting?

KEQ2 summary

- The main facilitators included strong pre-existing relationships and effective communication between local authorities and Cafcass, clearly assigned administrative support, the guidance materials, support provided by the DP, and senior leadership buy-in.
- The main barriers included difficulties scheduling the pre-CMH meeting, limited staff capacity for additional work, and court listing practices.

What factors facilitated implementation, and how (includes DP support activities)?

Interviewees and survey respondents identified the following key facilitators to implementation:

- Strong pre-existing relationships and effective communication between local authorities and Cafcass.
- Administrative support.
- Clear guidance and supporting materials.
- Support from the DP.
- Senior leadership buy-in.
- Participation in the pre-pilot phase.

Effective implementation of the pre-CMH meeting relied on effective communication between relevant team members in the local authorities and Cafcass, who needed to coordinate diaries, agree a meeting time, and ensure participation in the meeting. As such, strong pre-existing relationships, and effective communication between local authority and Cafcass consistently emerged as key facilitators for successful implementation in interviews and the survey data.

In the survey, 12 out of 20 respondents agreed that ‘strong working relationships between local authority and Cafcass prior to the pilot’ was a key facilitator in their area, and ‘relationships and communication’ between local authorities and Cafcass was cited as the most significant facilitator to implementation by survey respondents. Where strong relationships existed, pilot stakeholders were able to quickly establish effective communication channels and collaborate as needed. For example, in both Bury and Tower Hamlets, local authority and Cafcass staff came together at the start of the pilot to identify set days and times for meetings.

> “Our working relationship with [the local authority], it is really solid, probably more so than other London boroughs…So it really meant when we engaged in the pre-

> CMH [meeting], [we had] a lot of established foundations and there was already generally quite good communication." - *Cafcass Manager*

Participants identified that having clearly identified roles and responsibilities within the pilot was key, and multiple survey respondents identified administrative support as the 'most significant facilitator'. Having a case progression officer**,** or equivalent role such as a 'court officer', lead on the administration and coordination was identified as a particularly effective enabler. Data reported by the DP identifies that in 29 local authorities, there was a dedicated court officer to support the pilot. Feedback highlights that these individuals were well placed to take on the additional administrative tasks required by the pilot, enabling consistency across the process.

> "Initially, we didn't write the minutes because we were chairing, so [the] team manager and social worker were responsible for that and the minutes were not going on the system, they weren't getting sent out…If we didn't have the court staff role, it wouldn't be as effective." – *Local authority Consultant*

> "What we saw is the local authorities that have a dedicated court progression officer, or a similar title...I think they seem to have a better grip on things, possibly because they review applications regularly..." – *Delivery partner*

Pilot stakeholders generally felt the guidance and templates were helpful for implementation. Among survey respondents, 16 of 20 stated that these materials facilitated implementation. There was some variation as to how helpful these materials were felt to be among interviewees (see KEQ1), but overall, the guidance and materials were seen as a valuable resource that supported implementation.

The DP provided a range of support to participating local authorities, including: monthly check- ins, regional and national learning events, ongoing information sharing, discussion and troubleshooting, and 'how to' guides for local authorities and Cafcass guardians. Detail on the events and participant numbers, and outputs produced by the DP, can be found in Annex D. Stakeholders widely recognised the DP's contribution as a facilitator, particularly local authority stakeholders, although more so in some local authorities than others. in the survey, 12 of 20 respondents identified DP support as a facilitator, and six found the DP learning events to be a facilitator.

DP support was seen by interviewees as being particularly valuable during set-up, where key decisions were required and additional activity was needed to establish relevant processes. The DP helped local authorities tease out best ways of working within their individual contexts, supported with trouble shooting, and kept local authorities on track. Interviewees valued having DP contacts who were experienced social workers and who understood the complexities of the system. Many also valued the opportunities for shared learning between local authorities, identifying that the sessions helped to boost morale and enable relationship-building and learning about best approaches for the pilot.

> "I just don't think we would have made any progress really without [DP contact], just kind of being that point of call, particularly initially… [and the] group meeting was really helpful because I think that got a sense of local authorities understanding what's working well in some areas and what they might take and adopt." – *Cafcass Manager*

The degree to which DP input was valued varied depending on the local authority context. For example, in Bury, where set up and delivery was straightforward, one stakeholder found the frequency of meetings with the DP to be disproportionate to their needs.

> "The expectation and demand of that has felt a bit unrealistic. You know, in terms of the… individual meetings we've been required to attend, the group meetings we've been required to attend, and then there's all sorts of development sessions coming on for what is a very basic and simple approach*." – Local authority manager*

It is of note that while the DP support was primarily directed towards local authorities, efforts were made to facilitate collaboration between local authority and Cafcass team members. While some Cafcass team members were included in, and attended, the regional and national learning events, which was valued, one Cafcass manager highlighted they had not been included in the invite, suggesting that the invite did not reach all those in scope. The Cafcass manager reflected that it would have been helpful to have had access to shared learning opportunities.

Interviewees from local authorities, and 14 of 20 survey respondents, agreed that senior leadership buy-in facilitated implementation. Buy-in from broader stakeholders – such as LFJB and the regional DFJ – was highlighted as a facilitator by 2 survey respondents.

Respondents in all three of the local authorities which sent responses to the survey and had participated in the pilot PoC identified this as a facilitator to implementation. As none of the local authorities from which staff were interviewed participated in the PoC[15], we do not have further information on this facilitator.

One participant expressed frustration that the materials sharing learning from the PoC stage were not shared at an earlier stage, as they could have facilitated implementation for those who did not participate in the PoC. The DP also expressed frustration that they could not mine the insights from the PoC phase, as the full set of PoC learning and notes were not available to them due to data sharing agreements, with data and insight being lost.

[15] One local authority that had participated in the PoC was intentionally included in the sample, but the local authority did not respond to our request for interviews.

What difficulties/barriers did implementers face, were they overcome, and if so how?

Survey respondents and interviewees identified the following barriers to implementation:

- Difficulties scheduling the pre-CMH meeting.
- Limited staff capacity for additional work.
- Court listing practices.
- Local constraints.

The pre-CMH pilot depends on core team members, including the local authority social worker and the Cafcass guardian, promptly identifying a time to meet within a tight timeframe. Many interviewees highlighted that the difficulties coordinating diaries to schedule the pre-CMH meeting as a challenge, and seven survey respondents identified scheduling as the most significant barrier.

Cafcass guardians spend core hours in court, limiting their availability and frequently clashing with times when social workers were available. Part-time working and annual leave also added complexity. This challenge was exacerbated in local authorities without identified administrative support for the pilot, where overstretched team members had to coordinate meetings on their own, and remember to do so without being prompted by an administrator, and without a trigger in the system. An interviewee in Bradford reflected that this is not specific to the pilot, and is a common challenge across social work practice.

> "The person who's been trying to arrange the meetings found it hard because either the social worker is not available, or the team manager is not available, or the guardian is not around…It takes a bit of time to arrange people's time, busy people, and then, you know, changing the time for the meeting and preparing the family-friendly note, it is a bit of work." – *Local authority Manager*

> "Really [it's] just the usual kind of diary clashes and trying to get everyone together. But you know that's usual for social work meetings." – *Local authority Manager*

Both Tower Hamlets and Bury highlighted that they had overcome this challenge by coming together at the start of the pilot to think about how the pilot would work locally, and to predetermine feasible weekly slots.

Another major barrier was the limited capacity of relevant staff to take on the additional work created by organizing and holding pre-CMH meetings. This was raised as the most significant barrier by 5 survey respondents. It was also reflected in the monitoring data; where local authorities recorded reasons for meetings not being held for non-urgent applications, 22% reported availability of core meeting team members as the reason.

In some cases, limited capacity was due to workload challenges, with staff having to prioritise other responsibilities such as social workers' review meetings, which are booked months in advance and can't be moved. In some local authorities, workforce shortages were a challenge. Several local authorities faced shortages of guardians, leading to delayed allocation of guardians, and a heavy reliance on 'duty' guardians (Cafcass officers who cover cases in which a guardian has not yet been allocated) who are less involved in the detail and management of the case.

> "I think if [the pilot] came around in 6 to 12 months when we had a full stable workforce again and a bit more…support and structure…then it might have been more successful." - *Cafcass Manager*

In one local authority, workforce challenges faced by Cafcass improved through the duration of the pilot. However, for most local authorities this challenge was ongoing.

Other factors added to the workload challenges in some local authorities. In one local authority, multiple pilots were occurring concurrently, and it was felt that resource was stretched too thinly to also implement the pre-CMH meetings for every non-urgent case. The DP reported that in some areas local authorities had to prioritise limited staff time and resources on Ofsted inspections taking place during the pilot period. These barriers were generally not overcome during pilot delivery.

A further challenge with scheduling the pre-CMH meetings was court listing practices. In some instances, hearings were listed with very little notice, even when the case was not a short notice case, leaving very little time in which to schedule a pre-CMH meeting. Of the 20 survey respondents, 9 identified this as a challenge in their local authority area. This is also reflected in the monitoring data; where local authorities recorded reasons for meetings not being held (noting significant gaps in data), 7% reported listing practices. This challenge was ongoing throughout the pilot delivery period, with no reference to being able to overcome the issue – it was seen as outside of the control of local authority and Cafcass pilot stakeholders.

> "Sometimes it just couldn't fit in the schedule just because of how the CMH hearing has been timetabled." - *Cafcass Manager*

KEQ3: Is the pre-CMH meeting acceptable to key stakeholders (implementers, families, other organisations affected by the pilot)?

KEQ3 has multiple sub-questions which together illustrate acceptability of the pilot to stakeholders. These sub-questions address issues of:

- relevance (whether the pilot can help to address the problem of unnecessary delays in the family courts)
- coherence of the pilot with existing organisational processes and systems

- resourcing for the pilot
- the level of buy-in to the pilot among stakeholders
- views on making the pre-CMH meeting statutory for all local authorities (as part of the PLO)
- whether the guidance needs to be adapted if the pilot is rolled out
- and family perspectives on the pilot.

KEQ3 Summary

- Relevance: Participants were split on relevance; some felt the pre-CMH meeting could help to reduce delays, while others felt there are too many factors beyond local authority control that could undermine its potential.
- Coherence: The pilot was seen to be coherent with participating local authorities and Cafcass services and systems.
- Resourcing: Challenges were felt across many local authorities, with some indicating that additional resource was needed to support implementation.
- Buy-in: Most local authorities expressed interest in continuing at least some elements of the pilot. Buy-in was strongest among local authority and Cafcass leaders, and more mixed among local authority and Cafcass implementers.
- PLO: There were some concerns regarding resourcing implications, and the possibility that making the meeting mandatory could add to delays.
- Additional guidance for Cafcass guardians, and some amendments to the local authority-focused guidance, would support further rollout of the pilot.
- Family perspectives: The limited information on family experience of the pilot was mixed, with one interviewee reporting negative feedback, while others had received no comments.

Is the meeting perceived to be relevant to the problem being addressed (unnecessary delays in family court proceedings)?

It was largely agreed across participants that communication between the social worker and guardian in advance of the CMH meeting is good practice, and supports a more effective system overall. However, participants were mixed in their opinion of whether pre-CMH meetings were relevant to address the problem of unnecessary delays. Among survey respondents, 11 of 20 agreed that the pre-CMH meetings offer part of the solution to the problem; a similar mix of opinion was given in interviews.

Some interviewees felt that the pilot had the potential to nudge people into doing what they can to avoid unnecessary delays by sending a clear message that such delays are

unacceptable. They believed that the pilot could help to reduce unnecessary delays by reducing the number of expert assessments requested or further CMHs. However, others felt that in a complex system, in which the pre-CMH meeting is a small part, there are too many factors beyond the control of the local authority that could prevent the pre-CMH meeting from reducing unnecessary delays. These include court listing practices, and judge decision-making or practices, for example a judge preferring to hold multiple CMHs over a longer time period (for example, for more complex cases).

> "It's a good idea…It could be helpful, but I think it needs to have the structure and the flow behind it. Doing it isolated, it's not going to help because the delay…is caused by multiple things. You know it's not just the issues with social workers." - *Local authority Manager*

Is the meeting coherent with existing services and operations?

The vast majority of participants agreed that the pre-CMH meetings were coherent with existing services and operations. This view was shared across both local authority and Cafcass participants. In the stakeholder survey, 17 out of 20 agreed that the pilot was coherent with their organisation's systems.

In some instances, interviewees felt that the pilot was a formalisation of existing practice. For others, it was viewed as good practice that should be happening but was previously not being consistently delivered. Crucially, the pilot did not pose a contradiction or conflict to broader organisational processes, and the principle of the meeting was seen to be well aligned with organisations' wider activities.

> "It kind of…align[s] with what we're trying to do anyway. We're working really hard to improve our communication with our roles [across local authorities and Cafcass]." – *Cafcass Manager*

> "I think [the pre-CMH meetings] definitely complement [local systems]. And I do believe in the fullness of time, if we do that, then…it will make a difference." - *Local authority Manager*

While some participants noted challenges such as IT limitations, team structures, and workforce challenges, these were seen as practical barriers to implementation rather than signs of fundamental misalignment.

Is there sufficient resourcing for implementation of pre-CMH meetings (staffing, budget, guidance etc)

DfE did not provide any financial support to organisations participating in this pilot. Resourcing was a clear challenge for both local authorities and Cafcass. While interviewees recognised the meeting as good practice, they repeatedly highlighted that both local authority and Cafcass staff were already stretched, and the pre-CMH meeting created additional demands on staff on top of existing workloads. In the stakeholder

survey, 9 of 20 survey respondents felt that they did not have time to take part in the pilot, and 7 respondents flagged that their organisation needed additional financial resources to deliver pre-CMH meetings. Additional funding could, for example, be used to provide additional staff time.

> "I think it's absolutely the right thing to do…we can see some early benefits of it. But I do think additional resource [is needed] in an already stretched system." - *Local authority Manager*

> "The problem with introducing multiple meetings is that… social workers are busy people…in different local authorities [they have] different caseloads, different challenges. You know, it's probably not easy to expect them to have another meeting." - *Local authority leadership post*

> "I think that is a personnel problem probably, and about people responding in timely manner to approve those minutes and they're not going to be priority for people who are also writing reports." – *LFJB member*

Some participants felt that some of the steps outlined in the pilot guidance did not add much benefit and could be dropped to help with the resourcing challenges. In particular the requirement to produce minutes and a family-friendly note was frequently mentioned as an area where the required effort outweighed the perceived benefit.

Is there broad buy-in to the pre-CMH meeting across stakeholders? Are there any objections to continuing with implementation of the meeting after the pilot ends?

There is significant buy-in for the principle of the pre-CMH meetings across participants. Most participants agreed that the approach is in line with best practice, and supports effective CMHs and family court proceedings.

> "It is just going back to the basics of good practice. It's not rocket science. It's quite [a] simple principle and I think we would have had that in the past." - *Local authority Manager*

> "[The approach] is so obviously a good practice that everyone has to come back to that agreement, that it is good practice and therefore in almost 100% of [the participating local authorities in South of England] there has been buy-in, ultimately, when everyone understands what this is about." - *Delivery Partner*

Most local authorities expressed commitment to continuing at least some elements of the pilot going forwards. Monitoring data collected by the DP suggested all but three local authorities were planning to continue the pre-CMH meeting in some format (Gate One and Mott MacDonald (2025)[16]. Among survey respondents, 16 of 20 agreed that they would be happy to continue the pilot. In interviews, several participants confirmed their

[16] Two of the three were in our sample: Sutton (where we had no response to our request for interviews) and Tower Hamlets (who reported significant difficulties implementing the pre-CMH meeting).

plans to continue with the pilot, albeit in a reduced format, for example, taking a less formal approach to coordination, or not delivering a family-friendly note. The DP noted interest from non-participating local authorities, suggesting a wider appetite for adopting the pilot beyond the original pilot local authorities.

There was nevertheless variation in the degree of buy-in to the pilot among different types of stakeholders. Buy-in was strongest amongst those in leadership positions or operating at a strategic level in local authorities and Cafcass. Participants in these positions, who had often signed local authorities up to participate in the pilot, described the pilot approach as a 'sensible' or 'right thing to do'.

Buy-in for the pilot was more mixed among local authority staff directly involved in implementing the pre-CMH meetings, who were more aware of the challenges with their implementation. For example, buy-in was limited among implementers with heavy workloads who felt that the pilot was a duplication of activity already taking place, and therefore not a useful way to spend their time.

> "It was quite repetitive, because you'd have the meeting, there was the legal gateway panel, your care planning meetings, and [so on]. And it just felt like the purpose of the meeting was quite similar to why you'd be attending legal gateway…[17] It felt like…having to do more work when you've got loads of stuff to be getting on with. It just felt like it was another take that has been added to the list of a million [things]." - *Local authority Social Worker*

Buy-in among Cafcass staff was mixed. Some participants highlighted that buy-in and commitment among Cafcass staff was hindered by the lack of initial work to secure Cafcass buy-in, given the focus on local authority buy-in. This had led to low awareness of the pilot, and lack of clarity on the expectation for Cafcass guardians to participate in pre-CMH meetings, among some Cafcass staff.

> "I think there are still situations where some of the staff in [local authority name] are not really… on board with it, or they've just not really …registered that it's happening…" - *Cafcass Manager*

> "There's no suggestion that…it's mandatory or [that] you must go, and...it doesn't have the same kind of importance attached to it as to other things that happen in Cafcass." - *Cafcass guardian*

At a broader level, participants who attended LFJB meetings generally reported positive perceptions of the pilot among LFJB members, where the pilot was seen to align with regional and national priorities to reduce unnecessary delays in family court proceedings.

[17] The Legal Gateway/Planning Meeting is an essential part of the process for dealing with public law children's cases under the PLO. Its purpose is to consider all the information available and decide if the legal threshold is met to commence pre-proceedings or to issue immediate care proceedings (source: https://www.proceduresonline.com/bcp/p_legal_planning_meetings.html)

Some participants felt that buy-in was low among some stakeholders on LFJBs and in the judiciary and legal community. They felt that early engagement activities had focused on the local authorities, and that more could have been done to get early buy-in across a broader set of stakeholders.

> "There was no real expectation in the judiciary or the legal community about this being mandatory…I think that that's because they were not communicated to [regarding] the expectation." – *Local authority Manager*

The DP highlighted that they had hoped to broaden stakeholder engagement, but this was hampered by challenges gaining access to the relevant contacts.

There is some evidence that buy-in shifted over time in some local authorities. In one local authority, buy-in increased over time, as processes became embedded and participants started to feel the benefit of holding the pre-CMH meeting. But it was more common for buy-in to decrease over time. In one local authority, buy-in decreased as participants were not seeing evidence of any benefits from holding the pre-CMH meeting, and in some local authorities, buy-in fell off as staff felt unmotivated by the approaching end of the pilot. Maintaining buy-in for the pilot was noted as particularly challenging in larger local authorities with multiple regions to co-ordinate, as well as in the context of staff turnover or reliance on duty teams who were assigned to cases on a temporary basis.

Should the pre-CMH meeting be included in the PLO process to make it a statutory duty for all local authorities? Is there consensus across stakeholder groups or do some disagree, and if so, why?

While many participants supported the principle of pre-CMH meetings, there were mixed opinions and uncertainty around making the meetings statutory. In the survey, 12 of 20 survey respondents agreed that the pre-CMH should be a statutory duty, while 3 disagreed and 4 selected 'neither agree nor disagree'[18]. There was significant nuance and uncertainty among interviewees. The majority were on the fence or raised concerns about the feasibility and implications of a statutory duty for local authorities. Three main concerns were identified.

Firstly, the most frequently raised concern was in relation to staff capacity. Participants felt that it would be challenging to deliver the meetings for every case in the context of already overstretched staff and the lack of additional financial support.

> "I think if it becomes statutory there should perhaps be some financial [support] in acknowledgement of the additional work both for local authority and Cafcass." - *Survey participant*

[18] One respondent indicated 'Don't know'.

Secondly, local authority interviewees were worried about being penalised for not holding a statutory pre-CMH meeting while struggling to do so due to factors outside of their control, such as court listings. It was felt that if the pilot were to be made statutory, then court listing practices would need to be reviewed to ensure that there was enough time between the application and the CMH to allow time to organise the pre-CMH meeting.

Thirdly, there was a concern that having a pre-CMH meeting as a statutory requirement could generate further delays in family court proceedings, as other parts of the process might be held up until the pre-CMH meeting had taken place.

> "It actually could [have the] potential to delay things further because you can't move to the CMH hearing until you've done [the pre-CMH meeting]." - *Delivery Partner.*

> "I think it would be a hindrance rather than providing any concrete benefit. I think it would add another meeting…to the system and…it's probably going to cause delays rather than finding a solution to the delays." – *Local authority Manager*

Does guidance on the pre-CMH meeting need to be adapted before rollout? In what ways?

Some interviewees, and 7 of the 20 survey respondents, felt that the guidance should be adapted if the pilot is rolled out. Suggestions for strengthening the guidance given in the survey and interviews included:

- Additional guidance for Cafcass, including the Cafcass guardians
- Further detail regarding the expected timeline and flow of the process
- Additional detail to support thinking through roles, responsibilities, and staff availability
- Review of the family-friendly note and how this is shared
- Review of agenda template to ensure greater focus on next steps after the meeting.

For families: Was the meeting found to be helpful for feeling better informed and involved in court processes, or in other ways? Do they have any objections to ongoing implementation of the meeting beyond the pilot?

We have very little data regarding family perspectives on the pilot. The information below is based on a small number of interviewees who had direct contact with families whose cases went through a pre-CMH meeting, and interviewees who heard feedback from colleagues with direct family contact.

One Cafcass manager stated that their team members with direct contact with families had not reported any complaints or issues from families. Only one participant was aware of a family having a negative reaction to hearing about the meeting, perceiving it as

potential collusion between the guardian and social worker. The respondent was not aware of further specifics of the family's reaction.

Several participants believed families were unaware of the pre-CMH meeting. This reflects the fact that in many instances the family-friendly note was not produced or shared with the family, and in such instances, families would not know that the meeting had taken place.

Care-proceedings-experienced parents and other family members who participated in focus group discussions for the PoC process evaluation (Rothera et al (2023), p14) indicated that they felt it was reasonable for the social worker and Cafcass guardian to hold a pre-CMH meeting, but were keen to see that their views would be accurately represented, and concerned that the local authority might influence the guardian's perception of the family. They suggested that an independent facilitator might help mitigate this risk.

Impact evaluation findings

The impact evaluation findings are structured around five KEQs:

- KEQ4: What (if any) is the impact of the pilot on the primary outcome, the length of court proceedings (using administrative data)?
- KEQ5: What (if any) are the early outcomes of the pilot (using administrative data)?
- KEQ6: What do key stakeholders (e.g. leaders, practitioners, and families) perceive as outcomes of the pilot? How do they believe the outcomes came about?
- KEQ7: What does the refined pilot ToC look like?
- KEQ8: What, if any, are the unintended consequences of the pilot (positive and negative)?

KEQs 4 and 5 are based on analysis of administrative data using the methods described in section 3 (methodology). KEQs 6, 7, and 8 are based on stakeholder perceptions collected during interviews, in line with the theory-based evaluation approach described in section 3.

KEQ4: What (if any) is the impact of the pilot on the primary outcome, the length of court proceedings?

KEQ4 summary

- Primary analysis does not suggest that holding a pre-CMH meeting is likely to have reduced case durations, with the estimated effects being small, imprecise, and uncertain.
- At 182 days after submission, there was little difference in the average number of days cases remained open. By 365 and 547 days, cases in pilot areas were estimated to have remained open for slightly fewer days, on average, than in the counterfactual. The same broad pattern is reflected in the proportion of cases disposed by each follow-up point. However, confidence intervals included zero at all reported time points, meaning the analysis was not statistically significant and does not provide strong evidence of a clear average pilot effect on the length of court proceedings.
- Sensitivity analyses using all cases in pilot areas (reported in Annex G) produced a similar overall pattern and did not materially change this conclusion.
- A sensitivity analysis using only the cases in the 57 local authorities that had a pre-CMH meeting does not suggest that holding a pre-CMH meeting is likely to have reduced case durations.

To assess the pilot's impact on the length of proceedings, we analysed the number of days from case submission to case disposal using a weighted survival difference-in-differences approach. This compared the observed trajectory for cases in pilot areas after implementation with a counterfactual trajectory estimated from trends in comparison areas and from the pre-pilot period. It is important to note that not all non-urgent cases in pilot areas received a pre-CMH meeting, although, as explained in KEQ1, we do not know what proportion of non-urgent cases did not have a pre-CMH meeting (40% according to monitoring data, or around 89% (including urgent cases) according to HMCTS CCD).

Overall, the findings suggest that, if the pilot affected the length of proceedings, the effect was likely to have been modest. The results are consistent with a small improvement emerging over time, but they do not provide conclusive, statistically significant evidence that the pre-CMH meetings pilot reduced case duration on average during the period observed.

When results are expressed in terms of the estimated average number of days by which cases remained open within each follow-up period, the analysis provides some indication of slightly faster case progression at longer horizons, but the estimated effects were small and not statistically significant (see Table 2). At 182 days, the estimated effect was

close to zero, at 0.6 more days open on average. At 365 and 547 days, the point estimates suggest that cases in pilot areas remained open for slightly fewer days on average than would have been expected in the absence of the pilot, equivalent to 2.2 and 3.4 days saved, respectively. However, these estimates were also small and imprecise, not statistically significant, and their confidence intervals were consistent with both a modest improvement and no effect.

A similar pattern is seen when results are expressed as the proportion of cases disposed by selected follow-up points. At 182 days after submission, the proportion of cases disposed was estimated to be the same in pilot areas as in the counterfactual scenario (41.9% in both cases). At 365 days, the proportion disposed was 81.5% in pilot areas, compared with an estimated counterfactual of 79.8%, a difference of 1.8 percentage points. At 547 days, the proportion disposed was 92.5% in pilot areas, compared with 91.3% in the counterfactual, a difference of 1.2 percentage points. However, for all three time points the confidence intervals included zero, meaning the findings are not statistically significant and do not provide strong evidence of a clear average effect on case duration.

Table 2: Impact of the pre-CMH meetings pilot on the proportion of cases disposed by selected time points

Time from submission	% Disposed Counter-factual	% Disposed observed	Difference in % disposed (% points)	Estimated change in case durations
182 days	41.9%	41.9%	-0.0 p.p (-2.5, +2.7)	+0.6 (-1.7, +2.9)
365 days	79.8%	81.5%	+1.8 p.p (-0.6, +4.2)	-2.2 (-8.0, +3.0)
547 days	91.3%	92.5%	+1.24 p.p (-0.8, +3.7)	-3.4 (-11.3, +3.9)

Note to table: “Estimated change in case durations” shows the estimated change in the average number of days a case remained open in pilot areas, comparing what was observed with what would have been expected in the absence of the pilot. It is calculated separately for each time horizon and only counts days up to that horizon. Positive values indicate that cases remained open for more days on average within that time window; negative values indicate that they remained open for fewer days.

Sensitivity analyses reliant on all cases in pilot areas did not materially change this overall conclusion. In particular, unweighted models and models excluding local authorities that overlapped with another pilot produced a similar substantive pattern, with no clear evidence of a large effect on case duration. These sensitivity results are reported in Annex G, and further detail on the survival-based estimation approach is provided in Annex F.

In addition, an exploratory sensitivity analysis, using only cases that had a pre-CMH meeting in the post pilot-implementation areas (i.e. the 57 local authorities in the pilot),[19] does not suggest that holding a pre-CMH meeting is likely to have reduced case durations (see Table 3).[20]

Table 3: Impact of the pre-CMH meetings pilot on the proportion of cases disposed by selected time points

Time from submission	% Disposed Counter-factual	% Disposed observed	Difference in % disposed (% points)	Estimated change in case durations
182 days	41.5%	38.7%	-2.8 p.p (-6.6, +1.4)	+9.3 (+5.8, +12.6)
365 days	80.9%	83.5%	+2.6 p.p (-1.1, +5.9)	+7.7 (-0.8, +16.5)
547 days	92.8%	93.9%	+1.1 p.p (-3.5, +4.6)	+3.8 (-7.8, +16.2)

Note to table: "Estimated change in case durations" shows the estimated change in the average number of days a case remained open in pilot areas, comparing what was observed with what would have been expected in the absence of the pilot. It is calculated separately for each time horizon and only counts days up to that horizon. Positive values indicate that cases remained open for more days on average within that time window; negative values indicate that they remained open for fewer days.

KEQ5: What (if any) are the early outcomes of the pilot?

KEQ5 summary

- The analysis found no clear evidence that the pre-CMH meetings pilot changed the number of CMHs or the number of days from case submission to the first CMH.
- This is broadly consistent with the findings for the primary outcome, which suggested at most a modest effect on overall case duration.

As well as examining overall case durations, we assessed whether the pilot was associated with earlier changes in court processes that might plausibly arise if cases were better prepared ahead of the first CMH. We focused on two secondary outcomes

[19] In this model, we used propensity score weighting (PSW) in two stages. First, PSW was applied to balance observed characteristics (order type and number of children) between post-pilot cases with and pre-pilot without a pre-CMH meeting. Second, PSW was applied to balance pilot and comparison cases based on these same characteristics.
[20] Due to the limitations associated with weighting cases using just two variables, these findings are suggestive rather than definitive.

derived from HMCTS administrative data: the number of CMHs recorded, and the number of days from case submission to the first CMH.

What is the effect of the pilot on the number of CMHs?

The weighted difference-in-differences analysis found no clear evidence that the pre-CMH meetings pilot changed the number of CMHs. The estimated effect was a 0.3% decrease in the expected number of CMHs, but this was not statistically significant, and the confidence interval included both a small reduction and a small increase. This suggests that the pilot was not associated with a measurable change in the number of CMHs during the period observed.

What is the effect of the pilot on the number of days from submission to the first CMH?

The weighted analysis also found no clear evidence that the pilot changed the time between case submission and the first CMH. The estimated effect was a reduction of 1.9 days, but this was not statistically significant, and the confidence interval included no effect. As with the findings on the number of CMHs, this suggests that any effect of the pilot on the timing of the first CMH was either small or not detectable in the administrative data available for this evaluation.

Table 4: Impact of the pre-CMH meetings pilot on secondary outcomes

Outcome	Results
Number of CMHs	-0.3% (-4.6, +4.3%)
Days from submission to first CMH	-1.9 days (-5.4, +1.7)

Taken together, the secondary outcome analysis does not show clear evidence that the pre-CMH meetings pilot changed these earlier court process measures. This is broadly consistent with the findings for the primary outcome, which suggested at most a modest effect on overall case duration.

Further detail on model specification is provided in Annex F. Sensitivity analyses for the secondary outcomes, including unweighted models and models excluding overlapping local authorities, are reported in Annex G.

KEQ6: What do key stakeholders (e.g. leaders, practitioners, and families) perceive as outcomes of the pilot solutions? How do they believe the outcomes came about?

KEQ6 summary

- Interviewees believed that the following intermediate outcomes on the ToC had been achieved to some degree: improved case planning, e.g. earlier full timetabling; earlier requests for expert assessments; faster and better-informed decision-making by court, and more effective CMH; improved collaboration and communications in individual cases across relevant agencies; and consistent practice across pilot local authorities.
- They did not believe that the following intermediate outcomes had been achieved: reduction in the number of expert assessments; changes in care plans and Orders; families better informed about, and involved in, the process; and earlier presentation of relatives to assume caring responsibilities. Evidence on a reduction in number of further CMHs was inconclusive.
- In terms of expected pilot outcomes, interviewees indicated that the pilot improved cross-agency working and generated a model for potential rollout, and that the pilot may have helped to reduce unnecessary delays. Evidence on reduced costs for courts and local authorities is inconclusive, and there is little evidence that the pilot helped to improve family experiences.
- In terms of long-term impacts, some interviewees believed that the pilot contributed to improved practice in the family justice system while no research participants believed that the pilot could contribute to improved care outcomes among children.
- Unexpected outcomes indicated by interviewees were: social workers feeling more confident; Cafcass guardians feeling less stressed; pre-CMH meetings held for short notice and urgent cases in 5 local authorities; and stronger relationships among London boroughs.
- According to interviewees, contextual enablers included: having an allocated (rather than duty) guardian at the pre-CMH meeting; good working relationships between the local authority and Cafcass; senior leadership support for the pilot; strong commitment among social workers; court listings allowing sufficient time between the application and the CMH.

KEQ6 has multiple sub-questions which together illustrate stakeholder perceptions of the changes which came about due to the pilot:

- To what degree do stakeholders perceive that the intermediate outcomes on the ToC were achieved?
- Were any intermediate outcomes not realised, if so, why?
- How did the pilot generate the changes needed to reach the intended, or other, outcomes (mechanisms[21])?

[21] These are the behaviour and practice changes incentivised by the pilot. We examine whether interviewees believe these came about and led to the expected outcomes on the ToC.

- To what degree do stakeholders perceive that the pilot outcomes on the ToC were achieved? Were any not realised, and if so, why?
- Do stakeholders perceive that the pilot is likely to contribute to the long-term impacts shown on the ToC, or other long-term impacts?
- Were there other unexpected outcomes?
- Under what conditions did the pilot lead to the intended, or other unexpected, outcomes (contextual enablers)?

The changes examined correspond to the outcomes and impacts shown on the refined ToC in Figure 2.

For KEQ6 we triangulate findings from across in-depth interviews and the survey. Where the findings from the two sources are not well-aligned, we have given greater weight to the interview material. This is because (1) the second round of interviews was conducted later than the survey, allowing more time for outcomes to emerge[22], and (2) interviews provided the opportunity to more fully explore and understand the viewpoints of our interviewees.

Intermediate outcomes and mechanisms

For this question, we explore mechanisms and intermediate outcomes along four pathways on the ToC. The pathways represent clusters of linked mechanisms and outcomes. Each pathway is shown in a different coloured frame on the refined ToC in Figure 2. The pathways are:

- Pathway 1: Court processes
- Pathway 2: Family experience
- Pathway 3: Local authority and Cafcass working relations
- Pathway 4: Pilot model

Pathway 1 Court processes

The ToC hypothesises that the following mechanisms/behaviour and practice changes:

- Social worker and Cafcass guardian use pre-CMH meeting to be better informed about family circumstances and take more proactive approach to preparation for CMH, without compromising Cafcass independence
- Lawyers and judges use information in pre-CMH meeting minutes at first hearing, to gain earlier and better understanding of the case

will lead to the following outcomes:

- Improved case planning, e.g. earlier full timetabling, earlier requests for expert assessments

[22] This was important since the majority of participating local authorities took more than three months to set up and start running meetings (Gate One and MacDonald (2025) p27).

- Faster and better-informed decision-making by court & more effective CMH
- Fewer expert assessments requested, changes in care plans, and changes in Orders
- Reduction in number of further CMHs

Interviewees felt that the pre-CMH meeting helped social workers and Cafcass guardians to be informed about family circumstances and take a proactive approach to preparation for CMH. Some were keen to point out that information should be shared through informal conversation between the social worker and the guardian anyway, so they felt that when good practise is followed, the pre-CMH meeting does not add much value. But others felt that the more formalised and structured approach of the meeting was valuable, for instance, helping to avoid a last-minute rush before the CMH.

> "It's good to have this process because everything can [otherwise] be done very last minute. It can be quite difficult sometimes to get… everyone's positions. Local authorities have quite complex procedures in terms of getting things agreed." – *Cafcass guardian*

In the survey, 11 of 20 respondents felt that the pre-CMH meeting had helped to improve case planning, and one believed this would be partly achieved by the end of the pilot. Some local authority interviewees noted that pre-CMH meetings had helped them in their case planning, for example enabling them to amend or add detail to care plans. Cafcass interviewees indicated that early insight into what had happened prior to their involvement supported their case planning, for instance, helping the organisation to appoint guardians in a more timely way, and to allocate guardians with the specialist skills required for some cases.

> "Everything's getting nailed down at a much earlier stage." - *Cafcass guardian*

Interviewees generally felt that the pre-CMH meeting made earlier discussion and provisional agreement on full timetabling for the case more likely than without a pre-CMH meeting. The meeting was also viewed to facilitate earlier clarity on expert assessments that were likely to be needed, rather than assessments being discussed for the first time at the CMH. This enabled social workers to seek provisional authorisation and funding agreement for experts ahead of the first CMH.

> "It gives less opportunity for…last-minute discussions around Part 25s[23], it means that our social workers can make an application to our Resource Panel for any kind of finance….associated with the Part 25 applications….and can know what is and isn't agreed from a local authority perspective." – *Local authority Manager*

[23] 'Part 25s' are expert witnesses, such as a medical expert, a psychologist, or an independent social worker, instructed by the court to provide an independent and impartial report under Part 25 of the UK's Family Procedure Rules (FPR).

Earlier discussions and improved case planning were, in turn, seen by local authority and Cafcass interviewees to contribute to a more effective first CMH, and therefore faster and better-informed decision-making by the court, by reducing the time used to discuss timetabling and assessments and by addressing unresolved issues before the CMH. In the survey, 6 of 19 respondents agreed that the pre-CMH helped to improve court-decision-making and the first CMH, 5 did not believe it had been achieved, and 8 didn't know.

> "Quite often in the CMH you would be seeking the views of different parties [on]…timescales. All of that…is done within that pre-CMH meeting…[so] when you get to the CMH, you're not using the court time to have those discussions." – *Local authority Manager*

Interviewees did not know whether lawyers and judges were reading the pre-CMH meeting minutes and using the information to be better informed about the case. Improvements to the first CMH were rather attributed to the earlier discussions and improved case planning in the pre-CMH meeting.

Among survey respondents, 4 of 19 felt that the pre-CMH meeting had helped to reduce the number of expert assessments requested, and/or the number of changes in care plans and court orders (six said it hadn't helped, and nine replied 'don't know'). On the whole, interviewees did not believe that the pilot had, or could have, an effect, as the number of assessments, and changes in care plans and orders, are driven by the complexities of the case and any new information that emerges during the case. One interviewee had observed a fall in the number of assessments requested but attributed it to good quality social work undertaken ahead of the pre-CMH meeting, not related to the pilot, rather than to the meeting itself.

> "In cases that I've been involved in definitely [I have seen a reduction in further expert assessments], but that was because there's been some really extensive good quality social work before the pre-CMH." – *IRO*

Evidence as to whether the pilot had helped to reduce the number of further CMHs (after the first CMH) is inconclusive. In the survey, 5 of 17 respondents believed that it had (7 said it hadn't helped, and 5 replied 'don't know'). Interviewees felt that the pilot may have helped to reduce the number of CMHs in more straight-forward cases, where the pre-CMH meeting had strengthened the effectiveness of the first CMH, but noted that further CMHs are often necessary in more complex cases, and this cannot be influenced by holding a pre-CMH meeting.

> "When we have extra CMHs, it's usually because of something… that wasn't anticipated,…parties refusing to comply…[or] an assessment is going to be late…[or] there's been a report about drug use, so then parties ask for a hair

strand test and it's not agreed. So then we have to have a further CMH to get the judge to order it or not order it." – *Cafcass guardian*

The quantitative impact evaluation suggests that the pilot was not associated with a measurable change in the number of CMHs during the pilot period.

Pathway 2 Family experience

The TOC hypothesises that the following mechanisms/behaviour and practice changes:

- Social worker and Cafcass guardian take child's wishes and feelings, and views of parents and family network, into account in pre-CMH meeting.
- Family members use information in family-friendly note to better understand the process.

will lead to the following outcomes:

- Families better informed about & involved in the process.
- Earlier presentation of relatives to assume caring responsibilities.

Interviewees from local authorities and Cafcass felt that, while the wishes and feelings of the child, and views of the family are taken into account without the pre-CMH meeting, the meeting provided a good opportunity to do this in a more systematic and comprehensive way.

> "The pre-CMH meeting gives that space for…really thorough and robust discussion about a child's wider network and views of the family…[and] for the social worker to be clear about what alternatives we've tried prior to getting to court and what kind of alternative care plans and care arrangements we've considered." – *Local authority Manager*

Overall, our interviewees did not know whether families read the notes, but believed it was unlikely, as families are generally overwhelmed when proceedings get underway and tend to rely on their lawyers or advocates to relay important information, rather than reading documents themselves. They also noted that there were many cases for which a note was not produced (monitoring data reported under KEQ1 indicate that notes were produced for just under half of cases with a pre-CMH meeting). They concluded that the pre-CMH meeting did not help families to feel better informed and more involved in the court process. Similarly, only a small number of survey respondents felt that families were better informed (3 respondents) or more involved (2 respondents) due to the sharing of the family-friendly note, and one felt that the note made no difference to the family experience.

> "Even if they're meant to get some kind of minute afterwards, it's not a process or a system that they understand. I'm not sure it's made any difference to them." – *Survey respondent*

Interviewees did not believe that the production of a family-friendly note had, or could, help with earlier presentation of relatives for caring responsibilities. They pointed out that this should happen in pre-proceedings rather than once proceedings have been issued; and that when that is not the case, it tends to be due to difficult family circumstances and dynamics which are not altered by the pre-CMH meeting and the family-friendly note, rather than a lack of understanding of the process on the part of the family.

Pathway 3 Local authority and Cafcass working relations

The TOC hypothesises that the following mechanisms/behaviour and practice changes:

- Local authority and Cafcass staff develop stronger professional relationships as result of earlier and consistent engagement

will lead to the following outcome:

- Improved collaboration & communications on individual cases across relevant agencies

Interviewees generally believed that the earlier and more consistent engagement promoted through pre-CMH meetings helped to strengthen professional relationships between individual local authority social workers and Cafcass guardians.

> "Knowing that they've got that forum…that's almost been the vehicle for them to build those positive relationships and have an understanding and an appreciation of each other's perspectives." – L*ocal authority Manager*

When pre-CMH meetings were successfully implemented, they were observed to have improved collaboration and communication between Cafcass and local authorities on individual cases. Among survey respondents, 15 out of 20 agreed that this outcome had been achieved (4 responded to the contrary, and only 1 responded 'don't know') – it was the most consistently reported outcome across survey respondents. This view was reiterated by most interviewees from local authorities and Cafcass, who reflected that the pilot enabled earlier and stronger communication between the social worker and the guardian.

> "Once you've had that first conversation, you'll pick up the phone because you know them". – *Local authority Manager*

> "[The pilot is] very good at achieving better working relationships between social workers and guardians without a doubt and breaking down barriers." – *Delivery Partner*

On the other hand, a small number of interviewees reflected that the introduction of pre-CMH meetings may have inadvertently discouraged informal communication outside of the pre-CMH meeting between social workers and guardians.

> "It can be a bit frustrating…when you're trying to communicate that something's happened and…you can't get hold of the guardian, and then they mention it in the [pre-CMH] meeting…and it's just a bit like, 'you don't have to wait for the meeting to speak to me. Do it outside of the meeting when it's needed'." – *Local authority Social Worker*

Pathway 4 Pilot model

The TOC hypothesises that the following mechanisms/behaviour and practice changes:

- Staff and DP apply learning from across local authorities to strengthen pilot implementation and model for potential rollout

will lead to the following outcomes:

- Consistent practice across pilot local authorities.

Evidence reported against KEQ2[24] demonstrates the learning that occurred across sites, with the support of the DP, to strengthen implementation and develop a model for potential rollout.

Interviewee views on whether consistent practice had emerged within and across local authorities by the end of the pilot[25] were mixed. For social workers and guardians, it was difficult to say, as they had each been in only a few meetings, although some commented that the pilot helped to make good practice more consistent within their local authority. Managers with an overview across the pilot were in a better position to comment. In Kent, where a high number of meetings was held, a local authority manager felt that the meeting was implemented in a consistent way across the local authority by the end of the pilot. In Tower Hamlets, a local authority manager reported that an insufficient number of meetings had been held to allow for the development of a consistent approach, due to barriers to implementation (scheduling difficulties, staff capacity).

Pilot outcomes

The TOC hypothesises that the pilot may contribute to the following pilot outcomes:

- Reduced costs for courts and local authorities
- Reduction in unnecessary delays in family court proceedings
- Improved family experience of the system
- Improved cross-agency working

[24] see sub-question 'What factors facilitated implementation and how?'
[25] This outcome was not included in the survey, as it was considered too early to judge whether consistent practice had emerged.

- Model and guidance for potential rollout across local authorities

Evidence on changes in the costs for courts and local authorities is inconclusive. Only 2 survey respondents indicated a belief that costs had been reduced for courts, and 2 indicated the same for local authority costs (with 10 in each case replying 'don't know'). Interviewee evidence was largely conjectural. Some observed that if the pilot could reduce case durations, mainly by making the first CMH more effective and thereby reducing the total number of hearings (for which we have seen, under pathway 1, evidence was inconclusive), this could represent a significant saving to local authorities.

> "I think it would [reduce costs for the local authority] by those early discussions around the necessity and proportionality of further expert assessments…the timetabling of the hearings, sticking to the three hearings as opposed to having multiple hearings." - *Local authority Manager*

Some observed that if the meeting does not reduce delays, then the net effect could be to increase costs to the local authority; it increased social worker workload, particularly if they were required to schedule and organise the meeting (this was the case in some but not all local authorities), which could eventually necessitate hiring more social workers to handle local authority caseloads. Others disagreed, as in their view, holding the meeting took no more social worker time than the *ad hoc* conversations that would anyway be needed.

Participants felt unable to comment with any certainty on whether the pilot had led to a reduction in unnecessary delays. Of the 19 survey respondents, only 6 believed that the pilot had contributed to this outcome (while 6 responded that it hadn't, and 7 responded 'don't know'). Interviewee views were also mixed. A few believed that the pilot had helped to reduce case durations, at least in a small way, by frontloading some of the work ahead of the CMH.

> "I think it absolutely can contribute…by that really early identification, early planning of what is necessary, what is proportionate for the children, what's in their best interests." – *Local authority Manager*

> "We're seeing children conclude under 26 weeks more regularly. I can't say that that definitely links to a pre-CMH, but I do think it definitely helps [that] everyone's on the same page in terms of planning right from the get-go." – *Local authority Consultant*

Some interviewees were cautious because they saw the pre-CMH meeting as one small intervention in a complex system in which many factors, outside the influence of the

implementers, could contribute to delays. Judge decisions on whether to request further assessments or further CMHs were cited as one such factor.

> "[The meeting] sets it off…on the right path, but there's so many other things that would delay procedures for children." – *Local authority Manager*

Evidence from the quantitative impact evaluation (reported under KEQ4) does not suggest that holding a pre-CMH is likely to have reduced case durations.

Some interviewees pointed to other concurrent interventions that they felt had been more effective than the pilot at reducing unnecessary delays, including the PLO Relaunch[26] of January 2023, the MoJ's Family Justice Strategy for London, launched in November 2024, and proactive collaboration across Cafcass, the local authority and the courts.

> "There are other things that have improved our length of care proceedings in London, but that's… driven by [the] Ministry of Justice… They have come up with a strategy exclusively for London…and that has actually improved the timescales a little more." – *Local authority Manager*

> "Case duration is reducing…but I don't think that the pre-CMH pilot has got much to do with it. We've done…lots of collaborative working…meetings with the courts, meeting with the judiciary, I'm liaising with the local authority always…There are strategies within our local family [justice] board." - *Cafcass Manager*

Only 2 survey respondents felt that the introduction of the pre-CMH meeting had improved the family experience of the courts (5 responded that it hadn't and 10 responded 'don't know'). Most interviewees similarly felt that the pilot did not affect the family experience of the court system, because they believed that the family was unaware of the meeting and unlikely to have read the family-friendly note. One interviewee suggested that in instances where assessments had been agreed at the pre-CMH meeting and were already clear by the first CMH, this could help to improve the family experience.

> "At the moment frequently they're just told…the local authority and guardian want there to be a psychological assessment…and someone will be identified…But if we go to court saying this is the expert, this is the timescale, and these are the questions, then their barrister [can]…go through it with them rather than them just having to look at it themselves." – *Cafcass guardian*

[26] The Relaunch focuses on making cases 'smaller' by reducing the number of hearings per case and by making 'every hearing count'. https://www.judiciary.uk/courts-and-tribunals/family-law-courts/re-launch-of-the-public-law-outline-plo/.

Another reflected that the pre-CMH meeting may help to improve family experiences of the courts if it reduces 'bartering' in court, where local authority and Cafcass representatives raise and debate discussion points in front of the family, an experience which can be unpleasant for the family members in court.

Of the 19 survey respondents, 13 agreed that the pilot had improved cross agency working and relationships (only 3 said it hadn't). Interviewees largely concurred that the pilot strengthened cross-agency working and relationships between local authorities and Cafcass, by improving understanding of each other's agencies.

> "It's helped [local authority staff] in terms of just understanding…Cafcass' role, what our hierarchy looks like, how our teams are structured." – *Cafcass Manager*

> "We do [now] have a better reputation with Cafcass and a better working relationship." – *Local authority Manager*

DP interviewees indicated that in some areas, local authorities had introduced regular meetings with Cafcass that were said to help with problem-solving between the two organisations.

> "Because of these [pre-CMH] meetings…[some local authorities have introduced] monthly meetings with Cafcass, and they're saying they're problem solving…as a result of that." - *Delivery Partner*

Some interviewees indicated that they hadn't observed improvements because the relationships between their local authority and Cafcass were already positive.

Views on whether a model and guidance for potential rollout had emerged by the end of the pilot were mixed[27]. While managers in local authorities that held few pre-CMH meetings did not feel able to say they had a model, those that held a significant number of meetings felt that they had arrived at a model that could be rolled out. In Kent, where the meetings continued to be held at the end of 2025, a Cafcass manager observed that the approach has been modified to be less resource-intense for the local authority.

> "What is happening now is a slightly diluted version of what was put in place immediately following the pilot. There aren't always minute takers,…often professionals are doing their own and having an agreed note. [There's] less resource put into it now, that's the most significant difference." – *Cafcass Manager*

[27] This outcome was not included in the survey as it was considered too early to judge whether a model for rollout had emerged.

Long-term impacts

The TOC hypothesises that the pilot may, if implemented consistently over time, contribute to the following long-term impacts:

- Improved care outcomes for children, e.g. fewer placement moves
- Improved practice in family justice system

There was very little support among our participants for the premise that the pre-CMH meeting could contribute to improved care outcomes for children. No survey respondents felt that the pilot had contributed to this impact (9 responded 'don't know'). One interviewee felt that in some cases, early information-sharing about family circumstances and relatives for possible placements, could increase the chances of getting a good placement early on.

> "[in the pre-CMH meeting they can]…come to an understanding, [and] appreciation of each other's perspectives…so that when they're in court they can…put forward a placement…plan that's really well thought out, really well considered and hopefully leads to less placement moves." – *Local authority Manager*

But most interviewees felt that the meeting alone was too small a piece in the system to make a difference to care outcomes such as placement moves, which can be due to many factors.

> "The reality is the placement moves are due to a lack of placements and poor quality of placements, which is…a much wider issue that…local authorities and guardians, and indeed courts, cannot address." – *Cafcass guardian*

Views on whether implementation of the pre-CMH meeting can contribute to improved practice in the family justice system[28] were mixed. Some believed that it did, as it allowed for a more considered process than the rushed practice that they had experienced without the meeting.

> "It's good to have an early…joint meeting to think things through, rather than getting to court and having rushed discussions or emails back and forth. I think it sets off…a better tone for the whole process." – *Cafcass guardian*

> "[The meeting] means that workers…have made an analysis about what's in the child's best interest. [It's] well-considered, well-thought-out practice, as opposed to…that kind of rushed practise." – *Local authority Manager*

[28] This outcome was not included in the survey as it was considered too early to judge whether the pilot had improved practice in the family justice system.

One local authority manager did not believe that the pre-CMH meeting contributed to improved practice, as it is a small intervention in a very complex and overloaded system. The interviewee suggested that other interventions were needed to improve practice in the family courts, particularly interventions to make pre-proceedings more effective, in order to reduce the number of cases coming through the courts.

Our interviewees did not identify any additional long-term impacts to which the pilot might contribute, other than those already shown on the ToC.

Unexpected outcomes?[29]

Several participants highlighted that the pilot had supported local authority social workers to feel more confident in their work as a result of better preparation for CMHs.

> "[Local] authorities…have said the confidence of social workers has grown because they're in a room having a really…good conversation with the guardian." – *Delivery Partner*

One Cafcass interviewee indicated that having a named contact and earlier information helped to reduce feelings of stress.

> "[There's an] emotional labour of worrying about how to get in touch with everybody, how to connect, who they are…Low key information sharing is really, really helpful." – *Cafcass guardian*

The positive effects from the pre-CMH meeting were extended beyond the scope of the pilot in the five local authorities which held a pre-CMH meeting for short notice and urgent cases.

One interviewee highlighted that the opportunity to take part in regional learning sessions with other London Boroughs had facilitated wider collaboration and stronger relationships between local authorities in the region.

Contextual enablers

Interviewees identified a number of factors which they believed had helped them to achieve some intermediate and pilot outcomes, as discussed above.

A key factor identified as underpinning good outcomes – particularly improved case planning and a more effective CMH – was having an allocated guardian at the pre-CMH meeting. If a Cafcass officer attended the pre-CMH meeting because Cafcass had not been able to allocate a guardian, the benefits of early information sharing and

[29] Unexpected outcomes are any outcomes or effects from the pilot which were not included on the ToC but can be seen as contributing to the primary aim of reducing unnecessary delays.

relationship building were felt to be lost. A manager in a local authority in which there was an ongoing shortage of Cafcass guardians identified this as a barrier to reaching outcomes.

A good working relationship between the local authority and Cafcass in general, and among senior local authority and Cafcass leaders in particular, were also seen to be important to ensuring that pre-CMH meetings happened and were effective.

> "I have a very close working relationship with the Head of Practise for Cafcass… So if I see that we're struggling to get pre-CMH meetings booked in, I can have that conversation with my counterpart…and say, 'what can we both do…to help embed this, to help drive this forward?" - *Local authority Manager*

Senior leadership support for the pilot was also considered important for embedding new practice and enabling outcomes to be achieved. Where this didn't exist, meetings were less likely to happen, and the potential benefits were lost.

> "I don't think everyone in the system was convinced this is a good idea…that may have contributed to some meetings not happening…I think they were [feeling that] the social workers and guardians already have conversations." – *Local authority Manager*

One manager indicated that strong professional commitment among social workers to get good outcomes for children was key to their willingness to engage in what could feel like 'another meeting'.

> "The desire from our workforce to do the right thing for children [was key, because]…at a time when the social workers are all very, very busy trying to prepare their case for court…it can seem a bit counterproductive that we're asking them to attend another meeting, but I think they've really seen the value in it and they really understand the purpose." – *Local authority Manager*

When cases were listed with sufficient time between the application to the court and the CMH to hold a pre-CMH meeting, this was seen as an important enabler of outcomes. Unfortunately, court listing practices were often identified as a barrier to reaching outcomes, and largely outside the control of the implementers.

KEQ7: What does the refined pilot ToC look like?

KEQ7 summary

- We had insufficient evidence to say whether two of the mechanisms shown on the ToC had occurred as planned, due to limitations in our sample.
- Stakeholder perceptions suggest that some intermediate and pilot outcomes, and one long-term impact, did not come about due to 'theory failure' rather than 'implementation failure'.

Figure 2 presents a modified, post-evaluation version of the pilot ToC. The original ToC is shown in Figure 1. A brief explanation of the modifications follows the diagram. The full evidence underpinning these changes has been presented under KEQ6.

Figure 2: Refined pilot ToC for the pre-CMH meeting

Activities	Change mechanisms	Intermediate outcomes	Pilot outcomes	Impacts
Preparation for pre-Case Management Hearing (CMH) meeting, e.g. pulling together key case information. Pre-CMH meeting between local authority social workers and Cafcass guardians for non-urgent cases, after application to court and before CMH. Learning, capacity-building activities and ongoing support provided by delivery partner (DP).	**PATHWAY 1: Court processes** Social worker and Cafcass guardian use pre-CMH meeting to be better informed about family circumstances and take more pro-active approach to preparation for CMH, without compromising Cafcass independence. Lawyers and judges use information in pre-CMH meeting minutes at first CMH, to gain earlier and better understanding of the case [INSUFFICIENT EVIDENCE].	**PATHWAY 1** Improved case planning, e.g. earlier full timetabling, earlier requests for expert assessments. Faster and better-informed decision-making by court, and more effective CMH. [OUTCOME REMOVED]. Reduction in number of further CMHs.	Reduced costs for courts and local authorities. Reduction in unnecessary delays in family court proceedings.	[LONG-TERM IMPACT REMOVED] Improved practice in family justice system.
	PATHWAY 2: Family experience Social worker and Cafcass guardian take child's wishes and feelings, and views of parents and family network, into account in pre-CMH mtg. Family members use information in family-friendly note to better understand the process [INSUFFICIENT EVIDENCE].	**PATHWAY 2** [OUTCOMES REMOVED]	[OUTCOME REMOVED]	
	PATHWAY 3: Local authority and Cafcass working relations Local authority and Cafcass staff develop stronger professional relationships as result of earlier and consistent engagement.	**PATHWAY 3** Improved collaboration and communications in individual cases across relevant agencies.	**PATHWAY 3** Improved cross agency working.	
	PATHWAY 4: Pilot model Staff and DP apply learning from across local authorities to strengthen pilot implementation and model for potential rollout.	**PATHWAY 4** Consistent practice across pilot local authorities.	**PATHWAY 4** Model and guidance for potential rollout across local authorities.	

We had insufficient evidence to say whether two of the mechanisms shown on the ToC had occurred as planned, due to limitations in our sample:

- Lawyers and judges use information in pre-CMH meeting minutes at first hearing, to gain earlier and better understanding of the case.
- Family members use information in family-friendly note to better understand the process.

Stakeholder perceptions suggest that some intermediate outcomes, some pilot outcome, and one long-term impact, did not come about[30]. This was because the premise on which they appeared in the ToC did not hold, rather than due to insufficient implementation time or shortcomings in implementation (i.e., theory failure rather than implementation failure).

- Fewer expert assessments requested, changes in care plans, and changes in Orders. Participants generally felt that this is driven by the complexity of each case, and the emergence of new information during a case, and so is not influenced by holding a pre-CMH meeting.
- Families better informed about and involved in the process. Interviewees believed that even when a family-friendly note was produced, it was unlikely to be read by the family and to help the family feel better informed and more involved.
- Earlier presentation of relatives to assume caring responsibilities. Interviewees did not believe that production of a family-friendly note could alter the circumstances which lead to late presentation of relatives.
- Improved family experience. Most interviewees believed that the pre-CMH meeting does not make a difference to the family experience.
- Improved care outcomes for children, e.g. fewer placement moves. Most interviewees felt that the meeting alone was too small a piece in the system to make a difference to care outcomes such as placement moves, which can be due to many factors beyond the control of local authorities and Cafcass.

KEQ8: What, if any, were the unintended consequences (positive[31] and negative)? Who did the negative or positive unintended consequences affect?

KEQ8 summary

- Interviewees did not identify any positive unintended consequences
- One negative consequence was identified: additional stress for some social workers and guardians who already felt overstretched.

Interviewees did not identify any positive unintended consequences.

[30] We have retained the outcomes with inconclusive evidence on the refined ToC as we cannot conclusively say that they have not come about, or would not come about with more time.
[31] Positive unintended consequences are effects generated by the pilot which, although positive, would not directly contribute to the primary aim of the pilot, to reduce unnecessary delays.

Although one Cafcass guardian indicated that the pre-CMH meetings helped to reduce feelings of stress, other interviewees indicated a negative unintended consequence of additional stress for some social workers and guardians who already felt overstretched. One interviewee noted that the stress diminished over time as the meeting became embedded and modified.

Economic evaluation findings

The economic evaluation findings are structured around two KEQs:

- KEQ9: To what extent does the pilot represent VfM?
- KEQ10: How do cost reductions caused by this pilot vary by group, e.g. between court costs and costs faced by local authorities and households?

KEQ9: To what extent does the pilot represent value for money?

KEQ9 summary

- Based on the results of the quantitative impact analysis on the reduction in case duration, the pilot did not represent VfM.
- Analysis suggests that a reduction in case duration of 11.8 days would have been required for the pilot to break even, since delivery costs were relatively low and there was a large number of affected cases.

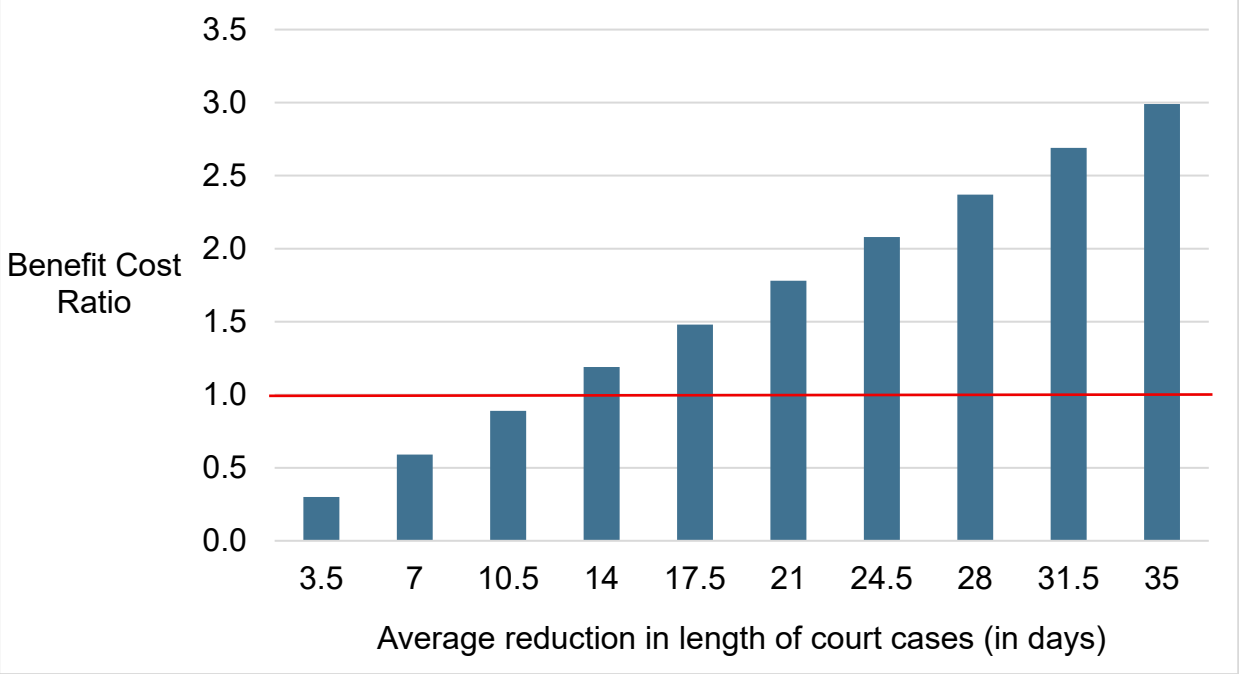
What are the social and economic costs of the pilot? What are the social and economic benefits of the pilot? What is the estimated benefit-cost ratio for the pilot?

The quantitative impact analysis found some indication that the pilot may have been associated with a reduction in the average number of days that cases remained open compared with the counterfactual. However, these estimates were small and imprecise, with an average of around 2.2 days[32] saved compared to the counterfactual. Based on this evidence, the benefits associated with a reduction in durations of this length were not substantial enough to outweigh the costs of pilot delivery (mainly the cost of the DP (see Table 5)). Therefore, the pilot did not represent VfM. In our conclusion, we explore the VfM implications if the pre-CMH meeting were to be rolled out to other local authorities.

[32] The impact evaluation provides an estimate for average days saved for three different follow-up periods: 182 days, 365 days, and 547 days. We use the estimate associated with the 365-day follow-up, as it represents a central value.

We also conducted breakeven analysis to calculate the minimum benefit the pilot needed to have generated to fully recover its costs, in this case, expressed as the number of days by which case duration must reduce. Figure 3 presents the benefit to cost ratios for the pilot for different scenarios of average reductions in court case durations using breakeven analysis. The graph shows estimates that a reduction of 11.8 days in case duration per case affected by the pilot would have been required for the pilot to breakeven, that is, the point at which the cost of running the pilot would have been fully offset by the savings generated. Any further reduction in case duration would then represent a net gain to the system. The analysis suggests that case durations needed to reduce by relatively few days for the pilot to have broken even due to the large number of affected cases and the low running costs of the pilot. The average case duration across the 57 pilot local authorities was 44 weeks in 2023/24. A reduction of under two weeks would therefore represent a small reduction to the overall case length.

Figure 3: Benefit-cost ratio depending on the average reduction in case length



Source: Alma Economics

Costs associated with the pilot

The only direct programme cost is that associated with the DP. These costs accumulated to £0.68 million during the pilot year. While local authorities did not receive any funding, there are indirect costs related to the pre-CMH meetings. We estimate them to be around £90 per meeting (see assumptions in Annex H), which results in costs of about £58,000 over all cases assumed to be affected. These costs are shown in Table 5.

Table 5: Costs associated with the pilot

Cost category	Amount (£)
Delivery partner	675,044
Estimated salary costs for meeting attendees	58,195
Total	**733,239**

Benefits associated with the pilot

As noted above, while the pilot did not represent VfM, breakeven analysis suggests that the pilot could have achieved cost neutrality with a reduction in case durations of 11.8 days per affected case. Under this scenario, there are two primary benefit streams, (i) savings from a reduction in placement costs[33] and (ii) savings from a reduction in legal staffing costs. Table 6 outlines the benefits associated with the breakeven analysis for the pilot. It shows benefits of £406,069 in placement cost savings, and £327,170 in legal staffing cost savings.

Table 6: Benefits associated with the breakeven analysis

Benefit Category	Costs per week (£)	Number of cases	Reduction in case length (in days)	Discount factor Year 1	Total Benefits (£)
Placement Cost Savings	386	647	11.8	96.5%	406,069
Legal Staffing Cost Savings	311	647	11.8	96.5%	327,170
Total					**733,239**

Source: Alma Economics analysis

Additional benefits

In addition to the benefits quantified and monetised in the CBA model, there were other benefits of the pilot that have been excluded due to a lack of robust evidence. These

[33] Placement costs refer to the cost incurred by local authorities in paying for care placements for children during proceedings.

could include improved cross-agency working, reduced stress for Cafcass guardians, and more effective case management hearings.

What might the costs look like if the pilot is rolled out?

There were two costs associated with the pilot, (i) staff costs associated with attending the pre-CMH meetings, and (ii) DP costs associated with providing support to the participating local authorities, including monthly check-ins, troubleshooting, and the production of guidance for local authority and Cafcass stakeholders. For future rollout, local authority social worker costs would be the main ongoing cost. The extent of these would depend on the number of non-urgent cases in any given local authority (assuming that a pre-CMH meeting is held for every non-urgent case), and the time spent on each pre-CMH meeting. Interviewees were mixed on how much additional time is required of social workers but were generally clear that the time could be reduced if requirements were lowered, for example by removing the requirement to produce agreed minutes and family-friendly notes. It is also reasonable to assume that staff costs could fall over time due to efficiency gains as the new procedure becomes embedded in each local authority.

In addition to ongoing staff costs in local authorities, there is likely to be further initial spend on support to newly implementing local authorities. DP support was seen as a facilitator and felt to be particularly valuable during set up when new processes were being established. It seems that some support would likely be needed for newly implementing local authorities, though it needn't be as substantial as for the pilot. On the other hand, the number of local authorities requiring support will increase. In the long term, once key processes are established across the local authorities, support costs should not be necessary.

KEQ10: How do cost reductions caused by this pilot vary by group, e.g. between court costs and costs faced by local authorities and households?

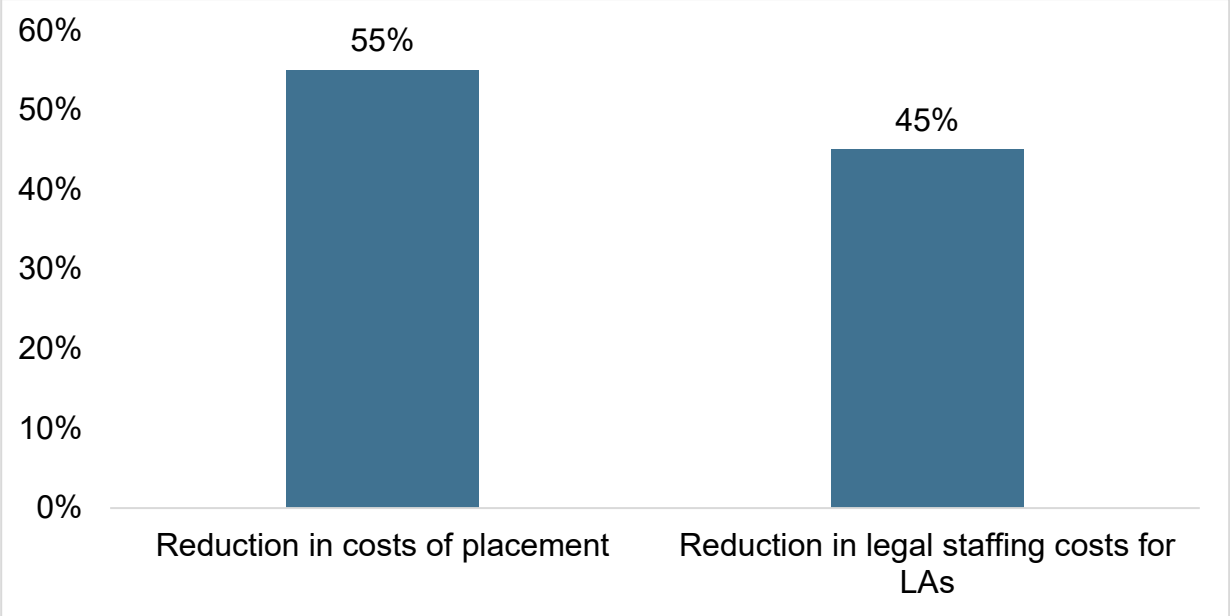
KEQ10 summary

- Based on estimates from the breakeven analysis, operational cost savings to local authorities make up 100% of total cost savings associated with a reduction in case length of 11.8 days.
- 55% of cost savings are based on reduction in the costs of placement, while 45% are based on a reduction in legal staffing costs.

Under a 2.2-day reduction in average court lengths, any operational cost savings are not enough to outweigh the costs of delivery. Therefore, we instead use estimates from our breakeven analysis to illustrate the proportion of total cost savings attributable to each stream (savings from a reduction in placement costs, and savings from a reduction in

legal staffing costs). Figure 4 shows the proportion of total cost savings attributable to each stream, under an 11.8-day reduction in case lengths.

Figure 4: Share of total cost savings attributable to each category under an 11.8 day reduction in case lengths



Source: Alma Economics analysis

The figure shows that operational cost savings to local authorities make up 100% of total cost savings associated with a reduction in case length of 11.8 days. Specifically, this consists of a reduction in the costs of placement, associated with cost savings of £406,069 (55%) and reduction in legal staffing costs consisting of £327,170 (45%) in total benefits.

Under a greater reduction in case lengths, there could also be benefits to children and families, including a reduction in foregone labour income and increased wellbeing from fewer adverse outcomes, as well as wider societal benefits in the form of a reduction in costs to services. A minimal reduction in case length is unable to generate meaningful outcomes for children and families. Therefore, we apply a conservative staggered framework to estimate benefits from reduced proceedings lengths and assume that the relationship between delay and outcomes is non-linear, with benefits increasing progressively as delays are further reduced. Thus, we assume that a reduction in case length of 11.8 days would not generate meaningful changes in outcomes for children and families.

Similarly, there may also be savings to courts under a greater reduction in case lengths. However, as some costs only occur per hearing, a full hearing needs to be eliminated before cost savings begin to accrue to courts. Hence, as a reduction of 11.8 days does

not correspond to a full hearing, we assume that no cost savings to courts materialise under this reduction.

Summative question: learning across pilot sites

KEQ11: What have we learned across pilot local authority sites that can help to guide rollout of the pre-CMH meeting if it is included as a statutory duty in the PLO process?

KEQ11 summary

- Modifications to implementation suggested by interviewees included: including IROs in the meeting if they hold useful information; dropping the family-friendly note or adapting its contents to contain only basic facts; dropping the need to produce agreed minutes.
- Considerations for rollout from interviewees included: clear communications and guidance for implementers and managers around purpose, roles and expectations; clear communications for other affected by the change, particularly the judiciary; partnership with the MoJ in order to secure judiciary support.

Under KEQ3[34], we set out our findings on the level of support for rollout, views on the inclusion of the pre-CMH meeting as a statutory requirement in the PLO, and suggested modifications to the guidance. Here we summarise interviewee views on possible modifications to implementation, and important considerations for rollout, should the decision be taken to do so.

Interviewees suggested a number of modifications to implementation if the pilot were to be rolled out. One Cafcass guardian suggested that it would be useful to include the IRO in the meeting alongside the social worker and the guardian, for cases where they hold helpful information on the child.

Some interviewees proposed dropping the requirement to prepare a family-friendly note. Given the doubt among interviewees that families read the note, it felt to many like wasted effort on the part of already overstretched social workers and guardians. There was also concern that if family members do read the note, it may unnecessarily generate a feeling of being excluded for the family.

If the family-friendly note is maintained, a Cafcass guardian suggested that it should only contain basic facts, such as what assessments have been agreed and why; any sensitive or contentious information which could be upsetting to the family, such as discussion on

[34] See sub-questions: Is there broad buy-in to the pre-CMH meeting across stakeholders? Should the pre-CMH meeting be included in the PLO process to make it a statutory duty for all local authorities? Does guidance on the pre-CMH meeting need to be adapted before rollout?

possible care plans, should be removed. They also suggested that the draft note should always be reviewed by the guardian.

Some interviewees proposed dropping the need to produce agreed minutes at all, as this can also be time-consuming. In Kent, where the meetings continued to be held at the end of 2025, professionals keep their own notes, and this was not seen as detrimental.

Interviewees identified a number of considerations, should the pilot be rolled out. First, there needs to clear communications and guidance for implementers and managers in local authorities and Cafcass around the purpose of the meeting, and roles and expectations – who is expected to do what. Specific suggestions for strengthening the guidance provided by DfE were noted under KEQ3[35]. Local authority managers recommended that if data needs to be collected, this should be communicated early so that implementers can ensure the right systems are in place. Some felt that the support of a delivery partner will be important to successful rollout to new local authorities.

Second, several interviewees felt that communications with others affected by the pre-CMH meeting – principally the judiciary and the legal sector - need to be stronger than they were for this pilot, in order to increase awareness and buy-in. They indicated that communications should include the purpose of the meeting, the broader aims of implementing the meeting, and what is expected of key stakeholders.

Third, one interviewee felt that the pre-CMH meeting can only be effectively implemented if the DfE works in partnership with the MoJ, because they believed that support from the judiciary is key to effective implementation of the meeting. They also suggested that accountability could be built in by requiring the judge to check that a pre-CMH meeting was held at the first CMH.

> "In [the] family courts, everything is driven by judges. Whatever everyone else tries to do,…they have to be on board, otherwise things don't usually change." – *Local authority Manager*

[35] See sub-question 'Does the guidance on the pre-CMH meeting need to be adapted before rollout?'

5. Conclusion and implications for future rollout

There was significant buy-in to the idea of formalising a pre-CMH meeting in family court proceedings among interviewees, although buy-in was somewhat lower among some frontline implementers who felt the pressure of 'another meeting'. All but 3 of the 57 pilot local authorities reported their intention to continue to implement the meeting. Interviewees generally considered the meeting to be a relevant approach to reducing unnecessary delays in the family courts and perceived it to be coherent with existing processes.

Some interviewees and survey respondents indicated positive effects on court processes. The pre-CMH meeting was perceived to help improve case planning, including earlier timetabling and earlier clarity on assessments, which contributed to a more effective first CMH. This, in turn, was seen as potentially reducing the number of further CMHs, at least in more straight-forward cases, although the quantitative impact evaluation did not find a statistically significant change in the number of CMHs. These effects were seen in local authorities that had largely overcome implementation barriers during the pilot. We do not have information on court staff views (HCMTS administrative staff, the judiciary) of the effects of the pilot, as they did not respond to requests to participate in the evaluation.

Interviewees and survey respondents widely recognised the positive effects on the implementing organisations – local authorities and Cafcass – in the form of improved communications on individual cases, and improved cross-agency working.

Evidence on whether the perceived positive effects on court processes resulted in a reduction in case durations is inconclusive. Evidence from the quantitative impact evaluation did not find statistically significant evidence that holding a pre-CMH meeting is likely to have reduced case duration. Some interviewees believed that frontloading preparatory work ahead of the CMH could contribute, but others pointed to factors beyond the control of local authorities, such as court listing practices and judge decision-making, that can diminish its effects. It is also possible that the need to hold an additional meeting may have added to the overall duration of cases, and/or that the implementation period (nine months or less in many local authorities) may have been too short for local authorities to efficiently embed the meeting as normal practice, and for an impact on case durations to emerge.

Evidence on cost reductions is also inconclusive. Interviewees conjectured that if the pilot caused reductions in case durations, this could represent a significant saving to local authorities. But some observed that without a reduction in delays, the net effect could be to increase costs to the local authority.

Primary data suggest that holding a pre-CMH meeting was likely to have little direct impact on families, since they were usually unaware of the meeting, and respondents believed that they were unlikely to read a family-friendly note. However, concerns voiced

by some affected families during the research on the PoC, including potential collusion between the social worker and the guardian, and potential undue local authority influence on guardians, mean that transparency around the content of discussions is important. There would be indirect benefit to families if the meeting caused a reduction in case durations, but the evidence for this remains inconclusive.

The economic evaluation found that the pilot did not represent VfM, as the costs of implementation exceeded the benefits associated with the possible small reduction in case durations identified in the quantitative impact evaluation. The break-even analysis estimated that the pilot could have achieved cost neutrality with a reduction in case duration of 11.8 days. Under this scenario there would be cost savings to local authorities, based on reduced staffing and placement costs.

It is possible that the pre-CMH meeting could eventually offer VfM once effectively embedded into local authority processes. Support costs for rollout could be lower than for this pilot and would eventually fall away altogether. Local authority social worker costs would be ongoing, but could be contained by reducing some requirements, particularly around the production of meeting minutes and family-friendly notes. Staff costs may also fall over time due to efficiency gains as the new procedure becomes embedded. And a number of secondary benefits identified in the primary data have not been monetised and included in the model.

However, it is important to bear in mind that for the pre-CMH meeting to be consistently implemented, to have an effect on case durations, and to achieve VfM, factors beyond the control of the local authorities, such as court listing practices (leaving sufficient time for a pre-CMH meeting to be held), and judge decision-making (around the need and timing of further hearings), may need to be addressed. There may also be a need to tackle specific factors in some local authorities which acted as barriers to implementation, such as shortages of Cafcass guardians, social worker workloads, and incompatibilities in social worker and guardian schedules.

Implications for rollout

Based on the evaluation findings, the following considerations may help, should the DfE decide to roll out the pre-CMH meeting to all local authorities.

Scope of the intervention

- Consider whether the pre-CMH meeting should be statutory or voluntary. Making it statutory would bring consistency across local authorities and may be more effective at eventually reducing delays than a voluntary opt-in (which this evaluation has shown to have no measurable effect on case durations). If the meeting were to be made a statutory requirement, considerations around staff

capacity and factors outside the control of local authorities, which can hinder both implementation and effectiveness at reducing delays, would need to be taken into account. If such issues are not addressed, there is a risk that making the meeting a statutory requirement could further increase case durations.

- Determine whether to extend the pre-CMH meeting to urgent cases. This could help to reduce delays. However, challenges around scheduling the meeting are likely to be greater for urgent cases than they were for non-urgent cases.

Intervention design and stakeholder engagement

- Consider if requirements can be lowered in order to reduce the costs to local authorities associated with holding the pre-CMH meeting, without diluting its effectiveness. This may, for example, include not needing to produce agreed meeting minutes, and/or not producing a family-friendly note. These modifications should however be balanced against possible requests from the court to see the meeting minutes, and transparency about content of the meeting with family members.
- Engage with HMCTS leaders around the importance of complying with the PLO timeline and avoiding early listing of cases, as this can be counterproductive, inhibiting the more effective preparation for the first CMH enabled by the pre-CMH meeting, thereby contributing to longer case durations.
- Consider how to hear and address family and children's views on pre-CMH meetings, including concerns around possible collusion between local authorities and Cafcass, and transparency in relation to discussions at the meeting.
- Consider whether and how to develop a joint approach involving Cafcass and the MoJ/judiciary from the start, in order to ensure buy-in to rollout across all affected agencies.

Support for rollout

- Create comprehensive written guidance for all affected agencies, and consider providing tailored guidance for Cafcass, since this was seen to be missing for this pilot. Interviewee suggestions to improve the guidance included further detail on expected timeline and flow of the process, roles and responsibilities, and staff availability, review of the family-friendly note and how it is shared, and review of the agenda template to ensure greater focus on next steps after the meeting.
- Consider how much support is needed for newly-implementing local authorities, what form it should take, and how the support can be funded. The DP Final Report suggested that minimally-resourced support could include peer support from pilot local authorities to newly implementing local authorities, and/or support from

members of regional or local LFJBs (Gate One and Mott MacDonald (2025), p30). The DP also proposed that the pre-CMH Knowledge Hub set up during the pilot be maintained and access extended to new local authorities.

Data quality

- HMCTS CCD would benefit from a data dictionary. In addition, the availability of more case-level variables that could be used for matching (see SAIL's Cafcass data), and consistent recording of whether a case is urgent or non-urgent, would be helpful for future evaluations.

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