

Family and Group Conferencing for Adults Factsheet

Costs and savings associated with FGCs

INTRODUCTION

We have a growing body of evidence around what it costs to deliver an FGC.

This factsheet utilises findings from the NIHR funded research project on Family and Group Conferencing for Adults and from evaluations of local FGC services. It covers:

- Costs of developing an FGC service.
- Cost of delivering an FGC.
- Impact on people's use of care and health services – potential for savings.

“Our key message [is that] Family and Group Conferencing for adults is a cost-effective approach which, if implemented in the right way, can unlock significant benefits for people, their networks and the ‘system’ as a whole.”

Community Catalysts

WHAT DOES IT COST TO DEVELOP AN FGC SERVICE?

The costs of adopting and embedding the approach are comparatively low and it can be relatively easy to start small and build up. As FGCs are usually conducted in community locations or people's homes, there are minimal costs in terms of fixed infrastructure. There may be ways to build on what already exists and is working well in an area.

In a number of local authorities, FGC services for adults have initially been able to draw upon a pool of already trained FGC coordinators who have predominantly worked (or are still working) in children and family services. Across London, there is a substantial pool of self-employed FGC coordinators which provides a flexible and readily available resource for any organisations wishing to develop or expand FGC services.

It is therefore possible to try out the model on a limited basis without incurring substantial staffing or infrastructure costs.

Moving to the next phase, or where no local FGC resource exists, could require either recruiting and training new staff to be specialist FGC co-ordinators, or offering training opportunities to existing staff who may be interested in a change of role. Training is available nationally, at a cost, from organisations such as Daybreak <https://www.daybreakfgc.org.uk/training>.

Once FGC services are up and running, they often organise training for new coordinators in-house, which can make it easy to provide shadowing and co-working opportunities. They may also be willing to offer this training to newly developing services in neighbouring locales. Research in Practice offers useful training materials and template training session plans in the final section of the [Family and Group Conferencing for Adults](#).

WHAT DOES AN INDIVIDUAL FGC COST?

As part of the research a detailed costing was done for all the costs associated with delivering an FGC. Costs will include:

- Coordinator time: preparation, facilitating the conference, review and follow-through
- Other professionals' time: preparation with the coordinator beforehand, perhaps participation in the conference itself and potential follow-up
- Venue costs

- Food and refreshments
- Advocacy and/or translation costs (if needed)

It has been calculated that the typical cost of an FGC would be between **£1,455 and £2,043 at 2025 prices** (Liu et al, 2025). Costs differ a little across adult social care versus mental health (NHS) contexts.

IMPACT OF HAVING AN FGC ON PEOPLE'S USE OF CARE AND HEALTH SERVICES - AND ASSOCIATED COSTS

An overview of the evidence suggests that, for many people who have FGCs, their use of care and health services may be avoided or reduced, or potential increases in such use may be delayed. Because of its potential preventative impact, some of the associated savings in relation to people's need for services may continue into the longer term, but these savings may be difficult to quantify. A recent evaluation of FGC services for adults in Camden (Camden Impact Report) found that **31% of FGCs resulted in a Plan that required no care service input and 45% had prevented an anticipated escalation of care costs** – with only 8% resulting in an increase in service budgets.

Other local evaluations have indicated that FGCs can generate significant savings. A study in Hampshire **estimated savings of £77,360** associated with 49 referrals to FGC – an average of around £1500 per FGC. Savings resulted from avoiding admissions to residential care, reduced need for domiciliary care and reduced social work and care management time (Daybreak, 2013). An earlier evaluation of an adult FGC service in Kent had estimated budgetary **savings of around £7,000 per FGC** (Marsh, 2007).

Based on this evidence, it is reasonable to assume that savings are likely to be similar to or greater than the costs of delivering an FGC service. However, it would be better to see the main rationale for introducing FGC services, not in terms of generating cost savings, but in terms of organising support that works better for people and enables them to have a higher quality of life. As can be seen by the evidenced '[beneficial outcomes](#)', such benefits positively impact informal carers as well as the central person.

REFERENCES

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