



Department
for Education

Families first for children pathfinder

Implementation and process evaluation report: early findings

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**Government
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1. Executive summary

Background

This executive summary provides a high-level overview of the first phase of the evaluation of the Families First for Children Pathfinder (FFCP). For full context, evidence, and detailed findings, please refer to the main body of the report.

The FFCP was established by the Department for Education (DfE) to test the deliverability of key recommendations from some of the most significant reforms to how children and families are supported and protected – the 2022 Independent Review of Children’s Social Care (Care Review) and The Child Safeguarding Practice Review Panel’s National Review into [Child Protection in England](#) (2022).

It was designed to improve support and protection for children and families through earlier intervention, stronger multi-agency collaboration, and a more integrated approach to service delivery. The programme landed in a complex policy landscape where multiple government programmes were running in local areas simultaneously, including the Supporting Families Programme, SEND and AP Improvement Plan, a transition in the way that NHS organisations deliver health services (Integrated Care Boards), Family Hubs and Start for Life programmes, and three¹ pilots to reduce unnecessary family court delays.

The key reforms delivered and tested through the FFCP are:

- **Safeguarding Partners:** focused on strengthening Multi Agency Safeguarding Arrangements (MASA), establishment of expert-led Multi Agency Child Protection Teams (MACPT) and an increased role for Education in MASA
- **Family Help:** Combining the strengths of targeted Early Help and Section 17 (Child in Need) work into a single, seamless and multi-disciplinary Family Help service.
- **Child Protection:** Focus on dedicated and skilled multi-agency child protection teams comprising practitioners from a range of disciplines, including social workers with greater child protection expertise and experience.
- **Family Networks:** A system-wide ‘families first’ culture involving a greater role for family networks, involving earlier use the wider family in decision making at an

¹ The three pilots—Designated Family Judge (DFJ) Area Trailblazers, Pre-Case Management Hearing (CMH) meetings, and the Suspected Inflicted Head Injury Service (SIHIS)—each address specific causes of delay in family court proceedings by streamlining processes and enabling earlier access to assessments, documentation, and support for courts and local authorities.

earlier stage throughout the system through Family Group Decision Making (FGDM) and introduction of the new Family Network Support Packages (FNSPs) to provide practical and financial support to enable family networks to help children stay safe and thrive at home.

FFCP was implemented in ten local areas that were split into two Waves. The Wave 1 LAs²- selected by the DfE as examples of areas with strong practice, commitment to partnership working, and capacity to co-design and deliver the reforms- were announced in July 2023, with implementation initiated from December 2023. The Wave 2 local areas³, selected through an application process, were announced in April 2024, and implementation was initiated from July 2024.

To guide delivery of the FFCP across these 10 areas, the DfE developed a Design Specification, setting out requirements for all Wave 1 and Wave 2 areas to implement. Driven by the phased approach of the rollout, early feedback from Wave 1 local areas and early engagement with Wave 2 local areas helped to update the Design Specification for Wave 2.

As part of the FFCP delivery, a Delivery Partner was appointed by the DfE to work with the 10 Pathfinder local areas and support on local delivery and collect and share emerging learnings. This included a phase of co-design to agree a customised model design for each local area, which addressed local contextual needs and met the requirements of the Wave 1 and Wave 2 Design Specifications.

The DfE commissioned Verian, an independent research organisation, to conduct an evaluation of the early stages of FFCP across Wave 1 and Wave 2, alongside Alma economics and the National Children's Bureau (NCB). The evaluation comprised three workstreams: (a) An Implementation and Process evaluation (IPE) (ii) An Impact Evaluation (IE) (iii) A Value for Money (FM) Evaluation

This report captures the early findings from the IPE, which included case study analysis in six of the ten local areas selected for the FFCP implementation. These case studies included depth interviews and focus groups with senior staff and frontline delivery teams, a structured questionnaire (proforma) circulated to key delivery team stakeholders and interviews with families working with Social Care teams. Fieldwork took place between March 2024 and February 2025.

² Wave 1 case study local areas: Dorset, Wolverhampton and Lincolnshire

³ Wave 2 case study local areas: Lewisham, Wirral and Warwickshire

Early perceptions, understanding and buy-in to the FFCP

Strategic leads in case study local areas found the FFCP approach aligned with the existing strategic direction for local Children's Social Care (CSC). There was strong buy-in to the aims and ambitions of FFCP across Waves 1 and 2, especially among Education partners.

However, at this stage the research also reflected some reservations around the programme amongst delivery teams, specifically in partner agencies, Health, Education and the Police.

While they were largely positive about the intent of the programme, there were some concerns, specifically around increased workload and team capacity, and holding risk for alternatively qualified staff⁴. Health and Education stakeholders highlighted the complexity of securing buy-in across the different practice settings. Buy-in differed across schools and was largely driven by the level of engagement from headteachers. The broad range of health settings were also noted as a potential challenge to securing consistent buy-in across levels.

FFCP set-up and delivery progress

The IPE identified that while there were some local variations in the implementation approach adopted by the case study areas, there was overall alignment with the Design Specifications with demonstration of delivery of the core elements of the FFCP.

Most Pathfinder case study local areas successfully engaged in a range of activities during the initial setup phase of the FFCP, including the co-design of local models, which enabled them to implement the programme. These included: (i) communication from senior leadership regarding the FFCP implementation (typically via staff briefings, launch events and regular check-ins), (ii) measures to facilitate multi-agency collaboration, including establishing strategic boards and working groups to plan and oversee the implementation of the FFCP in a way that reflected the priorities and contexts of different partners. FFCP leads were also assigned across partner agencies to support navigation of their respective systems and to ensure effective resourcing, staffing, and operation of both the Family Help teams and the Multi-Agency Child Protection Teams (MACPTs), (iii) upskilling existing staff via targeted training – including multi-agency sessions – and recruiting new staff to fill workforce gaps, recognising that recruitment may be challenging due to the national shortage of children's social care workers.

⁴ Alternatively qualified staff is the term used for Children's Social Care staff who are not social work qualified

Implementation of key elements of the FFCP

Stakeholders interviewed across areas were largely positive about the Lead Child Protection Practitioner (LCPP) role. Co-working between the Family Help Lead Practitioners (FHLP) and LCPPs was seen to be valuable both in supporting families and in the professional development of social workers. However, stakeholders across both Waves highlighted that more work was required to establish the interaction of these two roles. This was particularly important for newly qualified social workers in terms of developing skills and experience in child protection.

Opportunities for skills development and the benefit to families of having a single point of contact were cited by practitioners in the qualitative research as advantages of the FHLP role. However, there were some mixed responses around who was best placed to carry out the role. Some staff within Health, at the time of the interviews, reported being daunted by the potential workload involved in the role, particularly in the earlier stages of the FFCP implementation. Some staff were also said to be reluctant to take on additional responsibilities that did not come with an increase in salary.

The FFCP also focused on empowering families to come together, discuss their needs, and develop shared solutions to problems. At the time of interviews, all case study local areas reported offering Family Group Decision Making (FGDM) and Family Network Support Packages (FNSPs) to families as part of their wider strategy to involve wider family in decision-making. Findings showed that the rollout of FNSP funding across Wave 1 and 2 case study areas was slower due to some uncertainty around FNSP governance. However, more recent programme monitoring data suggests that the distribution of FNSPs has increased in some areas as staff have become more confident in using the funding.

Early experience of delivering FFCP

Wave 1 and Wave 2 areas showed a high degree of openness to innovation and trialling test-and-learn approaches under the FFCP model. The case study areas were found to have established successful co-production mechanisms to involve families and young people in FFCP development. There was also evidence of closer collaboration between delivery organisations under the FFCP model, which led to overall strengthening of multi-agency working. Several examples of multi-agency working were cited, including joint supervision, shared training, collaborative case discussions, co-location of probation within police hubs and other instances of hybrid and virtual multi-agency working. These approaches were seen to enhance information-sharing, reduce duplication, and foster a stronger understanding of families' and children's needs and strengths. While data and information sharing between organisations was highlighted as an ongoing issue there

were some pockets of emerging evidence of successful data-sharing practices a year into implementation. For example, Education, Health, Police and Social Care teams were all able to view families' cases on a single portal, allowing access to more relevant information. Several enablers to effective delivery were highlighted including engaged senior leadership, early communication to engage frontline teams, a culture of openness to the test and learn approach, effective IT systems that enabled the new ways of working under the FFCP and co-located teams.

The research also identified some challenges faced by delivery teams in their implementation of FFCP. These included data sharing constraints across partner agencies, a lack of training on specific aspects of the FFCP such as FGDM, and recruitment to specialist roles. A number of factors were highlighted as barriers driving these delivery challenges including uncertainty in funding, limited delivery time, a perception of a lack of engagement of partner agencies at the central government level.

Outcomes and impacts

The research highlighted that staff anticipate that the FFCP will drive positive outcomes for them including the strengthening of existing partnerships, increased understanding of families' needs, reduction in caseloads and reduced paperwork, which they feel, could enhance job satisfaction.

Whilst frontline staff acknowledged that it would take more time to fully evidence the impact on families under the new ways of working within the FFCP model, they felt that some changes were already noticeable. This included families being more open to working with Family Help workers, ability to access support earlier, families benefiting from Family Group Conferences and families having more positive experience of Child Protection conferences. Stakeholders also felt that there had been a reduction in the number of children in proceedings and on child protection plans, driven in part by the multi-agency model under FFCP.⁵

The families who were interviewed as part of this evaluation had limited experience of the FFCP at the time of these interviews. As such, the interviews were designed to draw out more general insights into their experience of Children's Social Care, with a view to understand their current experience and serve as an important baseline for any future work.

The interviews highlighted that families felt there was still strong stigma associated with social workers. However, they also acknowledged the positives when support they received was consistent and empathetic. The families in the sample generally had

⁵ Please note that quantitative analysis of relevant data sets has not been conducted as part of this evaluation and is not able to confirm these qualitative observations.

positive feedback on the support they received from social workers, Early Help workers and schools, highlighting consistent communication, their proactive involvement, and a collaborative approach.

Highlights: Positive Early Signs from the programme

This section summarises key areas where the programme has shown early promise. Drawn from findings from the main report, these highlights are intended to provide a quick overview of what was working well across the six case study areas at the time of fieldwork.

Strong strategic alignment and buy-in

- Strategic leads across local areas reported that FFCP aligned well with their existing direction of travel in children's social care.
- Education partners, in particular, demonstrated strong engagement, with growing clarity and confidence in their role under the new model.

Strengthened multi-agency collaboration

- Evidence of improved co-working between social care, education, health, and police, including:
 - Faster, coordinated responses
 - Joint supervision and training
 - Shared case discussions
 - Physical co-location of teams
 - Over 70% of surveyed staff reported confidence in identifying key contacts across agencies.

Positive early feedback on key roles

- The Lead Child Protection Practitioner (LCPP) role was widely seen as adding consistency and expertise to child protection processes.
- The Family Help Lead Practitioner (FHLP) role was valued for offering families a single point of contact and opportunities for staff development.

Embedding family network practice:

- Local areas are embedding family-led decision-making in meaningful ways, with staff reporting that FGCs are helping families co-create solutions.
- Confidence in using FNSP funding has grown, with more areas now distributing support effectively.

Early perceptions of positive impact

- Staff anticipated long-term benefits including reduced caseloads, improved job satisfaction, and more robust support for families.

2. Background and context

Introduction to the Families First for Children Pathfinder (FFCP) and the wider policy context

Over the last two decades, the Government and the children's services sector have been working to improve and reform the children's social care system. Several recent reports and reviews set out key priorities for improving the children's social care system:

- The [Independent Review of Children's Social Care \(2022\)](#) examined the experience and outcomes of children and young people who interact with the children's social care system, from Early Help through to child protection arrangements and the care system. It recommended fundamental reforms across the system.
- The Child Safeguarding Practice Review Panel's National Review into [Child Protection in England](#) (2022) cited system-wide, multi-agency failures in child protection following its review into the circumstances leading up to the murders of Arthur Labinjo-Hughes and Star Hobson.
- The **Families First for Children Pathfinder (FFCP)** was established to test the deliverability of key recommendations from these reviews. It was designed to improve support and protection for children and families through earlier intervention, stronger multi-agency collaboration, and a more integrated approach to service delivery.

This programme landed in a complex policy landscape where multiple government programmes were running in local areas simultaneously, including the Supporting Families Programme, SEND and AP Improvement Plan, a transition in the way that NHS organisations deliver health services (Integrated Care Systems), Family Hubs and Start for Life programmes, and pilots to reduce unnecessary family court delays.

There are four key reform strands to the Pathfinder that were delivered as a whole-systems transformation:

Safeguarding partners

- Strengthening the role of education in multi-agency safeguarding arrangements (MASA), by fully including and representing education and children care settings at all levels of MASA so that opportunities to keep children safe are not missed.
- Clarifying and strengthening MASA ways of working and independent scrutiny.

- Establishing new, expert-led, Multi-Agency Child Protection Teams (MACPT), integrated within Family Help, to identify significant harm, deliver core statutory child protection functions, and offer expert advice across the wider local system

Family Help

- Creating single Family Help assessments and plans, to identify needs and capture the services to be provided for children and families
- Streamlining and supporting effective multi-agency information sharing and case management systems.
- Establishing the Family Help Lead Practitioner (FHLP) role ensuring consistency of relationships between children, families and their lead practitioner
- Reforming the approach to the 'front door' – bringing together professionals and services (i.e., SEND) to an integrated, multi-agency front door model where children and families can be triaged to right level of service at the first point of contact
- Combining the strengths of targeted Early Help and Section 17 (Child in Need) work into a single, seamless Family Help service, with flexibility on who leads direct work with families to support relationship building, whilst ensuring child protection concerns are still identified and receive a quick and decisive multi-agency response.

Multi-agency child protection

- Creating an integrated system where Family Help Lead Practitioners work alongside MACPTs
- Establishing multi-agency child protection teams to carry out core, statutory child protection functions, strengthen frontline practice with embedded social worker Lead Child Protection Practitioners, advise and guide the wider system, and engage parents and carers to keep children safe.
- Introducing new Lead Child Protection Practitioner (LCPP) roles for experienced social workers, responsible for statutory child protection decisions and (for wave 2 areas) embedded in the multi-agency child protection team.

Family Networks

- Engaging and empowering parents and family networks involved in child protection, including via parental representation
- Introduce new Family Network Support Packages (FNSPs) to provide practical and financial support to enable family networks to help children stay safe and thrive at home.

- Establishing a system-wide, 'families first' culture, which addresses structural inequalities, attends to the full spectrum of families' contexts and needs, and facilitates a welcoming and effective system for children and families.
- Engaging and involving children and families in design and delivery.
- Embedding Family Group Decision Making (FGDM) and establishing MACPTs in every local area.

The programme was launched in three local areas in July 2023 (Dorset, Wolverhampton and Lincolnshire) as part of a phased approach to design and delivery. These three were chosen by DfE as examples of areas with strong practice, and capacity to deliver the reforms, and formed Wave 1. Delivery began in December 2023, following a period of programme co-design. A second Wave of seven local areas, made up of Lewisham, Wirral, Warwickshire, Luton, Redbridge, Walsall and Warrington, applied to join the programme, and were selected in April 2024, beginning delivery from July 2024. The phased rollout was intended to enable learning from Wave 1 to inform and strengthen expectations for and implementation in Wave 2. Figure 1 below outlines a timeline for the local areas involved in the roll out of FFCP. This timeline represents a consolidated view of each Wave, though specific dates vary slightly between local areas within each Wave.

Delivery was led by LA Social Care teams, with Police, Health and Education teams serving as partner agencies, alongside other partners such as the Voluntary and Community Sector (VCS).

The programme design specification, co-designed between Wave 1 local areas and DfE to support delivery of FFCP, sets out the key pillars of the programme and the minimum expectations for implementation.⁶ The design specification was revised by DfE in October 2023, following a period of engagement from Wave 2 local areas. The Wave 2 design specification provides greater clarity on the roles and responsibilities of MACPTs, LCPPs and FHLs compared to Wave 1. For pathfinder areas whose models do not align with the national guidance for the Families First Partnership programme, the DfE expect these areas to move towards the national design specification during the 25-26 year and will support areas in doing this. Wave 1 LAs are moving towards a delivery in line with the Wave 2 design specification. See Appendix 4 for a full comparison of the design specifications across both Waves.

In November 2024, the Government also published its [Local Government Finance policy statement](#) 2025 to 2026, which announced a new ringfenced Children's Social Care Prevention Grant, to support all local areas to roll out many of the reforms tested in FFCP. This investment will be delivered as a national programme, [Families First Partnership programme](#), overseen by DfE and rolled out to all local areas in England and

⁶ [FFC pathfinder: Design specification](#)

their local partners (including police, health and education), with transformation from April 2025.

In November 2024, the new government confirmed its continued commitment to the FFCP programme and policy reform, within its policy paper [Keeping children safe, helping families thrive - GOV.UK](#)

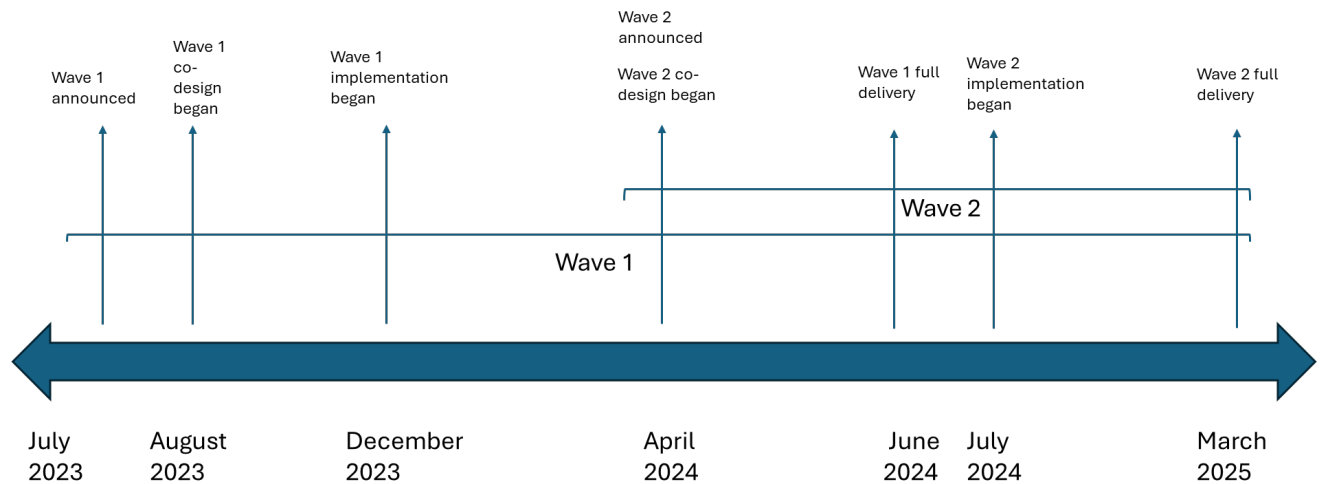


Figure 1: Timeline of the implementation of FFCP across Wave 1 and Wave 2

This timeline represents a consolidated view of each wave, though specific dates vary slightly between local areas within each wave.

Overview of the evaluation

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

- An Implementation and Process evaluation (IPE) led by Verian to understand how the FFCP is being implemented and to identify barriers, facilitators, and unintended consequences
- An Impact Evaluation (IE) led by Alma Economics to assess the impact of the FFCP on children and families and the workforce (LA teams and stakeholders across Education, Police and Healthcare involved in FFCP delivery)
- A Value for Money (VfM) Evaluation also led by Alma Economics to assess the FFCP's value for money

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

It was agreed with the Department for Education, given the delivery timings of the FFCP in mid-late 2024, that the IE and VfM evaluations would not be carried out at this stage. Instead, qualitative perceptions of early impact were explored through the IPE - and a quantitative impact evaluation is planned for the first half of 2026. To support ongoing assessment, annual IPE, IE and VfM reports are planned from 2026 until 2028. Accordingly, this first report focuses exclusively on the IPE findings, with a view to answering the research questions below.

Implementation and Process Evaluation Questions

- What are the local context and population needs of the local areas?
- What model will local areas be implementing, and to what extent do they vary between local areas?
- What are local areas' perceived conditions for successful implementation and delivery of the FFCP?
- Do local areas have the capacity to implement the FFCP, and if not, what further support is required?
- What are the risks and unintended consequences of implementing and delivering the FFCP model?
- To what extent do stakeholders find the FFCP model easy to understand? (I.e., to help determine feasibility of wider rollout)
- To what extent is the FFCP model acceptable to key stakeholders, including the leadership team, practitioners, agencies, and where appropriate, children and families? (*Acceptability defined as having buy-in from the different groups locally*)
- Was the FFCP implemented as set out in the logic model, and to what extent does it vary?
- Has the FFCP model been integrated with usual business and processes? If so, how?
- What are the barriers and facilitators to implementing and delivering the FFCP?
- To what extent is the FFCP model sustainable? What is needed to sustain it?
- What changes would they make going forward; what resource is required to sustain the changes made? How would the multi-agency elements be sustained across the partnership?

- What are the perceived potential impacts of the FFCP on its intended outcomes?

Implementation and process evaluation methodology

This section outlines a summary of the IPE approach and specific research methods. Appendix 1 provides a more detailed view of the methodology.

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

The case study approach was used to better understand delivery approaches across local areas, their experience of delivery and their perceptions of impact. Six case study local areas were selected:

- 3 (of 3) Wave 1 areas⁷
- 3 (of 7) Wave 2 areas⁸ - to ensure diversity in local context, including variation in geography and children's social care performance

Within each case study, both qualitative and quantitative research was carried out with delivery team stakeholders and families that had some experience of the FFCP. The following sections capture the detail of this research.

Qualitative methodology and sample

This workstream comprised a total of three phases of research across 2024 and 2025, to align with FFCP delivery progress. The target audience groups included delivery team strategic stakeholders⁹, operational leads¹⁰, frontline staff¹¹ and a small sample of families currently working with social care teams. Fig. 2 below summarises the qualitative research methodology and sample.

⁷ Wave 1 case study local areas: Dorset, Wolverhampton and Lincolnshire

⁸ Wave 2 case study local areas: Lewisham, Wirral and Warwickshire

⁹ Roles such as Director of Children's Social Care, DCI Public Protection, Director of Education Services

¹⁰ Roles such as Safeguarding Partner for Health, Corporate Director for Quality Assurance

¹¹ Roles such as Team Manager, Early Help Consultant, Education Progress Coordinator, Social Worker

Table 1: Qualitative research methodology and sample

Research Phase	Case Study Group	Stakeholder Group	Research Method	Sample size
Phase 1: February 2024	Wave 1 case study local areas	Strategic stakeholders	One-hour online Depth Interviews	22
		Operational leads / Frontline staff	One-hour online Depth interviews and Focus Groups	19
Phase 2: November 2024	Wave 1 case study local areas	Operational leads / Frontline staff	One-hour online Focus Groups	12
		Families working with Social Care teams	One-hour in-person/online Depth Interviews	4
	Wave 2 case study local areas	Strategic stakeholders	One-hour online Depth Interviews	16
Phase 3: February 2025	Wave 1 and 2 case study local areas	Strategic stakeholders	One-hour online Depth Interviews	22
		Operational leads / Frontline staff	One-hour online Depth Interviews and Focus Groups	24
		Families working with Social Care teams	One-hour in-person/online Depth Interviews	6

All stakeholders and delivery staff were recruited via a designated point of contact, supplied by the DfE after consent was received, within each local area. The Verian team then briefed these designated contacts about the research and the profile of stakeholders to be interviewed. Information sheets were also shared for circulation amongst potential respondents. Based on this, the designated contacts identified relevant stakeholders involved in programme delivery, including Local Authority (LA) staff, partner agencies, and, where appropriate, families who received Children's Social Care Services. Once

their consent to share their contact details had been received, this was shared with Verian and recruitment initiated.

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

Given the vulnerability of families involved with Children's Social Care Services, Verian took particular care to ensure a safe and ethical approach to their involvement in the research. Families were recruited via LA contacts and were provided with clear information about the study, what the interview would entail, including assurances that their participation was confidential and that their responses would not be shared with the professionals involved in their care. The research approach was developed jointly by Verian and the National Children's Bureau (NCB), reviewed by the local areas and signed off by the DfE in advance. All Verian researchers received safeguarding briefings, and supporting materials covered recruitment, consent, and safeguarding procedures.

In addition to the above interviews and focus groups, each case study area was also asked to fill in a proforma template (see Appendix 2). The proforma template was designed to take a structured approach towards understanding how case study local areas were implementing the FFCP and the progress made. It was circulated to key case study stakeholders who were required to feedback on delivery status of core elements of FFCP included in the DfE design specifications.

Quantitative methodology and sample

The qualitative research was supported by a quantitative survey to complement the findings. Two rounds of online surveys, designed with input from the DfE, local authorities (LAs) and partner agencies. The target respondents included strategic and operational leads as well as delivery staff across LAs, Police, Health and Education. These surveys were carried out in tandem with Research Phases 2 (November 2024) and 3 (February 2025).

Table 2 - Sample composition and participation by local areas

Sample achieved	Total		Wave 1 areas	Wave 2 areas	Dorset	Lincolnshire	Wolverhampton	Lewis ham	Warwickshire	Wirral
Phase 1 (Oct 24)	258		258	-	72	143	107	-	-	-
Phase 2 (Feb 25)	392		228	164	75	89	64	29	95	40
Total Phase 1 + 2	650		486	164	147	232	171	29	95	40

The survey uses voluntary, self-completion (non-probability) sampling, which may attract respondents with stronger positive or negative views. Low response rates in some areas or staff groups limit analysis; data from samples under 30 are suppressed, and findings from samples under 50 are flagged as indicative only.

Evaluation context

Captured below are important contextual factors to be considered when reviewing the findings of this evaluation:

- The Wave 1 local areas began local co-design in August 2023 and implementation of new local models commenced in December 2023, moving to full delivery from June 2024. The Wave 2 areas began local co-design of their new models in April 2024 and began implementation from July 2024, moving to full delivery from March 2025. As such, the local areas, particularly those in Wave 2, were at an early stage of FFCP set up and delivery at the time of fieldwork for Phases 2 and 3.
- The evaluation design included a small sample (2 – 3) of families in each case study local area, reflecting the expectation that families would have had only limited exposure to the programme at this early stage. Children and Young People (CYP) were not included at this stage for the same reason. Thus, insight into how families experienced FFCP is limited in this report.
- The survey received lower rates of response from Education, Health, and Police compared with internal LA staff, leading to some limits on partner agencies'

insights in this report. To address this, the next phase of fieldwork will place greater emphasis on engaging safeguarding partners to ensure more balanced representation across all sectors.

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

Through an exploration of stakeholders' perceptions of the FFCP, their understanding and buy-in to the programme, this chapter answers the following Evaluation Questions:

- To what extent do stakeholders find the FFCP model easy to understand? (I.e., to help determine feasibility of wider rollout)
- To what extent is the FFCP model acceptable to key stakeholders, including the leadership team, practitioners, agencies, and where appropriate, children and families? (*Acceptability defined as having buy-in from the different groups locally*)

There was strong buy-in to the aims and ambitions of FFCP across Waves 1 and 2, especially among Education partners. Strategic leads in local areas found the FFCP approach aligned with the strategic direction that local Children's Social Care (CSC) was already progressing in. However, the research reflected some concerns from delivery teams on the increased workload and team capacity, and holding risk for alternatively qualified staff¹².

FFCP objectives and delivery approach were found to be well understood across Wave 1 and Wave 2 areas. However, some stakeholders in partner agencies expressed concerns around the lack of clarity on their role.

Perceptions and understanding of the FFCP

The three phases of qualitative research (May '24, November '24 and February '25) reflected shared understanding of the FFCP across Local Authority, Health, Education and Police teams. They reflected that the strategic ambitions of the programme were to drive change in Children's Services and improve outcomes for children and families. Their reflections of the key programme elements included multi-agency working and a whole system approach; a greater role for Education; a new way of working with families with greater emphasis on family voice and networks. They recognised that the programme ultimately aims to reduce the need for crisis intervention and keep children with their families when it's safe to do so.

¹² Alternatively qualified staff is the term used for Children's Social Care staff who are not social work qualified

"Everybody's aware what Pathfinder is. They know what the aims are. They know what we're trying to achieve, and they know what the changes are." – **Strategic Lead [Police], Wave 1 (February 2025)**

The survey responses supported this finding – when asked to select from a list of five statements, 93% of all survey participants agreed that the design and purpose of their area's FFCP model was to work closely with family networks to help families stay together and thrive. Two-thirds (69%) of all staff further agreed that the Pathfinder provided a clearer, shared role for safeguarding partners across CSC. Lastly, 42% of all participants agreed that in their area the FHLP role may include those with alternative qualifications, and that the role allows for holding Child in Need cases (see Appendix 5, Q19).¹³

Strategic partners acknowledged that the FFCP model aligned with the strategic direction CSC was already progressing in in their areas.

Buy-in to the FFCP amongst partner agencies

The research found some variation in the level of buy-in among partners, with some lack of clarity in their roles amongst the partner agencies. This may reflect the early stage of the programme delivery.

Education: Wave 1 areas – who were less clear about the role that Education would play in the FFCP model in the initial phase of the evaluation (Feb '24) – reported strong engagement and leadership from schools and greater clarity and confidence around Education roles among LA staff in the later phase (Feb '25).

"We feel like we've got more of a say, more of a voice. [Name of LA] is really on board with the strengthening of the voice of education in multi-agency arrangements and we're very engaged and involved." – **Strategic Lead [Education], Wave 1, February 2025**

"Our education sector say to us 'don't keep saying the fourth partner, we want to be an equal safeguarding partner' and I think that's a really good example of the enthusiasm to get on board." – **Strategic Lead [LA], Wave 1 (February 2025)**

Similarly, Wave 2 areas also reported strong buy-in from Education but also noted that this varied amongst schools and was typically driven by the headteacher, and the extent to which they were navigating other priorities.

Police: Stakeholders recognised the value of being involved in the FFCP, particularly in Section 47 strategy discussions and child protection conferences.

¹³ This statement only applies to 5 of the 6 surveyed areas (not applying to Lincolnshire)

"We've had really good buy-in from our police colleagues...The opportunity that we've had to explore Child Protection and the ability to look at best practice and the impact on families." – **Frontline worker, [LA], Wave 1 (February 2025)**

However, some Police staff also highlighted lack of clarity on their role in the Pathfinder. A few Police staff in one Wave 2 local area felt that their enforcement role 'seems to be misaligned with a family-centred approach'. For example, they shared how a key challenge for their multi-agency working was that Police were unclear of their role under FFCP and for this reason, changes to child protection conferences had not yet been implemented.

Health: The FFCP model was understood by Health stakeholders who were also positive about the programme.

"FFC is very similar to a programme called "Sure Start" 10 years ago. It also linked all professional working together. Therefore, people can relate to that one. So, it's easy to understand." **Strategic Lead [Health], Wave 2 (November 2024)**

However, they also noted that the broad range of areas of practice within the sector made it challenging to secure buy-in consistently across levels.

"With the different strands of health, it's just how we get that message to GPs, to primary care, mental health, there's the hospital work, midwifery. I think people are generally on board, but there's different layers and inconsistencies" – **Strategic Lead [Health], Wave 2 (February 2025)**

Reservations about specific elements of the programme

Some concerns were also raised by both LA and partner agency staff about specific elements of the programme.

Integration with existing provision: Strategic stakeholders expressed some apprehension around how the model would work alongside other elements of provision when local areas were in the early stages of the FFCP. For example, one local area stakeholders discussed how they were unsure how FFCP would align alternative provision and SEND provision in schools.

"You've got to try and knit those altogether, and make sure that what you're doing isn't unravelling what's already there." – **Strategic Lead [Education], Wave 1 (February 2024)**

Some uncertainty around managing risk: In the qualitative interviews, alternatively qualified staff were found to be less confident in their understanding of how to assess and manage risk in Section 17 cases compared to social workers. The survey finding reinforced these results. In Wave 1 areas when interviewed in Nov 24, 87% of social workers agreed that they had a good understanding of assessing and managing risk in Section 17 cases in Oct 24, compared to 57% of alternatively qualified staff. This figure

remained consistent in Feb 25, with 89% of social workers, compared to 56% of alternatively qualified staff, in agreement. For Wave 2 areas, who took part in the survey for the first time in Feb 25, social workers displayed similar levels of confidence to those in Wave 1 areas, with 89% agreeing they had a good understanding. However, agreement among alternatively qualified staff was notably lower, with only 38% conveying confidence in this area (see Appendix 5, Q23). The qualitative research also revealed that social workers were apprehensive about alternatively qualified staff in Family Help Lead Practitioner (FHLP) roles holding these Child in Need cases under the new model, as this was a greater level of responsibility than they were used to. When asked whether the level of support for FHLPs who were alternatively qualified workers was effective, alternatively qualified staff themselves were more apprehensive than social workers (36% in Wave 1 areas and 35% in Wave 2 areas vs. 44% in Wave 1 areas and 40% in Wave 2 areas in Feb 25) (see Appendix 5, Q27) See Section 2.1 for an overview of the programme objectives and Appendix 4 for a breakdown of the design specifications for FFCP Wave 1 and Wave 2.

Competing priorities and burden of workload: Delivery teams, particularly amongst partner agencies, raised concerns around the burden of workload and team capacity, driven by competing priorities. 34% of all staff agreed that their team was adequately staffed to cover the different roles required under the FFCP in Feb 25, with Wave 2 areas slightly more likely to agree than Wave 1 areas (37% compared to 32%). This proportion was even lower among Education, Health or Police, where only 1 in 5 (22%) agreed (see Appendix 5, Q27).

Lack of clarity around partner agency roles and responsibilities: In the survey, a lower proportion of partner agency staff agreed that they understood their roles and responsibilities (65% compared to 74% overall). As previously mentioned, when interviewed, Police stakeholders reported confusion on what their role looked like under the FFCP (see Appendix 5, Q23).

“Exactly what is required from policing is not entirely clear. There are multi-agency teams, strategic teams, operational teams – but not sure about the impact on these teams or how much working together is required i.e. a few hours/or full days.” – Strategic Lead [Police], Wave 2 (November 2024)

“When you read that terminology within the Working Together and the FFCP, I think it’s been mis-interpreted when it’s considering that police will be [a Family Help] lead practitioner” – Strategic Lead [Police], Wave 1 (February 2024)

4. FFCP set-up and delivery progress

This chapter captures the approach to setting up and implementing the FFCP and explores in greater detail the progress made on implementing key elements of the programme. It also highlights the stakeholders' perceptions on programme sustainability and what this requires. Through this, it answers the following Evaluation Questions:

- What model will local areas be implementing, and to what extent do they vary between local areas?
- Has the FFCP model been integrated with usual business and processes? If so, how?

Initial set-up (Wave 1 and Wave 2 local areas)

Most local areas and safeguarding partners successfully engaged in a range of activities during the initial setup phase of the FFCP which **enabled** them to implement the programme. These included:

- **Co-design of local models** to tailor FFCP to area-specific needs;
- **Communication from senior leadership** regarding the FFCP implementation (typically via staff briefings, launch events and regular check-ins);
- **Measures to facilitate multi-agency collaboration**, including co-location, establishing strategic boards and working groups to plan and oversee the implementation of the FFCP in a way that reflects the priorities and contexts of different partners. FFCP leads were agreed upon across partner agencies to support navigation of their respective systems and to ensure effective resourcing, staffing, and operation of both the Family Help teams and the Multi-Agency Child Protection Teams (MACPTs).
- **Upskilling and recruitment** of staff to fill new roles created as part of the programme.

Key activities conducted across areas to set up the FFCP are set out below.

Communication from senior leadership: The qualitative interviews highlighted that communication from strategic leads (across LA and partner agencies) to introduce the FFCP and engage internal and partner agency teams was a key set-up activity. This included a series of **staff briefings**, typically delivered through PowerPoint presentations, followed by Q&A sessions.

"It could be perceived as a big change, and people start being anxious, and I think it's a really difficult environment to be working in, within social care, so actually really managing that for the benefit of staff was critical." – **Frontline worker, Wave 1**

Structured planning to facilitate multi-agency collaboration: It was found that all local areas established strategic boards and working groups to plan and oversee implementation, which were found to be useful in enabling coordinated action and driving progress. For example, one Wave 1 local area set up an Executive Governance Board, Pillar groups (with pillar leaders from different agencies meeting regularly to work through communications for the wider workforce), Health-based Safeguarding Lead Forums and Strategic Education Partnership groups.

Good practice case study: early reflections on police involvement in multi-agency working

While still in the early stages, police stakeholders have shared initial positive feedback around improved communication and collaboration with other services. The expansion of *Line of Sight* meetings to include a broader range of partners - including the Police - has been welcomed. Police representatives noted that these meetings have helped encourage a stronger sense of shared responsibility for cases and clearer communication between agencies.

Although evidence is currently limited, these early reflections suggest that greater inclusion in joint decision-making forums is beginning to support more coordinated working between police and other services.

Designated FFCP leads from partner agencies: In most local areas, **designated leads were often seconded** across Health, Education, and Police to champion their respective areas and ensure the effective operation of the MACPT model. FFCP leads also played a critical role in the co-design and implementation of the pathfinder. Their involvement was essential in navigating the respective systems during both the design phase and early stages of delivery.

Co-location of teams: According to the proforma submissions which capture progress on the key elements of local areas' FFCP model, **co-location** was implemented across most areas (5/6) whilst one was still in planning/design stage. Based on interviews, co-location was typically implemented in a hybrid model, with staff spending part of the week co-located in a physical building to encourage team collaboration and open-door policies for managers, and the remainder working from home or virtually, and using shared MS Teams channels for communication. From the survey, 24% of staff reported direct experience with co-location, while an additional 30% were aware of it. Among the remaining 46% who had no experience or knowledge, a notable portion (30%) were from

the Education sector – it is hypothesised that this may be driven by the nature of their work where opportunities for co-location are naturally more limited (see Appendix 5, Q26).

Upskilling and recruitment: In Wave 1 and Wave 2 areas alike, multiple training initiatives were carried out. Frontline workers who responded to the survey reported that they took part in an average of three training courses with the FFCP induction programmes developed individually by local areas reflecting the highest attendance (taken by 57%), followed by Safeguarding training (taken by 45% of all staff respondents). Other training included multi-agency ways of working, Family Networks/Family Group Conference, Whole Family Working, Working with families at section 17 and above, as well as FHLP and LCPP trainings (see Appendix 5, Q24).

There were notable differences in the trainings undertaken by LA staff compared to those from partner agencies. LA staff were more likely to have participated in 'Family network/Family group conference' training compared to partner agencies (41% vs 11%), 'Whole family network' training (23% vs 9%), 'Assessing and managing risk training' (21% vs 11%), and 'Relevant current theories and evidence-based strategies training' (19% vs 11%). In contrast, partner agency staff were more likely to have attended 'Safeguarding' training (53% compared to 43% of LA staff). Overall, a greater proportion of LA staff reported having participated in any training, with 92% indicating attendance, compared to 81% of partner agency staff.

Good practice case study: early signs of positive change in health collaboration

Health stakeholders reported that the Pathfinder has started to support a more flexible and responsive approach to working with families. While still in early stages, there are encouraging signs of progress in how health professionals are working together and engaging with families.

- **Improved Day-to-Day Communication:** Co-locating community midwives with other professionals has made it easier to have informal, in-the-moment conversations. This has helped some midwives feel more supported and confident when taking on new cases.
- **Increased Awareness and Understanding:** Additional training on 'Signs of Safety' and 'Early Help' was delivered to wider health teams. Feedback was positive, and there has been a noticeable increase in the number of Early Help assessments since the training took place.

While it's still early days, these developments suggest that the Pathfinder is helping to create conditions for more joined-up and supportive practice across health services.

Furthermore, local areas reported that existing **teams had been expanded and new roles created** as a result of the FFCP. While in some Wave 2 areas, new roles were still being filled at time of fieldwork, examples of new Wave 1 roles included Health Coordinators, Police coordinators/navigators, Education Progress Coordinators, and youth workers.

Good practice case study: hiring of education progress coordinators

Stakeholders fed back that the addition of four Education Progress Coordinators in a Wave 1 area had improved integration of educational support within child protection services and empowered staff to manage educational issues more effectively through:

- **Enhanced Collaboration with Education:** The Education Progress Coordinators all have education backgrounds and were described as "revolutionising" the relationship between social services and educational providers in the area, improving communication and ensuring that educational challenges are addressed proactively.
- **Improved Support for Social Workers:** Providing valuable support particularly in navigating complex education-related situations, such as exclusions and school meetings.
- **Strategic and Operational Integration:** Bridging the gap between strategic planning and day-to-day operational support through the provision of timely information and guidance to social workers, thus ensuring they are well-prepared for key meetings, such as governor hearings related to exclusions.
- **Better Handling of School Exclusions:** With the new reporting mechanisms in place, Virtual Schools are notified of permanent exclusions within child protection cases, enabling coordinators to assist social workers in preparing for meetings where crucial decisions are made about the child's future.

"A secondary school talked about the work that they had done with a specific family... It was interesting as the school articulated how they were quite offended when the Education Progress Coordinators first approached them, it put them on the backfoot. But they were now absolutely glowing about how they'd all worked together and how that education progress coordinator had been able to navigate that sort of bridge between social care and education. So they were able to make contact with a whole range of people in our education side of [the] County Council, that they otherwise wouldn't have known about, so that's really powerful. I think there were four children in the family and their attendance has shot right up." – Strategic Lead [Education], Wave 1 (February 2025)

FFCP delivery approach and progress

The following summary on delivery approach and progress is based on data collected via proformas submitted to us by local areas in February 2025, providing a snapshot of the FFCP implementation progress to date. Our findings show that while there is some local variation, all areas have demonstrated the delivery of the core elements of the FFCP.

The proforma template, designed in collaboration with the DfE, aimed to adopt a structured approach towards collecting information on how case study areas were implementing the FFCP and progress made so far. It included the key pillars of FFCP included in the design specification (Overarching system level reform, Welcoming and effective Family Help, A dedicated and skilled multi-agency Child Protection response, Unlocking the potential of family networks) with the minimum expectations for programme delivery under each pillar. The proforma template was circulated to key case study area stakeholders who were required to feedback on delivery status of each pillar. Based on the responses, it was evident that whilst there was local variation, all areas demonstrated delivery of the core elements of the national policy. There was close alignment with the design specifications set by the DfE, as captured below. *(See Appendix 2 and 3 for proforma template and responses received from case study areas)*

Overarching system- level reform pillar: All minimum expectations within this pillar were either already in place or in the design/planning phase at the time of the proforma completion. Some specific details include:

- Communication from senior leadership had already been completed across all local areas, explaining the reforms
- While short-term multi-agency case-management and information sharing procedures were already established with partners in 4 of the 6 areas, only 1 area had completed putting in place the long-term measures
- All local areas established long-term assurance, governance and audit processes and had updated safeguarding partnership arrangements in place (for the Pathfinder)
- All but one case study area had a nominated education safeguarding strategic lead in place

Welcoming and effective Family Help pillar: All expectations excluding one were either in place or in the progress of being established across all 6 case study areas. Some specific details include:

- For the FHLP role, all local areas had completed implementation, with 1 LA not having to recruit as they had suitable people to take on FHLP role. All other measures included within this pillar were either in place or progressing across all 6 areas
- All 6 areas had developed and agreed the Family Help single assessment
- 1 local area reported that the action to agree roles and responsibilities within the multi-disciplinary Family Help team- including supervision arrangements for alternatively qualified workers- is not currently being implemented, as they are not trialling the allocation of S17 cases to anyone other than social workers.

Dedicated and skilled multi-agency child protection response pillar: The majority of the expectations in this pillar were completed across the 6 local areas, with a few specifics still in progress in some areas. Details include:

- All areas had a clear multi-agency vision in place that included leadership, shared vision, and ways of working within MACPTs
- Recruitment to the Lead Child Protection Practitioner (LCPP) role had been completed and LCPPs were in post supporting or embedded in MACPT
- The MACPTs were live in 4 of the 6 case study areas, while in the remaining areas they were still in the design and planning stage with partners. Qualitative interviews in February 2025 highlighted that a key barrier to implementation in these areas was ongoing staffing gaps, which limited the MACPTs' capacity. However, this was gradually being addressed as new roles were filled. The parental representation offer had been designed and was live across all 6 case study areas, with one area in the planning phase for the appointment/commissioning of parental representatives

Unlocking the potential of family networks: All measures in this pillar were in place across the 6 case study areas.

- Family Group Decision Making (FGDM) and Family Group Conferencing (FGC) was in place and being offered to families
- Family Network Support Packages (FNSPs) were being offered to families and governance and monitoring processes established

Implementation of key elements of FFCP

Implementation of the Lead Child Protection Practitioner (LCPP) role

Local areas were positive about the future of Lead Child Protection Practitioner (LCPP) roles within the MACPT and recognised the value of using their existing networks in

putting LCPP roles into place. They also recognised the importance of effective communication and providing support to delivery staff in taking on lead practitioner roles.

Stakeholders interviewed across Wave 1 and 2 local areas were largely positive about the Lead Child Protection Practitioner (LCPP) role(s) within the MACPT. It is important to note that LCPPs in Wave 1 areas retained responsibility for direct practice children and families in child protection, whereas in Wave 2 areas FHLPs retained responsibilities for direct practice, including in child protection, with LCPP oversight; and the bearing this distinction may have on findings.

One Wave 2 local area felt the introduction of LCPP roles within the MACPT had ‘gone surprisingly well’ and described how there was a broad consensus across teams that the LCPP role offered families consistency. Those interviewed felt the LCPP roles helped to address the differences in how social workers provided support to families and ensured families across the local area are given the same experience and support.

Co-working between the FHLPs and LCPPs was seen to be valuable both in supporting families and in the professional development of social workers. However, stakeholders across both Waves highlighted that more work was initially required to bring in the MACPT, including the LCPP, to support families at the appropriate time. This was particularly important in Wave 1 areas for newly qualified social workers in terms of developing skills and experience in child protection.

The research indicated an opportunity to improve collaboration between FHLPs and LCPPs, as survey responses highlighted that only 37% of FHLPs (who responded) agreed that support from LCPPs had increased their confidence in supporting families with escalating needs (24% disagreed and 39% were unsure or felt it was not applicable to them) (see Appendix 5, Q27).

Good practice case study: communication and structuring of LCPP, embedded in the MACPT

The focus on communication and careful team structuring to accommodate LCPP roles in a Wave 1 LA contributed to a perceived positive and empowering process in implementing LCPP roles among those interviewed. It is important to note that this example is relevant for the first iteration of the FFCP model.

Team structure

Existing Independent Review Officer (IRO) and Child Protection (CP) roles were split under the FFCP to create separate IRO and LCPP roles (which were referred to as CP

chair roles in this LA) in each locality. The LA also created 4 learning mentor roles which represent education as part of the MACPT, one for each locality, to support the work of the LCPP role. These roles were felt to bring an increased focus on education where traditionally the LA would struggle with capacity in this area.

"I hear all the time - 'what an amazing job these four staff are doing' and I think it's about they've got the capacity to focus on the education. So they've got the capacity to get that bit sorted out, which often social workers and early health workers and police, they can't focus on the education." – **Strategic Lead [LA], Wave 1, February 2025**

The LCPP role brought some challenges regarding the expectations of the role in overseeing Section 47 cases which would have previously been the responsibility of the manager of the social worker. However, those interviewed reported overall positive experiences and felt the LCPP role facilitated scheduling and collaboration across teams, helped to establish relationships, and resulted in more involvement in learning and development discussions at a team level. A frontline worker in an IRO role described the positive experience:

"That combination of having education progress coordinators and the child protection chairs and practice supervisors all working together, all working together with a focus on all the children in that locality... It has had a real benefit to family engagement and families feeling that they're able to build rapport and trust with the same people." – **Frontline worker [LA], Wave 1 (February 2025)**

"The child protection chairs really enjoy that they're developing as a social worker as well as supporting the family. And the IRO roles are dedicated to that role of supporting and advocating for the children and young people. And so that's just worked incredibly well" – **Strategic Lead [LA], Wave 1 (February 2025)**

"Social workers are telling us, particularly the changes around the CP chairs is helpful. And the introduction of learning mentors is really helpful." – **Strategic Lead [LA], Wave 1 (February 2025)**

Communication

The split in roles caused some concern amongst frontline staff about which route they should choose when they had previously done both. The LA established clear lines of communication with frontline staff and worked closely with team managers to support their workers through the transition, listening to their concerns, whilst ensuring a clear vision and rationale for why the changes were important. Strategically, the LA worked with DfE on the roles. The dialogue, supported by their frontline workers' feedback proved a positive and empowering process for all.

"I've always felt really positive and proud of working for [LA]. They do value the opinions of the people that are delivering the services. We've got really strong partnership working, it's not just within the social care team. We've had really good buy-in from our police colleagues and our health and our education colleagues. The opportunity that we've had to explore Child Protection and the ability to look at best practice and the impact on families." – Frontline worker [LA], Wave 1 (February 2025)

"The voices of our colleagues and our service were included in how we shape our response to that Pathfinder brief, and that's been very empowering." – Frontline worker [LA], Wave 1 (February 2025)

Perceived impact on families

Those interviewed also felt the consistency of the LCPP role had a positive impact for families as they formed a consistent relationship with their point of contact. They felt they were able to move cases forward more quickly in their new roles and felt that in the future, children would be on Child Protection plans for less time under the FFCP.

Implementation of the Family Help Lead Practitioner (FHLP) role

There were some differences in how local areas adopted Family Help Lead Practitioner (FHLP) roles within their FFCP models, and those interviewed were confident in the progress they had made in FHLP roles. However, frontline teams across local areas continued to have mixed feelings about the ability of partner agencies to take on FHLP roles across all three phases of research.

The IPE found frontline staff had mixed views on this role across LA and partner agencies. In the qualitative research, Local authority-employed staff were positive about FHLP roles, particularly citing the **variety of the role, the opportunities for skills development, and the future benefits** the role would bring for families.

Frontline teams across the LA and partners acknowledged the **value of having a single point of contact for families**. However, there were mixed responses around who was well-placed to carry out the role. Some LA-employed and Health stakeholders highlighted that Early Help and Health teams were well-placed to take on FHLP roles, with others indicating that it could be daunting for them, particularly at the earlier stages of FFCP implementation.

"The Family Help Lead Practitioner role has been really good. I think it's about recognizing that families have different needs and you need different people to address different needs at different times and I think the model allows that flexibility." **Strategic lead [Health], Wave 1 (February 2025)**

"We [Health] are still trying to avoid it and get someone else to do it... as there will be issues of changes & confidence. It's really daunting... Being the lead practitioners from Health is quite scary because it would generate so much work." – **Frontline worker [Health], Wave 1 (November 2024)**

The survey findings conveyed some of these mixed views. The survey findings from Feb 25 conveyed some of these mixed views. 47% of respondents agreed that the FHLP role had enabled a combined team approach in ensuring the most appropriate professional was allocated to a family in Feb 25 (48% in Wave 1 areas, and 46% in Wave 2 areas). A further 37% reported that they were unsure (with 39% in Wave 1 areas and 35% in Wave 2) (see Appendix 5, Q27). Additionally, the Feb 25 survey highlighted some uncertainty regarding the effectiveness of support for alternatively qualified workers in FHLP roles. 37% of all staff agreed that support was effective, however 20% disagreed, and a further 45% were unsure (consistent across Wave 1 and 2 areas). Between organisations, 42% of LA staff agreed, compared to 29% of Education staff and 30% of Health staff respectively. A significant proportion of Health staff (67%) reported uncertainty to this question (compared to 41% of LA staff and 47% in Education) (see Appendix 5, Q27).

Some **differences were noted in how local areas implemented the FHLP role**. For example, in one Wave 2 local area, the focus of FHLP was to serve as a link to external agencies, such as housing, mental health and substance misuse. The Family Help team also had 'Family Help social workers' who held a caseload, and who were social work qualified and experienced and a decision was taken for the FHLP roles to not hold caseloads. In another Wave 2 area, those interviewed reported **some confusion and challenges with how FHLP roles were communicated**. Staff in Family Help teams understood the FHLP roles were voluntary and there was some resistance from staff when it became clear that taking on these roles was an expected part of the FFCP. Staff were reluctant to take on additional responsibilities that did not come with an increase in salary.

In one Wave 1 area, FHLPS are referred to as Early Help Consultants, and these roles were primarily taken on by alternatively qualified Health and Education partners. The LA appointed four Early Help Team Managers (one per locality), and have 44 Early Help Workers supporting families across the LA. Prior to FFCP, each of the localities worked in different ways to each other regarding their Early Help service, but at the time of interview reported greater consistency in their ways of working.

"The relationships we have with our Early Help Consultants has improved, understanding and respecting each other's roles more and actually having an identified face to face lead in our area and supported and encouraged relationship building. It has pulled everybody back in from our four localities and identified what is the good practice in each of those areas and how do we actually share that county wide." – **Frontline worker [LA], Wave 1 (February 2025)**

Those who became Early Help Consultants in schools in this Wave 1 LA shared how they had adopted this model prior to the implementation of FFCP which meant they started FFCP in a strong position. They felt this led to positive outcomes in schools such as increased confidence among school staff and school staff feeling more supported in their interactions with families.

"Having that additional strategic capacity to support schools to be Lead Practitioners, schools are telling us that is increasing their confidence week on week. It means they're happier to kind of get involved in that intervention and family life and feel like they've got back up. And I think that's been incredibly positive for us." – **Strategic Lead [Education], Wave 1**

Implementation of Family Network (FN) Support

A key principle of the FFC model was to focus on empowering families to come together, discuss their needs, and develop shared solutions to problems. At the time of interviews, all Wave 1 and Wave 2 local areas reported that they were offering Family Group Conferences (FGCs) and Family Network Support Packages (FNSPs) to families as part of their wider strategy to encourage greater use of family networks by involving the wider family in decision-making under the FFCP model. Findings showed that whilst delivery of FGCs was progressing, the rollout of FNSP funding across Wave 1 and 2 local areas was slow due to uncertainty around FNSP governance.

Family Group Decision Making (FGDM)

Whilst the offer of FGDM was encouraged to be made at decision points throughout the system (with the FGC model required to be offered and used at the pre-proceedings stage), local areas found FGCs helpful in the following scenarios:

1. **Early Help & Prevention** – Before child protection concerns escalate, when extra family support could prevent formal intervention.
2. **Before Child Protection Planning** – When there are concerns about significant harm, but removal could be avoided through a family-led plan.

3. **Before a Child May Enter Care:** One Wave 1 LA said that FGCs prevented a child moving into care arrangements.

Staff highlighted that if offered at the time of moving to Child Protection, it could be overwhelming for the family.

“What is the best point for them to make an offer of FGC because sometimes obviously the families are about to go to Child Protection because of the complex needs and difficulties within the family and then they're bombarded with all these services at the same time. It can be quite overwhelming and then that's impacting on their engagement.”

Frontline worker [LA], Wave 1 (November 2024)

In one LA, the FGC team held a pre-meeting prior to conducting an FGC, to give the wider family network the opportunity to resolve any outstanding issues that had caused a rift between family members. By tackling these issues first, it enabled the FGC to be more productive in designing a plan for the wider family network to support the family.

Family Network Support Packages (FNSPs)

The roll-out of FNSPs was said to be initially slow across Wave 1 and 2 areas alike, driven by uncertainty amongst frontline staff around how to use it and the restrictions on how to spend the funding. However, more recent programme monitoring data suggests that the distribution of FNSPs has increased in some areas as staff have become more confident in using the funding.

Sustainability of FFCP

Lack of future funding was raised as a potential barrier to the long-term sustainability of the programme. In one Wave 1 area, an Education stakeholder noted that while the FFCP was currently resourced through dedicated funding, there were uncertainties about how it will be sustained once this funding ends. The FFCP ways of working were being positioned as ‘Business as Usual,’ with an emphasis on strengthening collaboration across teams to better support families. However, stakeholders expressed concerns that if key resources and roles are later absorbed into existing budgets, some of the improvements made under the programme may become difficult to maintain.

Some stakeholders also had reservations around the FFCP in the longer term on account of the national roll out. They recognised the need to adapt their model to the national roll out requirements. However, concerns around introducing more changes and the implications on staff were highlighted.

“Change has a consequence on your workforce and we've got to now tweak our model a little bit more, and I suppose that the workforce could get tired of the change, could have the change fatigue....” – **Strategic Lead [LA], Wave 1 (February 2025)**

5. Delivery experience across Wave 1 and 2 Local areas

This chapter captures insights into delivery experience of the FFCP across strategic and frontline staff. This covers those elements of delivery that worked well and less well, with a view to drawing out enablers and barriers to effective delivery. Thus, this chapter answers the following Evaluation Questions:

- What are local areas' perceived conditions for successful implementation and delivery of the FFCP?
- Do local areas have the capacity to implement the FFCP, and if not, what further support is required
- What are the risks and unintended consequences of implementing and delivering the FFCP model?
- Has the FFCP model been integrated with usual business and processes? If so, how?
- What are the barriers and facilitators to implementing and delivering the FFCP?
- To what extent is the FFCP model sustainable? What is needed to sustain it?
 - What changes would they make going forward; what resource is required to sustain the changes made? How would the multi-agency elements be sustained across the partnership?

Across Wave 1 and Wave 2 areas, local areas have shown alignment with FFC design specifications, with Wave 1 areas paving the way in terms of delivery progress.

What worked well:

- Wave 1 and Wave 2 areas showed a high degree of openness to innovation and trialling test-and-learn approaches under the FFCP model
- Local areas established successful co-production mechanisms to involve families and young people in FFCP development
- There was evidence of closer collaboration across local areas and partner agencies under the FFCP model, which led to overall strengthening of multi-agency working

What didn't work as well, and areas for improvement:

- Police initially struggled to understand their roles under the FFCP model and adapt to their new ways of working, which was further compounded by existing capacity constraints
- Local areas would like more opportunities to meaningfully engage with each other and share lessons learned

What worked well

Local areas established successful mechanisms to involve families and children and young people in FFCP development

There was evidence that in line with guidance, local areas across Wave 1 and Wave 2 areas had established a range of feedback mechanisms to involve children and young people (CYP), and families in shaping services under the FFCP. In most local areas, existing co-production structures naturally integrated FFCP feedback.

For example, in a Wave 2 area, engagement expanded through their Voice, Influence, and Change team, which ran 16 forums- including those for children in care, youth parliament members, and children under child protection- to gather feedback on FFCP processes.

However, time constraints limited their ability to carry out co-production in its fullest sense- that is, a collaborative process where children and families are actively involved in shaping services at every stage. As a result, many built on existing engagement structures or adapted established groups to strengthen involvement within the available timeframe.

Improved co-working practices across local area teams under FFCP

The multi-agency approach was viewed positively by most staff who responded to the survey. There was evidence from the survey that this approach had helped teams to establish networks across organisations – over 70% of all staff surveyed were confident in identifying key contacts across teams in FFCP (see Appendix 5, Q23).

Additionally, examples of successful multi-agency collaboration include joint discussions between Police, Health and Education in Line-of-Sight discussions (senior-level multi-agency discussions aimed at maintaining oversight of complex cases and supporting frontline decision-making); joint supervision and training, and shared discussion on cases; and the co-location of probation within police hubs, which helped to drive a stronger understanding of family strengths. Police teams also contributed by sharing

insights from child exploitation and missing children meetings, and by working closely with Family Hubs.

"The multi-agency approach means everything is much closer. We see them all the time, which helps relationships. We now know who to contact for advice or guidance, which makes my job easier." – **Strategic Lead [LA], Wave 1 (February 2025)**

Good practice case study: strengthening multi-agency decision-making through MACPTs

In one Wave 2 local area, the Multi-Agency Child Protection Team (MACPT) has implemented daily multi-agency meetings to discuss children of concern. This regular communication has improved the speed and coordination of responses when issues are raised by any of the partner agencies.

Key Developments:

- **Faster, Coordinated Responses:** Daily MACPT meetings enabled real-time discussion of any emerging concerns. For example, police stakeholders noted that if a young person was arrested the night before, the case could be brought to the MACPT meeting the next morning. This often led to same-day strategy discussions- a much faster process compared to the pre-Pathfinder approach, where referrals would have gone through the Multi-Agency Safeguarding Hub (MASH)¹⁴.

"From a police side we used to always have to wait for a MASH referral to get through to children's social care and a strategy meeting to happen which could take up to a week before we could get involved, whereas now we're able to have the earliest opportunity to say what we've noticed on our side. A decision can be made in the morning about how quickly we need to have the strategy meeting which could even be that day. Things are happening quicker now those lines of communication are a lot quicker because of the daily meeting"- **Frontline worker [Police], Wave 2 (February 2025)**

- **Improved Understanding of Risk:** In addition to daily meetings, the MACPT holds fortnightly group supervision sessions. These sessions focus on a specific case, with each partner agency sharing their views on the level of risk to the child. This has helped build mutual understanding of different professional perspectives and how risk is assessed across agencies.

¹⁴ Co-located hub of agencies enabling real time information sharing, decision making and communication.

These practices have supported more timely and informed decision-making, and have contributed to stronger shared ownership of safeguarding concerns across partner services.

“I think that has definitely caused a shift in our way of thinking, because we all have different views on how we assess risk, and when we have those discussions, that's really helpful to learn a new way of how we are looking at that risk that we think is presented in the family's life.” **Frontline Staff [LA], Wave 2 (February 2025)**

Emerging evidence of some improved data and information sharing practices as a result of FFCP

While data and information sharing between partner agencies was highlighted as an ongoing issue (See Section 5.3), there was some emerging evidence of successful data-sharing practices a year into implementation. For example, Education, Health, Police and Social Care teams were all able to view families' cases on a single portal, allowing access to more relevant information. In addition, one Wave 1 area also made changes to specific forms, such as the multi-agency referral form to drive use across the system. This was highlighted by the Police as working well, especially in comparison to similar forms across the other six boroughs under their remit.

Exchange of learnings between Wave 1 and 2 local areas

The qualitative research highlighted some evidence of exchange of best practice between Wave 1 and 2 local areas. One Wave 1 area was in the process of implementing a **new appointments system** – all learning to create and implement this had come from another Wave 2 area. The prototype had proved successful in enabling partnership working.

However, there are opportunities to drive further sharing, especially by creating opportunities for operational leads and frontline staff across local areas to share experiences.

“If the DfE can coordinate that, to enable us to get in the room with each other and have conversations with each other, not through the DfE. Because we need to talk to the people who are doing it on the ground. How did you do this? What have you done?... what we need is to have the conversation directly. I need to speak to my equivalent in another LA, to say, what are you doing for this? How did you do it?” – **Frontline worker [LA], Wave 2 (February 2025)**

Strong engagement across local Education teams in Wave 1 areas

Evidence from the latest round of fieldwork (February 2025) highlighted increased engagement across Education partners in Wave 1 local areas. For example, in one Wave 1 area, an ex-headteacher was seconded into the new 'Education Lead' role, acting as the voice of Education across all pillars. This, according to stakeholders, brought **an educational focus across the overall programme of child protection and Family Help**. Similarly, one Wave 1 local area **reported increased engagement from schools through the Education Safeguarding Board**, where 38 Education partners joined to help strengthen relationships between schools and LA staff.

FGCs support families in specific contexts

In Wave 1 and 2 areas, social workers and Family Network teams highlighted the positive feedback from families on Family Group Conferences (FGCs), particularly at the Early Help stage, because they helped to bring wider family networks together to support them to come up with shared solutions to their problems.

Frontline staff felt FGCs work well for families particularly when they have an engaged and supportive network of family and friends, are willing to collaborate, and are open to family-led decision-making. **Conversely, this was also a limitation as FGCs may not work as well in all contexts.** Stakeholders reported FGCs may be less effective for families with intergenerational experience of the statutory social care system because they tended to mistrust statutory services, with associated anger and stigma and thus were less likely to engage with FGCs. Frontline staff mainly reported that engagement was lower and that trust was harder to build, meaning the benefits of FGCs were sometimes limited for these families compared to others. Staff highlighted that linking families with a charity/voluntary organisation to fill this gap was key in these situations.

"We have lot of Eastern European families, who don't have family nearby. [We] also have asylum seekers, and people who've fled - they have nobody for support in the UK. To overcome this, education settings are doing their best to build a network, by linking families up with other agencies, for example charity and voluntary organisations." – **Frontline Worker [Education], Wave 1, (November 2024)**

Enablers of effective delivery

This section captures factors highlighted in the IPE research as the key enablers to effective delivery, including the aspects of delivery highlighted as working well in Section 5.1. These enablers can be categorised into:

- **Strategic enablers** – factors at the managerial level that had a positive overarching effect on delivery
- **Operational enablers** – specific systems, tools and processes that enabled effective delivery
- **Contextual enablers** – elements inherent in the local context that were seen to contribute to positive change and delivery

It must be noted that enablers here refer to factors highlighted by delivery teams as contributors to enhancing service delivery and are separate from the National Framework enablers¹⁵.

Strategic enablers

Role of senior leadership: Overall, delivery teams recognised that support from senior leadership was critical to successful delivery. It helped to achieve buy-in from partner agencies and frontline teams and uphold accountability during delivery of the FFCP model.

Proactive and early communication to engage frontline teams: Across Wave 1 and Wave 2 areas, frontline staff, across the LA and partner agencies, generally felt that communication from senior leadership early on had ensured that staff were well-informed about the changes taking place and how it would impact their roles. Early communication from strategic leads and partners was reported to be a key factor in motivating teams, and multiple rounds of messaging helped build enthusiasm for the changes ahead.

A culture of openness to innovation and adopting a test-and-learn approach: LA Frontline workers in Wave 1 and Wave 2 areas expressed a strong openness to trial new ways of working, driven by the test-and-learn culture within organisations.

"We have a weekly thinking space for everybody that's involved in the FFCP, so we've got like, heads of service who are leading on the FFCP, we've got programme managers, we've got project officers, who will sit together every week for the whole morning. And then we'd look at themes and problem solve. So, we say, OK, we'll do it this way, test it out next week or we decide we're not going to do it that way. So we have that space to think things through" – **Strategic Lead [LA], Wave 2 (February 2025)**

"It's all of these pathways that have kind of come together and are allowing us to test out things - you don't normally get this opportunity, ...this has allowed us to test out loads of

¹⁵ The National Framework contains statutory guidance on the principles behind children's social care, its purpose, factors enabling good practice and what it should achieve.

<https://www.gov.uk/government/publications/childrens-social-care-national-framework>

different models, and what actually works better to make sure that we can prevent families from escalating." – **Frontline worker [Health], Wave 1 (February 2025)**

For example, one LA piloted a new approach where the independent Quality Assurance Reviewing Officer (QARO), traditionally acting as the CP Conference Chair, was replaced by the LCPP. However, this element was not extended further, and the previous system was eventually reinstated.

Collaborative approach: Strengthening multi-agency collaboration was seen as core to ensuring more coordinated and effective support for children and families. Where it worked well, it was said to lead to improved data sharing between teams, timely escalation of concerns and understanding of family strengths.

Operational enablers

IT systems: Some stakeholders highlighted the technical systems that had been put in place as a key enabler to effective FFCP delivery. For example, a new IT system, which provided one portal for Education, Health, Police and Social Care to all view families' cases, was praised by the Family Help team in one Wave 1 area. However, it is important to note that IT systems were also highlighted as a barrier in some cases where challenges were faced in using them to share information - see Section 5.4.

Co-location: Where it was implemented, it was seen as a key driver of multi-agency collaboration for child protection and family help teams. For example, in one Wave 1 area, strategic leads discussed how pre-existing relationships with Health staff such as health visitors and midwives were strengthened by co-location. Another Wave 1 area also discussed how co-located office spaces improved comradery, information flow and communications across teams and partner agencies.

Nominated project leads: Stakeholders highlighted that some roles under the FFCP served as nominated leads for organisations and had enabled buy-in across teams and facilitated positive conversations. For example, in one Wave 1 LA, within healthcare settings, a 'health navigator' had been appointed to act as a central point for receiving and distributing information, such as meeting minutes and exploitation reports, ensuring it reaches the relevant professionals.

"Health is huge, isn't it? And if you send a letter to health, who knows who it's gone to and who the right person is and who it needed to go to. So we've got our Health Navigator sitting there sorting that out, working across primary care, mental health and acute care. And she's worked out all pathways and things. It's intra agency and it's made a big difference." - **Frontline worker [LA], Wave 1 (November 2024)**

Working groups: Some stakeholders highlighted the value of setting up working groups and ensuring regular communication among these groups as this had enabled swift decision making and escalation of decisions or discussions where appropriate.

Early planning and roll out: One case study area shared their experience of starting work on the FFCP early on by getting 'bitesize parts' done early in the process and felt this had been key to a smooth set-up phase. Stakeholders also felt breaking down key milestones to create a detailed project plan helped ensure clarity and understanding across delivery teams of what was required, responsibilities

Updating forms and tools to enable partnership working: As evidenced in Section 5.1, updating existing tools/forms to enable join-up was key.

Formalised governance structures: Some stakeholders felt a formalised approach to management and governance was important. This includes a strong governance structure and board, with regular meetings set up and feedback loops established.

Contextual enablers

Established relationships and formal networks: Where relationships were already established between stakeholders and organisations, it was felt challenges could be addressed through informal discussions, contributing to smoother working. This was found to be especially relevant in small local areas where staff across organisations have worked together for a long time.

"Because you've got those relationships and networks, it's been really healthy. I think we've been connected in at every stage. We understand what's going on, and where there's any rubs or challenges, we've discussed and dealt with them and look to resolve or reach agreement on mitigation around those aspects." – **Strategic Lead [Police], Wave 2 (February 2025)**

Some stakeholders also fed back that their existing model of multi-agency working and safeguarding (pre FFCP) was strong, and they were not starting from scratch. It was felt that these strong foundations were a key enabler and that if they did not have this, there would have been more resistance.

What worked less well

Data sharing constraints across partner agencies: With the exception of some pockets of successful data sharing (see Section 5.4), evidence of streamlined communication and data-sharing practices under the FFCP was limited. In the early IPE research (Phase 1 February 2024) Wave 1 local areas expressed significant concerns

regarding their ability to effectively share information across Health, Police and Education which all use different IT systems and case management systems and have their own data sharing agreements. Stakeholders fed back that Health teams, including General Practitioners (GPs) were quite restricted in what they could share with other partners. This, it was felt, posed significant challenges in providing coordinated support to families, particularly across the FHLP and LCPP roles.

Lack of adequate information and training around specific aspects of the programme: The DfE guidance on Family Network Support Packages (FNSPs) was intentionally not highly prescriptive, in order to encourage local areas to think creatively about how best to use the funding. However, some frontline staff felt they didn't have the necessary information and training to deliver FNSPs. For example, one Wave 2 frontline staff member commented that she learned from other local areas that funding had been awarded funding to families in situations where she would not have awarded it, leading to reservations.

Some stakeholders noted that initially not all practitioners fully understood the distinction between the roles of FGDMs and FGCs, with each team getting referrals for the other. This was echoed by some frontline staff who felt that, at the start, the volume of information felt overwhelming and led to some details being lost in the process. As a result, they struggled to clearly differentiate between the FGDM and FGC roles. However, the team observed that this was occurring less often than it had at the beginning.

"It's all about the detail, we don't need any more PowerPoint slides about the general principles of the pillars. What we need to get into is the nitty gritty of how does that work on a day-to-day basis?" – **Frontline worker [LA], Wave 2 (February 2025)**

In addition, partner agencies reflected a gap in communication. A Health representative felt there was inadequate communication about the FFCP to the Health staff. An Education stakeholder also felt that Education had been left out in the design and development stage. Police stakeholders pointed out the lack of direct engagement from DfE with Police and how it had been routed through CSC teams.

Setting up FFCP alongside Business as Usual (BAU): Stakeholders interviewed felt that transforming processes and systems alongside delivering current services was challenging and raised the risk of things getting missed. This also included the need to balance the FFC programme with other safeguarding priorities. They highlighted that it was a significant transformation and thus would require time for the changes to take place. Stakeholders from Health reflected that the sector went through a massive change at the same time as the FFCP implementation (going from a clinical commissioning group into an integrated care board) and there was a lot of change experienced at once, which created challenges initially.

Recruitment to specific roles: local areas reported challenges in filling specialist roles, such as those in mental health and in Drugs and Alcohol services. Some also reported challenges recruiting contract roles for the funding period, because of the lack of certainty of funding/ programme stability beyond March 25. However, since this research was carried out, funding has been made available through the Local Government Funding Service (LGFS) to support transformation which may help alleviate some of the earlier recruitment challenges linked to uncertainty around the programme's long-term stability.

Perceived lack of engagement of local partner agencies by Central Government: In the early days of set-up for the Pathfinder, some partner agencies reported that they were not aware of any consultations by the DfE with national bodies in Policing, Health, or Education. As a result, they felt the programme was 'being done to them rather than with them' during its initial stages. While engagement did occur at a national level, some stakeholders felt they had not been included in these early strategic discussions.

Police footprint wider than FFCP: A Police stakeholder noted the challenges of sitting under a wider Policing structure (with multiple metropolitan boroughs). They highlighted that they had oversight of seven boroughs but only two were under the FFCP. Thus, there were challenges in maintaining consistency of approach across the FFCP and non-FFCP boroughs covered by them.

Sharing opportunities between Wave 1 and Wave 2 areas: Some stakeholders, particularly at a frontline level, felt there was inadequate sharing of learning between the two FFCP areas. They felt that the DfE could do more to facilitate this sharing, especially on the practical realities of delivering the programme.

Barriers to delivery of FFCP

The barriers captured in this section served as drivers of the challenges faced by delivery teams in their implementation of FFCP.

Current systems not set up for FFCP approach: local areas discussed how IT systems were sometimes a barrier to delivery. For example, in one Wave 1 area, they had to change various workflows and reporting which took time and was challenging for delivery. However, those interviewed thought working across IT systems will become easier in the future, particularly with national rollout of FFCP in mind, as the IT/software providers make changes to accommodate this.

Limited time for delivery: Stakeholders across the board felt that the delivery timeline was limited to get up and running, especially given the significant transformation FFCP involved. In practice, many local areas moved into delivery more slowly than initially

anticipated, which may have added pressure in meeting DfE expectations around pace and progress.

It's a long-haul shift in work, and actually the limitation of the FFCP is that that ability to design it, get it approved, implement it, in itself takes a significant period of time."

Strategic Lead [LA], Wave 1 (February 2025)

"If only you [DfE] would have given us that more realistic time frame in the first place, we could have dedicated some more thinking time and development time." **Strategic Lead [Police], Wave 2 (February 2025)**

Funding uncertainty: Uncertainty around funding beyond March 2025 drove some challenges with recruitment. Stakeholders fed back that recruiting staff in permanent as well as contract roles was not possible because of the uncertainty.

"Recruiting people to fixed term contracts and short term funding [is] not a good and sustainable way forward...creates inconsistency. Even being extended 1 year, it's still hard to fill a post to that time, when there's no idea where funding comes from afterwards to maintain the role." – **Strategic Lead, Wave 1**

Conflicting priorities: Police stakeholders felt that while they saw the strategic importance and value of this programme, they were also affected by the policing agenda from the Home Office and the competing challenges of incorporating other national initiatives (Operation Soteria¹⁶ and four action plans for Violence Against Women and Girls) in their day-to-day roles.

Capacity constraints:

Capacity constraints were a common concern raised by strategic stakeholders across local authority staff and partner agencies. Many highlighted the limited resources available and the pressure on frontline staff, who were already managing heavy workloads in their existing roles. For example, an Education stakeholder described the 'massive nervousness' in schools about taking on the FHLP role, given the additional strain it would place on their already limited capacity. Similar concerns were echoed by health professionals, reflecting a broader challenge of workload burden across sectors involved in delivering the Programme.

Multiple settings across Health and Education: Both Health and Education stakeholders highlighted the complexity in rolling FFCP out in their sectors, given the multiple and diverse settings it needed to cover. In Education, they highlighted that in

¹⁶ Operation Soteria is a national programme aimed at transforming the police and criminal justice response to rape and serious sexual offences (RASSO), focusing on improving investigations, supporting victims, and driving systemic change across agencies.

additional to multiple schools, there were also several different childcare settings such as nurseries and playgroups. Health, meanwhile, had to contend with individual GP practices, mental health trusts and multiple other local organisations.

5. Outcomes and impacts

In this chapter, the report covers the perceived impacts of the FFCP on delivery staff and families and answers the following Evaluation Questions:

- What are the perceived potential impacts of the FFCP on its intended outcomes?

Family insights into their initial experience

The findings below should be treated with caution due to the small sample size (based on 4 interviews with families from November 2024 research and 6 interviews with families from February 2025 research).

Across our sample, some families have engaged with CSC teams for as long as 14 years and others as little as 3 months. While local areas acknowledged, at the outset, that families would not be aware of the FFCP specifically and might not yet perceive any changes in support or services, these interviews provide a valuable baseline of their experiences.

Insights from these interviews, as captured below, highlight the importance of consistency in staff working with families, regular communication and a collaborative approach, reflecting key elements of the FFCP approach. However, their current feedback is likely to be reflective of their general experience of CSC and not necessarily as a result of the FFCP.

The families interviewed felt there was still strong stigma associated with social workers, but also acknowledged the positives when support they received was consistent and empathetic. The families in the sample generally had positive feedback on the support they received from social workers, Early Help workers and schools, highlighting consistent communication, their proactive involvement, and a collaborative approach. However, in rare cases, families did highlight some negative experiences with social workers, highlighting the importance of feeling listened to and not judged.

One parent interviewed in a Wave 2 area had very positive experiences of working with a social worker under the FFCP model. They noted the difference in attitude and approach taken by their social worker compared with past experiences. They appreciated that the social worker showed an understanding that supporting the parents would help keep the child safe. This was evidenced by the social worker asking how they could help the parents, rather than focusing on their weaknesses as a parent. This built a trusted relationship between social worker and parents.

"The way [FFCP social worker] approached it was very different from my previous interactions with social services. With the previous interactions I've had with social services it's been more of 'this is what we want, and there's no wiggle, this is what you're going to do'. You couldn't explain why you did what you did it was just 'this is the protocol and this is what we're going to do'. Whereas this time round when I met my [current social worker under the FFCP] the first thing she said to me was 'what can we do for you?'" – **Family interview, Wave 2 (February 2025)**

Other parents in Wave 1 areas also had a very positive experience of their Early Help Support Worker (EHSW) under the FFCP model. They noted how much they trusted their EHSW to support them and help their family to move forward. They also noted how their initial pre-conceptions about EHSW have been proved wrong, noting how helpful an EHSW was in supporting their families.

"[Early Help Support Worker] has been amazing, I don't know what I would have done without him." **Family interview, Wave 1 (February 2025)**

"I think I was very arrogant about having an Early Help worker. And it's completely changed my attitude. She's come in, and not once has she said you're doing this wrong...so I was so wrong in my opinion about their job role, about how they helped families. So I've gone from a person who was so against having them involved, to someone that when she said it was time to leave, I was like, 'please don't leave us'." **Family interview, Wave 1 (November 2024)**

On the other hand, some parents interviewed in Wave 1 areas reported some difficulties surrounding working with their Family Support Workers. The negative experience generally came from feeling ignored by them, which highlighted the importance of families feeling listened to by their Family Support Workers, and having a big impact on their overall experience.

"She's not communicating with us, and then communicating with other people, and telling other professionals, which are making us as parents feel worse." **Family interview, Wave 1 (November 2024)**

"I've tried messaging her, I've tried calling her and I'll get ignored unless it's something that she wants, like this interview." **Family interview, Wave 1 (February 2025)**

One family felt their Family Support Worker was not best placed to help their family in their current situation. They felt that the family help, and what they offer was not appropriate for them when they needed help managing their child's special educational needs. They wanted the school and health services to work more effectively to support parents with what is needed to manage their child's behaviour at home.

"Family Support Workers need more experience with ADHD and autism. You're not looking at a child with behavioural problems, you're looking at a child with a chemical

imbalance. So, it's a lot more complex than you just need to do this and this." **Family interview, Wave 1 (November 2024)**

However, the Family Group Conferences have generally been well received across Wave 1 and Wave 2 areas where they have been included. For example, they have been reported to be helpful in encouraging wider family to take a more active and supportive role in addressing challenges and contributing to family-led decisions. They have also been found to be helpful in re-uniting families who would otherwise have stayed apart. In general, families have been very positive about the Family Group Conferences and have felt involved in the decisions made.

For example, one Wave 2 parent felt positive about the introduction of Family Network meetings (a type of FGDM) and FGCs. They were especially positive about the inclusion of the grandparents in this meeting, meaning they felt less of a burden to explain to their parents how they can support the family as this was covered in the meetings.

"I know for my dad that's been very helpful, understanding what's going on with my son, what we're doing going forward to help him. When I say something to him, it's not that he doesn't believe me, but he's the old school generation, but if a professional says it to him, he accepts it more" – **Family interview, Wave 2 (February 2025)**

Early perceptions of FFCP impacts from strategic leads and frontline workers

The qualitative research and survey explored perceptions and expectations of early outcomes from the FFCP with both delivery staff and families. Whilst frontline workers acknowledged that it would take more time to fully evidence the impact on families under the new ways of working within the FFCP model, they felt that some changes were already noticeable. This included families being more open to working with Family Help workers, families benefiting from Family Group Conferences and families having more positive experience of Child Protection conferences. In addition, staff anticipate that the FFCP will drive positive outcomes for them including the strengthening of existing partnerships, improved understanding of families' needs, reduction in caseloads and reduced paperwork, which they feel could enhance job satisfaction.

Outcomes for families (from frontline workers' perspectives): Frontline workers acknowledged that it would take more time to fully evidence the impact on families under the new ways of working within the FFCP model. However, from a list of 8 potential outcomes, evidence from the workforce survey suggests that 65% of staff believe the short-term impact on children, young people and families would include having their voices heard much earlier in the intervention. 67% expect children and families to be supported to stay together safely, with early involvement of their own networks and 59% feel they would receive more tailored support to suit their specific needs. 56% of staff

also felt the service would be more welcoming and non-stigmatising for families as an outcome of the FFCP (see Appendix 5, Q34).

Captured below are the key impacts on families that delivery team staff across the LA and partners expect to be realised:

More robust support for families under FFCP: Frontline staff felt that the support for families was more robust and well-rounded under the FFCP, with clearer and more definitive plans put in place for families - enabled by multi-agency teams and the LCPP roles;

"The pathway has created a team and plans around the family, which is SMART, you know sustainable, manageable, realistic, timely. It's now possible as an LCPP to create the work for a family and step them down from child protection, or whether that's actually to say, look, you know, we've been in a period of child protection for too long. We need to escalate this and make decisions about those families that are just in almost in limbo." – **Frontline worker [LA], Wave 1 (February 2025)**

Working with Family Help workers reduced stigma: Staff reported that that families were more open to Children in Need (CIN) work with Family Help workers as it reduced the stigma of working with a social worker.

"In terms of our child in need work, I think a lot of families have been more receptive to having a family worker for child in need rather than the stigma of a social worker. We've had families who've refused consent for a social worker but then turned round and said 'but I will engage with a family worker'." – **Frontline worker [LA], Wave 2 (February 2025)**

Enhanced understanding driven by working with the same staff member: Staff felt that with the Lead Practitioner role, families have a single consistent person, which promoted enhanced understanding and stability.

"Particularly in that Family Help space, your Lead Practitioner will remain the same, and I think that's been a real advantage for stability, in terms of somebody who you know will stay with you and understand your family, even though there might be others." – **Strategic Lead [LA], Wave 1 (February 2025)**

Families are empowered and have more control: Child Protection Conferences were reported to be more collaborative and gave families a say in how their plan was developed.

"The meeting is more about 'me and my family' rather than 'doing to me and my family'. I think that's quite a big thing and I think it does help to get a little bit more cooperation and it gives them the freedom to say 'I hear what you're saying. I understand why we need to

do this work but actually doing it in that way is not going to work for me. Can we find an alternative way?' Whereas I think in the past it would have been, you've got to do this piece of work, without the consideration as to, 'that's not going to work for me' or why it's not going to work for the family. I think there's much more opportunity to discuss that now and make things more accessible for families while still getting those important pieces of work undertaken." – **Frontline worker [LA], Wave 1 (November 2025)**

Perceived reduction in the number of children in proceedings and subject to child protection plans: Delivery teams highlighted that the number of children in proceedings and on child protection plans had reduced, which they felt was driven by the multi-agency model as well as other support and services.¹⁷

"What we have noticed through the multi-agency working is that our number of children in proceedings have significantly reduced. Our number of children subject to plans in a safe way have reduced...and also our number of children in care, and that's because we're able to support those children in a much better way. Some of that's about the services and support we have here, like the Strengthening Families Teams, but a lot of that is about how that's joined up with [this] model." – **Strategic Lead [LA], Wave 1 (February 2025)**

¹⁷¹⁷ ¹⁷ Please note that quantitative analysis of relevant data sets has not been conducted as part of this evaluation and is not able to confirm these qualitative observations.

7. Summary of key learnings and implications

Key learnings

Response to the FFCP and its key elements

- There was buy-in to the strategic direction of the programme across teams. While some LA and partner agency teams had initial apprehensions around delivery specifically around resourcing, clarity of roles and responsibilities, this was seen to be shifting in the second round of research conducted, with stakeholders reporting improved clarity and engagement
- Although stakeholders were largely positive about the LCPP role and felt that collaboration between the LCPP and FHLP roles was valuable, only 37% of FHLPs agreed that support from LCPPs had increased their confidence in supporting families with escalating needs
- While staff had received positive feedback from families on FGCs, the importance of timing of the FGC offer was a key consideration, with the risk of overwhelming families if offered at the time of moving to Child Protection

What worked well in set-up and delivery

- Proactive and regular communication from senior leadership early in the set-up phase was key to driving engagement across levels
- Improved multi-agency working and some pockets of improvement in data sharing across organisations were identified by delivery team stakeholders
- Local areas were found to have established successful mechanisms to involve families and children and young people in FFCP development

Enablers to effective delivery

- Multiple factors were identified by stakeholders that were strategic, operational or contextual in nature
 - Strategic enablers - Engaged leadership, proactive communication to frontline teams early on in the programme and a culture of openness to innovation

- Operational enablers - IT systems, forms and tools that enabled collaboration across organisations, working groups to focus on specific activities, co-location of teams, nominated project leads to take responsibility for sharing information and acting as single points of contact, formalised governance structures and early planning for delivery
- Contextual enablers - Established relationships and formal networks between stakeholders and organisations were identified as key to multi-agency working and effective delivery of FFCP

What worked less well

- Resourcing was a key concern across Wave 1 and Wave 2 areas. This was also a key challenge across partner agencies, with partner agencies expressing nervousness about assuming the FHLP role and the additional strain it would place on their already limited capacity
- Local areas felt that there was an opportunity for more exchange of information and learning between the two Waves and that sharing these experiences of delivery would be useful
- Partner agencies felt that there had been inadequate engagement and information about the FFCP by the DfE
- Although there were some pockets of successful data sharing, evidence of streamlined communication and data-sharing practices under the FFCP was limited

Barriers to delivery

- Funding uncertainty beyond March 2025, at the time of the research, was seen as a barrier to key activities such as recruitment
- Capacity constraints across local authorities and partner agencies reflected the broader challenge of workload burden across teams involved in delivering FFCP
- Stakeholders felt that the current IT systems were not set up for the collaborative approach required under the FFCP approach
- The complexity of the large number of Health and Education settings and variety between them was felt by those stakeholders to be a barrier to effectively securing buy-in across multiple stakeholders and sometimes conflicted with the multiple priorities that schools usually had

Implications

For DfE

Partner agency engagement at the central and local level: Feedback from partner agencies highlights limited direct engagement, underscoring the need for stronger, more coordinated cross-government collaboration. This should include not only improved communication with partner agencies and local authorities, but also proactive engagement with relevant central government departments to ensure alignment, shared ownership, and more effective delivery.

- **FGC Timing:** The timing of the offer of FGCs needs to be explored in greater detail to establish clarity around the pros and cons of offering it at different phases in the family's journey
- **Facilitate knowledge sharing across Wave 1 and Wave 2 areas:** An opportunity to create regular forums or spaces for ongoing sharing of findings, challenges, and successes between Wave 1 and Wave 2 local areas, with a focus on the practical realities of delivery
- **Setting out clear expectations** on the role that partner agencies need to play, specifically the Police, will be important on FFCP going forward
- **Co-location**, where possible, should be prioritised
- **DfE may consider developing master templates** for key documents that enable joined-up working, using examples already available from FFCP local areas. Alternatively, a bank of templates already in use can be created for local areas to access as needed. Examples include job descriptions for specific roles, data sharing agreement templates
- **Guidance on the roll out of FFCP** across the multiple Health and Education settings to be developed, if not already in place

For local areas and safeguarding partners

- **Early and proactive engagement of partners:** To facilitate strong and positive relationships, ideally partner agencies to be engaged in the initial and given the opportunity to input into and shape design of the delivery approach
- **Structured approach to engaging different levels within Health, Education and Police** – Stakeholders had fed back on the complexity of engaging stakeholders at different levels within these organisations, given the different health settings and schools. A clear exercise to map organisations/teams at each

level is key in order to set out the different engagement approaches required. An opportunity to collaborate with stakeholders at each level to explore how potential barriers can be addressed. For example, with headteachers to help identify how programme delivery may align with some of their priorities

- **Continue to invest in strategic communication from leadership:** This has played a key role in engaging teams so far and will be crucial to sustaining it going forward. Areas rolling the FFCP out in the future would also benefit from drawing on materials and methods used in Wave 1 and Wave 2
- **Clarify roles and responsibilities:** A need for leads at all levels in Wave 1 and Wave 2 local areas to clarify FFCP roles and responsibilities. This is especially so for social workers and partner organisations, where lack of clarity was expressed. For Wave 1, despite already being in the delivery phase, it will be important to re-emphasise this across staff teams
- **Focus on Staff Development and Support:** Given the positive feedback from interviewed staff on training opportunities, local areas should continue to prioritise workforce development to help staff adapt to new ways of working under the FFCP. Ensuring that staff feel supported in their roles and are confident in delivering services will be vital for the long-term success of the initiative

Appendices

Appendix 1 – Research methodology and sample

Alongside the qualitative work to evaluate the implementation of the FFCP model, a quantitative approach was developed to complement and support the findings of depth-interviews and focus groups.

The research consisted of 10-15-minute-long self-completion Computer Assisted Web Interview survey among LA staff, social work agency and voluntary organisation workers, as well as members of Police, Health and Education services. The survey was designed with the support and feedback of DfE and partner agencies and allowed for specific definitions relevant to each local area. Fieldwork took place during Phase 2 (November 2024) and Phase 3 (February 2025), in parallel with the qualitative work.

This quantitative research was possible due to the support received by the team leaders in local areas who distributed the survey among relevant team leaders, teams and staff, and encouraged participation in the research. There were no incentives offered for participation or upon completion of the survey. The data is not weighted to any framework and represent a natural fall out of local area staff.

The participating authorities in each phase of the survey followed the qualitative approach. In Phase 1, the survey was conducted among Wave 1 local areas (Dorset, Wolverhampton, Lincolnshire), while Wave 2 areas (Wirral, Warwickshire, Lewisham) were invited to participate alongside them in Phase 2 of fieldwork.

This survey-based research approach was designed to provide quantitative measure to the perceptions of the FFCP model implementation among frontline staff. It also aided the understanding of the possible barriers faced by frontline staff as well as their short-term expectations of the model. Due to its two-phased approach, the survey also offers a comparison between local areas and comparisons across phases of the model implementation.

Limitations/Context of the evaluation

- The survey uses non-probability sampling method of self-completion, which makes participation voluntary. This could lead to higher engagement among respondents from staff with more positive or more negative views on the model
- Low engagement rate among some local areas or types of staff roles, limiting the analysis due to low final sample size. We suppress data on sample of 30 or lower and flag as indicative only findings based on sample of 50 or lower.

Appendix 2 – Proforma for local areas

Pillar: Overarching system level reform

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Processes in place for ongoing consultation with families and children to shape development and delivery of the reforms				
Short-term multi-agency case-management and information sharing procedures established with partners (where necessary)				
Long-term multi-agency information sharing, case management and IT arrangements and infrastructure in place				
Multi-agency workforce development strategy developed				
Communications plan for staff and partners is being implemented				

Safeguarding partner reforms	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Establishment of long-term assurance, governance and audit processes (for FFCP)				
Develop a shared practice framework, which articulates a shared vision for service delivery				
Updated safeguarding partnership arrangements in place (Lead Safeguarding Partner, Delegated Safeguarding Partner, Partnership Chair, system of independent scrutiny)				
Nominated education safeguarding strategic lead in place				

Pillar: Welcoming and effective Family Help

Front door thresholds and assessment	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)

Family and child pathways established and agreed with partners (e.g. integration with existing services such as SEND, family hubs etc)				
Integrated front door (physical or virtual) has been established				
Thresholds for Family Help (i.e. Plans for assessments & criteria – levels/tiers of need) agreed				
Family help single assessment developed and agreed				
Family help single assessment in place and live				

Family Help System	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Any commissioning activity for support				

Agree roles and responsibilities for multi-disciplinary family help team, including supervision arrangements of alternatively qualified workers				
Data system changes to closer integrate services (where necessary)				
Co-location of multi-disciplinary Family Help service				

Family Help Lead Practitioner Role	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Finalised job description for family help lead practitioner role				
Recruitment for FHLP role (s)				
Implementation of FHLP role				

Multi-disciplinary family help team	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Recruitment to roles for multi-disciplinary family help team				
Multi-disciplinary family help team established and supporting families				

Pillar: A dedicated and skilled child protection team

Multi-agency child protection teams	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Clear multi-agency vision in place. This includes purpose, leadership, and ways of working within multi-agency child protection team (<i>including education, police, health</i>)				
Design job description for Lead Child Protection Practitioner (LCPP) role				
Recruitment to LCPP role(s)				

LCPD in post and supporting multi-agency child protection team				
Multi-agency child protection team and roles in place and live				

Parental representation	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Design of parental representation process in child protection				
Appointment/commissioning of parental representatives				
Updated parental representation offer in place and live				

Pillar: Unlocking the potential of family networks

Family Group Decision Making (including FGCs)	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)

Family Group Decision Making integrated throughout new family help and child protection systems and offered to families				
Family group conferencing consistently offered to families at the point of pre-proceedings (using the principles in the Family Rights Group FGC framework)				

Family Network support package	Yes - in place (LIVE) / delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Family Network Support Package (FNSP) governance and monitoring established				
FNSP process in place and offered to families				

Appendix 3 – Proforma for local areas by the number of local areas who have implemented each stage

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Processes in place for ongoing consultation with families and children to shape development and delivery of the reforms	5	1		
Short-term multi-agency case-management and information sharing procedures established with partners (where necessary)	4	2		
Long-term multi-agency information sharing, case management and IT arrangements and infrastructure in place	3	3		
Multi-agency workforce development strategy developed	1	5		
Communications plan for staff and partners is being implemented	5	1		
Establishment of long-term assurance, governance and audit processes (for Pathfinder)	6			

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Develop a shared practice framework, which articulates a shared vision for service delivery	3	3		
Updated safeguarding partnership arrangements in place (Lead Safeguarding Partner, Delegated Safeguarding Partner, Partnership Chair, system of independent scrutiny)	6			
Nominated education safeguarding strategic lead in place	5	1		
Family and child pathways established and agreed with partners (e.g. integration with existing services such as SEND, family hubs etc)	6			
Integrated front door (physical or virtual) has been established	6			
Thresholds for Family Help (i.e. Plans for assessments & criteria – levels/tiers of need) agreed	4	2		

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Family help single assessment developed and agreed	4	2		
Family help single assessment in place and live	4	2		
Any commissioning activity for support	5	1		
Agree roles and responsibilities for multi-disciplinary family help team, including supervision arrangements of alternatively qualified workers	5		1	
Data system changes to closer integrate services (where necessary)	3	3		
Co-location of multi-disciplinary Family Help service	5	1		
Finalised job description for family help lead practitioner role	5	1		
Recruitment for FHLP role (s)	5	1		

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Implementation of FHLP role	5	1		
Recruitment to roles for multi-disciplinary family help team	5	1		
Multi-disciplinary family help team established and supporting families	5	1		
Clear multi-agency vision in place. This includes purpose, leadership, and ways of working within multi-agency child protection team <i>(including education, police, health)</i>	6			
Design job description for Lead Child Protection Practitioner (LCPP) role	5	1		
Recruitment to LCPP role(s)	6			
LCPP in post and supporting multi-agency child protection team	6			
Multi-agency child protection team and roles in place and live	4	2		

System reform	Yes - in place/ delivered	Yes - in design/planning phase	No - not being implemented	Further comments (e.g. reasons for not implementing, factors driving delays in delivery, etc)
Design of parental representation process in child protection	6			
Appointment/commissioning of parental representatives	5	1		
Updated parental representation offer in place and live	6			
Family Group Decision Making integrated throughout new family help and child protection systems and offered to families	6			
Family group conferencing consistently offered to families at the point of pre-proceedings (using the principles in the Family Rights Group FGC framework)	6			
Family Network Support Package (FNSP) governance and monitoring established	6			
FNSP process in place and offered to families	6			

Appendix 4 – The design specifications for Wave 1 and Wave 2, including a summary of the proposed changes for Wave 2

Summary of proposed, key changes to the FFCP policy design specification (Wave 2)

General amendments

- **Updated to refer to and align with CSC reform guidance** (*Working Together 2023, CSC National Framework*) published after the Wave one version was finalised. This is particularly relevant to the ‘multi-agency safeguarding arrangements’ (MASA) section, which sets out expectations around confirming Lead and Delegated Safeguarding Partners, appointing Partnership Chairs and establishing systems of independent scrutiny. Working Together is also specifically referenced in the ‘family networks’ section, in terms of alignment of local family-group decision-making (FGDM) models to the guidance.
- **Reduced document length** (from 39 pages to 13). This includes cutting the opening narrative (as this is covered in other Wave two documentation), combining previous ‘system enablers’ and ‘MASA’ sections, removing repetition across narrative and tabled expectations, and clarifying and tightening core expectations throughout.
- **Removal of ‘areas for local variation’ section**, to reflect that Wave two will undergo an implementation planning phase, but not co-design (as Wave one did).
- **Refinement of MASA expectations** around engagement of children and families, multi-agency information-sharing, development of shared practice frameworks and outcome measures, placing the former at the forefront.
- **More specificity on what to test through the ‘stronger role for education’ expectation** (MASA).
- **Additional expectation in the ‘family networks’ section**, around local areas setting out how **family group decision making will be integrated throughout the whole system**, including family help and child protection.

Specific child protection amendments

- This table details the specific amendments to the child protection expectations, quoting the relevant expectations in both the Waves one and two versions.

Multi-Agency Child Protection Teams (MACPT)

Wave 1 expectation	Wave 2 expectation
Functions will cover child protection enquiries, decision-making, planning, intervention, review and support. Where a	Must be responsible for leading strategy discussions and section 47 enquiries, overseeing development and delivery of child protection plans,

Wave 1 expectation	Wave 2 expectation
<p>decision is taken that a child should become the subject of care proceedings, functions will include supporting the Lead Child Protection Practitioner (LCPP) and others with court work/preparation.</p>	<p>keeping child protection plans under review, providing case consultancy and support and providing relevant evidence to any subsequent court proceedings.</p> <p>Must set out how operational decisions and the related responsibilities of different agencies will be executed and quality-assured for children who are the focus of section 47 enquiries and child protection plans.</p>
<p>Must include high-quality, dedicated resource from children's social care, health, police and education.</p>	<p>Have a core membership of dedicated and skilled resource from children's social care, health (paediatrics), police and education in a physical, virtual or hybrid team with clear lines of support and oversight to and from their parent agencies.</p>
<p>Must be led by a suitably qualified/ senior social worker.</p>	<p>Will be led by a suitably qualified/senior social worker based in the local authority who will, with the local safeguarding partners and other agencies involved in protecting children (such as education), develop the vision and practice framework for the MACPT – including mechanisms for enabling timely and effective information-sharing, support, challenge and decision-making. They will also manage the day-to-day operations of the MACPT.</p>
<p>Funding and resource must be agreed, allocated and set out in the Multi-Agency Safeguarding Arrangements.</p>	<p>Must establish a suitably qualified, experienced and integrated MACPT with a multi-disciplinary skill set matched to local demographics, needs and harms.</p> <p>Must agree, allocate and set out funding and resource.</p> <p>Must set out vision, structure, and practice framework – including senior management oversight for delivery and delegated decision-making - in their strategic multi-agency safeguarding arrangements.</p>
<p>Dedicated resource – areas to consider whether individuals in MACPT need to have this as their only role, what the</p>	<p>MACPT resource should be separate from other multi-agency resource in the system.</p>

Wave 1 expectation	Wave 2 expectation
scope is for part-time or session working whilst still maintaining a core team role.	

Lead Child Protection Practitioner (and interaction with Family Help Lead Practitioner)

Wave 1 expectation	Wave 2 expectation
Required to co-work extensively with the Family Help Lead Practitioner (FHLP).	<p>Will provide advice to and consult on child protection concerns and issues with the family help lead practitioner.</p> <p>Will lead section 47 enquiries, take statutory child protection decisions with input from the MACPT, and oversee the development and review of any child protection plan. Will provide advice to and support for others where there are concerns about significant harm.</p> <p>The FHLP must remain case holder and work closely with the MACPT, including the LCPP.</p>
High level of experience in child protection (agreed as a minimum of two years' post-qualification for Wave one).	Substantial frontline child protection experience.
Flexibility in where LCPPs are based in the future system.	Must be embedded in and lead from the MACPT.
Must be permanent LA employees.	Must be employed for the duration of the pathfinder.
In cases where the FHLP is not employed by the local authority and not a social worker, appropriate local authority/social worker oversight and supervision arrangements must be put in place to ensure effective and quick identification and management of escalating risk.	Must outline in which circumstances families would continue to be held by a social worker and which may be held by other practitioners. The lead practitioner should always be a social worker for children subject to a child protection plan. <i>[N.B. Working Together 2023 says that "the lead practitioner for section 47 enquiries should be a social worker" (p87). The LCPP will be an experienced social worker and the majority of FHLPs will likely also be social workers. Our working assumption is that the FHLP must always be a social worker from the point a decision is made to create a child protection plan. We will explore this further with LAO and Ofsted and revert.]</i>
Explore the most suitable role for LCPPs in child protection conferences, including whether they act as chair.	MACPTs must trial chairing child protection conferences from within the team (moved to MACPT section). <i>[N.B. The rationale for situating this within the multi-agency context is that it addresses the 'loss of independence issue' given the responsibility is shared across agencies, as well as the LCPP, in addition to the team and LCPP having a deeper expertise and knowledge of the family.]</i>

Parental representation

Wave 1 expectation	Wave 2 expectation
Must offer parental representation (interpreted as 'advocacy') to all parents from the point a section 47 enquiry is initiated.	Local areas must provide information and support to all parents at the point a section 47 enquiry is initiated.
Must offer parental representation to all parents at the point in which a section 47 enquiry is initiated.	Must offer parental representation at initial child protection conference.

Updated draft FFCP design specification: Wave 2

Overview

This design specification is for leaders in local areas, police and health in the local areas selected to participate in Wave 2 of the Families First for Children pathfinder ('FFCP' or 'the pathfinder'). Local leaders will work effectively together, resource and oversee the multi-agency services that will underpin the system reforms tested through the pathfinder programme. The document sets out current thinking on and minimum expectations for the pathfinder programme and delivery, to inform local implementation planning.

- The pathfinder is our mechanism for testing key reforms set out in the [Stable Homes, Built on Love](#) CSC implementation strategy. We want to help families to overcome challenges so they can stay together and thrive - and act decisively to protect children where needed. The Pathfinder will test significant reforms across family help, child protection, multi-agency safeguarding arrangements and making greater use of family networks. It will provide a vision of a future system where we provide families with the right help at the right time, delivered by the right people. It will also include a clearer and stronger multi-agency response to protect children from significant harm when needed.
- Using a 'test and learn' approach, local areas will deliver these reforms as part of a single system, underpinned by the practice principles, outcomes and enablers set out in the Children's Social Care National Framework and expectations as set out in Working Together to Safeguard Children 2023 ('Working Together'). We will provide exemptions from statutory guidance where required.
- As such, pathfinder areas have an unprecedented opportunity to transform how local and national services help and protect children and families. Commitment from local partners is essential to delivering the pathfinder programme successfully. At a minimum we expect sign-up and leadership from local areas, health and police, but we also want to see early

evidence of ongoing meaningful engagement with children, families and communities and other key partners, including education.

- Our minimum expectations across the four key reform strands are set out below.

Multi-Agency Safeguarding Arrangements

- Delivering an effective system of help and protection for children and their families is a multi-agency endeavour. We want to create greater consistency and accountability across all multi-agency safeguarding arrangements, so that leaders at the right level are making the right decisions for local children and families. Our ambition, through the pathfinder and in line with Working Together, is to establish clear, equitable and shared safeguarding arrangements, embed a clear line of sight between strategy and practice and - given the key role they play in children's lives - test a greater strategic role for education providers.
- We expect all pathfinder areas to implement changes set out in [*Working Together to Safeguard Children* \(2023\)](#):
 - Set out **lead (strategic oversight and accountability) and delegated (operational delivery) safeguarding partner** roles, responsibilities and joint functions across local areas, health and the police.
 - Introduce a **Partnership Chair** to facilitate discussions, encourage consistency and provide a clear mechanism for escalation, underpinned by a system of **independent scrutiny** to provide rigour and challenge.
- In addition to this we want all pathfinder areas to:
 - Test a **greater role for education** at strategic level, spanning early years and childcare to further education and learning from existing practice at operational level.
 - **Implement key enablers** that support effective multi-agency working, system design and development.

Minimum expectations: Engage children, families and communities in design and delivery

Detail

This must:

- Include plans for direct, meaningful engagement and feedback across the system.
- Include a clear communications and engagement strategy, building in accessible information on the service offer.
- Include a diverse range of children and families, including: children with SEND, young carers; children with no recourse to public funds; teenagers and children

experiencing harm in their community; black, Asian and ethnic minority families; and fathers and supporting parents who have previously had a child removed by the Family Court.

Minimum expectations: Develop a shared practice framework

Detail

This must:

- Extend across the system of help and protection for children and families.
- Align with the National Practice Framework for Children's Social Care.
- Articulate a shared vision, values and principles underpinning evidence-based models and service delivery (whole-family, strengths-based, etc).
- Establish mechanisms for the consistent and well understood threshold for actual or likely significant harm across key agencies.

Minimum expectations: Test a stronger role for education at strategic level

Local areas must:

- Establish an education forum with representatives from across the education sector, who will meet regularly to discuss their views and provide feedback on policies.
- From within that education forum, identify two individuals who can take on the role of Lead and Delegate Safeguarding Partners and attend meetings as agreed by partners.
- Identify what impact a strengthened role for education has on services (e.g. reduction in 'no further action(ed)' referrals, improved information sharing).
- Identify what costs are associated with strengthening the role of education.
- Identify what, if any, additional burdens are placed on the education sector and/or partners.

Minimum expectations: Establish clear and effective multi-agency data and information-sharing arrangements

Detail

Local areas must:

- Develop and implement plans for achieving timely and effective information sharing in both the short and longer term (i.e. interim arrangements ahead of substantive changes to case management systems).
- Consider mechanisms to support multi-agency information sharing out of hours (please see 'Child Protection' section).
- Undertake a population needs assessment and understand and review trends across the system.
- Explore and make use of e.g. open feeds, data warehouses/lakes.

Minimum expectations: Develop and agree shared set of outcome measures at child, family, cohort, demand and population level

Detail

Local areas must:

- Align with CSC National Practice Framework and have regard to the Early Help System Guide and the Supporting Families Outcomes Framework.

- Include quality of whole family practice and family voice.
- Include plans for quantifying and reporting on the breadth of family issues, contexts and needs and how these are met.

Family Help

Families should be able to access the right help at the right time from the right people, so that they can overcome challenges, stay together and thrive. To achieve this, we want local areas to **establish a targeted Family Help Service** to support children and families with multiple needs who are eligible for or receiving Child in Need (CIN) or 'targeted early help' services. This approach will build on best practice in early help and CIN that local areas and partners have driven through programmes such as Supporting Families and Strengthening Families, Protecting Children and, more recently, Family Hubs.

This new community-based service will bring together previously separate teams, who will work closely together to facilitate access to more effective help in the short to medium-term. This will help to address children and families' needs before they escalate and avoids unhelpful handovers between practitioners.

The Family Help Service will be accessible via an **integrated 'front door'** and be led by a core, LA-based **family help team (FHT)**. Families will work with **family help lead practitioners (FHLP)** who will coordinate a bespoke **team around the family (TAF)**. A Lead Practitioner, as set out in Working Together 2023, can be any practitioner most suited to building a lasting relationship with a family (including and beyond social workers).

Lead practitioners will be a family's primary contact, developing a **single assessment and plan** with the family, monitoring progress, coordinating services and bring in additional practitioners and professional expertise around the family as required. Our ambition is that families only have to tell their story once and will access more hands-on support to navigate high-quality support from, for example, mental health, domestic abuse and substance misuse services. By working in a whole-family and strengths-based way, the Lead Practitioner will consider how the needs of all family members impact on one another and will seek to address those needs holistically to achieve better outcomes for the whole unit.

The lead practitioner should have the skills, knowledge, competence, and capacity to work effectively with the child and their family. We are looking to test the expansion of the family help workforce to ensure that the core principles of a strong and trusting relationship and a consistent support for the family are fulfilled by whomever is best placed to fill that role for the family at that time. In many cases, a social worker will remain the most appropriate person to lead work with families, but the local authority will want to consider how non or other qualified practitioners could be appointed as lead practitioners and undertake section 17 work with families.

We cannot achieve our vision for family help in isolation. An extensive universal and/ or early help offer will ensure that more families can be supported earlier, and family help can function as a targeted service specifically for families with multiple needs. Family help

and reformed child protection also need to be part of an integrated system, where both support and protection can wrap around the family and escalation routes are clear when decisive protective action is required.

In Stable Homes, Built on Love, we committed to publishing a **Knowledge and Skills Statement** for Family Help Lead Practitioners in the family help system. The Knowledge and Skills Statement will set out a standard of skills and knowledge for the role of lead practitioner. This will ensure they hold the skills needed to successfully meet the often-complex needs of the families they support. We will learn from the training and approaches taken in pathfinder areas to inform this.

The Family Help Service will be **managed by a core multi-disciplinary team based in and led by the LA**. This team will oversee all family help provision, data management and support for other lead practitioners and partners across the service, particularly lead practitioners who are not employed by the LA. The service will be accessible via an **integrated physical and/or virtual multi-agency ‘front door’** enabling both self-referral and practitioner referral and including child protection referrals/concerns. It will serve as an initial triage point where multi-agency information is gathered to determine and signpost or refer to the most suitable services for a child and their family.

Minimum expectations: Establish a local Family Help Service, integrating existing support for children and families eligible for/in receipt of targeted early help and CIN services.

Detail

The Family Help Service should:

- Be based in and led by the LA (but with buy-in from partner agencies)
- Bring together and integrate with existing universal and wider VCS and community services (Family Hubs etc), and children’s social care.
- Be underpinned by a strengths-based, whole family approach to practice in line with the CSC National Practice Framework.
- Be equipped to address the needs of a wide and diverse range of children and families, including children with SEND, to ensure they can access help quickly.
- Allow for generalist support with specialisms built or brought in as required (e.g. on specific contexts – domestic abuse, substance misuse, mental ill-health – and/or age ranges – vulnerable infants, adolescents, etc).
- Consider its interaction with care, kinship, fostering, adoption etc services/teams and support reunification
- Consider how best to target and engage families and children based on population needs assessment.
- Consider the circumstances under which, and processes which should be followed, when a lead practitioner changes. Consider how to balance funding, resource and other implications with deciding who is best placed to act as lead practitioner for a family (particularly in terms of non-LA practitioners). Consider geographical and other demographic contexts (both in terms of service provision and which local families and children are eligible for support).
- Consider the role of the Dedicated Social Care Officer (DCSO) in Family Help.

- Consider and include mechanisms and practitioners who can engage local communities and respond to a diverse range of contexts and needs.

Minimum expectations: Establish Family Help Lead Practitioner role

Detail

The local area must, with partners:

- Consider and agree which practitioners are suitable for and have the capacity to undertake the FHLP role, including non-social workers and/or those based outside of/not employed by the LA.
- Outline in which circumstances families would continue to be held by a social worker and which may be held by other practitioners. The lead practitioner should always be a social worker for children subject to a child protection plan.
- Test non-social workers and/or practitioners based outside of/not employed by the LA as FHLPs.
- As per Working Together 2023, develop, agree, and publish local protocols for assessments and support, including who can act as an FHLP and the underpinning skills, experience, development and accountability requirements.
- Ensure FHLPs have the appropriate knowledge and skills as per the local protocols outlined in chapter 3 of WT 23. Put appropriate LA/social worker oversight and supervision arrangements in place to ensure quick and effective identification and management of escalating risk, and for CIN cases as per the protocols outlined in Working Together (chapter 3).

The FHLP must:

- Build a relationship with the family and remain their main point of contact for as long as they require support.
- Co-develop a single 'Family Help plan' with the family and support them to implement it, monitoring, adapting and responding to changing needs and enabling seamless integration of new or different support/services.
- Build a flexible and responsive 'team around the family' (TAF), bringing in all relevant agencies or individuals required to support the family at different stages, and keeping the needs and experiences of the child paramount.
- Offer Family Group Decision Making (FGDM) to consider who in and how the wider family network could support the family, engaging an independent coordinator to facilitate this.
- Work closely with the Family Help Team, seeking support and advice or oversight when needed and fulfilling any requests for supervision, oversight and monitoring. This is particularly relevant for FHLPs based outside of/not employed by the LA.
- Be alert to the changing circumstances for the child both inside and outside of the family home to quickly identify concerns and escalating risk and make a section 47 referral where there are concerns about significant harm.
- Remain case holder and work closely with the MACPT, including the LCPP, who will lead section 47 enquiries and oversee the development and review of any child protection plan.
- Create a sustainability plan with the family, so they can refer back to the challenges they have overcome, their strengths and next steps when moving on from Family Help.

Minimum expectations: Establish a Family Help multi-disciplinary team(s)

Detail

Prior to going live, the Family Help team will need to, as a minimum:

- Include social workers and family support workers in the core team.
- Consider the inclusion of agencies, services and practitioners spanning: domestic abuse, substance misuse, children and adult mental health, probation, public health, youth justice, youth workers, adult social care, police, health visiting teams, midwives, sexual health and school nursing and homelessness and housing teams.
- Develop or update the 'Multi-Agency Workforce Development Plan', outlining i) who could take on the Lead Practitioner role in different circumstances, ii) how the Lead Practitioner will be identified for each family, iii) who in the Family Help Service will make that decision, iv) the training, knowledge and skill levels of the entire Family Help workforce and vi) how development needs will be met.
- Develop or update the quality assurance framework. This should include how the Family Help Service will quality assure the work taking place with families including through audit, supervision caseloads and guidance – and what these will look like, particularly in cases where the lead practitioner is new to the role or is based in another agency.

Once live, the Family Help team will need to act as the central management system for Family Help, providing:

- The strategic direction for the service.
- Ongoing risk management structures and processes.
- An ongoing workforce strategy, including recruitment and retention planning.
- Oversight of Family Help provision (including audit, supervision and guidance for lead practitioners).
- Data management within the system and data requests for DfE.

Minimum expectations: Establish a welcoming, integrated 'front door' to services.

Detail

- Can be physical and/or virtual.
- Accessible central triage point for all referrals made to the local authority from parents and practitioners seeking help, support or protection for a child.
- The Family Help team will take the final decision on who requires a Family Help response and who the lead practitioner will be (the latter in consultation with the child(ren) and family).
- Test how multiple existing referral pathways can be streamlined to provide a more seamless support offer for children and families.
- Initial assessment to be framed as a supportive conversation, focusing on the strengths and needs of the whole family and involving the wider family network wherever possible.
- Appropriate child protection and SEND expertise as part of a multi-agency front door team to determine response required and identify and manage risk.

Minimum expectations: Establish a single Family Help assessment and plan

Detail

Local areas must:

- Develop and implement a single, flexible, dynamic Family Help assessment which removes the unnecessary duplication of early help and CIN assessments.
- The assessment must outline and consider the needs of the whole family in a strengths-based way. It should cover presenting and underlying issues, including any context outside the family home contributing to poor outcomes for the child; explore needs of whole family and how these impact on one another; and be carried out in partnership with the family. Lead practitioners should remain mindful of situations where the absolute needs of the child overrides whole family working.
- The plan will reach across the whole family help system as appropriate, ensuring that families receive joined up, holistic support that meets their needs.
- The plan must be flexible and tailored to children with disabilities.
- Consider the IT infrastructure changes required to implement the single assessment and also ensure partner can access relevant systems.

Child Protection

Establishing family help will result in a new approach to the way families access and receive support. This must run alongside a child protection system that protects all children from significant harm – inside and outside of the home. Children will have different needs and vulnerabilities and, as such, the type of significant harm they experience and the context in which this happens will vary significantly.

Our ambition is for a child protection system that is decisive, multi-agency with multidisciplinary skills, where practitioners have the expertise, experience, time and support to identify actual or likely significant harm quickly and take rapid and effective protective action. We want a child protection system where the rationale for decisions are clear and focus on the needs and best interests of children, involving parents, family networks and others in a transparent and compassionate way.

To achieve this we want local areas to introduce a **new expert-led, Multi-Agency Child Protection Team (MACPT)** to bring a clear focus to child protection and take quick and decisive action where children are suffering, or likely to suffer, significant harm. This should include a core of dedicated, highly skilled, suitably qualified practitioners from local authority children's social care, police, health (paediatrics) and education working together within an integrated team to deliver specific child protection functions:

- chairing strategy meetings
- leading section 47 enquiries
- overseeing development and delivery of child protection plans
- keeping child protection plans under review
- providing case consultation for practitioners who need MACPT expertise
- maintaining an understanding of patterns of significant harm in the local area and agency responses.

In addition to the core members described above, the MACPT should include or bring in specialist support aligned with local demographics, needs, and patterns of harm (including

understanding and responding to extra-familial harm). Examples of these are outlined below.

We also want each local area to introduce a **new ‘Lead Child Protection Practitioner’ (LCPP) role**. The LCPP(s) will be part of the local MACPT(s) and will make the relevant local authority statutory decisions around child protection as set out in Working Together. It will remain critical to have equally expert social workers within Family Help to be the lead practitioner for complex cases for children in need and children on child protection plans. Insights gained through the pathfinder on the knowledge and skills needed for this role will inform the development of the Early Career Framework.

- Parents involved in child protection need better advice and support to engage effectively with the child protection system and make meaningful and sustainable change to keep their child(ren) safe long-term. We want each local area to introduce a **new model of parental engagement and independent representation** that engages, advises and supports parents from the point of a section 47 enquiry. This should include information about what to expect from the process and what is expected of them.

Minimum expectations: Establish and test multi-agency child-protection team(s) (MACPT)

Detail

Local areas:

- Must establish a suitably qualified, experienced and integrated MACPT with a multi-disciplinary skill set matched to local demographics, needs and harms.
- Must agree, allocate and set out funding and resource.
- Must set out vision, structure, and practice framework – including senior management oversight for delivery and delegated decision-making - in their strategic multi-agency safeguarding arrangements.
- Must establish a mechanism for triaging and passing referrals to the MACPT.
- Must consider and set out the role of the MACPT, including the LCPP, in supporting transitions out of child protection, including unification and reunification.

The MACPT must:

- Be responsible for leading strategy discussions and section 47 enquiries, overseeing development and delivery of child protection plans, keeping child protection plans under review, providing case consultancy and support and providing relevant evidence to any subsequent court proceedings.
- Set out how operational decisions and the related responsibilities of different agencies will be executed and quality-assured for children who are the focus of section 47 enquiries and child protection plans.
- Trial chairing child protection conferences from within the MACPT team.
- Be led by a suitably qualified/senior social worker based in the local authority who will, with the local safeguarding partners and other agencies involved in protecting children (such as education), develop the vision and practice framework for the MACPT – including mechanisms for enabling timely and effective information-

sharing, support, challenge and decision-making. They will also manage the day-to-day operations of the MACPT.

- Have a core membership of dedicated and skilled resource from children's social care, health (paediatrics), police and education in a physical, virtual or hybrid team with clear lines of support and oversight to and from their parent agencies.
- Have the optimum multi-disciplinary skill-set to meet local needs and harm profiles. These can include but are not limited to: probation and youth justice, youth workers, voluntary sector family/child engagement leads, mental health practitioners (psychiatry, psychology, education psychology), health visitors, midwives, domestic abuse services, substance misuse services, sexual health, school nursing, housing and virtual school headteachers. Decisions about the inclusion or exclusion of these roles must be explained.
- Have mechanisms for bringing in other practitioners as required, to ensure that MACPTs can respond to all harm types including intra-familial harms, extra-familial harms and exploitation as well as considering specific needs for children with SEND, vulnerable infants and adolescents.
- Must provide advice and consultation on child protection concerns and issues across the wider system (including out of hours) and set out the interface between the MACPT and out of hours child protection activity.
- Have oversight of all children who are the subject of section 47 enquiries or on a child protection plan across agencies and a clear line of sight to and from local strategic safeguarding arrangements.
- Set out how the team will access and participate in group, reflective and clinical supervision and training.
- Ensure family network plans are included in and given sufficient weight within child protection plans.

Minimum expectations: Establish and test Lead Child Protection Practitioner role

Detail

LCPPs:

- Must be qualified social workers with substantial frontline child protection practice experience within CSC (enquiries, assessments, reviews, conferences, decision-making and supervision) and an in-depth knowledge of the statutory and legislative framework.
- Must be embedded in the MACPT.
- Must be employed for at least the duration of the Pathfinder.
- Will take statutory child protection decisions with input from the wider MACPT working with the family help lead practitioner and building in family group decision making/family network engagement.
- Will provide advice to and consult on child protection concerns and issues with the family help lead practitioner.
- Must be skilled at identifying significant harm, including extra-familial harm; know how to work with families and parents, including those who have demonstrated resistant, hostile and/or deceptive behaviour.
- Must have access to and participate in reflective individual and group supervision.

Minimum expectations: Establish and test parental representation in child protection

Detail

Local areas:

- Must set out their engagement, information and support offer for all parents in child protection.
- Must provide clear, accessible information and signpost support for all parents from the point a section 47 enquiry is initiated. This should cover the process, what they can expect and what is expected of them, and their rights.
- Should offer parental representation to all parents from the point of section 47 enquiry and must offer this to all parents at initial child protection conference. Parents may decline this and the reason should be recorded.
- Parental representation should enable, support or advocate for the parent and representatives must have the skills, knowledge and understanding to support parents. Areas must set out the arrangements for appointing representatives and provide appropriate support and training.
- Parental representatives should be independent of the operational and/or line management responsibilities for the child's case, including models of parental representation that might be commissioned from other organisations.
- Must work with parents, including those with lived experience of child protection, to design and deliver the service.
- Must develop and implement a plan for engaging harder to reach parents such as male parents/carers.
- Must clarify how they plan to work with parents where the harm is extra-familial and where parents are a protective factor (e.g. exploitation).

Family Networks

- Our vision is that every child's right to a family life is prioritised wherever possible. Family networks are essential in supporting families to stay together and thrive. When this is not possible, they can themselves offer a safe, loving and stable family home and keep children out of local authority care.
- We want to **create a culture where family networks are actively involved from family help and at every stage throughout the children's social care system**. Children and families should be supported to identify who in their family network could be a source of support and these networks should be empowered to help and support parents and children when they are struggling. To achieve this, we want to:
 - **Give family-led plans a central position in practitioners' plans** wherever possible.
 - Offer and **embed family group decision-making (FGDM)** throughout the reformed system, with the family group conference (FGC) model being offered at the point pre-proceedings letters are issued.
 - **Introduce new Family Network Support Packages (FNSPs)** to provide practical and financial support to enable family networks to help children stay safe and thrive at home.

- We are also separately **piloting FNSPs in seven additional local areas**, to isolate the impact of this novel policy. The pilot launched in June 2023 and receives support from the same delivery and evaluation partners as the Pathfinder. We are working with the delivery partner to share learning across this and the pathfinder programme.

Minimum expectations: Develop model(s) of integrating family group decision making (FGDM) in and throughout new family help and child protection systems

Detail

Local areas must:

- Offer all families FGDM by default and engage family networks at every decision point.
- Ensure their FGDM model meets the features set out in Working Together 2023 and ensure FGDM is facilitated by an independent coordinator. This means the coordinator cannot have any decision-making responsibility, or history of this, for the family. The coordinator may be employed by the LA but be independent from the specific case or employed by a commissioned service.
- Clearly set out how FGDM will be integrated throughout the system, including as part of family help and child protection conferences, and the role of different practitioners within this.
- Establish a mechanism for involving family networks in child protection conferences.
- Establish the appropriate timing of FGDM at different points in the system/processes, including consideration of how to conduct FGDM in shorter-time frames where needed in more complex or acute cases.
- Ensure family network plans are integrated into and given sufficient weight within wider family help and child protection plans.

Minimum expectations: Mandatory use of the family group conference (FGC) model at pre-proceedings

Detail

Local areas must:

- Offer and use the FGC model at the point of a pre-proceedings letter sent to a family.
- Use the underpinning principles in the Family Rights Group FGC accreditation framework (the accreditation itself is not a requirement).

Minimum expectations: Introduce Family Network Support Packages (FNSPs) to enable family networks to support children and parents

Detail

Local areas should:

- Use FNSPs when there is a financial or practical barrier to a family network providing support to a child living with their birth parent. Funding must directly enable the family network to overcome barriers to providing support.
- Use FNSPs only when parental responsibility is still with the birth parents. Family network members subject to special guardianship orders and child arrangement orders are not eligible.
- Not provide funding to parents unless that directly unlocks support from family networks.
- Make family engagement in FGDM a pre-requisite for accessing FNSPs.
- Make FNSPs available to families at all levels of need across the system.
- Decide governance, oversight and monitoring arrangements at a local level, including consideration of how FNSP funding works alongside other funding streams such as section 17 payments.

Local areas may:

- Develop their own local level eligibility criteria for FNSPs, including whether they will be used to support reunification.

Appendix 5 – FFC Workforce Survey Oct 24 and Feb 25

1. What is the primary sector you work within?

- Local Authority
- Social work agency (providing staff)
- Education (including schools and any education settings)
- Health
- Police
- Voluntary organisation
- Other (please specify)
- Don't know

• In your work, do you cover any of the following Local areas?

- Dorset
- Lincolnshire
- Wolverhampton
- Lewisham
- Warwickshire
- Wirral
- None of the above

2. *[Wording for LA staff]*

Are you involved in delivery of the FFC Pathfinder model in *[insert LA name]*

By this we mean involvement in the introduction of Family Help and/or family network reforms including delivery of family group conferences, and/or changes to child protection activity and/or multi-agency safeguarding arrangements

[Wording for partner agency staff]

In your current role, are you involved in planning or providing support to children or families?

This includes through the FFC Pathfinder, which consists of: Early Help/Early Support, Family Help, Family Networks, Child in Need, Child Protection and/or multi-agency safeguarding arrangements.

- Yes
- No *[Filter to closing page]*

3. As part of your current role, are you required to directly engage with children, young people or families?
- a. Yes
 - b. No

4. How long have you been directly engaging with children, young people and families professionally?

Please include time in any previous roles, as well as your current role

- a. Less than 1 year
 - b. 1 year or more, but less than 2 years
 - c. 2 years or more, but less than 3 years
 - d. 3 years or more, but less than 4 years
 - e. 4 years or more, but less than 5 years
 - f. 5 years or more, but less than 6 years
 - g. 6 years or more, but less than 7 years
 - h. 7 years or more, but less than 8 years
 - i. 8 years or more, but less than 9 years
 - j. 9 years or more, but less than 10 years
 - k. 10 years or more
5. Are you a Social Worker registered with Social Work England?
- a. Yes, I am a qualified Social Worker registered with Social Work England
 - b. No, but I am training to be a Social Worker
 - c. No, I am not a Social Worker or training to be a Social Worker
 - d. Don't know
6. In your current role, do you work with any of the following services?

If you work with Family Help, please select Early Help/Early Support and Child in Need.

- a. Early Help/Early Support
 - b. Child in Need
 - c. Child Protection
 - d. None applicable
7. Thinking about your current role, which of these services do you primarily work with?

If you work with any services equally in your main job role, please select all that apply

- a. Early Help/Early Support
- b. Child in Need
- c. Child Protection
- d. None applicable

8. *[Only asked in Feb 25]*

Which of the following roles have you heard of?

- a. Family Help Lead Practitioner (FHLP)
- b. Lead Child Protection Practitioner (LCPP)
- c. I have not heard of either of these roles

9. Do you hold any of the following Lead Practitioner roles?

- a. Family Help Lead Practitioner (FHLP) – The main point of contact for a family with multiple needs, coordinating a tailored, intensive support around them across targeted early help and Child in Need services.
- b. Lead Child Protection Practitioner (LCPP) – A suitably experienced and skilled social worker who oversees all statutory child protection functions, enquiries, assessments and reviews), leading on the development of the child protection plan, working alongside Family Help Lead Practitioners to support and engage families
- c. I do not hold a Lead Practitioner role

- Thinking back to last week, how many hours did you spend working directly with children, young people or families?

Please include decimal points in your response if necessary.

- d. *[Numeric response]*
- e. Don't know

10. How does this compare to the number of hours you spent working with children, young people or families on average per week prior to when the FFC Pathfinder model started?

- a. The number of hours is approximately the same
- b. The number of hours has gone up
- c. The number of hours has gone down
- d. It's too early to say
- e. Don't know

11. *[Only asked in Feb 25]*

How satisfied or dissatisfied are you personally with the amount of hours you spend directly engaging with children, young people, or families?

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat dissatisfied
- e. Very dissatisfied
- f. Don't know

• *[Only asked in Feb 25]*

Thinking back to last week, how many hours did you spend on activities related to Early Help/Early Support, Child in Need, Family Help, Child Protection and/or multi-agency safeguarding?

Please include decimal points in your response if necessary.

- g. *[Numeric response]*
- h. Don't know

12. *[Only asked in Feb 25]*

How does this compare to the number of hours you spent on activities related to Early Help/Early Support, Child in Need, Family Help, Child Protection and/or multi-agency safeguarding on average per week prior when the FFC Pathfinder model started?

Please select one box only

- a. The number of hours is approximately the same
- b. The number of hours has gone up
- c. The number of hours has gone down
- d. It's too early to say
- e. Don't know

13. *[Only asked in Feb 25]*

How satisfied or dissatisfied are you with the amount of hours you spend on activities related to Early Help/Early Support, Child in Need, Family Help, Child Protection and/or multi-agency safeguarding?

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat dissatisfied
- e. Very dissatisfied
- f. Don't know

14. Are you a case-holding practitioner?

If you are a professional with a caseload, but without direct case-holding responsibilities, please select yes

- a. Yes
- b. No

15. How many individual children are currently allocated to you as part of your casework?

Please exclude siblings unless they are part of your active cases

- a. *[Numeric response]*
- b. Don't know

16. How does this compare with the number of children allocated to you prior to the launch of the FFC Pathfinder model?

- a. The number of children allocated is approximately the same
- b. The number of children allocated has gone up
- c. The number of children allocated has gone down
- d. It's too early to say
- e. Don't know

17. *[Only asked in Feb 25]*

To what extent do you find the Pathfinder model easy to understand?

- a. Extremely easy
- b. Somewhat easy
- c. Neither easy nor difficult
- d. Somewhat difficult
- e. Extremely difficult
- f. I am not familiar enough with the FFC Pathfinder model to say

18. *[Only asked in Feb 25]*

What aspects of the FFC Pathfinder model, if any, would you want more information or support?

- a. *[Open text]*
- b. Don't know
- c. Prefer not to say

19. Thinking about your current understanding of the FFC Pathfinder, please select at least 2 statements you think align most strongly with the design of the FFC Pathfinder programme in your area?

- Under the FFC Pathfinder model, Family Help Lead Practitioners may include those who have alternative qualifications (i.e. not social work) and/or not employed by local areas, holding children at Child in Need (Section 17)
 - a. The FFC Pathfinder model aims to work more closely with wider family networks to help families stay together, wherever possible, and thrive
- The FFC Pathfinder model provides clearer, shared role for safeguarding partners (leaders and practitioners in LAs, Health, Education and the Police) across children's social care
 - b. The FFC Pathfinder model will include separate family and child assessments at each stage of support they receive, to ensure every practitioner involved with the family understands their unique needs.
- Under the FFC Pathfinder model, local areas and partner agencies will apply specific criteria to their support offer, so only families who are experiencing either domestic abuse, poor mental health, and/or substance misuse can access Family Help.

20. Thinking about your involvement with the FFC pathfinder, to what extent do you agree or disagree with the following statements?

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree
- f. Don't know
- g. Not applicable
 - i. I understand my role and responsibilities within the FFC Pathfinder
 - ii. I know who to contact in each of the teams I interact with on the FFC Pathfinder
 - iii. I am confident in delivering new ways of working through the FFC Pathfinder
 - iv. I understand clearly the processes involved in sharing data with other teams outside of my organisation on the FFC Pathfinder
 - v. I have a good understanding of how to assess and manage risk in Section 17 cases (including how to escalate and de-escalate cases as needed)
 - vi. I have the required skills and knowledge to enable me to work with children, young people or families as required in the FFC Pathfinder
 - vii. I have the right amount of supervision to do my job
 - viii. I understand how to assess and identify the specific needs of children, young people or families that I work with

- ix. I am confident I can carry out my necessary work with children and families in the allocated time

21. Which, if any, of the following types of training for the FFC Pathfinder have you already participated in?

- a. Safeguarding
- b. Relevant current theories and evidence-based strategies
- c. Legislative and statutory guidance
- d. Whole family working
- e. Assessing and managing risk
- f. Multi-agency ways of working
- g. Working with families at section 17 and above
- h. Family Help Lead Practitioner (FHLP) training
- i. Lead Child Protection Practitioner (LCPP) training
- j. Family Networks/Family Group Conference training
- k. Pathfinder induction day/training
- l. Other (please specify)
- m. I have not taken part in any training related to the FFC Pathfinder

22. Thinking back to any training sessions for the FFC Pathfinder model that you have taken part in so far, how much do you agree or disagree with the following statements?

The training I have received so far has...

- a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
 - f. Don't know
- i. ... improved my confidence working directly with children, young people and families
 - ii. ... improved my ability to identify and manage risk when holding Section 17 cases
 - iii. ... enabled me to identify and understand the specific needs of the children and families I work with
 - iv. ... given me the knowledge and skills to intervene and improve issues families face (e.g., domestic abuse, poor mental health and parenting challenges)

23. *[Only asked in Feb 25]*

Which of the following statements best describes your experience with colocation arrangements under the FFC Pathfinder?

- a. I have direct experience with colocation arrangements
- b. I am aware but don't have direct experience
- c. I am not aware of colocation arrangements

24. *[Only asked in Feb 25 – question wording was revised from Oct 24]*

Do you agree or disagree with the following statements?

- a. Agree
- b. Disagree
- c. Don't know/Not applicable
 - i. Co-location of teams has enabled better communication between different teams
 - ii. The Family Help Lead Practitioner role has enabled a combined team approach, ensuring the most appropriate professional is allocated to a family
 - iii. Roles and responsibilities across safeguarding partners have been communicated clearly
 - iv. Working as a combined team with other professional agencies/organisations introduces additional administrative work
 - v. Our team is adequately staffed to cover the different roles required under the FFC Pathfinder programme
 - vi. Sharing information with other professionals/organisations is difficult and the process is unclear
 - vii. Support of alternatively qualified workers who are Family Help Lead Practitioners is effective
 - viii. Support of alternatively qualified workers who work directly with children and families is effective
 - ix. Access to support from Lead Child Protection Practitioners (LCPPs) has increased my confidence in supporting families with escalating needs

25. Taking everything into consideration, how have things changed, if at all, since the implementation of the FFC Pathfinder?

- a. For you
- b. For staff generally
- c. For children, young people and families generally
 - i. Improved
 - ii. Stayed the same
 - iii. Got worse

- iv. It's too early to say
- v. Don't know

26. Considering your response to the previous question, could you provide some detail on the ways you think things have *[improved/stayed the same/got worse]* for yourself since the FFC Pathfinder was launched?

- a. *[Open text]*
- b. Prefer not to say

27. Thinking about the level of support you've received during the set-up and implementation of the FFC Pathfinder, how satisfied or dissatisfied are you with...

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat dissatisfied
- e. Very dissatisfied
- f. Don't know
 - i. The support and guidance I receive from my line manager/supervisor(s) where I have complex cases involving risk or safeguarding
 - ii. The emotional support I receive from my line manager/supervisor when I have difficult or stressful decisions to make and / or stressful experiences
 - iii. The support and/or supervision I receive from my line manager/supervisor in decision making and professional judgement
 - iv. The support and/or supervision I receive to deliver my role on the FFC Pathfinder programme

28. Thinking about your involvement with the FFC Pathfinder, which of the following would help you feel better equipped to perform your role effectively?

- a. Additional training opportunities
- b. Clearer guidance on data sharing
- c. Improved access to materials and resources
- d. More frequent or structured supervision
- e. Increased collaboration with other teams/agencies
- f. Recruitment of additional staff
- g. Improved communication channels
- h. Other (please specify)
- i. Don't know
- j. I already feel equipped to perform my role effectively

29. Thinking about your own involvement with the FFC Pathfinder, how much do you agree or disagree with the following statements?

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree
- f. Don't know
 - i. Overall, I find my job satisfying
 - ii. My work gives me a feeling of personal achievement
 - iii. I am required to spend too long on administrative tasks
 - iv. Managers encourage and support me to develop my skills
 - v. There are opportunities for career progression within my role/area of work
 - vi. My overall workload is too high
 - vii. I feel valued for the work I do
 - viii. I have enough time to work with the children, young people and families on my caseload
 - ix. I feel I am allocated too many children

30. *[Only asked in Feb 25]*

What do you think will be the outcomes of the FFC Pathfinder programme on staff in the next 1 to 2 years?

Staff at *[insert LA name]* will...

- a. Be better supported by a larger, more skilled multi-agency workforce
- b. Have a reduction in time spent on administrative tasks due to a decrease in referrals
- c. Have a reduction in time spent on administrative tasks due to clearer role boundaries
- d. Have a better understanding of the needs of children, young people and families
- e. Have a better working relationship with partner agencies (Education, Health and Police)/partners at the Local Authority
- f. Have an improved understanding of how to identify and manage harm to children and young people
- g. Other (please specify)
- h. It's too early to speak to any potential outcomes

31. *[Only asked in Feb 25]*

What do you think will be the outcomes of the FFC Pathfinder programme on children, young people and families in the next 1 to 2 years?

Children, young people and families in *[insert LA name]* will...

- a. Be made more aware of all the services that are available to them
- b. Have access to services that are welcoming and non-stigmatising
- c. Receive more tailored support in line with their specific needs
- d. Be supported to stay together safely, with early involvement of their own networks
- e. Have their voices heard early in the intervention
- f. Only need to share their story once
- g. Have improved levels of trust and engagement with Children's Social Care Services
- h. Other (please specify)
- i. It's too early to speak to any potential outcomes



Department
for Education

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