



Department  
for Education

# **The Families First Partnership (FFP) Programme Guide**

**Delivery expectations for statutory  
safeguarding partners in England:  
Year 2 (2026 to 2027)**

**March 2026**

# Contents

<b>Introduction</b>	<b>4</b>
About this guide	4
Who is this guide for?	4
Funding and grant conditions	5
Accountability	7
<b>Chapter 1: Rebalancing the system of help, support and protection</b>	<b>8</b>
Universal services and community based early help	8
Education and childcare settings and attendance	9
Family Help and multi-agency child protection	10
Engaging family networks throughout the system	11
<b>Chapter 2: Delivery expectations</b>	<b>13</b>
Monitoring delivery expectations	13
Headline Family Help expectations and monitoring indicators	14
Headline Multi-Agency Child Protection expectations and monitoring indicators	15
Headline Family Networks expectations and monitoring indicators	16
Section 1: Family Help	17
Identifying need for Family Help	17
Family Help: Targeted Early Help and Child in Need	21
Family Help Lead Practitioner	22
Multi-disciplinary Family Help Teams	25
Family Help Assessment and Plans	27
Front Door Arrangements	28
Section 2: Multi-Agency Child Protection	30
A Seamless System of Help, Support and Protection	31
Establishing Multi-Agency Child Protection Teams (MACPTs)	31
Social work: Embedding the Lead Child Protection Practitioner role	35
Health	36
Police	37
Education	37
Responding to Local Needs and Harms	38
Responding to Extra-Familial Harm	39
Providing information, support and advice to parents and carers in child protection	40

Section 3: Supporting Family Networks	42
Family Group Decision Making	42
Embedding FGDM across the system of help, support and protection	43
Minimum Requirements for FGDM Services	44
FGDM and Safeguarding	46
Local Authorities Should Offer FGDM at Pre-proceedings	47
FGDM timescales at pre-proceedings	48
When FGDM isn't offered at pre-proceedings	49
Withdrawing the offer of FGDM at pre-proceedings	49
Family Network Support Packages	50
<b>Chapter 3: System enablers</b>	<b>53</b>
Statutory Safeguarding Partners and their Multi-Agency Safeguarding Arrangements (MASAs)	53
Information Sharing	56
Data	56
Case management system changes	57
Using evidence and delivering evidence-based interventions	57
What are evidence based interventions?	58
Supporting implementation	58
Supporting local evidence use	58
<b>Chapter 4: National FFP delivery support offer</b>	<b>59</b>
Working in partnership with local areas	59
Learning, improvement and intervention	59

## Introduction

The 2026-27 Families First Partnership (FFP) programme guide has been produced to support statutory safeguarding partners<sup>1</sup> to implement **Family Help and multi-agency child protection reforms and increase support for family networks**. The rollout of these reforms represents a significant step forward in delivering the government's mission to provide children with the best start in life and break down barriers to opportunity.

## About this guide

**This programme guide is not statutory guidance and does not replace existing statutory guidance, including:**

- [Working Together to Safeguard Children 2026: statutory guidance](#) (referred to in this document as 'Working Together') is the multi-agency statutory guidance for every organisation, individual and agency who is involved in helping and supporting families and protecting children; or the
- [Children's social care: national framework - GOV.UK](#) (referred to in the document as the 'National Framework') which sets out the purpose, principles and enablers of good practice of children's social care and the outcomes that should be achieved.

This guide describes the programme vision and objectives, and sets out the practice change we expect to see to improve the support provided to children and their families. It should be used by local areas to support implementation of policy expectations set out in Chapter 2 and be read in conjunction with [Families First Partnership Programme: Quarterly Monitoring Financial Year 2026-27](#) and support documents hosted on the Knowledge Hub, which provide a range of best practice and case study examples.

## Who is this guide for?

This guide is for everyone who works with children and their parents or carers, including strategic leaders, senior and middle managers, and those in direct practice.

Successful outcomes for children depend on strong partnership working. Statutory safeguarding partners and relevant agencies, through their local multi-agency safeguarding arrangements, are critical to the programme's success in improving outcomes for children, young people and families.

---

<sup>1</sup> A statutory safeguarding partner in relation to a local authority area in England is defined in section 16E of the Children Act 2004 as: (a) the local authority, (b) an integrated care board for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area.

Multi-agency and multi-disciplinary working will be fundamental to the implementation of reforms:

- by multi-agency working we mean: working across organisations to meet children, young people and families' needs through effective information sharing, joint decision-making and co-ordinated interventions, to facilitate effective help, support and protection. This includes in child protection, where experts from different agencies form multi-agency child protection teams to lead child protection decision making, whilst remaining connected to their parent agency;
- by multi-disciplinary working we mean: a range of practitioners and professionals from different backgrounds working together, to enable the best outcomes for children, young people and families.

## Funding and grant conditions

In November 2025 we announced that we will provide over £2.4 billion for FFP over the next three years, of which over £800 million is new investment, made up as follows:

- Continuing the £523 million investment available in 2025-26 for each year of the multi-year settlement;
- £319 million from the Transformation Fund over 2026-27 and 2027-28 announced at Spending Review 2025;
- New funding of £547 million over the next three years.

This investment supports the government's continued commitment to reform local government funding and will ensure local authorities, with their partners, are able to fund preventative support and services including targeted early help, child in need and child protection activity. This will enable local authorities, with their partners, to rebalance spending away from accommodating children in care and increase spend on prevention.

FFP funding is ringfenced for spend on prevention. It will be allocated to local authorities through the new Children, Families and Youth Grant and distributed via the new [Children and Young Person's Services \(CYPS\) formula](#). This new formula will better reflect the current level of need for services for children and families in each local area and will ensure money goes to where it is needed most.

Draft [grant conditions for FFP](#) funding were published alongside the Local Government Finance Settlement for 2026-27. The grant conditions set out in more detail how local safeguarding partners should work together to agree priorities and how this funding should be used. The Department for Education, alongside the Home Office and the Department of Health and Social Care, will continue to work closely with local partnerships on the delivery of the FFP programme. An [explanatory note](#) includes further information on the distribution methodology and data considerations.

The grant conditions clearly state that funding for FFP is not designed to displace existing prevention spend but intended as additional investment into services. It is essential that local authorities maintain existing levels of preventative spend and use additional

investment to boost spending in this area so that we can rebalance the children's social care system. This will be monitored by asking grant recipients to provide additional spend data. This also sets out the expectation that local areas will use the funding to build on local planning undertaken in year one of the programme (2025-26) and complete any remaining transformation activity. The majority of the grant is expected to be used to fund new and updated services with full operational delivery of reformed services by March 2027.

Statutory safeguarding partners already have a joint and equal duty to safeguard and promote the welfare of all children in their area. Local safeguarding partners and relevant agencies should come together to consider how they deliver their current services, where existing resources will be re-organised and used to deliver the reformed system and where there are gaps.

Local authorities can use this grant funding to support other local partners and specialist services to deliver transformation and/or implementation activity for these reforms. Mechanisms for distributing funding can also be agreed locally, for instance via a section 75 agreement with health partners. However, this money should not be used to plug gaps in funding that statutory safeguarding partners should reasonably be filling. DfE expects local authorities and their safeguarding partners to demonstrate how they are delivering all aspects of the reforms via their Families First Partnership quarterly programme data collection. This must be multi-agency in approach as it requires multi-agency delivery.

DfE will monitor completion of transformation activities, implementation of the policy expectations in this guide and use of FFP funding through quarterly programme data collections and structured engagement. Chapter 2: Delivery expectations provides an overview of how we will monitor delivery and the progress expected during year 2. Full reporting requirements are set out in [Families First Partnership Programme: Quarterly Monitoring Financial Year 2026-27](#) on the Knowledge Hub.

Where areas do not demonstrate expected progress, the department will provide an enhanced level of support and challenge to enable effective implementation of reformed services and improved outcomes for children and families. Where local authorities are found not to be adhering to grant conditions, government will engage with local authorities to obtain assurance. Dependent on the outcome of this, MHCLG will consider whether there has been a failure to meet the Best Value duty. Local authorities may also receive support via DfE's CSC Improvement and Intervention programme, including CSC Improvements Teams and Expert Advisers. More information on the national FFP delivery support offer can be found in chapter 4.

Adherence to the FFP grant conditions and prioritising prevention is crucial to local government financial sustainability. The emphasis and investment on prevention across the whole of the FFP programme is expected to lead to a significant reduction in the numbers of looked after children and to keep more families together where it is safe to do so. We expect local authorities to use the savings realised through implementing the

reforms to increase spend on Family Help, thereby creating a virtuous circle and moving funding to a more sustainable footing.

## Accountability

As part of their statutory responsibilities to safeguard and promote the welfare of all children in their local area, the Department for Education, the Department for Health and Social Care and the Home Office expect local authorities, police and health to work together to implement the FFP reforms.

Robust multi-agency safeguarding arrangements will help to ensure that information about a child and their family is shared effectively, that risk of harm is correctly identified and understood, and that children and families receive targeted services that meet their needs in a co-ordinated way. Strong, collaborative leadership and timely decision-making are crucial to the effectiveness of multi-agency working and to identify and address system issues. The three safeguarding partners are responsible and accountable for this in their local areas.

Ofsted will continue to evaluate the experiences and progress of children through its inspecting local authority children's services (ILACS) framework. They have a crucial role reporting on what is working well and what needs to improve in children's social care. In March 2026, Ofsted updated its framework to better align with children's social care reforms, taking into account the recent updates to Working Together to Safeguard Children and the Children's Social Care: National Framework. These updates to ILACS aim to support local authorities on their journey to implement the reforms set out in this guide. Their evaluation criteria now better reflect the move towards a seamless system of Family Help, the importance of engaging family networks in the help and care of children, and the multi-agency context in which help, support and protection is delivered. In the same update, Ofsted has carried out the commitment to remove the overall effectiveness judgement from ILACS. These changes apply for inspections carried out from 1 April 2026. As reforms to children's social care are embedded, Ofsted will continue to rebalance inspection, ensuring it continues to act as a lever for improvement. In 2026, Ofsted will consult on wider reforms to ILACS and its social care common inspection framework (SCCIF), to wholly align with the government's reform programme for implementation in 2027.

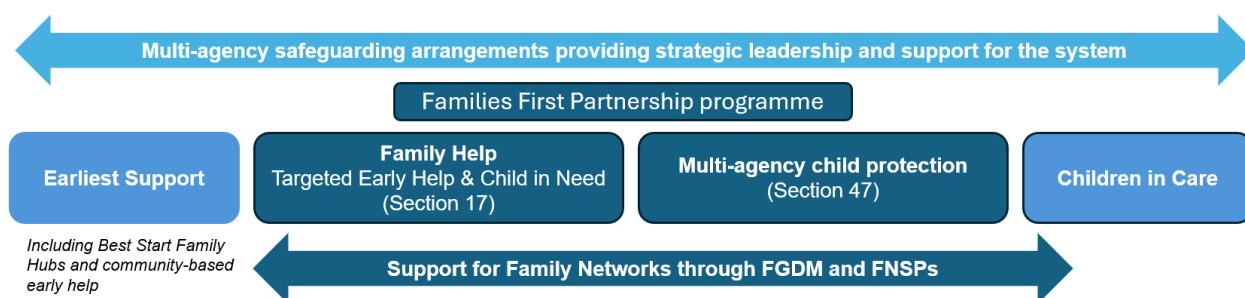
Safeguarding partners are inspected by their respective inspectorate bodies (Ofsted, the Care Quality Commission and HM Inspectorate of Constabulary, Fire and Rescue Services) and jointly through Joint Targeted Area Inspections (JTAs). The inspectorates will continue to work together to ensure that their inspections reflect the new ways of working that local areas are embedding in their practice.

# Chapter 1: Rebalancing the system of help, support and protection

The Families First Partnership (FFP) programme shifts focus towards intensive earlier help for families, more expert, focused multi-agency child protection practice and greater use of family networks. This ambition is in line with Working Together, which sets out how agencies, organisations, and individuals work together to provide help, support and protection - covering universal services and community based early help, through Family Help (including targeted early help and statutory services under section 17 of the Children Act 1989), and including action taken under section 47 of the Children Act 1989 to protect children from significant harm.

Funding will support the continued implementation of 1) Family Help, 2) multi-agency child protection teams and 3) support for family networks, through Family Group Decision Making and Family Network Support Packages. These three features are the core of FFP, which implemented together will reset the children’s social care system to earlier and more effective help for families.

**Figure 1: Our vision for a reformed system of help, support and protection**



Children and families should not be left waiting for help; the system should respond flexibly and wrap support around them at the earliest point of need. Within this system, multi-agency child protection teams will advise on and take swift, decisive action to protect children from actual or likely significant harm. Through these reforms, children and families will feel tangible benefits, with improved access to support and more consistent relationships – underpinned by a culture of being worked with, rather than done to. In providing support, it is crucial that local areas understand and take account of the diverse backgrounds of families. Practice should be anti-discriminatory and address barriers to accessing services.

This chapter sets out how the different parts of the system interact to provide a child-centered focus within whole-family support across help, support and protection.

## Universal services and community based early help

Universal services and community based early help play a crucial role in identifying emerging problems and providing support at an early stage. This includes support delivered through [Best Start Family Hubs](#) (BSFHs), youth services, breakfast clubs, after

school clubs and routine health and housing provision. Local areas should build on the strengths of their universal and community based early help delivery models and workforce when designing their approach to Family Help. Voluntary and community services are also a vital part of the end-to-end system, and their contribution should be recognised and valued. This is particularly important for families and communities that may be wary of, or unaware of, the services available to them, or have difficulty accessing services, e.g. those living in rural communities.

BSFHs can act as a non-stigmatising gateway to targeted whole-family support delivered through Family Help, with a shared ambition to strengthen the end-to-end system of support for and around families. Some of the Families First for Children pathfinders have integrated family hubs and Family Help to support delivery, for example using family hubs as the primary co-location space for multi-disciplinary Family Help teams. Integrating BSFHs with Family Help can help support earlier engagement, build sustained relationships, co-locate multi-disciplinary teams and ensure continuity of support as family needs change.

As a community-based model for providing early help to families, BSFHs play an important role in delivering intensive evidence-based interventions for parenting, and identifying families who may need more intensive support from Family Help and multi-agency child protection teams, for example, those families where domestic abuse is a factor. For families who no longer require the support of targeted and specialist services, BSFHs, BSFH network sites and other forms of community-based setting can offer an ongoing, local support network, by providing early help, and playing an important role in early identification of family need, making appropriate referrals into targeted support.

## **Education and childcare settings and attendance**

Education and childcare settings will often have the strongest relationships with children, young people and their families and be the first to identify when help or protection is needed. These settings should have a clearly defined and integrated role within multiagency safeguarding arrangements (MASAs) giving them a stronger voice in Safeguarding Partnerships and ensuring that they are strategic partners in local decision making and safeguarding responses.

For the most vulnerable children, regular attendance is also an important protective factor and the best opportunity for needs to be identified and support provided. Education and childcare settings therefore may be able to offer support directly to families, connect them with other local services that provide more targeted support, have continued contact with a family to monitor progress or change, and know when to escalate to seek further input, intervention or oversight.

They are also vital in recognising underlying causes of severe absence and children missing education which can act as vital warning signs to a range of safeguarding issues including domestic abuse, neglect, sexual abuse and child sexual and criminal exploitation. Improving attendance is everyone's business and the barriers to accessing

education are wide and complex, both within and beyond the school gates, and are often specific to individual pupils and families. Live attendance data is therefore one of the best early-warning indicators of need, particularly where pupils are absent more often than they attend. Alongside expectations in statutory [attendance guidance](#), partnerships should consider how:

- families with severely absent pupils are factored into local eligibility decisions: if pupils face out-of-school barriers and the family do not have a social worker, they should routinely be assessed for Family Help;
- Family Help contributes to the expectation that schools and local authorities agree a joint approach for all severely absent pupils;
- practitioners understand the importance of absence as an indicator of wider need, the benefits of improving attendance to improve outcomes for the whole family, and the [role of the Virtual School Head for children with a social worker](#).

Areas should also liaise with education teams to ensure they are aware of issues relating to the needs of children who are not on a school roll, for example children missing from education or electively home educated children.

## Family Help and multi-agency child protection

Family Help and multi-agency child protection reforms are wholly interdependent. It is critical that safeguarding partners implement them together as an integrated system. Together, they will drive a fundamental rebalancing of the whole system: enabling earlier, wraparound support for families and those who work with them; preventing escalation into crisis; enabling a clear, expert focus on children who need protection from significant harm; and reducing costly and unnecessary statutory intervention in family life where child protection is not needed.

To keep children safe and support families, child protection knowledge and skills will continue to be needed across the whole system of help, support and protection. Highly experienced multi-agency child protection teams (MACPTs) with embedded, Lead Child Protection Practitioner (LCPP) social workers will bring an expert focus to child protection decision making. They will lead all child protection decision-making – from convening and chairing strategy discussions to overseeing the development, delivery, review and closure of child protection plans and informing decisions about moving into pre-proceedings and the Public Law Outline (PLO) process. These teams will enable a consistent and robust application of the significant harm threshold, acting as a local centre of excellence on child protection issues.

Multi-agency child protection teams will come alongside and support Family Help Lead Practitioners (FHLPs) throughout child protection activity. FHLPs will retain the primary relationship with and overall responsibility for supporting the child and their family. The MACPT will focus on identifying and responding to significant harm, ensuring a clear emphasis on the child's daily life, voice and safety and drawing on input from the wider MACPT and Family Help service. Through accessible consultation, MACPTs will be

available to Family Help practitioners, and others, who need a fresh, expert pair of eyes to consider concerns about actual or likely significant harm.

This new system design is intended to improve the experience for families that want help and where child protection action is not needed, whilst also allowing the system to swiftly identify and act decisively in response to concerns about significant harm.

Achieving these two goals within children's social care was the intention of the 1989 Children Act. Family Help and MACPT changes are a direct attempt to achieve this across England.

## **Engaging family networks throughout the system**

Meaningful engagement of family networks is the golden thread that should run through the system of help, support and protection – from universal services through to interaction with care. Key to this will be engaging family networks through Family Group Decision Making and Family Network Support Packages (policy expectations at Chapter 2) from the earliest stage, to allow families to harness their strengths and prioritise their own solutions.

Preventive support is not limited to the earliest parts of the system. Local areas should also consider using the FFP programme as a way to provide whole-family support where a child becomes looked after by the local authority. This includes supporting birth parents whose children are at risk of removal and supporting children to return safely to their parents or wider family network from care. Continuing the Family Help model of lead practitioner led support can have a significant impact on supporting birth parents overcome challenges that are impacting on their ability to provide a stable, loving home. Similarly, Family Help and supporting family networks can play a crucial role in supporting reunification by enabling families to develop sustainable plans that facilitate a child's safe return home.

Foster care is also a key component of a whole-family approach within the system of help, support and protection system for children who are unable to be with their birth families. Foster carers play an important role by providing stability, maintaining family relationships and helping to ensure that children remain connected to their parents and wider networks where this is safe to do so. Local authorities should ensure that fostering services are closely aligned with Family Help, Family Group Decision Making and wider multi-agency support. This includes enabling foster carers to contribute to assessment and planning and involving them in early whole-family discussions where appropriate. Strengthening collaboration between fostering teams, Family Help practitioners and wider support services can improve placement stability and support smoother transitions for children returning to their families or moving into long-term foster care.

Local partnerships should understand their data on reunification and consider how Family Help supports robust preparation, planning and support for all children. The Care

Planning, Placement and Case Review regulations and guidance<sup>2</sup> already provides clear direction for local authorities regarding their duty to return a looked after child to their family unless this is not consistent with safeguarding and promoting the child's welfare. The rollout of Family Help provides an opportunity to strengthen practice and improve outcomes for these children and their families. It is important that local support services are accessible for all children and young people, including looked after children who may be accessing the same services as families in Family Help.

---

<sup>2</sup> [Children Act 1989: care planning, placement and case review - GOV.UK](#)

## Chapter 2: Delivery expectations

This chapter sets out expectations for Family Help, multi-agency child protection, and engagement with family networks. The expectations set out in this Chapter align with the government's vision for transformation across Children's Social Care and are expected to realise the four outcomes of the National Framework:

- Outcome 1: Children, young people and families stay together and get the help they need
- Outcome 2: Children and young people are safe in and outside of their home
- Outcome 3: Children and young people are supported by their family network
- Outcome 4: Children in care and care leavers have stable, loving home.

Local areas should have completed the majority of transformation activity in year one of the programme (2025-26). In year two, safeguarding partners should be delivering new or updated services that meet the expectations set out in this guide and relevant statutory duties. As confirmed in Grant Conditions, we expect policy expectations outlined in this chapter to be fully operational across all localities by the end of March 2027.

### Monitoring delivery expectations

Local authorities are required to return data on the set up, delivery and outcomes of reformed services through quarterly FFP programme data collections. We have reviewed the 2025-26 collections and gathered feedback from local authorities. In light of this, we have made updates to improve the reliability of data collected and ensure the metrics reflect policy and practice expectations detailed within the updated programme guide. The full list of quarterly data items we will collect from quarter 1 of 2026-27 will be published on the Families First Partnership Knowledge Hub.

Quarterly data will be used to monitor delivery progress and provide assurance that local authorities are meeting conditions of FFP funding. This will include monitoring **headline policy expectations** to understand fidelity to programme guide expectations. The following tables present how quarterly data will be used to monitor expectations across the breadth of FFP reforms. The metrics identified are leading indicators of longer-term benefits that are expected to be realised when new/expanded services are fully operational. In addition to national monitoring these indicators should be tracked at a local level, across partnerships, to identify if delivery is progressing as expected.

The headline policy expectations within the tables are not an exhaustive list but represent core, quantifiable elements of FFP policy and practice. They are underpinned by the full FFP expectations, and should therefore be read alongside the policy expectations set out in this chapter and the further detailed provided in [Families First Partnership Programme: Quarterly Monitoring Financial Year 2026-27](#) to understand the full delivery and reporting requirements for the programme.

The tables include the progress we expect to see to provide assurances that local areas are on track to deliver fully operational services by March 2027. Quarterly monitoring will be complemented by structured engagement between DfE and local authorities, requests for sample documentation where appropriate and wider data sources to give a full picture of local progress against these expectations and pace of implementation.

From April 2026, DfE will also measure safeguarding partners' perceptions of the benefits and challenges of the FFP reforms via a survey which will be issued directly by DfE to local authority, Police and Health contacts. The survey will include questions on partnership engagement, workforce and leadership and will be completed each quarter.

## Headline Family Help expectations and monitoring indicators

Key indicators from quarterly data collection and expected progress:

### 1. Local areas establish a single offer of Family Help, which brings together targeted early help and child in need

a) **Implementation status** of your Family Help service; **expected launch date** of fully operational Family Help service – *Fully operational services in line with programme guide expectations in all localities by end of March 2027.*

b) Total **number of children receiving Family Help services** (children with TEH or CIN status) – *Increasing in line with implementation; reaching 100% of CIN/TEH children when fully operational.*

c) Publication of **updated threshold document** removing the distinction between targeted early help and CIN – *Completed by end of Q1 2026–27.*

d) Existence of a **single assessment and single live plan** for Family Help (covering TEH and CIN) – *On track for completion ahead of service launch, latest Q4 2026–27.*

e) **Shared case management system** with single workflow and assessment for s.17 and non-s.17 Family Help cases – *On track for completion by service launch (Q4 2026–27 latest).*

### 2. Implement the Family Help Lead Practitioner (FHLP) role

a) **Number of FHLPs** (LA / non-LA / SW-qualified / alternatively qualified) – *Increasing in line with implementation status and LA staffing targets.*

b) **Number of LA-employed FHLPs with specialist roles**; narrative outlining specialisms – *Evidence of a range of specialisms across Family Help teams.*

### 3. Implement multidisciplinary Family Help teams informed by population needs

a) Existence of a **system-wide workforce development plan** informed by workforce analysis, funding, needs assessment and harm profiles – *On track for completion ahead of service launch (latest Q2 2026–27).*

b) Narrative on progress toward **Family Help delivery milestones**, including co-location of multidisciplinary teams – *Fully operational services in all localities by March 2027.*

### 4. Establish and use a single Family Help assessment and plan

a) **Single assessment and plan** + shared CMS as referenced above – *Progress expectations as listed for those metrics.*

### 5. Implement an integrated front door model

a) **Narrative on progress** toward integrated front door arrangements – *Evidence of integrated front door arrangements meeting policy expectations.*

## Headline Multi-Agency Child Protection expectations and monitoring indicators

Key indicators from quarterly data collection and expected progress

### 1. Implement a fully operational MACPT delivering all core child protection functions

a) **Implementation status** of your MACPT; expected launch date of full operation – Fully operational by March 2027.

b) **Number of children in MACPT child protection intervention** (strategy → plan closure) – *Increasing in line with implementation; reaching 100% when fully operational.*

c) Number of children in MACPT child protection intervention where **extra-familial harm meets significant harm threshold and is primary concern** – *Increasing in line with implementation and local context.*

d) **Number of case consultations MACPT provides** to the wider Family Help system – *Increasing in line with implementation.*

### 2. Appoint and train core MACPT membership

a) **Composition of MACPT** (LCPPs, team managers, health, police, education practitioners) – *Core membership recruited by end Q4 2026–27.*

### 3. Identify additional practitioners in line with harm profiles

a) **Multi-agency workforce development plans** naming additional practitioners/agencies – *On track for completion before launch (latest Q2 2026–27).*

### 4. Develop and implement a shared MACPT practice framework

a) Existence of **shared multi-agency practice framework** with oversight, accountability, QA, monitoring, training and supervision – *On track for completion before launch (latest Q2 2026–27).*

### 5. Provide accessible information, advice and support for parents/carers in CP activity

a) **Number of parents/carers offered support** at point of s47 enquiry – *Offered in 100% of cases by Q1 2026–27.*

## Headline Family Networks expectations and monitoring indicators

Key indicators from quarterly data collection and expected progress

### 1. Offer Family Group Decision Making (FGDM) at key decision points

LAs should offer FGDM throughout the system of help support and protection where it is in the child's best interest – and, where families consent and it continues to be in the child's best interests, facilitate FGDM meeting(s) and agree family plans.

Data on FGDM offers made and completed (i.e. resulting in FGDM meetings and agreed family plans) will be used to establish a national baseline and to support focused conversations around local progress.

a) **Number of trained FGDM facilitators** – *Increasing to meet local LA staffing targets.*

b) **Number of children for whom FGDM offers are made** (Family Help, CP, pre-proceedings, reunification) – *Sustained increase through 2026–27; majority of families at pre-proceedings offered FGDM, in line with new statutory duty (subject to Royal Assent).*

c) **Number of children for whom FGDM meetings are facilitated** – *Foundations' 2023 RCT<sup>3</sup> found a 67% conversion rate between FGDM offers made and meetings facilitated at pre-proceedings. Local authorities should work towards a minimum 67% conversion rate where FGDM is in a child's best interests.*

---

<sup>3</sup> [RCT of Family Group Conferencing at Pre-proceedings stage](#)

## 2. Number of children for whom family plans are agreed Use Family Network Support Packages (FNSPs)

- a) Total value of **funding spent on FNSPs** – *Increasing through 2026–27.*
- b) Number of **FNSPs distributed** (FH, CP, pre-proceedings, reunification) – Sustained increase in the number of FNSPs delivered throughout the system over 2026–27.
- c) Narrative on **governance arrangements** supporting FNSP approval and distribution – *Governance in place enabling timely approval and distribution.*
- d) **Average time (days) between FNSP agreement and distribution** – *Decreasing trend in the time taken between FNSP agreement and distribution through 2026–27.*

## Section 1: Family Help

Families should receive help and support as soon as issues arise - a more flexible and responsive system of Family Help will ensure that support is wrapped around families at the point of need.

Family Help aims to improve children's outcomes by understanding and responding to the needs and circumstances of families as early as possible. It will take place in the heart of communities, bringing together local services under a combined, multi-disciplinary practice approach and service offer. It will be underpinned by:

- wrapping intensive, skilled and well evidenced support around the family at the earliest opportunity – using the best matched lead practitioner from a range of disciplines;
- ensuring consistency of relationships between children, families and their lead practitioner;
- adopting one plan that will stay with families but adapt as needs change.

Over time, we expect to see increased spending on Family Help to ensure that more families benefit from multi-disciplinary support at the earliest opportunity. Savings realised from preventing escalation into acute services should be reinvested into Family Help.

### Identifying need for Family Help

Family Help is for children, young people and families whose needs are multiple and/or complex: including those **currently eligible for targeted early help or receiving support and services as a child in need, and those subject to child protection enquiries and plans**. Where appropriate, it may include support for parents and children interacting with the care system, both as part of services provided while in care, but also as part of planning for and supporting reunification. Families who access Family Help will

provide consent to receive support and services – but it may still be necessary for local areas to share information with relevant agencies if consent for services is not provided.

By multiple and/or complex, we mean where a child is unlikely to achieve or maintain a reasonable standard of health or development without services. This will be where family's needs are above the level of universal and community based early help, such as that provided by a Family Hub or in community settings, and they are less able to access and navigate support themselves. In Family Help, these families will be officially recorded in a local area's children's social care case management system and assigned a Family Help Lead Practitioner. Local authorities should also record Family Help cases where the Family Help Lead Practitioner is not employed by the local authority, ensuring all families receiving Family Help are consistently captured within the case management system. Practitioners should refer to the list of indicators of need outlined in *Working Together* (page 52) to identify the children and families who may require support.

The support and services that families receive will look different depending on individual circumstances. Examples of how different children and their families may interact with Family Help are explained below:

### **Disabled children and their families**

The type of support that disabled children and their families may need is potentially different from other families supported through Family Help, and their support offer should reflect this. They may require support throughout their childhood and across children's social care, education and health, often needing input from practitioners with specialist SEND expertise. Disabled children and their families can also face additional barriers to accessing help, such as multiple assessment pathways or practical challenges, which makes coordinated and streamlined support especially important. Practitioners must be alert to when disability is the primary need and take care to respond in a way that avoids stigmatising parents and carers while still ensuring children are safeguarded if appropriate.

The Law Commission recognised in their *Disabled Children's Social Care: Final Report*, published 16 September 2025, that there is much common ground between the Family Help reforms and their recommendations and that the changes they recommend are consistent with, and could be used to help provide, Family Help. As the Department for Education prepares a formal response, the rollout of Family Help is already beginning to address the outcomes identified by the Commission.

## Support for birth parents

Sometimes, children will need to be removed into local authority care. Often, the birth parents will fall through the cracks in services and the chance to lead fulfilling lives in these circumstances is significantly reduced. Birth parents' vulnerability to poverty, homelessness, social exclusion as well as further involvement from social services is increased. Whilst children's best interests should be the primary consideration in all aspects of children's social care, there should be understanding that the role of birth parents is also considered across all children's social care policy and practice, with their responsibilities and needs recognised.

FFP funding can be used to develop services specific to birth parents. Through the support of appropriate professionals in Family Help, specialist support can be provided to birth parents who are at risk of having children removed. This is particularly relevant to teenage parents, who research has shown are at increased risk of re-current care proceedings.

When a birth parent can stabilise, address the issues that led to the removal, and build firm foundations for the future, the risk of having further children removed into care is significantly reduced. Similarly, where there could be a consideration of reunification in the future, a holistic approach that recognises the needs and responsibilities of everyone in the family, including birth parents, is necessary. Family Group Decision Making can also be seen as one of the pathways for reunification, with this arrangement potentially supported through a Family Network Support Package.

It is important to view the support to birth parents in the context of whole family working, making sure support is available for adults as well as the children within the family. Family Help will have a crucial role in prevention; to ensure challenges and barriers parents face are not further escalated and focus on what matters most, prioritise their goals and create positive change to their lives.

Across the country there are organisations successfully modelling this work ([Pause](#), Ormiston Families, Reflect) as well as a number of local authorities who have developed support as part of their local offer. You can find out more about this work at the [community of practice](#).

Redbridge are an example of how funding has been used to expand their pre-birth service to include post-birth services in response to seeing a rise in post-birth child removals. The service is jointly run by social care and health teams and focuses on early engagement with families, ideally before legal planning or care proceedings begin.

## **Adoptive families**

Adoptive families are eligible to access Family Help support. Some adopted children can face a range of emotional, social, and developmental challenges because of their early life experiences - in particular, the circumstances that may have led to them being adopted. Some may struggle with forming secure attachments particularly if they have lived through neglect or abuse. Some may experience challenges because of the impact of Foetal Alcohol Spectrum Disorder or neurodevelopmental conditions such as autism. These can influence behaviour, learning, and relationships at home and in school. It is important that adoptive families are given prompt support to help them address challenges particularly when there is a risk that these could escalate to family breakdown. It is important that front door and Family Help teams work with adoption teams as these will know the family and be able to help determine what support the family need.

## **Children affected by parental imprisonment**

The needs of children and families impacted by the justice system may be hidden, differ to other family members, and may change over time, particularly if a parent is repeatedly imprisoned. Parental imprisonment is an Adverse Childhood Experience (ACE) and can significantly affect a child's emotional wellbeing and educational outcomes, even when there is no immediate safeguarding risk.

A child-centred, proactive, holistic, trauma-informed and non-judgemental response from Local Authorities is essential.

Local authorities should consider how they can facilitate co-ordinated and consistent support across all relevant children and family pathways, including Best Start Family Hubs, Family Help, and Young Futures. Family Help teams should help families navigate challenges linked to parental imprisonment by:

- recording families' contact with the justice system and identifying their needs and support preferences, including maintaining relationships with imprisoned parent(s) as appropriate (particularly at arrest, entry to custody and release)
- ensuring staff receive training on the impact of parental imprisonment
- creating an inclusive environment which challenges stigma and discrimination
- signposting families to appropriate and accessible support
- coordinating involvement of relevant partners, including criminal justice (prisons, probation), education, youth and voluntary services, with appropriate representation on multi-agency boards e.g. Multi-Agency Safeguarding Hubs (MASH) and Multi-Agency Child Protection Teams (MACPT)
- proactively sharing data with relevant criminal justice partners to enable recognition of children affected by parental imprisonment.

## Family Help: Targeted Early Help and Child in Need

Family Help brings together targeted early help and child in need support and services into a seamless offer. While families may move between targeted early help and child in need within Family Help, this should feel seamless with minimal disruption – supported by greater consistency in lead practitioner, and the use of single assessments and plans, helping families retain relationships and trust in the system.

### By targeted early help and child in need, we mean:

- **targeted early help** (delivered under sections 10 and 11 of the Children Act 2004)<sup>49</sup>: children and families with multiple and/or complex needs that require a plan to be in place and a lead practitioner appointed; and
- **children in need (Section 17, Children Act 1989)**: a general duty for local authorities to safeguard and promote the welfare of children within their area who are in need or are disabled, and promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.

The legislative framework is not currently changing. Local authorities will continue to have a general duty to provide support and services where children are deemed to be in need (including disabled children). Working Together clarifies that Family Help covers targeted early help and child in need, and that as needs change, support and services should respond effectively. This is why multi-agency child protection teams will come alongside the Family Help system and will be responsible for the child protection process where there is actual or likely significant harm, alongside the ongoing support from the Family Help Lead Practitioner.

Local authorities will continue to provide annual data returns to the department on support and services provided to children and their families under section 17 and section 47 of the Children Act 1989. Further to this, local authorities are invited to submit data into the Targeted Early Help Annual Data Collection (TEHADC). This child-level data collection will enable us to collect data on children supported in the targeted early help part of the system. The collection window is open between 1<sup>st</sup> April 2026 till 31<sup>st</sup> July 2026. We will be matching this new dataset with the [CIN census](#) to gain a more complete understanding of the children and families receiving support through Family Help. Local authorities can choose to share their TEHADC with Ofsted if they think it will help inspectors understand how the local authority is managing its services – this part of Annex A is optional.

---

<sup>49</sup> [The Children Act 2004 Section 10](#) requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. [Section 11](#) places duties on a range of organisations and individuals to give regard to the need to safeguard and promote the welfare of children.

## Expectations

By March 2027, safeguarding partners should:

- bring together TEH and Child in Need support and services into a single offer of Family Help, with alternatively qualified family help practitioners and social workers working together across a broad continuum of need; and
- in line with Working Together, reflect this single category of Family Help in a refreshed threshold document. This should show the range of needs for all children that will be supported – with an emphasis on fluidity and prioritising family experience, as opposed to gatekeeping between prior TEH and CIN thresholds.

## Family Help Lead Practitioner

Family Help should be led by Family Help lead practitioners (FHLPs) who will be a range of practitioners from different disciplines with the right knowledge and skills to support families who need help. Some will be social work qualified, and others will have alternative appropriate skills or qualifications.<sup>4</sup> FHLPs will be part of multi-disciplinary Family Help teams and may or may not be employed directly by the local authority. Decisions about who holds the role of lead practitioner should consider capacity and capability. In line with the National Framework, FHLPs will work with families with professional curiosity and empathy and be highly effective at offering help to the family, in order to improve outcomes for children. FHLPs are responsible for providing direct help and will coordinate support through the ‘team around the family’<sup>5</sup> and from other services.

Evidence from our pathfinders has shown that families value the FHLP role for the way it enables families to build strong and trusting relationships and consistency in the support they receive<sup>6</sup>. The FHLP will remain the main point of contact for the family for as long as support is needed. They will implement a whole family plan which responds to needs identified through the single assessment. FHLPs will have the knowledge and skills to use relevant evidence-based interventions and to identify any other relevant practitioners and agencies required to meet a family’s needs and form the (TAF). The TAF will be flexible and responsive to meet the needs and experiences of the child and family at different stages.

The FHLP will be skilled in family work and confident in working with families where there is complex and changing needs. FHLP should be able to identify where there are

---

<sup>4</sup> Newly qualified social workers in FHLPs roles should follow the [‘Child and family social worker early career standards’](#) which describe the professional outcomes that child and family social workers should demonstrate in their first two years of practice.

<sup>5</sup> The team around the family is the team of practitioners that the FHLP brings together to meet the child, young person or family’s needs.

<sup>6</sup> [Working with families – Key Principles – Parenting Disabled Children & Young People Practice Guide](#)

safeguarding concerns that do not reach the threshold of significant harm and work with the TAF and the Family Help team manager to plan for safety and improve the situation.

The FHLP will be alert to all forms of significant harm, both inside and outside the home and online. Where practitioners are concerned that a child is suffering or likely to suffer significant harm, FHLPs will engage multi-agency child protection teams (MACPTs) and Lead Child Protection Practitioners (LCPPs) for consultation. The MACPT will lead all child protection decision making, drawing on the FHLP's experience and knowledge of the family, whilst the FHLP retains the lead relationship with and responsibility for supporting the child and family.

### **Identifying the right Family Help Lead Practitioner:**

In line with Working Together statutory guidance, local authorities, with their safeguarding partners and relevant agencies should develop, agree and publish local protocols for assessments and support. This includes clear processes to identify the most suitable Family Help Lead Practitioner to support families across the continuum of need and consider how a range of practitioners from across the partnership will be appointed to the role. In line with Working Together, local protocols should also set out who can act as FHLPs from across the safeguarding partnership, including children and families receiving support under section 17.

Allocation decisions should be made in line with practitioner knowledge, skills, experience and capacity, and reflect the needs of children and families including where these are complex or where there are concerns about significant harm. FHLPs should always be qualified social workers when it is agreed that a child protection plan is needed. Where a child comes to the attention of Family Help because of concerns about actual or likely significant harm but is not previously known, the FHLP should be a social worker.

Where appropriate, safeguarding partners should engage families, including children and young people, to have a say in who their FHLP is, taking into account their views, wishes and feelings. Where a change in FHLP is needed, safeguarding partners should ensure that transitions are managed smoothly and consideration should be given to whether the previous FHLP could continue to work with the family as part of the TAF.

### **Supervision and oversight:**

All FHLPs should receive high-quality supervision in line with the statutory guidance Working Together and the National Framework. Supervision should be regular, consistent and reflective to support practitioners in their practice, development and wellbeing.

Safeguarding partners should determine management structures and supervision arrangements to support effective oversight and decision making in Family Help. These should include arrangements for the supervision and oversight of children who are receiving support through TEH or as a child in need. Local protocols should set out the

specific role of local authority employed social work qualified practice supervisors and managers in the oversight of children receiving support and services under section 17 (child in need) in line with the requirements set out in Working Together.

These procedures should be in place for the supervision and oversight of all FHLs, including those not employed by the local authority, to ensure effective decision-making and so practitioners continue to receive appropriate supervision and support for continuing professional development including, where appropriate, within their existing line management arrangements and to maintain professional registration.

### **Training and induction:**

Safeguarding partners should outline training and induction requirements for all FHLs in their multi-agency workforce development plans in line with statutory guidance Working Together and the National Framework. Training and induction programmes should reflect the knowledge, skills and experience needed for FHLs to help, support and protect children and families across the continuum of need and from different types of harm. Programmes should be responsive to the needs of local communities, reflecting the information set out in local area needs assessments, and should be relevant and available to a multi-disciplinary and multi-agency workforce.

### **Knowledge and skills:**

In line with Working Together, safeguarding partners should set out the knowledge, skills and experience required for FHLs in their local protocol documents and should meet the requirements set out in Working Together and the National Framework. All FHLs should have the knowledge and skills that will enable them to:

- build strong and trusting relationships with children, young people and families;
- implement a whole family plan in response to the single assessment that meets everyone's needs, working in a strengths-based, anti-discriminatory way, which includes child and family voices in decision-making where possible;
- be helpful to a family by deploying evidence-based interventions and practice (such as in the [Practice Guides](#) and [Parenting Interventions](#))<sup>7</sup> when working directly with a family, avoiding the need to refer on to others;
- identify and respond to wider needs of children and their families, drawing on practitioners from other disciplines in the Family Help teams when necessary;
- be aware of local services and community resources to support children and families and how to navigate and access these;
- consider offering FGDM, and using FNSPs to empower family networks;
- review plans regularly and be alert to any change in need including all forms of significant harm, and understand how to escalate concerns, including sharing

---

<sup>7</sup> Foundations have produced a list of parenting support interventions known to have impact on outcomes for both children and parents from robust evidence that underpin [practice guides](#). Leaders should consider delivering these interventions where appropriate locally.

information and working collaboratively with social workers, MACPTs and LCPPs; and

- provide clear written reports and case recording on relevant case management systems.

## Learning from Pathfinders

We have now published three FHLP support document documents on the LGA's Knowledge Hub. The documents bring together Pathfinder best practice and case study examples on the following areas:

- Pathfinder approaches to the Supervision and Management Oversight of FHLPs
- Pathfinder insights on the core responsibilities for LA employed alternatively qualified Family Help Lead Practitioners
- Pathfinder approaches to training and induction plans for LA employed alternatively qualified Family Help Lead Practitioners

## Expectations

By March 2027 safeguarding partners should:

- have children and families receiving support through a FHLP, with supervision and oversight arrangements established to enable FHLPs to lead help and support for families across the continuum of need;
- have FHLPs bringing in additional support from wider multi-disciplinary practitioners/agencies as part of Team around the Family;
- develop a multi-agency workforce development plan outlining the training, knowledge and skill levels for the Family Help workforce including the FHLP role;
- publish updated local protocols for assessments and support, setting out:
  - who can act as an FHLP across the continuum of need including FHLPs not employed by the LA
  - the skills, knowledge, experience, and competence required for FHLPs
  - the governance arrangements to support effective decision-making, including roles, responsibilities, and accountabilities, and how these will respond to risk; and
- have a shared practice framework across agencies, that covers the end-to-end system of help, support and protection, in line with the National Framework outcomes and the requirements of Working Together.

## Multi-disciplinary Family Help Teams

Community-based, multi-disciplinary teams (MDTs) should wrap help and support around children and their families. This should take a whole family approach – considering not only the presenting needs of the child or young person, but also the needs of the family and how those impact children and young people. MDTs should also be alert to safeguarding concerns that may come from outside of the home and consider the context

in which harm or risk may occur. Implementation of MDTs should be considered alongside developing plans for neighbourhood health to ensure there is not a duplication of teams providing care and support to children and families.

MDTs should be intentionally designed to reflect the breadth of need that families experience. This means drawing on a wide range of professional disciplines, not solely social workers and family support workers. Local areas are encouraged to use population needs assessments to determine which practitioners are most appropriate, ensuring teams are configured to respond effectively to the issues affecting children and families.

Family Help MDTs should also work in ways that are accessible, low-stigma and proactive. Local areas are encouraged to reduce barriers to engagement by offering support in familiar community settings, at convenient times of the working week, making it easier for families to receive help earlier and embedding approaches where practitioners reach out to families rather than relying on families to come forward when difficulties escalate. This will be particularly important for families who live in rural or isolated communities, who may otherwise have difficulty accessing services. The size and location of MDTs will depend on local circumstances and local areas are encouraged to consider established community facilities, such as Best Start Family Hubs, to support co-location.

## Expectations

Family Help teams will be multi-disciplinary and draw on multi-agency partners, building on those already operating in the early help space, established through the Supporting Families Programme. By March 2027, safeguarding partners should:

- implement multi-disciplinary teams that feature co-working between a range of professionals, including alternatively qualified practitioners, social workers and other specialists. Areas should refer to population needs assessments to determine the different agencies, services and practitioners that should be part of their multi-disciplinary teams. Examples might include:
  - independent domestic abuse support and services
  - victim support, including wider sexual abuse support
  - criminal exploitation
  - serious violence
  - police
  - prison and probation
  - youth justice
  - youth work
  - substance misuse
  - children and adult mental health
  - public health
  - adult social care
  - health visiting
  - maternity, sexual health and school nursing

- SEND – including the Designated Social Care Officer Role, as encouraged in Working Together
- parental conflict
- well evidenced parenting programmes (including professionals with parenting support expertise)
- school attendance support teams
- employment advisors to support parents who are out of work
- homelessness and housing
- consider how to effectively join up Family Help with existing SEND services, to improve access to support for children with special educational needs, and disabilities.

### Local Flexibility

- **Structure of teams (size and location):** The size and location of teams will depend on local circumstances. Local areas are encouraged to consider using Best Start Family Hubs to base these teams to support co-location
- **Determining the role of individual practitioners within the team:** Multi-disciplinary practitioners in the team could perform a number of functions – e.g. provide direct support to families; triage or provide advice at the front door; provide consultative support to FHLPs as part of TAF or a link back to their home organisation to help facilitate appropriate support.

### Family Help Assessment and Plans

There should be one assessment and plan that covers all of Family Help (TEH and CIN), which stay and evolve with families, and can be accessed by all the practitioners and agencies working with them. They should be developed in line with Working Together, which sets out principles for high-quality assessments and plans – including the importance of seeking consent. If a child on a Family Help plan requires a multi-agency child protection response, the plan should also incorporate or align with child protection processes, strategy discussions, section 47 enquiries, child protection conferences and the creation, review and discharge of child protection plans (where appropriate). The principle of a single plan should continue to apply.

While circumstances will change and new information will need to be captured, this should be added to existing assessments and plans, rather than starting again. Assessment is a dynamic process. This aligns with the ambition that families will have consistent lead practitioners, and the system will wrap around them.

### Expectations

**Family Help assessments** should be operational by March 2027 and should:

- be tailored to the level of need identified within a family, including adapting appropriately for children with SEND and disabled children and their families,

taking into account previous interventions and wider contextual factors including for example where a parent is imprisoned;

- consider the needs of the whole-family and ensure child, young person and family voice is captured – whilst being clear the needs of the child are paramount;
- adhere to the maximum timelines for child in need assessments set out in Working Together;
- coordinate with other assessments that are ongoing (such as an Education, Health and Care assessment, a Prevention and Diversion Assessment, or a section 47 enquiry), or if previously completed (e.g. in early help), practitioners should use assessments to build a complete picture of the child and their family; and
- be led by the practitioner most suited to building a picture of the family's needs. It is for local partnerships to determine appropriate oversight and sign off arrangements.

**Family Help plans** should be operational by March 2027 and:

- provide clear, measurable outcomes for the child or young person and set expectations for families, with reviewable actions to track progress;
- specify the agencies and practitioners involved, the services available, and how success will be measured. Regular reviews should assess whether progress has been made to meet the child or young person's needs;
- where applicable, incorporate or align with child protection conferences, plans and outcomes, which should also adhere to the expectations above; and
- consider how family networks can be best supported to improve the child's outcomes, including through financial support as part of Family Network Support Packages.

### Local Flexibility

- **Internal timelines:** Working Together requires that assessments for a child in need should be completed within 45 days, areas retain flexibility to set timescales for targeted early help
- **Reviews:** local safeguarding partners can determine their process and timelines for reviewing plans. There should be mechanisms to review the effectiveness and impact of the plan.

### Front Door Arrangements

Families should receive the right support, at the right time. Every local area has a front door: a mechanism for determining how to get children, young people and families the help they need. Some are currently multi-agency; others are single agency. Local partnerships should consider how their front door arrangements will be integrated into the Family Help offer and move to a multi-agency model, supporting engagement and ensuring the right decisions are made in a timely manner. Local partnerships should also consider how children and families first engage with services and how to make this

accessible and de-stigmatising. Consideration should be given to who the child views as their family network and that they are engaged with appropriately.

### Expectations for triaging at the front door

By March 2027, local areas should:

- have an operational integrated front door, where contacts and referrals can be triaged to the right level of service; this should include families being connected to universal and community services and direct links to MACPTs as required. Local partnerships operating Multi-Agency Safeguarding Hubs (MASH) should review/explore how their functions might align more strongly with other places where families might come into contact with services, to create a single, integrated front door;
- consider the range of practitioners and agencies that could be brought into the integrated front door - this could include for example education, police, health, domestic abuse services, housing and youth workers; and
- ensure front door practitioners are experienced and skilled in triaging children to the right part of the system, including MACPTs where there are concerns about actual or likely significant harm, inside and outside the home and online.

### Local Flexibility for triaging at the front door

- **Location:** local partnerships can determine the location of their front door – for example, in areas where there are Best Start Family Hubs, we would encourage these areas to consider the role Best Start Family Hubs could play in providing an access point to services
- **Co-location:** local partnerships can determine whether teams are co-located physically or virtually
- **Make-up of front door teams:** local partnerships can determine the practitioners and agencies at the front door, for example, including considering those with SEND, youth work or domestic abuse expertise (e.g. Independent Domestic Abuse Advisors (IDVAs)), or from services such as Child and Adolescent Mental Health services (CAMHS)
- **Working alongside MACPTs:** local safeguarding partners will determine the most appropriate way for MACPT to link with the front door arrangement. Front door and MACPT provision should be complementary but separate in terms of dedicated agency resource
- **The extent of the digital offer** to support families and practitioners to navigate services
- **Considering out of hours services**, to support the identification of need outside core working hours.

## Expectations for promoting engagement with services

- implement digital solutions such as a service directory, social media and also roles such as community connectors and service access points which provide accessible opportunities for families to understand and access support; and
- as much as is practical, local partnerships should embed a relationship-based approach to practice at the front door, where families and practitioners can have a conversation about the help they need.

## Section 2: Multi-Agency Child Protection

A strong and decisive child protection system is one where multi-agency practitioners have the expertise, authority, time and support to identify and respond decisively to actual or likely significant harm – inside and outside the home, and online.

Through multi-agency child protection teams (MACPTs), children, families and the wider Family Help system will benefit from expert practitioners who understand, and robustly and consistently apply, the significant harm threshold. These teams – with a minimum membership of embedded Lead Child Protection Practitioner (LCPP) social workers and appropriately senior police, health and education practitioners - will make timely and informed and multi-agency judgements about whether the significant harm threshold is met. This will focus rapid protective action on the children who need it and reduce costly, unnecessary intrusion into family life.

Multi-agency child protection teams will act as centres of excellence, guiding practice across agencies to support the timely identification of significant harm and maximising opportunities to protect children, advising and guiding the wider system on concerns about child protection. They will respond to child protection concerns about children of all ages and in all contexts, from unborn children to teenagers, and children in family homes to children in or leaving care.

The Children’s Wellbeing and Schools Bill includes a new duty for safeguarding partners – local authorities, police and integrated care boards – to establish multi-agency child protection teams (MACPTs). It will allow the Secretary of State for Education to use regulations to further prescribe the:

- support MACPTs must give to local authorities;
- qualification and skills requirements for MACPT members;
- relevant agencies that safeguarding partners can approach for co-operation memorandums to facilitate the operation of MACPTs.

In January 2026, government published a [policy statement](#) to provide clarity on the intended scope and content of the MACPT regulations. Regulations will be subject to

consultation and Parliamentary scrutiny before they come into force. The Bill is still subject to royal assent.

## **A Seamless System of Help, Support and Protection**

It is critical that local safeguarding partners design and deliver multi-agency child protection reforms as an integrated system within Family Help.

Families will stay rooted in Family Help, including when child protection action is necessary, with Family Help Lead Practitioners (FHLPs) continuing their relationship and responsibilities for direct practice and coordinating support and input for families across the system. The LCPP or MACPT will not become the lead practitioner(s) for the family at any point.

Family Help lead practitioners will play a crucial role in working with the MACPT to make sure that the daily life and experiences of the child and family are understood and inform child protection decision making. The FHLP should always be a social worker when it is agreed that a child needs a child protection plan, and/or there are concerns about actual or likely significant harm for a child not already known to Family Help. It will remain critical to have social workers with child protection expertise within Family Help to be the FHLP for children in need where needs are particularly complex, or for children on child protection plans.

Creating an effective multi-agency child protection system will include:

1. [Establishing Multi-Agency Child Protection Teams \(MACPTs\)](#)
2. [Embedding the lead child protection practitioner role \(LCPPs\)](#)
3. [Responding to local needs and harms](#)
4. [Responding to extra-familial harm](#)
5. [Providing information, support and advice to parents and carers in child protection](#)

## **Establishing Multi-Agency Child Protection Teams (MACPTs)**

We expect Safeguarding Partners to establish new, expert-led MACPTs to support the local authority to discharge its duties under section 47 of the Children Act 1989 (duty to investigate). MACPTs will work closely with Family Help teams to ensure support is brought around the child and family in one integrated system.

MACPTs will lead child protection decision making and functions. New, expert social worker Lead Child Protection Practitioners (LCPPs), embedded within MACPTs, will make child protection decisions drawing on the expertise and knowledge of the wider multi-agency practitioners in the team. The teams will carry out these functions in line with Working Together and the National Framework and build on learning from the Families First for Children Pathfinders.

Throughout the multi-agency child protection process, the FHLP will continue to hold the primary relationship with and coordinate wider support around the family. MACPTs will bring a clear, expert focus to child protection, emphasise the best interests of the child, build a robust understanding of the child and family's needs and wider context, and determine what is needed to prevent, reduce or stop significant harm and support recovery.

## Expectations

By March 2027 Safeguarding Partners should have:

- (an) operational MACPT(s) leading on child protection decision making and functions across their local authority area(s). MACPT police and health provision can be delivered across multiple local authority footprints if safeguarding partners agree and are satisfied the MACPT can operate effectively
- appointed and trained a minimum, dedicated MACPT membership of appropriately qualified, skilled and experienced social worker LCPPs, police representatives, healthcare professional/s and persons with education experience
- identified additional practitioners to respond to local need and harm profiles (for example child and adult psychologists, probation, domestic abuse, mental health, substance misuse, contextual safeguarding, child sexual abuse and exploitation, child criminal exploitation, modern slavery and human trafficking specialists)
- agreed, allocated and transparently set out shared, equitable and sustainable multi-agency resourcing arrangements for their MACPT(s)
- enabled physical MACPT co-location wherever possible. This is shown to improve multi-agency information-sharing and decision-making
- developed, agreed and implemented a shared MACPT practice framework including decision-making, accountability, quality assurance, governance, monitoring, training and individual and group supervision arrangements; and
- established or expanded an information, advice and support (which can include representation or advocacy) offer for all parents and carers involved in child protection activity.

MACPTs should:

- act as a centre of excellence for the wider system on child protection concerns
- convene and lead strategy meetings
- lead section 47 enquiries
- convene and chair child protection conferences and forums;
- lead the development, implementation and closure of child protection plans;
- keep child protection plans under review;
- provide consultation and advice for practitioners who need MACPT expertise;
- maintain an understanding of patterns of significant harm in the local area and agency responses; and

- consider and set out the MACPT's role in supporting transitions out of child protection (including pre- and court proceedings, reunification and into wider services).

MACPT members should work together to:

- promote a sense of collective responsibility among agencies and the wider system to protect children;
- provide child protection advice and expertise across the local multi-agency system;
- build upon or conduct thorough assessments of children's needs by considering various perspectives and expertise from across the team, as well as the wider system;
- ensure that interventions are prompt, evidence-based, tailored to and focused on the child's best interests and needs, proactively addressing issues before they escalate;<sup>8</sup>
- use resources efficiently by pooling expertise and services from various agencies; and
- facilitate better communication and information sharing among practitioners and involved agencies.

### Local flexibility

Safeguarding partners can:

- decide the location, number of teams and staffing arrangements for local MACPTs;
- determine how the MACPT(s) will deliver the above functions within their specific local contexts;
- determine the most appropriate way for MACPTs to link with the integrated front door and MASH (see '*Expectations for triaging at the front door*'), as well as Violence Reduction Units (VRUs), local Youth Offending Teams, multi-agency public protection arrangements (MAPPA) strategic management boards where an offender is a risk to the child, domestic abuse local partnership boards and multi-agency risk assessment conferences (MARAC) for domestic abuse;
- set out reporting requirements aligned with the requirements in Working Together for Safeguarding Partner Yearly Reports; and
- develop MACPT roles and responsibilities in line with wider local workforce development plans.

---

<sup>8</sup> [Practice Guides - Foundations](#); [Guidebook - Foundations](#)

## Other agencies and expertise

Safeguarding Partners should determine the other practitioners, agencies and organisations to be involved in MACPTs beyond the minimum members. This should align with local demographics, needs, and patterns of harm to best support and protect local children and their families.

Examples include:

- prison and probation;
- mental health practitioners (children and young people and adult services/specialisms, including maternal and perinatal);
- paediatricians, designated nurses and doctors with expertise in child protection;
- health visitors and midwives;
- school and/or public health nurses;
- sexual health practitioners, Independent Sexual Violence Advisers (ISVAs) and Child Independent Sexual Advisers (ChISVAs) and paediatric Sexual Assault Referral Centres (SARCs);
- domestic abuse services, including Independent Domestic Violence Advisers (IDVAs) and Children and Young People IDVAs;
- forensic physicians;
- disabled children's teams;
- substance misuse services;
- contextual safeguarding, child criminal exploitation and child sexual exploitation specialists;
- housing and homelessness teams;
- youth justice;
- youth work;
- virtual schools/heads/teams and/or local authority education teams;
- education psychologists;
- voluntary sector organisations;
- family/children and young people engagement leads and groups;
- multi-cultural community organisations;
- victim support services; and
- Independent Child Trafficking Guardians (ICTGs).

This is not an exhaustive list.

## Knowledge and skills

The knowledge and skills required for MACPT members will include:

- knowledge and understanding of the statutory child protection framework;
- an applied understanding of what constitutes actual or likely significant harm;

- contributing effectively to assessment of needs, understanding the indicators of abuse, neglect and exploitation;
- building an accurate and comprehensive understanding of the child's daily life and wider family context to establish the likelihood of significant harm;
- the ability to assess information for effective and reliable decision-making;
- respecting and constructively challenging multi-agency perspectives to reach the best intervention and outcome for the child;
- ensuring interventions are prompt, evidence-based and tailored to the child; and
- listening to what children tell them to help them and their family.

Having an appropriate level of seniority or decision-making authority will also be critical, so that MACPT members are able to effectively:

- navigate their agency;
- access and collate relevant information;
- mobilise input from the practitioners within their agencies; and
- have the authority to make decisions about child protection intervention.

## **Social work: Embedding the Lead Child Protection Practitioner role**

Lead Child Protection Practitioners (LCPP) are new, social worker roles, embedded in MACPTs. LCPPs will make statutory child protection decisions, drawing on the expertise and perspectives of the wider MACPT and practitioners in Family Help. They will need to have significant frontline child protection knowledge and skills.

In addition to the above, LCPPs should:

- have an in-depth knowledge of the statutory and legislative framework;
- be skilled at identifying and responding to all types of significant harm, including intra and extra-familial harm, and harm that occurs online;
- know how to work skilfully and confidently with families and parents in child protection, including those who have demonstrated resistant, hostile and/or deceptive behaviour;
- consult with, guide and advise multi-agency practitioners on child protection concerns; and
- oversee multi-agency decision-making and activity relating to child protection plans, drawing on evidence-based insights and consultations with the MACPT, FHLPs and other practitioners, agencies and organisations.

Some pathfinder areas have prescribed a minimum requirement of post qualification experience, giving practitioners time to develop high quality practice. However, many recognise that length of service was just one component alongside good continuous professional development and strong evidence of competency in child protection.

Examples of the requirements included in the LCPP role descriptions include:

- knowledge of legislation, statutory guidance and safeguarding best practice
- leading investigations, chairing multi-agency meetings and navigating high-risk
- supporting other practitioners through complex assessments and casework
- clear communication and ability to collaborate with partners under pressure
- applied analytical approaches
- making decisions independently and managing risk effectively

We want a practitioner with sufficient child protection experience and knowledge about the day-to-day life of the family to chair the conference. In line with Working Together, LCPPs can chair child protection conferences given they are not in the line management chain for the lead practitioner (in Family Help). Where possible, the same person should also chair subsequent child protection review conferences.

The department is developing new standards and training for LCPPs to strengthen the child protection knowledge and skills required for effective practice within the MACPT. We are also considering making the LCPP a protected title in the future, underpinned by statutory standards.

## Health

Pathfinder local areas have appointed health leads from a range of registered health professions and with suitable qualifications, knowledge and experience of child health and safeguarding. This has usually been a nurse, midwife or health visitor within the Agenda for Change (pay) band of 8a or 8b. Grade 8a/b/c professionals have the required level of accountability and decision-making. This is the equivalent of a Named Safeguarding Professional in an NHS Trust. This role would fall within the level 4 specialist role in the RCN Intercollegiate document.

Cross disciplinary competencies alongside qualifications, grading and post titles will be important. The Royal College of Nursing (RCN) Intercollegiate document provides a helpful framework of competencies required for the workforce. The competencies prescribed at grade 8a/b/c appear appropriate for the MACPT health professional. Examples of the requirements of the health practitioner in pathfinder role descriptions include:

- the ability to interpret and analyse health information from a range of sources to provide a clinical view
- knowledge of safeguarding children legislation
- knowledge and experience of multi-agency working.

## Police

Pathfinders have appointed a range of professionals from the police to MACPT roles, including police sergeants and police staff. Pathfinder local areas have expressed that the police representative needs a sufficient level of seniority or decision-making authority. We will continue to explore options for the police role with stakeholders as we develop the regulations. Examples of the requirements of the police practitioner in pathfinder role descriptions include:

- knowledge of the statutory framework including [Working together to safeguard children](#)
- experience of working in child protection
- clear understanding and management of section 47 joint investigations
- experience of decision-making and risk assessment in child protection investigations
- experience in managing the investigation of serious, complex and priority crime

## Education

The education practitioner role in pathfinder areas is filled by a range of practitioners including local authority education progress coordinators and designated safeguarding leads (DSLs).

The view is that the education lead for the MACPT should:

- have some past and direct experience working in a school setting (although not necessarily as a teacher)
- be skilled and experienced in school safeguarding at a senior level
- understand the wider multi-agency safeguarding landscape

DSLs might have the most relevant expertise for this role. Examples of the requirements of the education MACPT member included in pathfinder role descriptions include:

- extensive safeguarding expertise, with significant experience working with children and families in education, focusing on wellbeing and child protection
- proven ability to make critical decisions in complex child protection and ensure statutory responsibilities are met
- ability to audit and review schools' safeguarding systems, ensuring compliance and resolving issues effectively
- in-depth knowledge of multi-agency safeguarding, including key legislation and guidance such as [Keeping children safe in education](#), [Working together to safeguard children](#) and [section 175 of the Education Act \(2002\)](#)

## Responding to Local Needs and Harms

It is critical that MACPTs are equipped to identify, understand and respond effectively to all significant harm, inside and outside of the home and online. Abuse and exploitation can take many forms and children can experience more than one type of harm simultaneously. It will be important for MACPTs and the wider system to recognise this and consider how they identify, understand and respond to extra-familial harm alongside intra-familial harm.

Data consistently shows that babies in the home and teenagers outside of the home are the highest risk groups when it comes to serious incidents. MACPTs should therefore ensure that they understand and respond effectively to the specific needs and vulnerabilities of all children from pre-birth onwards, including these groups. MACPTs will also need to consider that for some children, a safe and loving family environment is not enough to protect them from harm outside the home ('extra-familial harm'). For others, problems which exist within the home, such as abuse and neglect, could increase a child's vulnerability to extra-familial harm. Consideration should also be given to forms of significant harm which may disproportionately affect specific cohorts of children, including female genital mutilation, forced marriage, 'honour' based abuse and group-based child sexual exploitation. It will be important to MACPTs to explore how the child's experiences within their families and networks, including their friends and peer groups, interplay with the risk of extra-familial harm. Recognising and responding to the specific needs and vulnerabilities of children with SEND will be critical. The impact of poverty should also be understood, with practitioners skilled at recognising the distinction between poverty and neglect and responding accordingly.

Practitioners should also be curious about harm which children may not disclose. This is particularly the case for victims of child sexual abuse and exploitation. Most children who are being sexually abused do not tell anyone about it at the time. Practitioners need the knowledge, skills and confidence to recognise when children might be showing them that something is wrong through, for example, emotional, behavioural and physical signs and indicators of their abuse<sup>9</sup>.

Practice should be inclusive, anti-discriminatory and responsive to the needs and experiences of children and families of different ethnic, cultural and religious backgrounds. Practitioners should remain alert to any bias in practice that may adversely impact particular groups or communities and consider children foremost in terms of their vulnerability to harm. For instance, care should be taken to ensure children of particular ethnic backgrounds are not treated as older than they are.

---

<sup>9</sup> [Signs and indicators of child sexual abuse | CSA Centre](#)

## Responding to Extra-Familial Harm

Children who are experiencing, or likely to experience, significant extra-familial harm should receive a child protection response, as set out in *Working Together to Safeguard Children 2026*.

Children can experience harm in various extra-familial contexts such as schools and colleges, peer groups, community and public spaces, and online, as well as at home. Types of harm include criminal exploitation, sexual exploitation, serious violence, modern slavery, human trafficking<sup>10</sup>, teenage relationship abuse, and influences of extremism, including that which could lead to radicalisation. When a child goes missing or runs away, they are at risk of harm. Going missing may be a result of extra and/or and intra-familial harm, and it can also place the child at risk of new harms.<sup>11</sup> This is the case regardless of where a child lives and who holds parental responsibility for them.

Children can be harmed and harm others, often simultaneously. It is important to recognise the harm that a child may experience even when they present as someone who causes harm to others, including their peers.

Where children are known or likely to be experiencing significant extra-familial harm this can mean they are being exposed to rape, sexual assault, physical assault, being groomed including into extremism or to exploit others, and other serious maltreatment. A children protection response to significant extra-familial harm should be comprehensive and timely, understanding the impact of these harms and the need for swift intervention.

The child protection response to significant extra-familial harms should recognise that harm may be occurring within the context of wider challenges and difficulties. Parents and carers should be approached as protective partners in the first instance as some families can be protective and will need support to do so. But child exploitation can occur within the family context, so practitioners need to remain alert to the possibility that not everyone with parental responsibility can be protective partners.

Areas should work on the principles set out in *Working Together to Safeguard Children 2026* and can draw on the Multi-Agency Practice Principles for Responding to Child Exploitation and Extra-familial Harm<sup>12</sup>. Where relevant, they should have regard for the Statutory guidance on children who run away or go missing from home or care<sup>13</sup>. Areas can also draw on evidence from Durham University's *Planning for Safety: Risk Outside of*

---

<sup>10</sup> If there are concerns that a child may be a potential victim of modern slavery or child trafficking then a referral should be made to the National Referral Mechanism and, where available, the Independent Child Trafficking Guardian Service, alongside a referral to children's social care – *Working Together to Safeguard Children 2026*

<sup>11</sup> [Key statistics and information about missing - Missing People](#)

<sup>12</sup> [Multi-agency Practice Principles for responding to child exploitation and extra-familial harm](#)

<sup>13</sup> [Statutory guidance on children who run away or go missing from home or care](#)

The Home National Support Programme findings<sup>14</sup>. The Child exploitation disruption toolkit<sup>15</sup> also provides further information on how practitioners from different agencies can work together to safeguard children from sexual exploitation, including utilising legislative tools such as civil orders and injunctions.

## **Responding to children's needs**

When responding to children's needs, MACPTs should consider the child's current context and seek to view any extra-familial harms present as a state, not a trait, of the child. As with all other harm responses, MACPTs should be guided by the child's needs, seeking to problem solve and put in place support and interventions which respond to the child and their context. MACPTs should be aware of the role that family, trusted adults, peers or the community can play to complement the child protection response that the MACPT is putting in place. Responses should include working in partnership, particularly with health, policing and education and the family where appropriate, to maximise environmental factors that are contributing to safety (e.g. improving lighting or running positive activities) and minimise those which are contributing to harm.

## **Providing information, support and advice to parents and carers in child protection**

Parents and carers involved in child protection need high quality information, advice and support to engage effectively and make meaningful change to keep their child(ren) safe. Local partnerships should develop consistent approaches to working collaboratively with all parents and carers, having regard to the principles set out in Working Together.

## **Expectations**

Through both Family Help and MACPTs, local areas should:

- build positive, trusting and co-operative partnerships with parents wherever possible;
- set out their engagement, information and support offer for all parents and carers in child protection;
- provide clear, accessible information and signpost support for all parents and carers from the point a section 47 enquiry is initiated. This should cover the process, what they can expect, what is expected of them, and their rights;
- work with parents and carers, including those with direct experience of child protection, those living in areas of high deprivation and from diverse communities to design and deliver the service;

---

<sup>14</sup> [Planning for Safety | Contextual Safeguarding: Embedding Risk Outside of the Home \(ROTH\) pathways](#)

<sup>15</sup> [Child exploitation disruption toolkit - GOV.UK](#)

- develop and implement a plan to reach a wide range of parents and carers including fathers and male carers, those who are neurodiverse and parents and carers where the harm is extra-familial, and parents are a protective factor;
- consider innovative approaches to working with parents and carers who may be unwilling or unable to participate in decisions about their family;
- adapt responses to meet the diverse needs of parents and carers including parents/ and carers of disabled children, parents and carers that are disabled, with mental health needs and/or who have English as an additional language;
- understand the family members' background, ethnicity, religion, financial situation, education, sex, ages and sexual orientation, and potential barriers certain groups may experience in seeking and accessing help and support; and
- have in place relevant and appropriate data sharing arrangements to support identification of children and families needing support, help or protection.

For further information on the strongest available evidence on working with parents and carers (including ways of working and specific interventions), see Foundation's Parenting Practice Guides: [Practice Guides - Foundations](#)

## Section 3: Supporting Family Networks

Family networks are a vital source of love and protection and help to provide children with a sense of identity and belonging. Unlike Children's Services, who come in and out of a child's life, a family network is permanent, and practitioners should regularly identify ways to involve and strengthen the family network.

With the right support from trained practitioners, wider family members can help birth parents access support, whilst continuing to care for their children at home. Where this is not possible, family members can step in and provide a loving home for children within their existing communities. This could be through an informal kinship care arrangement, supported by a Family Network Support Package. Under circumstances where it is deemed best for the child to be removed from their birth parents, this could also be through formal kinship care, via a Special Guardianship or Child Arrangements Order and supported by a kinship allowance.

Children who are well supported to stay within their family networks have better outcomes than children who enter local authority care. Empowering family networks, with support from practitioners in both Family Help and multi-agency child protection, to make plans to support children and help families to stay together safely, is central to the whole family approach in this end-to-end system reform.

**A Family Network member is any family member or close friend who has a connection with the child.**

A family network is a group of people who are close to a child, made up of relatives and also non-related, connected people. A family network can include the child's parents (or any other person with parental responsibility), relatives, family friends, god parents or other members of a child's community, for example neighbours, teachers and youth workers.

### Family Group Decision Making

Family group decision-making (FGDM) is an umbrella term for voluntary, family-led decision-making forums. These ensure a child's family network can be meaningfully supported by practitioners to make a plan in response to concerns about a child's safety and wellbeing.

Practitioners should routinely consider how FGDM can be used to empower family networks to practically support parents and carers, whilst prioritising the safety and wellbeing of the child. Through the FFP programme, local authorities are also funded to support these plans with Family Network Support Packages (FNSPs), where possible.

- The Children's Wellbeing and Schools Bill includes a duty on local authorities to offer FGDM at the pre-proceedings stage, where this is in the child's best interests

(please see *Local Authorities Should Offer FGDM at Pre-proceedings* section for more information on this). The Bill is still awaiting Royal Assent.

- FGDM should be integrated throughout Children’s Services, supported by a “family first” culture, which seeks to explore all options for keeping children safe at home or in their family network, where safe and appropriate. The offer of FGDM should be integrated into the support provided at every point of a child’s journey, from initial referral onwards. This includes through Family Help, multi-agency child protection, into care and as a tool for reunification.
- To support local areas with high quality implementation of the duty and delivery of FGDM services, DfE has published co-sector developed [best practice support and resources](#).

## **Embedding FGDM across the system of help, support and protection**

Local partnerships are best placed to understand the needs of their families and communities. This will inform how FGDM is embedded. Local partnerships should develop an evidence-based approach that aligns with their practice framework.

### **Family Group Decision Making or Family Group Conferences?**

Family Group Conferences (FGCs) are a form of Family Group Decision Making forum. Although there is no legal requirement to use a particular FGDM model, growing evidence shows that Family Group Conferences (FGCs) are highly effective in diverting children from care, as well as supporting families and improving decision-making processes.

Local partnerships should consider the strong evidence for the FGC model, alongside how to best meet local need and the requirements of individual families, when designing their services. This could include a mixed approach, where FGCs are delivered at some points in the system and FGDM is used elsewhere.

Where it is in the best interests of the child, local partnerships should ensure that FGDM offers are made as early as possible and that these offers are repeated as a child’s needs change. Local partnerships should consider the principles of “right support at the right time” when embedding their family network service. This should aim to prevent children unnecessarily entering care and support reunification, where appropriate.

### **Expectations**

By March 2027, local authorities should have a fully operational FGDM service:

- FGDM should be offered throughout Children’s Services, from initial referral onwards, including at the point of reunification. FGDM should be offered at pre-proceedings, where this is in the child’s best interest;

- FHLPs should identify a child’s family network at an early stage and engage them in decision making;
- the FGDM process should be clearly defined to ensure that high-quality offers are made to families with consistency;
- local authorities should offer a clear explanation where it has been agreed that offering FGDM would not be in the child’s best interest;
- family plans should be integrated into, and given sufficient weight within, family help and child protection plans;
- FNSPs should be used to facilitate any plans made through FGDM to help mobilise family network support; and
- relevant practitioners should have a clear understanding of their roles and responsibilities in the FGDM process:
  - FHLPs should use information about needs, strengths, any safeguarding concerns, risk or previous harm to inform decisions about wider family members invited to FGDM;
  - FHLPs should consult with the MACPT on concerns about a child’s safety and wellbeing and where there is ongoing child protection activity, including where FGDM is agreed; and
  - suitable training should be provided to ensure FGDM facilitators have the knowledge, skills and experience to co-ordinate meetings safely and effectively, including being able to recognise and address coercive and controlling behaviours. This should be included in the local partnership workforce plan.

## **Minimum Requirements for FGDM Services**

The Children’s Wellbeing and Schools Bill proposes to place a duty on local authorities to offer FGDM at pre-proceedings, where this is in the child’s best interest. Through the Children, Families and Youth grant 2025-27, local authorities received an uplift of £13m to deliver this requirement, which is a minimum service expectation.

Whilst many families benefit from receiving FGDM sooner, including at Family Help, offering FGDM at the pre-proceedings stage at the latest to help ensure that families on the edge of care are offered the opportunity to make a family-led plan before care proceedings are initiated, if this offer is in the child’s best interests.

Local authorities should develop an FGDM service that is underpinned by the following minimum requirements.

### **1. Appointing a dedicated FGDM facilitator**

There should be a designated FGDM facilitator to coordinate and lead the FGDM process. Practitioners should consider offering families a facilitator with no previous involvement or decision-making responsibility with the child or family. However, families can request that their FHLP facilitates the FGDM process.

## **2. Preparation**

### **a. Initial meeting with professionals**

The FGDM facilitator should work with the FHLP to discuss the child, their family and their history and gather relevant information to generate a full picture of this. Any known risks, concerns about harm, including any family history of domestic abuse should be considered.

### **b. Pre-meetings with the parents and child, and planning the meeting**

It is vital that LAs ascertain the wishes and feelings of the child and give due consideration to them at every stage, so far as is reasonably practicable and consistent with the child's welfare, and having regard to their age and understanding. This is to ensure that the child's wishes and feelings are central to the discussion and shape the family's plan. Careful consideration should be given when practitioners have concerns about the safety or wellbeing of a child, including where coercion, controlling behaviour or other harm is known or suspected within the wider family network; or when the child is too young to consent to participate.

The facilitator should gain consent to meet with the child and parents/those with parental responsibility before introducing themselves to explain the FGDM process, understand more about the family's circumstances and work with them to identify people in the family network who could be invited to the FGDM meeting.

### **c. Co-designing and setting up the meeting**

The facilitator should meet with all family network members ahead of the meeting to discuss the purpose of the meeting, how it will run and ground rules. They will discuss if there are any additional needs or considerations that need to be put in place to ensure the meeting is accessible.

The facilitator will support the family to decide on a date and location of the FGDM meeting. This should be at a time, place and a venue to suit all family network members and, where possible, it should take place on 'neutral' ground (i.e. not at local authority or other agency offices).

### **d. Facilitator's preparation meeting**

Shortly before the meeting, facilitators should meet with the FHLP, and the MACPT where appropriate, to discuss the FGDM meeting. They should discuss all the relevant information about the family, to agree what help, support or protection the child needs and how the family network support can be integrated effectively into the Family Help and child protection plan to improve outcomes to achieve this.

The key concerns the family's plan should address, including considerations for keeping the child safe, should be agreed.

### 3. The FGDM meeting

The purpose of the meeting is to create a plan for the child, centred around keeping them safe, by addressing the concerns of the local authority and family. The needs of the child should be kept central to the meeting in all circumstances, and this should be clearly explained at the start of the meeting.

- Ground rules for the meeting should be established and the key requirements or 'bottom lines' that the plan needs to address to keep the child safe should be outlined to the family network.
- The meeting should give the family network adequate time to come up with their own plan to address the concerns for the child. During the meeting, the family network should be offered time to discuss the issues without any professionals present, unless there are safeguarding concerns that deem this inappropriate or unsafe.
- The family network should share their plan with the facilitator, the FHLP and MACPT, where appropriate. At the meeting, the FHLP should consider the plan against the key concerns and requirements, seeking input from the Multi-disciplinary Family Help team, and the MACPT where required. If there are child protection concerns, the FHLP should engage the MACPT. If the plan is lawful, safe and addresses the key concerns, it can be agreed.
- Once the plan is agreed, practitioners should commit to providing the support contained in the plan to the family network, including any FNSPs. The family plans should be integrated into, and given sufficient weight within, any relevant family help and child protection plans. Everyone who has attended the FGDM meeting should also have a copy of the plan.

### 4. Reviewing the plan

The family network should be given a formal opportunity to review their plan, within a reasonable and agreed time frame. At the review, the family network and practitioners should consider how the plan is working and if any circumstances have changed. FHLPs should also consider if the support offered as part of the plan has been delivered.

## FGDM and Safeguarding

FGDM should ensure safety of the child. Understanding the child and family network's history and day-to-day life and experiences is central to safe and effective FGDM.

Planning for FGDM should consider the range of harms that children and families can experience, including domestic abuse, coercive or controlling behaviour, teenage relationship abuse, child sexual abuse, exploitation or other extra-familial harms.

If deemed necessary, the exclusion of certain individuals, including family network members and those with parental responsibility, from FGDM should be explored. FHLPs

and MACPTs, where appropriate, should have oversight over assessments of who is suitable to engage with FGDM and how to create a safe environment:

- the significance of the adults in contact with the child and their family should be explored;
- close attention should be paid to any serious criminal convictions, previous allegations of child abuse, domestic abuse or impulsive violent behaviour, restrictions on contact with children or involvement with children subject to child protection plans or care proceedings; and
- plans should be put in place to manage eventualities where threatening or disruptive behaviour arises during FGDM.

Where it is decided that individuals should not be at FGDM meetings, FHLs and MACPTs (where appropriate) should consider whether the views of the individual should be invited and taken into account as part of FGDM. This decision should always promote the safety and welfare of the child and be in their best interests.

Parents and carers should always be given the information, support and advice required to give informed consent and fully participate in decision making where this is possible. Working Together sets out clear principles for working with parents, carers and families to build trust, confidence and respect, which should be embedded throughout the FGDM process. For example, family network members may need advocacy to fully participate in FGDM.

If the FGDM process uncovers new information that the family or child is suffering or likely to suffer significant harm, the facilitator should raise this with the child's FHL immediately and follow the local authority's safeguarding policies.

To support local authorities and all practitioners involved in FGDM, DfE has published co-developed [best practice support and resources](#), setting out best practice for FGDM and safeguarding, including on preparation and safety planning, excluding individuals from FGDM, information sharing and when FGDM may not be offered.

## **Local Authorities Should Offer FGDM at Pre-proceedings**

The Children's Wellbeing and Schools Bill proposes a duty on local authorities to offer a 'family group decision making' meeting, where it is in the child's best interests, at the point the local authority is seriously considering applying to the court for a care or supervision order, to give families an opportunity to come together and make a family-led plan in response to concerns regarding the child's welfare.

Pre-proceedings process offers a final opportunity for parents to avoid care proceedings. It is important for local safeguarding partnerships to consider the following practice principles when embedding FGDM at pre-proceedings:

- parents and those with parental responsibility should be offered FGDM for their child before an application is made to court for a care or supervision order, unless it is not in the child's best interests;
- the FGDM offer should be made in the 'letter before proceedings.' Where the offer is accepted, FGDM should be arranged to help, support and protect children and their families, as needed;
- the offer should be discussed with parents in the first pre-proceedings meeting, where written information should be provided on FGDM so that parents, or those with parental responsibility, can give informed consent. If parents' consent to FGDM, then steps to facilitate this should start immediately;
- when offering FGDM at pre-proceedings should consider:
  - if FGDM has been offered before,
  - how successful it was in improving outcomes for the child,
  - the time that has elapsed since the previous FGDM,
  - how the family's circumstances may have changed in light of moving into pre-proceedings; and
- adhering to Working Together, which sets out guidance on pre-proceedings and safeguarding partnerships should consider this when setting up FGDM services.

The decision to offer FGDM should be discussed at the first legal planning meeting, with input from the FHLP and the MACPT. The decision and rationale should be recorded and signed off by a senior manager and included in the court application for consideration by the judge. If the case does result in the initiation of court proceedings, FHLP and MACPTs should also consider how they can evidence the mandated offer of FGDM and any resulting actions to the court, for example, through the Social Work Evidence Template (SWET).

## **FGDM timescales at pre-proceedings**

Where an offer is made, local authorities should provide sufficient time for parents or those with parental responsibility to consider their options, including the opportunity to seek legal advice or discuss the offer with family and friends.

Local authorities should ensure that the offer is presented in an accessible way, taking into account the individual needs of those receiving the offer, to ensure informed consent. This should consider any additional learning needs, disabilities, or communication requirements.

The FHLP should follow up within a reasonable time period, to confirm a decision and engage with families to address any concerns or barriers that prevent a decision from being reached. Where there are delays, practitioners should assess whether extending the timeframe remains in the child's best interests. The local authority should facilitate FGDM if it has been accepted by at least one individual to whom the offer was made.

## **When FGDM isn't offered at pre-proceedings**

FGDM may not always be in the child's best interest, for example, when the child and those with parental responsibility have no significant relationship, or if, following assessment of all family network members, FGDM has been deemed to be unsafe.

The decision not to offer FGDM should take into account the individual circumstances and needs of the child. Local areas should not adopt an approach that assumes blanket exemptions based on certain harm types or the family's history. Families are complex and whilst it may not be safe for a child to live with their family, for example due to domestic abuse or other types of harm, for many children it will be important for them to remain in contact as part of understanding their history and identity. Where FGDM can promote a child's wellbeing and safety, it should always be considered.

Where the FHLP and MACPT determine that it is not appropriate to offer FGDM, the reason for this should always be shared with parents or those with parental responsibility.

## **Withdrawing the offer of FGDM at pre-proceedings**

The offer of FGDM can be withdrawn at any time if it is no longer in the child's best interests. The decision to withdraw, and the rationale, should be recorded in the child's Family Help and child protection plan and signed off by a senior manager.

If the FHLP and MACPT believe that the child's circumstances or needs have changed at any point during the pre-proceedings stage, such that court proceedings should be initiated immediately, then the application to the court should be made. Family work, including FGDM, should continue including when care proceedings have been initiated. Parents have the right to withdraw at any point.

## Family Network Support Packages

Practitioners throughout children's services should routinely consider what support already exists within a family network and how this can be strengthened. Those working with families should use a strength-based approach to engage with parents and the wider family network to consider whether a Family Network Support Package (FNSP) can facilitate a family-led solution to support a child.

FNSPs are targeted funding for practical support. For example, funding items, such as a car seat, to enable a family network member to provide support transporting children to school, or a loft conversion to enable family network members to provide a safe home environment separate from the family home. FNSPs should be bespoke to individual families' needs and co-designed with them, through FGDM, to ensure they are targeting specific barriers the family network face in providing support.

Although many local authorities already deliver flexible funding to families through section 17 of the Children Act 1989, FNSPs specifically aim to unlock family network support to both de-escalate social care involvement and prevent a child entering care, where appropriate. As well as delivering better outcomes for children and families, this is a cost saving measure for local authorities. This aim has been informed through evidence from the Family Network Pilot and the Families First for Children Pathfinder, where local authorities are delivering FNSPs throughout the system to unlock the potential of family networks.

Over the next year, local authorities should increasingly deliver FNSPs as part of their FGDM service.

### Expectations for FNSPs:

- FNSPs should be used to unlock family network support to enable children to remain safely under the parental responsibility of their birth parents or those with parental responsibility at the time of FGDM;
- FNSPs should fund direct payments or procured goods and services. This can include, but is not limited to:
  - activity passes
  - training
  - baby/toddler equipment
  - furniture
  - home adaptations
  - deposits for social housing or rental properties
  - income supplements
  - rent/mortgage payments
  - vehicles
  - travel costs
  - visas and travel costs for overseas family network members

- support with a child's education (e.g. helping a child to attend school regularly)
- childcare or other home care support
- FNSPs should be tailored to the bespoke needs of the individual children and family networks. They should not be a “one-size-fits-all” solution and local authorities are encouraged to be creative and ambitious in designing FNSPs for families; and
- agreement of FNSPs within the family network should be made via FGDM, with the agreed support integrated into Family Help or child protection plans and reviewed regularly.

### **FNSP eligibility:**

- Any family network member, including birth parents, of a child who is under s.17 or 47 and is not Looked After; and
- Family network members, including birth parents, for a child in Targeted Early Help (part of Family Help) are also eligible through alternative payment routes.

### **FNSPs can be used to support reunification**

A child and his siblings entered Local Authority care due to concerns about neglect. Although he had only intermittent contact with his father before proceedings, focused work helped rebuild their relationship. Once assessments confirmed reunification was safe and appropriate, the FNSP funded essential bedroom furniture to help the child settle smoothly into his father's home.

This support has enabled a stable and positive placement, allowing progress of plans to discharge the current care order. The arrangement is expected to reduce the need for statutory and intensive social work involvement, potentially avoiding placement and staffing costs over the next 12 years.

### **FNSPs can be used to support families on the edge of care**

When a young person with additional, complex needs was presented at Legal Gateway panel, following escalating concerns about exposure to domestic abuse, an FNSP was used to allow the family network to provide short-term, practical support.

This included helping him attend health appointments, with transport and accommodation funded for relatives living outside the area. This timely support created essential safeguards at a critical moment and enabled his mother to meaningfully engage with specialist services.

*Case studies provided by the Telford and Wrekin Family Network Pilot*

## Local Flexibility for FNSPs:

- FNSPs can be offered to family networks from initial assessment onward, to enable local authorities to support families early on, to reduce the risk of escalation into statutory services. Local authorities may choose to focus their offer at certain points, to suit local need;
- local authorities should develop a clear FNSP internal governance pathway to approve FNSP funding requests in line with internal financial/audit processes;
- local authorities should consider how to best streamline FNSP approval and payment process to ensure timely support is delivered for families. This could include:
  - recruitment of a Business Support Officer to aid FNSP delivery,
  - a standardised application or referral form for relevant practitioners to fill out with family network members.
- local authorities are encouraged to consider how they will ensure practitioners working with families are aware of FNSPs and the process for securing funding for them;
- local authorities should support their workforce to understand how FNSPs can be used positively and preventively within a family led approach. This includes developing a “family-first” culture that fosters use of this intervention.

## Chapter 3: System enablers

### Statutory Safeguarding Partners and their Multi-Agency Safeguarding Arrangements (MASAs)

Safeguarding Partnerships are formed of three Statutory Safeguarding Partners; including the police, integrated care boards (ICBs) and the local authority as set out in **Working Together to Safeguard Children**.

We expect MASAs to be central to the Families First Partnership (FFP) programme, setting the vision for a seamless system of Family Help, multi-agency child protection, Family Group Decision Making- and a strengthened role for education providers and childcare settings in MASAs.

Delivering an effective system of help, support and protection for children and their families is a shared responsibility across all Safeguarding Partners. Strong and well-led Safeguarding Partnerships are essential for achieving consistent, effective outcomes, providing clear strategic accountability and ensuring decision-making occurs at the right level.

Statutory Safeguarding Partners should bring organisations together for joint planning and needs analysis, ensuring coherent implementation, and the driving of improvements across the system to deliver reform.

Lead and Delegated Safeguarding Partners across all agencies should work in collaboration and share responsibility towards achieving this vision across all local areas. It is essential for all Safeguarding Partners to have a good understanding of need in their local area and thereby ensure that services are equipped to meet these needs.

To achieve meaningful reform, Safeguarding Partners must also work closely with early education and childcare settings, schools, colleges, and other education providers<sup>16</sup>.

Safeguarding Partners should adhere to **Working Together to Safeguard Children**, including to:

- define the role of the **Lead Safeguarding Partner** (strategic oversight and accountability) as well as the role of the **Delegated Safeguarding Partner** (operational delivery) across local authorities, health and the police;
- appoint one of the Delegated Safeguarding Partners to be the **Partnership Chair**, or rotate this position to support consistency, facilitate effective discussion and provide a clear mechanism for escalation; and

---

<sup>16</sup> These settings are listed at paragraphs 1-12 of the Schedule to [The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#) and referred to throughout this guide as education providers and childcare settings, which includes early education providers.

- maintain a transparent system of **independent scrutiny** to ensure rigour, challenge and assurance.

As part of their core responsibilities, Safeguarding Partners should establish a strengthened role for education providers and childcare settings within their MASAs, ensuring these sectors are fully integrated, accountable, and influential at every level of multi-agency safeguarding practice.

**The right support and access to training, learning events and resources** enabled through strong, strategic relationships within the Safeguarding Partnership are essential for building the multi-agency capacity that leaders need to deliver effective safeguarding. This ensures staff can respond confidently to a wide range of risks and have sufficient capability for complex casework and multi-agency activity, and work in ways that are inclusive, anti-discriminatory and sensitive to the diverse lived experiences of children. Learning should drive improvement across the partnership, and best practice be shared.

### **Strengthening the role of early education and childcare settings, schools, colleges, and other education providers in MASAs**

**The Children’s Wellbeing and Schools Bill** seeks to introduce a measure that places a duty on safeguarding partners to secure the participation of all education providers and childcare settings as relevant agencies. This measure should ensure that the views of these settings are sufficiently included and represented at both strategic and operational levels in multi-agency safeguarding arrangements. The measure also aims to strengthen the role of education providers and childcare settings in multi-agency safeguarding arrangements to better protect children from abuse, neglect, and exploitation. These arrangements must uphold principles of equality, diversity and non-discrimination.

Safeguarding Partners should establish equitable, inclusive and coherent local arrangements that maintain a clear line of sight between strategy and frontline practice. Education and/or Designated Safeguarding Lead forums, with representatives from across the sector, have proved valuable for sharing frontline insight, so partnerships should either establish new forums or make use of existing ones. Education providers and childcare settings should be fully engaged and consulted as strategic partners within these systems.

### **A strengthened role for education providers and childcare settings in MASAs may include:**

**Strategic leadership for education providers and childcare settings:** Safeguarding Partners must set a clear vision for how education providers and childcare settings contribute to children’s safety and wellbeing. As the largest point of contact with children, it is important to ensure the entire breadth of the local education and childcare sector is supported and represented in strategic and operational decisions.

In some areas, partnerships ensure that these settings are fully involved in partnership activities by appointing a **strategic safeguarding lead for education and childcare**. This pivotal role can provide essential two-way flow of information between the wider sector and safeguarding partnerships.

Where this is most impactful, the strategic safeguarding lead works on an equal footing with the Delegated and Lead Safeguarding Partners; they have sufficient seniority, authority and access to influence strategic priorities; and can ensure equitable consideration of the full breadth of education and childcare perspectives across their area. There are a range of effective approaches to filling this role, including both full-time and part-time solutions depending on local need. Safeguarding Partners could consider secondment directly from the sector, redeployment of existing local authority staff, direct appointment, sector volunteer from an existing forum, or the commissioning of an external education consultant.

**Clarity over resourcing:** Safeguarding Partners must set out how representation from the diverse range of education providers and childcare settings will be configured and resourced, including the approach to engaging with existing forums. These arrangements should be transparent, sustainable and equitable.

**Strong governance within the safeguarding partnership** must set out a clear and defined role for education providers and childcare settings within MASAs. This should include an organisational structure showing how they are represented and how their representative/s are engaged in partnership activity, decision making and escalation routes. This engagement is most impactful when it works in both directions and reflects the diverse but interconnected safeguarding responsibilities of the wider education and childcare sector.

**Clear accountability:** These arrangements must be accessible for all providers with robust quality assurance in place that examines practice, compliance, impact and the experiences of children and families. This could include proportionate thematic audits, learning reviews and the routine use of performance data to understand representation, participation and the quality of outcomes.

Safeguarding Partners should set expectations, monitor delivery and evidence the overall impact and effectiveness of arrangements through yearly reporting; intervening where performance falls short. Safeguarding Partners should evidence continuous improvement and act on findings from audits and reviews to demonstrate that services are effective, equitable, inclusive and responsive to the needs of children and families.

**Evidence led decision making** at both a Lead and Delegated Safeguarding Partner level requires partners to draw on evidence and insight from frontline education, childcare and multi-agency partners. This includes using data and frontline experience to inform decisions, understand risks, and promote shared learning through collaborative reviews and reflective multi-agency practice that is anti-discriminatory and culturally sensitive.

**Effective information sharing and multi-agency collaboration** is key to effective safeguarding across education providers and childcare settings. Strong multi-agency working with timely information sharing, clear dialogue, trusted working relationships across services, and escalation routes that support coordinated, solution focused safeguarding, should therefore be embedded.

## Information Sharing

### Data

Local agencies should share data relating to children and families across their local safeguarding partnership. This is to enable local agencies to identify families requiring support, track needs and outcomes over time and provide practitioners with the latest information to inform their work. DfE has produced [non statutory information sharing advice](#) for practitioners providing safeguarding services for children, young people, parents and carers.

Local partnerships should share information for safeguarding and promoting the welfare of children. A senior strategic group with representation across the partnership should drive the use of data for the whole system. Data should be shared across education and childcare settings, police, health, Youth Offending Teams, prisons, and probation. This requires agreement of robust information governance arrangements including Data Sharing Agreements, Data Protection Impact Assessments, protocols and training staff in the use of data.

#### **Information sharing and consistent identifiers – Children’s Wellbeing and Schools Bill**

Measures to improve data sharing between agencies to better safeguard and support children and families are included in the Children’s Wellbeing and Schools Bill. This comprises an information sharing duty that provides a clear legal basis to share information for the purposes of safeguarding and promotion of welfare, and provision to enable the specification of a consistent identifier (also known as ‘Single Unique Identifier’).

Areas should develop appropriate infrastructure for sharing, storing and analysing information. This could be bringing together and matching data in a data warehouse or data lake. Areas should consider using common data standards to enable sharing. Local partnerships should make use of tools to analyse needs and risks across the system and report these insights across the partnership. Single digital view systems provide a way to share data with practitioners to inform their work. Local partnerships are encouraged to explore AI tools to support the workforce and highlight risk while being aware of possible biases and limitations of this technology. DfE has [published guidance for local authorities](#)

who are developing and using data analytics tools. It consists of practical guides, toolkits and explainers for audiences across children's services.

## **Case management system changes**

The Families First Partnership reforms will require significant changes to local authority case management systems, and should be an early priority for local areas. The department has published guidance on case management system changes on Knowledge Hub. This provides advice on making changes to systems through local configuration. It includes system specific guidance for Liquidlogic, Mosaic, Eclipse and Azeus. The guidance sets out how to bring together Targeted Early Help and Section 17 in a single system with a single workflow and assessment. It also includes advice on multi-agency working and inclusion of Family Group Decision Making.

## **Using evidence and delivering evidence-based interventions**

The Children's Social Care National Framework highlights the importance of promoting evidence-based approaches to improve outcomes for children, young people and families. Local leaders should use evidence to inform and improve how services are commissioned and delivered in their local area.

Local Authority Children's Services bring together a diverse network of partners to support children, young people, and families. These partners not only deliver vital services, but also help shape and co-ordinate broader systems, fostering collaboration across education, health, safeguarding, community services, and the voluntary sector. At the heart of this is the effective use and implementation of evidence.

In order to enable local partnerships to access information on the best available evidence, the department have commissioned a series of [Practice Guides](#), from [Foundations](#) - the What Works Centre for Children & Families. Practice Guides set out high quality evidence about how best to achieve the outcomes set out in the Children's Social Care National Framework and translates this into key principles and actionable recommendations to support local leaders in strengthening family services. Local partnerships should look to Practice Guides as a key source for guidance on the latest evidence of 'what works' in Children's Social Care. Local partnerships should look to Practice Guides as a key source for guidance on the latest evidence.

[Foundations](#) will be publishing more Practice Guides to support local leaders to deliver the responsibilities outlined in the National Framework. Further expert advice and toolkits capturing the best evidenced approaches to prevent children and young people becoming involved in violence are available from the [Youth Endowment Fund](#).

## What are evidence based interventions?

There are a range of evidence-based interventions (EBIs) that have been proven to be effective through rigorous impact evaluation. These EBIs provide the most reliable way to improve child and family outcomes and strengthen the consistency and quality of Family Help services. EBIs focus on increasing practitioners' knowledge of scientifically proven theories of change and provide effective methods for engaging families experiencing vulnerabilities. Leaders should consider embedding EBIs in their approach, commissioning and delivery of system transformation. A list of parenting support programmes known to have impact on parent and child outcomes can be found here: [Foundations - Parenting Interventions](#).

## Supporting implementation

Foundations – What Works Centre for Children & Families will shortly publish a first draft of an 'An implementation framework for services working with children and families. This framework introduces a structured way of supporting the implementation of evidence-based approaches and wider service transformations into local systems that support children and families. It will be further updated in 2027.

Local leaders should also look to accompanying resources published alongside Practice Guides such as Reflective Tools and summaries for elected members to support implementation of evidence-based approaches and interventions ([Practice Guides - Foundations](#))

## Supporting local evidence use

To support local authorities to strengthen their use of evidence, [the Foundations Evidence Pie](#) highlights the full range of evidence that should inform the commissioning, design and delivery of services. Alongside What Works evidence outlined in Practice Guides, effective local decision-making also depends on drawing on a broader set of evidence.

## Chapter 4: National FFP delivery support offer

The Families First Partnership Programme will continue to provide all local safeguarding partners with support and direction to implement reforms. The Department for Education will work closely with local partnerships to support delivery of the programme in the following ways:

- work in partnership with local areas based on strong relationships, and clear and honest communication, taking a collaborative approach to overcome challenges;
- resource and recognise the value of local co-design and implementation where partners, children, young people and families work together to build joined up services that meet the needs of local communities;
- share learning nationally and facilitate sector-led support; and
- keep oversight and monitoring arrangements proportionate, to enable central government to understand delivery progress and impact, whilst not impeding on local delivery.

Further detail on delivery expectations and support for the programme can be found in the [Children, Families and Youth Grant](#).

### Working in partnership with local areas

There will be one point of contact for children's social care in the department to whom you can go directly to with queries or concerns and to access the support available.

### Learning, improvement and intervention

The FFP programme will continue to share learning from the pathfinder areas and other local areas who have moved quickly with the FFP reforms in 25/26, along with best practice and best evidence from across children's social care including Foundations and other specialist organisations. These include documents providing examples and support on how to design and implement reforms, along with webinars and other publications. There digital platform hosted by the Local Government Association's [Knowledge Hub](#) is available to all to local authorities and partners to access learning and resources. We strongly encourage local authorities and partners to sign up to receive the latest updates and access resources to support implementation.

The programme will also place sector-led support at the core of its offer, using existing regional and direct support offers for areas to discuss and work through opportunities and challenges posed by the reforms.

Regional Innovation and Improvement Alliances (RIAs) will support progress on FFP as a forum to convene practitioners and leaders as a regional community as part of sharing best practice and collectively tackling challenges. RIAs will facilitate access to a range of universal support offers, including webinars, regional conferences, practice and programme guides, training for corporate leaders and engagement with Pathfinder

learning. The FFP support offer will be integrated within the wider CSC improvement and intervention support for local authorities. This will be delivered by:

- **CSC Improvement Teams (CITs):** Direct support will be provided by local authorities delivering the practice set out in this guide and already seeing improved outcomes for children and families. CITs will be expected to provide leadership coaching, as well as some project management capability and practical operational support in order to deliver improvements with the LA they are matched with. The extent to which resourcing is shared will be determined on a case-by-case basis.
- **Expert Advisers** will diagnose and triage barriers to implementing FFP, alongside broader service improvement. EAs will hold the improvement plan for an identified local authority and will consider local partnerships and multi-agency arrangements as part of this, specifically when considering FFP progress. The EA will, where required, commission a CIT to deliver improvement support. They will discharge many of the functions currently exercised by Commissioners and they will report directly to senior civil servants in the relevant regional team on the progress of LAs that are below expected performance.

Mutual Ventures are supporting as the delivery partner for FFP, having previously supported FFC Pathfinders. Mutual Ventures are providing a coaching offer for a small number of local areas as well as facilitating communities of practice and group learning sessions. Separately, we are working with three police forces, 40 councils and national health partners to understand how MACPTs can be effectively aligned across multiple safeguarding partner boundaries. The research will explore what it takes to establish a shared vision, approach and practice framework and apply the significant harm threshold consistently, with learning shared on the Knowledge Hub as it emerges.

All National Safeguarding Partner Multi-Agency Facilitators, including police, health and LA representatives, will continue in their roles, supporting the system and their individual sectors by providing insights, guidance and information to assist leaders in their approach to implementation. Where appropriate, facilitators will join up with CITs and EAs to provide a cohesive and collaborative approach to support.



Department  
for Education

Crown copyright 2026

This publication is licensed under the terms of the Open Government Licence v3.0, except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3).

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned.

About this publication:

enquiries <https://www.gov.uk/contact-dfe>

download [www.gov.uk/government/publications](https://www.gov.uk/government/publications)

Follow us on X: [@educationgovuk](https://twitter.com/educationgovuk)

Connect with us on Facebook: [facebook.com/educationgovuk](https://facebook.com/educationgovuk)