Department for Education

Families first for children pathfinder

Phase 2 implementation and process evaluation report

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1. Executive Summary

Background

The Families First for Children (FFC) Pathfinder was introduced in February 2023 to test reforms to children's social care set out in the then-government's *Stable Homes, Built on Love* strategy. The Pathfinder aims to improve outcomes for children and families through earlier intervention, stronger multi-agency working, and greater involvement of family networks. The FFC Pathfinders have since informed the national rollout of the Families First Partnership Programme (FFP), launched in April 2025, with local authorities and their statutory safeguarding partners (police and health), now beginning delivery.

Ten local authorities are delivering the Pathfinder across two waves. This report builds on Phase 1 of the evaluation (2023–2025), which focused on early implementation across six Pathfinder areas selected as case study sites (Dorset, Lincolnshire, Lewisham, Warwickshire, Wirral, Wolverhampton), with an earlier report published in 2025. Phase 2 (2025–2029) is examining longer-term delivery and impact across five Pathfinder areas (Dorset, Redbridge, Wirral, Warwickshire, Wolverhampton) selected as case study sites (and referred to as 'case study areas' in this report).

This report presents findings from the first round of qualitative fieldwork in Phase 2, covering both Implementation and Process Evaluation (IPE) and Impact Evaluation (IE). The evaluation adopts a theory-based (realist) approach, structured around Context-Mechanism-Outcome (CMO) hypotheses[1], to examine how and under what conditions the Pathfinder is being implemented and leading to change.

Fieldwork was conducted in March 2026 and included:

- Interviews with 19 senior leads[2] across five case study areas
- Interviews with 14 families receiving support through the Pathfinder
- Analysis of the delivery approach proforma circulated to all case study areas

Given the qualitative nature and relatively small sample, findings should be interpreted as indicative of emerging patterns rather than representative of all Pathfinder areas.

[1] HM Treasury (2020), Supplementary guide: realist evaluation. Available at: https://www.gov.uk/government/publications/the-magenta-book/supplementary-guide-realist-evaluation-html

[2] Senior leads interviewed included representatives from local authority children's social care (e.g. Directors of Children's Services, assistant directors and programme leads), education (e.g. strategic safeguarding and education leads), police (e.g. senior public protection officers), and health services (e.g. safeguarding leads within Integrated Care Boards).

It should also be noted that the fieldwork preceded updates to the Families First Partnership Programme guide (published 26 March 2026) and revisions to Working Together to Safeguard Children (18 March 2026). As such, some of the findings reflect the policy, guidance and delivery context at the time of fieldwork, and these updates are expected to have provided further clarity for local areas.

In addition, the report also covers findings from separate stakeholder engagement[3] sessions conducted by the National Children's Bureau (NCB), which provide contextual insights on wider system factors shaping delivery.

Key findings

Delivery has continued to progress across all case study areas since Phase 1 of the evaluation. Differences previously observed between Wave 1 and Wave 2 areas have reduced, as Wave 2 areas have matured and Wave 1 areas have adapted their delivery to align with the updated design specification.

Elements of the Pathfinder embedded more consistently

Some elements of the Pathfinder were described as more consistently embedded across areas:

- **Family Help Lead Practitioner (FHLP)**: The FHLP role was widely reported to be well embedded within local authorities. Senior leads across local authorities described greater clarity around the role's purpose in coordinating multi-disciplinary support, maintaining continuity of practitioner involvement, and acting as a single point of contact for families. Families also highlighted the value of having a consistent practitioner, particularly in building trust.

  The role was most commonly held by practitioners within children's social care, in line with the FFP programme guide, with limited evidence of the role being routinely held by practitioners from partner agencies (e.g. health, education) at this stage of implementation. This is driven by a combination of uncertainty about accountability and risk and structural constraints within partner agencies' roles.

- **Family Group Decision Making (FGDM)**: FGDM was described as increasingly embedded and more routinely offered at earlier stages of engagement within Family Help. Respondents described this shift as supporting earlier involvement of

[3] Five virtual stakeholder sessions were conducted with the following national bodies - Office of the Children's Commissioner, NHS England, Local Government Association, College of Policing, The Association of Directors of Children's Services.

family networks, improved engagement, and more collaborative planning. However, while perceptions of FGDM were consistently positive, areas also reported operational challenges in scaling delivery, particularly related to facilitator capacity and ensuring families understand the offer at earlier stages.

- **Multi-agency working in practice**: Across case study areas, there is evidence of more frequent and earlier multi-agency discussion and information sharing across Pathfinder reforms. This reflects changes in day-to-day practice, including closer working relationships, co-location in some areas, and earlier involvement of partners in planning and decision-making.

  These improvements were felt to be partly supported by the establishment of Multi Agency Child Protection Teams (MACPTs) in areas where they were more fully embedded. More broadly, stakeholders felt they were driven by evolving ways of working—such as increased opportunities for informal consultation and routine joint discussion—rather than the consistent implementation of formal multi-agency team structures across all areas.

Elements with more variable implementation

Other aspects of the Pathfinder showed more variation across areas:

- **MACPTs**: There was clear variation in the maturity and configuration of MACPTs across case study areas. In a small number of areas, more established MACPTs support structured multi-agency child protection decision-making, with quicker access to partner information and more timely joint discussion of concerns about significant harm.

  In other areas, MACPTs were at an earlier stage of implementation, with their role still being defined. This included clarifying how they operate effectively– how they operate alongside existing child protection arrangements whilst being rolled out across local areas, and how they function within the wider system of help, support and protection, including Family Help.

- **Lead Child Protection Practitioner (LCPP)**: The LCPP role was widely recognised as central to strengthening multi-agency child protection decision-making, particularly through their role in providing expert oversight, advice and support to practitioners, where there are concerns about significant harm.

  However, there was variation in how the role is implemented in practice. In some areas, roles and responsibilities were clearly defined. In others, there was uncertainty around how responsibility is exercised when concerns about potential

or actual significant harm are identified, and how LCPPs operate alongside FHLPs within the wider system of help, support and protection.

Experience of delivery

Senior leads across local authority children's social care and partner agencies (police, health and education) as well as families, generally described more positive experiences of delivery compared to Phase 1 of the evaluation in 2023-2025.

Key factors shaping positive experiences included:

- **Greater continuity of lead practitioner involvement** (particularly through the FHLP role), supporting relationship building and engagement with families;
- **Stronger and more sustained relationships between practitioners across agencies**, driven by more routine multi-agency working.

Families' views reflected these positive changes as they described feeling more listened to, more involved in decision-making, and more supported through ongoing relationships with practitioners. However, these experiences were not universal. Senior leads emphasised that family engagement remained sensitive to context, including levels of need, workforce capacity and wider system pressures.

Ongoing pressures and system constraints

Delivery continues to take place within a challenging system context. Senior leads and wider stakeholders highlighted key constraints including:

- **Sustained demand and workforce pressures**, affecting the pace and consistency of implementation;
- **Capacity constraints**, particularly in partner agencies and specialist roles;
- **Structural barriers to multi-agency delivery**, including differences in systems, data-sharing arrangements and accountability frameworks;
- In some cases, **wider system factors**, including inspection and broader reforms, were described as influencing local confidence and contributing to more cautious or risk-averse practice.

These factors were not viewed as undermining the Pathfinder approach itself, but as affecting how fully and consistently it could be implemented at this stage.

Emerging outcomes

This evidence relates to short and medium-term emerging outcomes and changes in practice and experience rather than longer-term impacts.

Across case study areas, senior leads described early signs of:

- **Earlier and more consistent engagement with families**, supported by continuity of practitioner involvement and earlier discussion of need;
- **Improved multi-agency decision-making**, particularly in terms of frequency and timeliness of multi-agency discussions;
- **Greater clarity and confidence in practice**, associated with clearer roles and responsibilities and stronger professional relationships;
- **Earlier use of family networks**, through more routine use of FGDM.

These changes appear to be driven by shifts in practice (e.g. continuity of practitioners, earlier partner involvement) and, where established, by formal structures such as MACPTs. However, outcomes remain uneven across areas and are strongly shaped by local context.

Implications for policy and practice

While evidence remains emergent, some elements appear more consistently embedded across case study areas and may offer useful learning for national rollout, while others remain at an earlier stage of implementation:

- **Embedding of Family Help and Family Network roles and practice:** The FHLP role and FGDM are now more consistently embedded across case study areas, supporting continuity of practitioner involvement, earlier engagement with families, and more coordinated multi-disciplinary working within Family Help. These areas may offer useful learning for national rollout, particularly regarding the local contextual factors that have enabled successful implementation.
- **Stronger multi-agency practice across the system:** More frequent and routine multi-agency discussion and information sharing are emerging across areas, supported by closer working relationships, co-location in some areas, and earlier involvement of police, health and education partners. These improvements appear to be driven by changes in day-to-day practice, including informal consultation and repeated interaction between practitioners.
- **Implementation of MACPTs:** There remains variation in the maturity and configuration of MACPTs. Where more fully embedded, MACPTs are supporting more structured multi-agency child protection decision-making, including more

timely access to partner information and more regular joint discussion of concerns about significant harm. In these areas, practitioners described being able to access partner-held information more quickly than previously and to bring together different professional perspectives at pace, supporting more informed and timely decisions. However, in other areas, where MACPTs are at an earlier stage of implementation or partner representation is still developing, these benefits are less consistently realised. There is therefore an opportunity to further explore the factors enabling effective implementation of MACPTs, alongside the barriers limiting their development in some local areas.

- **Clarity and implementation of the LCPP role:** While the LCPP role is recognised as central to strengthening child protection decision-making, there is variation in how it is being implemented in practice. This highlights that additional support may be needed to ensure consistent understanding of roles and responsibilities, particularly in relation to how the role operates alongside FHLPs. This fieldwork took place in March 2026 and since then the Department for Education published new standards for LCPPs to strengthen the knowledge and skills required for effective child protection practice in June 2026.

Next steps for the evaluation

Future rounds of fieldwork will:

- Include engagement with frontline practitioners across local authority children's social care and partner agencies (police, health, education), through qualitative interviews and focus group discussions;
- Strengthen the quantitative evidence base through a multi-agency workforce survey and a family survey;
- Expand children's and families' perspectives through additional children and family interviews;
- Further explore variation in effective multi-agency implementation and working across areas, particularly within MACPTs;
- Examine in more detail the implementation of FHLP and LCPP roles.

Quantitative impact analysis using National Pupil Database data will be undertaken in 2026 to enable analysis of outcomes for children over time, as captured in the Theory of Change, (please see Appendix 1), with findings expected in Autumn 2026.

2. Background and context

The FFC Pathfinder was introduced in February 2023 as part of the then-government's children's social care strategy, *Stable Homes, Built on Love*. It was created in response to findings from several major reviews, namely the Independent Review of Children's Social Care (2022) and the Child Safeguarding Practice Review Panel's report on child protection in England: National review into the murders of Arthur Labinjo-Hughes and Star Hobson (2022). The Pathfinder, implemented in ten local authority areas, was designed to design and test key recommendations from these reviews. Specifically, to shift focus towards earlier multi-disciplinary help through Family Help, more expert, timely and decisive multi-agency child protection practice and greater use of family networks.

The Pathfinder was implemented in ten local authorities, delivered in two waves. The three Wave 1 local authorities (Dorset, Wolverhampton, Lincolnshire) were selected by the Department for Education (DfE) as areas with strong existing children's social care practice, established partnership working, and the capacity to support co-design and early implementation of the reforms. These areas were announced in July 2023, with implementation beginning from December 2023.

The seven Wave 2 local authorities (Lewisham, Wirral, Warwickshire, Luton, Redbridge, Walsall, and Warrington) were selected through an application process and announced in April 2024, with implementation beginning from July 2024. A phased rollout of the Pathfinder allowed Wave 2 areas to apply lessons learnt from Wave 1 areas and to rollout in their own areas.

To support delivery across all areas, the DfE completed an intensive co-design phase with Wave 1 areas and developed a Design Specification setting out the core expectations for Pathfinder implementation. This specification was refined between waves, drawing on early learning and feedback from Wave 1 areas and initial engagement with Wave 2 local authorities.

The DfE commissioned Verian, an independent research organisation, to conduct an evaluation of the Pathfinder across Wave 1 and Wave 2 between 2023 and 2029, with Alma Economics and the National Children's Bureau (NCB). The early[4] evaluation, Phase 1 (2023 – 2025), focused on understanding how different local authorities set up the Pathfinder, how it was being delivered and any perceptions of early impact. Early perceived impacts included strengthened multi-agency working, embedded family network practices, more robust support for families, reduced caseloads on staff, and improved job satisfaction.

Following implementation in the ten Pathfinder areas and Phase 1 of the Pathfinder evaluation, the UK government announced the national rollout of the Families First

[4] Department for Education (2025), Families first for children pathfinder programme: evaluation report. Available at: Families first for children pathfinder programme: evaluation report - GOV.UK

Partnership (FFP) Programme in April 2025[5], building on the Pathfinder approach. The FFP programme is funded through the Local Government Finance Settlement (LGFS), with £2.4 billion allocated over three years (2025–2028) to support national delivery.

Verian and partners, Alma Economics and NCB, continue to evaluate the Pathfinder and have commenced Phase 2 of the evaluation, consisting of a longer-term evaluation between 2025 and 2029. The first year of Phase 2 commenced in October 2025 and will conclude in April 2026. The second year is scheduled to run from April 2026 to April 2027, and the third year from April 2027 to March 2029.

Phase 2 of the Pathfinder evaluation will consist of four continuous workstreams over three years:

- **An Implementation and Process Evaluation (IPE),** led by Verian, to explore progress on delivery and set the foundation for the Impact Evaluation through a theory-based approach. This workstream draws on a realist evaluation framework to understand how the Pathfinder is being implemented across different contexts, and to explore the mechanisms through which delivery is expected to lead to outcomes. In practice, this involves developing and testing Context–Mechanism–Outcome (CMO) hypotheses, using qualitative and quantitative evidence to identify what works, for whom, and under what conditions.
- **An Impact Evaluation (IE),** led by Alma Economics, to quantitatively assess the impact of the Pathfinder on its target outcomes as set out in the Theory of Change (ToC). This focuses on measuring longer-term, system-level impacts (as reflected in the impact layer of the ToC), including indicators such as rates of children in care, repeat referrals and child protection plan activity, which capture the longer-term changes in practice, multi-agency decision-making, and family engagement;
- **A Value for Money (VfM) Evaluation,** led by Alma Economics, to assess the Pathfinder's value for money;
- **Stakeholder engagement**, led by NCB, delivered through periodic sessions with central and local government leads, to share emerging learning from the evaluation and gather any additional insights and feedback on delivery that can be integrated with IPE, IE, and VfM evaluation findings.

To ensure the evaluation design and delivery considers the complexity of the policy context and children's social care in its entirety, the NCB will also offer ongoing expert guidance and support. This interim report outlines findings from the initial IPE fieldwork in Year 1 of the Phase 2 evaluation, which included five case study areas from Wave 1

[5] Department for Education (2026), Families First Partnership Programme guide (Year 2). Available at: FFP Programme guide: delivery expectations for statutory safeguarding partners in England: year 2 (2026 to 2027)

(Dorset and Wolverhampton) and Wave 2 case study areas (Warwickshire, Wirral, and Redbridge).

3. Methodology

Phase 2 of the evaluation focuses on understanding the impact of the Pathfinder. However, some delays in the rollout of the Pathfinder combined with the time likely to be required for the reform effects to materialise, meant that meaningful quantitative impact analysis was not feasible in 2025.

Quantitative impact analysis is planned for 2026 using data from the April 2024/25 National Pupil Database, which will provide early quantitative data on outcomes ahead of the availability of fuller impact findings. However, findings from this analysis will not be available until Autumn 2026 at the earliest and are therefore not reflected in this report.

It was therefore agreed to adopt a realist evaluation approach for Phase 2 of the evaluation, to support understanding of emerging outcomes and mechanisms, in advance of quantitative impact analysis. As defined in the Magenta Book[6], a realist approach enables the evaluation to generate nuanced insights into how the policy operates, under what circumstances, and for whom. In realist evaluation, a set of hypotheses (or theories) are developed identifying the factors or processes (called a mechanism) that explain why an intervention has had a particular result (called an outcome), and what effect the context of an intervention has on these mechanisms. By uncovering the underlying mechanisms that drive outcomes, the evaluation will provide critical evidence for the national rollout of the programme.

3.1 Theory of Change and Context-Mechanism-Outcome hypotheses development

The DfE developed a Theory of Change (ToC) for the Pathfinder to underpin the evaluation (see Appendix 1). As part of Phase 2 of the evaluation, Verian conducted a ToC workshop with DfE policy teams to revise the existing ToC developed by the DfE. This revised ToC drew from Phase 1 evaluation findings (2023-2025) and changes in policy. Please see Appendix 1 for this final ToC.

The workshop also aimed to prioritise outcomes in the ToC as the focus of the Context-Mechanism-Outcome (CMO) hypotheses (see Appendix 2) and evaluation questions for Phase 2 of the evaluation. The four outcomes prioritised for this evaluation are:

- Families engage earlier and more consistently (CMO 1 and 2);
- Multi-agency decision-making improves (CMO 3, 7.1, 7.2, and 7.3);
- Family networks activated earlier and more effectively (CMO 6.2);
- Practice quality, clarity and confidence improve (CMO 4).

[6] HM Treasury (2020), The Magenta Book. Available at: https://www.gov.uk/government/publications/the-magenta-book/magenta-book-central-government-guidance-on-evaluation-html

Developing this further, Verian organised a CMO hypotheses development workshop with DfE colleagues to agree the contexts and mechanisms that needed to be in place for these priority outcomes to be achieved. This also informed the development of an evaluation framework that set out the key questions to be answered to establish the CMO hypotheses. The final CMO hypotheses and evaluation framework can be found in Appendix 2 and Appendix 3.

The findings presented in this report are therefore structured to explore emerging evidence against these outcomes, alongside the delivery conditions, mechanisms and contextual factors that appear to support or constrain progress at this stage.

3.2 Implementation and process evaluation methodology

3.2.1 Overall approach

The qualitative case study fieldwork contributes to both the IPE and the theory-based (realist) impact evaluation. While the methods are shared, the analytical purpose differs by strand: the IPE focuses on how the Pathfinder is being implemented and experienced in practice, whereas the realist impact evaluation uses the same evidence to explore emerging contexts and mechanisms linked to priority outcomes.

The initial qualitative fieldwork was conducted in five case study areas with a small sample of senior leads and families (see Background and context for the selected case study areas) and involved:

- **A proforma** survey circulated amongst DfE FFC leads to capture delivery approach details for each area;
- **3-4 senior lead interviews**[7] in each area, across local authority and partner agencies police, health and education;
- **3-4 family interviews in each area** – interviews with adult members of families working with children's social care in these case study areas.

The proforma survey aimed to capture local authorities' inputs, resources, and structural arrangements relevant to Pathfinder delivery. The proforma survey responses were drawn from the quarterly monitoring data collected by DfE from Pathfinder local authorities. DfE Pathfinder leads who liaise with pathfinder areas and monitor the implementation responded to the proforma survey on behalf of their relevant pathfinder areas.

[7] Senior leads interviewed across areas included a mix of stakeholders with the following titles: Director of Children's Services, Lead for Families First for Children, Strategic Education Safeguarding Lead, Associate Director / Chief / Lead Nurse for Safeguarding and Partnerships, Detective Inspector for Families First for Children, and Chief Inspector for Public Protection.

Senior lead interviews explored the mechanisms of change, contextual factors shaping Pathfinder delivery, challenges and enablers of delivery, and perceptions of early outcomes, if any.

Similarly, family interviews covered their experience of working with children's social care (since the Pathfinder's implementation had kicked off) and any perceptions of impact the support they are receiving has had.

3.2.2 Recruitment and sample

Senior leads and families were recruited via Pathfinder leads in each case study area, following an initial briefing to introduce the evaluation and outline expectations over the three-year period. Local authorities identified senior leads who consented to participate and supported recruitment of families who had received support through the Pathfinder. Families were provided with information about the research, safeguarding arrangements and consent processes before interviews were scheduled directly by the evaluation team.

Interviews with senior leads and families took place between 2 and 27 March 2026, with 19 senior leads interviewed and 14 families interviewed. The tables below set out, by local authority area, the number and type of senior leads interviewed, and the number and profile of families interviewed. Table 2 below shows the total number of families as 14, but the numbers shown in the profiles of the families may not add up to this number as some families interviewed fell into more than one profile category.

Table 1 Senior leads interviews completed by local authority

Wave	Local Authority	Total senior leads	Local authority CSC leads	Education leads	Health leads	Police leads
1	Dorset	4	1	1	1	1
1	Wolverhampton	4	1	1	1	1
2	Redbridge	4	2	0	1	1
2	Wirral	3	1	1	0	1
2	Warwickshire	4	2	0	1	1

Table 2 Families interviews completed by local authority[8]

Wave	Local Authority	Total families	Engaged with a FHLP (alt-qualified practitioner)	Engaged with a FHLP (social worker qualified)	Engaged in Family Group Decision Making (FGDM)	With a child with SEND	Family from a minority ethnic background
1	Dorset	4	1	1	1	0	1
1	Wolverhampton	3	1	0	1	1	1
2	Redbridge	3	0	1	1	1	1
2	Wirral	2	0	2	0	0	0
2	Warwickshire	2	0	2	0	1	1

The number of participants, particularly families, is relatively small. As with all qualitative research, the findings provide in-depth insight into experiences and perspectives but are not intended to be statistically representative. Findings should therefore be interpreted as indicative of emerging patterns rather than generalisable across all Pathfinder areas.

The plan for this phase of fieldwork included interviews with 20 senior leads and 20 families. However, recruitment of families was particularly difficult, with many non-responsive to emails, calls, or messages and some non-attendance of booked interviews. Year 2 of the evaluation will include additional interviews to ensure the voices of families experiencing the Pathfinder are adequately represented. Capturing family perspectives is a critical component of the evaluation, providing direct insight into how delivery is experienced in practice and helping to contextualise findings from practitioner interviews.

3.3 Local authority stakeholder engagement – National Children's Bureau (NCB)

As part of this phase of the evaluation, NCB conducted a round of virtual stakeholder engagement sessions in March 2026 with stakeholders from the Office of the Children's

[8] Families in Wolverhampton, Redbridge, and Warwickshire had families that met more than one profile. This means that the total number of families does not reflect the numbers in profiles of the types of families who were interviewed. For example, in Redbridge there was one family that were from a minority ethnic background and had a child with SEND.

Commissioner, NHS England, Local Government Association, College of Policing and The Association of Directors of Children's Services.

Findings from these sessions have been integrated into this report where relevant and the full summary of findings is included in Appendix 4.

4. Findings

4.1 Context to Pathfinder delivery

NCB's engagement sessions with key national and local stakeholders highlighted a positive attitude towards the Pathfinder, welcoming the ambition and the direction they were taking. However, they also highlighted that children's services are already navigating a dense and overlapping set of reforms — including SEND, youth justice, local government reorganisation, health restructuring, and policing reform — and emphasised that the sheer scale of simultaneous change remains challenging. Stakeholders further reported that the combined effect is significant pressure on local systems, with a particular strain on the capacity of Directors of Children's Services who have professional responsibility for local authority children's social care, requiring them to work closely with other local partners. This sets out important contextual background for the delivery of the Pathfinder and for the interpretation of findings from this evaluation. The full summary of findings from NCB's engagement sessions can be found in Appendix 4.

NCB stakeholder engagement also highlighted that there is a continued need for clear cross-government alignment and visible joint ownership of the Pathfinder and national FFP programme. This will help ensure FFP is coherent with related reforms across health, policing and justice and key partners in the system understand their role in the multi-agency reforms.

4.2 Approach to delivery

Continuity and changes since Phase 1 of the IPE

Previous findings from the Families First for Children Pathfinder: Implementation and Process Evaluation report (2025) highlighted significant variation in how the Pathfinder reforms were being interpreted and implemented across local authorities, with clear differences between early (Wave 1) and later (Wave 2) Pathfinders. The report also emphasised that, in many areas, delivery remained at an early or transitional phase, with ongoing variation in the clarity and application of new Lead Practitioner roles (including FHLP and LCPP), and in how these roles operated in practice. New ways of working, including multi-agency arrangements, were still being embedded alongside existing systems and decision-making arrangements.

Insights from the latest round of fieldwork indicated growing alignment in delivery approaches across Wave 1 and Wave 2 areas This appears to reflect both the maturation of implementation in Wave 2 areas and adaptation in Wave 1 areas to align with the updated Wave 2 design specification, resulting in more comparable ways of working across waves.

Implementation progress across areas

Fieldwork showed that although implementation of Pathfinder had progressed across areas, some elements were better embedded than others across case study areas. These elements include the embedding of the FHLP role, earlier and more routine use of FGDM and more regular information sharing and joint discussion between agencies each of which is explored in more detail below.

Embedding the FHLP role– strong embedding within children's social care, with more mixed multi-disciplinary delivery

In contrast to Phase 1 evaluation findings, senior leads consistently agreed that the FHLP role was well-embedded within local authority Family Help services across both Wave 1 and Wave 2 areas alike. They reported greater clarity and consistency around the purpose of the role within their teams, particularly its function in coordinating multi-disciplinary support, maintaining practitioner continuity, and acting as a consistent point of contact for families.

In Wave 1 areas, this reflected a consolidation of progress made in 2024 - 2025, with FHLPs demonstrating increased confidence in their coordination and relational functions. In Wave 2 areas, where the FHLP role was less established in 2025, respondents described clearer articulation of expectations and growing acceptance of the role within practice teams as implementation progressed.

Feedback from families also reflected this continuity of support and access to wider support. Several families described the benefits of having a main point of contact who understood their situation, communicated clearly, and helped coordinate broader support.

> In the last 6 months, I went up to a 'Child in Need', where the same person has stuck with me. So, it's nice to have that same person on board because you're not having to repeat yourself or trying to get someone up to date with what's going on. And my son, because he has ADHD, doesn't cope well with a lot of new people, so it's been really nice because it's been the same person consistently with him. He is now slowly opening up to her, and if she asks him questions, he will answer. - *Family interview*

Stakeholder feedback highlighted that the role was largely observed to sit within children's social care across both Wave 1 and Wave 2 case study areas, with limited evidence of it being taken on by practitioners from partner agencies (e.g. health or education).

Respondents across both local authority and partner agencies attributed the limited uptake of the FHLP role primarily to capacity constraints, with partners reporting limited resource to take on what they perceived to be an additional coordination responsibility. Limited understanding of the role in practice also contributed to lower confidence in taking it on, alongside perceptions that it would add to existing workloads.

While the FPP programme guide positions the FHLP role as part of a reconfigured, multi-disciplinary way of working rather than an additional function, this interpretation was not yet consistently reflected in practice, particularly among partner agencies not embedded within Family Help teams.

> There is a lot of angst about someone from education taking the FHLP role, there is not enough knowledge about the role/process yet... There needs to be a lot of training... Processes have to be streamlined. Education will need to be part of the strategic conversations before taking on an FHLP role. - *Senior lead [Education]*

These factors mean that, at this stage, the FHLP role is operating predominantly as a local authority-led role, rather than as a shared multi-disciplinary role. While respondents noted that there may be circumstances where partner agencies are best placed to take on the role—particularly at earlier stages of need or where a presenting issue aligns with their expertise—such examples were limited in practice. Respondents highlighted a need for clearer articulation of the role and additional training and support to enable partners to take it on in appropriate circumstances.

It should be noted that the updated Families First Partnership Programme guide was published in March 2026, after this fieldwork was conducted, and may help to address some of this uncertainty as implementation progresses.

Integrating Family Group Decision Making - Earlier and more routine use of FGDM noted across respondents

The Phase 1 evaluation described FGDM as expanding across case study areas and being positively received by practitioners and families. Findings from this round of fieldwork indicate a further shift in how FGDM is being used in practice. FGDM, respondents reflected, was more routinely offered at the earliest points of engagement with children's social care, including within Family Help, rather than being introduced primarily at later stages or points of escalation, which in many cases, was felt to have been introduced too late.

Respondents described earlier use of FGDM as enabling earlier engagement with families and their networks, supporting relationship building, shared understanding of needs, and more collaborative planning before issues escalated. This reflects greater confidence in the approach and a clearer alignment between FGDM and the wider preventative ambitions of the Pathfinder.

> Our family group decision makers offer to every single family as soon as they enter family help, which means we're getting that extended family network involved much, much earlier than we were prior to the Pathfinder. And we're getting some really good engagement... it's the top end of 90% plus that agree to be contacted by the team. Then once we make contact and we start to put the offer out more formally to families, I think it's about 65% that actually engage in that earlier family group decision making offer. In the old family group conferencing world where it

> was just offered at child protection onwards, we were getting around 35, 40% engaging. So, we've definitely got more engagement from extended family members. - *Senior lead [local authority]*

This shift was apparent across waves, suggesting that differences between earlier and later case study areas have narrowed since the previous evaluation period. While the scale and consistency of FGDM delivery varied by local authority, respondents consistently framed earlier use of FGDM as supporting relationship-building, shared understanding of family strengths and needs, and more collaborative planning from the outset.

Although perceptions of FGDM were generally positive among senior leads and families interviewed, senior leads also highlighted some ongoing delivery-related challenges. In particular, offering FGDM earlier in families' journeys was felt to have placed additional pressure on facilitator capacity in some areas, affecting how quickly meetings could be convened and, in some cases, consistency of delivery. Practitioners also noted the importance of clear communication with families when FGDM is offered at an early stage, as families may be encountering the process for the first time at a point when trust in services is still developing, and misunderstandings can affect willingness to engage. These challenges were framed as operational issues associated with embedding and scaling the approach, rather than concerns about the suitability or value of FGDM itself.

Multi-agency delivery - Increased frequency and routinisation of multi-agency discussion

The Phase 1 evaluation identified multi-agency working as an established feature of the Pathfinder delivery across case study areas, in alignment with the design specification. However, this collaboration was often described as episodic, with joint working more likely to be triggered by escalation or formal decision-making points, rather than embedded in day-to-day practice.

Overall, this round of fieldwork suggests a shift towards more frequent, routine, and earlier multi-agency discussion across services involved in supporting children and families. This both includes and extends beyond MACPTs. While in a small number of case study areas, more established MACPTs are now operational and providing structured multi-agency forums for child protection consultation, discussion, information-sharing and decision-making, the research also reflected improved connections and working between agencies involved in supporting families outside of statutory child protection processes.

This is reflected in increased opportunities for practitioners to share information, discuss concerns jointly, and draw on input from partner agencies at an earlier stage in families' journeys. However, progress remains uneven across case study areas, with some local areas demonstrating more established and regular working across agencies and services than others.

Drivers of increased multi-agency working in practice

This shift appears to be underpinned by a combination of formal and informal mechanisms, including:

- Co-location or closer proximity between practitioners in some areas—such as co-located family help teams in family hubs—supporting day-to-day communication, quicker consultation, and more immediate information sharing between agencies;
- Earlier engagement of partner agencies in discussion and planning, including within Family Help;
- More structured multi-agency consultations and discussions of concerns about significant harm (child protection cases), including through and within MACPTs (which lead multi-agency child protection decision-making), as well as through the use or adaptation of existing local arrangements (e.g. Line of Sight meetings), which provide regular opportunities for joint discussion outside formal child protection arrangements; and
- Repeated interaction between practitioners over time, helping to build shared understanding and application of thresholds, roles and expectations.

Together, these mechanisms appear to be supporting more timely information sharing and more regular joint discussion of children and families, even where MACPTs are not fully embedded.

The following section explores how these mechanisms are operating in practice.

Mechanisms underpinning multi-agency working in practice

Enhanced multi-agency working appears to be driven not only by formal structures such as MACPTs, but also by more routine, relationship-based ways of working across services involved in supporting families. Across case study areas, practitioners emphasised the importance of repeated interaction with the same practitioners, which was seen to build trust, support quicker consultation, and improve the quality of joint discussion.

These interactions were described as particularly valuable in more complex situations, where there is uncertainty about whether concerns require escalation from Family Help into child protection. Access to regular multi-agency discussion enabled practitioners to test hypotheses, draw on different practitioners' perspectives, and build confidence in decision-making. In some areas, this was reflected in joint working between FHLPs and LCPPs where there was uncertainty about escalation, supporting clearer and more consistent decision-making in practice, although this interaction was not yet consistently embedded across all case study areas.

This suggests that improvements in multi-agency working are supported by more routine and embedded opportunities for discussion, rather than relying solely on fully established formal structures such as MACPTs. While these structures provide a framework for multi-agency child protection information-sharing and decision-making, many of the observed

improvements reflect broader changes in how practitioners interact, share information and make decisions on a day-to-day basis.

Alongside these improvements, stakeholders interviewed in the case studies and through the NCB engagement sessions and case studies also highlighted ongoing challenges in the system infrastructure underpinning multi-agency working. In particular, the absence of systematised or nationally supported tools and processes (such as formal networks to share best practice or consistent approaches to data sharing agreements) continues to act as a barrier. As a result, many areas rely on locally developed arrangements and practitioner relationships to facilitate multi-agency working, with information sharing remaining uneven across sites.

The following section considers how these changes in multi-agency working are influencing how practitioners understand children and families in practice.

Greater integration of child and family context within multi-agency discussion

There is some evidence that Pathfinder delivery is improving how information about children and families is brought together and interpreted across agencies. Senior leads felt that with stronger multi-agency discussion and information sharing amongst practitioners, practitioners were able to develop a more complete understanding of children's experiences, needs and circumstances. This included more explicit consideration of how adult needs and wider family factors may affect children, alongside a broader shift towards integrating different professional perspectives.

In one local authority, senior leads highlighted cases where input from health practitioners helped build a fuller picture of the child and family, supporting more accurate and proportionate responses. Community nurses working with children with complex disabilities or SEND described becoming more actively involved in safeguarding processes for those children. Similarly, mental health nurses working primarily with adults reported more routinely considering how a parent's mental health needs might impact on children within the family:

> Mental health nurses who are working with parents are coming to the table, much more around the safeguarding elements... [There's] more thinking about, how is an adult mental health problem impacting on a family? Can we get a bit more help and support around this family early on to prevent deterioration? And ultimately, to prevent the need for removal of children. - *Senior lead [Health]*

In practice, this is enabling earlier and better-informed multi-agency discussion of children's needs, including within Family Help and other multi-agency forums, outside formal child protection decision-making arrangements.

The following section examines the extent to which these improvements are also delivered through MACPTs, and any variation across local areas.

Elements of the Pathfinder with more varied implementation progress across areas

Establishment of MACPTs - Variation in maturity and configuration

While multi-agency working in practice had clearly strengthened across case study areas, there were indications of variation in the extent to which this is delivered through formal MACPT structures. Across local authorities, MACPTs differed in both maturity and configuration, reflecting different stages of local understanding, contexts, implementation and system conditions. A small number of case study areas described MACPTs as more mature and consistently embedded, while others remained at an earlier or more transitional stage of implementation.

Consistent with the programme's test-and-learn approach, implementation of MACPTs was commonly described as iterative, with local areas adapting structures and processes over time in response to learning, workforce capacity and local context, needs and trends.

Positive impacts where MACPTs are more fully embedded

Where MACPTs were described as more mature and consistently resourced, there is evidence that they are strengthening decision-making in child protection, including through quicker access to partner-held information and improvements in the quality, completeness and shared understanding of information used in decision-making. Respondents in these areas described improved access to partner information, more timely joint discussion of concerns about significant harm, and stronger opportunities to bring together different practitioner perspectives in deciding on appropriate next steps.

> Having the other agencies in the [MACPT] means that we can get quick access to partner information to inform some of that decision making, whereas in the past, that could have taken a good few days to pull all of that together. You can get key partners around the table where there are disagreements to try and unpick the information and have that opportunity for reflection, and also build that shared understanding, shared ownership, ability to really think about the impact on children. - *Senior lead [local authority]*

This illustrates how MACPTs can provide a structured forum for discussion and identification of and responses to concerns about significant harm, supporting shared understanding and more confident joint decision-making, and increased confidence in applying child protection thresholds, including where there are concerns about significant harm.

More mature MACPT arrangements were also seen to support a more comprehensive understanding of children's and families' experiences, by bringing together information and perspectives from multiple agencies.

In addition, consistent partner representation within the team and clearer operating arrangements were described as supporting stronger practitioner confidence and more integrated ways of working over time, both within MACPTs and more broadly across multi-agency practice (e.g. through collaboration between FHLPs, LCPPs and partner agencies). However, these impacts were not reported consistently across all case study areas.

Variation in earlier-stage implementation

In other areas, MACPT implementation remained at an earlier or more transitional stage. In these contexts, respondents described ongoing development of the transition to the MACPT approach.

This included developing understanding of:

- How MACPTs are embedded within existing elements of the safeguarding and child protection system (e.g. MASH, strategy discussions and child protection conferences), particularly during the early stages of implementation as local areas adjust and integrate MACPTs into existing arrangements, rather than operating parallel processes. This includes recognising that front door/MASH arrangements will continue to manage a wide range of safeguarding referrals, including but not limited to concerns about significant harm;
- How decision-making on child protection intervention within MACPTs links to ongoing Family Help activity and FHLP involvement in practice; and
- How the roles of LCPPs and partner practitioners are understood and carried out in practice within multi-agency team structures, including how LCPP responsibilities operate alongside wider multi-agency input.

These issues were typically described as part of the process of implementing a new system, where local areas are adapting existing structures and ways of working to align with the department's expectations of safeguarding partners in establishing MACPTs and LCPP roles.

These challenges were most evident where multiple elements of the Pathfinder were being embedded simultaneously, including the introduction of MACPTs, the FHLP role, and the embedding of the LCPP role within multi-agency team structures. In these contexts, respondents highlighted the time required to establish new working arrangements, embed roles, and align multi-agency practice with statutory child protection responsibilities within the wider system of help, support and protection.

In these areas, multi-agency working continues to rely more heavily on a mix of existing arrangements and developing structures while MACPTs were being embedded and refined. As implementation progresses, respondents expected to see increasing consistency in how these teams operate and contribute to child protection decision-making within local systems.

Embedding the Lead Child Protection Practitioner Role (LCPP) - Variation in the articulation of the LCPP role

Across case study areas, the LCPP role was consistently recognised as critical to providing focused leadership, expertise, oversight and decision-making in child protection. This is in line with the Families First Partnership programme guide (published after this fieldwork was conducted), which states the LCPP provides expert oversight on child protection decision-making where there are concerns about significant harm and does not case hold, while the FHLP continues to be responsible for supporting the child and family and coordinating their ongoing involvement with services.

However, interpretation of the role varied. Some senior leads clearly described when the LCPP should take lead responsibility at escalation points, while maintaining FHLP involvement to support continuity. In other areas, there was ongoing uncertainty about the scope of the LCPP role and how it should interact with continued FHLP involvement.

In areas where the LCPP role was more fully embedded, stakeholders described a range of operational benefits. In particular, LCPPs were seen to play a valuable role in supporting FHLPs through advice, consultation and joint working on complex cases, where there was uncertainty about whether concerns involve significant harm and require child protection intervention. This was perceived to support more proportionate escalation, maintain continuity for families, and reduce defensive practice.

> Family help might just pick the phone up and say, I've got this family, bit concerned about this, what do you think?' And the [LCPPs] do a bit of peer-to-peer, 'have you tried this?, have you done this?', or 'I'll come out on a joint visit with you'...just to get a sense of what I think about the home conditions or, so that there's another professional view of things without it formally stepping into child protection...the LCPPs provide that consistent oversight and lens.' - *Senior lead [local authority]*

Several senior leads, particularly in areas where the role was more established, described the LCPP role as offering a more sustainable model for more senior/ experienced child protection practitioners, including improved work-life balance and greater opportunity for reflection, which was seen as supporting workforce stability and retention.

However, in areas where there was continued uncertainty, questions remained about how the LCPP role operates alongside FHLPs in practice. In this context, uncertainty related to:

- How continuity for families is maintained where FHLP involvement continues alongside child protection activity;
- Whether LCPPs held cases, carried out direct practice with the child and family, or provided oversight only – or the degree of LCPPs' involvement in some or all of these;
- How child protection accountability operates in practice, particularly where decisions are informed by multi-agency discussion, but statutory responsibility remains with children's social care.

Local authorities noted that time was needed to integrate these new roles with established statutory processes, such as strategy discussions and child protection conferences. These findings are also reflected in NCB stakeholder engagement, where participants highlighted a lack of clarity around thresholds, handovers and authority within the LCPP role (see Appendix 4).

4.3 Stakeholder and family perspectives on their experience of Pathfinder delivery

This section explores four key factors that were felt to shape a more positive delivery experience, including (i) clearer roles and ways of working, (ii) continuity of practitioner involvement, (iii) stronger relational working between professionals, and (iv) the associated impacts on practitioner confidence, family engagement and multi-agency working in practice.

(i) Compared to the Phase 1 evaluation, senior leads felt that there was **clearer understanding about roles, responsibilities and ways of working** within the Pathfinder, greater familiarity with new ways of working, and time for practice relationships to stabilise.

(ii) As reflected in the previous section, **continuity of practitioner involvement** was repeatedly identified by both senior leads and families. This consistent contact was felt to contribute to enhanced confidence and family engagement. Where families experienced more consistent contact over time, practitioners described being better able to build and retain an understanding of family circumstances and to respond flexibly as needs evolved.

Delivery was often experienced as less fragmented than prior to reforms, even where families remained in contact with multiple services. Practitioners and families interviewed described a stronger sense that support was coordinated over time, with less repetition and fewer instances of families feeling they were starting again with new professionals. Rather than experiencing support as a series of discrete service episodes, families described ongoing adjustments in the focus and intensity of support as their circumstances changed.

(iii) Stakeholders emphasised **the importance of relational familiarity between professionals**. Repeated interaction with the same colleagues over time was seen as strengthening trust, reducing defensiveness, and enabling more open and constructive challenge in professional judgement and decision-making, driving increased practitioner confidence in managing cases where there is uncertainty about whether concerns warrant child protection intervention.

Taken together, these factors were described by senior leads across case study areas as helping to sustain momentum and confidence in delivery, particularly in the context of wider system pressures and resource constraints.

(iv) As a result of these factors, both delivery teams and families felt that work with families had **become more collaborative**, with greater involvement of families in

> discussion and planning at earlier points in the family journey. Rather than decisions being driven primarily by sequential referrals or escalations between teams, senior leads interviewed felt that Pathfinder delivery involved more shared deliberation before issues intensified.

Senior leads also felt that families were more willing to participate in discussions about their needs and to contribute to planning conversations. In some areas, they highlighted that families appeared more confident in expressing their views and challenging decisions, which was interpreted as a sign of stronger relationships and trust.

These changes were reflected in family accounts of their experience too. Compared to the early evaluation, families interviewed more frequently reported feeling listened to, supported and involved in decisions affecting them, reflecting greater alignment of delivery with the Pathfinder design.

> I really feel listened to, I really feel heard, I really feel like I'm able to influence my plan, I've got a really good relationship with my worker. - *Family interview*

Having this trusted individual at the heart of their journey, meant that families were more willing to consider and, in some cases, attend FGDM meetings, that they may previously have found difficult to engage with.

> She messaged my friends. It was really heart-warming, having support from my friends. - *Family interview*

Some of the families interviewed described a strong sense that professionals were communicating with one another as part of their current experience of support. They described feeling confident engaging with services where communication felt clear and where professionals appeared to have a shared understanding of their circumstances. These experiences appeared to be closely linked to consistency of contact and the quality of relationships with individual practitioners.

However, it is important to note that some senior leads felt that improved family experience was not universal or automatic. They reported that families facing acute stress, safeguarding concerns or wider socio-economic pressures could still find engagement challenging. They emphasised while the family experience was improving, it remained sensitive to context, capacity pressures and the ability of teams to consistently apply new ways of working.

Ongoing pressures and constraints shaping the delivery experience

While the overall experience of delivery was more positive than in the Phase 1 evaluation period, senior leads were also clear that the Pathfinder continues to operate within a high-pressure environment. This was also reflected in NCB stakeholder engagement sessions, which highlighted the wider pressure on local systems. Workforce capacity, demand levels and partner availability were frequently cited as shaping how quickly and consistently new ways of working could be embedded. This aligns with feedback received by NCB in their engagement sessions, which highlighted the significant

pressure on local systems as a result of the overlapping reforms impacting children's social care (see Appendix 4 for more detail).

Compared to Phase 1, recruitment shortages and unfilled posts were less prominent in respondents' accounts. Instead, the focus was on pressures associated with managing caseloads, sustaining practice quality, and balancing competing priorities within established teams. This may be indicative of greater stability in workforce arrangements relative to the earlier implementation phase, though not an absence of workforce strain.

Senior leads also described balancing the ambition of the Pathfinder reforms with the practical realities of time and capacity. Thus, the experience of delivery varied depending on staffing stability, local demand patterns and the extent to which new approaches had been absorbed into everyday routines.

Importantly, these constraints were not framed as undermining the value of the Pathfinder itself, but as influencing the pace, consistency and depth with which changes could be experienced in practice.

Inspection context and local system conditions

In some areas, wider system factors were described as shaping local confidence and practice. Respondents highlighted that external scrutiny (e.g. inspection) could, at times, influence how new ways of working were implemented, leading to more cautious or risk-averse decision-making.

Similar concerns about inspection frameworks keeping pace with reform were also echoed in NCB stakeholder engagement sessions with national organisations, which highlighted wider sector concern that inspection expectations may not yet fully reflect the aims and delivery approach of the Pathfinder reforms. This was seen as creating challenges for areas seeking to embed new ways of working.

Taken together, these findings suggest that while inspection context did not feature uniformly across case study areas, it formed part of the wider system conditions shaping the pace, confidence and direction of delivery.

5. Emerging outcomes and their drivers

The evidence presented in this section reflects emerging changes in practice, relationships and decision-making processes, rather than impacts on longer term outcomes for children and families. At this stage, it remains too early to attribute causality or to observe sustained system level impacts. Nonetheless, across case study areas, respondents described a number of early and emerging outcome signals that align with the priority outcomes set out in the Context–Mechanism–Outcome (CMO) hypotheses (see Appendix 2).These emerging outcomes appear to be driven primarily by changes in day-to-day practice, including earlier and more routine multi-agency discussion, greater continuity of practitioner relationships, improved integration of professional perspectives, and earlier use of family-led planning. Formal structures such as MACPTs appear to be contributing to these outcomes where they are more fully embedded, but their contribution remains variable across case study areas and dependent on delivery progress.

Outcomes aligned with the CMOs

The outcomes referenced below align with the prioritised CMO hypotheses; the full set of CMO hypotheses and their numbering are outlined in Appendix 2.

Earlier and more consistent engagement with families

This outcome draws on evidence aligned with CMO 1 and 2.

Across case study areas, respondents described emerging signs of earlier and more sustained engagement with families, particularly at the point of initial concern. Senior leads reported more opportunity for early discussion, professional challenge and shared understanding of need, rather than engagement being triggered primarily at points of escalation.

These changes were often associated with continuity of support, with senior leads describing more positive experiences where families had a consistent lead practitioner. This was seen as supporting trust, clearer communication, and families' willingness to share information and participate in planning. Family accounts provided some corroboration of this, with several describing feeling listened to, supported and able to influence decisions affecting them.

> I don't hide anything from my social worker, I'm very open with her… she was really supportive, she didn't judge my mistake… we spoke about it… I don't feel very judged… I know there's always someone I can turn to. – *Family interview*

However, local authority senior leads were clear that these emerging signals were context dependent. Workforce stability, local demand pressures and families' wider circumstances shaped whether earlier engagement could be consistently realised, and quantitative evidence to confirm changes in re referrals or escalation is not yet available.

Improved multi agency decision making and collaboration

This outcome draws on evidence aligned with CMO 3 and CMOs 7.1 to 7.3, which are treated as a single outcome with multiple drivers.

Senior leads across both waves described emerging improvements in multi-agency decision making, particularly in terms of frequency, timeliness and quality of professional discussion across organisations. Compared to the Phase 1 evaluation, multi-agency engagement was more often described as embedded in day-to-day practice, rather than episodic or crisis led.

Practitioners linked these changes to repeated interaction with the same practitioners over time, greater relational familiarity between practitioners, and access to partner perspectives earlier in the decision-making process.

These early indications of improvements, while driven in some areas by fully operational MACPTs, cannot be solely attributable to these formal structures and were seen to occur across the different stages of families' journeys. In several areas, respondents described changes also being driven by day-to-day practice, including closer working relationships, co-location or proximity between practitioners, routine consultation, and regular multi-agency discussion opportunities within existing local arrangements.

In some cases, this was supported by improved access to partner information—for example, through co-located teams or arrangements enabling more direct sharing of information between agencies—allowing practitioners to access partner input more quickly and develop a more complete understanding of children and families. However, this was not consistent across all areas, with respondents elsewhere continuing to report challenges relating to data sharing systems and processes.

These mechanisms helped practitioners refine professional judgement and strengthen decision-making, even where formal multi-agency structures were still being embedded.

In those areas where MACPTs were more fully embedded, they were felt to have enabled quicker access to partner information and more regular multi-agency discussion of concerns about significant harm, supporting more confident collective judgement about whether escalation to child protection was warranted and in the best interest of the child.

Where MACPTs were still developing, or where partner agencies faced significant capacity or information-sharing constraints, progress was described as slower and less consistent. As a result, improvements in multi-agency decision-making should be understood as emerging and uneven, with stronger evidence of changes in day-to-day multi-agency working than of consistently embedded multi-agency team-based working across all sites.

Improvements in practice quality, clarity and practitioner confidence

This outcome draws on evidence aligned with CMO 4.

There is evidence of emerging improvements in practice quality, clarity and practitioner confidence. These were particularly evident where practitioners had access to advice,

consultation and opportunities for shared deliberation, including support from experienced child protection practitioners through the LCPP role

Senior leads described LCPPs as supporting FHLPs in more complex cases where there was uncertainty about whether concerns warranted child protection intervention. Respondents felt this helped practitioners test professional judgement, build confidence and support more proportionate decisions about whether child protection intervention was necessary

These changes were closely linked to clearer understanding of roles and responsibilities over time, stronger professional relationships and opportunities for consultation, rather than to changes in formal structures alone. Senior leads emphasised that confidence was built through ongoing interaction and shared learning, rather than immediate structural reform.

However, respondents highlighted that these gains remained sensitive to inspection context, leadership confidence and workload pressures.

Earlier and more effective use of family networks

This outcome draws on evidence aligned with CMO 6.2.

Senior leads described earlier and more routine use of FGDM as an important emerging signal aligned with the Pathfinder's preventative intent. Interview evidence suggested that, compared to earlier phases of implementation, FGDM was more likely to be offered earlier in families' journeys, including within Family Help. Proforma survey data also indicates that several areas were delivering FGDM across Family Help, child protection and pre-proceedings stages rather than at a single point in the system.

This shift was driven primarily by changes in local delivery arrangements and resourcing, including FGDM being positioned as a more routine offer within Family Help and, in some areas, the presence of dedicated FGDM capacity. Where these structural conditions were in place, practitioners described greater confidence in offering FGDM earlier and more consistently, supporting planning that drew on wider family perspectives and sources of support that may not otherwise have been visible.

At the same time, respondents highlighted operational and contextual constraints. These included facilitator capacity as demand increased, variation in family willingness or readiness to engage, and the need for clear communication with families encountering FGDM for the first time. As a result, while the direction of travel is positive, the scale and consistency of earlier FGDM use remains variable across areas, and systematic data on timing, uptake and outcomes is not yet consistently available.

To conclude, the initial evidence suggests that the strongest emerging outcome signals in the case study areas relate to changes in practice, relationships and system functioning, rather than measurable longer-term outcomes at this stage. The clearest early signals are around earlier engagement, improved collaboration, greater practitioner confidence in some contexts, and earlier use of family-led planning. However, these outcomes remain

uneven and context-dependent, shaped by the maturity of local arrangements, workforce and partner capacity, information-sharing systems, and wider system pressures.

6. Conclusion

The findings captured in this report highlight the progress made by case study areas in embedding the Pathfinder since Phase 1 of the evaluation. Differences between Wave 1 and Wave 2 areas have narrowed, as implementation has matured and local authorities have adapted to the updated design specification.

Some elements of the Pathfinder were felt to have been more consistently embedded across areas. The FHLP role, in particular, was seen to have been embedded more consistently across local authorities, enabling practitioner continuity and improved coordination of multi-disciplinary support for families. Similarly, in line with the intended Pathfinder design, it was felt that FGDMs are now offered to families more routinely and at earlier stages in Family Help, driving earlier and stronger support from wider family networks and more active participation of families in developing their care plans. More broadly, there is evidence of strengthened multi agency working in practice, with increased opportunities for earlier and more routine discussion and information sharing between partners. These changes appear to be driven primarily by evolving day to day ways of working, supported in some areas by the establishment of MACPTs.

However, implementation remains uneven across areas. There is clear variation in the maturity and configuration of MACPTs, with more established teams supporting structured multi-agency child protection decision-making in some areas, while others remain at an earlier stage of embedding these arrangements within the wider system of help, support and protection. Similarly, while the LCPP role is recognised as central to strengthening child protection decision-making, during transition there is continued variation in how the role is articulated and implemented in practice, particularly in relation to how responsibilities are exercised where there are concerns about potential or actual significant harm.

Experiences of delivery have improved overall compared to Phase 1, with senior leads and families describing clearer roles, stronger professional relationships, and greater continuity of support. These changes are associated with increased confidence in practice and more positive engagement from families. However, these experiences are not universal and remain sensitive to local context, including workforce capacity, levels of demand, and wider system pressures.

At this stage, emerging outcomes relate primarily to changes in practice and experience rather than longer-term impacts. Early signs include more consistent engagement with families, improvements in multi-agency decision-making, and more routine use of family networks. While these changes are promising, they remain uneven and are shaped by local system conditions.

Overall, the findings suggest that while the direction of travel is positive, continued support will be required to embed multi-agency child protection arrangements consistently across areas, clarify roles and responsibilities within the system, and address wider system constraints that influence the pace and consistency of

implementation. Based on the insights from senior leads in case study areas captured in this report, the following are considerations for DfE and local authorities:

- **Clarifying expectations for the FHLP role in practice:** While the FHLP role is now well embedded, there is limited evidence of it being held by practitioners from partner agencies. Findings suggest this reflects uncertainty about accountability and risk, as well as structural constraints within partner agency roles. Continued clarity and shared understanding of the scope of the FHLP role, including where practitioners from different disciplines are best placed to lead, may support more consistent implementation.
- **Sharing learning on effective implementation of MACPTs:** There is variation in how MACPTs are being embedded and how they support multi-agency child protection decision-making in practice. There is an opportunity to support learning between areas, particularly by sharing how more established MACPTs are operating, including roles, responsibilities and ways of working.
- **Strengthening clarity on the LCPP role and its relationship with FHLPs:** Variation in how the LCPP role is implemented suggests a need for continued clarity on roles and responsibilities, particularly in relation to how responsibility is exercised where there are concerns about potential or actual significant harm, and how the role operates alongside FHLPs within multi-agency child protection arrangements. The recent FPP programme guide (published after fieldwork was conducted) has sought to provide further clarity on these aspects.
- **Supporting alignment between reform and the wider system context:** Senior leads highlighted that wider system factors, including inspection frameworks and parallel reforms, can influence local confidence and practice. In addition, NCB stakeholder engagement highlighted the importance of clear cross-government alignment and visible joint ownership.
- **Strengthening national support for shared learning and system enablers:** Findings from stakeholder engagement highlight the value of continued national support for sharing learning and providing core materials, such as information-sharing templates, model Memorandums of Understanding and exemplar role descriptions. This may help reduce duplication of effort across areas and support more consistent implementation.

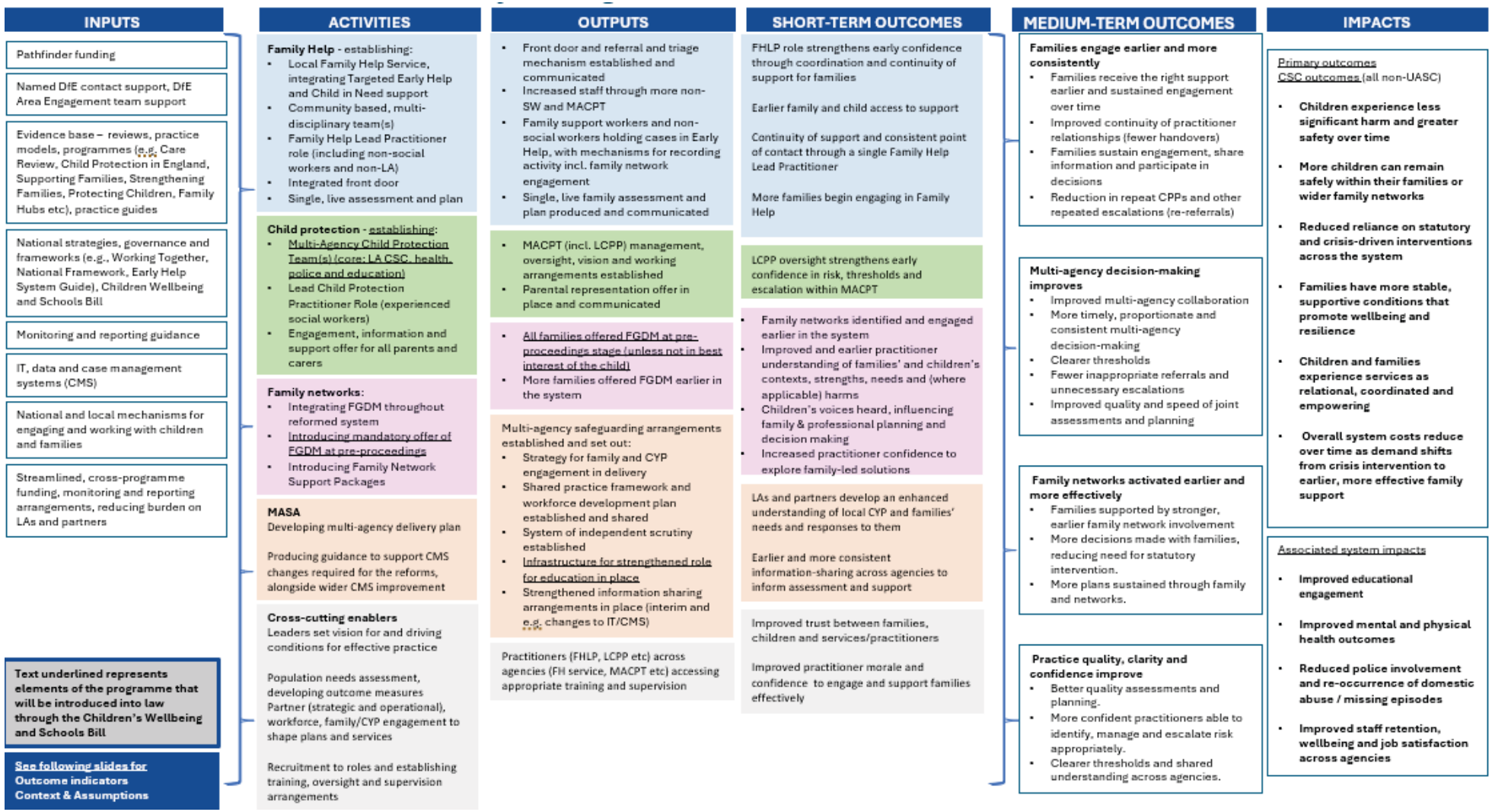
Implications of the findings for the second wave of fieldwork

While this initial fieldwork has highlighted the progress and experience of delivery from the perspective of senior leads across local authorities and their partner agencies, it will be important to view this alongside the perspectives of those on the frontlines of delivery. Subsequent rounds of fieldwork for this evaluation will include operational leads and frontline teams.

In addition, it will be important for the next round of fieldwork to explore in greater detail:

- **Capacity and demand pressures**, and how these influence the delivery of the Pathfinder way of working, including how consistently new approaches can be applied in practice;
- **Variation in multiagency implementation**, including exploring the extent to which co-location has been implemented, the associated benefits and challenges and implications of multi-agency working in practice;
- **Fidelity of the LCPP role** to the design specification and the FFP programme guide, examining how consistently the role is being interpreted and implemented across areas;
- **The integration of wider family networks and children and young people's voices** in the design and delivery of support.

Appendix 1: Families First for Children Pathfinder: Theory of Change



Families First for Children Pathfinder: Theory of Change is laid out as six vertical columns from left to right: Inputs, Activities, Outputs, Short-term Outcomes, Medium-term Outcomes, and Impacts.

The Inputs column lists funding, national and local policy frameworks, evidence-based practice models, data and case management systems, workforce support, safeguarding arrangements, monitoring and reporting guidance, and streamlined cross-programme funding and governance.

Activities include strengthening family help and early intervention, embedding multi-agency safeguarding and child protection leadership, developing family networks and Family Group Decision Making, improving data-sharing and systems through MASA work, and cross-cutting actions such as workforce development, recruitment, training, and supervision.

Outputs describe improved front-door triage, earlier identification of need, stronger family help leadership, single family assessments and plans, increased use of family networks and Family Group Decision Making, better multi-agency safeguarding arrangements, clearer practice thresholds, improved information sharing, and more consistent practitioner support.

Short-term outcomes show families engaging earlier, improved continuity of practitioner relationships, earlier confidence in addressing risk, better understanding of children's needs and harms, improved trust between families and services, and stronger practitioner confidence.

Medium-term outcomes include earlier and more sustained family engagement, fewer handovers and repeated assessments, improved multi-agency decision-making, clearer thresholds, more effective family networks, reduced need for statutory intervention, and improved practice quality.

The Impacts column highlights improved child safety and stability, reduced escalation to statutory services, greater family resilience, more coordinated and empowering services, lower system costs through earlier intervention, and wider benefits such as improved education engagement, health outcomes, workforce wellbeing, and reduced police involvement.

Appendix 2: CMO hypotheses

CMO Number	Context	Mechanism	Outcome
1	In a context where there is clear multi-agency buy-in, strong leadership, stable governance and accountability, a skilled workforce with clear structures and processes in place for the supervision and oversight of practice and decision-making, co-located working, and the right lead practitioner allocated.	Continuity of FHLP role, combined with shared multi-agency oversight, strengthens the practitioner's role and professional confidence whilst creating consistent, predictable engagement for families. This supports trust and clearer communication over time.	Families sustain engagement, share information and participate in decisions, enabling needs and risks to be identified and addressed earlier
2	In a context where there are clear referral pathways and thresholds, shared multi-agency information systems, leadership support for early intervention, regular multi-agency case review meetings, training in early identification and SEND/complex needs, and a pre-existing culture of collaboration and trust between agencies.	Resources and structures (screening processes, referral pathways, thresholds, guidance, multi-agency review, shared vision, practice and joint decision-making frameworks) engender confidence, trust and understanding in practitioners at an earlier stage. create shared understanding, alignment and trust across agencies. This enables concerns to be assessed collectively and routed to the most appropriate support more quickly, reducing delay, or duplication.	Families engage earlier and more consistently Families receive the right support earlier and sustained engagement over time

CMO Number	Context	Mechanism	Outcome
3	When multi-agency systems have a shared culture of trust, supportive leadership, shared IT systems, clear roles and responsibilities filled by appropriate agency representatives, regular co-located agency meetings, and shared training and guidance on thresholds.	Through shared processes and expectations partners develop shared understanding, mutual trust, confidence, and accountability in each other's roles and decisions. This supports open, timely information-sharing and enables joint decision-making.	Multi-agency decision-making improves • Improved multi-agency collaboration • More timely, proportionate and consistent multi-agency decision-making • Clearer thresholds • Fewer inappropriate referrals and unnecessary escalations • Improved quality and speed of joint assessments and planning
4	In a multi-agency system with clear leadership, supportive supervision, access to ongoing training, and sufficient resources to support practice.	As practitioners gain clarity about their roles, collaborate effectively, and develop a shared understanding of families' needs they are able to exercise professional judgement with greater assurance and consistency, drawing on supervision, training and multi-agency support.	Practice quality, clarity and confidence improve, evidenced by better quality assessments and planning, more confident identification, management and escalation of risk, and clearer thresholds and shared understanding across agencies.
6.2	When family networks are identified and engaged early, in contexts where skilled, independent practitioners can	Through the FGDM process, practitioners are exposed to multiple family perspectives, creating shared	This leads to better quality assessments and planning, more decisions made with families, reducing

CMO Number	Context	Mechanism	Outcome
	work relationally and families and their networks are safe and willing to engage in support.	visibility of family dynamics, risks and sources of support that would not otherwise be available to practitioners at this stage.	need for statutory intervention, and more plans sustained through family and networks.
7.1	When MACPT structures are clearly defined, with formalised governance, consistent attendance from the right agency representatives, shared IT systems or information-sharing arrangements, a supportive multi-agency culture, and leadership endorsement of joint accountability.	Practitioners within the MACPT clearly understand who is responsible for what, and how their contributions fit into shared processes, they feel more confident that their decisions are legitimate, backed by partners, and unlikely to be challenged later. This enables decisiveness and reduces duplication and conflict, enabling practitioners to act earlier and coordinate more effectively.	Multi-agency decision-making improves • Improved multi-agency collaboration • More timely, proportionate and consistent multi-agency decision-making • Clearer thresholds • Fewer inappropriate referrals and unnecessary escalations • Improved quality and speed of joint assessments and planning
7.2	When there are clear governance structures, consistent multi-agency meetings, effective information-sharing systems, a culture of trust, clearly defined roles, co-location to support real-time communication, strong	Practitioners access to timely, multi-agency information allows for a clear and accurate understanding of the child's circumstances, needs, and risks. This comprehensive picture enables them to identify escalating risk earlier, implement support more effectively and	Multi-agency decision-making improves • Improved multi-agency collaboration

CMO Number	Context	Mechanism	Outcome
	leadership backing, and timely multi-agency information flows.	intervene in a more confident and coordinated way.	• More timely, proportionate and consistent multi-agency decision-making • Clearer thresholds • Fewer inappropriate referrals and unnecessary escalations • Improved quality and speed of joint assessments and planning
7.3	When MACPT structures are clearly defined, with formalised governance, consistent multi-agency meetings, timely access to multi-agency information, a supportive culture of trust, clear roles and responsibilities, co-location that supports real-time consultation, and strong leadership backing for embedding LCPP expertise.	The LCPP role brings expertise, authoritative decision making, and strong CP knowledge and experience. MACPT practitioners feel supported and confident because they have access to an expert who can interpret complex information, validate risk assessments, be clear about thresholds, and manage contributions from partners.	Multi-agency decision-making improves • Improved multi-agency collaboration • More timely, proportionate and consistent multi-agency decision-making • Clearer thresholds • Fewer inappropriate referrals and unnecessary escalations • Improved quality and speed of joint assessments and planning

Appendix 3: Evaluation Framework

Outcome	Evaluation questions	Proforma	Senior leads	Operational leads	Family interviews	Frontline workforce survey	Family survey
Families engage earlier and more consistently • Families receive the right support earlier and sustained engagement over time • Improved continuity of practitioner relationships (fewer handovers) • Families sustain engagement, share information and participate in decisions • Reduction in repeat CPPs and other repeated escalations (re-referrals)	1. To what extent do families experience continuity of support from their allocated FHLP? 1a. Where a change in FHLP is needed, to what extent is this being managed sensitively and in a child and family-centred way?			x	x	x	x
	2. Do families (including CYP) experience coordinated service/support across different agencies?			x	x		x
	3. Do CYP and families have the opportunity to participate in and actively shape decisions regarding their support/protection?			x	x		x
	4. Has there been a reduction in repeat CPPs and re-referrals?		x	x			
	5. Do families have a clear understanding of the support they can access when they need it? 5a. Do CYP and families feel that there are clear routes to services and support, that these are accessible and non-stigmatising?				x		x

Outcome	Evaluation questions	Proforma	Senior leads	Operational leads	Family interviews	Frontline workforce survey	Family survey
	6. To what extent do clear referral pathways, shared multi-agency systems, and structured review processes build practitioner confidence and trust, leading to timely, barrier-free support for families?	x	x	x			
	7. Are families receiving the support that they need at the right time?			x	x	x	x
Multiagency decision-making improves [system-wide] • Improved multi-agency collaboration • More timely, proportionate and consistent multiagency decision-making • Clearer thresholds • Fewer inappropriate referrals and unnecessary escalations	8. To what extent has multi-agency collaboration improved across partner organisations? -		x	x		x	
	9. How consistently is it experienced across different agencies, localities, and professional roles?		x	x		x	
	10. To what extent has the timeliness of multiagency -decision-making- improved?		x	x		x	
	11. To what extent has clarity and shared understanding of thresholds improved across agencies?		x	x		x	
	12. Has there been a reduction in inappropriate referrals and unnecessary escalations?	x					

Outcome	Evaluation questions	Proforma	Senior leads	Operational leads	Family interviews	Frontline workforce survey	Family survey
• Improved quality and speed of joint assessments and planning	13. Are there differences in referral and escalation patterns across agencies or areas?		x	x			
	14. To what extent do MACPT practitioners have timely access to multi-agency information, and has the quality of joint assessments and plans as a result?		x	x			
Multiagency -decision-making- improves [MACPT-specific outcome]	15. To what extent do MACPT practitioners feel that roles and responsibilities are clear, and how does this affect confidence in their decisions? 15.a Does clarity of roles enable practitioners to act earlier and coordinate more effectively with partners?			x		x	
CYP understanding	16. To what extent has multi-agency collaboration enabled an increased understanding of CYP needs and risks?		x	x	x		x
LCPP-specific outcome	17. To what extent does LCPP oversight provide the expert guidance MACPT practitioners need to navigate thresholds and assess risk confidently?		x	x		x	

Outcome	Evaluation questions	Proforma	Senior leads	Operational leads	Family interviews	Frontline workforce survey	Family survey
Practice quality, clarity and confidence improve • Better quality assessments and planning • More confident practitioners able to identify, manage and escalate risk appropriately • Clearer thresholds and shared understanding across agencies	18. To what extent do MACPT practitioners and wider multi-agency partners contribute to shared decision-making in assessments, joint planning, and reviews, and how clearly are their respective roles defined within this process?		x	x			
	19. To what extent do FHLPs have confidence in their case decisions as a result of their access to the LCPP and MACPT?			x		x	
	20. How do practitioners and families perceive the quality of assessments and plans in identifying and responding to the needs of CYP and families?		x	x		x	
	21. To what extent has practitioner confidence in identifying, managing and escalating risk changed?		x	x		x	
	22. Are Pathfinder practitioners clearer about when and how to escalate concerns, and when escalation is not required?		x	x		x	

Outcome	Evaluation questions	Proforma	Senior leads	Operational leads	Family interviews	Frontline workforce survey	Family survey
	23. To what extent has clarity of thresholds improved across agencies?		x	x			
Family networks-specific • Better quality assessments and planning • More decisions made with families, reducing need for statutory intervention • More plans sustained through family and networks	24. To what extent has increased family involvement contributed to reduced reliance on statutory intervention?		x	x		x	
	25. To what extent do practitioners draw on children's voices and wider family network insights when developing and sustaining plans?		x	x		x	

Implementation and Process Evaluation (IPE) questions

Implementation and Process Evaluation (IPE) question	Proforma	Senior interviews	Operational interviews/groups	Family groups	Frontline workforce survey	Family survey
1. To what extent have multi-agency arrangements been implemented across delivery partners? 1a. What governance and accountability measures are in place? 1b. What are the consistencies and variations across LAs? 1c. How are supervision, oversight, and co-location arrangements structured to support effective multi-agency working?	x	x	x		x	
2. Do Pathfinder practitioners have access to CMS and can they use it effectively? 2a. How does this affect information sharing and practice?			x		x	
3. What are the enablers to multi-agency working?	x	x	x		x	
4. What are the barriers to multi-agency working? 4a. How have multi-agency partners adapted their practices to overcome these barriers?		x	x		x	
5. What training, if any, has been carried out to enable practitioners to understand specific family needs and to what extent has this training enhanced their practice?	x		x		x	
6. How have the FHLP and LCPP roles been operationalised across LAs? 6a. level of experience of practitioners in the role 6b. role and responsibilities	x	x	x		x	

Appendix 4: National Children's Bureau Stakeholder Engagement: Summary of Findings

Introduction

As part of the consortium delivering the Families First for Children Pathfinders and Family Networks Pilot Evaluation, the National Children's Bureau (NCB) is leading the programme of stakeholder engagement. Open and ongoing engagement with key national stakeholders is essential both to improving the quality of the evaluation and to supporting a smooth and informed national rollout of the reforms.

NCB has now completed its second round of stakeholder engagement (and the first for this phase of the evaluation). This appendix summarises what was heard. Meetings were led by Jemima Colahan, Policy and Public Affairs Officer, and Dustin Hutchinson, Senior Policy, Public Affairs and Development Manager.

In line with Chatham House rules, comments have not been attributed to individual organisations. The summary reflects the main insights that stakeholders shared regarding the evaluation and wider delivery of the reforms.

Methodology

Five virtual stakeholder engagement sessions (approximately 45 minutes each) were held between 2-4 March 2026 with the following national bodies:

- Office of the Children's Commissioner
- NHS England
- Local Government Association
- College of Policing
- The Association of Directors of Children's Services

Each session followed a structured format using a set of pre-agreed questions to ensure consistency across discussions. In total, seven participants contributed insights.

Following the sessions, an AI-assisted analytical process was used to synthesise the high-level themes emerging across the transcripts. Analysis was organised against pre-identified thematic categories to enable comparison across stakeholders. All AI-generated outputs underwent human quality assurance, including checks for accuracy, interpretation, and adherence to Chatham House principles. This combined approach allowed us to capture nuance and sector-specific meaning while drawing out cross-cutting insights efficiently.

It should be noted that these stakeholder engagement sessions were conducted in March 2026. Since then, the Department for Education has published the revised Families First Partnership Programme guide, supporting best practice materials, and the Lead Child Protection Practitioner (LCPP) standards. As a result, some of the views and areas of uncertainty reflected in this appendix may relate to the policy and implementation context prior to the publication of these materials.

Overarching perspective on delivery

Stakeholders welcomed the ambition and direction of the changes to the Pathfinder. They also noted that children's services are already navigating a dense and overlapping set of reforms — including SEND, youth justice, local government reorganisation, health restructuring, and policing reform — and emphasised that the sheer scale of simultaneous change remains challenging. The combined effect is significant pressure on local systems, with particular strain on the capacity of Directors of Children's Services who have professional responsibility for local authority children's services, requiring them to work closely with other local partners.

Participants also highlighted the risk of misalignment between the Pathfinder reforms and parallel government agendas. Changes in policing and justice, for example, were seen as potentially increasing pressure on children's social care, in tension with the Pathfinder focus on supporting families earlier and reducing escalation. Upcoming policing reforms set out in 'From local to national: a new model for policing' were cited as one example. Stakeholders also pointed to inconsistencies across Ministry of Justice and DfE policy: one noted that while the Ministry of Justice has removed the presumption of parental contact in the family courts due to evidence of potential harm, the Children's Wellbeing and Schools Bill introduces a presumption of sibling contact, creating an apparent contradiction – removing one presumption on safeguarding grounds while introducing another that could operate similarly. Collectively, these examples reinforced the need for clear, visible joint ownership from the Department of Health and Social Care, the Home Office and the Ministry of Justice, rather than the programme being perceived as primarily driven by the DfE, to avoid reforms pulling in different directions.

There was also recognition that substantial resource and time are needed to redesign teams, shift cultures and embed new ways of working. However, delivery expectations often outpace the availability of detailed guidance, legislation, funding frameworks, and data collections. Stakeholders observed that the reforms are "evolving in real time," and noted that clearer direction over time will help reinforce confidence.

Perspective on multi-agency partnership working

Stakeholders reported that multi-agency working continues to rely heavily on relationships between individual senior leaders rather than on systematised or nationally

supported structures. Misaligned footprints across agencies were highlighted as a persistent practical complexity.

Health was consistently described as the most fragile of the safeguarding partners. High turnover, vacancies, and unclear lines of responsibility make it difficult for health to engage consistently in local arrangements, which in turn affects the shared-endeavour ethos that Pathfinder aims to strengthen. Police engagement was said to be improving in some areas, though it remains uneven.

As delivery becomes more integrated, stakeholders expressed uncertainty about how Ofsted will assess shared outcomes or judge the effectiveness of multi-agency teams under evolving inspection frameworks.

Information-sharing remains a major obstacle. Stakeholders described ongoing challenges such as inconsistent unique identifiers, slow governance processes, and reliance on locally developed workarounds. There was strong appetite for standardised national templates to reduce duplication and accelerate progress. Stakeholders highlighted examples of promising local practice – such as improved data-sharing models – but noted that these innovations are not consistently captured or shared nationally.

Perspectives on Family Help Lead Practitioner and Lead Child Protection Practitioner Roles

Stakeholders welcomed the greater recognition being given to the skills and experience of targeted early help teams. Many areas are already using alternatively qualified practitioners to work with increasingly complex families, and the Family Help Lead Practitioner role was seen as building on this existing strength.

However, observations were raised about pay parity, grading, and expectations, particularly where practitioners are being asked to assume responsibilities similar to social workers without equivalent remuneration. Stakeholders emphasised the importance of careful communication to manage these issues.

Regulatory uncertainty was a prominent note. Many stakeholders were unclear how Ofsted would interpret the use of alternatively qualified practitioners or the operation of new multi-agency approaches, especially in authorities working to improve their inspection outcomes. This uncertainty was seen as a barrier to confident implementation.

Stakeholders noted that families may initially respond positively to Family Help because of existing relationships with early help practitioners, creating a “hangover effect” that reflects past experience rather than a genuine shift in statutory dynamics. While targeted early help approaches can feel less formal or less “threatening,” stakeholders cautioned that the underlying statutory processes, decision-making powers, and requirements remain largely unchanged when alternatively qualified practitioners are carrying out equivalent tasks. As elements of the Pathfinder embeds and roles stabilise, families may

come to perceive little difference between targeted early help and statutory intervention. This nuance will be important when interpreting early family experience feedback during initial phases of implementation.

Stakeholders reported a lack of clarity about thresholds, handovers, and authority within the Lead Child Protection Practitioner role. For example, when Lead Child Protection Practitioners should step into cases escalating towards section 47 enquiries, and how decision-making should be shared across the multi-agency team. Several stakeholders were interested in how the proposed Child Protection Authority – on which the government recently closed a consultation process – might interact with the Lead Child Protection Practitioner role and shape its responsibilities, as well as how it would align with the wider Pathfinder reforms.

Pathfinder learning and national rollout

Regional networks and sector-led forums are increasingly sharing learning, but the absence of consistent national facilitation – such as regular webinars or national learning sessions – means that insights are not spreading evenly, particularly in areas without Pathfinder sites. However, given the national remit of the stakeholders we engaged with, it is possible that not all had full visibility of the extent of DfE engagement with local authorities and may therefore have been speaking more anecdotally.

Stakeholders strongly supported creating a national infrastructure for sharing learning and providing core artefacts, including information-sharing templates, model Memorandums of Understanding and exemplar role descriptions. Such a mechanism would help minimise variation and reduce the burden on individual areas to create their own solutions.

Across conversations, stakeholders noted that implementation becomes significantly more complex when guidance, legislation and funding frameworks are delivered late or concurrently with expectations for progress. Confidence improves when areas have time to phase changes and stabilise their workforce. The current “real-time policy” environment was repeatedly described as an avoidable source of pressure.

Finally, while the Pathfinder reforms are rooted in a relational, strengths-based approach, some elements – particularly the development of MACPTs– were viewed as philosophically distinct from that overarching narrative. One stakeholder noted that although many Pathfinder reforms (such as Family Help) originate from recommendations in the Independent Review of Children’s Social Care and its focus on early intervention, MACPTs reflect a separate set of recommendations arising from the Child Safeguarding Practice Review Panel’s national review into the murders of Arthur Labinjo-Hughes and Star Hobson. Nonetheless, stakeholders felt that with clear articulation of purpose, recommendations from both reviews could complement and strengthen the wider reform ambitions.

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