Department for Education

Family Voice Project

Final research report

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Contents

About SafeLives

SafeLives are a UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

They are independent, practical and evidence-led, with client voice at the heart of their thinking.

They work with organisations across the UK to transform the response to domestic abuse.

They want what you want for your best friend:

- Action before someone is harmed or harms others
- Harmful behaviour identified and stopped
- Increased safety for everyone at risk
- The ability for people to live the life they want after harm has happened

About this project

SafeLives was jointly commissioned in June 2023, by the Department for Levelling Up, Housing and Communities (DLUHC), Department for Education (DfE), Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) to embed processes for families to share their lived experience of programmes, to inform the development of national programmes and policy, as well as the delivery of programmes locally.

A group of local authorities was identified to participate in the project, informed by the Early Help System Guide self-assessments submitted as part of the Supporting Families programme, and with consideration of their involvement in other programmes across Government.[1]

The initial scope of the project included trialling National Family Panels in local areas, but due to a delay in the signing of a Data Protection Impact Assessment this overarching activity was removed from the delivery plan. It was agreed that all other activities from the National and local workstreams could continue, and Family Panels would remain in the background as a model for local authorities to implement for family voice participation.

A Family Voice project steering group was set up which included members from DfE, DWP, DHSC, and the SafeLives team to ensure the project remained on track in terms of scope, and enabled influence, if an element of the project needed more focus.

The project had two over lapping workstreams: a national delivery workstream, focusing on the development and facilitation of networks to better understand the lived experience of children, young people, parents and carers of the whole system of support; and a local delivery workstream, focusing on the development of new and more effective routes for families to influence local service delivery across family support and early help at local authority level across England.

In November 2025, the government announced over £2.4 billion over three years to support local areas to implement Family Help, multi-agency child protection and Family Networks reforms through the Families First Partnership (FFP) programme. The fieldwork for the Family Voice project was undertaken prior to FFP roll out and should be read as evidence of the issues FFP is designed to address. Findings and recommendations may inform local design of new preventative services to help meet the needs of local communities, but should not be interpreted as mandatory models or expectations for delivery. Local areas and safeguarding partners should refer to the Families First Partnership programme guide for full delivery expectations.

[1] Throughout this publication, early help refers to the non-statutory multi-agency support provided by local authorities and partners to children and families. Early help is often delivered within universal services at lower levels of need.

SafeLives' operational delivery team

- **Practice Consultants (PCs)** – PCs worked to understand the pathways that are currently in place for families to share their voice and provide bespoke support to identified local areas to enhance pathways and opportunities. They delivered focus groups and undertook interviews with professionals and families. They identified practice guidance and resources for local areas as well as delivering webinars. They met regularly with the Single Points of Contact in the local areas to discuss the progress of the work and any opportunities.
- **Authentic Voice Coordinators (AVCs)** – AVCs worked to directly engage with families in focus groups and interviews, and also supported the National workstream elements, such as delivering and facilitating webinars, and working on the recommendations for family participation.
- **Senior Research Analyst (SRA)** – The SRA provided a research function for the project, analysing surveys and focus group data to inform the practice and recommendations.

Project activities and delivery model

Local Workstream objectives

- Map local early help offers and current family groups
- Engage with local families through focus groups & interviews
- Engage with family peer support groups
- Identify good practice materials and guidance
- Facilitate lived experience engagement

National Workstream objectives

- Design and distribute surveys for families and professionals
- Collect families' views on a range of themes including mental health, access to support, Special Educational Needs and Disabilities (SEND), skills of the workforce
- Set up an online platform for practitioners to share good practice and guidance
- Set up a network for Family Voice Group Facilitators
- Deliver quarterly webinars on guidance and good practice

Research

Methodology

The Family Voice project incorporated a mixed-methods approach including surveys, focus groups and interviews with families in local areas. Focus groups and interviews were carried out across Bristol, Cheshire West and Chester, Durham, Ealing, East Sussex, Lewisham, Nottinghamshire, South Gloucestershire and Reading. Interviews were held either face to face or online and lasted approximately one hour, guided by a semi-structured interview schedule. The interviews were recorded and transcribed, using a manual coding process.

For young people under 16, parental consent was required before participating.

Ethical Considerations

Participants were offered several ways to participate in the project. Young people also had the option to have a support worker join them in the focus groups or interviews. Dual interviews also gave the opportunity for a young person and their parent to input into the research together. Prior to the focus groups and interviews, individuals were given information about the project including what to expect from the focus groups and interviews, anonymity and confidentiality, the right to withdraw, and how the information provided would be used, so they could give their informed consent. At the end of the focus groups and interviews, participants were asked if they would like to be contacted and informed about the findings of the project.

Limitations

Challenges faced by the project were consistent with our previous work in the social care sector. They highlight the need for a cultural and system review of how service user voice is gathered and how it informs and guides statutory and community support offers. Limitations in gathering feedback and data through engagement with professionals and families in local areas has in some cases resulted in small sample sizes and survey response rates.

The professionals who were identified as the local single points of contact in the local areas have high workloads, which made capturing the voice of professionals difficult. Professionals struggled to prioritise fieldwork due to service demand, and this meant there were delays in the discussions with them. As professionals were also key to recruiting family groups and service users for focus groups and interviews, these were also sometimes delayed. Consultation fatigue was evident across the fieldwork; there have been multiple recent projects evaluating specific parts of the social care sector, in silo, which require individuals to engage through interviews and surveys. This has taken

its toll on professionals, as they are not seeing any sustainable changes and reactive approaches are causing more work without positive outcomes in an already dynamic and challenging sector.

Engagement with families and individuals was challenging across most local areas. The delivery team had to be reactive, sometimes with a few days' notice, to be able to engage with the support groups and speak to families about their experiences. There were occasions when people did not attend the groups due to life commitments or other priorities. As this was expected, one to one interviews were arranged if deemed appropriate.

Local Workstream

Focus Groups and Interviews

Interviews and focus groups were carried out with families who agreed to participate in the project work between September 2024 and March 2025.

Seven focus groups and 29 interviews were delivered with 38 adults in Bristol, Cheshire West & Chester, Durham, Ealing, Nottinghamshire, Reading and South Gloucestershire.

Five focus groups and seven interviews were delivered with 28 young people in Durham, Ealing, East Sussex, Lewisham, Nottinghamshire and Reading.

Two dual interviews were also delivered with two adults and two children in Nottinghamshire.

Thematic Analysis

Data analysis began after the initial focus group and this process continued until the final focus group and interviews.

Data was either recorded and fully transcribed or scripts were downloaded from online meeting software and stored in a folder only accessible by the project team.

The data from discussions was analysed using a manual coding process across each transcript and thematic analysis. During this process, transcripts were read several times and initial thoughts and ideas were noted down. Initial codes relevant to the project aims were identified and incorporated into sub-themes and final themes as suggested by Braun and Clarke (2008).

Each final theme was defined and named to give a clear indication of the essence of the theme and accompanied by extracts that clearly identify issues within the theme presenting a logical example of the point being made.

Focus Group Demographics

It was optional for focus group participants to provide demographics, and some chose not to share their personal information. Of the 38 participants that did, adults ranged from 18 to 57 years old. The majority were white British with nine from a Black or ethnic minority background. Most identified as female, with six identifying as male and two as non-binary. 24 said they had a disability and of those who gave more information, participants described their disability as including PTSD, depression, anxiety, dyslexia, autism, fibromyalgia, epilepsy and learning disability. Of the 15 children and young people who

provided demographic information, ages ranged from 12 to 17 years old. Most were white British with four from a Black or ethnic minority background. Seven identified as female, three male, one transgender and one as non-binary. Eight said they had a disability and of those who gave further information, four said they had ADHD, one autism/depression and one asthma.

Adults Interviews and Focus Groups Findings

Seven themes were identified through the analysis of the interviews and focus groups:

Theme 1: The route to support

Theme 2: Being lost in the system

Theme 3: The golden thread of support

Theme 4: Being prepared to support families

Theme 5: Working with judgements

Theme 6: Making a difference with families

Theme 7: Hearing our voices

Theme 1: The route to support

Participants in the focus groups discussed the first time they accessed or were offered Early Help services. Many were referred to support by social services, health visitors, schools, nursery nurses or GPs. Several participants mentioned they came across the services through searching themselves for help for their children. Some participants described being referred due to struggling with the behaviour of their child/ren, being a teenage parent, or because of a relationship breakdown due to domestic abuse. A few participants mentioned that services had been involved with their families throughout their childhood and into adulthood or that they had been involved with services over the years and had received additional ‘drop-ins’.

Many participants said they had positive experiences with their Early Help support workers. However, several participants felt there could have been improvements to the way they were offered support. Some described feeling that they did not need support, that the support was forced upon them without their consent, or services became involved due to being alerted by other organisations. Additionally, a few participants noted contact was not always made with the family to check the information received, or that services arrived at their homes without any warning.

Several participants who were referred to parenting courses noted issues with how they were approached in order to be referred, and how the language used made them feel patronised or judged. Some noted feeling they were a bad parent at being offered this support or feeling unsettled that statutory services were going to remove their children.

“..you know, the way I was made to feel like you are a bad parent. You need to do this parenting course, otherwise we're going to remove your kid. That's how I felt” - *Anonymous contributor*

Some noted that they were not spoken to about what the parenting course involved, and that more communication is needed to avoid parental worry and the feeling that they had failed as parents.

Some participants noted their initial referrals to Early Help services resulted in cascading information due to being signposted to additional support centres or support groups. Participants mentioned they felt Early Help services sometimes only offer temporary solutions that do not get to the root of the family’s problems and therefore, do not solve the situation.

Interview participants discussed the first time they accessed or were offered Early Help services. They described being offered services through various agencies including social services, GPs, health visitors, school/nursery, local authorities, family members, or friends. Several participants were directed to the support due to domestic abuse or from receiving support for mental health or alcohol issues. Several participants described receiving support from statutory services with Early Help interventions running alongside. Participants described being referred to support around a variety of needs including post-natal depression, breastfeeding support, children’s behaviour, children’s developmental needs, children’s emotional needs, parenting, and parental mental health.

Some participants noted they were anxious about being referred to or accessing Early Help due to a connotation of it being like social services involvement, or individuals generally being nervous about joining support groups.

Several participants reflected on the advertising of support programmes and groups and how they do not give a clear description of what the programme involves, which could prevent individuals from taking up the support. Some participants noted the term ‘parenting course’ is off-putting and that some courses are not conventional parenting courses but offer something very different for the parent, which should be emphasised to individuals.

Several participants noted being involved with Early Help resulted in being signposted to other services and/or specialist agencies for children with additional needs, parenting courses, support groups for trans, non-binary and gender-diverse young people, and

mental health support, although this was not always on their first referral to Early Help, and some did not receive appropriate signposting for the needs of the family.

Some participants talked about their Early Help assessment, although several could not recall the detail of this. Of those participants who could remember, they had positive thoughts of the experience describing support workers as good and friendly. They described being asked to rate their own and child/ren's wellbeing and happiness, being asked questions around their child/ren's school and their child/ren's enjoyment of school. A few participants highlighted concerns about receiving paperwork from services, noting it can be overwhelming due to their own additional needs, highlighting a need for services to be aware that some clients may need support in this area.

Several participants highlighted they had searched for support groups online due to concerns or problems, but did not find information easy to access, or did not know about the support groups in their areas before they were signposted by a professional. Some participants highlighted that families should be made more aware of free services in their areas. They suggested more advertising where parents are, for example, schools, GPs, nurseries or making sure first-time parents get an information pack from the hospital or when they register their babies.

Other participants recommended that local councils improve their websites to make them more user friendly for families. Parents mentioned the need to have support information all in one place, including the ability to filter support offers according to needs to find out more, plus a list of FAQs to guide families. Some participants felt it would be helpful to have links to relevant services and support groups in the local area, with the ability to filter dates to explore what is running and when.

Theme 2: Being lost in the system

Several participants had a positive experience with the Early Help workers, receiving good advice, support and signposting. Others spoke about the service being surface level or just 'drop-ins' (sometimes over repeated periods of time) with support workers not necessarily having the right level of expertise for their needs, leaving families to navigate any follow-on support.

Several participants noted they were given inconsistent or misguided advice with no clear pathways to support, leaving them having to 'fight' for support which left them confused, anxious, angry, frustrated and exhausted. Many parents with children with Special Educational Needs and Disability (SEND) talked about the lack of support offered to them and described having to navigate the system as 'a minefield'.

"The amount of work you have to put in to find that help, when you're already at breaking point, beyond breaking point, a lot of us, to then get it, and you'd be like, 'well, why have I had to search so hard'?" - *Anonymous contributor*

Participants noted that they constantly had to message services about information such as where they were in the process, who their case was passed onto, and/or who their new caseworker was. Some participants noted their communication was not responded to or there was no follow up from services.

Several participants noted that once they had received an Education, Health and Care Plan (EHCP) for their child/ren with more complex special educational needs, previous advice or support they were receiving disappeared, or that this still did not trigger the necessary support being offered. As an EHCP is a legal document, a few participants felt that organisations were not fulfilling their statutory duty but they did not have the resources to challenge this.

Many participants talked about their struggle to get support, either for themselves and/or their child/ren, and it was not until the family reached a crisis point that support was put into place. Many described having to wait long periods of time before they spoke to any services about assessments for neurodivergent conditions and/or SEND and there were no offers of support from schools around assessments or plans.

Many participants spoke about the problem with reaching ‘criteria or thresholds’ for support with some feeling services used this to absolve them from taking on the responsibility to provide support. Several participants noted that, in desperation, they had found money to have a private diagnosis made for their children as they saw them being severely impacted by their conditions, but this made no difference to getting support and sometimes seemed to work against them. Several participants described going around in circles in the system, being on waiting lists for months or years, being fearful of engaging with different services so not to lose their place on the waiting list they were already on and receiving no communication as to where they were in the system. Some parents described their children having multiple needs (e.g. ADHD, ASD, dyslexia) and having to be on multiple waiting lists with them having to decide which condition was the most pressing for attention.

“She left the job and we were supposed to be assigned another one and we never did and I rang, a few times, and nobody ever got back to me and with the CAMHS [Child and Adolescent Mental Health Services] situation…we kind of felt a little bit abandoned when all that transition happened, as well and so he really struggled with that because he has abandonment issues, from his dad” - *Anonymous contributor*

Additionally, participants reported that schools do not listen until a diagnosis is received for their child/ren pushing them further into a cycle of problems.

When participants did not encounter an Early Help worker with knowledge and experience who could respond appropriately to their needs, they described being left to navigate a system they didn’t understand. This seemed especially pertinent in families who had multifaceted needs. A few participants highlighted that if there are multiple

children in a family, all with differing complex issues, services don't know how to support the family. Some participants noted they were not always referred onto specialist support or to support that was appropriate to their child/ren's needs. As one participant noted, honesty is important if a service can't meet your needs, you need to be signposted to where you need to go, not just left to navigate the system.

Some participants described having to deal with multiple support workers across family support and social care. Several highlighted that there can be a focus on parenting and if it is adequate, with the parent doing everything they can for the child, there is no investigation of the support needs of the child, and cases are then shut. A few noted how cases can also be shut or not adequately covered if support workers go on long-term sick or leave. Furthermore, the needs of the parent with a child/ren with additional needs are not always considered e.g. the need for respite and emotional support. One participant highlighted that call handlers could be a barrier to being signposted to support, particularly if you are not aware of the system and don't use the right terminology. This participant noted that call handlers should have a framework to work by to identify risk and safeguarding concerns and should not give advice that they are not trained to give.

Many participants talked about issues around meeting thresholds for support, long waits for diagnosis of additional needs and receiving appropriate mental health support for their children. This made them feel frustrated with the lack of progression in their case.

Some participants described not receiving support even when their child/ren were in severe emotional crisis or a danger to themselves or the family. One participant noted that they had had to identify themselves as a professional in the public sector to receive mental health support for their child which should not be necessary. Another participant noted that even when their child was having suicidal ideations, they were told they didn't meet the criteria for support.

Many participants with children with neurodivergent conditions and/or SEND talked about problems with educational provision for their children. Some participants felt that specialist schools did not meet their children's needs due to them being too complex, but had struggled to find alternative provision, leading to them feeling disempowered. A few noted the system is complicated and one participant said they wanted support for SEND children, "without it being a lonely fight". Some participants noted being left alone to find out information for themselves, with no one advocating for them, referring them to the right support or suggesting referrals to other sections of services. Several participants also mentioned they got as far as an EHCP assessment but then a service said they could not help and closed the case which stopped other services becoming involved.

Many participants specifically talked about not feeling listened to by different professionals across organisations, particularly schools dismissing behaviours associated with neurodivergence. This intensified their feelings of being alone and confused. Some described professionals giving contradicting advice causing frustration

or not responding to concerns or offering support until situations escalate. This resulted in participants feeling the onus was on them to educate themselves about the system, when they felt this should be the responsibility of professionals.

Several participants noted their frustration at having to retell their story when re-accessing services or dealing with different support workers, and/or having to complete paperwork on multiple occasions for ongoing needs e.g. school bus travel. Some recommended professionals should be fully prepared when taking on a new case, reviewing previous files and information. A few participants noted that retelling their stories can be difficult when there is poor mental health, language barriers or a non-traditional family dynamic.

When describing their experiences, many participants described the system and the process as a fight and extremely stressful. Some parents noted they must educate themselves on the system to challenge services which is time consuming and challenging.

A few participants highlighted a need for a change to the system. A preference for a specialist family liaison worker, ideally with lived experience, was mentioned. These would work with schools and other agencies, signposting, making referrals, assisting with EHCPs and generally helping families navigate the system. It was noted that services needed to reach in to families, have specialist workers such as mental health embedded into social care, and that professionals should have relevant training to support families where there are SEND needs.

Theme 3: The golden thread of support

Theme 3 focuses on a lack of joined up working between professionals, and the need for better communication and a sustained offer of support for families, especially where the child/ren with additional needs are transitioning from primary to secondary school and into adulthood. Many participants highlighted frustration that each time Early Help support is accessed, they must start again with someone new and there is no continuity of support. One participant commented that “Early Help doesn’t need to be a ‘drop in’ service. It needs to be more consistent”.

Part of the lack of continuity is having to speak to someone different every time you re-refer and repeating your history of support. Several participants described the process as too rigid with a checklist approach. A few participants highlighted good practice in other services where they will have an evidence trail when a client has previously accessed the service, preventing a need to repeat processes. Some participants noted services do not communicate with each other and, due to lack of resources, put in temporary measures but are not dealing with the root cause of the problem or all the needs of the family.

“There is a complete lack of inter-agency consideration. No one holds the thread” - *Anonymous contributor*

Some of those who received parenting support noted support workers did not attend to the needs of the whole family, only the child. Parents did not get spoken to about how they were coping or feeling in themselves, so any concerns around post-natal depression or poor mental health were not picked up.

Several participants had concerns about their child/ren with additional needs having to navigate the system themselves as they become adults, or if parents were not around to support them. Some parents stressed that even though Early Help are aware of their vulnerable child/ren, nothing was put in place to provide continued support without a re-referral.

Some parents spoke about their fears for their child/ren as they transition to adulthood. They noted early intervention services were positive when they started with them, but this support does not continue and once into adulthood services disappear and withdraw, meaning young adults are then left on their own. There were also additional problems completing carer’s assessments which were not always responded to by services. They noted a need for a continuity of support as children get older, as behaviours change and children need support to process and understand their changing emotions. One participant mentioned the benefits of her son having an APA personal assistant as he transitioned to sixth form school. A few participants noted they had been given some information through specialist charities supporting individuals with neurodiversity/SEND around educational opportunities, but assistance is also needed around navigating changes with other life needs such as the benefits system and housing.

“It was agreed that, yes, socially wise, he would be vulnerable throughout life, unless the right support is put in place. So, actually, at 11, what you gonna do with him? He’s still gotta go to adulthood. [Name]’s only doin’ so well because, I’ll be honest, because we work hard with him, as a family, but how he accesses services if anything ever happens to me and my husband, is beyond me, because he can’t access services” - *Anonymous contributor*

Some participants suggested communication could be improved across agencies, by having a multi-agency and holistic approach with all those involved with the client, being in meetings with the client/s.

A few participants talked about the benefits of a care coordinator, but it was stressed any person in this role needs to get to know the child/ren and the family and not just be responsible for organising and directing agencies.

Linking to the theme of being lost in the system, many participants spoke about the lack of joined up support and communication across services and the family, resulting in a

lack of multi-agency working. For example, some participants were having to deal with multiple interacting situations, such as a child's SEND needs, poor parental mental health, domestic abuse and poor housing situations. A few participants felt services need to consider the whole needs of the family before they start support, so that services can agree on the measures that need to be put in place. Some participants noted their positive experiences with support workers who explored the whole picture of the family; making contact with other family members involved, offering support with parental needs, speaking to other organisations involved with the child and giving advice on managing the situation. A few participants mentioned 'Navigators' working in agencies who contact services and coordinate the support and responses.

Some participants highlighted the lack of appropriate support for all their needs, e.g. housing, finances, and mental health, with some family support workers seeming to lack the knowledge or awareness to link families to other services. Parents described the negative impact of not doing this on their child/ren, escalating problems with their mental health and wellbeing. The lack of communication between agencies left some families feeling frustrated and lost, with a sense that no agency wants to take up the responsibility, especially in complex cases and situations.

Those who had received support with infants noted they had experienced no continuity of support throughout pregnancy, aftercare and support with children. One participant suggested that if a parent has a history of poor mental health which could impact on their parenting, maternity services should be made aware so they can offer additional support in the first weeks post-natal, which is a critical time for both physical and emotional recovery for the mother and adjustment for the newborn.

Theme 4: Being prepared to support families

Participants in focus groups expressed concern around expertise and understanding among family professionals of neurodivergence and special educational needs. This suggests there may be a need for upskilling of professionals working with children and families. Many respondents noted that their concerns about their child/ren's behaviours potentially reflecting a neurodivergence or special educational need were ignored by professionals. For example, some parents highlighted professionals do not recognise when a neurodivergent child may be masking. It was felt by some participants that there needs to be a different pathway for support for these children and young people, to help support needs be identified at nursery, pre-school and school. This would prevent challenges in education at a later stage.

"I- I had to get a EHCP for him myself because the school refused. Our oldest one was also diagnosed with the same thing, cos they both have ADHD. So, we knew. We saw the signs and we knew what was going on but the teach... the- the school refused to listen to us, as parents and I think that's a lot of what the services boil down to, as well. You will find that a lot of services just don't listen to parents" - *Anonymous contributor*

Some participants felt that there is a stigma within services around neurodiversity and professionals were blaming them, as parents, for their child/ren's behaviour, with seemingly no understanding that neurodivergence can be genetic and run in families.

There were some positive and emotive examples of professionals who practised a 'whole family' approach, working with individuals in the family and the school so they could get a 'whole picture' of the family's lives, and an understanding of the nuances and dynamics within family units.

"… and then they assessed us and signposted us to different services, and they signposted us to the Emotional Resilience Nurse…She was absolutely fantastic, but, again, just a certain team where she was just a 'drop in', but she worked with [name] for six weeks in school, and she rang me up just before Christmas, and she said, 'do you know what, [name]'? I see it'. I broke down in tears; finally, I've been heard" - Anonymous contributor

Schools were repeatedly mentioned as a place where teachers did not listen to parental concerns or where conditions specified in EHCP plans were not adhered to, causing unnecessary stress for the children involved. One participant felt that a "lot of the places, nurseries, primary schools, secondary schools, they do not want to admit a child that needs an ECHP". Many participants stressed a need for more professionals to be trained in in how to support families, with some noting they've had to engage with support workers who are inexperienced with children and teenagers.

The importance of support workers advocating for families was highlighted; this could include attending meetings with them in services where support workers were seen to have more influence or supporting them in speaking out to gain support.

Theme 5: Working with judgement

Theme 5 extends on the previous theme but involves conversations where participants highlighted professionals with stereotypical or judgemental views about their situations, and the impact this can have on the family. These views ranged from stereotypical ideas about family dynamics, the stigma associated with mental health, or language used that implied blame being put on parents for their child/ren's behaviours.

Some participants mentioned professionals focusing on the mother in any assessments, making judgements on single, male parents or worryingly, not investigating domestic or sexual abuse due to preconceived ideas of the partner.

Several participants felt if they had a record of mental health on an assessment there was a stigma associated with this being seen as a weakness or them being seen as an unfit parent. Some participants also felt there is a false sense of expectation that some families can navigate support themselves as they do not present as a 'typical' vulnerable family. Many participants also raised that they had been spoken to in patronising ways about their situation(s), and they felt that professionals were blaming them for the situations they are in.

Linked to being prepared to support families, some participants highlighted a need for professionals to have more understanding and awareness around different families, for them to be able to give a culturally competent response and/or avoid bringing stereotypical or judgmental attitudes into their practice. For example, one participant from an ethnic minority background noted she did not feel she could share personal details with a male social worker. One participant noted that professionals, without reading her case notes, contacted her ex-partner who was domestically abusive, and had no awareness of how perpetrators can influence professionals. She also noted the importance of knowledge and understanding of issues that can often be involved in families referred to Early Help e.g. domestic abuse, and how males who are the primary carer but also domestic abuse perpetrators can often be treated and responded to more positively and favourably, due to the lack of understanding, expertise or known context of the individual situations.

Another participant from an ethnic minority background felt early intervention support workers were judging her, resulting in her not being supported and pulled down mentally. She noted she felt threatened that if she didn't engage with workers, her children would get taken away. She also noted how inappropriate language was used about her daughter in front of her (comments that her hair is 'nasty').

The importance of offering interpreters to families where English is not their first language was noted to ensure information is understood – both with parents and children. It was also felt to be important to direct families to English speaking courses to improve their ability to communicate with services and understand group programmes they may be referred to. Cultural differences and language were communicated as significant barriers to accessing support.

Theme 6: Making a difference with families

Many participants spoke about the impact that a poor professional response can have on them and their family but also highlighted how a good support system could positively impact their lives, and the long-term societal impact of intervening appropriately.

Many participants noted the pressure they feel having to navigate support, especially for their child/ren, and they can be seen as angry and unreasonable by professionals. However, they highlighted professionals rarely enquire about parents' wellbeing, and that there is rarely support, respite or understanding for parents raising children with additional needs. Some flagged that parents/carers with children with additional needs find it difficult to work, but there is little concern or response to carer's assessments. Suggestions from participants included professionals working in a more person-centred way; to remember they are dealing with human beings, to be understanding with the frustrations of parents and to recognise that parents are trying to do their best for their child/ren.

Participants highlighted the benefits to their lives of good group programmes. They highlighted the importance of offering a warm welcome and community to attendees, particularly as many can be nervous at the thought of joining. Participants noted they need groups that not only give them skills, advice or information, but that build confidence and provide reassurance to encourage engagement. They enjoyed groups that felt connected and supportive. This helped them feel they could cope and resulted in wider friendship groups.

Some parents gave examples where good practice has made a significant difference to their child/ren. A few parents raised the benefits of mentoring – where children are taken out of school to do additional activities they find enjoyable, while building independence. One parent highlighted how positive this had been for her child and his school attendance, and when the school removed this, his attendance plummeted. Another parent described when their child's teacher got to know the young person, built a rapport and advocated for them, and provided a more relaxed environment for learning with regular breaks when they saw the young person getting distracted. A few parents thought there should be more networking and communication between specialist schools and mainstream schools so specialist schools can share teaching methods and resources.

Some participants suggested that children with additional needs would learn better within small non-pressurised classes, where breaks were not penalised. This would align with strategies parents are learning from parenting programmes. Without this support, participants felt that children's attendance at school could be impacted.

Many participants spoke about the positive experiences they had with certain support workers and how this impacted their lives. They noted how a person-centred and holistic approach with someone who offers advice and support demonstrates that they care for the family. Participants appreciated support workers who showed interest in their own wellbeing, as well as their child/ren particularly when parents are dealing with their own additional needs, poor mental health or the stresses of dealing with complex situations.

Several participants highlighted the value in support workers taking responsibility to respond to issues when the family had been ignored by other professionals. Due to feeling overwhelmed with the system and their situation, the benefits of a professional identifying and contacting additional services, arranging meetings and advocating for a child could not be overstated.

Support workers who have a specialism that can meet the needs for families were positively described. For example, one participant mentioned a support worker who teaches baby sign language has supported her child's learning, enabling interactions with other babies and mother-child bonding.

Some participants noted certain accessibility issues that services need to consider to support the needs of all families. One participant mentioned making more gender-neutral spaces for parents to take children, rather than expecting the mother to be the main caretaker, and to ensure the language used in these groups is gender responsive. Another mentioned offering support for parents to access funding for nursery, ongoing support as babies transfer through nursery and school, and greater accessibility for fathers.

Theme 7: Hearing our voices

The majority of participants mentioned that they were asked for feedback through surveys on services they had used, either sent out at the end of a programme or completed after a set of group sessions. Some participants mentioned that following joining courses, they were asked to join participation groups where they would share their experiences and feedback to local authorities.

Several participants felt that organisations would receive better feedback if collected more regularly, so ideas are fresh in people's minds, and also to offer more relaxed and supportive ways to feedback, for example "joining us for a coffee, rather than surveys". Some participants felt feedback was sought on less critical things than the significant barriers they face to get support. Participants who had the opportunity to feedback

regularly at the end of their group sessions said they felt listened to and they were updated on the result of the feedback.

“And it’s like, any like coffee or anything that we have, it gives people an opportunity to say what’s going well, what’s not going well. That voice is collected after every coffee. It’s always anonymous so it’s never, like you know, collected as, like, a specific person. But then that is fed- like, reported on, like, every [inaudible 51:02]. So, any subject that’s coming up. So then over, like, a quarter, you can look at that report and look for trends, and then that- what that is, is then fed back strategically through the CEO to the local authority but also nationally as well” - *Anonymous contributor*

Some participants felt services needed to be offering wider opportunities for families to share their voice, as some didn’t feel the family voice processes are accessible to them.

Adult Interviews and Focus Groups Summary

Access to Early Help often came via professionals e.g. schools, GPs, nurseries or via self-referral. Many participants felt anxious or judged when offered parenting courses or support, due to poor framing and communication, and the term “parenting course” was perceived as stigmatising and deterred engagement. Many families voiced that they often faced fragmented services, with inconsistent advice and unclear pathways. Many had to self-navigate through complex systems, often only receiving help at crisis points. Neurodivergent and SEND children experienced long waits, lack of support post-diagnosis, and threshold barriers.

Some parents described how services often withdrew support once an EHCP was in place, leaving them to self-navigate. Even with an EHCP, sometimes no automatic support was triggered, and families still had to ‘fight’ for services. Some plans were written for mainstream settings even when specialist provision was needed, making school placement impossible. Participants reported that teachers could ignore EHCP provisions. Families described a broken system that leaves them alone fighting for services that are legally mandated but inconsistently delivered.

Families wanted joined-up, sustained support and better inter-agency communication. Support was often temporary and lacked continuity, especially during key transitions e.g. to adulthood. Participants highlighted the need for professionals to empathise with family circumstances, especially those involving trauma or chronic stress. Many families expressed emotional exhaustion, feeling dismissed and isolated. Some parents reported mental health struggles from trying to navigate fragmented systems alone.

A few participants praised professionals who adopted a whole family approach and built relationships with neurodivergent children, allowing them to unmask and feel heard. However, professionals often lacked understanding of neurodivergence and failed to listen to parental concerns around behaviour. Parents felt dismissed, especially when

advocating for children. Schools and services often ignored or misunderstood parental insight. Families reported facing stigma, with professionals often blaming parenting for behaviours rooted in neurodivergence.

Families reported experiencing stigma based on mental health, relationship status, or socio-economic status. Professionals sometimes showed bias or made stereotypical assumptions. Male parents and non-stereotypical families who participated reported feeling particularly judged or overlooked.

Participants fed back that effective, empathetic professionals and well-run groups significantly improved family wellbeing. Lived experience peer support was highly valued and practical, human-centred, strengths-based support made a measurable impact on family stability and confidence.

Feedback processes could sometimes be tokenistic or overly reliant on surveys. While participants wanted more meaningful, timely, and interactive feedback opportunities, those who were included in decision making processes reported feeling empowered and believed it led to positive change.

Children and Young People's Interviews and Focus Groups Findings

Five themes were produced from interaction with the data:

Theme 1: Route to support

Theme 2: Having a space for young people

Theme 3: Providing the right environment

Theme 4: Identifying where young people are

Theme 5: Hearing our voices

Theme 1: Route to support

Young people were asked how they first came to access youth centres and services. Participants mostly found out about these services through friends, family, school or through their social workers or family support workers. Some young people noted they had experienced social services throughout their lives. They explained that some members of their families had also received support from services either through social workers, emotional support groups, CAHMS, parenting sessions, and/or counselling sessions due to domestic abuse or poor mental health. A few participants mentioned their family did not receive support or should have received support earlier to prevent situations escalating and coming to crisis.

"My family don't get support, but we have gone through a lot, if that makes sense. [Agreement]. I am very open about my past…A lot has happened… if my dad had the right support, they wouldn't have done what they have done, but also at the same time, I wouldn't be the way that I am now if I would have had the right support, but I got myself to where I am now" - *Anonymous contributor*

Within the dual interviews with Parents and their children, participants mentioned being referred to Early Help services through school, CAHMS, siblings already using the service and social care. Many participants went on to describe how they were signposted to further youth groups that also offered young people the chance to take part in young people's participation groups e.g. Steps to Success, Children in Care council. Young people were referred due to family issues, non-attendance at school and/or struggling with social skills, friendship issues and bullying.

Theme 2: Having a space for young people

Participants talked about the importance of having a space of their own. Overall, the young people explained this allowed them to be with friends, have fun, give them a safe space away from their home environment, stops them being bored and gave them a place to spend their days and weekends. One young person highlighted this can prevent young people from getting into negative situations.

Some young people also noted that youth clubs can be a place where they can talk to people about their problems and where they are able to express their individuality. Participants highlighted the need for more spaces for young people to be available catering to a wider age range, to support specific groups of young people. It was felt that spaces for young people needed to be financially accessible and in central locations that young people can easily access.

Some young people also noted they would like more time in participation group spaces and for these spaces to be open for a longer period of time, not for activities to be facilitated, but just to be able to spend more time there. They noted the centres offer a community for young people and if they were not passing their time in it, they would not be doing anything productive but spending their time sleeping or looking at a screen.

“I am sure if a lot of young people did have the option to go to more places then they would. Who wants to be sat at home looking at a screen all day” - *Anonymous contributor*

Theme 3: Providing the right environment

Participants explained that they enjoy entering a friendly and relaxed environment, especially as some can be nervous about first entering spaces like youth centres. Several young people mentioned that the support workers in the youth centres are supportive and interested in them, treat them with respect and listen to their voice which positively impacts their experience of the space.

Young people said they mostly wanted a space to relax and be with other young people, and enjoyed having access to bean bags, pool tables, TV, games and sport activities. Others noted they would like a games night, outside space to play sports and a night youth club on weekends. Some noted the centres give them a chance to learn skills e.g. cookery, and they would like centres to offer more opportunities to gain skills. A few young people highlighted youth services offer an opportunity for other services to drop-in and give advice on different topics e.g. sexual health, online safety.

A few participants said they would like more quiet, comfortable spaces where young people can study or revise. Some noted they would like spaces where young people can drop-in, for any amount of time, without having to formally sign up to a group.

In one focus group, some young people talked about the negative environment they deal with at school day-to-day, and how their youth centre offers a completely different atmosphere. They noted they are constantly dealing with bullying, seeing violence, and a lack of understanding from school professionals, and sometimes need an environment to escape from difficult home lives.

These young people emphasised that to foster a more supportive, trusted environment in school, you need teachers who are trained to recognise, understand and respond appropriately to young people's issues and/or behaviours, have an awareness of why young people may be acting out, and who keep young people's conversations confidential (unless there is a safeguarding issue).A consistent element to the young people's narratives was the need for safe and appropriate, person centred spaces and support, as they feel these are far and few between in their local support offers. The importance of gender responsive spaces and support was commonly mentioned in the focus groups.

Theme 4: Identifying where young people are

Some participants noted they found out about youth centres and youth programmes through their school. Several young people spoke about youth groups being advertised to them in assemblies, school newsletters or that they have had organisations going into school to give short introductions on their services. A few young people noted that having organisations go into small groups in school rather than assemblies could be effective as young people will have more focus, and that schools should promote youth groups and services more than once.

However other young people said their schools did not provide this information, and that the best way for young people to find out about youth groups in their areas is to go to where they are socialising and residing and share the information with them. Suggestions included putting adverts where young people are e.g. bus stops and fast food outlets, and having merchandise that attendees could wear to promote the group.

"I'm like the type of person that I don't really like go out and look for support groups and any support, and so because of that I don't really know much about different support groups. Which in itself is a problem because a lot of people that need support won't go out looking for support. So, I think schools or whatever need to make the support groups known, and then people that needed support can go there instead of having to sit down and really research different support groups" - Anonymous contributor

Several participants felt youth centres also need to promote what they do for young people more, and in a way that will engage young people. A few noted it can be scary for young people not knowing what they're going into so having someone to speak to face to face beforehand can encourage engagement.

Theme 5: Hearing our voices

Participants talked about two aspects of using their voices under this theme: through participation groups and giving individual feedback to services. Some young people noted the importance of young people educating adults around what life is like for them in the current day, and their needs. Most young people felt assured that services genuinely wanted to listen to them and hear their experiences, giving feedback to young people through emails or through members, and offering reasons where young people's recommendations couldn't be implemented. A few young people highlighted that, in recent years, organisations are listening to their voices far more.

"But we also educate adults…they haven't lived in childhood in our point of view, with like the new advances in technology, that's what ours was basically based on, but if they ever have like a… we have had quite few people actually reach out to us, ever since the online safety, so that we've had quite a few people actually reach out to the group and want to come in and talk. We got quite a list… we are working our way through the list" - *Anonymous contributor*

One young person who had experienced the care system highlighted some positive outcomes from his participation group. Firstly, that language that could be seen as negative, 'Looked After Children' was changed to 'Children Looked After' and the introduction of a care bag for children who get moved into new homes. Other changes that the young person noted were child-friendly copies if young people were asked to feedback on reports or documents, and a cultural allowance for mixed race young people in semi-independent homes to be able to take care of their hair needs. Several young people mentioned they get other opportunities through their involvement in participation groups such as days out, doing activities or employment support, and their involvement helps build their confidence in talking to other people and building friendships, and makes them feel good that their voice is being heard.

However, some participants felt some organisations involve young people in a tokenistic way and do not close the feedback loop after participation groups.

"But then it depends on time also, because you can, kind of, tell when an organisation just wants to come and speak to young people, and just to say, oh, yeah, we spoke to young people…whereas instead of actually being, oh we want young people's input. You can tell when there's a difference" - Anonymous contributor

Children and Young People's Focus Groups Summary

Participants often accessed services through school or family referrals. Many felt support came too late, only after reaching crisis. Some shared that their families did not receive help early enough, leading to crises that could have been prevented.

Youth spaces were crucial safe havens offering opportunities to gain life skills, social connection, relaxation, and protection from risky situations. There was a strong call for more age-inclusive, identity-affirming, and accessible youth spaces.

Children and young people valued respectful, relatable staff who created welcoming environments. Participants desired more autonomy and informal drop-in options rather than rigid sign-ups for activities.

Schools were considered a key gateway for outreach. Participants said more proactive promotion is needed with youth services—via assemblies, newsletters, posters, or staff directly engaging students. Other suggestions for promotion included social media and in public spaces like bus stops and fast-food venues.

Participants appreciated genuine efforts to listen and respond to their input. Participation groups helped build confidence and influence change (e.g. changing terminology and receiving care packages). Some felt organisations still practiced tokenism and lacked follow-up on youth feedback.

Dual Interviews (Parent and Child) Findings

Five themes were identified through analysis of the data:

Theme 1: The route to services

Theme 2: Being lost in the system

Theme 3: Providing the right environment

Theme 4: Making a difference to families

Theme 5: Hearing our voices

Theme 1: The route to services

Participants in the dual interviews mentioned being referred to Early Help services through school, CAHMS, and siblings already using service and social care. Many participants went on to describe how they were signposted to further youth groups that also offered young people the chance to take part in young people's participation groups e.g. Steps to Success, Children in Care council. Young people were referred due to family issues, non-attendance at school and/or struggling with social skills, friendship issues and bullying.

A few parents noted that Early Help can have a social services stigma and that early intervention needs to be just that, with services not waiting until situations get to crisis point. As one parent said, “you invest there, then you're not paying the costs later down the line”.

Theme 2: Being lost in the system

A few parents/carers noted that support for families’ needs to be more joined up, as some services disagreed on the level of support needed meaning parents/carers were getting different information from support workers. The support wasn’t always consistent, and they were having to deal with multiple agencies where they had new professionals involved with the family, which could cause problems in building relationships.

One participant highlighted that a lot of signposting can be overwhelming for a parent/carer and ideally, a key worker should be put in place to navigate the system for families. She noted that a lot of support workers go off on long-term sick and that handovers are often not thorough, resulting in families having to do a lot of chasing.

Theme 3: Providing the right environment

Several young people noted they were nervous of meeting support workers, joining groups or services, and noted staff need to be welcoming, patient and build relationships with the young people. Some parents/carers and young people said that support workers who create a welcome environment are those who are genuinely interested in the young people and show they care.

Some young people described how some support workers would do creative activities with them to aid difficult discussions or take them out to more relaxed environments to build relationships and encourage engagement. Several young people mentioned that support workers who they found approachable were understanding, looked to find a solution, gave the young people space and didn't dismiss their feelings. One young person and parent/carer agreed that the direct and honest approach of the support worker they had been assigned enabled them to build trust. One young person mentioned that they did not like meeting their support worker in school, highlighting a need for support workers to discuss with young people where they would like meetings and support to take place.

A parent also noted that support from Early Help depends on availability. A young people's support group actively tried to match the young person with a support worker that they thought would be a good match for them. This experience was not consistent among participants, however.

Theme 4: Making a difference to families

Many parents/carers and young people spoke about the positive difference of receiving appropriate support for their needs.

Parents/carers felt that youth support groups had encouraged their children to be more independent, improved school attendance, had offered them further opportunities, helped them build social skills and friendships, improved their wellbeing and given parents some respite. One parent noted that Early Help only responded to their child's needs and did not consider any additional support the parent might need.

Several young people also noted that youth clubs and youth support groups had supported them in taking responsibility, learning skills, calming their emotions, and helped them make friendships. They also opened up other opportunities for young people e.g. to be involved with musician's groups, and provide additional learning e.g. learning to support young people transitioning to adulthood. Some young people noted they had joined these groups at a younger age and were still engaging as young adults.

Theme 5: Hearing our voices

Many parents/carers and young people in the dual interviews either said they weren't asked, or couldn't recall being asked, for feedback from Early Help services or agencies. Several young people noted they have been consulted within their youth support groups about how the groups could be improved. They noted this is done in various ways, either through feedback after each session, surveys or walls in youth clubs where ideas can be posted. Young people also added they were notified about changes that came from their feedback, or it was explained if ideas could not be put in place.

One parent/carer also noted the youth group her child attended acknowledged feedback she gave about the food young people had access to and let her know alternatives would be offered in future. One young person mentioned the facilitators of the youth group had responded to feedback from young adults that meeting in the contact centre felt too young for their age, so they now meet in a different environment. Another young person described how a member of the youth forum held judgmental attitudes about LGBT issues, and after raising this with a member of staff was offered emotional support around this.

Many of the young people had become involved in participation groups or panels due to their involvement in the youth support groups. They gave examples of becoming involved in various campaigns and youth ideas. Some noted being invited by organisations e.g. NHS, local authorities, social care, to give their views from a young person's perspective, but that they never heard any feedback from these organisations around their input. As one young person said, "people don't appreciate the intelligence and the voice of people with needs".

Another young person mentioned they were asked by social care and foster care about what training needs workers had around young people but didn't feel these were taken on board. However, one parent did highlight a positive result her child had accomplished from her feedback to organisations.

Some young people raised the fact that even though youth groups or forums do ask for their feedback, what they can offer and change is dependent on funding, and this restricts what young people can do and the opportunities they are offered. For example, young people said they previously went on trips and residentials which they can't do now due to funding and resources. They would like support centres to run through holidays, and they would like more alternative opportunities e.g. creative arts.

One parent mentioned she had joined a parent participation group around SEND needs, although as meetings are held in the day and she cannot attend, she gave her feedback through survey format via the organisation website.

Dual Interview Summary

Families and young people in the dual interviews described accessing Early Help and youth support services through schools, social care, or referrals from other agencies, often due to family difficulties, school non-attendance, or social and emotional challenges. While one parent noted a stigma around Early Help, timely intervention was seen as crucial to prevent crises. Families interviewed often struggled with navigating multiple agencies, inconsistent support, and staff turnover, highlighting the value of having a dedicated key worker. Engagement was most successful when support workers were welcoming, patient, understanding, and tailored their approach to individual needs, including providing safe, flexible environments and creative activities. Effective support contributed to improved confidence, social skills, school attendance, independence, emotional wellbeing, and opportunities for personal growth, while also offering respite for parents. Parents and young people interviewed either said they weren't usually asked, or couldn't recall being asked, for feedback from Early Help services or agencies. However, those that actively sought feedback enabled young people to participate in shaping services and campaigns, though notifications about how feedback was used were often limited, and funding constraints restricted available activities. Overall, consistent, personalised, and responsive support made a meaningful difference to both young people and their families.

Mapping Early Help Systems

Systems Mapping

As part of our scoping of local areas and Early Help we used Systems Mapping or ‘messy maps’. This is a powerful practice which allows us to visualise and understand the complexity of the system the families are part of once they have been referred into the system. By creating a visual representation of the relationships and interactions between agencies within a system, we can gain valuable insights and identify opportunities for improvement, across the sector.

Using a systems thinking approach we looked at the different agencies involved with the families. This exercise demonstrates that the family is required to interact with numerous agencies. This can consistently add pressures on the families and make it very challenging to navigate and thrive in the environment.

As highlighted in the following diagrams there are many re-referrals back into services (new or familiar) which is a consistent theme in Early Help. A family can be accessing multiple services for their support, with a plethora of different teams and professionals.

In some areas there is a ‘front door’ which receives all Early Help referrals, whereas in other areas referrals are sent to the many teams in many services, spanning Early Help.

Visually, the pathways look confusing, which reinforces the testimonies and experiences of the families who are being supported.

We can see that each Early Help systems map, which are identified as Area A, Area B and Area C in the diagrams below, has a different structure and make up of agencies and different referral pathways. This means that consistency with messaging, support and provision will be different across the country, and accessibility of the services and support is also difficult to understand for families. We also found this to be true during the messy map consultations with the professionals working in the areas. Professionals were unaware of all the services in their locality, which affects appropriate sign posting and families getting the right support at the right time. There is an anxiety within the system that provision does not meet the needs of the families the professionals are working with and professionals feel that they have to sign post to the most relevant service available, even if they are not sure if it fits with the client’s needs as well as it could.

Provision is changeable with many different funding streams; a successful programme does not necessarily continue once commissioning cycles re-start. This means that targeted support stops before families finish the programmes or have reached their aims and objectives on their support plans.

Early Help System ‘Messy Maps’

Fig 1: A visual representation of a local area' Early Help referral pathways. Arrow direction demonstrates receipt of referral

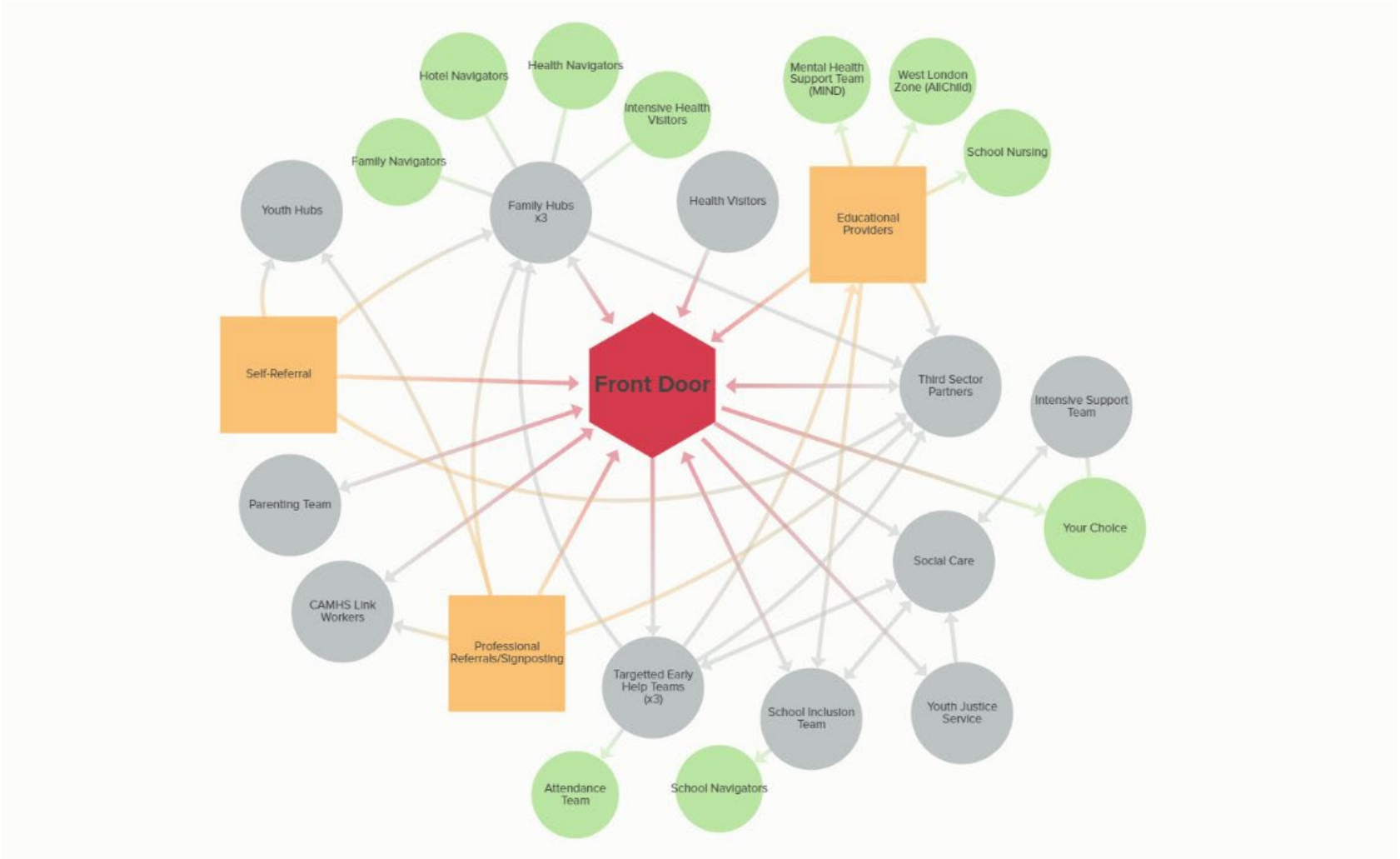


Fig 2: A visual representation of a local area's Early Help referral pathways. Arrow direction demonstrates receipt of referral

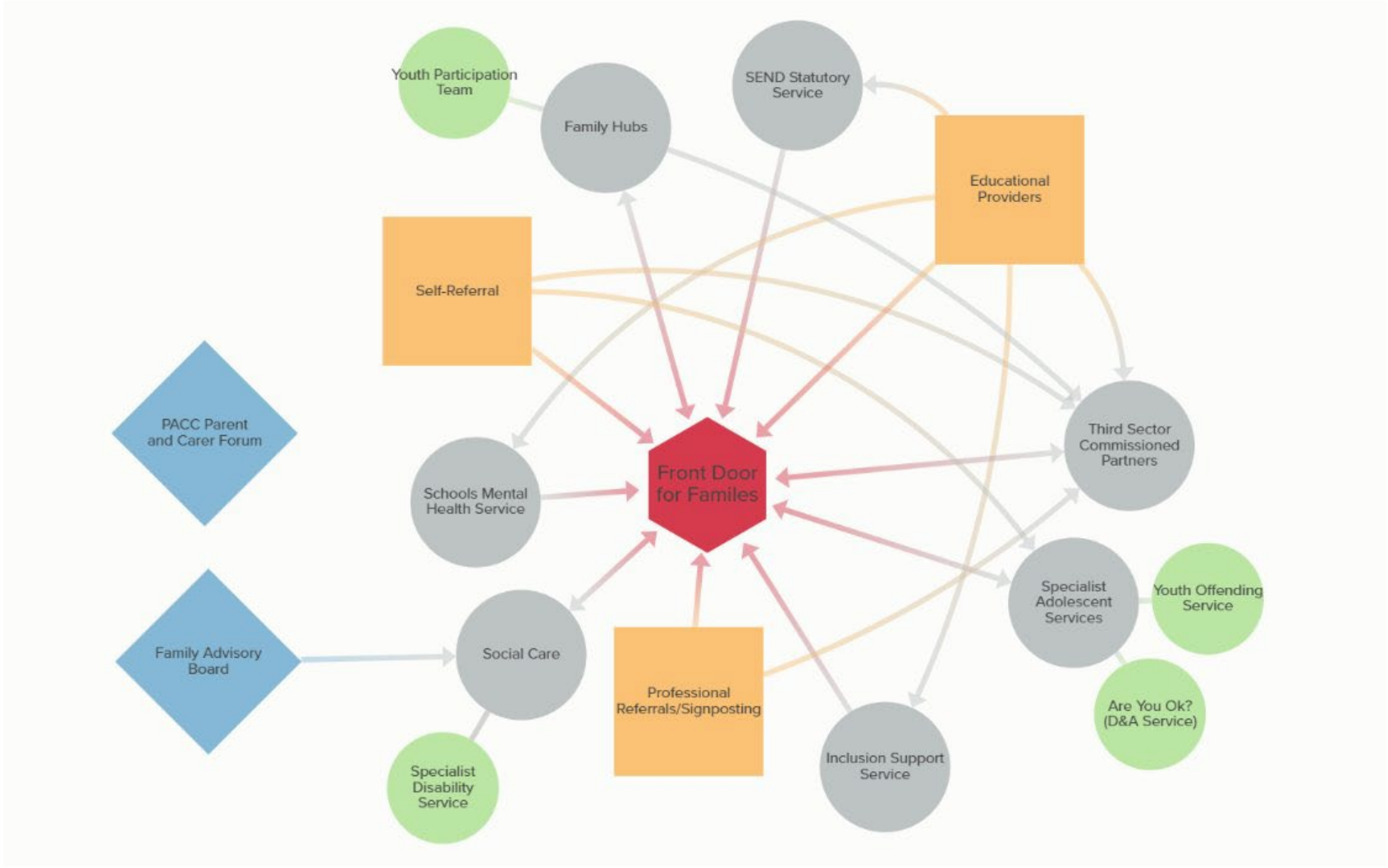
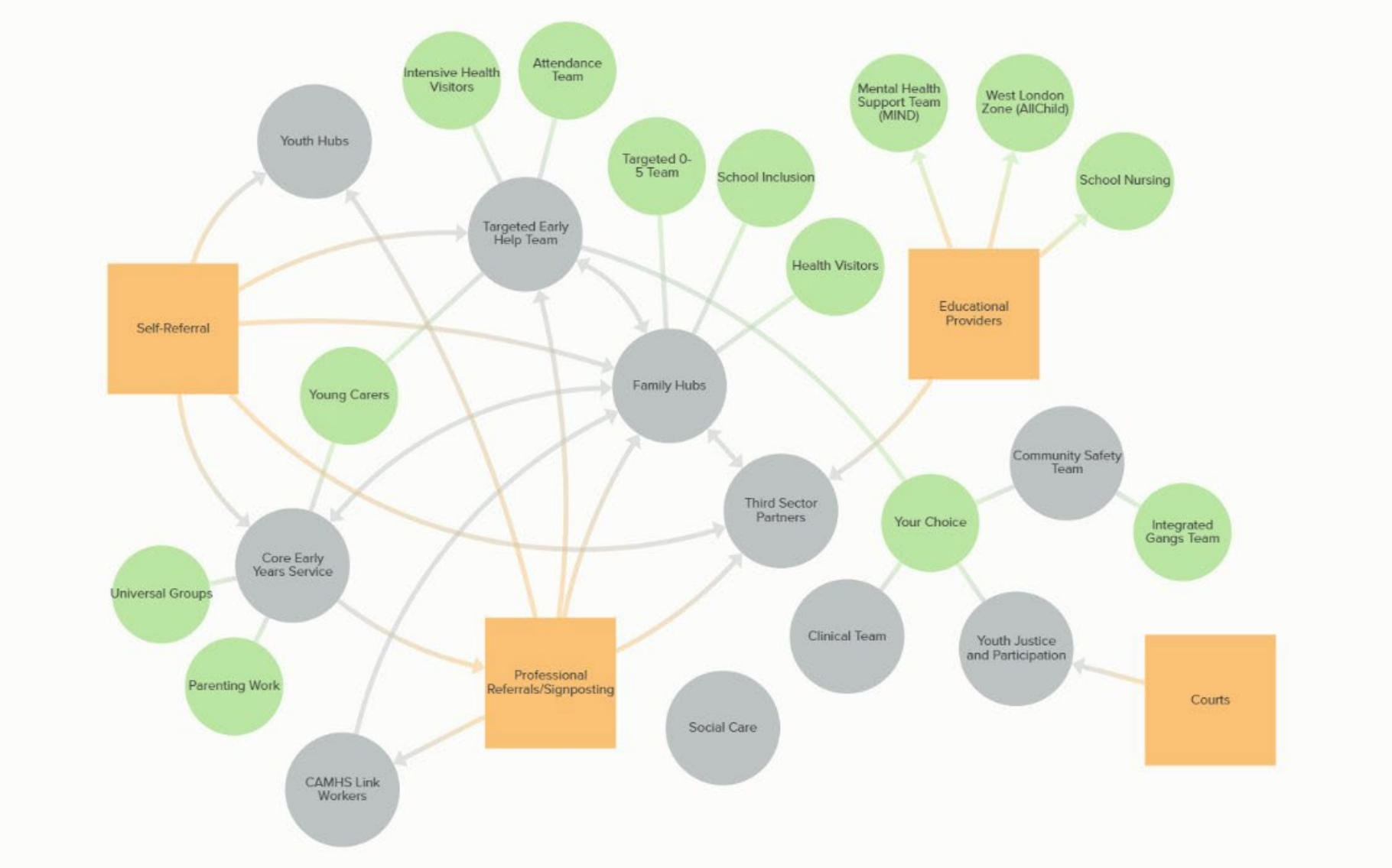


Fig 3: A visual representation of a local area's Early Help referral pathways. Arrow direction demonstrates receipt of referral



National Workstream

National surveys

As part of systems work, surveys were used to analyse the culture of Early Help and give a broad idea of the experiences people are having across the system and sector.

Families Survey

Three surveys were developed for families; one for adults 16+, one for 12- to 15-year-olds and one for 8 to 11-year-olds. All surveys included quantitative (numerically rated questions) and qualitative (open-ended questions) items, as well as several demographic questions. The questions explored the support families had received from the family support programmes, the impact of those programmes, and if families had been engaged by the programmes to feedback their experience.

We did not receive enough submitted surveys from family demographics to analyse the data.

Practitioners Survey

A survey was developed for practitioners which included quantitative (numerically rated questions) and qualitative (open-ended questions) items, as well as several demographic questions. The questions explored practitioners' awareness of opportunities for families to feedback their lived experience, barriers for families to feedback and the best ways to engage families to feedback.

Ethical Considerations

Children and young people aged 16 and older were deemed to be able to freely consent to participate in the surveys. For those 15 or younger, parental consent was sought via the surveys for participation. A voice recording of the survey information and consent was embedded into the family surveys to facilitate accessibility and participation.

Analysis

Analysis was conducted in Excel providing descriptive statistics with comparisons between groups. Qualitative content analysis was completed on all open-ended questions.

Practitioner Survey Analysis

Demographics

Two hundred and eleven practitioners responded to the survey. Most practitioners worked in Yorkshire and the Humber region (23%) and in Children's Centres/Family Hubs (48%). Many practitioners worked on the national family support programmes with most (59%) working in the Family Hubs (including separate & parallel Family Hubs Transformation Fund) and Start for Life.

For full demographic details see Appendix A.

Opportunities for families to feedback

Eight in 10 (83%) practitioners said there were opportunities in their area for families to feedback their voice and experience of the family support programmes. Of those, 78% said these were opportunities to directly feedback (e.g., through participating in family group discussions, questionnaires, or customer panels) and 67% indirectly (e.g., through support worker/external agencies).

Practitioners were asked how regularly their area engages feedback from different cohorts of clients. Although a large proportion of the data was missing or stated as 'don't know', responses indicate that feedback is most 'often' received from parent/carers (70%) and least 'often' from families who have not accessed support (e.g., families offered support and declined) (20%) (See Table 7).[1]

Table 1: Engaging feedback, by different cohorts

Feedback	Often	Sometimes	Seldom	Never	Don't know
Children (aged 8-15)	43%	28%	6%	7%	17%
Young people (aged 16-24)	47%	20%	6%	7%	20%
Parents/Carers	87%	9%	1%	1%	2%
Families who have not accessed support (e.g., families offered support and declined)	25%	24%	17%	8%	26%

Service users with limiting long term illnesses or disabilities	36%	25%	6%	3%	29%
Service users from LGBTQ+ communities	33%	32%	4%	2%	30%
Service users from racially minoritised communities	47%	25%	2%	2%	24%

Practitioners were asked if they found any group of service users particularly hard to engage. From 75 comments, nearly a quarter (24%) mentioned non-engaging families, 17% other (which included service users where paperwork is incomplete, those with involvement with social care, families in temporary accommodation), those from minoritised communities (15%), fathers and male carers (13%), non-English speaking families (12%), families with special needs (8%), young people (7%) and working parents/families (4%).

Practitioners reported that the most 'extreme or moderate' barriers for families to feedback included language barriers (53%), lack of confidence to feedback (53%), lack of understanding of how their voice and experience will be used (49%) and fear (e.g., having to share personal detail or how will impact on future service) (43%) (See Table 8).

Table 2: Main barriers for families to feedback

Barrier	Extreme barrier	Moderate barrier	Somewhat a barrier	Not a barrier	Don't know
Language barrier	25%	28%	32%	12%	3%
Lack of confidence to feedback	20%	33%	30%	8%	8%
Lack of understanding of how their voice and experience will be used	17%	32%	32%	12%	8%

Accessibility (communication barriers) (e.g., lack of sign language, information in braille)	13%	20%	34%	20%	13%
Fear (e.g., having to share personal details or how will impact on future service)	12%	31%	39%	11%	8%
Internet poverty	12%	24%	35%	20%	10%
Lack of effective engagement to feedback (e.g., families not asked, lack of options)	11%	23%	30%	29%	6%
Childcare	10%	22%	32%	31%	5%
Transport/travel	9%	18%	29%	37%	7%
Financial costs	7%	18%	30%	38%	7%
Inconvenient scheduling	4%	21%	39%	28%	8%
Accessibility (physical barriers) (e.g., lack of accessible parking, steps without ramps or lifts)	2%	8%	22%	60%	8%

Gaining feedback from families

Practitioners were asked how they use feedback from families to develop services. From 148 comments, most (39%) related to service improvement and adaptation by engaging families in co-creation, using feedback to adapt services, modify interventions and improve service delivery. Other aspects mentioned was around strategic planning and

evaluation, discussion with leadership team, informing strategies and future services, community engagement and reflecting on practice (See Figure 1).

Figure 4: Using feedback from families

“Listen to the feedback and create action plans accordingly. For example, we have been asked to have more opportunities for support outside of the working day, so we run evening and Saturday groups now. We take all feedback provided and use it to better shape our service” – *Survey Respondent*

“Our team work with [Group Name] who work closely with harder to reach people in our community to see what they feel is missing, and what we can do to support them. We also speak to a variety of services, family hubs and our local people to educate ourselves on what we need to deliver and what is missing” - *Survey Respondent*

Practitioners were asked for their opinions on the most effective ways to engage a diverse range of families to feedback their voice and experience. From 179 comments, the majority (40%) related to having diverse and accessible methods for families to feedback. Practitioners highlighted various methods including online surveys, phone calls, social media, and written forms. Importantly, these methods should be accessible in different languages and formats to cater to diverse families, including those with limited digital access. Also, the need to go to where families are instead of inviting them to a service location.

“Ensuring that feedback is being gathered from a diverse group not seeking feedback from the same places, varying ways of providing feedback, targeting minority groups, using outreach workers etc” - *Survey Respondent*

“Spend time getting to know your families and providing them with the appropriate means to feedback. If they have no computer, offer a form, if they can't read/write, support completion of feedback form. Use a translator to break down the language barrier. Have

a good awareness of the person you are requesting feedback from to ensure you reduce any barriers" - *Survey Respondent*

"Friendly and knowledgeable work force, workers from a diverse background, Workers with additional language, welcoming atmosphere, disability friendly sessions, good communication skills partnership working and good community collaboration inclusive activities and sessions" - *Survey Respondent*

One in 5 comments (20%) emphasised the importance of in-person interactions. This includes meeting families in their communities, attending local events, visiting their homes, and having direct conversations with them. One in 10 comments (12%) noted the need to build strong relationships and trust with families by being transparent about how the feedback will be used. This involves consistent engagement, understanding their needs, and ensuring that feedback is sought in a way that feels comfortable and meaningful to them.

"Reaching out into their community projects - understanding what works for them - finding various way to ask - help them understand how it helps" - *Survey Respondent*

"By listening and engaging with families. We hold parent / carer panels and actively encourage participation and encourage new ideas" - *Survey Respondent*

Other comments involved offering incentives and encouragement (6%), tailored and responsive feedback mechanisms (4%), taking a community centred approach (4%) and having conversations one-to-one rather than in groups (3%).

"Being part of the community and getting to know the people who live there building trust and systemic approach from within, feedback can also be gained through observations etc not just surveys" - *Survey Respondent*

"Work in partnership with trusted community groups" - *Survey Respondent*

"Go to the places where they are, don't expect them to come to you just because you are asking. Incentives. True listening. Make them feel valued" - *Survey Respondent*

Practitioner Survey Summary

The practitioners survey looked at opportunities for families to feedback their voice on support, barriers to engagement and how engagement can be encouraged.

Most practitioners (83%) said there were opportunities, directly and indirectly, for families to feedback their voice and experience in their areas.

Data from practitioners reveal they mainly use feedback from families to improve and adapt services. Feedback is also used for strategic planning and evaluation as well as

informing future services. Additionally, opinions are discussed in leadership teams and used by practitioners to reflect on practice.

Data from practitioners revealed they felt the most effective ways to engage a diverse range of families to feedback included having varied and accessible methods to gather opinions. These included surveys both in online and paper copies, through phone calls or having discussions with the family in person, as well as having feedback forms in multiple locations. Practitioners advocated for gaining feedback in a way that is most comfortable and accessible for the individual. Practitioners promoted getting to know families and going to *where families are* – this could include going to homes, communities or by putting on events and incentivising families to attend. Practitioners also reflected on the fact that trust must be built with families around what they will be asked, how feedback can help and how it will be used. This also needs to be reflected back to families to evidence that their opinions are being heard and responded to.

The data indicates that although there are opportunities for families to feedback their voice and opinion, this may not be consistently acted on with certain cohorts of families not being reached. Considering the data indicates accessibility barriers to feedback as well as obstacles around personal concerns of sharing opinions, there needs to be a concerted drive to improve accessibility and gain the trust of families so that all voices are being heard.

Community of Practice

A key component of the National workstream was to set up an online platform for professionals to share good practice and develop a support network across the country. The single points of contact in the local areas were consulted during their regular one to one meetings with Practice Consultants and expressed an interest in the idea of the Community and were motivated to be involved with it. A model for the Community of Practice was agreed as scheduled Microsoft Teams meetings, and practitioners engaged in the project said they preferred external facilitation, initially, until the Community was formed, before deciding on next steps and progression of the forum.

We asked what support would be important for them, what model would be most appropriate, and what would ensure a continued engagement. The need for toolkits and practical ideas of how to embed client voice in their work as a core requirement was the most common theme. There was also a large focus on practitioners engaging with people who are not known to services, in particular minority groups, and the lack of understanding of different cultures. The idea of a space that is facilitated solely for ‘off loading’ with people who are in similar roles, with similar experiences was also seen as a positive requirement. There was a concern among the group that reflection time is not possible in their work, so to be part of a forum which includes this would be good for their wellbeing. Some mentioned a feeling of isolation in their role which they found difficult.

During the Project, two Community of Practice sessions were facilitated by SafeLives. The forums were well attended by professionals from the local areas involved in the project. The conversations carried on the themes of needing toolkits and participation models to ensure family voice is threaded through delivery and becomes intrinsic as 'business as usual'.

Other Community of Practice sessions were scheduled in over the length of the project, however, as many of the professionals were unable to commit to the dates due to high workloads and overriding priorities, these sessions did not take place. As this piece of work was key, and it was hoped it would be a sustainable component of the project, the obstacles that occur for the professionals to engage with professional networks was highlighted to the Family Voice steering group. Although incredibly important for the workforce, the time and capacity restraints do not appear to support communities of professionals to meet regularly. Within the social care sector the workforce culture does not currently cater for reflective spaces, which highlights the disconnect between working with families who require support, and not receiving professional support that would be of benefit to working with families.

Good Practice Models of Support and Delivery

Through the consultations, focus groups, interviews and systems mapping, the delivery team identified 24 models of local good practice, demonstrating effective Family Voice engagement and an ethos of family participation and working in collaboration. They range from early years to adult provision and from support groups through to frameworks of delivery.

The definition of good practice is a widely deliberated topic; however, a definition in the case of Family Voice is necessary to inform understanding and identification. It is sometimes difficult to ascertain whether a programme meets good practice guidelines or if it is part of a core offer of support that should be delivered to the highest standards for service users, as business as usual.

In this instance good practice is identified when **the model of support focuses on co-creation and collaboration with families and the model has service user involvement throughout its processes.**

For full details of identified models of local good practice, see Appendix B.

Webinars

Webinar Engagement

Webinars were delivered as part of the national workstream to engage and inform as many Early Help professionals as possible on subjects that are important to them and to help them in building their participation networks. Through SafeLives' National systems and agency work we know webinars are a very effective way of communicating on a larger scale on topics that require a lot of information in interactive forums. The webinars were well attended throughout the programme.

They were produced by the SafeLives delivery team, alongside external organisations and experts by experience, whenever this was possible. In each webinar, attendees were given the option to provide anonymous feedback via a submission form.

Webinars are all recorded and available on SafeLives' website.

Table 3: Webinar delivery & attendance summary

Webinar Topic	Number of attendees
Authentic Voice	114
Authentically Engaging Children and Young People	203
Stigma and its impact on accessing support 132	132
The Mindful Professional	54
Children and Young People's participation	59

Authentic Voice

9 November 2023

The first webinar explored Authentic Voice and the Principles; what it means, why it is important and the difference it can make when done well.

A Mentimeter platform was used to engage with the audience during the webinar, and this allowed many professionals to reflect on their practice and what changes they can make to support client voice and how it can positively impact the delivery of their services.

The webinar received feedback from 25 attendees, all sharing positive reflections from attending the session.

"This is certainly the right way to go when working with families and thinking about my own practice, this has encouraged me as this is the way we have been working within our parenting teams. Collaborative working relationship are vital. This is dynamic and encouraging." – *Anonymous contributor*

"It is something that I will be raising as part of my RPC role and making sure that for future proofing support for families that we make sure we include families lived experiences in our planning" – *Anonymous contributor*

Authentically Engaging Children and Young People

28 February 2024

Following the first webinar, SafeLives Practice Consultants and SafeLives' Experts by Experience delivered a session to practitioners on how to authentically and safely, with empowerment, gather the voices of children and young people in their programmes and services. Young Experts by Experience within SafeLives talked about their voice not being heard, and when it is heard, it is often not taken seriously and does not positively affect change.

22 attendees provided feedback from the session. Reflections were mostly focused on the improvement needed with engaging the voices of children and the young people they are working with and their needs.

"I am in the early stages of thinking about a new project and this webinar has given me a renewed commitment to ensuring that young people are involved in planning and developing a service which works for them and meets their needs - not the needs that the adults around them feel they should have" – *anonymous contributor*

The Mindful Professional

30 October 2024

This webinar explored a holistic understanding of mental health and its effects, bringing person-centred reflections and trauma informed understanding alongside lived experience. In partnership with Together for Mental Wellbeing UK, the webinar highlighted varied perspectives, experiences and solutions when supporting people with mental health needs.

Based on the feedback received from 12 attendees, this webinar was an emotive experience for the practitioners who attended. It demonstrated that many people working

within the sector have mental health needs and can deliver high quality support if they receive appropriate trauma informed support.

"*I hope it will make me more present and share the experience with my service users and also, my colleagues. The insight into mental health conditions will help nourish my empathy and compassion; and the tools will give me simple ways to be more trauma informed." – anonymous contributor*

"Brilliant webinar, presenters were clear in their delivery, so much information to thing about and put in practise " – anonymous contributor

Stigma and its impact on accessing support

19 June 2024

SafeLives Pioneers and Authentic Voice Coordinators, worked with For Baby's Sake Trust to gain different insights into stigma, the barriers to support and how hearing the voices of those who access support can help to remove it.

There was a range of feedback from 28 attendees who attended this webinar, with professionals reflecting on their own practice and also what they have experienced from other professionals in terms of preconceptions and judgements. Also, the need to work collaboratively and link up between different agencies, with the need to understand the whole picture and not work in silos but collaboratively.

"considering more about cultural barriers and how this can impact people accessing support" – anonymous contributor

"I think it will be helpful for me to think on all the ways stigma can present itself and reflect on my own capacity to stigmatise with preconceptions that I have not carefully examined." – anonymous contributor

Children and Young People participation

25 March 2025

Three local area organisations collaborated with SafeLives on this webinar, to identify good practice for families to inform and shape service design. The areas and services were:

KBSP Young People's Shadow Board **- Bristol**

Investing In Children – **Durham**

Elevate 100 **- Lewisham Works, Lewisham**

Within the presentations and the discussions approaches for youth participation, co-creation, co-production, decision making and feedback cycles were prevalent.

Feedback from 6 attendees followed a similar theme of the need for guidance and toolkits on how to talk to clients, specifically young people and with the whole family.

"….but would like to more about consulting families ie adults and children together" – anonymous contributor

"*More about the tools used to gather the voices of young people" – anonymous contributor*

Conclusions

Local Workstream

Engagement with families proved a challenge in each local area due to the lack of participation networks, however, rich detail was captured through our focus groups and interviews. This fieldwork helped build a clearer picture of where the gaps are in Early Help services, as well as where there are examples of good practice which can be adapted to meet the local families' needs. We also found a willingness from professionals who want to improve the services and the response for families but require the resources and capacity to help them do it; this is currently a barrier to improvement. The multi-agency response is not joined up for families to access the correct support at the right time, which causes families to disengage and not feel like a priority. Feedback loops are not consistent or indeed set up in a sustainable way to capture the thoughts and feelings of families. As with local area services in general, each Early Help service has a different culture and offer, however by adhering to the authentic voice principles, the participation models recommended in this report can be adapted for effective implementation.

At the time of this project participation networks are limited in local areas. The difficulties experienced by the Practice and Consultants and Authentic Voice Co-ordinators when capturing the voices and experiences of families should not be overlooked and clearly demonstrate a need to prioritise the Family Voice networks in line with local offers. This will provide consistent feedback loops for services to further understand the needs of the families they serve. Families' voices are generally not seen as 'business as usual' and are secondary to the constant workloads and pressures that services are experiencing.

The individuals and families who took part in the consultations were motivated to share their experiences and opinions on what would support the development of the services they had been involved with and how they would help future families in similar situations. They were also keen to hear about the progression of the project and what the report outcomes would mean for local area delivery, in the future.

National Workstream

Engagement and the attendance of professionals across the National workstream activities were high; there was a desire for development of their knowledge and to enhance their understanding of what is required to gather family feedback in their jobs and services. There was a frustration by professionals at not having the time nor the capacity or resources to focus on client feedback without it being tokenistic, as well as identifying a lack of process once feedback had been sought.

A point consistently raised in meetings with our Single Points of Contacts (SPOCS), during the project was that they wanted to understand what other local areas were doing to capture their family feedback and were interested in talking to neighbouring or similar areas on how to implement any successful models and indeed how to work more individually with their clients. The webinars also demonstrated how invested many professionals are in developing their understanding of peoples' intersecting needs with a person-centred approach and would welcome further information, advice and guidance on how to work in this way

Recommendations and Participation models for Family Voice Project

Over the last 21 years, SafeLives has brought data, voice and practice together to strengthen whole-system responses that prevent harm, reduce risk and support recovery for adults and children. We pilot interventions with expert partners and services in local areas and evaluate the outcomes and provide tested models of support within multi-agency contexts, working with local authorities as a critical friend. Alongside insights from work carried out as part of this project, the recommendations we have provided in this report are models that have been tried and tested in many of our family focused projects[2]. They are appropriate for information and guidance as well as implementation, but should not be read as mandatory models or expectations for delivery of preventative services. For details on delivery expectations for the Families First Partnership (FFP) programme, please refer to the FFP programme guide.

To ensure Family Voice is embedded in Early Help, and the sector in general, implementation of the recommendations for the Family Voice Project require a participation model as a frame of reference, to be used as a guide alongside them. These participation models can be found in the annexes of this report. The principles within the participation models highlight a process which can be followed, ensuring integrity of Family Voice is maintained throughout the implementation process, from strategic buy in, to operational delivery. This also demonstrates acknowledgement to the people who are being consulted with that their experiences are important and necessary, and views are collected without tokenism.

It is important to note that the participation models can be used for other aspects of service delivery which require consultations. They have been piloted successfully on a range of co-created projects[3], and can be adapted to meet the need with consultation requirements.

Recommendations

Whole Family

To strengthen a whole-family and multi-agency approach, a collective understanding of a Whole Family Approach should be embedded within policies and procedures for all agencies including expectations of support for all members of the family. Provision should be allocated to individual family members based on assessment.

[2] The Beacons pilot programme - SafeLives
[3] A public health approach to ending domestic abuse for the whole family Authentic Voice Principles and Model - SafeLives

- Understanding and implementation across Early Help of support plans and assessments for ethnic minority groups to be enhanced. A business as usual, person-centred model to be delivered to families from all communities accessing Early Help.
- Practitioners to be aware of a whole family, risk led approach, completion of risk assessments and the referral pathways to support services.

Response & service design/delivery

- A ‘minimum standard’ offer, or ‘standardised’ workflow of interventions for frontline practitioners at Early Help to promote consistency to disclosure of abuse.
- Identify a multi-agency response for each member of the family in line with their risk levels and needs.
- Create a ‘one front door’ model for referrals and promote this amongst all professionals and the public.

Family Voice

- Implement a ‘Communication Tool Kit’, in co-production with parents/families to help better record the child’s and family’s voice.
- Increase the use of online media, including surveys and other consultation methods to gather families feedback of service involvement.
- Routinely listen to the experiences of people accessing services as part of the development of a learning and improvement culture.
- Develop an Authentic Voice strategy and framework that embeds the expertise of service users with lived experience into every part of the system to inform and guide services and provision.

Language

- Review language across all partner agency documents to ensure consistency of terminology, in line with local strategies.

Workforce

- Regular and robust support and supervision should be provided to all staff to prevent compassion fatigue and burnout and to provide education and challenge to inappropriate culture and language. Managers should receive appropriate training to enable them to do so.

- Strategic and operational join up within Early Help is essential to ensure messaging and priorities are aligned and understood.

Strategy

- Local communication strategies should be drawn up, specifically targeting young people using their preferred communication methods, to raise awareness and signposting to relevant services including linking into local communities via the Area Constituency Committees, town and parish councils.
- The development of regional strategy should focus on operationalising high-level aims and oversight for how that strategy will be implemented on a local level.
- Consideration should be given to reviewing the terms of reference and membership for local authority Strategic and Operational boards to ensure correct membership and representation including representatives from by and for services and a shared understanding of priorities.
- Commissioners should consider how experts by experience are involved in the commissioning cycles including the planning and review of provision.
- An outcomes framework should be co-produced by all stakeholders to define the outcomes commissioned services should achieve for families.
- Enhance commissioning strategy between partners to cover the provision of services for the whole family. This strategy should be based on a thorough understanding of need across the area, service mapping and analysis of current and future resources.

Children and young people

- Children and Young People interventions should support the local multi-agency response to safeguard children and young people from the impact of abuse and therefore should be part of a multi-disciplinary team, which works with each member of the family.
- The Children and Young Person offer can be extended to allow criteria outside of the Early Help and Child Social Care models. Or think about how to engage Children and Young People who need the service but do not necessarily need a plan moving forward.

Training

- Undertake a training needs review that looks at the training needs of professionals across the system, to establish the gaps and what needs to be added to the local training. Where possible, this training should utilise local skills and knowledge,

facilitated by individuals with an understanding of the local system and referral pathways, as well as specialist knowledge of the Early Help sector. Training should include:

- Culture Competency and Anti Racism training.
- Trauma Informed Practice.
- DA Champions training.
- Authentic Voice should be embedded within the training provided, not just including victim and survivor experiences or case studies.

Family Voice Investment

To ensure clients feel valued and empowered, it is important that their support is individualised and tailored for them.

- An activity fund can be implemented for spot purchasing. Remuneration for service users is very important, as it acknowledges their involvement, time and experiences.
- Re-traumatisation is a common theme when service users are re-telling their stories and this needs to be recognised in all models of delivery.

Dedicated Staff

In order to ensure sustainability of participation networks and client voice we need to look at the infrastructure and provisions.

- There needs to be consistent support in place for those with lived experience to share their expertise. This can be in the form of a local Authentic Voice Lead, or job role equivalent, working in a local area. They can provide support before, during and after any participation work.

Feedback

The way voice is captured requires planning before the activities are delivered. The following questions must be answered with local context, to ensure the feedback loops are fit for purpose.

- Is it realistic within the current processes? If not, what needs to change?
- How can we offer the feedback?
- Can we provide different options for how this is fed back that suit both the client's needs and the organisation's (with regards to realistic expectations on capacity)?

Remuneration

What is remuneration? This is a key question when addressing the power dynamic with client work and putting them on the same footing as professionals.

- Remuneration should be set at an amount that recognises the commitment and expertise service users bring to delivery. Their expertise and time can be recompensed via voucher, money or if appropriate, an offer of training or a particular experience, if this is agreed.
- To quantify the approach, it is important to ensure the clients take away more than they started with, prior to their work with service.
- An over-arching commitment at an organisational level is paramount for Authentic Voice to be a consistent way of working. This means investment in Voice Participation requires a specific dedicated role.

Partners need to have a clear understanding of what participation coordination is and integrate it into their multi-agency networks; stakeholders and commissioners are also required to have a clear understanding of the purpose of Authentic Voice to ensure investment is made from the beginning of projects so that it is properly funded and time is built in to do this work with integrity. For Multi-agency Principles, see appendix C.

Appendices

Appendix A – Practitioners Survey Demographics

Table 1: Practitioner's region of work

Region	Count	%
East Midlands	12	6%
East of England	15	7%
London	21	10%
North East	37	18%
North West	23	11%
South East	29	14%
South West	14	7%
West Midlands	9	5%
Yorkshire and the Humber	49	23%
Total	**209**	**100%**

Table 2: Practitioner's sector of work

Sector	Count	%
Children's Centre/Family Hub	102	48%
Children's Social Care	60	28%
Education	7	3%
Health	10	5%
Mental Health	2	1%
Other	19	9%

Voluntary Sector	8	4%
Youth Services/Youth Offending	3	1%
Total	**211**	**100%**

Table 3: Practitioner's – National Family Support programmes

National Programmes	Yes	Yes (%)	No
Family Hubs (including separate & parallel Family Hubs Transformation Fund) and Start for Life	124	59%	52
Reducing Parental Conflict	101	48%	68
The Supporting Families programme	82	39%	70
Family Nurse Partnership and Healthy Child Programme	20	9%	108

Appendix B – Family Voice Good Practice Models for support and delivery

0-18 years Services

Reading Families' Forum (RFF) - An independent charity run by and for families of disabled children and young adults aged 0 – 25 years. It is Reading's local parent carer forum and is part of the National Network of Parent Carer Forums. RFF works to ensure that local parent carers and young people with additional needs co-produce local services that they use. RFF define co-production as being where families are at the heart of discussions, giving their views and experiences about what is needed and setting priorities. RFF Trustees and Steering Group attend the local Special Educational Needs and/or Disability (SEND) Strategy Group and participate in various working groups as part of Reading's SEND Strategy Group with Local Authority and health professionals. In this capacity, RFF has co-produced information guides and materials about the local SEND offer, including the SEND Guide for Parents.

Early Help Navigator role – This role sits with the Early Help Team and has been identified in Cheshire West and Chester and Bristol, acting as one of the first points of contact in venues across the community. The role is to identify what issues families are experiencing and to help them access the support they require.

Pregnancy and baby Services: Baby to Infant years

Bristol Sirona Healthcare **THRIVE Framework** – established by the Tavistock Centre and Health's Public Health Nursing service have embraced the Thrive conceptual framework (a model developed in a collaboration between the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre) to offer a service that puts shared decision making with children, families and young people at the centre of their work. Public Health Nurses work alongside families to identify and harness their strengths and cocreate plans to meet their support needs. It reflects a deep commitment to listening to children, families and young people and ensuring that they are active partners in determining their own priorities and support needs. The service is part of an evolving local process of system change focused on both professional and community collaboration to improve health outcomes.

Durham North-East Young Dads and Lads (NEYDL) - currently funded to work with young fathers, expectant dads and non-birthing partners aged 25 and under across the North-East region (including Tyne and Wear, County Durham, Hartlepool and Middlesbrough) with some geographic restrictions. Aims include:

- Reduce social isolation, build effective peer support networks and a greater sense of belonging
- Acquire new knowledge and skills relevant to future employability and career progression
- Enhance parenting practice and improve relationships
- Be empowered to voice their needs and wishes and be involved in important decisions that affect their future and the lives of their children
- Campaign effectively to improve service provision and practice
- Challenge negative perceptions of young men and boys in wider society
- Identify and access wider help from other services and professionals
- Instil a passion for life-long learning by reconnecting young men with education

2-5 years Services: Primary Education

One Reading Partnership (ORP) Board - a multi-agency partnership committed to delivering better outcomes for children, young people and families, and developing a local consensus on how to work together in Reading. Partners span across the statutory and voluntary sectors, police, health, and education. Representation on the ORP Board is at senior leadership level including Berkshire West CCG, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Brighter Futures for Children, Reading Borough Council (Adult Social Care, Housing and Communities, Public Health), Thames Valley Police, Reading Voluntary Action, Fire & Rescue, Schools

and Colleges. A key role of the ORP Board is to oversee the implementation and review of the One Reading Early Help Strategy. The board meets on a quarterly basis. BFfC's (model 11) One Reading Partnership team plays a key role in supporting the Board in delivering outcomes set in the Reading's Early Help Strategy via:

- ORP Hub meetings - weekly meetings for professionals who act as lead professionals in accessing information and advice to provide the right help and support for children and families through relationships and systems in which they are familiar.
- Partnership Outreach Workers within One Reading Partnership team support lead professionals within the community to deliver early help and support to children and families
- Training, learning and development opportunities for practitioners in the Reading area The One Reading Partnership Team have also hosted several Marketplace Service Events.

Reading SEND Strategy Board - provides strategic leadership support and challenge to the wider system to enable the progression of Reading's SEND Strategy. The board places particular emphasis on listening and responding to the lived experience of SEND children and families, and in discussion with Reading Family Forum, the SEND Partnership Board is the foremost strategic co-design conversation with families. As well as Reading Families Forum (model 1), a Special United Representative (CYP voice), sits on the board which meets as a minimum quarterly. One co-production output from the work of the board has been Reading Families Forum's production of information guides and materials about the local SEND offer (appendix 3), including the SEND Guide for Parents. The Berkshire Neurodiversity Strategy Proposal offers an example of how the SEND strategy Board are working together to plan how best to improve the way Berkshire supports neurodivergent children by identifying their needs early and providing the right support, involving collaboration between local authorities, schools, healthcare providers, and families.

11+ years Services: Secondary – Further Education

Reading No.5 Young people - a CIO (Charitable Incorporated Organisation) that has been offering free, confidential mental health support, counselling and outreach for young people aged 11-25 who live, work or study in the RG postcode area since 1971. The organisation's mission is to provide early intervention services to prevent the development of more serious problems caused by mental or physical ill health or other challenging circumstances, by providing support and advice (in particular, but not exclusively, by providing professional counselling services), to young people and their families regardless of difference, background or identity. The organisation has co-production at its heart which is reflected in their organisational structure: they have lived experience staff team members and Young Ambassadors who are a team of 16–25-

year-olds who are passionate about supporting young people in the community. Strategic co-production is a key plank of their model which prioritises the involvement of people with lived, living and learnt experience with a focus on the long-term outcomes. As part of this, co– design, co-commissioning and co-delivery of services, including making strategic decisions, are embedded in the organisation's usual way of working.

5-12 years Services: Primary- Secondary Education

Durham Investing in Children Membership Award – a National award that gives organisations recognition for actively including, and hearing directly from children and young people, and how their contributions result in change.

Bristol Children and Young People Shadow Board – the Board terms of reference outlines that any professional(s) attending the shadow board (either observing or seeking reflections) are expected to provide feedback as to the changes that have been made following attendance to the board. This is designed to reduce 'tick box' style consultation and to ensure that board members know the impact that their voices have.

Ealing Brighter Futures Model (EBF) - Ealing's Brighter Futures Intensive Engagement Model is a complex, whole system intervention that was launched in June 2015. Its implementation was intended to support and enable the children's social care workforce to build effective, consistent relationships with adolescents, families, communities and carers, and to use those successful relationships to bring about positive change.

Durham Team Around the School – For many years Durham had an Early Help Advisor Team and each school setting and partner have their own named Early Help Advisor. Additionally, they have a seconded Primary Headteacher that is funded for one day per week's 'worth of time' to support in embedding early help principles across education and numerous other agendas e.g. Reducing Parental Conflict, Fathers/Male Carer Agenda, neglect etc. They refer to this role as the 'Early Help Schools Link Advisor'. The Headteacher helps Early Help engage with education colleagues by helping them understand what is going on in education and how best to work with schools and 'pitch' proposals/developments. The Headteacher is also the Chair of the Durham Association of Primary Headteachers (DAPH). Furthermore, Durham have Inclusion Practitioners (IP) within the Early Help Service, who are funded by the Secondary Behaviour and Inclusion Panels (Schools), to support with pupils at risk of permanent exclusion due to behaviour. The IPs work with the child/family and school to facilitate attendance and prevent suspensions/exclusions.

Durham Empowering Parents Empowering Communities (EPEC) - An evidence-based parenting programme. EPEC parenting programmes are different to 'typical' parenting programmes, in that they are for Durham parents, delivered by fully trained Durham Parent Group Leaders (PGLs), which automatically removes the 'stigma' which

can be attached to parenting programmes. Three EPEC Parenting Programmes and delivered in Family Hubs, Community Places & Schools:

1. Being a Parent (for parents of 2–11-year-olds)

2. Baby and Us (for parents/carers of 0-9 months old)

3. EPEC Being a Parent of an Autistic Child

- EPEC Being a Parent of an Autistic child is delivered by PGLS who have autistic children themselves, so they really 'get it.' They have had 31 parents complete the programme since September 2023, with an additional eight due to complete June2025. The course runs for 10 weeks for 2.5 hours a week and allows parents to get practical support, meet other parents as well as get learning hints and tips to support themselves and their autistic child/ren.

13-18 years Services: Secondary Education

Lewisham Elevate 100 – This model has service users at the heart of service design. Prior to launching the service, the project consulted with local young people to understand what issues they face locally and understand what interventions they believe should be in place. Several young people are employed on casual contracts and sit on the project board, supporting the service to progress. The board meets on a monthly basis and they make key decisions on the project. Most notably the young people provide 'critical feedback' and 'steer service design'. The model has continuous feedback loops, and the information is collected via online forms, through social media, suggestion boxes and in peer-to-peer interviews. Lewisham Elevate100 were a key member of the CYP Participation Webinar.

Reading Young Voices - a group of young people from across Reading and the surrounding area who come together to discuss and share issues that matter to them, campaign, and promote change. They also work with decision makers across Reading to help the voices and experiences of young people to be heard and influence the decisions they make. The Young Voices Steering Group is a group of professionals, voluntary and statutory sector partners (including No5, Starting Point, Brighter Futures for Children, Reading FC Community Trust, Youth Offending Service, Community Safety Partnership) who work alongside young people in various spaces to bring meaningful opportunities to the most often unheard young people for them to be involved in strategy and decision making. As part of this, Young Voices co-produced the 'Community Safety Partnership Strategy' and 'Stay True to You'. Opportunities to get involved in different projects come from the Young Voices group and are publicised by young people and partners e.g. via a QR code on premises and the No5 newsletter. Young people say: "if adults wanted to do any sort of project they wanted a young person's voice to be heard, this was like their first

point of call" and Young Voices "is one of the most places where you could express and get your…opinions across".

Lewisham Young Mayors programme - the programme sits in the Early Help team of the Children and Young People's Directorate within Lewisham Council, in order to effectively support young people in their formative years but also interacts closely with the Executive Decision Maker (Directly Elected Mayor) in the Council's Mayor's Office and takes part in civic duties. The group of young people meet on a weekly basis to discuss political agendas for young people within the borough.

Bristol Sirona Healthcare Family Nurse Partnership - Family Nurse Partnership (FNP) Bristol are trialling an Early Years Practitioner Role within their service to support clients on a needs led basis to provide a more enhanced service. It is the first role of its kind Nationally.

Durham Dads and Male Carer Conference – a joint event between Family Hubs, NEYDL (model 3) and EPEC (model 12). The event provides new information and evidence that helps organisations understand more about the importance of engaging Dads/Male Carers, leading to better outcomes for children and young people. Attendees listen, learn and share with others including practical tools and techniques to use when engaging with Dads and Male Carers. The event also provides networking opportunities across this field of work and helps enhance understanding of what support is available for Dads and Male Carers, while giving an opportunity to develop a father inclusive approach.

5-25 years Services: Primary - Further Education

Reading Me2 Club – Me2Club is an inclusion charity for children and young people (CYP) aged 5 years and upwards, with additional needs and disabilities in the Wokingham and Reading Boroughs. Its purpose is to tackle the social isolation and loneliness experienced by children not being able to access mainstream leisure activities, giving them a chance to build independence and vital life and social skills. Me2Club recruits and trains volunteers to 'buddy' 1:1 with CYP (2:1 when required), to support participation of activities (sports clubs, uniformed groups, drama classes). Alongside the core service, Me2 Club also runs four participation projects:

- TeenW&Rd is a group for Reading and Wokingham young people aged 13-19 to make new friends, build confidence and independence by choosing, planning and fundraising for activities
- Include Me2 is a Youth Social Action Group for Reading and Wokingham young people aged 8- 25 years and their siblings. The group supports young people to raise awareness of additional needs to address the barriers they face in their lives

and in their communities including by becoming Young Mental Health Champions and helping to improve local mental health services.

- Say YES is Wokingham's SEND Youth Forum and Special United is Reading's SEND Youth Forum - both are for 8 – 25 year olds, each meeting six times per year, where young people can have their say on local services, meet new friends and enjoy a takeaway - in exchange for a £10 Amazon voucher in recognition of the valuable contribution they are making. In 2024 BFfC (model 11) conducted a review of participation which included meeting with SEND families on a weekly basis and engaging with Me2Club to facilitate active CYP led participation forums.

Reading Brighter Futures for Children (BFfC) Participation groups for children - this participation work is informed by BFfC's three year participation strategy and reported on via its annual participation report. Participation work is undertaken by a Participation Officer whose role aims to promote and develop the participation of children, young people and their families, receiving services from BFfC to enable them to influence their individual care plans, help shape services and development policy and procedures. This includes supporting children, young people and parents taking part in participation groups, but also supporting frontline practitioners to engage and involve children, young people and parents in direct work and interventions to deliver positive outcomes. BFfC runs three monthly participation groups for looked after children (CLA) and care experienced young people;

- Care 2 Have Fun - a participation group for CLA in primary school (aged 5-11years).
- Care 2 Listen - is Reading's Children in Care Council and was named by previous members of the group. The group is supported by BFfC's Participation Officer and its areas of work have included: advising BFfC's communications team on how to update information on the website to make it accessible to CLA and ensure essential information is available and updating resources for First Night in Care Bags.
- Care Ambassadors - a group of care leavers in Reading aged 17+ who meet once a month to discuss things that matter specifically to them. The group is an opportunity for the ambassadors to share their experiences to support change, influence and develop services in order to help themselves, other CYP in care and other care leavers. Projects have included setting up a 'time to listen' slot, when care leavers can speak about their life journey once a month to BFfC staff members, and giving staff their top tips when doing life story work. CYP from Care 2 Listen and Care Ambassadors have participated in Corporate Parenting Panels; one CYP says: "during that I can ask questions, I can give them feedback on what they've done, and there's lots of different things that you can do there. But we also help create their targets for the next year, which is an amazing, very positive thing that we're doing".

18-25 years Services: Further Education

Lewisham Champions of Inclusion - The Champions of Inclusion are a self-organised group within the Young Advisors that works together to discuss issues that are related to young people with Special Educational Needs and Disabilities. They meet bi-monthly.

Lewisham Drumbeat - a service for parents/carers who have children accessing SEND provision. The service supports with training for schools, voicing opinions to the local authority, and have a young expert panel that is centred around their voice, with no agenda. All reports include a section of the parent voice and young people voice, and this is shared locally. Most parents within the organisation are also neurodivergent.

Bristol Parent Carers Forum - provides support for parents of SEND children, all staff members have lived experience and all work is co-produced with parent carers. The annual conference provided to professionals provides upskilling and understanding of SEND; Parent/Carers of SEND Children are able to attend for free, access to learning, literature and support when navigating SEND processes.

Bristol Families in Focus (FIF) – An example of a co-produced Participation Governance Document which will support the FIF Team to create further policies such as a remuneration policy when co-delivering training programmes.

Bristol SEND Inclusion Advisor Roles - The council is setting up a new team to implement early identification and intervention strategies for children and young people (CYP) with Special Educational Needs and Disabilities (SEND). By intervening as early as possible, the team seeks to address potential challenges before they become entrenched, providing targeted support that promotes better long-term outcomes. The aim is for six Inclusion Advisors to work in close partnership with mainstream settings to support the graduated response and Ordinarily Available Provision (OAP) and for CYP with SEND, and support schools to develop capacity and resilience within settings to support inclusion. The advisors will work collaboratively with schools along with teams in Bristol City Council and other external agencies to ensure the best possible outcomes for CYP with SEND. This will involve delivering training to SENDCOs, providing guidance, signposting and providing advice, and actively promoting the development of an ethos that supports independence and resilience in CYP with SEND.

Bristol Guide to Family Court Proceedings - this has been created alongside people who have lived experience and their insights into the system; it is particularly targeted at those who have experienced domestic abuse and are navigating court proceedings without legal representation. The guide will be available and distributed to Courts, the legal profession, councils, statutory and voluntary organisations supporting victims, healthcare services, education settings. It is also available to anyone supporting victims of abuse and their children, and the victim/survivors directly. This guide is intended to eventually be rolled out nationwide for use within the court system. The advice it offers

draws on the experiences of victim/survivors as well as the Judiciary, legal professionals and domestic abuse support services. It is intended as a trauma-informed and easy-to-understand document to help people navigate what can sometimes seem a bewildering and foreboding process.

Appendix C: Guidance for Family Voice Participation

For some people, using their voice is an opportunity to take back power from a situation where power was used on, over or against them or taken away from them entirely. Honouring this means that organisations should not expect clients to stand for their views or agenda.

Individuals should not be negatively impacted or have access to services and opportunities taken away from them for speaking their truth when it does not line up with an organisation's agenda. This is different from when a client breaches agreed policies, like a Code of Conduct, for example. This also means that clients should not be expected to represent other voices. They are experts in their own experience, and opinions may and will differ between them. There are times when clients agree with elements of their voice being shared by another person, but it should be clear what they are agreeing to be shared, when and with whom. People's lives are complex, and experiences of services and their support needs will differ depending on individual identities, and the communities we live in.

Society is not equal, and this means there are often barriers preventing some people from being able to speak, and to be heard. It is the responsibility of services to ensure that they are providing opportunities and the appropriate support for those with voices that are not being heard. To reach those voices, it may be helpful to work with organisations already working well in the community. People are not hard to reach; systems can be hard for people to navigate or are not set up for everyone to access, easily. To hear the authentic experience of individuals and families, services must remove barriers which stop people from being able to take part. They should also make sure there are enough resources available to do this work and create safe spaces where there is clear guidance for how people work together. Voice participation is personal and calls on people to draw upon their own experiences. This can be emotionally demanding and may risk a negative impact on their mental health and wellbeing. It is essential that there are structures available for support. This begins before the person starts any participation work, for example have you explored areas that may be triggering, or may be 'no-go' areas? This should reflect the trauma-informed approach described throughout. Support and information are offered before, during and after the client uses their voice. This gives space to talk about what went well, and what was difficult, and if there is any further support needed. Together, the service and the clients create a culture which is safe and supportive, which can educate and grow and reflects all the Family Voice principles. For Participation Models, see Appendix D.

Multi-agency Principles

Connect Multi Agency Principles co-created with Service Users and Expert Partners

- Flexible, consistent and reliable (FCR)
- Accessible (A)
- Strengths-based approach (SB)
- Client involvement (CI)
- Gender responsive (GR)
- Working together (WT)
- Trauma-informed (TI)

Flexible, consistent and reliable

The overwhelming message from research, clients and services is that the relationship between practitioner and client is vitally important, not just in terms of the client engaging, but that for many clients this may be the first positive relationship they have had and will be central to their recovery.

Creativity and a focus on taking the service to the client promotes flexibility rather than expecting clients to fit into services. Services we spoke to that were consistently engaging with this client group described being flexible in their approach, responding quickly, thinking creatively and individually, and focused on the pressing needs of the clients.

Accessible

There may be a lack of available information on what services offer, or this information may be inaccessible to them. This is exacerbated by the number and complexity of needs a person has, as potentially they will need to navigate a number of services and may end up in services inappropriate to their needs.

As discussed in the webinars with the guest speakers, individuals may find their needs labelled too complex – or too challenging – for the service they are trying to access. 'Complex' is often equated with 'difficult' – those with complex needs are frequently considered challenging or difficult to work with.

A focus on taking the service to the client and a more assertive outreach approach promotes an ethos of 'how do we engage these clients?' rather than labelling them as 'non-engaging'. The extent to which individuals are treated with dignity and respect by services will directly impact on their engagement going forward.

Strengths-based approach

Client consultation within the research for complex/multiple needs highlighted that clients stressed the importance of having choices and being actively involved in the setting of outcomes.

This 'strengths-based' empowerment way of working is effective because it encourages practitioners and services to go beyond 'helping' or developing interventions in which individuals can feel like they are being 'done to'.

It focuses on cooperative, trusting and workable relationships and rather than focussing on ‘problems’ the approach is about building on a person’s assets and resources to create sustainable change and growth.

Client involvement

Emerging best practice in the multiple needs sector has peer support/mentoring and co-production as a core component.

Co-production: moves beyond client consultation to facilitating clients, people who are experts by experience, to make decisions and generate ideas for development. Practitioners must move from being ‘fixers to facilitators’. To be truly transformative, co-production requires a relocation of power towards service users. This is empowering for clients, as it gives value to their views and experiences, and puts them in control of their support. There is an expectation that mechanisms will be put in place to encourage and support clients to play an active part on the ongoing development of the intervention. The model has been designed based on extensive consultation with clients and this should be continued (via individual feedback, service user group feedback, and service user representatives) throughout delivery of the pilot.

Client involvement is also about clients being worked with in a person-centred way where the client and practitioner are both experts and the way support is provided is agreed in a collaborative way.

Peer support gives people with lived experience the opportunity to support clients; this could be practical support and/or emotional support. It’s effective as it can give hope and guidance to clients, it gives opportunity for developing skills for people who have come through support, supports recovery, and it broadens the range of support a service can offer. We would expect to see mechanisms developed to provide for a peer support service to accompany this intervention if not already in place.

Gender responsive

Often called gender sensitive this is likely to be familiar to services working in domestic abuse. Research by AVA and Agenda has highlighted that agencies within the field of multiple or complex needs often deliver services that are mixed gender, which women have fed back can feel unsafe, and may result in them not accessing services at all. Women-only spaces, such as women’s centres, were seen to be effective not just for safety, but because they address holistic needs which clients fed back was essential. But just having a single gender space was not always effective in itself; the main message from the research is that the way a service is delivered is as equally important as what is delivered.

Gender responsive moves on from gender sensitive as it’s more than a tick box for addressing women’s issues by having a women only afternoon (for example) and thinking about how does a service and interventions respond to gender, both for women and men, to create space and support that addresses and responds to strengths and challenges.

Working together

Multi-agency collaboration and proactive partnership working (at all service levels) is crucial to any effective response for people with complex and multiple needs. Central to this is the understanding that the needs a person has interconnect, so trying to address issues without understanding how their substance misuse (for example) impacts and being able to work on both issues will likely result in poor outcomes.

We have seen differing approaches to this, from defined collaborations such as MEAM (Making Every Adult Matter), to co-location of partner agencies, 'One Stop Shops', drop-ins at partner agencies, case conferencing, multi-agency panels and team around the worker approaches. The literary review confirmed the importance of these approaches to embed integration at service and system levels.

Some approaches (such as MEAM (Making Every Adult Matter)) demonstrated cost effectiveness of partnership working and addressing the whole person. Services did identify challenges with multi-agency partnerships, such as information sharing and impacts of reduced funding and capacity.

Trauma informed

Trauma informed and trauma responsive practice is strengths-based and focuses on understanding and being responsive to the impact of trauma. It emphasises safety (physical, emotional and psychological) and aims to create opportunities for clients to regain a sense of control and empowerment. This approach is a key part of the model and all staff delivering this intervention (and with supervisory responsibility for the domestic abuse practitioners) will need to be trauma-informed in their approach.

There are five core principles of trauma-informed approach first established by Harris and Fallot (2001): trauma awareness, safety, trustworthiness, choice and collaboration, and building of strength and skills. Trauma-informed services integrate these principles at every level of their operation, from systems through to clients.

Trauma responsive ensures there are policies and practices in place to minimise damage and maximise growth and development and creates an environment for healing and recovery.

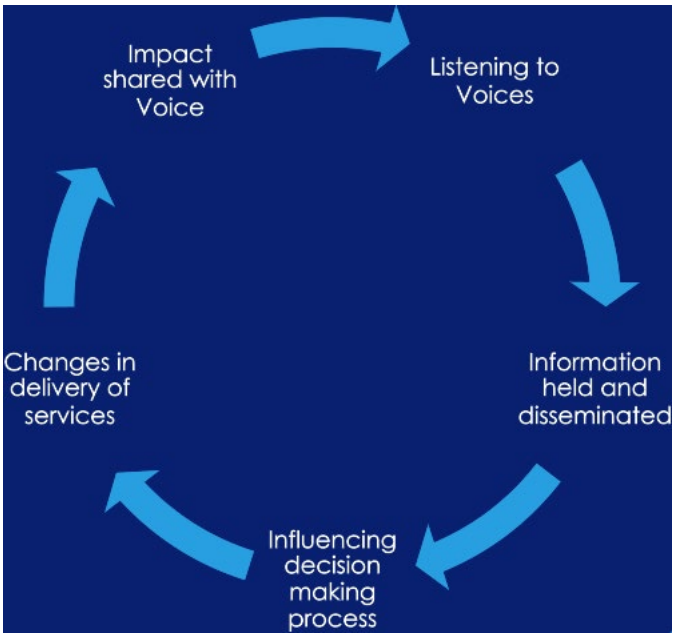
Feedback Loop for Engagement

Fig 1: Feedback loop for engagement

This feedback loop outlines the importance in hearing voices from a range of individuals and how this can alter delivery of services.

The more voices are heard, the increase in opportunity to make change and understand need.

This filters back to voices and the loop continues.



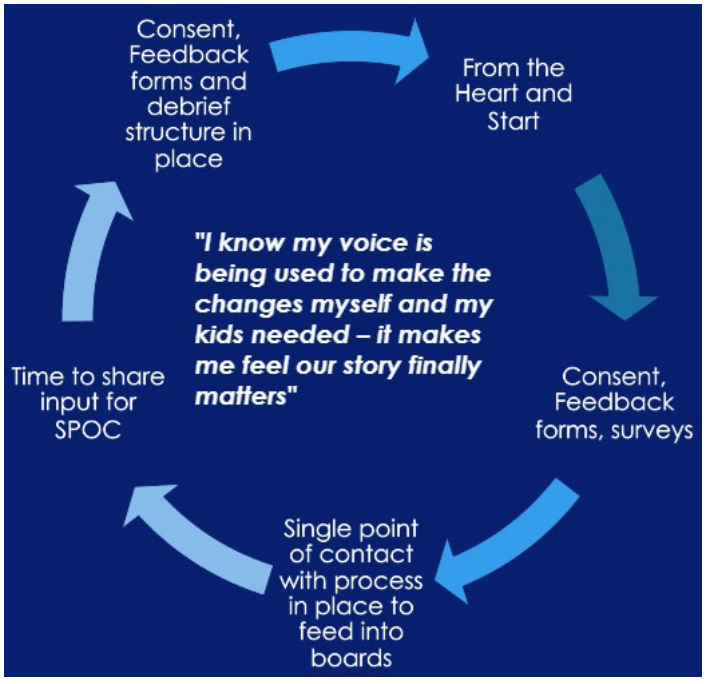
Feedback Loop for Engagement: Practicalities

Fig 2: Feedback loop for engagement: Practicalities

This feedback loop shows the practicalities to managing hearing the voices of service users.

In place should be someone who is able to build trusting relationships, who will collaborate with local service users and who will compassionately listen to their voice.

They should also have a set time/agenda item on board meetings to feed into their voice, or a structure should be in place for voices to represent themselves.



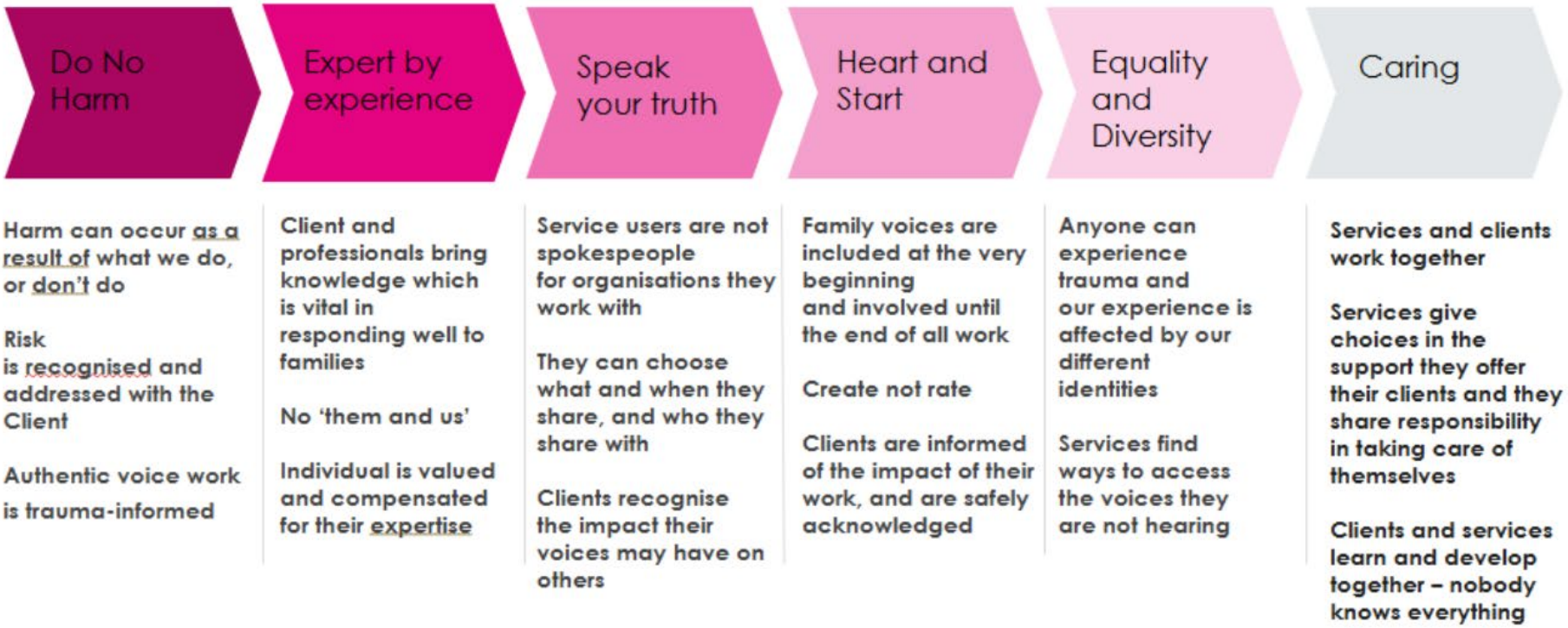
Hart’s Ladder of Participation

Hart's Ladder of Participation is a model developed by Roger Hart who outlined eight ascending levels of decision-making agency, control and empowerment which is given to individuals by agencies and professionals. The model emphasises the importance of enabling people to actively participate in decision making processes, allowing them to have a voice in society and in particular, through their experiences. The levels range from non-participation to full participation, highlighting the varying degrees of involvement the people have in projects and initiatives. The Ladder works as a guide for those involved in participation, ensuring authentic involvement with all levels of decision making.

Fig 3: Hart’s Ladder of Participation

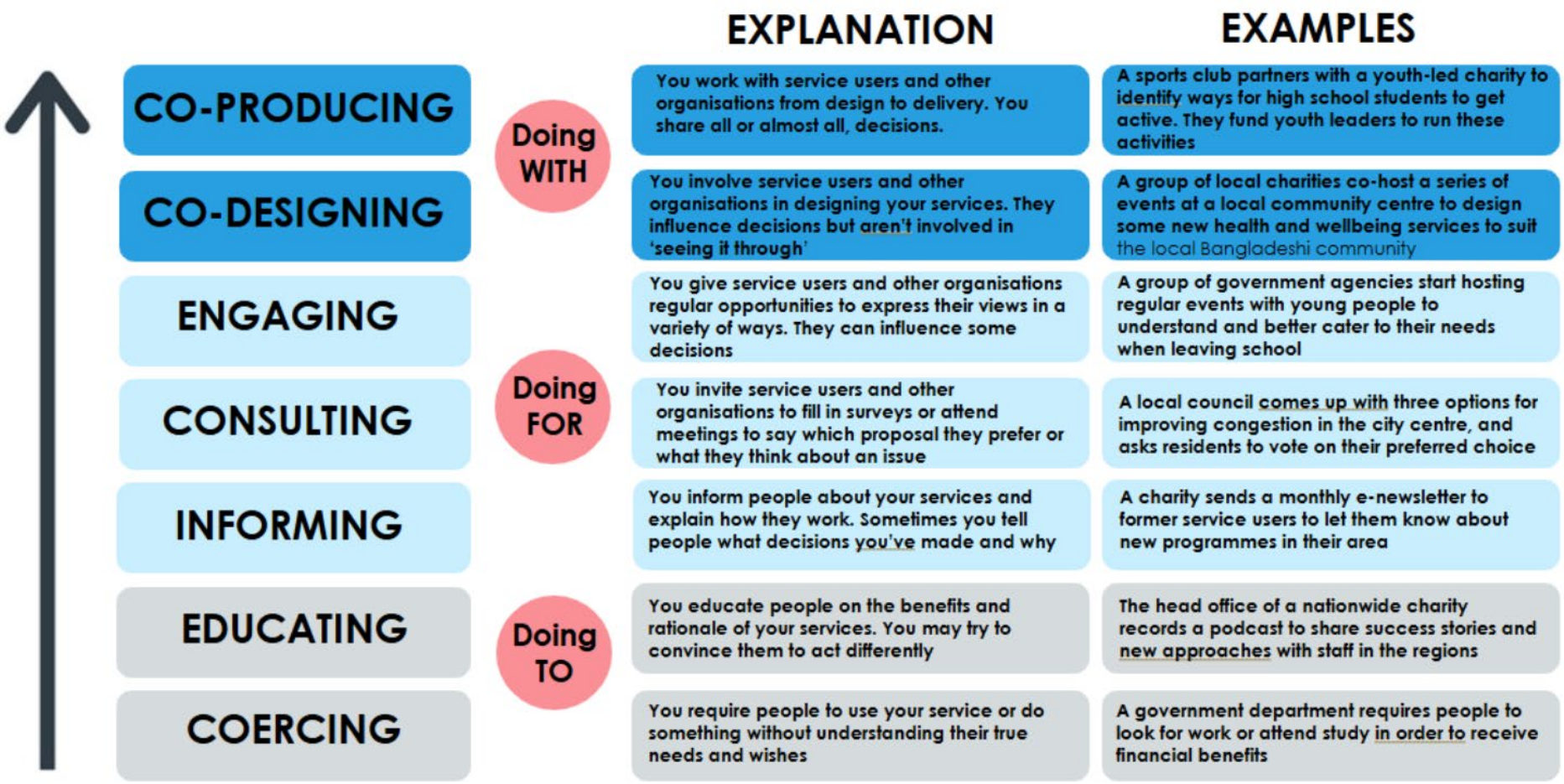
Principles of Family Voice Participation

Fig 4: Principles of Family Voice Participation



The Interaction Ladder

Fig 5: Interaction Ladder



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