

Families First Partnership: Briefing Note

Background

After considerable work undertaken by the government to review the system including Stable Homes Built on Love the government have committed to transforming the system of support for children to seek to rebalance the system so that more children get access to timely help and support, their primary aim is to,

‘Transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis.’

The Families First for Children Pathfinder programme has demonstrated that for safeguarding partners, effective transformation of family support means considering how services from universal to social care interventions interact as a connected system. The FFP programme will support safeguarding partners to bring together targeted early help, child in need, and multi-agency child protection into a seamless system of help.

Collaboration among all partners and relevant agencies, including voluntary and community sector organisations that work with children and adults, is essential to tailor approaches for diverse needs such as: disabilities, mental health issues, domestic abuse, sexual abuse, substance misuse, and harm outside the home including exploitation and online.

Services should address the needs of children of all ages, embedding a whole family approach this means that understanding the needs of the adults in the household is important. This transformation programme is made up of multiple component parts and needs to align and integrate with local plans and the way of working to ensure it is fit for purpose locally and places the voices and needs of Shropshire’s children and families at the centre.

There are clearly defined national expectations but also local flexibility to afford us to develop this in a way that meets our needs. Time is of the essence as by April 2026 the Department for Education are expecting us to be in a position to deliver several key aspects of this programme to a standard they call minimum expectations. This will require prioritisation by partners to deliver all aspects with just 6 months to realise ambitious changes.

Minimum Expectations

(Full Details can be found here [The Families First Partnership \(FFP\) Programme Guide](#))

Key Deliverable 1: Family Help

Expectations

Delivering Family Help will mean, as a minimum,

- Bringing together family support workers (or equivalent) and social workers into a single service. This will cover a broad continuum of need – from targeted early help through to multiagency child protection - that responds more flexibly to a range of contexts, needs and harms;
- Safeguarding partnerships should work together to publish a refreshed threshold document by the end of the transformation year (March 2026) to confirm the changes and remove the need for handovers, building on assessments and plans as needs change. This should set out a broad

continuum of Family Help, showing the range of needs for all children that will be supported – with an emphasis on fluidity and prioritising family experience, as opposed to gatekeeping against rigid thresholds;

- Safeguarding partners should update their local protocol for assessment and support;
- Safeguarding partners should consider how Family Help can address the needs of a diverse range of children (from babies, including pre-birth, to teenagers) and families, including but not limited to children with SEND, those from minority ethnic backgrounds and children with a parent in custody.

Local Flexibility

- Team structure: It will be for local partnerships to determine where the new teams will be based and how many teams they will have. For local partnerships that have an existing locality model, there could be multiple teams based in settings across their area (more information can be found in ‘multi-disciplinary family help teams’).

Key Deliverable 2: Family Help Practitioner Lead Role

Expectations

Safeguarding partners should establish the FHLP role, building on their current practice. To support implementation, Safeguarding partners, should:

- Have a shared practice framework across agencies, that covers the end-to-end system of help, support and protection, in line with the National Framework outcomes and the requirements of Working Together;
- Publish local protocols for assessments and support, including clarifying who can act as an FHLP for children receiving support and services as a child in need and the skills, experience, oversight and accountability requirements outlined in Working Together.
- Plans for providing social work oversight should also be clarified;
- Develop a multi-agency workforce development plan outlining the training, knowledge and skill levels for the Family Help workforce including the FHLP role.

Local Flexibility

- Choosing the right lead practitioner: Local authorities and partner agencies can use flexibility in selecting lead practitioners, as per Working Together, which confirms that the lead practitioner does not always need to be a social worker when providing support and services to children in need.
- The safeguarding partnership should have clear processes in place to identify the most suitable lead practitioner to support families across the Family Help continuum of need and consider how practitioners from across the partnership could be appointed as the FHLP, including under Section 17.

Key Deliverable 3: Multi-Disciplinary Family Help Teams

Expectations:

- Local partnerships should set up, or build on existing multi-disciplinary teams, to include co-working between a wide range of practitioners including family support workers (or equivalent), social workers and other alternatively qualified or specialist roles.

- Examples of services that practitioners might work in include:
 - domestic abuse or substance misuse
 - children and adult mental health
 - SEND – including the Designated Social Care Officer Role, as encouraged in Working Together
 - parental conflict or school attendance support teams or prison and probation or public health
 - youth justice or youth work or adult social care
 - police
 - victim support including wider sexual abuse support or health visiting
 - midwives, sexual health and school nursing
 - employment advisors to support parents who are out of work
 - homelessness and housing
- While these new multi-disciplinary family help teams may be based on an extension of existing teams – local partnerships should refer to population needs assessments to determine the different agencies, services and practitioners that should be part of their multi-disciplinary teams. Local partnerships may want to update these assessments as part of their transformation activity.
- When setting up multi-disciplinary teams, safeguarding partners should consider how to effectively join up Family Help with existing SEND services, to improve access to support for children with special educational needs, and disabilities.

Local Flexibility

- Structure of teams (size and location): on the size and location of teams will depend on local circumstances. Local authorities, with partners, could consider using family hubs, where they exist, as a location to base these teams.
- The role of individual practitioners within the team: Multi-disciplinary practitioners in the team could perform a number of functions – e.g. they could: provide direct support to families; triage or provide advice at the front door; provide consultative support to FHLs as part of TAF or a link back to their home organisation to help facilitate appropriate support. Local partnerships have discretion to determine these arrangements based on their local circumstances and workforce.
- Co-location of teams: While the co-location of services and practitioners makes it easier for families to access the services they need; it will be for local partnerships to determine their local arrangements. This includes how the teams are resourced across agencies and the flexibility of working arrangements to meet the needs of families.

Key Deliverable 4: Family Help Assessment

Expectations Safeguarding partners should:

- Develop family help assessments and plans in line with Working Together, which sets out principles for high-quality assessments and plans. These should be accessed and jointly monitored by all the agencies working with the child, young person and family;
- Establish an assessment which can be tailored to the level of need identified within a family, including adapting appropriately for children with SEND and disabled children and their

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

- Ensure practitioners consider the needs of the whole-family as part of the assessment and that the child, young person and family voice is captured and reflected in the plan – whilst being clear the needs of the child are paramount;
- Adhere to the maximum timelines for child in need assessments set out in Working Together;
- Coordinate with other assessments that are ongoing (such as an Education, Health and Care assessment, or a Prevention and Diversion Assessment), or if previously completed, practitioners should use assessments to build a complete picture of the child and their family (as set out in Working Together);
- Develop family help plans that provide clear, measurable outcomes for the child or young person and set expectations for families, with reviewable actions to track progress. Plans should specify the agencies and practitioners involved, the services available, and how success will be measured. Regular reviews should assess whether progress has been made to meet the child or young person's needs;
- Have robust oversight arrangements as required by Working Together through the local protocol for assessment and support;
- Seek consent prior to an assessment being completed, adhering to legal frameworks and guidance around consent and children and young people;
- Build on any previous assessments or plans that might have been put in place in universal/community based early help.

Local Flexibility

- Internal timelines: Working Together requires that assessments for a child in need should be completed within 45 days, areas retain flexibility to set timescales for targeted early help
- The practitioner who leads the assessment: assessments can be led by a range of practitioners, and it is for local partnerships to determine appropriate oversight and sign off arrangements;
- Reviews: local safeguarding partners can determine their process and timelines for reviewing plans. There should be mechanisms to review the effectiveness and impact of the plan;
- Naming conventions: local safeguarding partners can determine the title of their assessment and plans. Local partnerships should continue to be mindful of the language used and this could be reviewed during the co-design process including seeking the views of families on terminology

Key Deliverable 5: Front Door

Expectations

- Move towards an integrated front door, where contacts and referrals can be triaged to the right level of service; this should include families being connected to universal and community services if required.
- Local partnerships operating Multiagency Safeguarding Hubs (MASH) should review/explore how their functions might align more strongly with other places where families might come into contact with services, for example, separate early help front doors;

- Consider the range of practitioners and agencies that could be brought into the integrated front door - this could include for example education, police, health and youth workers.

Local Flexibility for triaging at the front door

- location: local partnerships can determine the location of their front door – for example, in areas where there are family hubs, we would encourage these areas to consider the role family hubs could play in providing an access point to services;
- Co-location: local partnerships can determine whether teams are co-located physically or virtually;
- Make up of front door teams: local partnerships can determine the practitioners and agencies at the front door, for example, including considering those with SEND, youth work or domestic abuse expertise, or from services such as Child and Adolescent Mental Health services (CAMHS);
- Links to the Multi-agency Child Protection Team (MACPT): local partnerships can determine the most efficient way to align with and work alongside MACPTs. Ensuring swift action in identifying and protecting children from significant harm when such referrals are made; the extent of the digital offer to support families and practitioners to navigate services;
- Considering out of hours services, to support the identification of need outside core working hours.

Key Deliverable 6: Establishing the Multi-Agency Child Protection Teams

Expectations:

Safeguarding partners will:

- Nominate a core membership of dedicated, experienced, highly skilled and suitably qualified social workers (including into the new LCPP roles), police officers, registered health practitioners and persons with experience of education;
- Determine which other relevant agencies (such as probation, domestic abuse services and youth workers) should be involved in the MACPT according to local demographics, needs and harm profiles;
- Decide the location, number of teams and staffing arrangements for local MACPTs;
- Determine how MACPTs integrate with and build on existing arrangements in the wider system (such as local Multi-Agency Safeguarding Hubs or equivalents), whilst retaining a distinct identity and clear focus on direct multi-agency child protection activities;
- Agree, allocate and transparently set out multi-agency resourcing;
- Agree the shared vision, structure, and practice framework that includes senior management oversight and accountability for delivery and delegated decision making (as part of strategic, statutory multi-agency safeguarding arrangements);
- Set out how operational decisions and the related responsibilities of different agencies will be made and quality-assured for children who are the focus of section 47 enquiries and child protection plans. This should include medical assessments and multi-agency investigation procedures (which will depend on the type(s) of significant harm identified);
- Establish a mechanism for triaging, reviewing and acting on referrals sent to the MACPT, including links to the MASH or other front door referral teams and responsibilities for out of hours services;

- Consider and set out the role of the MACPT, including the LCPP, in supporting transitions out of child protection, including reunification, role in the Public Law Outline and pre-proceedings and transitions between child and adult services (often referred to as transitional safeguarding) and Family Help or universal services;
- Consider and set out chairing arrangements for child protection conferences within the MACPT, whilst ensuring clear ongoing quality assurance;
- Set out access to group and individual reflective and clinical supervision and training
- Consider how the team will quality assure child protection plans. Quality assurance should have regard to whether proposed actions clearly correspond to goals, whether these goals are adequately progressed, and whether plans meet needs arising from contextual factors identified during assessments;
- Establish the MACPT(s) as a local centre of expertise accessible to all child and family practitioners across the multi-agency system, through overseeing, supporting and evidencing best practice in child protection;
- Set out reporting requirements aligned with the requirements in Working Together for Safeguarding Partner Yearly Reports.

MACPT members should work together to:

- Promote a sense of collective responsibility among agencies to protect children;
- Provide child protection advice and expertise across the multi-agency system;
- Build upon or conduct thorough assessments of children's needs by considering various perspectives and expertise from across the team, as well as the wider system;
- Ensure that interventions are prompt, evidence-based and tailored to the child and family's needs, proactively addressing issues before they escalate;
- Use resources efficiently by pooling expertise and services from various agencies;
- Facilitate better communication and information sharing among practitioners and agencies.

Local flexibility:

- Some pathfinder local partnerships have aligned MACPTs with the local authority's locality structure; others have established specialist MACPTs to respond to particular needs or harms, for example exploitation. These decisions will be for local area partnerships to determine as they prepare to implement change and should be informed by local safeguarding partner readiness assessments, intelligence about harm types and what is working well locally in child protection practice.

Expectations Specific

MACPT functions include:

- Chairing strategy meetings and child protection conferences;
- Leading section 47 enquiries;
- Leading or overseeing multi-agency and single investigations (as required);
- Gathering information about whether a child is suffering significant harm, to support decision making;
- Build in family group decision making and family network engagement into child protection processes;

- Overseeing the development, review and closure of child protection plans;
- Input to onward planning for children and families (including continued support from Family Help or supporting reunification);
- Initiating emergency action (Emergency Protection Orders, Police Protection Orders); • deciding whether to move into pre-proceedings and the Public Law Outline (PLO) process; • providing relevant evidence to subsequent court proceedings;
- Providing advice and consultation for practitioners who need multi-agency child protection expertise;
- Maintaining an understanding of local patterns of significant harm and agency responses;
- Oversight of all children who are the subject of section 47 enquiries or on a child protection plan and a clear line of sight to and from the local safeguarding partnership. Working Together currently requires child protection conferences to be chaired by a social worker independent from the line management for the lead practitioner. The LCPP role will fulfil this function.

Key Deliverable 7: Information for Families

Expectations

Through both Family Help and MACPTs, local areas should:

- Build positive, trusting and co-operative partnerships with parents wherever possible;
- Set out their engagement, information and support offer for all parents and carers in child protection;
- Provide clear, accessible information and signpost support for all parents and carers from the point a section 47 enquiry is initiated. This should cover the process, what they can expect, what is expected of them, and their rights;
- Work with parents and carers, including those with lived experience of child protection, those living in areas of high deprivation and from diverse communities to design and deliver the service;
- Develop and implement a plan to reach a wide range of parents and carers including fathers and male carers, those who are neurodiverse and parents and carers where the harm is extra-familial, and parents are a protective factor;
- Consider innovative approaches to working with parents and carers who may be unwilling or unable to participate in decisions about their family;
- Adapt responses to meet the diverse needs of parents and carers including parents/ and carers of disabled children, parents and carers that are disabled, with mental health needs and/or who have English as an additional language; address all types of extra-familial harm children can experience outside the home and identify actions to address contexts of harm and the dynamics of extra-familial harm, including escalating risk and recognising and challenging system/structures drivers of harm.
- Consider the views of the child/young person when agreeing a plan; their acceptability of any actions will be key to ongoing engagement and ensure that the desired goals reflect what the child/young person needs.
- Understand the family members' background, ethnicity, religion, financial situation, education, sex, ages and sexual orientation, and potential barriers certain groups may experience in seeking and accessing help and support;
- Have in place relevant and appropriate data sharing arrangements to support

Key Deliverable 8: Family Group Decision Making

Expectations

- Ensure FHLPs identify a child's family network and engage them in decision making;
- Offer FGDM through family help, multi-agency child protection and care and consider offering FGDM at every decision point, including at the point of reunification;
- Consider how FHLPs can use the information about needs, any safeguarding concerns, risk or previous harm to inform decisions about wider family members who should be invited to engage in FGDM. MACPTs will operate as a local centre of child protection expertise and will provide consultancy and support across the system of help, support and protection. FHLPs will be able to consult with the MACPT on concerns about safety and wellbeing, including where FGDM is agreed;
- Agree when offering FGDM would not be in the child's best interest and set this out in a transparent way in line with their local protocol for assessment and support required by Working Together;
- Ensure family plans are integrated into, and given sufficient weight within, family help and child protection plans.

Appendix B: Glossary of Terms

Family Group Decision Making: Family group decision-making (FGDM) is a term used to describe a voluntary process that enables a family network to come together and make a family-led plan in response to concerns about a child's safety and wellbeing, working alongside skilled professionals. The plan will include offering practical support to parents and carers, whilst prioritising the safety and wellbeing of the child

Multi-Disciplinary Working: A range of practitioners and professionals from different backgrounds working together, to enable the best outcomes for children, young people and families.

Multi-agency working: Working across organisations to meet children, young people and families' needs including effective information sharing, joint decision-making and co-ordinated interventions, to facilitate effective help, support and protection. This includes in child protection where individuals from different 9 agencies come together into a single team to deliver statutory child protection functions whilst remaining connected to their parent agency.