

Health and Wellbeing Board – Families First Programme

1) Families First – why this matters for the partnership

The Families First programme is driving a system-wide shift so that families experience **the right help at the right time**, with improved continuity, stronger multi-agency working and earlier intervention. Locally, this is being progressed through key elements including:

- **Family Help** delivered through multidisciplinary teams, supporting targeted early help and children in need in a more integrated way, with clear lead practitioner responsibility and continuity for families.
- An **Integrated Front Door** approach to strengthen consistent information-sharing and timely routing into the right support.
- A **Multi-Agency Child Protection Team (MACPT)** model to strengthen multi-agency child protection and shared responsibility.
- Embedding **Family Group Decision Making (FGDM)** so that families are more consistently involved in shaping plans and decisions.

The Health and Wellbeing Board has a pivotal role in supporting the **conditions for prevention to work** across the whole local system—particularly where delivery depends on aligned thresholds, joined-up practice, trusted information sharing and shared investment decisions.

2) What the workshop explored (and how the outputs are used)

The workshop used group exercises to:

1. define what *successful preventative roles and relationships* look like across agencies;
2. identify *current engagement gaps* and why they persist; and
3. surface what is *stopping the system closing the gaps* and what could reduce them.

The sections below capture the outputs as provided by participants, reorganised into a structured narrative for partner use.

3) What successful preventative roles & relationships look like

3.1 What young people and families need

Participants described that children, young people and families need:

- **Access to support**

- **Elimination of stigma**
- **Their voice to be heard**

Interpretation in Families First terms: this aligns strongly with Families First expectations around earlier help, destigmatised access to support, and practice models that keep families central to plans and decision-making.

3.2 What effective inter-agency relationships need

Participants highlighted that relationships need:

- **Collective responsibility & decision-making**
- **Shared understanding**
- **Mutual trust**

Interpretation in Families First terms: prevention relies on consistent multi-agency ownership and shared thresholds—particularly when families move between universal, targeted and statutory support.

3.3 What communication needs to be

Participants described communication as needing to be:

- **Seamless**
- **Clear and concise**
- **Consistent across partners**

Interpretation in Families First terms: the system must support timely information sharing and reduce repeated retelling/reassessment—this is a core expectation of an integrated approach and a strengthened “front door”.

3.4 How we need to work together

Participants identified that partnership working needs to be:

- **Integrated and coordinated**
- **Outcome-focused**
- **Data-driven**

Interpretation in Families First terms: this aligns with programme emphasis on coherent pathways, shared performance insight and a coordinated multi-agency response.

4) “What does this look like?” – practical features of success

Participants translated “success” into the following practical features:

4.1 Core practice and system behaviours

- 1. Clarity on thresholds**
- 2. Right people in the room**
- 3. Know the need and the outcome**
- 4. Timely sharing of information**
- 5. Managing expectations**

4.2 Operating model features partners want to see

- 1. One plan approach**
- 2. Improved digital access**
- 3. Universal preventative roles**
- 4. Embed offer in community**
- 5. Graduated response**

Interpretation in Families First terms: these points map directly onto the programme’s direction of travel—integrated practice, clearer routing/thresholds, multidisciplinary working, and family-facing pathways that feel coherent rather than fragmented.

5) Additional success factors identified

Participants also described success as being supported by:

- Graduated response – proactive prevention**
- Increased family resilience**
- Children’s Centres acting as hubs**
- Co-delivering where we cannot co-locate**
- Reduced statutory need**
- Reduced children in care**
- Right skills and capacity within the workforce**
- Systems that talk to each other**
- Families involved in the co-design of the system**

Interpretation in Families First terms: these inputs reinforce the preventative ambition, the importance of workforce readiness, and the role of community assets—

while underlining that system design should be shaped with families, consistent with FGDM principles and wider reform direction.

6) Current engagement gaps and why they persist

Participants clustered gaps into four main themes:

6.1 “Opaque ecosystem” (navigation and first contact)

- **Who to go to first?**
- **Where does a professional go for advice?**
- **So many options can be overwhelming**

What this results in (as described):

- First-step paralysis
 - Historic decisions creating gaps
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6.2 Communication between partners (how we connect day-to-day)

- **Data sharing protocols**
- **“Silo” relations between families and partners**
- **A way to have less formal conversations**

What this results in (as described):

- Inconsistent pace
 - Lack of shared data
 - Frustration from partners
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6.3 Alignment (shared purpose, perceived value and sustainability)

- **Failure to find common ground – each agency has its own remit**
- **Partners only feeling valued when the Council needs something**
- **Unreliable funding to partners from the Council**

What this results in (as described):

- Fighting for services
 - Risk adversity
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6.4 System design (how we design and retire ways of working)

- **Ability for partners to come together**
- **Equal voices in co-design**
- **Shutting down old systems**

What this results in (as described):

- Too many groups
- Voluntary sector not connected
- Lack of joined-up working

Interpretation in Families First terms: these gaps describe the exact failure modes Families First is seeking to address—fragmentation, unclear routes, inconsistent thresholds, and insufficiently joined-up multi-agency operating conditions.

7) What can be done to reduce the gaps (ideas captured)

Participants suggested a set of practical interventions and enablers:

7.1 Make the system easier to understand and navigate

- Clear mapping of the system
- Safe and trusted space to get information
- Understanding community communication
- Community sessions used more effectively
- Make more use of existing community activities
- Very local front door – where the families are

7.2 Improve information flow and professional support

- Connected data
- Toolbox to support professionals
- Skilling up partners
- Midwives as system navigators

7.3 Strengthen shared investment and shared measures of success

- Holistic view of investment and funding
- Baseline of success identified and measured

Interpretation in Families First terms: these suggestions align with programme needs around clarity of pathways, better cross-agency access to advice, improved data sharing, and shared outcomes/metrics.

8) What is stopping us closing the gaps (barriers captured)

Participants identified the following barriers and constraints:

8.1 Capacity and demand pressures

- Competing statutory priorities
- Lack of capacity
- Increased demand
- Families seeking help too late
- Not enough time

8.2 Structural and commissioning drivers of fragmentation

- Services commissioned in silos so work in silos
- Diluted funding across organisations with overlapping purpose

8.3 Complexity, understanding and data barriers

- Dealing with necessary complexity
- Pressure that does not track together across organisations
- Don't understand each other's work
- Fragmented and disjointed data
- Lack of understanding of availability of universal services

Interpretation in Families First terms: these barriers highlight that delivery is not only about “new structures”, but also about joint operating conditions—capacity, shared understanding, and enabling infrastructure (especially data and clarity on the universal offer).

9) Implications for Families First delivery (partner-facing synthesis)

Based on the workshop outputs, the following implications emerge for Families First implementation across the partnership (this section is a synthesis of the captured points, not additional workshop content):

1. **Threshold clarity is a foundational requirement for prevention.** Partners explicitly linked success to clear thresholds and managing expectations—without this, early help entry points feel risky, inconsistent and slow.
2. **Navigation and “where to go first” must be simplified.** The “opaque ecosystem” creates first-step paralysis for partners and families; the partnership needs a clearer map and advice routes.
3. **Prevention depends on “everyday” partner communication, not just formal forums.** The desire for less formal conversations and timely

information sharing suggests a need to strengthen routine working interfaces, not only governance.

4. **Children’s Centres and community assets are seen as key enablers.** Participants identified Children’s Centres as hubs and highlighted embedding the offer in the community as a success feature—this supports a place-based prevention model.
5. **Data connectivity is both a gap and a solution.** Participants named fragmented data as a barrier and “connected data” as a remedy, indicating this is likely a critical enabler for multi-agency coordination.

10) Suggested “asks” of the Health and Wellbeing Board (for discussion)

The workshop outputs naturally point to a small number of practical partnership decisions. The following are suggested “Board asks” to consider (these are recommendations to help turn outputs into action):

1. **Agree a shared commitment to threshold clarity and a “graduated response” approach** across partners (including how advice is accessed and how step-up/step-down is managed).
2. **Sponsor a partnership-wide “system map”** that clarifies: first contact points, advice routes for professionals, and a simple view of the universal and targeted offer.
3. **Strengthen multi-agency information-sharing arrangements** by prioritising pragmatic solutions that enable timely sharing (while remaining lawful and proportionate).
4. **Support a community-embedded prevention approach**, including the role of Children’s Centres and maximising existing community activity as part of the prevention “front door”.
5. **Back a shared outcomes baseline** so progress can be measured consistently across agencies (including a small number of jointly-owned indicators).
6. **Encourage shared investment conversations**, recognising that siloed commissioning and fragmented funding were identified as obstacles to joined-up delivery.

Appendix A – Captured outputs (as provided)

A1. Successful preventative roles & relationships

- Young people and families need: Access to support; elimination of stigma; their voice to be heard.

- Relationships need: collective responsibility & decision making; shared understanding; mutual trust.
- Communication needs: seamless; clear and concise; consistent across partners.
- How we work together: integrated and coordinated; outcome-focused; data-driven.

A2. What this looks like

- Clarity on thresholds; right people in the room; know the need and the outcome; timely sharing of information; managing expectations.
- One plan approach; improved digital access; universal preventative roles; embed offer in community; graduated response.

A3. What else supports success

- Graduated response / proactive prevention; increased family resilience; Children's Centres as hubs; co-delivering where we cannot co-locate; reduced statutory need; reduced children in care; right skills/capacity; interoperable systems; families involved in co-design.

A4. Engagement gaps & why they persist

- Opaque ecosystem; communication between partners; alignment; system design.
- Resulting in: first-step paralysis; historic decisions creating gaps; inconsistent pace; frustration; lack of shared data; fighting for services; too many groups; voluntary sector not connected; lack of joined-up working; risk adversity.

A5. What can reduce gaps

- Connected data; clear mapping; community comms; better use of community sessions/activities; safe trusted information space; midwives as navigators; toolbox for professionals; skilling up partners; local front door; holistic investment view; baseline measures.

A6. What is stopping us

- Competing statutory priorities; lack of capacity; increased demand; late help-seeking; siloed commissioning; necessary complexity; diluted overlapping funding; unaligned pressures; limited understanding of each other's work; fragmented data; limited understanding of universal services; not enough time.