

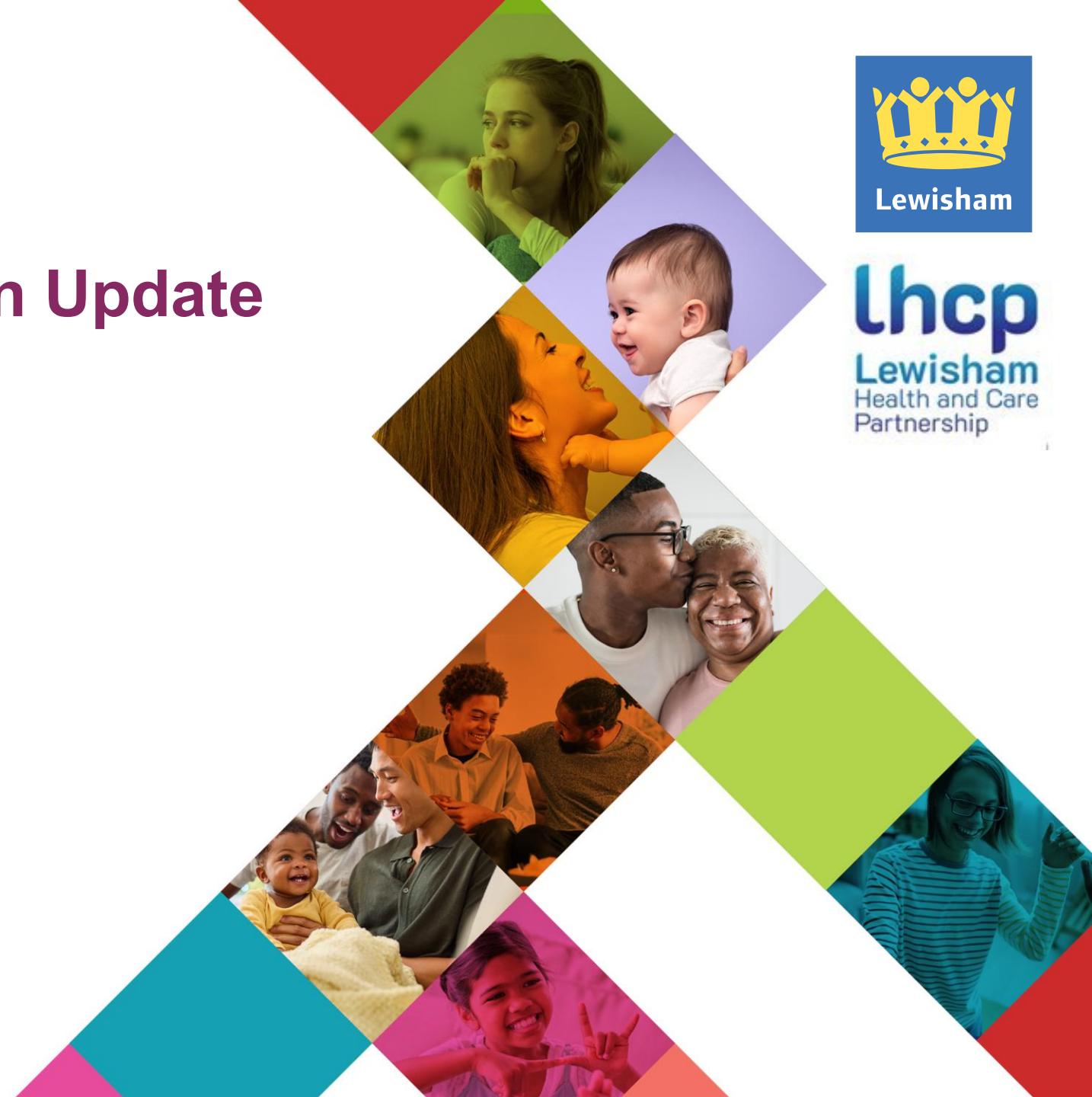
ICB Executive Board

Families First for Children Update



Families First for Children

28th January 2026



Families First for Children – Principles

Support and help provided earlier

Welcoming front door

Right help at the right time

Continuity of relationships

One assessment and plan

Diversification of workforce

Multi-agency partners

Decisive child protection system

Expertise and information sharing

Family led practice

Family group decision making

Kinship care offer

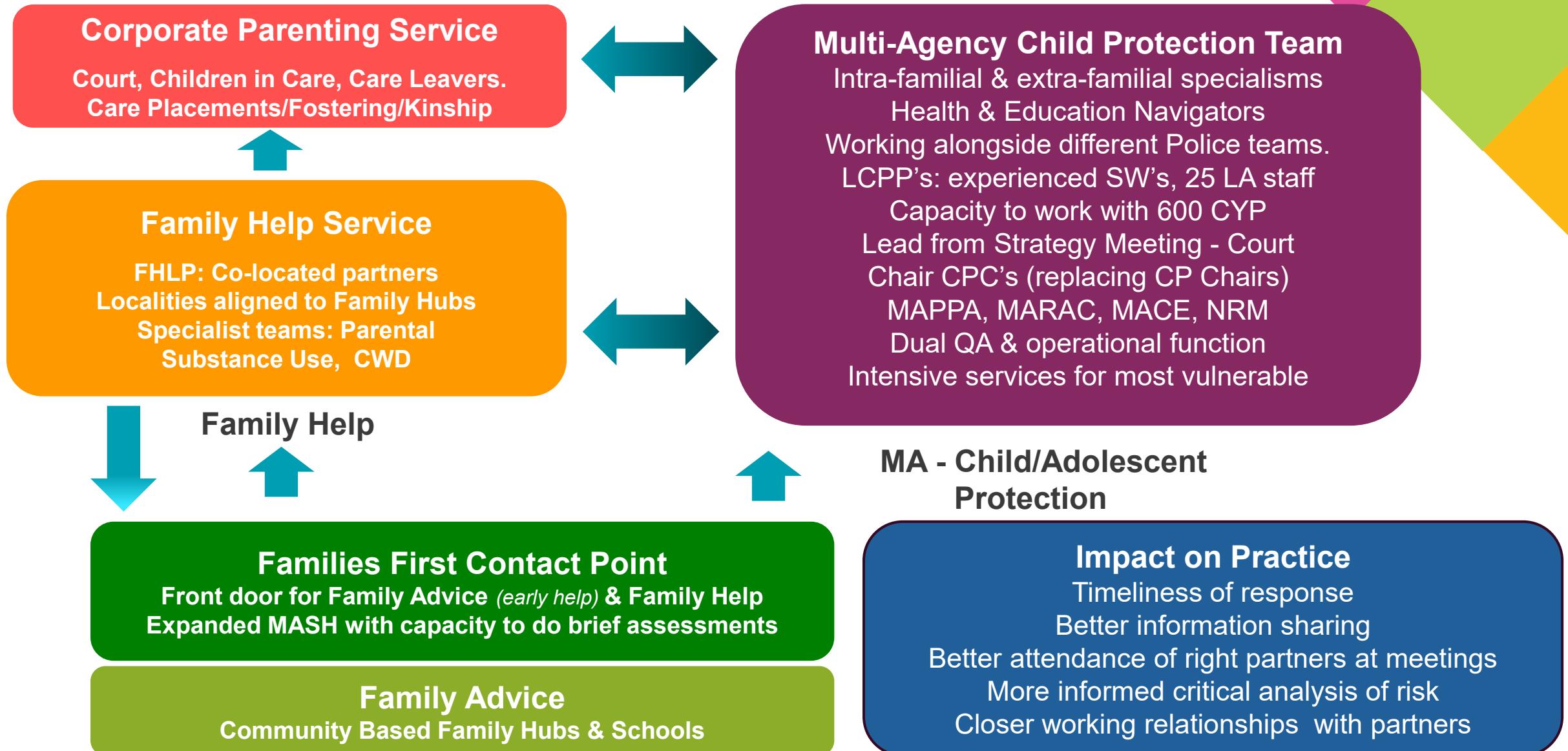
Placement quality

Reduction of children in care

Lewisham Families First for Children Timeline



Lewisham's Model



Transformation activity since June 25



The Lewisham Design

Through our successful **Family Hubs** programme, we provide earlier community and area-based support and services to families.

Families First Contact Point role is to triage and carry out short term assessment of need to divert from Family Help where possible.

Family Help offers short to long term help to children and targeted early help and child in need are integrated. Family Help Lead Practitioners coordinate additional support and intervention.

A **Think Family** approach which incorporates family-led practice and reduces the transition points for families as they move through our systems using one assessment and plan.

We promote and apply the principles of **Family Group Decision Making** throughout the child's journey to explore the network at the earliest opportunity.

The **Multiagency Child/Adolescent Protection teams** are the central teams for all child protection activity as well as having a quality assurance role.

We recognise our wider **corporate responsibility** to be a good parent, ensuring that families can thrive and that children are safe.

Ensuring there is a comprehensive workforce development offer in place which recognises the diversification of our workforce in the future, including the **key role of partner agencies**.

Ensuring that Lewisham continues to actively promote equity and in particular an **anti-racist approach** across our practice.

Families First Contact Point

Single point of access for all contacts and referrals

Multi-agency team to provide advice, guidance and signposting

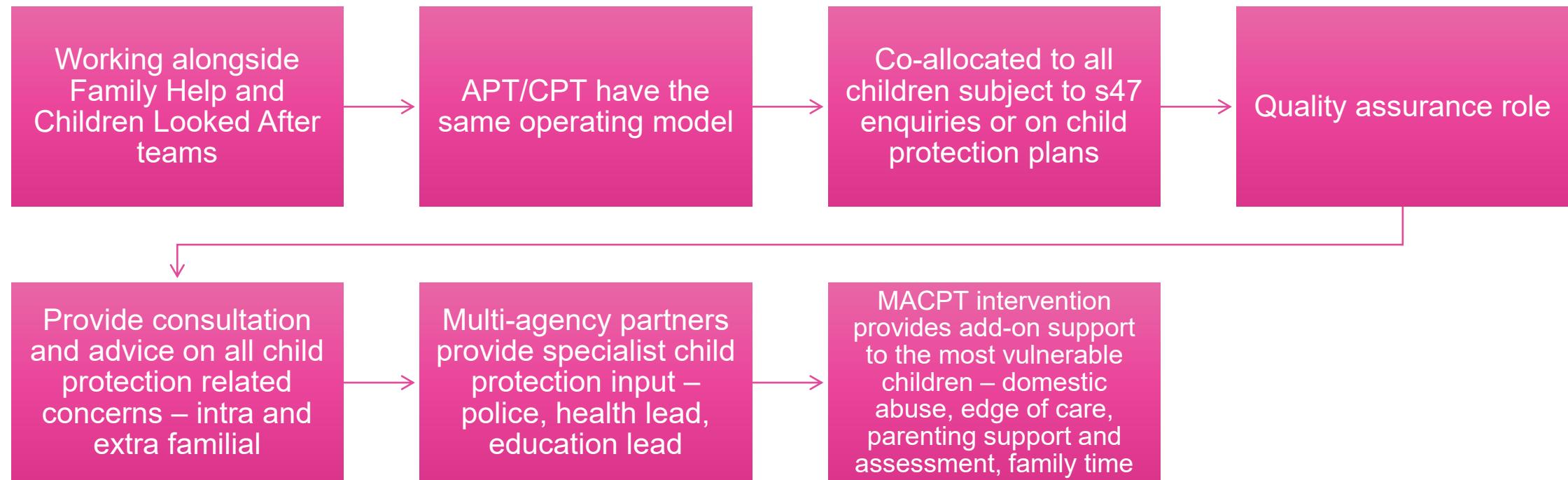
Close links to Family Hubs and Family Advice

Triage and decision making on all contacts within timescales

Family help assessments to determine need and divert from Family Help

Future plans include further diversification of multi-agency partners

Multi-Agency Child Protection Service APT/CPT



Family Help

Family help assessments and planning by family help lead practitioners

Help for children and families from targeted early help to child protection and court/care proceedings

Provide specialist interventions – children with complex needs, pre-birth assessment and planning, substance misuse, mental health

Multi-agency partners provide expert advice and support – housing, adult mental health, substance misuse

Lead on all care planning decision making

What's next?

Service structures to remain as established

Increase capacity in Family Help to address workload pressure

Focus on practice pathways and less reliance on specialist teams

Evaluation of all multi-agency roles and diversification of workforce

Performance data and KPIs

Quality assurance and scrutiny (LSCP)

Feedback and engagement – workforce, partners, families and children

Focus on Practice

**Area and
community-based
working across
the borough**

**Strong and
consistent front
door decision
making**

**Analysis of KPIs -
strategy meetings,
S47s,
assessments**

**Practice pathways
- pre-birth,
substance misuse,
working with
adolescents**

**Redesign of child
protection
conferences as
family-led
meetings**

**Think Family
approach with the
partnership**

Learning from Practice

Unborn child subject to a Child Protection Plan under the category of neglect. Both expectant parents were under criminal investigation and had extensive histories of Class A drug use and gang involvement. The expectant mother was a care leaver with a background of exploitation and trauma and reported no positive parenting role models.

The mother missed multiple midwifery appointments, and professionals grew increasingly concerned as her due date approached. Pre-birth assessment not completed.

The MACPT health lead took a proactive approach.

Timely establishment of facts, resolving a situation of significant professional uncertainty.

Cancellation of a planned strategy meeting and appropriate case closure, avoiding further multi-agency resource expenditure.

Supported the professional network by quickly identifying the most appropriate health pathways to verify key information, which streamlined the process and reduced delay.

Health integration in Multi-Agency Child Protection Teams and Family Help



Families First
for Children



Workstreams

- 1. Family Wellbeing Team (parental substance misuse)**
- 2. 0-19 Safeguarding Nurse in Family Help**
- 3. Health Lead for Child and Adolescent Protection Teams**
- 4. Parental Mental Health Advisor**
- 5. Primary Care Safeguarding Liaison Nurse**
- 6. Pre-Birth/Newborn Pathway**

Common aims

- ✓ **Bring clinical expertise into Family Help and the MACPTs** to; influence and inform care planning; allow more in-depth assessment of the needs of children and parents; ensure support provided is joined up, appropriate and takes health needs into account
- ✓ **Strengthen partnership working** between health services and social care through testing new, more integrated, ways of working
- ✓ **Build the skills, knowledge and confidence of the LBL workforce** in responding to families with health needs
- ✓ **Strengthen our ‘Think Family’ response** where the health of all family members is considered when safeguarding children

Family Wellbeing Team – Specialist Parental Substance Misuse Team

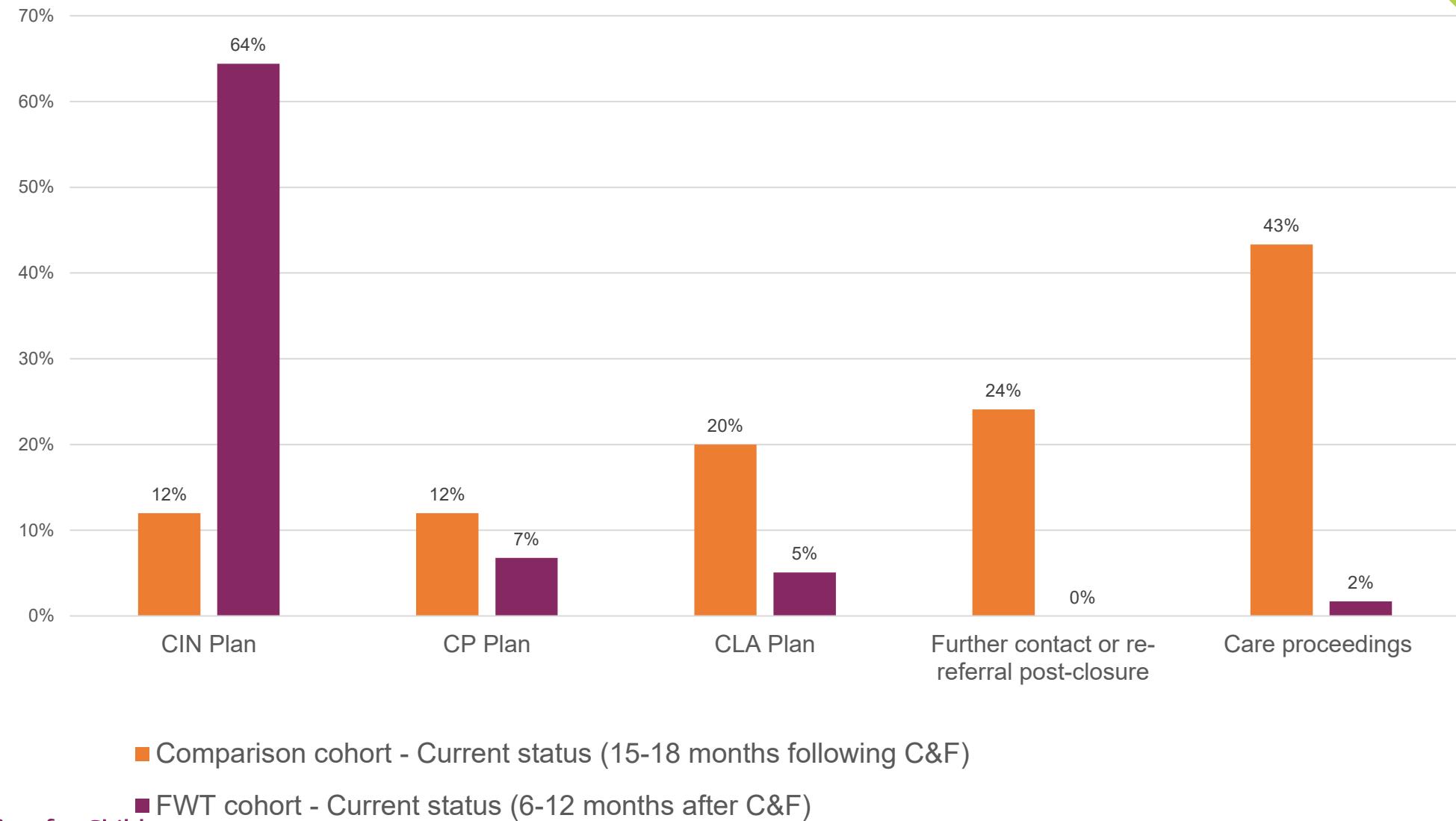


Family Wellbeing Team - Findings from evaluation

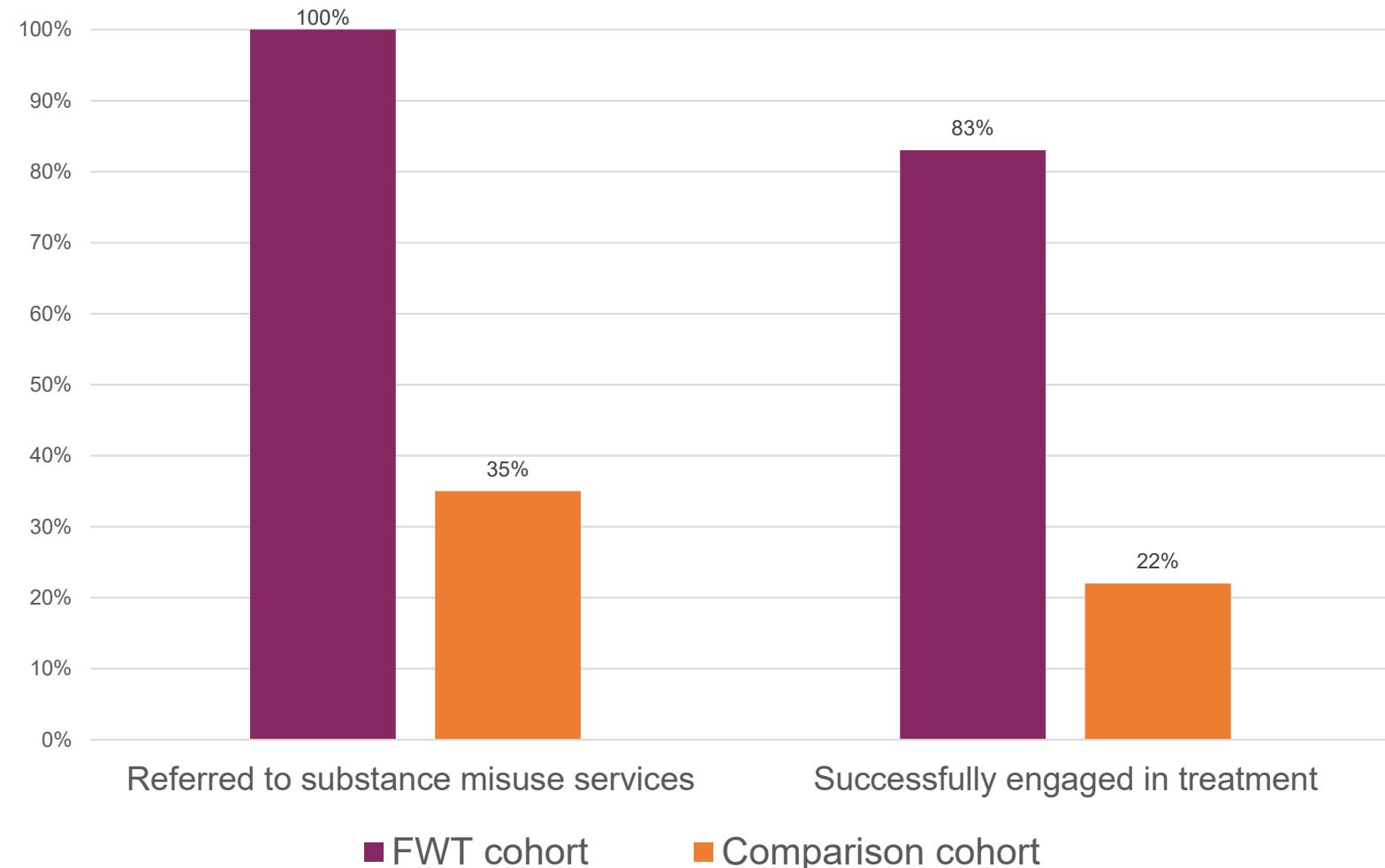
The evaluation demonstrates that the Family Wellbeing Team model has:

- ✓ **Reduced escalation of cases within Family Help and Care**
- ✓ **Improved access to and outcomes from substance misuse treatment**
- **Improved substance misuse knowledge and skills** of Social Workers and Family Practitioners results in higher engagement of parents
- **More effective communication and information sharing between services** leads to timelier and more effective interventions for families
- **Earlier and easier access to substance misuse support** prevents escalation of need and risk

Reduced escalation of risk



Improved access to substance misuse treatment for parents



0-19 Public Health Nurse in Family Help



Strengths	Challenges
<p>The Nurse offers a valuable health perspective during Group Supervision and via informal advice, guidance and consultation.</p>	<p>It has been challenging for the social work Team Manager to have the capacity and expertise to supervise additional multi-disciplinary staff</p>
<p>Communication and problem-solving have become quicker and more effective with colleagues across health services in general</p>	<p>Full oversight of the role is challenging when the Team Manager is not the direct line manager.</p>
<p>Strong preference for working with Nurse integrated in team, over working with health professionals based in external services</p>	<p>The postholder would have benefited from further training and development opportunities, to support them to assimilate into social work practice and develop skills in this area</p>
<p>Increased understanding in Family Help of how the health system works including referral criteria and thresholds</p>	<p>High caseloads made it challenging to consistently work in an inclusive multi-disciplinary way</p>
<p>The role has supported shared and equal decision-making between health and social care</p>	
<p>More timely and detailed information sharing from health systems and support to understand the information.</p>	

Health Lead within the Multi-Agency Child and Adolescent Protection Teams

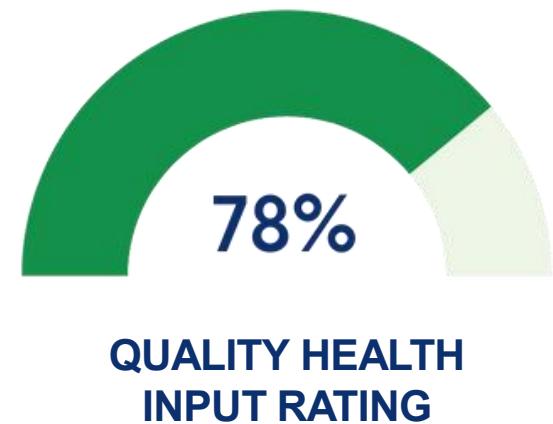
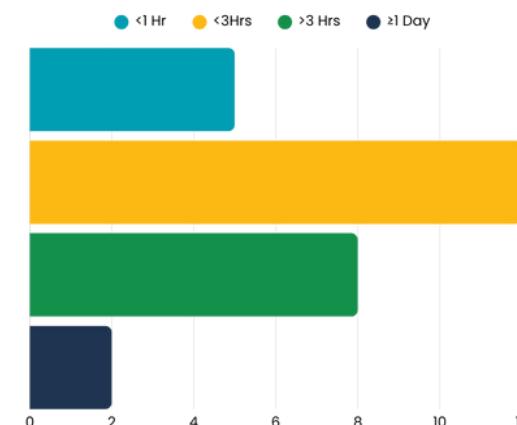


Current workstreams

- **Case consultations and advice for Social Workers**
- Developing a risk-proportionate model for Social Worker attendance at **Child Protection medicals**
- **Workshops and training** on new Child Protection model. 63 health professional attended so far
- **Access to NHS Spine** for local authority staff
- **Reviewing and improving joint working processes** between health and social care

Health participation in strategy meetings

Audit	Percentage
Sep '25 dip sample	93%
April '25 dip sample	95%
Feb '25 dip sample	62%
Feb '24 dip sample	35%



NOTICE PERIOD FOR INVITATION

Emerging recommendations for integration of multi-disciplinary roles



Emerging recommendations for integration

- Ensure that **management capacity is available** to facilitate and uphold multi-disciplinary working, including allocation meetings and group supervision
- Provide a **consultation and advice offer** for social work staff, for example via attendance at group supervision and via dedicated points of contact
- **Clear, shared practice expectations**, including providing **shared training** to ensure consistency of practice and aligned values across agencies
- Shared quality assurance framework with **Key Performance Indicators** that are aligned across agencies
- Protocols for **joint assessment, care planning and case reviews**

Emerging recommendations for integration

- Clear protocols for **sharing/recording information** across health and social care systems
- Ensure multi-disciplinary information sharing and input at the **earliest stage** to prevent duplication of work and a timelier response
- Ensure that managers consistently promote the **ethos of partnership working** and enable social workers and family practitioners to make the most of partner expertise
- Ensure that joint management and supervision arrangements are clear and provide **accountability for performance**
- **Adapt client record systems** to make it easier to record the work of multi-disciplinary staff and improve management oversight of their work

Questions and Reflections

