



THE CASE FOR CHANGE: FAMILIES DRIVING CHILDREN'S SERVICES REFORM

An overarching synthesis of family voice, public engagement and practice audits to inform Children's Services reform in South Gloucestershire





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EXECUTIVE SUMMARY

When analysing data from all sources, a consistent message emerges; effective support is relational, coordinated and timely. Families thrive when one trusted practitioner stays involved long enough to build trust, when agencies communicate and plan together and when support is bespoke and adapted to support SEN and neurodiversity. Conversely, frequent worker changes, fragmented systems and abrupt endings erode trust, delay help and increase risk.

Top five cross-cutting themes

- 1. Trust, consistency and continuity are the bedrock of effective support.** Families asked for one trusted practitioner over time and fewer changes: *"You can't have trust without consistency"; "As quick as they came, they went."*
- 2. Joined-up, timely support across Education, Health, Police and Children's Services matters most.** When systems work together, children are safer and families feel understood; when they don't, parents repeatedly retell their story and progress stalls. *"I've called Doctors, Social Services and Police about my mental health and injuries to my children but, they don't talk to each other and don't know my story. I'm always having to repeat myself"*
- 3. Children's voices should be heard directly,** regularly, and in safe, familiar settings, using bespoke, creative tools. *"She never asks me a question the boys can answer themselves - she lets them speak.", "They promise things and then they just go... I can't trust adults now", "Children need consistency and they need a lot of time before they are willing to open up"*
- 4. SEN/EHCP and neurodiversity require specialist knowledge and tailored approaches.** Families spoke of masking, demand avoidance, transitions and the stress of EHCP processes. *"Those working with SEN children need better training... Children are not a 'one size fits all'"*
- 5. Beginnings and endings need structure.** Abrupt changes or closures undo trust and create a re-referral risk: *"We were just getting somewhere... then it all stopped.", "Closures are huge - children need months of notice and a proper goodbye. It's important that they don't open up their whole life and not be seen again".*

This synthesis draws on family and public voice, reinforced by ten practice audits that show how trust, continuity and collaboration impact frontline practice. Strong relational work leads to better outcomes. Triangulating lived experience with audit evidence provides a solid case for change for reform. Audits confirm that frequent worker changes, fragmented systems, and abrupt endings are systemic, not isolated.

This alignment across family voice, public feedback, and audit findings underscores the urgency of embedding continuity, transparency and integrated working into the Families First Partnership model.

1. INTRODUCTION AND PURPOSE

South Gloucestershire is reshaping Children's Services in response to the national Families First Partnership (FFP) guidance - bringing together Children in Need (s.17) and Targeted Early Help into Family Help Teams that work earlier, more holistically and with fewer handovers.

Read the latest guidance: [Families First Partnership programme - GOV.UK](#)

This overarching synthesis integrates voices and findings from three reports:

Co-Design Family Visits Report

(16 families; 19 adults; 3 children)

Public Engagement Survey Report

(56 respondents; 59% with lived experience)

Practice Audits Report

(10 families, 80% from Preventative Services)

Purpose: To present an overarching evidence-based report, drawing cross-cutting themes found in all three sources, illustrate each with direct voice and set out recommendations that will inform the design and implementation of the Families First Partnership reforms.



2. THE CASE FOR CHANGE

From family co-design visits:

- **100% of families** said joining Section 17 and Targeted Early Help was either 'Important' or 'Very Important' (93.75% chose 'Very Important').
- **100% of families** said having a consistent, trusted worker was either 'Essential' or 'Important' (87.5% chose 'Essential').
- **100%** felt schools and health services play a strong role in supporting families; 62.5% felt youth services do.
- **100%** of those asked said that they were either 'Very Confident' or, 'Somewhat Confident' that multi-disciplinary teams are the right approach with 75% indicating they would be 'Very Confident'.
- **93.75%** of those asked said that they either 'Strongly Agreed' or, 'Agreed' that Family Group Decision Making (FGDM) would be a helpful approach to take.

From public engagement:

- **94.64%** said not having to re-tell their story was 'Very Important' or 'Quite Important'.
- **89.28%** said services working together was 'Very Important' or 'Quite Important'.
- **96.42%** said involving families in decision-making was 'Very Important' or 'Quite Important'.

3. AT A GLANCE

Families and the public have sent a clear message that change is essential. Across co-design visits and public engagement, people consistently prioritised trust, continuity and collaboration.

Almost all respondents said having one trusted practitioner, not repeating their story and multi-agency working were very important.

These figures show strong confidence in the principles behind the reforms.

SOURCE			
Family Co-Design Visits		From Public Engagement	
Joining Section 17 and targeted early help is either Important or Very Important	100%	Access to the right help at an earlier stage is Either Important or Very Important	94.64%
Having a consistent, trusted worker is Essential or Important	100%	Not having to retell your story is Very Important or Quite Important	94.64%
Having multi-agency teams: Very Confident or Somewhat Confident that this is the right approach	100%	Services working together is either Very Important or Quite Important	89.28%
Family Group Decision Making is the right approach	93.75%	Involving families in decision making is either Very Important or Quite Important	96.42%
How well families said we currently listen to young people (Very well/ Quite well).	71.42%	How important it is that we listen to children's voices throughout (Very Important or Quite Important)	94.64%

4. LIMITATIONS

- **Representation from the global majority was limited** in co-design visits (1/16 or 6.25% of families), meaning experiences of minoritised communities may be under-represented.
- **Children's direct voice in co-design visits was restricted**, though audits corroborate variability in direct work with young people.
- **Audits sample size** (10) is modest and weighted to Preventative Services (80%), limiting its applicability to wider Children's Services practice.
- **Self-selection bias** in the public engagement means respondents may have stronger views (positive or negative) than the general population.
- The author acknowledges **potential confirmation bias** in his thematic analysis.



5. CROSS-CUTTING THEMES

5.1 Consistency & trusted relationships

What we heard:

Families emphasised the importance of working with fewer professionals and building stronger, lasting relationships with one main worker.

They reflected that continuity and trust enable children and parents to engage more openly, reduce the burden of repetition and provide stability - particularly for children with additional needs.

Family co-design visits

100% of those asked said that consistency and trusted relationships were either 'essential' or 'important' with 87.5% saying that this was essential.

"Every time I got a new worker, I had to start all over again."

Young person: "It can take me a while to warm up - better to keep the same staff member."

"We're talking double figures of professionals in my story... why should a family have to go through 10 workers before things get better?"

"Trust is so important. More honesty will happen from families if there's a trusted relationship with one person."

Young Person: "They promise things and then they just go... I can't trust adults now"

A mum described the trauma of repeatedly disclosing domestic abuse: "I don't want to tell 6 or 7 people about my DV background."

Public engagement survey

94.64% of the 56 respondents felt that 'not having to retell your story' was either 'Very Important' or 'Quite Important' with **76.78%** saying 'Very Important'.

"Have access to one key person who knows your background without having to repeat yourself"

"Joined up systems with one knowledgeable point of contact"

"Make sure families don't have to repeat their story over and over, that gets draining and makes people give up asking for help"

Practice audits

Having one trusted lead professional helps the young person and family develop a strong, consistent relationship with services. It reduces duplication, prevents the family from having to repeat their story multiple times and ensures the support plan is coherent and coordinated.

Without this continuity, families can feel overwhelmed, misunderstood or unsupported.

Example of good practice:

"I would never go to people before for help, I struggle to talk to strangers and have always been worried before, but I am so glad I now have [staff name]. I couldn't be happier with the outcome. I find it hard to open up to people but [staff name] is so warm and understanding I find it easy to open up to her".

Contrast - where this didn't happen:

"Throughout the assessment period, [young person] was seen by three different workers. Despite these visits, no meaningful direct work was completed with her and her voice was not captured in the assessment".



5.2 Communication, transparency & framing

What we heard:

Families want simple explanations at the start (purpose, process, timelines, thresholds) and timely updates - especially during staff absence.

Poor communication or gaps in information left families feeling anxious, dismissed, or "in the dark."

Family co-design visits

"We had no communication for months. Just something, a two-second phone call or a message."

"We struggled with the sickness gaps, left feeling alone then, isolated and didn't know what was going to happen next or, who we'd be reallocated to".

"Because I'm not from here, I don't know what Section 47 or child protection means".

Public engagement survey

"Communication could have been better. Actually reading the files before making contact with parents".

"Help to navigate the process/system... it's been so so so stressful, it's very nearly broken us".

"People listening and not discriminating".

Practice audits

Audit evidence showed that **clear recording and transparent information sharing built trust**. Gaps (e.g., information disclosed indirectly; missed police liaison) undermined confidence.

Example of good practice:

The Families Plus worker “spoke with [two siblings] about sharing their worries with parents and school. The worker understands that the information would need to be shared but it was best practice to speak with the children and gain their consent”.

Contrast - where this didn't happen:

One audit highlighted a case where a mum found out about referral information from the Families Plus practitioner rather than the referrer (health visitor) - this broke trust between mum and the health visiting service and led mum to withdraw from support.

5.3 Joined-up multi-disciplinary working (education, health, police & community)

What we heard:

Joined-up practice improves outcomes; siloed systems mean families repeatedly had to re-tell their story.

When agencies work together effectively, families experience fewer delays, clearer communication and better outcomes. When they don't, families feel abandoned and risk increases.

Family co-design visits

100% of participants said they felt that schools and health services play a strong role in supporting families. **62.5%** felt that Youth Services do. **50%** felt that voluntary & community groups play a strong role and **37.5%** of participants felt that Faith Groups do.

75% of those asked said they were either 'very confident' or 'somewhat confident' that a multi-disciplinary Family Help approach would improve support.

"If I flag up on one service, it should be known by all relevant services - like a school passport."

"If people don't know everything, they don't know how they can best help the kids".

"If agencies worked together in my story, I think it would have made a difference. I think if my ex knew that the police were working together with social services, I think that could have potentially prevented a lot of stuff before it happened".

"It will help avoid missing information and provide more consistency as everyone is communicating and in the loop".

Public engagement survey

89.28% felt that services working together was either 'Very Important' or 'Quite Important' (75% said 'Very Important').

"Improve joint working between all professionals working with a family".

"Schools and doctors having a link into CAMHS to escalate cases".

"Joined up care... not being passed to and from every team for no one to take responsibility".

Practice audits

Strong multi-disciplinary responses were evident when schools, police and health acted together (e.g. same-day strategy meetings following school concerns).

Weaker practice occurred when arrests weren't followed up, police information wasn't obtained, or youth/community contexts were missed.

Example of good practice:

"The Social Worker engaged with several agencies during the assessment, including the police, school and midwife. This was helpful in building a clearer picture of the risks and needs within the family".

Contrast - where this didn't happen:

"The assessment mentions that X had been arrested twice within a week although these incidents were presented in a descriptive manner, with no evidence of further exploration or discussions with X or her wider family. There were no meaningful efforts to engage with police colleagues either which would have further safeguarded X".

5.4 Children's voice, direct work & safe spaces

What we heard:

Children need time alone, access to creative tools and settings where they feel safe to speak. Their voices must be captured directly, regularly and meaningfully - not just reported through parents or other professionals.

Family co-design visits

50% of those asked said that they felt Children's Services listens to children 'Quite Well' whilst **21.42%** said 'Very Well'. **14.28%** felt that we do not listen to young people very well currently and **14.28%** were unsure - highlighting significant room for improvement.

"She never asks me a question the boys can answer themselves - she lets them have their own voice."

Young person: "They can't always help but they always listen".

"Children need consistency and they need a lot of time before they are willing to open up".

Young person reflecting on nine different workers: "I would say that with all the social workers I've had, it's ruined my family bond".

Public Engagement Survey

94.64% said listening to children's voices throughout was either 'Very Important' or 'Quite Important' (78.57% said 'Very Important').

"Listen to families - we are the experts of our child".

"Mental health support, voice of child being adhered to".

"You need to actually listen...not loads of forms and waiting ages".

Practice Audits

Strong practice was evident where Mind of My Own, Three Houses, Safety House, ecomaps/genograms and practical play were used.

Weak practice occurred when voice was absent, or when young people were only seen with multiple adults/police present without opportunity for private conversation.

Example of good practice:

"X was seen during the visits... and although he was reserved, the social worker made consistent efforts to engage him. They used tools like the Mind of My Own app, Safety House, and Three Houses, which are suitable for his age and developmental level".

Contrast - where this didn't happen:

"The visit and subsequent assessment were poorly conducted; X (YP) was spoken to together with Dad, Mum's partner and Mum alongside two police officers, providing no opportunity for X to speak away from his parents, particularly Dad, someone who professionals have reason to believe might intimidate others around him".



5.5 SEN, EHCPs & Neurodiversity

What we heard:

Families need staff who understand SEN and neurodiversity and can tailor support; EHCP processes felt slow, stressful and sometimes adversarial; transitions require careful planning. Generic approaches failed to meet the needs of neurodivergent children.

Family co-design visits

"Whilst it's good kids feel listened to, you need staff trained in autism, ADHD, that's really important".

"The Families Plus course wasn't very helpful for families with children with ADHD... the ADHD parenting course is fantastic".

"I really do feel that the service can try better with people who are neurodivergent. That's one thing I think is important, recognising it in people who aren't diagnosed too".

Public engagement survey

SEN processes were identified as an **area of concern**, with families wanting more coordinated, consistent and better-informed support.

"The EHCP process being made easier... being dealt with by one department not different teams".

"A better review system for EHCP... rather than lip service".

"SENCOs need to stop making children tick their boxes... children are not a 'one size fits all'".

"Those working with SEN children need better training rather than relying on tried and tested methods, which often are outdated".

"As a single parent who is autistic & a limited support network, I have felt at a loose end with frequent anxiety spikes due to the seemingly constant stand-offs with my child" (Mum described the child as being Demand Avoidant).

Practice audits

Stronger outcomes were achieved with evidence-informed programmes (EarlyBird, Circle of Security, Reducing Parental Conflict) and worker advocacy in EHCP meetings.

Weaker practice occurred where neurodivergent insight was limited or approaches were too generic.

Example of good practice:

“The parents are doing The Early Bird parenting course -- this support program is designed by the National Autistic Society for parents and carers of young autistic children”.



5.6 Beginnings, endings & after-care

What we heard:

Abrupt endings are destabilising; escalation often pauses early help just when it's starting to work; children need planned closure with sufficient notice and transition support.

Family co-design visits

"We were just getting somewhere... then it all stopped".

"Every time it ends, we still feel like we need it... the only way to get more is to escalate".

"Closures are huge - children need months of notice and a proper goodbye. It's important that they don't open up their whole life and not be seen again".

"I had no warning that [the worker] would have to leave... I was really upset to hear this".

"The social worker gave me a cuddle at court and I didn't see her again".

Public engagement survey

"Not taking the support away".

"That fortnightly shoulder to lean on was so valuable. I would have liked it to continue".

"If it was more readily available. I feel you really have to push and push to get help".

Practice audits

Audit evidence showed that step-up/step-down disrupted momentum; closures without transition increased re-referral risk.

One audit noted: *"Steps up and down have interrupted the flow of work, meaning that there has not been the opportunity to review any plan in the audit period. This churn is confusing and disruptive for professionals - it is therefore likely also confusing for X (YP) and his family".*

5.7 Access & thresholds

What we heard:

Families sometimes perceived cliff edges between Early Help and CIN; interventions/support can pause during assessment period and bureaucracy and unclear thresholds add stress and delay support.

Family co-design visits

"During the assessment period, it feels like help stops. I felt my husband was just starting to get the Non-Violent Resistance Training and things were starting to shift but then it all stopped".

"I felt that Child in Need sounded extremely serious and I felt we were taking up a serious resource that we didn't need. The next level up being Child Protection".

"I remember that one social worker said, 'it's up to you what you have, have nothing and go on your way or, have a social worker in Child in Need".

Public engagement Survey

Families highlighted the stress of navigating systems and the need for clearer pathways.

"To listen and me not have to fight for two years for help".

"Actually getting support and not being rejected or passed off at every hurdle".

"Waiting times... it would be nice not to be passed from person to person".



5.8 Parental mental health & emotional load

What we heard:

System friction and long waits harm parental wellbeing; parents want accessible mental health support and peer networks. The emotional toll of managing challenging behaviours, navigating systems and facing stigma was significant.

Family co-design visits

*"No parent should have to fight like this... there doesn't seem to be help out there".
(for parents supporting children with SEN).*

"If the parent isn't supported, what happens when they're at breaking point? What are you doing to support parents with their mental health when it comes to the safety of the child?"

"I hit rock bottom with my mental health, but I was strong enough to fight through it. I worry about other parents that hit rock bottom and are fighting for help and are not getting it as they aren't as strong".

"I don't want to continually relive these traumatic events and then, impacting my week, my month and my sleep. If you're not strong willed, it can lead you to depression and anything really".

Public engagement survey

"Practical help, not just talking and doing nothing".

"Having someone to help take the burdens of life off you while you are trying to come to terms with distressing things that have happened"

5.9 Voluntary, Community & Youth Sector (VCSE) as trusted partners

What we heard:

Youth clubs, sports, faith groups and charities are trusted, accessible anchors - but rarely invited into formal meetings or integrated into plans. Families value community connection and informal support.

Family co-design visits

"Krunch are a big part of our lives... they should have featured in our support in a more joined-up way; they should be in meetings".

Young person (13): "I go to FACE twice a week and there's a couple of youth workers there that I chat to, they know the things I'm going through and, I would be okay with them being part of meetings to support my family".

"My daughter goes to a youth club and they are also trained mentors. She loves Krunch, its social interaction, she feels safe there".

Public engagement survey

Schools and GPs were identified as the **most important community anchors**, with youth centres, community groups and specialist charities filling crucial gaps - especially for SEND.

"Youth Clubs provide a great service but have been sadly cut in recent years".

"Youth clubs and sports groups could help - kids are more open outside of home and school".

Public engagement survey

"Charities for SEN/disabled children are our main/only source of support".

"Any community groups the child is part of - church, Rainbows, Cubs, sports groups".

Practice audits

Examples of good practice included Home Start, Womankind and Portage links.

However, missed opportunities were evident where youth/community contexts were not recorded or invited into planning.



Example of good practice:

"There is clear evidence of coordination and collaboration with various agencies to promote positive outcomes. Referrals have been made to offer mum additional support. These have been to Homestart and Womankind".

Contrast - where this didn't happen:

Audit noted: "X was last seen on 20/05/2025 and is believed to have attended Hanham Youth Centre that evening. However, the 'Other Agency Involvement' section of the Return Home Interview is left blank... indicating that youth and community services are not routinely being considered".

5.10 Involving wider family networks

What we heard:

Extended family and wider support networks can provide vital support. Families agreed, however they were not always explored or included early enough.

Practice audits particularly highlighted that fathers and stepfathers were sometimes absent from plans or inadequately engaged.

Family co-design visits

93.75% of those asked said that they either 'strongly agreed' or 'agreed' that Family Group Decision Making was the right approach (involving extended family and wider networks in supporting children).

"At the moment, it's mainly me, my husband and the boys on this journey. If we had wider networks, they might have realised that we do need more help".

"It's important that everyone knows so that they're on the same page. If you don't open up to family and friends then they can't help you".

"If it wasn't for my family, we couldn't do it without them... they would not let them go to a stranger".

But also caution:

"I would feel quite uncomfortable bringing people in and exposing things to our friends. I would find some things embarrassing to discuss with others".

"It could go two ways though if families don't have a network".

Practice audits

Audits identified that fathers and stepfathers were sometimes inadequately engaged or absent from assessments and plans.

Good practice was evident where fathers were actively included in sessions (e.g., Circle of Security work with dad; email contact maintained when dad wasn't at home visits). Weaker practice showed absent fathers with limited exploration of their role.



Example of good practice:

“Good choice to frame support within the Circle of Security approach as this engages dad and addresses the worries around showing emotional warmth”.

Contrast - where this didn't happen:

“The assessment shows that the social worker has made efforts to consider the wider family and support network, though there are some gaps in terms of absent fathers... there is limited exploration of how his role could be clarified or supported in future planning”.

6. RECOMMENDATIONS

Further details on these recommendations can be found in the individual reports referenced at the start of this document.

1. Relationships & continuity

- Use a **Lead Practitioner model** for all families. Avoid changes of worker if possible.
- For unavoidable changes, ensure **warm handovers** happen and a clear next steps plan is in place.
- Stabilise workforce through retention, manageable caseloads and reflective supervision.

2. Communication & transparency

- Provide a **welcome pack** to families explaining worker roles, consent, timelines and rights in plain language.
- Agree and communicate visit/contact frequency and ensure proactive updates during staff absence.

3. Multi-disciplinary integration

- Hold regular multi-disciplinary **Family Help planning conversations** that actively involve families wherever possible, ensuring their voice shapes decisions, alongside education, health, police, housing and VCSE partners.
- Explore opportunities to develop a simple, shared family profile accessible to relevant agencies with appropriate arrangements in place to support smoother multi-disciplinary information sharing and reduce the need for families to repeatedly retell their story.

4. SEN & neurodiversity

- Make **SEN and neurodiversity training mandatory** for all staff working with children and families.
- Create opportunities where specialist workers offer consults with other teams/staff. E.g. 0-18 children with disabilities team could offer support to Family Help Teams regarding specialist SEND knowledge.

5. Children's voice & direct work

- Restate the **minimum standards** and clear expectations for direct work using creative tools and safe spaces; this should include seeing children alone (where appropriate).
- Supervision should include the discussion of children's lived experience and use of direct voice.

6. Beginnings, endings & after-care

- Frame involvement clearly at the start and plan for structured endings with goodbye visits and signposting. Family friendly leaflets with information about the Family Help process (welcome packs) should be developed to give to families at the beginning of the assessment.
- Continue prioritising the existing processes for gathering regular feedback from parents/carers on the quality and impact of support, ensuring this insight remains central to service improvement.

7. Navigation & Thresholds

- Promote the Children's Partnership threshold definitions with families we are working with (perhaps in welcome packs) once the current threshold documents have been amended with regards to Family Help/MACPTs.

8. VCSE partnerships

- Formalise partnerships via **Family Hubs** and invite trusted community workers into reviews and team around the family meetings.
- Actively direct families to the **South Glos LIFE** webpage (www.life.southglos.gov.uk) for additional support and collaborate with partner agencies to ensure their information is included so families can access everything in one digital space.

9. Parental mental health

- Integrate **parental wellbeing** goals into plans.
- Improve signposting and create/promote **peer networks** for parents and carers.
- Work towards embedding adult mental health expertise within Family Help teams to strengthen whole-family support and reduce risks linked to poor parental mental health.

10. Wider family networks

- Actively engage all family members, including fathers, stepfathers and extended family early. Ensure they are an integral part of the support plan.
- Use **Family Group Decision Making** and increase numbers of Family Network meetings but also build community links where networks are absent.

7. CONCLUSION

Families, the public and practice audits converge on a clear message: **trust, continuity, communication and collaboration are the decisive ingredients of effective support.**

When practitioners build lasting relationships and agencies collaborate, children are safer and families feel supported. Where these elements are absent - frequent worker changes, siloed systems, poor communication and abrupt endings - families disengage, trust erodes and outcomes suffer.

We have a unique opportunity to reshape Children's Services in ways that genuinely respond to what our families in South Gloucestershire have told us they need, aligned with the Families First Partnership reforms guidance.

Our transformation work should ensure deliver of:

- **Earlier access** to support before problems escalate
- **One trusted practitioner** who builds relationships over time
- **Joined-up services** that share information and plan together
- **SEN-competent practice** that understands neurodiversity and tailors support
- **Children's voices** heard directly, regularly and meaningfully
- **Predictable journeys** with clear beginnings, steady contact and planned endings
- **Community connections** that build on families' strengths and preferences

Delivering these reforms requires sustained commitment, investment and cultural change. It means:

- **Prioritising relationships** over process, while maintaining necessary safeguards
- **Shift leadership focus** from compliance to curiosity and quality of practice (as per the Council's Children's Services Leadership Commitment, August 25).
- **Building workforce capability** through training, supervision and manageable caseloads
- **Strengthening partnerships** across Children's Services, education, health, police, housing and the voluntary sector
- **Identifying systems** and processes that enable information sharing and reduce bureaucracy
- **Measuring what matters** i.e. trust, continuity, voice and outcomes - not just activity.

When support is consistent, joined-up and truly child-centred, families thrive. Children are safer, parents feel understood and empowered and wider networks are activated to provide sustained support, likely to then reduce re-referrals. When support is fragmented, rushed, or repeatedly disrupted, families disengage, risks escalate and long-term outcomes for children suffer.

The voices in this report - from parents, young people, the public and the evidence of practice audits - give us a clear mandate for change. They tell us what works, what doesn't and what we must prioritise to make a real difference.

8. NEXT STEPS

Increase representation and engagement from global majority communities

- Develop targeted strategies to improve engagement with families from global majority backgrounds, addressing the current under-representation in co-design and consultation activities.

Establish a Parent/Carer Reference Group

- Create a Parent/Carer Reference Group to meet regularly and provide ongoing feedback and challenge to the local authority and partner agencies as reforms progress.

Ensure the group is inclusive and representative, with proactive recruitment of parents/carers from global majority communities and those with lived experience of SEND and neurodiversity.

Engage families in the Test & Learn phase

- Systematically gather feedback from families currently being supported under the Test & Learn phase of the Families First Partnership. Use their experiences to refine processes, identify gaps and strengthen the model before full implementation.

Prepared for South Gloucestershire Council – Families First Partnership

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