Families First qualitative focused research

Families First qualitative focused research

Authors: Michael Davies and Angus Campbell

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

For further information please contact:

Victoria Seddon

Children and Families Research Team

Equality, Poverty and Children's Evidence and Support Division
Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Email: research.childrenandfamilies@gov.wales

Table of contents

List of tables

List of figures

Glossary

ACEs

Adverse childhood experiences

CAMHS

Child and adolescent mental health services

CCG

Children and communities grant

DLA

Disability living allowance

EYST

Ethnic minorities and youth support team

FIS

Family information service

ICC

Integrated children's centres

JAFF

Joint assessment family framework

LEA

Local education authority

ND

Neurodevelopmental (as in ND assessments)

SRI

Strategic research and insight

TAF

Team around the family

1. Introduction/background

1.1. Context

The [Programme for Government 2021 to 2026](#) outlines the Welsh Government's priorities for supporting families, children, and young people. The [Children and Young People's Plan](#) further details these commitments, emphasising early years services and support for parents and carers to provide the best start in life.

Families First, first introduced in 2012, is a flexible programme that promotes the development of multi-agency systems of support for families. The programme, delivered by local authorities in Wales, places an emphasis on early help and prevention and works with the whole family to stop problems escalating towards crisis. Unlike Flying Start, which has eligibility criteria based on geographical areas, Families First is a universal programme, available to all families regardless of income or location. Support is tailored to meet individual family needs, offering early intervention through a range of partner agencies, including Third Sector organisations.

Families First is funded through the Children and Communities Grant (CCG), a Welsh Government fund that seeks to address the support needs of the most vulnerable babies, children, young people and adults in our society through a range of early intervention, prevention and support mechanisms.

Families First provides parenting support from conception to age 18 (or up to 25 for parents of children with additional learning needs), recognising that each stage of childhood presents unique challenges. The programme also offers tailored interventions, including targeted youth services for young people aged 11 to 25.

The support provided by Families First spans a wide range of needs. As the [Programme Guidance](#) states, this spans from 'early intervention support through to intensive, multi-agency interventions but should stop short of supporting families in crisis, who require statutory or specialist services'. This is illustrated through the 'continuum of support', taken from the Programme Guidance, shown overleaf:

Figure 1: Families First and the continuum of support (taken from the programme guidance)
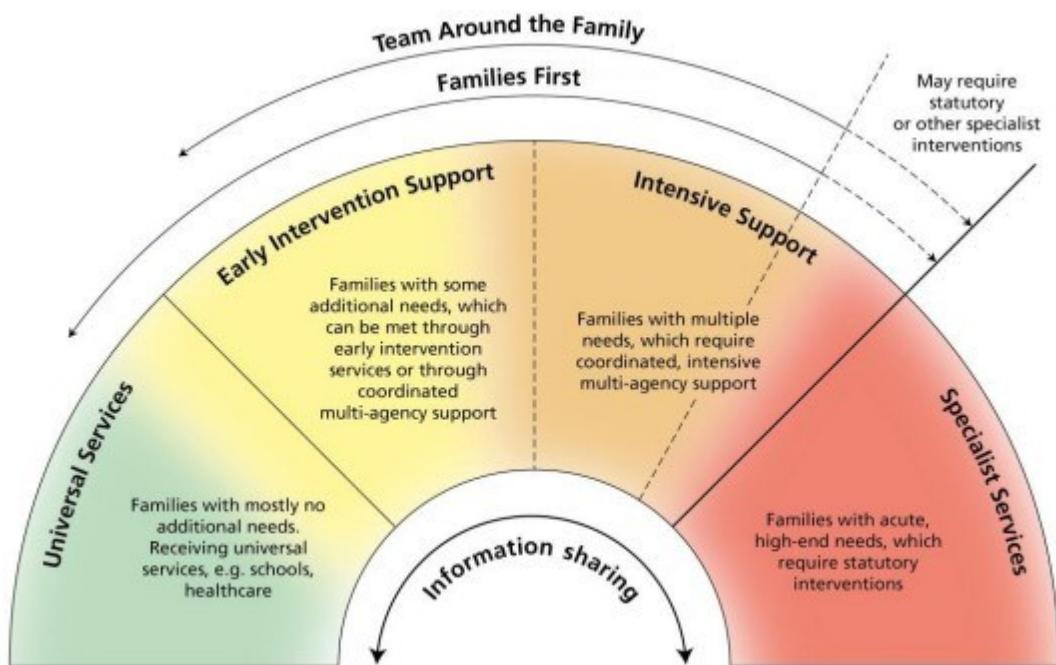
Description of figure 1: This is a semi-circular diagram showing the continuum of support. It shows Universal Services, going from green to yellow, Early Intervention Support, going from yellow to orange, Intensive Support, going from orange to red, and Specialist Services in red. There is an arrow from Universal Services to Intensive Support, which shows how far Families First support can span, and an arrow from Early Intervention and Support to Intensive Support, showing how far Team Around the Family (TAF) support can span. Both Families First and TAF extend up to the edge of Intensive Support, near Specialist Services.

The Families First programme aims to put support in place early enough to avoid families reaching crisis point. Children reaching crisis points puts them at risk of harm and having Adverse Childhood Experiences (ACEs), all of which could affect their long-term health, social, educational, economic and well-being outcomes.

Within the Families First programme, local authorities have flexibility to innovatively develop their own service delivery models to reflect the needs of their area. This is to be delivered according to Programme Guidance, provided by Welsh Government, which is currently being updated to reflect the current landscape.

In order to develop and commission services to reflect the needs of their area, local authorities are required to undertake a needs assessment of their local population, to

demonstrate that the need for services are developed and commissioned as part of their Families First offering.

The delivery of Families First is intended to be flexible, allowing local authorities to tailor services to local needs. However, the programme guidance provided by the Welsh Government outlines core elements that each local authority must incorporate in their Families First delivery:

- strategic commissioning, that avoids duplication or gaps and covers services that directly address the wellbeing, confidence, and resilience of families, with a particular focus on parenting and support for young people

- joint Assessment Family Framework (JAFF), which encourages multi-agency working and provides a comprehensive strengths-based evaluation of families' needs

- Team Around the Family (TAF), which brings together a range of professionals to work together with a family to help them address the challenges they face

- disability Focus, to recognise the specific needs of families affected by disability

- use of learning sets, ensuring that best practice and lessons learned are shared across local authorities

While this report refers to the programme as 'Families First', it is important to note that in many local authorities the support is not always branded as such in public-facing materials. Instead, the programme may be delivered under other terms related to family support or early help.

1.2. Key areas of support

Following a review of the local authority Families First delivery plans for the 2024 to 2025 financial year the key areas of support are detailed below.

1.2.1. Parenting support and early years development

Helping parents to develop their skills and confidence is a core part of Families First. Many local authorities provide structured parenting programmes to support positive parenting, improve family relationships and help children's early development.

Some local authorities have increased their parenting support in response to demand. In 1 local authority, for example, they have recruited additional parenting support workers, which their delivery plan says has removed waiting lists for parenting support.

Early language development is another key focus. In a few areas, children within Families First-supported families are being screened for speech and language delays, with early intervention offered through toddler groups and home-based support.

1.2.2. Mental health and well-being

There is a strong focus on supporting children and parents with mental health difficulties. Many support workers offer 1-to-1 counselling, well-being workshops, and group therapy to help families build resilience and cope with anxiety or stress.

One local authority's delivery plan describes how they have adapted their well-being sessions based on feedback from young people. It notes that bereavement and well-being sessions continue to take place in schools, but pupils have told them that they prefer individual sessions due to the sensitivity of the topics.

1.2.3. Domestic abuse and family safety

Some of the delivery plans note many Families First referrals involve families affected by domestic abuse or parental conflict. Local authorities are working closely with domestic abuse charities and social services to provide specialist support for children and parents.

1.2.4. Support for children with disabilities and additional needs

Families First also provides dedicated support for children with disabilities, including, but not limited to:

- specialist parenting courses for parents of children with autism or other neurodiverse conditions

- inclusive youth groups and activities

- short breaks and respite care for parents

- support for young carers

Many local authorities are actively supporting young carers as part of the support offered to families who are engaged in the programme. As an example, some offer:

- young Carers ID cards to help children get recognition in schools and the community

- weekly support groups and social activities

- short breaks and respite opportunities

1.2.5. Financial hardship

Poverty remains a significant issue – support workers are working with housing and financial advice services to help families manage debt, access benefits, and improve their financial situation.

One local authority highlights a budgeting and money management programme that helps parents gain confidence in handling their finances, reducing stress and improving family well-being.

1.3. Key challenges

As well as noting key areas of support, all delivery plans highlight similar challenges affecting families. Many of these challenges are linked to poverty, mental health, and family instability, which can impact children's development and the well-being of both children and their families. These issues are also some of the reasons why families reach out to Families First for support.

One of the biggest challenges is high levels of deprivation. Many areas report a significant number of families struggle with low incomes, unemployment and financial hardship.

1.4. Past research

Due to the flexibility given to local authorities in how they deliver Families First services, according to the needs of their population, the programme is particularly difficult to evaluate as delivery models differ and data on those supported by the programme is limited.

The last evaluation of the Families First programme was undertaken in 2013 with the final year of the evaluation concluding in 2015. This evaluation, as well as an Evaluability Assessment conducted in 2017, pointed to the limitations in existing data to evaluate the programme, particularly in terms of:

- the impact on individuals and families

- how it has affected them and information on any other interventions they have experienced

- actual take-up of services by individual families and which groups have higher levels of take up

1.5. Research aims

Following this previous research on Families First, Welsh Government sought to commission a piece of qualitative research. The project aims were to:

- understand families' experiences of the Families First programme (exploring pre and post COVID-19 differences)

- review the delivery of the Families First programme (including delivery challenges, service access and how services have evolved in recent years)

- understand how the programme is delivered differently across Wales, including how it is branded and an appreciation of how local authorities promote the programme as an 'early help' service

Welsh Government commissioned Strategic Research and Insight (SRI) through a competitive tender process to conduct qualitative research to meet these aims.

2.   Methodology

2.1.   Approach

Our method can be split into 4 areas:

- scoping interviews with Welsh Government officials

- desk research

- qualitative interviews with local authority stakeholders

- quantitative (survey) and qualitative interviews with families

- 4 case studies were developed from the interviews with families

We discuss these 4 approaches in more detail below.

2.1.1   Scoping interviews with Welsh Government officials

SRI conducted 3 individual interviews and 1 group interview with Welsh Government officials (6 officials in total). These were identified by the client contacts, and were decided upon based on their involvement with the Families First programme. Interviews lasted approximately 1-hour, and were conducted via Microsoft Teams.

The purpose of these interviews was both to collect perceptions of the programme, and to seek information on the purpose and aims of the project before conducting the main fieldwork.

2.1.2   Desk research

The desk research formed 1 of the earlier elements of the project. The purpose of the desk research was to:

- Review existing local authority and/or Welsh Government monitoring information which helped determine the focus of this research. This information included:

    o Families First cost savings toolkit research (2018)
    o Local authority delivery plans (2024 to 2025)
    o Families First annual performance figures: 2018 to 2023[1]
    o Families First annual performance figures: summary report 2018 to 2023

Footnote:
[1] The annual performance figures provided to SRI were later withdrawn, and then revised, due to an error identified in the data. Since they were only used for background context, this correction has no impact on the report's findings.

- Conduct a mapping exercise. This included a review of all 22 local authority websites and social media pages to understand existing provisions, branding, promotion of Families First, and the variation across local authorities

For the mapping exercise the visibility of Families First in web search results was assessed, as well as the visibility of Families First (or equivalent early help service) on each local authority's website. An assessment of accessibility of finding Families First (or equivalent early help service) information on local authority websites by navigation from the homepage, as well as consistency of branding, distinctions from the Flying Start programme, and visibility of commissioned services (services available) was undertaken[2].

This desk-based review aimed to explore how parents or carers might find relevant information should they need to access support. While every effort was made to find information on Families First (or equivalent early help service), it is possible that some information for the programme exists, but we were not able to find it. However, if key information was difficult for us to locate, it is reasonable to assume that families seeking support may face similar challenges.

2.1.3 Qualitative interviews with local authorities stakeholders

SRI conducted 24 qualitative interviews with stakeholders, broken down as follows:

- 22 interviews were conducted with Families First leads from each local authority

  - 2 of these interviews also included additional local authority stakeholders working in roles related to Families First
- a further 2 interviews were conducted solely with other local authority stakeholders working in roles related to Families First

- of the 24 interviews, 8 were individual and 16 were group interviews

Each interview lasted 1 hour, on average, and was conducted via Microsoft Teams. Interviewees were provided with a topic guide beforehand, to allow them to consider the questions and ensure they were the appropriate person to take part in the interview.

Welsh Government provided contacts for these stakeholders.

Footnote:
[2] It is important to note that the availability and presentation of information online can change. Some website listings may have been updated since this review was conducted (April 2024 to May 2024).

2.1.4 Quantitative survey and qualitative interviews with families

SRI conducted an online survey with families, and 20 qualitative interviews with families.

The online survey was promoted through various organisations and methods, including:

- local authorities

  - direct communication about the survey to families, where possible
  - through their social media accounts (for example, Family Information Service)
- commissioned services

  - direct communication about the survey to families, where possible
  - through their social media accounts
  - through posters and leaflets (both of which included QR codes) to hand out at group or individual sessions
- Welsh Government

  - through relevant social media accounts (such as Teulu Cymru)

SRI contacted local authorities asking them to promote the survey. Both SRI and local authorities contacted commissioned services asking them to promote the survey.

As part of the survey promotion, SRI drafted a 'communications pack' for these audiences. This included suggested messaging for promotion, such as social media posts, a QR code linking to the survey, and a poster for both physical and online distribution.

The survey was launched on 27 November 2024, and was kept open for just over 12 weeks, closing on 24 February 2025. The survey was kept open longer than originally envisaged, to account for potentially less interest and take-up of the survey during the Christmas period. The survey was hosted through SNAP surveys.

131 respondents completed the online survey.

The final question of the online survey asked respondents if they would be happy to take part in a follow-up (qualitative) telephone interview. Of the 131 respondents who completed the survey, 86 agreed to a follow-up interview. These respondents were then directed to a separate online screener form, where they could provide their contact details, separate to their survey responses, to ensure anonymity between the survey responses and the contact information.

This screener form asked for some demographic information alongside the contact information, and a question about how helpful respondents found the support they'd

received from Families First. These questions were included to inform the sample selection for the interviews with the aim of achieving a representative sample.[3]

Twenty qualitative interviews were undertaken. These interviews lasted 20 to 30 minutes on average, and participants were given £30 as an incentive to take part. The demographic information of those completing the screener is shown in the appendices, as well as the demographic information for just the 20 families that took part in the qualitative interviews.

Four case studies, highlighting 4 different families experiences with Families First were developed from the qualitative interviews. These 4 family 'stories' were chosen as they provide a useful illustration of families' experiences with the programme.

2.2.   Limitations

The survey and qualitative interviews relied on voluntary participation. Therefore, there is a risk of self-selection bias. As a result, the sample may not fully capture the experiences of families who were less engaged with Families First, or those who faced barriers to participation (for example, digital exclusion or language barriers). Similarly, the self-selection bias may mean that those with particularly positive or negative experiences were more likely to take part. Furthermore, families in the middle of a crisis or facing high levels of instability – home moves, acute financial pressures, or other urgent issues – are hard to reach, and may not be sufficiently represented in the sample.

Although 131 respondents completed the survey, this is a relatively small proportion compared to the total number of families engaged with Families First across Wales. This means findings should be interpreted with caution, as they may not fully represent all service users. Rather, the online survey findings should be used to understand the perceptions of some service users, rather than a representative view from service users.

One key challenge in the online survey was that many families who received support may not have been aware that it was funded by Families First. In some local authorities, Families First is delivered under a different local service name, and families may therefore recognise the support by that name or by the provider or commissioned organisation (for example, Barnardo's or Action for Children) rather than by the Families First brand itself.

Footnote
[3] Demographic information from those who completed the screener is provided in the appendices.

This means that:

- those completing the survey may have been the most informed families, leading to potential response bias. Families who were unaware of Families First's role may have been less likely to respond, resulting in findings that disproportionately reflect those with higher engagement or awareness

- this lack of awareness could also impact specific survey questions, such as responses to 'did you know that the support you were offered or receiving was through the 'Families First' programme?'

- as a result of the above, we have primarily used the survey and interview findings to illustrate the experiences and stories of some families, rather than trying to present a representative picture of perceptions

- however, it is worth noting that to try and address the above, we asked each local authority to include a short preamble when promoting the online survey, using the local service names and descriptions families would recognise, so that families could see how the survey related to the help they had received

- as earlier outlined, demographic information was not collected through the survey, and only in the screener survey to facilitate the sample selection. Given the relatively small sample size, this would have limited the scope for meaningful demographic analysis

There were also limitations in contacting families who had received support some years ago (for example, more than a year or 2 ago). A few local authorities mentioned that they were hesitant to reach out to these previous recipients, fearing that re-contacting them could lead to unintended re-engagement and potentially adding pressure to existing workloads.

Local authorities highlighted difficulties in reaching families who engaged with Families First but did not ultimately receive support. These families might have had important perspectives on barriers to accessing help, but they were less likely to be contactable, meaning their experiences are underrepresented in the findings.

2.3.   Analysis of results and findings

Interviews were recorded (with permission) and transcribed. Thematic analysis of the transcriptions was undertaken to identify key themes and patterns systematically.

All of those involved in facilitating interviews participated in internal emerging findings meetings to ensure that key themes are accounted for in the analysis. This combined with the analysis itself makes sure the findings are an accurate reflection of the data collected.

All open-ended responses to open survey questions were analysed thematically. A separate coding frame was developed for each question, based on a review of the responses, to capture recurring themes and patterns. Individual responses were then coded against 1 or more relevant themes, allowing for both a nuanced understanding of the data and an indication of how commonly certain views were expressed. The themes are displayed in the tables, alongside the number and percentage of respondents making comments related to these themes.

2.4. Content of the report

To ensure anonymity, views of Families First local authority leads, 'other' local authority stakeholders, and Welsh Government officials are reported collectively, and referred to as 'stakeholders', unless it is relevant to specify that a point was made by a local authority stakeholder.

For the online survey quantitative results are shown in chart format, with the 'base' under each chart showing the number of responses to each question. Not all respondents may have answered all questions, either due to question routing or non-response. Where responses to questions are low (less than 20), results are reported in numbers of respondents, rather than percentages.

In all cases, the percentages shown are of those who answered each question unless otherwise specified. Where percentages add up to more than 100%, this is usually due to rounding or the inclusion of multi-response questions.

3. Initial engagement and local delivery structures

This chapter marks the start of the findings sections. Chapters 3 to 8 present key findings from the research.

3.1. How do families access Families First?

3.1.1 Referrals and self-referrals

Families can access Families First services through both professional referrals and self-referrals, ensuring that support is available to those who need it, whether they are identified by services or seek help independently.

Self-referrals allow families to directly contact their local authority, for example, via phone, email or webforms, or by visiting physical spaces, such as Integrated Children's Centres, where they can access information and be directed to appropriate services.

Families First also receives referrals from a range of professionals, including social services (as 'step-down' support[4]), schools, primary healthcare services, health visitors, and midwives, ensuring that families in need of early intervention are identified and supported as early as possible.

In the online survey, respondents were asked how they first got into contact with Families First. Around two thirds (67%) of families reported that they were referred to Families First. This compares to 14% that approached Families First or their local authority for help themselves, whilst 9% reported that they got into contact with Families First in another way. Many of these cases involved families getting in touch via commissioned services, although it was often unclear whether the family had been referred or had initiated contact themselves through those services. 10% couldn't remember how they had first got into contact with Families First.

Footnote:

[4]'Step-down' support refers to families transitioning or 'stepped down' from statutory services (e.g. social services) into non-statutory support such as Families First.

Figure 2: How did you first get in contact with Families First? (N = 131) November 2024 to February 2025
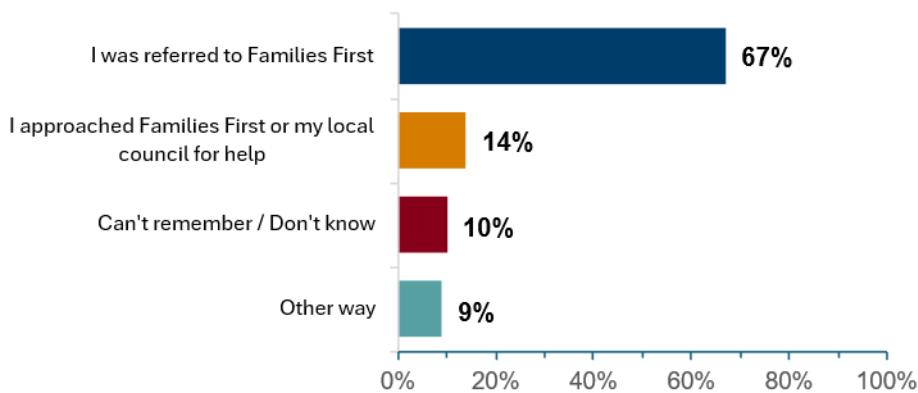
Source: online survey with families, Families First qualitative focused research.

Description of Figure 2: a bar chart showing that 67% of families surveyed were referred to Families First, while 14% approached Families First or their local council for help, 10% either can't remember or don't know, and 9% did so via other channels.

From the stakeholder interviews, it was noted there had been some changes to referral patterns, with schools playing a growing role in identifying children in need, particularly post-COVID-19. They reported that referrals often related to falling attendance, behavioural issues in class, or emerging ALN needs. Stakeholders attributed this rise to pandemic-related pressures, such as ALN needs that went undiagnosed during the pandemic (also discussed later), anxiety about returning after lockdown and a spike in social or emotional difficulties.

3.1.2 Points of entry to Families First

In local authority stakeholder interviews many discussed how their local authorities adopt a '1-front-door' approach. This is where local authorities have a single point of access for family support services, ensuring that families are directed to the most appropriate support without needing to navigate multiple agencies.

Those who adopt this approach felt that it provides a more 'seamless' process for referrals. For example, one stakeholder said that "…the hub model seems more seamless to me. The 1 front door entry into the local authority and regardless of which family and parenting support service you need to go to…they'll organise it. For others, it's more distinctive I suppose. They'll have one service over here, 1 over there."

21

These stakeholders felt that families who present themselves at a single access point benefit from improved coordination between services, making it easier to be directed to the most appropriate support. Additionally, they also felt that having a well-known central entry point may encourage more families to seek help, as they know exactly where to go.

In other local authority stakeholder interviews it became clear some areas operate community-based access points. For instance, in Conwy, Family Centres serve as a key entry point for Families First, allowing parents to access informal support before being referred to specialist services if needed. Stakeholders noted that this approach can provide a welcoming setting, which can be effective in engaging families who might otherwise be reluctant to seek help.

Many stakeholders noted in interviews they operate a 'no wrong door' approach, allowing families to access support through multiple referral routes, such as self-referrals (e.g. via community access points, online forms, telephone, or Family Information Services), professional referrals (e.g. from health services, schools, or police), and step-downs from statutory social services. Stakeholders noted that this model ensures accessibility for families and helps prevent them from being passed between multiple services without receiving the support they need.

3.2. 'What matters' conversations: assessing family needs holistically

Regardless of the type of entry system used, many local authorities conduct ongoing 'what matters' conversations, beginning when first contact is made with the local authority and continuing regularly throughout the family's engagement. The initial conversation is conducted to understand the family's situation in more depth, while ongoing 'what matters' conversations are conducted to ensure a detailed understanding of their evolving situation. Local authorities described these as conversations which allow families to convey 'what matters' to them – their concerns and what they feel they need (a family-centred approach).

As part of these conversations, families may present to a local authority to discuss a simple concern, however, as noted above, these conversations and assessments may highlight other problems. For example, an issue with school attendance may reveal underlying issues such as problems with sleep or housing problems, which are affecting school attendance.

After this conversation, Families First can work with families to address these challenges, linking them to relevant support, whether that is via housing services, or support workers to help with sleep problems, for example. Families interviewed often described these early conversations as non-judgemental and supportive, with support workers helping them feel listened to and understood. For many, this initial contact laid the groundwork for building trust and identifying the full range of challenges affecting the family.

3.3.   Where Families First teams sit within local authorities

The placement of Families First teams within local authority structures varies across Wales. In some areas, for example, local authority stakeholders said that their Families First team may sit within early help or community services, while for others, they may be more closely integrated with (statutory) children's services.

In 1 local authority, for example, Families First has been embedded at the 'front door' of children's services, even though Families First is a non-statutory support service. Stakeholders from this local authority felt that this positioning allows them to work closely with a statutory service, which they noted was under pressure, and prevent cases from escalating into statutory intervention;

> "Even though we're not statutory, we're part of children's services as a support service. It's that front door that's trying to absorb the families, assess their needs, and give them the right support to stop them escalating."

3.4.   Structure of Families First commissioned services

Families First delivery varies between local authorities. Some predominantly provide services in-house through the local authority, while others rely mainly on externally commissioned providers, and many adopt a mixed approach. While this flexibility allows each local authority to tailor services to local needs, stakeholders emphasised the importance of strong information-sharing processes, particularly where external providers are involved, to ensure coordination of support.

Stakeholders noted that what matters most is not whether services are delivered internally or externally, but how well different services work together and share information. One stakeholder highlighted that while professionals are committed to supporting families, having multiple teams or organisations involved can sometimes create challenges. This is especially true when statutory children's services, such as safeguarding or social care, are

also involved. Since families may move between different levels of support over time, good communication and strong working relationships between services are essential to ensuring families receive consistent and effective help.

When families require multi-agency support, they are usually allocated a TAF, a framework designed to bring together relevant services to provide tailored, holistic support. We discuss the key principles of effective TAF support in sections 3.7.2 to 3.7.3.

3.5. Assessments to understand a family's needs: views from stakeholders

When a family is referred to Families First, alongside or as part of other conversations, an initial assessment is often carried out to determine which service or support best suits their needs. This assessment is often called a JAFF.

Following this assessment, families may be directed to support which the local authority feels will best support them, and this will vary depending on need. For example, some families may only require a single service, such as attending a parenting group, and can be referred quickly, while others may need greater support, requiring coordinated support as part of a TAF.

Families may even be directed to other programmes, if needed. For example, if a child is under 4 years old, they may be directed to Flying Start instead of Families First, depending on eligibility criteria and the type of support required.

This assessment process ensures that families receive the most appropriate intervention from the outset, ensuring resources are targeted effectively.

3.5.1 Variation in how JAFF is used

The use of the JAFF within Families First varies across local authorities in Wales. Originally designed as a standardised, holistic assessment tool to consider the needs of the child, family circumstances, and other factors, in practice some authorities use "JAFF" merely as shorthand for their family assessment, while others have replaced/ adapted it. As 1 stakeholder noted "The only thing I'll say about JAFF is that we use the terminology, but I don't think anyone uses exactly the same process. There's not really a definition for it… It was meant to incorporate everything every agency wanted, but it became cumbersome."

As an example, a few local authorities mentioned that they have moved away from JAFF in favour of assessments conducted under the [Social Services and Well-being Act (Wales) 2014](#).

3.5.2 Not all families engaging with Families First require a full assessment

A few local authorities suggested that Families First teams may allow families to drop in for support when needed, without going through a formal assessment process, if they do not feel an assessment is needed. They noted that this prevents unnecessary delays and ensures families can access help quickly when their needs are less complex. One stakeholder noted: "'Sometimes a child might just be in crisis for the day, and they can drop in and get support when they need it. They don't need a formal assessment for that. Similarly, some family centres provide support without requiring a full JAFF assessment, but the option is there if needed."

Some of these stakeholders said that some families have expressed frustration with having to go through repeated assessments, particularly when they only require short-term support. As a result, these families who only require short-term support might not need to undergo repeated assessments, so they can re-access brief or drop in services without undergoing another assessment.

3.5.3 A menu of options, or fully flexible?

Whilst Families First is designed to be flexible and responsive to the unique needs of families, a few stakeholders felt that, in practice, there are limitations in the range of services delivered. As noted later overleaf, a concern raised by parents, as well as these stakeholders, was that despite its intended flexibility, Families First can sometimes feel rigid, offering a fixed set of services rather than offering support which is more bespoke. As 1 stakeholder noted: "I guess part of the problem with programmes like Families First is that even though it's not that structured, there's still an element of 'this is what the offer is,' and that might not necessarily be what the people want." Similarly, another stakeholder felt that Families First can sometimes be presented as a "menu of options", rather than "a bespoke and fully-flexible approach."

3.6. Assessments to understand a family's needs: Views from parents

Families taking part in the qualitative interviews were asked whether they recall receiving an assessment, and if so, were asked about their experience with the assessment.

In almost all instances following their referral, interviewees then received an assessment from Families First. The majority of these took place face to face, with a small number by phone. Satisfaction with the length of time from initial referral to assessment tended to be high.

However, there was some variation in experiences. In 1 instance, a representative from a commissioned service discussed the support they could offer directly with the parent themselves, and signposted them to other Families First partners, which they then received seemingly without an assessment taking place.

> "[The commissioned service] came and had a visit with me in the house and they basically made me aware of all the other charities and what they offered. Things like sports activities that my child could participate in, and a charity for carers […] which offers things for both the child and the parents. Overall, I think I was given a lot of information from them and they were really helpful. […] I've never actually phoned [Families First] up and had a conversation with them because the information was on the website for me and I prefer to just go off and do that myself. […] I've always been signposted to something if I need it, […] so I do feel that everybody kind of does know what's about and recommends each other, if that makes sense, but not necessarily, you know, Families First."

Many families were particularly positive about their experiences with the support worker undertaking the assessment, echoing the balance of opinion in the survey. Families expressed that, on the whole, support workers were sympathetic, helpful and effective in their roles.

Where feedback tended to be less positive, this occurred where support was not offered following the assessment, for example, where the only outcome was advice, and where parents felt the assessment was not detailed or informed enough about their particular circumstances. This outcome left parents feeling deflated and less likely to engage with Families First in future, particularly when there was no follow up from Families First after support was not given or taken up.

A perception that the support workers lacked knowledge about neurodiversity and disabilities also limited satisfaction and trust in Families First in some instances, and led to support being offered which was not taken up by parents due to its perceived unsuitability, or a lack of confidence and buy-in into its success.

> "It was a very negative experience because actually they were just telling me 'oh, you know, every child will kind of adapt to a sleeping schedule' and it's my fault that I haven't already put this schedule in place for him. I don't think any of them are that skilled with neurodiversity or neurodivergence, especially in children, because the kind of stuff they were giving me was stuff that you might give to a neurotypical parent."

> "She came out and we spoke about the outcomes, but the outcomes were very geared to getting my son back in the community. I was trying to explain well, he doesn't leave the house. So, it seemed to be a giant leap before you've even learned to crawl. […] With all due respect, somebody getting paid £15 an hour is probably not going to have the experience or the qualifications to be able to take him out with me being comfortable somebody like that with a flight risk, somebody that has very challenging behaviour and whose fight or flight mechanism can kick in at the smallest demand, whether that be turning this corner or crossing this road if that makes sense."

> "I felt quite deflated, and kind of disrespected as well with her attitude towards my son. She didn't seem to have much awareness or perhaps training specifically on children with disabilities. Obviously I don't know if that's the case, but that was my impression."

Regarding the assessment, many parents in the interviews made comments reflecting that they were unsure of the type of support they needed. Many felt they benefited from the diagnostic role the support worker took in triaging them to the most appropriate type of support. However, for those that had less confidence in their support worker, some felt there was too great a reliance on the communication skills and diagnostic abilities of the support workers These participants suggested they would like to have known the full range of support available to them, so that they could make requests themselves regarding delivery partners (with a similar point being made earlier – section 3.5.3 – by a few stakeholders). This included services which fall outside of the Families First umbrella, but from which they might still benefit.

"I was so happy with the support I was offered. I didn't even know what I wanted at the time."

"It would be helpful if when you got in contact they showed you a list of all of the things we can do for you, is there anything within this list might be helpful. I feel as if that would be such a better starting point so that I know what opportunities I might have, rather than you not knowing what they have or to ask for, as you just don't know what they can give you. You often don't know what support you need, and they don't know either from just 1 visit."

3.7.   Principles of effective TAF support

Stakeholders were asked what they felt the principles were of effective TAF support.

3.7.1 Collaboration between service providers

Firstly, they noted that effective TAF support relies on strong collaboration between different service providers. Stakeholders emphasised that when families require referral to TAF, no single service can address all of a family's needs, and that a coordinated, multi-agency approach is essential to ensure families receive the right support at the right time: "Sometimes part of this is about knowing that you're not the right service or right person to be doing that, but recognising that somebody else is. The only way to know that is by having those conversations and sharing information."

Regular communication and collaboration between agencies help ensure that support is well-coordinated, rather than fragmented across different services. Stakeholders described operational meetings and ongoing communication as key to maintaining strong multi-agency relationships. As 1 stakeholder noted: "Each service will have part of a picture, and unless you come together and share that, you can't fully understand the issues. Otherwise, you could end up duplicating support in the wrong place."

3.7.2 A flexible, needs-led approach

Stakeholders were also clear that TAF support should be tailored to the individual needs of each family, rather than following a 1-size-fits-all approach. Stakeholders emphasised that flexibility is key to ensuring support is effective: "The response available from TAF is based on need and it's flexible. It's tailored to the individual or family. We move away from a 1-size-fits-all approach because families and children are individuals at the end of the day."

3.7.3 Listening to families and involving them in the process

Involving families in decision-making was noted as a key principle of good TAF support. Stakeholders stressed the importance of hearing the views of parents and children, ensuring that TAF meetings are inclusive and that families feel involved in the process. As 1 stakeholder noted: "Having all the professionals who need to attend is important, but so is making sure the family has their say. That's not always easy, but children's views need to be heard, and multi-agency meetings need to be regular, with plans reviewed consistently."

These stakeholders also noted that support should be shaped around what the family identifies as their needs and priorities, rather than being dictated solely by professionals (for example, engaging in the 'what matters[5]' conversations). Stakeholders noted that while families' expectations may not always align with what is possible, it is crucial to involve them in shaping their support plan to encourage engagement and ownership, particularly to mitigate against drop-out. As 1 stakeholder noted: "It's based on what the family identifies as their outcomes. Maybe their expectations are different from what we can achieve, but it's about them saying, 'This is what I think my family needs.' Then we absorb all the information, formulate the best plan, and take it back to the family for them to own and commit to."

Footnote:

[5] Local authorities described these as conversations which allow families to convey 'what matters' to them – their concerns and what they feel they need (a family-centred approach).

4. Support received by families, and perceptions of that support

4.1. Types of support received by families

The online survey asked families to describe the support they had received. Their open responses were analysed and then coded into themes. These themes are shown in the table below.

Table 1: Thematically coded responses describing the support families received from Families First (N=110) November 2024 to February 2025

Please describe the support you have received from Families First (themes on type of provision)	Count	%
Support worker / youth worker / family worker	21	19%
Behavioural support / Emotional well-being support / Resilience training	20	18%
Mental health support	10	9%
Clubs e.g. play club	10	9%
In-school support	10	9%
Additional needs / disability support	9	8%
Support groups	9	8%
Onward referral / help with form filling / diagnosis or assessment support	8	7%
1-to-1 support	7	6%
Group/individual therapy / counselling	7	6%
Signposting / referral	6	5%
Regular engagement	4	4%
Mindfulness activities	4	4%
Circle of security programme	3	3%
Team around the Family	2	2%
Early help	2	2%
Grants/direct payments	2	2%
Other	14	13%

Source: online survey with families, Families First qualitative focused research.

Description of Table 1: A table showing the types of support families received from Families First. The most common forms of support were from a support worker, youth worker or family worker (19%) and behavioural, emotional well-being or resilience support or training (18%). Other types of support were mentioned by smaller numbers of families.

When asked to describe the support they had received, survey respondents chose to answer in 2 different ways. Although not shown in the table, the most common responses (79% or 87 responses) were to comment on the quality of the support they had received, with comments suggesting that the support was generally good or made a positive impact to them, or helped them resolve the issues for which they had been referred. 4% (or 4 responses) chose to state that they had a poor experience.

Other comments outlined the type of support received (which is in line with the survey question). Most commonly, these were support activities relating to addressing child behavioural issues, emotional well-being support for either parents or children, or support aimed at improving resilience (usually aimed at parents). To a lesser extent, respondents also stated they had received mental health support, including onward referral to CAMHS (Child and Adolescent Mental Health Services).

A similar proportion of respondents commented on the fact they had received contact with a support worker, often in conjunction with positive comments about the quality of their support.

> "[The support worker] was vital in the early days of getting help for my eldest daughter during the lock down period of 2021. She sourced materials to help with behaviour and emotional regulation, helped with DLA [Disability Living Allowance] forms I didn't understand. Without her I honestly do fear what position I would have been mental health wise and my daughter."

Less frequent, but still prominent, types of support included onward referrals, assistance with form filling, and guidance relating to assessments or diagnoses. A similar proportion received in-school support and support specifically focused on additional needs / disability.

Those taking part in the family interviews were again asked what types of support they had received, and to expand on their response from the online survey. It became apparent that a high proportion of the parents interviewed had children who either had, or were in the process of seeking a diagnosis for, additional learning needs. These additional needs were often seen as key drivers to the families requiring support from Families First and elsewhere. Many had experienced years of dealing with increasingly challenging behaviour from their children before referring themselves, or being referred to Families First.

> "Well, my daughter, she was in a previous primary school and she was struggling a lot in school. It became apparent over time that she could have additional learning needs. So we were obviously having lots of meetings with the school

because of her behaviour in school because she became nonverbal and started demonstrating autistic behaviours."

"He has multiple conditions which can make him quite complex so our dealings with Families First have been a result of his needs and some of the support that he requires."

4.2.   Perceptions of Families First

Most parent interview participants were happy to have the opportunity to receive support, as they had often begun to take steps in seeking support themselves. This was especially the case among those that had struggled to receive support from other sources, such as via their children's schools.

Where families were less happy to receive support through Families First, this was often due to having had prior contact with the programme, sometimes years previously, which had not led to a support intervention, or where support had been limited. These parents were sceptical that Families First would actually provide support, or support that would be useful to them, but still accepted it and engaged.

"We had Families First in that first time, but then COVID hit and it wasn't very successful. They were quite limited with what they could do at the time. […] I wasn't very hopeful given the fact that it hadn't been wonderfully successful the first time around, but the second time we had a different support worker and she was absolutely fantastic."

In a minority of cases, a lack of understanding about what Families First was caused concern due to confusion with social services.

"When I first heard I thought it was to do with social services, I felt 'Oh God'", but when I met her and she explained what she does I was happy."

4.3.   Support flexibility

During interviews with families, interviewees were asked to provide feedback on the flexibility of the support they received. Three key themes relating to the flexibility emerged from the discussions as the:

- mode of the support
- timing of the support

- tailoring of the support to individual needs and circumstances

4.3.1 Mode of the support

Parents were asked whether or not they were offered a choice of how to receive support, including whether they attended support programmes online, face-to-face, or in another way. With the exception of some experiences during the pandemic, in which face-to-face support was not available, interviewees generally reflected that they had been offered choice in how they received support, and that the options offered were appropriate.

> "They offer both and you just select what you want to sign up to, so they do well-being in person, and they do it [online]. So you have choices, which is good because I don't want to come out and socialise with other people. I'd rather do it online."

4.3.2 Timing of the support

In some instances, the timing of the support was not well suited to parents. Some found it challenging to attend parenting classes that were scheduled for weekdays during 9 to 5 hours due to their work commitments, but were also concerned that cancelling or non-attendance would result in the offer of support being withdrawn. Others found it challenging to fit a 2-hour course around their childcare responsibilities.

> "Because everything seems to be on a certain date, at a certain time, there was no real flexibility. I think I changed my work day so that I could actually do something because I thought if I keep saying no, they're going to stop offering the help."

> "I don't think it could have been any shorter, but it was hard to find the time for us both to sit down and do it, with kids coming home from school and everything, but I don't know how you'd get around that."

For those provided with counselling, some parents reported having limited flexibility in scheduling appointments, with defined time slots offered rather than options tailored to their availability. However, these appointments were not always honoured by the counsellors, or were so delayed that parents had to miss sessions due to clashes with their own schedules.

> "The only disappointment I did have with the counselling [...] was that I would have a time for the counselling and sometimes it'd be 30 minutes [late]. If it was

arranged for, say, 2:00 and it ran over, I couldn't take the call at 2:30, because I have to do the school run and so that was a little bit of an inconvenience. I know things crop up, but that happened a couple of times and then because I missed the last counselling session, they've not actually been back in touch with me. So I don't know whether that's because they're over stretched, […] but in my opinion it wasn't a great experience in terms of having that kind of counselling."

4.3.3 Tailoring support

While the majority of interviewees were satisfied with the support available to them, there were some instances where the support on offer was not flexible to the child's needs. This issue was linked with perceptions highlighted previously that support workers were not necessarily familiar with the intricacies of neurodiversity, as well as a perception that Families First were trying to find existing support which would best fit the circumstances, rather than tailoring support services to the needs of end users. One parent, for example, highlighted 2 key challenges they encountered: a lack of choice and availability in respite care providers, and the local council's decision not to commission any additional provider. This resulted in significant delays in receiving support.

"When the [funding] was approved, on the website it says you'll be sent a list of providers. For me, there was 1 provider. There was no other options. […] I went to [the commissioned service], saying this lady wants to register as a provider […] and that way we can continue using who has worked. She filled out the forms, had a conversation with [the commissioned service], and done everything that was asked, but then she had the response that [the council] are not taking on any other providers at the moment."

4.4.   Communication

While the communication during the JAFF assessment generally received positive feedback, this was not universal, and there were some mixed experiences immediately following the assessment.

Where support was not offered or taken up by families, this was often ascribed to a lack of good communication with the assessor during the initial assessment, rather than a lack of need. These parents felt that they had not been able to communicate their circumstances effectively with the support worker, either due to a lack of questioning or a lack of

34

understanding on the assessor's part, as well as a lack of understanding from parents about what kinds of support Families First could offer.

Communication preferences were not always ascertained at the outset, overlooking neurodiversity and leading to issues with progressing the process. Others found communication inconsistent depending on the individuals involved, with variation when cases were taken up by other support workers.

> "It depends on the advisor. There was 1 lady that was good and seemed to understand why I was frustrated and she said they would help me, [but] she had to take some long-term leave, so that support tapered off, and then in comparison, the last lady I had her communication was shocking, she'd send you a message, and she knows that I work shifts and that my rota changes all of the time, but she would turn up completely unannounced at my house."

> "They sent me a form to fill in. I'm dyslexic so filling in forms is really not my thing. And again, if you just ask me what my communication preference would be, it would not be filling in a form. That's a basic thing I think right at the start of all this stuff but having to fill in these forms multiple times is so frustrating because it's like 'why don't you just retain some level of information or have some access to his profile somewhere so I don't have to keep giving you the same information over and over again?'. I think as a [neurodiverse] parent it's 1 of the most frustrating things ever because you have to do it for every service you access. […] So I just think their communication is rubbish. I think like they could have just had conversations with me and they could have just you know talked to me about stuff other than just firing emails at me and hope that I'm going to read it."

In 1 instance, a support worker becoming long-term sick led to a parent needing to send chasing emails, long delays between initial contact and follow up, and different support workers becoming involved that seemed unfamiliar with her child's circumstances.

However, ongoing communication from support workers throughout the support duration did receive praise, often exceeding expectations in frequency and availability.

> "She would message me saying are you OK for this time? She would call me whenever she had an update or anything. And I could call her when I had an update or anything like that. Communication was really, really good."

5.   Families First awareness

5.1.   Views from stakeholders

Stakeholders noted that Families First does not have strong brand recognition among families. They suggested that families often access Families First services without necessarily knowing them by name, as support can often be delivered through a range of providers, such as Barnardo's and Action for Children. As a result, this means that Families First does not have a consistent public identity across Wales. Additionally, some stakeholders pointed out that the variation in how Families First is delivered across Wales makes it harder to present a clear, recognisable model of what the programme can offer, potentially affecting awareness.

Some stakeholders suggested that third-sector organisations may have stronger recognition among families than Families First, meaning that when families need support, they may be more likely to approach organisations such as Barnardo's or Action for Children rather than their local authority.

One stakeholder reflected on their own experience, noting: "When I was bringing up my kids, I could have done with Families First, but I didn't know it existed… It wouldn't have occurred to me, but I might have thought of a third-sector organisation."

While a few stakeholders raised concerns that some families may not realise their local authority can offer support via Families First, the majority felt that it ultimately does not matter whether families recognise the programme by name. What matters most, they said, is that families get the help they need—regardless of branding. As 1 stakeholder noted: "A family don't really care how you're funded, it's not their problem. All they want is that key worker or the service to help them."

5.1.1   Perceived differences in public profile: Families First versus Flying Start

Stakeholders were often keen to comment on the differences between these 2 programmes. In particular, the different profile of Families First and Flying Start, noting that Flying Start has a much higher public profile than Families First, despite both being key early intervention programmes. They commented that this is partly due to Flying Start's structured targets, additional funding, and its status as a Programme for Government commitment, which brings more political visibility. In contrast, some stakeholders felt that Families First is seen simply as a core part of local authority provision, which may contribute to its lower profile: "Flying Start gets far more profile than Families First. Families First is the bread and butter of the local authority. It's not a shiny badge to wear

because local authorities have to do this… Flying Start has targets…and high ministerial expectations."

Stakeholders also noted that the physical presence of Flying Start centres also contributes to its visibility. One stakeholder recalled how, in some areas, Flying Start centres are well-known landmarks, forming part of everyday conversations among parents: "I remember when my kids were little and you'd be in groups and you'd hear 'Are you going to Flying Start later?' or 'I'm getting fast tracked on speech and language because I'm in Flying Start'. People can see buildings that are Flying Start centres. I've been out and about, in run down areas and the only bit of colour that you have in that village is a Flying Start centre."

5.2.   Views from families

Among parent interview participants, understanding of what Families First was in advance of their referral – or in the case of self-referrals, prior to searching for support themselves – tended to be mixed. In some instances, participants only learned that they had received support via Families First when contacted to give feedback through the survey.

> "No. I'd not heard of them until I filled in the survey […] I thought it was from the Council, and maybe funded by Welsh Government or something like that."

Views from these participants varied about whether it would have been helpful to understand the origin of the support or not. Some felt that it did not matter where the support was coming from, provided that it was effective and met their needs. However, others felt that they had been reliant on the support worker to inform them about the full range of support that were available to them via Families First. Some were concerned that they had missed out on support which might have been more appropriate than the support they received, or which would have been helpful to receive in addition to what they were offered. In 1 case, a family that moved to another local authority area were unaware that Families First was delivered differently across council areas, and that they would have to start the process of accessing support again after moving with a different mix of commissioned services.

In the online survey, respondents were asked whether they were aware that the support that they received was from Families First. More than two thirds of respondents (69%) reported that they were aware that the support they received was from Families First. As noted in the earlier limitations section, it is possible that those completing the survey were families that were most informed and aware of Families First.

12% were unaware their support came from Families First. Those that were unaware most commonly believed the support was through the local council (5 of 14), social services (4 of 14), or simply the commissioned service (3 of 14).

Figure 3: Did you know that the support you were offered or receiving was through the 'Families First' programme? (N = 115) November 2024 to February 2025
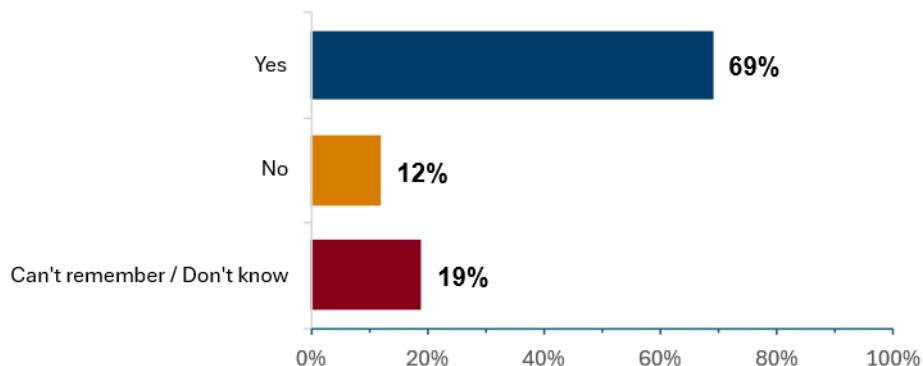
Source: online survey with families, Families First qualitative focused research.

Description of Figure 3: a bar chart showing that 69% of knew that the support offered or received was via Families First, while 12% did not, and 19% either were not sure or could not remember.

5.3. Desk research: branding and visibility of Families First

The findings from the desk-based research also demonstrate a lack of clarity as to what Families First is, and what the programme offers.

5.3.1. Google search visibility

One of the first exercises to understand about prominence of Families First information was to 'Google' search for 'family help' by each local authority (for example, 'family help [county name]').

In some cases, the official local authority pages for Families First (or their local equivalent) ranked highly. For example, Torfaen's Families First page appeared as a top result and clearly described the support available. Similarly, this search for Anglesey returned to the local authority's Teulu Môn page – Anglesey's local name for their early intervention and prevention service.

However, in other areas the search results were less direct. For example, in some instances, a search for family help led to Dewis Cymru (a well-being directory) rather than the local authority's own site, and the web links for this were sometimes broken. Similarly, some of the first hits were for third sector organisations, such as Barnardo's.

In these instances, a parent searching online might not always land on a clear 'Families First' (or equivalent early help) page straight away. Similarly, in a few local authority websites, the term 'Families First' (or equivalent early help) was not prominent in search results. Instead, in these instances, the information contained relatively generic information, for example, about the local authority Family Information Service (FIS).

However – overall, most local authorities had a Families First (or equivalent) page that appeared prominently via a Google search ('family help [county name]').

For those where a Google search did not produce meaningful results, it is difficult to ascertain whether this impacts on families' abilities to reach the right type of support. Stakeholders noted that many local authorities operate a 'no wrong door' approach, meaning that families are redirected to appropriate services even if they contact the wrong 1 initially. However, it is fair to assume that the easier that information is to find, the more likely it is that families seeking support will engage with early help services.

5.3.2. Local authority website navigation

The prominence of Families First was tested (or equivalent early help services) by searching for 'family help' on each local authority website.

The ease of navigating to Families First information varied greatly on local authority websites. Around half of the local authority websites present Families First (or early help) prominently in their menu structure or landing pages for family services.

Some provided clear navigation. For example, in Caerphilly, via the local authority's 'support for families', this linked to 'how to get help and support for children and families'. This section then directed to a Families First page, and even to sub-pages for further information on Families First.

Denbighshire was another example of clear navigation – it grouped 'Families First and Flying Start' under a childcare and parenting menu, and the Families First page itself offered a self-referral link and contact number, indicating strong signposting. On the childcare and parenting menu, there were also a list of 'groups, activities and events' run by Families First and Flying Start.

On both of these sites, key information – such as who is eligible, what support is offered, and how to get it, is 1 or 2 clicks from the homepage (whether using the 'search' function, or whether simply navigating from the homepage).

In contrast, for some other local authority websites, information on Families First (or early help) is much more difficult to navigate to on their websites.

In some instances, 'early help' webpages focused on other initiatives, such as Flying Start, and had little reference to the universal support offered through Families First.

5.3.3. Branding and identity

As already discussed, Families First does not have a uniform (public-facing) identity across Wales via local authorities. They may use different names (e.g. Families First, Early Help, Family Gateway).

Approximately half of local authorities use the 'Families First' name and logo on their websites. For example, Blaenau Gwent labels the service as 'Families First' and displays a Families First logo on its page. This naming aligns with the Welsh Government branding.

The other half of local authorities brand their early help services differently – sometimes not mentioning 'Families First' at all on public pages. For instance, some local authorities brand their entire early help provision under 1 umbrella (such as 'family advice and support'), a 1-stop shop for early help.

While this lack of consistent branding may make it harder to raise awareness of the programme at a national level or assess its reach, it could be argued that some local terms like 'early help' could be more meaningful and accessible for families seeking support. This creates a trade-off between national consistency and local relevance.

It is also worth noting that a few local authorities note or have separate webpages for TAF, but not for the wider Families First programme.

It is important to note this is not an exercise in determining which approach is best. The way in which this type of support is branded may need to align with how a local authority's Families First team is structured internally.

However, what this exercise does tell us is that a parent hearing about 'Families First' in the media or through word of mouth may not find any information on this 'service' on their local authority's website, if that local authority has branded it as something else. While flexibility for local authorities allows tailoring of the programme to their internal structure, or

similar, it does contribute to a lack of nationwide branding, identity and potential for co-ordinated awareness raising.

It may also be worth noting, that local authorities that tend to use the Families First title also make the connection to the fact it is a national programme, which also means that it is often noted that the programme is funded by Welsh Government.

5.3.4. Single points of entry

As noted, although some local authorities may not list Families First, they may list other equivalent early help services (funded through Families First, but not branded as Families First). Some of these reflect where a local authority has a single 'Gateway' or 'Front Door'. Cardiff's Family Gateway is 1 such model.

5.3.5. Distinction between Families First and Flying Start

It is worth noting the difference in distinction on some local authority websites between Families First and Flying Start.

In some local authorities, there are separate pages for Families First and Flying Start, often side by side in the website structure. Denbighshire, for example, has a main landing page that lists 'Families First' and 'Flying Start' as 2 distinct options, each with its own information. Similarly, on this webpage, it explicitly states that Families First work with children and young people up to the age of 25 and that support is available for all families who need it (i.e. emphasising that Families First is a universal support). In this case, a parent could easily understand which programme or service they are eligible for, as the site clearly communicates that Flying Start is a targeted programme (for younger children in specific areas), while Families First offers universal support for all families who need it.

One other notable finding was that several local authority websites heavily mention and emphasise Flying Start support, with much less on Families First. However, we know from the qualitative interviews with stakeholders, that Flying Start has particularly high name recognition, partly because of its funded part-time (12.5 hours a week) childcare for 2 to 3-year-olds. This could, potentially, give the impression that Flying Start is the main (or only) avenue for family support. In particular, if a family have older children (older than the Flying Start threshold), then families could, in theory, feel that there is no service available to them.

This raises a question as to whether local authorities portray that there is help available to all families (i.e. universal help).

5.3.6. Visibility of Families First commissioned services

Another aspect reviewed was whether each local authority lists the specific services or projects available under Families First. Families First in each area typically funds a range of projects (for example, parenting classes, young carers support, emotional well-being programmes, disability support, often delivered by partner organisations).

A few local authority websites note what help can be offered to families – for instance, by listing some projects or services. Few provided a comprehensive overview of projects, although some such as Caerphilly do this, and even provide contact details for their commissioned services. Caerphilly's site features a dedicated 'Families First project' page that gives an overview of each funded project, along with email and phone contacts for each.

This means that a parent in Caerphilly can learn in detail about some of the commissioned services that are available, for example, a support group for children with disabilities, or a youth mentoring scheme. Conwy likewise publishes a list of Families First projects as a downloadable brochure which lists funded projects, each with a contact name and number.

Providing this level of detail may help families understand what 'Families First' can offer. However, it is worth noting that some local authority stakeholders said that Families First may sometimes use their funding to pay for families to access projects falling under other programmes, depending on individual needs. Nevertheless, it appears that where detailed information on Families First was provided, it often detailed that support is tailored. For example, Blaenau Gwent note: 'The Families First team offers different types of support depending on need'.

By contrast, of those remaining local authorities who have a webpage dedicated to Families First, most only give a general description of Families First.

There were also instances where a local authority provided a link for funded projects, but the link was broken, indicating that the information may be outdated.

While providing detailed information about commissioned services may help families understand what Families First offers, it is important to note that access to support is usually determined through a JAFF and coordinated through a TAF approach. Local authorities may promote commissioned services online to support professional referrals or

to give families a sense of the help available, but this does not necessarily mean families can access these directly without assessment. Similarly, in many areas, the FIS may act as the central point of contact and signposting for support, including Families First

5.3.7. Final comments on the desk research

The pathway to access support was not always clear. Based on our review, we could conclude that from a parent's perspective, understanding what early help they can receive may be difficult. Parents may need to call a generic number to find out more, which may seem daunting if there is little mention of universal (and free support). Others may rely on word-of-mouth to know what services exist. When there is little information available, potential help from Families First (or early help) may seem vague or unclear.

Similarly, a family reading some of the local authority websites might note that a 'Families First' service exists (or equivalent early help service), but not exactly how to get help from it, or what it entails.

It is important to note that some local authority websites also refer families to the FIS, which may act as a central point of contact for accessing Families First support. As noted earlier, the desk research primarily involved searching for general terms like "family help" and navigating from each local authority homepage to locate information about Families First or equivalent early help services, including via their FIS page. As noted earlier, there were inconsistencies in the information published about Families First, including on FIS pages.

Many local authorities do provide a contact number or email for a Families First (or early help) coordinator team. Some, such as Denbighshire, also offer an online self-referral form.

In contrast, there were also instances of local authorities who, as far as we could tell, provide little information on Families First or what universal help is available, and simply provided a telephone number for Social Services. In some cases, this may reflect local delivery structures, where Families First or early help teams are located within, or close to, Social Services. However, for families seeking support, this may be unclear, particularly where it is not explained that the Social Services contact point also facilitates access to early, non-statutory help.

It is fair to assume that where each local webpage clearly states how families can get help (self-referral, referral through a professional, drop-in to an ICC, etc.) and what kinds of

help are available, then this could create a clearer path for some areas (most notably for self-referrals). However, as some stakeholders have noted, this could create issues for an already overstretched service.

It is also worth mentioning that many local authority websites mention a JAFF, but provide little information on what this is. We know from stakeholder interviews that a few local authorities found that using this term to describe assessment was not 'user friendly'.

It is also worth noting that some stakeholders suggested that promoting Families First more widely could risk overwhelming services, particularly if increased visibility leads to a surge in referrals, when services are already stretched. These concerns are discussed further at (6.8).

6.   Delivery and capacity challenges

6.1.   Growing demand and increased complexity of family needs

From the review of the local authority delivery plans this growing complexity of family needs is highlighted. More families are experiencing multiple, overlapping challenges, making it harder for Families First to provide quick and effective preventative support.

The delivery plans also note a shortage of specialist services (that fall within the continuum of support), particularly for children with additional needs, such as those who are neurodivergent. Many Families First teams are now offering some level of support for neurodivergent children (or those who are suspected to be neurodivergent but are not yet diagnosed).

Stakeholders also reported that a major challenge is the growing complexity of family needs, which has intensified due to the COVID-19 pandemic and the cost-of-living crisis. Stakeholders reported that Families First is now supporting more families than ever before, with increasing numbers requiring TAF support plans. As 1 stakeholder noted: "We know that Families First are seeing more people than they're ever seeing before, that more people have Team Around the Family support, and plans in place, but the backdrop keeps changing. There was COVID and the cost-of-living crisis…Everything is worse and the budget has been static for around 10 years…The landscape has shifted a lot…It's a complex picture."

Stakeholders noted that the COVID-19 pandemic has had a lasting impact on children's development, particularly in areas such as speech and language, social skills, mental health as well as other complex physical and medical needs. Stakeholders also reported an increase in the number of families struggling with mental health issues, not only their children. One stakeholder noted that "before, it was just the parenting. Now it's about parenting, low mood, confidence boosting… We're looking at multiple different things when families present to us". They noted that these issues, combined with financial hardship caused by the cost-of-living crisis, has placed additional strain on services: "We've had 2 massive societal events – the pandemic, which created havoc [for] families, and the cost-of-living crisis straight afterwards. Services were already struggling, and now they have these 2 massive tsunamis coming together."

As noted earlier (3.2), whilst engaging with families, support workers may become aware of other issues that families face, in addition to the original issue that they required help

with. One stakeholder summed up the growing demand and increased complexity of family needs well:

> "Research has begun to show there's been a pretty seismic impact on children…in school attendance and other types of things…Families First is the kind of programme that tries to pick it up. It's our main family support programme, so it's picking up all sorts of issues. Often the issue you think is the issue, isn't the issue, until you've built that relationship and influence. You sometimes then find out that the bit you thought was the problem, isn't the only or the main problem…Sometimes I describe families like onions. You see that layer and you think you understand what it is, and once you peel that layer back, you discover actually there's something else here as well. And then you deal with that, and you discover another issue. Again, it's that complexity. It's unlikely that the family have 1 issue that is having the impact - that might be the point at which it's emerged, but there are likely to be other factors in that family dynamic that are leading to the issue that you're seeing."

6.2. The pressure of statutory services on Families First

Stakeholders noted that the issues mentioned above, with regards to growing demand and an increase in complexity of cases, has been exacerbated and is closely linked to the increasing pressure on statutory services.

Stakeholders consistently reported in interviews that as statutory services struggle to meet demand, Families First is increasingly supporting families who would have previously fallen under statutory services. This shift places extra pressure on Families First, as it must now cater for families with higher levels of need, while still attempting to remain a preventative, early help service. One stakeholder noted that: "What we're hearing from services is they are picking up more and more instances of complexity that would have previously fallen under statutory services. The pressure on Families First is immense – everybody wants everything from it."

6.3. Is Families First still delivering a preventative service?

Amid these challenges noted above, stakeholders provided mixed views on whether Families First can still be considered a preventative service. Many acknowledged that the

programme still plays a crucial preventative role, particularly in reducing pressure on statutory services.

A few also discussed data for referrals into statutory services. They noted that although referrals have increased for statutory services, this is not because existing prevention activities are failing, but because of an increase in demand, across the board: "Without Families First, children's services would be in a mess. It's definitely still preventing families from reaching statutory intervention – it just doesn't always reflect in the numbers, because demand has increased across the board."

A few stakeholders pointed out that preventative intervention is still happening. As an example, a few local authorities discussed how they were expanding their early intervention teams and continuing to provide low-level support to prevent families from reaching crisis point: "It's wrong to simply say that all local authorities are at that crisis end because I know some have put a lot of money into preventative support, like support through play. There's a lot of early intervention that goes in into their models. But…there are an awful lot of local authorities that are coming closer to that crisis end."

Despite the feeling that Families First does still provide a preventative service, there was widespread agreement that Families First is often reaching families at crisis point, due to the pressures noted earlier. Stakeholders also acknowledged that families themselves do not always seek support at the earliest stage. Many only reach out when their situation has already escalated, making true prevention more difficult. As 1 stakeholder put it: "It's not a surprise that families contact us when they're in a crisis. The only thing we can do is raise awareness of services as early as possible, so they know help is available before reaching that point." As a result, it was felt that Families First support is often more targeted at those in greatest need, rather than being a truly universal early help offer.

6.3.1 Changing thresholds and shifting focus towards higher-need families

Reflecting this shift toward more complex cases, a few local authorities reported that funding constraints and increasing demand have led them to adjust their thresholds, limiting their ability to support families with lower-level needs. In the past, they were able to provide a broad range of early intervention services, but now they are focusing more on families with moderate to high needs. As 1 stakeholder noted:

> "Before, we were able to provide support across most of the continuum, but now we're very much focused on the amber to red sections[6]. We've had to review our

---

Footnote:
[6] This refers to the continuum of support noted in the introduction (page 6)

criteria, and signpost lower-need families to other resources. We never just say no – we offer advice, direct them to universal groups, and encourage them to come back if they still need help." Another stakeholder noted: "When you start squeezing programmes you get that perverse situation where, for families, their life almost has to get worse before they can be helped. Local authorities have to make incredibly difficult choices about who they help, when they help, and how to help. The need is infinite but resources are finite."

A few stakeholders noted that as a result, some families with lower-level needs are no longer receiving direct support – instead they might just get advice or be pointed to universal resources. While no one is turned away, this may represent a shift away from the original objective of Families First.

6.4. Does Families First still reach the people to whom it was intended?

Continuing from the points above, stakeholders felt that Families First continues to support families in need, but noted that the nature of that need has changed over time. The programme was originally designed as an early intervention and prevention service, but as societal challenges have evolved, Families First has increasingly been supporting families with more complex issues. As 1 stakeholder noted: "It's still trying to support families, which is what it's all about. But the needs of families have changed over time."

Similarly, as thresholds for statutory services have risen, Families First has shifted towards supporting families with greater levels of need, taking on cases that previously might have been handled by other specialist services: "Rather than being a real early intervention and prevention programme, it's increasingly picking up complex family issues that might have been dealt with elsewhere in the past. The resources are following the needs, so it's moving more towards specialist interventions."

It was also noted that this shift can present a challenge for support workers. A few stakeholders noted that some support workers were originally trained to provide lower-level interventions, but are now working with families at crisis point, and may not be best placed to provide this support due to a lack of expertise.

6.5. Clarifying guidance on thresholds and resource allocation

A few stakeholders felt there is a need for clearer guidance on how Families First should navigate the changing thresholds for statutory intervention and the increasing demand on early help services. They felt that, in the past, there was a strict division between Families First and statutory services. However, as thresholds for statutory intervention have increased, they felt that the line between statutory intervention and Families First intervention is not as clear. Again, these stakeholders said that Families First is now frequently supporting families who may previously have been eligible for support from social services: "5 years ago, it was always a straight 'nope' – if they're open to social services, we're not to support [them]. Whereas now, the threshold for statutory has tightened up. We are back and forth a lot with statutory services… If we're still looking at early intervention and prevention then some of our families are past that stage. So is that funded by Families First? Should that be a social services funded thing?" Similarly, another stakeholder noted: "I think historically we've had an issue in terms of what we define as complex and what we define as statutory. People often cite complexity as a huge issue, but I don't think we've ever had a real definition from Welsh Government."

Nevertheless, some of the stakeholders who raised this concern were optimistic that forthcoming changes to Welsh Government guidance may help clarify the role of Families First in relation to statutory services. Also, while a few local authorities said they would welcome the idea of additional national guidance, others felt that existing guidance on what constitutes statutory involvement is already clear and that the real challenge lies in how local authorities interpret and apply it.

6.6. Improving referral pathways

A few stakeholders highlighted the need for better quality referrals from professionals to ensure that families are directed to the right support at the right time. A few of these local authorities are working with referrers to help them better understand which service is most appropriate for each family's needs.

A key goal of this work is to ensure that, regardless of where a family is initially referred, there is a smooth and coordinated referral to the right service. By improving referral processes, local authorities hope to reduce the risk of families being passed between services unnecessarily, potentially alienating families before they have even received any support.

6.7.   Which areas have seen significant increases in demand?

We note below which areas have seen an increase in demand. It is worth noting that these are often areas which are becoming more common as part of the work of support workers, as a result of pressure on statutory services, and the growing complexity of cases

6.7.1 Mental health support

Mental health is a major concern noted in the local authority delivery plans, particularly after the COVID-19 pandemic. Many local authorities report an increase in young people and parents struggling with mental health and well-being. One plan noted that Families First support workers support "the continued increasing demand and complexity for young people and their parents with mental health issues and well-being needs, particularly post COVID" Similarly, in the interviews with local authorities, a few mentioned a rise in school exclusions, self-harm, and social isolation.

This was also highlighted in the stakeholder interviews where Families First is suggested to be frequently filling the gap for statutory services in mental health and well-being support, particularly for families facing long waiting times for CAMHS. One stakeholder helpfully summarised situations where support workers provide temporary support to families in crisis while they await statutory intervention:

> "If you're waiting for something like CAMHS, it's [the waiting list is] even longer again, and these families are absolutely desperate. Some services stick rigidly to the waiting list, but as social workers, we empathise with these families. If a parent is struggling with a child's mental health…it's really hard to leave them for 4 to 5 months waiting for that [statutory] service. So then we end up filling the gap, keeping them going until they can access that support [from statutory services]."

The increase has been linked to the lasting effects of COVID-19, with stakeholders noting that more families are struggling with anxiety, low mood, and difficulties managing behaviour at home: "At the moment, we have lots of mental health concerns, particularly for young people following COVID. Parental mental health is also a challenge. Parents are struggling to manage children's behaviour, and school attendance is a big issue as well."

6.7.1 Significant increase in demand for neurodivergence assessments

Stakeholders also reported a sharp rise in demand for support, particularly among families awaiting neurodivergence (ND) assessments. One local authority noted that they have

long waiting times for ND assessments – often 3 to 5 years – and that these waiting lists have left families feeling isolated and frustrated. In response, this local authority has developed new roles within early help services to provide interim support for families waiting for ND assessments: "The cohort of children and families who feel most frustrated are those on the waiting list for an assessment from the ND team. There's a huge waiting list across all areas of Wales… We have developed 2 additional roles in Team Around the Family specifically to support those families."

6.7.2 Are some children being missed?

Related to the above points, 1 stakeholder expressed concern that because of a stretch on resources, some children with additional needs are being missed, perhaps because they are awaiting an assessment. As a result, this stakeholder felt that children, particularly those outside of Flying Start areas, may not be identified for early intervention until they reach school age, as they may have limited interaction with programmes or services until they reach school. They said that this means that by the time a referral is made to Families First, the issue may already have escalated, reducing the effectiveness of early intervention: "We found that we weren't having as many referrals for children under 5, because outside of Flying Start areas, families are not seen as frequently. Nurseries don't refer in the same way [as schools]. So really, it's when children reach school age that referrals start coming in."

This is an important point, as it raises concerns about whether early help is reaching all families who need it, and whether more could be done to ensure that younger children receive support before issues become more entrenched.

To address this gap, 1 stakeholder explained that their Flying Start offer is now needs-based rather than purely geographical, ensuring that every child (not just those in Flying Start areas) has a developmental needs assessment at 20 months, and can then be referred to early help if needed. This approach is intended to catch issues earlier for families who would otherwise be missed until they start school.

6.7.3   Rising financial support

Several stakeholders noted an increase in families needing financial support as a result of the COVID-19 pandemic's aftermath and the cost-of-living crisis. They said that families are presenting with issues like debt, and as a result of this, an inability to afford basic household items or food. One local authority described supporting some families by providing a few essential household items, if needed (although this is only supposed to happen in exceptional circumstances), whilst a few local authorities said that they often direct families to foodbanks. These stakeholders stressed that these critical issues must be addressed before families engage in any parenting or well-being support.

6.7.4   Broadening the reach of Families First support

The increases in demand has also broadened the scope of Families First support. One stakeholder said that, historically, the support they provided was often for vulnerable families and those in poverty. However, they reported that they are now supporting families from all backgrounds, including people from a range of social economic groups who are struggling with ND-related challenges, mental health issues, and with their finances: "We used to work just with the most vulnerable, but now we're working with all families – including professionals and highly educated parents – who are saying, 'I'm struggling to support my child'."

6.7.5   The impact of exclusions and home schooling on Families First services

Linked to the above points around ND challenges and mental health issues, a few local authorities mentioned a significant increase in demand on Families First services due to rising school exclusions and home schooling. They said that, in some cases, children with undiagnosed or unsupported needs face exclusion, prompting parents to withdraw them from school. They noted that this trend has added pressure on early help services, as families require additional support to manage behaviour and well-being at home.

A few stakeholders also noted that spending extended periods at home can negatively impact mood, resilience, and family relationships. For example, 1 stakeholder reported an increase in parental conflict and child-to-parent abuse, as families struggle to cope with the pressures of home schooling and managing complex needs without external support: "If you've got your children at home, your mood and resiliency is low – that is going to impact on relationships and parental conflict. We've seen a rise in child-to-parent abuse recently as well, something projects have been reporting more."

This highlights the wider social impact that school exclusions and circumstances leading to home schooling can have.

6.8. Challenges over service promotion

A theme among a few stakeholders was the tension between promoting Families First and managing demand. Some felt that raising awareness of the programme too much could overwhelm already stretched services, leading to longer waiting times and reduced quality of support. These stakeholders felt this has resulted in a cautious approach to publicity, with a few stakeholders saying local authorities may be reluctant to actively promote Families First in case they cannot meet increased demand.

Others highlighted that staffing, in general, and resource constraints also limit the extent to which Families First services can be promoted. While there is interest in raising awareness through schools, GP surgeries, and libraries, in order to reach families at the earliest possibility of having an issue, they felt that services would need additional staff and resources to handle the potential increase in referrals from people not already seeking support.

6.9. Funding constraints and resource allocation

Through the review of the local authority delivery plans budget pressures and staffing challenges were identified as affecting service delivery. Many authorities mention that they are facing higher demand (as also illustrated in the latest Families First performance data), but without an increase in funding. This has led to waiting lists and reduced services in some areas. Some report that, as a result of funding pressures, they have had to review staffing levels or staffing hours.

This issue of limited funding available for Families First is 1 of the key challenges identified further in interviews with stakeholders, despite increasing demand for its services and the universal nature of the programme. Stakeholders also highlighted that budgets have remained relatively static for around a decade, and that inflation and growing pressures on services have stretched resources further, leading to difficult decisions on how to allocate funding. As 1 stakeholder noted: "I think nationally, even before COVID-19, the budgets were getting tighter, and Families First was being 'sucked up' a bit further. As the thresholds move with social services… it has also shifted up for Families First."

6.9.1 The effects of funding constraints

Stakeholders reported that the limited funding has meant that they have not been able to hire the additional staff needed to meet the rising demand. They noted that 1 consequence of this has meant that some families presenting with lower-level needs have been directed to low-level support, including signposting to websites, rather than providing any direct intervention. Some stakeholders felt that this shift means that early intervention is becoming less accessible to families who, while not in crisis, may still require some form of direct support.

This is especially the case where services that form part of the Families First offering, or which Families First link to, have waiting lists. A few stakeholders noted that they have been careful as to who they refer to support services which have waiting lists, with those with lower-level needs not being referred to these services to avoid a further build-up of waiting lists, but may be referred to interim support or signposted to websites for further information. We discuss waiting lists in more detail later on in the report.

A few stakeholders also noted that budget constraints have led to cuts in transport and childcare support, which previously helped families attend sessions more easily. In the past, a few said that they used funding to cover these costs for families.

Stakeholders noted that funding also affects workforce retention and recruitment. Some reported difficulties in securing long-term contracts for staff, leading to high turnover and difficulty retaining experienced practitioners.

6.9.2 Funding allocation

Whilst all stakeholders highlighted a lack of funding to meet local needs, and called for or would welcome more funding, a few stakeholders also felt there needs to be a greater emphasis on funding Families First within local authorities' CCG funding pot. They also made reference to earlier points – that is, that Families First is playing a far more important role than it has previously, in relation to the programme filling in gaps left by statutory services. A few also echoed earlier points they had made, that support workers are sometimes dealing with families with much more complex issues, and not all support workers would be trained to deal with these issues.

> "Over the last 4 years or so Families First feels that it's been a bit secondary to investment in Flying Start in terms of childcare. They really need to consider that because Families First performs a very different service to Flying Start and a very

necessary 1 which would not exist without the funding… There are no other providers of family support within counties at the level that we're intervening. There are around the statutory side, but not in your true universal level 2 and level 3 support. It feels as if Families First has been slightly neglected."

6.9.3 Challenges of short-term funding models

A few stakeholders felt that funding cycles can sometimes make it difficult to plan, invest in, and sustain long-term initiatives or services. In particular, a lack of permanent contracts within Families First was said to affect staff retention, as workers move to more secure roles elsewhere, and according to stakeholders, often to social services. They felt that this turnover impacts support for families, as trusted relationships take time to build but can be lost when staff leave: "Families First and Flying Start don't offer permanent contracts, and people need job security for mortgages and financial stability. So they move to permanent roles, often within social services, where they can use the training we've given them."

6.9.4 The need for close contact between those involved in funding Families First

Local authorities have some flexibility in distributing Families First funds according to population needs. However, related to the points above about funding constraints, a few stakeholders noted that tensions can arise when Families First coordinators and CCG grant managers are not closely aligned. They felt that any lack of coordination can result in funding decisions being based on historical allocations, rather than current priorities, based on population needs assessments: "You could have the CCG grant manager within the local authority and they may not connect with the Families First coordinator, which is bonkers. They might just say 'historically we've always given Families First X million so we're just going to carry on doing that." This stakeholder emphasised the importance of regular communication between grant managers and Families First leads to ensure funding is responsive to local needs.

These stakeholders felt that a key challenge can be where budgets remain siloed, preventing effective resource-sharing between programmes. "Some people are very precious about budgets. Some authorities haven't reached the stage where they can say, 'this is better in your pot, this is better in mine.' It often comes down to trust and how long teams have worked together."

6.10. Alignment with other programmes and services

6.10.1 The role of flexibility in effective service delivery: Families First and Flying Start

While a few stakeholders highlighted challenges with coordination and siloed funding approaches, most described positive examples of flexible, integrated working, particularly where Families First and Flying Start teams had established close relationships. Stakeholders emphasised that the flexibility of Families First allows them to coordinate support between Families First and Flying Start, rather than working in silos. They noted that the integration of both programmes under the CCG Grant has further supported this flexible approach to funding and service delivery. One stakeholder noted: "The flexibility of the programmes allows them to talk to each other, ensuring they aren't delivering the same services but rather using each other's services where needed."

Stakeholders felt that this adaptability ensures that families receive the most appropriate support, regardless of which programme provides it. Stakeholders highlighted that rather than rigidly following policy boundaries, professionals working in these programmes focus on achieving the best outcomes for families: "People working in these programmes are really focused on what's best for families. They often flex services to meet the needs of the family, rather than sticking to strict programme boundaries." Similarly, another stakeholder noted:

> "It's that sort of juggling, because I get money from both [Flying Start and Families First]. I liken it to going to Aldi. I do a huge shop because this is what I need. I need training on talking teams, ACEs, and I get to the till and I think 'Right, I'm going to put that through on Families First and that through on Flying Start, because that's where it sits'. However, the skills are still the same. So it's very much a 1 stop shop, but I have to decide from 'Where is funding this? What's behind this?' in a way."

6.10.2 The importance of collaboration between Families First and Flying Start

A few stakeholders felt that in the past, a lack of coordination between programmes such as Families First and Flying Start led to duplication of services. They felt that, in some areas, programmes were delivering similar services such as parenting support separately, rather than coordinating efforts. However, with tighter budgets and a stronger push for collaboration, they felt that such duplication has been significantly reduced: "There was a time when we had Communities First, Flying Start, and Families First all delivering

parenting programmes in the same area without talking to each other. Now, as resources get tighter, there's a bigger drive for programmes to work together."

6.11. Flexibility in the delivery of Families First

Local authorities emphasised that flexibility within Families First services is essential to ensuring the programme can adapt to evolving challenges. For example, 1 stakeholder noted that by extending existing services rather than commissioning entirely new ones, authorities can respond more quickly to emerging issues and make better use of partnerships and funding structures. For example, 1 stakeholder noted: "It's worked really well with the increase in homelessness because we can extend existing services with our partners. They see the problem too and want to help, so it's easier for us to be flexible and say, 'You need to help pick up the families in hotels, for instance.' We don't have to set up new lots of commissioning; we can just extend what we've already got." Similarly, 1 stakeholder noted: "The guidance is quite vague, so we have free rein. We do a needs analysis when creating the programme, going out to the public and professionals to understand what's most important at the time. Our current programme was shaped during COVID, and in 2 years it will look completely different again."

This adaptability is particularly important given the evolving needs of families, but also given the geographic and demographic diversity across Wales. Stakeholders said that rural areas, for example, present different access challenges compared to urban communities, meaning that a 1-size-fits-all approach would not be effective. They felt that it is best to allow local authorities to tailor their models as needed to continue to reflect local needs. One stakeholder noted: "I think the flexibility is great. People forget how rural Wales is… Some people are 45 minutes from any hub or anything central. Of course, the need of rural north Powys is different to Splott. The fact that the local authorities get to tailor things to their population is brilliant."

It is worth noting that while this flexibility is widely regarded as a strength, some stakeholders noted that it also presents challenges for policymakers, and for Welsh Government oversight. With each local authority delivering Families First in slightly different ways, it can be difficult to understand consistencies, differences, and measure impact at a national level.

6.12. Waiting lists for Families First services

Determining whether there are waiting lists for Families First services is difficult, as the programme is not a single project, but rather a collection of different services and interventions. While some elements of Families First have no waiting lists, others – particularly those requiring specialist support – may experience delays due to resource availability. One stakeholder noted: "It's a difficult question, because Families First isn't a single project with us. Some elements may have a waiting list, while other projects don't."

There were no suggestions that families experience a waiting list for initial contact with a Families First support worker or TAF. However, certain specialist services within Families First, such as therapy or disability support, may have longer waiting times due to high demand or limited capacity. Also, as noted earlier in the report, some families with low-level needs may be signposted to websites or given information, rather than being provided with a direct intervention, because of a strain on resources.

6.12.1 Managing wating lists and prioritising need

In cases where there are waiting lists for Families First services, some local authorities mentioned that they operate a triage system to ensure that families with the highest level of need are prioritised and seen earlier. Those with less urgent needs may be signposted to lower-level or drop-in services while they wait for more specialised support. In these instances, this low-level support is seen by some local authorities as a method to keep families engaged, whilst they are on a waiting list for a particular service, and also as a means of trying to ensure their needs do not escalate in the absence of support.

While local authorities aim to avoid waiting lists, many said that some delays are unavoidable due to issues around resources and rising demand, particularly in high-demand areas such as ND support.

Some local authorities said that they track waiting lists proactively, with staff conducting regular reviews to monitor numbers and assess what interim support can be offered. In some cases, families may have to wait for a specific intervention to begin, but they are not left without any contact or support, 1 stakeholder noted "We have small waiting lists that we monitor. Every 4 to 6 weeks, we ask projects to report on the number of individuals waiting, what they're putting in place in the interim, and how they're managing the demand."

As an example of some of the interim support provided, 1 stakeholder mentioned 1 of the disability support projects they offer is experiencing high demand. While parents may have

to wait to take part in a specific support service, families are still offered assessments, access to a helpline, and ongoing check-ins from support workers until the support project is available. They noted that this approach tries to ensure that families remain engaged and do not feel abandoned while waiting for specialist services.

To help manage demand, some stakeholders mentioned that they encourage services to work collaboratively, so that families may be directed to alternative sources of support within the wider early help network while waiting for their main intervention to start: "We try to get projects to see themselves as part of a whole. If there's a wait for 1 intervention, another service could help in the meantime. It's not easy, but we constantly encourage projects to utilise each other."

6.13. Balancing time-limited support with greater complexities

Stakeholders discussed how Families First is meant to provide time-limited support, so that eventually, families are more resilient, and able to support themselves. Some local authorities noted that they review cases at different intervals, to determine whether a family still needs help, and whether interventions are working. For example, 1 local authority said that they review cases at 1, 3, and 6 months, expecting progress to be made within that time. Another local authority described an informal expectation that cases should not, ideally, remain open beyond 12 months, with cases being reviewed at 10 months to assess progress, whether continued support is needed, and whether further progress can be made.

However, while informal review milestones can help manage demand and prevent dependency, stakeholders noted time-limited support is not always an option. If families are awaiting support (perhaps due to waiting lists) or circumstances have delayed progress, they choose to extend support. Again, stakeholders cited and welcomed the flexibility given in the guidance around the length of time families are supported.

Stakeholders noted that in crisis situations, timelines become secondary to the immediate needs of families. For example, 1 stakeholder discussed how 1 family they dealt with, who were in poor quality temporary accommodation, required support for much longer: "The impact on the family's health, the children's mental and physical health... meant that case has stayed open to us far longer than what we would ever want."

However, stakeholders also noted that while some families require extended support, others benefit from shorter interventions. For example, 1 local authority noted that some of

their support programmes have moved from a 12 week to a 6 week programme to reduce drop-out rates and improve engagement. This local authority felt that this approach has been particularly effective in parenting courses, where they felt that families benefit from a shorter commitment, as they have received feedback that it is more manageable for families.

Another challenge with regards to timelines, is ensuring that families are in the right place to engage with support in the first place. In some cases, support workers spend significant amounts of time building trust before meaningful intervention can begin. As a result, families receive specific support when they are ready, not on 'day 1'.

7. Engagement and retention

7.1. Drop-outs from Families First

7.1.1 Not all drop-outs are for negative reasons

Stakeholders noted that families disengage from support services for various reasons, and not all drop-outs should be seen as negative. In some cases, families may leave a programme early because they have already gained the support they needed. As 1 stakeholder explained, families may drop out after a few sessions simply because their initial concerns have been addressed, and they feel ready to move on: "Sometimes…[families disengaged]…because they received what they need from our support… They found that it has made a big change in their lives, they're quite happy with that at the moment, and they disengaged for those reasons."

Additionally, a few stakeholders noted that for some, the initial assessment process itself can be transformative, as it encourages reflection and helps families recognise issues they hadn't fully acknowledged before. As 1 stakeholder said: "Some people will attend an assessment and during that initial assessment they're saying things they've never really said before. They identify their own issues and realise they can go away and resolve them themselves. Just having that discussion as a family in an assessment situation enables them to think, 'OK, yeah, we could do this, we could do that'."

Stakeholders also said that longer support programmes may see higher drop-out rates, as families disengage once they feel they have achieved what they set out to do, even if the full programme of support has not been completed: "I do think when you've got a longer programme, people drop out at various points when they think they are fixed."

7.1.2 The level of commitment required

Another factor that may contribute to families disengaging from support is the level of commitment required. Some stakeholders felt that expecting families to attend weekly sessions over a 10 to 12 week period may not always be realistic. Parents may struggle to attend consistently due to other responsibilities, unexpected life events, or feeling overwhelmed. One stakeholder acknowledged that even they would find it difficult to commit to a weekly programme over an extended period: "I think I'd struggle if someone told me that I had to go to the same place on a Wednesday for the next 10 weeks… We need to be a bit more realistic in our expectations."

As noted earlier (Perceptions of Families First), some families we spoke to said that attending sessions was sometimes difficult, for example, due to support sessions only being held in the daytime, or difficulties with childcare.

To address these challenges, some local authorities have introduced more flexible options, including weekend sessions to accommodate families who find it difficult to attend during the week. Some programmes have also made a particular effort to engage fathers, recognising that work commitments often prevent them from participating in weekday sessions.

> "We do have an arrangement with Team Around the Family, for example, that they have same-day service. Now they work on weekends as well to try and make it easier for people to access services… It's a bit too early to say if it's been successful, but the option is there. The thinking was that we could do group work, work with fathers in particular, on the weekends when they're back from work."

Additionally, stakeholders said that an increase in online services has made it easier for some families – again, especially fathers – to engage in support remotely, removing barriers related to time, travel, or work schedules: "We're seeing a lot more engagement from dads who are able to be at home online."

7.1.3   Stigma attached to receiving support

A few stakeholders noted the way support is framed and communicated may influence engagement. Some families may feel uncomfortable participating in services that seem to imply there is something wrong with their parenting. To counter this, 1 stakeholder noted subtle changes in language and branding can make support feel more accessible and welcoming: "We've changed it around… so it's now 'programmes for parents' or 'parenting programmes', rather than 'parenting support.' Just that subliminal change doesn't seem to imply there's something wrong with their parenting in quite the same way, and it seems to make quite a bit of a difference."

Additionally, stakeholders noted some families may disengage due to feelings of shame or embarrassment about accessing support, particularly when the service is linked to the local authority. Even though Families First is a non-statutory programme, they noted that its association with the council can sometimes create hesitation or unease for families who fear judgment or stigma.

As noted earlier, some families interviewed reported initial hesitation about engaging with Families First due to concerns that it might be linked to social services. There was also a suggestion that some families feared being judged. However, as highlighted elsewhere in the report, families generally found support workers to be incredibly friendly and non-judgemental. As 1 survey respondent noted: "It's a great programme, and when first offered, I had to put my pride aside and feared that they thought I wasn't a good enough parent. That isn't the case at all. They are very understanding people and they really just want to help."

7.1.4 Families willingness to take part in group support

The impact of COVID-19 on families' willingness to engage in group-based support was also highlighted. A few stakeholders felt that some families have become more socially isolated and now feel anxious about attending in-person sessions, particularly when they don't know who else will be there. As 1 stakeholder noted: "People have become isolated to only what they know. They know their close family and friends, but they're a bit more anxious and unwilling about going anywhere other than that."

As noted earlier in the report, family interview participants generally felt they were offered a choice between in-person and online support. One participant was particularly grateful for this flexibility, stating that they did not want to "socialise with other people" and were glad to be able to take part online.

One local authority stakeholder mentioned that this reluctance has altered the types of support offered to families, with more 1-to-1 support offered. This stakeholder felt that a reluctance to engage in group support was also due to cases becoming more complex, where families may feel they need more bespoke, 1-to-1 support.

> "We have noticed that families across the whole programme, not just in the TAF, that group engagement is particularly lower than it used to be. People used to like coming to groups but people prefer doing 1-to-1 now. When we wrote to our contracts, it very much included group support, but on reflection, we are now just going to add groups as an addition, on top of 1-to-1 support. I think it's the increased complexities, families feel they need that 1-to-1 work."

This is another important point, as whilst not stated by the local authority, it could be assumed that greater 1-to-1 support is more labour intensive, and therefore more costly to the local authority.

7.1.5 Some families do not feel ready for support

Stakeholders also noted that some families drop out of support services because they do not feel ready to engage or take ownership of the issues they face. While they may initially express willingness to participate, the reality of having to commit to change can feel overwhelming, leading them to disengage. As 1 stakeholder noted: "We've seen a huge disengagement. People were like 'we're ready for support' but then, when we put it back on them as a family, they realise 'oh, I'm not ready'."

In many of these cases, referrals come from professionals such as schools or health visitors, rather than the families themselves. Stakeholders suggested that self-referrals are more likely to result in long-term engagement, as families who seek help on their own initiative tend to be more committed: "Somebody else might make a referral or suggest they need support – usually schools or health visitors. But the better ones are if a family self-refers… If they self-refer, you know they want that help. It's that straightforward, and they usually will stay the course."

7.1.6 Families may disengage when change feels too difficult

Similarly to the point made above, stakeholders noted that some families may drop out when they realise that support is not necessarily about professionals 'solving' problems for them, rather, it can be about working with professionals on behaviours and making difficult changes themselves. One stakeholder noted that the effort required can feel daunting, leading some families to disengage: "Some find that it's not a case of us coming along and removing the issue or problem. It's about working on something and changing behaviours, and they realise, 'wow, this is a huge task.' It's not as simple as just calling and the problems will be gone, so they drop out."

7.1.7 Families may drop out when they realise Families First support is voluntary

A few stakeholders also noted that some families disengage from Families First once they realise that participation is voluntary. This can happen in step-down cases from statutory services, where families may initially agree to engage as part of their exit plan but fail to follow through when they recognise that taking part is voluntary: "There's a small number where families might think… 'I did feel a little bit under pressure… We just said we'd engage because we thought we had to, we didn't realise it's voluntary.' So there's a

natural drop-out as well." Similarly, another stakeholder reported: "Some of them do lip service, often if it's statutory and they step down from child protection. An exit plan from social workers might be to have 12 weeks of continued support, but then they won't attend because they're just relieved to get out. They'll say anything to be free from statutory services."

This highlights the importance of clear communication, ensuring that families understand the voluntary nature of Families First support, and understanding the benefit of attending and potential consequences of not solving any outstanding problems they have.

7.1.8   Some families want or feel they need support from statutory services

A few stakeholders noted that some families hope to be referred to CAMHS or other specialist statutory services, rather than engaging with early intervention support. This expectation can lead to non-engagement, with families feeling they need something more robust through a recognisable statutory service, rather than support from Families First: "A lot of those families disengage because it's not what they expected. When they go to [the] SPACE[7] panel, they're hoping to get into CAMHS because of their 'fix-my-child' syndrome."

7.1.9   How do some local authorities try and reduce drop-outs?

When discussing drop-outs above, and the reasons why, we have noted some examples of how local authorities are trying to mitigate against disengagement, such as the use of weekend support, or support available online.

Other ways in which drop-outs are tackled include an example from 1 local authority introducing a second screening assessment to ensure that families are receiving the right support at the right time and to reduce disengagement. This additional step involves contacting families after their initial referral to confirm their needs, assess any changes in their life since initial referral or assessment, and check their readiness for support: "By second screening – ringing them and saying, 'Hi, we've got your referral… Have we got it right? Has anything changed?'—we're pinning them down to make that decision. Hopefully, this will improve engagement and reduce drop-out rates."

Footnote:
[7] The SPACE-Wellbeing panel ("Single Point of Access for Children's Emotional Wellbeing and Mental Health") coordinates referrals for children's emotional wellbeing and mental health, bringing together health, education, youth justice and youth services to identify the best-placed response.

Another local authority mentioned that they have started training staff in change theory to assess family readiness and ensure that support is offered at the right time. Families who are not yet ready are given the option to return when they feel able to engage fully, rather than feeling pressured into participation: "We've done a big drive for the whole programme, supporting staff to understand change theories… If a family isn't ready, we let them go, and they can come back at any point when they are ready to implement that change."

One other example is where a local authority said that they will often focus on achieving "easy wins" early in a family's support journey to build trust, engagement, and motivation before tackling more complex issues. While urgent needs must be addressed immediately, providing quick, tangible progress can help families feel that they are making headway, encouraging them to stay engaged with services.

7.2. The effect of COVID-19 on in-person and online services

The pandemic had a significant impact on how Families First services were delivered, particularly in relation to face-to-face support and accessibility. When in-person sessions were paused, local authorities and service providers adapted their methods by delivering programmes virtually.

As noted earlier, this shift to online support allowed them to reach more parents, particularly those who may have struggled to attend regular in-person sessions due to time constraints or other commitments such as work, including dads, for example.

These stakeholders also noted that families who are wary of attending in-person group sessions, may sometimes feel more comfortable 'dipping their toe' into an online group, where their contribution feels more anonymous.

While virtual delivery provided greater flexibility and accessibility, stakeholders also emphasised that face-to-face support remained essential, particularly for families with higher levels of need. Even during the pandemic, in-person support continued where necessary, ensuring that families requiring more intensive support received in-person engagement.

Local authorities have retained a hybrid approach post-pandemic, offering a mix of virtual and in-person support. They feel that this provides greater choice for families, allowing them to access services in a way that best suits their circumstances.

7.3. Do families re-engage with Families First after dropping out?

Stakeholders noted that some families drop-out of Families First but later re-engage when their circumstances change or when they feel more ready to take ownership of the issues they face. Stakeholders noted that timing plays a key role, and some families may initially decline support only to return months later when they feel better prepared: "There are a number of families that have re-engaged with us or re-entered the system. We don't mind that. Sometimes it's just not the right time for them… For example, a family refused our service, the case was closed, and 3 months later, they came back with the exact same referral and accepted support."

While local authorities do not always track re-referral rates, a few said that they suspect that a significant proportion of families return for support after initially disengaging: "Overall, you will always get families re-entering the service. We don't necessarily track those, but I suspect the rate is reasonably high."

Stakeholders said that, in some cases, families only re-engage when their situation reaches crisis point. While they may initially decline or avoid support, they later return when they recognise they need urgent help: "Sometimes they'll agree to work with us and then change their mind. They won't engage for a while, maybe 2 or 3 times, and then it gets to crisis point, and they're like, 'Right, we really need to engage now.' So we do get families coming back."

7.4. Do families re-engage with Families First?

Stakeholders said that some families return to Families First after completing the programme, either because their initial support was not sufficient, they require more intensive intervention, or new needs have been identified during their previous engagement.

Stakeholders noted that in many cases, re-engagement happens due to an escalation of need. For example, families may have attended a group-based programme but later feel that they require more bespoke, intensive support to fully address their challenges.

With regards to more complex cases, and additional needs arising, 1 stakeholder noted: "We may offer them a 10-week parenting programme, but when we get in, we realise we also need to pull in non-violent resistance work, do some work on Adverse Childhood Experiences (ACEs), and introduce mindfulness. Very few of our packages of care are straightforward – we tailor them by taking a little bit of this and a little bit of that."

In addition to the above, a few local authorities mentioned that some families may re-engage for some minor help. For example, through drop in services in Integrated Children's Centres (ICC). In these instances, these are families that require minor support, and are unlikely to need an assessment.

In the online survey respondents were asked whether they had reached out to Families First since receiving support. Half (50%) reported that they had not reached out to Families First again, however around two fifths (41%) had done so, with a further 10% being unsure whether or not they had been back in contact with Families First.

Figure 4: Have you reached out to Families First again since first receiving support? (N = 115) November 2024 to February 2025
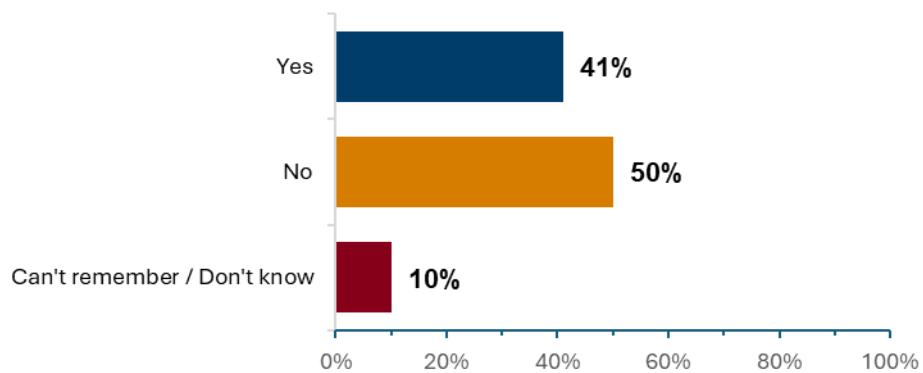
Source: online survey with families, Families First qualitative focused research.

Description of Figure 4: a bar chart showing that 41% of respondents had reached out to Families First since receiving support, while 50% had not and 10% either were not sure or could not remember.

We asked these families why they reached out again. Most that had reached out reported that they did so for the same reasons as their initial contact (70%), while around a quarter (26%) reached out for a different reason.

It is worth noting that in the interviews with families, it was apparent that some families had been receiving support over a long period, or had been referred from 1 support service to another following the completion of their support, but may or may not have experienced this as 'reaching out' to Families First subsequently to their initial experience of support.

7.5. Support offering

To route respondents to the correct questions, respondents were asked, after contacting Families First, if they had been offered support. Nearly all (87%) reported that they were offered support. One in 20 (5%) were not offered support, while 8% couldn't remember whether they had been or not.

Whilst the sample of those not offered support was small (5% - or 7 respondents), the follow-up questions provide some insight on engagement. For example, of those that were not offered support (7 respondents), 1 reported that they were referred elsewhere, while 6 were not.

Of those 7 respondents not offered support, 2 had no direct/follow up contact from Families First subsequently to their referral. Two were told by Families First that the programme could not provide appropriate support, or that there was no support available to them. Meanwhile, 2 had found support elsewhere instead, and the last respondent was referred on to social services directly.

7.6. Accessing all of the support on offer

Figure 5: Did you access all of the support that was offered to you? (N=115) November 2024 to February 2025
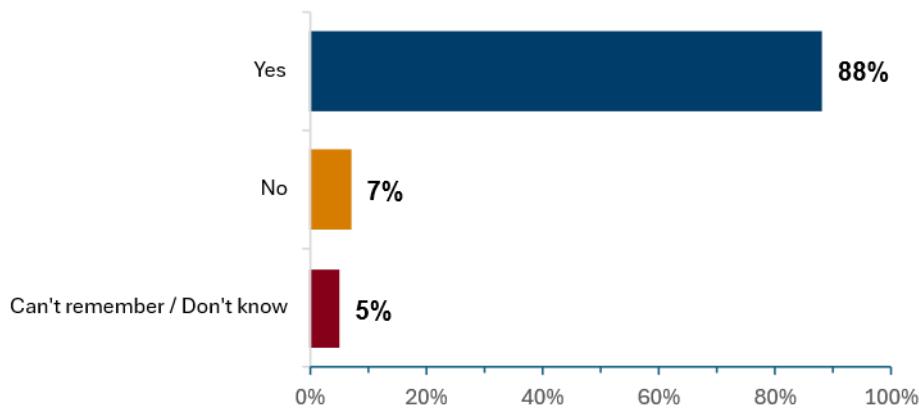
Source: online survey with families, Families First qualitative focused research.

Description of Figure 5: bar chart showing that 88% of respondents accessed all the support that was offered to them, while 7% did not and 5% could not remember or did not know.

Of those that were offered support, almost all survey respondents (92%) reported that they went on to receive it, and around 9 in 10 (88%) took up all of the support that they were offered.

Those that did not take up all the support offered (8 respondents) tended to feel that they did not need the support (3 of 8), that the timing of the support was not suitable (2 of 8), or that the support itself did not meet their needs (1 of 8). Two were unable to recall why they did not take up all the support offered.

Meanwhile, those that did not receive any support, despite being offered it, were split evenly between self-directed reasons for not taking up the support (that they did not think they needed the support or did not follow up the referral), and reasons related to the quality of the support that was offered (that the support they wanted wasn't available or because they had to wait too long to receive it).

7.7.   Length of support and re-engagement

In the interviews with families, questions were asked about the length of time they received support for. While many interviewees had experienced a support programme which lasted around 10 to 12 weeks, some went on for considerably longer. This included, in some instances, support which continued for several months or even more than a year. However, this may be impacted by families describing their engagement with Families First as a single experience of support over an extended period, rather than multiple re-engagements resulting in repeated support referrals, as they were not always sure which support they had received had been delivered via Families First.

The majority of those taking part in the family interviews did not re-engage with Families First, and there was little appetite to repeat support programmes that had already been received, with some interviewees reflecting that they felt they already understood and had implemented the learnings from the support in their day to day lives. However, in addition to some families using Families First support for an extended period, some had engaged with multiple support under Families First. These families were aware that there were additional services provided by Families First, beyond those they had already received. In some cases, families viewed Families First as a potential resource to return to as their family's needs evolved over time, for example, as their children aged or received diagnoses for additional learning needs.

> "As you progress as you get older, some of the charities then can't offer the support because they have an age range or things like that. I will be going back on [the Families First website] and I'm sure that I will get help from the other charities that are registered and will signpost me to go and have a look at what else is out there."

In other cases, commissioned services made decisions that families should continue receiving support upon completion of their intervention, and referred them to other services under Families First.

7.8. Language delivery

Stakeholders were asked about Welsh language provision, and in particular, whether there are sufficient opportunities for families to utilise the Welsh language when receiving support.

Those local authorities which tend to require staff, across the local authority as a whole, to be able to speak Welsh, said that their services are completely bilingual. They could not think of any service which could not be delivered in Welsh, if needed.

For other local authorities, whilst they strive to offer Welsh language provision, they noted that they find it challenging to find and recruit people who speak Welsh. However, there was no strong evidence to suggest that services in these areas were being requested in Welsh. Similarly, 1 local authority noted that, despite having a relatively high speaking Welsh population compared to other local authorities, and offering many of their services in Welsh, they have had little take up of services in Welsh.

What was also of concern to a few local authorities, was being able to communicate with people from ethnic minority backgrounds, who speak languages other than English or Welsh, and speak very little English or Welsh.

7.9. Hard to reach groups

7.9.1 Challenges in engaging with families from ethnic minority communities

Stakeholders noted that engaging with families from ethnic minority communities can present unique challenges, including language barriers, cultural differences, and fear of engaging with services – in particular, due to concerns about how accessing services might affect their immigration status. One stakeholder noted: "There was a huge group of Nigerian families who came through, and we had to reassure them that accepting support wasn't accessing grants or funding that could impact their status. Some families were even afraid to let furniture deliveries in, worried about breaking rules."

One local authority noted that they had a dedicated support worker to engage with people from ethnic minority backgrounds, in order to help build trust and improve engagement

with these communities. However, this role was cut due to funding constraints, leaving a gap in targeted support: "She was building up expertise and knowledge that other workers, who only pick up 1 or 2 families from ethnic minority backgrounds, wouldn't have time to develop. We've tried to maintain that knowledge in the team, but the role was in its early stages and didn't reach its full potential before funding was lost."

7.9.2 Work with the Gypsy, Roma and Traveller communities

Many local authorities also mentioned Gypsy, Roma and Traveller communities as a hard to reach group, although most stakeholders noted that they have little engagement with these communities.

However, 1 local authority noted that that they had previously coordinated a playgroup on a Gypsy, Roma and Traveller site alongside Flying Start, and that this playgroup had helped to engage with this community. However the initiative came to an end, again due to funding. Another mentioned that they have a specialist that engages with Gypsy, Roma and Traveller families, who will then refer to EYST or another relevant service. Similarly, another local authority mentioned the importance of working 'at their pace', stressing that support workers have to take a person-centred approach, and be sensitive to how the community wants to engage.

8. Outcomes and impacts of the programme

8.1. Views from stakeholders

8.1.1 Preventing escalation into statutory services

One of the most significant impacts of Families First is its role in preventing families from escalating into statutory social services. Stakeholders widely acknowledged that without Families First, children's services would be under considerably greater strain, as the programme provides essential early intervention and preventative support.

For some families, engagement with Families First occurs after a crisis has already begun, but the programme often prevents issues from worsening and reduces the likelihood of repeat referrals to social services. Stakeholders agreed that without Families First, a greater number of families would require formal social service intervention.

8.1.2 Supporting families

Stakeholders felt Families First has a considerable impact on parental confidence and family relationships. A key element of the programme is its focus on empowering parents through structured parenting courses and emotional support. However, it is important to note that these views are based on stakeholder perceptions and have not been evidenced through objective measurement or outcome data.

Stakeholders also highlighted that mental health support for both parents and children has become an increasingly critical aspect of Families First's impact. They noted that following the COVID-19 pandemic, there has been a significant increase in cases related to anxiety, depression, and parental stress, leading Families First teams to expand their focus on mental health and well-being.

Stakeholders noted that many parents of children with suspected neurodivergent conditions feel isolated and unsure of how to access support while waiting for a formal diagnosis assessment. They suggested Families First has been crucial in supporting families awaiting these ND assessments, which can take up to 5 years in some areas.

In response to these long waiting times, some stakeholders mentioned that Families First has developed dedicated roles within TAF to provide interim support for families waiting for a diagnosis. A few stakeholders also mentioned that schools have also increasingly relied on Families First to help children with ND-related behavioural challenges, helping to reduce the risk of exclusions.

8.1.3 Are national outcomes for Families First being achieved?

Stakeholders were asked whether the following national outcomes, set by Welsh Government for the Families First programme, are being achieved:

- children, young people and families are healthy and enjoy well-being

- families are confident, nurturing, resilient and have healthy relationships

The majority of stakeholders felt these outcomes are very much about what Families First "is about". Stakeholders highlighted that the programme's core focus on early intervention, parenting support, and mental health align well with the above national outcomes. For example, several stakeholders reported positive impacts on family resilience and well-being, particularly through parenting interventions, school engagement initiatives, and mental health support.

It is worth noting however, some stakeholders did not recognise these 2 outcomes. For example, upon discussing these outcomes, 1 stakeholder noted: "Gosh, I haven't heard of those outcomes for a while, so that just shows how much we reflect on them."

8.1.4 National performance measures

A few stakeholders said, unprompted, that they felt that the data that they are required to collect and report on for Welsh Government does not fully capture the impact the programme has on families.

For example, 1 local authority mentioned that when they report internally on the impact of Families First, particularly politically to scrutiny committees, they are less likely to use this data, and more likely to discuss people's stories, for example: "It is quite telling that when we're presenting this to our politicians, we've chosen not to use any of the Welsh Government information. We're using our own information that we've collated because we feel it gives it a much better picture of the benefits that these services have."

8.2.   Views from families: online survey

Figure 6: To what extent do you agree or disagree with this statement: Families First has helped me or my family (N=115) November 2024 to February 2025

Source: online survey with families, Families First qualitative focused research.
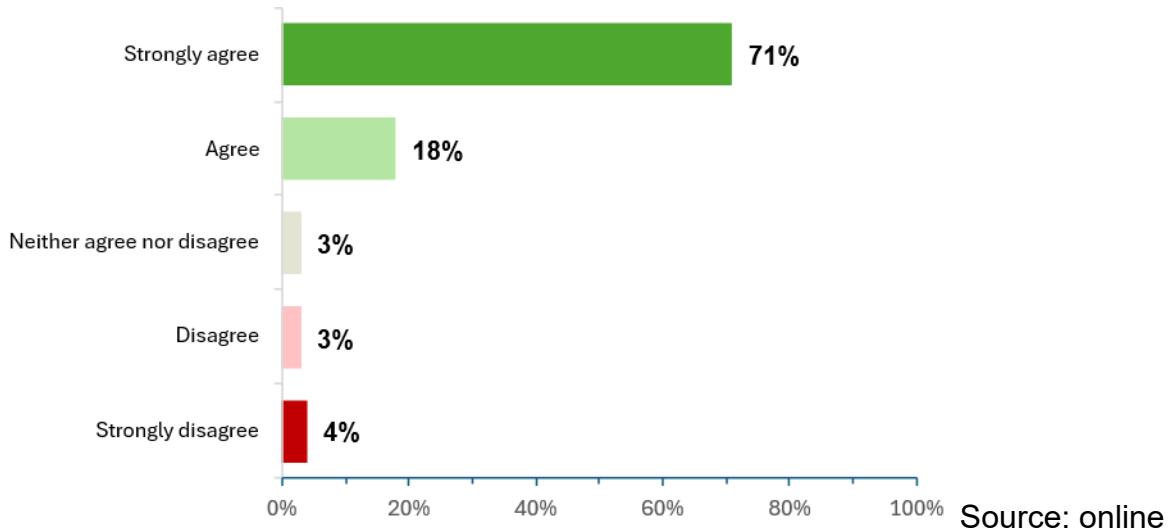
Description of Figure 6: bar chart showing that 89% of respondents agree that Families First has helped them or their family (18% agreeing, 71% strongly), while 3% neither agreed nor disagreed and 7% disagreed (3% disagreeing, 4% strongly).

Around 9 in 10 (89%) of survey respondents who received support from Families First agreed or agreed strongly that Families First had helped them or their family, including around 7 in 10 that strongly agreed (71%). 7% disagreed or strongly disagreed that Families First helped them or their families overall.

Survey respondents were then asked why they felt this way, with the positive themes shown first in Table 2, and then the negative themes shown in Table 3.

Table 2: Thematically coded responses to why families felt Families First had or had not helped them or their family (positive responses) (N=110) November 2024 to February 2025

Why do you feel that way? (Positive)	Count	%
Support workers were supportive / empathetic / exceeded expectations	30	26%
Improved my or my child's life / well-being / resolved our issues	28	24%
Generally good / positive experience	27	23%
Signposting good / knew where to go to get support	9	8%
Activity/event was good quality/helpful	9	8%
Support with school	9	8%
Improved financial / housing situation	6	5%
Parenting training / courses / information was helpful	5	4%
Communication was clear	4	3%

Source: online survey with families, Families First qualitative focused research.

Description of Table 2: A table showing positive reasons families gave for feeling that Families First had helped them. The most common reasons were that support workers were supportive, empathetic or exceeded expectations (26%), and that the support improved their or their child's life, well-being, or resolved issues (24%).

Respondents' positive comments most frequently focused on interactions with support workers, specifically that they were supportive or empathetic, or went above and beyond their expectations.

> "I felt comfortable speaking to her about my son, and really valued her company and advice. I was sad when the service ended, as my son really bonded with her as well."

Around a quarter commented that they had noticed an appreciable improvement in their own or their child's well-being, or that their issues had been resolved.

> "My son has grown in confidence, socialising with neurodivergent young people, learning new skills."

A similar proportion made general comments that the support or overall experience was good.

> "They are fantastic they have been a great support for our family."

Other positive comments which occurred less commonly included approval of the signposting to services they received, comments reporting that activities and events were good quality, or that respondents received support with school.

A small minority reported improvements to financial or housing situations, commented on parenting training/courses in particular, or praised Families First communication as clear.

Table 3: Thematically coded responses to why families felt Families First had or had not helped them or their family (negative responses) (N=110) November 2024 to February 2025

Why do you feel that way? (Negative)	Count	%
Issues not resolved after support	6	5%
Support not tailored / appropriate / lacks flexibility	3	3%
Support not offered / issues with support allocation	2	2%
Short term support only / didn't help enough	2	2%
Poor experience with support worker	1	1%

Source: online survey with families, Families First qualitative focused research.

Description of Table 3: A table showing negative reasons families gave for feeling that Families First had not helped them. The most common issue was that problems were not resolved after receiving support (5%), followed by feedback that support was not tailored, appropriate or that it lacked flexibility (3%).

Among those who gave negative feedback, the most frequent comments (5%) were that the issues they were experiencing had not been resolved at the end of the support intervention.

> "Whilst my son has enjoyed his time with [the support worker], he has not opened up or discussed the issue that promoted the support."

Other negative experiences were that the support was not tailored to their individual circumstances, that support was not offered at all or that there were issues with support allocation. Two respondents felt the support did not go on for long enough, while 1 fed back a poor experience with their support worker.

In addition, there were 9 responses coded as 'other', which were highly specific to the individuals involved, and have not been reported to maintain respondents' anonymity.

8.3. Additional comments

Table 4: Thematically coded responses of families' additional comments about Families First (N=105) November 2024 to February 2025

Is there anything else you would like to say about Families First?	Count	%
Generally good or positive experience / would recommend/passing on thanks	66	63%
Support workers are friendly/professional/particularly good / exceeded expectations	18	17%
Generally poor experience/not fit for purpose	9	9%
Wanted more support/support to go on for longer	7	7%
Families First is poorly advertised	4	4%
Experienced other issues receiving support e.g. had to apply multiple times	3	3%
Support workers are rude / judgemental / not sympathetic / need improvement	2	2%
Support needs to be more tailored to families / situations	1	1%

Source: online survey with families, Families First qualitative focused research.

Description of Table 4: A table showing families' additional comments about Families First. Most families gave positive feedback, with 63% describing a generally good or positive experience or saying they would recommend the service. A further 17% praised support workers for being friendly, professional, or exceeding expectations.

When given the opportunity to leave any final comments, respondents most frequently chose to praise or provide positive feedback about the support they had received (63%). This included comments expressing the positive experience they had had, that they would recommend or have recommended Families First to others, or expressing their thanks at having received support.

> "Huge thank you. You were there when we needed you the most through an extremely difficult time, both my son and I would probably not be here if it wasn't for all the support and hard work put in by [the support worker]. Thankfully things have now settled and he is just a normal adolescent with ADHD. Thank you."

> "They have been a tremendous part of my daughter's journey and I can't praise them enough. Their support for myself as well as my daughter has kept us from breaking point, the fact they support the whole family is incredible. I tell everyone about their support."

In addition, common responses involved praise or positive feedback for the conduct of support workers, specifically that they were supportive, understanding, or exceeded the respondents' expectations.

> "I have never felt judged or disrespected by anyone in the team only ever supported and listened to. Thank you."

However, around 1 in 10 responses (9%) gave negative feedback on their experience, feeling that the service they received was generally poor or not fit for purpose. 7% wanted more support or for the support intervention to go on for longer, and 4% felt the service was poorly advertised, with a small number of other themes receiving fewer than 3% of responses, shown in Table 4 above.

8.4.   Views from families: interview participants

When discussing the support and outcomes they went on to receive, interviewees tended to highlight both the support directed at their children, as well as the support which focused more on parental well-being, resilience and strategies to deal with the issues which they experienced.

8.4.1 Support for children

Among the support which respondents interviewed felt had notably positive impacts on their children, some families highlighted that support workers had successfully built rapport with children, resulting in successful respite care that they felt confident in receiving and improved their children's well-being.

> "I'd already started to receive that and I had a lady came out from 1 of the providers who instantly built a massive rapport with my son."

Respondents noticed an increase in their children's confidence, social and communication skills, and vocabulary. This was attributed directly to the support experienced, even where this was not the primary focus of the support.

> "Overall, it did help us in a way, because she did gain confidence in just having those conversations and just chatting. Although she wasn't talking about what the purpose she was there for, which was to discuss emotions and things, it did help her in her confidence in expressing herself and being able to communicate with people."

> "I wanted her to grow up being emotionally intelligent, so just knowing emotions and so on, which she does. She has a wider vocabulary, she knows words like embarrassed, and what it means."

Being given access to a wide range of sensory toys through play training allowed 1 parent to better understand which toys engaged her child and saved on unnecessary expenditure.

> "When she came for play training, she came with all sorts of sensory toys and it gave me a real opportunity to see what [my son] would like. He doesn't play with normal toys and it's difficult to know what he likes, and of course when you add 'sensory' to a toy it becomes very expensive. So it was nice to be able to have an opportunity to see what he actually likes playing with so I don't waste money on things he was never going to touch."

In exceptional circumstances and with Welsh Government agreement, Families First can provide food parcels. One family that was struggling financially had received food parcels and children's winter clothing, providing immediate benefits.

> "We were struggling financially at the time so they hooked us up with some winter stuff for the girls. They got coats, wellies and woolly hats. A lovely food parcel turned up once."

Advice given by support workers on how to build a stronger bond between children and parents also led to successful outcomes.

"The advice she gave was to build a relationship with her father, brushing teeth in the morning, going swimming, brushing her hair, something very simple that worked."

8.4.2 Support for adults

Parenting support improved parents' emotional resilience, giving confidence in their parenting abilities, as well as a greater understanding of their children's behaviour.

> "I could feel how resilient and confident I had become within myself, but I still wanted that to be ongoing and to keep working on myself."

Respite support provided parents with the opportunity to recharge, spend increased time with other children, as well as being able to go to work, although the delivery of respite did not always make this support successful.

Support workers sometimes took on an advocacy role for parents, helping navigate interactions with local education authorities (LEAs) and schools to increase support provided during school hours.

> "She helped with the LEA and the upshot, with all the support I got, was that I could fight the school and get him back in. On the back of that, we think my son may have ADHD or some kind of neurodivergence, which was never picked up by the school."

Some received onward referrals due to their support for diagnosis for ND conditions which had not been identified by schools or themselves, as well as gaining a greater understanding of neurodiversity in general, which improved parents' relationships with their children.

> "She has put me through all the workshops I've needed to learn about autism and all the sensory issues - literally everything. She's also helped me with my older two. I didn't realise all 3 were autistic, now they've already been referred to neurodevelopmental. I didn't really understand about autism until my youngest came along and he was nonverbal, so that kind of opened my eyes. I didn't realise the differences in autism."

Additionally, some received help in filling in forms to receive support additional to Families First, such as for Disability Living Allowance or ND assessments, which also had a positive impact to their well-being.

> "I cannot thank her ever enough for helping with the paperwork. I did not understand what I needed to do for the DLA forms for my eldest. I didn't know what to do for the referrals for my eldest as they kept getting kicked back. […] It takes that emotional load and pressure off. It was just helping me back on the right path."

Nevertheless, some parents felt surprised by the balance of the support, believing that greater emphasis should have been placed on supporting the child, particularly where they had behavioural issues, rather than on support for themselves.

> "Overall [the parenting classes] were good, they were informative, but it wasn't really what I needed. I needed somebody to actually come and spend time with my son rather than me just sat there telling them about him and then coming up with solutions. […] She didn't meet [my son], though. She might have done briefly, but she only talked to us. She just listened to our problems and stuff, and

81

she wrote it all down. […] She did arrange a child psychologist who came out but he didn't want to meet him either, which I thought was odd."

8.5. Final comments

8.5.1 Measuring impact

Measuring the impact of Families First on families is challenging, as the most significant outcomes – such as preventing families from requiring statutory intervention – are difficult to capture through statistics. While national performance measures provide some insight, stakeholders felt that they do not fully reflect the stories behind the numbers.

Stakeholders said that Families First likely prevents many families from entering statutory services or experiencing significantly larger crises, but there is no concrete way to measure these avoided outcomes. One stakeholder noted that: "For Families First, it's really hard to show, had we not intervened, this family would have ended up in social services. It's a harder thing to show that it is working. It's more hidden."

For example, 1 stakeholder said that while there is a strong focus within Welsh Government on reducing the number of children entering care, the available data only captures those who do enter the system. It does not reflect the many families who received support early enough to prevent them from reaching that stage. As a result, the true extent of Families First's impact cannot be measured, making it difficult to fully demonstrate its value using statistics.

Nevertheless, it is worth reemphasising a point made earlier from a local authority, who felt that statutory services would "be in a mess" without Families First being there to provide a preventative service, to prevent cases from escalating even further.

9. Case studies

9.1. Case study 1

9.1.1 Background

This interviewee has 3 children, including a high-support needs son with autism. She sought support from Families First after being referred by the disabled children's team. She lacked support from extended family, and hoped to secure respite care for 1 child in order to spend more time parenting her other children, some of whom also had additional needs.

9.1.2 Experience with Families First

A Families First representative visited the family to assess their needs, but the mother felt uncomfortable during the assessment due to her perception that they lacked disability awareness. She felt that the assessment was too brief, with the worker's engagement with her son being minimal.

9.1.3 Outcome

Two weeks later, she was informed via email that respite care would not be provided for her son, as they believed he did not require it. Instead, behavioural support was offered, which was not what the family needed. The experience, combined with dissatisfaction from the support worker getting her name wrong in follow-up contact, meant the mother chose not to take up the support offered by Families First. Families First did not get back in contact with her to seek an explanation or resolution.

The family then attempted to gain private respite care as a result, but did not find the quality of this support suitable as it was informal, lacked DBS checks and raised safeguarding concerns.

9.1.4 Conclusions and recommendations

To improve the experience, they suggested that a list of the support that was potentially available should be provided as a starting point to the discussion, in order to identify what the family felt would be of the most benefit to them.

9.2 Case study 2

9.2.1 Background

A mother of a 3-year-old daughter sought support after experiencing ongoing emotional distress linked to domestic abuse. Following her contact with social services, they referred her to Families First where she received support from multiple partners.

9.2.2 Experience with Families First

She engaged with a commissioned service for 10 weeks, receiving weekly home visits from a support worker. The sessions focused on her personal well-being and confidence-building, helping her gain confidence and to prevent feelings of being overwhelmed during legal proceedings involving domestic abuse. The support worker was particularly instrumental in improving her well-being and ability to cope in her parenting role during this time. She also received resources to help her daughter develop, such as booklets and tools to help them talk about emotions.

After completing the support, the service informed her of additional support available under Families First. They referred her on directly for additional support through another provider, which delivered emotional and parenting support. While this support was initially meant to last for 10 weeks, it was extended due to additional challenges which emerged during the intervention, including a family court hearing. The support provider adjusted to her needs, offering more frequent support and informal check-ins.

9.2.3 Conclusions and recommendations

Overall, this case demonstrated a support experience where the family involved felt well supported, with good communication and triaging throughout the support provision. Social Services helped facilitate the referral by filling in paperwork and introducing Families First in a 3-way call, and the subsequent support was flexible, increasing when circumstances changed and she needed additional support. Collectively, this led to high satisfaction with Families First.

9.3 Case Study 3

9.3.1 Background

A mother of 2 sought support for her daughter, who was struggling in school and displaying behaviours associated with autism. Despite numerous meetings with her previous school, no signposting to external support was provided. It was only after her

daughter was placed on a waiting list for an autism assessment that the interviewee began researching what support services might be available to her. She discovered Families First through social media and discussions with other parents.

9.3.2 Experience with Families First

The Families First website served as an information hub, which this parent found particularly useful as it allowed her to explore relevant support options in 1 place. However, her route to support was unusual, attending an event hosted by Families First at her child's school, which also featured the various support services which she approached directly and through self-referral.

She received immediate support, including counselling for her daughter to address school-related trauma. While her daughter struggled to open up about the trauma, the sessions helped her build confidence in expressing herself.

One commissioned service offered a parental stress and anxiety course, which she found helpful in understanding her daughter's needs, and signposted her to another service, which helped her recognise her role as a carer and provided counselling. However, inconsistent scheduling and lack of follow-up from the counselling limited its effectiveness.

These services also signposted her to additional organisations within and outside of Families First which also went on to provide both child and parental support.

9.3.3 Conclusions and recommendations

In total, the combined support increased this parent's understanding of her child's additional learning needs which enabled her to advocate more effectively for her daughter. The support helped her daughter gain confidence in communicating and engaging socially, despite not being the primary focus of the support.

While she was satisfied with the support received, the lack of autism diagnosis at the time limited the services that were available to her and her child. Approaching commissioned services individually through the event and website meant they were not aware of some resources which were accessible even without a formal diagnosis. They felt that Families First needed to comprehensively list not only all of their services, but other relevant support services outside of the Families First umbrella.

9.4 Case Study 4

9.4.1 Background

This interviewee is a parent of 2 children: a 9-year-old daughter and an 8-year-old son. Her son has been diagnosed with autism and another condition which means he can resist complying with requests and avoids demands. Due to his needs, he has been out of school for around 2 years, and found it difficult to leave the house, leading to this parent needing to give up her job to provide full-time care.

9.4.2 Experience with Families First

The family was first referred to Families First through the school, which directed them to the Early Years Hub. The interviewee found the initial meeting with the representative from TAF positive, describing them as understanding and empathetic. They had been informed by the school about the possibility of receiving direct payments to help pay for respite care, which she hoped to receive as a result of the assessment.

Through independent research and a school recommendation, she also registered with a commissioned service for funding for respite care, but did this separately to their engagement with the TAF, and was unaware that the service fell under the Families First umbrella. Families First in her area had a single organisation providing respite care. The worker for this organisation built a strong rapport with her son and successfully engaged him in activities, including being able to leave the house, but later left the provider organisation. When they attempted to register this worker as a provider themselves, the Council rejected the application, limiting the parent's choice in respite care.

9.4.3 Outcome

Her expectation of the direct payments was that support would be tailored to her son's specific needs. However, the primary solution offered was direct payments for a personal assistant to take him out into the community, which was an approach she felt was not an outcome which suited her or her son's needs, and caused her concern due to potential personal assistants having limited neurodiversity experience, in addition to his flight risk. She found this outcome frustrating, as her requests for alternative forms of support, such as therapy or in-home engagement, were not prioritised. She felt the support offered was a single choice, with little flexibility anywhere in the process.

9.4.4 Conclusions and recommendations

This parent expressed frustration with a lack of flexibility in how the support could be used, feeling that the system was attempting to fit her son into a predefined model rather than adapting support to his needs.

The timeline from assessment to implementation was prolonged, with long gaps between updates and a lack of clarity about next steps. This led to back and forth communication as well as the offer of support not being in line with her understanding of what she would receive and ultimately not meeting her needs.

When a personal assistant role was advertised to provide support to her son, none of the applicants had relevant experience with autism, contradicting previous assurances from TAF that experienced personal assistants would be available. Additionally, the direct payments required her to manage recruitment, payroll, and paperwork, adding to her already significant caregiving responsibilities and making the support less attractive.

10.   Conclusions and recommendations

10.1 Summary of key findings

10.1.1 Families' experiences with Families First

It was apparent that families generally value the support provided by the Families First programme. Many have reported improvements in their confidence and parenting skills, stronger family relationships, and better emotional well-being as a result of engaging with the services.

Notably, there were differences in experience pre and post-COVID-19. Pre-pandemic, support was largely delivered face-to-face, and families benefited from in-person group activities and meetings. Post-pandemic, the programme adapted by offering virtual support alongside in-person services. This hybrid approach increased accessibility – for example, some parents (including those who found it hard to attend sessions in person, like working fathers) could engage online.

The programme's early-intervention focus has been crucial in preventing issues from escalating. Many stakeholders noted that without Families First, more families would likely have fallen into crisis or required statutory social services support.

10.1.2 Challenges and successes in delivery

The research has identified several challenges in delivering Families First services, as well as notable successes. A key challenge is rising demand and the complexity of family needs, as well as funding constraints.

Stakeholders noted that they have not seen funding increases proportional to demand, leading to overstretched teams, waiting lists for some services, or stricter referral criteria to manage caseloads. Additionally, due to demand on statutory services, Families First sometimes has to fill gaps beyond its original remit.

Despite these challenges, the programme achieves significant successes. Families First's preventative approach is working, as stakeholders gave many examples of families who, with help, overcame difficulties and did not require further social services intervention, whilst we heard from families who said the same.

The programme has been innovative and adaptable – during COVID-19, services shifted to online delivery to stay connected with families, and post-COVID-19 many areas have retained a mix of digital and in-person support to maximise reach.

Furthermore, the dedication of support workers and strong multi-agency TAF working were highlighted as strengths.

In summary, while constrained resources and increasing complexity are ongoing challenges, Families First continues to deliver valuable support and has demonstrated resilience and effectiveness in adapting to families' needs.

10.1.3 Variations in implementation across Wales

The way Families First is implemented varies by local authority, leading to differences in branding, promotion, and service structure across the country. About half of local authorities use the 'Families First' name and branding publicly, clearly advertising it as a distinct programme. In these areas, families can easily recognise and find information about Families First.

In other areas, however, the support is branded under a different name or merged into a broader early help offer – for example, some local authorities refer to all early help services under an umbrella term without explicitly mentioning Families First. As a result, a parent hearing about 'Families First' might struggle to find it on their local website.

This lack of a uniform public identity means awareness of the programme can be inconsistent across Wales. Promotion methods also differ – some local authorities prominently feature Families First (or its equivalent) on their homepage and provide easy navigation to services, while for others, the information is deep in their website or focuses mainly on related initiatives like Flying Start.

Aside from branding, structural differences also exist. Referral pathways vary too – some areas operate a single point of entry (1 front door for all family help, including Families First), and others have multiple access points. These variations reflect local preferences and needs. While flexibility of the programme is seen as a strength, inconsistent branding and promotion may hinder awareness.

10.2 Recommendations

We raise a number of areas of consideration below.

10.2.1 Improve accessibility and awareness

Stakeholders should consider whether there is a need to increase visibility and understanding of Families First, or early help services more generally, so that more families know how to seek early help. This could, in theory, increase self-referrals and as a

result, ensure the programme remains truly preventative. However, we know that there is a wariness of promoting the programme further, considering it is already under severe strain in many local authorities.

Stakeholders could consider whether developing a clear, consistent branding for Families First across Wales would be of benefit, even if local delivery names differ. For example, local authorities might retain flexibility in what they call their service, but all communications can reference it as part of the national Families First programme.

Welsh Government and local authorities could work together to improve online information – ensuring that, no matter where a family lives, a quick search or single phone line will point them to Families First support.

Promoting success stories of the programme could also encourage more families to engage early, reducing stigma and building trust in the services available. It is notable that whilst there was information available online, we could find almost no information on how the service has helped people.

10.2.2 Boost family engagement and participation

To encourage families to take up and continue with support, the programme should continue to offer flexible methods of delivery. For instance, by offering a mix of online workshops, home visits, and group sessions based on family preferences.

This flexibility helps accommodate parents who work irregular hours or face transportation barriers, and it proved effective during COVID-19 in reaching those who might otherwise not attend.

Whilst limited funding may create a need for local authorities to review service delivery, we found good examples of how flexible methods of delivery have improved take up amongst certain audiences.

10.2.3 Address funding and capacity challenges

There were clear concerns as to the future direction of Families First. We acknowledge that increasing funding is difficult when budgets across departments are stretched. However, Welsh Government and local authorities should work together to determine what actions can be undertaken. Many stakeholders felt that funding for Families First may be less favourable compared to other programmes, as well as the importance placed on it, despite it being a universal programme, and having a wide remit.

10.2.4 Strengthen integration with other early help services

Families First does not operate in isolation, and its success partly depends on how well it connects with other programmes like Flying Start. Clearly there are benefits in ensuring that programmes continue to work together, particularly to avoid service duplication when budgets are stretched.

10.3 Future considerations

Looking ahead, the findings point to several important considerations for the future of Families First.

10.3.1 Policy and guidance updates

Given the evolving landscape of family support (especially after the pandemic and with changing social and economic pressures), there is a strong case for updating the national policy framework and guidance for Families First. Stakeholders suggested that the programme's guidance could be refreshed to better reflect current realities – for instance, incorporating lessons learned about digital service delivery, acknowledging the increased mental health and ND focus. However, a few stakeholders referenced that updated guidance is currently being reviewed.

There were also a few calls for Welsh Government to provide clearer eligibility criteria for Families First, defining different levels of support, from universal services to more intensive care and support, which approaches statutory intervention. They propose that Welsh Government could offer guidance on expected distribution of cases, such as 40% at level 2 (early intervention), 30% at level 3 (targeted support), and 30% at level 4 (closer to statutory services) – without making these strict targets.

Welsh Government may want to review the outcomes and performance measures tied to Families First, considering that a few stakeholders felt that national indicators are less helpful to them.

In summary, a policy refresh or updated official guidance could re-confirm the purpose of Families First, set expectations for consistency, and empower local teams with a renewed, clear, and up to date mandate.

10.3.2 Sustainability and long-term impact

Stakeholders discussed the challenges that come with short-term funding models. Whilst these are not unique, and occur across governmental services and departments, it is important to raise this point, given that stakeholders discussed this as a constraint to them delivering their Families First services. Welsh Government may want to consider this issue, particularly if longer-term models may go some way to alleviating some of the other financial pressures that local authorities face with regards to funding Families First. This kind of sustainability may help retain experienced practitioners.

10.4 Final comments

In conclusion, the Families First programme has proven to be a vital support for families in Wales, demonstrating flexibility, dedication, and positive impacts amid changing and extremely difficult circumstances. Families and stakeholders recognise that it plays a crucial role in early intervention, preventing problems from worsening and improving family outcomes.

11. Appendices

11.1 Families' demographics

Following on from the anonymous survey questions, respondents had the opportunity to fill out a separate and unconnected survey form, which asked for some demographic information. This information was used to ensure there was some distribution across the qualitative interviews by different demographic groups, as well as to check for areas of low or no response.

Not all respondents completed the demographic questions. While there were 131 respondents in total to the survey, 86 completed the demographics form. Responding to each question was optional, so the actual number of responses for each question varied.

Tables 5 to 8 below show the demographic information for all of those who completed the screener, whilst tables 9 to 12 show the demographic information for those who took part in the qualitative interviews.

Table 5: Screener completes - Do you or any members of your household have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? (N=85) November 2024 to February 2025

Household with long term conditions/illnesses	Count	%
Yes	68	80%
No	12	14%
Prefer not to say	5	6%

Source: online survey with families, Families First qualitative focused research.

Description of Table 5: A table showing whether households included anyone with a long-term physical or mental health condition or illness lasting 12 months or more. Most respondents (80%) said yes, while 14% said no, and 6% preferred not to say.

Table 6: Screener completes - Ethnicity (N=85) November 2024 to February 2025

Ethnicity	Count	%
White	79	93%
Mixed or Multiple ethnic group	1	1%
Asian, Asian Welsh or Asian British	2	2%
Black, Black Welsh, Black British, Caribbean or African	2	2%
Prefer not to say	1	1%

Source: online survey with families, Families First qualitative focused research.

Description of Table 6: A table showing respondents' ethnicity. The majority of respondents identified as White (93%). Small numbers identified as Asian, Asian Welsh or Asian British (2%), Black, Black Welsh, Black British, Caribbean or African (2%), or Mixed or Multiple ethnic group (1%). 1% preferred not to say.

Table 7: Screener completes - Age of child/children (multiple responses allowed) (N=85) November 2024 to February 2025

Child/children age	Count	%
Under 3 (pre-school age)	6	7%
3 to 4 (pre-school/early primary age)	20	24%
5 to 11 (primary school age)	48	57%
11 to 16 (secondary school age)	44	52%
17 to 18	10	12%
18 to 25	10	12%
25+	1	1%

Source: online survey with families, Families First qualitative focused research.

Description of Table 7: A table showing the ages of respondents' children who completed the screener. The largest groups were children aged 5 to 11 (57&) and those aged 11 to 16 (52%).

Table 8: Screener completes - Region[8] (N=85) November 2024 to February 2025

Region	Count	%
North Wales	23	27%
Mid Wales	2	2%
South West Wales	16	19%
South East Wales	44	52%

Source: online survey with families, Families First qualitative focused research.

Description of Table 8: A table showing the regions where respondents lived. Over half lived in South East Wales (52%), followed by North Wales (27%) and South West Wales (19%). Only 2% were from Mid Wales.

Table 9: Qualitative interviews - do you or any members of your household have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? (N=20) November 2024 to February 2025

Household with long term conditions/illnesses	Count	%
Yes	13	65%
No	6	30%
Prefer not to say	1	5%

Source: online survey with families, Families First qualitative focused research.

Description of Table 9: A table showing whether households of those who took part in the qualitative interviews included anyone with a long-term physical or mental health condition or illness. Around two-thirds (65%) said yes, 30% said no, and 5% preferred not to say.

Footnote:

[8] North Wales: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham
Mid Wales: Ceredigion, Powys
South West Wales: Carmarthenshire, Neath Port Talbot, Pembrokeshire, Swansea
South East Wales: Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Merthyr Tydfil, Monmouthshire, Newport, Rhondda Cynon Taf, Torfaen, Vale of Glamorgan

Table 10: Qualitative interviews - age of child/children (multiple responses allowed) (N=20) November 2024 to February 2025

Child/children age	Count	%
Under 3 (pre-school age)	1	5%
3 to 4 (pre-school/early primary age)	7	35%
5 to 11 (primary school age)	13	65%
11 to 16 (secondary school age)	10	50%
17 to 18	1	5%
18 to 25	1	5%

Source: online survey with families, Families First qualitative focused research.

Description of Table 10: A table showing the ages of children of those who took part in the qualitative interviews. The largest groups were children aged 5 to 11 (65%) and 11 to 16 (50%).

Table 11: Qualitative interviews – ethnicity (N=20) November 2024 to February 2025

Ethnicity	Count	%
White	16	80%
Asian, Asian Welsh or Asian British	1	5%
Black, Black Welsh, Black British, Caribbean or African	2	10%
Prefer not to say	1	5%

Source: online survey with families, Families First qualitative focused research.

Description of Table 11: A table showing the ethnicity of those who took part in the qualitative interviews. Most participants identified as White (80%). Smaller proportions identified as Black, Black Welsh, Black British, Caribbean or African (10%), or Asian, Asian Welsh or Asian British (5%), while 5% preferred not to say.

Table 12: Qualitative interviews - region[9] (N=20) November 2024 to February 2025

Region	Count	%
North Wales	6	30%
Mid Wales	0	0%
South West Wales	6	30%
South East Wales	8	40%

Source: online survey with families, Families First qualitative focused research.

Description of Table 12: A table showing the regions where participants in the qualitative interviews lived. Most lived in South East Wales (40%), while 30% were from North Wales and 30% from South West Wales. No participants were from Mid Wales.

Footnote:
[9] North Wales: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham
Mid Wales: Ceredigion, Powys
South West Wales: Carmarthenshire, Neath Port Talbot, Pembrokeshire, Swansea
South East Wales: Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Merthyr Tydfil, Monmouthshire, Newport, Rhondda Cynon Taf, Torfaen, Vale of Glamorgan