

FAMILY HUBS

An interim review

October 2024



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Foreword

Every child deserves the best start in life. Yet, stark disparities in educational attainment and health outcomes persist, disproportionately affecting children from the most deprived backgrounds. Our own research at the University of Exeter has shown that educational divides are becoming ever starker in the post-pandemic era, amid rising levels of child poverty.¹ That doesn't bode well for future social mobility. If the Labour government is to dismantle barriers to opportunity, then innovative, low-cost and equalising programmes will be urgently needed. This report suggests that Family Hubs should be part of our efforts to improve prospects for current generations of children and young people. Their strength lies in their holistic approach to support: providing a one-stop source of information and services for parents and their children, from the earliest years.

Hubs integrate a wide range of services—health visitors, midwifery, speech and language therapy, parental conflict resolution, substance misuse support, and domestic abuse assistance—under one roof. This integrated service model simplifies the journey for families, ensuring they receive comprehensive support tailored to their needs. Currently, 388 family hubs operate across 88 local authorities, with 75 of those in the most deprived areas benefiting from the government's £301.75 million Transformation Fund in 2022. Unlike the extensive investment in Sure Start, which peaked at £2.5 billion in 2015, the Family Hubs programme represents a modest yet impactful investment. Hubs vary in maturity and setting, operating in transformed children's centres, libraries, and church halls, managed by either the voluntary sector or local councils.

Yet government funding for Family Hubs is set to end in March 2025. The long-term evaluation of the programme, due in 2026, aims to provide in-depth insights. This interim review, based on visits, interviews, and analysis of parents' and providers' experiences, strongly advocates for continued investment.

The evidence presented is compelling. Family Hubs alleviate the burden on overstretched services like schools and Child and Adolescent Mental Health Services (CAMHS). Family Hubs are strategically placed in the most deprived areas, ensuring that support reaches those who need it most. They have successfully reduced the number of children in need and children in care. By housing multiple services under one roof, they streamline access for families, making it easier to receive comprehensive support. Family Hubs have the potential to level health and educational inequalities, offering a lifeline to our most vulnerable families. They play a crucial role in fostering an environment where every child can thrive, irrespective of their socio-economic background. As we look to build a fairer society, it would surely be a backward step for social mobility to withdraw this vital support for a programme just as it begins to demonstrate its equalising impact.



Lee Elliot Major OBE FAcSS
Professor of Social Mobility
University of Exeter

¹ Dr Sam Parsons, Centre for Longitudinal Studies and Prof Lee Elliot Major, University of Exeter: "Born to fail: improving the literacy and numeracy skills of education's Left Behind", June 2024.

Executive Summary

Every child deserves to flourish. Not all children, however, enjoy the same access to the crucial elements that enable them to do so. This has led to unequal outcomes – including an educational attainment gap, between those raised in a low-income household and their wealthier peers, that is the highest in a decade.² To address this social injustice the Government introduced a universal family support programme, Family Hubs and Start for Life, in 2021, in 75 areas of deprivation.

The central principle of the Family Hub is to provide a one-stop source of information and support for parents and their children. The Centre for Social Justice set out the concept in its 2007 “Breakthrough Britain” report. Since then, Local Authorities, charities and philanthropists – as well as central Government - have adopted the idea, setting up Hubs across the country. In 2021, the previous Government introduced the family support programmes: Family Hubs and Start for Life. These programmes are open to any family at point of access but target 75 local areas with the highest levels of deprivation. In the same year, the £301.75 million Transformation Fund drove the establishment of more Hubs. There are now 388 Family Hubs across 88 Local Authorities.

The new Government has set out a commitment to address disadvantage through its Opportunity Mission, with the intention of strengthening efforts on supporting children in their Early Years. The Government will be keen to build on all the lessons from past family support programmes (including Sure Start; Start for Life; as well as Family Hubs), in order to design and deliver the most effective future policies. The new Minister for Children and Families has responsibility for Family Hubs.

The Transformation Fund, however, is set to end in March 2025. An in-depth evaluation of the Family Hubs and Start for Life programme is underway – to be published in 2026. Given the uncertain current financial context, the Centre for Social Justice has undertaken an interim review (convening existing quantitative data and carrying out a process of qualitative research) of the Hubs network. This includes speaking to Hubs that are relatively new and recipients of Transformation Fund support, as well as those that have been in existence for several years. Our intention is to capture insights directly from the ground, to paint a clear picture of the value of Family Hubs, as well as their lessons for future policy focused on supporting families.

Based on our research we assume that as many as 300,000 children and young people in poverty could be affected by the closure of Family Hubs in 75 local communities, if funding were to end in March 2025. We strongly believe that **Family Hubs provide value:**

To families: we saw consistent evidence of buy-in from parents and support for the holistic model of provision that met families’ diverse needs.

To Local Authorities and other local services: Hubs have been reducing pressure on schools and CAMHs.

To central Government: the Government’s investment of £8 billion per year for its childcare programme dwarfs the c.£100m/year spent so far on Family Hubs. Recent economic analysis

² Gov.UK, 2022, Key Stage 2 attainment, 2021-22. [Accessed via: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22>]

calculated that for every £1 spent on Family Hubs, the state was saving £2.60, indicating value for money from public investment.

The evidence of these impacts varies across Hubs, however, and is much easier to capture in Hubs that have existed for a longer time. Hubs need time to set up their local infrastructure; align to local priorities; embed; understand and demonstrate their value to their users. The Hubs also varied hugely in how they measured success and in their ability to access data to track progress.

We believe that future family policy will need a **few critical ingredients** for success:

Local physical infrastructure: national family policy programming will always need a local base, embedded into local systems and shaped to, and with, local need. Family Hubs provide these spaces.

Time: establishing this infrastructure inevitably needs time. It also needs a time horizon to enable planning; design; learning and adaptation of a programme to maximise its impact.

Long-term funding: Clarity of funding for several years into the future for existing Hubs will avoid the loss of momentum that comes from having to dismantle, rebuild, and re-establish operations in a new policy programme. This lesson has been learned with the recent longitudinal impact evaluation of Sure Start – decades after their initial establishment. If we can set a patient and long view with Family Hubs, their emerging impact can cumulate.

Family Hubs also demonstrate some **potential tradeoffs that must be factored into policy design** for family support policy programmes:

Central vs local control and decision-making: Family Hubs have had freedom to shape their offer according to local needs, leading to a rich diversity of provision aligned to local contexts. The downside has been difficulty in sharing and comparing impact across areas, limiting the ability for peer-to-peer learning and risking potential inefficiencies for the programme at a national level. We believe the best way to balance these trade-offs is to prescribe one single outcome measure, alongside as much freedom and flexibility as possible around operational decisions.

Stretching service provision across 0-19, whilst maintaining high quality: Family Hubs were set up to span childhood and youth. Key workers in Hubs reported that the Early Years offer was the 'lifeblood' and draw for families coming into Family Hubs. However, the broader offer is highly valued – matching closely families' lived experience of supporting children of different ages. At the Centre for Social Justice, we believe that future policy should maintain the wider age range scope, but with a requirement that Hubs have, as a minimum, a strong Early Years offering.

Coordinating local service provision through state-led vs independent infrastructure: Local teams spoke of the different roles played by the Local Authority, Family Hubs and other public and civil society support. In some areas, Family Hubs have become the central, trusted point of access for families. In other areas, an independent backbone organisation helped to draw families to Family Hubs and other public provision, breaking down initial distrust of state-led institutions.

To put these insights into practice, we propose a set of recommendations for future family policy design and implementation:

1. The Department for Education (DfE) and Department for Health and Social Care (DHSC) **extend the Family Hubs and Start for Life programme**. This is to bank the operational successes of existing Family Hubs, and allow for them to return on the initial public investment.

2. DfE and DHSC **establish a national outcomes framework** that:
 - a. all Hubs in receipt of Transformation Fund support must adhere to, with as much flexibility as possible given to local areas around other operational decisions;
 - b. focuses on one single measure: school readiness. We see this as the most multi-dimensional measurement of the different factors enabling children's social mobility. This encourages a continued prioritisation of Early Years provision, whilst allowing for additional service design according to family need.
3. The Family Hubs programme, as a central policy initiative, should cut across different Department silos.
4. Enactment of Lord Farmer's Private Member's Bill, "The Support for Infants Bill", requiring Local Authorities to publish a local Start for Life offer, delivering information about services for infants, and signposting to local Hubs.
5. DfE place Family Hubs on statutory footing, changing the wording in the Child Care Act of 2016. This would give Local Authorities and Hub leads and workforce a longer, more certain time horizon in which to plan and deliver successful operations.
6. DfE and DHSC provide a set of resources that enable Family Hubs to effectively capture and make use of impact data. This is to tackle time and duplication of effort for Local Authorities in setting up their impact management systems.
7. Government place pressure on all relevant sectors (social care, health, education, police) to share data so that identification can be done quickly and support delivered before needs escalate.
8. DfE and DHSC should encourage Local Authorities and Hub leads to make the most of their local assets to support families. This could include public, philanthropic, industry or parent-led funds and projects. This might entail Government incentives for funding models that can pool public service budgets; and blending private and public funds.

Setting the scene

“A bit of home, a bit of hospital and a bit of school under one roof”

(Parent at Church Street Family Hub)

Parents are key to their child’s flourishing. Quality parenting has emerged as a crucial protective element in a child’s development, while poor quality parenting puts this development at risk.³ The majority of parents feel the need for support in raising their child, especially but not only in the Early Years.⁴

For families living with disadvantage this support is all the more crucial. The pandemic increased health and education inequalities, and the attainment gap has grown to the largest level in a decade.⁵ The disadvantage gap index has grown to 3.23, up from 2.91 in 2019.⁶

In 2022 SATS, over half of all disadvantaged pupils (57 per cent) did not reach the expected standard in reading, writing and maths (combined). In comparison, only 35 per cent of pupils from non-disadvantaged backgrounds did not meet the expected standards in these subjects.⁷ In 2021 the government introduced a universal family support programme, Family Hubs and Start for Life, to ensure every child can reach their full potential, regardless of their family’s socio-economic status.

The Centre for Social Justice introduced the Family Hubs model in 2007, with its landmark report “Breakthrough Britain”⁸. A one stop shop for families to access universal services, voluntary sector support, and statutory services, the Hubs were set up to answer local needs. Indeed, as they began to multiply in the 2010s, the majority of Hubs opened in areas of high deprivation, thus targeting the most vulnerable families. Some Hubs were run by Local Authorities while others were established by charities. As well as the Start for Life programme with its Early Years offer, Hubs meet older children’s needs -- up to 19-year-olds or 25 for young people with special educational needs or disabilities (SEND).

To properly embed Hubs in their communities, and improve outcomes in 75 Local Authorities with high levels of deprivation, the DfE and DHSC have jointly invested in a £301.75m Transformation Fund over three years.⁹ The Family Hubs are now up and running, with funding set to end in March 2025.

In all, there are now 388 Hubs in 88 Local Authorities across England. While some Local Authorities – such as Cornwall (23 Hubs) and Essex (12 Hubs) have enthusiastically adopted the concept of the Family Hub, others like North Lincolnshire (1) have not.

3 Filipa Sanpalo, Camilla Nystrand, Inna Feldman, Cathrine Mihalopoulos: “Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations”. *European Child and Adolescent Psychiatry*, 3 March 2022

4 NSPCC survey 2024.

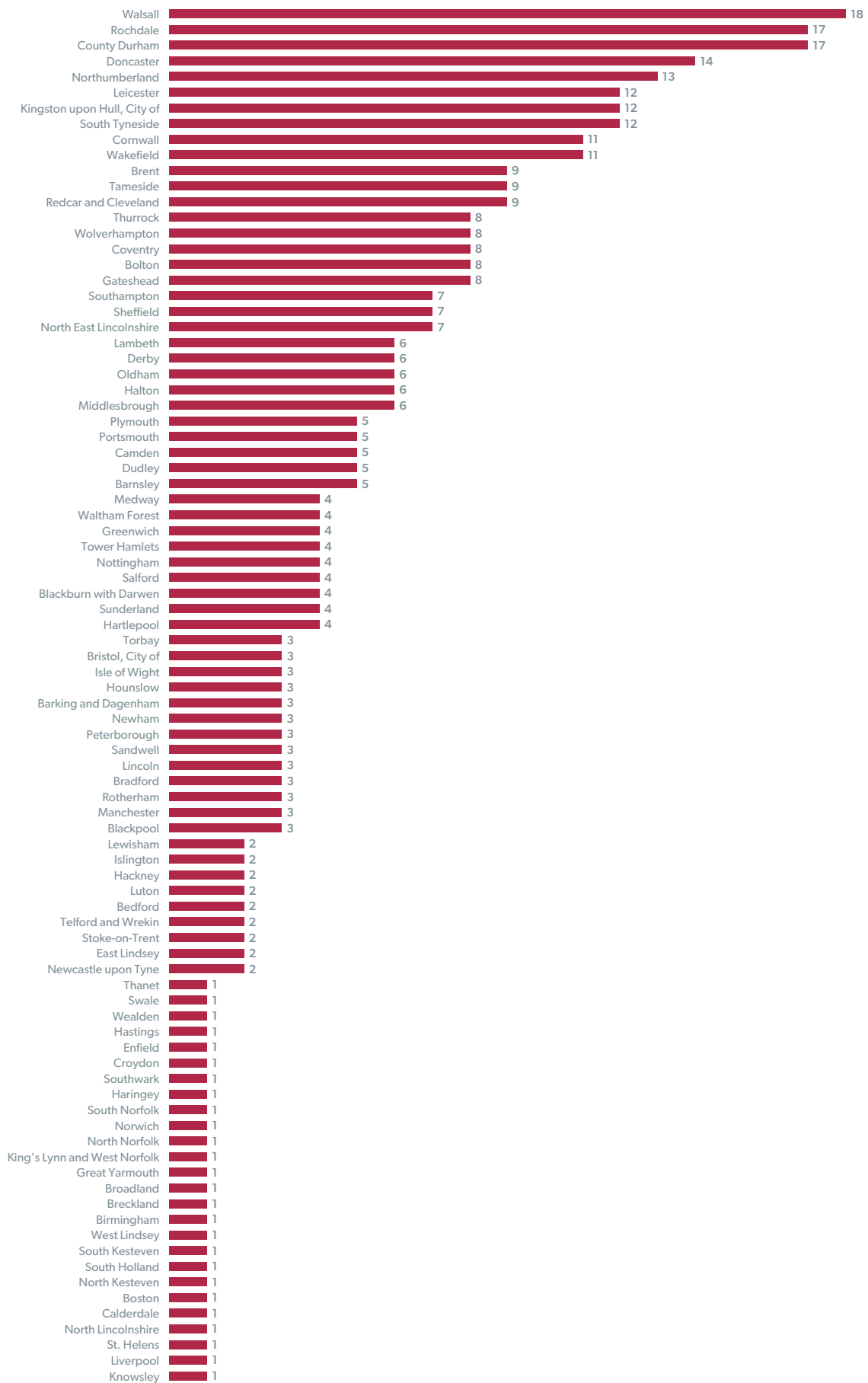
5 Gov.UK, 2022, Key Stage 2 attainment, 2021-22. [Accessed via: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22>]

6 Gov.UK, 2022, Key Stage 2 attainment, 2021-22. [Accessed via: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22>]

7 Gov.UK, 2022, Key Stage 2 attainment, 2021-22. [Accessed via: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021-22>]

8 Centre for Social Justice, “Breakthrough Britain: ending the costs of social breakdown”, 2007.

9 HM Government, “Family Hubs and Start for Life Programme”, August 2022.



Delivering equitable support to all families in a challenging economic climate calls for prioritising resources. A new government will want to urgently decide whether the Hub model has a unique capacity to deliver services at the right time in the right way.

Before the outset of the Family Hubs and Start for Life Programme, Dr Samantha Callan's submission to the Government outlined how a significant body of research on elements of the model (integration, interagency working and other Family Hub model principles) has shown these elements have an important influence on helpful processes of family support, even if their distinct contribution hasn't been firmly established through evaluation of desirable outcomes. There is also evidence from historical studies of family centres on which to draw.

The DfE has commissioned Anna Freud Centre and ECORYS to carry out an in-depth evaluation of the 75 Hubs, to be published in 2025/6. In the interim, the Centre for Social Justice has undertaken this review, to examine what Hubs are doing and how. We also explore what service users and providers feel about the Hubs' support and the challenges that still need to be addressed. Our intention is to capture insights directly from the ground to draw lessons for future family policy.

The programme is in its infancy: some Family Hubs only received their Transformation funding last year. This has meant that although participants in the Family Hubs and Start for Life programme have been tasked with data collection (using the Family Hubs and Start for Life Management Information (MI), a quantitative data collection used for monitoring programme implementation and key metrics) outcome data is still limited and attribution will therefore be complicated.¹⁰ Early indication however is that signs are positive, both in terms of qualitative and quantitative data. More mature Hubs, which predate the Transformation Fund, have published more substantive data, showing how the integration of multiple services has facilitated extensive reach into the target population – families living in areas of high deprivation.

SURE START

The Family Hubs and Start for Life initiative should be seen in the wider context of other place-based Early Years programmes, such as Sure Start, A Better Start, Thrive at Five and others. Such initiatives are broadly joining up early childhood services in local communities, especially disadvantaged areas, around a shared agenda while engaging parents.

Many of the current Family Hubs have grown out of the Sure Start children's centres that the Labour government introduced in the 1990s. This support, like the Family Hubs and Start for Life programme, aimed to reduce the growing gap between disadvantaged children and their wealthier peers.¹¹ A recent study found that those who grew up near a Sure Start centre achieved three grades better than their peers in GCSE's -- though the evaluation used living in a Sure Start area as proxy for attending a Sure Start centre.¹²

Sure Start children's centres were rolled out nationally and focused exclusively on families with children aged 0-5; they were highly prescriptive, ringfencing funding for Early Years exclusively. When the Coalition Government came to power in 2010, it ended the ring-fenced budgets for Sure Start, and OFSTED stopped its inspections of over 3000 children's centres. Lack of resources led councils to pare down services – more and more centres were offering targeted services rather than universal ones which led to only “problem” families turning up. This risked families feeling “judged” for setting foot in a children's centre. Moreover, the closures left a number of statutory and voluntary services adrift, lacking commissions.

10 Department for Health and Social Care, “Family Hubs and Start for Life Management Information”, 10 March 2023.

11 Education Policy Institute, Annual Report, December 2023.

12 <https://ifs.org.uk/publications/short-and-medium-term-impacts-sure-start-educational-outcomes>

This left a space in family support that Family Hubs began to fill in the 2000s. As proposed in the Centre for Social Justice's 2007 "Breakthrough Britain" report the model was to be a local initiative, answering community needs.¹³ The DfE and DHSC have sought to promote this locally-led system and although the funding came with some rules and guidance – focusing on the three principles of access, connection and relationships -- government was determined not to be overly prescriptive.

Allowing for significant local autonomy has produced an uneven landscape: without a national outcomes framework, or a shared data management system, it is difficult to measure achievements and monitor progress. Each Hub has its own theory of change, based on local needs assessments; but there is no uniform data collection and no common reporting mechanism. This risks losing some of the best practice that could otherwise inform development across the network. It also presents a challenge in pointing to improved outcomes for participating families and committing future funding to expand the Family Hubs to all 153 local authorities in the UK.

Measuring impact

Attributing savings and system improvements in a particular local area to Family Hubs presents a challenge: even authoritative longitudinal studies such as those carried out by the IFS and EPI have made do with proxies. Questions to surface include: has the family in its catchment area used services in the Hub? Has the family/child benefited from an intervention that was not delivered by the Hub? If the Family Hub is a key element in a wider system of protective elements and support, how can one measure its contribution?

Attribution is further complicated by the lack of a shared national outcomes framework. Without this, policy-makers will need to settle upon at least one universal indicator that best captures impact. The Children's Commissioner has suggested that the starting point for measuring the Hubs' impact should be school readiness (as measured by the Early Years Foundation Stage), school attendance, family conflict and referrals to children's services.¹⁴ The first of these, school readiness, is widely accepted as an indicator of a child's, and their family's, wellbeing: poor health impacts educational attainment and vice-versa. School-readiness is multi-dimensional, taking into account physical, cognitive, social and emotional elements and reflecting good parenting and a positive home learning environment. We propose to recommend that, going forward, the DfE and DHSC task all Family Hub teams use this as their key outcome measure.

A note about costings: the Labour government invested £2.5 bn in the Sure Start programme at its peak and this attracted criticism for being too expensive. The current budget for the Family Hubs and Start for Life programme is not only much lower at £300 million, it is also a fraction of the £8 bn budget the government sought to invest in childcare by 2026/7.

The Centre for Social Justice has undertaken to research Family Hubs, including both those dependent on, and those independent of, government funding. We have visited/interviewed 12 Local Authorities, covering 28 Hubs, met with 26 service providers, and interviewed 31 parents. We have looked at the cornerstones of the Hub model – localism, inclusion and integration – and identified and described the features we believe have produced innovative and effective approaches to family support.

¹³ Centre for Social Justice, "Breakthrough Britain: Family Breakdown", July 2007.

¹⁴ Children's Commissioner, "Family Hubs policy paper", 2021.

The key features we have identified:

- Needs assessment at the outset
- Communications strategy
- Integration of family support services, based on state-led or independent infrastructure
- Clear governance, including regular frequent meetings with a wide variety of stakeholders
- Good data collection and sharing
- Long-term funding

Methodology

All qualitative interviews and focus groups were audio-recorded with participant permission. Notes were written based on the recordings and transcripts. The data was analysed thematically.

The Family Hubs were purposively selected for comparisons – between government-funded Hubs and those that have grown organically to meet community needs; between urban and rural settings across the country; and “mature” Hubs and those that have only developed recently.

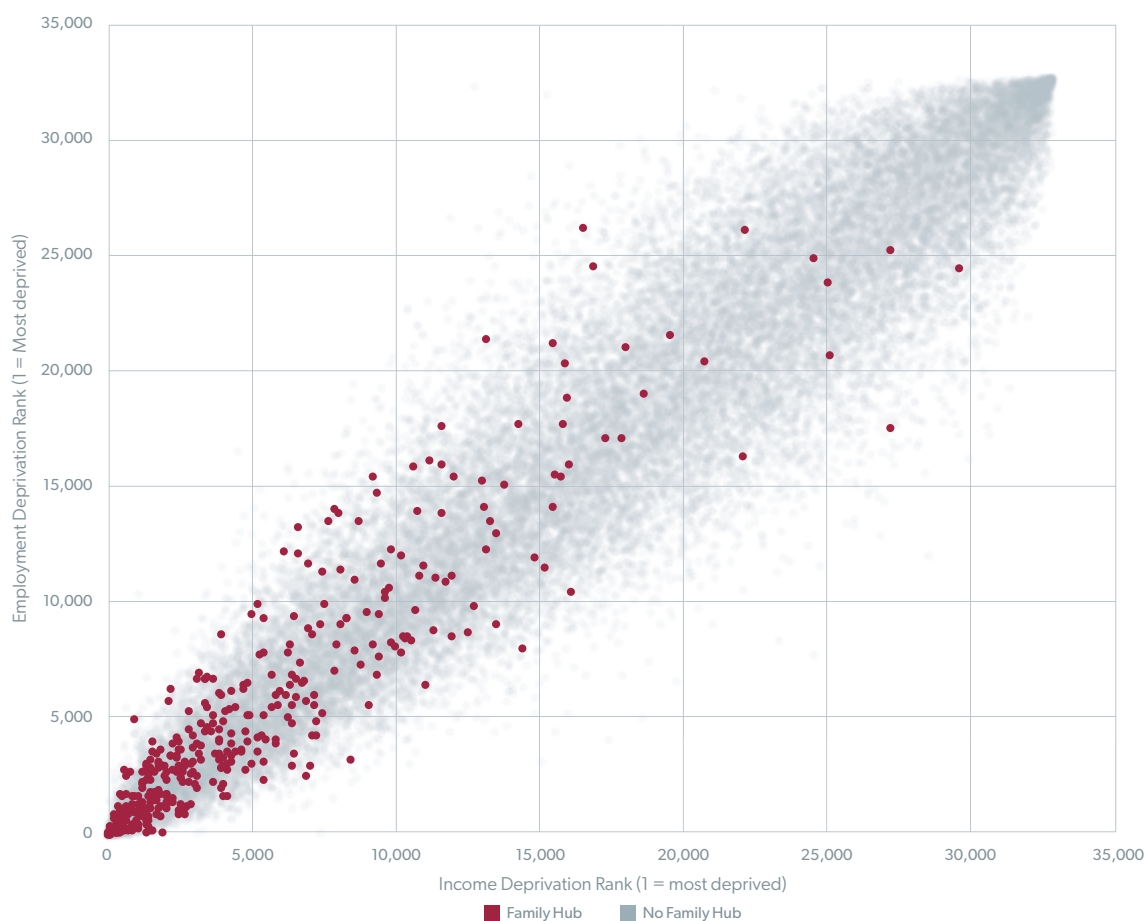
This report focuses on cross-cutting themes and learning from the Hubs, with a view to inform best practice, nationally.

Different models

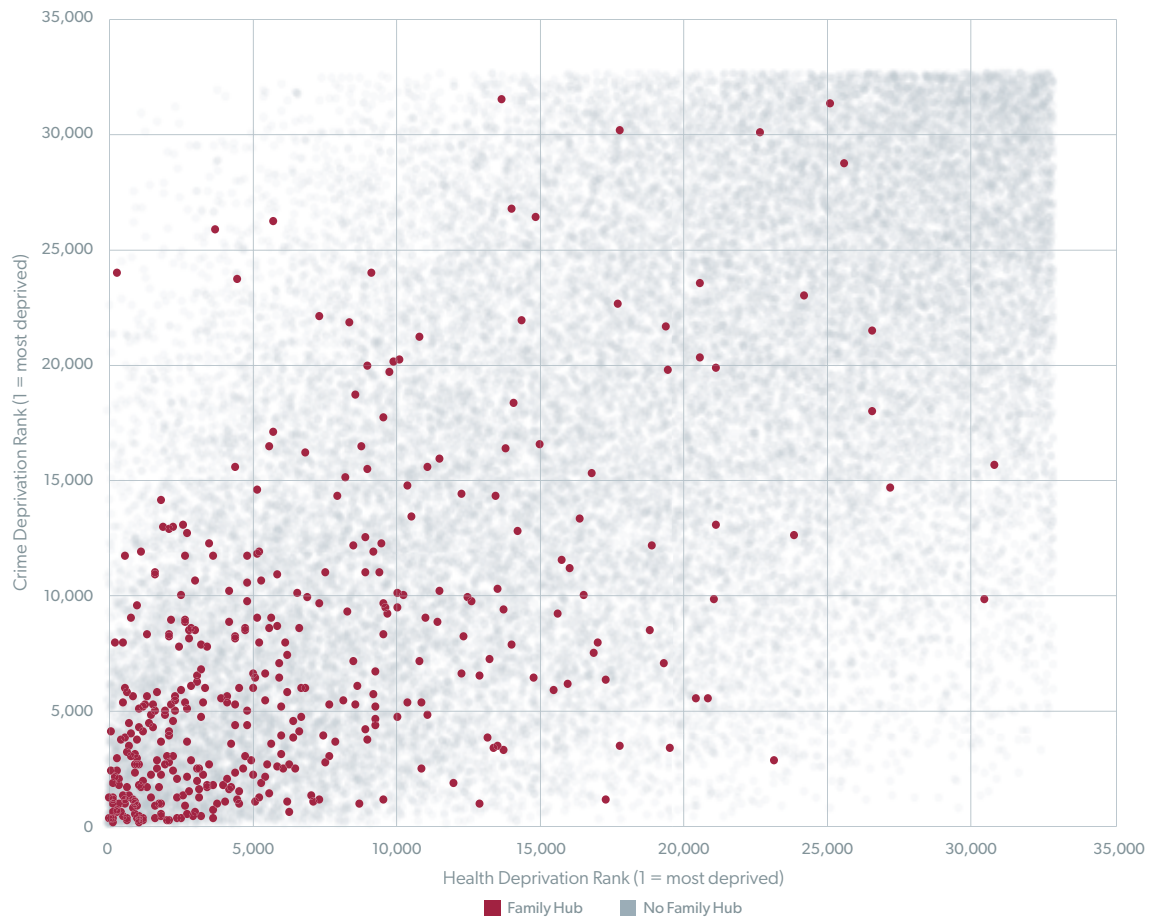
The DfE calls for a Family Hub system that ensures: families are able to access more services of a wider range; services, professionals, charities and community sector organisations collaborate closely to deliver support; and practitioners adopt a whole family and strengths-based approach.¹⁵

Individual Hubs share this vision but aim to realise it in different ways -- delivering a variety of services, pursuing different outreach strategies, adopting different outcome frameworks, and different frameworks for data generation and collection. Where some had grown organically, adopting a place-based strategy to meet community needs; others were established by government funding.

In our research we recognised that each Hub was also at a different stage of development: some had been well-established for decades in their locality, others were still in the teething stage. By including the more mature Hubs in our research we sought to show what the new Hubs can provide, given time to embed in their community. Of note: Family Hubs have sprung up primarily in areas of highest income and health deprivation (see fig.2) fulfilling in this way the original vision of the Hub as a means to address inequality – a vision that the DfE-DHSC Transformation Fund has endorsed.



15 HM Government, "Family Hubs and Start for Life Programme Guide, August 2022.



All Hubs built on existing services, including those available through Children’s Centres originally, and in some instances services that were family - rather than Early Years - focused such as the Supporting Families Programme. This helped determine the size and setting of the Hubs as well as the shape of their new offer.

Hubs are situated in a variety of settings: libraries, schools, community centres, GP surgeries and children’s centres. Some Family Hubs are mainly virtual – a response to successive lockdowns; others offer a hybrid approach, with both an online and face-to-face offer, to provide greater efficiency.

And while some Family Hubs occupy buildings large enough to collocate several services, others include several neighbourhood venues -- such as a youth club, a nursery and a SEND centre all within walking distance of each other -- under one overarching “Family Hub” umbrella.

Family Hubs that have evolved from children’s centres start with an advantage because local families will be in the habit of accessing the centres, and the Hubs’ setting will be a recognisable landmark for local families. In some of these Hubs, the same providers who delivered programmes in the erstwhile children’s centre will now be doing the same: they are likely to be familiar with local needs, and widely recognised among the community.

This is the case in Calderdale Combined Authority, where Hub CEO Alison Haskins from Halifax Opportunities Trustsees Family Hubs “as a continuum on the centres – and actually, evolving into Family Hubs has re-invigorated us. Transforming from Children’s Centres to Family Hub did take a lot more administrative work than we ever anticipated – form filling, logo changing, meetings -- but it also gave us some funded training which was very useful...

“We are familiar to everyone here, we know services well and the council too and have a good relationship with them...”

“Because we are situated in former Sure Start centres, in a school, and a community centre, there is a considerable number of self-referrals. We have instances where a grown up comes through the door and says, “Please, help me” -- because they know we can.”¹⁶

Councillor Jeanette Stansfield in Calderdale points out that building on a successful, established children’s centre does present a challenge for measuring impact: “Our outcomes will not be significantly different for the Hubs: the good work we are doing will be a continuation rather than a breakthrough.”¹⁷

Essex, with 12 Hubs/26 delivery sites, embodies a different “origin story”: it has grown out of health services rather than children’s centres. It runs its Essex Child and Family Wellbeing Service (ECFWS), in partnership with Barnardo’s and HCRG, the private health and care provider. They established their family Hub model in 2017 with a Hub in each district of Essex and various sites within local communities. Commissioners contract the service based on an outcomes framework, rather than measuring number of “activities/services delivered”. Christopher Martin, Director Strategic Commissioning and Policy at Essex Council, explained that when outcomes, rather than methodology, are driving the agenda, service providers are given more agency and “ownership: this allows them to be more flexible, innovative and collaborative.”¹⁸

Charities can also run Family Hubs, providing support programmes and volunteers to complement statutory services. This is true in Calderdale, where Halifax Opportunities Trust runs five of the 13 local Hubs and in the North Tyneside Combined Authority, where Family Gateway, a regional charity, works across 4 Local Authorities – this is about to increase to six – to deliver services. Local families see this as a distinct advantage, claims Julie Marriott, CEO of the charity Tyne Gate: “Here, people don’t trust statutory services -- the more statutory walk towards them the more they run away and go underground. But if they see them in our Hub, which they regard as a safe place, they trust them. People come to us because they want to not because they are mandated to.”¹⁹

Funding

Family Hubs vary in terms of their funding as well as their setting: even among the 75 Hubs that secured the Government’s Transformation Fund there are different levels of funding. York, for example, secured £997,000 of one-off funding from the DfE in 2022 while Durham received £4.6m over three years for its 15 Hubs and then an additional £183,000 to serve as a trailblazer in breastfeeding, perinatal mental health/parent-child relationships and parenting support.

The 75 Government-funded Hubs benefit from the Start for Life programme funding streams which focus on the Early Years to cover parenting; Healthy Life Expectancy (HLE); peri-natal mental health and parent-infant relationships; infant feeding (breastfeeding).

Each local area has decided upon their own set of outcomes – and in our interviews with Hub teams and local council representatives we learned that they would have welcomed a shared national outcomes framework to ensure that their data collection/reporting reflected long term impact on

¹⁶ Interview with Centre for Social Justice, 2 May 2024.

¹⁷ Interview with Centre for Social Justice, 19 June 2024.

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¹⁹ Interview with Centre for Social Justice, 10 May 2024.

families. They also pointed out that government funding did not include shared recording and evaluation systems which would have saved time, effort and money.

The Hubs usually sit within children's services but in some localities they are funded through specific government programmes. The 12 Family Hubs in Doncaster receive a third of their funding from health programmes while Hubs in Westminster received funding from the Supporting Families programme and used their earned autonomy from the usual payment by results funding model to develop Family Hubs for parents with older children.

The difference in starting points and budgets is compounded by the variety in the populations that the Hubs serve. Although the 75 Hubs that received the government's Transformation Fund were among those with the greatest proportion of deprivation, some of the pre-existing Family Hubs are situated in neighbourhoods of mixed socio-economic status. Bedford is a market town with four wards that rank among the 10-20% most deprived areas in England and are home to 5600 children under 15 who live in poverty and a sizeable population of Punjabis, Poles and Romanians; in rural Cornwall, the average age is 55 plus, 97.4% of the population is white, 81% English and one in five is affected by a disability. Families across these two areas are unlikely to present with the same issues– and their local Family Hubs reflect that.

Priority Outcomes

Needs assessment

Taking stock of local needs, both in terms of families and in terms of the support system in place, is a first step for all Family Hubs.

From the outset, Family Hubs (initially called Family Services Hubs) were designed to meet local demand rather than be imposed by central diktat: “Rather than prescribe exactly how Family Services Hubs should be set up, we propose that each local authority be required by law to provide or facilitate the full complement of community-based services... but are given a high degree of autonomy in how they deliver them.... the Local Authority [will work] in conjunction with the local strategic partnership... to develop an integrated package of early interventions and programmes for children at every stage to make them ready for school, work and to become parents themselves.”²⁰

An audit of local needs takes into consideration the community, voluntary and faith sectors, local authorities and NHS organisations that have already established good relationships within the community. These are the assets upon which the Hub teams can build their services.

A needs assessment will identify the barriers families may face in accessing services: poor transportation, poor communication, fear of stigma -- all can contribute to a Hub’s limited reach. Upper tier local authorities in England have a Joint Strategic Needs Assessment but given that a key goal for Family Hubs is to address health and education inequalities, their focus is to ensure the most disadvantaged families are reached in a timely fashion. This means a mapping exercise to identify those areas where there is an over-representation of families on the lowest income (Income Deprivation Affecting Children Index -- IDACI) and, when it is not possible for the Hub to be established in these areas, find alternative ways (digital offers, mobile support units, etc) to deliver both universal and targeted services to families therein.

The Family Hub leads we interviewed told us that, as required by statute to consult over changes to children’s centres, they had included key stakeholders in the assessment process – health visitors, early help service, council representatives, charity partners, and parents. Their consultative process had taken many forms, from surveys as in York, “listening exercises” involving Town Hall style meetings in Doncaster, to outreach or navigator teams who engaged parents and carers in one-on-one interviews in Essex and Westminster.

In this way, local parents were invited to share their “wish list” for what a Hub would include, and their perceptions of the Family Hub experience. In some areas, hundreds of local residents took part in these initiatives – 325 in York, 148 in Halton, 617 in Bedford,²¹ – ensuring that a significant number of families felt their local Hubs “were designed with them in mind, and with the services to meet every family’s needs, ” as Councillor Jeanette Stansfield in Calderdale explained.²²

20 Dr Samantha Callan, “Breakthrough Britain: Family Breakdown”, Centre for Social Justice 2007.

21 <https://www.bedford.gov.uk/media/7006/download?inline>

22 Interview with Centre for Social Justice, 19 June 2024.

Although services reflected the needs expressed by local families, stakeholders (including council representatives) could establish their priority issues for the population – maternal health among minority ethnic families, SEND children, childhood obesity etc. Cornwall for example, ²³ has undertaken a needs assessment that related to specific vulnerable groups – SEND children, domestic abuse survivors, substance misuse adolescents.

Families in several instances influenced branding, language, tone. When Raise York Family Hubs network conducted a listening exercise (over 325 local residents took part), they heard that families did not find “Start for Life” an appealing name, and that they hated the “jargon” that often confuses service users. Raise York settled instead on “Babies and Young Children.” To further ease access, they also introduced a physical version of their guidance in the form of a 12-page booklet to fit inside the ‘Red Book’ that families receive upon the birth of their child, and which holds important information about their child. The booklet includes core information, signposting to the Raise York website for further support services.

We heard that when Essex set up a Family Voice Board to consult families about how they wanted the Hub model to develop, participants also raised issues such as inclusion (services covering a wider age-range, more engagement of fathers, more SEND programmes) and facilities (drop-in centres/nurseries).

Consultation exercises in Doncaster (which now has 12 Family Hubs), have shown appetite among local families for employment-related support. The Hubs currently work in partnership with the Department for Work and Pensions (DWP), with funding through the Supporting Families scheme to deliver family sessions and workshops around benefits, employment, training and support.

Calderdale Council held two workshop events with families and a further online session for professionals, to help shape the branding and design which was used for the Hubs programme. Feedback from these sessions was used to create two brand design ideas and families were asked to choose their preferred option. The designs were part of an online survey where local residents could also have their say and were displayed in various locations across the borough, including youth centres, libraries, Leisure, and Children’s centres.

Catherine Barker, Policy Adviser at Spurgeons, the charity that runs Family Hubs in Wiltshire and Birmingham, stresses that visibility is key to connecting families to their local Hubs: “a friendly logo that is found in their GP surgery, their HV’s clinic, at their dentist’s and at schools – serves as a good reminder that Family Hubs are there for parents. When they are co-designed by families, there is a real sense of recognition: this is what we have produced for us.” ²⁴

Needs assessments, showing the multiple issues facing a community in an area of high deprivation, which is where the majority of Family Hubs are situated, demand that Hubs be “doing things in as many different ways as possible,” Denise Beevers told us. A former Locality Service Manager for Doncaster Council who now works as a Family Hubs consultant, Beevers said that to reach vulnerable families and meet their complex needs, the Hub teams “need to think creatively, so they might put a pop up outside Tesco’s or in a school or church hall. The Hub model with its spokes and wheels really works for this – services become truly accessible.”²⁵

²³ <https://www.cornwall.gov.uk/health-and-social-care/public-health/joint-strategic-needs-assessment/reports-and-papers>

²⁴ Interview with Centre for Social Justice, 22 July 2024.

²⁵ Interview with Centre for Social Justice, 10 July 2024.

Theory of change

Creating the theory of change (TOC), once needs analyses have been carried out, can provide a helpful “stress test” for the Family Hub team. The assumptions made by team members – based on professional experience, evidenced programmes as well as local feedback – can be tested in the course of developing the Hub and delivering support to families.

Their TOCs show that one of the priorities across the Local Authorities has been to increase the reach into areas of high deprivation (measured by the Income Deprivation Affecting Children Index, or IDACI). This is of particular significance for Family Hubs, as it puts to rest one of the criticisms levelled against Sure Start programmes – that they were primarily delivering to families from more affluent neighbourhoods, therefore risking widening the gap between children from deprived neighbourhoods and their more affluent peers.

The DfE has tasked its 75 selected Local Authorities to produce a TOC that will set out why the Hubs are needed and share the evidence for choosing a particular approach in delivering services to meet these needs. The TOC is also supposed to target whom the change will benefit and what the key outcomes should be -- reach, relationships, timely support, workforce training and integration.

Some Family Hubs have produced TOC focused on ‘early childhood’ needs as it relates to families with children under 5; others have instead opted for a broader remit, supporting families with school-age children.

Many of the more mature Hubs have also created a TOC – though one management lead pointed out that every theory is different in terms of vision, mechanisms, data sought. Without shared outcomes for Family Hubs and no national outcome framework for the Start for Life Programme, the strategies remain individual and localised rather than national. This risks compromising the dissemination of best practice among the widest possible Hub network.

Helen Lincoln, Executive Director of Children, Families and Education in Essex explained that having clear outcomes is crucial: “our contract is an outcomes focused not process focused. This gives the Family Hub teams greater flexibility – we are not interested in footfall but in how our services have improved outcomes for families. In search of those outcomes, our workforce can choose how best to operate and use their assets.”²⁶

Chris Martin, Director, Strategic Commissioning and Policy for Essex County Council, agreed: “This was brought home to me recently when I visited one of our Hubs, Tree House in Harlow. Lisa told me that she heard that there was a group of local parents who had elected to home educate their children ... we just invited them in. We weren’t sure what we could do for them but we thought they might benefit from some support... socialising the children for example, and parents sharing their experience.” The reason she could do this was that we have created the conditions for providers to feel free to innovate. There is no micro- management, she was not worried by KPIs or by the council.”²⁷

²⁶ Interview with Centre for Social Justice, 23 July 2024.

²⁷ Interview with Centre for Social Justice, 23 July 2024.

Westminster (see below) have used the TOC to set out their vision long term.

	Long-term outcomes	Intermediate outcomes	Assumptions	Activities
Aim: To establish a consistent whole system approach for Family Hubs across WCC and RBKC to enable all children and families to have the best chances in life	Increased sense of empowerment with families equipped to contribute towards improving their own situation	Access to unified and improved services for families and children regardless of where they live. At the right time in the right place.	If Family (and Youth) are well designed, children and families will feel comfortable and supported in accessing the early help they provide	Local programmes will be introduced where families are most likely to access services which meet their needs in a timely manner. Establishment of dedicated buildings as focal points for local communities. Intervention and support programmes for families, children and young people will be promoted consistently and families will know where to find key information e.g. through a Family Information Hub, introduced to promote the FH offer and ensure that all professionals and families access the information
		Improved programmes across all services that are directly linked to FHs.	Professionals from different agencies will be supportive of the Family Hubs approach and will be keen to be part of the whole system approach	Intervention and support programmes for families, children and young people will be promoted consistently and families will know where to find key information e.g. through a Family Information Hub, introduced to promote the FH offer and ensure that all professionals and families access the information
	Improved access to services needed by families and their children	More children and families who need help or support are accessing services as soon as they need it.	Integrated family services will bring faster and better outcomes than being located in different buildings and working in less connected ways	Parents and children will be key stakeholders involved and consulted in service design, identifying priorities and evaluating outcomes e.g. through Parent Boards and other roles.
		Family Hubs are communicated with key messages being promoted by all agencies		
	Sustained delivery of effective and sustainable programmes of support	Improved joined up systems mean that knowledge is shared more effectively through co-located or networked workers and strategic priorities are shared and acted upon by different services and agencies.	Help is most effective when families make their own decisions to improve outcomes. Families are keen to co-design services	A cycle of workshops and reviews will take place with key partners and agencies to ensure that all key partners are committed to delivering a joined-up FH offer consistently. A communications strategy developed to promote the FH offer and ensure that families and professionals understand what FHs entail
	Established offer delivered consistently in different settings	Whole system approach to provision of a comprehensive and consistent offer of help to families, children and young people (e.g., SEND, Early Help, Family hubs, mental health services, social care, Health, Public Health etc	All agencies and services will be fully engaged in delivering a whole system approach where the offer will be joined up to systems will be seamless	Local events for families and young people promoting FHs will take place across different settings (e.g. libraries, Family Hubs, doctor surgeries, VCS organisations, local parks, schools early years settings etc.)
	Less future demand for targeted or statutory services when children supported and have their own families	Additional advice, support and guidance to families and staff regarding programmes and strategies delivered across different services.	Professionals will work collaboratively	
	Families are healthy, financially stable and in secure housing	Enhanced support to families that need additional and more targeted interventions	Universal Services (GPs and schools) are willing to engage in new, locality-based service models	Strategic alignment across the system (e.g. aligning policies, strategies and boards to ensure that key objectives are met). Ongoing refinement of funding models to sustain and develop Family Hubs. Establishment and monitoring of shared outcome measures. Establishment and embedding of shared practice frameworks (registration, referral, assessments and family plans).
		Improved and sustained multi-agency training and development opportunities available for staff and families under the the Family Hubs umbrella	Improved opportunities for families, children and young people from all communities to have access to a variety of offers at the level they need (universal, targeted and specialist) and seamless systems in place to enable professionals and families to access these offers	Locality-based service models (with active involvement of VCs) are effective in engaging communities who tend not to benefit from traditional service models
	Improved links between health, education, social care and voluntary sector delivers a comprehensive and meaningful whole systems Family Hub offer		Families will know where to go to seek advice and support and will be clear regarding the wider offer	Ensure appropriate information sharing systems are in place enabling tracking of registration, interventions with and outcomes achieved at individual family level. Development of shared recording tools for use by all Family Hub partners.
			Effective interface with other initiatives will be a key priority (e.g. integrated Neighbourhood Teams, Health and Wellbeing Hubs etc.) Equalities, Diversity, and Inclusion will be a key focus in service and staff development and monitoring. Development of effective integrated management structures. Training and wider workforce development developed and rolled out. Community champions will promote consistent messages around Family Hubs	
Our ultimate goal		The barriers and opportunities we need to consider		
	What we want to achieve		What we need to do	

Every TOC we have reviewed has included Early Years as core to their vision, but other priorities that have surfaced repeatedly as part of individual Hubs' strategy include improved access and inclusion – focusing on reach into IDACI; and relationship building through work with trusted community groups and voluntary sector.

A core issue the Hub leads must consider in producing their TOCs is the role of the state in family life, according to Steve Goodman, common councillor, City of London Corporation and co-founder of the Reclaiming Social Work model: “we need clarity about this, which is a values question.”²⁸ In the course of our research, several service providers reported the “wariness” or even hostility that parents expressed towards statutory services. As Julie Marriott in North Tyneside confirmed, Family Hubs can play an important role in bridging the gap between the state and families by relying on the local voluntary sector workforce, with their knowledge of neighbourhood issues. Their shared experience -- of place and often of life -- foster positive and strong relationships with vulnerable families.²⁹

28 Interview with Centre for Social Justice, 10 July 2024.

29 Interview with Centre for Social Justice, 7 July 2024.

Targeting Policy

Start for Life programme

The Start for Life programme is core to all Family Hubs, fulfilling the government's agenda as set out in 'The best start for life: a vision for the 1,001 critical days.'³⁰ Services include midwifery, health visitors, nurses, GPs, peer to peer support such as doulas and breastfeeding "champions" – some of these provided by voluntary organisations and local charities.

Government funding is explicitly directed at this element of the Family Hubs offer, with £170 million for essential services for the first 1001 days and £100 million for perinatal mental health and parent-child relationships. This investment confirms recognition by both the DfE and DHSC that neuroscience has proven the first 1001 days are crucial to a child's long term development.³¹ The difference between children raised in low-income households and their better-off peers manifests itself already in this period, with poorer children on average lagging five months behind.³² This difference continues as they grow older: they are less likely to attain good academic results, be employed or enjoy good health.³³

Ensuring that all children, but especially those in low- income households, benefit from wrap-around support in their first 1001 days is key in any population health strategy. Professor Kate Hoskins, Lead in the Education, Identities and Society (EIS) Research Group at Brunel University, calls the Start for Life programme "a sound investment: the Early Years is where you make the most difference, when you can work with families to establish good patterns, model positive relationships, introduce good nutrition – all the elements that are essential to turning around a family's experience. It is key for addressing health and educational inequalities, which must be a priority for social justice."³⁴

The programme has seven streams: Health Visiting and Midwifery, Parent-Infant Mental Health, Infant Feeding, Special Education Needs and Disability, Safeguarding. The universal services draw in all parents preparing for, and managing, labour. The programme includes support with attachment, breastfeeding and weaning, while also explaining cognitive development and changing couple relationships.

Feedback from Family Hub teams has been consistent: this is the most popular of all programmes delivered in the Hubs. The programme allows providers to record health and developmental milestones and intervene but also the opportunity to identify and support vulnerable families in a child's earliest years, thus, preventing needs escalating and requiring more intensive interventions. In addition, the providers can address maternal mental health and identify postnatal depression – currently affecting more than one in five mothers; and child's development issues – currently also affecting more than one in five children under 2. In its wrap around support of parents and children, Start for Life plays an essential role any preventative strategy.³⁵

30 Department of Health and Social Care, "The Best Start for Life: a vision for the 1001 critical days", March 2021

31 Harvard Centre on the Developing Child, "Serve and Return Interaction Shapes Brain Circuitry"

32 NESTA, "A Fairer Start", 9 July 2024.

33 Ibid.

34 Interview with Centre for Social Justice, 11 July 2024

35 <https://www.england.nhs.uk/mental-health/perinatal> ; <https://send-network.co.uk/posts/falling-behind-a-decrease-in-the-percentage-of-two-year-olds-reaching-the-expected-level-of-development>

LSE have made the economic case for supporting mothers in the perinatal period, given the long-term consequences of poor parent-infant relationships, which can have serious outcomes, including speech and language issues, increased school absences and exclusions, and increased need for youth justice services.³⁶ The evidence that parent-infant relationships more generally affect a child's lifelong outcomes has become widely accepted among local commissioners.³⁷ With 15% of babies born in the UK estimated to experience parent-infant relationship difficulty and requiring serious intervention, government's emphasis on the earliest years makes sound sense.³⁸

In her evaluation of Sure Start and its impact on families' health outcomes, NESTA's Sarah Cattan found that parenting support played a key role, leading to a reduction in hospital admissions for accidents, injuries and poisonings among children under 5 and an increase of children with SEND in primary schools and reduction in the number with SEND in secondary schools – "this suggests" she told us, "early identification through the centres had enabled services to address the issues affecting children's development."³⁹

Breastfeeding support in Salford

In Salford, the charity Home-Start has been commissioned to provide 4 peer supporters to encourage breastfeeding. 10 volunteers (representing the communities they serve) have been recruited and are undergoing accredited training (due to qualify in September 2024); 12 further volunteers will be recruited for training starting in September 2024. The programme includes contacting mothers in the immediate postnatal period and offering face-to-face infant feeding support. The focus is on

engaging with seldom heard groups both antenatally and postnatally e.g. More Life weight management service, Dad matters & young fathers, Family Nurse Partnership, JEMS, Herschel Weiss (Jewish Community), Yemeni Community Association, African-Caribbean health network CAHN.

The service has established breastfeeding friendly spaces in each Family Hub and is encouraging other venues in communities to further increase these spaces – e.g. libraries and leisure centres. They also work with BOOBS (Be Open on Breastfeeding) who have translated their posters into different languages and have recruited some African-Caribbean volunteers to support their community. The service began in May 2024 with referrals providing around 30 plus contacts in its first weeks.

Drop-in peer support group in each Hub venue are offered with baby social groups. The results are encouraging: between 2019 and 2024, 3.7% more mothers are breastfeeding.

36 <https://www.lse.ac.uk/cpec/assets/documents/CPEC-Perinatal-Economics-2022.pdf>

37 Dr Karen Bateson and Wook Hamilton, "Commissioning: Parent-infant relationship services", Children and Young People Now, 27 June 2023.

38 <https://www.cypnow.co.uk/features/article/commissioning-parent-infant-relationship-services> Dr Karen Bateson and Wook Hamilton, "Commissioning: Parent-infant relationship services", Children and Young People Now, 27 June 2023.

39 <https://ifs.org.uk/publications/short-and-medium-term-impacts-sure-start-educational-outcomes>, Pedro Carneiro, Sarah Cattan and Nick Ridpath, "The Short and Medium Term Impacts of Sure Start on Educational Outcomes", IFS: 9 April 2024.

Parent Infant Support in Halton

In Halton, Claire Wilson, parenting for mental health Lead for Family Hubs and 0-19, in Bridgewater Family Hub, told us about the support her team are able to provide to parents struggling with mental health issues and who are unable to attach with, even sometimes hostile to, their infant: “I was a family nurse by background with some perinatal mental health training. We’ve managed to put a service in place that can support mothers with mild to moderate mental health needs... when we get them into that group, they’re more likely to access other services. We visit these mums to encourage them to come in the first instance, getting to know them face to face, and then we’ll get them into the Hubs.”⁴⁰

The team phones targeted families around the 18-week mark, to encourage them to access antenatal classes. Claire Wilson emphasises: “Early intervention is so important in these cases because being pregnant with those fluctuating hormones and those life changing things – this is when we need to access them.

We are contacting all antenatal mums inviting them to our Baby Shower events -- it is a multidisciplinary event where they come in and learn things about safe sleep, good nutrition, see the midwives, see the Health Visitors. Some fun things, too: a cup of tea, those type of things. That is the universal offer.”⁴¹ Attendance figures across the Family Hubs in Halton over the past 12 months point to their popularity with parents:

Local Hub	Number	Adult	%
Kingsway Family Hub	4258		22%
Brookvale Family Hub	4203		21%
Halton Lodge Family Hub	3839		18%
Ditton Family Hub	2310		13%
Warrington Road Family Hub	2226		12%
Windmill Hill Family Hub	1897		10%
All Saints Upton Family Hub	828		4%
Grand Total	19561		100%

Local Hub	Number	Under 5	%
Kingsway Family Hub	3641		20%
Halton Lodge Family Hub	3614		20%
Brookvale Family Hub	3262		18%
Ditton Family Hub	2539		14%
Windmill Hill Family Hub	2287		13%
Warrington Road Family Hub	1831		10%
All Saints Upton Family Hub	800		4%
Grand Total	17974		100%

Halton: Attendance May 2023-May 2024

⁴⁰ Interview with Centre for Social Justice, 17 July 2024.

⁴¹ Interview with Centre for Social Justice, 17 July 2024.

Parent Infant Support in Durham

Several Hub teams we interviewed spoke of the crucial role played by NHS midwifery teams – whether working in their buildings, and/or delivering clinics in the Family Hub. Through their standard appointments for antenatal checks they can draw in new parents and identify issues at the earliest stage. In Durham, the consultation they undertook to conduct their Needs Assessment highlighted a gap in the services for mild to moderate perinatal issues. The team commissioned perinatal mental health visitors – including a specialist HV.

They have set up a peer-to-peer support group and have as part of their offer Triple P Baby and VIG (Video Interactive Guidance). The latter has been very effective in supporting parents with trauma who have felt indifferent to/alienated from their infant. The parents would express their inability to care for their child and the HV would then introduce the VIG programme where they could see themselves and their infant interacting. This has proved a powerful preventative tool because without criticising the parenting style, it captures the relationship dynamic. As Alison Ghent, Family Hub Development Manager told us, “by delivering support earlier, we can reduce the likelihood of the future parent child relationship difficulties.”⁴² Durham also deliver a Young Parents Programme with a range of partners addressing issues such as healthy relationships, substance abuse, employment etc. More than half (53%) of the 788 children that Durham Family Hub Early Years teams succeeded in reaching in 2023/4 lived in areas of deprivation.

Stoke on Trent and School Readiness

The charity Thrive at Five has been operating in the Family Hub in Bentilee, Stoke on Trent, from 2022, with £3.5m support from the government. The footfall in the Hub in June 2024 was about 1800. The Thrive at Five programme engages with seven local schools, focusing on school readiness over the months before children start in nursery or reception. This includes delivering high-quality early education, while supporting the home learning environment, and children’s early communication and language development for the 473 children for the combined nursery and reception intake.

Stoke on Trent Local Authority has created the role of Family Advisers, based both within the Hubs and elsewhere in the community, able to support with Universal Credit advice, debt, child nursery fees and a few benefits. The Local Authority’s priority, explains Nina Gilbert, Pregnancy Lead at Thrive at Five, is addressing child poverty. She told us that “We’ve got the highest national number of children in care. We’ve got over 1100 Children in care, which equates to about one in every 55 children who are in the care of the Local Authority – our main aim is to reduce this number. And we need to overcome people’s fear. There’s such a huge fear of judgment from our communities... People will know a cousin, a brother, a sister, a friend that have had some kind of involvement with social services and think that they’re there to tell them they are going to have their child removed.”⁴³ Thrive at Five offer a home visit at the beginning to all families, enabling a conversation about the challenges they are facing.

At a professionals’ roundtable during our visit, we learned that the main objectives of the charity’s ‘Ready Steady Stoke’ initiative included:

- Empowering families to build a network of support around them and maximise their potential;
- Minimising escalations – reframing Early Help so support can be given in a timely fashion;
- Offering non-threatening/stigmatising support through trusted, non-judgmental relationships.

⁴² Interview with Centre for Social Justice, 24 July, 2024.

⁴³ Interview with Centre for Social Justice, 17 July 2024.

The charity worked closely with schools to provide additional support staff and invested extra resources to support delivery of additional parental engagement sessions. They also funded the teachers' salary during the summer sessions. Thrive at Five have developed specific resources to teach children those essential skills necessary for a successful entry to nursery or reception. By drawing parents and teachers into the Hub for informal sessions held in the summer, the programme removed some of the barriers between parents and the teaching staff in their seven local schools. 46 parents took a satisfaction survey in 2022 and more than 90% agreed they felt more confident, had more support and felt their child settled well.

Volunteers and charitable organisations are engaging with the Start for Life programme by delivering peer-to-peer support for breastfeeding, parent-infant relationships and fathering. Working inside the communities – and often rooted in these communities from the outset -- such voluntary organisations build strong and trusting relationships with families. They become the go-to advisers for local parents, and can help families turn their lives around. There is room, according to some of the practitioners we spoke to, for voluntary groups to play an even bigger role in Start for Life (and more generally in the Family Hubs – as we will examine later): both health visitors and midwifery teams are facing significant shortages in terms of capacity – with the Health Visitors Institute reporting a national shortage of 5000 health visitors in England.⁴⁴ Some of their tasks, including weighting babies and breastfeeding support could be carried out by trained volunteers.

Parent Carer Panel

A new feature of the Start for Life offer is the parent carer panel, to include hard-to-reach families including minority ethnic parents, SEND parents, fathers and separated parents. The panels promote co-designing of the programme and on-going improvement of its services. The DfE suggests that panels include Early Help practitioners, schools, midwives and health visitors, together with LA representatives and parents and carers.⁴⁵ Through the panels, which meet regularly both in person and online, families have been submitting feedback on their experience of the Hubs – but also bringing to the table their own “lived experience,” which enables the Hubs to more accurately reflect local needs. In many localities, the parent carer panel sits on steering groups as well and attend other group meetings. In the resulting Hub co-design, peer to peer support has emerged as a popular strategy.

In York, Niall Mc Vicar, Head of Innovation and Children's Champion, told us that peer-to-peer support has been shown to raise breastfeeding rates – which are linked to rates of deprivation, with higher rates of ward deprivation associated with lower breastfeeding rates at 6 to 8 weeks (with only 29% of babies breastfed in the most deprived ward, compared to 61% in the least deprived).⁴⁶ Given that breastfeeding is regarded as a protective factor for health, the Hubs have focused on improving rates as part of their approach to health inequalities. McVicar said parents have been engaging with Parent Champions, a parent-led scheme, run nationally by Coram Family and Childcare Trust that relies on peer-to-peer learning. “We recognise the importance of peer support – parents learning from one another rather than being told what to do -- and joined the Parent Champion network with Coram providing the first training package for six Parent Champions. This training package is designed to be led by our team of Family Navigators who go on to continue supporting the parents who volunteer as champions. Our champions will volunteer a couple of hours a week and speak additional languages to reach communities where language (and cultural) barriers make for a lower engagement in local services.”⁴⁷

44 Institute of Health Visiting, “Health visitors raise the alarm as more families struggle with poverty and poor health”, 18 January, 2024.

45 Department for Education, Department for Health and Social Care, “Guidance: Establishing your Parent and Carer Panel”, 13 February, 2023.

46 City of York Council, Health, Housing and Adult Social Care Scrutiny Committee: “Breastfeeding and Infant Feeding”, 10 July 2024.

47 Interview with Centre for Social Justice, 19 June 2024.

Parent Champions have supported local parents to: register with their GP and dentist, access other services such as NHS 111, access Speech and Language schemes. They accompany parents to their nearest Family Hub, inviting them to take part in toddler's groups and other play groups, explore the local libraries and playgrounds, sign up to arts and crafts sessions.

Prevention: Early Help

The Start for Life programme can be seen as the cornerstone of a wider preventative system. The cost of late intervention has been made clear⁴⁸ with recent calculations amounting to £17 bn spent annually by local and national agencies addressing acute issues such as child protection, domestic abuse, school absences, mental health issues. Prevention is therefore a key element in the Family Hubs concept and Early Help services, though not statutory, are found in all the Hubs. The DfE's "Working together to safeguard children guidance"⁴⁹ explains how Early Help affects children's outcomes, by establishing the conditions for a child's healthy development and ensuring that their needs are met before they escalate into a crisis.

"Early" help refers to the point when needs first present themselves rather than exclusively to the earliest years; it is not one programme but a system of multi-disciplinary services, collaborating with the voluntary sector and community.

More than one council representative has pointed out that Early Help could prove more effective if grants were integrated – ie the Start for Life, Supporting Families, Reducing Parental Conflict programmes could be delivered in one grant with a clear set of deliverables for work with children and families.

Even without this integration, Family Hubs are perfectly placed to host the Early Help system. With their "one front door" access to diverse services, the Hubs can ensure families find support for all their health, educational, and social needs within, or through, one setting. From health visitors who identify a child's developmental issues; through a trainee GP who delivers immunizations; to CAMHs therapists who spot that the child's anxiety is rooted in the mother's post-natal depression, the Hub team functions as a timely and effective ally in preventing crises and costly interventions. Savings in terms of the cost of future interventions avoided can be significant – including children being kept from going into care and speech and language issues addressed before the child's school attendance and/or attainment is affected and requires enrolment in a PRU.

Several Hub teams we interviewed spoke of the crucial role played by midwifery and health visitors in Early Help: through their standard appointments for antenatal and postnatal checks, they can draw in new parents and then identify their needs at the earliest stage.

Because a distinctive feature of the Family Hub model lies in its relational approach, prevention often entails looking at the child in their family context: the toddler's destructive behaviour can be the presenting problem but their parents' depression or unemployment, can surface as the drivers of this poor behaviour.

⁴⁸ Early Intervention Foundation, "Parenting and family support programmes: evidence to support the business case", 31 October 2013.

⁴⁹ Department for Education, "Working together to safeguard children", 23 February 2024.

As one Health Visitor in Essex told us, “none of these issues ever sit in isolation in a family setting. You know, what’s going on with one member of a family, whether it’s in their physical health, mental health, going to school, whatever it is that all connected to other things and other reasons and, and that whole picture, whole family, just whole holistic approach to everything is just so important. Because children generally have an adult and adults generally have family, grandparents are really important in the community.”

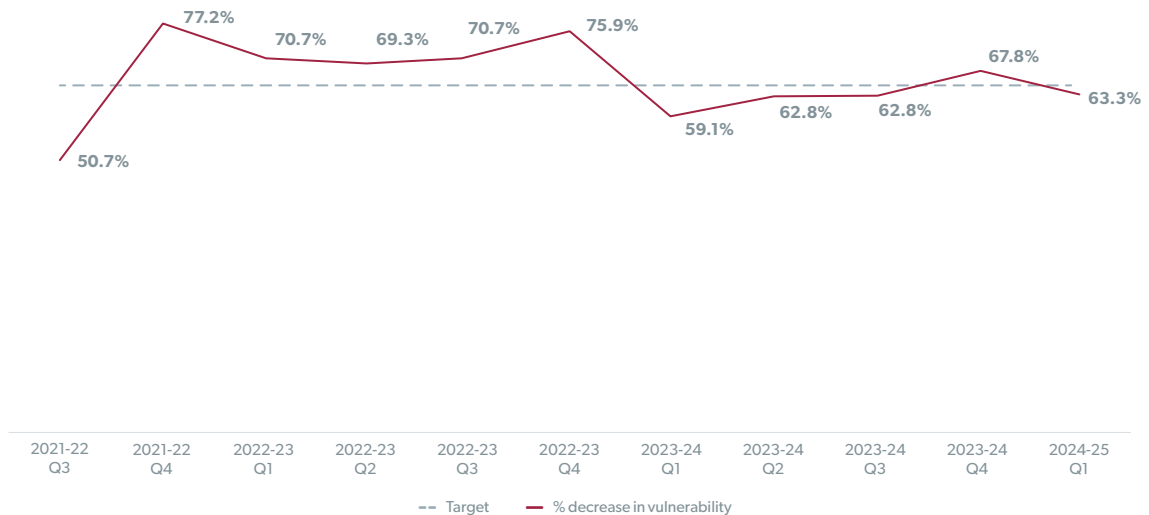
Steve Bywater, the Supporting Families Strategic Manager, Children’s Services, Royal Borough of Kensington and Chelsea / Westminster City Council, is putting together, with Westminster councillors, an Early Intervention matrix to address questions of how do Hubs know what they are doing, what they should be doing, and when they should? This enables the early identification of families, when they first experience an issue rather than later on, when it is a full-blown crisis.

“Early Help, we say, is everyone’s problem” Peter Watt, Deputy Chair of Church Street Family Hub in Westminster told us, “So every head teacher, every Health Visitor and midwife acts as a family support worker. Our reach into IDACI has proved that the families that need the most help are attending our Hubs: we have had 1950 children from these areas , accounting for 55.4% of our total attendance.”⁵⁰

Doncaster, which has 12 Family Hubs, has been scrupulously collecting and updating their data. Their daily services include midwifery, Health Visitors, voluntary sector workers supporting perinatal mental health, as well as Early Year providers. All are on site. Several times a week the Hub hosts Smoking Cessation and DWP work coaches. And on a weekly basis, Public Health delivers a community prevention offer.

In the period 1st April -30th June 2024, service providers worked with 43 families and 78 children; 2340 individuals received 7240 total signposts by FH staff.

The Early Help team has shared the following graph to show how families they support have experienced a reduction in their vulnerability level (see figure below):



50 Interview with Centre for Social Justice, 7 July 2024.

Essential Features of Provision

Integration of services

Adopting a whole family approach calls for integrated services. This is the distinguishing feature of Family Hubs and studies have confirmed its significance in families' outcomes.⁵¹ Service providers can only deliver the whole family approach by collaborating across sectors. As practitioners have acknowledged repeatedly during our research, an individual may present with a particular issue – substance misuse or gambling debts - but the root cause of that issue will often lie in their relational context: bullying spouses, unemployed parents, couple breakdown.

Assessing these relations and their impact requires coordinated work by more than one service at a time. Only then can the right support be put in place and the individual's needs met in a timely manner.

This holistic rather than piecemeal support is key to any preventative strategy.⁵² Dr Samantha Callan, whose report for the Centre for Social Justice in 2007, Breakthrough Britain, introduced the concept of Family Hubs, argues that this integration needs to be driven by a determination to deliver services from a range of central and local government departments through the Hubs. "Family Hubs are the obvious way to deliver a cross-government family-strengthening approach where a wide range of departments can meet key priorities. For example, the Ministry of Justice could deliver earlier guidance and support for separating parents to reduce pressure on the family courts."⁵³

Local Authorities and voluntary sector partners benefit, too: better integration allows them to respond more quickly and in a more strategic way to local needs, reducing demand on support services.

The LSE have shown one example of how integrated service provision leads to greater benefit. The table below is their model for perinatal mental health.^{54,55}

	Absolute values			Costs/benefits of service provision to meet unmet needs in relation to current service provision				Net cost/benefit (£)
	Costs (£)	Benefit (QALYs)	Benefit (£)	Net cost/benefit (£)	Costs (£)	Benefit (QALYs)	Benefit (£)	
Current provision: Unmet needs	111,309,460	1,085	21,694,100	89,615,360 COST	-	-	-	-
Option 1: Needs met by integrated service provision	98,853,220	2,743	54,865,210	34,988,010 (COST)	-21,456,230 (reduction)	1,659	33,171,110	54,627,350 BENEFIT
Option 2: Needs met by primary mental health services	137,974,850	1,697	33,941,020	104,033,830 (COST)	26,665,390	612	12,246,920	14,418,470C COST

51 https://www.barnardos.org.uk/sites/default/files/uploads/Newport_and_Barnardos_partnership_evaluation.pdf

52 https://www.barnardos.org.uk/sites/default/files/uploads/Newport_and_Barnardos_partnership_evaluation.pdf

53 Dr Samantha Callan: "Breakthrough Britain: family breakdown", Centre for Social Justice, 2007.

54 <https://www.lse.ac.uk/cpec/assets/documents/CPEC-Perinatal-Economics-2022.pdf>

55 Ibid.

Integrated provision turns a cost of more than £14 m into a benefit of more than £54m through efficiencies of scale.

Helen Lincoln, Executive Director of Children, Families and Education in Essex, explained how Essex integrated services but also budgets: “Essex is unique in that within our council all commissioning is integrated – we bring together the grants in Health which means we have one data set, we merge the programmes under one budget, one outcomes framework and one target. This reduces bureaucracy because having diff pots of money makes things inefficient when the money is individually ring-fenced you are encouraged to invest in separate ways, but you are working with the same families in the same communities. And it’s working – we have one of the lowest levels of children in care in the country.”⁵⁶

Jeanette Stansfield at Calderdale Council points out that “integration is crucial in terms of impact because it addresses the post code lottery – we are determined not to allow an ad hoc approach – ie that depending on where you live you could get certain services but not others.”⁵⁷

For parents, integration also prevents the frustration many experience when trying to navigate the complex family support system. Many of the 700 charities that make up the Centre for Social Justice Alliance report that families routinely complain about services that fail to cooperate and adopt a “joined up” approach, leaving families often falling in the gaps between one visit/appointment with a professional and the next.

If joined up working across services and professionals is the essence of Family Hubs, the challenge for their leadership team lies in deciding which services should be integrated; health and parenting, employment support and DA? What is the link between the Hubs and schools? What is the link between the Hubs and childcare settings? In one LA, staff have been integrated with health staff like Health Visitors and school nurses; in another LA, specialist Early Help staff are working with the police.

Individual Hubs have resolved these challenges in their own way and in our research we have found many examples of good practice.

In Westminster, the Chair of the Church Street Family Hub, Peter Watt, points to their Early Years service integration as “key to the success of our model”.⁵⁸ For him, it combines health and social care provision, integrating the former Children’s Centres workforce and health care sector professionals (e.g., school nurses and Health Visitors).

“Families need us to be more than a single-issue professional. We know you have to give up something of your identity, and that is hard for professionals to do. But we remind them that this is transformational.

“We have developed the Family Hubs independent of central government funding and have achieved such a successful integration of its services that other Family Hubs, at an earlier stage of development, regularly seek our advice. Integrating services is a scary proposition because it is so new.”⁵⁹

Peter Watt provided an example of the impact of integrated services, where even the receptionist “knows that when she hears someone disclosing about mental health, she will be supported by the rest of us” and therefore feels confident to refer parents to a CAMH.⁶⁰

56 Interview with Centre for Social Justice, 23 July 2024.

57 Interview with Centre for Social Justice, 19 June 2024.

58 Interview with Centre for Social Justice, 7 July 2024.

59 Interview with Centre for Social Justice, 7 July 2024.

60 Interview with Centre for Social Justice, 7 July 2024.

The Church Street Family Hub commissioned an integrated pre-birth to five model with the Health Visiting service offering both universal support and intensive support for more vulnerable families. This is their “transformation work” and it has been produced by 300 families and 40 frontline practitioners as part of a co-production approach.

Peter Watt explained that he raised concerns about every department acting as a silo. He therefore asked for an Early Years Board chaired by the Head of Early Help and the Head of the Young Westminster Foundation, a charity that raises money for youth services. As a result, 12 to 15 practitioners hold a monthly meeting to develop strategy based on local intelligence. He explained: “Multi-disciplinary working takes time. It means not having a territorial mindset, and we are lucky in Westminster because our buildings are big enough to allow for co-location of services. This means families can move from room to room rather than have to travel a long distance for support. We organise shared training, team meetings, and case management discussions. We also bring in specialisms from outside. For example, there was recently a knifing here among gang members. Families were terrified so we organised the police to come in and speak to them about not believing everything they read on social media, or what their neighbours were saying.”⁶¹ The Health Visitors who meet with them monthly are asked: “Who have you met? Who needs more support?”

Peter Watt emphasised that co-production supports integration. In his opinion, bringing parents or carers and professionals together to develop a shared vision, mission and principles is the way to develop one operating model, and one family plan.⁶²

In Bedford, Hubs have focused on integration with schools. Ruth Preece, the Family Hubs Project Coordinator, told us: “Family Hubs have the potential to take some of the pressure off schools because even in the schools lucky enough to have a family support worker (and not all do), that Family Support Worker’s caseload is huge. We realised we could step in to help them reach out to families whose children don’t access their Early Years entitlement. They don’t go anywhere, they don’t attend any settings, and about ten of them are starting school in September.”⁶³

The Family Hubs are helping to reach those families with a community link worker seeing three and four year olds before they start school, trying to build children’s school readiness, enhancing the speech and language offer, particularly since this is key to school readiness. The perinatal team, complete with the assistant child and adolescent psychotherapist, is working on a pathway to support children who are socially or emotionally not ready for school. Ruth Preece explains: “And this means schools could say actually, we can’t support this, but go to your local Family Hub, there’s someone there who can help you.”⁶⁴

Lizzy Kinsford, the Head of Services in North Essex said “Joint training between different health and care professionals means that teams in Family Hubs are developing a more ‘holistic view’ ... As a result, they were beginning to be able to connect families to other services and support outside their own specialism.”⁶⁵

Health Visitors in North Essex told us that they had historically worked in four separate teams in the Tendring area, each one working within their own patch without sharing information with one another.

61 Interview with Centre for Social Justice, 7 July 2024.

62 Interview with Centre for Social Justice, 7 July 2024.

63 Interview with Centre for Social Justice, 18 June 2024.

64 Interview with Centre for Social Justice, 18 June 2024.

65 Interview with Centre for Social Justice, 11 June 2024.

“Now instead, there’s lots of different professionals in the Hub, nurses, sport practitioners, assistants, volunteers, safeguarding ... it is really helpful.” This gives the team the confidence that “if there are issues there are those who know what to do about them or what service to draw upon ... if you come to the Hub, we can discuss domestic violence, or controlling behaviour”. Lizzy Kingsford emphasised “everyone’s just so easy to get a hold of”.

The importance of strong partnerships was highlighted by all councils, whether with organisations who are helping to deliver the services, or with public bodies such as schools and GPs who can help signpost children and families to Family Hubs. Local commissioning arrangements help deliver services, often relying on the voluntary sector for this. No council is running all Family Hubs services on their own, and some are almost entirely managing their services through commissioning arrangements, such as Essex County Council.

Mental health and schools

Dr Grace Baptie and Abi Miranda from the National Centre for Family Hubs explained how the Hubs can integrate Tier 2 programmes which are targeted services such as youth offending teams, primary mental health workers, educational psychologists and school and voluntary sector providers counselling. In this way, the Hubs are able to relieve pressure on CAMHs and schools by being preventative.⁶⁶ Such programmes would be supporting principally parents and children, but also teachers who may be struggling to understand why a student is not performing their best.

In Essex, following a succession of workshops to understand local families’ concerns, Family Hub teams decided upon an action plan all partners would sign up to. An overall outcome - children ready for life – was agreed upon, with the mental health support delivered through schools.

Natasha Ramcharitar, Head of Service for Mental Health Support Teams across mid, south and north-east Essex, explained that NELFT (North East London NHS Foundation Trust) provides 17 mental health support teams focusing on young people. Their Emotional Wellbeing Mental Health Service, split into four localities, includes evidence-based interventions for mild to moderate mental health difficulties, low level anxiety or low mood. They address school issues such as exam stress and self-regulation where NELFT would support children individually, on a one-to-one basis, or in a group setting, supporting the senior mental health lead in schools to develop a whole school or college approach to mental health.⁶⁷

This approach complements existing support in schools and colleges, providing schools with an on-site member of the team “so we can have those... corridor conversations that deliver support but don’t necessarily need to be formalised.”⁶⁸ The team provides a further function, which is a “team around the learner” to recognize the mental health issues experienced by a young person. An example of a non-targeted intervention was if a teacher or mental health lead suspects there may be issues with a certain young person, the mental health professionals would address their difficulties, provide them with advice or support, either with them, one of their partner agencies, or a community service.

NELFT’s whole school approach includes workshops with year groups or class groups, assemblies in which students are invited to think about their feelings and emotions and close collaboration with school nurses.

66 Interview with Centre for Social Justice, 3 July 2024.

67 Interview with Centre for Social Justice, 24 June 2024.

68 Interview with Centre for Social Justice, 24 June 2024.

NELFT also work with parents through behaviour workshops, encouraging them to think about how they can support their children with some of the behaviours at home or in school.

The service conducts a provision mapping exercise to identify schools in need. This is then followed up with regular meetings with those professionals within the school. To identify new schools, the NELFT team looks at the data which is evaluated by the ICB but also at local intelligence such as surveys and consultations that show where those pockets of needs are.

Voluntary sector

The voluntary sector can play an invaluable role in the Family Hubs system, whether as creators of Hubs or as contributors. The sector's ability to engage hard to reach families is significant, because free of the "interfering state" label that government-led initiatives may suffer from. Volunteers are usually well-known to local families, and vice versa, allowing for better prevention and follow-up.

Local Authorities also benefit from collaborating with the voluntary sector, whether it complements or altogether replaces their services. Their support reduces pressure and increases savings for Local Authorities as many of the voluntary sector initiatives draw funding from non-government sources. They also serve to strengthen the place-based infrastructure that a local community can rely on.

We heard from some of the 700 Centre for Social Justice Alliance charities that more could be done with volunteers. One example was in supporting Health Visitors, nurses and midwifery teams with weighing, feeding, and weaning. This could be a way to extend capacity in crucial roles but the current training delivered by some NHS Trusts is very lengthy and has proved a barrier for potential participants.

The original vision of Family Hubs foresaw a significant role for the voluntary sector. Dr Samantha Callan points out that, "An oft-repeated criticism of children's centres is that they did not open their doors to the voluntary sector despite all they have to offer to parents reticent about state services. This almost complete reliance on government funding must have contributed greatly to their unsustainability in many local authorities. The voluntary sector have access to a plethora of funding streams, and many are able to dip into their own charitable resources, especially for the purposes of innovation and proof of concept."⁶⁹

In York, Niall McVicar, Head of Innovation and Children's Champion, told us how the Hub teams have used volunteer Parent Champions and Family Navigators as part of the Raise York offer. The navigators are tasked with providing a warm welcome to families, as well as play activities for children and information services for parents through the Hubs and beyond – in children's centres and in libraries. Training was offered to library staff so that they could signpost to services when necessary. McVicar points out that "the traditional model whereby government is going to commission the voluntary sector is outdated – we want to be partners in supporting families."⁷⁰

Denise Beevers, former Locality Service Manager for Doncaster Council, agrees: "The voluntary sector is welcome into homes where the state is not. They can also access funding that an LA cannot access. And yet they are unequal partners. The professional has to value the work carried out by charities and faith groups."⁷¹

69 Interview with Centre for Social Justice, 24 July, 2024.

70 Interview with Centre for Social Justice, 19 June, 2024.

71 Interview with Centre for Social Justice, 11 July 2024.

Catherine Barker of the Spurgeons charity that runs Hubs in both Wiltshire and Birmingham explained how the Hub teams “go to people in faith organisations and find those who are driven by their faith to support local families because they are the one who can build strong relationships. The most disadvantaged families don’t believe in a referral process that dumps them or their children with strangers they may not trust.”⁷²

At Calderdale Council Jeanette Stansfield, the Strategic Commissioning Manager, is so committed to bringing in voluntary sector providers that she and her team “are engaged in training/upskilling of voluntary sector providers. We know they really don’t have the experience with bidding that the big guys have – so my colleagues in charge of procurement have organised “Bidders’ events” and a generic training scheme to upskill the providers who we know should win tenders but often don’t know a) how to sell themselves b) how to answer certain questions properly c) how to fill in the forms that are so lengthy and complex... the last time providers had to bid was ten years ago so they don’t know the process.”⁷³

In Bedford, Ruth Preece, the Family Hubs Project Coordinator, said that her team “believes that building upon community-led services, will be crucial to continue channelling the voices of local children and families. Because collaboration between statutory and voluntary depends on clear communication, we have been making links with wider VOC services – I now have nearly 60 different contacts from 50 different organisations: 20-25 of them meet together every 6 weeks which they find really helpful. For example, we have the HAF (Holiday Activities & Food Programme) running for 4 weeks over this summer holidays in the town centre, with focus on older children and young people.”⁷⁴

Vicky Cullen from Calderdale Council told us that the voluntary sector “are key and our approach from the start has been to draw them into the codesigning with our Community of Practice along with statutory, parents, and community activists.”⁷⁵

In Cornwall, Amanda Smith the Early Help Service Manager told us that the voluntary sector - food banks, community larders, children’s activities during holidays – has been integral to their “Hub and spokes model: the core services offer is complemented by satellite services from voluntary sector which, in some instances, can be collocated in the Hub, and in others, are in satellite sites.”⁷⁶

72 Interview with Centre for Social Justice, 12 July 2024.

73 Interview with Centre for Social Justice, 19 June 2024.

74 Interview with Centre for Social Justice, 17 June, 2024.

75 Interview with Centre for Social Justice, 17 July 2024.

76 Interview with Centre for Social Justice, 21 May 2024.

Communication strategies

The challenge for any family support setting is the stigma associated with accessing services deemed too close to “social care”. Hubs delivering universal services such as birth registration, health appointments, playgroups or other youth and community services can counter the preconception that these settings cater only for those who are “in trouble”, capable only of “poor parenting”. Several Hub teams – and the overwhelming majority of parents we interviewed – told us that Health Visitors had drawn them to their local family Hub, and that the 6-8 week check for babies marked the beginning of many parents’ “Hub journey”.

Some Hubs have experimented with other “magnets” such as on-site birth registration. In Bishop Auckland Co Durham, the family Hub has been offering birth registration from one day a month since November 2023. This provides new parents the opportunity to register their baby’s birth while introducing them to the family Hub, and its other offers of support. In Westminster, a big draw has been including GPs in the Hub. The clinic could be accessed by any family member attending a group for 0- to 2- or 1- to 4-year-olds in the centre. The clinic meant that families who found it hard to access GP surgeries were able to discuss issues even if they had a low level of health literacy. The co-location of the clinic in the Family Hubs meant that families had access to a range of other support. The GP found early intervention and holistic practice was more possible working in this way.

Services such as drop-in centres, nurseries and inoculation are also popular in drawing in parents – and in Essex, their oral health offer for children 0-19 has proved an important “extra” for local families.

Some Hubs have hosted community events. For example, local voluntary groups such as Citizens Advice (Essex) and Uniform Exchange (West Yorkshire), have done this to embed themselves in the neighbourhood. “In this way the family Hub serves as a community resource” explains Councillor Jeanette Stanfield, “and not just for families we see but for all local residents. This is not just about being welcoming but about providing a place where discussions about community concerns can take place.”⁷⁷

Bedford, which includes four wards - Castle Newnham, Harpur, Greyfriars and Cauldwell – that rank among some of the 10-20% most deprived areas in England, invested significantly in a council-wide communications strategy when they introduced two local Family Hubs in two former Children’s Centres, Queens Park and Pine Cones in 2023.

To build brand awareness and contacts with families locally, the council and the Family Hubs team produced a “tone of voice” document to gauge how best to introduce the concept of Family Hubs to local families.

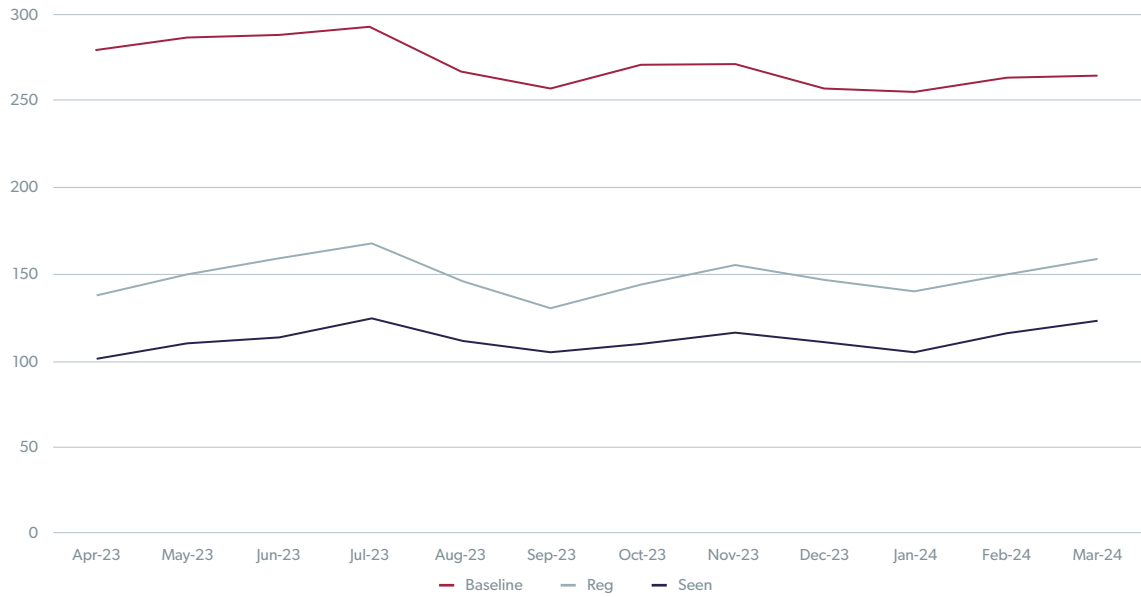
“Language” said Ruth Preece, the Family Hubs coordinator, “is very important when reaching our families. They liked our title for the strategy document, “We are Family”, because they understood that this was not a setting for “problem” families but for all. Between January and March 2023 we put a marketing plan in place. We paid for targeted ads on Facebook (followers have grown by more than 300 since we took over the Early Years page and its 1200 subscribers), and Instagram and You Tube, which involved 6 weeks of display time every 3 minutes on the two digital billboards in well-trafficated sites and we, printed advertisements to go into local family orientated publications, “Raring to Go”, “Toddle About”, “BedsLife”. In addition, in a bulletin, (a second edition of ‘Family

Hubs), 'your child and you' was sent out in December 2023 and a 3rd edition went out before February half term."

More than 7,263 families have already subscribed (up 200).

Local libraries created a Family Hubs display on their board to share useful information about services delivered and local GP surgeries had a Hubs page on their screens.

The investment has paid off, with an overall reduction of CIN between April 2023 and March 2024 (see graph below).



The communications strategy showed an equally encouraging trend of engagement, with more children and more fathers accessing services.

October 2023-March 2024
Bedford Family Support Services

	2023	2024
Registered	72 CIN	63 CIN
	35 Child protection	31 Child protection
	40 LA children	29 LA children
SEEN	54 CIN	80 CIN
	30 CP	38 CP
	40 LA children	41 LA children
Universal Services		
	2023	2024
Play and learn	648 under 5s	752 under 5s
Dad groups	27	82

“The biggest thing we’re trying to tackle at the moment,” Ruth Preece, Family Hubs Project Coordinator in Bedford told us⁷⁸, “is building relationships with those communities that actually some of us don’t even know exist in Bedford, because we’ve got a very, very diverse population in Bedford. Trying to get into some of those communities is quite hard and building those relationships with different faith groups as well is quite hard. Language is a barrier. We’ve got huge number of different languages spoken. So some of our staff speak different languages and our family support team use an app ‘say hi’, app, which seems to work.

“Part of my role is to try and build a network of community champions. This involves contacting local faith groups and different organisations and trying to find the community champion that we will feed the information to, and then they will reach out through their network in their language ... in their own way. They know how to communicate with their community.”⁷⁹

To ensure that all families have access to key services, Westminster’s Church Street family Hub asks their specialist service providers – the trainee GPs and the mental health practitioner who spend one day a week on site -- to introduce themselves and their services to families attending the Hub’s drop-in-centre. In this way practitioners will spend the morning seeing families that have been referred to them and the afternoon explaining what they offer. “They become a familiar non-threatening figure,” according to Chair Peter Watt,⁸⁰ “and parents understand what kind of support they can rely on. We ask this of all our professionals – you will never be sat in a room you will have to be public-facing so share your expertise. We have 24 different professionals coming to stay and play.”⁸¹

One of the priorities for the Westminster LA has been to increase the reach into IDACI areas, which has proved hugely successful. Among the top 10% of children living in these areas, the Hubs made 12293 contacts in 2023-4; and among the top 30%, this rose to 17,846 contacts. This is of particular significance for Family Hubs, as it has put to rest one of the criticisms levelled against Sure Start programmes – that they were primarily delivering to “yummy mummies” and middle class households.⁸²

As their outreach strategy, the Tyne Gateway charity in North Tyneside has adopted the “barefoot professional” model. Julie Marriott the charity’s CEO⁸³ explained that “We believe in peer-to-peer learning, so we are recruiting local people with lived experience people. They are in, or at risk, of poverty... from the communities of greatest need. We ask them to work alongside families, because the “barefoot professional” is rooted in the professional and their community sharing an understanding. I am like them, I came from nothing and that matters: families come in and know we are one of them. We focus on ‘neighbourhoods of need’, which match the 10% most deprived areas under the Index of Multiple Deprivation but also our own knowledge of low-income communities. We stress the importance of understanding how families are experiencing poverty: targeting should not always be based on income – poor relationships can also tip families into despair. We pay a living wage to our barefoot professionals because we know a proper salary will ensure good staff with aspiration. We try to employ individuals who have already shown evidence of community activism and/or voluntary work’: in other words, individuals already with some background, experience and ‘community capital’ seeking to take the next step for themselves and support their community. We develop the team with a wide range of training, including First Aid, C-Card (sexual health) and

78 Interview with Centre for Social Justice, 3 June 2024

79 Interview with Centre for Social Justice, 3 June 2024

80 Interview with Centre for Social Justice, 24 June 2024

81 Interview with Centre for Social Justice, 24 June 2024

82 Naomi Eisenstadt, “Sure Start Review”, *The Therapeutic Care Journal*, 1 June 2022

83 Interview with Centre for Social Justice, 10 May 2024

Equality and Diversity to ensure that they are constantly learning and keeping up to date with the latest regulations and best practice. They gain in confidence, as a result, feel empowered as valued member of our staff and leader in the community.”⁸⁴

Family Hubs in larger boroughs have recognised that travel presents a challenge for many low-income households and have developed a system to overcome this. In the large borough of Doncaster, where 60% of children live in the country’s most disadvantaged areas, the 12 Family Hubs have introduced three “outreach” posts to facilitate families’ access to the sites. Parental Engagement Officers are also in place, tasked with connecting with parents through ongoing telephone communication, home visits, advocating and connecting with other services on their behalf, and direct advice. Finally, Parent Champions act as a bridge between Family Hubs and the most vulnerable families.

The strategy in Doncaster has worked. Family Hubs events were attended 117,000 times between April 2022 and January 2023 by 20,500 unique individual service users (10,353 carer members, [this refers to both adult carers and parents], and 10,167 child members) clustered into 9,200 individual families.

	IDAC%	Total Reach
Communities with the Highest levels of deprivation of Doncaster	10%	15,688
	20%	7862
	30%	4966
	Total	28,156
	70%	15,790
	Outside Doncaster	953
	Unknown	295
	Overall Total	45,554

Traveling and transportation are also an issue in rural areas, such as Cornwall, where families are more dispersed. Here digital support is an essential part of outreach. Amanda Smith, Early Help Service Manager for East Cornwall (North Cornwall and Caradon Localities) told us “We are investing in two outreach vehicles (Public Health Nursing and Outreach Family Information Service Advisers) to support a ‘rural roundabout’ visiting all villages with Early Help IAG and some service.”

84 Interview with Centre for Social Justice, 10 May 2024

In addition, Cornwall Hubs have opted to deliver online parenting support – and already 1038 parents carers accessed this between January and March 2024.

In Essex, a Health Visitor⁸⁵ explained how “We are going out to people’s homes so we can identify support needed -- addictions, failure, relationships, isolation, mental health, all of those sort of really important things that make a family vulnerable.

“Just having the Hub is kind of like a lifeline for some of these families. Because they can be scared... here they can, you know, meet other families and I think for some people if their children weren’t quite developing, as they thought they should, they’d come and sort of meet other families and special needs and stuff like that. Or people fleeing domestic violence they just turned up here. They feel that they’ve got that safe space. It’s an open door.”⁸⁶

Vicky Cullen, commissioner at Calderdale Council⁸⁷ told us that they “have in place a family support and outreach team. We think of them as an extension of social workers – who refer families to parenting programmes, DA and drug and alcohol abuse, and housing.

We rely on parents as community researchers who would ask parents about breastfeeding and now more recently about parent infant relationships. This has not only given us access to parents whom we might otherwise never see, but it has upskilled a cohort of parents in our community.”⁸⁸

Whole family approach

What protective elements can a Family Hub promote or deliver to children and their families, to improve health and education outcomes? Strong relationships, good health and good education are widely recognised as the key elements for a child’s (and an adult’s) to thrive.

Family Hubs have adopted a whole family approach that, together, with the offer of multiple integrated services, can deliver services that promote and protect these elements, – from breastfeeding support for a mother to speech and language expert to identify and support their child, and a fathers’ programme to ensure their engagement in raising their children.

Multiple family support services can carry out their specific roles, often simultaneously, and preferably in the same setting, giving Family Hubs an advantage over other models. The whole family approach focuses on building and supporting strong parent-child and couple relationships, supporting the home learning environment and encouraging parental participation in children’s development and education.

In Halton, the Family Hubs are delivering a range of programmes focused on the parent-child relationship. These include the ante-natal Welcome to the World course, which prepares expectant parents for childbirth and describes attachment, breastfeeding, proper nutrition and the impact having a child can have on couples.

85 Interview with Centre for Social Justice, 12 June 2024

86 Interview with Centre for Social Justice, 12 June 2024

87 Interview with Centre for Social Justice, 15 May 2024

88 Interview with Centre for Social Justice, 15 May 2024

Claire Wilson, Halton's Parenting Lead, told us "With our targeted mums, who we know have experienced difficulties in pregnancy, we actually go out to physically meet them and bring them into our centres for these courses."⁸⁹ Sessions include support for parents' own emotional health, emphasising the need to care for their own mental health in order to nurture their baby.

In addition, the Hubs deliver the evidence-based Triple P (Positive Parenting Programme) which focuses on building stronger family relationships and boosting parents' confidence in their ability to raise healthy and happy children. "It does not preach at parents, but gives them very practical tips. The emphasis is on building a strong and trusting relationship." These address poor self-regulation, unrealistic goals, inconsistent rules. The course includes both in-person advice and phone-call sessions and extends from parents with infants to those with teenagers.

The Family Gateway charity in North Tyneside works with families who are on a Child in Need or Child Protection Plan across the North East, with the aim of strengthening family relationships in order to prevent children going into care unnecessarily. The charity's Health and Well-being Coaches deliver a "team around the family", to support struggling parents to create and implement routines and boundaries, including boosting confidence and enabling their collaboration with health visitors and other professionals. The coaches also provide access to a range of community activities for children to engage with, and complement these with one on one support and group sessions. The aim, the charity's CEO, Julie Marriott, explained, is to "reduce isolation, get children ready to attend school, and support and improve parenting skills. This is about making sure that families have a web of strong positive connections to rely upon."⁹⁰

The emphasis on strong relationships as a preventative strategy is also found in Calderdale, where the Hub teams seek to prevent family breakdown through their Reducing Parental Conflict programme. "We know that there are arguments in every relationship and that there is a critical moment for couples when they are new parents," Victoria Cullen Programme Manager Family Hubs said, "What we facilitate is the couple coming to an understanding and a resolution. Children need to see that process – argument, resolution – because they can copy that in their own relationships... But we don't just wait until the couple is in conflict, we give them the tools to promote a strong stable relationship."

Colocation of services has proved a crucial feature of the Family Hubs' preventative approach, introducing parents through universal services to a range of services, including targeted support; and enabling providers to easily lead parents on to a pathway of support for their needs. Multiple resources under one roof increases efficiency while reducing barriers to access, such as stigma and transportation. It also spares parents from having to repeat their personal story to professionals.

Finally, colocation enables practitioners to support one another more easily when dealing with challenging issues – "no one is on their own here" as Peter Watt, Chair of the Church Street Family Hub in Westminster told us.

⁸⁹ Interview with Centre for Social Justice, 28 May 2024

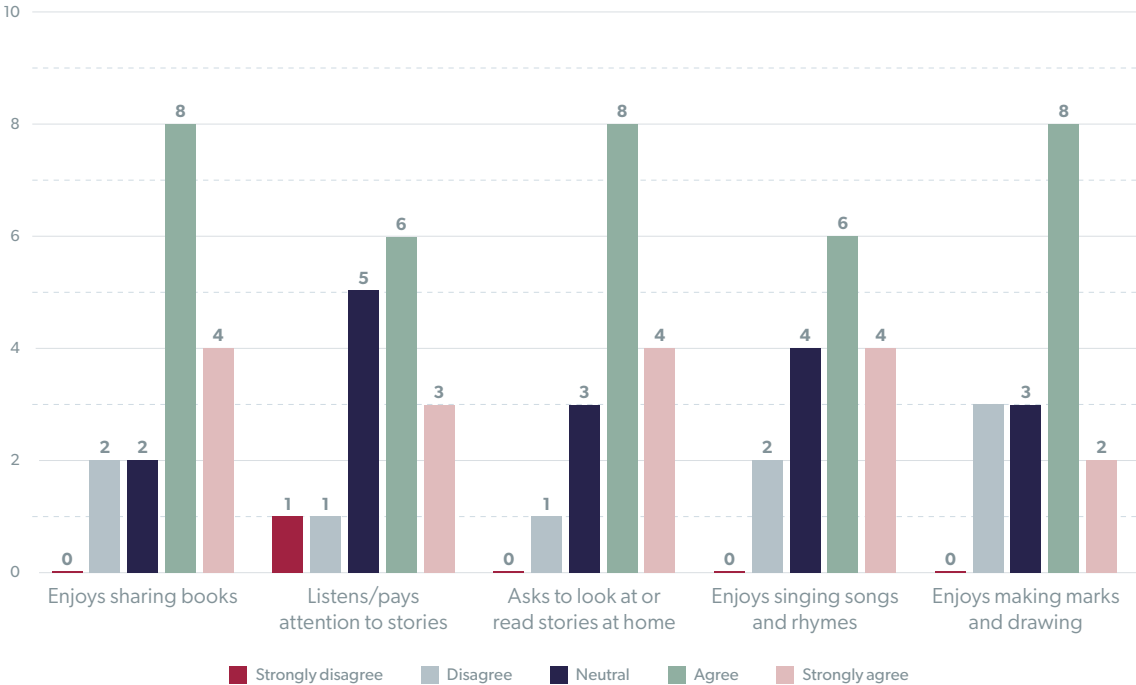
⁹⁰ Interview with Centre for Social Justice, 10 May 2024

Home learning environment

At least half of the variation in a child’s outcomes are down to what happens in their home rather than at school.⁹¹ A good home learning environment, which offers nurturing and stimulation, safety and routine, can secure a child’s flourishing. Some parents, however, may ignore the importance of these elements, or struggle to provide them. For children raised in these households, support in the pre-school years can transform outcomes.⁹²

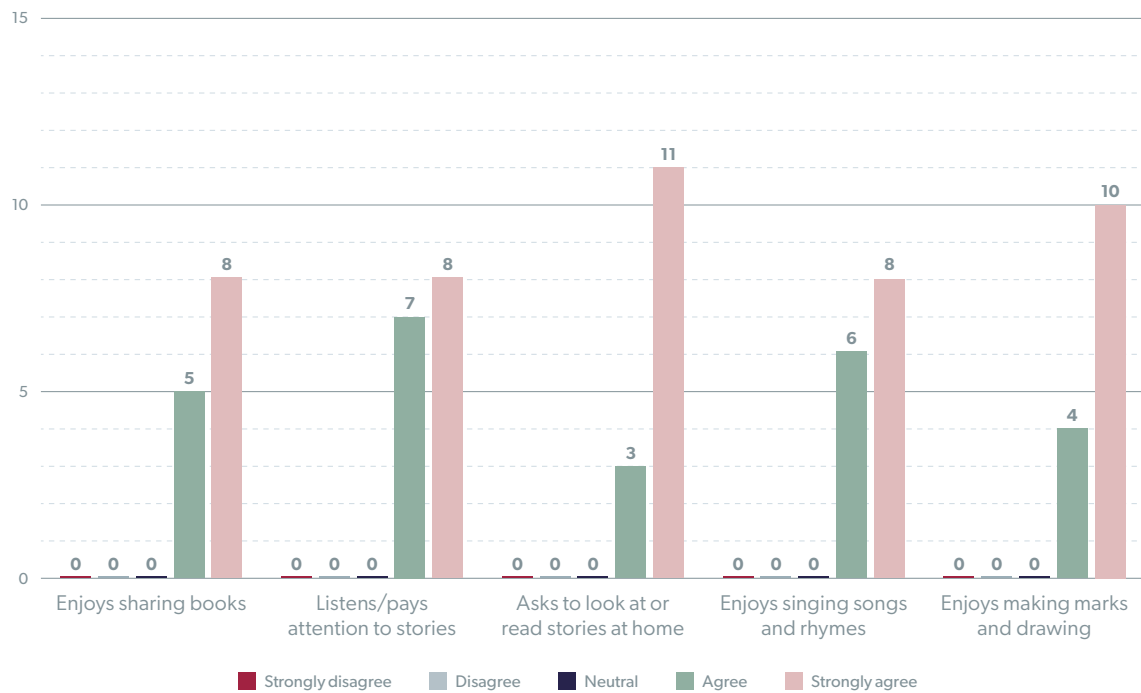
In Salford, the Family Hubs have used their Transformation funding for ‘Chat, Play, Read’ groups (targeting age 0-3; universal parent/child groups led by Family Hub Practitioners) and Early Words Together (targeting age 3-4) groups led by communication development workers and Family Hub practitioners. When a request for Speech, Listening, Communication (SLC) support is made for a child at 18 months, the request is triaged and if the child presents at risk of language needs, they are offered the Parent Child Interaction (PCI) group, led by communication development workers. If they appear to present with more specialist needs and/or parents have more significant concerns they are offered assessment from a qualified speech and language therapist. The early language work is done in the home or Private, Voluntary or Independent (PVI) or school nursery, and is delivered by communication development workers and/or Early Years practitioners/school EYFS staff who have undertaken training by the National Literacy Trust.

The 12 staff trained in Early Words Together, in turn, have trained staff in 18 Family Hubs, school nurseries and PVIs to deliver to families. Parents participating in the six-week course were supported in sharing stories, speaking and listening, singing and engaging in different types of play. Parents were provided with resources, tips and all-important modelling of activities by the practitioners. The programme was successful in boosting parents’ confidence in supporting their child’s language and listening. (See figures below)



91 Lee Elliot Major, “How can policy reduce intergenerational inequality?”, Chapter 31 in Research Handbook on Intergenerational Inequality, pp 415-422, 17 May 2024.

92 Lee Elliot Major, Sam Parsons, “The forgotten fifth: examining the early education trajectories of teenagers who fall below the expected standards in GCSE English language and maths examinations at age 16”, CLS Working Papers 2022/2. Centre for Longitudinal Studies, UCL, 2022.



Parental engagement

The evidence is clear: parenting has a bigger impact on a child’s life in the Early Years than education, wealth or class;⁹³ and the most disadvantaged children benefit from parental engagement most – those with engaged parents are 39% more likely to attain a good level of achievement than those without.⁹⁴

Less than 3 in 4 parents are confident of their child’s needs are being met at school, with that confidence dropping to 61 per cent among those with a child in secondary school.⁹⁵

Parenting interventions seek to improve children’s outcomes by supporting their parents in terms of self-regulation, communication, confidence, routines, etc. The impact of these interventions has been shown to increase at population level – universal programmes have more effect than selective, or indicated programmes.⁹⁶

The Government recognises the impact parenting programmes can have, committing £50m to them specifically, as part of the Family Hubs package.⁹⁷ Reach Children’s Hub is co-located with Reach Academy Feltham. Almost a third (32.7%) of the school’s pupil cohort are on FSM. Feltham is in the bottom 10% of areas for the Index of Multiple Deprivation ‘barriers to services’ measurement, meaning essential support services can be inaccessible to residents. Reach are developing a “cradle to career” approach through Reach Children’s Hub. Parental engagement is the focus of their work, with the academy’s leadership team having explained that they “draw a direct line of causation from the depth of relationships developed with students and families to the results achieved by the

93 PD Lanjekar, SH Joshi, V Wagh, “The Effect of Parenting and the Parent-Child Relationship on a Child’s Cognitive Development: A Literature Review”, Cureus. October 2022.

94 Lee Elliot Major, “Focusing on Parents to Improve Social Mobility”, National Centre for Family Learning, Campaign for learning Policy Paper, 2022.

95 Centre for Social Justice, You Gov polling January 2024 .

96 Filipa Sanpalo, Camilla Nystrand, Inna Feldman, Cathrine Mihalopoulos, “Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations”, European Child and Adolescent Psychiatry, 3 March 2022.

97 Matt Buttery, “Joining the Dots of Family Support Across Services,” LGA, 14 June 2020.

students.”⁹⁸ Teachers and parents “sign a pledge,” so parents know what they can expect from the school, and that the school carries out home visits where staff “sit and have a cup of tea” to help build relationships with families.⁹⁹

Engaging parents is necessary but when those parents belong to marginalised communities, this can prove challenging. Helen Letting, manager at Queen’s Park Children’s Centre in Bedford¹⁰⁰, told us that they have introduced a novel way of drawing in local parents and their children. There is a large Muslim population, in which most children attend mosque school after their school day, so local schools struggle to keep pupils staying behind after hours. Their solution was to hire Meg, a schoolteacher who also runs the company Good Life Garden, that brings in parents and children to learn gardening skills together in a garden at Queen’s Park. She now runs weekly sessions (a toddler session and an after-school session) encouraging children and parents to grow things, do outdoor activities, etc. The numbers are not very high, so their next step is looking to move the sessions to the weekend from September.

“We’ve got some really good links with some of the schools in the top 20% deprivation area... And we’ve got a meeting where we focus on how we’re going to engage these parents... I think the key is to go through the schools, especially if you’re looking at age range, because they know the families that really probably need to benefit from going to these sessions. Some parents are hard to reach and they’re not going to just walk in the door and I think it’s actually, if you can build that development of trust through the schools, then I think eventually they’ll eventually come through the Centre doors.”

Helen Letting describes one “big community event on a Saturday to get parents coming -- we had a farm, fire engine, a lot of activities for those younger children and a few for older children, some cricket things and stuff like that, but out of that we had 719 people turn up. Out of that 90 of them were over fives. These older children are attending the events. And the feedback was really really good.”

Inclusion of marginalised groups

SEND

Developmental issues, lower academic grades and parents’ economic inactivity due to caring responsibilities: the negative outcomes for families with children with SEND can be significant. In addition, in most local authorities there are considerable delays in identifying SEND children, as well as delays in their referral and lack of support during the referral waiting period – all of which compound the challenges in dealing with some of our most vulnerable children and disenfranchised parents in lower income households. Addressing SEND has emerged as a key step in reducing health and educational inequalities.¹⁰¹

“Family Hubs are a key part of any SEND strategy,” Denise Beevers, who led the Family Hubs programme for Doncaster Council explained ¹⁰², “and they need to have clear pathways in place for how to support SEND agenda. The early identification within services is good but parents need to know how to proceed... many find it difficult to cope well with children with a cognitive or physical impairment so peer support groups are crucial ... especially when the waiting lists for assessment are

98 UK Parliament, “The forgotten: how white working cLocal Authority pupils have been let down and how to change it”, Part 4, “Supporting White working cLocal Authority children and families: from cradle to career”, June 2021.

99 Ibid.

100 Interview with Centre for Social Justice, 20 June 2024.

101 <https://hansard.parliament.uk/commons/2024-01-11/debates/8B02AF2E-A11A-412B-8E72-E7ACE5D1D206/SENDProvisionAndFunding>

102 Interview with Centre for Social Justice, 11 July 2024.

so long. Most of the children are under statutory threshold, but without intervention their needs can escalate, particularly as they become teenagers.”

Hubs can offer access to speech and language therapists, nurses, physiotherapists, play groups, and access to special teaching units in mainstream schools. Timely support prevents escalation of family needs to care and support levels.

Six of the 15 Durham Hubs offer SEND support. To meet the 200% increase in demand for the service, the Hub leads have introduced neo-natal nurses in two of the Hubs working with children with complex needs, including premature babies and babies who have had a traumatic birth. This is an example of prevention – the families are pre-CAMHs and referral takes place early on, which is key given the lengthy wait for Durham CAMH services. “Feedback from the family is really positive,” explains Alison Ghent, Family Hub development manager ¹⁰³, “because they often are struggling to take on board what their child’s special needs will mean for their future, for the family, for the parents’ employment.”

In Bedford, 761 children from areas of deprivation (IDAC) accessed the two local Family Hubs in 2023-4, representing 66.26% of total number of children seen. Their SEND offer is a draw for many parents, Councillor Jane Walker told us: ¹⁰⁴ “we work closely with the Parent Care forum and our colleagues at the Child Development Centre. The Child Development Centre run quiet stay in place sessions on a Monday and a Friday. The Monday session is targeted at the families who are already being supported by the Child Development Centre while the Friday sessions are open to any families. The Parent Care forum sit on our steering group as well and attend lots of our other meetings. We aim to develop a peer support programme for parents with SEND children as well... The Hub teams are working with a local charity, Embrace, that used to support children with cerebral palsy but are now expanding their remit to support all children with special needs. The voluntary sector providers collaborate with CAMHs nurses in two buildings so that parents may seek advice from them. The Hubs also provide holiday activities for SEND children and short breaks for parents.”

“I was an ex special education needs co-ordinator so I’ve got quite good knowledge in that area... the feedback when we first created our current website was that actually some parents don’t even look for a SEND section because they don’t know what that means. They’re just like, ‘something’s not right’. So we’ve got a child development section. And within that we’ve got clear guidance for parents...”

Fathers

Fathers play a crucial role in their child’s development. One million children in UK are growing up without a father, according to the Children’s Commissioner,¹⁰⁵ and yet an engaged father is a third less likely to separate from the mother ¹⁰⁶and the Fatherhood Institute identifies that poor relationship quality and engagement from fathers is a key driver in post-natal depression. ¹⁰⁷ Family Hubs could provide a setting for father-child interactions, but as the former Children’s Minister Tim Loughton has pointed out, too many Family Hubs “are closed most of the time when dads can access them, particularly at weekends. Some of the best children’s centres are those that open at weekends, have football teams that dads and their children can come along to, and have computer-reading facilities latched on to that.” ¹⁰⁸

¹⁰³ Interview with Centre for Social Justice, 7 July 2024.

¹⁰⁴ Interview with Centre for Social Justice, 20 June 2024.

¹⁰⁵ Children’s Commissioner, “The Big Ask”, March 2021.

¹⁰⁶ Centre for Social Justice, “Family Structure Still Matters”, August 2019.

¹⁰⁷ Fatherhood institute, “Bringing Baby Home”, June 2022.

¹⁰⁸ hansard.parliament.uk/commons/2019-01-30/debates/AF65222B-DDEA-4215-AB2C-444C3C265842/EarlyParenthoodSupportingFathers

Fathers have a key role to play in young children's lives but are currently an under-utilised resource. By drawing on their input and engagement, Family Hubs would address this social inequality, enabling better outcomes for families. Prof Kate Hoskins, at Brunel University, told us that "fathers are so often overlooked. They want to contribute however, and we need to unlock that potential." ¹⁰⁹

In Halton, the Family Hub team has engaged with the Fatherhood Institute to deliver three days of Champions' Training for their Hub -- for social workers, Health Visitors, teachers, Early Years workers on how best to include fathers in their practice. In addition, the Halton team is working with 32 professionals in different organisations who will champion fathers' role in raising children. Adam Hindhaugh, Early Help Transformation lead, told us that ¹¹⁰"we've done a lot of father-inclusive practice." They run a dads' group on a Saturday to make it more accessible, and are going to have father champions across all teams in order to encourage the workforce to consider fathers involved on every level, even if the parents are separated.

A practitioner on the team emphasised: "We are starting to get that buy-in and it's making sure that we co-produce with our fathers, because what we think they want could be totally different from what they need. I didn't even know that fathers get lots of hormonal changes during pregnancy. And I was like, oh my god, that's amazing. I've always said to them, 'Why are you in a mood? It's me that should be in a mood.' So, it's really opened my eyes as a practitioner... I'm excited about what that future looks like with our fathers. And already, we're seeing way more fathers than we ever have done at baby showers. Local Authority week, there were five males and four females."

In Durham, Fiona Smith (Early Help Development Operations Manager) has been leading on Reducing Parental Conflict and the Supporting Families Programme. She told us that as part of the community engagement work they had undertaken, her team had asked parents/carers, "What does Reducing Parental Conflict mean to you?" They were disappointed when despite a good response (451) only 4% were from fathers. This raised the issue of inclusion: How was the workforce, including Family Hub Teams, engaging fathers? They decided to prioritise this aspect of their support and commissioned the Fatherhood Institute charity to deliver their three-day Dad Champions training programme to early help staff and partners." ¹¹¹"We wanted a Dad's Champion in each of our services, including probation, youth justice, education and health," Fiona Smith told us. She said that a preliminary discussion with a group of local fathers found that they thought themselves secondary parent figures, with mothers being the primary parent. To promote the necessary cultural shift, Fiona Smith works with maternity and health colleagues to promote the inclusion of fathers at the earliest opportunity into the antenatal programmes: "Engaging a Dad from the start is crucial – and our approach is working because over the past two years we have heard senior leadership and stakeholders regularly talking about fathers' roles." Recognising that their workforce is primarily female, they have employed a Dad/Male Carer Coordinator. He supports Dad's Champions and establishes Dad's peer support groups, as well as delivering Baby Massage and Triple P Baby for Dads and male carers.

Sheffield Hallam University has carried out Behavioural Insights research with Durham Local Authority, which was funded by the DfE. This involved training dads to be community researchers and gaining Durham Dads' feedback on the messaging used to promote parenting programmes. The learning from this research continues to be scaled up and will help Durham market family support offers more inclusively, including Family Hub and Start for Life developments.

¹⁰⁹ Interview with Centre for Social Justice, 7 July 2024.

¹¹⁰ Interview with Centre for Social Justice, 31 May 2024.

¹¹¹ Interview with Centre for Social Justice, 7 July 2024.

To ensure fathers feel included, the Family Hubs have offered informal “get-to-know-you” activities such as Days with Dad, Durham Dads Together and education colleagues are thinking about how they include father’s, have written a Father’s Inclusion Strategy and have delivered football days, den building and DIY activities to engage them. All marketing/publicity campaigns for their Family Hub and Start for Life programme (leaflets, brochures, website etc) include male figures as well as female.

They have also commissioned the charity North East Young Dads and Lads, who work with fathers under 25. The charity teaches life skills to the young men and boosts their confidence in their parenting through Digi Dads, Stay and Play Sessions.

The result of this proactive “Dad campaign” has been that the PCP now boasts four fathers.

In Bentilee Hub, in Stoke on Trent, one father told us that “I wasn’t really aware, of anything on offer for parents... when my wife found out about the play groups and we started attending, it was... well, we pretty much come every week now. I’ve started to come to the play groups on my own, which was absolutely petrifying at first, but after the first week I’ve settled in quite well... everyone’s really nice. And the Hub lead said ‘it’s more of a community thing... you do get sort of everyone just sort of come together.’ I know it’s important having a positive male role model within a community group, and when you’re that positive person for a lot of children that may not have that in their lives, it feels like we’re doing something for the family and we are encouraging dads to come in. And the Hub team want to make it as comfortable as possible for us Dads to come in and to be able to access accurate information. Because we know those mums seem to get lots of information and dads are sitting in the background... Here there is always someone to talk to and be pointed in the right direction. If you need your questions answered, there is someone here.”

Trade-offs

Any complex system such as a family support programme will present local decision-makers with a set of trade-offs: improvement in one outcome may compromise improvement in another. Meanwhile government targets and/or approved interventions may not meet local demand. Gauging the opportunity cost of the choices made by Family Hub teams and Local Authority decision-makers is a challenge inherent in the Start for Life and Family Hubs programme – and one that the government will need to take into account for future implementation.

The DfE and DHSC have sought to promote a locally-led system – but funding came with some rules and guidance. As noted earlier, our review found Hubs currently felt the tension between central and local control in decision-making.

Here we highlight three areas where this is evidenced: Early Years-specific services vs broad age range support; evidence-based interventions vs locally-grown initiatives; and government-led vs independently-led services infrastructure.

Age range

Early Years researchers believe that focus on the first crucial 1001 days allows for maximum impact: the Heckman principle – that investment in these years pays off, several times over – is now widely accepted among Governments across the OECD¹¹². The Family Hubs and Start for Life initiative concentrates resources accordingly, prioritising services at this early stage of a child’s trajectory with £170 million for essential services for the first 1001 days and £100 million for perinatal mental health and parent-child relationships. Yet in its guidance to Local Authorities, the government has called for support to be delivered to children 0 to 19-year-olds, and even 25-year-olds in the case of SEND children.¹¹³

The ring-fencing of funds for Early Years presents some Hub managers with a predicament: they want to live up to the mission of supporting families with older children, but when Government funding does not include support for adolescents, this proves a challenge. In Bedford, Councillor Jane Walker explained the challenge: “It’s all based on the under-fives at the moment because all the funding is focused on the nought to fives... We need to deliver the service bigger, but we haven’t got any money ... for funding and specific targets to meet for those older children who may be in need.”¹¹⁴

In addition, Government demands Hubs to carry out a community-wide needs assessment that routinely finds families seeking support for their adolescent children as well as their younger ones.

As a lead in one of the Hubs we visited, however, pointed out, “families don’t have children only until they are three years old”.

112 Sadegh Eshaghnia, James J. Heckman, Rasmuso Landersø, “The Impact of the Level and Timing of Parental Resources on Child Development and Intergenerational Mobility”, National Bureau of Economic Research, November 2023.

113 Department for Education and Department of Health and Social Care: “Family Hubs and Start for Life Programme: local authority guide”, 8 August 2022.

114 Interview with Centre for Social Justice, 24 July, 2024.

Judy Matthews, Strategic Lead in North Northamptonshire, points out that when 80% of the funding from government is for Early Years it is “a struggle” to develop something for older children. She is doing so, however, creating BeeBot, a digital space for young people, launching in September. “We recognise that young people – school aged to 19 -- need things in a different way. It should look and feel made for them. And then they are interested in different things -- music and arts, information about local activities, employment and apprenticeship opportunities, etc. So we have rolled out a Voice of the Child pilot, with five voluntary groups undertaking the research to see what services young people would need. We developed a ‘voice bank’ to capture their thoughts. The information we gather from this will drive the services we provide.” Matthews says that the Family Hub as a hybrid model – both physical place and digital platform – allows her to meet the needs of the family as a whole, not just those Early Years. In addition to their digital space, young people in North Northamptonshire will be able to use the youth centre, gym and the church halls being run by faith groups: “Ours is an umbrella with the physical Family Hub at the centre spreading out to satellite places to cater for every member of a family.”¹¹⁵

Historically youth clubs have delivered targeted support to adolescents in areas of high deprivation. The clubs, through their organised activities, and access to safe spaces and sports grounds, offer an alternative to drug rings and gangs.

Youth clubs were severely affected by council cuts, their budget reduced from £2.6 million in 2011 to just £1.1 million in 2021.¹¹⁶ Yet some of the Family Hubs we visited pointed to the club model as a crucial and popular feature of young people’s lives and have worked to restore them. In 2019, Westminster City Council re-invested in youth services. The charity Youth Westminster Foundation funded the formation of 5 Youth Hubs across the borough that have become an integral part of the Westminster Family Hub offer, with the youth manager/ leader becoming an active member of the Family Hub Integrated Leadership Team.

At St Andrew’s Youth Club, the world’s oldest youth club, CEO Sarah Nicholls explained that “We have improved engagement with smaller community groups and providers such as St Vincent’s Family Project, and with Young Westminster Foundation member organisations, we now have more than 100 local non-profit organisations delivering services for children and young people across the borough. They engage with them with music, sports, games... the Hubs teams realised that young people were unlikely to seek support in a site that catered for babies and toddlers.”

St Andrew’s “open our doors at 3.30pm (unofficially) so young people can come straight from school. We offer young people volunteering hours and training in youth, sport or gym instruction.”¹¹⁷

Young people can use the pool table, games consoles, a Sports Hall with basketball, football, weights, and a gym.

The club opens their gym to ‘members’ for a small annual fee – this means older youth can keep coming, or even parents can go to the gym while they have a child at youth club. The project is 70-75% staffed by alumni reinvesting into a circular economy that supports the youths once they age out of the programme.

115 Interview with Centre for Social Justice, 23 July 2024.

116 House of Commons Library, “Trends in funding levels for youth services”, 26 February 2024.

117 Interview with Centre for Social Justice, 20 June 2024.

Evidence-based programmes

The Centre for Mental Health estimates that every £1 spent on evidence-based parenting support results in at least £3 of savings to social care, health and education.¹¹⁸ Government guidance for the 75 Local Authorities selected for the Transformation Fund recommends the evidence-based Triple P system. The British Medical Association estimates the Triple P system has the ability to generate returns of £5.05 for every pound invested, by reducing spending associated with disruptive behaviour symptoms, child abuse and neglect, crime, substance abuse, and higher returns arising from increased rates of school completion and employment.¹¹⁹

“Evidence-based interventions have been tested and refined in response to evaluation findings over years and sometimes decades. Where these programmes exist, they are often our best bet. There are many understandable reasons why evidence-based programmes aren’t more widely commissioned in local areas, including misgivings about cost, a preference for locally developed services, and concerns about how easy or otherwise they are to implement within the local context. Increasing uptake of these programmes requires a significant amount of central incentivisation and support, but this would be a wise investment.”¹²⁰

Some Family Hub teams however question the requirement to roll out exclusively evidence-based Early Years programmes. One of the Early Years practitioners in Bedford expressed her frustration: “We already have a really strong offer of localised support in Bedford, our speech and language team do a lot already. They’ve created their own programme called “Lift off to language”, and they’ve now got another one called “Sail into sound”. Okay, it’s not evidence based, but we could probably produce the evidence to do it. For a long time the DfE were asking us to fund the university or somebody to do a study on “Lift off to language” to make it an evidence-based programme. So we put everything together for that. But then they went back to policy makers, who said you can’t do that. You have to buy into PEEP, you have to buy into one of our evidence-based programmes. So now we’ve got a huge amount of funding we haven’t spent that is in the PEEP bracket. We can’t get people locally onto the training. Right. So, we’ve offered it to our Early Years settings, we’re offering it to charities, any organisation that are supporting children and I know it’s supposed to be three- to four-year-olds, but we’re saying anyone in the nought to five age group. We’ve said to everybody, we can get PEEP to do training whenever suits you; evenings, weekends, daytime, online, it’s all online anyway. But we’re still getting very few people signed up to do it. So now there’s money just sitting there that you could use for the bits that really do need some extra finance but yeah, you’re not allowed.”

118 Centre for Mental Health, “Mental health for all? The final report of the Commission for Equality in Mental Health”, 2020. <https://www.centreformentalhealth.org.uk/publications/mental-health-for-all>

119 British Medical Association, “Supporting a healthy childhood: The need for greater investment in services in England”, 2020. <https://www.bma.org.uk/media/2059/bma-report-supporting-a-healthy-childhood-feb-2020.pdf>

120 Early Intervention Foundation, “Making the most of the Spending Review investment”, 2020.

Infrastructure: state-led vs independent

Family Hub teams have told us about the infrastructure they have in place to co-ordinate local service provision: while in some areas, the Hubs have been able to become the central, trusted point of access for families, in others, an independent backbone organisation has served to draw families to the Hubs and other public provision, breaking down initial distrust of state-led institutions.

This “independent facilitator” role can be played by charities or philanthropists. Thrive at Five, the charity that works with families in Bentlee, provides the “backbone” for Early Years provision by working with local schools. Thrive at Five fund additional support staff, teachers’ salaries during the summer parental engagement sessions, and the resources for the sessions. Just as in Tyneside, where Julie Marriott found that “people don’t trust statutory services”, Thrive at Five found that local families in Bentlee regarded the state with hostility. The charity, having gained the trust of local families, served to draw parents to the Hubs, to services and to schools.

Governance

The multi-disciplinary nature of the Family Hubs model requires careful allocation of responsibilities among the multiple stakeholders as well as rigorous scrutiny: in the current economic landscape, value for money must be a priority for all Local Authorities and their partners.

The Transformation Fund, as noted earlier, prescribed the establishment of a Parent Carer Panel – offering parents and carers a voice in the running of their local Family Hub. The panel has contributed to a shift from a hierarchical to a more horizontal governance model. This newly inclusive structure, with its greater community participation, reflects the grassroots-up (as opposed to top-down) model originally envisaged for Family Hubs.¹²¹

In addition, to ensure representation of service providers, council members, local schools and NHS, as well as the voluntary sector, the Hubs have established a variety of working groups. These participatory groups are also tasked with monitoring progress in supporting local families. As noted earlier, the lack of a National Outcomes Framework has been criticised by several Senior Leadership teams – and in effect the absence of a shared measurement of success does place a significant responsibility on those engaged in governance: they will have to establish KPIs, and formulate Theories of Change in order to design an individual Outcomes Framework. Moreover, while capturing improved outcomes is feasible, attributing these improvements to Family Hubs will prove more challenging.

Undoubtedly, the regular and multiple meetings between stakeholders who represent different sectors will have the added benefit of engaging the wider community and embedding the Hub model within it. Effective governance will not only deliver scrupulous oversight but also support efficiency, ensuring that services match local needs and there is no duplication or unnecessary administrative burdens. In addition, the Hubs' inclusive governance model ensures common strategies for measuring improvements, including clearly defined outcomes and collaboration across the sectors in evaluating these.

The groups participating in governance vary among the Hubs but can include: Transformation Board, Early Help Partnership Board, Family Hub Steering Group, Start for Life Board, Integrated Leadership Teams. Voting members can include representatives of Early Years programmes, local schools, local NHS, digital providers (as in North Northamptonshire, where BeeBot's representatives attend their meetings). Numbers vary:

in Doncaster some of these meetings include 117 representatives from the council, as well as the health, social care and voluntary sectors; in Essex, the family Hub Advisory Board meets on a quarterly basis and includes 15 voting members.

¹²¹ Centre for Social Justice, "Breakthrough Britain", 2007.

Data

The new government and the on-going economic slump call for proponents of the Family Hubs network to make a strong case for further DfE-DHSC investment. To do this, data generation and collection are essential. Without a national outcomes framework, stakeholders in the individual Hubs have had to decide upon which key performance indicators (KPIs) and family outcomes they should collect and monitor on a regular basis.

The 75 Local Authorities selected to receive the Transformation Fund share a common goal in reducing health and educational inequalities. Many of the Hubs that were not in receipt of the Fund have the same ambition; but which other indicators to include in any evaluation of progress remains an individual decision. Indicators can include overall attendance; IDACI attendance; number of referrals; number reaching Early Years development standards; school readiness; reduction in DA; and more. The Children's Commissioner believes the starting point should be school readiness (as measured by the Early Years Foundation Stage), school attendance, family conflict and referrals to children's services.¹²²

Additionally, significant data can include practitioner to child contact ratio; cost avoidance; timely identification and intervention preventing need escalation (and associated intensive and expensive interventions); level of co-production with local families for proper targeting of local needs; adopting a differentiated approach to invest more in the families with more complex needs.

The Hubs we visited had very different approaches to data collection and reporting. Even though the DfE tasked the 75 Local Authorities selected for their Transformation Fund to regularly update them with relevant information about their participation rates and services provided, we found data collection was patchy – some Hubs did not even register the service users who came in – and reporting uneven.

Research from the Supporting Families Programme suggests that services work best together when they share intelligence, facilitating a better understanding of the drivers of local trends, and identification of vulnerable families in need of targeted services. Each stage of the process builds on this shared data, which relies on co-location, or shared case management systems.¹²³

Leadership teams pointed out that in many Hubs, however, their lack of resources and administrative support made data collection a significant challenge. Training staff in data collection was also an issue; Naomi Marquis, Public Health Manager at Calderdale Council, told us: "collection is tricky because many of our providers don't know which data points are crucial, which are not. We do have good case by case info – but I also have to say that too much data is bean counting rather than outcome-based.... We need to get to the 'so what?'"

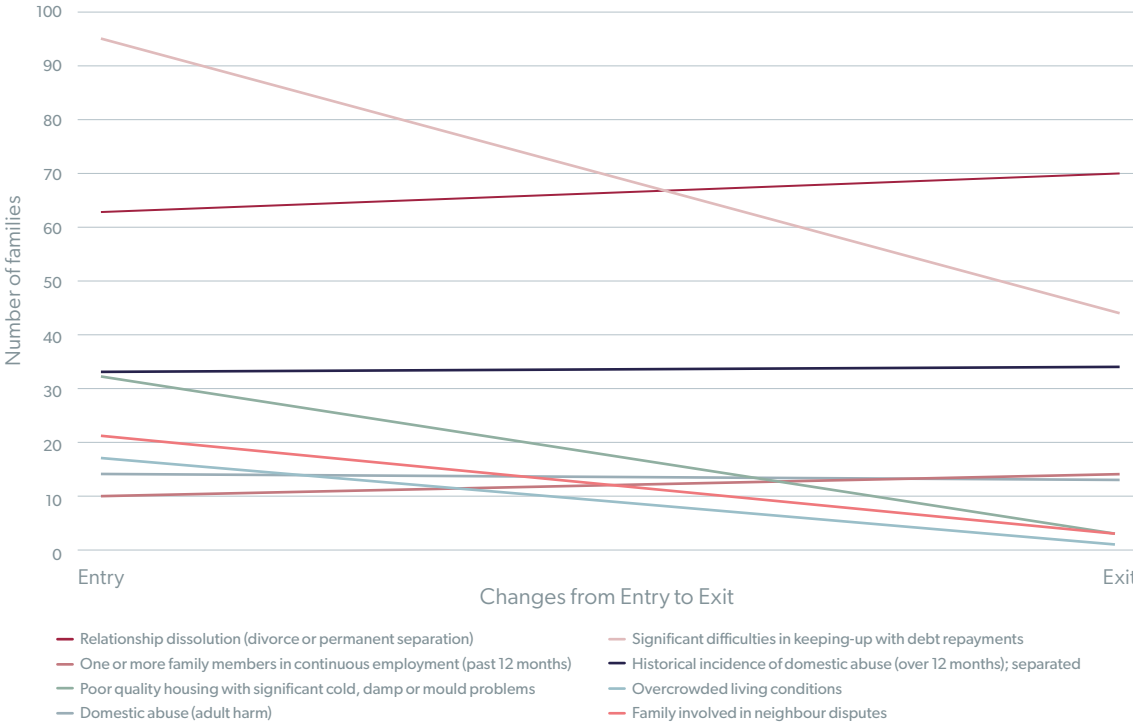
Denise Beevers, now a consultant for Family Hubs, agreed that in her role she was finding many Hubs were struggling with data management: "On the ground everyone understands the importance of

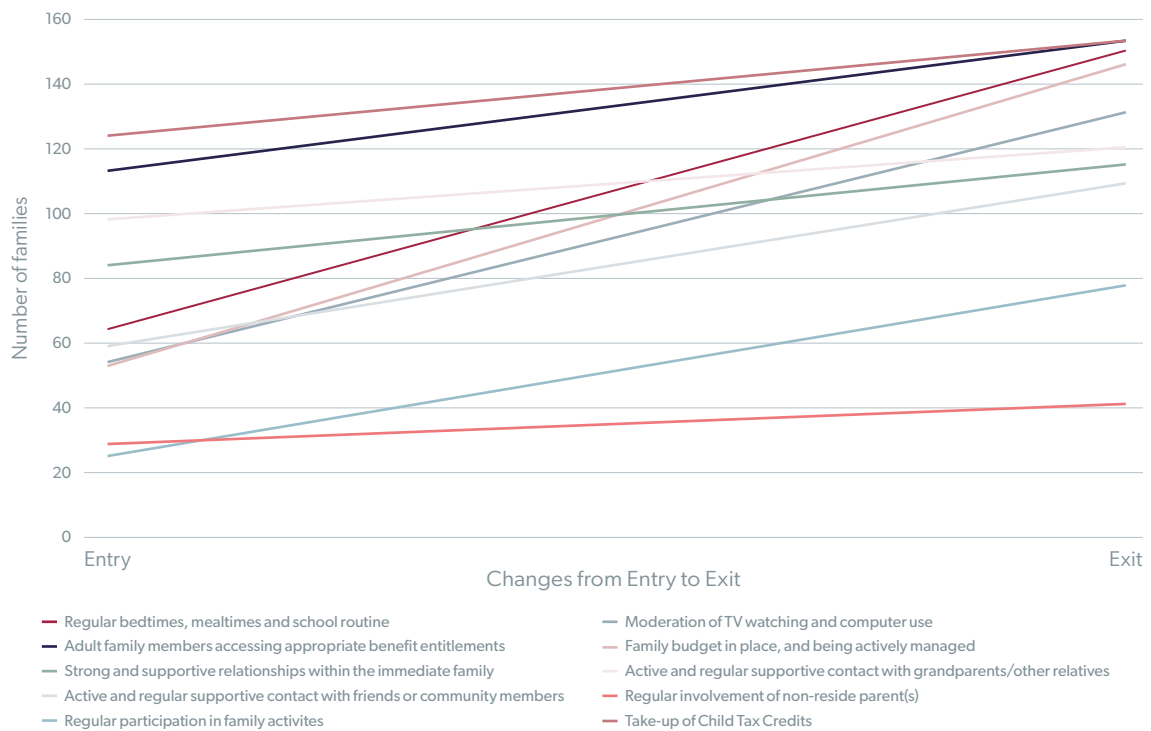
122 Children's Commissioner, Family Hubs policy paper, 2021.

123 Ministry of Housing, Communities and Local Government, "Supporting Families 2021-22 and beyond", 26 March 2021.

sharing data, but so many of our key workers are scared. Plus, you need to collect lots of different data from different systems to make the case for an intervention. GDPR has not made it easier. From the family's point of view, it is equally challenging because, if the providers can't share the data, they have to repeat their story. The DfE should put pressure on the organisations to share data and develop one system for all."

The Hubs who have collected data have chosen a wide variety of indicators. To show the impact of its "Extending the Reach Project", The Tyne Gateway charity drew on data pertaining to 607 families (See figures below). The data collected reflected two key aspects of the local community – family risk and family strengths. The data showed the families' trajectories (for both children and adults) over a 12-month period, including an 86% reduction in violent behaviour among the children and a 68% increase in families participating regularly in family activities.





Both graphs from ECORYS

Calderdale has set up community researchers and trained volunteers who make data gathering so much more efficient because they can reach the hardest to reach.

In Halton, data focused on service users' satisfaction. This was captured through a survey of local families carried out by Healthwatch Halton in January-March 2024 with 148 respondents.

- 65% of people who have used Family Hubs felt they had an increased amount of confidence in themselves as parents.
- 94% of people who have used Family Hubs felt the staff were supportive of them.
- 82% of people who have used Family Hubs saw them as valuable for their family.
- 44% of people who have used Family Hubs felt the Hubs were known about by other local families.
- 85% of people believed Family Hubs would benefit their family by offering a wider range of services.
- 85% of people who have used Family Hubs would recommend them to friends and family.
- 47% of respondents had not used a Family Hub.

In Westminster, Peter Watt told us that although participation rates of families living in high IDACI areas “do not tell the whole story”, they were a useful marker to measure the success of Family Hubs. The three Hubs in Westminster delivered services to 3523 children and 3788 individual parents/carers over 2023-2024. The reach into the top 10% IDACI areas for children was 1145. In addition to participation rates the Westminster Integrated Leadership team had also looked at reasons for referral to the panel and reasons for accessing the Hubs. The top reasons for families being referred were housing and domestic abuse; the top reasons why families came to the Hubs were the drop-in centre and midwifery services.¹²⁴

124 Interview with Centre for Social Justice, 7 July 2024.

Cost-benefit analysis

Very few Family Hubs we visited had conducted full cost benefit analyses. CSJ analysis of the largely deprived wards where almost 400 Family Hubs are based showed there are 284,300 children and young people in poverty aged 0-19. (These children and young people live in wards of high deprivation and in households on less than 60% of median income after housing cost.) We made the assumption that all of them could attend their local Hub, as they would be eligible recipients of services there; and therefore that all could benefit from the family support delivered there.

Essex was an exception. They conducted a cost-benefit analysis that estimated value added of £66,698,442 (over 7 years, i.e., the lifetime of the programme) by calculating costs incurred by the Hubs (staffing represented 92% of costs) and cost avoidance – the savings in terms of services not needed (these included fiscal cost savings from worklessness and housing benefits payments, tax and national insurance receipts).

A series of cost-benefit analyses conducted by Ecorys¹²⁵ estimated savings of between £36,694,368 and £133,356,284 across the Family Hubs in Essex: “Efficiency savings were identified; these savings are in effect cashable and can be redeployed to deliver additional services. Moreover, given the lack of high-quality data available, these figures are likely a significant underestimate of the true potential cost savings the Family Hub model can provide.”¹²⁶

Sheffield Hallam University carried out a cost benefit analysis for the Doncaster Family Hubs.¹²⁷ Based on the available data the expenditure related to the delivery of the Family Hubs in Doncaster was £2.098 million (excluding VAT) in financial year ending 2022. This included £1.334 million (64%) from the council's own financial commitment and £758,000 (36%) from grant or block allocation funds. Staffing made up 92% of the cost of providing the Family Hubs in the available data, which did not generally include the costs of running the Hub buildings themselves.

Based on attendance data from financial year ending (FYE) 2022, the average cost per individual Family Hub member was £115, or £256 per member family. The average cost per individual member attendance at an event was around £20.

Data sharing

Peter Watt explained that “collecting data and intelligence sharing are key to proper integrated working. Other Hubs have turned up here with challenges they are facing as they progress toward establishing a Family Hub. One of the biggest obstacles – information sharing – is due to someone (usually in middle management) who thinks nothing can be shared. For example our newborn list, our health Board has it, but some CLC people say we cannot share this personal data.”

Eight Local Authorities are working with Beebot AI for their Family Hubs' data management. Jas Kaaba, founder of the company, explained the challenge in establishing data sharing agreements between all services. “Everyone's got their own data management policy so you have to agree on something that all parties can sign up to – police force, NHS, schools, etc. Then you have to select where the data sits in order, for example, to show one child's journey through services. We would

125 National Centre for Family Hubs, “Evaluation Innovation Fund: summary findings”, December 2023.

126 Ibid.

127 Ibid.

need to connect the different systems then drag the data into one consolidated view. Again and again, the greatest stumbling block is getting all parties to sign up to a central data processing agreement.”

Data matters. It leads to service improvement, and to selection of the right interventions being delivered at the right time. Data will capture local features, show impact and prove causation rather than correlation.

Making this local system work well for children and their families depends on joined-up arrangements for strategy and planning, leading change, delivering effective support, and learning from progress.¹²⁸

The current lack of data presents a challenge for any evaluation of the Hubs – though as Dr Grace Baptie and Abi Miranda of the National Centre for Family Hubs (run by the Anna Freud Centre) highlighted,¹²⁹ “relying on the data alone will not tell the story of how families really benefited from the easy navigation of multiple services available through the Hubs”.

Digital

Digital solutions can provide timely and cost-effective support when the system fails to. Helen Lincoln, Chair of the Association of Directors of Children’s Services Policy Committee, has called on Government to introduce a national digital early-help service, highlighting the need for digital solutions, given parents’ propensity to reach for their phones and laptops to seek advice online.¹³⁰ This was borne out in research carried out by Triple P that found that 87 per cent of parents polled said they would ask for help, but only 37 per cent would know where to find it; more than a third would turn to Mumsnet or Facebook for advice, rather than evidence-based support.¹³¹

Currently, however, the user experience of most Hubs’ digital platform is fragmented, with families being forced to visit multiple websites in search of information. To correct this, the DfE has recommended that Family Hub teams introduce a single “digital front door” through which they can access information about support services. For many Hubs this requires workforce training and/or relying on their Local Authority’s digital team.

Andrew Orme of Beebot AI explains how his team has held several workshops for Family Hubs – including one that recently drew 150 professionals to Halton. “Educating the workforce is key. They can see the possibilities, but they worry about the ethics of AI. We try to allay their concerns but they have repeatedly told us they are waiting for a steer from the government on this.”¹³²

In the meantime, Beebot AI has been able to introduce digital support programmes, such as their “Waiting Well”, into some Hub systems: “If a family has a child with SEND, they may have to wait 60 weeks between referral and being seen. So what we afford them is a digital support that reaches out to them regularly to let them know what they can do along the way, and how to find complementary support during the waiting period that otherwise can feel like an eternity.”

128 Ben Lewing, Jean Gross and Donna Molloy, “Leading and Delivering early childhood services: 10 insights from 20 places across England and Wales”, Early Intervention Foundation, February 2022.

129 Interview with Centre for Social Justice, 24 June, 2024.

130 CYP Now Early Help Conference 2023: Key debates and sector reaction, 2 October 2023.

131 <https://committees.parliament.uk/writtenevidence/127582/pdf>

132 Interview with Centre for Social Justice, 22 July, 2024.

BeebotAI has carried out a cost-benefit analysis for their services, including information and advice, Early Help referrals and CSC based on contact handling time (15 minutes for telephone assistance and 20 minutes for email). On the assumption that the staffer would be an Early Years Advisor, they calculated that savings per annum would be £37k.

Other new digital delivery models include: a hybrid offer with online support via Teams and WhatsApp video calls with young people; more support during the evenings; a number of evidence-based parenting programmes (including Incredible Years, Living with Parents, and Solihull Online); and a parenting help programme to support families with children accessing the 'neurodevelopment pathway', jointly delivered with CAMHS.

Family Hub teams and Local Authorities more widely should incorporate such digital solutions as they can cut administration costs. "We ask service teams, 'what are you being asked 1000 times a day by families?'" Andrew Orme explains, "then we can get digitally automating processes in place, answering questions and signposting families, and registering their concern. We are giving the service providers time back that they can then spend in helping families."

Sustainability

Funding

Government funding may facilitate and accelerate the embedding of a Hub in its locality, but recipients have pointed out its limitations. Although covered until March 2025, the 75 selected Local Authorities have concerns about sustainability into the future. In some areas (eg Bradford) the Transformation funding will have reached families only one year ago, so showing impact is challenging.

Hub managers point out that the Early Years sector, and not just in Family Hubs, has long faced a battle in terms of recruitment and retention because of low pay; centrally-funded Family Hubs compound the problem by being unable to offer job security beyond March 2025.

Naomi Marquis, of Calderdale Council, explained

“We of course understand the need to test and learn –but there is an additional challenge in the very prescriptive nature of the DfE Transformation guidelines: they demand for example that we train our workforce in HLE in a certain way – and yet we had already trained them and they were totally skilled but we were forced to duplicate the training anyway – a waste. For a programme that claims to be about codesign this is too prescriptive.”¹³³

“Recruitment takes time,” a Hub manager told us, “a certain budget having to be spent within a certain time can be unrealistic – 3 years is not a long time. Short-term contracts are really unhelpful – we can’t plan ahead without knowing whether or not there will be budget for staff and what they want/need to deliver. For example we wanted to buy in a digital offer only have budget for one year, so therefore is there any point in doing it at all? With only 10 months left –we can’t make plans and are at high risk of losing good people.”

Ring-fencing of government funds also presents Hubs with a predicament: they want to live up to the mission of supporting the whole family, including the family with older children, but the funding is concentrated in the Early Years.

133 Interview with Centre for Social Justice, 13 June 2024.

Legislation

Adding to workforce insecurity is the knowledge that the Family Hub is not a statutory service. Several managers have made the point that they would welcome changes to the relevant legislation. Amanda Smith, Early Help Service manager in East Cornwall, explains that “right now Childcare Act 2006 is all about Children’s Centres not Family Hubs so that really worried us: the Hubs need to be on a statutory footing, to receive long term investment and recognition.”¹³⁴

In York, Niall McVicar agreed that statutory footing would make a difference: “Health was never a collaborator before but thanks to the fact that the Family Hubs are in the statutory guidance for ICBs, we have been able to get a joint funded piece with Integrated Care Board to introduce an advanced clinical practitioner.”

Lord Farmer, whose amendment to the Health and Care Act 2022 made this possible, has presented a Private Member’s Bill, ‘Information on Support for Infants and Parents’ that will mandate LA signposting to services in Family Hubs. Senior leadership teams have also suggested that they would welcome some degree of standardisation in terms of KPIs or outcomes framework, while retaining unique delivery mechanisms. A Performance Framework (showing KPIs against England and local information, similar to Children’s Centre National Indicators) would help with benchmarking performance. They also suggested templates provided to local authorities on need assessment, self-evaluation, delivery plan and evaluation of impact.

Exploring local resources

With the exception of Essex, none of the Family Hub teams we met with had considered engaging local businesses and/or philanthropists as potential sources of funding for either capital expenses or programmes. The philanthropic funding model places an emphasis on outcomes, and investments are made based on a programme’s cost effectiveness. Investment in parenting interventions has been shown to be value for money:¹³⁵ including philanthropists as stake-holders in Family Hubs should be explored as an alternative funding method.

Given the financial constraints before the UK, a new delivery model is needed to match government investment in support and income from the wider community. Three existing models worth considering are: OnSide Youth Zones, the Football Foundation, and the New Schools Network.

The Youth Zone model

There are currently 14 Youth Zones: purpose built, state-of-the art youth centres situated in the most deprived areas across the UK. They are designed to give young people aged 8-19 (or up to 25 for those with a disability), “somewhere to go, something to do and someone to talk to” – occupying their bodies and minds with 30+ state of the art activities a night, helping them develop new skills and socialise in a safe, positive and accessible environment.¹³⁶

134 Interview with Centre for Social Justice, 11 June 2024.

135 Filipa Sampalo, Camilla Nystrand, Inna Feldman, Cathrine Mihalopoulos, “Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations”, *European Child and Adolescent Psychiatry*, 3 March 2022.

136 <https://www.onsideyouthzones.org/>

It is not the actual services that we can learn from but the funding model. Each Youth Zone does not only seek buy in from their local authority, but the wider local community: business partners, individuals and philanthropists. They include corporate volunteers, individual financial donors and collocated charities. It means that any money from government is match funded and multiplied by corporates, individuals and those giving their time. The funding model is based on a fusion of local authority, business, philanthropy investment and contributions from young people in order to run. The success of the model is dependent on every partner having ownership and playing their part.

OnSide's goal is to operate a mixed receipt finance method, where each part of the local community has a buy-in and all foot the bill together. Included in this is contribution from young people through entry fees and membership, as such an exchange gives critical ownership.

With central government money already committed and growing the Family Hubs network, the first part of the community jigsaw is already there for other actors to match fund and buy- in, including small donations from those that use the services. This may represent a way of building on the government seed funding already there, multiplying it, and buying- in local communities to the project.

The Football Foundation model

The Football Foundation is a charity, set up by the government almost 20 years ago, to deliver grassroots sports facilities to schools and clubs right across the UK.¹³⁷ Significant funding comes into the charity from the Department of Digital, Culture, Media and Sport with certain conditions about how it should be spent set into the charter of the foundation. That cash is met by philanthropic funding streams from the Premier League and the FA who are keen to see football and other sport growing across the UK.

The Football Foundation itself is then responsible for the delivery of new pitches, facilities, and improvements for existing clubs. Over the 19 years, they have delivered community sports projects worth over £1.5 billion into communities across the country. The model suggests an interesting and successful precedent of a government-created and commissioned delivery charity. It can take the challenge of delivery out of government hands and increase the value of the pot by drawing in other businesses and philanthropic partnerships.

New Schools Network (NSN) model

NSN is a national education charity set up in 2009. The original mission was to embed the role of Free Schools in the English education system, which it completed in 2022.

Initially, NSN operated as a think tank for education and gave policy advice and guidance to people and groups who were establishing new schools. NSN reports having worked with around two thirds of the 100 free schools now in existence.

NSN also delivered the DfE's Academy Ambassadors programme between 2013-2022, which resulted in over 2,000 non-executive director, trustee, and member matches to academy trust boards.

The Network offers a third model to consider of a government-commissioned group that can offer networks, advice and guidance but leaves delivery and funding at a local level.

¹³⁷ <https://footballfoundation.org.uk/what-we-do>

Conclusion

Surging school absences, increasing gaps between disadvantaged children's outcomes and those of their better-off peers, as well as poor mental health, among parents and children are putting pressure on services – and on the new government.

Its predecessor invested in Family Hubs – with the £301.75 million Transformation Fund that established the Start for Life and Family Hubs programme in the 75 Local Authorities with the highest levels of deprivation.

The programme is in its infancy but early indications point to an effective and popular support of the whole family. Many Hubs have delivered improved outcomes for local children in terms of school readiness and engagement; local parents, who report better parent-child relationships and increased community participation; and even local teachers, who confirm school attendance, classroom behaviour and even attainment have improved.

The CSJ made the assumption that the 284,300 children and young people aged 0-19 living in the largely deprived wards where almost 400 Family Hubs are based, and in households on less than 60% of median income after housing cost, risk being affected if the government ends funding of the Family Hubs programme in March 2025. The much-needed family support delivered there can help these children and young people overcome the disparities that still blight our country in terms of educational attainment and health outcomes.

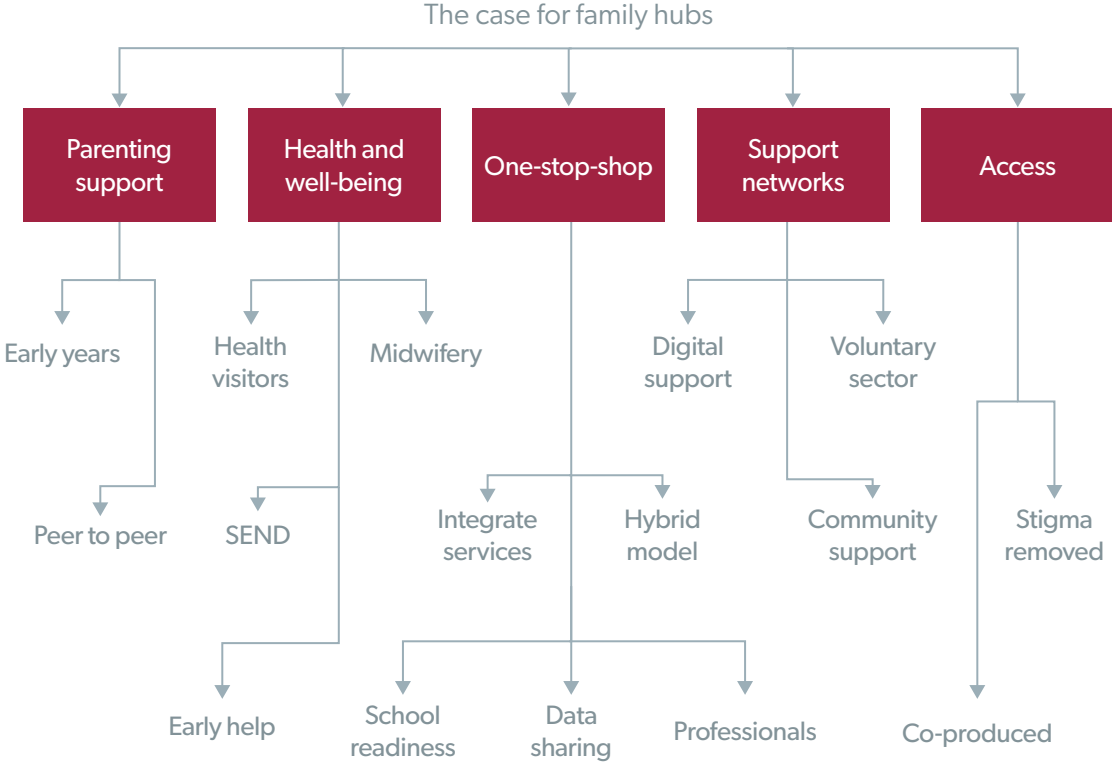
Our thematic analysis found parents attributed many positive developments to their Hub attendance: feeling less isolated, more confident in raising their children, more confident in using services and in their interactions with schools. We also found, through the same analysis, that service providers confirm that they find the integrated services and collocated workforce a positive environment in which to deliver whole family support in a timely manner. The providers, like the stakeholders we interviewed, including council representatives, Hub leads and voluntary sector staff, have shared their hope that the programme will continue, warning of the waste inherent in changing a promising model.

In the course of our research, we have found the model does indeed hold huge potential and represents a sound investment for central government. We would however make 8 recommendations that we believe would yield even more benefits:

1. The DfE and DHSC **extend the Family Hubs and Start for Life programme.**
2. DfE and DHSC **establish a national outcomes framework** that all Hubs in receipt of Transformation Fund support must adhere to, with as much flexibility as possible given to local areas around other operational decisions. The outcomes framework should focus on a single measure: school readiness. We see this as the most multi-dimensional measurement of the different factors enabling children's social mobility.
3. The Family Hubs programme, as a central policy initiative, should cut across different Department silos.

4. Enactment of Lord Farmer's Private Member's Bill, "The Support for Infants Bill", requiring Local Authorities to publish a local Start for Life offer, delivering information about services for infants, and signposting to local Hubs.
5. DfE place Family Hubs on statutory footing, changing the wording in the Child Care Act of 2016. This would give Local Authorities and Hub leads and workforce a longer, more certain time horizon to plan and deliver successful operations.
6. DfE and DHSC provide a set of resources that enable Family Hubs to effectively capture and make use of impact data.
7. Government place pressure on all relevant sectors (social care, health, education, police etc) to share data so that identification can be done quickly and support delivered before needs escalate.
8. DfE and DHSC should encourage Local Authorities and Hub leads to make the most of their local assets to support families. This could include public, philanthropic, industry or parent-led funds and projects. This might entail Government incentives for funding models that can pool public service budgets; and blending private and public funds.

Appendix 1



Appendix 2

Thematic analysis

Utilising in-depth qualitative research design, we sought to answer the following questions:

1. What do parents like most about the family Hub model?
2. Which services in the Hubs do parents feel are most valuable?
3. What do service providers find most useful about the family Hub model?
4. What constraints do providers find in operating within the family Hub model?

Six semi-structured focus groups including practitioners and parents were held between May 2024 and July 2024. Participants were recruited through the Family Hubs and through the Family Hub Network.

All focus groups were recorded and transcribed. Open coding techniques were utilised to identify the thematic narratives which emerged from the data. The project leads listened to audio recordings several times and re-read transcripts to become familiar with the data and employed the constant comparative method of data analysis to identify similarities and differences in participant accounts. Results of the analysis informed our report.

Application of findings to the Research Questions:

Research Question 1: What do you (parent) like most about the family Hub model?

One stop shop:

Strong partnership between services: High frequency of this code indicates that many parents feel the benefit of having integrated services under one roof.

Easier access: Parents' experience is of a welcoming place within a short distance from their home.

Peer to peer support: Parents rated highly the opportunity to share their experiences with other parents.

Safe and stimulating space for children: Parents valued the opportunity to bring their child to a safe place with toys and space and other children for their own child to play in and learn.

Improved digital offer:

Better digital offer: Parents like the choice of a hybrid Hub model.

Research Question 2: Which services in the Family Hubs do you (parent) feel are most valuable?

Early Years:

Health Visitors and midwifery were by far the most popular services delivered in the Family Hubs.

SEND:

Parents spoke of the importance of SEND support.

Parents wanted more SEND services available.

Research Question 3: What do service providers find most useful about the family Hub model?

Integrated services

Practitioners felt this allowed for strong on-site collaboration in delivering support.

Support was multidimensional and wrapped around the whole family

Place-based support

Encouraged greater local voluntary sector participation.

Collocation made communication easier.

Co-production with families, community and stakeholders

Allowed for more accurate targeting of services.

Research Question 4: What constraints do providers find in operating within the family Hub model?

Providers spoke about their frustration with short term funding which led to challenges in recruiting and retaining workforce.

Also frustrated with ringfencing of Early Years given that the vision of Family Hubs is for families with children 0-19 (and 25 if with disabilities)

Found data collection and reporting challenging.

Conclusion:

The Family Hub model delivers a holistic approach to identification of needs and support of parents and their children. This approach is popular with parents and providers.



The Centre for Social Justice

Kings Buildings
16 Smith Square
Westminster, SW1P 3HQ

 centreforsocialjustice.org.uk

 @CSJthinktank