Department for Education

Family Hubs Innovation Fund Evaluation

Interim research report

December 2022

Ecorys UK, Clarissa White Research, Starks Consulting

Government Social Research

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Executive summary

The Department for Education (DfE) commissioned **Ecorys UK, in partnership with Clarissa White Research and Starks Consulting** to deliver a programme of research for the Family Hubs Evaluation Innovation Fund. The consortium partnership includes **five local authorities (LAs)** across England, each with a different family hub model and stage of maturity.

This interim report shares emerging findings from the evaluation to date. The mainstage Wave 1 research activities were delivered between January-June 2022 in all five LAs. Wave 2 evaluation activities will run from June to December 2022: replicating Wave 1 activities and additionally focusing on the impact and economic strands. The full results will be included in a final report, due to DfE in March 2023.

Evaluation method and delivery to date

The aim of the study is to deliver a mixed methods evaluation of a sample of family hubs with contrasting models and at different stages in their implementation. The evaluation comprises assessment of implementation and processes, outcomes and impacts, as well as economic benefits.

Wave 1 data collection focussed primarily on the outcomes and process evaluation strand. This included:

- An online **workforce survey** in all LAs, to gather staff views on hub implementation. A total of 283 staff took part.
- **Qualitative interviews/focus groups with strategic hub leads, hub professionals and families**. Professionals were asked about the strengths and weakness of the hub models. Families were asked about their experiences of family hub services. A total of 92 professionals and 30 families participated in an interview or focus group.
- **Observations of hub activities** in two LAs, provided contextual information for subsequent professional and family interviews/focus groups.
- Additionally, 38 **hub staff** completed **a reflective diary** to document changes to ways of working or for families.

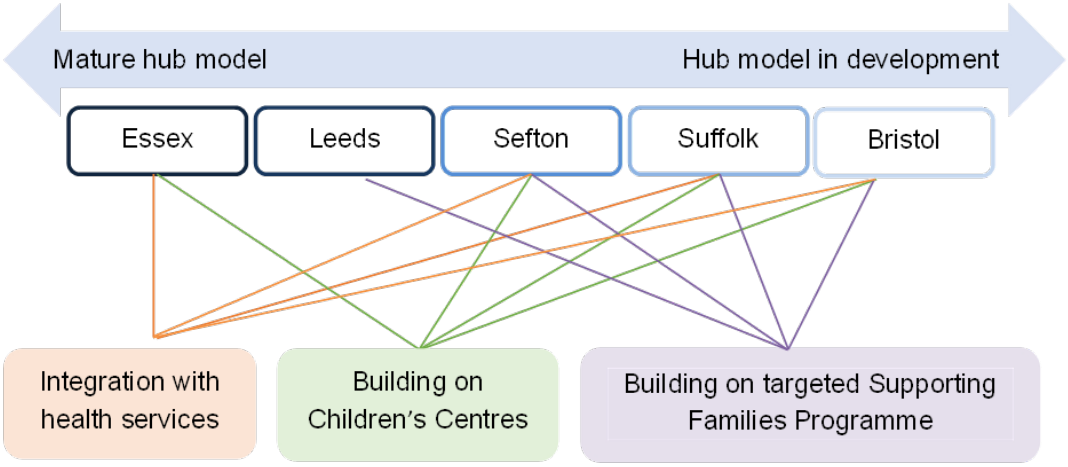
Key findings

Developing hub models

Each of the five LAs in the study developed their family hub model by building on the strengths of existing family services infrastructure (as shown in the figure below).

- Four of the LA family hub models integrate Children's Centres with early help and/or health services, to provide universal and targeted services for families.
- One LA hub model focuses on providing targeted support for families, building on the strengths of their Supporting Families Programme. Alongside this, the hub model operates a capacity building offer to local services and professionals, to discuss individual cases and deliver appropriate pathways for universal and targeted intervention.
- Two LAs in the sample are at an early stage of transition into a family hub model and are in the process of developing a clear vision across their local partners. The remaining three LAs have more established family hub services and continue to refine their models to ensure they are meeting the needs of communities.
- A clear message from LAs with more established models was that family hubs cannot be all things to everyone, and therefore needs a clear vision and remit; whether it be the types of services offered or priority families to work with, informed by local needs.

Figure 1. Hub development stage and models across the five LAs



Three key ambitions of the family hubs, as set out in the Family Hub Model Framework[1], are to provide accessible, better connected family services, delivered in a relationship-centred way. As such, the key interim findings are themed and summarised around these three principles.

Accessible services

- **Communicating hub offers:** All LAs have invested in relationship building activities with partner organisations, from voluntary and community sector organisations, GPs to schools, with the aim of communicating the hub offer, reaching families in need earlier, and receiving appropriate referrals from professionals. Strategic staff with more established hub models explained this was an ongoing piece of work. They explained that repetition of the offer is necessary to reinforce the hub offer with busy professionals and to account for staff turnover in partner organisation and services. Some LAs have therefore appointed dedicated community outreach or navigator staff to support this work. Comparatively, expensive branding exercises were seen as a lower priority in the context of limited resources.
- **The importance of universal services:** A consistent message across strategic and operational staff as well as families is the value of free-to-access universal provision. They stressed the importance of hubs not solely delivering activities to 'solve problems' but also to create community spaces bringing families together. Hubs did this by running family friendly community events, such as Queen's Platinum Jubilee parties with refreshments and activities or running community fridges and wardrobes to pick-up food or clothes without having to ask. Workforces across LAs emphasised the important role that open-access universal provision plays. Firstly, in reducing the risks of stigma becoming attached to accessing formal support services for families and secondly for building trusted relationships with the communities they serve.
- **Delivering services without walls:** Most LA models include digital or outreach offers. The pandemic was a driver for developing virtual offers and digital skills of staff and families. Families we spoke to wanted to retain the option of virtual meetings with family support workers and online parenting groups, as this could work well around other commitments. There was, however, a clear ask from families and staff for the return to in-person groups and activities. This was especially needed following the pandemic for families

1 Family Hub model framework (Family Hubs and Start for Life programme guide) August 2022: available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096776/Annex_E_-_family_hub_model_framework.pdf

with young children or children with special educational needs and disabilities (SEND), due to a desire to support social interaction for parents, carers and children.

Examples of hub outreach work included delivery of activities in libraries in partnership with the National Literacy Trust, locating hubs in school sites, outreach workers attending community run spaces and activities to promote hub services and identify families in need. These examples illustrate the varied approaches hub models take to deliver accessible and equitable services to families, and not relying on all families to come to hub buildings.

- **Supporting whole families across the 0-19 age range:** Staff cited multiple benefits of integrated 0-19 hub workforces including the range of specialisms staff could easily consult and refer families onto for support. Previous Children's Centre staff stressed the job satisfaction of being able to continue working with families in need, without age cut-offs/restrictions within family hubs.

  For the most part, LAs that built family hub models from Children's Centres, appear to have retained an emphasis on 0-5-year-olds services to-date. Staff previously working in Children Centre's generally felt more comfortable, skilled and confident when working with 0-5 age ranges. The interim findings suggest that the transition to working with wider age groups, needs and family members could be challenging and should not be underestimated. The need for leadership, training, supervision and support can help teams to make these shifts.

  Hub models with staff previously in early help, youth work, or police facing roles for example, were more familiar and equipped to deliver services for 6-19 age ranges**.** One LA hub model had an active universal youth offer, while other LAs explained the LA Youth Services were commissioned to run such activities and suggested hubs were not appealing or suitable places for adolescents. To add further value to the role of hubs, a strategic lead suggested hub staff should be trained in identifying the signs of child criminal exploitation.

- **Supporting families and children with special educational needs and disabilities (SEND):** Hub workforces across LAs recognised SEND offers could be strengthened. Staff wanted training in SEND awareness for conditions they commonly encounter, such as Autism and ADHD. Staff suggested families awaiting a SEND diagnosis for children required support, particularly to manage behaviours that challenge. A mature LA, with a strong health component embedded in their family hub model, had a well-developed SEND support offer for families. Families awaiting a diagnosis and Educational Health Care Plans could participate in parent groups to receive

professional and peer support. These parents valued practical and emotional support from professionals and peers with first-hand experience of caring for a child with additional needs. Families with children with SEND wanted groups and activities suitable for their children, as such groups were often missing in community and private provision.

Better connected

- **Joined up working across services and professionals is central to all hub models, underpinned by strong leadership at the systems level.** The exact mix of professionals working together as the core hub workforce was determined by the hub model. In one LA, Children's Centre 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.

  Strategic leads explained that effective multi-disciplinary working takes time. It is supported by **co-location**, but strengthened through **shared training, team meetings, case management discussions, and matrix management** approaches. The process of actively working together, coupled with strong leadership, aided better understanding of each other's specialisms, broke down barriers created by professional jargon and built relationship. Barriers to this included lack of office spaces, home working and perceived professional hierarchies. Staff, such as Health Visitors and Family Support Workers, suggested they would welcome the opportunity to co-deliver groups for families to further assist integrated working.

- **Shared data systems** are not available or possible in all LAs or with all partners (including where VCS organisations are unable to access or benefit from multidisciplinary data, for example). Where all hub professionals and select partners shared a case management system, staff believed this further supported seamless service experiences for families.

- Partnership working with **professionals and services outside** of the core hub team can prove more challenging. For example, Health Visitors (where they are not part of the core hub workforce), children's social care, schools and GPs could lack awareness of hub offers and make inappropriate referrals. One solution to this was placing hub staff in these settings, for example school nurses (part of the hub workforce) worked in schools to support identification of needs and refer into hubs.

- The Family Hub Model Framework[2] promotes the **collection and use of evidence to inform service provision decision-making**. All hub staff at strategic and operational levels saw the value in data-driven approaches. All collect data on provision and outcomes. However, hub workforces across LAs generally lacked the technical infrastructure and capabilities to then analyse and use that data to reflect on service provision and inform decisions. This represents a clear and common area of support required by LAs and hubs. The exception was one LA with a mature hub model, an embedded measurement outcomes framework, shared case management data system, and importantly a dedicated data team to process, analyse and report on data. This LA takes a data-driven approach to identifying needs and measuring outcomes at the individual, area and systems levels.

Relationship-centred practice

- The emerging evidence suggests a widespread commitment, across LAs and hub staff at all levels to **work with families in a strengths-based way**. However, hub staff suggested that a strengths-based approach was not always the norm for partner organisations and their staff, resulting in inconsistent approaches to family working across the LA. Staff and families identified key mechanisms that facilitated good working relationships that built trust. These include consistency of key worker, time to build a relationship, being listened to, professional's questioning skills, and a non-judgemental approach.
- LAs with mature hub models had developed guidance and training for staff to support **common and consistent assessments**, to identify needs of the whole family, prioritise these and set action plans. One LA, with a mature hub model, has developed a common assessment approach for hub staff and the wider early help workforce to provide a consistent and clear approach across the sector. Through six areas of discussion, it aims to develop a shared understanding of the whole family and their presenting issues, drawing out understanding of the context, strengths and triggers in family life that can lead to problems. Another LA hubs' care plan process involved agreeing meaningful goals for the family.
- Staff across LAs explained that families will initially be referred in for a single issue. Through a **skilled conversation and by exercising professional curiosity**, families might then disclose multiple additional challenges the

[2] Family Hub model framework (Family Hubs and Start for Life programme guide) August 2022: available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096776/Annex_E_-_family_hub_model_framework.pdf

family are experiencing. Strategic hub leads emphasised the importance of training and supporting staff to develop their confidence and professional judgement to identify and explore additional needs of families, outside of formal assessments.

- Families and staff highlighted that **families do not always need or want a structured or formal intervention** (e.g., a 6-week evidence-based parenting course). They would rather the opportunity to talk to someone, to reduce isolation, provide reassurance and prevent escalation of an issue. This need can be at odds with the emphasis on formal assessments and evidence-based interventions.
- Families who reported a positive experience of hub support and good relationships with staff also shared concerns about this coming to an end. These families were worried about losing the support and becoming isolated or problems re-occurring in the future. This highlights the need for carefully planned endings to hub support.
- Staff across most LAs reported **staff shortages** as a barrier to family hub implementation. At strategic level, staff shortages hindered hub model development in LAs transitioning to a family hub model. At an operational level, across LAs, staff shortages resulted in high caseloads, and limited resource to work in-depth with families to resolve problems sooner.

Considerations for policy and practice

Building on the learning at interim stage, it is possible to identify a number of considerations for policy, local authority and practice level stakeholders involved in planning and delivering family hubs. These are summarised below.

Considerations for policy

- ✓ To consider the variation in family hub models across local authorities, both in terms of the services they deliver and the partners they work with. The models are usually developed from/by building on existing family service arrangements. A locality/placed-based approach, incorporating input from local communities and flexibility for local authorities, is important in ensuring that family hubs can cater appropriately for local need.
- ✓ To consider how family hubs might draw on best practices for meeting the needs of children and young people with SEND and their families, and to consider the potential role of family hubs in relation to the Care Review recommendations for SEND at a locality level, especially around Family Help and community responses.
- ✓ To focus on areas where this evaluation suggests family hubs may benefit from more evidence, including best practices for building on 0-5 provision to integrate 6-19 (25 with SEND) (especially youth) services, understanding the leadership and governance requirements of family hubs, best practice for data sharing, and making the best uses of outcomes data for service and practice improvement.
- ✓ To consider the timescales reported by LAs setting-up family hubs, noting that transformation is a significant undertaking, requiring continuous commitment over a long period of time (up to five years for some aspects). However, as the LAs in this study transformed without targeted government funding, it is not yet possible to predict how representative these timescales will be for others.
- ✓ To examine how VCS and community level organisations and expertise are being utilised by family hubs, drawing upon learning from previous programmes and research on the subject of community and VCS involvement in developing integrated family support.

Considerations for local authorities

- ✓ To review access and membership of shared data systems for family hubs so that all partners are able to make use of these data in a proportionate and consistent way.

- ✓ To consider the areas where the evaluation showed potential gaps or room for improvement among some of the family hubs models, including engagement with schools and youth services, SEND support and services, and engagement with fathers and male carers.
- ✓ To review the range and quality of universal and community-based provision available to families affiliated to the family hubs offer, to ensure that this is demand-led.
- ✓ To ensure that service co-design includes strong and sustained involvement from representative groups of families with lived experience of local services.
- ✓ To build in systems for regular service feedback from families in engaging and timely ways, including qualitative and participatory methods for providing feedback alongside formal surveys, and to give feedback on how their views have been considered.

Considerations for practice

- ✓ To consider the evidence that initial contact with families can be critical to their subsequent engagement with family hubs services, and to reflect on how or whether current strategies can be improved to minimise the risk of stigma and to reduce the administrative burden.
- ✓ To co-design communications and information materials about family hubs with representatives from the local families and communities that they aim to serve.
- ✓ To note the evidence regarding the importance of relationship-based practice with families, addressing the needs of the child and the adult in tandem. The feedback suggests that preferred modes of engagement are: open, non-judgemental, strengths-based, offer advocacy, and provide continuity in order to build trust.
- ✓ To set-up multi-professional communities of practice at a local level, as a forum of sharing ideas, tools and case studies, and to access peer-to-peer advice and expertise.
- ✓ To co-deliver groups and activities between professionals, as a means of building trust and familiarity between staff from different disciplinary backgrounds.

Introduction

In March 2021, the Department for Education (DfE) commissioned **Ecorys UK, in partnership with Clarissa White Research and Starks Consulting** to deliver a programme of research for the Family Hubs Evaluation Innovation Fund. The consortium partnership includes **five local authorities (LAs)** across England, each with a different family hub model and stage of maturity. The five LAs are:

1. Bristol City Council
2. Essex County Council
3. Leeds City Council
4. Sefton Council
5. Suffolk County Council

The **Family Hubs Evaluation Innovation Fund** forms part of £2.5 million for research and the development of best practice around the integration of services for families, including family hubs, and how best to support vulnerable children. The fund is administered by the DfE to improve standards of evidence for planning and delivering early help and intervention for families across the 0-19 age range or up to 25 for with special educational needs and disabilities (SEND). The fund will also support the National Centre for Family Hubs[3]. The Fund's core objectives are:

1. To support family hubs with evaluation capacity and resource via Government funding
2. To improve the quality and rigour of the evidence base on the effectiveness of family hub delivery models
3. To generate knowledge and learning for local authorities and other commissioners on the factors driving the service implementation and performance, outcomes and impacts, and value for money of family hubs
4. To create a step-change in the standards of evaluation of family hubs, by showcasing good quality evaluation, and generating learning and toolkits for future evaluations and service planning
5. To aid national policymaking on family hubs by building an evidence-base for any future Government policy.

[3] The National Centre for Family Hubs: https://www.nationalcentreforfamilyhubs.org.uk/

Evaluation

Aims and objectives

The overall **aim** of the study is to deliver a mixed methods evaluation of a sample of family hubs with contrasting models and at different stages in their implementation. The evaluation aims comprised assessment of implementation and processes, outcomes and impacts, as well as economic benefits. The **objectives** for the evaluation are:

- To provide an overall assessment of the five family hub models, including service effectiveness, outcomes, impact, and value for money.
- To establish systems for tracking family outcomes and service trajectories longitudinally, accounting for a wide range of contextual and implementation factors.
- To determine the added value of the family hub approaches over and above pre-existing models, and to understand what works, for whom, how, and why.
- To document the lived experiences of children and families as they interact with services, including families with multiple and complex needs; and to gain a deep understanding of the relationships between participation and co-production, and service effectiveness and outcomes.
- To build local capacity for self-evaluation and develop replicable toolkits and training for wider adoption by family hubs country wide.

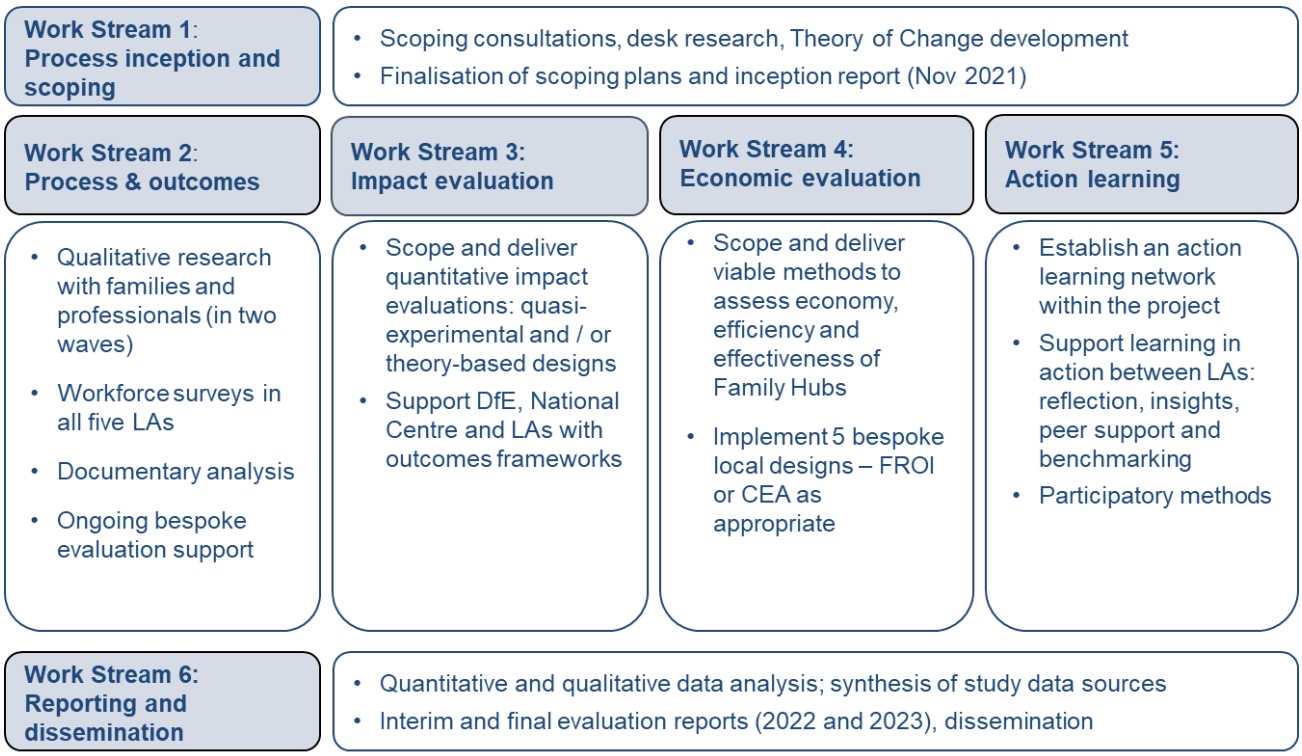
Method

The evaluation design comprises six distinct and complementary work packages (see Figure 1**.** Method overview).

The evaluation is designed to operates at two levels:

- **Local authority level** – a bespoke evaluation of five family hub models. Local evaluations were designed with our LA partners, tailored to the local aims, delivery model, operating context, taking local evaluation requirements into consideration.
- **Project level evaluation and synthesis level** - a comparative analysis of five diverse family hub models at different stages of maturity, to inform the national evidence base. Deploying a theory-based methodology to determine the generalisability of findings, and to understand what works, for whom, how and under what circumstances.

Figure 2. Method overview



Scoping and feasibility phase (work stream 1)

The study started with an initial scoping and feasibility phase (work stream 1) delivered between April and September 2021. This involved a series of research activities to better understand each family hub model and develop evaluation designs appropriate to local delivery approaches, stage of maturity and available data. The findings, family hub logic models and evaluation designs are detailed in the published scoping report[4]. Table 1 provides an overview of each resulting LA evaluation design.

[4] Ecorys, Clarissa White Research and Starks Consulting (2021) Family Hubs Evaluation Innovation Fund: Scoping report [available at:] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030301/Family_Hubs_Evaluation_Innovation_Fund_scoping_report.pdf

Table 1. Evaluation designs by LA

Hub Maturity	LA	Impact	Economic	Process
Established model	**Essex**	Quasi-experimental design (QED): area-based or synthetic control method	Cost Efficiency Analysis (CEA)	Qualitative research with professionals and families; workforce surveys
	Leeds	QED: area-based or synthetic control method	Fiscal Return on Investment (FROI)	Qualitative research; workforce surveys, analysis of case audit data
Early development	**Bristol**	Theory-based design: Contribution Analysis	CEA	Qualitative research with professionals and families; Participatory Action Research
	Sefton	Theory-based design: Contribution Analysis	FROI – prospective only	Qualitative research with professionals and families; observational work
	Suffolk	Theory-based design: Contribution Analysis	CEA	Qualitative research with professionals and families; Participatory Action Research

Mainstage Wave 1 research activities, sample and analysis

The mainstage Wave 1 research activities were delivered between January-June 2022 in all five LAs. This report provides interim evaluation findings based on data collected to-date. Wave 1 data collection focussed primarily on the outcomes and process evaluation strand (work stream 2). This included:

- An online **workforce survey** in all LAs, to gather staff views on leadership and organisation of the hub model, working culture including extent of joined up working and professional development, pathways for families and quality of service offered, finally, staff could make improvement suggestions.
- **Qualitative interviews with strategic hub leads, hub professionals and families**. Topic guides, tailored to participant groups and hub model, were used to facilitate discussions. Professionals were asked about the strengths and weaknesses of hub models, approaches to workforce development, and differences the hub working has made (or is intended to make) to better supporting families. Families were asked about their experiences of family hub services accessed.
- **Observations of family hub activities** in Essex and Sefton, providing contextual information for professional and family interviews/focus groups.

- Additionally, **family hub staff** were invited to complete **diary** to document and reflect on changes to ways of working or for families.

Table 2 shows the achieved Wave 1 sample, in each LA and overall.

Table 2. Wave 1 achieved sample

Research activity	Bristol	Essex	Leeds	Sefton	Suffolk	Total
Workforce survey respondents	28	69	20	64	102	**283**
Professional Interview/focus group participants	7	18	37	16	14	**92**
Professional reflective diary	2	17	16	-	4	**38**
Observation of hub activities	-	2 parent/ baby/toddler groups	-	1 youth group	-	**3**
Family[5] interview/focus group participants	-	9	-	21	-	**30**

LA leads have participated in two **Action Learning** meetings (work stream 5) so far. The first (September 2021) to share model approaches and the second (January 2022) focused on approaches to multi-disciplinary working. LA leads were invited to present and discuss these topics with one another facilitating learning for both them and the evaluation.

All data was systematically **analysed**. Online survey data was initially downloaded into an Excel format, and then cleaned and analysed in R (an analytical software package). Descriptive statistics (frequencies and crosstabulations) were run to explore results within LAs and across all five hub models. All qualitative interviews and focus groups were audio-recorded with participant permission; were possible, data was auto-transcribed. Detailed notes were written based on the recordings and transcripts or following observations. The data was managed and analysed thematically using NVivo (a qualitative analytical software). The results across data collection methods, participant groups and LAs were then triangulated to identify cross-cutting themes across all hub models, or specific to hub development stage or model.

[5] Due to the early stage of hub development in Bristol and Suffolk, family interviews will take place at Wave 2. Wave 1 family interviews took place in Leeds after the analysis and reporting of this report; the findings will therefore be included in the final report.

Wave 2 research activities and final reporting

Wave 2 evaluation activities will run from June to December 2022. This will replicate Wave 1 activities and additionally focus on the impact and economic strands (work streams 3 and 4). The full, synthesised data will be included in a final report, due to be submitted to DfE in March 2023.

Ethical considerations

Ethics approval was sought and granted for the full evaluation from the Ecorys research ethics committee (REC). The REC is made up of senior Ecorys staff. They assessed an ethics application prepared by the evaluation leads, which set out the study, the ethical considerations, safeguards and mitigations. The Ecorys REC processes are guided by the Social Research Association Ethical Guidelines and relevant codes of practice set out by the Government Social Research Unit and the Market Research Society.

The research team agreed appropriate participant selection with a senior lead in each LA to avoid selection bias. The LA lead invited participants to take part in the survey and/or qualitative activities, providing study information developed by the evaluation team. Participant information clearly stated the nature and purpose of participation and their right not to take part, without this affecting their relationship with the family hub. Hub staff took part in the study during working hours. Families took part at a time and place convenient to them and received a £10 Gift Pay voucher in recognition of their time and contribution.

This report

This report details the emerging, cross-cutting themes and learning from all LAs, drawing on Wave 1 data. The subsequent report sections cover:

- **Family hub models:** A brief overview of each LA hub model and development stage
- **Family hubs development and implementation:** An overview of the common facilitators and challenges for transitioning and embedding hub models
- **Workforce development:** How the hub workforces and partner organisations are mobilised and operate in practise, including reflections on how to support joined-up multidisciplinary working, as well as challenges teams encounter
- **Working with families:** An overview of family pathways through hub services, including family reflections on the support received, and outcomes achieved

- **Measuring hub outcomes:** documenting hub approaches to measuring outcomes and impacts at the family and systems levels
- **Conclusions** and key messages for policy and practice.

Family hub models: an overview

Family hubs aim to join up and bring existing family services together within each LA. The aim is to improve access to services, connections between families, professionals, services, and providers of family services. Family hubs are intended to bring together services for families with children of all ages (0-19) or up to 25 with SEND.

The Family Hubs Evaluation Innovation projects were commissioned in March 2021. The family hubs agenda has evolved since the commissioning of this evaluation. These policy developments are important to note, when defining and assessing local hub models. In November 2021, DfE published a 'Family Hub Model Framework'[6]. An updated version was published in August 2022 as part of the 'Family Hubs and Start for Life programme guide'[7] which sets out a core service offer to support LAs in their transformation to establishing local family hub models. As the framework was issued after the Innovation Fund, the five LAs taking part in this evaluation, and their respective family hub models, pre-date this guidance. They are therefore not required to meet these criteria, but ongoing hub model refinement may be shaped by this guidance[8]. The framework sets out common features DfE expect hub models to include, and outlines what a basic and more developed model includes. Family hubs can include hub buildings and virtual offers. How services are delivered varies from place to place. All hub models are expected to have three core principles as shown in Figure 2.

Figure 3. DfE's core intentions for family hubs

More accessible	Better connected	Relationship-centred
Through a universal single point of access, a clear local family hub offer, recognised and understood by families, which includes hub buildings, virtual offers and outreach	Join up professionals, services and providers (state, private, voluntary) through co-location, integration, partnerships data sharing, shared outcomes and governance Holistic, wraparound services support families with a wide range of needs, identify need early and consider the whole family	Build trusting and supportive relationships, emphasising continuity of care Builds on families' strengths, drawing on and improving relationships, including building networks with peers to address underlying issues

[6] Family Hub model framework (publishing.service.gov.uk) available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030245/Family_Hub_Model_Framework.pdf

[7] Family Hubs and Start for Life Programme Guide (publishing.service.gov.uk) available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf

[8] Bristol City Council are eligible to participate in the family hubs and start for life programme and will be required to meet these criteria should they choose to take part.

Local authorities (LAs) family hub models

This evaluation focuses on **five local authority (LA) family hubs models**. These LAs were purposively selected to offer rich points of comparison regarding urban and rural settings across England; LA structures and commissioning models; the spatial configuration of services; the role(s) of outreach/virtual support; the use of evidence-based interventions; parental voice and co-production; and multi-disciplinarity.

The key features of each LA family hub are outlined in Table 3 and briefly descripted below.

Table 3. Key characteristics family hubs, by LA

Hub maturity	LA	LA type	Region	Number of hubs[9]	Features of hubs						
					LA-led	Commissioned	Outreach	Digital offer	Links with health	Links with schools	VCS partners
Established model	**Essex**	2 tier County	Eastern	12 hubs 26 delivery sites		x	x	x	x	x	x
	Leeds	Metropolitan	Yorkshire &Humber	3 central hub 25 clusters	x				x	x	x
Early development	**Bristol**	Unitary	South West	To be confirmed	x		x	x	x	x	x
	Sefton	Metropolitan	North West	10 hubs 3 commissioned centres	x	x	x		x	x	x
	Suffolk	2 tier County	Eastern	17 full-time & 12 part-time hubs	x		x	x	x	x	x

[9] Names given to sites connected to the hubs (e.g., sites, clusters) reflect the language each LA uses. In all LAs, with the exception of Leeds, sites are reflective of the full hub services, they are often smaller in size, but offer the full range of hub services. In Leeds clusters are structures of the wider early help system, professionals in the clusters can seek support from the core hub and can refer those requiring targeted support to the hub.

Essex Child and Family Wellbeing Service

In Essex, family hubs have been **operational since 2017** and are known locally as the Essex Child and Family Wellbeing Service (ECFWS)[10]. Essex County Council commissioned HCRG Care Group in partnership with Barnardo's to deliver the ECFWS, under a 7-year contract with potential extension for 3 years, to deliver **all pre-birth to 19 public health services, early help**, and in West Essex only, children's specialist health services. Commissioners contracted the service based on an outcomes framework which gave HCRG care group the freedom to model the service based on community needs and how best to support the achievement of these outcomes, and the flexibility to subcontract further providers. The model brings together health and social care provision, integrating the former Children's Centres workforce and health care sector professionals (e.g., school nurses). Staff work in multidisciplinary teams under a matrix management structure, ensuring the service goes beyond co-location and is a true integration of services. This is supported by all staff and partners working from a shared clinical record information management system (SystmOne). The hub workforce is supported by trained volunteers and family-led peer support groups. The Essex service adopts a trauma informed approach which offers substantial opportunities to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children.

The **proportionate universal model** ensures all families can access universal services. Families in need of more targeted (universal plus and universal partnership plus) support, including family support interventions or social care services are identified through universal provision or escalated to the service by partner agencies. The delivery approach, services offered, and outcomes measured have evolved since the ECFWS were launched, in response to data-informed learning and changing needs of communities, including in response to family voice.

Leeds Early Help Hubs

Leeds early help hub model was **launched in 2019**, taking a hub and spokes model, with three early help hubs operating across Leeds. The hubs operate to deliver consistency of approach for families through ensuring quality early help provision. The practitioners work together as a fully functioning multi-disciplinary team working from three hubs covering the whole of Leeds. Building on the Supporting Families Programme, hub **specialisms include family support workers, adult mental health specialists, adult substance misuse specialists, adult domestic violence specialists and the police**. Practitioners work to develop and embed good practice

[10] Essex Child and Family Wellbeing Service website: https://essexfamilywellbeing.co.uk/service/healthy-family-service/family-hubs/

across the early help infrastructure including clusters[11], schools, Children's Centres and the voluntary and community sector by delivering workforce development and training. One of the key aims of the hub model is to ensure more integrated working through closer partnership working to become the single point of contact for early help in Leeds.

Their family support model incorporates 25 clusters, 56 children's centres and three Early Help hubs in the East, West and South Leeds. Clusters began life as extended services for Leeds schools and have grown to engage a range of partners who provide early help, early intervention and prevention services for children, young people and families. The clusters include representatives from schools and governors, Children's Centres, children's social work, police, youth services, housing, voluntary sector, health, local elected members and senior officers from children's services.

This approach and strategy built on Leeds's existing early help services and is the culmination of a great deal of work by many partners. Cluster and hub work has been an integral part of the improvement journey in Leeds. Leeds have been rated by Ofsted as good in relation to the experiences and progress of children who need help and protection/ They have been rated outstanding in relation to the impact of leaders on social work practice with children and families, the experiences and progress of children in care and care leavers, and overall effectiveness.

Bristol Family Hubs

Bristol are in the process of **transitioning to a family hub model**. Their transition plans have changed since 2022, when Bristol was announced as one of the 75 LAs eligible for DfE funding to create family hubs. They intend to create a place-based family hub model where family services will collaborate more effectively to meet the needs of families of children aged 0-19/25. At the time of writing, transformation plans are still being agreed locally and they are unable to confirm the number of hubs they will have in place. Family hubs will provide a wide range of universal and targeted services covering health, education, parenting and wellbeing support to families 'at the right time' to improve outcomes and prevent their problems escalating. Digital information advice and guidance will also be available for those who are unable to access a family hub, or unable to access services during normal working hours.

It is a virtual collaboration between early years, early help, education, youth services, the police, voluntary and community sector (VCS) and public health. There is some

[11] Leeds clusters include representatives from schools and governors, children's centres, children's social work, police, youth services, housing, voluntary sector, health, local elected members and senior officers from children's services.

colocation of the workforce in buildings and some services are delivered in different buildings to where the staff are based.

They will develop a core support offer for all families across all hubs in the city. This will build on current provision; and there will be a more tailored and specialist offer available in hubs. Larger hub settings will reflect the needs of the community and the local VCS in each locality. They will adopt a strengths-based, trauma-informed approach focusing on the whole family. Their journey and transition to a family hub has been progressing slowly and may take a further two to three years to become fully operational.

Suffolk Family Hubs

Suffolk's family hub model, **launched in 2022**, is aiming to provide every child with the best start in life and to continue to offer the right support, at the right time to prevent their problems escalating. It is intended to be a 'positive service' for all families and not just a place for families to go to when they have a problem.

Suffolk's 17 full time and 12 part time family hubs will provide an integrated universal and targeted offer which will be delivered in a flexible way, responding to local need. The family hubs will provide a wide range of services to families in conjunction with partners in early help, education, health and the VCS. The offer will include early years services, parenting support, education/SEND, financial support and mental health support for families with children aged 0-19/25 across Suffolk. The family hubs will aim to 'normalise' the offer of general and specialist advice and support alongside early help and social care interventions.

They will retain and improve the existing Children's Centre services, using the network of libraries across Suffolk to support delivery. They will enhance the provision of digital advice and guidance, and virtual group activities outside working hours for working parents and those unable to access a family hub. Outreach services will provide universal and targeted services to the wider community and disadvantaged families who struggle to access services. The hub model is being designed to encourage a more integrated and collaborative approach to working with partners, reducing duplication and improving the service families receive. Workforce training will be provided on a range of skills and whole family working.

Similar to many of the other LAs, their journey and transition to a family hub has been progressing slowly and is expected to take a number of years to become fully operational.

Sefton Family Wellbeing Centres

Sefton's family hub model, **launched in 2018,** builds on an existing network of children's centres and family centres to provide 13 Family Wellbeing Centres across three localities. The centres aim to provide a whole family, 0-19/25 service which ensures that families receive the right support, at the right time, from the right source. Ten centres are managed and staffed by the LA, and three are led by commissioned partners.

Work with families through the family hub model is well-established, with centres providing both **universal and targeted support interventions and builds on the LA's Supporting Families programme**. These include support for issues including parenting, SEND, financial difficulties, early years, and group work to explore parent's own adverse childhood experiences. A number of commissioned partners provide specialist interventions including counselling and mental health support, domestic abuse and substance abuse.

Although work with families is well-developed, the family hub model in Sefton is being developed extensively behind the scenes. The LA is currently working to further their offer by developing a whole-partnership approach to trauma-informed practice, as well as rolling out a revised approach to measuring outcomes across the partnership. Referral mechanisms are also changing, with a shift from direct referrals to the centres to a centralised approach managed within an Integrated Front Door alongside the Multi Agency Safeguarding Hub (MASH) front door.

Family Hub: stages of development and systems change

This chapter focuses on the learning and reflections across the five case-study LAs about developing and implementing their family hub models. We reflect on the different stages of development and maturity of the family hub models and highlight the factors they identified as having either helped or hindered their progress.

Development of a family hub model

All LAs **started developing their family hub model prior to national government announcements** and expressed broadly similar reasons for doing so. They were motivated by the need to address the fragmentation, inaccessibility and inconsistency of family services. They identified a need to be more responsive to local need, to reach families earlier before their problems escalate and reduce the demand on statutory services. There were also important financial considerations which were driving the need to review and streamline service delivery to find more efficient ways to optimise resources and buildings as well as to be more preventative in their approach.

The roots of **each family hub approach were influenced by the size, structure, local geography as well as the pre-existing service infrastructure and multi-agency partnerships**. The structure and foundations of each model was informed by the LA's early years (Sure Start Children's Centres) public health (e.g., Healthy Child Programme) and early help systems (including Supporting Families Programme). These informed the degree to which LAs adopted more of a universal or targeted focus.

Figure 4. Local example of decision to move to a hub model

The decision to move to a family hub model in Suffolk was taken in response to a Policy Development Panel, convened in December 2018. The Panel reviewed evidence and information about Suffolk's Children's Centre service. They visited Children's Centres across Suffolk to assess whether they were meeting the needs of families.

In October 2018, the **0-19 Healthy Child Service** contract was awarded to the County Council. This contract enabled Suffolk to develop an integrated approach to delivering universal health services, early education and safeguarding to children, young people and families. Their family hub model builds on the Healthy Children's Centre offer with universal and targeted services for families with children under five years.

Suffolk's family hub model is a continuation of their system and workforce transformation initiative, started in 2012 under the Supporting Families Programme.

The model in four of the five LAs originated from their Children's Centre (or children and family centre) provision which combined a universal and targeted model. Two of these areas, Essex and Suffolk, were building their family hubs from a strong integrated health and Children's Centre offer. Leeds built on existing good practice, partnerships and integrated working. The incentive came from achieving earned autonomy status as part of the Supporting Families Programme and building on a developing evidence base of what had previously worked. For this reason, the Leeds Early Help Hub model was designed as a way of improving the quality of early help across the whole system.

With the exception of Essex, who commissioned an external provider to develop and deliver their family hub service, the other LA teams led the design and delivery of their approach in partnership with external partner services.

Figure 5. Local example of commissioning family hubs service

The Essex Child and Family Wellbeing Service was commissioned as a single contract to deliver all pre-birth-19 (25 years for SEND) public health services, early help, and in West Essex only, children's community health service. This contract replaced 16 children and family providers that previously delivered these services.

Commissioners took an **outcomes-focused approach** to commission this service rather than writing a detailed activity-based service specification. They funded HCRG Care and Barnardo's to take on a 7-year contract with potential extension for 3 years fixed fee service from April 2017.

The models typically involved what strategic leads described as **streamlining, integrating and reorganising existing services**. Even in Essex, where a new service was commissioned, this replaced contracts with five health providers and six children's centre providers, bring all of their services together into one contract.

> This [family hubs] isn't really a new thing. This is about making marginal gains and a more effective use of what we already have…it's the same services just packaged up in a slightly different way.' ***- Strategic lead***

The hub delivery models

With the exception of Leeds, the delivery models of the other four areas were organised and structured differently but all broadly revolved around the following features:

- Developing **a consistent core health, early years, education/SEND and family and parenting support offer** - a one-stop shop for all families across the LA. Alongside the core universal offer will be a more tailored and specialist offer which will be delivered in a flexible way to respond to local need.

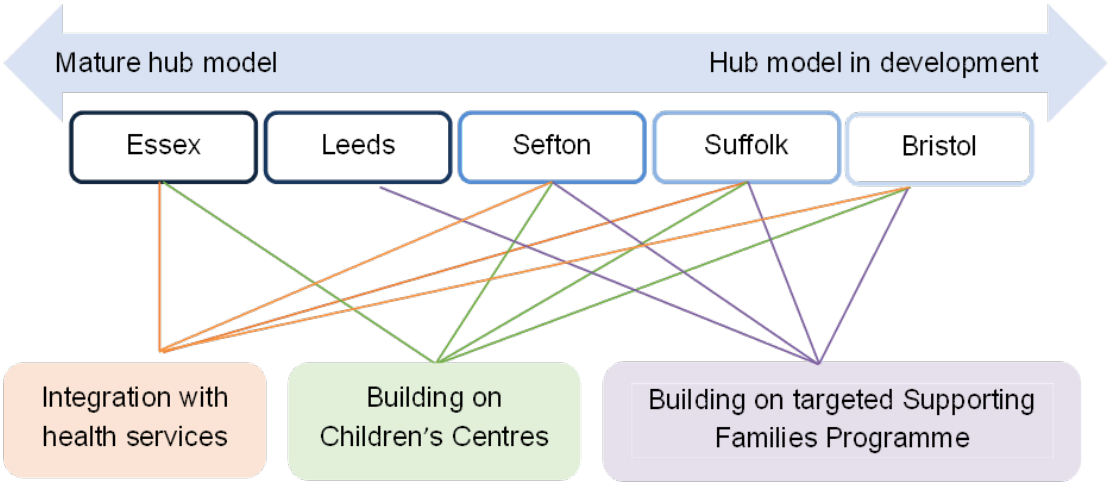
- Aspiring towards **a place-based or locality approach, typically operating out of current or ex-Children's Centre buildings, staffed by multi-disciplinary and multi-agency teams** with some co-location, where feasible. These hub models were linked into several smaller and more locally affiliated sites.
- Focusing on **all families of children aged 0-19/25 at universal and targeted levels of support,** but the 0-5 age group dominated most of their offers. Strategic and operational staff in all four areas acknowledged that the 5-19 offer was much less well specified and developed and would require greater clarity about the partners and services that needed to be involved. In Essex, the health services for 5-19s are covered by the hub model, working alongside the LA youth service and schools to deliver social and personal development for this age group.
- **A no wrong door approach**, whereby family hubs have a central point of access – a single or early help front door, where referrals can be made. In addition, referrals can be made directly via the hubs (without having to go through the early help front door) and a smooth or 'warm handover' process to ensure families only have to tell 'their stories' once.
- **A strengths-based, trauma-informed practice approach** in four areas (Essex, Bristol, Sefton, Suffolk). Additionally, some LAs have trained their staff in Signs of Safety. In Essex, they adopted a partnership approach and coaching model of personalised care to help build relationships and encourage behaviour change in families.
- **A two-tier governance model** comprised of a board or city-wide steering group and a number of operational level groups based in each of the localities which provide the opportunity to involve the wider partners in decision making.

In addition, Suffolk are also developing a virtual or online offer providing information, advice, guidance and group activities for those unable to access a family hub, or unable to access services during usual working hours. Essex also has a virtual/digital offer which has evolved and continues to be developed since commissioned.

The **Leeds hub model** is organised differently, consisting of three multi-disciplinary collocated teams working in partnership with the Children's Centre or clusters that focus on mental health, domestic abuse, addiction, and first offending among young people. They either take on the family themselves if they feel the family requires their specialist support, or they encourage and support the clusters to keep working with the family and improve the quality of their early help plans. Their practice model is relationship- and strengths-based. It is based on their Supporting Families approach and works with the whole family – *'one family, one worker, one plan'*. The hubs are based in and report to early help.

A high-level overview of hub models is shown in Figure 5, overleaf.

Figure 6. Hub development stage and models across the five LAs



Implementation and delivery

The five local areas were at different stages of maturity along their family hub journey: Essex, Leeds and Sefton have mature family hubs that have been in operation for some time, in Essex since 2017, Leeds since 2019 and Sefton since 2018. Leeds set up their hub model when the funding (from the Supporting Families programme: Earned Autonomy status) became available, but their ongoing development has been more organic, and each hub has developed services and provision to specifically meet the needs of their respective communities. Sefton has moved towards a family hub model incrementally since 2018, with the first phase revolving around the merger of the Children's Centres and family centres to create a holistic 0-19 offer through the Family Wellbeing Centres. They are now in their second phase and actively developing their strategic and systemic approaches to joined up working with their wider partners. The context in which Sefton has been transitioning to a family hub model has been more challenging as children's services are subject to an improvement plan following their recent Ofsted judgement. This has limited the resources and capacity available for their family hub development and resulted in Family Wellbeing Centres being used to support children's social care services. It is also resulting in a reassessment of their model and future direction.

Bristol and Suffolk were much earlier on their journey to developing a family hub. At the time of the interviews (May 2022) they were still agreeing the final family hub vision and model at the same time as starting to actively build the infrastructure. Their journey and transition have been delayed by the impact of the pandemic, internal staffing changes and the changing national policy context. In 2022, Bristol was announced as one of the 75 LAs eligible for DfE funding to create family hubs. Later in the year they will have the key components for their family hub model and offer in place and a plan for how they will

deliver it. The progression to being operational across all their hub localities is likely to follow a more gradual pace and might take a further two or three years. Both areas had set up a number of work streams which were at different stages of progress.

Typically, the initial steps towards hub model set-up and implementation involved a series of inter-connected steps to align or integrate services and agencies. They required a system-level approach and were necessarily ambitious as the following example illustrates.

Figure 7. Local example of early implementation priorities

Bristol's core implementation activities in establishing operational hubs

- Engaging and building partnerships with key stakeholders and families in the development and implementation of their hub model
- Integrating core services that provide family support, education and public health into their family hub model
- Developing a digital advice and guidance offer
- Developing an outcomes and performance framework and strengthening the use of electronic case recording to collect and analyse performance data
- Improving information-sharing between the organisations that make up the family hub model
- Establishing integrated governance leadership and management arrangements
- Vision, Branding and Communication - to develop a clear, succinct and agreed vision for the family hubs
- Practice – training integrated services to provide whole family working and use Signs of Safety.
- Identifying need, pathways, processes and systems

Family hub models were not seen as static or fixed but were intended to be flexible and to evolve over time in relation to local needs and circumstances. The family hub model in Essex was the most stable of our case study LAs. Any refinement to their model will be data-driven, in response to the emerging needs of families or services. Essex have undertaken a needs analysis across their districts and identified Priority Groups (families in need) to shape the future of service delivery. Further revisions and refinements were being made in the other areas to align their family hub models in response to the evolving national guidance from DfE, DHSC and from the National Centre for Family Hubs. The recently introduced family hub model framework was helping to steer local areas to review their model and clarify ambitions in relation to ensuring the family hub model is more accessible, connected and relationship centred.

Implementation facilitators and barriers

The journey to either implement or deliver a family hub model was helped or hindered by a range of the following factors:

Working in partnership

To achieve the kind of workforce transformation required for family hubs, local areas highlighted the importance of involving partners at the strategic and operational levels in the development and implementation of the family hub model and governance arrangements. Identifying and involving all partners was clearly identified as a challenge for all LAs given the breadth of partners and sectors that will be represented.

> If you don't get the buy-in from strategic leads, it's not going to filter through to the frontline staff. **Hub staff**

The two areas currently developing their family hub approach, Bristol and Suffolk, recruited locality coordinators or partnership managers to help build the links and create the networks.

The strength of the pre-existing partnerships and relationships influenced the design, structure and ease with which partners could collaborate and genuinely build the kind of integrated working arrangements that are critical for a family hub model. Operating in a smaller unitary or metropolitan authority was viewed as an advantage for providing a more cohesive base to integrate and build partnerships from as there were fewer partners to involve, and they were generally already well connected.

Conversely, two-tier LAs had the challenge of being dispersed across a wider geographical area, operating across a two-tier structure, with greater variation in local districts and the resulting needs of families, as well as the range of partners and services they needed to link with. For example, in Suffolk, strategic leads reflected on the need to allow sufficient time to build relationships, align objectives and agree the priorities for family hubs with, for example, district and borough councils, public health and the Department of Work and Pensions, all of whom operate outside of the LA and could impact on the successful delivery of their family hub. This was highlighted as being the case even where partners agreed with the values and the principles and the vision of the family hub model, as they may have different ideas about how to actually provide the services locally.

Local areas described examples of where they were building on strong partnerships between Children's Centres and Children's Social Care, or an integrated health and Children's Centres model which ensured there was a shared approach and language. They also benefited from building on connections with wider and external partners who

they previously commissioned or partnered with as this helped to strengthen the partnership base for the family hub model and increase access for families.

Figure 8. Area examples of partnership working, creating a vision and delivering family services

Suffolk were building on their Healthy Children's Centre offer which is a universal service. It has a very clear core offer for the 0-5's which is delivered in a range of partner's buildings such as libraries, GP's surgeries, village halls and hospitals.

Essex were building on strong working relationships and a collaborative approach between the commissioners and providers involved in their family hub model. This ethos was established early on, when Essex County Council engaged local providers to inform the procurement process. It has continued through the regular service design meetings between the commissioners and providers, which have proven to be useful opportunities for the stakeholders to 'check and challenge' the service decision making and adjust delivery and planning. In addition, there is strong support from strategic stakeholders within the LA which is thought to have helped them to make the case for procuring a longer-term contract (10 years) from the outset and also reduced the risk of the service being sidelined due to other competing initiatives.

There were parts of the local system that were reported to be harder to integrate; either due to the local commissioning arrangements and contracts, such as in the case of a contract with a health partner, or because the sector was felt to be more 'fractured' such as in the case of education and early years providers. Senior stakeholders in Bristol, who were developing their family hub model reflected on the challenge of representing and integrating the school sector (and particularly academies). However, there were examples of schools playing a key role hosting the hub in Sefton, which had helped to provide access to hub services and support for families.

The importance of clarity regarding the purpose, role and place of the family hub and its offer within the local context was viewed as crucial for the success of hub models working alongside other partners, both those within the LA and externally. It appeared that a lack of understanding about the model, in one LA, resulted in relationships with other delivery partners and externally being more strained. This resulted in their family hub being underutilised.

The extent to which local areas consulted and engaged with their local communities was also identified as an enabler or a challenge for developing and implementing a family hub model. The importance of family hubs reflecting local needs and involving families so they can shape and help steer the local offer was highlighted. This was identified as a key area of activity for the family hubs that were still early on in the development.

> Capturing [family] voice is something we've improved over the past four years definitely, but there's still more to do in terms of picking up all that up. - ***Hub staff***

A Family Voice Board was set up in Essex to ensure that they could discuss and consult families about a range of hub model implementation issues on an ongoing basis. Essex also use their community engagement teams to engage hard to reach families and act as their voice, identifying service needs to inform service delivery.

Staffing capacity, funding and resources

The staffing capacity, funding and resources needed to implement and deliver a family hub model was a common theme across LAs. The challenge of having to create a family hub vision and to transition to a family hub model without increased staffing and resources was clearly highlighted. All LAs in this study began their journey to family hubs prior to any government guidance and dedicated funding. Strategic leads, especially those in LAs at an earlier stage of hub model development, expressed an explicit concern about the expectation to make the transition without necessary resources, or a team to help deliver it. They were concerned about asking an already 'stretched' Children's Centres workforce to extend their focus from the early years to providing 0-19/25, while they also continue to deliver the business-as-usual services. A senior stakeholder argued that this could result in diluting the specialist expertise needed to work with different ages and stages of child development and family work.

Strategic leads and hub workforces across both developing and established hub models, discussed resistance from some staff in the transition to working as part of family hubs. This was especially the case when they were not used to working with whole families, their primary focus was on a specific age group or area of need. It was clear from the more mature family hub models that some staff did struggle with what they perceived as a loss of their professional identity and faced challenges making the transition.

> The change [to family hub model] was a shock to everybody. And if I'm honest, I still miss my old job. I think a lot of people feel the same, they liked the Children's Centres, they liked the friendliness, they liked the families. It was a massive change, and you're taking a person who found their feet into another role, it's quite scary, it might not fit with what they want anymore. ***- Community engagement worker***

Being under-staffed, was raised as an issue in one of the more mature family hub models by staff (but not strategic leads). They explained this staff shortage limited the range of services they could provide. A lack of capacity, caused by the loss of key strategic staff in another family hub team and across the partnership, had also stalled progress in that LA.

A lack of capacity to cope with the demand that might be created by a family hub offering a universal service was also raised as a concern by an LA developing their model. They

discussed the importance of having sufficient resources to be able to respond to the potential demand they may create by offering a service that is a one-stop-shop for everyone, rather than a place people go to with a specific challenge. Related to this, was a concern about the capacity of individual partners to be able to engage fully in the implementation and delivery of the family hub model and to juggle these commitments alongside their own organisational financial pressures. These issues were not reported in LAs with developed models.

Effect of the pandemic on hubs

The pandemic had both positive and negative consequences for family hub development. A move to online delivery resulted in greater flexibility in working with partners and helped to make some services more accessible for families. There were examples where virtual groups were offered in addition to face-to-face options and new activities such as walking groups had proved to be popular and helped to prevent isolation for families during lockdowns.

Less positively, the pandemic was cited as having delayed progress or proved challenging for those LAs already operating as a family hub in the following ways:

- Inevitably COVID-19 resulted in buildings being closed which limited the accessibility and delivery of some family hubs services. Being unable to host activities in local venues and identify new venues for those family hubs that were just setting up.
- Staff had to find the time and capacity to adjust to new procedures and ways of working while also juggling the demands of their job and coping with an increase in the number of referrals they were receiving.
- Relationships between partners were affected as some retreated back into their ‘silos’ during the pandemic to focus on essential services. Schools, children’s and health services were singled out as being under considerable additional pressure trying to deliver their services and support families during the pandemic. Health partners and staff had the additional pressure of delivering the vaccine programme.
- Capacity pressures had also arisen as a result of family support practitioners, sickness, leave and leaving their jobs (for a range of reasons) which was exacerbated by a national shortage of them and other practitioners such as health visitors, school and community health nurses and across social care.
- A shortage of equipment such as laptops that were needed as part of the workforce transformation programme.

- There were also concerns expressed that it might not be appropriate to launch a family hub and workforce transformation programme at a time when staff were feeling tired and worn out as a result of the pandemic.

Learning about development and implementation

In summing-up the evidence reviewed to date from our five case study LAs, it is possible to distil the following key learning points about development and implementation of a family hub approach:

- **Aims:** To design services so they are accessible, non-stigmatising, impactful and relevant to local communities, to ensure families can access early, co-ordinated support and prevent their problems escalating.
- **Development:** Clear aims, focus and remit based on realistic ambitions. Review existing provision, the use of buildings, map local need, secure strategic commitment and support and seek wider political approval.
- **The model:** Should be tailored to the structure and size of each LA and build on the local service infrastructure. A hub and spoke model will provide a visible physical presence in communities aligned to other local affiliated venues based in the community.
- **Outcomes focused and data driven approach:** To shape and develop the service to meet local needs and shape services based on the difference they are making. One LA mapped existing provision across localities and used this information to plug those gaps without inadvertently replicating them.
- **Timeframe:** It is important to be realistic about the length of time it takes to implement a family hub model. Although timeframes will likely differ from one LA to next, depending on a number of different factors, our five case-study LAs indicate that developing an integrated partnership model and transforming the workforce could take at least three to five years. It is important to note, however, that these LAs did not receive government funding to support their transformation to a family hub model.
- **Co-production:** Models should be informed and refined in partnership between LA, key partners and the community/families.
- **Access:** Anyone can walk through the door of a family hub and get the help they need from a range of partner services without having to repeat their story. There also needs to be a single front door and a clear referral pathway for professionals along with a directory of services.
- **The suitability of the building, its location and the type of space being offered:** Local buildings are key to providing a visible and safe space for families

to access support. This is key to early detection and intervention as families may be deterred from seeking help unless there is somewhere familiar and local to go to. This was felt to be particularly critical in rural and geographically remote areas.

- **Creative and flexible delivery:** Taking services to families and offering services where people want them.
- **A universal offer is key to creating a preventative non-stigmatising** offer – and not a place where families go when they have a problem.
- **The digital offer:** An online offer providing information, advice, guidance and group activities for those unable to access a family hub, or unable to access services during usual working hours.
- **Options for integrated working**: Either through co-location, a shared space or shared case management systems, where feasible to help connect services, encourage partnership working and ensure a smooth transition across services.
- **Central Government:** Effective implementation of family hubs requires significant partnership working at the local level. Central Government is in a position to facilitate this through, for example, closer cross-departmental collaboration. An integrated workforce

An integrated workforce

This section looks in more detail at the key aspects of delivering family hub services from the viewpoint of the workforce. Evidence is drawn from the workforce survey (total of 283 responses, across five LAs), focus groups and one-to-one interviews with practitioners. Interviews were completed with strategic leads, managers and practitioners of key services including early years, early help, school improvement, maternity services, the police, mental health services, alcohol and addiction services, and domestic violence services.

Key themes emerged from the data all related to LAs' vision of achieving a greater level of service integration. Key aspects of service integration being considered by areas included:

- Multi-disciplinary and co-located working
- IT systems and sharing of information
- The skills and capacity of the workforce

Achieving a greater level of service integration

To ensure easy access to the range of services for families including health, peri-natal, mental health, early years, and family support, and a 'no wrong door' offer, was a key focus for all LAs was greater levels of service integration.

Four of the five local authorities (all except Leeds) were building on current services delivered through Children's Centres. These LAs were increasing the family hub offer by integrating with targeted family support workers, health visitors and maternity services. This was seen by many practitioners as a significant step toward improving engagement levels in the key services for families when they needed it.

> It is [the hub staff] who have the time or the capacity to help [families]. And they are proactive in supporting them. With social workers we don't have the time and capacity to chase families. If they don't get the support from early help it will often come back to social workers, but with more needs. - ***Hub partner***

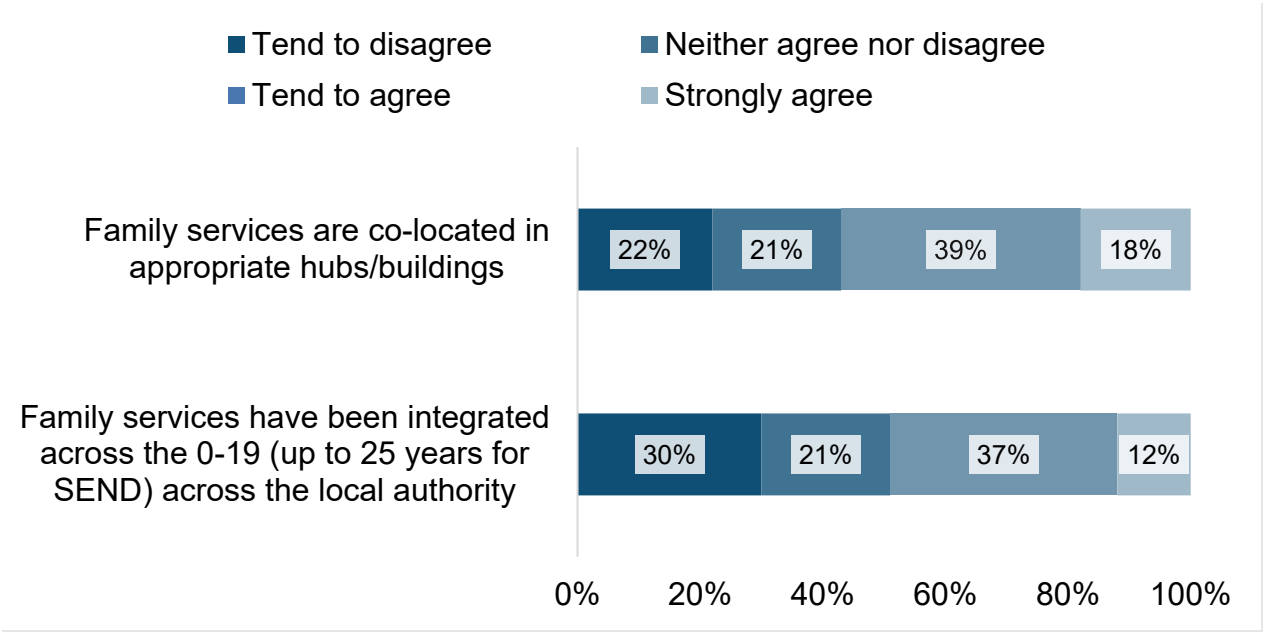
Early help practitioners were either co-located in buildings, and/or were focussing on developing new and improved practices to support co-working. For example, joint assessment, or sharing information on family members across services.

In Essex, the integration of early help services with health services appeared strongest, with 68% of the workforce reporting their services to be integrated. The service has developed a number of initiatives with LA funded services and was progressing to look at deeper integrated working with maternity services and the family hub.

In Leeds, the LA decided to integrate key services including family support, adult mental health, adult substance misuse, adult domestic violence and the police. Workers have been commissioned from these services to sit side-by-side in three hubs, to review cases jointly and ensure support is delivered to meet the needs of the whole family.

Data from the workforce surveys indicate that just under half (49%, n=120) of the workforce across all areas considered that their family services were integrated across the 0-19 years and over half (57%, n=140) reported being co-located. Essex reported the highest levels of co-located working with 71% (n=49) reporting services co-located.

Figure 9. Integration and co-location of services



Source: Workforce Survey, 2022; Base = 251 and 246 respectively (all LAs)

The workforce survey asked practitioners whether they considered the aims and priorities of the family hubs had been communicated to staff. LAs that were still in the development phase had not fully communicated the vision of the hubs to the wider workforce (at the time of the survey). This was due to conflicting pressures and priorities within LAs, but also due to a lack of a strategic leadership capacity to make key decisions and deliver change. Additionally, the survey was run when the draft national family hubs framework was shared with LAs, which led those earlier in their hub model development to halt and rethink implementation. These LAs were finding the developments challenging.

> It's a bit hard to grasp what the family hub model is which is fine while it is in its development stage, but it needs to get beyond the hard to grasp if people are going be able to understand it and sign up to it and improve the way they work with families. **- *Service lead***

Table 4. Communication of the aims and priorities of the family hubs

	Tend to disagree	Neither agree nor disagree	Tend to agree	Strongly agree
The aims and priorities of the family hubs have been communicated to staff	27%	20%	40%	14%

Source: Workforce Survey, 2022; Base = 259 (all LAs)

In total, 54% (n=139) agreed with the statement that the family hubs aims and priorities had been communicated to staff. However, 27% (n=69) disagreed with this statement and 20% (n=51) neither agreed nor disagreed. Despite this, there was evidence from interviews and the survey of developments taking place to improve levels of integration across the family hubs services. These are explored in more detail below.

Multi-disciplinary and co-located working

In working towards greater levels of service integration, practitioners have reflected on their approach to how they assess family needs, prioritise support, review and record progress, as well as measure outcomes. Where services were co-located, and practitioners were working as a multi-disciplinary team (MDT) these issues were more prominent.

> We need to focus on changing the culture and language…it needs to be very inclusive and allow time to talk it through together. **- *Service lead***

Where multi-disciplinary working was a key feature of the service, areas had co-located staff either in Children's Centres or in newly established teams.

Figure 10. LA example of multi-disciplinary team working

Leeds developed a practice to support effective MDT working across the city. Practitioners from early help, the police, and the voluntary sector in Leeds worked together in three teams to improve support for families across Leeds.

Practitioners here reported a greater level of understanding of different areas of practice due to co-location and working together as a MDT. Bringing the police into the MDT at Leeds had, according to colleagues, added value to the hub's services: practitioners reported a greater level of insight gained on certain families who had come into contact with the police prior to a request for support from the hub.

> The multi-disciplinary team meetings bring together different people with different ways of seeing things, for example, what may be causing the behaviour to be spiralling out of control and helping to get the right response. **- *Hub manager***

MDT working centred around group discussions on the family's needs. The approach was driven by the Rethink Team in Leeds (a team of three experts working to develop practice in Leeds) and included ongoing training of all early help practitioners (e.g., family support workers, social workers, health, police, VCOs, school staff), in the use of formulation[12]. As part of the model, hubs operated daily or weekly MDT meetings to discuss families' needs where they had received a request for support from a service or a family. Formulation training helped to provide a common way of identifying the strengths and priorities of each family and to agree on a plan of action across services.

The practice of formulation is centred around identifying the presenting issues, gathering as much information on the family from the range of evidence and working as a team in partnership with the family to find solutions. Case recording had also been designed to complement the planning process and to ensure that all evidence was being captured in a coherent and systematic way to support the practice.

Practitioners in Bristol who were co-located in Children's Centres reported that conversations about families' health and parenting support needs were more natural as a result of co-location. However, they reported challenges in practitioners' understanding of the breadth of services on offer and in ensuring a 'no wrong door' approach for families.

Challenges and lessons learned in MDT and co-location

LAs reported several challenges when with multi-disciplinary and co-located working.

- **Defining multi-disciplinary working:** some senior leaders in LAs suggest that they still need have a shared understanding of what multidisciplinary work is and how this can be progressed in order to improve the services to families.

> Multidisciplinary working is complex and difficult and full of 'trip hazards' so there needs to be clarity about what a family hub model might be attempting to do in a staged way. - ***Strategic lead***

- **Embedding a strength-based practice to support whole family working:** not all professionals worked with a strength-based whole family support model. Where teams were co-located, this could create tensions when agreeing plans of support.

[12] Formulation model used in Leeds: https://www.leeds.gov.uk/docs/One%20minute%20guides/Rethink%20Formulation.pdf

Some areas were delivering considerable training to ensure all practitioners adopted a strengths-based practice to promote confidence and independence. The workforce survey showed that 28% (n=70) of practitioners disagreed that there was a culture of learning and reflective practice across their services.

> It is a constant battle with mental health to get practitioners to understand the wider issues regarding the family. ***- Hub practitioner***

- **Working with schools:** LAs developing their hub models and those with established models, reported challenges of working with school safeguarding teams, particularly following the pandemic. Schools have struggled to meet the increased need for support and engaging schools in whole family MDT meetings has been challenging. LAs reported additional challenges in working with academies which needed to be resolved.

- **Appropriate buildings and office spaces:** some LAs were struggling to find appropriate buildings to locate hub staff, in particular in areas where the need was greatest, and there was a lack of appropriate building space. Some practitioners suggested the focus should be on co-working and co-location, particularly as many practitioners were working remotely since the pandemic.

- **Co-locating maternity services:** some LAs were struggling to co-locate maternity services with other services in the community as they are commissioned separately to family hub services, but recognised the value of doing so for continuity of care for families.

> If they can have conversations with the midwife and then health visitor and the GP, then the woman will get cared for in a better way because they will be able to share information effectively and provide a holistic service in a co-located space. ***– Strategic lead***

- **Pay and conditions across staff/employers**: different employment terms and conditions between staff working together across partner organisations including holiday entitlement, expenses, and remuneration caused tensions among some staff. One LA suggested it was very important to keep the unions involved where there were any changes/secondments of employment.

Systems enabling greater integration

LAs recognised the importance of practitioners being able to access information on families to help keep vulnerable adults and children safe. Half (49%) of practitioners reported that the IT systems and software supported them in their work.

Table 5. IT systems and software support staff in doing their job

	Tend to disagree	Neither agree nor disagree	Tend to agree	Strongly agree
The IT systems and software support you to do your job	22%	28%	35%	14%

Source: Workforce Survey, 2022; Base = 247 (all LAs)

There were examples of areas developing integrated IT systems and working to ensure information and intelligence were being shared across practitioners across services.

Essex developed its data sharing through the introduction and training of SystmOne. According to practitioners, SystmOne enabled practitioners, including GPs, to keep informed of a family's needs and support. Practitioners had access to helpful and up-to-date information about each family to help safeguard the family. For example, if domestic violence was an issue, all practitioners were able to see a domestic violence flag to inform of the risks.

Bristol has extended its use of Liquid Logic's Early Help Module (EHM) system to Children's Centre practitioners. Practitioners have been trained to use the EHM to assess and plan support with families. The information generated by children's services and Children's Centres can be viewed by both parties, so as families are stepped down or escalated between services, practitioners can see their history.

Challenges and lessons learned with IT systems and information sharing

Areas reported several challenges and lessons learned with integrating IT systems.

- **Introducing new IT:** where LAs sought to align IT systems and case recording, this meant that practitioners had to get familiar with new systems. In Essex, where they integrated SystmOne across their services, they report it took a year to draft guidance and data templates and a further year to train staff in feeling confident to use the new system. This period of embedding a new process needs to be factored into any service integration plans.
- **Duplication of data:** some practitioners in LAs reported frustrations with existing IT systems and recording of case data. In particular where VCS organisations were commissioned to deliver specialist support, not all were able to record their activities directly onto the LA case recording systems due to the specialist nature of assessment and sensitivities of information.
- **Alignment of practice:** before IT systems and case recording methods could be aligned, practitioners recognised that conversations between services on assessment practices, recording and monitoring of progress were needed to agree

on how to align practice. In Leeds, where the focus has been on training all MDT staff in formulation, this helped with conversations around common outcomes.

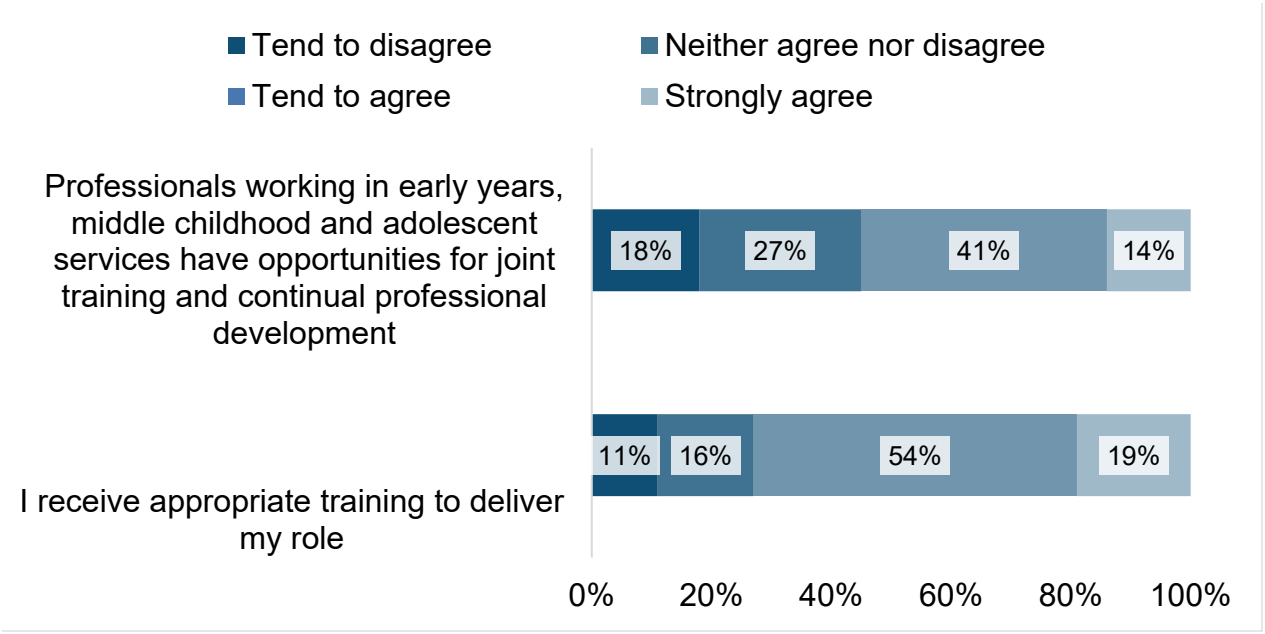
> We agreed on three outcomes based on what we needed to demonstrate, and this has kept things simple…we also have regular reviews of cases and supervision of staff to ensure that everything is being recorded appropriately. **- *Voluntary and Community Service Lead***

Staff training and supervision

LA service leads reported that there was a constant need to review the skills and knowledge of their practitioners to ensure they deliver effective support to families, but that the change to family hub model had brought this into sharper focus (as shown in Figure 10)

> We need a skills framework and a skills audit, so we know what we need to do. **– *Strategic lead***

Figure 11. Training and supervision of staff



Source: Workforce Survey, 2022; Base = 221 and 262 respectively (all LAs)

Staff training

This data shows that nearly three-quarters of the workforce (73%, n=191) reported having received appropriate training to deliver their role, and a further 55% (n=122) reported that there had been opportunities for practitioners across early years, middle childhood and adolescent services to complete joint training or continual professional

development. However, there were several issues raised about the skills of practitioners across early help services. These were:

- Lack of sufficient knowledge of services offered across the LA
- Lack of skills and confidence among some practitioners to engage families in early help plans
- Tracking progress and outcomes for families

The demands on practitioners required to support families across the 0-19/25 age range, was a concern for many service leaders and practitioners. In addition, there was a good deal of uncertainty across LAs transitioning to or reviewing their hub models, as to what a family hub model was intended to deliver, and how pathways and access could be facilitated regardless of point of entry/request for support.

> There is such a lack of investment at the front door and no real understanding of what the hubs do, so how are they going to refer to the right service? **- *Hub manager***

For the LAs whose model was to build on service delivery in Children's Centres, there was broad recognition of the need to upskill practitioners to work in a more targeted way with families.

> Staff don't always ask the right questions, and there may be a reason why a parent is coming into the Children's Centre and staying all day. We need to ensure that staff are equipped to ask the right questions. **- *Children's Centre manager***

Several Children's Centre managers also reported that staff in services including social care, health, and VCS lacked understanding of how children's services staff worked and were uninformed of the extent of services delivered in Children's Centres. The key lesson was greater levels of partnership engagement and working more closely together to support families.

> We do need to come more together with services, and there is more demand for support and as professionals, we need to meet more …to pick up the phone and develop relationships. **- *Children's Centre manager***

In Bristol, where the offer was centred around Children's Centres, a workstream had been established to review practice across family support services and Children's Centres, recognising the need to build on what works with families across these two services.

Several service leads across different LAs also reported that joint working with schools needed particular attention to ensure that school staff were sufficiently skilled to identify where a referral for support was appropriate.

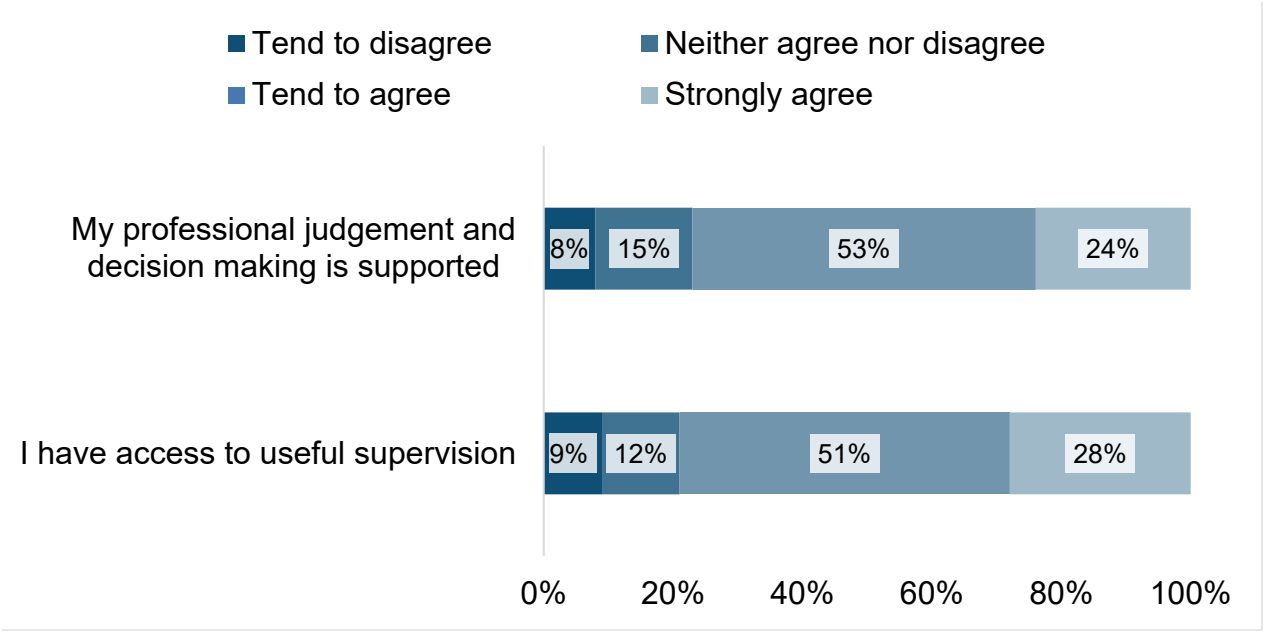
> Schools need to understand the signals and triggers for contacting a family hub…I'm not sure this is very clear. Enabling schools to be part of a multi-disciplinary and whole family approach is still a challenge. **– *Strategic lead***

In Leeds, the early help leads from the family hub were spending considerable time working with school clusters and schools, and chairing safeguarding meetings to ensure there was a common approach to understanding need and to improve the quality of early help plans.

Supervision

Where practitioners had moved to work in a MDT, line management had changed, and new professional supervision arrangements needed to be agreed upon. Practitioners were asked in the workforce survey about access to supervision and support with their professional judgment.

Figure 12. Supervision and professional support



Source: Workforce Survey, 2022; Base = 259 and 262 respectively (all LAs)

The survey results show that the majority of staff agreed to some extent that they had access to useful supervision (79%, n=203), and 77% (n=202) reported their professional judgement and decision making was supported. Interviews with service managers evidenced that where staff had been brought together in new MDTs, areas had spent time agreeing management functions and had set time aside for appropriate professional supervision.

> I see her once a month and we talk through particular cases that may have been challenging. She can always phone me too if she needs specific support. **- *VSCO manager***

Challenges and lessons learned in staff training and supervision

Several challenges were raised regarding the transition to a family hub model and the subsequent training and development needs of practitioners.

- Although staff were now working more closely together in MDT, COVID-19 pandemic had impacted staff development as practitioners were unable to work together; some practitioners reported they had gone back into working in silos.

> COVID really restricted the multi-disciplinary working in our hubs, staff were working in isolation and weren't really sharing or talking about families in the way we should have been. **- *Strategic lead***

- Embedding a whole family approach to assessment and delivery across the professions including mental health, addiction services, health services and the police were still a challenge. Some areas recognised the need to continue to hold training and supervision to support this.
- Some service leads reported a lack of clarity over what a family hub is as a result of information not being shared about the development of the hub model. Service leads also reported a loss of momentum due to staff changes and the need to reinvigorate the vision with working groups tasked with particular outcomes.

> If you've constant changes of strategic leads and restructures in different areas as well, it feels like you have to go back to the drawing board every time change happens in another services as well. – ***Hub staff***

As services were grappling with integrated working, practitioners recognised the challenges of using a common approach to measuring families' needs, progress and outcomes. There were examples of LAs building on current practices such as the use of early help plans, Signs of Safety and outcomes stars, but these were not used consistently across the early help services.

Safeguarding families

Hub staff explained that the needs of families were often complex. Identifying and managing adult and child safeguarding concerns was a major aspect to the work of staff. Strategic and operational staff highlighted that managing such cases can take a toll on staff job satisfaction, personal wellbeing and cause burn-out. Operational staff discussed the importance of supervision, access to safeguarding support, and mental health support. In one LA, staff who previously worked under Children Centres reported that the move to a commissioned family hub had also introduced a dedicated centralised safeguarding team, who were accessible as needed. They reflected that this type of professional support had not been available to them under Children's Centres. Hub staff were able to report and discuss potential concerns and cases with the safeguarding team. This level of support was appreciated and helped to alleviate staff concerns about safeguarding families in the right way.

Workforce development

Investment in workforce development was key in all LAs to support their endeavour to deliver a deeper level of integrated services for families. This was not always done under the banner of moving towards a family hub model of delivery, as clear strategies and communication about a family hub model were not articulated at the service delivery level. However, areas were working to achieve improved integrated working, were co-locating services or building on co-located working in Children's Centres where this was aligned with their family hub vision.

Aspects of multi-disciplinary working were being trialled and there is some learning to be shared through the Leeds hub model of support. There were also examples of IT systems integration with the extension of Essex SystmOne and Tableau (a data visualisation and analytics platform) and evidence that LAs were delivering a good level of professional supervision and training.

Key aspects that were of particular priority in terms of workforce development included:

- understanding the landscape of services across the 0-19 years
- ensuring that practitioners across all services can engage families in early help support planning
- working in a more targeted way with families
- developing common outcome measures
- greater levels of partnership working.

Working with families

This chapter explores how families are supported by the family hubs in their local area, exploring the extent to which families are aware of family hubs, family pathways from access and assessment to receiving support and interventions provided by hubs. It draws on interviews with practitioners and stakeholders across all five LAs, as well as interviews with families in two areas. The workforce survey also informed the understanding of access and assessment of family need.

Family interviews were not possible in the two LAs still developing their hub models; although families were receiving support services, this was not necessarily under the family hubs banner at the time of data collection (Spring 2022).

Family awareness of family hubs

Awareness of family hubs was negligible amongst the families involved in the evaluation before they had been referred to the service. Many expressed that they had never heard of the hubs prior to engaging with them, highlighting the importance of referral pathways and signposting by partner organisations, from GPs to schools.

> She [school staff] said 'what about [family hubs]?' and I said, 'Never heard of them', I'd never heard of them before that point". **- *Parent***

However, for the most part, families knew that the services they had since received had been delivered by the family hubs. There were minor exceptions to this, but these cases were where families had very complex needs and were engaged with multiple services and organisations.

Staff also believed that families were not aware of family hubs, or their service offer prior to engagement, but this was more commonly expressed in LAs where the service was still in development. Both staff and families alike felt that LAs should more proactively advertise family hubs so families are more aware of where to turn, should they need help.

Engagement with family hub services

Referral processes

There were three main approaches to referrals across the five LAs. These included:

- **Front door referrals:** consisting of a single-entry point to LA services, usually sited in / staffed by a multi-agency safeguarding hub (MASH) or similar. Referrals are reviewed and triaged before being sent to the appropriate service.

- **Direct referrals:** referrals made directly to the family hubs themselves, either by professionals or self-referrals from families seeking support.

- **A combination of the two.**

LAs with developed hub models had recently reviewed referral systems, resulting in either partial or significant changes to the approach. For example, in one area, schools now have a specific referral pathway to the family hubs service, which are then triaged before being allocated to a particular area of the service. Previously, the hubs had taken referrals from schools directly, but this had proved to be inconsistent and too reliant on word-of-mouth. Staff believed that this more systematic approach would provide a more consistent route into the service for families of school age children. However, in this LA, staff told us that they would like to see the referral process streamlined even further and clearer guidance given to referring organisations.

One LA had recently removed the direct referral pathway, that is, for family hub staff to deal with referrals which come to a hub building directly – instead ensuring all referrals are directed to the LA's single front door service (led by the MASH). The motivation for this change was to ensure that all families receive the right level of support from the right service, but some challenges had arisen in the process. For example, once referrals have been received, families are called by front door staff to obtain their permission to start the engagement process. However, the front door staff are social workers, and interviewees believed that parents were "switched off" from the service at that point, due to reticence to engage with what they understood to be Children's Social Care. Indeed, parents told us that it was important to them to know that support provided through family hubs is distinct from that provided by Children's Social Care.

> It was a bit overwhelming because I thought they were social services and I thought they were judging me, but it's not like that. **– *Parent***

In this case, the process is currently being reviewed through the development of an Early Help Triage. This will mean parents are contacted by an early help worker instead. Staff in another LA expressed similar concerns about early help cases being referred through the MASH front door. This LA have reintroduced the specific early help front door to avoid the related difficulties of social work involvement, as well as increased pressure on MASH front door workloads.

Where possible, hub teams were keen to proactively identify families in need of further support, rather than rely solely on referrals. Having a multi-disciplinary team was seen to be particularly helpful in this respect. For instance, in the Leeds hub model, a police officer is part of the family hub team, who links with the police to obtain a daily police report which details first-time missing persons and first-time offenders, supporting the identification of families who are potentially in need of help. Other hub staff discussed how engaging families in universal interventions can prove to be a useful mechanism for

encouraging family engagement with other hub services, particularly if those universal services have a positive slant.

> They [universal services] were an important way to promote services to parents, early. ***– Family hub staff member***

One LA held celebration events across their family hubs to coincide with the Queen's Platinum Jubilee (June 2022). Families told us that attending this event had been a positive community experience, where they had met other families and learned about hub services. In this vein, hub leaders saw free-to-access universal services as being vital to supporting engagement, but also to enable staff to identify higher level needs that had not been previously disclosed. Staff explained that where families are able to engage with skilled professionals in a safe environment, issues are more easily identified. Parents agreed with this sentiment, with one also noting that the group activities they had attended had provided an easy way to access a support worker to ask ad-hoc questions or for advice.

Validity and quality of referrals from partner agencies

Across LAs, staff commonly reported that referrals from other organisations such as health and education varied in their quality and appropriateness. Families were referred for issues outside of the family hub remit, such as a neighbourhood referral for a baby crying at night, or for poor attendance at school. Similarly, some staff expressed that cases stepped down from Children's Social Care were not always appropriately referred; interviewees believed that social workers do not understand the early help system and so refer on de-escalation cases to the family hubs so they can find the best place to signpost them on to.

Good partnership working with external agencies was seen as important to promoting appropriate referrals. In one LA, domestic abuse specialist staff had previously been co-located in the hubs. This meant referrals could be made directly to the hub with greater understanding of the role the hub and staff could play in supporting the families. However, those staff have since been moved into the front door and the related referrals have decreased in number. Raising awareness of the family hubs within the wider community services was viewed as critical to ensure more appropriate referrals are made.

> Who in the community actually knows the hubs and what we are? We need quarterly meetings with key services to keep the awareness and understanding there. ***– Family hub staff member***

Importantly, professional interviewees commonly expressed that there was a reticence amongst other services (such as health visitors and education) to take on a lead role in the provision of early help and early intervention. Staff across LAs noted that the

responsibility for early help should not fall exclusively to the family hubs (or LA early help service, where family hubs are not yet launched).

> Early help support ought to be delivered by the organisation closest to the family, with that organisation's staff delivering the primary support needed. The problem is though, those professionals don't see themselves as part of early help. ***– Family hub staff member***

Both these issues – the fact that referrals are not always appropriate and the fact that other agencies are not able to support delivery of early intervention services themselves – mean that caseloads remain high for family hub staff.

The workforce survey explored referral mechanisms with staff. Views were mixed across the five LAs as to whether referral pathways into family services were clearly understood by professionals and agencies. In fact, 40% of respondents disagreed that pathways into services were clear, while a further 40% either tended to agree or strongly agreed that they were. As a result, staff were equally split in their views as to whether families who need help are being reached (43% either tended to agree or strongly agreed that families are being reached, while 26% tended to disagree). Staff views did not differ across LA family hubs, regardless of hub model maturity.

Table 6. Awareness of pathways into family hubs and reaching the right families

	Tend to disagree	Neither agree nor disagree	Tend to agree	Strongly agree
Referral pathways into family services are clearly understood by different professionals and agencies working with families across the local authority	40%	19%	37%	3%
Families who need help, are being reached	26%	31%	38%	5%

Source: Workforce Survey, 2022; Base = 242 and 248 respectively (all LAs)

Assessment of family need

All families entering family hub systems receive an assessment of need. However, the level of planning which then follows varies from LA to LA. For example, Leeds have developed a structured set of guidance for staff to consider when putting together a plan for families, to be used during the assessment process. The intention is that the process is conducted jointly with families in a collaborative manner. Some staff believed that the approach has been useful in terms of giving structure to those planning conversations with families especially across hub staff. Others believed the approach has meant that the process is now lengthy, and as a result there is not consistency in how assessments are done across early help services. In Essex, detailed care plans are only developed for

those requiring targeted support for an identified need. Individual care planning is not conducted for those who are only likely to receive or access universal support to maximise efficiency. However, universal services are planned based on community profiling of needs.

One parent explained how they had worked with their family hub worker to develop a plan to address issues around support for their child in school. The worker was advocating for the parent by attending meetings with her, and as such, they had needed to develop a strategy together. All other interviewees knew that they had been referred into the service, and in most cases knew which organisation they had been referred by. Where families have been involved with multiple services (such as children's social care, Child and adolescent mental health services (CAMHs) etc), there was less clarity about how they had first engaged with family hubs and how they were referred. Finally, families attending one group intervention, visited for the evaluation, knew that they were referred to attend the group but did not express understanding that they were receiving a targeted service.

Service experiences and satisfaction

Service quality

Families involved with the evaluation had received a range of services from the family hubs, from baby massage groups and stay and play sessions, through to targeted interventions such as parenting courses or courses to explore past trauma, and one-to-one support from an individual worker focused on wellbeing, emotional and even financial support. Families discussed how their children had accessed targeted services, including group interventions such as "Relax Kids" to support relaxation and management of emotions.

Staff across the three LAs with more established family hubs, largely believed that families were receiving quality services from family services in the LA, with 58% agreeing that the quality of services was very successful or fairly successful. These staff also believed that the services were achieving positive outcomes for families, with 62% stating that services were fairly successful or very successful at this.

Table 7. Staff perceptions about the impact of family hubs

	Very or fairly unsuccessful	Neither successful nor unsuccessful	Very/Fairly successful	Don't know
Overall success of family hubs for improving the quality of family services in LA	16%	21%	58%	4%
Overall success of family hubs for achieving positive outcomes for families	12%	19%	62%	6%

Source: Workforce Survey, 2022; Base = 77 (Essex, Leeds, Sefton only)

The families involved in the research were also very positive about the support they had received from the hubs, and these sentiments were expressed by both parents and children. The types of services they had accessed included (but was not limited to) perinatal support, parenting courses, one-to-one support for domestic violence, and youth groups. Families reported benefits where they had developed trusting relationships with staff and peers and were satisfied with the practical and emotional support received.

One child told us that the "Relax Kids" session they attended had helped them to feel less worried, and parents talked about how they had used tips provided by Family Support Workers in their parenting. They had found the practical support beneficial.

> I'm not very good at handling situations sometimes and I do feel so alone. ***- Parent***

Other families expressed that they had benefited considerably from the targeted support they had received. In one case, parents were concerned about the intervention they had received coming to an end as they would miss the group they had worked with, but had also learnt a lot from the sessions.

> It's done me the world of good, this course. There's still the ups and downs of life, but you seem to get your head around it better. ***– Parent***

These parents believed that family hub services should be advertised more widely so more people could benefit from them in the same way that they had.

> There's still going to be Mums out there who are lost in the system. ***– Parent***

Relationships with staff

Generally, families involved in the evaluation were extremely complimentary about the hub staff they had engaged with, and this was particularly the case where support had been received on a one-to-one basis from a family hub worker or similar, providing time to develop trusting working relationships. For example, parents described how they found their workers to be relatable, understanding and proactive in addressing issues, even if that meant providing onward referrals to other local services. Those participating in a

baby massage course described how the staff had made the environment a “non-judgemental” one, where no question was silly, and appreciated that staff had modelled approaches to help new mums to bond with their babies.

> She [family hub worker] never just leaves me like ‘you know what, I can’t do anything about this, it’s not my field, it’s not my specialty’, she always makes sure that even if it’s not within the Family Hub, she says ‘I’ve made a referral to this’. **– *Parent***

Parents also appreciated the advocacy role often taken on by Family Support Workers, particularly in meetings with other agencies and organisations such as schools. This advocacy had helped parents to better engage with education settings and put measures in place to support both the children and their families.

> If it wasn’t for the Family Support Workers and the outside agencies, I don’t think [child] would be getting this help. And why wouldn’t a child who is half their chronological age, who can’t feed himself with a spoon or go to the loo, why was that child going to be left until he goes to school? So, if it wasn’t for the people at the Family Hub, I don’t know what we would’ve done. ***- Parent***

Consistency was important and even in group settings (such as “youth hangout” groups), they ensured that the same staff were responsible for leading the group as far as possible. As families and staff expressed, consistency allows time for relationships to form with staff, and consequentially, trust. If a trusted relationship is in place between families and workers, then families feel more able to ask questions as interventions progress.

> I can tell her anything and she’s there to listen, support me, and she gives advice. ***- Parent***

One parent described how her young son responded to staff at the family groups she attended.

> He was very happy being with them [staff]. He felt very relaxed, and it meant I could relax. **– *Parent***

Families who felt they had benefited from the family hub support reported a concern about interventions and support coming to end. They were worried about feeling isolated again, problems re-occurring in the future and finding it hard to re-establish the right family support. This finding highlights the importance of carefully planned endings and case closures.

> It’s horrible when it ends…You get this lonely feeling when it’s over. **– *Parent***

Buildings and physical hubs

To aid direct referrals and awareness raising of family hub services, a physical presence in the community through centres and accessible buildings was felt to be very important. Interviewees in a range of professional roles noted that families like familiarity, and as such, buildings needed to be accessible and in locations which were known by families already. A number of LAs had used the legacy of Children's Centres and repurposed those buildings to site their family hubs. In other LAs where Children's Centre buildings were closed, staff believed that this had been detrimental to families in need of support, and that some of the buildings which were left were not located in the most appropriate areas, where need is highest. Although buildings had been closed so services could be taken out to the families directly, in this case staff felt that visibility in the community was vital.

> A family should know that's the place to go 'if I need this, this and this'. The help doesn't need to be in that building, but 'if I go in that building, they'll be able to tell me where to go for whatever it is.' We did achieve that at one point, but a number of issues have impacted on that, definitely COVID impacted on that… we are a little bit behind now. ***- Family hub staff member***

Staff expressed that in a physical building, practitioners are able to speak to and listen to families, and by asking the right questions they are able to detect the need for other interventions.

> If you close all the centres, where do people go? Well, they don't know where to go. With the [domestic violence] case I'm dealing with at the moment, six months it's taken her to come forward, and this was her place of safety, we could use the guise of attending a baby group. ***- Health visitor***

In our workforce survey, 57% of respondents agreed that their family services were co-located in appropriate hubs, but 22% tended to disagree. Some noted that the buildings required maintaining to bring them up to a higher standard. Finally, in one of the two-tier authorities, staff expressed concern about inaccessibility for those living in rural areas, and suggested transport should be provided in these cases.

> All hubs are different, and some are far more appropriate buildings than others. In [one town], the main hub is in a quiet, small town, whereas the larger town in the area has no delivery site. It feels remote and does not attract 'drop in' families as there is no foot fall. ***- Family hub staff member***

Unmet need

Staff, strategic leads and families were able to identify a number of gaps in existing family hub provision across the five LAs.

Easy to access, universal, face-to-face provision

Parents, particularly with young children, commonly expressed that they would like to be able to access more informal, universal, face-to-face provision such as coffee mornings or stay and play sessions. This was particularly highlighted by parents who were currently participating in a targeted intervention course and were concerned about support "dropping off" when the course ended. Some parents raised examples of groups which had previously been available but had since closed and were missed. Others noted how being able to access face-to-face services had been vital for their mental health, but also noted that universal offers were limited in their area.

> Because I don't drive, so that's my main factor, it gets me out. It helps my mental health, how I feel inside you know, I'm able to go out and socialise with other people, that makes a big difference. Because if you overthink a few things, once you talk to someone, things aren't quite as bad as you're thinking. ***- Parent***

A lack of services specifically for new parents – particularly those who became parents for the first time during the pandemic – was viewed as a gap by some hub staff; in one area, new parent talks had been part of the universal offer pre-pandemic, but they are no longer commissioned to provide these.

The interviews highlighted two barriers to increasing the amount of universal provision. In one LA, staff noted that they had a raft of interventions and groups prepared and ready to be offered from the family hub premises, but due to current high caseloads, it was not feasible to do so. This was because time delivering universal groups is time spent away from providing one-to-one support.

> It's frustrating for all the staff, whatever tier of support we're in. They're so passionate about delivering early help intervention and prevention – it's extremely frustrating for all of us. ***- Family hub staff member***

Where universal provision was in place, families appreciated the informal activities and groups offered. Parents explained how these activities gave them something structured to do with their children. One described outdoor activities that were offered during the pandemic restrictions; they included planting, arts and crafts and free play.

> It was nice to take both of them to something, and just to give them something to do, because you run out of ideas, and you need to give them a different environment… For me, having the groups are really invaluable. ***- Parent***

Some staff noted how the COVID-19 restrictions had impacted on the way services were delivered to families both during the pandemic but also in the post-pandemic period. In lockdown, work to support families had been delivered at a distance, such as running courses online. Staff had found it difficult to get as much interaction with parents this way.

However, one parent pointed out that accessing a (different) hub service online had been more convenient to her due to health conditions which limit mobility.

Other parents (and staff) described an increased demand for face-to-face provision as lockdown restrictions have lifted, but that levels of provision had yet to reach pre-pandemic levels. One noted that in their area, there were still very few face-to-face groups they could attend, and they found this isolating. In one area, strategic leads said that the hubs still had not achieved the “open door” nature they had pre-pandemic and were keen to see this drop-in nature back as soon as possible.

Services for dads

Both families and family hub representatives highlighted gaps in provision for dads; some interviewees noted that there was very little focused provision available for this group. Barriers to this were noted; one strategic lead flagged that their family hub service had few male staff, which might make men reluctant to engage with existing services, and a mum noted that her partner is busy with work, which blocks their ability to attend provision during the day. Strategic leads warned against tokenistic ‘dads’ groups, however. One lead stressed the importance of pragmatic solutions to meaningfully involve dads, for example by encouraging their involvement and consultation as part of care plans.

Services for older children and teens

While the core aim of family hubs is to offer a holistic, 0-19/25 service, some professional interviewees reported that there were still gaps in provision for older, adolescent children. One strategic lead noted that the family hub buildings in their LA do mostly have a “teen room”, but that the hubs were not likely to be somewhere that teenagers would drop in to. However, in this LA there were a number of staff with a background in supporting older children, for example, having previously worked at the Youth Justice service, and specific, targeted services were available for older children and teens.

One parent in a different LA felt that her teenager’s needs had not been met by the service she had received from the family hubs, and that there was a gap in provision not just in the family hub offer, but also more widely.

> There’s no focus on the older children who still need help, they’re still children at the end of the day, but there’s nothing offered to them, it stops at a certain age. **-** ***Parent***

A strategic lead in one LA suggested the need to upskill hub staff in spotting signs of child criminal exploitation to add further value to the hub offer and increase staff confidence in this area.

Access to specialist provision

Access to specialist workers within family hubs had been challenging in a range of ways. Some parents highlighted that they had difficulties with health visitors providing what they felt to be incorrect or uninformed advice, or with health visitors not getting back to them following a referral (or getting back to them but not having time to offer full support). While families acknowledged that this was likely to be due to a heavy caseload.

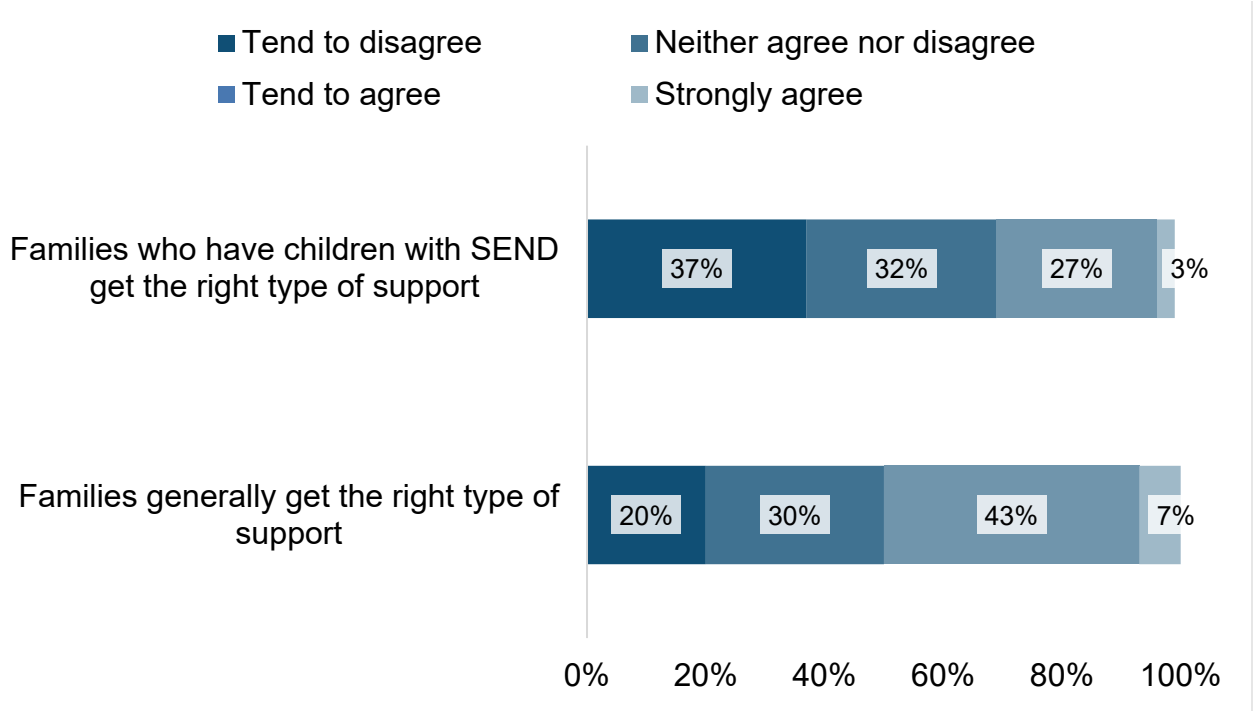
> When you're a concerned parent or something's going on, you probably don't always want to feel rushed. ***- Parent***

A similar sentiment was expressed by a parent who was frustrated at the waiting list for speech and language support. They have attended a number of short speech and language courses via the family hub but when milestones are not met by the end of the course, then have to go on to a waiting list for a follow up.

> You thought you'd got to the finish line, but yeah, it's not, it's just all this waiting. That's frustrating… feels like you're not doing the best for your child. ***- Parent***

Other parents flagged how they had struggled to access diagnosis of SEND issues for children (outside of the family hub system). Once diagnosed, they felt that there was a gap in service provision for children with SEND. One parent noted that they would benefit from a parenting course which specifically takes issues relating to Autism into account. However, this sentiment was not expressed by all parents involved in the research. Parents who had received support in different LAs with a focused SEND offer discussed how they had accessed autism-friendly playgroups, specialised SEND parenting advice, support for developmental delays via speech and language therapists, or peer support groups. However, staff who responded to our survey frequently expressed that there was a gap for children with SEND in their areas, or a lack of clarity for families of children with SEND over what is available to them. Indeed, 37% (n=226) of respondents disagreed that families with children with SEND get the right type of support.

Figure 13. Staff perceptions about the impact of family hubs



Source: Workforce Survey, 2022; Base = 246 and 226 respectively, (All LAs)

Parents commonly talked about challenges with accessing services through CAMHs. In one LA, a specialist partner had been commissioned to provide mental health support and counselling as part of the family hub offer, but one service user highlighted that the waiting list was excessively long, at over a year. When the service was provided, it was not extensive enough to meet the child's needs.

Measuring outcomes of hubs

This section describes the approaches and challenges LAs have in measuring and tracking changes and outcomes achieved as a result of hub implementation at both the family and wider systems levels.

Approaches to measuring outcomes

Measuring the performance and quality of family hubs services to track and demonstrate complex and long-term systems change is a common challenge reported by strategic leads across all LAs. LAs have adopted (or plan to adopt) one of three measurement approaches:

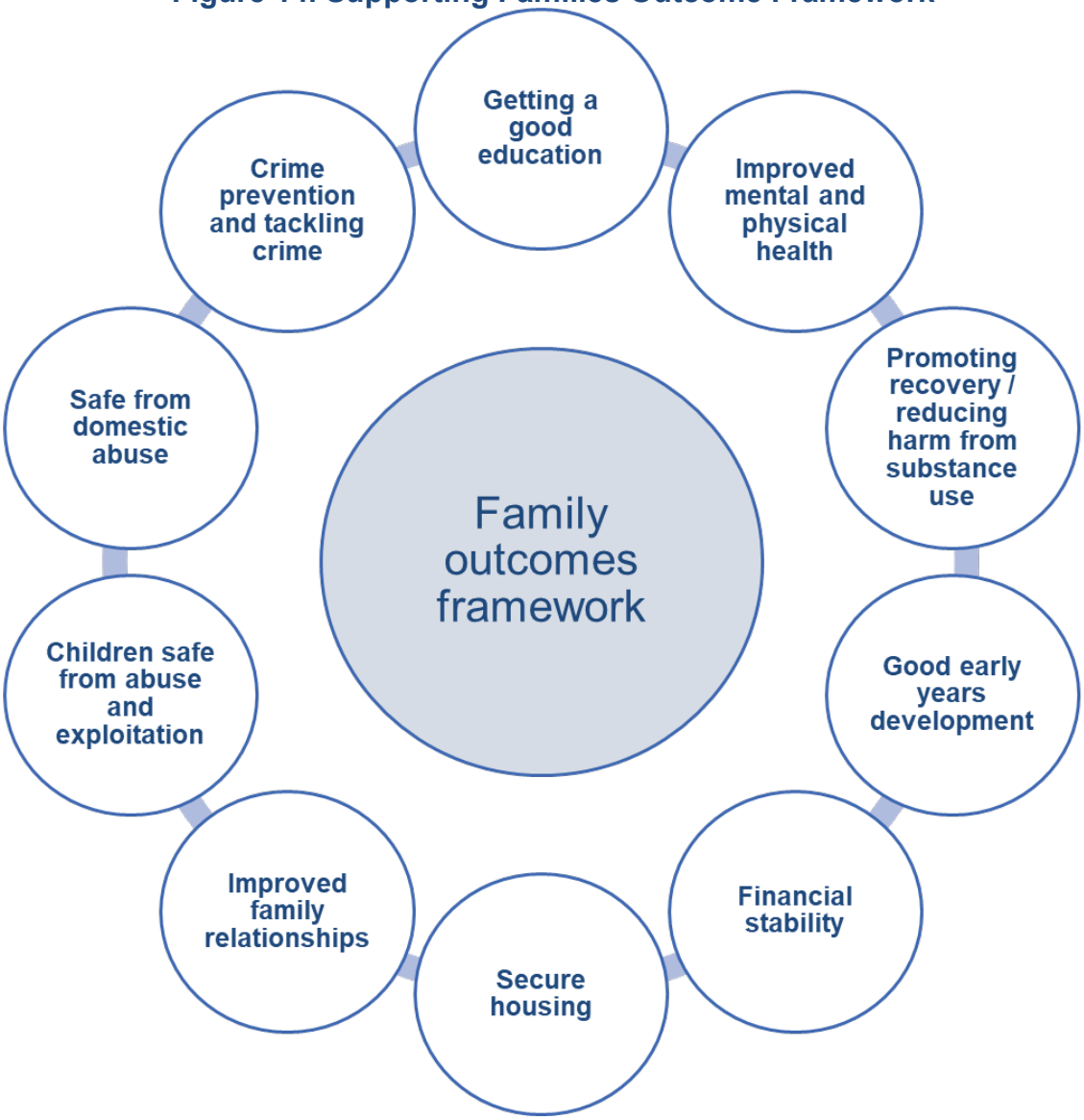
- One approach is to use the recently updated **Supporting Families outcome framework**[13]**,** developed by the Department for Levelling Up, Housing & Communities. This method allows LAs to draw on existing metrics and an established measurement framework common to LAs for evidencing early help interventions and changes for families. The framework focuses on 10 children and family outcomes across family functioning, health, education and crime, as shown in Figure 13 LAs have also expanded the number of outcomes and metrics to ensure coverage across the wider ambitions of hub models beyond those targeted by the Supporting Families programme.
- Development of a **bespoke family hub outcome framework**. For example, Essex has developed a local framework covering 20+ outcomes, representing a mix of mandated public health outcomes alongside outcomes to support change for families that were co-created with commissioners. Outcome areas include: loneliness, child safety, school readiness, emotional wellbeing, and confidence in managing health related conditions. These outcomes are collected and reported on monthly, to support evidence-based decisions at both strategic and operational levels.
- Finally, there are also LAs that currently have **no clear, systematic framework** in place with the specific purpose of capturing and combining agreed set of outcomes to monitor the difference family hub models have brought about. These LAs currently collect a range of data from family and administrative data sources, but monitoring arrangements are designed principally to meet the requirements of individual agencies or services and there is not yet an agreed way of aggregating them to provide overall judgements of effectiveness. All LAs aspire to develop such a system, however.

> I don't feel I'm accountable to anyone. In terms of accountability or reporting on impact, there is no structure around that. Because it's not been

[13] Supporting Families Programme Outcome Framework 2022-25: Department for Levelling Up, Housing & Communities, Available at: https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-3-the-national-supporting-families-outcome-framework

put in place. This can lend itself to inconsistency and this really matters. - ***Strategic lead***

Figure 14. Supporting Families Outcome Framework



Family-level outcomes

Across LAs with live family hubs, the main approach to monitor short-term outcomes for families is primarily based on establishing an initial **care plan**. Family hub models across LAs took a strengths-based approach to care planning. Staff develop a plan together with the family, which is then jointly reviewed by the lead family worker and family. Staff and strategic leads, emphasised the importance of practitioners working with each family, ensuring that **family voice** remains central to identification and prioritisation of meaningful goals to work towards and assessing the progress towards these. Staff explained how conversations with families to review hub support captured small, important changes that hard quantitative metrics may not, e.g., physical presentation.

> You can see physically you've made a difference to that family - ***Hubs staff***

In addition to care plan review conversations with families, some LAs have invested in **specific tools**, e.g., participatory assessment tools such as the Outcomes Star[14], to support reflection on progress and changes for families over time. LAs using such tools either used them prior to the transition to family hub models and continued their use as familiar tools for professionals and families or have invested in these specifically as part of their hub transition, with a view to aid consistent outcome measurement across staff and services. LA professionals reported that hub staff and families valued tools that easily and quickly visualised progress made. Staff explained these tools facilitated conversations with families. Where positive change had occurred, the visualisation supported celebration of these achievements.

> It's quite a celebration event for families to see [using the Outcomes Star], we were there, now we're here, it's brilliant - ***Hubs staff***

Most **evidence-based interventions** have embedded pre- and post- standardised outcomes measures (e.g., using psychometrically tested tools). Staff reflected that some of these pre-determined tools are better at capturing changes for intervention participants than others. While processes for collecting pre- and post-measures have been embedded, the challenge for LAs is reading across the range of outcomes measures used across interventions. This has resulted in gaps in hubs being able to understand the cumulative benefits achieved for families and family hubs across services and interventions.

A further approach was the use of locally developed **family surveys** to provide feedback on satisfaction with service provision and self-assessment of changes and benefits. However, low response rate to surveys was an issue, and limited representation across the range of families supported.

LAs are also using (or exploring the option to use) **administrative data** to track service effectiveness and to understand change at a system level (see also below). For example, LAs are (or intend to) reviewing referrals data, including the number of referrals back to the front door or children's social services as an indication of sustained family outcomes, following hub support.

Systems-level outcomes

While LAs generally have (formal and informal) approaches to capture outcomes at the family-level, a common challenge was demonstrating outcomes and change at the LA, systems-level. Essex is furthest along in their ability to track county-wide and geographic

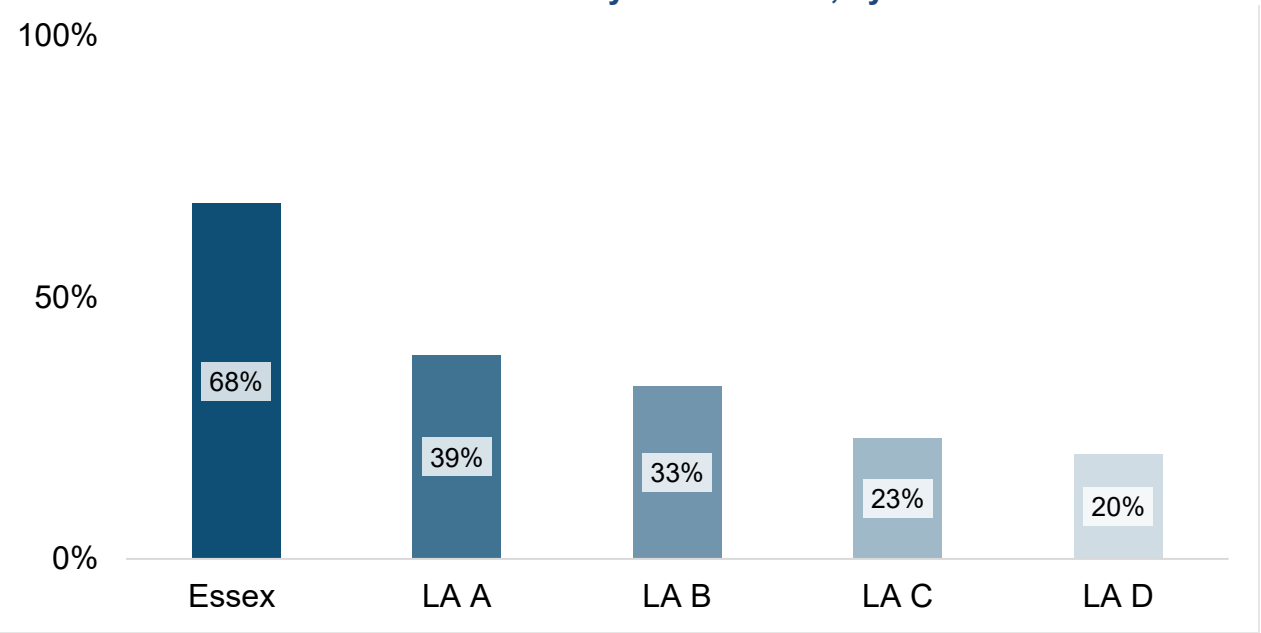
[14] An outcomes star is a tool, usually paid for, designed to be used between practitioners and service users to set and visually monitor goals together. Whilst these tools are reported as being received positively by both families and practitioners, there is ongoing debate as to their use as a validated outcome measure.

area level changes; yet staff identified challenges of demonstrating sustained family change in particular localities. For example, one area with multiple temporary housing projects has a continual turnover of new residents requiring targeted family support. The hub manager noted that a lot of resource is allocated to supporting families in this area, but due to the transient nature of the population, the area-level metrics show consistent high levels of needs. Similarly, in Sefton, a strategic lead explained that case closure and outcomes data appear poor, but this is, in part, a reflection of staffing shortages to complete and log reviews on the information system, rather than evidence of poor performance or outcomes. Similar to assessing family-level change, these insights highlight the importance of combining quantifiable data alongside narrative information and local knowledge of population needs and service delivery contexts.

Embedding an outcome and data driven approach

As mentioned above, Essex is the most advanced LA in the study sample in terms of having a mature framework and system for collecting, measuring and using family and area-level outcomes data. Around two-thirds (68%) of staff in Essex who responded to the workforce survey agreed that there is 'a common framework for measuring outcomes for family hub services'. Agreement to this statement was higher amongst Essex staff compared with staff in other LAs (where agreement ranged from 20% to 39%).

Figure 15. Extent to which staff agree there is a common framework for measuring outcomes for family hub services, by LA



Source: Workforce Survey, 2022; Base = 232, (All LAs)

Strategic leads in Essex highlighted that the development of their outcomes and data driven approach has been iterative and taken several years of piloting and refinement. They stressed how an investment in the right infrastructure (e.g., information management system, dedicated data team) coupled with initiatives to support

commissioner and staff buy-in to agree, understand and use the outcomes framework, have been critical to embedding an outcome and data driven approach.

Identifying the right outcomes

Strategic leads across LAs have **worked with staff and partners to gain buy-in on priority outcomes.** In Essex, the strategic priority **outcomes were co-created** with stakeholders, including discussion with commissioners (except for the Public Health mandated health checks). Strategic leads emphasised that the initial outcomes were **piloted and then refined over the years** to make sure they are relevant for families and the service alike, to avoid these being a 'tick box counting exercise'. As the service has developed and become more mature in its implementation, so have its outcomes in an effort to measure what matters. For example, the LA has iteratively refined the definitions of outcomes with commissioners and staff to ensure a common understanding. Furthermore, the outcomes are incentivised, whereby HCRG and Barnardo's receive financial penalties for not achieving outcomes.

Essex strategic leads emphasised the importance of taking an iterative approach and building regular review of whether the outcomes (and accompanying definitions) are relevant for the community and service. To support this, they have recently commissioned an **independent review of their outcomes approach,** to provide an external check and balance of the approach.

Establishing the right infrastructure

A common challenge in LAs, is the use of different information management systems across partners, which limits the ability to aggregate data across professionals and services. Essex introduced a **single information management system** (SystmOne)[15] to document family information, care plans and outcomes across partners. The system also has the necessary technical functionality to support production of data reports for service performance and outcomes monitoring. As a data mature LA, Bristol is planning to use their 'Think Family' database as a single tool for data collection, analysis of needs and outcomes. Bristol has also benefited from government funding to further strengthen data sharing between the LA, police and education, which they expect will support their information infrastructure systems for family hubs too.

While all LAs collect a wide range of data, they did not all have systems and technical expertise to support analysis and interpretation of the available data. Essex has a **business information management team** dedicated to running data reports against the service level key performance indicators and family outcomes at practitioner, area and whole service level, on a monthly basis. These reports provide a transparent picture of reach, patterns in family needs and progress to meeting these. Reports also document

[15] A single electronic health record for every patient used by the NHS

the length of time cases have been ‘open’ as well as ‘abandoned’ outcomes due to family moving out of area or disengaging from the service.

Supporting workforce understanding and confidence in using outcome tools and data

Essex have invested in a comprehensive **outcomes framework toolkit** for staff to encourage engagement and understanding of the framework, its value and their responsibility to use it. The toolkit, comprised of initial training and is accompanied by written guidance, regular refresher training and discussion of outcomes within line management meetings. Furthermore, the outcomes framework is explicitly linked to all stages of work with families, from assessment and care plan development to reviews and case closures.

The training covers practical learning to navigate the information system, and also emphasises the value of an outcomes focused approach to support work with families. For instance, the training explicitly makes the link between setting outcomes with families and how this can be a facilitator to having ‘better’ conversations with them about their needs. There is also an emphasis on the purpose of the outcomes for tracking the family journey to alleviate staff concerns about monitoring professional performance.

To ensure use of these outcomes when reflecting on family needs and outcomes, the service has built-in **regular opportunities to review outcomes reports at operational and strategic levels**. At an operational level, the family care plan and progress to the stated aims are discussed in line management meetings between the practitioner and their manager, as well as in appraisal processes. At the area level, outcomes reports are discussed at team meetings as a means of reinforcing a shared understanding of how outcomes are defined across the workforce. At a strategic level, outcome reports are shared with the commissioners and strategic leads. Hub leads review area-level data to identify emerging needs and gaps. For example, Essex are looking to appoint a lead to help the service increase reach of ethnic minority and hard to reach families in response to the data indicating low reach among these groups.

Conclusions

This report has provided the evidence at interim stage to consider the progress with designing, setting-up and implementing family hubs in five local authorities at different points in their transformation journey. In previous chapters, we discussed the findings grouped under four main themes of systems change, workforce, supporting families, and measuring outcomes. In this final chapter we reflect on the learning to date, draw some preliminary conclusions, and identify key learning points for policy and practice.

The long road to family hubs

The evaluation has provided an opportunity to examine five local family hubs models at varying stages in their development, all of which were initiated prior to the more recent policy developments regarding the two Family Hubs Transformation Funds and new Family Hub Model Framework. What is quite striking from the five examples is that, **despite different initial drivers at a local level, the aspirations for moving towards integrated 0-19 family services are very similar**. Senior leaders cited an imperative to improve the level of service integration and consistency for families across age and service boundaries. All local models have in common an aspiration to be place-based and multi-disciplinary, adopting a progressive universalist approach and a 'no wrong door' principle for families seeking support. They share a focus on configuring access points in ways that combine a one-stop shop model for centre-based services with elements of outreach, digital, and affiliated access points.

In the absence of dedicated funding for family hubs and pre-dating the new national policy framework, **the models within the five LAs have developed largely organically**. They were each initiated following key trigger points, such as strategic reviews of early help or local commissioning arrangements, or following the introduction of new leadership or governance arrangements. Since their inception, they have evolved at a varied pace, often incrementally and subject to the availability of funding and system capacity, adapting to the wider fiscal climate and corporate decisions affecting children's services. There are a number of key leaning points to be taken from this.

- Firstly, it is apparent that **decisions about service integration have been driven by fiscal necessity, as well as by a desire to re-design locality-based family support to optimise outcomes for families**. Challenges such as the closure of Children's Centres, reduced headcounts within early help following secondments to children's social care (CSC) teams and budget deficits have forced the hand of LAs to create efficiencies. Put more simply – LAs were rationalising and consolidating family support services because they had to, irrespective of their chosen transformation model. This context is important to keep in mind when appraising the choices and constraints faced by LAs at a time when they are embarking on a complex change programme.

- Second, **the trajectory of the local models has been non-linear.** An evolving approach is due in part to external influences such as changes in funding and wider corporate restructuring, inspection outcomes and their fallout, adding a degree of turbulence to the transformation journey. However, it is also partly by design. The LAs within the study have invariably adopted a test-and-learn approach, and the more mature models have changed over time, following internal progress reviews within the family hubs partnership to redesign services in response to evidence of the effectiveness of structures and ways of working. The message to LAs setting out on their journey is that change is both healthy and necessary, and that local family hubs models need to be flexible, self-reflective and resilient.
- Third, the LAs and their partners have not started from scratch when designing family hub models. A **strong legacy of Sure Start and Supporting Families, as well as other locally specific family programmes, is apparent in each model**. This can be seen in the governance arrangements, the structure and composition of local multi-disciplinary teams, the assessment tools and outcomes frameworks in use, and in practice frameworks (strengths-based, relationship-based, and with a clear articulation of what family-focussed practice looks like). As we have discussed in the report, Leeds is somewhat distinct within the sample in starting with their Supporting Families programme, working with their Children's Centres to take a more targeted model and extending it downwards to strengthen the 0-5 phase. In contrast, the other four LAs have built upwards from their early years offers.

There is a clear indication that these differences have directly influenced the pace and trajectory of local hub model development. Where they were building on Sure Start legacy infrastructure, LAs – especially during the early development stage, have seen the most progress in extending multi-disciplinary working horizontally to offer a wider range of support for 0–5-year-olds and their families. The quality of partnership between the LA and public health has been a strong enabler or barrier in this respect.

In comparison, **efforts to develop the 6-19 offer have generally been somewhat slower to take shape**. LAs have grappled with the scope and range of professional expertise needed to work with adolescents. The concept of one-stop shops has proven more challenging when considering the needs of young people, their preferred places and spaces to engage with support, and the more complex relationships between individual decision making and whole family support. It has also required a consideration of how schools and youth services fit within the family hubs model. We saw how Bristol originally pre-empted these challenges by phasing their family hubs offer (0-12 first before 0-19) and building on a strong consultative phase to appraise how to make the best use of buildings and spaces to widen engagement and access.

System capacity and managing demand

The LAs with more established family hub models were able to reflect on the requirements for development at different stages. There was a message that keeping momentum beyond the initial development phase can be particularly challenging. To embed the models has required a **critical mass of awareness and engagement across partners, and integration at all levels from governance through to assessment and front-line delivery**. More than this, however, family hub development raised important issues about accountability and system capacity.

It was apparent that in working across 0-19 services, hubs require **dedicated leadership at a system level**, and 'hard' accountability beyond having a strategic plan and a commitment to multidisciplinary working and co-located posts. There was a question of who would take ownership and drive hub development on an ongoing basis to avoid drift. In the case of Essex, the formalisation of the family hubs governance within a single commissioning vehicle gave their model a strong organisational identify, as well as signalling a long-term commitment that allowed the necessary time and space to push through changes with active engagement from all partners. In Leeds, building on the Supporting Families infrastructure meant that there was a readymade geographical organisation of services around hubs and spokes, from which to connect with a wider range of 0-19 partners. Again, this was done with strong and consistent leadership and with clearly understood pathways and ways of working between early help and CSC teams.

System capacity extends to other aspects of the functioning of family hubs, and implies a certain 'hidden infrastructure' that is needed to sustain 0-19 integrated family services:

- **Linking statutory services with community networks and assets** was one aspect of this. Mapping the system and identifying clear pathways was an important part of the strategy to make sure that family hubs were making the most of existing resources. LAs at earlier stages of development had created dedicated posts for local coordinators or community engagement managers, in acknowledgement of the scale of the task required to develop this connectivity.
- **Building analytical capacity** was a further consideration. LAs overseeing the more mature family hub models had gone beyond aggregating outcomes data for performance reporting, to utilise these data alongside feedback from the workforce and families to inform ongoing reviews of service quality. Again, this required an infrastructure and posts over and above partners' existing data teams, and a willingness to incorporate data deep dives within supervisory practices.
- **Alignment of assessment tools and frameworks** also emerged as a challenging aspect of Family Hubs provision. The LAs with mature hub models had developed guidance and training for staff to support common and consistent assessments.

However, the steps towards achieving this state should not be underestimated. LAs at an earlier stage in their transformation journey were wrestling with the sheer range of outcomes and frameworks involved across the 0-19 services, the specialist nature of service-specific assessments, and issues with the non-alignment of IT systems and recording of case data. A transitionary phase was needed to bridge these gaps, and to establish a common purpose and methodology for capturing and combining agreed set of outcomes for family hubs.

Once operational, the question of **demand management** was a central one for the family hubs. The evaluation has illustrated how, for many professionals, the process of opening up services 0-19 had workload implications – especially in the stages of acclimatising to new joint working arrangements and systems. The wellbeing of the workforce is an important consideration in this respect, so that the necessary steps involved in re-skilling and learning new systems for integrated delivery are not at the expense of already stretched teams with high caseloads of families.

The clarity of referral processes and criteria were instrumental to local demand management. During the early stages in particular, LAs reported challenges arising from large numbers of inappropriate referrals from partners who did not understand the criteria for family hubs support and/or perceived the new infrastructure as a safety valve for excess cases. Pressure was felt in particular for some LAs within the sample, where CSC step-down cases were directed towards the family hubs, often involving very high need cases requiring specialist support beyond early help. Steps to engage and raise awareness of partners about the hub offer also have implications for helping to improve referral quality, therefore, and reducing time associated with assessment and management of inappropriate referrals.

Reach, access and engagement

Families' awareness of family hubs is a further area of focus. As discussed in chapter three, **families who were interviewed across the LAs generally showed low level of recognition of 'family hubs'**. There were mixed views on whether or not this matters. LAs had typically developed family hubs as a strategic framework to underpin multi-disciplinary working across 0-19 services rather than as a branded service akin to Sure Start. While there was an aspiration in some areas to improve visibility and recognition, efforts were primarily focussed on ensuring that families recognise and are aware of the support and services available at the point when they need them, and how and where these can be accessed.

The onus was therefore placed **on securing ownership of the family hubs offer among professionals as trusted gatekeepers and problem-noticers** on behalf of families. It was clear that the LAs and their partners had achieved this to a varying extent. There were two main considerations:

- First, in creating or expanding multi-disciplinary teams, there was a challenge to **ensure that professionals 'own' and understand the offer and feel confident to advocate** – especially on behalf of specialist services. This was especially the case where, for example, early years professionals based in Children's Centres found themselves signposting families to 6-19 services and support for the first time. LAs developing family hubs should consider that co-location alone is by no means a panacea, and that multi-disciplinary training and supervision are needed to embed the offer and to facilitate the necessary culture change.
- Second, it was apparent that **0-19 family hubs need to be 'everyone's business'**, and that more diverse and sophisticated referral networks require the full engagement of universal services, schools, youth sector, VCS partners and community leaders in understanding the family hubs offer and referral pathways. LAs aspiring to create family hubs must consider the workforce development implications of their family hubs offer, auditing skills and awareness, mapping services and systems and developing referral pathways that are understood by all.

The research has further underlined the distinction between families' awareness of available support and their propensity to take it up. The evidence reinforces that how, when and by whom support is offered, has a significant bearing on which families engage, as well as the range of support and services offered.

Specifically, the report has shown how **family hubs must navigate the interface between universal and targeted services** and the different cultures and practices that they represent. In chapter three, we saw how families who were used to accessing universal support did not always react positively where referrals for family hubs had undergone triage within the MASH, and families were re-contacted to confirm the details of their 'case'. The approach prompted an adverse reaction where families perceived a stigma attached to what they saw as being Social Work terminology and practices. Similarly, while comprehensive assessment and individual plans were reported to have been experienced positively by many families, this was off-putting for those who had sought help with a single issue and who again found the assessment and planning excessive and bureaucratic, with connotations of Social Work casework.

Indeed, the family research elicited a strong theme with regard to **demand for universal provision** such as coffee mornings, arts and play sessions and universal face to face support, accessed in a non-stigmatising way. The value of a diverse and family-led universal offer should not be underestimated as a platform for engaging families and building trust prior to engagement in more specialist work, alongside personalisation. This also underlines the importance of ensuring the active participation of families in co-designing how services are presented and communicated, as well as what is offered.

What works in developing family hubs – core issues

The research to date has largely affirmed the literature regarding the **hallmarks of effective multi-disciplinary working within family hubs** – the importance of a whole system approach and system leadership, active participation of families in service design and development, a long-term strategic vision and plan, a focus on developing the workforce and fostering a shared understanding and ethos for 0-19 services, integrated training, IT systems, and outcomes frameworks, and matrix-based models of line management and supervisory practice to maintain professional specialisms within multi-disciplinary teams.

At a **practice level**, the research has affirmed the importance of relationship-based practice with families, addressing the needs of the child and the adult in tandem, modes of engagement that are open, non-judgemental, and strengths-based, the creation of key worker roles that allow for continuity to build trust and advocate for families, and avoiding the unnecessary repetition of stories to multiple professionals. The distinctiveness of family hubs largely relates to how these practice elements are applied within a 0-19 context and managing the increased scope and complexity that this brings.

For LAs within the study, **barriers to family hub development** had related to time-limited funding and austerity measures, the impact of policy flux and shifting national priorities, the relative vulnerability of preventative services to the financial status and performance of the LA in general and CSC services in particular; as well as the specific impacts of a negative Ofsted inspection in drawing resources away from early help towards servicing improvement plans. The COVID-19 crisis had also clearly created bottlenecks and disrupted family support, as well as compounding levels of need, despite also having positives with regard to re-thinking digital offers and engagement.

Key considerations – interim stage

Building on the learning at interim stage, it is possible to identify a number of considerations for policy, local authority and practice level stakeholders involved in planning and delivering family hubs. These are caveated based on the stage of the evaluation, which does not yet include impact or economic evaluation findings.

Figure 16. Key considerations at interim stage

Considerations for policy

- ✓ To consider the variation in Family hub models across local authorities, both in terms of the services they deliver and the partners they work with. The models are usually developed from/by building on existing family service arrangements. A locality/placed-based approach, incorporating input from local communities and flexibility for local authorities, is important in ensuring that family hubs can cater appropriately for local need.
- ✓ To consider how family hubs might draw on best practices for meeting the needs of children and young people with SEND and their families, and to consider the potential role of family hubs in relation to the Care Review recommendations for SEND at a locality level, especially around Family Help and community responses.
- ✓ To focus on areas where this evaluation suggests family hubs may benefit from more evidence, including best practices for building on 0-5 provision to integrate 6-19 (especially youth) services, understanding the leadership and governance requirements of family hubs, best practice for data sharing, and making the best uses of outcomes data for service and practice improvement.
- ✓ To consider the timescales reported by LAs setting-up family hubs, noting that transformation is a significant undertaking, requiring continuous commitment over a long period of time (up to five years for some aspects). However, as the LAs in this study transformed without targeted government funding, it is not yet possible to predict how representative these timescales will be for others.
- ✓ To examine how VCS and community level organisations and expertise are being utilised by family hubs, drawing upon learning from previous programmes and research on the subject of community and VCS involvement in developing integrated family support.

Considerations for local authorities

- ✓ To review access and membership of shared data systems for family hubs so that all partners are able to make use of these data in a proportionate and consistent way.
- ✓ To consider the areas where the evaluation showed potential gaps or room for improvement among some of the family hubs models, including engagement with schools and youth services, SEND support and services, and engagement with fathers and male carers.
- ✓ To review the range and quality of universal and community-based provision available to families affiliated to the family hubs offer, to ensure that this is demand-led.
- ✓ To ensure that service co-design includes strong and sustained involvement from representative groups of families with lived experience of local services.

- ✓ To build in systems for regular service feedback from families in engaging and timely ways, including qualitative and participatory methods for providing feedback alongside formal surveys, and to give feedback on how their views have been considered.

Considerations for practice

- ✓ To consider the evidence that initial contact with families can be critical to their subsequent engagement with family hubs services, and to reflect on how or whether current strategies can be improved to minimise the risk of stigma and to reduce the administrative burden.
- ✓ To co-design communications and information materials about family hubs with representatives from the local families and communities that they aim to serve.
- ✓ To note the evidence regarding the importance of relationship-based practice with families, addressing the needs of the child and the adult in tandem. The feedback suggests that preferred modes of engagement are: open, non-judgemental, strengths-based, offer advocacy, and provide continuity in order to build trust.
- ✓ To set-up multi-professional communities of practice at a local level, as a forum of sharing ideas, tools and case studies, and to access peer-to-peer advice and expertise.
- ✓ To co-deliver groups and activities between professionals, as a means of building trust and familiarity between staff from different disciplinary backgrounds.

Next steps for the evaluation

The next wave of evaluation activities will run from June to December 2022. These will include **further process evaluation** activities, which will replicate and build on Wave 1 activities, through a workforce survey, qualitative consultation with staff and families about hub services. Additionally, a **programme of participatory action research** will take place, whereby parents and carers in Bristol and Suffolk, lead research, by documenting their own experiences of family services as well as gathering insights from their peers. As part of these activities, we will prioritise gathering evidence on issues not yet fully covered in the Wave 1 data, namely:

- Learning on how LAs and their family hubs incorporate the **Start for Life** offer, and identify innovative approaches to support the 0–2-year age range
- Evidence on **6-19 offers** from staff and family perspectives

- Examples of how family hubs encourage **community ownership** and gather and make use of **family voice** within service planning
- Measures to improve accessibility and equality and learning on **engaging families who do not usually access hub services**, including Black, Asian and ethnic minority groups

The focus of the Wave 2 process evaluation will be agreed DfE, making sure that evidence is captured to support policy development.

Impact and economic strands of the evaluation will also take place in the next wave, to assess outcomes and fiscal changes of family hubs. Details of the impact and economic plans can be found in the scoping report[1]. The full, synthesised data will be included in a final report, due to be submitted to DfE in March 2023.

[1] Ecorys, Clarissa White Research and Starks Consulting (2021) Family Hubs Evaluation Innovation Fund: Scoping report [available at:] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030301/Family_Hubs_Evaluation_Innovation_Fund_scoping_report.pdf

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