Family Hubs Innovation Fund Evaluation

Interim research report: Doncaster

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Social and Economic Research Institute, Sheffield Hallam University

Contents

List of figures

List of tables

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Executive Summary

This is the interim report on progress of the evaluation of the Doncaster Council (DC)[1] Family Hubs Model. The study was commissioned through the government's Family Hubs Evaluation Innovation Fund (alongside one other study focussed on other Family Hubs models conducted by Ecorys: their interim report is published alongside this one). The overall requirement was for both Sheffield Hallam University and Ecorys to work in partnership with named Family Hubs to evaluate their service implementation and performance, outcomes and impacts, and value for money.

Doncaster was chosen as offering a well-developed locality-based Family Hub model, with activity delivered via 12 permanent Hub buildings and satellite Hubs across four locality areas in the city. 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'[2]. An updated version was published in August 2022 as part of the 'Family Hubs and Start for Life programme guide'[3] which sets out a core service offer to support LAs in their transformation to establishing local family hub models. As the programme guide was issued after the Innovation Fund, the Doncaster City Council family hub model, as described in this report, pre-dates this guidance. DC is eligible to participate in the Family Hubs and Start for Life programme and its family hub model will be required to meet these criteria should they choose to take part.[4].

This report builds on the evaluation Feasibility Study (Sheffield Hallam University, 2021[5]) produced in November 2021. It focuses on the first stages of the Implementation and Performance Evaluation (IPE), and identifies the facilitators and challenges experienced in developing Family Hub provision in Doncaster with a view to informing the Department for Education (DfE) and other local authorities seeking to develop Family Hub provision about 'what works' in delivering integrated services for children, young people and families. A final report in 2023 will include further IPE data alongside an evaluation of outcomes, impact and value for money.

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[1] Previously Doncaster Metropolitan Borough Council (DMBC)

[2] 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

[3] 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

[5] Sheffield Hallam University (2021) *Feasibility Study: Evaluation of the Doncaster Family Hub Model Technical report*. London: Department for Education.

Methods used were:

- A set of 14 interviews with senior leaders in DC and partner organisations delivering services in Family Hubs
- 12 case studies of Family Hubs each including observation of service delivery, interviews with Hub staff and other practitioners and where possible interviews with parents and carers.
- Secondary analysis of administrative data, in particular attendance data
- Re-analysis of DC Family Hubs user satisfaction survey (114 responses)
- Analysis of a new user survey focussed on self-reported outcomes for service users (35 responses)

Key findings were as follows.

Effectiveness of governance, leadership, management, delivery and evaluation of services

Governance, leadership, management and delivery of services in the Family Hubs in Doncaster is working well. The evaluation identified key facilitators of successful implementation:

- The organisation of Family Hubs around localities, aligning Family Hubs with delivery models for local authority services and facilitating effective partnership working within and across localities.
- The strong emphasis on working in partnership, particularly with health services and with voluntary and community sector organisations (VCS), bringing together resources, expertise, and assets to provide an integrated offer under the Family Hub umbrella.
- A model of a consistent core offer across localities, with flexibility to adapt locally, allowing Family Hub leads to embed services securely in the needs of different communities.
- The use of data and evidence to support service planning and evaluation. Family Hub teams collect regular feedback from service users and draw on a range of monitoring and administrative data to assess service delivery and impact. Parent and carer voice is especially important in informing service development and parents report feeling that their views and priorities are listened (and responded) to is vital to establishing relationships of trust with Family Hub teams.

The evaluation also identified learning around some challenges for the governance of Family Hubs in Doncaster:

- Partnership working is central to the Family Hub model. Effective partnerships with key services were dependent on staffing and resourcing in partner organisations. In instances where partner organisations experienced staff shortages, partnership working was less secure.
- Despite the commitment to data and evidence informed services, there were some challenges around data sharing and consistency across organisations, and Family Hub teams expressed a desire for stronger service evaluation mechanisms which enabled them to identify the impact of a range of services over time.

The extent of the service offer and its integration

There is a broad offer of services particularly for families of under-5s, as well as signposting services for older age groups (for example, youth group, young carers groups, and school holiday activities). In line with Sure Start Children Centre guidance at the time, the core DC offer focuses especially on holistic support and early intervention for families of under 5s through partnership with health and midwifery services as well as Information, Advice and Guidance (IAG) and signposting to other services. The wider offer from partners is more diverse and adaptive to differing local needs. The scale of support was significantly affected by the COVID-19 pandemic, but DC responded in innovative and proactive ways to ensure the service still reached large numbers of families (for instance through pivoting to more frequent online methods of service delivery and engagement). The service offer, especially more face-to-face provision, is gradually returning to a pre-pandemic model. Feedback from families has been that face-to-face interaction and open-door 'drop-in' models are preferred (in contrast to restrictions in access experienced during Covid due to public health requirements). Elements of innovation have been retained however, particularly through the effective use of social media as a platform for sharing information and supporting family engagement.

 Key benefits in this area included:

- The commitment to partnership and collaboration across services has led to a strongly integrated service offer, facilitated by an explicit focus on localities
- The flexibility of a locally adapted wider offer, allowing for responsiveness to different community needs.

Challenges experienced included:

- Interviewees agreed that the DC Family Hubs provide a comprehensive offer for families with children aged five years and under. Parents of older children and young people were keen for more local provision for these groups. These issues

are largely related to resourcing of provision for young people (which are not unique to DC) to offer all families with children aged 0-19 or up to 25 for those with special educational needs and disabilities (SEND) a 'known place to go' for help and support.

- The physical infrastructure of Family Hubs is important but there can be challenges in delivering physical infrastructure in all areas, and access to 'virtual' services and outreach is critical in communities which do not have easy access to a Family Hub building. The physical infrastructure of Family Hubs in Doncaster is shaped largely by the legacy of Children's Centre provision. Doncaster is a large (in land size) and geographically dispersed city and not all communities have easy access to a physical Family Hub. DC Family Hubs provide 'virtual' services and outreach, the latter using community spaces as means of engaging with families, but there are some differences in service access between communities which do, and don't, have a Family Hub building within easy reach. Families in these areas can access the 'core' timetabled Family Hub offer, but a lack of permanent physical base could limit opportunities for informal drop-in and signposting, which are aspects of Family Hub provision valued by parents. In areas where community buildings are used to deliver Family Hubs services on an outreach basis, families told us that the facilities available are not always ideally suited for use by families with very young children or by young people.

Reach and engagement

The Doncaster Family Hubs are reaching large numbers of eligible families[6] in the borough. Over a period of 12 months, engagement data showed that families predominantly engaged between 2 and 5 times (see Figure 6 in main report) with the range of services offered (note that respondents were predominantly families of 0–3-year-olds). Levels of engagement varied considerably between Hubs and localities, driven by factors which include local population needs and characteristics, and the nature, frequency and range of services offered in different Hubs.

Qualitative data identified three factors facilitating the reach of Family Hubs and building engagement across families in Doncaster:

- The operation and ethos of Family Hub buildings and teams, which focused on a relational approach and an open-door policy, helping families accessing services to feel welcome and supported and building trust between local communities and Family Hub teams

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[6] Eligible families are those based with children from pre-birth to 18 years, or 24 years for Special Education Needs and Disabilities (SEND)

- Partnership and collaboration: a broad service offer facilitates cross-referral and signposting and provides opportunities to engage families through a range of routes
- Targeting of families in need: using local data to identify communities which are under-represented amongst Family Hub service users and proactive outreach, working with community-based organisations to reach families in communities which have been less engaged (for example, minority ethnic communities).

Key engagement challenges at the time of the research related to COVID-19 impacts which had limited the range of services and the numbers of families who could be supported (due to smaller group sizes). At the time of data collection disruption due to COVID-19 was ongoing and community infection levels remained high. It will inevitably take some time for pre-pandemic levels of activity and engagement to return.

Needs analysis approaches used and their effectiveness

There are three key mechanisms used to identify and respond to the needs of local families informing the development of Family Hub services, and which facilitate a needs driven approach:

- Parental voice and service user feedback
- Data informed local needs analysis and service evaluation
- Alignment with DC strategic priorities and wider policy agendas, evidence base and funding streams.

Outcomes for service users

Limited outcomes data is available to the evaluation at the time of reporting, and as such the data outlined below should be treated with caution. Further outcomes data will be included in the final evaluation report.

The evaluation team carried out a service user survey to capture some initial data on parents' perceptions of outcomes associated with their use of Family Hubs. Responses (n=35) survey found:

- Parent/carer outcomes: as result of engaging with Family Hubs, 65% (n=19) of respondents agreed that their confidence levels had increased, 59% (n=17) agreed that they have a stronger support network and 69% (n=20) agreed it had been beneficial to their own mental health.
- Outcomes for children: over 50% of respondents agreed that their child's confidence (n=15) and skills (n=19) had improved.

- Roles as parents/carers: users responded positively to a wide range of outcomes related to understanding of children's development, behaviour and needs, confidence in parenting and likelihood to seek help if needed.
- Over 80% (n=24) of respondents reported a positive experience of the family hub.

In addition, data from a Family Hub user satisfaction survey run by the Family Hubs teams (n=114) found that:

- Most respondents reported that they felt able to access services quickly (63%, n=72 and that services had helped them make new friends (56%, n=64). Almost one third also reported that they understand their child's needs better (28%, n=32).
- 45% (n=51) of services users reported that the Family Hub services they had accessed had an impact on the confidence of their child and 51 also said that the services had allowed their child to develop new skills.

Overall conclusions and next steps

- The locality-based, core and extended offer approach provides a useful model especially for geographically large and diverse local authority areas.

- The provision of this wider offer draws on a culture of partnership working, notably but not exclusively with health services (especially midwifery services) and VCS organisations.

- Doncaster has a strong focus on data gathering and data-led working. A particularly positive aspect of Doncaster's approach is the strong emphasis on parent and carer voice.

- There are a set of challenges that limit the potential for benefits for families and the community, notable resourcing (particularly for the third sector); some gaps in the service offer for older children impacting on the ability of Family Hubs to signpost to services for children older than five years; the need for further enhancement of local data use; some disparities in access, partly driven by physical infrastructure of Family Hubs; and the legacy of Covid-19.

- The self-reported survey data, whilst limited at this stage, provide evidence of positive outcomes that point to the value of the model described in this report.

- The next report will include a focus on impact and economic evaluation, in addition to further data collection with Family Hubs with a particular emphasis on families, and second stage survey data.

1. Introduction

This is the interim report on progress of the Doncaster Council (DC) Family Hubs Model, drawing on the Feasibility Study (Sheffield Hallam University, 2021)[7] produced in November 2021. Following the restatement of aims below, the report outlines the methodology (focussed on changes from the Feasibility Study, and adding detail), initial findings largely focussed on the Implementation and Performance Evaluation, followed by a discussion and next steps.

1.1 Aim

The project aim is to evaluate service implementation and performance, outcomes and impacts, and value for money of the Doncaster Council (DC) Family Hubs model in partnership with DC. In doing so the evaluation aims to identify 'what works' in Family Hub provision to inform the Department for Education and other local authorities developing Family Hub provision. The evaluation responds to three broad research questions with sub questions as follows:

1) How effective is the model for implementation of Family Hubs in Doncaster from the perspective of service users and those delivering the services?

   a) How effective is the governance, leadership, management, delivery, and evaluation of services?

   b) What is the service offer in DC Family Hubs, and how integrated is it?

   c) What is the reach and engagement of the offer for service users, including those most in need of support?

   d) What needs analysis approaches are used and how effective are they?

2) What are the outcomes of the Family Hubs model for service users, public services and the local community and economy of Doncaster?

   a) What are the outcomes for service users (including those most in need) in relation to key outcomes expected of the Family Hubs (to be agreed in initial stages but likely to include heath, development wellbeing, educational outcomes, potentially employment and pro-social behaviour)?

   b) What are the outcomes for public services of the Family Hubs in Doncaster?

   c) What are the impacts on the broader community and economy of Doncaster?

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[7] Sheffield Hallam University (2021) *Feasibility Study: Evaluation of the Doncaster Family Hub Model Technical report.* London: Department for Education. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030302/Feasibility_Study_Evaluation_of_the_Doncaster_Family_Hub_Model_report.pdf

3) What is the value for money of the DC model?

And an explanatory sub-question that will be addressed via all three work packages:

4) What are the factors influencing the effectiveness, outcomes, and value for money of the DC model?

2. Methods and Data collection

Three work packages are designed to meet the research questions, outlined in Table 1 below, and detailed in the three subsections below. These are

- Implementation and performance evaluation (IPE) (WP1)

- Outcomes and impact evaluation (Impact) (WP2)

- Economic evaluation (VFM) (WP3).

Table 1: Mapping Research Questions to Methods

Research Question	Implementation and Performance: Stakeholders	Implementation and Performance: Admin Data	Implementation and Performance: Case Studies	Implementation and Performance: Service User data	Impact	VFM
1. How effective is the FH implementation model?						
a. How effective is the leadership and delivery of services?	✓		✓	✓		
b. What is the service offer, and how integrated is it?	✓		✓	✓		
c. What is the reach and engagement of the offer?		✓				
d. What needs analysis approaches are used and how effective are they?	✓	✓	✓			
2. What are the outcomes of the FH model?						
a. What are the outcomes for service users?		✓		✓	✓	

Research Question	Implementation and Performance: Stakeholders	Implementation and Performance: Admin Data	Implementation and Performance: Case Studies	Implementation and Performance: Service User data	Impact	VFM
b. What are the outcomes for public services?	✓	✓			✓	
c. What are the broader impacts on the broader community and economy?		✓	✓		✓	
3. What is the value for money of the model?						✓
4. What are the factors influencing success?	✓		✓	✓		

2.1 Implementation and Performance Evaluation

Research Methods

There are five broad elements to the research methods utilised in the implementation and performance evaluation (IPE) and which have informed the analysis and findings contained in this report.

Firstly, interviews were conducted with DC strategic leads, Family Hub Locality Managers and stakeholders in management or leadership roles in partner organisations and with responsibility for the planning or oversight of services delivered through Family Hubs. Semi-structured interviews were carried out over the telephone with 14 individuals in November and December 2021 using a common interview schedule which explored participants' reflections on the Theory of Change for the Family Hubs in Doncaster (see the Feasibility Report, p.30) and their understanding of the Family Hub model and objectives, their views on the effectiveness of governance, operational delivery and evaluation of Family Hubs, and their reflections on any changes that the implementation of Family Hubs had led to in terms of service delivery and outcomes for children and families in Doncaster.

Second, 12 case studies of Family Hubs/satellite services across the four localities were conducted in February to March 2022. Each of these involved observations of service delivery across a range of group sessions, face to face and telephone interviews with a range of staff delivering services through the Family Hubs (including Family Hub staff and other service practitioners) and where possible, discussion with parents and carers accessing the services that the Doncaster Family Hubs are providing. The case studies were selected in collaboration with DC and with the support of the DC co-researcher to ensure representation across the four Family Hub localities and associated services. The data gathered through case studies informs analysis of the implementation of Family Hubs, including the range and reach of services, integration and partnership working across services, service reach and parental engagement, and the use of data and evidence to inform service planning and performance assessment.

Third, analysis of administrative and secondary data collected by Family Hubs was undertaken. Family Hub service providers routinely record details of when a service user attends a session. Variables recorded include demographic data (e.g., gender and ethnicity), session data (e.g., session name and date) and location data (e.g., which Family Hub the member attended). When recording this data each service user is attributed a unique ID number. In the anonymised dataset provided by DC there were 2640 entries without a unique ID number (recorded as "N/A"). These entries were removed from parts of the analysis as we could not accurately ascertain how many service users the "N/A" cases represented. This left a total of 13,702 service users who

were included in the analysis. 7481 service users were classified as parent/carer members (i.e., adult service users attending a session to support themselves) with a mean age of 32.32 (SD: 8.41). There were 6221 'child members' (i.e., service users attending a session to support their child) 3865 child members were aged 5 or less, 1263 child members were aged 6 – 11, with the remaining 1093 child members aged 12 or over. The mean age of the child members was 5.37 (SD: 5.36). Around 87% of members were white (either white British/Irish/Traveller of Irish Heritage/Gypsy or Roma/other White background)[8]. Each of the remaining 15 ethnicity categories (see Office for National Statistics (ONS) for ethnicity categorisation) were represented by less than 2.5% of the service users. 78.5% of parent members were female (N=5881) with a significantly lower percentage of 21.5% for male parent members (N=1610). For child members there was almost an even split between female (N=3054) and male members (N=3164). Further details on the hub locations is provided in the feasibility study report.[9]

Fourth, we utilised data from DC's most recent Family Hubs User Satisfaction Survey, conducted in March 2022[10]. Doncaster Family Hubs distribute a survey quarterly to service users (online and in the hubs) to determine which activities they have been involved in, and how satisfied they are with the services they have accessed. All service users currently accessing Doncaster Family Hubs are invited to take part in the satisfaction survey, but the questions are aimed at those with children ages 0-5 years old. For analysis to take place the satisfaction data was cleaned, which involved removing one respondent's data, as they hadn't consented to their data being used. This left 114 responses that could be analysed. Whilst the methodology used does not allow us to calculate an exact response rate, it is relatively low in comparison with the overall number of engagements presented in Figure 5 below, so data needs to be used with caution. For this interim report, descriptive statistics (frequencies and percentages), are used to provide an overview of the findings. These were then interpreted and reported as summary text.

Finally, the evaluation team conducted a Family Hub Service User Survey. This short survey was designed to test out and develop a method to capture service users' perceptions of outcomes, associated with their involvement in Doncaster Family Hub services. This survey is designed to extend the data collected from the User Satisfaction Survey, which focused on the services offered to families with children aged 0-5 and missed a subsection of users who were accessing services such as youth groups, carers groups and smoking cessation, as well as a number of outcomes that are a focus for DC

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[8] Based on the 2011 census results, 91.8% of Doncaster identified as white British and 3.4% identified as white other, which included Irish, Gypsy or Irish Traveller.

[9] Sheffield Hallam University (2021) *Feasibility Study: Evaluation of the Doncaster Family Hub Model Technical report.* London: Department for Education. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030302/Feasibility_Study_Evaluation_of_the_Doncaster_Family_Hub_Model_report.pdf

[10] March 2022 is the most recent satisfaction survey as the June satisfaction survey was cancelled, so it didn't overlap with the SHU service user evaluation survey.

Family Hubs. Further, the evaluation team's survey extended the response options compared with the satisfaction survey. SHU's evaluation survey used a mixture of Yes/No, Likert and multiple response questions, alongside a small number of open-text questions, used to provide further context.

The Family Hub Service User Survey design was reviewed by key members of the evaluation team and shared with DC, with instructions given to DC about how the survey was to be disseminated, along with an introductory script for Family Hub staff to either read out at sessions or include in invitation emails. SHU and DC agreed that the survey would be disseminated via the following channels:

- Twitter
- Facebook groups and pages
- Through email lists
- To be mentioned directly to service users at sessions

A 100% sampling approach was used, and the survey was disseminated with all service users that were currently using or had previously accessed Family Hub services. This included families, carers and individuals accessing services for their own needs. The survey was designed to include a broader set of questions with the aim of opening the survey up to services users that were accessing services other than those aimed at parents/carers with children 0-5 years. The survey was designed to capture service users' responses at one time point, requiring them to detail their perceptions on the impact their engagement in the Family Hub services had on several outcomes. Unfortunately, due to the timing of when the survey took place and that service users would have already been accessing the Family Hub services, we were unable to utilise a pre-post survey design.

Survey responses were monitored weekly, and reminders were sent to service users twice throughout the time the survey was live. On one occasion the follow-up reminders were focussed specifically on male respondents as it had been identified that females were overrepresented in the achieved sample. Reminders were used to try and boost the number of responses to the survey, as the response rates were low. Whilst the reminders were successful in boosting responses a little, the overall number of responses that could be used in the analysis was low (n=35).

A full discussion on the methodological challenges with the survey data and administrative data can be found in section 4.2 of the report.

2.2   Outcomes and Impact Evaluation

The evaluation's second research question (What are the outcomes of the FH model?) is addressed primarily by the outcomes and impact evaluation work package. This work

package aims to provide a robust and rigorous assessment of the effects – both intended and unintended – of the Family Hubs on their users, as well as wider stakeholders and services. The results from the assessment will be provided in the final reports, as well as being used to underpin our response to Research Questions 3 on Value for Money using a three-stage process (Feasibility Study Report, p15-17).

Since the scoping phase ended in November 2021 the evaluation team worked with DC to validate and refine the local authority's monitoring and evaluation framework and data gathering to ensure indicators are, and remain, relevant to the local authority; that the necessary permissions and processes were in place to access the data; and to identify a sub-set of core indicators which are strategically important to DC and most relevant to the Family Hub.

Alongside this work with DC the evaluation team focused significant effort on accessing data from the National Pupil Database (NPD) to strengthen the assessment of impact. A key challenge for the evaluation is to determine the attribution of outcome change to Family Hub interventions: outcomes over and above what would have happened in the absence of the Family Hubs. This is particularly important in the context of Covid-19 where the lasting social, economic and health effects of the pandemic mean current baseline situations nationally are unlikely to be a reliable counterfactual. For example, reflecting recent Key Stage 2 results[11], maintaining the current levels of Early Years Foundation Stage (EYFS) educational attainment in Doncaster may represent a positive outcome compared to what is happening in similar locations without Family Hubs, where EYFS results may fall.

Overall, the evaluation is adopting a pragmatic multimethod approach to assessing additionality across the different outcomes identified in the Feasibility Study Report (Sheffield Hallam University, 2021 p18-22). For many of the education related outcomes our expectation is for the evaluation in the next stages to adopt a quasi-experimental matched sample analysis undertaken at a beneficiary level for those who have used the Family Hubs. The advantage of this is the high degree of methodological rigour and robustness provided in assessing additionality (achieving level 4 on the Maryland Scientific Methods Scale[12]).

As part of this approach a pseudonymised education data dataset will be provided to SHU by DC for Family Hub users. SHU will check this data and apply for it to be put into the ONS's secure research service (SRS) space. Separately to this an application has

[11] Attainment in all of reading, writing and maths decreased in 2022 compared to 2019 (assessments were cancelled in 2020 and 2021 due to the pandemic). See https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment-national-headlines/2021-22

[12] See https://whatworksgrowth.org/resources/the-scientific-maryland-scale/

been made for a secure licence version of the DfE's NPD data for pupil level, anonymised data from ten comparator LAs. SHU will link the two datasets together within the project's SRS space and then undertake matching using the statistical technique propensity score matching (PSM) to provide population subsets for the analysis. This will comprise between Doncaster and matched - 'statistical neighbour' - pupils from the ten comparator local authorities. Analysis of these population subsets will be undertaken to provide assessment of the effects – both intended and unintended – of the Family Hubs on their users in Doncaster, relative to matched comparator population in other local authorities. The key outcomes to be considered will include: Early Years Foundation Stage Profile (EYFSP) outcomes, Phonics outcomes, Key Stage 1 outcomes, uptake of Early Education Entitlements and pupil's school attendance and exclusion.

The application and access to this data was on track to allow access the data in Autumn/Winter 2022 to provide an interim analysis on the outcomes listed above covering education data up to 2018/19 (pre-pandemic). An additional request will also be made to access the most recent data for the academic year 2021/22 once this is available.

2.3 Economic Evaluation

The third research question seeks to understand the value for money of the DC Family Hub model. A Value for Money evaluation work package will contribute to the core objectives underpinning this research question, as outlined in the Feasibility Study report (Sheffield Hallam University 2021, p24-27). This strand will be reported on in the final project report.

3. Findings

The findings are organised by research question. At this stage, they relate mainly to research question 1: How effective is the model for implementation of Family Hubs in Doncaster from the perspective of service users and those delivering the services? and its sub-questions. Other research questions will be addressed in the final report. The analysis presented here looks across the Family Hub localities to provide an overview of implementation from the perspectives of those delivering and using services. It is structured to include learning from relevant data collected as part of the five IPE methods discussed in Section 2 above. We draw on the surveys and other data to examine patterns and prevalence, with data collected through interviews and observations providing interpretation as well as examining what is reported to be working well, and to discuss the barriers that Family Hub staff and partners are facing in meeting the needs of families in Doncaster. It is important to note that it is not the purpose of the evaluation to focus on the performance of individual Family Hubs in each of the localities, rather we are interested in how the model overall works, to enable learning for other Hubs, and to support DC in developing its model. As discussed below a key feature of the Family Hubs in Doncaster is that whilst there is a common overarching framework, each Hub responds to the distinct needs of the communities that it is serving. For further discussion of the Family Hub model in Doncaster, see Sheffield Hallam University (2021, p9-10).

It is also important to note that the fieldwork for this study was conducted in a period in which restrictions associated with the COVID-19 pandemic were still impacting on models of service delivery in both local government and the NHS. Requirements for smaller group sizes and prior booking of places were still in place, particularly for services which were led by NHS providers for which restrictions on social mixing remained in place for longer than other services.

RQ1: The effectiveness of the model for implementation of Family Hubs

RQ1a Effectiveness of the governance, leadership, management, delivery and evaluation of services

The Doncaster Family Hubs are organised around four localities: east, central, north and south (Table 2). This aligns them with the wider governance of DC services, which also are organised on a locality model.

Table 2: Doncaster Council Localities

Locality	Wards	
East	Armthorpe Edenthorpe and Kirk Sandall Hatfield	Stainforth and Barnby Dun Thorne and Moorends
Central	Balby South Bessacarr Hexthorpe and Balby	Town Wheately and Intake
North	Adwick and Carcroft Bentley Norton and Askern	Roman Ridge Spotbrough
South	Conisbrough and Denaby Edlington and Warmsworth Mexborough	Rossington and Bawtry Tickhill and Wadworth Finningley

In brief, the core features of governance, leadership and management in the DC model are:

- Strategic oversight, management and performance evaluation provided by DC

- Family Hubs work is organised on a locality basis, coterminous with other DC services

- Each locality provides services in Family Hub buildings and via outreach and community-based delivery in satellite locations

- A Family Hub lead manages Family Hub provision in each locality, and leads a core team in each of the Hubs working across early years, other Family Hub provision and business support

- Partnership working between DC, health services and the voluntary and community sector facilitated by variously; co-location, joint service provision and 'hosting' of services in Family Hub sites. A Local Solutions Group operates in each Locality and provides a mechanism for multi-agency responses to issues faced by families in crisis.

This 'core' and 'wider' offer is central to the 'umbrella model' in Doncaster (see Figure 1 below)

Figure 1: Doncaster's Umbrella Family Hubs model
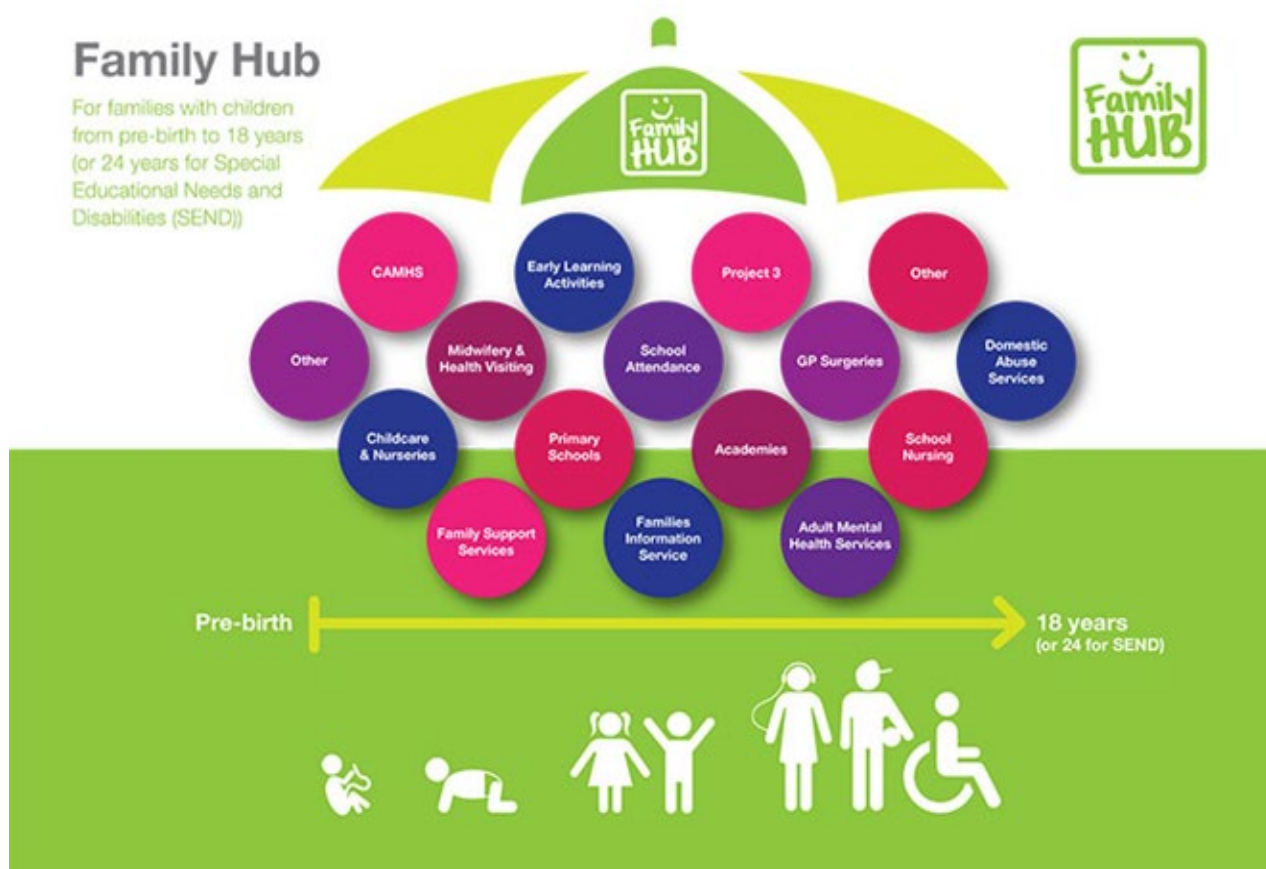
Overall, the evidence from the evaluation gathered to date is that governance, leadership, management and delivery of services in the Family Hubs in Doncaster is working well. In our interviews with Family Hub staff and stakeholders there was a consensus that there are benefits to the model applied, as follows.

The organisation of Family Hubs around localities helps to align Family Hub services with other DC services and facilitates an effective targeted response to the needs of children and families. The local solutions groups are an example of how Family Hubs were central to an integrated place-based approach to meeting local needs.

Working in partnership with health services and with voluntary and community sector organisations. The nature and extent of partnerships differs in different localities and is dependent on resources available in both Family Hubs and partner organisations. There are differences in the landscape of both public and voluntary and community sector services in different communities in Doncaster. In the Central locality, for instance, there are many voluntary and community sector organisations serving a diverse community and with which the Family Hub partners to meet the needs of local families, some of whom are newly arrived and have extensive needs. In contrast, in some of the more rural communities in the East of Doncaster the voluntary and community sector is

smaller and there are fewer opportunities for partnership working. The benefits of partnership working identified by interviewees included the ability to develop a more extensive service offer to children and families, improved efficiencies in referral and signposting (particularly where services are co-located in Family Hubs), and increased awareness from both service providers and families of the range of services on offer.

> …. Identifying those gaps and thinking about where we need to strengthen. And I think that's probably been the majority of the work would be that in partnerships and kind of really thinking about who we need to be working with. And you know who can strengthen that Family Hub offer. - *Locality Lead*

Each Family Hub has a common 'core' of services and associated staffing (see description under research question 1b, below). This ensures consistency in the basic service offer via Family Hubs in different localities and facilitates quality assurance through shared experience, learning and oversight. Whilst there is consistency in the overall framework and the strategic aims and objectives of the Family Hubs, the model also allows for flex and adaptation in relation to community need and identified service gaps, as well as providing signposting to – and hosting in the Family Hub Buildings – wider services, as discussed in more detail below. One interviewee described it thus:

> We would all have the same principle around (for instance) getting parents back into work, and that's a, you know something that we're really keen to achieve. How we actually deliver on that might be very, very different, and we'd look at kind of what community resources there are. - *Locality Lead*

Finally, it was evident from interviews and case study visits that an emphasis **on strong and effective relationships** is the basis of the successful implementation of the Family Hubs in Doncaster. We found ample evidence of strong relationships within and across teams and between services and service users. In interviews both Family Hub staff and parents spoke of Family Hub teams going 'above and beyond' to meet the needs of families. Many of the people that we interviewed had worked with children and families in Doncaster for a long time, and it was clear that they brought huge amounts of skill, experience and commitment to their roles. Teams are reported to be supported by effective supervision and management, and an extensive CPD offer.

The positive impact of Family Hub staff on the experience of Family Hub service users is also evidenced through the service user satisfaction survey. Part of the remit of the DC Family Hubs User Satisfaction Survey is to assess the service users' experiences with the reception staff and other Family Hub staff when attending the Family Hubs. Figure 2 below demonstrates that 97% (n=112) of respondents had positive experiences with the

reception staff, feeling that they had been welcoming. 1% (n=1) felt the reception staff were unwelcoming and 2% (n=2) chose not to answer.

Figure 2: Respondents' satisfaction with reception staff
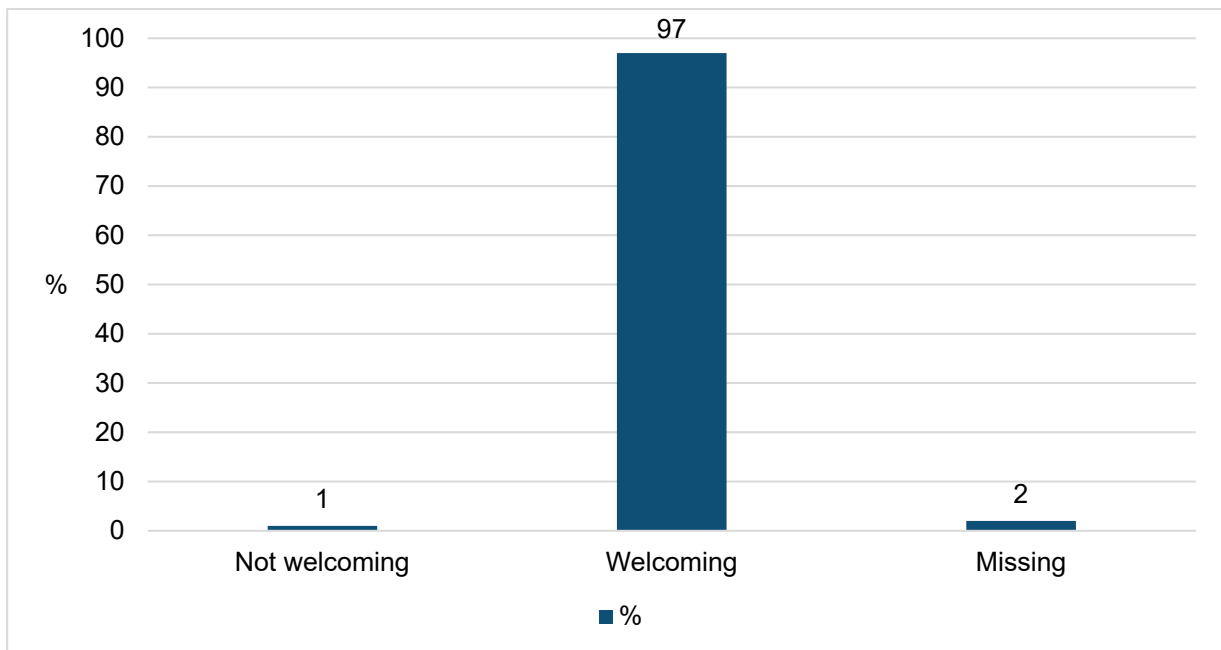
Respondents were also asked (Figure 3) to indicate whether they had felt that their beliefs and culture had been respected whilst attending the Family Hubs centres/sessions. 98% of respondents (n=112) felt their beliefs and culture was respected with only 2% (n=2) feeling this wasn't the case.

Figure 3: Respect for respondents religious and cultural beliefs
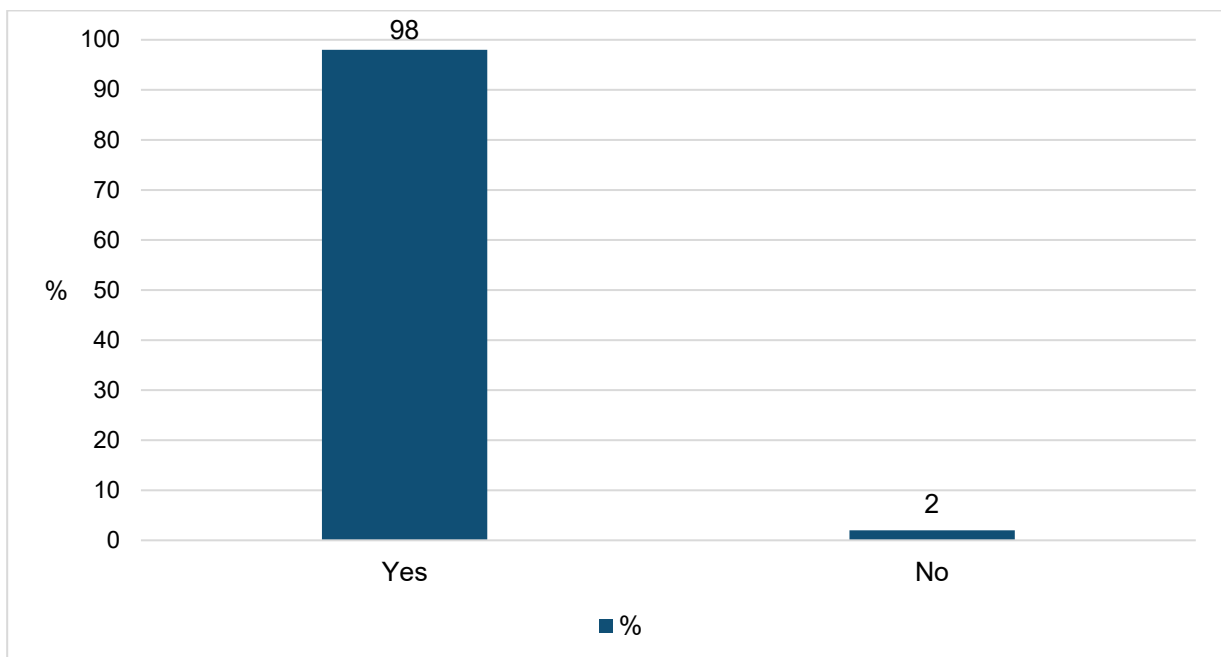
Services users were asked to indicate how they felt the Family Hub staff had been when they had attended the Family Hub services. A number of descriptors were given, and services users were asked to 'tick all that apply'. Engaging, enthusiastic, knowledgeable and supportive were the top four adjectives that services users felt described the Family Hub staff they had contact with. It should be noted that in this survey designed by the Family Hubs, the adjectives service users could choose from were all positive adjectives, meaning any negative descriptors could not be collected. It is suggested that in future iterations of the satisfaction survey that this is amended to ensure service users are given the opportunity to express both positive and negative experiences. Figure 4 below gives full details on how respondents felt about the qualities of Family Hub staff, with categories as taken from the DC satisfaction survey.

Figure 4: Satisfaction survey respondents' reception of staff qualities
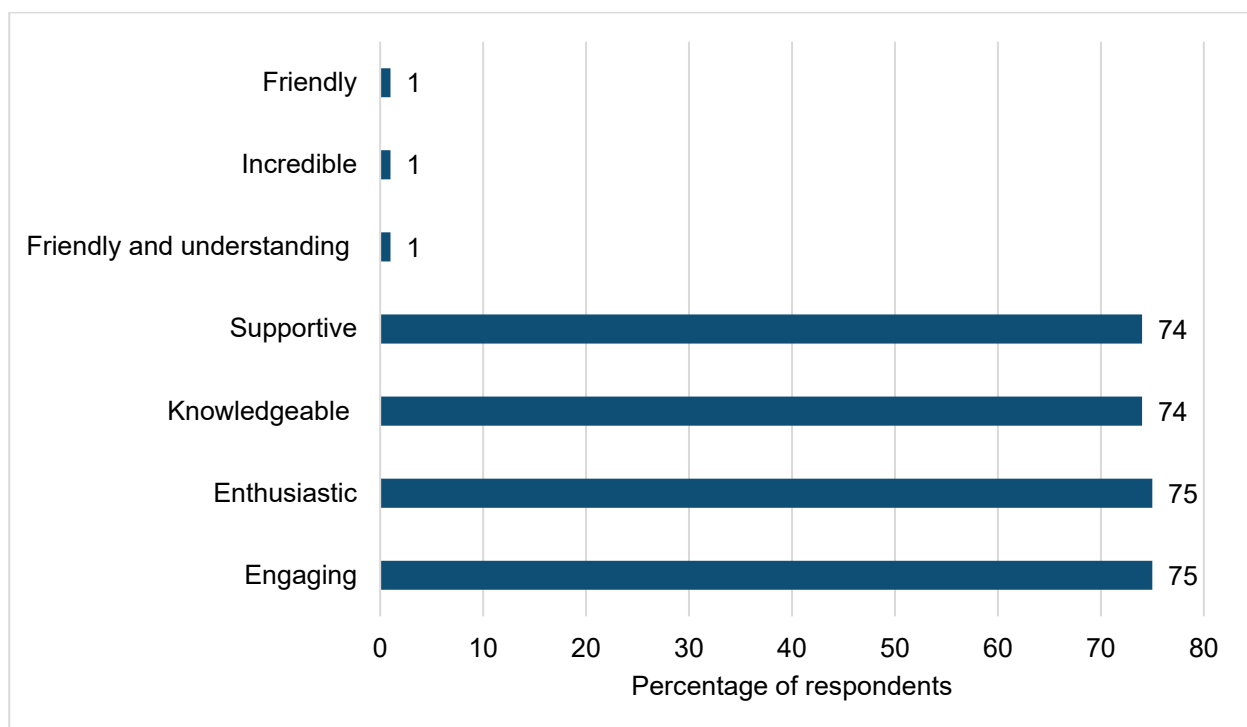
Our research also identified learning around some challenges in the overall governance, leadership, management and evaluation of Family Hubs.

Firstly, it was not always possible to establish effective partnerships with key services. This was almost always because of staff shortages or lack of resources. An example is midwifery services – where midwives were co-located in Family Hubs there was evidence that this contributed to improved working relationships between Family Hub teams and the midwifery service and a better offer to families. However, in some Family Hubs it had not been possible due to staff shortages for midwives to co-locate.

Second, the quality and availability of suitable buildings in which to offer services to families is clearly central to the implementation of the Family Hubs. The physical infrastructure of Family Hubs in Doncaster is shaped by the legacy of the Children's Centres estate. Where there are existing family friendly buildings in community locations these provide a warm and welcoming environment for service delivery which is valued by parents. However, these sorts of buildings are not available in all communities and where they are lacking Family Hub teams are faced with challenges in finding suitable environments which are accessible for example to very young children and/or easily accessible by public transport.

The Family Hub teams are committed to service evaluation and a range of mechanisms for service evaluation are in place. These include the regular collation and interrogation of management information on aspects of delivery such as user engagement and footfall, and evaluation weeks where parents are asked to complete surveys on service satisfaction. These sorts of data provide the teams with a useful picture of service implementation and reach, and the experiences of parents accessing services. The Family Hub teams are also collating case studies which provide powerful evidence of the impact of Family Hub services on outcomes for individual families. However, several interviewees commented to us that they would like to have robust evidence on the longer -term and cumulative impact of Family Hub services and that whilst there is appetite for further evaluation work, it is not always easy for frontline staff to find the capacity within very busy delivery roles for the collection of data through which to carry out more extensive analysis. It is important that capacity and capability to collect and analyse data to feed into service planning and evaluation is prioritised and resourced in Family Hub roles, potentially through centralised support.

> Because, again, capacity, I would say is one of the main barriers really - for collecting and evidence in. Then perhaps you know a lot of the good work we do and I think particularly for me, that's one thing I have noticed over sort of the last few years. Is it because we're such a small team and you know we want people to be busy doing what they're doing and helping them as family. Is that sometimes then it's kind of. It's just that juggling, isn't it? - *Locality Lead*

> The big challenge is that although the workforce are 'fabulous' at doing their work it can be a challenge to get the evidence (on impact) that is needed. Data collection is onerous, how long it takes to record information on the system – it is more time consuming than they (staff) want. - *Service Lead*

At the time of writing, the evaluation team is working with the Family Hubs team to establish an outcomes framework. Other DC initiatives, such as the roll-out of the Outcomes Star model across Family Hub and other DC services provides a potential

opportunity to gather consistent and robust data through which to conduct more extensive analysis on some outcomes.

There is also a challenge around data consistency and sharing. Some interviewees also reflected that the use of parallel systems for recording service user needs and outcomes runs counter to the ethos of collaborative and integrated working that is central to Family Hubs. This was particularly the case in instances where Health and Family Hub services are working closely together, such as the local 1001 Days intervention which provides a comprehensive package of support to new parents and is being piloted in two areas of Doncaster. The pilot involves close working between DC key workers and NHS midwives and health visitors. Whilst the team share information about the parents that they are supporting each also separately records service user data on either the local authority or NHS system, dependent on where their role sits. This is a duplication of effort and resources. Service evaluation and reflection data for the 1001 Days intervention is gathered through multiple channels and the pilot is being externally evaluated. Key workers are encouraged to keep a journal of their journeys, there are confidential parents' surveys, partner feedback and comparator sites in Doncaster that are not participating in the pilot.

Other interviewees reflected that although the evidence that they collected was a strength of their services and used effectively to target services, data from other services was not always available, or that people were unwilling to share. Family Hubs need to work with partners to ensure that appropriate data sharing protocols are in place and agreed to by all partners who are collecting relevant outcomes for Family Hubs services.

RQ 1b The extent of the service offer and its integration

The secondary analysis of data provided information on the frequency with which Family Hub services are accessed. It is important to note that the data covers both universal services (such as midwifery) and those which are offered only to smaller groups of families (such as the Growing Talk service) or individuals (e.g. counselling). It also covers services with different frequency in terms of sessions – some services offer daily sessions, others are only offered once a week. Bearing this in mind, Figure 5 below shows the number of times service users have engaged with the top 15 most frequented sessions during the preceding 12 months (up to June 2022). In Figure 5 the same service users could have attended services multiple times. As such, totals do not represent different individuals.

Figure 5: Number of attendances for the 15 most frequented sessions during preceding 12 months to June 2022

Session	Attendances
Midwifery Services	21835
Signposting & Advice	9582
Stay & Play	4267
Family Time	2944
First Friends	2539
Bright Sparks Day Nursery	2346
Baby Massage	2158
Early Days Contact	2073
Baby Fun	2023
Counselling	1585
Young Carers Direct Work	1416
Family Fun & Activities	1273
Family Fun Half Term Sessions	1152
Growing Talk	1147
Lets Play Together	1080

In relation to Covid-19, as outlined above, most of the data collection informing this report took place in the period from Autumn 2021 to Spring 2022. Visits to the 12 Family Hub case study sites took place in February and March 2022. Locality Leads and other service delivery staff described this a transitional period, in which a return to pre-pandemic provision was only gradually beginning to take place in relation to the scale and mode of delivered services (e.g. increasingly less online and more face-to-face interactions). This was in line with government social distancing protocols[13] and potentially altered service user need, preference and confidence levels.

Therefore, the services that were running during this period were generally described as being scaled back and more managed, with the ongoing requirement for service users to 'book online' as opposed to being able to just turn up for sessions as was regularly the case for universal and non-targeted provision back in 2019. As a result of these combined factors, Family Hubs across Doncaster were operating with significantly reduced footfall. The data presented is therefore unlikely to be indicative of more typical access and engagement prior to the pandemic. It should also be noted that the data on midwifery services is much higher than for other services as they provided ongoing universal access and clinical care throughout the COVID-19 pandemic.

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[13] The Living With Covid plan, published on 21st February 2022 during the study's fieldwork period, removed the remaining legal restrictions in England and sets out steps that should be taken to maintain resilience - see COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk)

> These buildings, these hubs are a lot different to what they used to be like. They were always busy. We do have groups on, but we're limited in numbers, just health and safety with our COVID risk assessments. *- Service Lead*

> COVID's really, really hit us hard with footfall. It is back on the upward trend but, you know, we were getting so many people through the door. Our baby massage session, we would have invited 30 people to that and that was a full house who was in there today due to COVID. *- Locality Lead*

> Things like baby fun and where we've had 50 people because they didn't need to book on, we do have a capacity in that room anyway but then if we can see that the need is there, we'll just put two sessions on. It definitely will move. Things are moving, we've increased numbers again this week, removed masks, so we're just trying to do it slowly because we've had such tight restriction. *- Locality Lead*

Furthermore, as has been outlined under RQ1b, organisationally 'Family Hubs' do not operate nor function in isolation but instead as part of a locality. Operationally, staff typically work within a locality and are deployed across hubs and connected wider settings. Therefore, whilst there is a service offer at Family Hub level, the full breadth of that offer often needed to be considered at a locality as opposed to individual Family Hub level. As discussed above, the locality model aligns Family Hubs with other service provision (including health services, and the strong communities team) across Doncaster and supports an integrated service offer. The locality model was also a pragmatic response to resourcing constraints and influenced by the closure of Children's Centres. Staff spoke pragmatically about the realities of the funding climate and were committed to providing the best possible service with the resourcing and staffing available within this context.

In relation to the Core offer versus wider customised service, there is variation as to the balance of services provided by directly employed, core Family Hub staff (overwhelmingly Early Years focused) versus partners, driven by both local need and available resources in Family Hubs and partner organisations. This led to some slightly different interpretations amongst interviewees of what a 'Family Hub' is and where its boundaries begin and end. Typically, Family Hubs were described as a dedicated localised physical space, known to service users, where appropriate information and support could be accessed when required. (see quotation below) which points to a potential need to clarify that the Family Hubs are more than a building.

> The whole idea is that Family Hubs are the sort of one-stop-shop that anybody can go to and get the information support that they need at the time. *- Family Hub Staff*

Irrespective of what provision service users access within Family Hubs and how they were alerted to it, be it self-referral, targeted or referral based through the Local Solutions Group (LSG), systems are well embedded to ensure that the first time they enter the Hub they are signed up for membership:

> Also with the data side of it, so every time somebody comes into our building, we have them complete a membership form if they've never been before. - *Family Hub Staff*

Family Hub space is a shared and creatively used resource. Family Hubs' effectiveness and the cohesiveness of their offer is **deeply reliant on effective partnership working**. Available funding puts a limit on the number of core staff that can be employed directly to deliver exclusively to the Family Hub, with the funding that is available for staff directed primarily to services for 0-5 year olds. To partially respond to limited funding, Locality Leads have the autonomy to respond agilely and proactively to new issues and have the autonomy to bring in new partners to run a service/programme that can fulfil a particular community need. An example is working closely with a community school to run parental engagement sessions for Roma families. Partnership working brings additional resources to the Family Hubs and broadens the scope of the Family Hub offer.

> I think we've got it [skills] I just don't think we've got enough staff for it to be as effective as it could. Without doing us an injustice but just to be completely honest, I think the staff are very good at picking up on cues and signposting and if we can't do it then we will definitely know somebody who can. There's lots and lots of things happening in the locality that we can tap into and support, we just need more staff. - *Locality Lead*

The physical space available to the Family Hub also determines the scope for wider service provision and partner engagement. For example, Central Family Hub is able to utilise a series of break out rooms for a variety of purposes although main areas in the building are very much tailored and customised to the early years audiences in keeping with its core funding, targets and focus. However, across staff, especially Locality Leads, there was positivity and an outward looking approach to partnership working, valuing the benefits it can bring to maximise the quality and breadth of services:

> So this building is here for the community to use and the partners to use, we just make sure they're all inducted and they've got all the information that they need to be able to offer that service. - *Locality Lead*

> Without the partners I think we just haven't got enough staff to do it, but we've got that many partners that are wanting to come in and deliver. - *Locality Lead*

A wide range of service delivery through the Hubs includes a varied programme and a range of sessions offered to families by the staff located at the hubs and through partner

agencies and services. Many sessions, which are often delivered as a set time-bound programme focused on specific topics (e.g., expectant parent group; young children's communication) are common across different Hubs. There are also more bespoke sessions and groups to gain feedback from service users about the services provided (for example FH sessions at local fairs and community events). This enables each individual hub to develop provision that is needed by the community.

Turning to the core activity delivered by Family Hub staff, across the Family Hubs visited for the case study research there was evidence of a **comprehensive and integrated offer of community services for families with children under 5**, and particularly so for 0-3s. This is driven by a wider local and national policy context which focuses on excellence in early intervention in the early years and a wider signposting and early access help model for families with older children. As such the core delivery is predominately delivered by Early Years staff that deliver sessions across the Hubs and outreach venues.

For the most part these were established services and were delivered by a core of dedicated Early Years staff, employed directly through Family Hubs, with a wide range of services provided, outlined in Appendix 3.

Looking now to the Core Activity delivered by wider partners, here the breadth and variety of core activity was more diverse across different Family Hubs compared to the more standardised offer of core activity delivered by Family Hub staff across the four localities. In addition, **individual hubs and localities were able to adapt responsively to the needs of the service users and communities that they serve**. Below we provide a top-level overview of the key range of service noted across the different Family Hub visits.

- **Health and Development;** smoking cessation, healthy eating, weaning, mental health, speech and language, school readiness and youth activities.

- **Parent engagement workers**

- **Relationship support for family stability and basic needs;** parenting, counselling, low level mental health issues in new mothers, domestic abuse support, tenancy/housing support, budgeting/debt management services, sleep clinics, family group conferencing, SEN, reducing parental conflict and young carers group.

- **Employment Support and childcare:** Day-care including childminders and nurseries, Home safety, fire safety, first aid, job search and training.

In summary, emerging evidence from our Family Hub visits suggests the following key themes in relation to the service offer and level of integration:

1. ***Partnerships and collaboration across services to provide an integrated service offer is strong***

The challenging economic situation made it necessary to think creatively to fund and manage Family Hubs activity, and this further aided close collegial networks. There are numerous positive examples of how this plays out both internally within DC (e.g., close partnership working with Stronger Communities teams) and externally through close collaborations with health and third sector organisations (e.g., Flourish). However, there was some reflection from certain Family Hubs that stronger links could be forged with the school sector, to support transition and help target resource appropriately.

> In terms of resources we probably tend to know where we can go and tap in to get additional resources, or we'll apply for pots of funding to deliver something that we need to do, or we can tap in to resources or you can get in touch - you'll speak to somebody that might know somebody, it's that sort of - very much that networking where you find out what we need and where can we get it from and who can help us with this. *- EY Co-ordinator*

> We have our main aims, but whenever we do come across where we're not quite sure, we'll try and see what services are already available, if we can link with them, if we can get them within our buildings to offer sessions to the families, or if we can identify where and what, or if we can do anything, if we've got any staff free to pick up and run a session on something specifically. So, we do try and cover all bases where we can under the Family Hub umbrella, but where there isn't, it's just trying to identify where there is a service or what we can do to help. *- Locality Manager*

More broadly the way in which data is shared across different professionals and teams is also said to be improving. The Local Solutions Group (LSG) – a multi-agency rapid response forum designed to meet the needs of families in crisis - is one concrete example of this – which is described as particularly effective in the Central region.

> The LSG groups, you know, its really good there because we've got all professionals around the table [online], we could be discussing a particular family and from a Family Hub point of view we can say, well, that service runs from Family Hub, let's try and get them in Family Hub and they can access that there. *- Locality Manager*

However, there were ongoing challenges experienced around data sharing, with systems and processes remaining specific to organisational contexts (e.g., local authority and health). This can cause delays and duplicate effort and resource.

2. ***Provision***

Family Hubs services (locally and nationally) are very much promoted as a pre-birth to 19-year-old service (or 25 with SEND) and there is a wide-ranging service offer across the Family Hubs as outlined above. The model involves a core offer that is strongly

focused on pre-school children especially in the 0-3 category. The wider offer, which involves signposting and hosting of other services, was sometimes perceived by staff and service users as variable, particularly for school aged children and young people. There was some such provision, for instance a well-attended youth club running 3 nights a week in one Hub, and young carers groups run in all localities. Nevertheless, there is a general recognition that the needs outweigh the offer in relation to youth services in particular, which may be a trend that applies beyond Doncaster[14]:

> There's a massive gap for children. We're here for nought to fives, obviously then they've got statutory school but then it's the after-school things and the holiday activities for older children, so we try to do family activities in the holidays, but a lot of our resources are all aimed at younger children. - *Locality Lead*

> I mean the big discussion at the moment is, one of the big issues for [locality] is youth nuisance. So that is part of our ASB crime strategy. Youth centres, youth clubs, and youth provision was totally done away with, as you know, decimated, practically gone. - *Locality Lead*

Several service leads felt that statutory youth services should be part of integrated Family Hub model because of the perceived need locally.

3. *Locality differences*

As noted above, organisationally, local Hubs align to form localities, and along with wider strategies such as signposting and outreach services this helped provide equitable user access to a broad range of services. Given the size of the borough, and range of needs, there were some variations in service availability. For instance, one of the satellite hubs visited (without a Family Hub in the immediate vicinity) lacked a permanent physical space. In order to maximise benefits with restricted resources, all services were run on the same day with the room hired to run a range of different services. This limited service availability and usage but was a pragmatic approach to limited resource to provide some Family Hub services.

In this location, the residents receive most of the same core Early Years services as other Family Hubs but missed out on the benefit of the physical space a Family Hub provides, where partner services can drop by and run things out of the same building. There was a sense that the attendees in this area miss out on group cohesion and the interaction with site staff and other families owing to lack of regular access, as evidenced below in a practitioner interview:

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[14] For example, analysis by the YMCA youth charity found that local authority expenditure on youth services dropped from £1.4bn in 2010-11 to just under £429m in 2018-19 – see https://www.ymca.org.uk/wp-content/uploads/2020/01/YMCA-Out-of-Service-report.pdf

I mean with (Family Hub) the problem you've got is they mix on a Monday and they don't see one another until the Monday after. If you go, say, to central hub the mums all come to First Friends and it will be like, oh, I'm thinking of going to stay and play on Thursday, do you want to come with me? It's that bit of there are other things that they can get involved with. You can promote the other groups whereas at (Family Hub) we tend to - there's nothing else to promote. We do First Friends, it's followed by Growing Talk that you saw with the older children who are picked to come to that group and then massage and once you've done massage, you've done it. So, it's five weeks and that's finished but we don't do anything else apart from the stay and play on a Friday, so that's about the only other thing you can say to them. That's it. So, it's that bit of in a normal Family Hub you've got something usually happening every day. *Family Hub Staff*

Whilst local residents can be signposted to other Family Hubs, in practice financial and transportation limitations and wider family commitments (e.g., the school run) meant that accessing other sources was not always practical.

It is a long, long way for people in (Area) to get here because this is their Family Hub. ...Not everyone has a car and public transport is so expensive, but if staff could get out to (Area) and deliver services in the area, they could reach all those families in that area, but there aren't enough staff to get out and do that. So, those children and those families just do without then because the distance is too far to travel. It's not that people are lazy. It genuinely is too far. (Area) is miles from here*. - Family Hub staff*

RQ1c. Reach and engagement

The secondary analysis of data provided some quantitative findings on reach and engagement. DC record when service users attend a specific session. Analysis of this data shows the number of sessions individual service users attended throughout the previous 12 months[15] ranged from 1 to 129 sessions, with the average service user attending around 6 sessions (SD: 8.28). Below, Figure 6 shows a detailed breakdown of how many sessions service users attended.

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[15] The secondary analysis of data covers the period from April 2021 to the end of March 2022.

Figure 6: Number of sessions service users attended
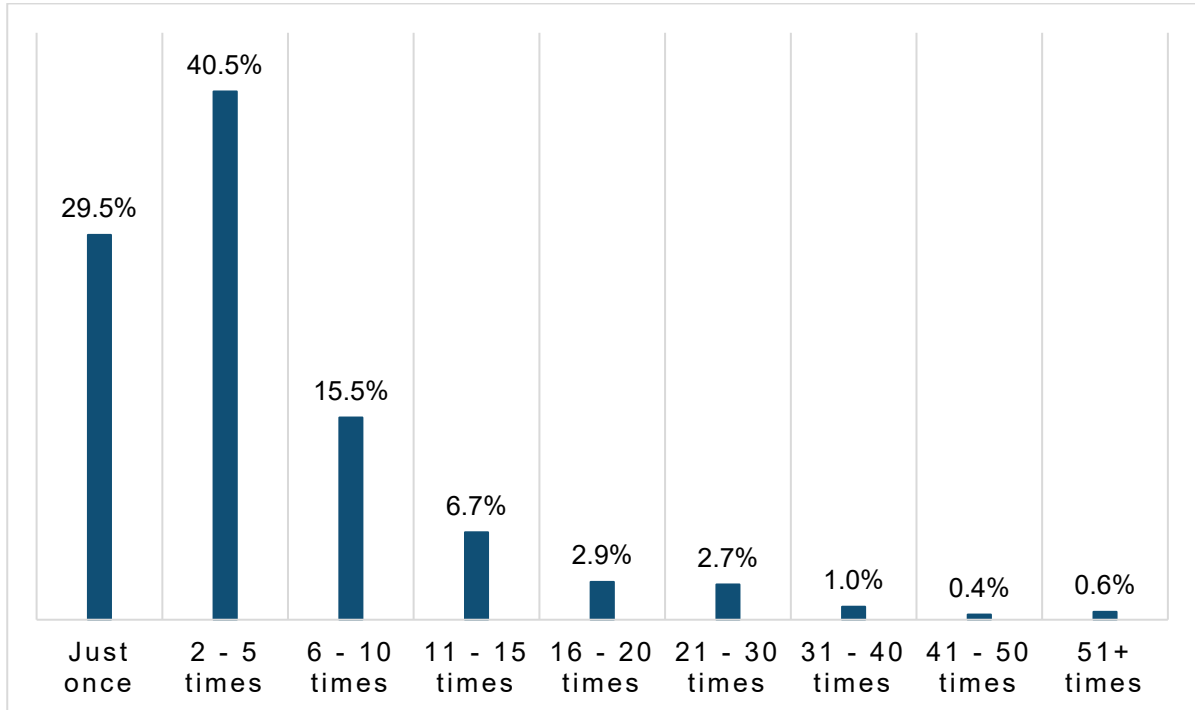
Approximately 85% of service users were accounted for as having attended between 1 and 10 sessions during the previous 12 months. 30% of those service users attended only 1 session and 40% attended between 2 and 5 sessions. Just over 15% of service users attended between 6 and 10 sessions. Session attendance then gradually decreased with < 5% attending 21 or more sessions.

As noted above, DC Family Hubs currently operate in 12 main locations. In some cases, service users who attend more than one session consistently attend the Family Hub that is located closest to where they live. In other cases, some service users attend a variety of different FHs depending on the session they would like to access. For the purpose of this analysis, we explore how many service users attended each FH for their first session while acknowledging that some service users may have gone on to attend other FHs after this session, presented in Figure 7.

Figure 7: Service users attending each Family Hub

Family Hub	Service users
Central	2424
Wheatley	1933
Armthorpe	1304
Denaby & Coinsbrough	1203
Mexborough	1114
Rossington Family Hub	1114
Strainforth	996
Balby	963
Bentley	777
Moorends	484
Adwick	373
Askern	247
Other*	780
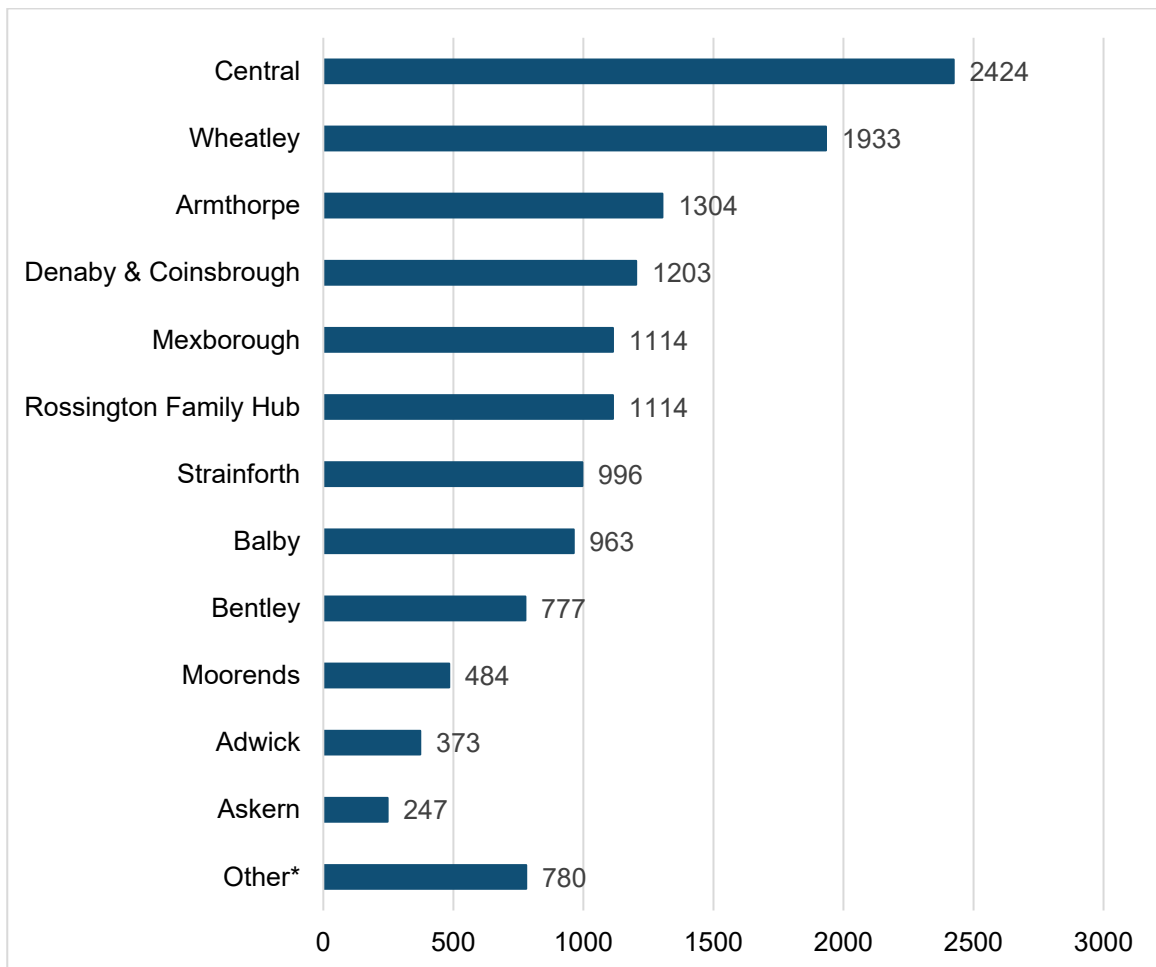
Central had the highest number of service users attending their first session followed by Wheatley, Askern, Adwick and Moorends had the lowest number of service users attending their first session with fewer than 500. Note that the 'Other*' category consists of Youth Hubs, Civic Office, and Edlington Children's centre.

Table 3 below details which centres were attended by Satisfaction Survey respondents. Responses were received from services users representing 12 centres and almost all services users also reported using the outreach options available to them at other Family Hubs. Mexborough (n=25), Armthorpe (n=20) and Denaby & Conisbrough (n=17) received the highest number of respondents. Considering Figure 6 above, whilst the satisfaction survey gained responses from across the majority of Family Hub centres, Central was missing respondents, and yet this does appear to be the most frequently accessed Family Hub centre, indicating an issue with data collection for users from this Hub.

Table 3: Number of respondents from the satisfaction survey by Family Hub

	N	%
Adwick (includes outreach at other FH)	1	1
Armthorpe (includes outreach at other FH)	19	17
Askern (includes outreach at other FH)	8	7
Balby (includes outreach at other FH)	4	4
Bentley (includes outreach at other FH)	10	9
Denaby & Conisbrough (includes outreach at other FH)	17	15
Mexborough	25	22
Mexborough, Denaby & Conisborough (includes outreach at other FH)	2	2
Moorends (including outreach offer at other FH)	4	4
Rossington	11	10
Stainforth (including outreach offer at other FH)	4	4
Wheatley (including outreach offer at other FH)	2	2
None	7	6

Please note that % have been rounded and therefore the total may exceed 100%

Another way of interpreting the reach and engagement of service users with DC FH services is social media reach measured through the data available from both Facebook and Instagram. Family Hubs promote their services through the social media platforms Facebook and Instagram on a regular basis. Figures 8 and 9 below shows the number of people who have seen their promotions on a monthly (Facebook) and quarterly (Instagram) basis.

Figure 8: Facebook Reach (monthly)

Month	Reach
May-22	92,805
Apr-22	120,478
Mar-22	111,164
Feb-22	135,826
Jan-22	115,589
Dec-21	137,532
Nov-21	68,377
Oct-21	155,231
Sep-21	142,785
Aug-21	164,024
Jul-21	151,018
Jun-21	101,791
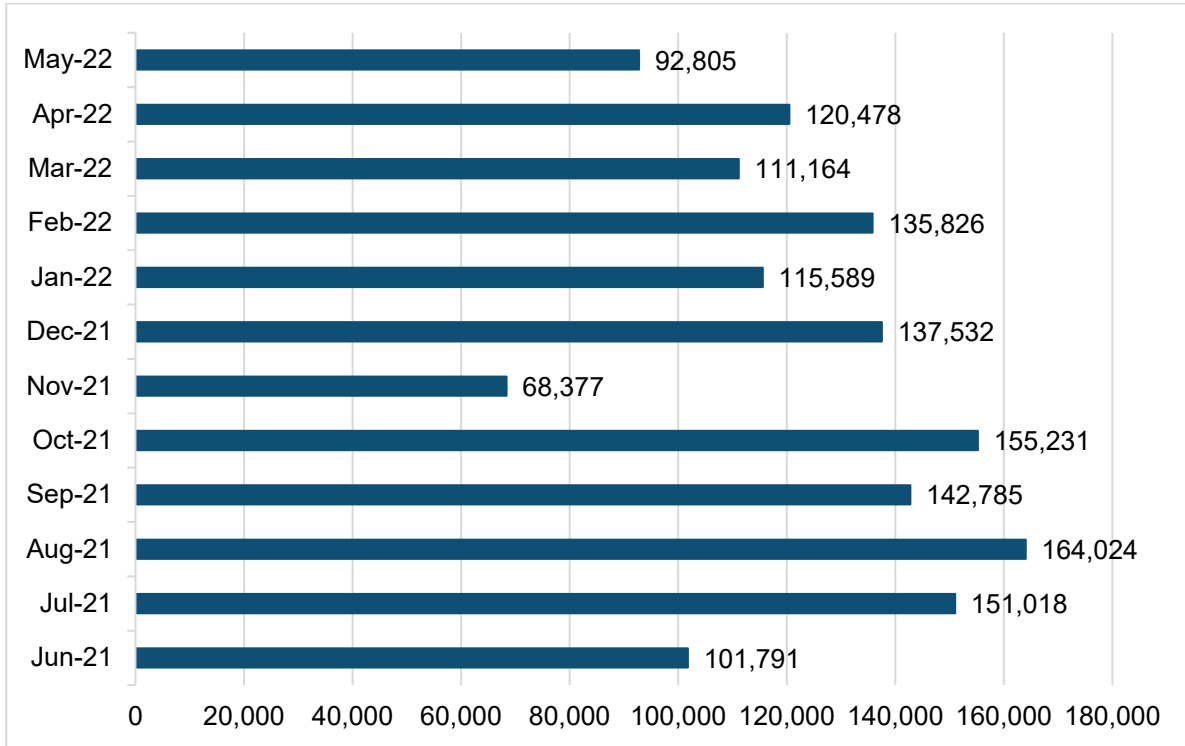
Figure 9: Instagram reach (quarterly)

Quarter	Reach
Q4 - January - March	771
Q3 October - December	717
Q2 July - September	1053
Q1 April - June	1391
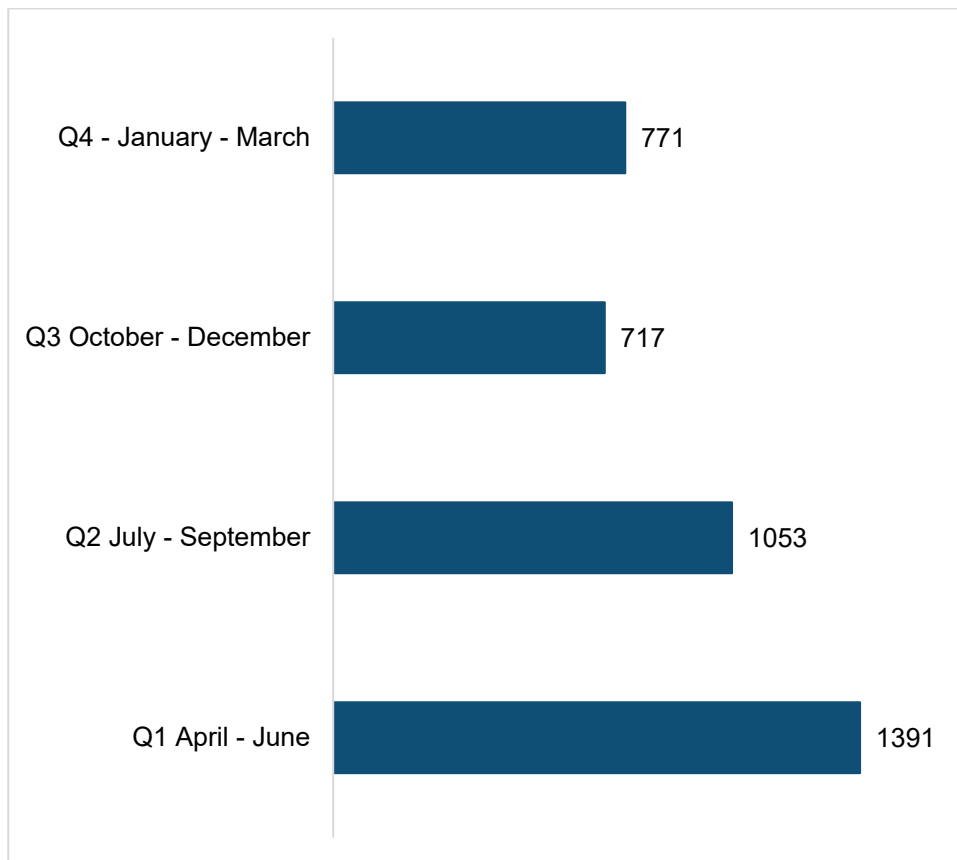
Facebook had a wider reach with an average monthly reach of 106,441; Instagram had a quarterly average reach of 983.

Qualitative data gathered through interviews with Family Hub staff, service providers and parents attending sessions explored the **mechanisms through which the engagement of families in Family Hubs was promoted and sustained**. Three mechanisms proved particularly important:

- **The operation and ethos of Family Hub buildings and teams**;

- **Partnership and collaboration**;

- **Targeting of families in need**.

Each is discussed below.

Engagement through the Family Hubs

One of the key aspects of service user engagement is through the Family Hubs themselves, as physical buildings, with an open-door policy for families. The engagement of service users for the offer of provision is mainly through the ethos and culture of collaboration and the importance of relationships and community within Family Hubs. The familiarity and level of welcome and support provided is highlighted in the range of services and support that is provided, as one practitioner highlighted:

> Every day is a different day, so we could have one person walk in through the door who has just moved out from their partner, from a domestic violence relationship. We have people coming in who have got no money, and probably haven't eaten for two or three days, and they don't know what to do. *- Family Hub Staff*

Echoing the practitioners' views about the importance of community and the relationships one of the parents stated*:*

> It represents, I would say community, trying to better the community anyway. It's a safe place for mums and kids just to come and interact with each other, you know, you're stuck at home all the time because that's how it is for me at the minute, I'm stuck at home on my own with him and it is hard, I'm not going to deny it. It's hard work with feeding on your own as a single parent, it is hard. *- Parent*

The open-door culture of the setting was emphasised with the comment from one of the parents who stated:

> I know the door's always open sort of thing. They make you feel welcome when you come through the door. You don't feel ashamed here to basically ask for help with anything sort of thing, if it's short of money or you haven't any food for your children or nappies or something, the door's always open and they always help you. *- Parent*

The Family Hubs themselves were reported to create a sense of sanctuary and opportunity to cultivate relationships with other parents. This supportive relationship enabled service users to engage in the provision offered. The importance of local context

came through very clearly in discussions – both in determining the needs of children and families, and in shaping Family Hub responses.

Clearly, the location of the Hubs is also crucial to reach and engagement, and for some users there were barriers to access of services for those who work or are without transport. Those that accessed services tended to live locally or drive. There are also logistical issues around (for example) collecting siblings from Nursery or School.

Engagement through partnership working

Reach and engagement were further developed and supported through co-location, collaboration and partnerships with other agencies and services.

One key service co-located in some Family Hubs is **Midwifery Support** which as can be seen from Figure 4 was the most-engaged with service**.** It was identified that there was more engagement with parents who were reached through midwifery appointments when midwives were based at the Hubs. Membership forms could be easily completed as part of routine appointments and then parents signposted to the services on offer at the Hub. A similar pattern emerged when there was close working with other health services engaged with very young children (as in the 1001 days pilot), but where this was not in place the Family Hub teams did not have an easy route through which to identify new parents:

> Once baby is born what we're hoping is that the health visitor or community nursery nurse, whoever's going out to visit would complete that in the red book and then hand in to us but, again, we do struggle, you know. I meet with the health manager and I'm asking all the time. I'll come and pick them up… We don't necessarily know about every baby that's born. *- Family Hub staff*

The **Local Solutions Group** has also proved to be an important enabler for access and early intervention:

> I think it's opened up opportunities for us to reach the most difficult to engage and the hidden people that we just can't or don't know about because somebody has seen them and they've told somebody they need some support so it's come to us through that way. *- Locality Lead*

In relation to other areas:

- **Stronger Communities** co-location in Family Hubs has made the wider range of services more visible. Examples were given where the Stronger Communities team were in the community distributing food parcels or undertaking burglary prevention visits and they could signpost families to the Family Hub for other services (for instance, isolated lone parents of young children).

- **Counselling support** Family hubs were seen as neutral venues, which supported engagement. This allowed both local accessibility and availability outside the locale which some families were reported to value (although there were concerns about cuts to provision due to resourcing).

- **Parenting and Family Support** Service offer a range of targeted parenting programmes across the localities, although there were funding uncertainties here too.

- **Adult Family Community Learning** was available to those registered with the Family Hub, so they could provide further engagement. This was seen as an area of development.

As well as partnership with other agencies, the Family Hubs offer programmes to work in partnership with and to engage parents in the delivery of programmes and to establish further links and reach within local communities.

Engagement through targeting Families

As well as the partnership working, the Family Hubs use a range of evaluation methods and data analysis measures to target specific outreach work to extend engagement and extend reach into communities to meet specific needs. For example, after a session has taken place a post code checker is used to monitor engagement with the most in-need families.

There is also specific provision for targeted groups, for example the Young Carers Provision which caters for young people aged 6 plus, split by age group; youth clubs; a Parent engagement worker-led group for Roma families; EAL/ESOL conversation classes; support for individuals who have just come into the UK, for example with help on housing issues and references.

Challenges for engagement

COVID-19 - Engagement has reduced significantly during the pandemic and only comparatively recently have numbers begun to increase again. At the time of the visits restrictions regarding social distances had only just been relaxed and continued in health-led services. This led to significantly adapted delivery models. For example, it was emphasised that numbers were limited at that time, due to COVID-19 restrictions, whereas previously numbers were limited only by fire regulations for the room. The move to a pre-booked session with restricted numbers had impacted engagement. There were still issues reported for some service users accessing classes post COVID due to limited numbers and anxiety about returning. The aim articulated by staff was to focus on confidence of service users to access the building face to face and increase footfall to pre-covid levels and in the covid recovery phase the next target is to identify those who don't access the Hubs and find out why.

Gaps in provision

There was discussion about access to the Hubs from service users and workers. As noted above, service users identified that many of the sessions are focused on young children. Whilst this is valuable, they would also like support for older children especially during school holidays. Other areas of support needed that were identified for young people included more youth club provision and more work with older children, for example provision of sessions for those not in education.

There were some challenges identified in providing provision that fitted the needs for minority groups, with Roma families mentioned. Other gaps included resuming adult education provision that was in place before the pandemic.

In summary some of the challenges and gaps in provision and the reach and engagement of service users has been impacted by COVID-19. Whilst these are being re-established, there is the separate issue of the tensions between funding and limited resources. This is particularly reflected in the main gap in provision; provision for the wider family, older children and young people, with the key services being focused on the 0-5 age range.

RQ1d Needs analysis approaches used and their effectiveness

In this section we address the approaches that Family Hubs are taking to identify and respond to the needs of local families, and the degree to which these are effective in developing evidence-based service models which support the Family Hub objectives.

There are 3 key **mechanisms informing the development of Family Hub services**:

- **Parental voice and service user feedback**
- **Data informed local needs analysis and service evaluation**
- **Alignment with DC strategic priorities and wider policy agendas and funding streams**

Each of these is discussed briefly below.

Parental voice and service user feedback

As outlined above, a key feature of the Family Hubs in Doncaster is their ability to respond in flexible and agile ways to the needs of local communities.

> The vision is to tailor your hub to meet the needs of that family. The aim is to identify what those needs are - *Family Hub Staff*

Consequently, there is a strong emphasis on the importance of parental voice and service user feedback in identifying needs and informing service development. Family Hub staff emphasise to parents that what they say matters. Information from 'parents voice' collated by Family Hubs teams is written up and shared with managers to inform service development.

> That's why we do parent's voice, it is for that reason, because we're alright changing stuff to suit our staff but that might not be what parents want. …because then I feel like they trust in us more then, they're trusting that their opinions matter and their opinions count and that's key to make sure that then they go off and say to all their friends, wow, I told them can we make group longer, they've done it, they've listened to what we say - *Family Hub Staff*

Can also respond to needs on an ad hoc basis not just a 'parent's voice' session. So it doesn't have to be a parent's voice meeting that we get parent's voice across, it could be in a session if they want something. So for young parents, they want a lot of cooking sometimes, we do a lot of cooking with them… we take their voice in every session that they do to be fair. - *Family Hub Staff*

During the COVID-19 pandemic social media channels were developed as effective mechanisms for parental engagement and voice and these have been maintained as services move toward post-pandemic delivery models.

Strong efforts are also made to include children's needs in influencing service planning. This was explained by a Family Hub worker:

Regarding the children's voice, obviously a lot of our children are younger so a lot of them can't speak to us verbally but all our groups are child led planning and what we do within our groups is we observe our children, we see what they're interested in, we see what they need support in, so for example you might have a big influx of children what need potty training and the families need that support within that potty training, so we might within that group or on Facebook, social media, we'll give information and ideas and support around potty training. Obviously, we've got older children, so if we do our groups in term-time we'll ask them what they liked about it and if they'd like anything else and, again, we observe that. If they liked something in particular then we'll put that out again. - *Family Hub Staff*

Interviewees also noted however, that whilst efforts are made to respond to the needs and priorities of parents, capacity to do so is sometimes limited by resources. For example, if parents, ask for specific group and it is poorly attended this would need to be altered.

Data informed local needs analysis and service evaluation

As noted above, service evaluations are carried out by Family Hub staff after the end of every block of sessions (parents are encouraged via social media to participate in evaluations). Local authority-wide evaluation weeks are also carried out on a quarterly basis. During these periods all Family Hub users are encouraged to complete evaluations. Parental surveys and these evaluations help to target and address needs.

We do regular evaluations in sessions as well which give parents a chance to say what they liked about the session, what they didn't like, what they'd like adjusting for next time and that gives a real good idea as practitioners of what we can change about the future. - *Family Hub Staff*

There is also attention to understanding the needs of different geographic communities. Close interrogation of local area data is also used to target services to communities particularly in need. For example, in the early years' service, small area data (on registrations) is collated and analysed to inform service planning. A Family Hub staff interviewee discussed how specific targeting of areas of deprivation was informed by data on the families accessing Family Hubs services:

> We then look at the map to see where our families are coming from, we either move outreach venues, find spots that are nearer those 10% [most deprived] areas or we'll leaflet drop, so we try and find - a lot of the time we might see there's quite a lot of 70% families [families from 70% most affluent areas] which is fine but we also know that they will access other things so it's just trying to find them hard to reach families - *Locality Lead*

Finally, needs analysis has been informed by an emerging understanding of the impact of the COVID-19 pandemic on children and young people in Doncaster. The observations of Family Hub staff are combined with joint agency assessment (for instance through the family support process – an assessment and planning framework for professionals who work with children and families). This is revealing significant additional needs in relation to social and emotional development and speech and language development for young children.

Alignment with DC strategic priorities and wider policy agendas and funding streams

The Family Hub services are also informed by other key strategic documents and frameworks, and in particular the DC Children and Young People's Plan, 1001 Days framework, Early Help strategy, Supporting families strategy and corporate plan. These in turn are informed by local and national operational and policy contexts.

> We do have a Doncaster children's plan where there is a plan of […] what support the community needs […] and how they're going to meet it. - *Family Hub Staff*

The Children and Young People's plan is also framed around evidence-based practice, and there is a broad engagement with the wider evidence base on children and young people's development. This is particularly the case in interventions such as the 1001 days pilot which have been developed in direct response to evidence on the importance of a secure early start in life to longer term outcomes for children and young people.

> I think what we go off is research such as the Millennium Cohort, things like - we know that children from low-income backgrounds and low education, there are gaps [in provision for those] children so we've got a good understanding about what deprivation is and how important it is to break that cycle of deprivation. I definitely do look at that kind of research. - *Family Hub Staff*

In summary, the needs of families in Doncaster and the development of services to respond to those needs is informed by the parents themselves, the experiences and observations of staff, local data and wider evidence including strategic plans. This appears to be an effective approach, although there are caveats around the potential gaps in service provision as outlined above.

RQ2: Outcomes of the Family Hubs model for service users, public services and the local community and economy

This section provides some evidence of perceived outcomes for service users drawing on survey data. These responses are limited in relation to the numbers of responses and comparator data, so should be seen as indicators of outcomes only. As noted earlier in the report, outcomes will be a focus of the next report.

2a.   Outcomes for service users

User evaluation survey

In this section we draw on the user evaluation survey developed by the evaluation team (see appendix 1). The main aim of this survey was to collect data on perceptions of the outcomes that users have experienced from their engagement with Family Hubs in DC. The outcomes of focus were those missing from other data sets/planned data collection activities, including mental health and well-being (confidence, emotional regulation both parent/carer and child) and physical health (knowledge and confidence both parent/carer and child). There were a total of 35 responses that were collected and analysed however not all participants completed all of the questions. This low response rate means that caution should be exercised in interpreting the results.

Service users were asked questions about how this engagement had impacted their confidence, mental, physical, and emotional health, their support network(s), and their ability to seek further support. Statements related to these topics (see Table 4 below) were presented and respondents were asked to indicate how much they agree or disagree with the statements.

Table 4: Outcome related questions from SHU evaluation survey

	Statement	N
A	I have a better understanding of my own thoughts and feelings	29
B	My confidence levels in general have increased	29
C	I have a stronger support network (for example, people around you that you can talk to, friends etc)	29
D	It has been beneficial for my mental health	29
E	It has been beneficial for my physical health	29

	Statement	N
F	I am better able to manage my emotions	29
G	I am more likely to seek support to help me with my own emotional needs	29
H	I am more likely to seek support to help me with my own physical needs (for example, diet, oral health, exercise)	30

Figure 10: Services user responses to outcome statements (% parent/carer)
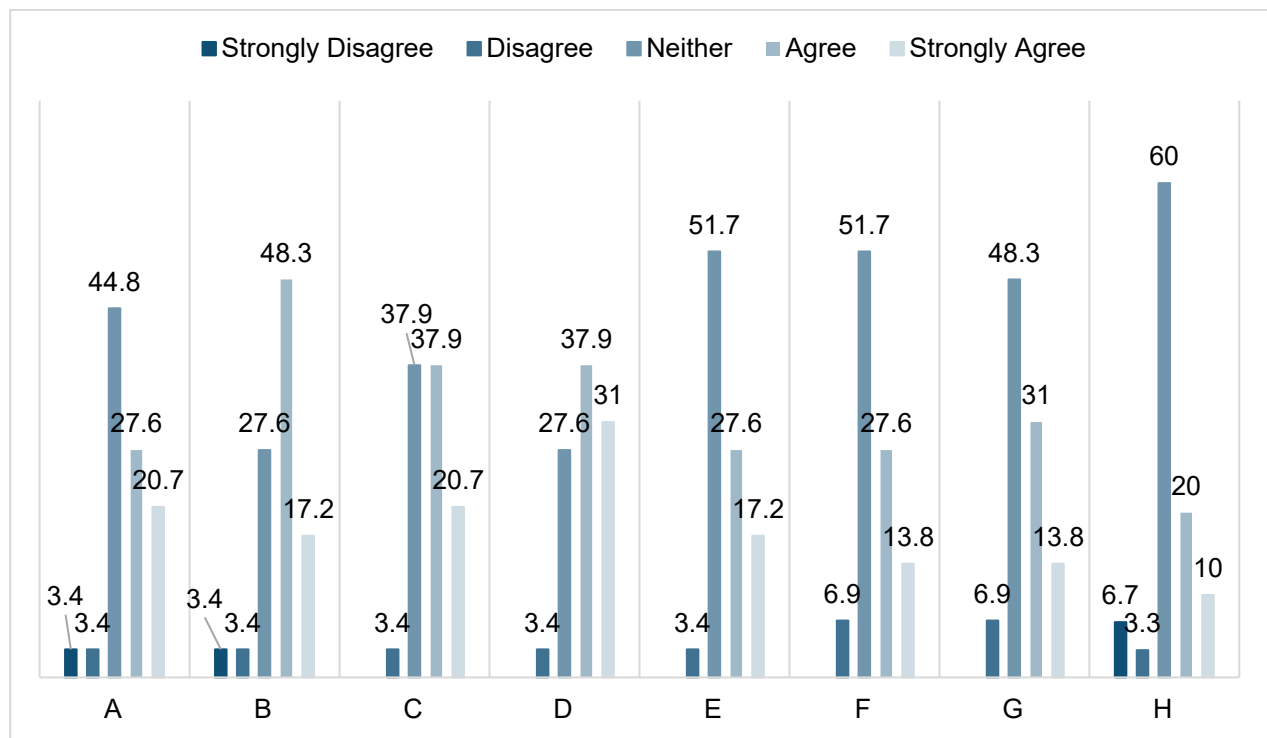
Figure 10 shows that for statements A, E, F, G and H, between 45% (n=13) - 60% (n=17) of respondents said they neither agree nor disagree. Statements B (my confidence levels in general have increased), C (I have a stronger support network) and D (It has been beneficial for my mental health) were the only three that had more respondents agree or strongly agree compared to those that neither agreed nor disagreed. Around 65% (n=19) of respondents agreed or strongly agreed that their confidence levels had increased as a direct result of attending Family Hubs. Around 59% (n=17) agreed or strongly agreed that they have a stronger support network as a direct result of engaging with Family Hubs and around 69% (n=20) agreed or strongly agreed that attending a Family Hub had been beneficial to their own mental health. It is important to note that these responses are based on 'perceptions' and for more robust claims to be made a pre-post survey will be used in subsequent evaluation work.

Service users and their child

Service users were asked about the child/ren who they attended Family Hub sessions with. We were interested in understanding whether their child's behaviour, confidence and skills had improved since attending a Family Hub. Over 50% of respondents agreed or strongly agreed that their child's confidence (n=15) and skills (n=19) had improved. Over 50%

(n=14) of respondents neither agreed nor disagreed that their child's behaviour improved. It is important to note that these responses are based on 'perceptions' and for more robust claims to be made a pre-post survey will be used in subsequent evaluation work.

Figure 11: Services user responses to outcome statements about their child (% responses)
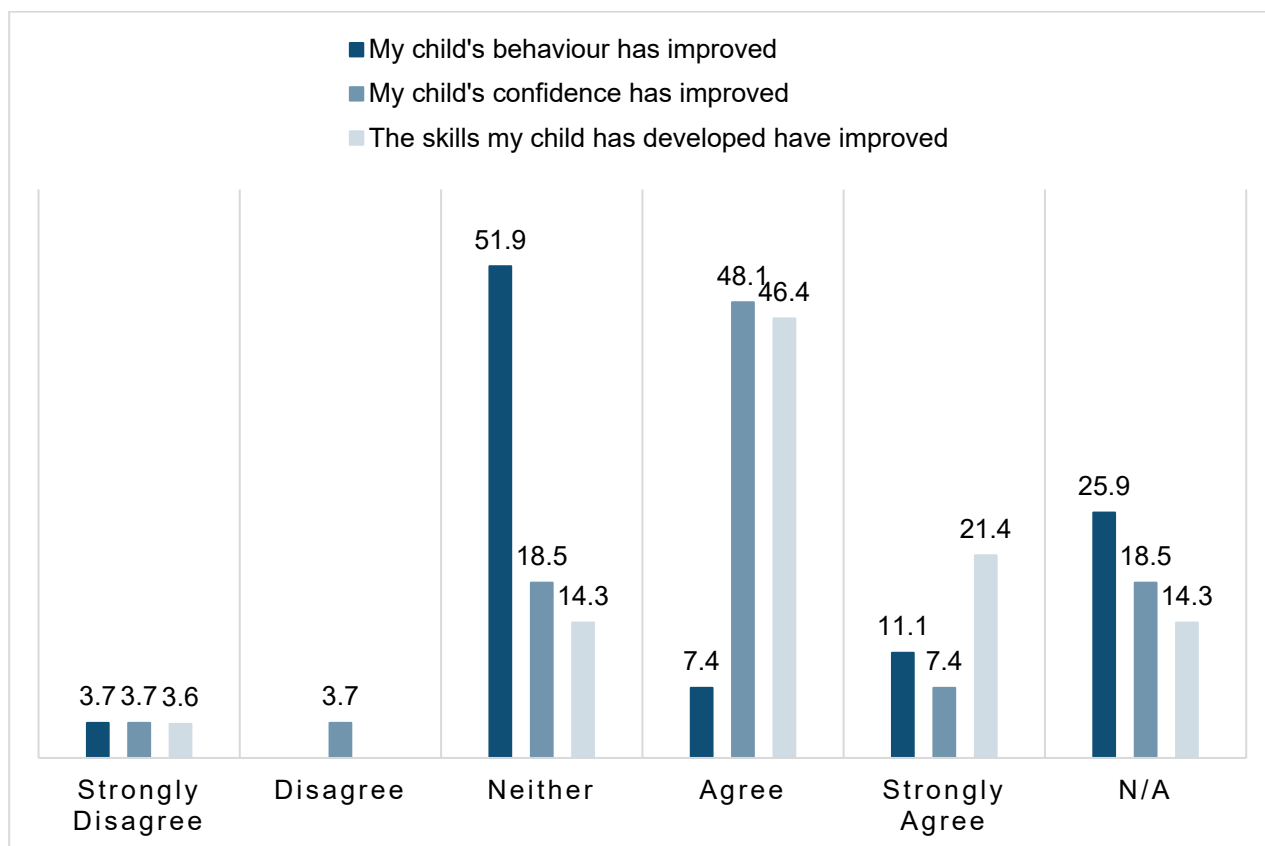
When asked to elaborate about how the Family Hub had helped their child, one respondent said "my son is more confident at socialising with children he hasn't met before. I don't know what I would have done without the support I've had". Another respondent said "[since accessing Family Hub sessions] my daughter has learnt to move around the floor more and sit up unaided. She is more social now and I think it does us both the world of good" and another said "[my] child is becoming more social and learning from older children".

Service users' role as a parent

Service users were asked how much they agree or disagree with a range of statements about their role as parent. The statements explored how they understand their child's behavioural, emotional, and physical needs, how they cope with the challenges of parenting and how they seek support, among others (see Table 5 below).

Table 5: Role as a parent questions from SHU evaluation survey

	Statement	N
A	I have a better understanding of how my child develops	25
B	I have a better understanding of my baby's/child's behaviour	25
C	I have a better understanding of my baby's/child's emotional needs	25
D	I have a better understanding of my baby's/child's physical needs	25
E	I am able to cope better with some of the challenges of parenting	25
F	my confidence levels as a parent have increased	25
G	I am more likely to seek support to help me with my baby's/child's behaviour if needed	25
H	I am more likely to seek support to help me with my baby's/child's emotional needs	25
I	I feel more confident about breastfeeding	25
J	I am more likely to seek support to help me with my baby's/child's physical needs (for example, diet, oral health, a specific illness)	25
K	I have an improved relationship with my baby/child	26

Figure 12: Services user responses to outcome statements about parenting (% responses)
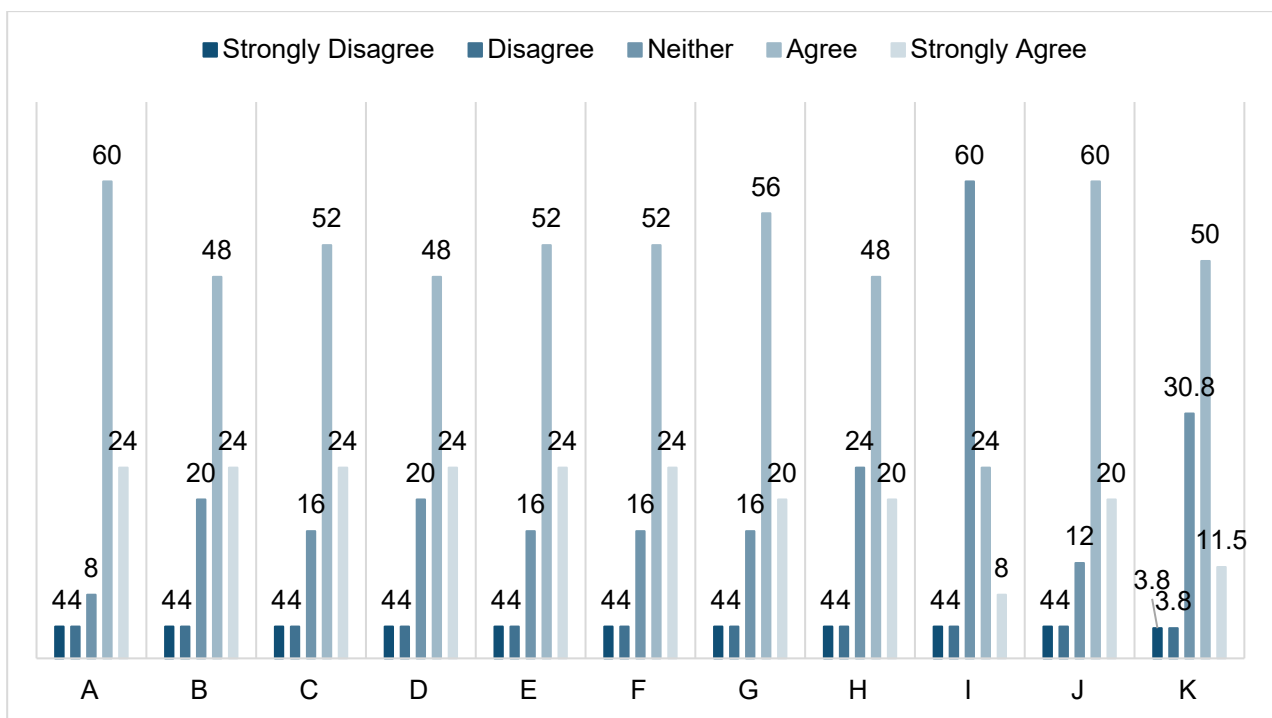
Figure 12 indicates that over 65% (n=17) of respondents agreed or strongly agreed with all but one of the statements, suggesting that engaging with the Family Hubs had a positive impact on services users' roles as a parent. The statement "I feel more confident about breastfeeding" had 60% (n=15) neither agree nor disagree. These findings may have occurred for a number of reasons. For example, because of the lack of a pre-post design it is unclear whether confidence (or lack of) with breastfeeding was actually an issue for respondents, and therefore whether we would have expected to see a change. Furthermore, it may be that some respondents were not breastfeeding (but bottle feeding

instead), and therefore their confidence wouldn't have improved. It is important to note that these responses are based on 'perceptions' and for more robust claims to be made a pre-post survey will be used in subsequent evaluation work.

Overall experiences of Family Hubs

Overall, around 83% (n=24) of respondents said their experience of the Family Hub had been positive. One respondent said, "my child is very shy, and staff are very friendly and help her want to play". Another said "I've had so much support to make my life and my child's life better. I don't know what I would have done without the support I've had".

13.8% (n=4) said their experience was neutral and 3.4% (n=1) of respondents said their experience was negative. They elaborated that "classes haven't been running and when they were we had to stand in the freezing cold to wait to see if we could get in or get turned away".

Around 75% (n=22) of respondents said they had used the skills and knowledge that they learnt from FH outside of the FH setting, and a further 6% (n=2) said they had not yet done this but intend to in the future. Around 75% (n=22) of those that had used their skills and knowledge outside of the FH setting said they felt fairly or very confident in doing so.

Satisfaction survey

63% (n=72) of service users reported that they felt able to access services quickly, 56% (n=64) felt that services had helped them make new friends (n=64) and 28% (n=32) also understand their child's needs better. Full details of other outcomes for parents and carers can be found in Figure 13 below. When considering the findings from the open text responses accompanying these questions it becomes clear that some service users were anxious about meeting new people but felt that the services FH offered had allowed them to make new friends in a supportive environment, which boosted their confidence.

> I had bad anxiety with talking to new people but these groups have helped boost my confidence – *user open response*

> I have anxiety and going has helped mee get out the house more and I'm beginning to talk to people – *user open response*

> I suffer with anxiety, so getting out is a big challenge for me. I have made new friends, and my daughter loves this playgroup. Everyone is super friendly and so welcoming. Really has helped my confidence – *user open response*

In addition, open text comments accompanying these questions did provide some constructive criticism as to why these outcomes may have (in some cases) not occurred.

51

I attended 3 classes on 4th gates wasn't opened and out the 3 groups only once did any activities – *user open response*

My child enjoys attending the stay and play when we don't get turned away that is which is almost every week!! – *user open response*

however a few other sessions at different locations have left us a bit disappointed. While staff is lovely I believe they should be more involved with the families in the activities they provide and have disability training on board. It was a dreadful experience at some point for us as they didn't know how to accommodate us and felt left out – *user open response*

The qualitative IPE data collection on barriers to engagement gives context to these criticisms and the reason for service users being turned away from sessions may be due to the number of attendees being capped to comply with COVID related regulations.

Figure 13: Satisfaction survey respondents' perception of outcomes parenting
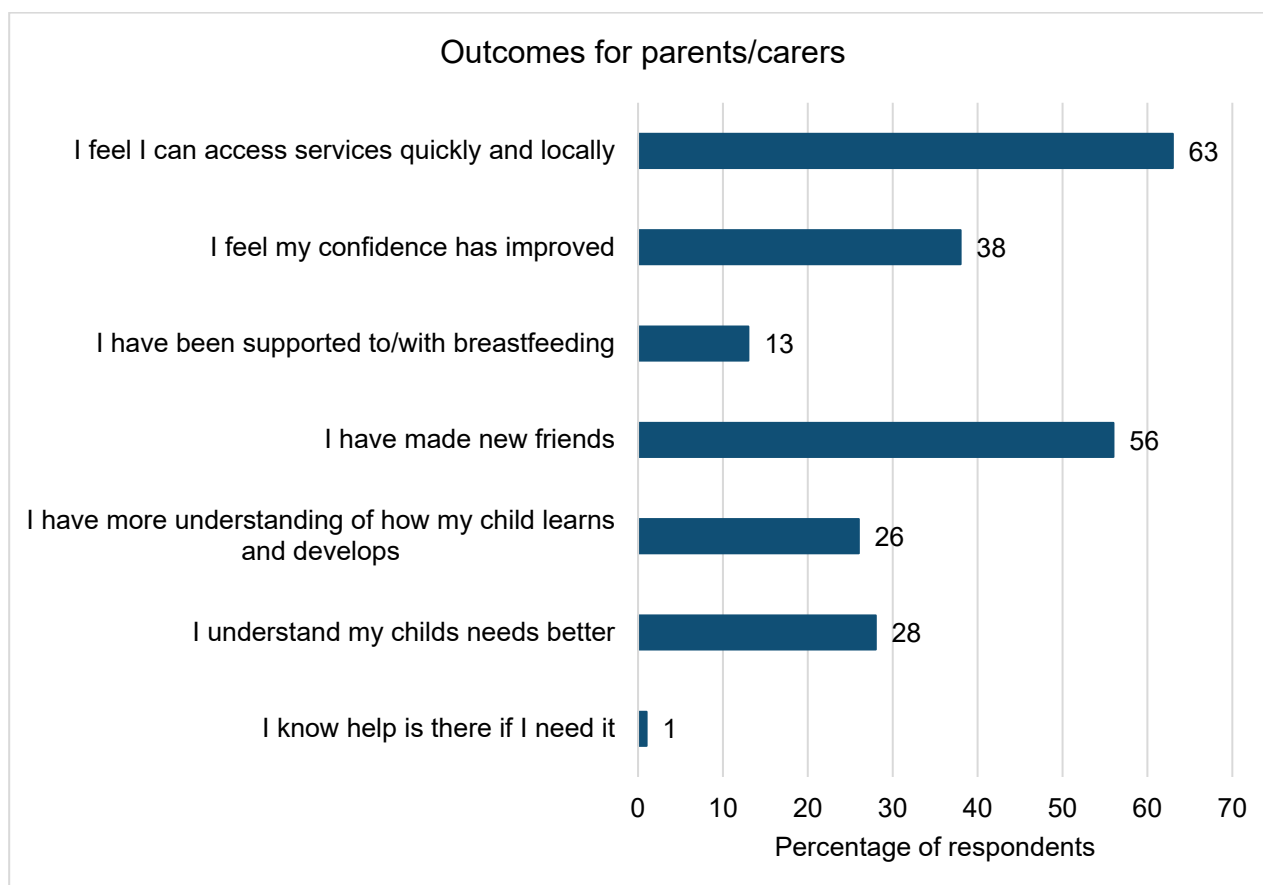
45% (n=51) services users reported that the Family Hub services they had accessed had an impact on the confidence of their child and 45% (n=51) also said that the services had allowed their child to develop new skills. Open text comments suggest that one reason

for this is that services used different toys or techniques that the service users would not have thought about using or previously have access to.

> Learnt how to play with different sensory toys that I probably didn't think of doing – *user open response*

> New surroundings, access to more resources that I wouldn't necessarily have at home – *user open response*

4. Discussion and Next Steps

In this section, we summarise some of the key learning from the study to date, starting with substantive findings, and ending with some specific methodological reflections and suggestions.

4.1 Discussion of key findings

The findings presented above draw from a set of mainly qualitative and limited survey data, so should be treated with caution, and for this reason we have not drawn-out recommendations for changes to practice or policy in this report. Nevertheless, there is a degree of consistency around them that provide some useful reflections to provide both a baseline for the fuller evaluation report to come, and for other Family Hubs providers. These can be grouped into four main areas.

Firstly, **the locality-based model** is key to the successful implementation of Family Hubs in Doncaster. By focussing resources, including management, oversight and staffing, at a locality level overseeing a number of Family Hub sites, the model aligns with, and so eases integration with, other local authority services. A key element of the approach related to this is the core and extended offer. The core offer, focussed largely on families of pre-schoolers, especially under 3s, provides a focus on a universally available service. The wider offer, largely delivered by other services, allowed flexibility linked to local need. The current locality model is not without challenges. In some geographical areas without a bricks and mortar Family Hub building, the extended offer is more limited. But the locality-based, core and extended offer approach provides a useful model especially for geographically large and diverse local authority areas.

Secondly, the provision of this wider offer, in particular, draws on **a culture of partnership working**, notably with health services (especially midwifery services, as the single most used Family Hub service) and voluntary and community sector organisations. A further positive benefit relates to signposting and linking together services. We would highlight the particularly important role played by midwifery services in linking parents and carers to other opportunities; the value of the 'Local Solutions Group' especially in encouraging those least engaged; and the Stronger Communities teams making links in their outreach work in the community. Resourcing constraints exist in all LAs and are an ongoing concern for third sector organisations. This exacerbates the challenges in providing services for which there is a recognised need beyond the core 0-5 offer. Without appropriate resourcing provision to the local authority, it is difficult for Family Hubs to develop this wider offer. Further, whilst issues of data sharing and data use were improving, these were an ongoing challenge, linking to a third area.

Doncaster has a strong focus on **data gathering and data-led working**. The range of data used helps target resource and regular user surveys and other means help monitor the responses to the provisions from respondents. There is a key focus here on engaging the most in-need families but we would highlight this as an area of continued focus in relation to data processes, as well as using the evaluator survey to track outcomes in future. A particularly positive aspect of Doncaster's approach is the strong emphasis on parent and carer voice, and the development (by necessity during COVID-19) of social media channels is important here.

In addition to the challenges noted in the report and in the sections above – resourcing; some gaps in the offer; geographical unevenness – the **legacy of COVID-19** (locally and nationally) is impossible to ignore. Whilst the reach and engagement issues may gradually be at least partially overcome, the effects of an extended period of isolation in the lives of young children across the UK and beyond in already very difficult circumstances are yet to play out and are of considerable concern to the interviewees here (we mention this in this section since this issue did not clearly fit with the research questions reported here).

In the aftermath of COVID-19, it is particularly positive to note that the self-reported survey data, whilst limited, provide some initial evidence of positive outcomes that point to the value of the model described in this report, to be tested by more rigorous methods in the final report.

4.2 Methodological Reflections

The service user survey and DC satisfaction survey

There are number of limitations with the findings from both of the surveys and the satisfaction data that need to be considered. Firstly, the SHU evaluation survey was administered once only to service users, using a cross-sectional design, rather than a pre-post survey (due to issues with the timing the evaluation was commissioned and when the survey could take place). This means that a heavy focus has been placed on the perceptions of service users at one time point, rather than statistical changes over-time. For more robust findings to be gained, future surveys would benefit from employing a pre-post design, to be able to analyse change over time.

Secondly, the outcomes that the Family Hub services hope to influence are much broader than those currently captured in the Doncaster Family Hub satisfaction survey. The SHU evaluation survey developed on this by including questions about understanding of emotions, well-being and mental health, for example. This allowed us to determine that service users perceived that the Family Hub services they accessed did have some impact on these factors. However, a further limitation is that the findings on

outcomes from the survey couldn't be looked at against other data sets (relating to psychometric questionnaires) detailing improvements in parent/carer/child outcomes, due to issues with data sharing and consent. This, coupled with the cross-sectional design means that we have to interpret the outcome findings with caution. Originally, the SHU service user evaluation survey was designed to collect information that would allow it to be matched to other data sets.

The original plan for the survey strand of the evaluation had been to be able to match the survey responses to other available data sets, at the individual level. For example, to match the survey responses to the outcomes star. Being able to match the responses from several data sets would have provided an advantage to the interpretations and learning that could have taken place. One example of this is that matching programme attendance to outcome star or questions on mental health and wellbeing would allow interpretations to be made about which services most successfully result in improvements in outcomes.

Suggestion 1 DC: to make the most of the data collected from service users and to gain further insight into the associations between elements of the services, DC should gain consent from users to match the data they provide to other data sets, with the view that any findings would be reported anonymously. Being able to triangulate several data sets (whether including the same of different individuals) has a number of benefits:

- Increase the validity and confidence of the findings
- Provide a clearer picture of any problems that are occurring by potentially controlling for any biases

Satisfaction survey

DC run a satisfaction survey with services users four times a year that collects information about which services they have accessed and how satisfied they are with the services they have accessed. The information collected in the satisfaction survey is essential in understanding whether the services offered are working to the best of their ability, however, there are several suggestions for how the satisfaction survey could be improved in subsequent additions. The satisfaction currently does not cover a number of outcomes that Family Hub services intend to improve and it is heavily focused on services users either attending with children 0-5 or using services for children aged 0-5. The DC Family Hub model is advertised as having a number of other service users for individuals without children and/or for those seeking help with their own health problems.

Suggestion 2 DC: It would be beneficial to collect demographic information to see whether all respondents are represented in the responses gained. Currently the satisfaction survey doesn't contain demographic information about the respondent and as

such we don't know whether all services users, regardless of age, ethnicity are experiencing the services offered in the same way.

Suggestion 3 DC: It would be beneficial to collect identifying information to allow data sets for the satisfaction survey to be collated over time, and to focus efforts on increasing response rates. This would benefit DC FH by allowing them to see whether satisfaction data changes over time at the individual level and whether the responses to other questions change over the course of their involvement in DC FH.

Suggestion 4 DC: To improve clarity in the satisfaction survey (or other potential surveys) carefully consider what measurement to apply to each question. For example, the question "what age is your child" is currently measured using the following scale: 0-1, 1-2, 2-3, 3-4, 5+. This may cause confusion as a child aged 2 falls into both the 1-2 and 2-3 category. As another example, the question "has FH been a positive experience for you and your child" has an underlying assumption that the parent and child experiences of FH are the same. There may be instances whereby the parent found the experience positive, but their child was found it less positive. In this instance, the current binary measurement (e.g., yes or no) does not allow respondents to distinguish between their own and their child's experience. Ideally, questions should focus on one aspect and avoid crossover (such as the previous examples) where possible.

SHU service user evaluation survey

The SHU team designed a short survey to capture service users' perceptions of outcomes, as a result of their involvement in Doncaster Family Hub services. A mix of Likert, binary and open-ended questions were used. The questions were designed to build upon and explore areas not covered in the existing satisfaction survey. Below is a suggestion which outlines the benefits of implementing this survey in future DC practices.

Suggestion 5 DC: At the end of the evaluation the SHU evaluation survey is going to be amended/reworded to suit a pre-post study design. Due to when and how DC Family Hub collect data the SHU service user evaluation survey has had to focus solely on service users' perceptions of change over time. For more robust findings to be gained, future surveys would benefit from being able to analyse change over time, rather than relying on service users' perceptions of change over time. We suggest that DC Family Hub put practices in place to allow the SHU service user evaluation survey to be captured at the start of a service user becoming involved in the DC Family Hub services (baseline) and as they end (endpoint). Use of a pre-post design would:

- open up the potential to inferential statistical analysis, rather than relying on frequencies or simple descriptive statistics
- allow before and after analysis to take place

- determine any significant differences between service users that may relate outcomes, from pre-test findings.

Suggestion 1 SHU: The satisfaction survey is embedded into the DC Family Hub practices and received a larger number of responses that the SHU service user evaluation survey. SHU need to work closely with DC Family Hubs before subsequent rounds of the evaluation to try and improve the survey responses.

Secondary analysis of data

Secondary data collected on each service user is very important as it provides insight into the reach and engagement of Family Hub services and helps to inform future decisions. In the secondary data provided to the SHU evaluation team there were a large number of entries which highlights Family Hub commitment to collecting this data.

Suggestion 6 DC: To improve the reliability of this data there needs to be a regular "cleaning" of the data to address any human or system errors that occur during the data entry period. For example, analysis of the "age" variable showed that some child members were aged between 18 and 28 while some adult members were aged over 100 years old. Spending some time manually checking and amending the data where necessary would ensure any conclusions made form the data are reliable.

Suggestion 7 DC: Further to this, a more streamlined coding of what sessions service users attend would improve the ease and speed of data exploration. In the data set provided to SHU there were 236 different sessions that were coded although many of those have been coded with different titles despite being a similar or even the same session. For example, 195 service users attended the "First Friends" sessions. 6 others also attended a First Friends sessions, but they were coded under the "First Friends (Bullcroft)" title. A further 18 were coded under the "First Friends Virtual" title. Having these service users coded under the same "First Friends" title would visually make it easier to explore what sessions are most and least popular.

Appendices

Appendix 1: Word version of the evaluation survey designed by SHU

<u>Doncaster Family Hubs Evaluation Survey</u>

Qs	Response options
1. How old are you?	Open-text
2. Which of the following do you identify as?	• Female • Male • Prefer to self-identify • Prefer not to say
3. Which Family Hub(s) have you most recently attended? (tick all that apply)	• Adwick • Armthorpe • Askern • Balby • Bentley • Central • Denaby & Conisbrough • Moorends • Rossington • Stainforth • Mexborough • Wheatley • Other (please specify)
4. What age is your child/children that you are attending with? • • (If you are attending with more than one child, you can tick more than one box)	• Less than 12 months • 1 • 2 • 3 • 4 • 5 • N/A (route to Q7)
5. Do you have any other children in the family over the age of five?	• Yes • No (route to Q7)
6. Is this child accessing any other services through the Family Hubs?	• Yes (please specify) • No
7. What Family Hubs services/groups have you accessed? Tick all that apply	• Baby fun • Book chatter

Qs	Response options
	• Breakfast with • First friends • Forest schools • Infant massage • Jumping tots • Let's dance/play • Mini movers/explorers • Sing & shake • Stay & play • Walking groups • Growing talk • Rising rockets • Midwifery services • Health services • Counselling services • Parenting • Young parents • Young carer's group • Other (please specify)
8. On a scale from 1 – 5, how helpful have you found the following types of support that you/your family received at Doncaster's Family Hub? • • (Please select the N/A option for support services you have not accessed)	• Wellbeing services (own or child's) • Mental health services (own or child's) • Activities for my children • Life skills (budgeting, relationships, managing emotions etc) • Employment support • Adult learning • Drug and alcohol support • Child behaviour support • Domestic abuse • Relationships • Immigration issues • Parenting • Smoking cessation • Breastfeeding • Oral health • Housing

Qs	Response options
	• Everyday life (e.g., food, clothing) • Other (Please specify)

9. About your engagement with Family Hubs

What impact, if any at all, has accessing services at Doncaster's Family Hubs had on the following aspects:

Statement: Since accessing the Family Hubs services, I feel that I…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
have a better understanding of the support services available to me					
am more confident in accessing the support services I need					
feel more supported by someone I trust					

10. About you

What impact, if any at all, has accessing services at Doncaster's Family Hubs had on the following aspects.

Statement: Since accessing the Family Hubs services I feel that …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have a better understanding of my own thoughts and feelings					
my confidence levels in general have increased					
I have a stronger support network (for example,					

Statement: Since accessing the Family Hubs services I feel that …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
people around you that you can talk to, friends etc)					
it has been beneficial for my mental health					
it has been beneficial for my physical health					
I am better able to manage my emotions					
I am more likely to seek support to help me with my own emotional needs					
I am more likely to seek support to help me with my own physical needs (for example, diet, oral health, exercise)					

11. About your child (if applicable)

What impact, if any at all, has accessing services at Doncaster's Family Hubs had on the following aspects.

Statement: Since accessing the Family Hubs services…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
my child's behaviour has improved						

Statement: Since accessing the Family Hubs services…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
my child's confidence has improved						
the skills my child has developed have improved						

12. Please could you provide an example to illustrate your responses to the above questions (open-text box)

13. Please indicate if you are accessing Family Hubs as a parent and/or a carer?

    a. Parent
    b. Adult carer caring for a family member
    c. Young carer caring for a family member
    d. Other (please specify)

14. Your role as a parent/carer

What impact, if any at all, has accessing services at Doncaster's Family Hubs had on the following aspects.

Statement: Since accessing the Family Hubs services…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I have a better understanding of how my child develops						

Statement: Since accessing the Family Hubs services…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I have a better understanding of my baby's/child's behaviour						
I have a better understanding of my baby's/child's emotional needs						
I have a better understanding of my baby's/child's physical needs						
I am able to cope better with some of the challenges of parenting/caring						
my confidence levels as a parent/carer have increased						
I am more likely to seek support to help me with my baby's/child's behaviour if needed						
I am more likely to seek support to help me with my baby's/child's emotional needs						

Statement: Since accessing the Family Hubs services…	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I feel more confident about breastfeeding						
I am more likely to seek support to help me with my baby's/child's physical needs (for example, diet, oral health, a specific illness)						
I have an improved relationship with my baby/child						

Questions	Response options
15. Overall, do you feel that your experience of Doncaster Family Hubs has been…	• Positive • Neutral • Negative
16. Pease provide an example that helps explain your response to the last question	Open-text box
17. Have you used the skills and knowledge you have learnt working with Family Hubs outside of the Family Hubs setting? (For example, this could be techniques such as infant massage or new activities to do with your child)	• Yes • No • No, but I intend to in the future
18. How confident do you feel about using the skills and knowledge you have learnt working with Family Hubs outside of the family hubs setting?	• Not confident at all • Not very confident • Neutral • Fairly confident • Very confident

Appendix 2: Full list of sessions attended between 1/1/21 and 1/1/22

Session name	Freq.	Percent
Adult Learning (Accredited)	511	0.479947
Adult Learning (Child impacted not seen)	563	0.53
Adult Learning (Non Accredited)	332	0.31
Adventure Support	48	0.05
Advisory Board	13	0.01
Annual Open Day/Fun Day	89	0.08
Antenatal BFI Bag	92	0.09
Antenatal Contact BFI Bag	597	0.56
Antenatal Contact Meet & Greet	607	0.57
Anticipate	34	0.03
Art Therapy	41	0.04
Baby Fun	2023	1.90
Baby Fun (Outreach)	174	0.16
Baby Fun (St Catherine's)	56	0.05
Baby Massage	2158	2.03
Be Well - Feel Good	27	0.03
Be Well Feel Good Programme	19	0.02
Bikes 'N' Lights	17	0.02
Book Chatter Book Play	1005	0.94
Book Chatter Book Play (Bentley Baptist)	10	0.01
Book Chatter Book Play (Danum Library)	155	0.15

Session name	Freq.	Percent
Book Chatter Book Play (Scawthorpe)	18	0.02
Book Chatter Book Play Virtual	39	0.04
Boxing	664	0.62
Boxing - Advanced	4	0.00
Boxing - Beginners	7	0.01
Boxing Club BMP	115	0.11
Breast Feeding Direct/Peer Support	2	0.00
Breast Start	623	0.59
Breastfeeding direct/peer support	6	0.01
Breastfeeding Support	22	0.02
Breaststart	313	0.29
Bright Sparks Day Nursery	2346	2.20
Brownies	249	0.23
Buggy Walk	37	0.03
Bumps to babies	28	0.03
Bumps to Babies	8	0.01
CAB	26	0.02
Caged Steel Martial Arts	284	0.27
CAMHS	27	0.03
Child Care Vouchers	26	0.02
Child Health Appointments	3	0.00
Child Health Reviews	180	0.17

Session name	Freq.	Percent
Child Minder Drop-In	541	0.51
Childcare Vouchers - Child impacted not seen	7	0.01
Chitter Chatter	125	0.12
Christmas Holiday Activities	71	0.07
Clothes Exchange	4	0.00
Coaching Session	51	0.05
Cognitive Therapy	6	0.01
Community Led Support	35	0.03
Cook and Eat	102	0.10
Cook and Eat Home Studies	177	0.17
Counselling	1585	1.49
Early Days - Baby Massage	74	0.07
Early Days Baby Fun	519	0.49
Early Days Contact	2073	1.95
Early Days Contact - Unsuccessful	212	0.20
Early Days Contact (child impacted not seen)	1634	1.53
Early Days Contact (Non Engagement)	48	0.05
Early Days Midwifery Service (Hexthorpe)	29	0.03
Early Days Mini Movers (Hexthorpe)	125	0.12
Easter Holiday Activities	66	0.06
Employment Direct Support	20	0.02
Family Fun	690	0.65

Session name	Freq.	Percent
Family Fun *Half term sessions	1152	1.08
Family Fun & Activities	1273	1.20
Family Fun Dunscroft Outreach *Half term sessions	29	0.03
Family Group Conference	13	0.01
Family Information Session	33	0.03
Family Meeting	64	0.06
Family Meeting - DCST	28	0.03
Family Meeting - DCST (Child impacted-not seen)	12	0.01
Family Meeting - DCST team	28	0.03
Family Meeting - FLP	8	0.01
Family Meeting - PAFS Team	37	0.03
Family Meeting - PAFS Team (family member impacted not seen)	24	0.02
Family Meeting - Social Care	33	0.03
Family Meeting - Social Care (family member impacted not seen)	4	0.00
Family Meeting (child impacted not seen)	14	0.01
Family Play	12	0.01
Family Support	7	0.01
Family Support - EYDW	3	0.00
Family Support - Unsuccessful	2	0.00
Family Support Meeting	24	0.02
Family Time	2944	2.77
FCG Meeting	41	0.04

Session name	Freq.	Percent
February Holiday Activities	50	0.05
FGC Holiday Club	18	0.02
FGC Meeting	123	0.12
FGC Meeting (child impacted not seen)	31	0.03
FGC Meeting (Child impacted not seen)	21	0.02
First Friends	2539	2.38
First Friends (Bullcroft)	204	0.19
First Friends Virtual	237	0.22
First Friends Virtual (Adwick)	339	0.32
First Friends Virtual (Askern)	160	0.15
First Friends Virtual (Bentley)	15	0.01
First Friends Virtual (Bullcroft)	8	0.01
Food Bank	55	0.05
Forest School	495	0.46
Forest School - Portage	49	0.05
Forest Schools	60	0.06
Forest Schools (Shaw Wood Outreach)	127	0.12
Foster Carers Group	22	0.02
Free Play	18	0.02
Friends of Group	16	0.02
Future Pathways CIC	3	0.00
Game On	367	0.34

Session name	Freq.	Percent
GP Surgery	49	0.05
Growing Friends	24	0.02
Growing Talk	1147	1.08
Guides	201	0.19
HAF Programme	220	0.21
Half term activities	36	0.03
Half Term Activities	35	0.03
Health & Fitness	35	0.03
Health & Fitness Fun	55	0.05
Healthy eating and lifestyle support sessions	13	0.01
Healthy Start Vitamins	9	0.01
Healthy Weight Solutions	230	0.22
HerStory	88	0.08
Hub Club	152	0.14
Intro to Family Hub	445	0.42
Intro to Family Hub (child impacted not seen)	5	0.00
Intro to Family Hub (Child impacted not seen)	156	0.15
Intro to Family Hubs (Child impacted not seen)	1	0.00
Jumping Tots	442	0.42
Jumping Tots (Hexthorpe)	4	0.00
Junior Open Sessions	464	0.44
Junior Youth Club	117	0.11

Session name	Freq.	Percent
Let's Get Walking Together	36	0.03
Let's Play Together	493	0.46
Let's Stay & Play Together (Virtual - Tuesday)	3	0.00
Lets Get Active Virtual	6	0.01
Lets Get Walking	307	0.29
Lets Go Walking	129	0.12
Lets Play Together	1080	1.01
LGBTQ	110	0.10
LIGHT	36	0.03
Little Belters Boxing	33	0.03
MA Performing Arts	312	0.29
May Holiday Activities	14	0.01
Meet and Greet	105	0.10
Meet and Greet (child impacted not seen)	12	0.01
Meeting (child impacted not seen)	15	0.01
Meetings	238	0.22
Membership Form (Tracking)	6370	5.98
Messy movers	186	0.17
Messy Movers	354	0.33
Messy Play for Movers	164	0.15
Messy Play Virtual	33	0.03
Midwifery Services	21835	20.51

Session name	Freq.	Percent
Mini Explorers	344	0.32
Mini Movers (Edenthorpe Outreach)	140	0.13
MST Therapy	12	0.01
Nature Explorers	805	0.76
Nature Explorers (High Street)	234	0.22
Nature Explorers Virtual	8	0.01
New Birth Calls	371	0.35
New Birth Contact - Child inpacted not seen	124	0.12
New Birth Contact Advice & Guidance	309	0.29
New Birth Visits	19	0.02
Nurture Group	325	0.31
October Holiday Activities	37	0.03
Outdoor Play	1054	0.99
Parent Champions	1	0.00
Parent Engagement Work	9	0.01
Parent Engagement Work Central	300	0.28
Parent Engagement Work Central (child impacted not seen)	271	0.25
Parent Engagement Work East	298	0.28
Parent Engagement Work East (child impacted not seen)	205	0.19
Parent Engagement Work North	493	0.46
Parent Engagement Work North (child impacted not seen)	649	0.61
Parent Engagement Work South	287	0.27

Session name	Freq.	Percent
Parent Engagement Work South (child impacted not seen)	51	0.05
Parental Well Being Session - Virtual	85	0.08
Parenting Course	949	0.89
Parenting Course (Child impacted not seen)	1449	1.36
Parenting Course (Child Impacted not seen)	82	0.08
Parents Voice	60	0.06
PHIG Session	164	0.15
Photography Session	776	0.73
Physio	12	0.01
Primary Ambassadors	5	0.00
Rainbows	166	0.16
Rangers	107	0.10
Refugee Session	5	0.00
Rising Rockets	821	0.77
SEN	11	0.01
SEND	3	0.00
SEND Cook and Eat Home Studies	86	0.08
SEND Group	594	0.56
Senior Open Session	7	0.01
Senior Youth Club	730	0.69
Sensory Fun	2	0.00
Sensory Room	965	0.91

Session name	Freq.	Percent
Shark's Space	1	0.00
Signposting & Advice	9582	9.00
Signposting & Advice (child impacted not seen)	211	0.20
Signposting & Advice (Child impacted, not seen	499	0.47
Signposting & Advice (child impacted, not seen)	617	0.58
Signposting & Advice (Child impacted, not seen)	464	0.44
Signposting & Advise (child impacted, not seen)	897	0.84
Signposting and Advice (child impacted not seen)	939	0.88
Sing & Shake	315	0.30
Sing & Shake (Bullcroft)	83	0.08
Sing & Shake (Danum Library)	283	0.27
Sing & Shake (Elmfield Park)	33	0.03
Sing & Shake (Goldsmiths)	7	0.01
Sing & Shake (Highfields)	20	0.02
Sing & Shake Virtual	27	0.03
Skate Boarding	13	0.01
Sleep Clinic	7	0.01
Smoking Cessation	4	0.00
Solihull Pop Up Parenting	1	0.00
South Baby Group - Virtual	6	0.01
Stay & Play	4276	4.02
Stay & Play (Highfields)	193	0.18

Session name	Freq.	Percent
Stay & Play (Kings Cross Church)	1	0.00
Stay & Play (Shaw Wood Outreach)	68	0.06
Stay & Play (St Judes)	28	0.03
Staycation	38	0.04
Staycation - 90 Minute Music	34	0.03
Staycation - Adams Ark	27	0.03
Staycation - Arts & Craft	18	0.02
Staycation - Bawtry Paint Ball	47	0.04
Staycation - Boxing	76	0.07
Staycation - Community Sports	16	0.02
Staycation - Cook & Eat	95	0.09
Staycation - DPV	15	0.01
Staycation - Future Pathways	15	0.01
Staycation - Game On	7	0.01
Staycation - J&D Activities	15	0.01
Staycation - Kingswood	49	0.05
Staycation - Skateboarding	44	0.04
Staycation - Sports	45	0.04
Staycation - Young Advisors Wellbeing	67	0.06
Summer Holiday Activities	79	0.07
Support Contact	2	0.00
Therapy Session - DCST	13	0.01

Session name	Freq.	Percent
Trips	80	0.08
Tuition - Direct Work Support	13	0.01
Tutor Session	37	0.03
Tutor Sessions	16	0.02
Tutoring - Private	39	0.04
Tutoring Session	8	0.01
Ukulele Group	4	0.00
Vitamins	1	0.00
Volunteering	414	0.39
Volunteering (Child Impacted Not Seen)	63	0.06
Wellbeing for Families	361	0.34
Wellbeing for families (Child impacted not seen)	33	0.03
Wellbeing for Families (child impacted not seen)	113	0.11
Wellbeing for Families (child impacted notseen)	86	0.08
Young Carers (child impacted not seen)	946	0.89
Young Carers Direct Work	1416	1.33
Young Carers Social Group	702	0.66
Young Parents	483	0.45
Youth Club - LGBTQ	24	0.02
Youth Council	52	0.05
Youth Group	97	0.09

Appendix 3: Services provided in Doncaster for families with children under 5

- **First Friends: (**Partnership with Health and run by Midwives or community nurse) First Friends is for parents with babies from birth to when their baby starts crawling around.

- **Baby Fun**: Session focused on immobile babies not yet crawling. Activities include singing, story time, exploring and sensory play.

- **Breakfast with**: '*For expectant parents to come along have a cup of tea and toast with a tour of the Family Hub and hear all about the exciting sessions available once your bundle of joy has arrived to have lots of fun together and meet other new parents'*.

- **Book Chatter Book Play:** Aimed at one-year olds. *A fun, interactive session for parents and children. Each session is based on a story with songs, rhymes, and activities to bring the story to life. Come along and have fun with us.*

- **Let's play together:** Aimed 0–5-year-olds*. 'An energetic group designed to help parents and carers support their child through music, movement and a range of activities that can be recreated in the family home'*

- **Forest School:** Aimed at walking to 5 years. *Forest school provides children with the opportunity to explore and learn in the natural environment. Investigating wildlife, plants and trees of the local woodlands, through fun and interactive activities, such as bug hunting, den building, Hapa Zoming and more.* Only selective Family Hubs provide this where practitioners are trained in Forest School and they have a physical space to run. E.g. Denaby & Conisbrough Family Hub (South Locality)

- **Stay and Play:** Aimed at 0-5 year olds. *This session offers a welcoming and supportive environment for parents/carers to engage with their child's learning and development through play. It includes sensory, outdoor, messy play, music and instruments, physical toys and games, book & stories, singing and snack time.*

- **Growing Talk**: Aimed at children 18 months to 3 years of age. An example of service run across all 4 localities. Sessions are designed to enhance communication and language skills, through fun and engaging activities and experiences. *The sessions will support your child to build relationships, their self-esteem and become confident communicators.*

- **Rising Rockets: 18 months** – 3 years Rising Rockets is a session where children are left with Early Years Development Workers to help prepare them for nursery and develop their independence. We follow a simple routine that will encourage

children to choose an activity, take part in snack time and enjoy singing and story time with friends.

- **Baby Massage**: From 6 weeks. Run by Early Years Development worker - Learn gentle massage techniques with your baby which may support bonding and attachment, improve baby's skin and sleep, aid digestion and help reduce colic.

- **Bumps to Babies**: group is for those of you awaiting a new addition to your family; a warm and welcoming session where you can access advice or support regarding your pregnancy and wellbeing as well as the opportunity to meet other expectant mums and talk, listen and share experiences.

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