Family Hubs Innovation Fund Evaluation

Final research report

November 2023

Ecorys UK, Clarissa White Research,
Starks Consulting

// Acknowledgements

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Executive summary

A commitment was made to champion family hubs in the 2019 Government manifesto. **Family hubs** are a place-based way of locally joining-up the planning and delivery of family services across the 0-19 age groups (and up to 25 years for children with special educational needs and disabilities (SEND)). They bring together services within local authorities (LA) and their partners, including health and the voluntary and community sector to improve access, improve the connections between families, professionals, services and providers, and put relationships at the centre of family support. The **Family Hubs Evaluation Innovation Fund** formed part of £2.5 million budget, announced in 2020, for research and the development of best practice around the integration of services for families, including family hubs. The fund was administered by the DfE to improve standards of evidence for planning and delivering help and intervention for families.

Ecorys UK, in partnership with Clarissa White Research and Starks Consulting were commissioned to deliver a national programme of research and evaluation of family hubs. The consortium partnership included **5 LAs** across England, each with a different family hub model and stage of maturity. The study was delivered between March 2021-2023. At the outset of the evaluation, none of the LAs in the study had received government funding for family hub transformation.

Evaluation method

The **mixed methods evaluation** comprised assessment of **implementation and processes, outcomes and impacts, as well as economic benefits**. It included a sample of five LA family hubs and was designed to provide evidence at the LA and programme level. The study involved 6 distinct and complementary work streams:

Work Stream 1: Inception & scoping

- Scoping consultations, desk research, Theory of Change development in all 5 LAs
- Finalisation of evaluation plans and publication of scoping report (Nov 2021)

Work Stream 2: Process & outcomes

2 waves of research in all 5 LAs:

- Qualitative research with families (n=75)
- Qualitative research professionals (n=154)
- Professional reflective diaries (n=39)
- Workforce survey (n=218; n=283)
- Observations of hub activity (n=5)

Work Stream 3: Impact evaluation

- Quasi-experimental design for 2 LAs with mature hub models
- Theory-based evaluation for 2 LAs with mature models, 1 developing model
- Feasibility assessments for future impact evaluation in 3 LAs with developing models

Work Stream 4: Economic evaluation

In all 5 LAs

- Cost Benefit Analysis
- Cost Efficiency Analysis

Work Stream 5: Action learning

- Action learning activity to support learning in action between LAs: reflection, insights, peer support and benchmarking
- Bespoke evaluation support
- Participatory action research with families as community researchers

Work Stream 6: Reporting & dissemination

- Full data analysis; synthesis of evaluation data sources
- Interim report (published 2022) and final evaluation report (2023), dissemination

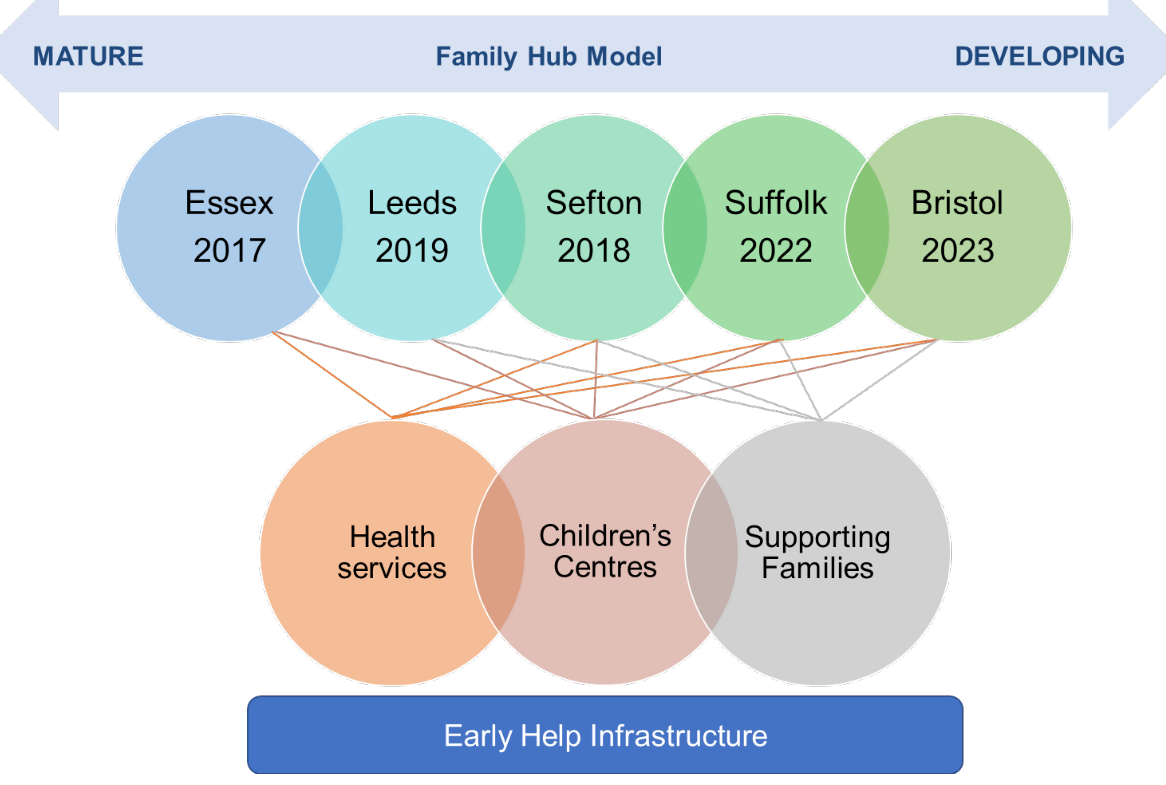
Key findings

Designing and developing a family hub model

Motivation for transformation: All 5 LAs in the study had started to make the move to a family hub model prior to government policy guidance and funding. They were motivated by the need to address the fragmentation, inaccessibility and inconsistency of family services. They wanted to prevent escalating needs particularly for vulnerable families and reduce the demand on statutory services.

Place-based models: Each LA mapped local needs and reviewed existing provision to inform their family hub model design. All models built on the strengths of the existing local service infrastructure (as shown in the figure below). One family hub was a commissioned service, the other 4 were delivered by the LA. Furthermore, 4 of the LA family hub models had integrated Sure Start Children's Centres with early help and/or health services, to provide universal and targeted services. One LA family hub model focused on targeted family support (based on the strengths of their

Supporting Families Programme) and building the capacity of professionals and services across the LA to provide high quality early help.



Whole-system buy-in: A clear message from strategic leads in LAs with more established models was that family hubs need a clear vision and remit, whether it be the types of services offered or priority families, informed by local needs and available resources. To facilitate a 'no wrong door' approach for families and to deliver appropriate early help pathways, strategic leads stressed the need for partnership working with services and professionals across the whole local system. The integration of partners from the outset was seen as critical to sustainable transformation journeys.

Transition timelines and stages of development: The timeframes for transition varied across LAs; strategic leads stressed that transformation could take at least 3 to 5 years without dedicated funding and staff capacity. Two LAs in the study sample were at an earlier stage of transition; either in the process of developing a clear vision across local partners or in early implementation. The remaining 3 LAs had more established family hub services, operating at a steadier state. All LAs had refined and tweaked their services and activities since they were launched. Refinements to family hub models were made in response to national and local

policy developments, changes in strategic and operational workforce capacity and evolving community needs (particularly since Covid-19).

Three key ambitions of the family hubs, as set out in the Family Hub Model Framework[1], are to provide accessible, better connected family services, delivered in a relationship-centred way. As such, the key findings are themed and summarised around these 3 principles.

Accessible services for families

Communicating the family hub offer: All LAs had invested in relationship building activities with multi-agency partners, from voluntary and community sector (VCS) organisations, health (e.g., GPs, midwifery, health visitors), education (e.g., early years, schools) partners. System-wide partnerships provided mutual benefits; facilitating promotion of the family hub offer among partners and helped hubs to remain aware of wider services and community needs. This work was intended to help reach families earlier, receive referrals from and signpost to wider services. Families and staff suggested promotional messages should clearly emphasise that hubs are service for the whole family across 0-19/25 age groups, to avoid a perception that hubs only cater for under 5s. Families suggested that hubs should be promoted via GPs and schools as well as an (easily searchable) online presence. Strategic staff with more established hub models explained this was an ongoing piece of work. They explained that repetition of the offer was necessary to keep the hub offer front-of-mind among busy professionals and account for staff turnover in partner organisations. Some LAs had appointed dedicated community outreach or navigator staff to lead this work. Comparatively, expensive branding exercises were seen as a lower priority in the context of limited resources.

Seamless family pathways: The LAs were aiming to streamline pathways and encourage a 'no wrong door' approach to families seeking help. Prior to receiving family hubs support, parents/carers reported not knowing where to seek help from. They tried to seek help through GPs, school, and online searches. Family hub models hoped to reduce the number of times a family had to tell their story, via shared case management systems and structured handover processes. Once families had been referred into the hub, they generally reported seamless referrals to different professionals and interventions, but experienced long waitlists for specialist support (e.g., health services).

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

The importance of universal services: A consistent message across hub workforces and families was that a free-to-access universal offer was key to creating a preventative non-stigmatising service. There was a clear ask from families and staff for more in-person, universal groups and activities, including during school holidays. This was requested particularly by parents/carers who felt isolated, were on low incomes, or had children with SEND. Such requests were driven by a desire to access positive activities for children and opportunities for parents/carers to socialise. Staff stressed the importance of hubs not solely delivering activities to solve problems but the need to create community spaces and deliver whole family activities and community events. Staff explained that these created informal opportunities for help seeking and identification of needs. Furthermore, it was hoped the inclusion of these would help to reframe the way families viewed services, reduce the risk of stigma becoming attached to the family hubs and for staff to build trusted relationships with the communities they served.

Family hub buildings: The quality, suitability and accessibility of hub buildings differed within LAs. The types of buildings available, determined the range of services that could be accommodated. Where possible, LAs made use of buildings in residential areas and with public transport links. The number of hub buildings was more limited in rural localities. To cater for rural communities, hubs delivered outreach activity.

Services without walls: Most LA models included digital and outreach offers. Parents/carers welcomed the option of virtual meetings with family hub practitioners, online parenting interventions and peer support groups, as this fit around their commitments. However, for child-facing activities, they preferred in-person delivery. Examples of outreach included delivery in libraries, schools, community spaces. These were important to deliver accessible and equitable services, without relying on families coming to hub buildings.

Whole family support: Although all family hub models were set-up to work across the 0-19/25 age group, in practice, for most, the 0-5 services dominated the offers, especially in LAs that built their family hub models from Children's Centres. The 5-19 offer took longer to specify and develop. Partnerships with schools and youth services were common ways to reach this age group.

Support for families and children with SEND: Family hub workforces across LAs recognised that SEND offers could be strengthened. Staff and families stressed the lengthy waitlists for SEND and Education, Health and Care Plan (EHCP) assessments and outcomes. In the absence of a formal diagnosis and support, parents/carers needed help, both practical and emotional, to navigate complex SEND pathways, manage children's behaviour both in the home and in education settings. One mature LA family hub model had a well-developed SEND support offer

including SEND-specific one-to-one support, parenting courses, peer support and stay and play groups. Parents/carers valued the holistic support they got from professionals and peers with first-hand experience of caring for a child with SEND. It helped to normalise families' experiences, reduce isolation and equip them with information about their rights and support available. These parents/carers stressed that the needs of their children were long-term and required ongoing support.

Operating hours: Workforces noted that family hub services were generally delivered during core working hours. They acknowledged that more families could be reached through evening and weekend work but noted that an expanded service offer would require further staff and budget resource.

Better connected workforces

Integrated workforces: Joined-up working across services and professionals was central to all family hub models, underpinned by strong leadership at the systems level. The exact mix of professionals working together as the core hub workforce was determined by the hub model. In 1 LA, Children's Centre staff had been integrated with health staff (e.g., health visitors and school nurses); in another LA specialist early help staff were working with social workers and the police. There was evidence that suggests the more mature family hub models had made more progress with levels of service integration for 0-19/25 and with establishing clearer referral routes, although there is still some way to go in all areas.

Going beyond co-location: Strategic leads explained that effective multi-disciplinary working took time. Co-location facilitated joined-up working, but integration of workforces and positive team dynamics were strengthened through shared training, team meetings, case management discussions, and matrix management approaches. The process of actively working together, coupled with strong leadership, aided better understanding of each other's specialisms, broke down barriers created by professional jargon and built relationships. There was evidence that workforces in more mature LA hubs were operating within a reflective learning culture, providing opportunities to share good practice. Barriers to integration included lack of suitable office spaces in hub buildings, home working and perceived professional hierarchies.

Skills and confidence for whole family work: Staff cited multiple benefits of integrated 0-19 hub workforces including the range of specialisms staff could easily consult and refer families onto for support. Staff previously working in Children Centre's generally felt more skilled and confident when working with 0-5 age ranges; while hub staff with backgrounds in early help, youth work, police or school nursing for example, were more familiar and equipped to deliver services for 5-19 age ranges. However, the transition to working with wider age groups, needs and family

members could be challenging and should not be underestimated. The need for leadership, training, supervision and support helped individual professionals and teams to make these shifts. Supervision arrangements were particularly important and ensured that practitioners working in multi-disciplinary teams retained their professional integrity and specialist knowledge.

Shared data systems: Data sharing within a single common system was not possible in all LAs or with all partners. Where all hub professionals and select partners shared a case management system, staff believed this further supported seamless service integration and family experiences.

Partnership working with professionals and services: Joined-up working with professionals outside of the core hub team could prove more challenging. For example, health visitors (not part of the core hub workforce)[2], children's social care, schools and GPs could lack awareness of hub offers and make inappropriate referrals. Families also reported inconsistent messages and advice from different professionals across services. One solution to this was placing hub staff in these settings, or opportunities for partner staff to be co-located with or seconded into hub workforces, for example school nurses (part of the hub workforce) working with schools to support identification of needs and refer into hubs or police and early help staff working with hub workforces. As mentioned above, integrated partnership working needed to be considered from the outset and required dedicated work to be sustained over time.

Workforce recruitment and retention: Staff across LAs reported staff shortages as a barrier to family hub implementation. At strategic level, staff shortages hindered hub model development in LAs transitioning to a family hub model. At an operational level, across LAs, staff shortages resulted in high caseloads, and limited resource to work in-depth with families to resolve problems sooner. There was evidence that some of the workforce felt under strain, reporting issues with capacity and the ability to cope with a rising number of complex cases. Here, some practitioners expressed dissatisfaction with their roles and suggested improvements could be made in management, communication, effective practice guidelines and clearer roles and responsibility descriptions.

Relationship-centred practice

Strengths-based approaches: The evidence suggests a widespread commitment, across LAs and hub staff to work with families in a strengths-based way. LAs had invested in whole workforce relationship orientated training, such as trauma-informed

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[2] The exact mix of professionals working together as the core hub workforce was determined by the hub model. While some include health visitors, school nurses, early help staff, others did not.

practice or Signs of Safety. However, hub staff suggested that a strengths-based approach was not always the norm for partner organisations and their staff, resulting in inconsistent approaches to family working across the LA. Staff and families identified key mechanisms that facilitated good working relationships that built trust. These included: consistency of key worker for those in receipt of targeted support, time to build a relationship, being listened to, practitioner's questioning skills, and a non-judgemental approach.

Personalised care plans (for targeted support): LAs with mature hub models had developed guidance and training for staff to support common and consistent assessments, to identify needs of the whole family, prioritise these and set action plans. All LAs had adopted locally devised approaches to determine the service/practitioner best placed to support the family. One LA, with a mature hub model, had developed a common assessment approach for hub staff and the wider early help workforce to provide a consistent and clear approach across the sector. Through 6 priorities of discussion, it aims to develop a shared understanding of the whole family and their presenting issues, drawing out understanding of the context, strengths and triggers in family life that can lead to problems. Another LA hubs' care plan process involved agreeing meaningful goals for the family.

Skilled questioning and professional curiosity to identify needs: Staff across LAs explained that families will initially be referred in for a single issue. Through a skilled conversation and by exercising professional curiosity, families might then disclose multiple additional challenges the family are experiencing. Strategic hub leads emphasised the importance of training and supporting staff to develop their confidence and professional judgement to identify and explore additional needs of families, outside of formal assessments.

Ending family support: Families who reported a positive experience of family hub support and good relationships with staff also shared concerns about this coming to an end. These families were worried about losing the support and becoming isolated or problems re-occurring in the future. This highlights the need for carefully planned endings to hub support.

Measuring change of family hub service arrangements

Outcomes frameworks: The Family Hub Model Framework promotes the collection and use of evidence to inform service provision decision-making. Family hub staff at strategic and operational levels saw the value in data-driven approaches. In the absence of a national family hubs outcomes framework, LAs developed a bespoke outcomes framework or applied the Supporting Families Programme outcomes. All LAs collected data on reach, provision and outcomes. However, hub workforces across LAs generally lacked the technical infrastructure and capabilities to then

analyse and use that data to reflect on service provision and inform decisions. This represented a common area of support required by LAs family hubs. The exception was 1 LA with a mature hub model that had an embedded measurement outcomes framework, shared case management system, and dedicated data team to process, analyse and report on data. This LA took a data-driven approach to identifying needs and measuring outcomes at the individual, area and systems levels.

Family outcomes detected to date: Area-based quasi-experiential impact analysis were conducted to measure the impact of the 2 most mature family hub models. The family-level outcome indicators were sourced from publicly available administrative datasets such as the Local Authority Interactive Tool and the Public Health England Fingertips database. The indicators were matched as closely as possible to the intended outcomes of the local model. It should be noted that some publicly available indicators were not an exact match to family hub activity.

There was potential impact on 2 indicators in 1 LA, when compared with a weighted average of other English LAs using a synthetic control group method. Statistically significant (positive) differences were found on the percentage of 3-4-years-old children benefiting from funded early year education, and on the percentage of Key Stage 4 children going to or remaining in education or employment. As statistical neighbour LAs showed similar trends, however, it is not possible to attribute these effects causally to family hubs.

Although there was no impact on any of the other indicators, there were positive signs where some indicators were moving in the right direction or maintaining good levels. For example, in 1 LA, the rate of first-time entrants to the youth justice system has been decreasing, which corresponds with partnership working across education and prevention services to reduce youth crime and anti-social behaviour.

Value for money achieved to date: Value for money analysis estimated savings of between approximately £37 million and £68 million across the family hubs in this study. Most of these savings related to estimated benefits from 1 family hub model (a commissioned service). However, efficiency savings were identified across most models. These savings are in effect cashable and can, and in many cases have, been redeployed to deliver additional services. The estimated savings resulting from benefits (as opposed to economies or efficiencies) were based on findings from the impact evaluation. As the impact evaluation described these benefits as potential benefits or positive signs, these benefits may or may not be realised in practice.

Assessing change of family hubs: As all the family hubs models were in relatively early stages of maturity, the impact and value for money analysis could only provide a premature and limited snapshot. Some intended outcomes may not be realised, or become evident, until the longer-term. Over time, a broader range of outcomes could

be demonstrated and lead to additional cost savings, and greater potential for economies and efficiencies from integrated and streamlined delivery. More broadly, the impact and value for money evaluations suggested a need for standardised collection of agreed family hubs outcomes and costs across LAs. This would better support impact and economic assessments and benchmarking across LAs.

Considerations for policy and practice

Drawing together the findings from this report, the following provisional recommendations have been identified. These are subject to discussion and refinement with the DfE and with the participating LAs, and have not been committed to at a national or local level.

Considerations for DfE and other national policy stakeholders

1. To consider how family hubs funding and programmes can be utilised to **strengthen family hubs beyond 0-5s**, with a particular focus on transitions from early years to middle childhood, and from youth to adult services.
2. To consider the case for developing **standardised quality and service improvement measures for** 0-19/25 family support services across family hubs and early help provision for families more broadly, forming a baseline for all 152 LAs to track and compare progress over time.
3. To gather further evidence on **the characteristics of the family hubs workforce**, and to define key competences for integrated family support within hubs, with a view to potentially developing or updating occupational guidelines.
4. To collate and disseminate **examples of tools and resources developed by LA family hubs** that have proved effective in removing barriers to integrated working, such as memoranda of understanding, frameworks and standards.
5. To further **test and refine the optimum impact evaluation methods** for family hubs, such as within-LA comparisons for key sub-populations or interventions and using intermediate outcome measures to demonstrate change over time.
6. To **support LAs to build analytical capacity**, and to encourage further collaborations between hubs and research organisations at local and national levels. This might include the formation of a family hubs data user group (with attention to the Children's Social Care Data User Group (CSCDUG) https://cscdug.co.uk/), or future rounds of innovation funding to tackle shared challenges for hubs.
7. To undertake a review of the role of family hubs in **meeting the needs of families with SEND**, with particular attention to the Care Review recommendations for SEND at a locality level and the role of Family Help.

Considerations for LAs and their strategic partners

1. To ensure that family hubs are embedded at both strategic and operational levels, with **clear leadership and governance** and representation on strategy boards (health, education, communities) as well as locality teams.

2. To consider the **merit of funding dedicated posts such as community coordinators or family navigators**, so that there is sufficient resource to map and engage with community groups and organisations and to connect formal services with assets and informal support within the locality.

3. To **engage families in needs assessment and in reviewing and improving services**, providing both timebound consultations at key points and also engaging families through working groups, and reviewing participation to ensure that these groups represent the local population.

4. To review the need for **additional specialist training for professionals** working within family hub teams, where families accessing services include higher level needs in relation to safeguarding, SEND or other complex cases, and to consider the merits of scaling-up trauma-informed and restorative practice.

5. To review and consider **evidence-based interventions**, including those recommended in the Early Intervention Foundation guidebook and Public Health England guidance, piloting arrangements to ensure a good fit with local needs and circumstances, and building in adequate time to engage, up-skill and support the workforce in introducing new interventions alongside established provision.

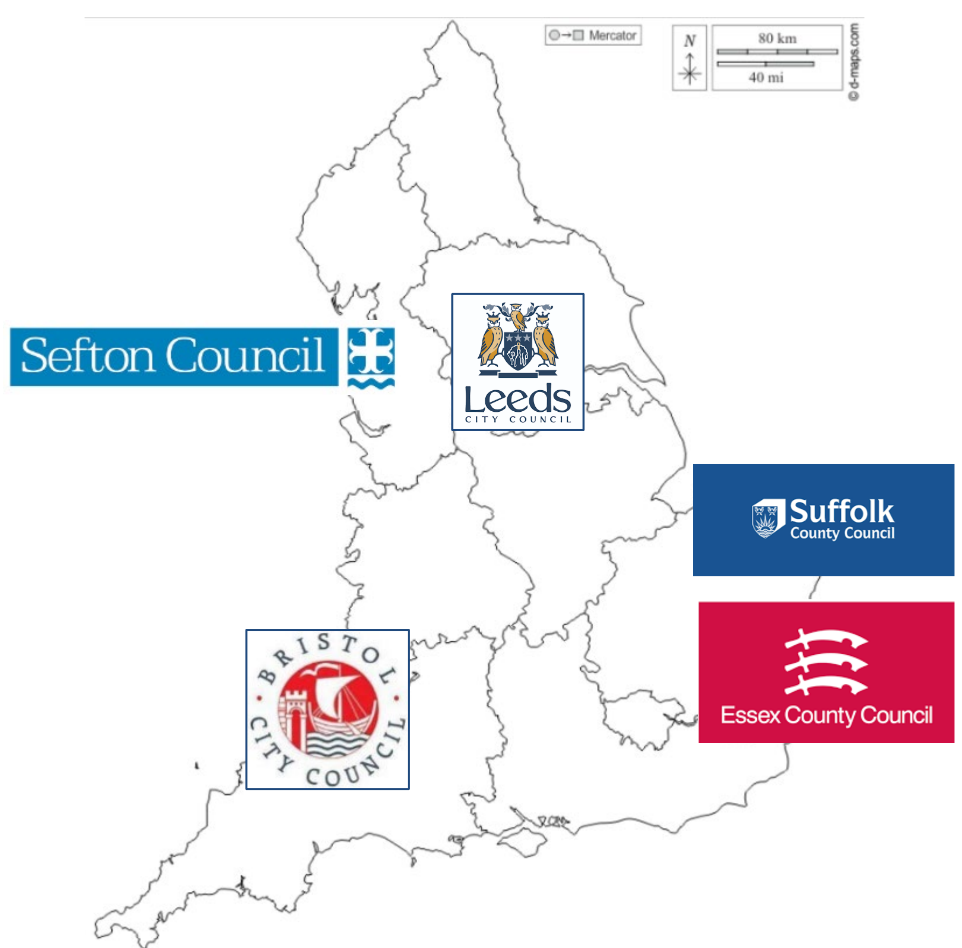
6. To engage actively with **youth groups and organisations**, so that the needs of older children and teenagers are factored into family hub design at all levels – from selecting and adapting buildings and spaces for engagement, to co-designing support and services and achieving an appropriate skill mix.

7. To ensure that hubs maintain a **balance of clinical and non-clinical support** and interventions, consulting actively with communities to establish demand and to provide access to free-to-use universal services.

1. Introduction

In March 2021, the Department for Education (DfE) commissioned **Ecorys UK, in partnership with Clarissa White Research and Starks Consulting** to programme of research for the Family Hubs Evaluation Innovation Fund. partnership included **5 local authorities** (LAs) across England, each with a different family hub model and stage of maturity. The 5 LAs were:

- Bristol City Council
- Essex County Council
- Leeds City Council
- Sefton Council
- Suffolk County Council



The **Family Hubs Evaluation Innovation Fund** was part of a £2.5 million budget (announced in 2020) administered by the DfE to improve standards of evidence for planning and delivering early help and interventions for families across the 0-19 age range or up to 25 for children with special educational needs and disabilities (SEND). The fund was for research and the development of best practice for family hubs, included the integration of family services and how to best support vulnerable children. It also supported the National Centre for Family Hubs[3] to be established. The fund's core objectives were to:

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

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

2. Evaluation design and methodology

Aims and objectives

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

- Provide an overall assessment of the 5 family hub models, including service effectiveness, outcomes, impact, and value for money.
- Establish systems for tracking family outcomes and service trajectories longitudinally, accounting for a wide range of contextual and implementation factors.
- Determine the added value of the family hub approaches over and above pre-existing models, and to understand what works, for whom, how, and why.
- Document the lived experiences of families and children as they interact with services, including families with multiple and complex needs; and to gain a deep understanding of the relationships between participation and co-production, and service effectiveness and outcomes.
- Build local capacity for self-evaluation and develop replicable toolkits and training for wider adoption by family hubs country wide.

The evaluation was designed to operate at 2 levels, at the **programme and individual LA level**, as shown in Figure 2.

Figure 1. Evaluation aims and objectives

Programme evaluation and synthesis level	⟺	**Local authority level**
To inform the national evidence base, by comparing family hubs at different stages in their development, and contrasting models		Working with 5 LAs and their family hub models, to build capacity and to ensure high standards for local evaluations

Method

The evaluation design comprised 6 distinct and complementary work packages, as detailed in Figure 3 below.

Figure 2. Method overview

Work Stream 1: Inception & scoping	• Scoping consultations, desk research, Theory of Change development in all 5 LAs • Finalisation of evaluation plans and publication of scoping report (Nov 2021)		
Work Stream 2: Process & outcomes	**Work Stream 3: Impact evaluation**	**Work Stream 4: Economic evaluation**	**Work Stream 5: Action learning**
2 waves of research in all 5 LAs: • Qualitative research with families (n=75) • Qualitative research professionals (n=154) • Professional reflective diaries (n=39) • Workforce survey (n=218; n=283) • Observations of hub activity (n=5)	• Quasi-experimental design for 2 LAs with mature hub models • Theory-based evaluation for 2 LAs with mature models, 1 developing model • Feasibility assessments for future impact evaluation in 3 LAs with developing models	• Cost Benefit Analysis (for 5 LAs) • Cost Efficiency Analysis (for 4 LAs) • LA self-reported cost information alongside narrative information • Incorporation of impact and process evaluation findings	• Action learning activity to support learning in action between LAs: reflection, insights, peer support and benchmarking • Bespoke evaluation support • Participatory action research with families as community researchers
Work Stream 6: Reporting & dissemination	• Full data analysis; synthesis of evaluation data sources • Interim report (published 2022) and final evaluation report (2023), dissemination		

Scoping and feasibility phase (work stream 1)

The study started with an initial scoping and feasibility phase (work stream 1) delivered between April and September 2021. This involved a series of research activities to better understand each family hub model and develop evaluation designs appropriate to local delivery approaches, stage of maturity and available data. We developed a bespoke theory of change (ToC, see appendix A) and evaluation design for each LA family hub model. This work is detailed in the published scoping report[4]. Since the publication of the scoping report, the evaluation remained responsive to family hubs implementation across each LA and updated the research methods to ensure a proportionate and appropriate evaluation to the local implementation and stage of family hub model maturity. Table 1 provides an overview of the evaluation design applied in each LA.

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

Table 1. Evaluation designs by LA

LA		Impact	Economic	Process
Established model	**Essex**	Quasi-experimental design (QED): area-based or synthetic control method + Theory-based design: Contribution Analysis (CA)	Cost Efficiency Analysis (CEA) and Cost Benefit Analysis (CBA)	Qualitative research with professionals and families; workforce surveys
Established model	**Leeds**	QED: area-based or synthetic control method + Theory-based design: CA	CBA	Qualitative research; workforce surveys, analysis of case audit data
Established model	**Sefton**	Theory-based design: CA; and feasibility assessment for future evaluation	CEA and CBA (narrative)	Qualitative research with professionals and families; observational work; workforce surveys
Early development	**Suffolk**	Feasibility assessment for future impact evaluation	CEA and CBA (narrative)	Qualitative research with professionals and families; workforce surveys Participatory Action Research
Early development	**Bristol**	Feasibility assessment for future impact evaluation	CEA (narrative) and CBA (narrative)	Qualitative research with professionals and families; workforce surveys Participatory Action Research

Process and outcomes evaluation (work stream 2)

Work stream 2 was delivered over 2 waves of data collection. All research activities were delivered between January 2022 – 2023, in all 5 LAs. Table 2 shows the achieved sample, in each LA and overall. This included:

- An online **workforce survey** in all LAs to gather staff views on leadership and organisation of the hub model, working culture including extent of joined up working and professional development, pathways for families and quality of service offered, finally, staff could make improvement suggestions. The survey was run at 2 timepoints in each LA (March-May and November-December 2022), to capture views over time.
- **Qualitative interviews with strategic hub leads, hub professionals and families.** Topic guides, tailored to participant groups and hub model, were used to facilitate discussions. Professionals were asked about the strengths and weaknesses of hub models, approaches to workforce development, and the difference that hub working has made (or is intended to make) to better

support families. Families were asked about their experiences of family hub services and wider family services they had accessed.

- **Observations of family hub activities** in Essex and Sefton, provided contextual information for professional and family interview and focus group discussions.
- Additionally, **family hub staff** were invited to complete a structured research **diary**, to document and reflect on changes to ways of working or for families.

Table 2. Achieved process and outcomes sample (work stream 2)

Research activity	Bristol	Essex	Leeds	Sefton	Suffolk	Total
Workforce survey respondents, wave 1	28	69	20	64	102	**283**
Workforce survey respondents, wave 2	31	96	22	36	33	**218**
Professional Interview/focus group participants	8	42	44	16	44	**154**
Professional reflective diary	2	17	16	-	4	**39**
Observation of hub activities	-	3 family groups + 1 staff meeting	-	1 youth group	-	**5**
Family interview/focus group participants	5	31	6	27	6	**75**

Impact evaluation (work stream 3)

The impact evaluation involved 3 research methods, tailored to each LA family hub stage of development (also see Table 1). The impact methods were:

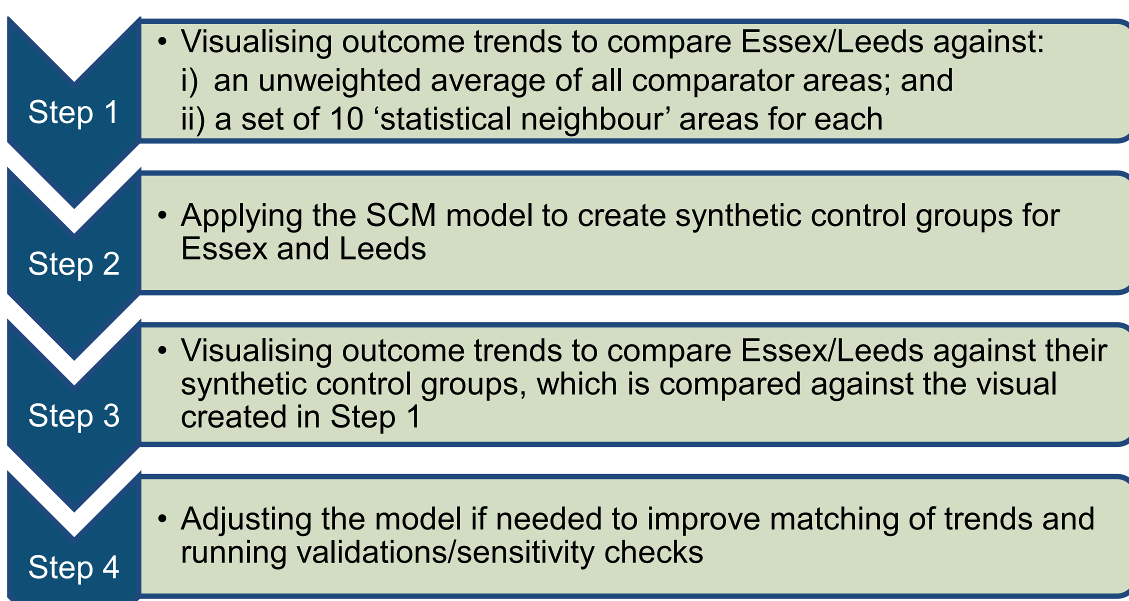
- a **quasi-experimental design (QED)** for LAs with mature family hub models (Essex and Leeds). It drew on publicly available data sources, and compared the intended impacts (as outlined in the ToC, see Appendix A) against other LAs (acting as a control group).
- a **theory-based design,** involving **contribution analysis** to assess less quantifiable outcomes and impacts of the more developed LA family hub models (Essex, Leeds and Sefton).

- **feasibility assessments** for future quantitative impact evaluations for family hubs at an earlier stage of development (Bristol, Sefton and Suffolk).

Quasi-experimental design (QED)

The quantitative impact evaluation focused on Essex and Leeds, as the most mature family hub models. A **QED** was used to assess the impact of family hubs across Essex and Leeds. An area-based **Synthetic Control groups method (SCM)**[5] compared publicly available data from LAs with live family hubs (Essex and Leeds) with LAs that had no family hubs (or those at a very early stage of development). The SCM method was selected after a detailed scoping process which included a feasibility assessment (work stream 1) and is documented in the scoping report. This method used historical data of comparator LAs to create a weighted comparator (also referred to as "synthetic control") for Essex and Leeds respectively. The synthetic control provides a better comparator for Essex and Leeds than other real LAs, as it controls for outcome trends before the launch of the family hubs, as well as other characteristics and factors which might be different among areas (e.g., population). An advantage of SCM is that it minimises researcher bias in selecting the comparator areas, as it provides a systematic way of using data to produce a good counterfactual (i.e., what would have happened in the absence of family hubs in Essex or Leeds). The SCM analysis was applied in 4 steps (see Figure 4).

Figure 3. Steps applied in the synthetic control groups method (SCM)



[5] The method applied here was largely based on "Synthetic Control Methods for Comparative Case Studies: Estimating the Effect of California's Tobacco Control Program", Alberto Abadie, Alexis Diamond & Jens Hainmueller (2010), Journal of the American Statistical Association, 105:490, 493-505, DOI: 10.1198/jasa.2009.ap08746 http://dx.doi.org/10.1198/jasa.2009.ap08746

Contribution analysis (CA)

CA is a theory-based method, which was used to help explain and contextualise the achievements of the LA family hub models[6]. CA was conducted with those LAs with sufficient maturity to demonstrate measurable outcomes (or impacts) in relation to which it is possible to infer and test a causal contribution from family hubs remodelling. Therefore, CA was used for Essex, Leeds and Sefton. The CA method drew on all available data sources (including qualitative and quantitative data from work streams 2 and 5) to assess the contribution of the inputs and activities towards achieving the intended outputs and outcomes (as stated in the LA ToC). The main steps involved for the LAs to be included, which are listed in Figure 5.

Figure 4. Steps for assessing causal contribution (contribution analysis)

Step 1
- **Set out the problem to be addressed** - aims of family hubs were identified at a policy level by DfE and articulated by individual LAs in developing their local models.

Step 2
- **Develop a theory of change / logic model** - ToCs were co-produced for each LA between evaluation teams and family hubs teams, using a workshop approach.

Step 3
- **Populate the model with existing data and evidence** - ToCs were reviewed and updated periodically, and subjected to peer review and discussion at practice sessions held between LAs as part of a virtual community of practice forum established for the evaluation.

Step 4
- **Assemble and assess the 'performance story'** - ToCs and supporting data provided a reference point for interim reporting, where gaps and areas for further exploration were identified.

Step 5
- **Seek out additional evidence** - additional data collection was carried out at wave 2 fieldwork stage and through the incorporation of the impact and economic results at final synthesis stage.

Step 6
- **Revise the 'performance story'** - final synthesis of the evaluation data, and follow-up conversations were held with LAs to further sense-check, contextualise and refine the impact judgements and the conclusions that were reached about the contribution of Family Hubs alongside other potential contributory factors.

[6] The method draws on the original concepts and steps outlined by John Mayne. See: Mayne, J. (2011). Contribution analysis: Addressing cause and effect. *Evaluating the complex*, 53-96.

Feasibility assessments

Feasibility assessments for future impact evaluations were provided for the LA family hubs in earlier development (Bristol, Sefton and Suffolk). The feasibility assessment was informed by considerations such as: the maturity of the LA family hub, the accessibility and availability of data, output performance data, and child and family outcomes during the evaluation period and possibility to identify a comparison group to include in an impact analysis (as appropriate). The feasibility assessment found that a QED could be possible to evaluate the impact of the family hub models in the future, most likely an area-based QED. Each of the local evaluation plans includes an impact methodology based on these consultations. The evaluation plans are provided in Appendix B.

Economic evaluation (work stream 4)

- **Economy**: minimising the cost of resources used or required (inputs) – **spending less**
- **Efficiency**: the relationship between the output from goods or services and the resources to produce them – **spending well**
- **Effectiveness**: the relationship between the intended and actual results of public spending (outcomes) – **spending wisely**

Our approach to assessing **value for money** was based on government guidance, including the National Audit Office's Value for Money guidance[7] and HM Treasury's Green Book[8]. The National Audit Office uses 3 criteria to assess the value for money of government spending, in terms of the optimal use of resources to achieve the intended outcomes:

Value for money assessments were made via a bespoke approach for each LA. Each approach was chosen in consultation with the LA, in view of progress made – whether that be on the economy or efficiency of hub arrangements, or on cost effectiveness and the potential for outcomes-based savings – and data available. To capture economy and efficiency, **Cost Efficiency Analysis (CEA)** was employed. Where savings were possible, **Cost Benefit Analysis (CBA)** was deployed to understand the cost effectiveness and, where appropriate, to capture and monetise outcomes-based savings based on unit costs from a nationally leading, extensively

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[7] National Audit Office's Value for Money guidance, available at: https://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money/

[8] HM Treasury (2020b) The Green Book: Central Government Guidance on Appraisal and Evaluation. London: Crown Copyright. Available at: https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

used and up-to-date model[9] which is used as supplementary guidance to the HM Treasury's Green Book. CBA was employed for Essex and Leeds and narratively for the other hubs, and CEA for 4 hubs: Bristol (narrative only), Essex, Sefton and Suffolk (see Table 1).

Action learning (work stream 5)

This work stream involved **Participatory Action Research (PAR)** with families in Bristol and Suffolk and **Action Learning** with LA strategic family hubs leads.

Participatory Action Research (PAR) with families

A Participatory Action Research (PAR) methodology starts with the principle that families are "experts in their own lives" and that they are best positioned to observe, reflect on and document the service experiences and changes that are meaningful to them[10]. It involves cycles of inquiry and reflection with families (referred to as community researchers) and LA stakeholders sharing and critically reflecting on stories and perspectives from experience, and to develop new decisions and actions. PAR was delivered in Bristol and Suffolk, to provide these LAs at an earlier stage of family hub model development and rollout, a user-led perspective on navigating family services. The PAR operated at 2 levels to collect individual and community experiences of family services.

Figure 5. PAR research aims and objectives

Individual documentary research		Community research
Community researchers documented their personal experiences of family hub and wider family service use, and their changing interactions with professionals, places and spaces		Community researchers carried out research with families and professionals in their networks, to gather feedback of family service experiences organisation

In total, 8 community researchers were recruited (via family hubs staff). The community researchers included mothers and fathers, with children across the 0-19/25 age range, with different family structures, needs and experiences of using family services. Ecorys researchers supported the community researchers to co-produce the design and delivery of the PAR, including:

- **Training** in PAR methods, including ethical and safeguarding considerations.

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[9] Source for unit costs in this section: Greater Manchester Combined Authority Unit Cost Database: greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis
[10] Reason, P. and Bradbury, H. (eds) (2001) A Handbook of action research, London: Sage.

- Support to **select and formulate research questions and suitable methods**, alongside a practical **toolkit of research resources**, e.g., research diary, interview/observation guide.
- Workshops to reflect on PAR activities and **coproduce the analysis** and **summarise the overall findings and recommendations** for family services.
- An opportunity to **present and discuss their findings to local stakeholders** to help shape and refine family hubs models locally.

Table 3 shows the achieved PAR sample.

Table 3. Achieved process and outcomes sample (work stream 5)

PAR activity	Total
Individual documentary research: family diary	6
Community research: families	31
Community research: staff	3

Action Learning for LAs

The evaluation team worked closely with a dedicated LA strategic lead in each of the 5 partner LAs. All LAs were invited to participate in Action Learning meetings and

- **Workshop 1** (September 2021) to share family hub model approaches.
- **Workshop 2** (January 2022) focused on approaches to multi-disciplinary working.
- **Validation activity 1** (July 2022) involved LAs reviewing the interim findings report, before publication, to share and sense-check the emerging evidence at the LA and programme level.
- **Workshop 3** (March and April 2023) was an opportunity to sense-check the impact and economic evaluation findings and discuss the common learning across LAs about the transition to a family hub model.
- **Validation activity 2** (April 2023) for LAs to review the final report, before publication, to share and sense-check the overall evidence and contribute to the overall messages for family hubs policy and practice.

activities to facilitate learning for both LAs and the evaluation. The series of activities included:

Analysis and synthesis

All data was systematically coded and assembled within an over-arching analytical framework. All qualitative interviews and focus groups were audio-recorded with participant permission; were possible, data was auto-transcribed. Detailed notes were written based on the recordings and transcripts or following observations. The data was managed and analysed thematically using NVivo (a qualitative analytical software) and Microsoft Excel. The results across data collection methods, participant groups and LAs were then triangulated to identify cross-cutting themes across all hub models, or specific to hub development stage or model. All quantitative data (workforce survey, impact and financial data) was cleaned and analysed in R (an analytical software package) or Microsoft Excel. Descriptive and inferential statistics were run to explore results within LAs and across all 5 hub models. More detail on the impact and economic analysis methods are provided above (work stream 3 and 4).

Ethical considerations

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

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

Community researchers who delivered the PAR were given a living wage to compensate them for their time and reimbursements for travel costs. Community researchers were provided with training and ongoing support by the evaluation team to support their involvement and ensure ethical practice.

Evaluation and data limitations

As with any large-scale evaluation, there are several data limitations, detailed below, which should be considered.

Local LA contexts

- The **local context** for each LA, its family hub model and implementation evolved during the evaluation period. The evaluation team remained mindful of this and made adjustments to the scale, nature and timing of research activities accordingly. For example, Bristol's family hub transformation plan and implementation timelines changed considerably when they were announced as 1 of the 75 LAs eligible for DfE funding to create family hubs in April 2022.

Process and outcomes evaluation

- **Interviews with children and young people.** The number of children and young people directly consulted in the evaluation was limited. This was in part because support for children and young people was offered in school, at home, or in outreach settings (rather than in hubs) or their age or needs limited their ability to participate in research. Views on children and young people's specific service experiences and outcomes were discussed with parents and staff, where possible.

Impact evaluation

- **Data availability and quality.** The impact analysis in this report used LA-level indicators from publicly available data sources, as this was deemed as the most feasible and appropriate approach. However, this meant that certain outcomes from the theory of change were out of scope for the impact evaluation, as indicators were not available for them (e.g., missing persons incidents in Leeds). A key challenge was also the timing of when the family hubs were established; Covid-19 affected the data collection and reporting of many indicators, leaving gaps in the publicly available data sources and rendering certain indicators unusable (e.g., school readiness).
- **Detecting and attributing impact to family hubs.** This challenge related to some publicly available indicators not being an exact fit to family hub activity. Detecting impact from more targeted interventions on LA-level indicators was challenging, especially when there might be other interventions affecting the same indicators. While detection remained a challenge throughout the analysis, we applied a series of 'placebo tests' to improve our interpretation of impact and the extent to which it can be attributed to the family hubs.

- **External validity.** The scope of the impact analysis is limited to Essex and Leeds; the 2 LA hub models were sufficiently established to use quasi-experimental designs, which means that the impact findings in this report cannot be generalised to all family hubs across England.

Economic evaluation

- **Self-reported data.** Cost data are not collected and recorded in a standardised way across LA family hubs. Therefore, the economic evaluation took a bespoke approach, making best use of the financial data and information each LA could supply. However, there is no way to directly compare costs across LAs or verify the quality of that data.
- **Stage of hub development.** As with the impact evaluation, the fiscal benefits of the LA family hub models still in development are yet to be fully realised. While this evaluation has calculated costs savings and efficiencies at this early stage, it is important to note that further economic benefits of the family hubs could be achieved in the future across all LAs.
- **Uncertainty.** The estimated savings resulting from benefits (as opposed to economies or efficiencies) are based on findings from the impact evaluation. The impact evaluation has described these benefits as potential benefits or positive signs. Therefore, these benefits may or may not be realised in practice. We recommend that these outcomes are measured in the future to ascertain whether they do indeed occur.
- **Counterfactual.** The value for money analysis has been conducted on the assumption that, in the absence of the family hubs the costs of running similar services would have been broadly the same, or even risen. It was very difficult to distinguish the costs of the family hubs from 'business as usual' costs (the costs that would have occurred had the family hubs not happened), which have rendered a full Fiscal Return on Investment or Social Return on Investment impossible.

While these limitations are important and should be taken into consideration, the overall evaluation provides a solid basis for assessing the implementation and outcomes of the family hubs programme across the 5 LAs in the study.

This report

This report, builds on the interim findings (Ecorys, 2022)[11], and details the cross-cutting themes and learning from all LAs, covering:

- **Family hub models:** A brief overview of each LA hub model and development stage.
- **Family hub model design and development:** Details common facilitators and challenges for designing, transitioning and embedding hub models.
- **Creating an integrated family hub workforce:** How workforces and partner organisations are mobilised and operate in practise, including reflections on how to support joined-up multi-disciplinary work, and challenges encountered.
- **Family service experiences:** An overview of family experiences of pathways through family hub (and wider family) services, including reflections on the support received and outcomes achieved.
- **Measuring family hub outcomes, impacts and value for money:** documenting results from the impact and economic work streams.
- **Conclusions** and key messages for policy and practice.
- **Appendices** with technical information and outputs.

[11] Ecorys UK, Clarissa White Research, and Starks Consulting (2022) Family Hubs Innovation Fund Evaluation: Interim research report. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123394/Family_hubs_evaluation_innovation_fund_Interim_report_.pdf

3. Family hub models: an overview

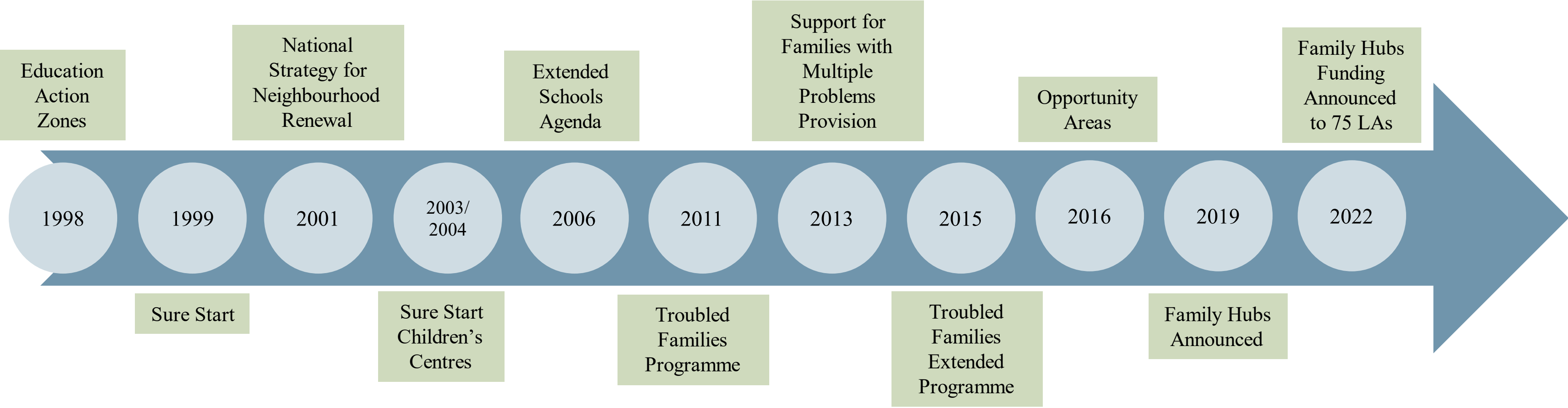
In 2019, a commitment was made in the Government manifesto to **"champion family hubs to serve vulnerable families with the intensive, integrated support they need to care for children – from the early years and throughout their lives"**[12]. Family hubs are a place-based way of joining up locally in the planning and delivery of family services across the 0-19 (or up to 25 with SEND) age groups. They bring services together across each LA and their partners, including health and the voluntary and community sector to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support.

The government commitment to family hubs is informed by an **established body of evidence** demonstrating the importance of strengths-based, whole family approaches to address multiple disadvantages and problems before they escalate. Family hubs build on a tradition of area-based support and early intervention for children and families, bringing together the best practices from parenting and family support from early years through to youth and adolescent services.

The effectiveness of **place-based approaches** has been demonstrated by a succession of policy interventions since the late 1990s, from Sure Start to Supporting Families (formerly known as the Troubled Families Programme) and Education Action Zones to Opportunity Areas (see Figure 7). These initiatives aimed to join-up (statutory, private and voluntary) health, social, education and relational support services for families and transform disadvantaged communities.[13] [14] [15] [16]

[12] Conservative Party Manifesto 2019:https://www.conservatives.com/our-plan/conservative-party-manifesto-2019
[13] Social Exclusion Unit (2001) National Strategy for Neighbourhood Renewal: Policy Action Team Audit.
[14] Belsky, J., Barnes, J., and Melhuish E. (Eds.) (2007) The national evaluation of Sure Start: Does area-based early intervention work? Policy press.
[15] Cummings, C. Dyson, A., Muijs, D., Papps, I., and Pearson, D. (2007) Evaluation of the Full Service Extended Schools Initiative: Final report. London: DfES.
[16] Sammons, P., Hall, J., Smees, R., Goff, J., Sylva, K., Smith, T., Evangelou, M., Eisenstadt, N. and Smith, G., 2015. *The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families: Evaluation of Children's Centres in England (Strand 4)*. DfE.

Figure 6: UK family policy timeline



The family hubs evolving agenda

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. Specifically:

- In November 2021, DfE published a 'Family Hub Model Framework'[17].
- An updated version was published in August 2022 as part of the 'Family Hubs and Start for Life programme guide'[18] which sets out a core service offer to support LAs in their transformation to establishing local family hub models.

The framework sets out common features DfE expect hub models to include, and outlines what a basic and more developed model includes. Family hubs can include hub buildings and virtual offers. How services are delivered varies from place to place. All hub models are expected to have core principles as shown in Figure 8. As the framework was issued after the Innovation Fund, the LA hub models in this evaluation pre-date this guidance. Although they are not required to meet these criteria[19], ongoing hub model refinement may be shaped by this guidance.

Figure 7. DfE's core intentions for family hubs

Accessible services	A better-connected workforce	Relationship-centred practice
• A universal single point of access • A clear local family hub offer, recognised and understood by families • Delivered in hub buildings, virtual offers and outreach	• Join up professionals, services and providers (state, private, voluntary) • Through co-location, integration, partnerships data sharing, shared outcomes and governance • Holistic, wraparound services support for families with a range of needs • Needs are identified early and consider the whole family	• Trusting and supportive relationships, emphasising continuity of care • Build on families' strengths, drawing on and improving relationships, including building networks with peers to address underlying issues.

[17] 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

[18] Family Hubs and Start for Life Programme Guide (publishing.service.gov.uk)

[19] Bristol City Council are eligible to participate in the family hubs and start for life programme and will be required to meet these criteria.

Local family hub models

This evaluation focuses on **5 LAs and their family hub models**. These LAs were purposively selected to offer rich points of comparison regarding urban and rural settings across England; LA structures and commissioning models; the spatial configuration of services; the role of outreach/virtual support; the use of evidence-based interventions; parental voice and co-production; and multi-disciplinarity. The key features of each LA family hub are outlined in Table 4. and described below.

Table 4. Key characteristics family hubs, by LA

Hub maturity	LA	LA type	Region	Family hub launch and no. of hubs[20]		Features of model						
						LA-led model	Commissioned model	Outreach	Digital offer	Links with health	Links with schools	VCS partners
Established model	**Essex**	2 tier County	Eastern	2017	12 hubs 26 delivery sites		x	x	x	x	x	x
	Leeds	Metropolitan	Yorkshire & Humber	2019	3 central hub 25 clusters	x				x	x	x
Early development	**Sefton**	Metropolitan	North West	2018	10 hubs 3 commissioned centres	x	x	x	x	x	x	x
	Suffolk	2 tier County	Eastern	2022	17 full-time hubs 12 part-time hubs	x		x	x	x	x	x
	Bristol	Unitary	South West	Expected 2023	3 full-time hubs linked to community services	x		x	x	x	x	x

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

Essex family hubs: Essex Child and Family Wellbeing Service

In Essex, family hubs have been **operational since 2017** and are known locally as the Essex Child and Family Wellbeing Service (ECFWS)[21]. Essex County Council commissioned HCRG Care Group in partnership with Barnardo's to deliver the ECFWS, under a 7-year contract with potential extension for 3 years, to deliver **all pre-birth to 19 public health services, early help**, and in West Essex only, children's specialist health services (which is commissioned by Hertfordshire and West Essex Integrated Care Board together with Essex County Council). The service is delivered in 12 hubs and 26 delivery sites across 4 quadrants across Essex. Commissioners contracted the service based on an outcomes framework which gave HCRG care group the freedom to model the service based on community needs and how best to support the achievement of these outcomes, and the flexibility to subcontract further providers.

The model brings together **health and social care provision**, integrating the former Sure Start Children's Centres (here after referred to as Children's Centres) workforce and health care sector professionals (e.g., school nurses). Staff work in multi-disciplinary teams under a matrix management structure, ensuring the service goes beyond co-location and is a true integration of services. This is supported by all staff and partners working from a shared clinical record information management system (SystmOne). The hub workforce is supported by trained volunteers and family-led peer support groups. The model adopts a trauma informed approach[22] which offers substantial opportunities to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children.

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

Leeds family hubs: Early Help Hubs

Leeds Early Help Hub[23] (family hub model) was **launched in 2019**, taking a hub and spokes model, with 3 hubs operating across Leeds. The hubs operate to deliver

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[21] Essex Child and Family Wellbeing Service website: https://essexfamilywellbeing.co.uk/
[22] All staff have been trained in a trauma-informed approach, as a means for understanding trauma and how to reduce the negative impact of trauma experiences to support (mental and physical) health outcomes of families.
[23] Leeds Early Help Hub webpage: https://www.leeds.gov.uk/one-minute-guides/early-help-hubs

consistency of approach for families through ensuring quality early help provision. The practitioners work together as a fully functioning multi-disciplinary team working from 3 hubs covering the whole of Leeds. Building on the Supporting Families Programme, hub **specialisms include family support workers, adult mental health specialists, adult substance misuse specialists, adult domestic violence specialists and the police**. Practitioners work to develop and embed good practice across the early help infrastructure including clusters (clusters are described in the next paragraph) , schools, Children's Centres and the voluntary and community sector (VCS) by delivering workforce development and training. A key aim of the hub model is to ensure more integrated working through closer partnership working to become the single point of contact for early help in Leeds.

Their family support model incorporates 22 clusters, 56 Children's Centres and 3 Early Help hubs in the East, West and South Leeds. Clusters began life as extended services for Leeds schools and have grown to engage a range of partners who provide early help, early intervention and prevention services for children, young people and families. The clusters include representatives from schools and governors, Children's Centres, children's social work, police, youth services, housing, voluntary sector, health, local elected members and senior officers from children's services.

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

Sefton family hubs: Family Wellbeing Centres

Sefton's family hub model[24], **launched in 2018,** builds on an existing network of Children's Centres and Family Centres to provide 13 Family Wellbeing Centres across 3 localities. The centres aim to provide a whole family, 0-19/25 service which ensures that families receive the right support, at the right time, from the right source. Ten centres are managed and staffed by the LA, and 3 are led by commissioned partners.

Work with families through the family hub model is well-established, with centres providing both **universal and targeted support interventions and builds on the**

[24] Sefton Family Wellbeing Centres webpage: https://www.sefton.gov.uk/social-care-and-health/children-and-young-people/family-wellbeing-centres/

LA's Supporting Families Programme. These include support for issues including parenting, SEND, financial difficulties, early years, and group work to explore parent's own adverse childhood experiences. A number of commissioned partners provide specialist interventions including counselling and mental health support, domestic abuse and substance abuse.

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

Suffolk Family Hubs

Suffolk's family hub model[25], **launched in 2022**. Similar to other LAs, their journey and transition to a family hub model has progressed slowly and is expected to take a number of years to become fully operational.

The model aims to provide every child with the best start in life and to continue to offer the right support, at the right time to prevent their problems escalating. It is intended to be a 'positive service' for all families and not just a place for families to go to when they have a problem. Suffolk's 17 full-time and 12 part-time family hubs, across 5 localities, provide an integrated universal and targeted offer delivered in a flexible way, responding to local need. The family hubs provide a wide range of services to families in conjunction with partners in early help, education, health and the VCS (e.g., Suffolk Libraries and Home Start). The offer includes **early years services, parenting support, education/SEND, financial support and mental health** support for families with children aged 0-19/25 across Suffolk. The family hubs aim to 'normalise' the offer of general and specialist advice and support alongside early help and social care interventions.

Suffolk's model retains and improves the existing Children's Centre services, using the network of libraries across the county to support delivery. They have enhanced the provision of digital advice and guidance, and virtual group activities outside working hours for working parents and those unable to access a family hub. Outreach services provide universal and targeted services to the wider community and disadvantaged families who struggle to access services. The hub model is designed to encourage a more integrated and collaborative approach to working with

[25] Suffolk family hubs webpages: https://www.suffolk.gov.uk/children-families-and-learning/suffolk-family-hubs

partners, reducing duplication and improving the service families receive. Workforce training will be provided on a range of skills and whole family working.

Bristol family hubs: Family Support Hubs

Bristol was in the process of transitioning to a family hub model, with **a planned launch in 2023.** Bristol's transition plans changed in the Spring of 2022, when they were invited to be 1 of the 75 LAs eligible to join the Family Hubs and Start for Life programme.

Bristol's offer will enable families to access a wide range of services covering **health, education, parenting, and mental health and wellbeing support** locally 'at the right time' to improve outcomes and prevent problems escalating. They are developing a locality based partnership model integrating universal and targeted services to meet the needs of families of children aged 0-19/25. They are configuring their family hub model across 3 localities with a central hub in each locality linked to a range of local community-based core services operating as a 'campus approach' where they are unable to co-locate services in 1 building. By June 2023, they had set up 1 central hub in each of their 3 localities. A kitemark will be developed for all services who form part of the Family Hubs Network and sign up to the Bristol family hubs charter. In addition, there will be other outreach options, virtual and digital information advice and guidance and support available for families who choose or need to access services virtually or outside of normal working hours. Family hub staff will adopt a strengths-based, trauma-informed approach focusing on the whole family.

Bristol have organised a two-tier multi-disciplinary governance model, with an executive group which sits above the strategic layer. The Family Hub and Early Help citywide steering group has senior leaders from the key organisations involved with family hubs and representation from the Parent Carer Panel. Linking into this are the locality led development groups comprised of local representatives from across the different service areas, including VCS and families. All groups will drive the strategic and operational delivery of family hubs.

Family hub developments between the interim and final report

Overall, there were few changes to the LA family hub models between the interim report[26] and this final report. Wave 1 and Wave 2 data collection points were only 6 months apart. Wave 1 (and the interim report) gathered learning from model

[26] Ecorys UK, Clarissa White Research, and Starks Consulting (2022) Family Hubs Innovation Fund Evaluation: Interim research report. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123394/Family_hubs_evaluation_innovation_fund_Interim_report_.pdf

implementation since the launch of respective LA family hubs, and wave 2 data collection helped to consolidate and deepen the evidence-base, rather than identifying change over time The key differences between wave 1 and 2 included:

- Bristol received family hubs transformation funding which changed aspects of their model design to meet the TF2 programme guidance.
- At wave 1 all LA family hubs were operating an adapted service delivery to maintain Covid-19 protection measures (e.g., restricted numbers in group activities). By the final wave of data collection (wave 2), LAs had resumed a business-as-usual delivery, without Covid-19 social distancing measures in place.
- At wave 2, the families who took part in the evaluation, across LAs, mentioned concerns about the cost-of-living crisis and financial uncertainty more than at wave 1. This might in part be due to seasonal differences of the fieldwork waves. Wave 1 fieldwork took place in spring 2022 and Wave 2 took place in autumn 2022.

4. Developing a family hub model

This chapter focuses on the experience and learning about designing and developing family hub models. It is drawn from the evidence collected from all 5 LAs, with greater emphasis on Bristol and Suffolk as they were still developing their family hub approach. We reflect on the context in which the family hub models were developed, the considerations influencing the designs and the initial mobilisation phase. All LA family hub model theories of change can be found in Appendix A.

Designing place-based family hub models

The timing, wider context and local infrastructure is key to understanding the design of the family hub models. The roots of each LA family hub model were influenced by the size, structure, local geography as well as the pre-existing service infrastructure and multi-agency partnerships.

Making the case for change

All 5 LAs started their journey to developing a family hub model by making the case, gathering the evidence to demonstrate the need and setting out their rationale for why change was needed. Figure 9 and 10 present case studies for the rationale for moving to a family hub model in Essex and Suffolk respectively.

Figure 8. Making the case for family hubs in Essex

The rationale for developing family hubs in Essex was informed by an early years review (in 2016). It identified a landscape of **fragmented family service commissioning and underused services** that were **not meeting the needs of families**. It concluded that there was sufficient service provision, but that existing services needed to be more joined-up and easier to access and navigate for families.

Qualitative ethnographic research with families highlighted that parents struggled to access help when they needed it and felt socially isolated. When families did access support, they did not always feel comfortable going to the buildings where services were delivered. They could also receive conflicting advice from different professionals and found it hard to implement the advice and support strategies they were given, at home.

Administrative data and anecdotal feedback from head teachers highlighted that cohorts of children, particularly in deprived localities, were not school ready.

Figure 9. Making the case in Suffolk

In Suffolk, the decision to move to a family hub model was taken in response to a Policy Development Panel (December 2018). It reviewed Children's Centre provision exploring how they were being used by families, the cost of running them, and whether they were meeting local needs. They also assessed what other local community provision was available for them, such as in libraries. Their review concluded that Children's Centres needed to be more accessible, impactful, and relevant to communities as the way families were using them had changed. They were not choosing to go to buildings as much but instead accessed services in the community.

The Policy Development Panel proposed a revised model of delivery that complied with statutory requirements for early years provision and the Children and Young People's Healthy Child Service Contract. Following approval from the Cabinet in July 2019 they consulted service users, stakeholders, and partners during January to March 2020.

Making use of the local service landscape

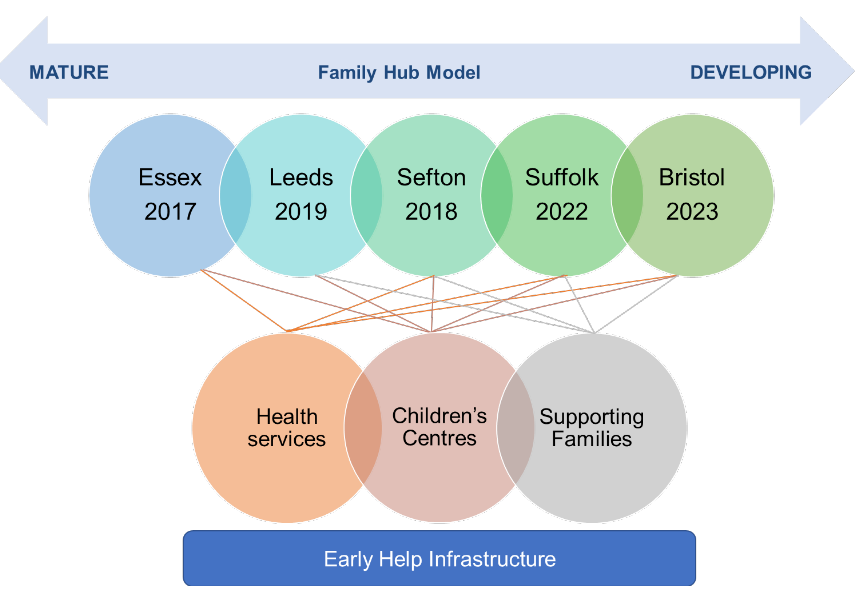
The structure and design of each place-based model was informed by the **local service infrastructure, learning from local and national programmes and wider local policies and strategies**. These informed decisions about the approach taken and the degree to which LAs adopted more of a universal or targeted service focus. The family hub models typically involved, what strategic leads described as, streamlining, integrating and reorganising existing services. For example, in Essex, a new (pre-birth to 19/25) service was commissioned which replaced contracts with 5 health providers and 6 Children's Centre providers.

> Build on what you already have. Don't try and reinvent the wheel. Take what you've got and just make it better, and then you can start changing. Change is hard. You can't just do a massive revolution. You need to start where you are and build on it. - ***LA strategic lead***

As Figure 11 shows, the model in **4 of the 5 LAs originated from Children's Centre** provision which combined a universal and targeted model. Two LAs, Essex and Suffolk, were building their family hub model from an integrated health and Children's Centre offer which provided learning about the co-location of pre-birth to 5 services (e.g., midwifery and health visiting services). In Bristol the family hub model was building on their integrated children and families locality model, where a combination of universal and targeted services covering health, family support, social care, education and the voluntary and community sector (VCS) operated together. They were also in the process of integrating their Children's Centres within this model.

In contrast, the incentive in Leeds to develop family hubs came from achieving earned autonomy status[27] in 2019 **as part of their Supporting Families Programme to transform their early help services**. They wanted to address the rising numbers of children needing statutory intervention. As a result, Leeds had more of a targeted focus and built on existing early help services.

Figure 10. Family hub development stage and models



All LA family hub models were influenced by a full range of local programmes, policies and strategies, as illustrated in the text boxes below.

Figure 11. Local context, programmes and strategies in Bristol and Suffolk

The **Bristol family hub model** was influenced by the LA's Belonging Strategy for Children and Young People, the Supporting Families programme and local health and wellbeing priorities. Collectively, they focus on prevention and early intervention of needs; and support the development of integrated services arrangements and easier service access through community delivery models.

The **Suffolk family hub model** was influenced by the 0-19 Healthy Child Service contract awarded to Suffolk County Council in 2018. This enabled an integrated approach to delivering universal health services, early education and safeguarding for families and children. The family hub model built on the Healthy Children's Centre offer which provided universal and targeted services for families with children (aged 0-5). Suffolk's model was also a continuation of their system and workforce transformation initiative, which started in 2012 under the Supporting Families programme.

[27] Earned Autonomy status was awarded in recognition of their improved outcomes, sustained high performance and strong leadership of children's services in the Troubled Families scheme.

For LA family hub model with a health component, the designs were influenced by the reorganisation and restructure of other connected services. The **NHS integrated care systems** (ICSs)[28], for example, were also being developed alongside family hubs. These partnerships brought together providers and commissioners of NHS services with LAs and other local VCS partners to plan, co-ordinate and commission health and care services. While this was helping to support and strengthen the development of local partnerships across LAs, the ICS footprint typically cut across local areas which could make it harder to standardise and harmonise community health services.

Local geography considerations

The 5 LAs in this evaluation, covered both **urban and rural localities**, which had a bearing on the design of their family hub models. Essex and Suffolk, for example, family hub models covered large and diverse geographical regions covering very isolated rural areas, to larger better served urban areas. A key consideration for these LA models was ensuring service accessibility for families in rural areas and with limited public transport provision. In contrast Bristol, Leeds and Sefton LAs developed their family hub model within a smaller tightly defined area, which meant that services were typically more local and easier to access. Larger LAs generally had a greater number of total delivery sites; Table 4 above outlines the number of hubs delivery sites, with reference to main and satellite buildings in each LA. . While main hub buildings generally operated longer opening times and delivered a full range of services within the building; satellite delivery sites had limited in-house offers, but with clear referral pathways to ensure families could access wider services operated by the local family hub model.

Figure 12. Developing a family hub model across a two-tier county

Suffolk's two-tier political structure added layers of complexity to designing a family hub model. Securing **county-wide strategic buy-in to the model** involved relationship building and alignment of objectives and priorities with 5 district and borough councils, and the local partners operating within these. Additionally, fulfilling the aspiration for accessible family hubs for **rural communities** was a challenge. Suffolk were working to ensure an effective digital offer to ensure families would not be unfairly disadvantaged, because of poor Wi-Fi connectivity.

[28] For more information on NHS Integrated Care Systems: https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

Service offer design considerations

Family hub models were not seen as static or fixed but needed to be flexible and open to change and allowed to evolve over time in relation to local needs and circumstances. Further revisions and refinements were made across the 5 LAs in response to the evolving national guidance from DfE, Department for Health and Social Care (DHSC) and the National Centre for Family Hubs.

The following considerations informed the design of the family hub models and approaches adopted:

Core universal and tailored offers

All LAs set out to develop **a consistent core universal offer for all families with children aged 0-19/25**. The intention was to provide a range of integrated health and early years services, family and parenting support, emotional health and wellbeing support. A more **tailored and specialist offer** ran alongside the universal services, delivered in a flexible way responding to local need. Essex took a proportionate universalism model, as outlined below.

Figure 13. Proportionate universalism approach

Essex's **proportionate universal** model ensures all families can access universal services. At a minimum, families receive 5 mandated core contacts and key touch points. The service runs the Healthy Child (0-19 years) and Healthy Schools programmes. Families in need of more targeted (**universal plus and universal partnership plus**) support, including family support interventions or social care services are identified through universal provision, or escalated to the family hub by partner agencies. The delivery approach, services offered, and outcomes measured have evolved since the family hub service was launched, in response to data-informed learning and changing needs of communities, including in response to family voice.

Family hub service offers differed across each LA. Each LA had conducted initial (and ongoing) service mapping and gapping activities to identify existing provision across statutory, private and voluntary sectors, and any gaps. Suffolk recruited dedicated staff to support this activity (as outlined in Figure 15).

Figure 14. Mapping and gapping service provision and community needs

Suffolk, recruited a team of **4 engagement officers** to map existing provision in each of their 7 localities. This confirmed that there were gaps in provision for emotional health and wellbeing support for families as well as SEND provision. They wanted to develop a core offer that would ensure there would be parity for families and a more equitable offer where buildings permitted this.

Despite the goal of **creating hubs that work across the 0-19/25 age group**, in practice, for most, the 0-5 age group dominated the offers of LAs that built their family hub models from Children's Centres. Staff in these areas acknowledged that the 5-19 offer was much less well specified and developed, and would require greater clarity about the partners and services that needed to be involved. To reach school aged children, the Essex and Sefton models involved working alongside LA youth services and schools.

The Leeds hub model was organised differently; The hubs were based within the LA's early help service. Consisting of 3 multi-disciplinary, co-located teams working in partnership with the Children's Centres and clusters. The **Leeds model had a targeted focus** to address mental health, domestic abuse, addiction, and first offending among young people. The hub either took on the family themselves if they required specialist support or supported the clusters to continue work with the family and improve the quality of their early help plans. Their practice model was relationship- and strengths-based and informed by their whole family Supporting Families approach - one family, one worker, one plan.

Use of evidence informed practice and interventions

As a principle, the adoption of evidence informed interventions was widely endorsed for encouraging good practice and also helping to make the best use of scarce resources. To varying degrees, LAs were reviewing the quality of the evidence underpinning the programmes and interventions they were considering for their family hub approach. LAs primarily referred to the Early Intervention Foundation (EIF) guidebook and evidence standards, or Public Health England guidance to gather reliable information on evidence-based interventions and practice.

While all LAs acknowledged the importance of high-quality delivery, concerns were identified with the limited list of approved evidence-based programmes in the family hub programme guidance[29]. Strategic leads in 1 LA highlighted that it included interventions that their LA had ceased using, informed by a perception that the

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29 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf

content advocated for outdated behaviour management strategies and was not aligned to a trauma informed approach. Furthermore, they were cautious about adopting new programmes in place of the ones the LA had already invested in and seemed to be working well for families. Finally, there was also concerns about the burden on staff to be trained in new interventions, and resourcing of wraparound support to quality assure and sustain the delivery of evidence-based programmes.

Creating seamless referral pathways

A key aspiration underpinning the family hub models was the desire to create seamless and coordinated pathways which would encourage and support families to access help before problems escalate. All LAs sought to develop a **'no wrong door approach'** so that families could access help via multiple routes – whether it be self- or professional referral via a single front door or directly at hub venues. Family hub services across LAs developed smooth or 'warm handover' processes to ensure families only had to tell 'their story' once (see Figure 16).

Figure 15. The Warm Handover Model

Suffolk were rolling out the 'Warm Handover' model to streamline the process for accessing services so the **family doesn't have to repeat their story**. This involves a professional speaking with the family to identify support needs. If the family want to be referred to support and other organisations, or the professional feels it would be in their best interests, they complete an online form and send to the appropriate organisations. The organisation then contacts the family to offer support within 5 working days. Suffolk managers reflected that because of this, professionals will develop a greater awareness about the services they can refer to. In addition, the Signs of Safety practice approach will help to identify the right practitioner for a family and ensure they are not duplicating or overwhelming a family.

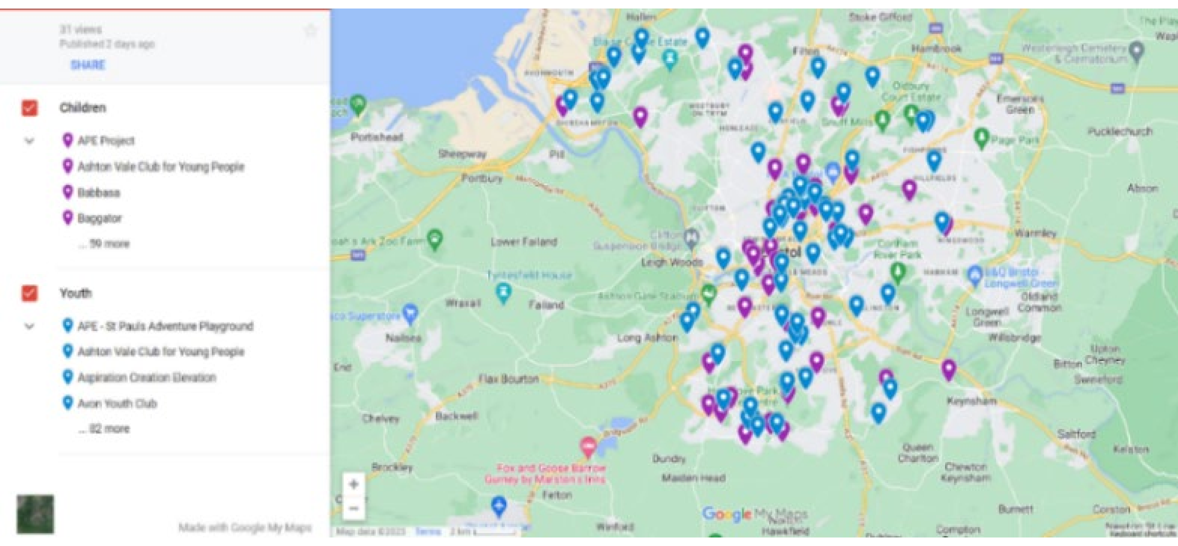
LAs considered **ways to prevent family hubs being seen as stigmatised services**. Bristol, Essex and Suffolk stressed the importance of integrated universal health and early years services, encouraging families to access provision in order to gain their confidence, overcoming anxiety and removing stigma. The idea was that health visitors, for example, would play a pivotal role in encouraging families to attend universal activities in the family hub. It was hoped they would start to view the family hub as a place for them to go to whenever they have a need, rather than a place to go with a problem.

LAs generally located their family hubs in a central place in each locality with satellite delivery sites distributed in residential areas and existing community building (e.g. schools, libraries, faith centres).

> We have to tailor and adapt our delivery according to our audience and the needs in our communities. We do sometimes get large numbers coming to big, shiny buildings, but actually we need to bring the services to them, so we might use community halls or church halls. – ***Family hub practitioner***

Bristol's campus approach was being designed to create a non-stigmatising route into services. LAs provided universal offers in local community settings, libraries and schools for example to offer a seamless pathway to targeted support for those that need it. More mature hub models (e.g., Essex and Leeds) had developed and refined **integrated assessment tools to identify and address issues for the whole family**, in a consistent way across professionals and services. Those in development, such as Bristol, were in the process of developing such tools with the aim to strengthen their 'team around the family' approach focusing on a single story, assessment, and plan to embrace all the family's needs. Such activities and resourced were intended to build trust with families, improve communication across professionals, and improve the ease of access and navigation of services.

Figure 16. Playful Bristol's interactive map



Source: Bristol City Council: Playful Bristol and the Youth Work Alliance map of the youth and play voluntary sector provision

To ensure that **pathways to support were seamless**, Bristol and Suffolk were working on ways to equip their teams with resources, such as a directory of services that they could refer to when advising families. Bristol were considering the development of an interactive map of family provision (see Figure 17). Bristol have launched the gov.uk catalogue of services 'connecting families to support' test website as part of the Growing Up Well project[30] to develop digital products. This was intended to help professionals working with children, young people and their

[30] Family Hubs - Growing Up Well: submit an expression of interest - GOV.UK (www.gov.uk)

families to identify voluntary, community and charitable services that will support them. The functionality to directly refer families using a ‘warm handover’ approach was due to be launched in the summer of 2023.

Availability and suitability of buildings

The nature of the available building stock was a critical factor informing the design of the family hub models. The size, location and appropriateness of the building determined the range of services that could be accommodated. Smaller hub buildings without any outdoor space limited the options for LAs to develop and adapt them to increase the range and type of services they could offer. It also made it harder to create a building that would appeal to young people. To do this would require modifying the interior of what were typically Children’s Centre buildings to ensure they were more welcoming and age appropriate with sufficient space to offer a wider range of activities.

Figure 17. Family hub building selection

Bristol carried out a needs analysis of local areas, and then identified potential buildings. They scored each of the buildings in terms of its location, its size and capacity for co-locating teams, the potential for linking to other services as part of their campus model, the potential to cater for children of different age groups, and readiness to deliver the Start for Life programme and to open by June 2023.

The ease with which partners were able to take up an invitation to deliver services from a hub building varied according to: whether the room was available when they needed it, the suitability and appropriateness of the room for their purpose, and the available facilities such as parking and out of hours caretaker support. A particular challenge for health services setting up clinics in hubs was the need for a confidential space. Most services also needed Wi-Fi connection which was not always available in remote locations.

Mobilising and implementing family hub models

The initial development of family hub models involved a series of inter-connected steps, as detailed below.

Resource availability and constraints

All LAs had started developing their family hubs prior to any government guidance, support or dedicated funding. They were generally operating against a backdrop of scarce resources and workforce recruitment and retention challenges. Strategic

leads, especially those in LAs at an earlier stage of family hub development discussed how a lack of **funding and dedicated staff resources** had limited their family hub design, ambitions and delayed progress. They described having to juggle their time between their full-time roles alongside developing the family hub model. Changes in staff at a senior level could further stall their progress.

> We're trying to create something out of nothing…without some of that national resource to be able to focus our energy, we're having to be really selective about what we can develop within the resources that we have and that does cause a limitation…we can't have a fully fledged family hub offer within the existing resource. So, we need to be realistic about that. - ***LA strategic lead***

Figure 18. Sefton's Children's Social Services improvement journey

Sefton started their family hubs transformation in 2018, against a background of LA budget cuts, staff shortages and service restructuring. The family hub design and implementation has been affected and slowed down **by improvement requirements across children's social care**. A Joint Targeted Area Inspection (2019), an Ofsted focused visit (March 2021) and Inspection (February 2022), resulted in an inadequate judgement and identified concerns around staff capacity, high caseloads and a lack of stable senior management. The local improvement plans and alignment of early help with Children's Services have established a fast-pace improvement journey, including transformation of family hubs.

Building a partnership culture

A critical phase of the family hub transformation is engaging, aligning and integrating partners in the development and implementation of the model. Except for Essex, who commissioned an external provider to develop and deliver their family hub service, the other LA teams led the design and delivery of their approach in partnership with external partner services. Pivotal to building this partnership culture was the development of a strong governance structure and collective leadership approach.

> Effective partnership working is the difference between something happening and having impact. ***- LA strategic lead***

Models of governance

LA staff reflected on the need for *a* 'formalised, robust accountable approach' to governance that would bring about the kind of transformation required across organisations. They stressed the importance of securing **LA political engagement** and buy in from counsellors from the start; and then **involving a range of partners**

at the strategic and operational levels in the development and implementation of the family hub model and governance arrangements.

> The governance becomes really important…having a really clear governance structure right the way through, and then having that programme support to help us manage the delivery of the plan and to be able to report on impact and outcomes. ***- LA strategic lead***

This generally included:

- A **clear structure**, clarity about roles and responsibilities, underpinned by agreed terms of reference.
- A two-tier governance structure combining **a strategic steering group** layer composed of senior leaders linked to **operationally focused locality groups.**

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

- **Themed workstreams** to drive the work forward. Key partners were invited to join workstreams, which helped to drive the commitment to work in partnership.
- A shared set of **expectations and milestones**, alongside a transparent risk management process.

Partnership buy-in

The importance of all partners being consulted and clear about the role and purpose of the family hub model and offer from the outset was viewed as crucial for its success. There were parts of local systems that were reported to be harder to integrate; either due to the local commissioning arrangements and contracts, such as in the case of a contract with a health partner, or because the sector was felt to be more 'fractured' which made it harder to represent their interests. This applied to schools, early years providers and the VCS.

Engaging the voluntary and community sector (VCS)

The key to facilitating partnerships with the VCS was identified as having:

- Equity of power, relationships and resources – involving the VCS from the outset and sharing any funding and resources.
- Clarity about roles and responsibilities – and acknowledging any limitations of their involvement because, for example, they do not have the statutory responsibility for a family.

- Encouraging integrated working either through co-location where feasible and useful; or through the offer a free room to use or shared desk space.
- Encouraging joint projects and training
- Joining up systems or at least ensuring IT systems can work together.

Engaging early years and school settings

Education settings were identified as important partners for family hubs to identify needs of children and families, and refer and signpost into hubs, supporting the no wrong door approach. Senior stakeholders in Bristol, who were developing their family hub model reflected on the challenge of representing and integrating the school sector (and particularly academies). However, there were examples of schools playing a key role hosting the hub in Sefton and the role of school nurses in Essex, which had helped to provide access to hub services and support for families.

At the design stage, Bristol made the former Director of Education a co-chair of a family hubs steering group to ensure education interests would be represented. They also linked into specific bodies that would help to represent different interests such as early years heads via the Head of the Early Years Teaching Alliance, school leader representatives and head teachers via the Excellence in Schools Group and the Schools Forum. They were also proposing to involve all the head teachers from the primary and secondary schools and specialist schools in the specific locality that the family hub was serving.

Engaging family voice

All LAs acknowledged the importance of involving families in the initial development phase to help steer the local family hub offer. The extent to which they had consulted and engaged with their local communities varied. This was identified as a key area of activity for the LAs developing their family hubs.

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

A Family Voice Board was set up in Essex to ensure that they could discuss and consult families about a range of hub model implementation issues on an ongoing basis. Essex also used their community engagement teams to engage families who found it hard to access services and act as their voice, identify service needs, and inform service delivery. Families were invited (and supported) to speak directly to commissioners about service experiences and suggestions, at regular management board meetings.

Suffolk were still working out how best to consult and involve parents in the development of their family hubs in a meaningful way. Their main challenge was trying to reach and involve the families who were not accessing services. They also reflected on the need to manage the expectations of families about coproducing services because they were not 'starting from scratch'. They had to deliver specific services as part of the requirements of their Healthy Child Programme contract which limited the options for co-production with families. They were, however, starting to work with the rebranded Maternity Voices Partnership[31] to run a 15-step audit across all the family hubs looking at how accessible they were and whether young people would use them. They also consulted families about family hub logos, branding, messaging and design.

As part of the Family Hubs and Start for Life specification Bristol were setting up a parent and carer panel. They set up a framework to guide the recruitment and management of their parent and carer panel and recruited a person to manage this. The panel was intended to act as a shadow board to the city-wide Family Hub and Early Help steering group. It will be asked to feedback on various aspects of the Start for Life offer, including breastfeeding, mental health and parenting support. It will be composed of a diverse range of mothers and fathers, both parents and expectant parents, half of them will have a child under the age of 2, from across the 3 localities, representing different minority ethnic communities. Parents and carers will be actively supported to attend and contribute to panel discussions through incentives and by ensuring that the panel is inclusive.

Shared outcomes frameworks

The Essex family hub model took an outcomes focused approach within the initial commissioning of the service. As such, Essex was the most advanced framework and system for collecting, measuring, and using family and area-level outcomes data. Strategic leads in Essex highlighted that the development of their **service bespoke outcomes framework**[32] was iterative and took several years of piloting and refinement to make sure they were relevant for families and the service alike, and to avoid these being a 'tick box counting exercise'.

> We have the data that leads us, but it's not only the data that we use, we have to know what's being said to us by our partners. – ***Family hub practitioner***

Essex strategic leads emphasised the importance of taking an iterative approach and building regular review of whether the outcomes (and accompanying definitions)

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[31] Previously Maternity Services Liaison Committees. Maternity Voices Partnership[31] (MVP) as part of the Better Births strategy is an independent forum for maternity service users and local families to join providers, commissioners to inform local decision making.
[32] Essex family hubs track 20+ outcome metrics, including: loneliness, child safety, school readiness, emotional wellbeing, and confidence in managing health related conditions.

are relevant for the community and service. They stressed how an investment in **the right infrastructure** (e.g., shared information management system, dedicated data team) coupled with initiatives to support commissioner and staff buy-in (e.g., training, ongoing support) to agree, understand and use the outcomes framework, had been critical to embedding an outcome and data driven approach. The service-wide outcomes were collected and reported on monthly, to support evidence-based decisions at both strategic and operational levels, supported by professional knowledge and local context.

> There's lots of information available…it's updated daily so we can see how far we are from the [agreed] target… we can learn and bring best practice to [service contract] meetings and learn from other areas of the business.
> ***- Family hub data analyst***

However, the LAs in this evaluation generally did not have the capacity to develop a bespoke family hubs outcomes framework. Instead, 3 LAs made use of the established **Supporting Families outcome framework**[33]. The framework focuses on 10 children and family outcomes across family functioning, health, education and crime and therefore aligns to intended outcomes of targeted hub activity. This method allowed LAs to draw on existing metrics and an established measurement framework common to LAs for evidencing early help interventions and changes for families, and easier for their LA data teams to support. However, there remained a gap in clear evidence about whether targeted interventions translated into meaningful changes for families.

> Without evidence, we're just not sure that we're meeting need through the targeted interventions. ***- LA Strategic lead***

More data mature LAs, such as Bristol, had plans to use their Think Family database to identify needs and track outcomes for families. The LA were in the process of developing an early help outcomes framework across all relevant services including family hubs. However, elsewhere the infrastructure and capacity of LAs to self-evaluate the family and systems level outcomes of the family hubs was lacking and an identified gap among strategic leads, for ongoing service review and refinement.

Ongoing service development

As mentioned above, none of the family hub models remained static. They had all evolved, in response to national and local political priorities and policy changes; the local context in the LA; changes in strategic staff and frontline staff; and emerging

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

community needs (particularly during and since Covid-19). While the focus on delivering 0-19/25 integrated services remained at the core of each model, they were implemented flexibly in response to local, place-based contexts and needs.

5. Creating an integrated family hubs workforce

This chapter looks in more detail at the key aspects of delivering family hub services from the viewpoint of the workforce. Interviews were completed with a range of key services including early years, early help, schools, peri-natal services, the police, mental health services, alcohol and addiction services, and domestic violence services.

The workforce here is characterised by frontline workers (practitioners) engaged in direct delivery, or managers of a team of delivery staff. These practitioners were engaged in a mix of focus groups, interviews, and surveys. The findings presented here are more relatable to the mature hubs (Essex, Leeds and Sefton). Here practitioners had undergone a change in their working arrangements and were operating through a more integrated service delivery framework.

Understanding of, and commitment to, a family hub model of delivery

Not surprisingly, the workforce's level of understanding of the aims and priorities of the family hub model differed across the LAs according to their stage of development.

Table 5. Practitioners' understanding of the aims and priorities of the family hub

The aims and priorities of the family hub have been communicated to staff	Strongly Disagree	Tend to disagree	Neither disagree or agree	Tend to agree	Strongly agree	Totals
Mature hubs	0%	18%	14%	39%	30%	**148**
Developing hubs	0%	25%	22%	49%	3%	**63**

Source: Ecorys Wave 2 workforce survey

Table 5 shows that 69% of practitioners from mature hubs agreed that they understood the aims and priorities of the hubs, as opposed to 52% from developing hubs. Having a shared vision across professionals, and strong leadership to drive and sustain the transformation journey was key to achieving service reform. These percentages indicate that all areas had some way to go in terms of clearly communicating the aims and priorities of the family hubs.

> We had a "what is a hub model" [session]. We all agreed [as practitioners] that it sounded ideal, and families would benefit. But questions asked around staffing, organisational processes, room booking, reception staff, sickness, who responsibilities sit with. Overall, every member of staff I spoke to on the day felt shocked to find out no definitive answers for any of this… it feels like there's rose tinted glasses from management about what's on offer. ***- Family hub practitioner***

As discussed in the previous chapter (see Developing family hubs models), LA transformation plans were at different stages of enactment, affecting the level of understanding at the frontline. However, despite this, practitioners agreed on the value of a family hub model in terms of providing more joined-up support for families from 0-19 (up to 25 with SEND). Particularly where families had complex needs, practitioners acknowledged that more needed to be done for families in their area.

> I feel sorry for families that are obviously struggling with their child and have lots going on…they haven't received the right support...it seems that things have to get to a crisis before they get the help they need. If we can get this model right, it will make such a difference to these families." ***- Family hub practitioner***

Practitioners acknowledged that busy professionals across the local family services system may not always remember the full details of the hub offer, but emphasising that the family hubs catered for the pre-birth-19/25 services was a helpful message to reiterate to ensure awareness across the early help infrastructure and to generate appropriate referrals.

> I think it can be harder with a family hub model to get people to understand fully all the different kind of job roles and people that are all there. But it definitely helps people to know that we're 0 to 19 service, they don't need to think of lots of different organisations, they've just got the one number that they can call up and they might not know exactly who it is that they're trying to get through to…but they know that if they call up and say 'I've got a 15 year old' or 'I've got a 3 year old' that they'll be put in contact with the most appropriate person. ***- Family hub practitioner***

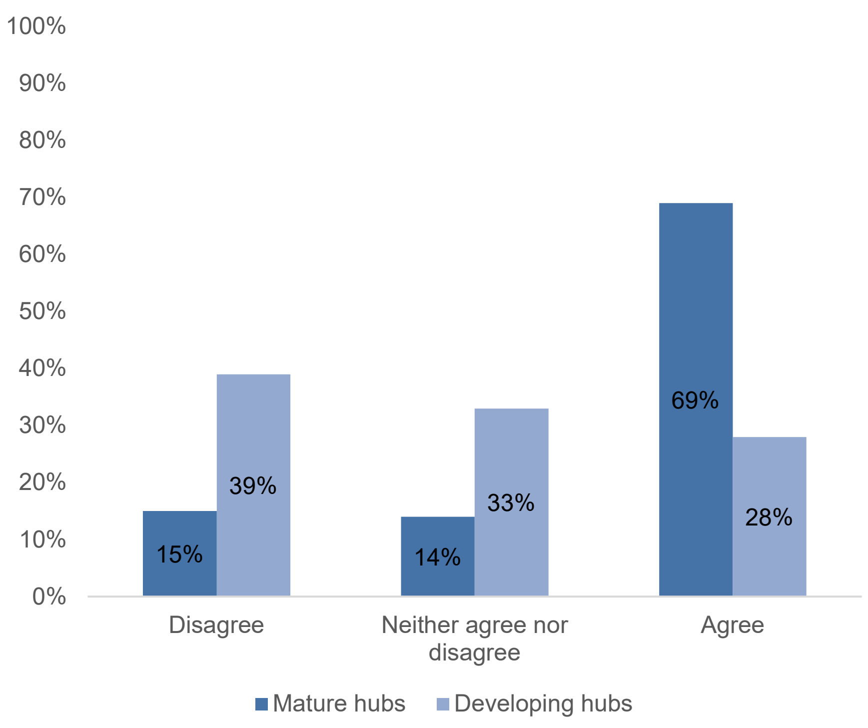
A key challenge for local areas was achieving a greater level of services integration and joined up working to ensure that families could be referred to the relevant service. These are explored below.

Achieving a greater level of service integration

For family hubs to operate as a single point of access (regardless of point of entry), requests for support were required to be integrated across the early help infrastructure. All LAs reported this to be a significant challenge which impacted on the levels of confidence in the operating model among practitioners.

Figures 20 and 21 show practitioners' perceptions of service integration and understanding of referral pathways. Figure 20 shows that 28% of the workforce in the developing hubs considered their services to be integrated compared with 69% in the more mature hubs.

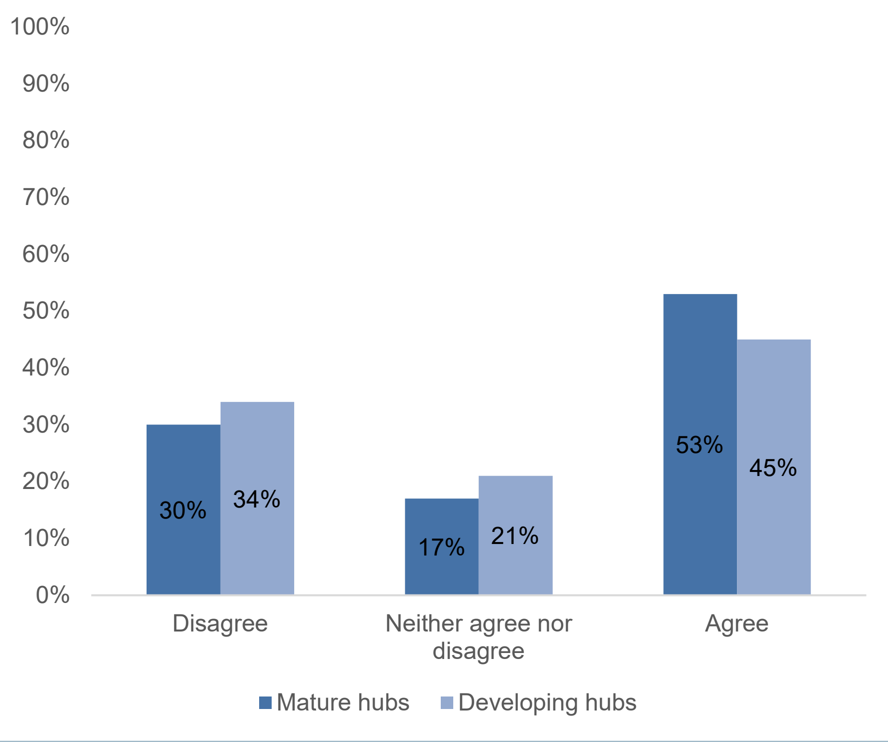
Figure 19: Workforce agreement that family services have been integrated across the 0-19 (up to 25 years for SEND) across the LA



Source: Ecorys Wave 2 workforce survey
(n= 149 workforce survey responses in mature hubs; n=57 in developing hubs)

Figure 21 shows that 53% of practitioners in the mature hubs perceived referral pathways to be clear compared with 45% in the development hubs.

Figure 20: Workforce agreement that referral pathways are clearly understood by different professionals and agencies across the LA



Source: Ecorys Wave 2 workforce survey
(n= 150 workforce survey responses in mature hubs; n=61 in developing hubs)

When comparing these percentages to those generated in wave 1 of the survey, for the mature hubs only, the data indicates:

- improvements in the levels of service integration (an increase of 25 percentage points among practitioners in mature hubs agreeing they were integrated), and
- greater clarity on referral pathways (an increase of 20 percentage points among practitioners in mature hubs agreeing referral pathways were clear).

However, during interviews and in focus groups, practitioners reported a need for greater clarity on the referral pathways including a set of criteria that practitioners could use to decide whether and to which service a family should be referred. This was more pertinent for a service where requests for support circumvented the LA Duty and Advice team known as the 'front door.'

> We get requests from many partners, and sometimes with very little information. We have to do a lot of work before we can decide what is the appropriate service for that family. ***- Family hub practitioner***

One LA hub had changed how they managed the request for support to ensure the family received an appropriate response swiftly (see Figure 22).

Figure 21. Timely management of referrals

A small multi-agency team consisting of service specialists (adult mental health, adult alcohol and addiction service, domestic abuse, the police, the family practitioner) alongside the hub manger reviewed all newly referred cases to:

- understand the family context and identify any unmet need
- consider the early help assessment (if there was an early help assessment) and,
- determine the right person (e.g., early help practitioner, hub specialist, school, Children's Centre) to take the lead on the case.

They appointed an appropriate lead for the case (this could be the referring agent or other service depending on need) and contacted the family to arrange a visit (if further support was considered necessary). This approach helped to avoid duplication of assessment, and a speedy response from the right service.

One family hub model seconded LA Duty and Advice workers to the local hubs. According to the managers of the hub, this was an effective approach that ensured families were referred to the right service. It also facilitated strong links with the front door: where cases were not considered to be a safeguarding issue, families could be referred directly to the Duty and Advice worker in the local hub which resulted in a family accessing support in a timely way. This also helped to 'knit' the various services together as the Duty and Advice worker had a good oversight of the local early help services.

Nonetheless, for both mature and developing hubs, there were concerns among practitioners that the landscape of family support had become complex: by trying to offer too many services under a single banner, some thought the clarity of offer had become blurred.

> The service has lost sight of who they are supposed to be delivering to. In short, we need to go back to offering proper family support and I feel that it works best when there are separate clinical and family support teams. ***- Family hub practitioner***

One mature family hub that had merged family support with health had worked hard to try to balance the service offer in their hub (see Figure 23).

Figure 22. Integrating family support and health workforces and services

This family hub model had a major health component; the service took on responsibility for statutory early years health checks for all children in the LA.

Strategic and operational staff described that the health components were prioritised during the initial transition to the family hub model to ensure the service was meeting statutory Public Health guidance and required Care Quality Commission standards. Family support practitioners believed that the social and community aspects of the model were initially neglected. They argued that these services were central to a holistic support offer for families. Family support practitioners also felt that registered health professionals (e.g., nurses), were higher on the professional hierarchy within the hub model.

Once the health aspects were embedded and operating at a steady state, hub leadership responded to staff feedback, and sought to ensure the social and community components were treated equitably in service design considerations, team meetings and outcome measures.

Getting the balance right between the health and social care components of the model was said to have taken a couple of years, highlighting that adjustment to new service arrangements take time to implement and for practitioners with specialist skills to find their place within it. The methods through which family hubs tried to improve joined up working are discussed below.

Joined up working: enablers and barriers to multi-disciplinary working

Family hubs were required to operate through a more coordinated service offer where practitioners understood the broad needs of a family and could put in place a coordinated offer. The ability to complete this aspect of support was particularly important where a family's needs had a level of complexity and required more than a single intervention. Therefore, LAs were moving to a model of muti-agency (services coming together in 1 space) and multi-disciplinary working (different specialisms coming together to deliver joint case work where necessary). This section looks at the enablers and some challenges in joint working across the various disciplines.

Enablers of multi-agency and multi-disciplinary working

Developing a cohesive team of practitioners

Two of the mature family hubs (Essex and Leeds) brought together the key health and social care services and 1 family hub service brought together early help,

alongside mental health, substance misuse, domestic violence services and the police.

In 2 of the mature family hubs, **operating frameworks** were implemented to facilitate working together to support families.

In 1 family hub, staff from across the range of sectors including health, early years, and social care, worked in multi-disciplinary teams under a **matrix management structure** where practitioners reported to managers from across different professional specialisms. Practitioners also participated in joint training, held joint meetings and case management discussions, and attended dedicated ‘crew days,’ that encouraged staff to come together in hub buildings to interact both formally and informally. This was particularly important post-Covid-19, to re-integrate the workforce following periods of home working. These working practices supported opportunities to work collectively, relate professionally (and personally), and to develop a better understanding of each other’s expertise. Exceptions to this were staff whose roles tended to involve lone community work (e.g., school practitioners) and spent less time in hub buildings. These staff reported feeling more isolated from the core hub workforce.

The other mature hub mirrored this level of integrated working. However, supervision for their particular expertise was delivered through their own organisation (e.g., mental health charity), and day to day management was exercised by the hub manager. This helped to ensure that professional expertise and ethics were maintained and that hubs could capitalise on the specialisms within the hub. It also ensured that practitioners worked to common goals and outcomes when working with families. This hub spent time working out how the different professionals would work as a team.

> Taking a co-production approach to this… we worked together and scrutinised the three types [of potential team functioning]: ‘a group of professionals’ working together but with their own cases, a co-ordinated team supporting joint working, or a collective responsibility team [joint diagnosis of need and agreeing a plan, challenging each other on assumptions]…considering the characteristics of each, [we agreed] to be a collective responsibility team… we worked through the messiness of the request/referral process that was in place and challenged ourselves on the silo working that this perpetuated and from there, established what we called daily pathway meetings for all work requests to come into these daily meetings and for the team to take that collective responsibility to agree a response. ***- Family hub practitioner***

Some practitioners reported how different professions were able to bring more opportunities in parental engagement.

> Sometimes having an early help practitioner in our team, helps us to engage with families in a different way, families can open up more about what's going on. ***- Family hub practitioner***

Health visitors were also playing a pivotal role in encouraging families to attend family hub antenatal classes, breastfeeding classes, stay and weigh clinics and baby massage classes. It was hoped that once parents attended, they would then view the family hub as a place for them to seek support, irrespective of the age of their children.

In addition, having early help practitioners sitting alongside specialist adult services, provided opportunities for a deeper understanding of the merits and mechanisms of working in a whole family way, particularly for those services that would typically work with the adult in isolation.

> It's a challenge for us all, to see things from a different perspective, but it is ultimately about helping the family…I do see that. ***- Family hub partner practitioner***

Integrating IT systems

Staff across mature hubs were facilitated in their joint working and working to common outcomes by **shared IT systems.** Two LAs had develop **shared case management systems** (1 on SystmOne and 1 using Mosaic). These systems provided practitioners with shared information on families and was particularly useful for the police, for health services and for other specialist services such as mental health, addiction and domestic violence. Information sharing also went both ways, as police were able to share their intelligence (albeit) verbally to other workers in their hubs.

> It helps us to see the family differently, appreciate what has caused the problem, and feel able to respond with more understanding of what's going on. ***- Family hub partner practitioner***

Challenges in multi-disciplinary working

Staff spoke of some of the challenges of working in multi-disciplinary teams. They explained that the culture change they experienced during the transformation journey into a family hub was a particular challenge. Although staff had generally worked with other family service professionals and partner agencies in previous roles, working together as a multi-disciplinary team was a new way of working. Teams

described going through something akin to the team building cycle of forming, storming, norming and performing[34].

[34] Tuckman, B. (1965) Bruce Tuckman's Team Development Model.

These are described below.

- **Different modus operandi of practitioners** caused some tensions in the early phases of joint working. Working around issues of consent for some professionals was a challenge. Whereas children's social workers (including family practitioners) were used to knocking on doors or contacting families following a concern, some specialists (e.g., mental health workers) felt their ethics were compromised when they were being asked to contact families without prior consent. Where a family's concern suggested a specialist worker take on the case lead role, this resulted in some delays in support as workers tried to agree on a method of engagement. It was agreed that the early help practitioner contact the family in the first instance and the specialist worker accompanied them on their visit. However, this raised the workload for early help practitioners.

- **Maintaining professional integrity** while working in a multi-disciplinary early help team was a challenge for some specialists. Working in a whole family way was not always thought to be compatible with their working practice; support with addiction or domestic abuse was typically delivered with high levels of client confidentiality. Specialists were unsure what could be shared and what should remain confidential. A new Memorandum of Understanding was agreed which detailed supervision arrangements to support specialist workers in the hubs.

- **Methods for assessing risk and diagnosing needs** varied between early help, health and specialist workers. As a consequence, specialist workers were completing 1 risk assessment and adding information separately onto their 'home' case systems. As time passed however, and greater trust was forged between partners, specialist workers were no longer being asked to enter separate data on their 'home' database. Instead, data recording was adapted to ensure that all the necessary decisions and interventions were recorded on the shared portals. This was reviewed and 'inspected' by each service manager to ensure professional practice was not being compromised.

Practitioners' skills and confidence in multi-disciplinary working

Where family hub models were building on the expertise from within Children's Centres, there was still considerable confusion and anxiety across the workforce about the design of a family hub and how it could change key roles and responsibilities. There was also a lack of confidence identified in the workforce in terms of how to promote the family hub service to other partner services, suggesting the need for a greater level of strategic input from service leaders earlier on in the development of family hubs.

Practitioners who had worked in Children's Centres for many years, and liked that way of working, did not initially feel skilled or confident to work with the breadth of presenting needs of families. These staff explained that their roles took on more of a health focus, requiring new mandatory health training. While they have acquired new professional knowledge and expertise (e.g., working with older children and supporting parents with different types of child behaviours), some felt that they had skills that were not being used in the new model. For example, staff who generally worked on a one-to-one basis in the family hub model but had delivered group work under the Children's Centres, felt their professional skills were not being used fully.

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

LAs had delivered training to the workforce over the period of the evaluation to help practitioners develop in their roles.

Delivering the necessary training

There was evidence of LAs investing in their multi-disciplinary teams to help ensure that practitioners understood their roles and felt confident in working in the family hub.

Table 6: Appropriate training to carry out their role in mature hubs

Mature hubs	Strongly Disagree	Tend to disagree	Neither disagree nor agree	Tend to agree	Strongly agree	Totals
I receive appropriate training to deliver my role	0%	11%	14%	47%	28%	**153**

Source: Ecorys Wave 2 workforce survey, mature hubs

Three-quarters of practitioners (75%) considered they had received appropriate training to carry out their role. When comparing the data from the previous wave of survey results, there was an increase of 20 percentage points in the number of staff who considered they had received appropriate training to carry out their role.

It was recognised that not all staff working in the hubs would be familiar and confident with whole family working and hubs spent time discussing cases through

the lens of whole family working. For example, sitting in daily case reviews where discussions were managed by the hub manager, and diagnosing the priority of needs and interventions, was a key method by which staff were upskilled in conducting whole family assessments.

Staff in 1 hub had received training on formulation – a process by which professionals came together to discuss a case and 'formulate' a response (as detailed in Figure 24).

Figure 23. Shared case discussion and response formulation

Formulating a response: in order to develop consistency in assessments across multiple agencies, in 2017, Leeds developed a formulation model based on a consideration of the '6Ps' where staff were asked to consider key factors impacting families to formulate a response. These included considering:

- what triggered the need (precipitating)
- the family history (predisposing)
- the family's 'protective' factors
- what issues were 'presenting' at the time
- 'predicting' what would happen if no intervention was given, and
- what if anything kept the issue going (perpetuating)?

Where early help assessments were either missing, incomplete or of poor quality, practitioners from the hubs worked as a team and/or with the relevant community practitioner to help formulate a response.

> Following a decision at the pathway meeting, I will arrange to go out to the school and discuss the family…I will sit down with the school liaison officer and work through what we think is going on with the family…why did they ask for support, what have they done so far for the family? It's really important to have those conversations and to help develop longer-term solutions. ***- Family hub practitioner***

Ensuring appropriate supervision arrangements

To ensure staff were confident in delivering their roles withing the family hub setting, the more mature family hubs had put in place supervision arrangements with their own specialist organisation (e.g., mental health service). This helped to ensure staff felt they were progressing in their specialist field and felt supported in their decision making: 86% of practitioners in the mature family hubs agreed they had useful supervision and 84% reported their professional judgement and decision making was supported.

Figure 24: Workforce views on supervision and support in mature hubs

	Disagree	Neither agree nor disagree	Agree
I have access to useful supervision	8%	6%	86%
My professional judgement and decision making is supported	7%	8%	84%

Source: Ecorys Wave 2 workforce survey (n= 154 workforce survey responses in mature hubs)

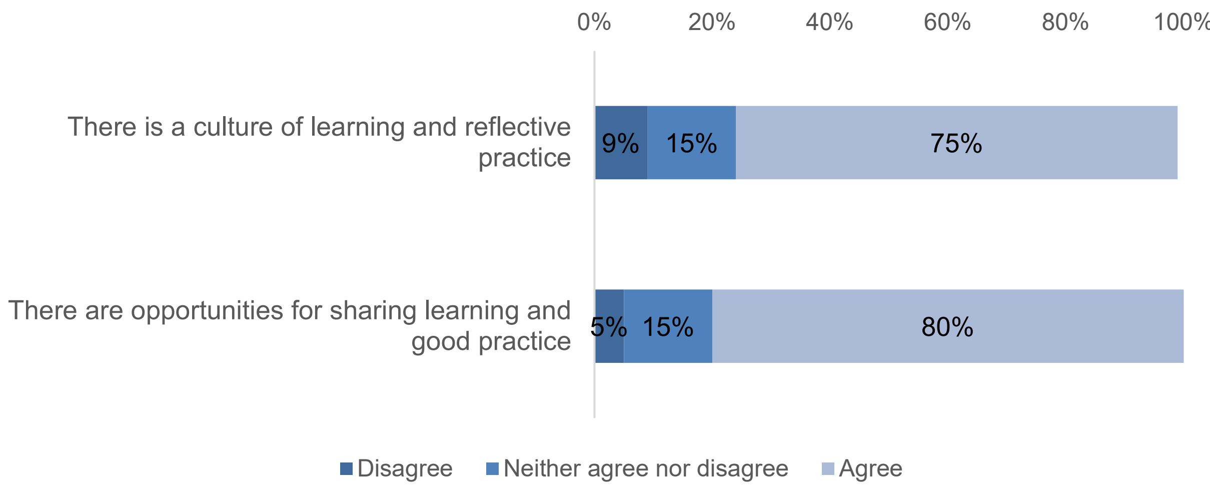
Practitioners had access to a hub manager or duty manager to discuss any issues they were unsure how to deal with. In 1 hub, a key challenge and stressor for practitioners related to holding a high number of **safeguarding caseloads**. This generally related to domestic violence instances and was a particular issue during Covid-19 lockdowns. Here, all practitioners had access to a dedicated safeguarding team, based within the service, to report to and seek advice from about welfare concerns. Additionally, practitioners had access to **line management** (who could be a different person from a professional background) and **supervision** (from a matched professional background). Some practitioners called for more frequent supervision to provide reassurance to their professional decision making, especially for more complex cases and presenting family needs. Managers who had progressed within the service, believed that their frontline service delivery knowledge helped staff to trust and respect their professional judgements.

> Staff knowing that you've been part of the service, you've been on the floor, you've been doing visits, you've worked with families, I think that makes a big difference to them, they feel reassured, they will come to you for guidance and advise and feel confident in doing so. ***- Family hub practitioner***

Embedding a learning culture within family hub

Family hub managers stressed the importance of **ongoing quality assurance** observations and checks. They appreciated that staff could be working at pace, and as a result unintentionally miss something, for example, because they had not fully read the case notes on the system. Embedding quality assurance and feedback structures was, therefore, seen as essential to ensure best practice across staff and services. The mature hubs appear to have developed an open learning culture and a place where practice is reflected upon.

Figure 25: Continuing professional development opportunities in mature hubs



Source: Ecorys Wave 2 workforce survey (n= 151 and 154 workforce survey responses in mature hubs)

It was felt particularly important as hubs moved towards multi-disciplinary working that staff understood the principles of working with **evidenced-based approaches**: 80% of practitioners in the mature hubs reported they understood the importance of using evidence-based approaches when working with families. Practitioners also received trauma-informed training to support a consistent and strengthens-based way of working with families.

Staff described a shared ethos and mantra of being **non-judgemental** when working with families. They acknowledged that families in need of help could be embarrassed, or worried about professional judgement and intervention, and have a fear of social services intervention. Therefore, a sensitive and empathic approach was needed when discussing issues with families.

> No family is ever failing, people have struggles in everyday life, some big some small, it's working with them, instead of saying you need to do this or that, it's about getting them to be part of the care plan, getting them to think they need the intervention. ***- Family hub practitioner***

Staffing and recruitment and retention issues

All LA family hubs (developing and mature) reported some staffing issues and three-fifths (61%) of staff disagreed there were sufficient staff to deliver family services. There were particular challenges mentioned in recruiting:

- School nurses who were key links between the family hubs and schools providing support with mental health and wellbeing, sexual health, and friend-ships and parental conflict. Difficulty in recruiting school nurses was consid-ered to be the result of the **national shortage** of nurses.

- Mental health workers and substance misuse workers who provided **special-ist support** for families. As a result, the remaining workers had to work across different hub sites to fill the gaps in service.
- **Family support practitioners**, who delivered a range of family services and interventions. There was a view that these staff could receive a higher level of pay for less demanding jobs.

One LA had been going through review of their early help services hub, and staff described feeling uncertain over the **future direction of the services, and of their roles** within it. In 1 hub, staff were seconded to the hub for 2 years which affected their level of motivation as well as the hub's ability to recruit staff as the end date approached.

In 1 area, survey respondents raised various concerns including low and inadequate pay, high workload, lack of understanding of roles and responsibilities, lack of training opportunities, limited opportunities for internal progression, and overall high levels of stress coupled with low staff morale. Whilst they also expressed that despite having more responsibilities and demands, their teams lack the capacity to deliver family hubs services to the best of their ability and to a high standard.

> Our capacity is low, teams are undermanned, our responsibilities are growing, more complex families lacking parenting skills, pressure each day is relentless. ***- Family hub practitioner***

Some practitioners raised concerns about the management structure, stating that there was often miscommunication or lack of communication from managers and senior staff. A few stated that there should be more frontline support provided by managers and that there should be fewer managers overall, suggesting that it would be better to have more qualified delivery staff.

> There seems to be pressure from top-down decisions and communication is very poor. For example, job titles have recently changed for some practitioners but there has been no communication of this to all staff.***- Family hub practitioner***

Practitioners who were frustrated and dissatisfied with their job, provided the following suggestions:

- **Recruit more practitioners** (including for more specialist roles) **and higher pay** – the workforce needs more staff; this would help with capacity issues and support workforce retention.
- **Improve management** – this included better communication from managers to practitioners and greater support given to practitioners.

- **More training** (including specialised training) – in areas such as SEND, working with neurodiverse children, working with children beyond age 5, to support practitioners in delivering more specialised and focused support to families and children.
- **Clearer delivery guidelines for practitioners** – including providing practitioners with relevant and up-to-date information about best practice for delivery.
- **Clearer role and responsibility descriptions** – practitioners' roles and responsibilities should be clearly explained to each individual. All practitioners should understand how their role and responsibilities is similar or differs from others' so to avoid duplicating work tasks.

In 1 hub, **the core workforce was supported by a team of volunteers** which helped to boost capacity. Volunteers delivered a range of tasks, from meeting and greeting families in hubs, supporting staff delivering group work (e.g., breast feeding supporters, peer supporter roles) to maintaining the hub grounds. Volunteers were managed by a dedicated team of volunteer-coordinators, who oversaw recruitment, training and supervisions of volunteers, as well as reward and recognition activities to retain them (e.g., thank you cards, volunteer lunches, internal and external awards).

The coordinators highlighted that they attracted a broad range of volunteers from the local community: from retired professionals (e.g., retired midwives), to students, long-term employed or those unable to work due to a health condition. Volunteer motivations, interests, needs and availability differed, and therefore required a dedicated support function to manage them. The volunteer coordinators worked to ensure volunteers were seen as equal and important contributors to the model.

6. Family service experiences

This chapter details how families are supported by the family hubs (and wider family services) in their local area. It outlines the extent to which families shape the services that support them, family pathways experiences of family hubs from access, assessment to receiving interventions. The chapter focusses more on family experiences in LAs with more mature family hub models (Essex, Leeds, Sefton). However, it draws on interviews with families and professionals across all LAs, as well as participatory action research (PAR) led by families in the 2 LAs that are in early development of their hub models (Bristol and Suffolk).

Family voice

In mature family hubs, the majority of staff (70%) either tended to agree or strongly agree that the voice of children and families is listened to within service delivery.

Table 7. Incorporation of family voice into service delivery

Mature hubs	Strongly Disagree	Tend to disagree	Neither disagree nor agree	Tend to agree	Strongly agree	Totals
The voice of families and children is listened to within service delivery	0%	11%	18%	52%	19%	**149**

Source: Ecorys Wave 2 workforce survey

In developing hubs, families identified a need to further listen to and incorporate family voice into service development and delivery. In 1 LA with a developing hub model, plans for facilitating and incorporating family voice are still under development as they navigate how to involve families not currently accessing services, and manage families' expectations around the extent of changes that could be made. However, they had started to consult existing LA family voice forums and young people, and identified family consultation as a key priority for the future. Where family voice had been integrated into service delivery, this had included:

- Consulting families on branding and messaging
- Co-designing a youth space with young people
- Informal feedback gathered via an anonymous suggestion box
- Formal feedback via intervention feedback forms and family voice meetings

- Reporting family experiences and outcomes directly to service leads and commissioners.

Referrals and pathways for families

There were 3 main approaches to referrals across the LAs. These included:

- **Front door referrals:** consisting of a single-entry point to LA services, usually sited in or staffed by a multi-agency safeguarding hub (MASH) or similar. Referrals are reviewed and triaged before being sent to the appropriate service.
- **Direct referrals:** referrals made directly to the family hubs themselves, either by professionals or self-referrals from families seeking support.
- **A combination of the two.**

In the first year of the programme, LAs with mature hub models had **reviewed their referral systems**, resulting in either partial or significant changes to the approach.

For example, 1 LA developed a specific **referral pathway into the family hub service for schools**, involving an initial triage before allocation to a particular area of the service. Previously, the hubs had taken referrals from schools directly, but this had proved to be inconsistent and too reliant on word-of-mouth. Staff believed that this more systematic approach would provide a more consistent route into the service for families of school age children. However, in this LA, staff said that they would like to see the referral process streamlined even further and clearer guidance given to referring organisations.

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

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

Staff in another LA expressed similar concerns about early help cases being referred through the MASH front door. This LA reintroduced the specific early help front door to avoid the related difficulties of social work involvement, as well as increased pressure on MASH front door workloads. In another LA, the hubs operated with a **Duty and Advice worker co-located in each hub** to bring families into the hub support without ever going through the front door. Hub staff believed this facilitated close working relationships with the front door, increased the timeliness of support for families, and diverted referrals away from the front door creating service efficiencies. However, due to capacity constraints at the front door and a wider context of increased referrals, the Duty and Advice workers returned to the front door, resulting in extended waiting times for families who needed support.

In contrast, in 1 LA with a developing hub, rather than changing their referral pathways specifically for the family hub, they instead focused on **increasing awareness of existing LA pathways** and services, adopting specific approaches to identify the best-placed practitioner (taking a Signs of Safety practice approach) and streamline signposting (using a Warm Handover model).

Families could also **self-refer** into universal hub services. In 1 LA, families who had positive experiences from previously accessing family hubs or Children's Centres services felt confident to self-refer and access family hub services. For example, these families would self-refer by visiting buildings or signing up for activities communicated to them through social media or emails.

However, in developing hubs, staff who responded to the workforce survey identified a need to further **streamline the referrals processes**. Staff shared several suggestions, including developing clearer and more efficient pathways, and implementing a universal criterion for practitioners to identify whether to refer families to the hubs.

Identifying need and the role of universal services

Where possible, hub teams were keen to **proactively identify families in need of further support**, rather than rely solely on referrals. Having a **multi-disciplinary team** was seen to be particularly helpful in this respect. For instance, in the Leeds hub model, a police officer is part of the family hub team, who links with the police to obtain a daily police report which details first-time missing persons and first-time offenders, supporting the identification of families who are potentially in need of help. Additionally, engaging families in early help facilitated early identification of escalating needs. For example, in 1 LA a family had been referred through the front

door and allocated to early help. However, the early help worker identified escalating risk, and referred the family to social services. This suggests that early help through the hubs could identify escalating needs that may not be picked up in front door assessments.

Hub staff stressed that engaging families in **universal interventions**, such as baby weighing or health visiting, could prove to be a useful mechanism for identifying needs and encouraging family engagement with other hub services.

> They [universal services] were an important way to promote services to parents, early. ***- Family hub practitioner***

Two LA family hub models held **celebration events or open days for the whole family and community** across their family hubs. Families said that attending this event had been a positive community experience, where they had met other families and learned about hub and partner services. In this vein, hub leaders saw free-to-access universal services as being vital to supporting engagement, but also to enable staff to identify higher levels of need that had not been previously disclosed. Staff explained that where families were able to engage with skilled professionals in a safe environment, issues were more easily identified. Parents/carers agreed with this sentiment and noted that the group activities had provided an easy way to access a support worker to ask ad-hoc questions or for advice.

Signposting and referrals to other support

The workforce survey explored staff views on the pathways to signpost and refer families to relevant voluntary and community sector (VCS) or peer support. In mature hubs, just under two-thirds of respondents (65%) agreed that pathways to VCS and peer support were available and clear.

Links into VCS organisations was seen to be particularly important in relation to meeting family needs, which had been evolving post-pandemic and in light of the cost-of-living crisis. Both staff and families mentioned referrals to foodbanks and services offering free or low-cost food and clothes. They also discussed referrals to other specialist partner services, for example, Young Carers services, who provided support and respite activities for children living with caring responsibilities. Families also reported referrals from hubs to help with housing, finances/benefits, and education support.

However, staff identified a lack of awareness or availability of suitable specialist external provision to signpost or refer families into, particularly around services for children aged 5+. In 1 LA, where gaps in support were identified by the hub, especially where families were ineligible for targeted support or the waiting lists for specialist support were excessive, specialist practitioners within the hub were able to

provide one-to-one support directly to families. Examples included support for low-level adult mental health support, domestic violence and abuse, and addiction support.

Referrals from partner agencies

Family hub referrals came through several routes and varied by need and age of the child or young person. Referrals came from health visitors, LA social care staff, social services, education settings and health partners (GPs and Child and Adolescent Mental Health Services (CAMHS)). Families were also referred to the hubs through the police and wider VCS organisations.

Across LAs with developed hubs, staff reported that **referrals from other organisations such as health and education varied in their quality and appropriateness**. Families were referred for issues outside of the family hub remit, such as poor attendance at school. Similarly, some staff expressed that cases stepped down from children's social care were not always appropriately referred; interviewees believed that social workers did not understand the early help system and so refer on de-escalation cases to the family hubs so they can find the best place to signpost them on to.

Good partnership working and strategic alignment with external agencies was seen as important to promoting appropriate referrals. In 1 LA, domestic abuse specialist staff, substance misuse coordinators, adult mental health workers, and early help practitioners could take referrals directly. This ensured a good understanding of the needs of the family and a rapid response. Raising awareness of the family hubs within the wider community services was viewed as critical to ensure more appropriate referrals were made. In another LA, early help staff were encouraged by the breadth of agencies making referrals to the service. One example included a utilities provider, who had visited a home and were concerned about the family's circumstances. They believed that this highlighted an important message that "early help is everyone's business" but noted this required effort on the part of early help staff to keep relationships with referring agencies fresh.

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

Importantly, practitioners in developed hub areas expressed that there was a reticence amongst other services (such as health visitors and education) to take on a lead role in the provision of early help and early intervention. Staff across LAs noted that the responsibility for early help should not fall exclusively to the family hubs. In 1 LA, staff increasingly worked with the referring agent as the hub matured, to upskill

the wider early help infrastructure, rather than taking on direct work. Another LA noted an improvement in partnership ownership of early help and early intervention, through commissioning partners with case-holding responsibilities.

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

Across LAs, the extent to which families knew if or how they were referred into hub services varied. Whilst families sometimes knew which organisation had made the referral, families reported this was not always clearly communicated. Where families were involved with multiple services (such as children's social care, and CAMHS), there was less clarity about how they had first engaged with family hubs and how they were referred. Whilst some staff identified a need for referral pathways to be explained to families accessing the services, families themselves did not identify this as a priority.

Reach and engagement

The majority of staff in mature family hubs believed that families who need help were being reached. Over half of staff in mature family hubs agreed that families who need help were being reached (56%) as well as families across protected characteristics (61%).

Figure 26: Mature hub workforce views whether family hubs reach families

	Disagree	Neither agree nor disagree	Agree
Families who need help, are being reached	16%	28%	56%
Families across protected characteristics are being reached	11%	28%	61%

Source: Ecorys Wave 2 workforce survey (n= 149 and 141 workforce survey responses, in mature hubs)

Across all LAs, staff believed that some **families were not aware of family hubs, or the service offer prior to engagement**. Families were often unsure of the full family

hub offer, even after accessing particular hub services. Both staff and families alike thought that the hubs could be more proactively advertised to families.

> She [school staff] said ‘what about [family hubs]?’ and I said, ‘Never heard of them’, I’d never heard of them before that point”. ***– Parent/carer***

Families reported that accessing their local hub was generally easy, once they were aware of the services available. However, families who were unaware of family hubs prior to initial referral found it more difficult to access. They reported trying multiple help routes including asking GPs, education settings and online searches, without reaching the family hub.

> I was struggling with coping with [child’s] behaviour and didn’t know where to turn...I was crying down the phone to the GP asking for help…It's a lonely place to be when you’re struggling and when you're dealing with a child's behaviour on a day-to-day basis, it's exhausting, it's very, very, draining. You want to know there is help out there, and you need to know where to go. It's a minefield, when you're googling and phoning all over the place and getting referred left, right and centre. I still lose track of all the people we've spoke to. It's very confusing and exhausting. ***– Parent/carer***

On occasion families felt that their needs were not identified at an early enough stage, by wider organisations involved in providing early help such as schools and nurseries. Families also reported feeling that staff across the LA system had not listened to them or appreciated their concerns, resulting in their needs not being referred, or support being ended whilst the family felt they still needed help. This highlights the importance of referral pathways and signposting by partner organisations, from GPs to schools, and further raising awareness of family hubs amongst families.

> You don’t feel like you’re listened to [by services/professionals] and you want them to listen, but when do they listen? You are pushed from pillar to post before someone listens. And by this time, you are mentally drained. It’s broken me. ***– Parent/carer***

> The Early Help Plan wasn’t any good, the people who represented the case, were so undertrained. People from schools need to be able to spot signs for different problems and to refer from within the school, not the parent have to jump through hoops. ***– Parent/carer***

Evidence from the family-led research also suggested that despite efforts, a lack of awareness of family hubs services among some families with needs. For example,

families and practitioners reported that families in need of support were unaware of hub services and facing barriers to accessing help.

> I have never heard of Children's Centres or family hubs…or attended any groups. I suffer with poor mental health. I feel very isolated as a single parent with no help or information. ***– Parent/carer***

The family-led research captured messages from staff and families about the need for more focused outreach activities to increase the reach and engagement of **under-served groups**, including young parents, fathers, and families with school-aged children. Dads who took part in peer research reported feeling out of the loop about services available to them and were concerned about whether the groups would be inclusive of them.

Some parents/carers found it difficult to get **information about hub provision**.

> Things seem to change weekly as the LA seems to like the notion of 'listening, adapting and evolving' – which basically means change regularly in light of problems. I have seen many mums walk into a hub, to staff, desperately searching in a rack of old leaflets for the answer to a question – ***Family hub practitioner***

In some cases, parents/carers found that staff at the hubs were unable to provide timetabling information for upcoming sessions. Families highlighted barriers in accessing online timetables, which could be the main source of schedule information. These included: a lack of visibility across the hubs where timetables were shared on individual hub social media accounts, and a lack of access where families were digitally excluded (for example, grandparents who cared for children). Families also suggested increasing the links with schools, to encourage schools to promote the hub services available.

Families were generally very pleased with the **inclusivity of the group**, once they had attended a session. Although some parents/carers had been initially concerned about how welcome they would feel at groups or targeted interventions, it was commonly reported by parents/carers, including dads and grandparents, that they found the groups to be inclusive. Additionally, some parents/carers reported feeling anxious about attending targeted interventions for the first time, in fear of being judged or feeling uncomfortable. Staff facilitated their engagement by accompanying them to their first session.

The LAs took different approaches to **engaging with older children and young people** aged 5-19/25. Whilst some LAs had decided to incorporate the offer for older children and young people into the family hub buildings, others had instead focused

on strengthening their links to external services including local youth services and schools.

Assessment of whole family needs

All families entering family hub systems requiring targeted support receive an **assessment of need**. However, the level of planning which then follows varies across LAs. For example, Leeds have developed a structured set of guidance for staff to consider when putting together a **plan for families**, to be used during the assessment process. The intention is that the process is conducted jointly with families in a collaborative manner. Some staff believed that the approach has been useful to give structure to planning conversations with families, especially across hub staff; others believed the approach has meant that the process is now lengthy, and as a result there is no consistency in how assessments are done across early help services. To aid consistency, they introduced a Memorandum of Understanding to create a shared understanding of risk and needs across early help and specialist workers. In Essex, detailed care plans are only developed from those requiring, or being assessed for, targeted support. Planning is not conducted for those who are only likely to receive or access universal support to maximise efficiency.

Families themselves made little reference to planning or being involved in the process of developing a plan. However, in the 1 case where the issue was raised, the parent had worked with their family hub practitioner to develop a plan to address issues around support for their child in school. The practitioner advocated for the parent by attending meetings and supported the development of a shared action plan.

> Honestly the main thing is that she's [family hub practitioner] just kind of been there for a few months, just reminding me and not putting pressure on me or anything, but just reminding me about things and telling me where everything is, and helping me get all this help that's out there that I didn't know anything about. She's not judgey or anything. **– *Parent/carer***

LAs with mature hubs had adapted their **systems to share information** (including plans and assessments) across partners. In Leeds and Essex, families' plans are shared across hub partners on their shared systems. Whilst partners external to the hub could access the plans, this had to be accessed outside of the shared system. In Essex, a member of staff manually uploaded plan updates completed by external partners. In Leeds, external partners (such as the police) could access the shared system indirectly via hub staff, facilitated through co-location. In developing hub models, enabling external partners (such as health) to update records was a key future priority.

Families generally appreciated the **timely assessment and allocation of key workers.** In 1 LA, this was facilitated through a regular meeting where partners were brought together to review cases and allocate a worker. Families in mature hubs commonly did not report telling their stories multiple times, suggesting that the assessment of family need and sharing of information was working effectively.

> [My family hub practitioner] never leaves me, like 'you know what, I can't do anything about this, it's not my field, it's not my specialty', she always makes sure that even if it's not within the family hub, she says 'I've made a referral to this'…Since I've been talking to [family support worker], my mood has improved, my mental state has improved. Just knowing that that help is there, has been a blessing to me. ***– Parent/carer***

Service experience and satisfaction

Service quality

Families involved in the evaluation had **accessed a range of services** from the family hubs, from baby weighing, Healthy Child programmes, Pilates for postpartum mums, sensory groups for babies (such as baby massage), stay and play sessions and community events, through to targeted interventions such as parenting courses, courses to explore past trauma, SEND support, and one-to-one support from an individual worker (focused on, for example, wellbeing and financial needs). Families discussed how their children had accessed targeted services, including group interventions such as Relax Kids to support relaxation and management of emotions. Staff believed that having a range of hub services could overcome potential stigma attached to accessing services.

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

Staff (72%) across the 3 LAs with more established family hubs believed that the family hub model was successful in improving the quality services; 76% of staff also believed that the services were achieving positive outcomes for families. Staff across developing and mature hubs cited their use of evidence-informed practice as key to underpinning service quality. For example, adopting trauma-informed, restorative approaches, and evidence-informed interventions such as Triple P, Video Interaction Guidance, and motivational interviewing techniques.

Table 8. Workforce perceptions on the impact of family hubs, in mature hubs

Mature hubs	Very / fairly unsuccessful	Neither successful nor unsuccessful	Fairly / very successful	Totals
Overall success of family hubs in improving the quality of family services in LA	9%	19%	72%	**147**
Overall success family hubs have been for achieving positive outcomes for families	6%	17%	76%	**148**

Source: Ecorys Wave 2 workforce survey

The families involved in the research were also very **positive about the support they had received from the hubs**, and these sentiments were expressed by both parents/carers, children and young people. One child told us that the Relax Kids session they attended had helped them to feel less worried. Young people reported personal and family-wide benefits following their parent/carer attending a parenting programme and using new parenting strategies in the home.

> We're usually just on our phones and that [play board games as a family] has like got us off it. It's just made life easier because some things on my phone aren't really nice. **– *Young person***

Parents/carers talked about how they felt more confident and had used tips provided by practitioners in their parenting. They found the practical support beneficial and linked their satisfaction with the service to information being provided in an informal environment, alongside resources that they could take home with them.

> I think it's made me a better mum in the sense that I actually don't question myself as much because I have gone and got that information without even sometimes having to ask for certain information, it has kind of just been given out in classes. **– *Parent/carer***

> At the start I wasn't too sure but after reaching week 14, I'm proud of myself, my kids and the group of how far we have come just by putting rules, strategies and boundaries in place. **– *Parent/carer***

Families appreciated that support was **free-to-access**, or in some LAs for select services, offered at minimal cost. Many families reported that this enabled them to regularly access support or activities they otherwise would not be able to afford. Families particularly valued **whole-family activities** where offered, and staff

believed this supported families to form positive memories, attachment, and social skills.

Families also valued opportunities for **peer support** and socialising with other parents/carers. Parents reported making new friends through the family hub group classes and meeting up outside of the family hub settings. This was particularly appreciated by parents/carers who felt isolated or with little support network in their local area. The family-led research also found that families wanted to access informal support, have ‘somewhere to go’ and opportunities to socialise. Additionally, it was important for families to make connections with peers in similar situations to them through services.

> I also got chatting with other mums [at the family hub]. Sometimes this was the only adult I spoke to all day. - ***Parent/carer***

Parents/carers valued the **open-door nature of provision** offered in some areas, where families could access the hubs through regular drop-ins, informal activities and universal groups. Families in areas where the hubs were not open-access suggested that the need to pre-book spaces or be referred-in was a barrier.

Figure 27. Open-door provision

Families involved in the family-led participatory action research were keen for spaces / hubs to be open to access. They valued being able to drop-in and to socialise with other families, including to make valuable connections with parents/carers outside of their peer networks.

> I didn’t even know the service was there until my child was 1 [year old]. Once I did [know about the service] I went to weekly stay-and-plays. My son gained confidence and I made friends, this was so important as I had started to get a bit depressed and hadn’t told anyone. Their friendship, and the kind staff, lifted me up without ever knowing. Now, there’s nothing informal anymore. Everything is bookable. – ***Parent/carer***

Families were also keen to use hubs as safe play spaces outside of the home.

> [I wish the hubs were] just a space to enjoy, a bit more like libraries are – you can just go and read a book. This would be just go and have toys, like a toy library. – ***Parent/carer***

Whilst not offered across all LAs, families highly regarded **support available for financial advice, fuel and food insecurity**. They expressed appreciating having a

warm space they could access. Some LAs had formalised this offer into sessions such as 'Cosy Toes' where families could go to be warm and have hot drinks. Additionally, families liked having access to cooking and food activities and facilities at the hubs. Some families said that without being provided with food through meal provision at the hubs or being supported to access food banks, they may not have been able to eat. Other families expressed that they had benefited considerably from the targeted support they had received. They valued learning from the expertise of the staff, but also sharing experiences with other families through space for peer support during the sessions.

> I was on the verge of a breakdown; I was in quite a bad place. Work wasn't coming in; I had no money… I was worrying about Christmas and had all these bills getting on top of me, we were getting evicted… she [family hubs practitioner] swooped in and I didn't feel stressed like I would have done if she wasn't there. Everything is better now. There's less shouting in the house, we're a much happier family. Having the debt resolved has reduced my stress. All the doctors are up to date, school get me and what's going on. I don't know what I'd have done without them [family hubs] - I was suicidal early last year. ***– Parent/carer***

In developing hubs, families had mixed views about the **integration of health services** within the hub buildings (previously Children's Centres). Some families had stopped accessing the hubs, believing the hubs were now a health service. The family-led research also found that parent/carers who had previously liked visiting health professionals based within a clinical setting, for universal health services, such as baby-weighing, questioned the professional expertise and suitability of hosting such services in community family hubs.

> Why can't I go and weigh my younger children in clinics like I did my older one? This was so reassuring. – ***Parent/carer***

Relationships with staff

Generally, families involved in the evaluation were extremely complimentary about the hub staff they had engaged with, and this was particularly the case where support had been received on a one-to-one basis from a family hub practitioner or similar, providing **time to develop trusting working relationships**.

> She [family hub practitioner] was amazing, she supported me through a really difficult time…she was always there, always on my side and she would listen to me and try to find a solution. ***– Parent/carer***

For example, parents described how they found their allocated hub practitioner and hub workforce to be welcoming, friendly, empathetic, approachable, non-

judgemental and relatable. Families appreciated the expertise of staff, who they found to be highly **knowledgeable**, particularly in child development and whole-family matters. This made it easier for families to engage.

> It [family hub service] gave us coping mechanisms, what to do when you're having a bad day. It was a good support. – ***Parent/carer***

> I felt we could vent anything that we'd been bottling up. We could just tell [family hub practitioner] about family occasions and anything that had been stressing us out. There aren't that many people you can talk to apart from each other, because other mums don't really understand it unless they are going through the same thing. [The family hub practitioner] wasn't judgemental, she'd offer up advice and help. – ***Parent/carer***

Parents/carers across LAs described how their children had responded positively to the **family hubs staff, who put them and their children at ease**.

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

Before engaging with a practitioner, 1 father described being suspicious of the practitioners and not wanting to cooperate with them for **fear of being blamed or judged**. However, he was impressed with their empathy which helped him to build rapport and trust.

> They [the staff] were really sympathetic with [child], and she instinctively liked them, so when they came back, I realised we could trust them. **– *Parent/carer***

Families valued **staff being proactive in addressing issues**, even if that meant providing onward referrals to other local services. Those participating in a baby massage course, for example, described how the hub staff had made the environment a 'non-judgemental' one, where no question was silly, and appreciated that staff had modelled approaches to help new mums to bond with their babies.

> Staff are always smiling and always ask how you are. It feels genuine and never forced. They genuinely want to know how you are. **– *Parent/carer***

Consistency of staff was important to families, even in group settings. Hubs ensured that the same staff were responsible for leading the group as far as possible. Families and staff believed that consistency allows time for relationships to form with staff, and consequentially, trust. If a trusted relationship is in place between families and workers, then families feel more able to ask questions as interventions progress.

> I can tell [family hub practitioner] anything and she's there to listen, support me, and she gives advice. ***– Parent/carer***

Families noticed **staff turnover and shortages in the hubs**. Families who experienced sessions being cancelled and a lack of reception staff to greet them at the hubs, suggested a preference for more consistency. They also perceived that staff had too much on their plates, for example citing times when staff could not answer questions about when activities were next scheduled, which families attributed to them being too busy to be aware of.

Families expressed they **wanted to see a range of staff and families across services, reflecting their backgrounds and life experiences**. Where this had happened, families found staff to be relatable and hubs to be inclusive. For example, families valued receiving SEND support from practitioners whose own children had SEND. Likewise, dads had expressed that they had liked attending a group led by a male member of staff. Additionally, some families commented on the need to have **culturally competent family hub services and practitioners** to meet the needs of their local communities. For instance, the family-led research identified experiences of provision being less accessible for people who spoke **English as an additional language**. In some cases, children or other parents/carers would interpret for parents/carers. Language barriers were also a barrier to people feeling confident to access services and engage in provision.

> My mother [the grandmother] takes our younger child to groups as we are both working. There is limited access for people who don't speak English – my mum, who only speaks Polish, was only able to access the groups she attended as I was able to tell her what they were saying at the first one, so she knew what to do at the next class. – ***Parent/carer***

Although not commonly reported, **some families felt misjudged by family professionals** in and outside of family hub workforces. They described feeling that professionals could not relate to their situation, and that equally they did not always know how to engage and communicate with professionals. This had, on occasion, resulted in support being cut-off or relationships being strained due to parent/carer behaviour being deemed inappropriate, because the parent/carer had for example, swore or raised their voice. Families appreciated it when it when professionals did not judge them for using 'inappropriate' language or expressed their frustrations.

Some families who felt they had benefited from the family hub support, reported a **concern about interventions and support coming to end**. They were worried about feeling isolated again, problems re-occurring in the future and finding it hard to re-establish the right family support. This was particularly the case where families had previously felt unsupported, after time-limited interventions had come to an end

but needs (such as SEND or behavioural needs) persisted. This finding highlights the importance of carefully planned endings and case closures, and iterative assessment of need.

Working with multiple professionals and services

Families were typically working with multiple professionals across the family services landscape, with staff in and outside of the hubs. Parents appreciated the **advocacy role often taken on by family hub practitioners**, particularly in meetings with other agencies and organisations such as schools or paediatricians. This advocacy had helped parents/carers to better engage with education settings and professionals and put measures in place to support both the children and their families.

Although not commonly mentioned, some families identified a lack of trust in the judgement of some wider partners, including LA inclusion officers who make decisions about school placements, suggesting that hub practitioners, with whom families have strong relationships, could play a role in mediating these discussions.

Families received consistent advice from professionals within the hub but identified challenges around **receiving conflicting advice** from between hub and wider professionals. For example, in 1 LA a health visitor had referred a family to a paediatrician who then quickly discharged the family with no concerns. This had caused the parent/carer to feel worried, which they later felt had been unfounded. This indicates potential for further alignment of needs assessments with wider partners.

Buildings and facilities

To aid direct referrals and awareness raising of family hub services, a physical presence in the community through **centres and accessible buildings** was felt to be very important. Interviewees in a range of professional roles noted that families liked familiarity and as such, buildings needed to be accessible and in locations which were known by families already. LAs had repurposed existing buildings within their estate, commonly Children's Centres, to site their family hubs. In some LAs where certain Children's Centre buildings had closed, staff believed that this had a negative impact on their ability to meet families' needs and that some of the remaining buildings were not well-suited to the local needs, in terms of, for example, geographical placement, accessibility, the size of the space available.

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

The family-led research also echoed this sentiment:

> There were lots of positives [of Children Centre's, which] then went into a steady decline. [A parent] cited them as underfunded and unappealing. She's seen the happy play-based approach leave the building and the health service move in. It's sad that families are seeing the changes that staff know are happening too, but they don't see it as good. The size of hubs does have an impact of how you can balance what's on offer rather than [being] in big buildings that can accommodate all services. This mum (who cannot drive) felt her local hub has been taken [over, to be] a health building. – ***Community researcher***

In 1 developing hub, a **satellite model** was considered to overcome the constraints of using the existing, legacy Children's Centre stock. However, staff identified several challenges with this approach, including: a lack of suitable community venues, or regular availability at them; high costs of renting spaces; challenges with transporting toys and equipment; unsuitable facilities (such as Wi-Fi); and inaccessibility (such as limited/no car parking, being located on a busy main road, or disabled access).

Staff believed that **visibility in the community was vital**, particularly after the pandemic when buildings had been closed. They commonly encouraged families already accessing services to join more groups, in the hope they would feel increasingly comfortable using the hub as they please.

However, LAs took different approaches to the open access of hubs. Some LAs aspired to increase **footfall in the hubs**, making them open access spaces for families to come and go as they pleased, facilitating the early identification of need. Another developed hub model instead focused on using the spaces for ongoing support and identifying needs through the MASH front door, negating the need for open-access spaces. Most families in this area were not regularly accessing the hubs but knew about their existence and had occasionally visited for meetings or group sessions. However, families across LAs, particularly those who had previously accessed Children's Centres, commonly expressed a desire to have open access to hub buildings where they could 'drop in'. The family-led research, found that families who had previously accessed Children's Centres, perceived current service arrangements to have resource challenges and fewer open-access activities.

> With my third child I saw funding cuts, which stopped some groups. It's so sad that all these lovely playrooms stocked full of toys are being used for health visitors to see families. I now see rooms full of unused resources, not touched, when I know the demand is there for it. Seems mad! I see from my local hub when I got my baby weighed, empty sand and water trays not

> moved week after week in the corner, which my older two played with every week. Where have all the family support workers gone? My kids loved to play with them, always full of smiles and great activities. – ***Parent/carer***

Staff expressed that in a physical building, practitioners could speak and listen to families, and by asking the right questions they are able to detect the need for targeted interventions. They believed this streamlined services for families, particularly where multi-agency staff were co-located.

Suitability of hub buildings and facilities

Some staff and families noted concerns about the hub buildings and facilities available. Staff and families commonly expressed concerns about **hub inaccessibility** to a lack of suitable public transport routes and car-parking facilities. Some families found it increasingly difficult to afford petrol or public transport to attend sessions further afield, where services were not within walking distance. Staff suggested transport should be provided in these cases, or car-parking increased. The family-led research found that families sometimes found it difficult to locate their local Children's Centres/family hub, finding a lack of or conflicting information about transport routes, addresses, access information, and signage. For some families, this created anxiety about accessing the hub, and some families were put-off trying to attend in-person.

> There's a lack of physical accessibility if you don't live near [the facilities], as public transport is lacking and parking is limited. **– *Parent/carer***

Additionally, families shared experiences of attempting to access the hubs, and believing they were closed when their calls had gone unanswered. Staff identified a shortage of colleagues available to **manage the reception**, welcome, guide, and signpost families in the hub setting, and provide advice to families who dropped-in.

Families who took part in the family-led research suggested that **peer-led provision** could ease the pressure on staff, enable buildings to be open for longer hours and for more activities (for example, peer-led activities for older children). However, they also noted challenges with regular building maintenance which could not be resolved through peer-led approaches, including not having access to scheduled cleaners or care-takers to lock up the buildings. Staff working in a hub model with a strong peer-support model stressed the need for paid staff to scaffold and support ongoing management of peer-support groups.

Families and staff identified a lack of **suitable space for groups** and family support delivery across both developing and developed hubs. They suggested that some buildings were insufficient in size. In 1 LA, staff suggested a need for more space for

practitioners to deliver support. Families wanted inclusive spaces for those with SEND, as community spaces were often inaccessible or carried greater risks for children with SEND or vulnerabilities.

> I think the service would benefit if it improved the facilities for older children and teens. It has a large outside space so would be ideal for an outside adventure playground like what they have in the inner-city. It would be also be a useful and safe space for kids who have disabilities or additional needs. Plus, having it more for the community! – ***Parent/carer***

LAs took different approaches to the **delivery of youth services**; some LAs focused on redesigning their existing stock to be inclusive of older children and young people, whilst others instead delivered off-site. One LA had co-designed youth rooms in their larger hub buildings which was working well for engaging older children and young people in a youth club. However, staff noted that a key challenge with the remaining existing building stock was the lack of space for this provision. Another family hub model ran targeted youth activities off-site within local VCS venues, delivered by commissioned partners. This included sporting activities and the space to talk to positive role models informally, without the pressure of one-to-one support, which had proved popular with older children.

Unmet needs / recommendations

Staff, strategic leads and families identified a number of gaps in existing family hub provision across all LAs, discussed further in this section.

SEND service offer and provision

Where SEND support was offered by the family hubs, parents and carers who had accessed support were highly complementary of the service. They accessed a range of peer, one-to-one and group support including: managing SEND diagnosis pathways, navigating education, health and care plan (EHCP) application processes, practical strategies to manage children's behaviour, SEND specific parent and child groups, access to statutory support (such as LA Inclusion Officer), education support (such as agreeing support plans), health services (including speech and language therapy, paediatrics, physiotherapy) and VCS support (including advice and groups). Additionally, in 1 LA, families valued being able to book the hub sensory room.

However, this SEND support was not offered across all family hubs and was frequently highlighted by parents as an **area of unmet need**. Staff who responded to our survey frequently expressed that there was a gap for children with SEND in their areas, or a lack of clarity for families of children with SEND over what is available to them. Just 37% of respondents agreed that families with children with SEND get the

right type of support, whereas 59% of respondents agreed that families generally get the right type of support, suggesting a disparity.

Figure 28: Workforce perceptions families receiving the right support, in mature hubs

	Disagree	Neither agree nor disagree	Agree
Families who have children with SEND get the right type of support	35%	28%	37%
Families generally get the right type of support	14%	27%	59%

Source: Ecorys Wave 2 workforce survey (n= 140 and 148 workforce survey responses n mature hubs)

Parents expressed how they had struggled to access diagnosis of SEND issues for children (also outside of the family hub system). Practitioners echoed this sentiment, reporting spending a vast amount of time supporting families to get a SEND diagnosis by liaising with the schools and other professionals involved. During this time, parents/carers described being left without specialist SEND support and needs escalating. Once diagnosed, they felt that there was a gap in service provision for children, young people and families, particularly for long-term support.

Although outside of the remit of family hubs, parents/carers of children with SEND identified wider unmet needs including funding for more hours for early years childcare, transition support for children when they reach 18 and leave education, and respite services and care.

One parent/carer noted that they would benefit from a parenting course which specifically takes issues relating to Autism into account. However, this sentiment was not expressed by all parents involved in the research, and others (who had received support in different LAs with a focused SEND offer) discussed how they had been able to access autism-friendly playgroups, parenting advice for developmental delay via speech and language therapists or peer support groups, for example.

Staff suggested developing the offer for children and young people awaiting a diagnosis or paediatrician referral, or developing a specialist SEND team within the hub model.

Services for older children and teens

While the core aim of family hubs is to offer a holistic, 0-19/25 service, practitioners and families identified gaps in provision for older children and adolescents. Interviewees commonly reported that the hubs were heavily focused on younger children and were perceived to not be joined up with wider youth provision for older children and young people. This view was echoed in the workforce surveys across both developing and mature hubs, where respondents reported that the service offer is more targeted to 0-5s.

> I'm not even sure families know what a hub is. I sit on reception and see many families for booked in appointments, so I am able to get a good feel. I'm not convinced family's needs are being met by family hubs. Room availability is an issue for play and under 5s provision as health is always prioritised. The hub is a 0-19 service but I'm not aware of what is on offer for 6–19-year-olds. I have asked many times and there's been no reply to an adequate level for practice, from management. – ***Family hub practitioner***

In 1 LA, there were a number of staff with a background in supporting older children, for example, having previously worked at the Youth Justice service, and specific, targeted services were available for older children and teens. Additionally, where family hub models had forged positive relationships with schools and youth services, they reported better reach of adolescent age groups. However, this was not consistently offered across LAs or across hubs within LAs. Family hub practitioners suggested that to engage schools and reach older age groups, referral pathways and support offers had to be made easy as possible for schools.

> When we remove as many barriers as we can, so actually when we simplify processes, when we make stuff more mainstream and accessible for schools and we take away as much red tape as we can, then genuinely schools are much more forthcoming in working with us. – ***Family hub practitioner***

Parents/carers across LAs felt that older children and teenager's needs had not been met by services received, and that there was a gap in provision not just in the family hub offer, but also more widely. Parents/carers discussed their satisfaction for provision while their children were very young, but provision 'dropped off' for older children. This view was echoed by staff in the workforce survey, who highlighted a lack of practitioner awareness and availability of external services to signpost older children into. Overall, family hubs were perceived as providing for under 5s.

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

Parents/carers commonly expressed challenges with accessing mental health support for their children, particularly through **Child and Adolescent Mental Health Service (CAMHS).** Whilst the hubs could signpost children to other support such as community and peer support groups, families believed this was not enough to effectively help. In 1 LA, 2 specialist mental health partners had been commissioned to case-hold families and provide mental health support and counselling as a core aspect of the family hub offer. In another LA, specialist trained practitioners within early help delivered Talking Therapy service to children and young people presenting with low level emotional and mental health needs. This had gone some way to supporting both parents and children in need of specific mental health support, not least because these partners were also well-positioned to refer on to other programmes offered in-house. However, staff and families highlighted that the waiting lists were excessively long for CAMHS and commissioned services alike. Early intervention services to support lower-lever mental health needs were more accessible, with waits of 6-8 weeks, but interviewees flagged that these interventions could not support in the same way counselling could. When the service was provided, it was not extensive enough to meet the child's needs. Families **suggested a range of services that could be included within family hubs**, to meet the needs of older children and young people. These included music sessions, cinema clubs, and outdoor activities. Where available, families were very appreciative of activities for the whole-family, inclusive of older children and young people. They suggested that more of these activities, such as external trips or external companies delivering arts and creative activities in the hubs. Families believed this would be particularly beneficial for families who were otherwise not able to afford doing activities together. Additionally, they suggested that schools and hub buildings could work together to provide more holiday activities, particularly for older children and young people to facilitate forming friendships.

Furthermore, practitioners suggested hub services for young people could include universal skills-based interventions, such cooking, CV writing and physical activity; alongside targeted provision focusing on mental health support (for those not meeting CAMHS thresholds).

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

Parents/carers commonly expressed that they would like to be able to access more **informal, universal, face-to-face provision** such as coffee mornings or stay and play sessions. Whilst hub staff noted that the online and hybrid models of support had created efficiencies and enabled them to reach more families including those who did not want to return to the hubs after the pandemic, families expressed a desire for more in-person provision. The family-led research also identified that

working families found activities difficult to access as there was very **limited provision during evenings and weekends**.

> The groups are really for families who are part-time or don't work. – ***Parent/carer***

This was particularly highlighted by parents participating in a targeted intervention course who were **concerned about support 'dropping off'** when the course ended. Some parents raised examples of groups which had previously been available but had since closed and were missed. Others noted how being able to access face-to-face services had been vital for their mental health, but also noted that universal offers were limited in their area.

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

Some staff noted how the Covid-19 restrictions had impacted on the way services were delivered to families both during the pandemic but also in the post-pandemic period. In lockdown, work to support families had been delivered at a distance, such as running **courses online**. Staff had found it difficult to get as much interaction with parents this way. However, 1 parent pointed out that accessing a (different) hub service online had been more convenient to her due to health conditions which limited their mobility. In 1 developing hub area, parents/carers expressed frustration that a course had closed during the pandemic and had not reopened. One parent/carer believed this caused delays to accessing an intervention, impacting their child's language development.

Interviewees described an **increased demand for face-to-face provision** since lockdown restrictions had lifted. Hub staff also identified a gap in service provision for new parents; whilst 'new parent talks' had been commissioned as a universal service pre-pandemic, they were no longer provided. Staff in another hub area suggested that moving forward, the universal offer should be focused on long-term impact of the pandemic on families' social and emotional wellbeing, child development as well as children's education.

Staff expressed frustration about not being able to deliver more face-to-face, universal group provision. In 1 LA, staff noted that they had a raft of interventions and groups prepared and ready to be offered from the family hub premises, but due to current high **practitioner workloads**, it was not feasible to do so. This was

because time delivering universal groups is time spent away from providing one-to-one support.

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

Across developing hubs, parents/carers highlighted the **requirement to pre-book sessions as a barrier** to accessing universal services and open spaces. They wanted spaces to be 'open' to drop-in with their children, play with toys, and make social connections for themselves and their children. Community researchers interviewed a small number of hub staff who believed this negatively impacted on their ability to build relationships with families due to the lack of regular drop-in and social activities.

As mentioned above, parents/carers reported finding it difficult to access accurate and accessible information online about service hours. Websites were reportedly out of date and not user friendly. Some parents/carers noted that timetables and information was often out of date or inaccurate, even when circulated on social media. A small cohort of parents/carers suggested that this could be due to ongoing perceived 'staffing issues'. Which, indicates that, parents/carers were cognisant of staff churn and perceived a lack of stability of services.

> [On what requires improvements] communication – in all aspects, online, and better signposting on what is on or can be attended. ***– Parent/carer***

> I bumped into a mum and she recognised me, she asked when the drop in weight clinics were at the hub. I knew there were none so asked her to check out on our Facebook page to see all the local ones. She replied I did but the page hasn't been updated since 2019. The name has changed since it has become a family hub and she said to me, well how would I know that? It's a good point, [the new name is] not even written anywhere on the front of the building. ***– Family hub practitioner***

Services for dads

Both families and family hub representatives highlighted gaps in provision for dads; some interviewees noted that there was very little focused provision available for this group. They noted 2 key barriers to engaging dads in existing services; some family hub services had few male staff, which might make men reluctant to engage; parents/carers noted that dads in employment limits their awareness of and ability to attend provision during the day. Strategic leads warned against tokenistic 'dads' groups, however one lead stressed the importance of pragmatic solutions to

meaningfully involve dads, for example by encouraging their involvement and consultation as part of care plans.

Figure 29. Engaging dads

Dads engaged through the family-led research suggested that there were several factors that contributed to their knowledge of and engagement with services. While interviewed dads did not need their gender or role to be reflected in the staff or group attendees, they suggested that could influence the engagement of dads. One dad felt that he had less awareness of services than his partner.

> As a man I found Dad's Club most welcoming. It had a male member of staff and it was good for the kids to see a man working there. Most groups are mostly women which I don't mind, but it might be off-putting for others. I like the concept of a dad's club as it clearly defined it as Dad-and-child-time. ***– Parent/carer***

Support for financial advice and guidance

Where hubs had facilitated access to warm spaces, food banks and meals for no or low cost, this had been greatly appreciated by families who may otherwise have gone without. However, families discussed their worries about the cost-of-living crisis, and their ability to make ends meet. Some families found the cost of school uniforms, lunches, trips, or family meals unaffordable. Additionally, families who were in debt identified an unmet need for debt advice across most of the LAs.

Access to specialist provision

Access to specialist workers within family hubs had been challenging in a range of ways. This included **health visiting, speech and language, sleep support, relationship support and reducing parental conflict, and adolescent mental health provision** (in particular, access to CAMHS). Some parents/carers reported difficulties with health visitors not getting back to them following a referral or getting back to them but not having time to offer full support. They also expressed concerns that health visitors had provided what they felt to be incorrect or uninformed advice. Families perceived that these challenges were likely to be due to a heavy workload. A similar sentiment was expressed by a parent/carer who was frustrated at the waiting list for speech and language support. They attended several short speech and language courses via the family hub but when milestones are not met by the end of the course, then have to go on to a waiting list for a follow up.

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

Figure 30. Suggestion for specialist sleep provision

The participatory action research uncovered an unmet need for specialist sleep support for new parents. One community researcher reflected on this finding:

> I think if you ask any new parent what their biggest concern with a baby is - they would say sleep. At every group it's what parents talk about – lack of sleep, what is working, what isn't working, how shattered they are… I have been really struggling with sleep and have spoke to health visitors or on home visits. Sometimes the advice is helpful, sometimes not. 'Put the baby down sleepy but awake' doesn't work for all babies. I've finally contacted a charity who are not linked and am seeing a sleep specialist at one of their groups for free. This seems like a good idea to have a sleep specialist at the family hubs. There should be more links between these charities for new parents and the family hub. ***– Community researcher***

7. Measuring change

This section presents the findings from the impact and economic evaluation work streams. It first presents the impact results, based on analyses undertaken for the 2 mature hub models (Essex and Leeds) for which quasi-experimental designs were deemed feasible. It then goes on to present the value for money findings for the individual LAs and estimates on aggregate for all 5 LAs within the evaluation. Details of prospective impact evaluation designs for the hubs at an earlier stage in development are presented in Appendix B.

Impact of family hubs

Quasi-experimental design (QED) impact evaluation

The quasi-experimental design (QED) impact evaluation for Essex and Leeds focussed on the short-term outcomes of children and families[35], informed by the theories of change (ToC) of each LA family hub model (see Appendix A). The analysis used outcome indicators from **publicly available administrative datasets** such as the Local Authority Interactive Tool (LAIT), the Fingertips database of Public Health England, the Office for National Statistics (ONS), and NHS framework indicators.

The QED was informed by the different characteristics, services and intended outcomes of each family hub model, drawing on indicators specific to Essex and Leeds. Outcomes specific to the LA family hub model were used to help detect potential impact, and facilitate impact attribution to that hub model. For example:

- The Essex family hub model includes integrated health visiting appointments, and families have access to universal hub services by referral from health visiting appointments, which suggested health-related outcomes to be an important area (as outlined in the ToC). Other relevant outcomes of interest for Essex included: safety, school readiness, health and mental wellbeing, and family resilience. We consulted the hub's Annual Outcome Measure Report (Financial Year 2021-22), as well as the ToC to develop a list of relevant outcomes of interest for Essex.
- Leeds has integrated police staff in the hub workforce, which suggested that crime and policing outcomes to be of particular interest. Other outcomes of interest for Leeds included: child protection, first time youth offences, domestic violence, and mental health. The ToC was used to identify the most relevant outcomes of interest for Leeds.

[35] The impact evaluation focused on outcomes of children and families, as workforce outcomes are covered in the process evaluation (through the workforce survey and qualitative data collection), while system changes are much harder to measure, detect, and attribute to family hubs interventions. The latter is however covered in the theory-based evaluation using qualitative evidence.

Common outcomes of interest in Essex and Leeds were taken into consideration for in the analysis. For example, service engagement and satisfaction, family functioning and resilience outcomes. Lastly, the outcomes of interest in the impact evaluation were focused on the short and medium term, as it was too soon for the longer-term outcomes to have materialised yet and detect impact of the family hubs.

Data sources and indicators

As mentioned above, the QED analysis used publicly available administrative data. Overall, 14 indicators were used to assess impact in Essex and 6 for Leeds (15 in total, with indicators used in both LAs). The indicators used in the analysis were matched (as closely as possible) to the intended children and families outcomes cited in the ToCs (Appendix A). Table 9 lists the indicators used to measure impact in Essex or Leeds, their relevance and which ToC outcomes they match on to. The final selected indicators were the result of a detailed scoping process. A larger range of potential indicators was considered. Consultations with the LAs and the DfE helped to identify the most relevant and appropriate ones for the impact evaluation.

As mentioned in the data limitations section (see Method), there were some data availability issues.

- Some of the proposed indicators listed in the scoping report (2021) were not used in the final analysis, as **data availability** has changed over the years. One of the key factors that affected data availability for final analysis was Covid-19. During the pandemic data collection stopped for many indicators, resulting in significant gaps in the data which prohibit their use in analysis over time[36]. This analysis therefore focuses on the indicators that were considered most relevant, appropriate, and have been recorded for a sufficient range of years before and after family hubs were established in each LA, to allow assessment of potential changes in trends.
- As family hubs went live in Essex (2017) before Leeds (2019), there was more post-intervention data for Essex which potentially allows for easier detection of impact. Although the models have been running for a number of years, some outcomes may not be realised (and detectable in administrative data) until the long-term.
- Some publicly available indicators were not an exact fit to family hub activity, therefore detecting and attributing impact to family hubs was a challenge.

[36] See for example the ‘school readiness’ indicator, which now has missing data of two years, for 2019/20 and 2020/21 (source: https://fingertips.phe.org.uk/search/school%20readiness#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1).

Table 9. Outcome indicators used in QED impact

Domain	Outcome indicators	Data source	Relevance to TOC: Essex	Relevance to TOC: Leeds
Family functioning and child protection	Rate of Child in Need (CiN) Rate of Child Protection Plan (CPP) Rate of Looked After Child (LAC) (All rates per 10,000 children)	LAIT	Relates broadly to child safety and family resilience	"Reduced number progressing to CIN, CPP, LAC"
Crime or police intervention	Rate of first-time entrants to the youth justice system (per 100,000 of the 10–17-year-old population)	Fingertips/ PHE		"Reduction in first time offenses"
Early childhood development	Percentage of 2-year-old children benefiting from funded early year education	LAIT	"Increase in positive choices after receiving support", "Increased school readiness (amongst those at risk)"	"Greater level of engagement in early help support"
	Percentage of 3- and 4-years old children benefiting from some free early year education	LAIT	"Increase in positive choices after receiving support", "Increased school readiness (amongst those at risk)"	"Greater level of engagement in early help support"
Education	Key Stage 4 (KS4) destination measures (percent going to, or remaining in education/employment) -total KS4 destination measures (percent going to, or remaining in education/employment) -for pupils with SEN KS4 destination measures (percent going to, or remaining in education/employment) -for pupils with no SEN KS4 destination measures (percent going to, or remaining in education/employment) by cohort (e.g., SEN) -Care leavers	LAIT/ gov.uk	"Ready for the next stage of life by 19 amongst those identified as at risk, SEND, and in care/care leavers"	
Health	Reception: Prevalence (%) of obesity (including severe obesity)	Fingertips/ PHE	"Healthy weight by Year 6 (amongst those overweight at reception)"	
	Year 6: Prevalence (%) of obesity (including severe obesity)	Fingertips/ PHE	"Healthy weight by Year 6 (amongst those overweight at reception)"	
	Number of emergency admissions for acute conditions that should not usually require hospital admission (under 19 years old)	NHS Outcomes Framework Indicators	"Avoid hospital care for health care (child)"	
	Emotional and Behavioural Health of LAC (Strengths and Difficulties Questionnaire - SDQ score)	LAIT	"Improved emotional wellbeing (amongst those at risk, with parents with poor mental health)"	
Employment, wider information & signposting	Percentage of Care leavers NEET (Not in Education, Employment or Training)	LAIT	"Ready for next stage of life by 19 amongst those identified as at risk, SEND, and in *care/care leavers*"	

QED impact findings: Essex and Leeds family hubs

Table 10 summarises the impact evaluation findings for all 14 indicators tested for Essex and 6 indicators tested for Leeds. The graphic outputs can be seen in Appendix C. The text box below, provides a word of caution on interpreting the results.

Interpreting the QED impact results

- **'Difference'** refers to the average difference between Essex/Leeds and their synthetic counterparts after the launch of family hubs (2017 for Essex and 2019 for Leeds).
- **Statistically significant differences do not necessarily mean that there was meaningful impact caused by the family hubs.**
- To fully assess impact, we investigated whether similar differences and trends were shown in other LAs (control LAs). If no other similar differences and trends are found, then the difference can be causally attributed to the family hub intervention.
- For reference the Synthetic Control Method (SCM) plots (graphs) are in Appendix C for reference.

It was not possible to establish a causal link between the changes observed in the 14 indicators tested for Essex and 6 indicators tested for Leeds and their family hub models. As mentioned above, it can take time for the outcomes of systems change programmes to be realised and detectable in administrative data sources. This does not mean that outcomes will not be detected in the future. Furthermore, this finding does not discredit the role that family hub models have played in creating a step-change in the organisation and provision of local family services.

The analysis suggested there was **potential impact on 2 indicators for Essex**: significant (positive) differences on the percentage of 3-4-years-old children benefiting from funded early year education, and on the percentage of Key Stage 4 (KS4) children going to or remaining in education or employment. However, in both cases, other LAs showed similar (and statistically significant) results, therefore we conclude that these findings might not be caused by the family hubs being present in Essex.

Table 10. QED impact evaluation findings (Essex and Leeds)

LA	Indicator	Difference	Impact detected	LA data trend
Essex	Rate of Child in Need (CiN, per 10,000 children)	-60.6*	No	▼ Positive downward trend
	Rate of Child Protection Plan (CPP, per 10,000 children)	-11.4	No	▶ Stable trend
	Rate of Looked After Child (LAC. per 10,000 children)	-1.7	No	▲ Negative upward trend
	Rate of emergency admissions for acute conditions that should not usually require hospital admission (under 19 years old) -per 1000 among 0-19 population	-0.02	No	▲ Negative upward trend
	Prevalence of obesity among children at reception	1.1***	No Other LAs showing similar effects	▲ Negative upward trend
	Prevalence of obesity among children in Year 6	0.5**	No Other LAs showing similar effects	▲ Negative upward trend
	Emotional and Behavioural Health of LAC (Strengths and Difficulties Questionnaire score)	0.4*	No Borderline SDQ levels[37]	▶ Stable trend
	Percentage of 2-year-old children benefiting from funded early year education	4.4**	No Other LAs show similar effects	▲ Positive upward trend
	Percentage of 3- and 4-years old children benefiting from some free early year education	2.9***	**Potential impact** Other LAs show similar effects	▶ Stable trend
	Key Stage 4 (KS4) destination measures (percent going to, or remaining in education/employment) - total	0.7**	**Potential impact** Other LAs show similar effects; pre-existing high levels	▶ Stable trend
	KS4 destination measures (percent going to, or remaining in education/employment) -for pupils with SEN	0.9**	No Other LAs show similar effects	▲ Positive upward trend
	KS4 destination measures (percent going to, or remaining in education/employment) -for pupils with no SEN	0.4*	No Other LAs show similar effects pre-existing high levels	▶ Stable trend
	KS4 destination measures (percent going to, or remaining in education/employment) by cohort (e.g., SEN) -Care leavers	0.9	No	▲ Positive upward trend

[37] A higher score on the SDQ indicates more emotional difficulties. A score of 0-13 is considered normal, a score of 14-16 is considered borderline cause for concern and a score of 17 and over is a cause for concern. https://lginform.local.gov.uk/reports/lgastandard?mod-metric=2135&mod-area=E10000012&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup

LA	Indicator	Difference	Impact detected	LA data trend
	Percentage of Care leavers Not in Education, Employment or Training (NEET)	3.5	No	► Stable trend
Leeds	Rate of CiN (per 10,000 children)	-3.1*	No Other LAs show similar effects	▲ Negative upward trend
	Rate of CPP (per 10,000 children)	-0.7	No	▲ Negative upward trend
	Rate of LAC (per 10,000 children)	1.4	No	▲ Negative upward trend
	Rate of first-time entrants to the youth justice system (per 100,000 of the 10-17 years old population)	14.4	No	▼ Positive downward trend
	Percentage of 2-year-old children benefiting from funded early year education	2.0**	No Other LAs show similar effects	▲ Positive upward trend
	Percentage of 3- and 4-years old children benefiting from some free early year education	0.4*	No Other LAs show similar effects	► Stable trend

Source: Ecorys analysis of publicly available indicators (see Table 9 for details on data sources).
Statistically significant results are noted as '*' for 10%, '**' for 5%, and '***' for 1% level.

Symbol	Trend
▲	Positive upward trend
▼	Positive downwards trend
►	Static / stable trend
▲	Negative upwards trend

In Essex, there was a significant difference of almost 3 percentage points in **children benefiting from funded early year education** (at the 1% level), however other LAs (at least 6) showed similar significant differences (at the 5% level) when compared to synthetic control LAs. Hampshire, 1 of the comparator LAs and a statistical neighbour of Essex, showed very similar results (2.5 change), suggesting that the changes picked up by the analysis were not causally linked to family hubs.

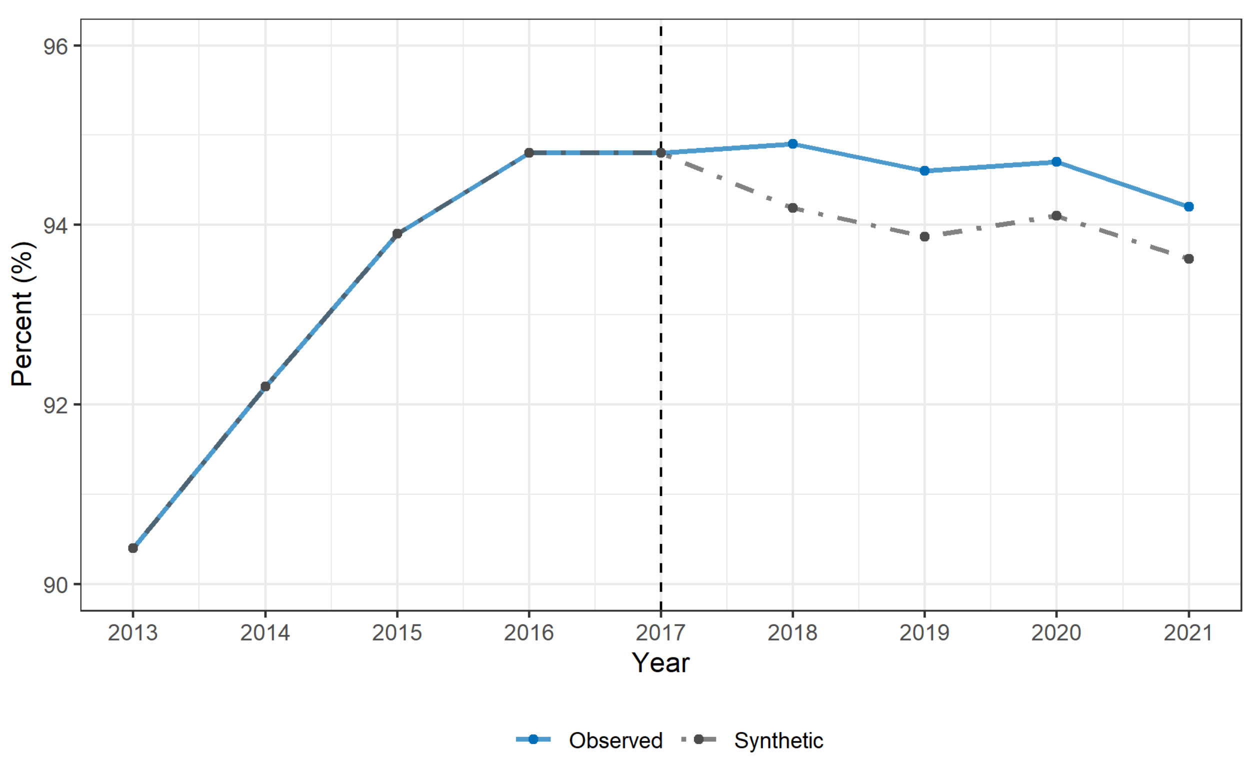
These outcomes are quite strongly associated with family hub activities in Essex, however, and provide a good fit with the Theory of Change. In Essex, family hubs deliver the Ages and Stages Questionnaire (ASQ-3) which assesses child development at ages 2-3, across communication, physical ability, social skills, and problem-solving skills. These one-to-one meetings between practitioners and families provide an opportunity to raise awareness of funding for early years education and encourage uptake of this offer. Encouraging uptake of early years education has been a particular drive post Covid-19 lockdowns, and national drive to support children to meet a good level of development.

A small (0.7) but statistically significant difference was also detected on the percentage of **children going to or remaining in education or employment** (KS4 destination measures), suggesting the percentage would be lower in the absence of family hubs (see synthetic control trend in Figure 32). However at least 6 LAs broadly followed the same outcome levels and trends after 2017, with statistically significant differences (at the 5% level), thus the results did not suggest any impact on this indicator in Essex. In Essex, the percentage of KS4 children going to or remaining in education or employment has been at consistently high levels (94-95%) after 2017, which is a positive trend.

KS4 destinations is a priority area for Essex County Council, and again provides a good fit with the Theory of Change for the local family hubs model. Supporting young people to stay (or take up) education, employment and training opportunities has been driven by the council. These efforts have been supported by the Essex family hub, through its school-based work. The hubs' school practitioners and school nurses deliver direct interventions with young people in need of support, including those with emotional and behavioural needs. More recently the Affinity Programme (incorporated under the hub model since September 2021) provides interventions and support to school-aged children who are risk of exclusion, working with the young person, parents and the school.

As Figure 32 shows, this indicator has been increasing since 2013, reaching high levels before 2017, which means that only marginal differences could be detected after the launch of the family hubs. While we cannot conclude there has been impact on this indicator, it is possible that the Essex family hubs might be contributing to keeping this percentage at high levels.

Figure 31. KS4 destination: Percentage of young people going to or remaining in education or employment, in Essex and comparator areas, by year since 2013

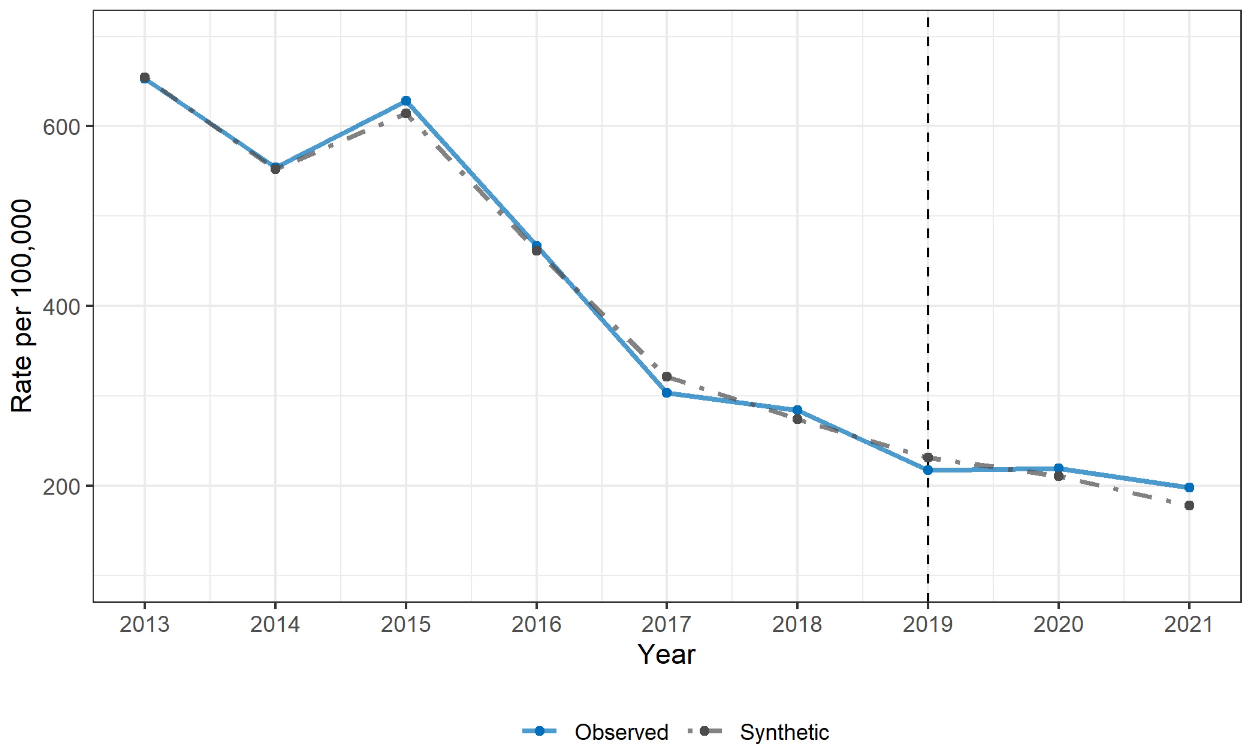


Source: Ecorys analysis of publicly available indicators

Although there was no clear impact in any of the indicators, there were **positive signs** where some indicators are moving in the right direction or maintaining good levels. For example, in Essex, the rate of Child in Need (CiN) plans has been steadily decreasing after 2018, and the percentages of pupils with SEN and care leavers going to or remaining in education or employment has been steadily increasing since 2013.

Likewise, in Leeds, the rate of first-time entrants to the youth justice system has been decreasing (see Figure 33). The Leeds family hub model includes police staff and contributes to wider partnership working across education and prevention services to reduce youth crime and anti-social behaviour. This work supports Leeds' whole system approach to support whole families and protect young people from involvement in youth crime. Similarly, the positive upward trend in Leeds of 2-year-old children benefiting from funded early year education, is supported by the family hub whole system approach to strengthen the Early Help infrastructure. Hub practitioners signpost families to Children's Centres and wider early help services, to support awareness and take-up of early years education.

Figure 32. Rate of first-time entry to the youth justice system, per 100,000 of 10-17 years olds, in Leeds and comparator LAs, by year since 2013



Source: Ecorys analysis of publicly available indicators

There were **positive signs** in the rates of CiN, Child Protection Plan (CPP) and Looked after Children (LAC) across the LAs; although the indicators have shown a somewhat expected rise in levels during the years 2020-22, most likely due to Covid-19 related challenges. In Leeds specifically, local information has shown a reduction in re-referrals to children's social services. Reducing the number of re-referrals was a key outcome for the Leeds hub model. Re-referrals to children's social services from 2019 - 2022 showed a drop of 4%: 28% of children in 2019 were re-referred to children's social services in Leeds as opposed to 24% in 2022.

Two indicators however show **negative trends**. In Essex, the prevalence of overweight and obese children at reception and in Year 6, has been increasing since 2017; which is consistent with recent national trends across England[38]. As this is a central outcome in Essex's theory of change, this finding suggests there is room for improvement. Essex family hubs deliver a range of physical activity interventions to support healthy child weight. For example, they deliver the National Child

[38] https://commonslibrary.parliament.uk/research-briefings/sn03336/

Measurement Programme, 0-5 and 5-19 Health Child Programmes, alongside a range of healthy lifestyles activities for the whole family.

QED impact for Sefton family hubs

As part of the impact analysis, the rates progressing to CiN, CPP, and LAC status were also tested, using the same SCM approach, in Sefton. The analysis suggested that there was no impact in any of the 3 indicators. However, it is likely that impact cannot be detected yet for Sefton, as its family hub development has been slower. Any future impact evaluation of the Sefton family hub model, should conduct a more comprehensive analysis on more indicators, use more years of data to determine whether there is any impact, and take the more gradual hub development into consideration, focusing on the cumulative effects of the local family hub transformation journey over time.

Theory based evaluation: contribution analysis

To supplement the quantitative impact evaluation, presented above, a theory-based method was used to assess the impact on a select number of (less quantifiable) outcomes for families, the workforce and LA systems. Table 11 below present contribution analysis for Essex, Leeds and Sefton, drawing on all the available evidence collected in the evaluation. The key findings are presented below:

- **Family outcomes:** The evidence across LAs suggests that whole families received effective support from family hubs services. However, there was still some way to go in helping families to receive help quickly. Families reported not knowing where and how to get the help they needed prior to being referred into family hubs, particularly those with complex needs and children with SEND. Families reported long waitlists for specialist partner services.
- **Workforce outcomes:** Workforces reported being better integrated with other professionals and partner services, compared with prior service arrangements. Workforces had received training in relationship-oriented practices, common care planning and shared case management discussions. In some (but not all) LAs workforces also benefited from shared case management systems, which provided efficient data and information sharing across professionals. However, multi-disciplinary working and changes to job roles and responsibilities as a result of family hub transformation was challenging for workforces to initially adapt to.
- **LA systems:** There was evidence of positive system changes and efficiencies in commissioning and capacity across LAs as a result of family hubs service arrangements.

Table 11. Theory-based evaluation: Contribution analysis for Essex, Leeds and Sefton

LA	Causal claim (hypothesis)	A. Strength	B. Influence	C. Scope	D. Consistency	E. Quality	Total score	Assessment rating
		The strength of the association between the causal mechanism and the intended outcome(s)	The degree of influence (effect) of the causal mechanism on the intended outcome(s)	The extent to which the causal claim is generalisable across populations or settings	The extent to which the causal claim is upheld across multiple observations or instances	The robustness of the data sources relied upon to make the causal claim in question	Sum A-E	Supports: 11+ Inconclusive: 6-10 Refutes: <5
Essex	**Families** can access services when needed; only tell their story once	Med (2)	Med (2)	Med (2)	Med (2)	Med (2)	10	Inconclusive
	Workforce are more skilled/competent in whole family work; integrated team work around one care plan.	High (3)	High (3)	High (3)	High (3)	Med (2)	14	Supports
	System - efficiencies through outcomes-focused commissioning, based on needs	High (3)	High (3)	High (3)	High (3)	Med (2)	14	Supports
Leeds	**Families** – quick access to better interventions	Med (2)	Med (2)	Low (1)	Low (1)	Low (1)	7	Inconclusive
	Workforce - improved capacity across early help professionals and clusters	High (3)	High (3)	High (3)	High (3)	High (3)	15	Supports
	System – reductions in re-referrals to the front door	High (3)	Med (2)	High (3)	High (3)	Med (2)	13	Supports
Sefton	**Families** – engage with service provision	High (3)	Med (2)	Med (2)	Med (2)	Med (2)	11	Supports
	Workforce – more skilled and confident to support families with complex needs	High (3)	High (3)	High (3)	High (3)	High (3)	15	Supports
	System – Early help is seen as everyone's business	High (3)	Low (1)	Low (1)	Med (2)	Med (2)	9	Inconclusive

In Essex:

- **Families** described not knowing where to seek the right help from initially. Once referred into family hubs, families described receiving coordinated support from different professionals and services, and having the choice to refuse support they did not feel was right for them. Families did not report having to tell their story multiple times. Families, especially those with a child with SEND, reported frustration with waiting time of partner services (which sat outside of the hubs).
- The **workforce** consistently reported gathering new skills and competencies through integrated family hub working. Ex-Children Centre staff, in particular had adjusted to new ways of working, across wider age groups and family needs. All staff were trained in trauma-informed practice. All staff consistently reported the value of a common assessment, plan and case management system across the hub workforce (and some partners). They believed that this provided families with a seamless service provision.
- The Essex family hub was a commissioned service. The **outcomes-focused commissioning** model has produced cost and resource efficiencies across the LA early help system. The service works closely with LA commissioners to regularly report on service reach, outcomes for families. New services are commissioned based on system and community needs.

In Leeds:

- A small number of **family** case studies suggested the need for a better response from early help services; for support to be put in place early, and for families to be listened to and understood when reporting difficulties with their children. More outcomes data would provide a clearer picture of the overall impact achieved for families and the value of whole family working.
- There was consistent evidence that Leeds upskilled the **core hub and wider early help workforce** through joint working on cases and through direct training to partners in the community. They also upskilled specialists working in the multi-agency hubs and raised the level of awareness of the importance of early help among their key partners.
- Reducing the number of re-referrals was a key **system-level** outcome for the Leeds family hubs. Re-referrals to children's social services from 2019 - 2022 showed a drop of 4%. Staff attributed this to the whole-system work delivered by the hubs to improve the quality and consistency of early help.

In Sefton:

- **Families** reported the primary success factor of the support they received was the relationship they had with their early help worker (hub practitioner). Families and workforces reported that the early help workforce were good at engaging people who may feel embarrassed at needing help and nervous at engaging with services.
- **Workforce** interviewees/survey respondents expressed that the commitment to workforce development had been significant. Staff are trained in trauma-informed practice. Feedback from families also suggested effective strengths-based approaches.
- The LA children services **system** was undergoing huge change as a result of improvement directives within children social services. The family hubs were operating in a context of multiple strategic and operational changes to improve services. Therefore it was difficult to attribute system changes directly to the hubs over other local change initiatives.

Economic evaluation: value for money of the family hubs

This section outlines the value for money of family hubs for each LA and concludes with an overall synthesis across LA models.

Essex family hub: value for money

Consultation with Essex's family hub identified the following efficiencies:

- **Approach to commissioning:** Recommissioning a range of services delivered by up to 10 providers into an integrated and streamlined model.
- **Integrating health services** in West Essex, including the 0-5 and 5-19 Healthy Child Programmes, Healthy Schools programme, Family Nurse Partnership, Children's Centres, West Essex Community Specialist Health Services, speech and language, paediatrics, school nursing, SEND, etc. This improved accountability and reduced moral hazard, because the same provider is held to account for improved outcomes, rather than handing off between organisations.
- **An outcomes-focused commissioning process**, which underpins service monitoring. Service providers were judged based on outcome performance rather than delivery against a service specification. The service was "passionate about outcomes, agnostic about the process" based around "proportionate universalism" to be "more strategic and less universal", i.e.,

strategic allocation to where there is need. Contracts have been unified to common outcomes.

- **Integrated working** across the partnership. Everyone was committed to the same outcomes, but there can be flexibility in how they are achieved, including whether through the service or not. This reduced repetition, for example, families only need tell their story only once.

There have been recorded financial gains derived from the integrated family hub model in Essex, expected to total approximately £29 million over the 7 years of the service's operation, as illustrated in Table 12.

Table 12. Budgets / savings from integrated working for Essex family hubs

Value	Budgets / savings
£35,584,000	Essex County Council's 2016-17 financial envelope prior to Virgin Care (now HCRG Care Group) family hub model
-£3,558,841	10% deduction made by Essex County Council to financial envelope from 2017-18 (Year 1) onwards
-£610,527	2019/20 (Year 3) onwards discount offered by HCRG Care Group against financial envelope
-£358,244	Further efficiency savings from 2021/21 (Year 4) to 2024/25 (Year 7)
£31,056,388	**Total financial envelope received by HCRG Care Group from Essex County Council for 2021/22**
£3,558,841	Savings in total for Years 1-2: £3,558,841 x 2
£4,169,371	Savings in total for Year 3: £3,558,841 + £610,527
£18,110,470	Savings in total for Years 4-7: (£3,558,841 + £610,527 + £358,244) x 4
£29,397,526	**Total savings over Years 1-7**

Source: Ecorys consultation with Essex family hubs management

Annual savings compared with the original financial envelope (£35,584,000) range from £3,558,841 (10%) in Years 1 and 2 of the service contract, to £4,169,371 (12%) in Year 3, to £4,527,617 (13%) in Years 4-7.

The service is expected to lead to direct and indirect benefits to the NHS:

Direct NHS financial benefits:

- Estates reduction due to the co-location of staff in family hubs and delivery sites
- Single management resources and governance processes
- Single contract and performance management system
- Single IT infrastructure and clinical information system
- Cross-professional exchange of knowledge and expertise
- Better patient experience ('only telling my story once…')

Indirect NHS financial benefits:

- Single care pathways with tapered professional skill-mix
- Reduced demand on primary care and acute care
- Better long-term public health and social care outcomes
- Reduction in bureaucracy lost management time by interfacing with a single provider.

Though this could not be directly attributed to Family Hubs, the impact evaluation (see section on Impact of family hubs) found a potential benefit of an increase in the percentage of 3- and 4-year-old children benefiting from some free early year education, and Key Stage 4 (KS4) destination measures:

- **The increase in the percentage of 3- and 4-year-old children benefiting from some free early years education** was 2.9%. This equates to 974 of the 33,586 3- and 4-year-olds benefiting from some free early years education in Essex in 2022. Applied to a suitable if conservative unit cost proxy of an emotional learning programme[39], per child per year (£171), this works out at an **estimated value of £166,681** (£171 x 974). This solely accounts for the cost that might have otherwise been incurred by the local authority to provide an alternative learning programme for these children, if they wanted to access early years education in the absence of the family hub. The value realised of these children attending free early years education is likely to be greater due to the increased lifetime earnings of children as a result of receiving early

[39] From which "Participants can demonstrate significantly improved social and emotional skills, attitudes, behaviour, and academic performance" (see Greater Manchester Combined Authority Unit Cost Database: greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis), so similar to benefits to "early childhood education and care (ECEC) [that] can have a positive effect on the educational, cognitive, behavioural and social outcomes of children" (Melhuish and Gardiner, 2021).

years education[40], and the relatively low cost of the emotional learning programme used as a cost proxy. The actual value realised may also be more or less depending on the number of additional children benefiting from early years education as a result of the impact of the family hubs. Furthermore, if the benefits are projected across the lifetime of the hub, the estimated value would increase, subject to the HM Treasury's Green Book recommended discount of 3.5% per year. As an illustration[41]:

  - £327,527 after 2 years
  - £482,744 after 3 years
  - £632,529 after 4 years
  - £777,071 after 5 years
  - £916,554 after 6 years
  - £1,051,155 after 7 years (the lifetime of the programme).

- **KS4 destination measures – the percentage going to, or remaining in, education or employment –** increased by 0.7%. This equates to an estimated 340 young people, based on an estimated 48,582 young people in KS4 in Essex in 2021. Applied to a unit cost estimate of being Not in Education, Employment or Training for 1 year (£16,903),[42] this works out at an **estimated value of £5,748,086** (£16,903 x 340). This comprises fiscal cost savings from worklessness and housing benefits payments, tax and national insurance receipts (countered with a negative value associated with payment of working tax credits resulting from moving into low salaried work, and payment of child tax credits), and an economic benefit to the individual through their earnings. The actual value realised may be more or less depending on the numbers going to and remaining in education or employment as a result of the impact of the family hubs. Furthermore, if the benefits are projected across the lifetime of the hub, the estimated value would increase, subject to the HM Treasury's Green Book recommended discount of 3.5% per year. As an illustration:

  - £11,294,989 after 2 years
  - £16,647,750 after 3 years
  - £21,813,165 after 4 years

[40] RR354 - Students educational and developmental outcomes at age 16.pdf (publishing.service.gov.uk)
[41] The below projection is based on the assumption that the number of children benefitting remains approximately unchanged across all cohorts.
[42] Source: Greater Manchester Combined Authority Unit Cost Database: greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis

- £26,797,790 after 5 years
- £31,607,953 after 6 years
- £36,249,761 after 7 years (the lifetime of the programme).

Combining these analyses gives an estimated value added of between £35,359,289 (over 1 year of projected future benefits) and £66,698,442 (over 7 years, i.e. the lifetime of the programme).

As well as improving system dynamics and improving experience and engagement in services, Essex wants to grow their community assets (i.e., more community and peer-led interventions). Over the period of a 10 year contract, Essex County Council want the emphasis to shift from professional support to community alternatives where appropriate. This is also likely to lead to cost savings.

Essex family hubs: Estimated value added: Between £35,359,289 (over 1 year) and £66,698,442 (over 7 years, i.e., the lifetime of the programme).

Leeds family hubs: value for money

The impact evaluation found that there is as yet, no statistically significant impact of the Leeds Early Help Hubs. However, there were positive signs in a downward trend in the rate of first-time entrants to the youth justice system:

- **The rate of first-time entrants to the youth justice system**, per 100,000 of the 10-17 year-old population, dropped from 219 in 2020 to 208 in 2022. This equates to a fall of just over 8 entrants of the 74,642 young people in the 10-17 population in Leeds in 2022. Applied to a unit cost proxy of average fiscal cost of a first-time entrant (under 18) to the Criminal Justice System in the first year following the offence (£4,151),[43] this works out at an **estimated value of £34,079** (£4,151 x 8.2). The actual value realised may be more or less depending on the numbers of first year entrants as a result of the impact of the family hubs. Furthermore, if the benefits are projected across the lifetime of the hub, the estimated value would increase, subject to the HM Treasury's Green Book recommended discount of 3.5% per year. As an illustration:
    - £66,965 after 2 years
    - £98,701 after 3 years
    - £129,325 after 4 years

[43] Source: Greater Manchester Combined Authority Unit Cost Database: greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis

- £158,878 after 5 years
- £187,396 after 6 years
- £214,917 after 7 years (the lifetime of the programme).

Leeds also shared data on how cases were processed from January to December 2022. The data showed 4,881 requests for support were made to the family hubs. Of these requests for support, only 126 (3%) were stepped up to social work. Reducing the number of re-referrals was a key outcome for the Leeds model. **Re-referrals to children's social services** between 2019 and 2022 showed a drop of 4.2%: 27.9% of children in 2019 were re-referred to children's social services as opposed to 23.7% in 2022. These achievements were made despite an increase in CiN and CPP figures overall[44]:

- CiN figures between 2019 and 2022 showed an increase of 6% to 9,196 in 2022 from 8,624 in 2019, and there was a 150% increase in the number of children waiting to be assessed (805 in 2022 from 317 in 2019).
- CPP figures from 2019 to 2022 show a 25% increase in the number of CPPs to 1,314 in 2022 from 1,046 in 2019.

However, the impact evaluation found no impact for these indicators. This may be due to increased levels during the pandemic, other factors or interventions (so data is too 'noisy' to detect any meaningful effects), or other LAs experiencing similar trends, so we cannot conclude with certainty if this is causal to the family hub.

In terms of the costs of the hub model, the **steady-state direct costs** of the 3 hubs cost is approximately £1 million in total per year. The costs of the hubs for the last 3 years were:

- **2019/20**: £810,019
- **2020/21**: £1,013,283
- **2021/22**: £1,042,401.

These costs include set-up costs and apportioning costs of other services' time where some (but not all) of their time is devoted to the hubs (for example, early help practitioners). There will also be further indirect costs where other services' time supports the delivery of the hubs but is not formally allocated – for example, time spent by the police, mental health, domestic violence and substance misuse staff referring into and working with the hubs. For example, the LA pays for the salary of a

[44] https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need

police inspector (a direct cost), but time spent by other police officers (an indirect cost) is not reimbursed.

Leeds family hubs: Estimated value added: Between £34,079 (over 1 year) and £214,917 (over 7 years, i.e. the lifetime of the programme).

Sefton family hubs: value for money

The intention of the Sefton Family Wellbeing Centres is to improve the quality and timeliness of support to families across Sefton to address concerns more effectively and earlier. A consequence of this has been a merger of Children's Centres and family centres as part of the Early Intervention Programme (EIP), to form Family Wellbeing Centres (family hubs). This has led to an initial saving of £866,000. There may be further resultant savings due to **efficiencies and centralisation in functions** that feed into the family hub model, such as commissioning and training.

In addition, it is the intention that the hubs' interventions for families in need of specialist early help support will prevent needs from escalating, ensure better outcomes in the longer-term for children and families, and prevent the LA from spending money on more costly, longer-term interventions. While this has not yet translated to statistically significant impact on the rates of CiN, CPP and Looked after Children (LAC)[45], the LA data suggests that **early help intervention** has potentially prevented up to 94% of cases being re-referred or re-escalating into these statutory services or the youth offending team (YOT) since 2018. This includes 7,139 families stepped down to early help, of which 6,084 (85%) did not get stepped back up in statutory services.

Data also suggested that, without early help intervention, 454 families since 2018 would otherwise cost the public purse in terms of unemployment or housing. This is based on claims for the government Supporting Families[46] Programme that have been made from early help cases. These 454 families supported by early help included:

- 218 families supported to progress to work
- 72 families where work was sustained for more than 26 weeks
- 11 claims for adult learning or volunteering
- 153 claims for better housing outcomes.

[45] Therefore benefits have not been costed as the deadweight – what would have happened anyway – is likely to outweigh most or all of the benefits.
[46] https://www.gov.uk/government/collections/supporting-families

Since these are the relatively narrow criteria for the Supporting Families Programme, there may have been other contributory factors or outcomes. Early help provided almost half (48%) of all Supporting Families claims, suggesting the difference early help has made to families is substantial.

Sefton family hubs: Estimated value added to date £866,000 (minimum).

Suffolk family hubs: value for money

Suffolk's family hubs model emphasises prevention and early intervention and is in an early stage of development, having gone live in April 2022. The primary aim of the Suffolk family hub model from a value for money perspective is to make services more efficient and effective. Consultation with key stakeholders within the LA has identified potential efficiency cost savings to the children's services budget resulting from the evolution of the hubs from the existing 'business as usual' LA model. A major saving to date from the move to the family hubs model has been a £435,000 **reduction in building costs**. This has included:

- Closing 2 Children's Centre buildings that were no longer fit for purpose and could not be re-purposed for early years, SEND or schools' provision.
- Re-purposing 8 Children's Centre buildings as nursery or school provision.

The services these Children's Centres previously delivered to 0-5-year-olds are now delivered through **outreach**. The £435,000 has been reinvested to support the model through outreach and retaining and improving existing Children's Centre services offered through 44 Suffolk libraries (including outreach in 12 libraries by health and Children's Centre staff) and providing additional staffing posts to support vulnerable families. This included **creating new posts** such as 5 Grade 4 posts to work with young parents based on the Family Nurse Partnership (FNP) model, which supports parents who do not meet the FNP criteria as the work focuses on both young parents not just the mother. There is national evidence of the impact of the Family Nurse Partnership model – improved levels of children's school readiness, increased reading scores for Key Stage 1 (infant school) children and writing scores for some children[47] – outcomes which can be expected to be realised in time.

There might have been a larger reduction is building costs; however, the LA uncovered a need to **invest in central building maintenance.** Whereas original modelling suggested that the building maintenance contractors' costs would reduce

[47] fnp.nhs.uk/our-impact/evidence

as premises were repurposed, this was found to not be the case, with contractors having increased their costs over and above inflation across the last 2 years.

A further efficiency is that the number of people seen by the family hubs is increasing, which suggests that the hub buildings and services are being used more frequently. For example, the hubs worked with 13,321 people in November 2022 (comprising 5,098 children, 6,084 adults and 2,139 professionals), up from 9,684 in July 2022. Of the children working with the hubs in November 2022, 91% were aged 5 or under.

Suffolk family hubs: Estimated value added to date £435,000.

Bristol family hubs: value for money

Since the start of this evaluation Bristol have accepted funding to deliver the DfE/DHSC Family Hubs and Start for life Programme. As a result, Bristol's delivery plan for family hubs was reformulated in 2022/23. Given the early start of maturity for the development of the hub, the LA did could not quantify any economies, efficiencies or cost-effectiveness of the services to date. In addition, funding arrangements are complex, as relevant funding and cost information, is held across 20 different services that will be contributing to the partnership model, including the LA, public health, Clinical Commissioning Groups.

Nonetheless, the LA did identify the following areas that the transition to a family hub model may potentially have led or lead to economies and efficiencies in delivery.

- **Re-scoping of budgets** away from individual Children's Centre budgets to a centralised budget within the early intervention budget in the early help service. This provides the LA with a more integrated management structure.
- **Improved integrated working**. Systems and processes are enabling Children's Centres, family support services and safeguarding teams to meet and discuss children and families to support pathways to targeted services where needed. This will be further developed as the family hub model matures.
- **Co-location and co-delivery** of antenatal support, midwifery, health visiting, family support and Children's Centres is developing in some of Bristol's family hubs. For example, this is particularly evident for health visitors, who are co-delivering and more aligned with Children's Centres. There may be scope for more streamlined use of office space and buildings as a result. However there remains inconsistency and more scope to collaborate across the city, which the local programme is looking to drive forward.

- An **Information Sharing Agreement** with community nursing provider, leading to more efficient use of staff time through being better able to share information and resources.

As well as efficiencies, LA stakeholders believed there was or may also be benefits that lead to cost savings arising from more or better outcomes:

- **Development of a strong virtual offer** that is enabling families to access information and help at an earlier point and at times that suit them, which should, in turn, reduce pressure on acute and crisis services.
- **Stronger collaboration and partnerships with the voluntary and community sector**, which will result in stronger models of co-delivery and clearer pathways for families, particularly for underserved communities.
- **Strengthening systems and processes to collate and analyse data about families' needs** – uptake and impact of services delivered through family hubs will enable gaps to be identified and addressed, and more efficient targeting of resources.

Bristol family hubs: Estimated value added to date are not able to be quantified, due to their early stage of development.

Value for money of the family hubs across the 5 LAs

Value for money analysis has estimated savings of between approximately £37 million (£36,694,368) and £68 million (£68,214,359) across the family hubs. As Essex's model and commissioning is distinct to other family hub models, it is perhaps unsurprising that most of these savings are estimated to arise from Essex's family hubs, particularly if calculated over the lifetime of the service. Efficiency savings over Years 1-7 of the service in Essex amount to almost £30 million. As well as Essex, family hubs in Sefton and Suffolk have also made efficiency savings. These savings are in effect cashable and can, and in many cases have, been redeployed to deliver additional services.

The estimated savings resulting from benefits (as opposed to economies or efficiencies) are based on findings from the impact evaluation. The impact evaluation has described these benefits as potential benefits (percentage of 3- and 4-year-old children benefiting from some free early year education, and KS4 destination measures, both for Essex) or positive signs (a downward trend in the rate of first-time entrants to the youth justice system in Leeds). Therefore, these benefits may or may not be realised in practice. We recommend that these outcomes are measured in the future to ascertain whether they do indeed occur, based on relevant guidance

such as HM Treasury's Green Book[48] and appropriate tools such as the Greater Manchester CBA Model[49]. The analysis presented here suggests that if they do occur in practice, the resulting cost savings could be substantial. This is particularly the case as we have been conservative in our estimates with, for example, the benefit from free early years education estimated at £171 per year based on an equivalent cost proxy from a reputable and up-to-date source.

The value for money analysis has been conducted on the basis of, and it would be fair to assume that, in the absence of the family hubs the costs of running similar services would have been broadly the same, or even risen. Essex's savings resulting from the impact evaluation are subject to comparison group analysis and therefore have automatically been adjusted for deadweight (what would have happened anyway), substitution (impact that has been transferred from other services) and drop-off (in this context, the failure to realise outcomes with a reasonable timeframe). In any case, it has been very difficult to distinguish the costs of the family hubs from 'business as usual' costs (the costs that would have occurred had the family hubs not happened), which have rendered a full Fiscal Return on Investment or Social Return on Investment impossible.

It should also be noted that the family hubs are still in early stages of maturity. Therefore, this value for money analysis can only provide a somewhat premature and limited snapshot. Over time, improved outcomes should lead to cost savings, and greater potential for economies and efficiencies from integrated and streamlined delivery.

Skills and capacity to self-evaluate service delivery

As discussed in relation to designing family hub models, above, LAs generally lacked outcomes frameworks to reliably and consistently measure service outcomes. In the absence of a national family hubs **outcomes framework**, LAs had developed a bespoke measurement framework or relied on the Supporting Families framework to track families engaged with targeted hub provision.

Local family hubs also lacked the in-house skills, capacity and infrastructure to self-evaluate service performance and outcomes achieved for families and the wider system. A common challenge in LAs was the use of **different information management systems** across partners, which limited the ability to aggregate data across professionals and services. While all LAs collect a wide range of data (e.g., footfall, pre-and post- intervention surveys, family feedback, care plan and review

[48] HM Treasury (2020b).

[49] greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis

information), they did not all have **systems and technical expertise or capacity to support analysis, reporting and interpretation of the available data**.

Essex family hubs was an exception, they had **a business information management team** dedicated to running data reports against the service level key performance indicators and family outcomes at practitioner, area and whole service level, on a monthly basis. These reports provided a transparent picture of reach, patterns in family needs and progress to meeting these. The monthly reports were used at strategic and operational levels to review outcomes and reflect on service delivery.

8. Conclusions

This report has presented the findings from evidence gathered between April 2021 and March 2023, based on a partnership between an evaluation team and 5 LAs delivering family hub models. The evaluation pre-dated the more recent family hubs programmes funded by government (DfE's Family Hubs Transformation Fund and DfE and DHSC's Family Hubs and Start for Life Transformation Fund), and therefore tells the story of how 0-19/25 integrated family services were developed from the bottom-up at the initiative of the LAs involved, and the lessons learned both for delivering and evaluating hub models.

In this final chapter, we draw together and conclude on the main findings from the evaluation. We start by reflecting on key messages relating to the design, set-up and delivery of family hubs, and the evidence for outcomes and impact. We then go on to consider the implications for the future development of family hub models, before finishing with a set of recommendations for policy and practice.

Designing and launching local family hub models

Looking across the LAs, it is apparent that an initial impetus was required to kick-start service transformation. They opted to move towards an integrated approach for 0-19/25 services at different time points, but this invariably followed internal reviews, audits, or needs assessment demonstrating a need to improve service quality and / or cost. LAs stressed the importance of building on local strengths and making the best use of existing resources to connect programmes such as Supporting Families, Sure Start Children's Centres, Heathy Child Programme, Integrated Care System, and Reducing Parental Conflict. At the same time, commitment was required among political leaders and between agencies to make more radical changes to 'business as usual', if necessary.

There was a common message amongst all LAs to allow sufficient time for complex systems change to take place, and to monitor, evaluate, and where necessary make adjustments. Bristol addressed 0-12 services first, before turning to the older age groups. Even in Essex, where a new organisational entity was commissioned to deliver the local programme, the governance structure, partnerships and service pathways were reviewed continually. The move to outcomes-based commissioning attuned partners to the importance of having meaningful outcome measures, and this meant establishing a regular cycle of monitoring, evaluation and reporting, supported by investment in analytical capacity (a business analysis team) and in IT systems, tools and training for staff.

The evaluation also underlined that a root and branch approach is needed to establish and sustain 0-19/25 family hubs, with integration at all levels. For the LAs

within the evaluation, this required not only setting a clear vision, but also ensuring collective ownership of the model; defining the core and wider workforce, setting clear roles and responsibilities, and communicating the aims and the scope of family hubs services with referring organisations. A relational approach proved to be central to the effectiveness of family hub transformation, not only in the context of working with families, but also in developing and sustaining networks of professionals, building trust and communication and winning hearts and minds.

In the mature hub models, the workforce survey indicated good overall levels of understanding and buy-in to family-minded ways of working and to the aims of the family hubs model. Equally, however, the evaluation showed the limitations of family hubs in cases where staff felt there was a disconnect between the management mantra of transformation and the realities of service integration on the ground. Gaps in awareness of family hubs were also highlighted during evaluation fieldwork, and serve as a reminder that awareness cannot be assumed and that LAs need effective channels for monitoring and feedback to understand where take-up is lower.

The LAs in the evaluation demonstrate that multi-level and multi-stakeholder governance is essential for leveraging the expertise and resources needed for 0-19/25 family hubs. This requires a formal structure to connect with the right local forums – communities, public health, and early help, and to engage local members to maintain a profile for the family hubs agenda at a political level within the LA. In Sefton, the close integration of family hubs with the early help offer was greatly assisted by well-functioning boards – starting with the chairing of the executive board by the Associate Director of Children and Young People Services for Mersey Care, which has distributed leadership and accountability for family hubs, supported by a set of sub-working groups and mirrored at a locality level within integrated operational teams. In other LAs, too, there was a message about the importance of having a clear and well understood governance model and lines of accountability, and setting and reviewing an implementation plan.

Multi-professionalism and multi-disciplinarity in action

The research has detailed how models of multi-professional working vary considerably within and between family hubs. The Leeds working definition provides a useful distinction between ‘a group of professionals working side-by-side on their own cases’, a ‘coordinated team supporting joint working’ and a ‘collective responsibility team’, with the LA aspiring towards the latter approach. There was a consensus that co-location alone does not guarantee effective joint working.

Where multi-agency working was more integrated, professionals from the mature hub models generally reported greater knowledge and confidence of different disciplines and roles. The qualitative data showed how joint assessment, supervision

and practice observations helped to showcase different models of engagement and support with families – such as where child or adult specialists observed family support workers in 'whole family' model, within formulation meetings, and where the triangulation of data gathered by different professionals (police, early help, health visitors, etc) provided new insights to families with whom professionals were familiar from their specific context. There were clear advantages in terms of problem-noticing, safeguarding and earlier intervention of problems.

The evaluation also highlighted the challenges of multi-disciplinary working in practice. Across the LAs, professionals needed to navigate differences in ethical frameworks, working cultures and practices acquired working within their professional context. These differences related to requirements for obtaining consent around initial contact (e.g., between steps followed by health and early help professionals); understanding of 'risks' and how to manage them; assessment tools and frameworks used; confidentiality thresholds when sharing information about families supported by family hub teams; and styles of engagement with families.

Addressing these challenges required both formal measures such as memoranda of understanding, joint training and supervision, matrix management arrangements, and informal measures to provide opportunities for different professionals to mix and familiarise. Transparency and parity in professional status and pay when bringing professionals together within family hubs, along with steps to negotiate appropriate levels of shared access to IT systems and data, were also considerations.

It was often the 'culture shock' of working in an unfamiliar way that was experienced as the most unsettling by staff, however. For Children's Centre staff, adjusting to a wider range of needs, adopting the mandatory health training and a rebalancing from open access groupwork to timetabling of one-to-one appointments for parents and carers within a more clinical health-oriented model often proved challenging. This balance was a difficult one to get right, for professionals and families alike. The advantages of families having more streamlined access to a wider range of specialist support were offset with drawbacks relating to a more formalised environment within the repurposed hub buildings, displacement of group work, and some de-skilling where this had been a mainstay of staff. Higher levels of need, more complex cases, and increased demand and workload for early help teams were also key considerations, with some workers feeling a sense of being in limbo while changes took place. Staff who were interviewed stressed the importance of managing this process in a consultative and inclusive way, to keep the workforce onboard.

Networks, pathways and spaces

The report has shown that the family hub models needed to establish pathways into services. Understanding the needs of the local population and how to reach and

engage them, clarity of needs assessment, referral, and ongoing access to support and services had to be mapped and operationalised, and updated continuously.

- **Awareness raising and engagement** – the LAs all took active steps to ensure visibility and awareness of family hub services, for example by combining information provided through family hubs and schools, web and social media, brokerage, and signposting to hub services by funding dedicated posts such as community coordinators and family navigators, as well as noticing family needs by the wider workforce, communities and business (including utilities companies). These networks required continuous updating and refreshing to ensure a 'no wrong door' approach for families seeking support how and where it suited them.
- **Referral and service pathways** – the evaluation highlighted the challenges presented by raising awareness and creating demand for support among families and also among referring services. The addition of qualifying criteria for referrals and / or triage arrangements provided a means of assessing and prioritising cases and determining the most suitable next step, whether through support via family hubs or 'warm referrals' onwards to other services. Clarity and shared understanding of service pathways was required, along with models for case holding and planning and review, beyond referral stage.
- **Uses of buildings and spaces** – practical considerations about access points for family hubs surfaced through the evaluation fieldwork. These included transport, accessibility, safety, appropriateness of spaces for different uses (e.g., privacy considerations where buildings were repurposed for one-to-one work, safeguarding where different age groups and child and adult services were housed within a single site). It also related to the capacity of designated spaces to meet the volume of referrals accepted by family hubs and time-tabling to avoid the displacement of popular group work, play, and drop-in activities by specialist health appointments. Again, the nature of these practical and logistical challenges were locally specific. For instance, when comparing very rural areas with city-based provision where space was often at a premium. LAs typically combined hubs located in accessible locations with some delivery at satellite sites – libraries, community centres, schools or youth services.

The LAs all made use of evidence-informed tools and frameworks of some kind, having tested and endorsed those that provided the best fit for their local content. Restorative and trauma-informed practices were widely incorporated within family hubs continual professional development programmes, and some of the LAs had used evidence-based interventions (EBIs), including those recommended in the Early Intervention Foundation (EIF) guidebook and Public Health England (PHE)

guidance, within their service offers. There was some caution about the push to introduce specific EBIs as a condition of nationally funded programmes. Some LAs were concerned about the burden on staff of introducing new frameworks from the top down, and the potential impact on workload, as well as the risk of replacing established interventions that were working well. This was particularly the case where EBIs had been trialled before within the locality and were not a good fit.

Free-to-access universal services were also in high demand among families, with many favouring open access, drop-ins, and flexible timetabling to engage around work patterns. Activities such as community events and celebrations were part of the offer and were often valued on a par with, or as a precursor to, accessing formal support or interventions. Hubs connected with food banks, money advice, and sought to connect families with voluntary and community sector specialist support, including young carer associations and support groups for children with SEND.

Family voices and experiences

Family participation was a key consideration in understanding local needs and priorities and in shaping local family hub offers. The evaluation showed wide variation in models of family voice, from ongoing participation organised within forums or working groups, to timebound consultative exercises at key points, such as audits or reviews. Achieving participation that was experienced by families as meaningful and impactful required careful management of expectations. Staff noted that certain aspects of family hub support offers were statutory (e.g., mandated health checks for 0-2s), and that families' priorities for support had to be workable within available resources.

Across the LAs, family voice work had proved important in securing a sense of ownership of family hubs, gave insights to the barriers for access among under-represented groups, and provided feedback to understand requirements for more specialist provision (e.g., SEND). Work streams with active engagement of young people featured within the local plans for Suffolk and Bristol to determine what youth-friendly spaces and services might look like within a family hub model. Families generally welcomed being listened to and valued seeing action being taken, but equally there was a risk of disengagement and scepticism where they had perceived changes to local services with little or no prior consultation or information. An understanding of more formalised models of co-design with families would benefit from examining the approaches taken by a wider range of LAs.

Evidencing and valuing change

The evaluation paints a generally positive overall picture regarding outcomes. The triangulated evaluation data gives promising signs of improvements at system and workforce levels among the mature hubs. Qualitative evidence of more joined-up strategy, governance and partnership working arrangements was supported by quantifiable savings. This was especially so in the case of Essex, where the commissioning of a new dedicated service was premised on a business case for improving both quality and efficiency, and monitored with data collected by the business analysis team. This was also evidenced across the other LAs where data was available.

The evaluation also found signs of higher awareness and confidence in family hubs and in levels of service integration among the workforce within the mature hub models. Based on the survey data, practitioners from mature hubs had a greater propensity to report that referral pathways are clearly understood by different professionals and agencies across the LA, and that family services have been integrated across the 0-19 range (up to 25 years for SEND). They were also more likely to report positively on survey items relating to the appropriateness of training and supervision, and on the presence of a culture of learning and reflective practice. These findings must be caveated appropriately, given that they relate to a comparison of 5 specific local family hub models. Even so, they are consistent with the local Theories of Change regarding intended workforce outcomes.

The administrative data also showed promising trends further ‘downstream’, regarding outcomes for children and families among the mature LAs. These signs were particularly strong for engagement and service-uptake outcomes. Both Leeds and Essex saw positive trends in the percentage of 2-year-old children benefiting from funded early years education over the period corresponding with family hubs transformation, supported by qualitative evidence of family hub whole system approaches to strengthen Early Help infrastructure and to signpost and support awareness and take-up of early years education. In Leeds, a strong focus of family hub transformation in the Theory of Change relates to partnership working across education and prevention services to reduce youth crime and anti-social behaviour. Staff identified a strong contribution of this whole family approach towards falling rates of first-time entrants to the youth justice system over this period.

Despite these positive signs, however, the use of quasi-experimental methods produced limited evidence of impact when compared with other LAs. While statistically significant results were found on 2 of the indicators for Essex: the percentage of 3-4-years-old children benefiting from funded early year education, and the percentage of Key Stage 4 children going to or remaining in education or employment, similar results were found in comparable (statistical neighbour) LAs,

suggesting that the changes may not be causally linked to family hubs. In Leeds, no statistically significant impacts were detected across the measures selected for the impact evaluation despite the positive trends in the data described above.

Reflecting on these findings, and the evidence base that supports them, some key messages emerge regarding efforts to measure the outcomes from family hubs.

- The first relates to the **comparability of family hub models**. Even within the 5 LAs selected for the evaluation, it is clear that the specific needs and characteristics of the target populations, the LA service infrastructure, and historical partnership arrangements vary considerably. The process of developing Theories of Change was useful to differentiate the local models and their evaluation requirements, but it also showed that many aspects of evaluation are the most informative when conducted at a local level using data that relates to specific local needs and configurations of services.
- The second relates to the **quality and consistency of data** for evaluating family hubs. In the absence of a universally accepted outcomes framework, it was necessary to work with LAs to match locally defined outcomes in the Theories of Change with their equivalent in publicly available datasets (principally the LAIT and PHE Fingertips). This exercise highlighted the absence of reliable measures within national administrative datasets for domains such as family functioning, wellbeing and resilience. It also underlined the challenges posed by a lack of standardised quality and service improvement measures for Early Help services. These are the kinds of measures that would greatly assist with understanding system change.
- The third key issue relates to **maturity**. The evaluation established that there are limitations to the use of quasi-experimental designs for family hubs during the formative stages in their development. This is due to the time required for implementing change programmes, and the lag in these changes registering detectable effects within the administrative data at a population level (a factor which is likely to have affected the results for Leeds in particular, given the more recent roll-out of the local family hubs model compared with Essex). It remains to be seen whether the acceleration of family hubs transformation with targeted funding allows for earlier impact evaluation, and whether efforts are best targeted at within-LA comparisons for defined sub-populations or interventions and using (softer) intermediate outcome measures.
- The fourth relates to the question of **attribution**. Even in Essex, where the impact evaluation found statistically significant results for 2 outcome measures, there are challenges in isolating the impact of family hubs from other factors that might be anticipated to influence child and family outcomes, such as: other programmes, the effects of Covid-19, the impact of leadership

changes, inspections of children's services, and underlying levels of poverty and disadvantage. A comparison between LAs pits the family hubs models against the average effects of 0-19/25 services and system reform in other English LAs, many of which may have adopted some of the principles of family hubs over the equivalent period. For 0-5s in particular, family hubs have been rolled out during a busy period of targeted policy interventions in the early years, all of which stand to contribute towards improved outcomes.

The evaluation involved a model of evaluators partnering with LAs had definite advantages – LAs were partners in evaluation and signed-up to collaborate ('done with') rather than being the recipients of a compulsory evaluation of a funded programme ('done to'). The local pairings of lead evaluators and LA family hub teams brought together expertise in data requirements for service planning and delivery with expertise in data required for evaluation. It showed that, with exceptions, LAs generally lacked capacity and time to build evaluation into local data collection arrangements. There would be benefits from finding ways to scale-up collaborations between research and practice for family hubs.

Looking ahead – areas for consideration

The experience of working with 5 LAs and their local family hub models presents a number of key considerations for how family hubs are developed in future, including through the DfE national funding programmes. These are summarised below.

- **Keeping the bigger picture in sight** – in many ways, family hubs are an embodiment of integrated 0-19/25 family support services. Front line delivery is just 1 aspect, however, and other aspects of service integration such as governance and strategy arrangements are also fundamental. Family hubs are more than the sum of their parts, therefore, and it is important to keep wider system change in mind when understanding local models.
- **Hub development beyond 0-5s** – the LAs included within the evaluation all aspired to work with children and families across age and service boundaries. In practice, however, 0-5 services have provided a focal point for transformation – not least because of the tangible opportunity for co-location presented by Children's Centres. This early years focus has a clear rationale and is supported by a raft of evidence-based tools and interventions. In the longer-term, it raises questions about whether some rebalancing might be

needed to define 6+ family hubs offers, and to establish the parameters of the policy programme beyond an initial focus on the early years[50].

- **Maintaining hubs as community spaces** – a recurrent theme in the report has been the challenge relating to creating family hub spaces that work for all. Specifically, the need for clinical spaces to coexist with community spaces comes to the fore in the research. The evaluation does not suggest that these needs are irreconcilable but it does highlight the importance of getting the messaging and ethos right, and avoiding the crowding-out of peer support, group work, play and social interaction among peers. The diversification of family hub satellite access points was one of a number of ways that LAs within the evaluation were striking this balance.
- **Demand and risk management** – with the exception of Leeds, where family hubs were aligned with Supporting Families to include a focus on targeted support for young people at risk of crime and not being in education, employment of training, the LAs mainly oriented their family hubs towards families falling within early help. In practice, however, LAs had encountered a high proportion of families presenting with high levels of need, including cases stepped-down from children's social care. This presents a challenge for the workforce to rapidly acquire the skills and expertise needed to recognise and respond where cases may involve a more complex safeguarding dimension. It suggests that LAs should anticipate these needs when determining their skill mix and budgets for training and development.
- **Meeting the needs of children and families with SEND** – the family hubs often provided a point of contact for families of children with SEND, including where support was needed pre-diagnosis or to access support and services alongside Education, Health and Care Plans. Over the life-course as the needs of children (with SEND) and their families change, and as children turn 18, much of this support was navigated in response to uncovered demand, which suggests that a more systematic review of the role of family hubs in meeting the needs of families with SEND could be beneficial in the context of national funding.

Recommendations

Drawing together the findings from this report, the following provisional recommendations have been identified. These are subject to further discussion and refinement with the DfE and with the participating LAs.

[50] This early years focus is further amplified through the parallel rollout of Family Hubs Transformation Fund 2 and Start for Life, and the mix of interventions prioritised with the respective funding programmes.

Considerations for DfE and other national policy stakeholders

1. To consider how family hubs funding and programmes can be utilised to **strengthen family hubs beyond 0-5s**, with a particular focus on transitions from early years to middle childhood, and from youth to adult services.

2. To consider the case for developing **standardised quality and service improvement measures for** 0-19/25 family support services, across family hubs and early help provision for families more broadly, forming a baseline for all 152 LAs to track and compare progress over time.

3. To gather further evidence on **the characteristics of the family hubs workforce**, and to define key competences for integrated family support within hubs, with a view to potentially developing or updating occupational guidelines.

4. To collate and disseminate **examples of tools and resources developed by LA family hubs** that have proved effective in removing barriers to integrated working, such as memoranda of understanding, frameworks and standards.

5. To further **test and refine the optimum impact evaluation methods** for family hubs, such as within-LA comparisons for key sub-populations or interventions, and using intermediate outcome measures to demonstrate change over time.

6. To **support LAs to build analytical capacity**, and to encourage further collaborations between hubs and research organisations at local and national levels. This might include the formation of a family hubs data user group (with attention to the Children's Social Care Data User Group (CSCDUG) https://cscdug.co.uk/), or future rounds of innovation funding to tackle shared challenges for hubs.

7. To undertake a review of the role of family hubs in **meeting the needs of families with SEND**, with particular attention to the Care Review recommendations for SEND at a locality level and the role of Family Help.

Considerations for LAs and their strategic partners

1. To ensure that family hubs are embedded at both strategic and operational levels, with **clear leadership and governance** and representation on strategy boards (health, education, communities) as well as locality teams.
2. To consider the **merit of funding dedicated posts such as community coordinators or family navigators**, so that there is sufficient resource to map and engage with community groups and organisations and to connect formal services with assets and informal support within the locality.
3. To **engage families in needs assessment and in reviewing and improving services**, providing both timebound consultations at key points and also engaging families through working groups, and reviewing participation to ensure that these groups represent the local population.
4. To review the need for **additional specialist training for professionals** working within family hub teams, where families accessing services include higher level needs in relation to safeguarding, SEND or other complex cases, and to consider the merits of scaling-up trauma-informed and restorative practice.
5. To review and consider **evidence-based interventions**, including those recommended in the Early Intervention Foundation guidebook and Public Health England guidance, piloting arrangements to ensure a good fit with local needs and circumstances, and building in adequate time to engage, up-skill and support the workforce in introducing new interventions alongside established provision.
6. To engage actively with **youth groups and organisations**, so that the needs of older children and teenagers are factored into family hub design at all levels – from selecting and adapting buildings and spaces for engagement, to co-designing support and services and achieving an appropriate skill mix.
7. To ensure that hubs maintain a **balance of clinical and non-clinical support** and interventions, consulting actively with communities to establish demand and to provide access to free-to-use universal services.

Appendix A. Family hub model Theories of Change, by LA

Figure 33. Essex family hub theory of change

Need: Existing issues and rationale for the Integrated Family Hub model

- Evidence of fragmented commissioning and underutilised services
- Feedback from families included: not getting help at the right time, feeling isolated/struggling to make friends, not enough value from services already commissioned, conflicting advice from professionals, parents feel comfortable in a few places, professional advice can be hard to implement at home
- Feedback from primary research highlighted a lack of support within the community and social isolation as particular issue for families in Essex.

Vision: overall goal(s) or long-term impact

- LA aspiration was to see: 1) long-term generational change within the families they have supported. 2) In the short-term improvements in school readiness reflected in feedback from head-teachers and in administrative data.
- ECFWS Vision was "to provide first class universal public health and care and specialist community health services to the CYP and families of Essex". The ECFWS Aims were
  - Promote CYP and family's physical and mental health and wellbeing,
  - Create home and community environments where CYP and families are safe and can learn, grow, and thrive,
  - Be resourceful, self-supportive and supportive of others to build resilience and be future proof

Inputs: *Resources required*

Service design
- **Early Years Review (2015-16)**
- **Collaborative dialogue** with local providers
- **Evidence informed:** including local data analysis and commissioned research
- **Commissioned service in July 2016 –** competitive process. No service specification to allow for an emphasis on outcomes

Funding
- Fixed price 10-year contract
- 3 main components:
  - Essex CC – 1) Public Health Grant, 2) Funding that was previously given to Children Centers and Sure Start
  - West Essex NHS CCG: 3) CCG Committee
- Additional - *Feel the Difference Fund* (up to 10K grants) available from Virgin Care Corporate Body. FH staff can bid for specific health and social innovation projects to build community assets

Key stakeholders
- **Lead Commissioner:** Essex CC. **Co-commissioner:** West Essex NHS CCG
- **Provider:** Virgin Care in partnership with Barnardos
- **Sub-contracted partners:** Home Start Essex, Home-Start North Essex, Youth Enquiry Service, Community 360
- **Wider health partners:** Acute trusts, maternity, immunisation services, children community health services and primary care (i.e., GPs, SALT, pediatrics, occupational therapists)

Family Hub structure
- **Essex Child and Family Wellbeing Service (ECFWS).** 10-year contract: integrated pre-birth to 19, early help. Plus, children's community health (in West Essex)
- **12 Family Hubs (FH):** across 4 Quadrants (Mid, North, South, West)
- **26 Family Hub Delivery Sites (DS):** flexible location typically based closer to families

Workforce
- **29 Healthy Family Teams (HFTs)** multi-disciplinary provides support up to 19. Based in FH/DS but also outreach in family homes, schools, and community spaces (GP practices, libraries, and village halls)
- **Community engagement workers**: facilitate parent-led and community groups
- **Service champions** (happening organically) parents promoting services and engaging other parents

Activities: *Key service process or structures*

Service overview
- **Integrated services**: Health visiting, School nursing, Family Support, Safeguarding Children Team, Looked After Children Team. **In West Essex:** Children's Community Health provision (community pediatrics, SALT, allergy, incontinence, physiotherapy, occupational therapy, and specialist community nursing.)
- **Three tiers of support: Universal, Universal plus (UP) (outcome measure work)** (e.g., family support interventions) without needing a separate referral. **Universal partnership plus (UPP) (outcome measure work)** families needing additional support and where other partners (e.g., social care) are involved.
- **Healthy Schools Programme** (Essex CC)
- **National Child Measuring Programme** (NHS West Essex CCG).
- **Community asset building** – communities and schools

Target groups
- **All CYP eligible**. Aged 0 to 19 (SEND families aged 0 - 25). Includes CYP with early signs of neurodevelopmental conditions, < 5s not school ready.
- Systematic approach for identifying **17 priority groups** (individual or family vulnerabilities).

Practice model
- Work in partnership with CYP/families to set goals and create an outcome care plan.
- Promote behavior change in families using a coaching model of personalised care
- Build relationships with families in community to proactively engage families with additional needs/vulnerabilities.
- Outcome activity discussed with practitioners at 1-1s and is part of appraisal process

Monitoring
- Outcome Measures Framework (23 measures for the County, +5 specific in West Essex)
- 40 locally agreed KPIs. 45 public health (national) KPIs (several metrics linked to national targets, e.g., mandated assessments)
- Monthly outcome report produced by Business Informatics Team
- Single monitoring system (SystmOne)

Governance
- Independent Advisory Board (AB) meets 3-4 times a year to agree FH/DS objectives and development plans. Mix of KPI and family feedback inform AB reviews. Monitored against outcomes framework.
- Regular service design meetings as opportunity to make small adjustments to achieve better

Outputs: *Service changes related to activities*

- Parents receive universal support e.g., transition to parenthood, maternal and family mental health, breastfeeding, health weight and nutrition, health literacy, managing minor illnesses, reducing accidents, hep with CYP being school ready.
- Parents offered evidence-based parent support
- Priority group dashboard illustrating number of families with 3/4/5 priorities and informs services offer
- One care plan (UP/UPP families) - reviewed and updated to track progress towards goals (includes social care reviews if relevant)
- Practitioners co-creating and co-delivering approaches with parents
- Parents appropriately accessing community-led and peer support.
- ECFWS well connected and integrated with community organisations, schools, wider partner services

Immediate changes: *Short-term changes occurring as result of outputs*

Outcomes: *Medium-term changes occurring after short-term changes*

Outcome Measures Framework: 28 CYP outcome areas, including: loneliness, child safety, school readiness, emotional wellbeing, confidence in managing health related conditions

Immediate changes

Children and families
- Motivated and confident to manage own health and care (parent and child)
- Well informed, able to make good choices (parent)
- Know where to get help (parent)
- Supporting one another (parent)
- Increase in positive choices after support (child - amongst those identified as at risk)
- Feel less lonely after support (child and parent)
- Improved experience of services for sick children, disabled children, and those with complex needs (West Essex)
- Experience safe and high-quality transition to adult services for sic and disabled children, and those with complex needs (West Essex)

Workforce
- Increased focus on families and their strengths
- Increased trusting relationships with families
- Increased shared vision of outcomes and success
- Improved skill set (competences) and knowledge
- Integrated team working around one care plan (just say story once)

System (financial, capacity/demand)
- Coherent commissioning focused on families' needs and outcomes
- Increased workforce flexibility
- Multi-disciplinary assessment and planning – reduce duplication, improve communication and family experience (West Essex)

Outcomes

Children
- Feel safe (not specified)
- Reduction/mitigation of risks (identified by practitioner)
- Increased school readiness (amongst those at risk)
- Healthy weight by year 6 (amongst those overweight at reception)
- Ready for next stage of life by 19 (amongst those identified as at risk, SEND and in care/care leavers)
- Improved emotional wellbeing (amongst those at-risk, with parents with poor mental health)
- Strong attachment to at least one adult/other person (amongst those at-risk - by 6-8 weeks post-natal, 2 years, and statutory school age)
- Avoid hospital for health care (child – West Essex)
- Confident and competent to manage their health condition at home (West Essex)

Parents
- Feel their CYP are safe (not specified)
- Improved peri-natal emotional wellbeing (at risk groups, plus parents with CIN or CPP)
- Increased positive lifestyle choices (amongst those identified as at risk e.g., teenage parents)
- Feel confident and competent to manage child's conditions at home (West Essex)

Families
- Increased resilience

System (financial, capacity/demand)
- Increased capacity in the wider system due to better integrated and joined up working
- Reduced need for professional support/powerful peer support

Moderators (facilitators and barriers)

- ✓ Early and ongoing collaboration between commissioner and provider(s) in the service design.
- ✓ Flexibility in the contract to update and refine the service and outcomes framework as needed (awareness that contextual factors may change over the 10-year duration of the contract)
- ✓ Strong working relationships between the provider (Virgin Care and Barnardos) and LA commissioner. Regular meetings to discuss success and challenging factors and ways to improve delivery.
- ✓ Strategic support within the LA on investing in early intervention with families to support better outcomes longer term
- ☒ Impact of C-19 pandemic on workforce. E.g., high volume of staff leaving roles or the profession due to changing priorities
- ☒ Proximity to London can affect staff retention, particularly in West Essex
- ☒ Some uncertainty around NHS structures and funding, which may affect sustainability of CCG commitment (but a low risk).

Figure 34. Leeds family hub theory of change

Need: Ambition and rationale for the family hubs model
The three hubs across Leeds have been implemented to provide a single point of contact for Early Help across the partnership and to provide timely support and early intervention, in addition to adding value to existing cluster provision, third sector, health and children centres. They are supporting service transformation through a multi agency approach that embraces whole family working and supports improved practice.

Vision: overall goal(s) or long-term impact
Aiming to improve outcomes for families by ensuring timely, quality responsive support. Supporting whole system change through embedding whole family practice and multi agency approaches. Building on local community strengths and building capacity within the workforce and with communities.

Inputs: *Resources required*

Service design
Enhance the Early Help offer at a Cluster and school level by supporting the workforce and strengthening local partnerships through 3 multi-disciplinary EH hubs focusing on mental health, addiction, domestic abuse, and first-time offending crime
Provide support and challenge through 9x EH practitioners, 3x MH, 3x DA and 3x addiction support workers, 3 x police officers
Build workforce capacity through National qualification framework for Early Help
Motivational interviewing
Bespoke training according to needs
Embedding Leeds Practice Principles

Key stakeholders
Clusters, schools, children's centres, police, youth services, children's services.

Funding
The costs of providing the Hub model are estimated to be: £1,139,404 per annum; funded by the LA and police

Activities: *Key service process or structures*

Requests for help

Respond to referrals from Duty and Advice for families in need of early help support
Respond to requests for support and signposting in relation to any contact through the hub

Practice Model

Outcomes focused supervision
Rethink Formulation
Leeds Practice Principles
Support partners to understand the Early Help landscape and the safe landing of cases. Including with social workers to support effective transfer to early help.
Working jointly with social workers to support the assessment of needs and appropriate support in relation to DV, mental health and substance misuse
Provide support and challenge to early help services including clusters and schools, children centres, health, third sector etc.

Engage local services to meet families needs (e.g., wellbeing, parenting)
Workforce
Identify areas of workforce development and develop a training strategy/response to support early help practitioners
Engagement in coaching and training to encourage adoption of Rethink Formulation, Leeds Practice Principles, and outcomes focused supervision
Provide advice and support to social workers, Early Help practitioners around specific needs and interventions relating to DA, MH, addictions, early help

Provide an early help response from the police
Work with local partners to develop capacity including funding solutions and building stronger partnerships.
Sharing information between partners
Monitoring

Interactive learning audits
Family Survey

Outputs: *Changes in services*

These are the tools needed to establish the hub – and to work in an MDT:
Information sharing agreements and protocols
Personnel /staff management agreements
Practice review processes established
Referral criteria/processes
Clear guidance to partnerships on the improved offer
Access to local data to support targeting of local need
Outcome related early help plans which meet the needs of the whole family
Timely access to interventions for children and parents

Immediate changes: *Short-term changes*

IC1. Children and families
Greater coordination of support experienced by families - families only having to tell their stories once
Quick access to better interventions
Interventions tailored more to their needs
Greater level of engagement in early help support
Improved early help response from the police for families affected by criminal activities

IC2. Workforce (frontline, managers, commissioners)
Extensive use of restorative approaches
More qualified workforce
Improved information exchange between agencies (police, housing, mental health, early help)
Increased confidence in the workforce to support families with complex needs
Whole family working evidenced and Leeds practice principles

IC3. System (financial, capacity/demand, dynamics)
Improved interface with the front door and early help
Added capacity for clusters
Reductions in re-referrals to front door

Outcomes: *Medium-term changes occurring*

MO4. Children and families
Negative effects from historic or current stressors are reduced (e.g., family conflict, DV, mental health, addictions)
Families satisfied with their support
Families feel more able to cope
Reduced numbers progressing to CIN, CPP, LAC
Reduction in DV callouts
Reduction in the number of children MISPER
Reduction in first time offences

MO5. Workforce (frontline, managers, commissioners)
Improved co-ordination within early help services and practice, and a restorative approach that further empowers families
An improved workforce regarding quality of support and knowledge/skills of Early Help staff

MO6. System (financial, capacity/demand, dynamics)
Building voluntary/community capacity to respond to local needs
Improved joined up working with settings and agencies (schools) for vulnerable learners and families
Needs are met without recourse to expensive specialist services such as social care
Reduced costs in a wide range of settings including social care.

Moderators (facilitators and barriers)
Training on the Leeds Practice Model
Take-up of the Early Help Qualification
Effective working with all Clusters across Leeds
Effective working with the Duty and Advice Team
Early Intervention Foundation work with West Yorkshire Police
Hub capacity

Figure 35. Sefton family hub theory of change

Need: Existing issues and rationale for the family hubs model

Needed a consistent, standardised Early Help model – allowing services to "get in early" so problems don't escalate
Cost-saving exercise – merging family centres and childrens' centres to address budget pressures
Wanted a multi-agency approach which was more aligned and delivered under one banner
0-19 service to address age gaps in existing service provision
A need to reduce demand on statutory services and prevent stepping up /escalation of cases

Vision: overall goal(s) or long-term impact

Family hubs presented a new opportunity to do something different for families – capturing the needs of whole family rather than immediate pressing issues for individual members.
Ultimately, every young person should be heard, healthy and happy – intervention received is meaningful and comes at the right time for the family, delivered by the right professionals in a joined-up, partnership approach. Through the service, families are equipped to self-actualise and thrive.

Inputs: *Resources required*

Service design

- Family Wellbeing Centres (FWCs) – 13 centres located across three localities with co-located teams. Centres are currently a vehicle for delivery of council Early Help services
- Effective and timely processes for information sharing between agencies
- Effective leadership, governance and direction, including the Early Help Partnership Group which feeds into Health and Wellbeing Board
- Skilled and competent workforce, both within Early Help and partner organisations
- Appropriate and relevant systems for data collection on outputs and outcomes

Funding

- Budget from Communities team in Sefton Council

Key stakeholders

- 7 commissioned delivery partners, including Parenting 2000; Venus; SWACA; Light for Life; We are With You; Sefton Carers; Relate
- Strong referral route into FWCs

Activities: *Key service process or structures*

Referral route / target groups

- Development of single front door for referrals, and clarity amongst partners on the triage process for families

Services

Universal support offer

- Interventions offered to C&YP through a range of youth provision e.g. Christ Church Brunswick, St Leonard's, Sing, Linacre Mission etc.
- Interventions offered to adults and parents through hubs and signposting to community groups
- Adult education / learning

Targeted support offer

- Open to families with an Early Help assessment
- Relationship-based support provided to families by lead workers
- Range of interventions delivered some evidence based including: ACE's, Mellow, Triple P, Relax kids
- Commissioned interventions targeting C&YP (e.g., STAR Centre)
- Commissioned interventions targeting parents and adults (e.g., Progression Project, Youth Connect)
- School attendance panel to address barriers to accessing education

Systemic activities (practice model, workforce, monitoring, governance)

- Development of joint commissioning framework for Early Help
- Refreshed suite of tools for practitioners to enable consistent approach to whole family working
- Workforce development activities – strengths-based approach, trauma informed practice, motivational interviewing through shared model of practice
- Increasing involvement of children and families in quality assurance
- Implementation of appropriate frameworks for monitoring across all partners
- Governance activities and arrangements across the partnership

Outputs: *Changes in services related to activities*

- Families access universal support through FWCs.
- Families access targeted support through FWCs.
- Families are supported by commissioned partners.
- Early Help assessments and plans completed.
- Families with complex needs are supported to engage.
- Collaborative planning and information sharing e.g., South Sefton Huddle rolled out to other localities.
- Timely response to family needs.
- Development of joint commissioning framework
- Practitioner training and workforce development activities completed, including in partner organisations.
- Partners have access to appropriate systems and frameworks for monitoring activities and outcomes.

Immediate changes: *Short-term changes occurring as result of outputs*

Children and families

- Families display increased skills and resilience through strengths-based support
- Families know how to, and are able to, access support at the right time and in the right place
- Families are satisfied with their support
- Reduction in families who refuse to engage with services
- Engaging harder to reach/ previously not engaged families that have risk indicators

Workforce (frontline, managers, commissioners)

- Shared vision of outcomes and success across the partnership
- Early Help practitioners are equipped with skills to work with families in a trauma-informed way
- Increased confidence and skills in the workforce to support families with complex needs
- Coherent commissioning focused on families' needs and outcomes

System (financial, capacity/demand, dynamics)

- Regular and routine multi-agency planning and information sharing meetings
- ASPIRE adopted by partners as a shared outcomes framework
- Partners articulate a shared vision and culture - early help and family support is seen as everyone's responsibility
- Investment in systems and processes for monitoring provision
- Appropriate resource is available to provide intervention early

Outcomes: *Medium-term changes occurring after short-term changes*

Children and families

- Families achieve ASPIRE outcomes. Indicators include;
  - Addressing worklessness, financial and social exclusion.
  - Supporting families and individuals in need by providing the right support at the right time.
  - Promoting education, training, employment, volunteering.
  - Increasing attendance at schools, improve speech and language development and levels of progress that children and young people make.
  - Reducing domestic abuse, risk of homelessness and isolation.
  - Engaging children, families and individuals with a range of Health and Wellbeing Needs.
- Reduced numbers progressing to CIN, CPP, LAC
- Negative effects from historic or current stressors are reduced (e.g., family conflict, DV, mental health, addictions)
- More families signposted or stepped down to wider community offer

Workforce (frontline, managers, commissioners)

- Family outcomes improve through trauma-informed and trauma-aware practice
- Culture change and training embedded in practice
- Families receive the right support from the right provider, in a timely way, as a result of improved commissioning

System (financial, capacity/demand, dynamics)

- Genuine integration of offer from range of partners
- Strategic leadership for the service and shared vision
- Opportunities for funding – new and creative avenues for investment. Eg Ecorys evaluation, LCR
- Longer-term contracts and ongoing engagement with the service giving continuity and consistency
- Investing in the partnership to ensure providers are genuinely one team regardless of host organisation (e.g., huddles)

Moderators (facilitators and barriers)

- Although activities for families are underway, majority of systemic activities are currently aspirational
- Current blurring of remit between Family Wellbeing Centres, the wider Early Help offer and Children's Social Care.
- Limited scope for data collection currently e.g., around use of universal services. Use of the Outcomes Star with families is still in its infancy, so there is limited comprehensive data on family outcomes.
- Outcomes Framework is required across the partnership to incorporate Supporting Families outcomes into assessment and planning for whole family working.
- Inconsistent understanding across the partnership as to what Early Help means – need clear articulation so all partners are working to the same definition and towards the same outcomes and aims.

Figure 36. Suffolk family hub theory of change

Need: Existing issues and rationale for the family hubs model

- There is a need to strengthen reach and engagement of vulnerable families
- Improve quality and coherence across age and services.
- Improve efficiency in the context of rising demand and budgetary constraints across Children and Young People's Services in Suffolk
- Improve engagement of local community partners delivering 0-19 family services

Vision and aim:

- **Vision**: Families will be able to access the right support at the right time to prevent their problems escalating.
- **Aims**: To be more responsive to local need; to improve the quality and coherence of services by addressing the fragmentation, inaccessibility and inconsistency of service delivery; and to optimise the use of resources and buildings.

Inputs:
Resources required

- Close 2 children's centres
- Repurpose 8 children's centres as nursery/school provision.
- Reinvest building savings to fund additional staff to support outreach activities for vulnerable families:
  1) 5 posts to support young parents
  2) Health visiting service
  3) 6 apprenticeship social workers
  4) 2 Video Interaction Guidance (VIG) Coordinators to supervise, train and develop family hub practitioners.
- Retain and improve children's centre services offered through Suffolk libraries.
- Community and specialist providers encouraged to deliver support from family hubs
- Involve key stakeholders from health, parent voice, social care, early help, early years, schools and VCS
- Involve families – parents and children

Activities:
Key service process or structures

- Establish governance arrangements to support implementation.
- Engage and involve partners and families in the development and delivery of the Family Hub offer to increase community capacity.
- Develop an integrated universal and targeted core offer which is tailored to local need. It will include early years services, parenting support, education/SEND, financial support and emotional wellbeing for families with children aged 0-19/25 across Suffolk
- Transform children's centres to FT and PT family hubs which accessible, affordable, and located close to where families live.
- Provide space for community and specialist providers to offer 0-19/25 services from family hub buildings.
- Organize outreach activities to support families who struggle to access services`
- Develop digital advice and guidance including online group activities for those parents unable to access a family hub building.
- Train the workforce to adopt a whole family approach and develop other skills
- Partner with the National Literacy Trust

Outputs:
Changes in services related to activities

- 17 full-time and 12 part-time local family hubs providing a minimum core offer (HCP)
- Targeted and specialist 5 – 19/25 offer delivered with external partners and tailored to local needs
- Outreach support delivered to families who struggle to access services
- Increased range of universal & targeted services provided as part of the family hub model
- There is an enhanced virtual /digital advice and guidance offer available
- A parenting offer (delivered in person and online)
- % Workforce trained in Video Interactive Guidance
- Parents are accessing family hubs

Immediate changes:
Short-term changes occurring as result of outputs

Children and families

- Increased knowledge of and use of family hubs by families 0-5 initially; and 0 - 19/25 in the longer term.
- Parents view family hubs as a positive resource for families of all ages (rather than a place you go when you have a problem).
- Parents report they know how to access family hub services
- Parents report accessing family hub services in their community
- Parents report being able to access family hub services when they need them

Workforce

- Frontline staff report having clear guidance about data sharing
- Frontline staff report increased awareness of local providers

System (e.g. financial/capacity and demand)

- Increased reach/ access by age and population group
- Increased use of family hub buildings
- Increased access to online advice and guidance
- Local services are more integrated (e.g. they report having a clear assessment process and connected pathways of support
- Increase in the range of services and support for families locally.
- Building saving costs, as a result of repurposing buildings

Outcomes:
Medium-term changes occurring after short-term changes

Children and families:

- Improved levels of school readiness at 5
- Improved literacy levels/indicators
- Improved EYFS results
- Improved health outcomes linked to HCP 0-19
- Parents report they proactively seek information and advice when they need it
- Families are connecting with others in their community

Workforce

- Frontline staff report increased job satisfaction as working more collaboratively
- Frontline staff describe having a shared language and understanding of need and risk
- Frontline staff report feeling more supported and connected with other local partners
- Frontline staff report they work collaboratively as part of a family hub

System (e.g. financial/capacity/demand)

- Vulnerable families and children are accessing family hub support (children 0-19/25)
- Partners report on a shared outcomes framework
- Increased identification of children needing speech and language support
- Reduction in CIN, CP and CIC referrals
- Improved joint commissioning
- Services delivered are based on local needs
- Integrated working results in budget savings and reduces duplication across partners

Moderators (facilitators and barriers)

- Financial pressures facing all partners and limiting their engagement in the family hub model.
- Inability to maintain the financial sustainability of the hubs
- Impact of COVID -19 on the implementation programme and timescale
- Challenges finding venues
- Challenge managing expectation and demand - avoid overloading the system and placing too much demand as a result of the core offer

Figure 37. Bristol family hub (and start for life) theory of change

Need: Existing issues and rationale for the family hubs model

The rationale for Family Hubs is underpinned by a need for services for families to be more:

1) **Consistent:** providing a more consistent offer across Bristol with the flexibility to also tailor to local needs.
2) **Efficient:** Maximising the use of buildings by all partners who make up the Family Hub model
3) **Non stigmatising**: Drawing families into universal services and providing seamless pathways to targeted support
4) **Responsive and accessible** – Ensuring vulnerable families can easily access services locally when they need the
5) **Integrated**: join up and enhance services through improved governance and sharing resources, knowledge and practice

Vision: overall goal(s) or long-term impact

Vision: Families of children aged 0 – 19/25 will be able to access a wide range of health, education, parenting, and mental health and well-being support locally 'at the right time' to improve their outcomes and prevent their problems escalating.

Aims: To improve access to universal and early help services including Start for Life (SfL) services, particularly in areas with the highest levels of deprivation and disproportionately poor health and educational outcomes.

Inputs:
Resources required

Funded by: the Family Hub and Start for Life Programme.

Key partners involved and supporting the Family Hub development:

- Families and local communities
- Local authority Children and Family Services
- Health partners (Sirona Healthcare, Public Health, NHS)
- Voluntary and Community Sector

It is aligned to:

- Bristol's Corporate Strategy
- Bristol's Belonging Strategy for Children and Young People
- Local Health and Wellbeing priorities
- Bristol as a Child Friendly city
- Supporting Families Programme
- Growing up Well Programme

Activities:
Key service process or structures

- Set up a city wide steering group to oversee the strategic direction of Early Help, FH and SfL offer
- Appoint Transformation Team to develop and support delivery of the programme
- Establish mechanism for coproduction with families including through the Parent Carer Panel and children, young people and parent/carer participation in locality Hub developments
- Set up workstreams to lead delivery plans on each of the funded streams linked to the Start for Life offer
- Develop a locality based partnership model integrating universal and targeted services to meet the needs of families of children aged 0 -19/25
- Developing a Family Hub campus delivery approach across Bristol with co-located services. It will be configured into three localities (North, South and East/Central Bristol)
- Develop a Family Hub Network, outreach and digital offer
- Develop integrated systems and processes to support the multi-agency Family Hubs workforce to work effectively together.
- Develop clear and seamless pathways to universal and targeted ante-natal, perinatal, early years, parenting and family support,, and youth services to meet needs of families with children aged 0-19/25
- Develop a shared outcomes framework for family hubs and the early help system
- Embed a trauma informed, strengths based whole family approach
- across the family hub workforce
- Workforce development and multi-agency training strategy to enable consistency of practice across local authority, health and VCS partners
- Develop a shared outcomes and performance framework

Outputs:
Changes in services related to activities

- 3 central hubs (one in each locality) are delivering the SfL offer (by June 2023).
- Family hub services are working more effectively together with better and connected pathways, overseen by a strong governance group.
- All families and children can access a range of universal and SfL services through their local family hub.
- All family hubs have signed up to the UNICEF Baby Friendly Gold Standard accreditation scheme.
- There is an enhanced outreach and digital offer as part of an established Family hub Network
- Information sharing agreements are in place between family hub partners
- % workforce trained in whole family approach and Signs of Safety
- Family hubs are reporting to an agreed outcomes framework
- Hubs are making use of targeted analytics to identify at risk families who are not engaging in services.

Outcomes:
Short to medium term changes

Children and families

- Families report they know what a family hub is and where to go for information and support.
- Families view family hubs as being for all families (not just those with a problem)
- Families report not having to repeat their story when accessing different services.
- Families are confident accessing family hub services
- Families report feeling listened to and understood by family hub staff.

Workforce

- Staff describe working in a more integrated way with their partners
- Staff report adopting a whole family approach and can describe what this means
- Staff have the skills and confidence to deliver an evidenced based Start for Life offer.
- Staff feel more supported and connected
- Staff report feeling confident working to Bristol's Early Help offer.

System (e.g., financial, capacity/demand)

- Increased range of services available locally
- Improved strategic coordination across the partnership to make better use of resources
- Improved data and information sharing
- Use of analytics is helping to improve access to services for families with vulnerabilities
- Improved and increased use of buildings by families and services.

Outcomes:
Medium-long term changes occurring after short-term changes

Children and families

- Young people and parents report they are able to get the right information, advice and support when they need it.
- Family hubs are meeting individual family member's needs (outcomes are evidenced)
- Families are connecting with other families in their local community

Workforce

- Staff describe a shared vision and culture – and early help and family support is seen as everyone's responsibility.
- Increased collaborative working in a team around the family and a shared ownership of family outcomes.
- Staff report that effective integrated working is ensuring families have timely access to support and services are aligned to avoid unnecessary duplication.
- Local leaders trust and share responsibility to improve outcomes.

System (e.g., financial, capacity/demand)

- Family hubs are able to provide the support families' need at the times that suit them – through an established physical, outreach and digital offer
- Advanced use of data analytics and targeted risk models is developing an in depth understanding of communities and vulnerability of families.

Workstream specific goals

- **Parenting:** parents report an increased confidence in parenting skills and improved children's mental health, wellbeing, physical health and language development.
- **Perinatal mental health and parent-infant relationship support**: Earlier intervention and preventative mental health support is available and families report having easier access to this support when they need it.
- **Infant feeding:** Infant feeding support delivery options expanded and improved.
- **Parent carer panels and the Start for Life Offer**: The parent carer panel is helping to inform, advise and advocate on behalf of families and is involved in developing the SfL offer and actively participating in the Family Hub steering group. There is a published Start for Life offer.

Moderators (facilitators and barriers)

- Partner's capacity and financial pressures engaging in a family hub model.
- Challenges sharing data and systems across LA partners/VCS
- Inability to maintain the financial sustainability of the hubs
- Continued impact of COVID -19 on the implementation programme and timescale
- Agreement to integrate Children's Centres with Family Support
- Challenge selecting a cohort of outcomes that represent the full menu of services being provided

Appendix B. Feasibility assessments for future Impact evaluation in Bristol, Sefton, and Suffolk

Bristol family hub: future QED impact evaluation plan

We summarise in the table below our feasibility assessment for a future impact evaluation in Bristol:

Overview	In development since 2022 Impact has likely not materialised yet (or might not be detectable yet due to the lack of data)
Outcomes	Outcomes of focus around Early Years, Early Help, Voluntary and Community Sector and Public Health services
Data	Performance outcome dashboard, availability/feasibility to use this data for a future evaluation
Potential designs	Priority to identify a potential comparator group: • Other LA(s) with no family hub intervention (would use publicly available data) • Smaller group within Bristol which does not have access to Family Hub services -either due to gradual rollout, or comparing different cohorts at the same time
Considerations	• Impact designs using publicly available indicators would have to wait for a few years, for sufficient data to be available • Exploring potential survey designs to complement outcome data collected by Bristol's outcome framework (i.e., a "comparator group" survey) • Broader consideration for designs is targeted vs universal offers

Sefton family hub: future QED impact evaluation plan

We summarise in the table below our feasibility assessment for a future impact evaluation in Sefton:

Overview	Launched in 2018, sufficient time has passed to have data to detect impact Impact has not necessarily materialised yet due to gradual development
Outcomes	Outcomes of focus defined by the ASPIRE outcomes framework -drawing on Supporting Families outcomes Examples: education, training, employment and volunteering, financial and social exclusion, domestic abuse, homelessness and social isolation, health and wellbeing, families and individuals in need receiving the right support
Data	• Data from the ASPIRE framework is an option, although previous challenge was that outcomes were collected only for those receiving support • Publicly available outcome indicators could be used, most relevant indicators from ToC identified: NEET, KS4 destination/ other outcomes (development, attendance, etc), numbers progressing to CiN/LAC/CPP • Limitation that are all medium-term outcomes it may be early to detect (unlikely to find data for shorter-term outcomes to use those) • Additional challenge of gaps in data specifically between 2020-22, i.e. right after the intervention
Potential designs	Identifying a potential comparator group: • other LA(s) with no family hub intervention (would use publicly available data) • smaller group/area which does not have access to Family Hub services • SCM approach as in Essex/Leeds, i.e., comparing against a “synthetic Sefton” made of historical data of comparator LAs (would use publicly available data)
Considerations	Implementation of the family hub was relatively slower, so future impact evaluations could incorporate this into the method design (for example, calculating cumulative effects, instead of aiming to detect a ‘break’ or changes immediately after 2018)

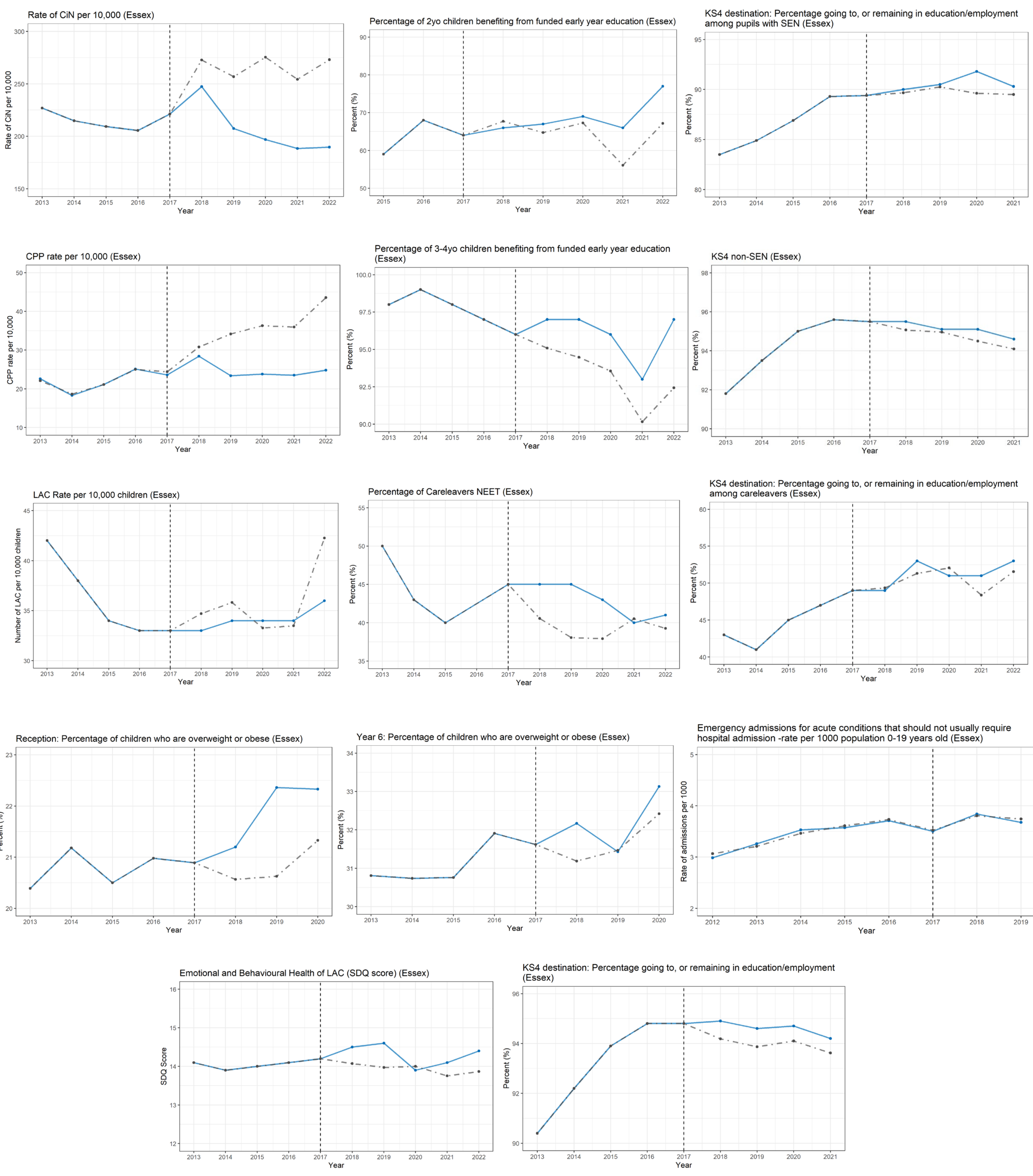
Suffolk family hub: future QED impact evaluation plan

We summarise in the table below our feasibility assessment for a future impact evaluation in Suffolk:

Overview	Launched 2022, impact has not necessarily materialised yet (or might not be detectable yet) Similar stages of development with Bristol -similar impact designs could apply
Outcomes	Outcome focus on families' accessibility and integrated working between services
Data	Has been developing a 5-19 dataset to complement previous 0-5 dataset: data on vulnerable families, specifically around finance, housing, parenting support, school readiness, mental health, SEND -> to be explored further in terms of feasibility/appropriateness of using this data for impact evaluation
Potential designs	Identifying a potential comparator group: • Other LA(s) with no family hub intervention (would use publicly available data) • Smaller group/area which does not have access to family hub services
Considerations	• Impact designs using publicly available indicators would have to wait for a few years, for sufficient data to be available • Exploring potential survey designs to complement outcome data collected by Suffolk (i.e., a "comparator group" survey)

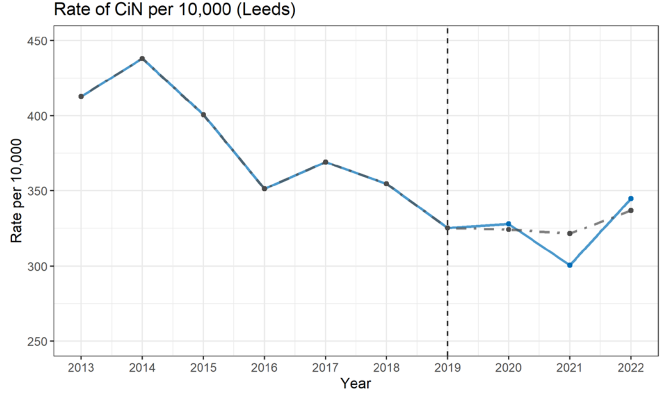
Appendix C. QED Impact analysis (SCM analysis plots)

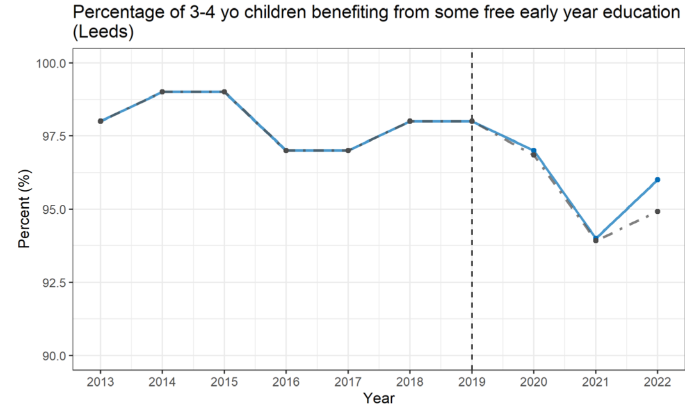
Essex family hubs: SCM analysis plots

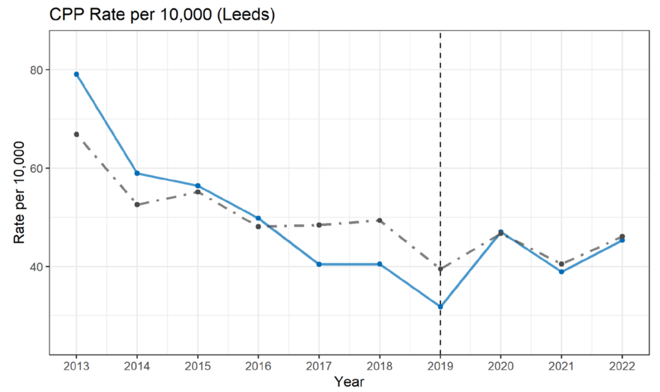


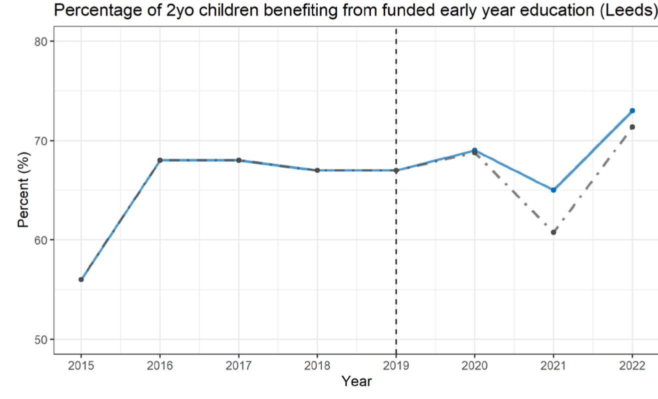
Essex Control

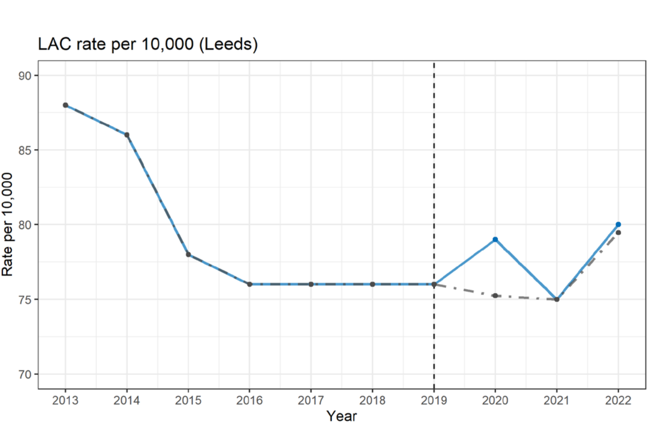
Leeds family hubs: SCM analysis plots

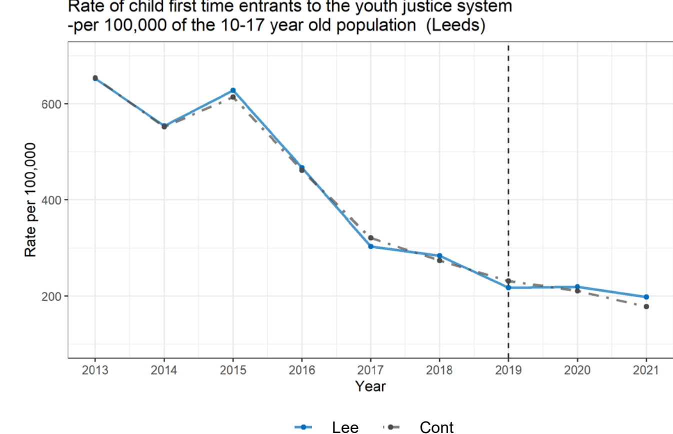




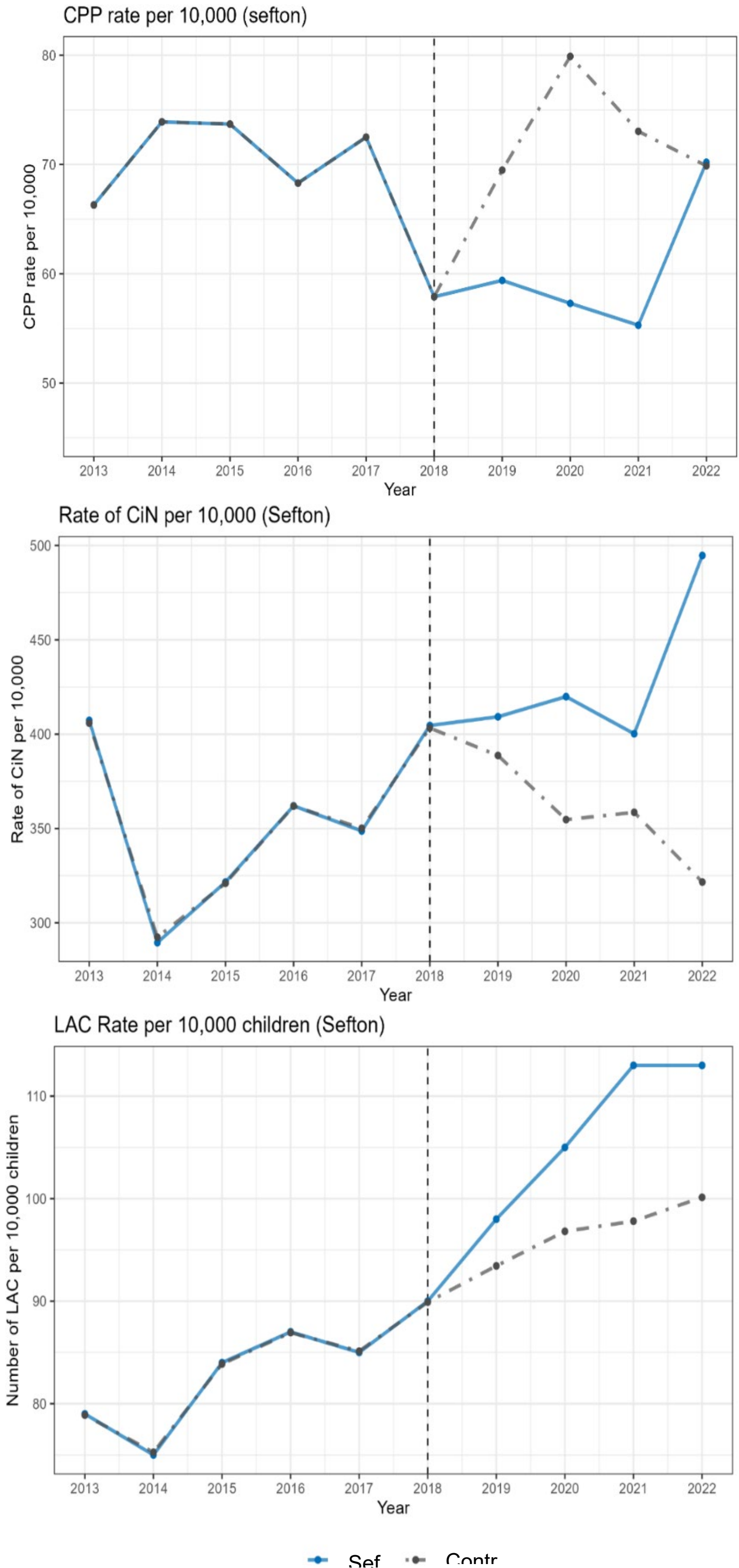








Sefton family hubs: SCM analysis plots



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