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for Education

Family Hubs Innovation Fund Evaluation

Final research report: City of Doncaster

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**Social and Economic Research Institute,
Sheffield Hallam University**



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Executive Summary

This is the final report on the evaluation of the City of Doncaster Council (CDC) family hubs model. It builds on the evaluation interim report (Sheffield Hallam University, 2022¹) published in December 2022. The evaluation was commissioned through the government's Family Hubs Evaluation Innovation Fund. The overall requirement was for Sheffield Hallam University to work in partnership with the CDC to evaluate their family hub service implementation and performance, outcomes and impacts, and cost of the family hubs.

The Family Hubs Evaluation Innovation Fund projects were commissioned in March 2021, although the family hubs model in Doncaster has been developed over several years through the Council's continuing commitment to deliver integrated services for children and families following on from Children's Centres. The family hubs agenda has evolved further since the commissioning of this evaluation, and these policy developments are important to note when defining and assessing local family hub models. In November 2021, the Department for Education (DfE) published a 'Family Hub Model Framework'². An updated version was published in August 2022 as part of the 'Family Hubs and Start for Life programme guide'³ which sets out a core service offer to support local authorities in their transformation to establishing local family hub models. As the programme guide was issued after the Innovation Fund, the CDC family hub model, as described in this report, pre-dates this guidance.

CDC offers a well-developed locality-based family hub model, with activity delivered via 12 permanent Hub buildings and satellite Hubs across four locality areas in the city. The interim evaluation drew on extensive fieldwork in 12 family hub case studies and analysis of administrative and survey data conducted through the Implementation and Performance Evaluation (IPE) to set out emerging findings on the evaluation of the family hubs in Doncaster. These included the benefits of a locality-based model to provide both a core offer and extended services to families across a large and diverse local authority (LA) area; effective partnership working, particularly with midwifery services and voluntary sector providers; strong emphasis on parent and carer voice and flexible, holistic services organised around a 'no wrong door' model; very initial evidence of positive experiences and outcomes for families accessing family hub services. Areas for further development included the potential for amendments to gathering and analysis of local data use.

¹ Sheffield Hallam University (2022) [Family Hubs Innovation Fund Evaluation Final research report: Doncaster](#). London: Department for Education.

² Family hub model framework (publishing.service.gov.uk) available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030245/Family_Hub_Model_Framework.pdf

³ [Family Hubs and Start for Life Programme Guide \(publishing.service.gov.uk\)](#) available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf

This report focuses on the second stages of the IPE, alongside an evaluation of outcomes, impact and the cost of running the family hubs in Doncaster. The phase two IPE focused on providing additional insights into aspects of the family hub operation in Doncaster that were identified at the interim evaluation stage as offering potentially useful learning for policy makers and other LAs adopting family hub models. These aspects were governance; workforce development; partnership working; working with midwives and health service providers; providing a holistic model of support to families; engaging families in family hub services.

Methods used were:

Implementation and process evaluation:

- Interviews with four CDC stakeholders with responsibility for strategic leadership and overall management of family hubs
- Deep-dive studies including interviews with Locality Managers, family hub staff, and representatives of partner organisations in the four family hub localities
- Interviews and focus groups were also carried out with parents and carers accessing family hub services
- Analysis of data collected by CDC family hubs: administrative data monitoring service use and a user satisfaction survey
- A Family Hub Service User Survey carried out by the evaluation and designed to test out and develop a method to capture service users' perceptions of outcomes, associated with their involvement in CDC family hub services.

Impact evaluation:

- A quasi-experimental approach using propensity score matching to identify matched comparator samples of pupils with similar characteristics from two sources: pupils from within the DfE's National Pupil Database (NPD) who live in one of Doncaster's eight statistical neighbour LAs with no family hub model (as at 2020, when the latest information was available) and pupils who live in Doncaster but who have not attended a family hub service.
- Statistical techniques were used to estimate and test the difference in two education outcomes: achieving a 'Good Level of Development' in the Early Years Foundation Stage Profile (EYFSP); and meeting the expected standard in the phonics screening check in year 1.

Cost analysis of CDC's family hubs:

- A cost analysis considered: the income sources that fund the family hubs; the costs of providing the family hubs; the average cost of the family hubs per member, family

and member attendance at the family hubs; and the average cost of the family hubs to provide an additional educational attainment outcome.

Key findings were as follows.

Governance, leadership, management, delivery, and evaluation of services

Relationships, processes, communication and ways of working that had been established and strengthened during the Covid-19 pandemic were critical in enabling the family hubs to pivot their services in response to emerging needs. The most important factors to enable this were locality-based working (including co-location) supporting collaboration between services, mechanisms to respond rapidly and effectively to crisis, and a shared knowledge and flexible use of funding and resources in both the public and voluntary sectors.

Partnership working was positively reinforced by the introduction of Start for Life and its Partnership Board, through which the CDC family hubs strategy was being taken forward. A key feature of this approach is a strong focus on staff development which is embedded across all aspects of staffing from recruitment and induction to continuing professional development.

CDC's own survey data points to high levels of user satisfaction with staff support, knowledge, enthusiasm and friendliness; as well as being treated with respect and feeling that accessing the hubs was a positive experience for them as parents/carers, and their child/ren.

The service offer

Over the course of the evaluation (from late 2021 to early 2023), the delivery model moved from post-pandemic reliance on remote delivery to the whole offer being made available face-to-face, with participation close to pre-pandemic levels. Interviews with parents found a strong preference for face-to-face delivery.

The interim report detailed a comprehensive offer for families of children under five and an extended offer supporting families with older children and different needs. Key mechanisms by which the offer reaches families included signposting and referral, and engagement of family hub workers in locality-based and borough-wide multi-agency working.

In the second phase of the evaluation, it became clear that the extended offer was increasingly important, highlighting how strong partnership working enabled family hubs to respond to emerging needs. For example, family hub workers noted they were increasingly working with families from communities which had previously had lower levels of need; and providing services related to growing demand for speech and language support that has arisen from the Covid-19 pandemic. Alongside this, Doncaster extended its partnership working by, for example, hosting tutoring for older children; locating Jobcentre Plus staff in

family hubs, which was reported to streamline referrals; and hosting sessions around employment led by a Department for Work and Pensions advisor.

Key enablers for successful partnership working were:

- A cohesive, shared approach to supporting families across services
- Signposting as a core service, recognised by families
- Family hubs recognised by families and partners as a shared, welcoming space for a range of core and extended services
- Hybrid working, with both an online and face-to-face offer, to provide greater efficiency.

Reach and engagement of the offer for service users

Administrative data between April 2022 and January 2023 provides a snapshot of engagement for different user groups, undertaking different activities across the CDC family hubs. As with the interim report, midwifery services were by far the most commonly accessed services, followed by signposting and advice, and a range of activities and support for families of under-5s. Seventy-four percent of carers using the family hubs were female and 49% of child users were female. Ethnicity data was available for 72% of users. Around 89% of users, compared with 93% of the Doncaster population, where White (using ONS categorisation) with the remainder from other ethnic categories. Finally, a slightly higher proportion of users were in low-income families⁴ (25%) compared with the Doncaster population (23%).

A range of strategies are in place in Doncaster to engage families with family hubs. These include:

- Specific roles – Parental Engagement Officers who provide a range of bespoke help to families, including ongoing telephone communication, home visits, advocating and connecting with other services on their behalf, and direct advice. Other key roles include Early Years development workers, Business Support Officers and Young Carers workers.
- Peer support and volunteering – providing life skills (cooking, household skills), and Parent Champions acting as a bridge between family hubs and families.
- Providing a range of adaptable options to access services (group-based, individual, online).
- Building trust in relationships, starting from first contact.
- Balancing direct support and enabling independence.

⁴ Based on home postcode linked to the Income Deprivation Affecting Children Index (IDACI)

- Partnership working and teamwork.

Outcomes for service users

The impact evaluation found:

- A statistically significant positive impact on EYFSP and Year 1 phonics assessment outcomes for children attending Doncaster family hubs, compared to those from a control sample drawn from Doncaster's statistical neighbour LAs. On average family hub pupils were 1.06 times more likely to attain a 'Good Level of Development' in their EYFSP assessment and were 1.02 times more likely to be 'Working at the Expected Level' in their Year 1 Phonics assessment.
- A larger impact from CDC family hub attendance on 2022 EYFSP assessment results compared to the impact on assessments taken between 2017 and 2019. The analysis found that children attending CDC family hubs taking their assessment between 2017 and 2019 were 1.05 times more likely to have a 'Good Level of Development' compared to their control group drawn from Doncaster's statistical neighbour LAs. In contrast, assessment results for 2022 reveal family hubs pupils were 1.09 times more likely to have a 'Good Level of Development' compared to their control group drawn from Doncaster's statistical neighbour LAs. This 0.04-unit difference in risk ratios is statistically significant at a 0.05 level. There was no statistically significant difference in the impact of family hub attendance on the likelihood of achieving the 'expected level' in Year 1 Phonics assessments between those taking an assessment in 2022 and those taken between 2017 and 2019.
- No statistical evidence that the impact of CDC family hubs is greater for users who have more engagement (attended three or more events), although further research is suggested.
- Insufficient statistical evidence to suggest that family hubs affected the likelihood that pupils with a characteristic generally associated with lower level of attainment (such as a SEND) would achieve either of the educational outcomes.

The evaluator survey captured the views of a small number of parent/carer service users (N=67) on their perceptions of outcomes associated with their involvement in Doncaster family hub services, both for themselves and their children. Responses revealed perceived improvements for some outcomes, such as parental mental health and children developing new skills/becoming more confident, and more neutral perceptions of improvement for others. Due to the small number of responses, these findings cannot be generalised to the wider service user population, however they do provide an early indication of how CDC

family hubs services have had a perceived positive impact on some outcomes for a small number of service users.

Cost analysis of CDC's family hubs

The study found:

- Based on the available data the expenditure related to the delivery of the family hubs in Doncaster was £2.098 million (excluding VAT) in financial year ending 2022. This included £1.334 million (64%) from CDC's own financial commitment and £758,000 (36%) from grant or block allocation funds.
- Staffing made up 92% of the cost of providing the family hubs in the available data, which did not generally include the costs of running the hub buildings themselves.
- Based on attendance data from financial year ending (FYE) 2022, the average cost per individual family hub member was £115, or £256 per member family. The average cost per individual member attendance at an event was around £20.
- Based on the available data, the average cost per additional pupil attaining a 'Good Level of Development' in their EYFSP assessment is £9,862. The average cost per additional pupil assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment is £21,731.

Overall conclusions and next steps

Taken together, the analysis presented in this final report and the previous interim report shows a range of evidence that the Doncaster approach has positive outcomes for the families and by extension the local system in the city.

In particular, the statistically significant positive impact on the likelihood that pupils achieved EYFSP and Year 1 Phonics outcomes, and the larger impact from family hub attendance in the 2022, post Covid-19 pandemic, EYFSP assessment compared to the impact in assessments taken between 2017 and 2019, have the potential to have longer term positive benefits.

The locality-based model, the flexible core and extended offer, partnership approaches, shared commitment to children in the city and alignment between services are likely to have contributed to these outcomes.

Suggestions for further work to understand the causal mechanisms involved, and to understand the different effects for different user groups, and further work on developing data gathering and analysis are detailed in the main report.

1. Introduction

This is the final report of the evaluation of the City of Doncaster Council (CDC) family hubs Model. It builds on the interim report (Sheffield Hallam University, 2022)⁵ published in 2022. This report outlines the aims of the evaluation, the methodology (which details the changes to the Feasibility study and additional features), and the findings, followed by a discussion and suggestions for next steps.

1.1 Aim

In partnership with CDC, this project aimed to evaluate service implementation and performance, outcomes and impacts, and costs of the CDC family hubs model. In doing so, the evaluation aimed to identify 'what works' in family hub provision to inform the Department for Education (DfE) and local authorities (LA) developing family hub provision. The evaluation the following overarching research questions and sub questions:

- 1) How effective is the model for implementation of family hubs in Doncaster from the perspective of service users and those delivering the services?
 - a) How effective is the governance, leadership, management, delivery, and evaluation of services?
 - b) What is the service offer in CDC family hubs, and how integrated is it?
 - c) What is the reach and engagement of the offer for service users, including those most in need of support?
 - d) What needs analysis approaches are used and how effective are they?
- 2) What are the outcomes of the family hubs model for service users, public services and the local community and economy of Doncaster?
 - a) What are the outcomes for service users, including those most in need, in relation to key outcomes expected of the family hubs?
 - b) What are the outcomes for public services of the family hubs in Doncaster?
 - c) What are the impacts on the broader community and economy of Doncaster?
- 3) What is the cost of the CDCs family hubs?
- 4) What are the factors influencing the effectiveness outcomes, and value for money of the CDC model?

⁵ Sheffield Hallam University (2022) [Family Hubs Innovation Fund Evaluation Final research report: Doncaster](#). London: Department for Education.

1.2 CDC family hubs

The CDC family hubs are organised around four localities: East, Central, North and South (Table 1). This aligns them with the wider governance of CDC services, which also are organised on a locality model.

Table 1: City of Doncaster Localities

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

The core features of governance, leadership and management in the CDC model are described further in Section 3. A ‘core’ offer of services directly provided by family hub staff with a ‘wider’ offer of services offered in family hub locations but delivered by other agencies, is central to the ‘umbrella model’ in Doncaster. Further detail is provided in Section 3 and in the interim report.

2. Methods and Data collection

Three work packages are designed to meet the research questions, outlined in Table 2, and detailed in the three subsections. These are:

- Implementation and performance evaluation (IPE) (WP1)
- Outcomes and impact evaluation (Impact) (WP2)
- Cost analysis of CDC's family hubs (WP3).

Table 2: Mapping Research Questions to Methods

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

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

2.1 Implementation and Performance Evaluation

Research Methods

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

First, semi-structured stakeholder interviews were conducted, via Microsoft Teams, with 4 CDC strategic leads and 4 family hub Locality Managers between December 2022 and May 2023. These interviews explored the development of the family hubs model in Doncaster, and the ways in which the model has been shaped by local and national funding and policy priorities. They also addressed aspects of family hub governance, operational delivery and evaluation of family hubs, and reflections on any changes since the interim report.

Second, deep dive studies were carried out in the 4 family hub localities between January and May 2023. These studies were designed to complement the 12 family hub case studies carried out for the interim evaluation which provided extensive data on the operation of the family hubs model in Doncaster. There was considerable interest in the interim findings from across departments and a steer to use the second phase of IPE to enhance learning that built on the interim report. The project advisory group agreed in November 2022 that the established nature of the CDC family hubs model and the relatively small gap between the first and second stages of IPE fieldwork meant that a longitudinal approach involving a repeat of the 12 family hub case studies was unlikely to produce significant new data. As such, a revised approach, focusing on data collection at a locality level has been adopted to provide further data on aspects of implementation that were identified at the interim evaluation stage as potentially offering useful insights for policy makers and practitioners: governance, workforce development, partnership working, working with midwives and health service providers, providing a holistic model of support to families, and engaging families in family hub services. Deep dive studies involved semi-structured interviews carried out face-to-face and over Microsoft Teams with staff delivering services through the family hubs (including family hub staff and other service practitioners) and interviews and focus groups discussion with parents and carers accessing the services provided by Doncaster family hubs.

Third, analysis of administrative data collected by CDC between April 2022 and January 2023 was undertaken. CDC routinely records details of when a service user attends a session. Key variables include “Member Type” which records whether a service user is attending as a carer or a child, “Gender”, “Age”, “Ethnicity”, “Postcode”, “Event Description”, “Setting Seen” and the “Date” in which the event was attended. This data was

descriptively analysed to explore service users' characteristics and attendance at family hubs events.

Fourth, we utilised data from CDC's most recent Family Hubs User Satisfaction Survey (referred to as the CDC satisfaction survey), conducted in December 2022⁶. CDC family hubs distribute a survey quarterly to service users (online and in the family hubs) to determine how satisfied they are with the services they have accessed and whether they would recommend family hubs to their family and/or friends. All service users currently accessing Doncaster family hubs are invited to take part in the CDC satisfaction survey, but the questions are aimed at those with children ages 0-5 years old. For this report, descriptive statistics (frequencies and percentages), are used to provide an overview of the findings. These were then interpreted and reported as summary text.

Finally, the evaluation team conducted a Family Hub Service User Survey (referred to as the evaluator survey). This short survey was designed and tested as a method to capture service users' perceptions of outcomes, associated with their involvement in CDC family hub services. This survey aimed to extend the data collected from the CDC satisfaction survey, which focused on the services offered to families with children aged 0-5 and missed a subsection of users who were accessing services such as youth groups, carers groups and smoking cessation, as well as several outcomes that are a focus for CDC family hubs.

The evaluator survey design was reviewed by key members of the evaluation team and shared with CDC alongside instructions of how the survey was to be disseminated and an introductory script for family hub staff to either read out at sessions or include in invitation emails. SHU and CDC agreed that the evaluator survey would be disseminated via the following channels:

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

All service users that were accessing the family hub services between February 20th to March 16th 2023 were invited to complete the evaluator survey. Service users who had previously accessed family hub services were also invited to complete the survey via the methods mentioned above. This included families, carers, and individuals accessing services for their own needs. The evaluator survey was designed to include a broader set of questions with the aim of opening the survey up to services users accessing services beyond those aimed at parents/carers with children 0-5 years. It was designed to capture service users' responses at one time point, requiring them to detail their perceptions on the

⁶ December 2022 is the most recent satisfaction survey, so it didn't overlap with the SHU service user evaluation survey.

impact their engagement in the family hub services had on their own mental, physical and emotional health, their role as a parent/carer and their child's confidence, skills, and behaviour. Unfortunately, due to the timing of the survey it was not possible to utilise a pre-post survey design.

Survey responses were monitored weekly, and reminders were sent to service users twice throughout the time the survey was live. On one occasion the follow-up reminders were focused specifically on male respondents as analysis on the gender of those who had already completed the survey revealed that females were overrepresented in the achieved sample. Reminders were used to try and boost the number of responses to the survey, as the response rates were low. Whilst the reminders were successful in boosting responses a little, the overall number of responses that could be used in the analysis was low (n=67).

The evaluator survey's development is discussed in the interim report. The content is presented in Appendix 1, and the demographics in detail are included in Appendix 2.

2.2 Outcomes and Impact Evaluation

The evaluation's second research question (What are the outcomes of the family hub model?) is addressed primarily by the outcomes and impact evaluation work package. This work package aims to provide a robust and rigorous assessment of the effects, both intended and unintended, of the family hubs on their users, as well as wider stakeholders and services. The results from the assessment also underpin our response to Research Question 3 on cost of the family hubs in Doncaster.

Initially the evaluation team worked with CDC to validate and refine the LA's monitoring and evaluation framework and data gathering to ensure that indicators are relevant to CDC, that the necessary permissions and processes were in place to access the data, and to identify a sub-set of core indicators which are strategically important to CDC and most relevant to the family hub.

Alongside this work with CDC, the evaluation team focused significant effort on accessing data from the National Pupil Database (NPD) to strengthen the assessment of impact. A key challenge for the evaluation was to determine the attribution of outcomes change to family hub interventions: outcomes over and above what would have happened in the absence of the family hubs. This is particularly important in the context of Covid-19, where the lasting social, economic and health effects of the pandemic mean current baseline situations nationally are unlikely to be a reliable counterfactual. For example, reflecting recent Key Stage 2 results⁷, maintaining the current levels of Early Years Foundation Stage

⁷ Attainment in all of reading, writing and maths decreased in 2022 compared to 2019 (assessments were cancelled in 2020 and 2021 due to the pandemic). See <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment-national-headlines/2021-22>

(EYFS) educational attainment in Doncaster could represent a positive outcome compared to what is happening in similar locations without family hubs, where EYFS results have fallen.

Overall, the evaluation adopted a pragmatic multi-method approach to assessing additionality. For the education attainment outcomes the evaluation adopted a quasi-experimental matched sample analysis undertaken at a beneficiary level for those who have used the family hubs. The advantage of this is the high degree of methodological rigour and robustness provided in assessing additionality (achieving level 4 on the Maryland Scientific Methods Scale⁸).

Our quasi-experimental approach used propensity score matching to identify matched comparator samples of pupils, who had similar characteristics, from two sources:

- Pupils from within the DfE NPD who live in one of Doncaster's eight statistical neighbour LAs with no family hub model (as at 2020)
- Pupils who live in Doncaster but who have not benefitted from a family hub event or service.

Propensity score matching has been used to derive a rigorous counterfactual to the Doncaster family hubs user sample from the NPD and Doncaster non-family hubs user samples. The STATA 'psmatch2' command was used with replacement so that each Doncaster family hubs user pupil was matched with their nearest neighbour pupil in both the NPD and Doncaster non-family hubs user samples.

The propensity score matching process took place for the two education outcomes assessment separately: Early Years Foundation Stage Profile (EYFSP) and Phonics year 1 assessments.

The files were first filtered by academic year that the relevant assessment took place. This ensured that all matches to a nearest neighbour were for pupils taking the respective assessment in the same academic year, therefore removing the influence that year of assessment may have on the assessment outcome. After filtering for 'academic year' the propensity score matching took place across the following variables:

- Gender – female, male, other
- Age – age at beginning of the academic year that the assessment took place
- Ethnicity – detailed Ethnicity classification grouping containing 20 Ethnicity categories

⁸ See <https://whatworksgrowth.org/resources/the-scientific-maryland-scale/>. The Maryland Scientific Methods Scale is a classification used to categorise research and evaluations according to the methodological strengths and weaknesses adopted.

- Whether English is the pupil’s first language – not first language, yes first language
- Whether the pupil has Special Educational Needs and Disability (SEND) in the academic year that the assessment took place – No SEND, SEND with no statement, SEND with statement⁹
- Whether the pupil is eligible for Free School Meals in the academic year that the assessment took place – no, yes
- Income Deprivation Affecting Children Index (IDACI) rank for the pupils home lower super output areas (LSOA) based on the 2019 index – LSOA rank.

As stated above, the propensity score matching process took place based on academic year, across pupils taking the relevant education assessment (EYFSP or Year 1 Phonics) in that year. These academic year level files were then merged to create a final sample for the analysis which contained Doncaster family hubs user pupils and their matched nearest neighbour pupil in both the NPD and Doncaster non-family hubs user samples.

The differences in scores that were used to identify nearest neighbours, as well as to assess the maximum number of matches that each NPD and Doncaster non-family hubs user sample pupil was the nearest neighbour for, were checked to assess the quality of the matches. Setting limits for these was not found to affect the robustness of the results, statistically significantly.

The resulting analysis file contained the following number of pupil records:

Table 3: Analysis file pupil records used in impact evaluation (N)

	Doncaster family hubs users	Matched Doncaster non-family hubs users	Matched NPD sample (non-Doncaster and non-family hubs users)	Total
EYFSP assessment	8,442	3,439	7,708	19,589
Phonics year 1 assessment	7,101	3,364	6,583	17,048
Total	15,543	6,803	14,291	36,637

The output from the propensity score matching process provided weights to be used in the analysis. The samples are weighted whereby Doncaster family hubs user pupils have a weight of one. Pupils from the matched NPD and Doncaster non-family hubs user samples

⁹ A statement is a legal document which sets out a child’s educational needs and outlines how the Education Authority (EA) will meet those needs in an educational setting.

had a weight equal to the number of Doncaster family hubs user pupils that they were matched to in the Propensity Score Matching Process.

Statistical techniques were then used to estimate and test the difference in the two education outcomes: achieving a 'Good Level of Development' in the EYFSP and 'Working at the Expected Level' in their Year 1 Phonics assessment. Specifically, Risk Ratios (RRs) have been used to calculate the relative probability (or 'risk') of family hubs users attaining each of the education outcomes compared to the relevant control group.

2.3 Cost analysis of Doncaster's family hubs

Research Question three seeks to understand the cost of CDC's family hubs. It considers:

- The income sources that fund the family hubs
- The expenditure/costs of providing the family hubs
- The average cost of the family hubs per member, per family, and per member attendance at the family hubs
- The average cost of the family hubs to provide an additional educational attainment outcome.

The analysis is based on three main data sources:

- A 'Cost Information Tool' which aimed to gather detailed information on the income, costs and staffing of the family hubs in Doncaster
- Doncaster's administrative data about the members and attendees at the family hubs
- Education data from CDC and the NPD which was used to assess the additional impact of the family hubs on EYFSP and Year 1 Phonics assessment results.

3. Findings

The findings are organised by research question, and where relevant build on the findings of the interim evaluation.

RQ1: The effectiveness of the model for implementation of family hubs

During the period of data collection for the interim evaluation, the family hubs were still navigating the Covid-19 pandemic. The interim evaluation reflected on the impacts to service delivery associated with a greater reliance on remote delivery and offering access through web and social media-based platforms. At the time of interim reporting, health services were still subject to restrictions on social mixing, and consequently both the number of groups and services that family hubs in Doncaster were offering, and the numbers attending those groups had been reduced. In addition, some services were still being delivered primarily online.

Lack of access to digital equipment amongst local populations meant that it was imperative that family hubs continued to engage with families face-to-face during the pandemic. This continued engagement provided a strong foundation for relationship development and future engagement. A family hub worker reflected:

“They’re [the families are] data poor. They don’t have devices. So actually, although there’s benefits to the online offer, so the virtual offer, I don’t think one size meets all needs. I think our parents as well, they still wanted to see us, they were desperate to see somebody in that time. So, my team still delivered services because they were outside of the family hub, so they were still home visiting. I think it was crucial that we still continued to see families. I think that made a difference. I think that helped us in a way to build stronger relationships because often we were the only people that the families were- the only professional that families were seeing.” (Family hub staff member)

At the time of data collection for the final evaluation (approximately 12 months later), all services had returned to a face-to-face delivery model and the numbers of participants had returned to almost pre-pandemic levels. Despite some initial expectations that a post-Covid-19 delivery model might entail a mix of in-person and online delivery, interviews with family hub staff for the final report reflected on parents’ and carers’ preference for face-to-face provision, and the importance of in-person groups in helping parents to access both peer support and support from staff:

“It is that relationship, it is that safe space, it’s that ability to know that there’s somewhere they can come where they feel quite comfortable. No such thing as a silly question. They

can ask the parents and if the parents don't know, they can ask the staff.” (Family hub staff member).

Nevertheless, interviewees also reflected that a future need was to develop an online offer that supplemented rather than replaced face-to-face provision. Providing a platform which enables parents to search for information and resources online alongside accessing face-to-face groups was felt to be a potentially strong offer to families.

Post-Covid, inflationary pressures resulting in increases in the cost of living meant that many of the services provided across CDC family hubs were in increased demand and were providing critical services for families experiencing financial stress. All family hubs in Doncaster were operating as warm spaces (providing free and open access to warm buildings for people struggling to heat their homes), and there was emphasis on working with other council services and voluntary and community sector partners to provide access to food, clothing, and hygiene banks and increasingly on supporting families with issues around debt and housing. Family hub workers also noted that parents were eating when attending family hub groups when previously food had only been offered to children.

“I mean for us, definitely, there’s the housing stuff. Like I said earlier, that is massive on our caseloads. An increased number of families are asking for support with housing. Actually being able to find somewhere to live has become an issue and that seems to have increased over certainly the last couple of years. Something that we’ve picked up on, and I haven’t got the detail behind it yet but we’re monitoring it, when we deliver our sessions to parents and children, we’re providing more snacks. So, the amount of food that we’re providing in sessions has increased over the last few months. The staff have said they’ve noticed that children are eating more in sessions but also parents are eating more in sessions.” (Family hub staff member)

Good relationships with other services were critical in family hubs being able to meet these needs and ensuring that the service delivery landscape was working together to respond reflexively to families’ needs.

CDC Family Hub Support: Case Study

The family hub received a referral from a midwife, in relation to a pregnant woman who was living in poor quality accommodation, facing a range of social and personal difficulties, and who was in financial precarity ahead of her baby being born.

This prompted a referral to a Family Hub Parental Engagement Officer (PEO) who supported the mother to get access to more appropriate accommodation. Once the baby was born the PEO continued to work intensively with the new mother, through both face-to-face sessions and telephone communication. Specifically, they discussed breastfeeding, attachment, empathetic/encouraging messaging, and strategies to cope with a lack of sleep:

“We talked about attachment and breast feeding and how this builds attachment and bonding with the child and that it is hard being a new mum and we don’t get no sleep, unfortunately, and it was just her getting used to that routine.” (Family hub staff member)

The PEO continued to provide intensive and sustained support to the mother over an extended period. This led to significant positive outcomes for the family. The mother and child relationship developed strongly, the family had improved financial stability, and both mother and child were attending family hub sessions, providing socialisation opportunities for both and peer support for the mother.

“...seeing the difference from the attachment with the baby, so the baby was a few months and nearly walking, and mum was a brilliant mum and in a stable flat... she had no money concerns, she was coming to groups, she was making new friends.” (Family hub staff member)

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

This section addresses the governance, leadership and management of family hubs in Doncaster. In particular, it reflects on the influence of the Start for Life delivery plan¹⁰ on shaping new governance structures and roles in the family hubs, and on the importance of workforce development for family hub provision in the city.

Governance and leadership

The core features of governance, leadership and management in the CDC model are:

- Strategic oversight, management and performance evaluation provided by CDC
- Family hubs work is organised on a locality basis, coterminous with other CDC services
- Each locality provides services in family hub buildings and via outreach and community-based delivery in ‘outreach’ (satellite) locations
- A family hub lead manages family hub provision in each locality, and leads a core team in each of the hubs working across early years, other family hub provision and business support
- Partnership working between CDC, health services and the voluntary and community sector facilitated through co-location, joint service provision and ‘hosting’ of services in family hub sites. A Local Solutions Group operates in each locality and provides a mechanism for multi-agency responses to issues faced by families in crisis.

¹⁰ See <https://www.doncaster.gov.uk/startforlife>

This 'core' and 'wider' offer described in Section 1.1 is central to the Doncaster family hubs model. The relationships, processes, and ways of working that had been established and strengthened during the Covid-19 pandemic were critical in enabling the family hubs to pivot their services in response to emerging needs. Particularly important was locality-based working supporting collaboration between services, mechanisms (such as the Local Solutions Group which involves multi-agency responses for families in need) to respond rapidly and effectively to crisis, and a shared knowledge and flexible use of funding and resources in both the public and voluntary sectors:

"And as a whole, within Doncaster, there's been a real plan around kind of what we needed as a city. And I think that there's some really good charities and there's been some really good responses and tapping into funding. And so, there's little pots here and there as well."
(CDC stakeholder)

Experience of collaboration has also enabled the family hubs and partner services to develop effective protocols and practice for integrated and co-located working. Family hub staff were keen to emphasise the need for an understanding of the length of time it could take to develop and embed the family hub model and for other professionals to gain familiarity with and understanding of the remit of the various agencies who worked together under the umbrella of family hubs. Having shared policies and procedures, and a strong focus on communication, is important. One staff member reflected on a pilot approach to providing integrated pre- and post-natal care (1001 Days Pilot):

"I think at the start of our pilot we were all kind of, how's this going to work. But I think communicating and keep revisiting and thinking about, well what is your role, what is my role, having clear policies and procedures that belong to that integrated team, not each organisation but that integrated team, I think that was crucial really. We've kept talking and we've kept reviewing, we've kept looking at what's working well, what's not working so well, what do we think we need to do to change it... But I think as we've all got to know each other personally and professionally, and begun to understand and started working as well, started working it out, and thinking we thought that were going to work but it didn't, let's change it and let's agree the changes, I think there's definitely a marked difference now in our understanding of each other. I mean one of our health visitors said, a few months ago, she said, I did not understand how much you do in family hubs. So, she's been coming in and out of family hubs for a while, but she said I did not understand the breadth of what you do. She said, now I do." (Family hub staff member)

Business Support staff in the family hubs also highlighted the importance of communication when uniting various professionals in one building. One commented:

"I think that communication is a big one. Obviously in terms of a leadership point of view, trying to coordinate, having that service within your family hub and making it so that it's a smooth process. So, you've got your business support onside for room bookings, but then

it all boils down to communication so that everybody knows the plans and what the needs of the services on both sides are. So, I would just say open communication.” (Family hub staff member)

At the time of data collection, CDC was also beginning to implement its Start for Life strategy, and had additional resource allocated, due to being one of the LAs supported by the family hubs and Start for Life Transformation Fund¹¹. The additional resources that were aligned to the strategy delivery plan were expected to increase both the scale and scope of family hub provision in the context of a local authority-wide approach to improving outcomes for young children. Interviewees stressed that although new national policy frameworks had been introduced, these chimed closely with an approach that had been implemented in Doncaster over many years and is reflected in borough-wide strategies.

“We’ve always had best start for life kind of embedded in what we do. So, it’s already embedded into our ‘Doncaster Delivering Together’ which is our borough-wide strategy. It’s also already embedded into our education and skills strategy and that need for kind of children to have that best start in life and be as prepared as they can be and ready to start school. We’ve already had our ‘Starting Well’ which is predominantly health based, but it’s very much looking at that kind of early 1001 days, how we’re providing that support at that really earliest moment for our families.” (CDC Stakeholder)

However, Start for Life had also enabled the introduction of new governance mechanisms which, although in their early stages of implementation, were expected to help ensure that the needs of children under 2 years old were at the forefront of agencies’ approaches across the city. Critically, CDC had established a Start for Life Partnership Board, involving senior level representation from agencies working with children and families to deliver an integrated service. Stakeholders reported that this was starting to shift culture.

“We’ve had an approach to partnerships with different services operating as separate services alongside each other and occasionally having some like really good examples of that strong partnership working. What we’re seeing now is a real commitment to move away from that approach and do a much more kind of co-produced collaborative integrated kind of way of working.” (CDC Stakeholder)

The Start for Life Partnership Board and Delivery Plan will take the family hubs model in Doncaster forward in both new ways of collaborative and flexible working and in embedding a new framework for shared accountability across agencies. This will lead to an integrated approach to service planning, commissioning, delivery, and evaluation. Stakeholders reflected that in many ways this was the logical ‘next step’ for family hubs in Doncaster

¹¹ For more information see <https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide>

which up until this point had been largely local authority-led, reflecting a legacy of children's services.

Workforce Development

An initial exemplar of the new way of working was work on establishing new roles, building on experience in family hubs core services and pilot interventions such as 1001 days (which trialled models of intensive pre- and post-natal support for families). These include what Doncaster refers to as Early Days Workers acting as key contact points for parents of very young children, community engagement workers who will strengthen community involvement in service planning and evaluation through the establishment of parent and carer panels, and family hub pathway leads and workers who will take a case load approach to working with families with a higher level of need but not meeting the threshold for statutory services.

As with existing family hub roles, the new roles will be supported by a comprehensive approach to training and development. A hallmark of the approach in Doncaster is the strong emphasis on workforce access to continuing professional development (CPD) on a wide range of issues affecting children and families and reflecting the holistic model of the family hubs. Going forward through the Start for Life Delivery Plan, the training will also be integrated, where possible, across agencies. The strong focus on staff development is embedded across all aspects of staffing, from recruitment (where there is a clear focus on 'soft skills' as well as qualifications), to a robust induction programme which is role-specific, to a wider programme of core and optional CPD. All staff (including business support) are level 3 safeguarding trained, and many have completed apprenticeships, and leadership and management training up to Level 5. All staff have regular one to ones with managers, whether they are case loaded or not. A commitment to staff development and support is an important aspect of the culture of family hubs in Doncaster. As a result, many staff have worked in roles with children and families for many years. However, managers are also mindful not to overburden staff with training (particularly as new roles and ways of working develop) and at the time of writing, work is underway to develop a training matrix for the family hubs which will help to identify the core expectations (described as a 'gold standard') required to meet the needs of children and families.

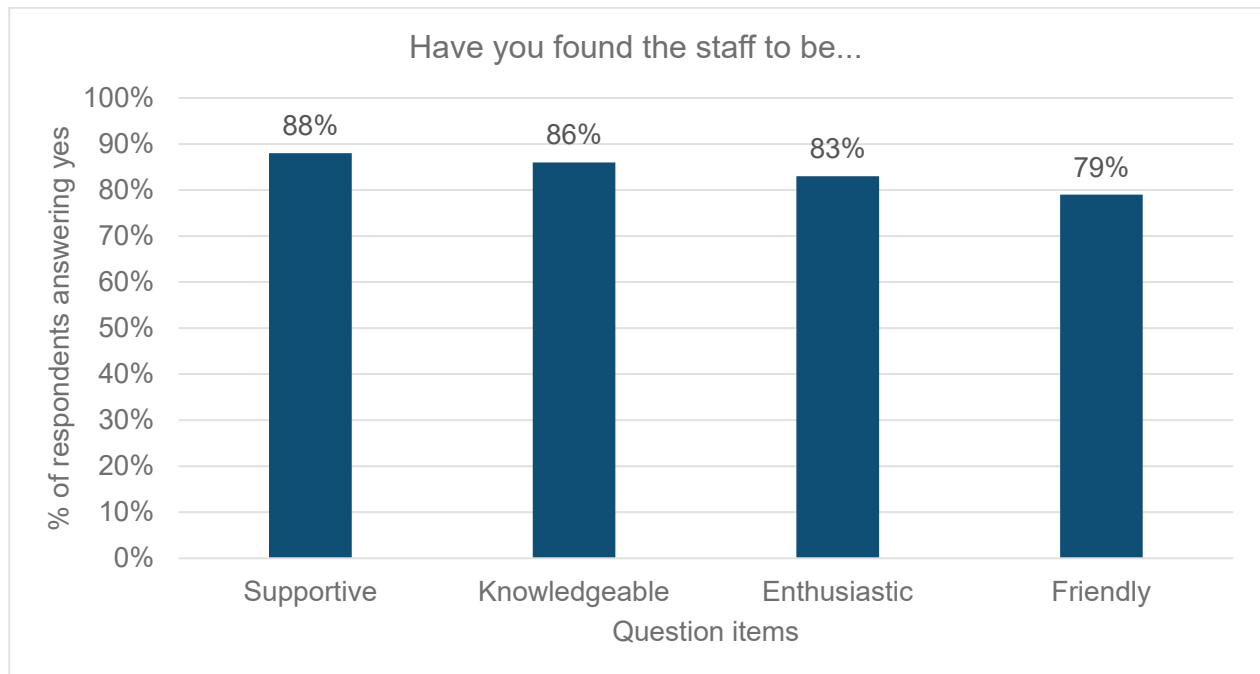
Evaluation

The interim report outlined service evaluation mechanisms in place for the family hubs in Doncaster. These included regular collection and analysis of management information, a user satisfaction survey, and the collation of individual case studies and stories of family support. Collectively, these data sources provide a great deal of data on the implementation of the family hubs in Doncaster, which is used by family hubs teams to plan and target services according to service users' needs and is also used for regular management reporting to family hubs leadership and strategic boards. As outlined in the

interim report there are limitations to the data. For example, the following analysis only represents parents attending the family hub, with neither adult carers nor young carers represented in the data. Future iterations of this survey should consider targeted dissemination to ensure carers and other under-represented groups are represented in the findings. Piloting the survey with adult and young carer service users would also be worthwhile to highlight any specific barriers to completion for this cohort of service users. Furthermore, staff outlined the need for more robust evidence of the longer-term impacts of family hub support on outcomes for children and families. There were also comments on the increasing importance of social media to increase engagement with surveys and services. Finally, a set of recommendations are noted in the discussion section.

Bearing in mind these caveats, the CDC Family Hubs User Satisfaction Survey provides useful insights into the governance, leadership, management and delivery of family hub services. It assesses the service users' experiences with family hub staff when attending the family hubs. The satisfaction survey data provided to the evaluation team presented the number/percentage of service users that responded 'yes' to each question. No data was provided to the evaluation team about the number of respondents who did not select 'yes' to each question. Nonetheless, Figure 1 demonstrates how a large majority of respondents said the staff were supportive, knowledgeable, enthusiastic and friendly.

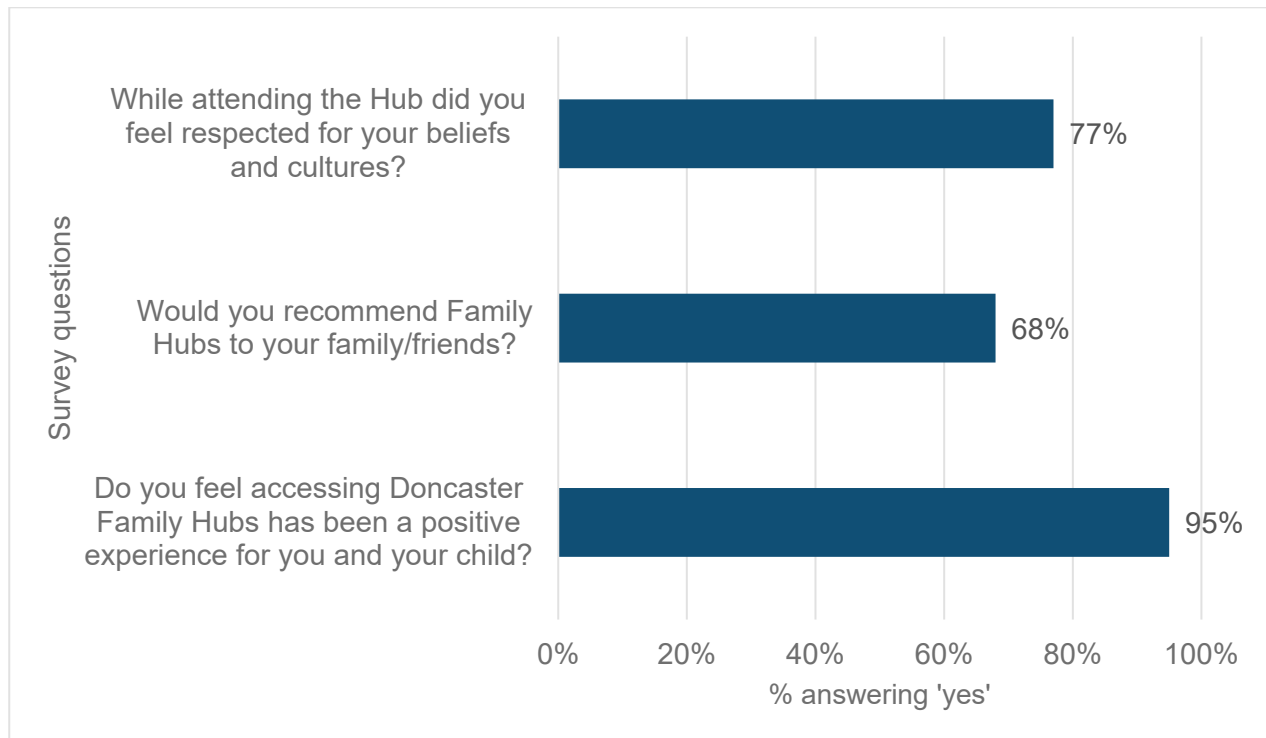
Figure 1: Family interactions with family hubs staff (Satisfaction Survey; percentage)



Service users were also asked about their experience of accessing Doncaster family hubs and whether they would recommend it to their family and/or friends. Figure 2 shows almost all service users who responded to the survey (95%) agreed their experience was positive,

77% of respondents felt their beliefs and cultures were respected and 68% said they would recommend Doncaster family hubs to others. Unfortunately, no follow-up question was asked by Doncaster about why 32% of respondents said they would not recommend Doncaster family hubs to others.

Figure 2: Experience and recommendation of CDC family hubs (Satisfaction Survey; percentage)



RQ1b The extent of the service offer and its integration

The interim evaluation looked in detail at the range of services offered through family hubs in Doncaster. It found that there was a comprehensive offer for parents of very young children, delivered through a range of groups at family hub sites and led by both health services and family hub workers. Parents and carers valued these groups for the opportunities that they offered for accessing support from workers and for peer support and socialising, for both parents/carers and children. The interim evaluation also looked at the extended offer, and how the family hubs in Doncaster were supporting families with older children and families whose needs extended beyond support for early years (0-5 years old) parenting. Key mechanisms included signposting and referral, and engagement of family hubs workers in locality-based and borough-wide multi-agency working through forums such as the Local Solutions Groups. The remainder of this section provides additional information on the service offer in Doncaster and focuses on the importance of partnership working as a mechanism for service integration and a cohesive offer to families. Building on the interim findings, this section looks at the benefits of collaboration between

family hub and health care teams, including midwives, health visitors and community nursery nurses.

Providing a holistic model of support

In the second phase of the IPE, it became clear that the extended offer was increasingly important, particularly as a result of an increase in the cost of living experienced by families. Family hub workers noted that they were increasingly working with families from communities which had previously had lower levels of need, and that referrals for families experiencing anti-social behaviour issues had also increased. For example, demand has increased for the Young Carers Service, which provides a range of support services to young carers aged up to 18 years and is delivered in family hubs, as described in this case study.

Doncaster Young Carers Service Case Study

The Young Carers service is seeing many more referrals for anti-social behaviour amongst young carers. The service works closely with schools, voluntary organisations, and colleges to support young carers under 18 years of age who have a caring responsibility at home that is beyond what would be usual for a child of their age. This can include caring for a parent, grandparent, or sibling. The service provides one to one support, social activities, help with school, friendships, and signposting for wider family issues (such as housing and debt). It runs five social groups on a fortnightly basis, providing transport to support young people to access the family hub buildings which have appropriate facilities for young people (who are keen not meet in the nursery or family rooms). A range of activities are run in the school holidays using Holiday Activities and Food (HAF) funding¹² and responding to young carers' requests. In 2022, young carers accessed a five-week activity programme run in partnership with a local farm providing support around confidence, self-esteem, nutrition, and exercise. HAF also supports a wider programme of holiday activities for children and young people accessing free school meals. Participation in these activities for children who are not entitled to free school meals, but are in the same family, is subsidised through the family hubs.

A key benefit to co-locating in the family hubs is the Young Carers service having a community presence. This helps to build relationships with local organisations (via considerable outreach work with local agencies) and familiarity and accessibility for families, improving referrals and engagement. The Young Carers worker notes that it takes time to build relationships with local agencies (such as schools), and that the process is helped by having a continuous and stable presence in the local community:

¹² See <https://www.doncaster.gov.uk/services/schools/haf-programme>

“...it helps when they can just ring up or email and they know who they are talking to.”
(Partner Agency staff member)

Family hub staff regularly communicate with other staff connected to the family hub umbrella of services (such as the Stronger Families Team or Midwifery Team) to facilitate effective signposting and referrals. They also work in a proactive and complimentary way with a host of approved voluntary and community sector services. Examples include:

- Changing Lives Women’s Centre for families experiencing mental health issues
- The Domestic Abuse Hub
- Quaker House that helps support refugees and asylum seekers
- Morrisons Food Bank Scheme
- Empowering Parents Empowering Communities (EPEC): A parent-led peer support initiative that allows volunteer parents to get trained and deliver parenting sessions to other parents.
- Co-located voluntary Group: Founded and led by a member of the local community, this group sources essential items that parents require e.g., pushchairs, cots, cot mattresses. Increases in the cost of living have meant more demand for this service. Being embedded within the community through the family hub and run by a trusted locally based volunteer has facilitated parents to come forward when in need. A Locality Manager describes how valuable this service has been:

“We’d have had no budget if we did that, but [volunteers] can, and she has seen a big, big, big increase in bids... she was probably getting about £1000 worth of [funding from] bids a year and I bet she has had about £12000 this year, if not even more... having the voluntary group attached to us is a lifesaver... and I would share that that is best practice. She knows this community. She’s a parent in this community, so the link is really good, and she can engage things. When we’re talking about what’s happening and the needs of this community, she is a voice for them because she knows what’s happening and she is out there on the ground and probably people will tell her more than what they might tell us, because there is no stigma attached to [volunteer]. She is one of the community.” (Family hub locality manager)

Working in partnership

Partnership working is a key facilitator of the extended offer. CDC trialled integrated family support in 2014 by bringing together all the services working to support children and families into a single building in one area of the city. Although the service was not fully implemented at that time, this meant that the experience of an integrated approach predated the family hubs and informed their development. A very strong emphasis on an open-door approach supports this approach. Workers are clear that if the family hub does

not provide a service to support an individual's or family's needs, they will find services that can, and provide a route for the person or family to access that service. In this sense, they are essentially providing a community-based early intervention offer.

Recently, CDC has introduced the 'Your Place/Your Family' (YPYF) offer as a follow-on from the Local Solutions offer that was developed prior to the Covid-19 pandemic and expanded using central government funding during the pandemic. YPYF provides a "one-stop shop" service across Doncaster on the same locality model as the family hubs but is based in community buildings, such as libraries, rather than family hub buildings. YPYF provides wide ranging information and support services across issues including benefits, housing, employment, debt and household finance, education (children and adults), childcare and family support, and local groups and activities. It provides services to all Doncaster residents and is not focused exclusively on families. However, family hub teams can signpost families to access the extended services offered through YPYF. YPYF also delivers a triaged support service to families and may refer to family hubs where there are identified needs that family hubs can support. In interviews, stakeholders discussed the benefits of this extended offer to families, which promotes enhanced access to a wider range of services. They commented that the model works well when there are different external partners working in or from family hubs and YPYF Hubs. They felt that this helps staff and service users to develop a better understanding of service offers and thresholds and facilitates improved referral processes across the two Hub services.

Stakeholders also stressed the importance of thinking about the benefits of partnership working, and adopting a curious, positive mindset when meeting colleagues or new contacts to consider what the person could bring to work to support families. Proactive follow-up of opportunities for collaborative working is also important. Finally, they also highlight the benefits of a stable children and families workforce. One family hub staff member commented:

"We don't lose people in Doncaster. They move around roles, but a lot of people have been working in the children and families space for a long time. We all know each other". (Family hub staff member)

Ongoing partnership working is broad and covers aspects of early years development, education, health, lifestyle and mental health. Many of the partnership teams work directly from the family hub venues and align with the current aims of the Hubs. This is illustrated through the example of the counselling service delivered through family hubs in the Doncaster North Locality.

Counselling Services delivered in family hubs: Case Study

The counselling service provides sessions to young people and adults. It is oversubscribed and has an extensive wait list. For the Counselling Co-ordinator, one of the reasons for the high uptake of their service is the locality of the sessions within the family hubs which enable families to access services close to home and without significant inconvenience.

“We’re community based, right across the borough, and Doncaster is very, very large. Probably the largest borough geographically in the country and so it’s important that we do what we can. Thanks to the family hubs, we can reach out into those communities, rather than as those families having to make one, two, maybe even three bus journeys to a central locality.” (Partner agency staff member)

In addition to the accessibility of the sessions, the family hub venues also offer a sense of familiarity to recipients which can be hugely significant in providing a safe and friendly environment.

“A lot of the families may have used the Hubs previously or are currently using the Hubs for different services, so if you think about the familiarity and above anything else the safety needs – you know, these people come here because they feel safe and valued.” (Partner agency staff member)

The Doncaster family hubs provide the counselling service with office space and meeting rooms which provides much needed stability. In addition, the family hub prioritised the needs of the counselling service and their young recipients post-Covid-19 to ensure appropriate facilities were made available as soon as it became possible.

Other services use the family hubs to deliver sessions and workshops, extending awareness and reach of their work. For example, the family hubs currently work in partnership with the Department for Work and Pensions (DWP) to offer family sessions around benefits, employment, training and support.

“Our DWP advisor is funded through the Stronger Families scheme¹³, and he works quite closely with the Job Centre as well and so what he does is he comes into the [family] hub. We started this back up again for families to come to, to speak to him, to make sure that they’re receiving all the benefits and everything that they should be and obviously you can also support them with looking for any training or employment that they’re wanting to get back in to.” (Family hub staff member)

The established relationship with DWP also facilitates an improved process for addressing benefits issues for families. A family hub staff member commented:

¹³ See <https://www.doncaster.gov.uk/services/schools/what-is-stronger-families>

“I used to spend an hour on a home visit just to ring Jobcentre Plus, now I can just phone [worker] up”. (Family hub staff member)

This has improved efficiency, but also helped to embed a clearer process for addressing benefits issues by allowing family hub workers to address issues more quickly.

Tutoring sessions for children who are not in education, employment or training (NEET) held within the family hubs are another example of external partnership working expanding the overall Hub offer.

“It is delivered in partnership with our virtual school team. The focus is on core subjects (English, Maths, Science). The young people have missed a significant amount of education and the aim with this tutoring is to get them to a point where they have caught up enough to get back into school with their peers.” (CDC strategic lead)

Tutoring had very high uptake at the time of this research and was receiving very positive feedback from the young people and families.

“We’ve got the tutoring in for the older children and young people, so again that is a really good positive for us. But I think because our main staffing group is the early years team, we rely very much on those other professionals coming in and delivering the other services and that is about the partnership working and communication and [those] good relationships that we’ve got with partners, to get them in and get them delivering from family hubs.” (Family hub staff member)

New partnerships develop in line with emerging and ongoing family needs. An illustrative example of this is around the growing demand for speech and language support that had arisen from the Covid-19 pandemic and the subsequent lockdowns. The family hubs already offered ‘Growing Talk’ sessions to families needing additional speech, language and communication input, and these sessions were now expanding in conjunction with the South Yorkshire Talking Together team.

Another evolving partnership was that of Adult and Family Community Learning (AFCL). Family hubs have sought to work closely with this partner to develop adult learning sessions around money saving skills and techniques for families experiencing hardship due to increases in the cost of living.

“I’ve been liaising with partners like our Adult and Family Community Learning to see if there is some adult learning that they can put on around cooking. So, cooking on a budget. Also, sometimes I do worry if some of the stuff you get in your foodbank packs, the family don’t know what to do with it. Do they know that they can make a meal from a tin of chopped tomatoes and a bag of pasta and things like that.” (Family hub staff member)

Working with midwifery and health services

Midwifery

The family hubs work in partnership with the NHS midwifery team to offer clinics in family hub venues. Some family hubs have full-time midwives working in hub buildings. Reflections from family hub teams and midwives highlighted the impacts of these partnerships in encouraging new parents and families to sign up to the family hubs and access support. They also identified that resourcing limitations in the midwifery teams meant that working out of the family hub building was not always possible. The benefits of co-location included enhanced collaboration between teams, a more cohesive service experience for families, and increased likelihood of families moving from midwifery to family hub services. Where co-location was not possible these benefits were less likely to be realised.

The universal nature of midwifery services is a critical factor in engaging families in family hubs and providing support from early in a child's life. Co-located midwifery clinics were recognised as key in building relationships between expectant mothers and prenatal services but also with a range of services that could provide multiagency support to the whole family beyond birth.

“We can get so much from the ladies coming in. Obviously if they bring partners with them as well, obviously we get so much from them because we can start that relationship with them straight away and we show them around the playrooms, ‘this is the playroom you will come to’ and inform them of all the services that are available through a family hub. If they’ve got older children already and we’ve missed them or they’ve moved into the locality, you know, you can bring your older children to sessions and things.” (Family hub staff member)

“It’s all the best start for life, the First 1001 Days and so it’s just crucial and by us working really closely with that midwifery team we can make sure that that child gets the best start in life, and we can integrate them into family hubs straight away from that conception part, yeah, so it is really crucial really. Yeah, it is just good for us really to have them in.” (Family hub staff member)

For parents interviewed as part of this evaluation the midwife visits had often been their first point of contact with the family hubs and they were signposted to the other offers.

“I came to my midwife appointments and then when I had had my first, they did baby massage here, so I started with the baby massage and then they introduce you to – I think as we were doing baby massage, they were singing songs and stuff in the playgroup so then I thought oh, I will have a go at that.” (Parent/Carer)

“There’s 11 years between this one and my last so it was the midwife and health visitor who pushed it there - ‘Don’t forget there’s family hub, there’s groups there’s sessions, it’ll get you out, it’ll get the baby out.’” (Parent/Carer)

By establishing this ongoing relationship with new families, both the family hubs and midwives offer continuity in support and a sense of familiarity which can benefit new parents. This familiarity derives, in part, from the more informal nature of the family hubs which would not be replicated in an environment such as a GP surgery, according to one midwife.

“I think that being part of a family hub means that they then get to see you afterwards informally when they bring their babies to groups and things, and my door is literally nearly always open, so they will walk past and they will say ‘Hi, this is such and such, oh how old are they now?’ and so you’re creating much more of a community feel. They know who I am, I know who they are, they’ve come back to me for second and third pregnancies and I’m watching their children grow up. They phone for advice, they stick their head around the door, you know, and I don’t think that would be the case if it was a GP practice, because you’re in a room, down a corridor, door closed. Yes, you’re still providing care, but it’s just not quite the same.” (Midwife)

In addition, the locality of the midwife base within a family hub and the continuity of the specific rooms, was seen to allow for a more personalised environment which in turn can make prenatal and antenatal visits more pleasant.

“I’ve made it my own, and I’ve done what I can to make it welcoming, friendly, homely for the women, and they do like it and they do notice when I put like new things in. I mean I always have like a little bowl of sweets, and I’ve got a few toys for the kids underneath the chairs. I’ve got ornaments and stuff that make it a bit more mine. And if that was a GP’s surgery, I wouldn’t be able to do that because you rent the room and you can’t guarantee you will be back in that exact same room.” (Midwife)

Midwife referral to family hub services: Case Study

This example illustrates the impact of the midwife as a route to engaging parents with family hubs and consequently connecting with peers. Liaison with midwife had a significant effect for this parent, supporting them through challenges of new parenting.

“I don’t really know anyone and I’m a first-time mum. I was coming here anyway for the midwife appointments, and I felt really taken care of, I felt bothered about. She was a lovely lady. Then I got post-natal depression and was really bad where I wanted to let his nan and his dad look after him. I felt like I didn’t know what I was doing, and I wasn’t looking after him properly. That was crap. So I thought he’d be better without me. I was in so much pain and tired, I’ve never been exhausted like it. I just wanted to stay in bed and cry and sleep. Then I got told about groups here and meeting other mums, talking about

experiences and getting out of the house because I didn't want to leave the house. And it's really helped me loads, talking to other mums because it's like, he was being sick all the time, he'd got silent reflux. And you feel like you're doing a crap job when you're new, you haven't got a clue. I didn't enjoy the first three months of motherhood because it was all new and a real learning curve but coming here and talking to other mums, it's really helped me." (Parent/Carer)

Liaison between family hubs and midwives was found to introduce potentially isolated families to the available landscape of support. The midwifery pathway is especially valuable for engaging with harder to reach communities, in particular travelling communities who viewed a midwife as essential and could be linked to other services and resources from there, even if sporadically. For example, this bridging relationship enacted by the midwife meant that family members from travelling communities could benefit more broadly, such as being signposted to help with literacy and advocacy with other services.

"That knowledge can be gained at these antenatal appointments which if they weren't in-situ with us potentially those families might not even know about the many services and what they can access." (Family hub staff member)

This approach has been beneficial in engaging traveller communities in Doncaster. When families are introduced to family hubs through the midwife, they are able to view family hubs as a source of general help and will return and ask for support with a range of issues.

"I think that as we're aware, in that community they have got their own issues such as reading and writing and things like that. We do see families come in from the travelling communities asking for help with reading letters, making inquiries and things like that, so yeah, there definitely is an awareness that we are a base for support and that they can access." (Family hub staff member)

The work of the midwives was highly valued, but they have high caseloads and a heavy workload. Although they are willing to work with family hubs, and there are identified benefits in doing so, it is important also to note that potential for midwives to conduct referrals and signposting is limited by their capacity.

"Because they've obviously got their own big list of jobs to do anyway aside from all the checks that they need to make in terms of fulfilling their service duty and I think, like I say, where they've got capacity, they are more than happy to". (Family hub staff member)

Working with the regional health team

One of the more established partnerships is that between the family hubs and the regional health team. The family hubs and Community Nursery Nurses work directly to offer joint sessions for families such as 'First Friends' and baby massage. In addition, the Hubs

Locality manager meets regularly with the health manager and the Early Years Team to maintain effective communication.

“We work closely with our nursery, our community nursery nurses and so they work alongside the health visiting team and they deliver sessions together, so we run the First Friends session together with them, so our Early Years development workers deliver that with the community nursery nurse, so that works really well and obviously we have regular meetings with the health team. I have the regular meeting with the health manager and obviously the Early Years team and community nursery nurses, they meet together.” (Family hub staff member)

As with the full-time midwives, the regional nursery nurses are based within the family hub and there is ongoing signposting to relevant programmes. This offers a more holistic approach to the families. This ‘sharing’ of sessions also helps the health team to access more families and meet their own targets while training up family hubs staff members.

“We can signpost them to Busy Babies which is from 6 months on to 18 months, or we can signpost them to the Stay and Play or the Sing and Shake, or whatever else the family hub is running at the time.” (Community Nursery Nurse)

“We have got a list of all the babies in Doncaster that when the health visitor goes out, she asks them if they want massage and they’re on a waiting list, and then we share any information with the family hubs, or we invite them, and the family hub deliver it. So we do it alongside each other, so it helps us out, it gets down our list a little bit more, and then also their staff have obviously been trained and they can use the skills that they’ve got as well.” (Community Nursery Nurse)

Enablers for successful partnership working

A set of conditions and principles that aid successful partnership working emerged from the analysis of the data gathered for this report. We highlight four enablers.

The first enabler is cohesion. The Doncaster family hubs and their partners share a cohesive approach to supporting the community and work together to ensure a well-rounded offer to families wherein each partner’s offer compliments that of another, and collective resources across agencies are utilised effectively to meet families’ needs.

“Our partners are really good. We’ve got the new Your Family team in Doncaster who are like the triage team for the Local Solutions Group, and we give them all our information and they are out and about in the community sharing information. We work closely with our Stronger Communities Team as well, and again they sit on our advisory board, so obviously they know, their manager knows about everything that’s happening in family hubs so obviously when the community workers are out in the community and they can obviously signpost families on to us so yes, we do work a lot with partners.” (Family hub staff member)

The second enabler is signposting. Signposting services takes place across the partnerships. It is a central form of dissemination and promotion.

“Families do come to us, and we do try to signpost. If we don’t deliver it ourselves then we do try to signpost them on to the right place to make sure that they do get that support.” (Family hub staff member)

“I’ve been [to the family hub] today and they do new birth calls, and they will say that they’ve spoken to four mums that are interested in infant massage, so we would put them on our infant massage waiting list. Or vice versa, we can signpost the other way... we can share the information of what they’ve got running this month so we can signpost our families to it.” (Community Nursery Nurse)

The third enabler is the availability and use of shared spaces for co-location. The family hubs venues are viewed by partners as shared and welcoming spaces that provide a ‘base’ for a range of services such as counselling, midwifery and community health.

“If I have done a group at a family hub, I will go into the office there and write it up. I won’t think ‘Oh, I will go back to the health office now’, or my base point. I’m at ease to go and work in their office. I’m not pressurised to leave because they’ve got too many numbers in there now. No, I just stay there and, on a Friday, I work there, so I will stay there on a Friday, and I will go in to their team room the same as anybody else goes in their team room. They do make you feel part of their team when you’re there.” (Community Nursery Nurse)

The fourth enabler is hybrid working. The introduction of hybrid working has allowed for more efficient working relationships across the partnerships.

“We have gone back to some face-to-face meetings that are really important. You know, your staff one-to-one’s and things like that, but when you’re meeting with quite a big range of other managers, it’s really good that you can do this online, because not everybody has got a lot of time, have we, because social care managers are so busy, so for us to meet and have those discussions, what’s happening in our community at the minute, what can we put in place, is there anything that you need from family hubs.” (Family hub staff member)

RQ1c Reach and engagement

This section looks at the reach and engagement of family hubs in Doncaster. It begins by presenting administrative data collated by CDC family hubs to summarise the characteristics of services users and the frequency of engagement with family hub sessions. It then presents qualitative data to assess the mechanisms for engaging children and families and identifies the factors that enable successful and widespread engagement across the city.

Details of the analysis of Doncaster family hubs administrative data, and accompanying tables and details for the findings, are presented in Appendix 1.

Families engaging with Doncaster family hubs

Service User Characteristics

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

The “Gender”, “Ethnicity”, “Age” and “Postcode” variables were analysed to identify Doncaster family hubs service user characteristics. Where relevant, these characteristics were compared against regional data in Doncaster collected in the 2021 Census.

Gender

The gender of each service user is recorded using a binary “female” or “male” categorisation. This variable was left incomplete for 67 service users. Substantially more female carer service users attended CDC family hubs than male carer service users. Of the carer service users who disclosed their gender, almost three-quarters (7,668 of 10,351 users) identified as female. Given the focus of family hubs services in Doncaster on support for families with children under 5 years of age, it is expected that the majority of services for very young children would be accessed by mothers.

Qualitative data suggests that parental engagement with family hubs often involved mothers attending sessions, citing multiple benefits to the children and themselves and providing much needed support and company.

“And we came to a couple, and we’ve come for the last 7/8 months now. I love it, they make you feel warm, welcome, comfortable. If you’re not sure of something, there’s another mum that’s done it, that’s going through the same thing. And again it’s not just for the kids, it’s for us as well because it’s that reassurance. Being a mum can be lonely, especially if dad’s at work, you’ve just moved into the area.” (Parent/Carer)

A more even split between the two genders can be observed between child service users, with 49% recorded as female and 51% recorded as male, closely reflecting the national average of the total population¹⁴.

¹⁴ [https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/male-and-female-populations/latest#:~:text=The%20data%20shows%20that%3A,up%2029.2%20million%20\(49.0%25\)](https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/male-and-female-populations/latest#:~:text=The%20data%20shows%20that%3A,up%2029.2%20million%20(49.0%25))

Ethnicity

The ethnicity of each service user is recorded using the 18 ONS ethnicity classifications¹⁵ which make up 5 ethnic groupings: Asian, Black, Mixed Ethnicity, Other Ethnicity and White.

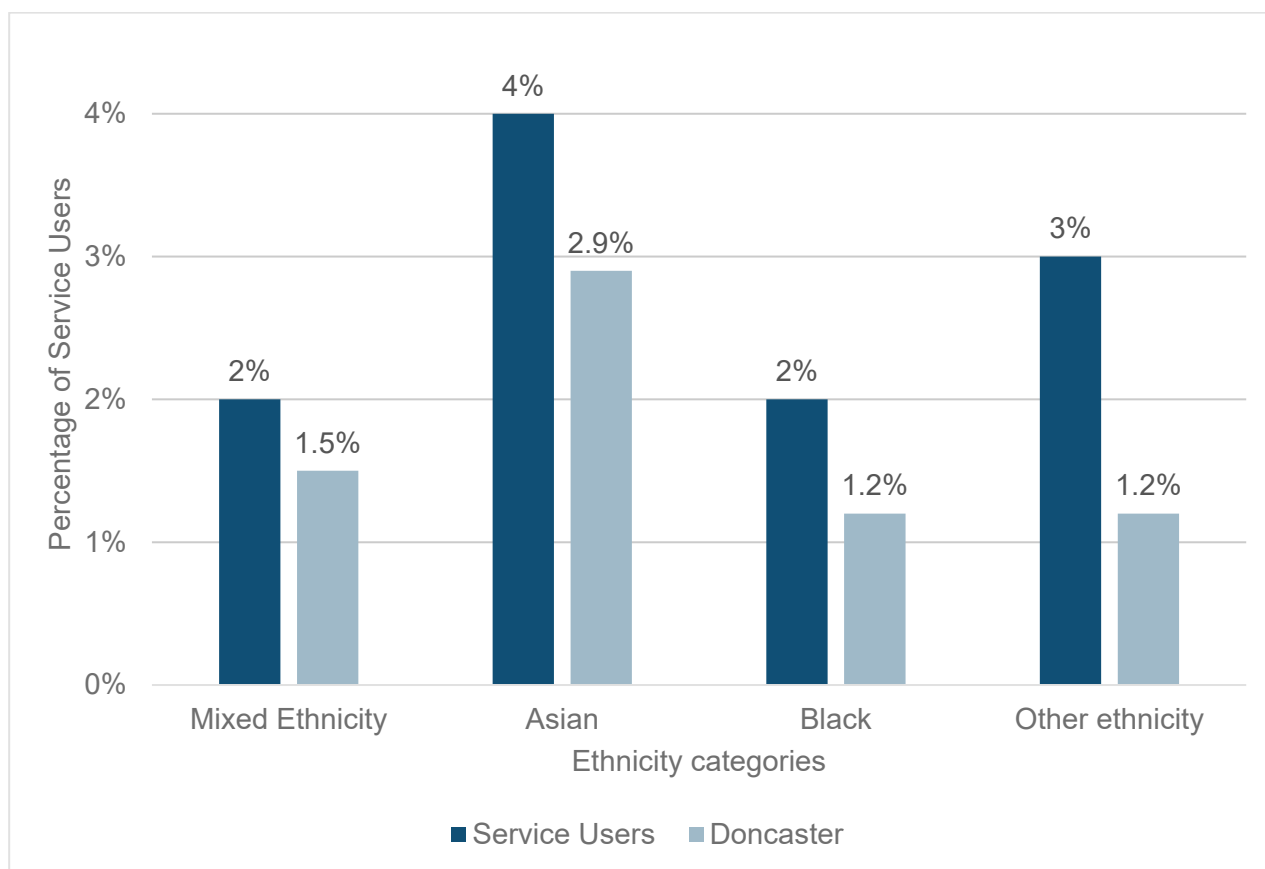
There were 5,600 service users (28%) with missing ethnicity details. This included users who chose not to provide their ethnicity or when information was not obtained before attending an event. Of the remaining 14,800 users on the database, 89% reported their ethnicity as “White”, four percentage points lower than the regional average in Doncaster (93%)¹⁶. There were slightly more service users who identified their ethnic group within the Asian, Black, Mixed and Other categories when compared to the regional average in Doncaster. This suggests that CDC family hubs are successfully engaging ethnic minority communities in their services (see Figure 3).

¹⁵

<https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion>

¹⁶ <https://www.ons.gov.uk/visualisations/censusareachanges/E08000017/>

Figure 3: Service user ethnicity (excluding white category) compared to regional ethnicity (Administration Data; percentage)



Age

The “Age” variable was recoded to match the age categories used in the 2021 Census, allowing comparisons to be made between the total population of service users and the total population of residents in Doncaster. The mean age of carer service users was 33 years old. Over half of carer service users (53%) were aged between 26 and 34 years old, which is higher than the 14% of 25 to 34-year-old residents within the total population of Doncaster. Most of the remaining carer service users were aged between 16 to 24 years old (15%) and 35 to 49 years old (26%).

The largest age category of child service users was those aged 4 years old and under (60%), which is largely expected as Doncaster family hubs core offer is aimed at children aged 5 years old or younger. The number of child service users gradually reduces as age increases, with 17% aged 10 to 15 years old and 4% aged 16 to 19 years old (see Table 4). Child members aged 10 years old and above can largely be seen attending youth group, young carer, counselling, boxing, and half term sessions with several other events attended by this age group but in smaller quantities. Any inconsistencies in the age data (for example the finding that less than 1% of carer members are aged 4 years old or below) is likely due to errors when recording this data at the input stage.

Table 4: Age of Service Users (Administration data; percentage)

Classification	Carer Members (%)	Child Members (%)	Doncaster 2021 Census (%)
85 years old and over	<1	0	2
75 to 84 years old	<1	0	6
65 to 74 years old	1	0	11
50 to 64 years old	4	<1	21
35 to 49 years old	26	0	18
25 to 34 years old	53	<1	14
20 to 24 years old	13	1	5
16 to 19 years old	2	4	4
10 to 15 years old	<1	17	7
5 to 9 years old	<1	18	6
4 years old and under	<1	60	6

Income Deprivation Affecting Children Index (IDACI) Score

The home postcode recorded for individual users was successfully converted into the Income Deprivation Affecting Children Index (IDACI)¹⁷ scores and ranks for 16,489 users (80% of total). IDACI measures the proportion of children aged 0 to 15 living in households classed as income deprived¹⁸. Analysis shows 25% of child service users were from income deprived families living in Doncaster. This is slightly higher than the regional percentage of children living in income deprived families in Doncaster, which in 2019 (the latest available data) was 23%.

Attendance at each family hub

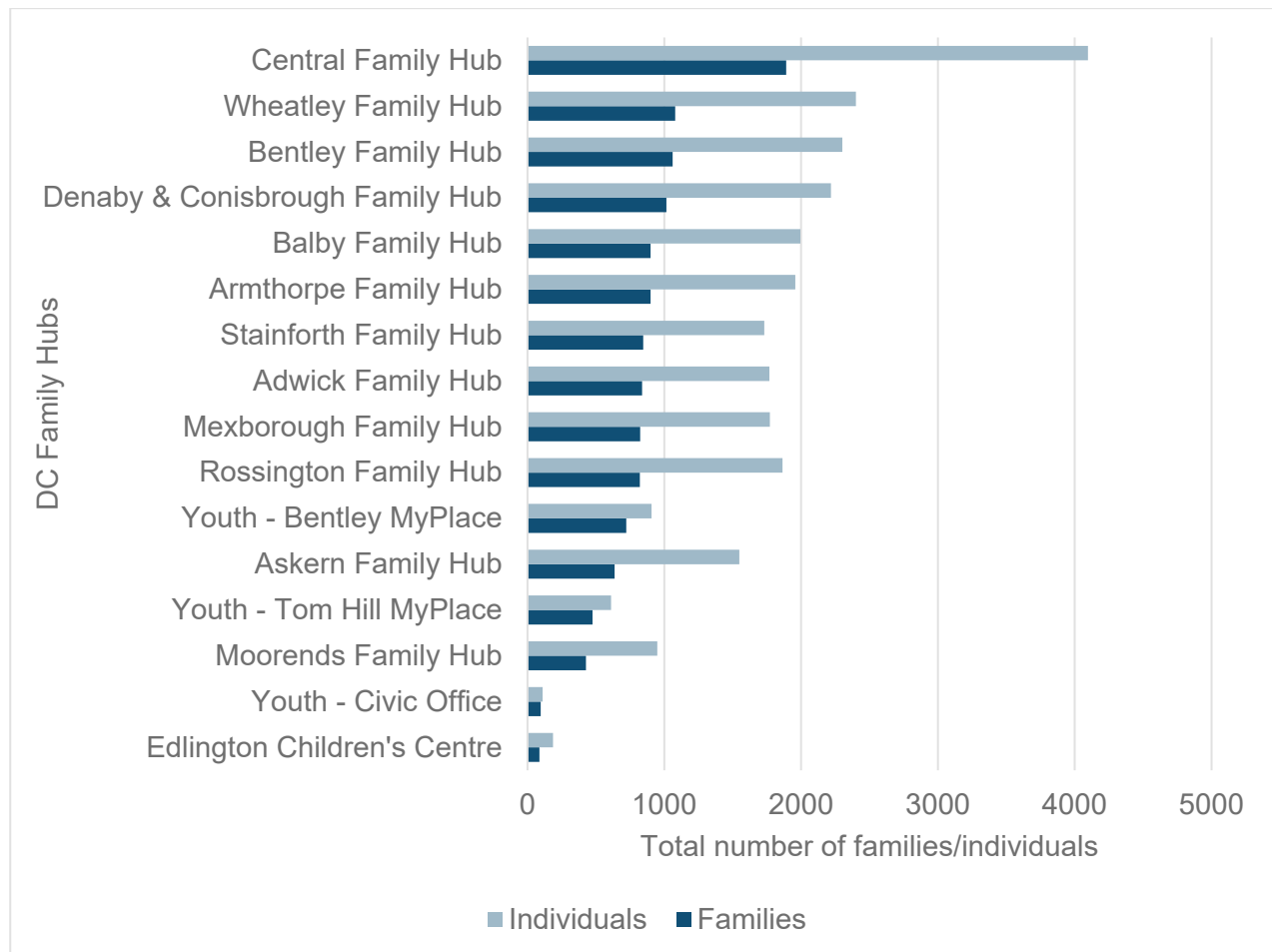
The “Setting Seen” variable indicates the family hub that each service user attended. This variable was analysed to show how many families and individuals attended specific CDC family hub sites (see Figure 4). Central family hub had the largest number of families and

¹⁷ See <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹⁸ See <https://www.gov.uk/government/publications/english-indices-of-deprivation-2019-technical-report>, section 4.3.12 defines income deprivation as “...families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or Universal Credit (in the ‘Searching for work’, ‘No work requirements’, ‘Planning for work’, ‘Working – with requirements’ and ‘Preparing for work’ conditionality groups) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60% of the national median before housing costs”

individuals attending their setting, reflecting its central location and accessibility to a large population and the wide range of services offered. Most of the remaining family hubs had similar levels of attendance for both individuals and families.

Figure 4: Total number of families and individuals attending each family hub (Administration Data; N)



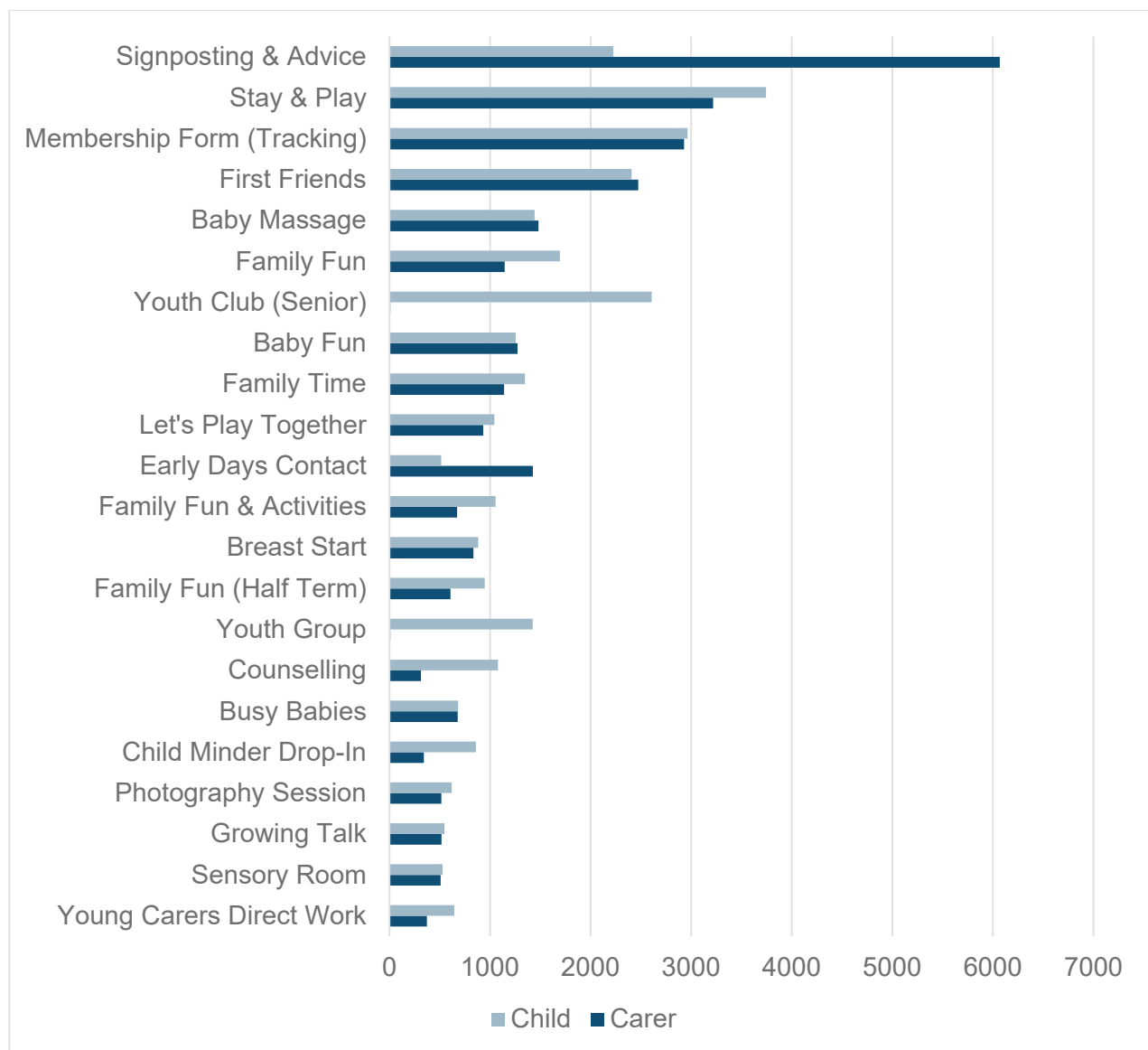
Frequency of engagement

Event engagement

The “Event Description” variable was analysed to explore how many times each of the 214 events (individual recorded instances where families engaged with family hubs staff or services) were attended between April 2022 and January 2023. It is important to note that the nature of the dataset means these findings reflect the total number of times an event was attended, as opposed to the total number of service users that attended an event (i.e., a service user may have attended an event multiple times). Further, carer and child service users from the same family attending the same event are counted individually as multiple users - the data in Figure 7 is split by “Member Type” to demonstrate this.

CDC family hubs measure attendance across 214 individual events. Without thematically grouping similar events together, detailed analysis of event engagement across all 214 events is challenging. As such, only the events that were accessed 1,000 times or more are presented in Figure 5. Although the midwifery service had the highest level of attendance of around 19,000 service users, this event was removed from Figure 5 as it is a universal service with multiple appointments over pregnancy and post-natal care. Therefore, this service will be far better attended than the other (targeted or self-selected) services.

Figure 5: Events attended 1,000 or more times between April 2022 and January 2023 excluding midwifery (Administration Data; N)



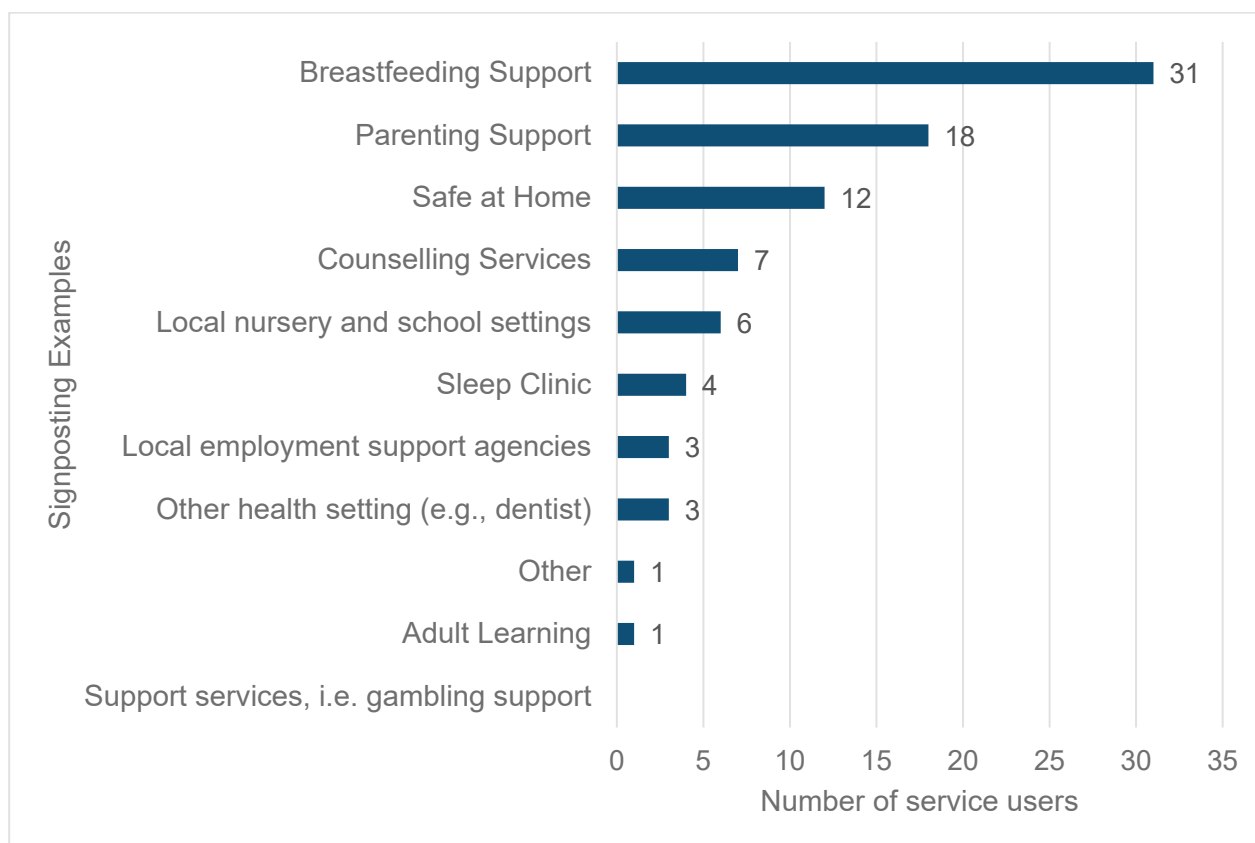
*Membership Form (tracking) refers to when a service user attends a family hub and completes a form to become a member of the family hub

It is important to contextualise this data with information on how and when these events are being delivered. Some events are delivered as open access where service users can

attend as and when they need to (e.g., growing talk). Most of these sessions are delivered on an ongoing basis and form a large part of CDC family hubs core offer. Other events are delivered in blocks. For example, the “Rising Rockets” service is delivered over a block of six weeks. It is also apparent that some events have limits on how many service users can access specific sessions at any given time. For example, the “Bumps to Babies” service is limited to 20 service users per session, while the “Sensory Room” service is limited to five service users per session. Lastly, some events can be accessed at all 12 family hubs while others can only be accessed at specific family hubs. For example, the “Let’s Get Walking” service can only be accessed at Stainforth family hub whereas “Parents Voice” services can be accessed at all CDC family hubs.

The analysis shown in Figure 5 provides a basic overview of event engagement split by “Member Type”. There are a small number of events that have high attendance when compared to other events. This includes Signposting & Advice (N=8,294) which (like Midwifery; N=18,921) is a service offered universally to eligible service users. As indicated in the previous section on partnership working, on-site midwifery services at family hubs are highlighted as a key resource in signposting and encouraging families to take up other services in family hubs. In the quarterly CDC satisfaction survey, service users were asked what type of signposting support and advice they received. Figure 6 shows the most common examples were breastfeeding support (n=31, linked to the midwifery support noted earlier in the report), parenting support (n=18) and safety at home (n=12).

Figure 6: Examples of signposting and advice support (CDC Satisfaction Survey; N)



The administration data also illustrates the popularity of ‘open access’ sessions, which offer drop-in play and social activities to children and parents. It should be noted that some open access session such as First Friends and Stay and Play are limited as to the number of service users who can attend each session, while other sessions such as Family Time are not. The remaining 15 events in Figure 5 have relatively consistent levels of attendance, sometimes reflecting the small group size and targeted support delivered through these sessions. For example, services such as baby massage, First Friends and Breast Start are offered on a small group basis to new mothers and their babies (who may also have accessed midwifery services), others such as counselling, young carers support and Early Days Contact are targeted specifically at families with identified needs.

Due to the data collection methods which ‘double count’ attendances by both parents and children accessing services, caution needs to be employed in drawing any conclusions from this data in relation to the characteristics of service users or the extent to which the family hubs in Doncaster are reaching service users beyond the core 0-5 years group. However, it is notable that there are approximately 8,000 attendances recorded for children and young people at youth club, youth group, and family fun activities all of which are aimed at children and young people over the age of 5 years. Family hub staff and partner agencies noted in interviews that some of the family hubs were limited in their ability to offer a suitable

venue for young people but in the absence of other youth facilities in the family hub localities, hubs are offering an important resource for providing services to children of school age and beyond.

The same analysis shown in Figure 5 was applied in Table 5, but this time by service user gender. It shows the pattern of attendance between female and male carer service users is similar, with almost twice the amount of female service users attending each event when compared to males. There are instances where this difference is greater. For example, Stay & Play sessions have around 15 times more female carer members than male carer members. That said, male carer service users' attendance across each event is relatively consistent, meaning males are attending a range of CDC family hub services, just in lower volumes when compared to female service users. There are some exceptions, such as the Youth Group service and the Youth Club (Senior) service, where more males attended than females. Please note, the data presented in Table 5 has been rounded to the nearest 10.

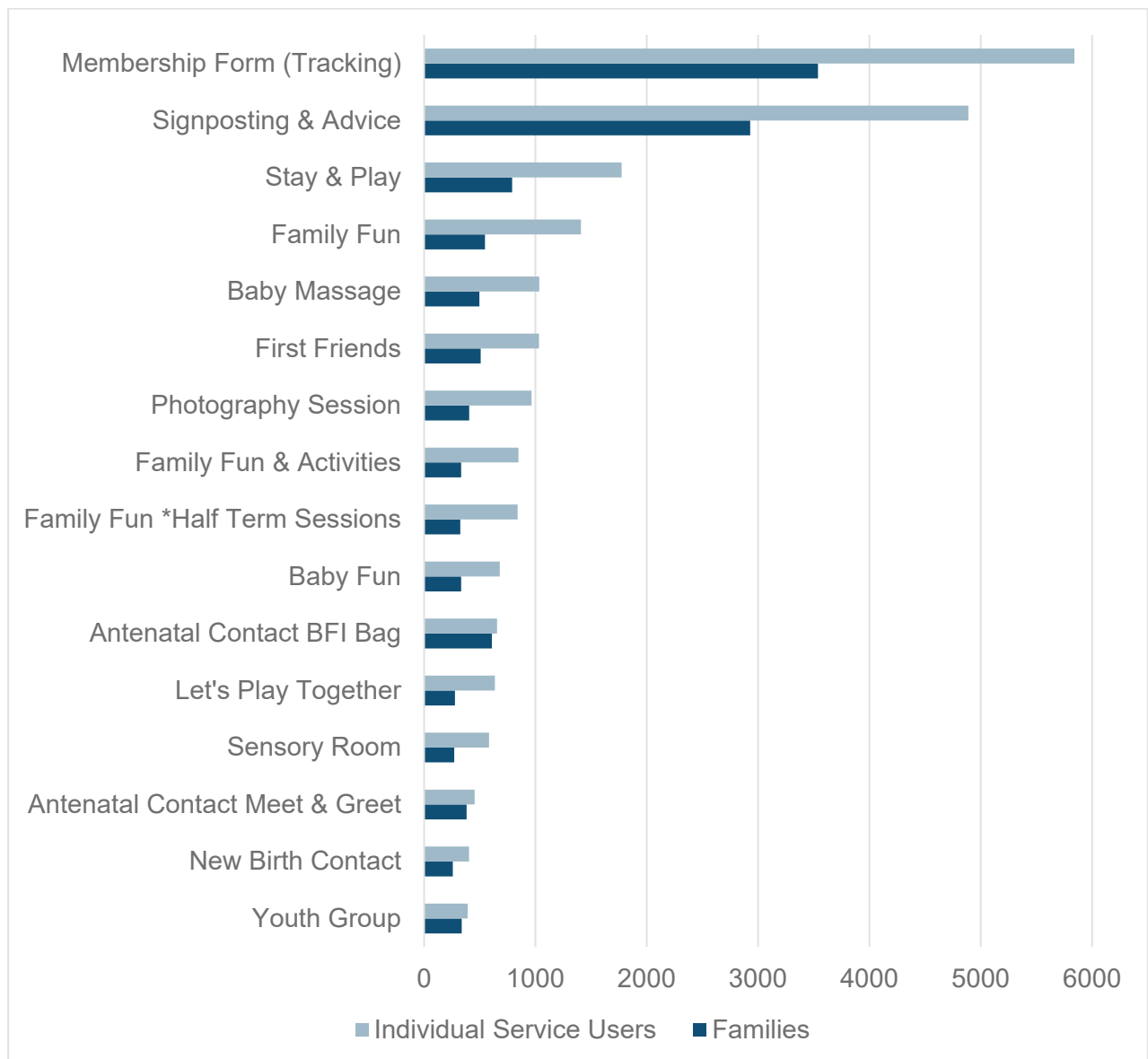
Table 5: Services attended 1,000 or more times (excluding midwifery services) split by gender (Administration Data; N)

Event Name	Carer Female	Carer Male	Child Female	Child Male	Total Female	Total Male
Signposting & Advice	5,490	580	1080	1990	6,570	2570
Stay & Play	3,020	200	1940	1800	4,960	2000
Membership Form (Tracking)	1,670	1,260	1460	1500	3,130	2760
First Friends	2,410	60	1130	1280	3,540	1340
Baby Massage	1,430	50	650	790	2,080	840
Family Fun	1,050	100	900	790	1,950	890
Youth Club (Senior)	10	<5	1070	1540	1,080	1540
Baby Fun	1,260	20	620	630	1,880	650
Family Time	680	460	850	500	1,530	960
Let's Play Together	860	50	450	590	1,310	640
Early Days Contact	1,320	50	290	220	1,610	270
Family Fun & Activities	630	40	570	480	1,200	520
Breast Start	830	10	360	520	1,190	530

Event Name	Carer Female	Carer Male	Child Female	Child Male	Total Female	Total Male
Family Fun (Half Term)	540	50	470	480	1,010	530
Youth Group	<5	10	570	720	570	730
Counselling	260	50	590	490	850	540
Busy Babies	660	20	380	310	1,040	330
Child Minder Drop-In	340	<5	520	340	860	340
Photography Session	460	550	300	320	760	870
Growing Talk	460	60	198	350	658	410
Sensory Room	410	100	250	280	660	380
Young Carers Direct Work	330	50	510	130	840	180

Figure 7 shows how many unique families and individual service users (both carer and child members) attended an event, between April 2022 to January 2023. It shows that the “Midwifery Service” was attended by 6,806 individual service users (noting that both carer and child members from the same family were counted individually), clustered into 3,609 families. The “Signpost & Advice” service was attended by 4,888 individual service users, clustered into 2,929 families. Interestingly, while the Midwifery service was attended around 10,000 times more in total than the Signposting & Advice service, analysis of these events at the family and individual level shows a difference of just 2,000 individuals and 700 families. This suggests a large number of the total attendances of the midwifery services were repeat attendances. At the family and individual level, the attendance rates at these two services are actually more similar (see Figure 7).

Figure 7: Number of unique families/individuals attending each event (excluding midwifery services) (Administration Data; N)



Number of events attended per service user

The number of family hub events (from a total of 214 events) attended per service user ranged from 1 to 146, with nearly 30% (n=5,956) of service users attended only a single family hub event (see Figure 8). On average, service users attended 6 family hub events (SD: 8.52)¹⁹ and a median of 3 family hub events.

Further exploration of the service users who attended only one event shows 1,147 (19%) attended a “Membership Form” event, 1,002 (17%) attended a “Midwifery” service and 447 (8%) attended a “Signposting & Advice” event. These three events account for 50% of the

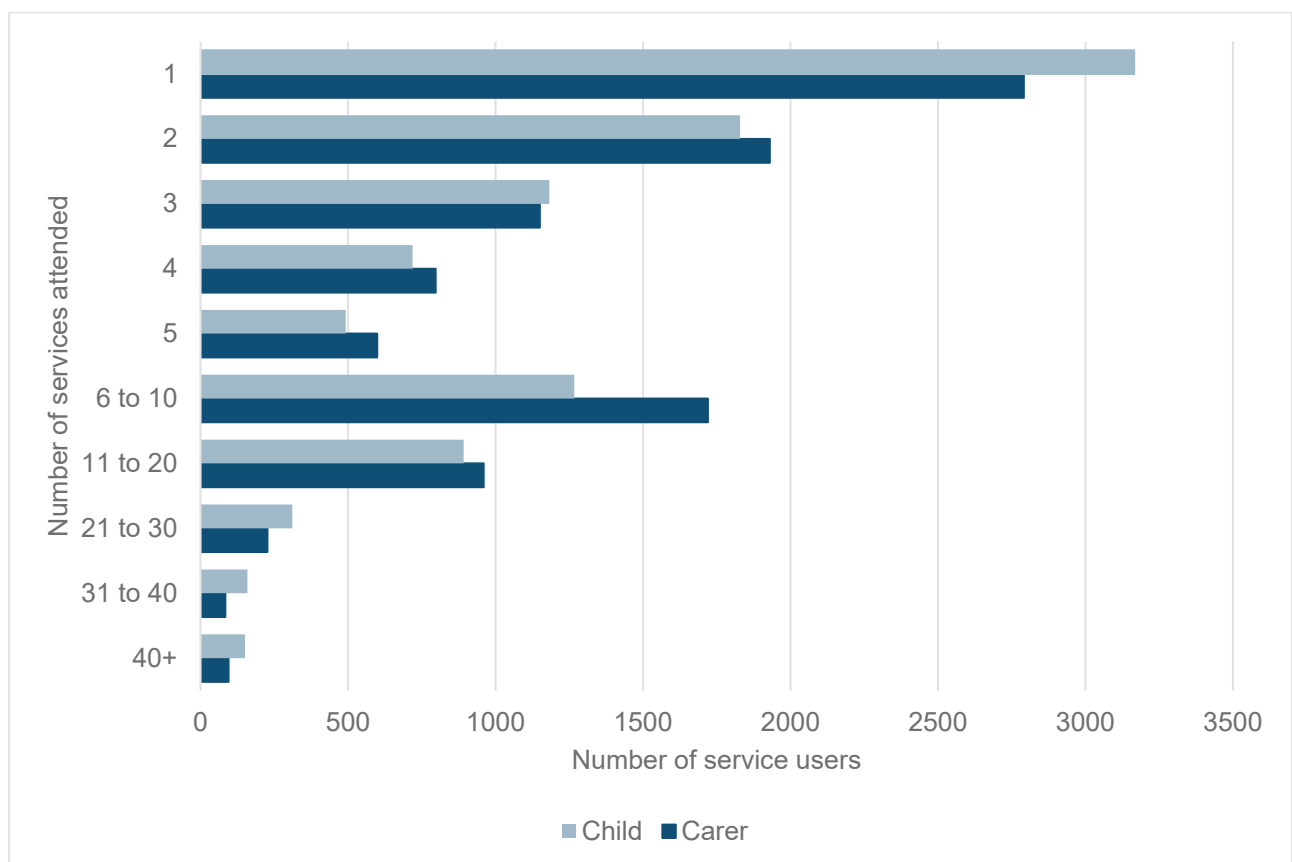
¹⁹ SD refers to Standard Deviation which shows how dispersed the data is in relation to the mean.

service users who accessed CDC family hubs on one occasion. One hundred and fifty-seven other events account for the remaining 50% of service users who attended an event once.

Of the 14,564 (71%) service users who attended family hubs on more than one occasion (i.e., either the same event multiple times and/or multiple events), 8,698 (42%) service users attended between 2 and 5 events, 2,987 (15%) service users attended between 6 and 10 events while the remaining 2,979 (14%) service users attended 11 events or more.

The maximum number of events a service user attended was 146. Service users who attended over 50 events could generally be seen as attending the same event or group of events repeatedly. For example, one service user who attended family hubs more than 100 times mainly accessed the “Early Days Contact” event on a regular basis, while another service user accessed a mixture of “Signposting & Advice”, “Sing & Shake”, “Family Fun”, “Busy Babies” and “Stay & Play” events on a regular basis. It is not possible to tell if these users had large families, which may be one explanation of high levels of attendance for individual families.

Figure 8: Total number of events attended by service users (Administration Data; N)



Overall, the administration data illustrates that services are most frequently accessed by mothers, reflecting the core focus on supporting early years, and that relative to borough-

wide populations, the Doncaster family hubs are somewhat successful in engaging families in diverse and deprived communities. The mix of universal and targeted services offered through the family hubs is reflected in patterns of engagement which include a majority of families attending family hubs on an 'as and when' basis for a wide range of services, many of whom access different services on a regular basis, particularly when their children are young. A smaller number of families who are identified by family hub staff as most in need are offered intensive and potentially long-term support from the family hubs. The remainder of this section provides evidence on the enablers of successful engagement.

Enablers for successful parental/carers engagement

This section draws out the key characteristics and principles that aid successful parental engagement in the Doncaster family hubs.

a) People and/or agencies involved

Personnel directly line managed through and/or located within family hub premises work closely with parents when delivering their services. Some of the key family hub staff that have a direct responsibility for parental engagement are discussed in this section.

Parental Engagement Workers (PEWs) play a direct role in engaging with and supporting parents/carers through the family hubs. PEWs can be assigned to work with parents/carers/families through a variety of informal and formal (triaged) routes including:

- Early Years Workers may signpost parents where they might have picked up concerns.
- The Multi Agency Screening Hub (MASH): This could involve a self-referral by a parent but also from a Health Visitor, Midwife, GP or even concerned neighbour. Once a referral has been made, it is by Social Care and Early Help. If the parent has a child 0-5 and meets the relevant criteria, the parent gets referred for early help.
- Local Solutions Group (LSG) – designed to provide a rapid response to families in crisis.

PEWs provide a range of bespoke help and assistance to parents/carers and their families. Depending on the needs of a given family or parent/carers, caseload work might include ongoing telephone communication, home visits, advocating with other services on their behalf (e.g. Housing), supporting attendance to other groups, or connecting them up to other appropriate services on offer under the family hub umbrella.

“We do everything; delivering food parcels, it could be attending appointments with housing or at the job centre or helping facilitate those appointments.” (Parental Engagement Worker)

PEWs also have a range of accreditation and wider knowledge, such as breastfeeding advice, that they can draw upon to support parents. PEWs can provide practical advice as well as act as a medium through which the parent/carer feels comfortable to discuss other aspects of their life, including perinatal mental health (if trained to do so):

“We also do our breastfeeding at level 3, so we can be breastfeeding champions to support parents who will need help breastfeeding, and perinatal mental health and supporting parents through that.” (Family hub staff member)

PEWs have differing levels of caseload work to manage alongside the more universal functions they fulfil. Their more intense caseload workload is tailored to the specific needs of the parents in question:

“We haven’t kind of got a set limit... at the minute I’ve got six families. It just varies”. (Family hub staff member)

PEWs are also knowledgeable about related services and can discuss signposting to or liaising with them. This could be within the umbrella of the family hub offer for example, signposting towards Early Years sessions or midwifery sessions, or other universal activities and groups run through the family hubs or outreach venues. It may also involve strategic signposting to other trusted voluntary sector organisations.

Early Years Development workers run activities with families with young children and are predominately based at a family hub or outreach sites, working standardised hours informed by a rota system. Typically, the sessions would be run by Early Years workers. Examples of such sessions include:

- Growing Talk (2-5 years): Designed to enhance communication and language skills through fun and engaging experiences.
- Toddle on to Two (12-24 months): Learning through play (including outdoor play, scrap books, sensory play and songs/rhymes).
- Crawlers to Walkers (6-18 months): similar focus to Toddle on Two.
- Stay and Play (0-5 years): A range of fun activities including singing and games.
- Breast Start: Opportunity to build confidence with breastfeeding, meet other mums and discuss breastfeeding and other parenting topics.
- Book Chatter: Learning through music, singing and story time with activities.
- Sing and Shake (0-5 years): Aids communication development and contributes to school readiness through music, movement and a range of activities encouraging early language.

A further key focus of the Early Years Team is to establish contact with and inform eligible families about their entitlement to access free childcare for children aged two years old.

“We would then either phone call, email, or door knock and obviously give them the information and ask them if they’re wanting the two year funding, if they need any support we would then signpost them to like families information service, if they’re wanting to know where to send their child, and if they’re not interested we would then promote our other groups... so if they are kind of not quite ready to send them to nursery we would give them alternatives that they can come to, to promote our services within the family hubs.” (Family hub staff member).

The Business Support Officer (BSO) role is a crucial first point of contact for families with family hubs. They are typically located at the front reception desk and answer the telephone. It is therefore imperative they have a welcoming, non-judgmental communication style, and a command of connected services and processes to make decisions on what to take forward or signpost elsewhere (either in the family hub or to other services), keeping accurate records of these decisions.

“So literally any interaction with that parent at all is typed, written, date stamped and everything... We also type up any form of communication we have with other professionals about that family.” (Family hub staff member)

Young Carers Workers (YCWs) receive referrals from a variety of professionals including school staff, Health Visitors and Social Workers. Whilst working primarily and most directly with young carers, YCWs will also often work closely with parents (often providing support to them as well).

“Every August, the Y6s who were due to go in to secondary school, we would do a transition session to think about what the worries are, so to talk to them about what they were worried about and what does this mean to you and do you want school to know that you’re a young carer and then we would get young people who had already done it and some of our young carers to come back in. Because there is a lot of worries around that and a lot of things that are not true and things that are true as well. It’s like do they put your head down the toilet?” (Family hub staff member)

The most frequent contact a young person has with YCWs is through group social sessions. These tend to be themed, for example Chinese New Year (where the group did some cooking) or Tooth Decay (Toothbrushing demonstrations and using dental plaque disclosing tablets that colour dental plaque to make it easily visible). All sessions also allow for relaxation (e.g. playing Table Tennis/Pool) and opportunities to speak one to one with the YCWs. Alongside this, YCWs provide bespoke one to one sessions with parents and/or the young carers themselves. Figure 5 indicates that young carers attended such sessions 372 times between April 2022 and January 2023 which equates to 108 individual families.

b) Peer support and volunteering

The family hubs also work closely with volunteers, both as providers of peer support and as champions of family hub provision. An example is work with a local volunteer as part of the 'Need a Nana' scheme to support parents/carers and families with other areas of skills development such as sewing.

"[Our 'Need a Nana' volunteer] has said she will support some of our families in a session to show them how to cook some basic things like maybe an omelette or something like that and show them how to sew. If the child has got a hole in their trousers instead of going out and buying brand new pair of trousers. And also iron, because like I say, a lot of them say that they've not got the skills and they don't know how to iron." (Family hub staff member)

'Parent Champions' are parents or carers who have previously accessed the Hub services and are aware of the family hub ethos and offer, and can promote it within the community:

"They are really passionate about how family hubs can support families and everything, but they are the parents that stand at the school just having a conversation with other parents and carers saying have you gone to the family hub about that and why don't you try at the family hub, so using parent champions as well to reassure families that they are alright to go to them. Again, to break down the barriers, and we've had it in the past, 'Oh I thought they were just for social care' or things like that." (Family hub staff member)

Parent Champions were sometimes seen to be better placed to promote family hubs to more wary families:

"We do send staff to like open evenings, summer fairs. You name it. In the community we try to get out there to show and tell people who we are, but sometimes not everybody is always engaging, are they, they're just like 'Oh I don't know who you are, I'm not talking to you' kind of thing, so yeah. Again, we try to break down the barriers as much as we can and by using our partners, the parent champions." (Family hub staff member)

To better support the volunteers working with families, the Doncaster family hubs offer 'Volunteer Passport Sessions' which allow volunteers to gain a relevant qualification. As well as improving the quality of the support that volunteers can provide, this also provides an opportunity for volunteering itself to build the confidence of individuals who may not be ready to return to work but want to gain additional experience.

"They are not maybe ready to get straight back in to work just yet, or training, but they need a bit more confidence building. So it's a level 1 course, we are doing that across the borough to try and build that confidence up and then obviously people will come and volunteer in a range of different roles within family hubs and hopefully then they will get the skills and everything to pop on the CV and go off and find some employment or decide actually I want to go back in to training and I want to train to work in a family hub or

something like that. So yeah, that is something else that we've also done and hopefully that will support with the cost of living with families eventually. Maybe not straight away, but if they are building that confidence up to get back into employment then that is obviously going to help, isn't it." (Family hub staff member)

c) Providing a range of services with differing delivery and communication mechanisms

Family hubs respond to the range of parental need across their service offer, which spans universal hub-based group sessions to targeted hub-based group sessions to referred intensive ongoing caseload work. The relaxation of Covid-19 restrictions allowed family hub staff to once again be more proactive in communicating this offer to parents within the community. For example, one Locality manager referenced an outreach Christmas community event attended by over 200 local people that involved a DJ and food, signalling that family hubs were fully back.

Whilst there was a clear drive to resume face-to-face activity predominately, there was also acknowledgement that some of the service delivery tweaks made during Covid-19 should be being retained. This applied particularly to the range of communication methods:

"I suppose it's moved us with the times really, so social media as well, we're much better at social media than what we ever have been before, and we've kept that up as well, and we definitely will – and we have done a lot of analysing of the data when we get the most interactions, and we have realised that like on an evening we will get more interactions from mums who will ask us questions at that point and we think yeah, because that's the time you've got your children off to bed, and you actually have time to look at your phone." (Family hub staff member)

d) Establishing trusted relationships and going 'the extra mile'

A core recurring theme across the staff associated with the family hubs is their 'friendliness' and their non-judgmental approach.

"I think that for anyone you've got to be non-judgemental. You can't judge a home before you walk in... Definitely good negotiation skills with other professionals but just being open and honest and trustworthy and building that good strong relationship with the family and just letting them know that you're there for them, willing to learn as well, because I've learnt along the way." (Family hub staff member)

This was apparent in relation to staff from the front desk staff, who are critical to establishing a positive initial rapport, through to professional staff such as PEOs that might be expected to have a more in-depth and longstanding relationship. A key skill of family hub staff was communicating effectively with parents to engage them:

“...taking one step at a time and not pushing too hard. So first of all it’s getting them engaging with yourself. Getting them in to the Hubs is one of our main priorities... sometimes it does need that door knock for them to obviously meet us, build that rapport, give them the information face-to-face. Sometimes they are not always that willing to kind of talk to us on the phone because they don’t know who we are.” (Family hub staff member)

Case study interviews indicated that staff had a positive and practical attitude towards assisting parents, particularly those identified as being in greatest need. For example, when engaging with families with English as an additional language staff mentioned frequently working with using Google Translate as a means of ensuring parents were aware of the timetable and the key offer, or so that they could be signposted appropriately. Family hubs also have access to more formal resources for translation via a translation company:

“I’ve done that before, and that works really well. So I would speak to the translator, the translator would then translate to the family and then so on, so it’s kind of forwards and backwards.” (Family hub staff member)

In a separate example related to a Christmas community event, family hubs staff were aware of the barriers that families might have with accessing it, such as financial concerns. To overcome these, a series of workarounds were established to ensure that no parents/families were prevented from attending.

“So we teamed up with the communities team and we helped children who really wanted to come, and we provided lifts over there to the transport, because that would have been another thing. It was all free, but then expecting people to get buses and things is just, yeah, that just wouldn’t happen for some of our families... So we tried to remove as many barriers as possible and we booked out within about four days.” (Family hub staff member)

e) Balancing between direct help and supporting parents to be independent

Family hub workers (particularly those with caseload work) need to strike a balance between directly assisting parents and at the same time aiding them to be more independent. A key practical tool for assisting with this was the PEO’s and parent’s co-construction of an Outcome and Action Plan, that teased out the aims the parent wanted to achieve alongside broken-down specific tasks for each to undertake to move towards meeting these.

f) Partnership working and teamwork within and outside the family hub umbrella

As indicated in the interim report, partnership working is a key mechanism for parental engagement. This continued to be seen as a strength via formal and informal signposting within and outside of family hubs.

“We’ve got a lot more referrals for introduction to family hubs for families who didn’t know about us. I suppose if they’ve moved into the area, Central area, it is transient, so we do get a lot of new families. Because we’ve not been able to be out and about as much, some of the new families that might not have known about us, so we’ve had a lot more referrals in through that way, and the partnership working has really helped, because the partners definitely know what we do now, and it’s a lot stronger, and so they are coming in thick and fast from all partners who are identifying that a family might benefit from our support.” (Family hub staff member)

In the next paragraphs, we outline three illustrations of embedded partnership working that lead to referrals directly relevant to parents in need.

Firstly, Stronger Family Officers are co-located in the family hub but spend most of their time out in the community:

“So, in the communities we work closely with stronger family officers and so they’re based in communities that they know the families out there.” (Family hub staff member)

Secondly, midwives also have a presence onsite across the central family hubs:

“I mean the midwife is probably one of the key ones for sending us the Morrisons foodbank referrals and also for the baby basics. They will be in with the midwife and then she will pop her head around my door and just say I’ve got a family and they need this, can you – so we can sort it in an instant because they’re here and we’ve got that relationship whereas it is a little bit more difficult with the outreach ones, because potentially that family will leave the appointment, the midwife will have another person waiting and then to have to make a phone call to us to ask for the support, so it just – I suppose it just delays things a little bit more and gives more additional duties and responsibilities to the midwife when we can pick up a lot of stuff for them. It eases the capacity for both of us, I think. Having them onsite.” (Family hub staff member)

Thirdly, a Domestic Abuse Co-ordinator, working out of the family hub described their work:

“So I currently have a family that has recently had domestic abuse and I have referred her for support from a domestic abuse coordinator, just because I feel like she is sinking back down to meeting dad secretly, so I think that there is concerns from me there, so I’ve got the domestic abuse hub in.... So there are other professionals that can support and work together as a partnership approach.” (Family hub staff member)

Further, family hub workers were able to act as an advocate for parents at a time of crisis, to broker relationships with, or signpost to, other services and to help formulate a plan or productive way forward when families were often most vulnerable and in need.

g) Utilisation of performance indicators within flexible structures and strong trusted line management relationships

Clearly, it is important that all staff connected to family hubs have a reliable understanding of how to accurately record the interactions they have with parents to understand the take up and need for family hubs services.

However, of equal importance is the need for this data to be interpreted with contextual insight. For instance, in one area, 2-year funding take up rates were lower compared to other localities in the city. This highlighted the need to recognise contextual factors that are likely to partially explain this trend, such as the higher proportion of EAL families for whom early nursery-based care was atypical:

“Because the staff here work so hard on the two-year funding and because we are not as good as the rest of the authority figure-wise, it’s disheartening for them. But that is why I keep saying I’m not interested in the take up rate, I’m interested that we know where every one of those children are and I suppose that’s something I would really like to get out there... it’s parental choice.” (Family hub staff member)

This contextual knowledge meant that monitoring took these differences into account, balancing between accountability and professional trust in family hub staff, recognising that earning authentic, trusting relationships with parents, often encountering trauma or inhabiting very problematic circumstances, is not straightforward or quickly earned:

“I think that when you get one-to-one working... it’s being open, obviously non-judgemental... you sometimes have to work a little bit slower. Obviously we do have timescales... but I’ve got a family at the minute and they originally went just for some baby milk, for some formula, but that has turned in to - they need a lot of support with their housing, with school places for their children and food and things like that, so I have shown them that I can support them and got them food immediately, sorted their basic needs out and made them feel safe... the next two times I’ve just dropped food and clothes off for the children but then the third time she has invited me in to the house. So it’s just building that relationship and I think that it’s just slower sometimes with some communities because depending on their past and why they’ve arrived in Doncaster, their past can be massive and more traumatic than we can ever imagine, so it’s just having in the back of your mind that really, talking one-to-one with families... Building it really slowly and taking your time.” (Family hub staff member)

Long-term family hub support: Case Study

The family hub supported a family with children attending nursery, alongside being cared for by their mother whilst the father worked. The mother became severely ill. As a result, the family reached out to the family hub for support.

Support was focused on growing the father's confidence to look after their children while their mother was ill and to connect him to further support for further assistance and ensuring that those involved in the care of the mother were made aware of the familial situation. The family hub team then also agreed to fund additional hours of nursery care so that the father could accompany the mother to further appointments. Over time the father was able to return to work and the mother was able to accompany the children to the family hub sessions in-between nursery hours.

Several family hub workers identified this theme of needing time and praised the backing and support they received in this regard from their line managers. This gave them the confidence that their judgements involving parents would be backed and allowed them to primarily concentrate on doing what was best for the parents. The following quotations exemplify how quality supervision and support was experienced:

"I think that it does put pressure on you as an individual [accountability measures], but I think that it's just important that you're not obviously rushing the family, because you could almost damage the relationship and then you are never going to get an assessment anyway because they are never going to let you in, so it's finding that balance, isn't it. I think that we have really good supervision with our manager and if we said it's taken this long because I built that relationship and I'm safeguarding that relationship, I've seen the children, the children are safe, they've got their basic needs met and she will be fine with that, because we have done our job." (Family hub staff member)

RQ1d Needs analysis approaches used and their effectiveness

This was addressed in depth in the Interim Report. In summary, there are three key mechanisms used to identify and respond to the needs of local families informing the development of CDC family hub services, and which facilitate a needs-driven approach:

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

RQ2: Outcomes of the family hubs model

RQ2a Outcomes for service users

Experiences of engagement with family hubs

This section of the report draws on findings from the evaluator survey which captured service users' perceptions of outcomes associated with their involvement in Doncaster

family hub services. Respondents were required to detail their perceptions on the impact their engagement in the family hub services had on their own mental, physical and emotion health, their role as a parent/carer and their child's confidence, skills, and behaviour.

All service users that accessed family hub services between February 20th 2023 and March 16th 2023 were invited to complete the evaluator survey. CDC were responsible for inviting service users to complete the survey either online via social media or immediately after attendance at a family hub service. However, although the survey was intended to be disseminated after each event, the evaluation team had no control over how the survey was disseminated across the many different family hub 'events' (services). This process resulted in a sample size of only 67, which is small when compared to the total number of individuals that attended the CDC family hub in 2022 (just over 10,000 unique carer members over a nine-month period, see administration data analysis). This sample size may be the result of challenges in accessing this population whereby completing the evaluation survey whilst visiting the family hub was not a main priority for service users. In addition, the survey was disseminated over a short timeframe due to evaluation constraints, reducing the likelihood of collecting a larger response rate.

Due to the small number of respondents (N=67), these findings cannot be generalised to the wider service user population. However, the data collected does provide a useful insight into service users thoughts about the services they have accessed and the perceived impact the services have had on themselves, and where appropriate their child(ren).

Respondents were presented with a list of services that CDC family hubs offer and were asked to indicate how helpful the service(s) they had accessed were on a 5-point Likert scale from 'not helpful at all (1)' to 'very helpful (5)'. Respondents were also provided with an N/A option and were asked to select this option if they had not accessed that specific service. Some services were accessed more often than others and as such some services are represented by a smaller number of responses (e.g., immigration services). Findings with a small sample should therefore be treated with caution as this can unreliably skew the results in favour of one end of the Likert scale.

Table 5 indicates a large percentage of respondents found the service(s) they accessed to be either 'helpful' or 'very helpful'. At the same time, very few respondents said the services they accessed were 'not very helpful' or 'not helpful at all'. The only services rated as 'not helpful at all' were breastfeeding support services and mental health services, and this was only by one respondent. A large percentage of the remaining respondents who accessed these services said they were either 'helpful' or 'very helpful'. A closer look at the 10 services that have some respondents say they were 'not very helpful' shows that each of these services had 3 or fewer respondents make this claim.

Analysis shows the most accessed service 'activities for my child (N=57)' had 88% of respondents say it was 'helpful (33%; N=19)' or 'very helpful (55%; N=31)', with only 2 (3%)

respondents saying it was 'not very helpful'. Another highly accessed service was 'parenting (N=33)' with 85% of respondents saying this service was 'helpful (48%; N=16)' or 'very helpful (37%; N=12)', and 6% saying it was 'not helpful' or 'not very helpful (N=2)'. That said, there were several other services (e.g., mental health services; life skills) where some respondents indicated the service to be 'neither helpful nor unhelpful'.

Table 6 shows how helpful respondents found each service in more detail. Please note, percentages have been rounded so some events may not add up to 100%.

Table 6: Helpfulness of support received at the family hub (Evaluation Survey)

Type of support accessed	Not Helpful	Not Very Helpful	Neither helpful nor not helpful	Helpful	Very Helpful	Totals (N)
Activities for my child(ren)	0%	4%	9%	33%	55%	57
Parenting	0%	6%	9%	49%	36%	33
Wellbeing Services (own or child's)	0%	11%	0%	54%	36%	28
Mental Health Services (own or child's)	5%	0%	29%	38%	29%	21
Breastfeeding Support	5%	15%	10%	35%	35%	20
Life Skills	0%	6%	38%	19%	38%	16
Everyday Life Support (e.g., food, clothing)	0%	0%	15%	46%	39%	13
Child Behaviour Support	0%	15%	23%	46%	15%	13
Oral Health Support	0%	8%	33%	33%	25%	12
Adult Learning Support	0%	0%	27%	55%	18%	11
Employment Support	0%	11%	33%	33%	22%	9
Relationship Support	0%	0%	38%	25%	38%	8
Smoking Cessation Support	0%	0%	57%	14%	29%	7
Housing Support	0%	17%	67%	0%	17%	6
Domestic Abuse Support	0%	0%	50%	33%	17%	6
Drug and Alcohol Support	0%	0%	50%	33%	16%	6

Respondents were asked separately about the helpfulness of CDC family hub signposting and advice service, as Doncaster felt this was a core part of their offer and therefore

required a separate question about the helpfulness of this service. This service is used to signpost users to other family hubs services and also to external services that might be beneficial to the individual. The signposting service forms a core part of CDC family hubs offer and is frequently one of the most accessed services. Although only a small sample of service users responded (N=25; 37%), twenty-one (84%) said it was 'helpful' or 'very helpful'. No respondents said the signposting was 'not helpful'.

The final question in this section of the survey asked service users about their experience of support within CDC family hubs (Table 7). Overall, around two thirds of respondents 'agreed' or 'strongly agreed' that since accessing the family hub services, they better understood what services they could access, they were more confident in accessing services they needed, and they felt they had more support from someone they trust. This shows that for the majority of service users, CDC family hubs are increasing their awareness of, and confident in, accessing services that they might find helpful.

Table 7: Service users' experiences of support (Evaluation Survey)

Question statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
I feel more supported by someone I trust	0%	8%	27%	40%	25%	67
I am more confident in accessing the support services that I need	0%	8%	27%	36%	29%	66
I have a better understanding of the support services available to me	0%	6%	18%	45%	31%	67

Parent/carer perspectives on personal outcomes

This section of the survey explored service users' engagement with CDC family hubs and how this impacted their own confidence, mental, physical, and emotional health, their support network(s), and their ability to seek further support. Table 8 demonstrates that some respondents perceived that CDC family hubs had a positive impact on them, with no respondents 'strongly disagreeing' with the statements and very few 'disagreeing'.

Table 8: Impact on Doncaster's family hub services on service users (Evaluation Survey)

Survey statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
I am more likely to seek support to help me with my own physical needs	0%	8%	44%	30%	17%	52
I am more likely to seek support to help me with my own emotional needs	0%	8%	40%	39%	14%	52
I am better able to manage my emotions	0%	6%	58%	25%	12%	52
It has been beneficial for my physical health	0%	8%	31%	41%	20%	52
It has been beneficial for my mental health	0%	4%	17%	48%	30%	51
I have a stronger support network	0%	6%	35%	35%	25%	52
My confidence levels in general have increased	0%	10%	29%	44%	17%	52

Survey statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
I have a better understanding of my own thoughts and feelings	0%	6%	52%	31%	12%	52

Parent/carer perspectives on children’s outcomes

In this section of the survey respondents were asked about the child(ren) who they attended CDC family hub sessions with. We were interested in understanding whether their child’s behaviour, confidence, and skills had improved since attending a CDC family hub. Analysis shows the majority of respondents ‘agreed’ or ‘strongly agreed’ that their child had developed new skills and that their confidence had improved. However, there was less agreement among respondents that their child’s behaviour had improved since accessing CDC family hub services, with 28 of the 46 (61%) respondents saying their neither agree nor disagree that their child’s behaviour has improved (see Table 9).

Table 9: Impact of Doncaster’s family hub services on service users’ children (Evaluation Survey)

Survey statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
My child has developed new skills	0%	4%	26%	37%	33%	46
My child’s confidence has improved	0%	4%	30%	41%	24%	46
My child’s behaviour has improved	0%	9%	61%	17%	13%	46

In interviews, mothers suggested that they were able to learn about child development, addressing doubts and knowledge gaps through accessible, enjoyable interventions at family hubs.

“You learn loads from here, like sensory play, what ages what’s good for them, like repetition. I always thought oh she’s going to get bored because I’m doing the same thing

with her but actually that's the best thing you could be doing with them. Because that's the way that they learn." (Parent/Carer)

"It's like you learn about things here you never would have because you never heard of it before, so you didn't know about it at all so you wouldn't think to research it. I wouldn't know what to google but coming here it's like, 'Oh I do this with him' and I think 'oh that sounds interesting' and you pick up tips and stuff all the time." (Parent/Carer)

Parent/carer perspectives on parenting outcomes

This section explores how survey respondents understand their child's behavioural, emotional, and physical needs, how they cope with the challenges of parenting/caring and their likelihood of seeking additional support. A screening question was first asked to determine if the respondent was attending the family hub as either a parent, adult carer, young carer, or accessing services for themselves. All 45 respondents who answered the screening question said they were attending CDC family hub as a parent. The following analysis therefore only represents parent respondents who attended the family hub and is not representative of either adult or young carers who attended the family hub.

A positive picture emerges from this question (Table 10) with all ten statements having between 67% (N=30) and 78% (N=35) of respondents either 'agree' or 'strongly agree'. The statement 'I am more likely to seek support to help me with my child's physical needs' was the only statement that had no respondents 'disagree' or 'strongly disagree'. The statement 'I am more likely to seek support to help me with my child's behaviour if needed' was the only statement where a respondent 'strongly disagreed (N=1)'.

Table 10: Impact on Doncaster's family hub on service user's role as a parent (Evaluation Survey)

Survey statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
I have an improved relationship with my baby/child	0%	2%	29%	44%	24%	45
I am more likely to see support to help me with my baby/child's physical needs	0%	0%	22%	53%	24%	45

Survey statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Totals (N)
I am more likely to see support to help me with my baby/child's emotional needs	0%	2%	22%	51%	24%	45
I am more likely to see support to help me with my baby/child's behaviour if needed	2%	4%	18%	49%	27%	45
My confidence levels as a parent have increased	0%	2%	22%	49%	27%	45
I am able to cope better with some of the challenges of parenting	0%	2%	24%	49%	24%	45
I have a better understanding of my baby/child's physical needs	0%	2%	31%	44%	22%	45
I have a better understanding of my baby/child's emotional needs	0%	4%	29%	44%	22%	45
I have a better understanding of my parent/child's behaviour	0%	4%	27%	42%	27%	45
I have a better understanding of how my child develops	0%	4%	18%	58%	20%	45

Overall experience

Lastly, participants were asked whether their experience of attending CDC family hub services was positive, negative or neutral. The majority of respondents (42 out of 50) said their experience was positive, with 4 respondents saying their experience was neutral, and 4 saying it was negative.

Education outcomes for children

This section considers the impact of family hubs on the education outcomes achieved by children who attended events and services at the family hubs.

Doncaster's family hubs are designed to bring services together to work with families from conception, through childhood and into adolescence to deliver an integrated local offer. However, much of Doncaster's current service offer focuses on families with children under six years old. Consequently, the impact analysis focuses on education outcomes for children in the age groups most likely to be impacted by this support:

- Early Years Foundation Stage Profile (EYFSP) Assessment (typically taken at 4-5 years of age)
- Year 1 Phonics assessment (typically taken at 5-6 years of age).

A key consideration in this analysis is the degree to which the education outcomes occurred because of, and are attributable to, events and services at the family hubs. In evaluation terms this is referred to as the 'additionality' of the family hubs. Considering the contribution that family hubs made is an important part of an impact evaluation. It accepts that a proportion of the education outcomes achieved by children would have been achieved even without the support of the family hubs. This is not to say that the family hubs have not made a positive difference, but rather that other factors such as self-learning and development, parental and family support, schooling, and other support services have also contributed.

The evaluation used a quasi-experimental approach to assess the degree to which participation in family hub activities and support contributed to a child's education outcomes. In the absence of a Random Control Trial (RCT) this approach provides a high level of scientific rigour.²⁰

²⁰ As assessed by scales that grade this aspect of evaluation quality, for example the Maryland Scientific Methods Scale.

Our quasi-experimental approach used propensity score matching to identify matched comparator samples of pupils, who had similar characteristics, from two sources:

- Pupils from within the Department for Education National Pupil Database (NPD) who live in one of Doncaster's eight statistical neighbour LAs with no family hub model (as of 2020, when the latest information was available)
- Pupils who live in Doncaster but who have not benefited from a family hub event or service.

These two matched comparator samples of pupils were considered due to potential complications with each individually. For example, it is possible that the comparison between family hubs users and pupils from within the NPD who live in one of Doncaster's eight statistical neighbour LAs captures a combined effect of both the family hubs and some other, broader effect specific to living in Doncaster such as other forms of provision or pupil characteristic(s) that have not been accounted for in the matching process. Alternatively, whilst the comparison between family hubs users and pupils who live in Doncaster but who have not attended a family hub accounts for any local affects, it may still be affected by a combination of factors such as:

- A sample selection bias meaning that those not opting into family hub provision do so due to an unobservable characteristic which is associated with their educational attainment.
- Spillover effects from the family hubs meaning other pupils in Doncaster benefit indirectly from the family hubs. For example, family hubs may support an enhanced level of support organisations and infrastructure in Doncaster which benefit pupils even if they do not attend the family hubs.

More detail about the propensity score matching process is contained in the [Outcomes and Impact Evaluation](#) methods subsection. We have then used statistical techniques to estimate and test the difference in the two education outcomes:

- Achieving a 'Good Level of Development' in the EYFSP assessment
- Being assessed as 'Working at the Expected Level' in the Year 1 Phonics assessment.

Risk Ratio's (RR) have been used to calculate the relative probability (or 'risk') of family hubs users attaining each of the education outcomes compared to the relevant control group. A RR of 1 signifies that both groups have the same amount of probability, while results not equal to 1 indicate that one group is more likely to attain the outcome than the other. Due to the use of the quasi-experimental approach (Propensity Score Matching) the difference in probability is assumed to be due to the family hubs: a family hub effect. Since we compare the probability for family hubs users to their control group a RR greater than 1 indicates a positive impact of the family hub model on education outcomes. Confidence

intervals and p-values have also been calculated to assess the likelihood that the computed RR is statistically significant for the family hubs sample compared to their control. Statistical significance is important because it provides the level of confidence that can be given to the findings: that they are real, reliable, and not due to chance.

Overall impact on attainment

Analysis of EYFSP and Year 1 Phonic assessment results suggest there is a statistically significant positive impact for pupils who have attended activities or support at a family hub.

Figure 9 shows family hubs users were 1.06 times more likely to attain a 'Good Level of Development' in their EYFSP assessment compared to their control sample drawn from Doncaster's statistical neighbour LAs. Therefore, of the 8,442 pupils who engaged with CDC's family hubs and who took an EYFSP assessment between 2017 and 2022, an additional 328 – approximately 39 pupils for every 1,000 who attend CDC's family hubs - attained a 'Good Level of Development' compared to matched pupils resident in one of Doncaster's eight statistical neighbour LAs with no family hub model. This is the difference in the number of family hub users who attained a 'Good Level of Development' compared to the expected number had the same proportion of pupils attained a 'Good Level of Development' as in the matched control from Doncaster's eight statistical neighbour LAs with no family hub model.²¹

The estimated impact of family hubs is lower, but still statistically significant, when compared to the control of Doncaster pupils who have not used a family hub. Family hub users were 1.03 times more likely to attain a 'Good Level of Development' compared to their control from Doncaster. Based on this RR an estimated additional 154 family hub users attained a 'Good Level of Development' – approximately 18 pupils for every 1,000 who attend CDC's family hubs. This is compared to the expected number had the same proportion of pupils attained a 'Good Level of Development' as in the matched control of equivalent pupils resident in Doncaster but who did not attend a family hub.²²

Both approaches find a statistically significant positive impact of family hubs in EYFSP attainment. However, the difference in scale of the estimated impact suggests that other factors are affecting the reliability of one, or both, controls. As indicated above, these are likely to relate to selection bias, spillover effects, and/or unobserved factors. For the purposes of the analysis presented here, we have assumed that the samples drawn from Doncaster's statistical neighbours provide a more reliable counterfactual since they are

²¹ 65.6% of pupils attained a Good Level of Development in the matched control sample of equivalent pupils from Doncaster's eight statistical neighbour LAs with no family hub model.

²² 67.7% of pupils attained a Good Level of Development in the matched control sample of equivalent pupils resident in Doncaster but who did not attend a family hub.

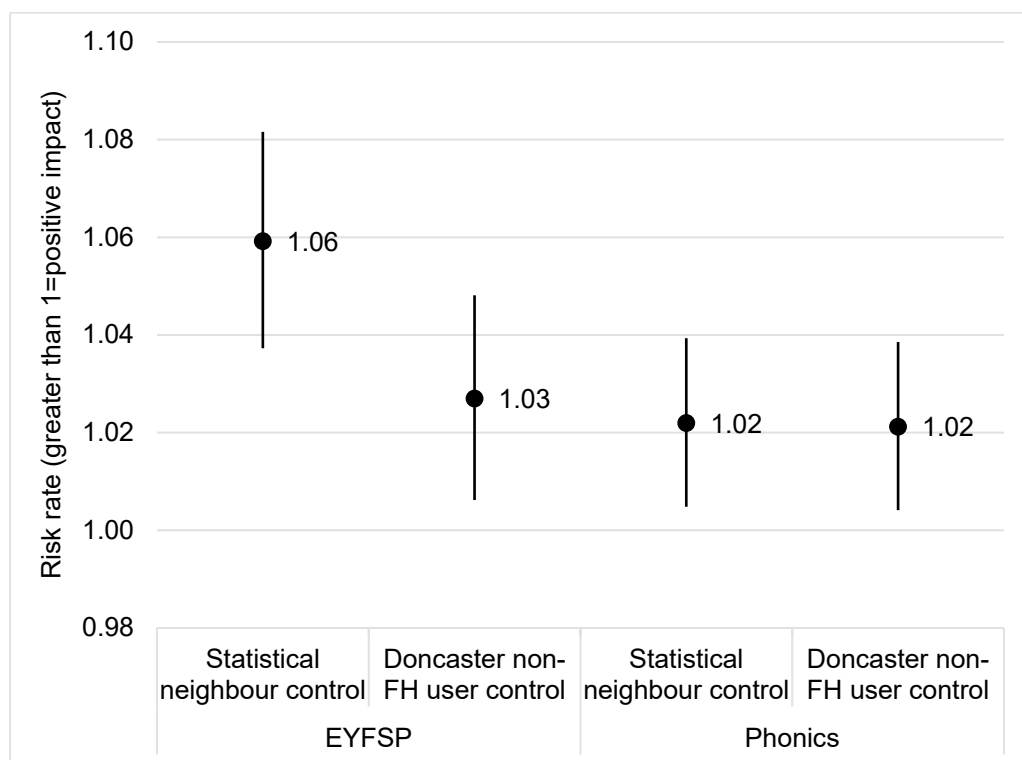
less likely to be affected by a selection bias or spillover effects. Therefore, its estimates are more likely to be reflective of, or closer to, the true impact of family hubs.

Further research is needed to understand these issues in greater detail. In particular whether family hubs provide spillover effects and indirect impacts on children, young people, and families as well as the Early Years systems in the localities in which they are based.

The assessment of family hubs' impact on whether pupils were assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment reveals (Figure 9):

- Family hubs users were 1.02 times more likely to be 'Working at the Expected Level' compared to their control sample drawn from Doncaster's statistical neighbour LAs.
- Therefore an additional 122 pupils were assessed as 'Working at the Expected Level' of the 7,099 pupils who engaged with CDC's family hubs and who took a Year 1 Phonics assessment between 2017 and 2022: approximately 17 pupils for every 1,000 who attend CDC's family hubs. This is compared to the level of attainment for matched pupils resident in one of Doncaster's eight statistical neighbour LAs with no family hub model.
- Similarly, family hubs users were also 1.02 times more likely to be 'Working at the Expected Level' compared to their control sample drawn from Doncaster.
- Therefore an additional 118 pupils were assessed as 'Working at the Expected Level' of the 7,099 pupils who engaged with CDC's family hubs and who took a Year 1 Phonics assessment between 2017 and 2022: approximately 17 pupils for every 1,000 who attend CDC's family hubs. This is compared to the level of attainment for matched pupils resident in Doncaster but who did not attend family hubs.

Figure 9: Impact of CDC’s family hubs on EYFSP and Year 1 Phonics attainment; 2017 to 2022



Base: EYFSP Statistical neighbour control unweighted 16,150 weighted 16,884; EYFSP Doncaster non-FH user control unweighted 11,871 weighted 16,864; Phonics Statistical neighbour control unweighted 14,198 weighted 14,807; Phonics Doncaster non-FH user control unweighted 14,465 weighted 14,202

This section has considered the overall impact of family hubs on EYFSP and Year 1 Phonics outcomes. The following three sections consider specific aspects of the impact of family hubs on education outcomes:

- The impact of family hubs before and after the Covid-19 pandemic
- Whether more frequent attendance at a family hub makes a difference
- The impact of family hubs by specific pupil characteristics.

The impact of family hubs before and after the Covid-19 pandemic

The percentage of pupils being assessed as having a ‘Good Level of Development’ in their EYFSP assessment is lower for all samples of pupils who took their assessment in 2022 compared to the those who took their assessment between 2017 and 2019. There were no data collections on EYFS assessments in 2020 and 2021 and EYFS reforms introduced in September 2021, including significant revision to the EYFSP, mean that changes in the percentage of pupils assessed as having a good level of development in 2022 are not comparable with previous years.

As the propensity score matching approach matched pupils from the same academic year cohort before comparing whether they had achieved a good level of development, the changes to the EYFS framework were accounted for in the methodology. We can therefore consider any difference in impact, for cohorts both before and after this change, as being due to some other effect related to family hubs attendance and not to changes in the EYFS framework.

The analysis shows that in the 2022 - post-pandemic - assessment there was a statistically significant increase in the size of the impact of attending a family hub on the likelihood that a user attained a 'Good Level of Development' (Figure 10):

- Family hubs users taking their assessment between 2017 and 2019 were 1.05 times more likely to have a 'Good Level of Development' compared to their control sample drawn from Doncaster's statistical neighbour LAs with no family hub model; statistically significant at a 0.05 level.
- Family hubs users taking their assessment in 2022 were 1.09 times more likely to have a 'Good Level of Development' compared to their control sample drawn from Doncaster's statistical neighbour LAs with no family hub model; statistically significant at a 0.05 level.
- This 0.04 difference in the risk ratios between the result for assessments taken in 2017 to 2019 and that for 2022 is statistically significant at a 0.05 level.

A similar pattern emerged when considering the percentage of pupils assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment; however, the difference in impact between the two time periods was not statistically significant.

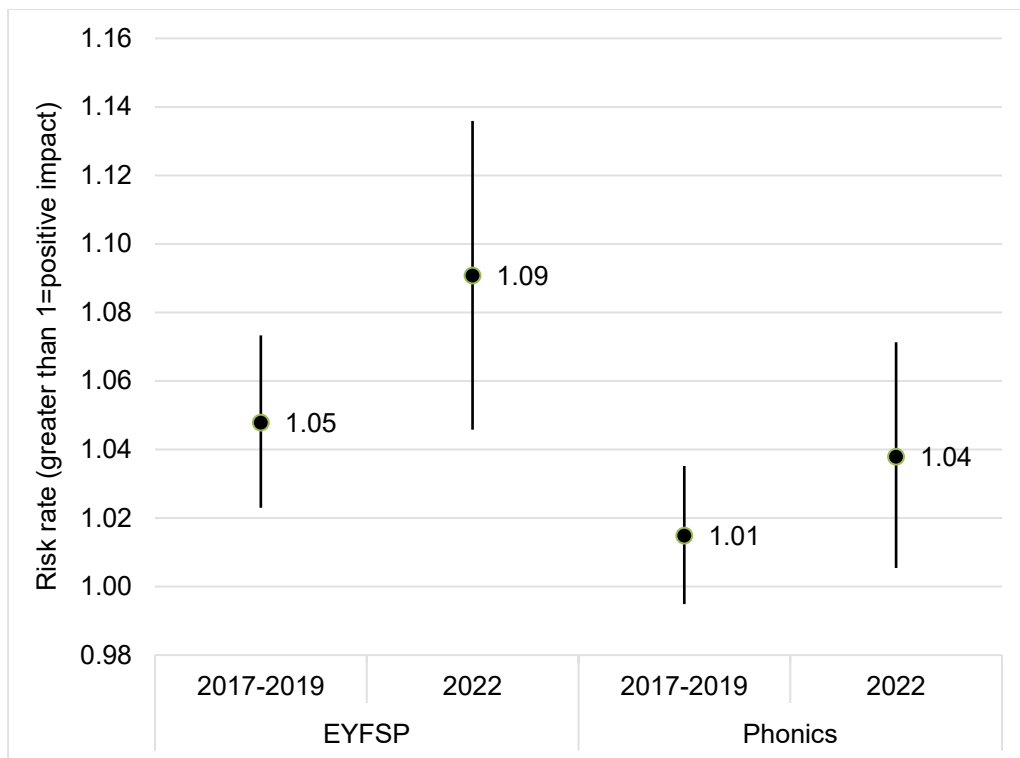
- In assessments taken between 2017 to 2019, family hubs users were 1.01 times more likely to be assessed as 'Working at the Expected Level' compared to their matched control sample drawn from Doncaster's statistical neighbour LAs. Though this difference is not statistically significant at a 0.05 level.
- Results from the 2022 assessment reveal that family hubs users were 1.04 times more likely to be 'Working at the Expected Level' compared to their matched control sample drawn from Doncaster's statistical neighbour LAs, a statistically significant difference.
- However, this 0.03 difference in risk ratios between the results for Phonics assessments taken in 2017 to 2019 and those in 2022 is not statistically significant.

These results suggest an increase in the impact of family hubs support on assessment results after the pandemic, which is statistically significant for EYFSP attainment. This may result from family hubs providing additional support to children and families during periods of lockdown and when access to school and early year provision was more limited, as well

as family hubs enhancing the post-Covid-19 booster provision in schools. However it is also likely that other factors will have contributed to this finding, including:

- The ability in Doncaster for family hubs to pivot and shift to support emerging needs (such as speech and language support for young children) identified in Section 3 under RQ1 provide further potential explanation for this increased impact.
- The family hubs model was more mature by the time of the 2022 assessment contributing to a greater impact.
- The family hub model had also been in place for the totality of pupil’s lives for pupils taking an assessment in 2022. Whereas the family hubs model was only operational for a part of the lives of pupils taking an assessment in 2017 to 2019, limiting a full extent of their impact.

Figure 10: Impact of CDC’s family hubs on EYFSP and Year 1 Phonics attainment; 2017 to 2019 compared to 2022



Base: EYFSP 2017-2019 unweighted 11,609 weighted 12,138; EYFSP 2022 unweighted 4,541 weighted 4,746; Phonics 2017-2019 unweighted 9,334 weighted 9,660; Phonics 2022 unweighted 4,473 weighted 4,538

Whether more frequent attendance at a family hub makes a difference

This subsection considers whether there is evidence that pupils with a greater engagement with the family hubs achieve better outcomes. Ultimately the analysis does not identify statistically significant differences in the net additional education outcomes achieved by family hubs users who had attended three or more activities. However, there are limitations

in the data underpinning this analysis which affect the analysis that is possible. In particular, sample sizes for users with higher levels of engagement are too small to consider undertaking the analysis on these groups, and further work is needed to understand and categorise the specific activities or services family hubs users are engaging with, together with sample sizes for these activities, to undertake this analysis by type of engagement.

The analysis finds:

- There is no difference in risk ratios for pupils with three or more engagements with a family hub compared to the risk ratio for all family hubs users, both were 1.06 times²³ more likely than their control sample drawn from Doncaster's statistical neighbour LAs to have attained a 'Good Level of Development' in their EYFSP assessment.
- Pupils with three or more engagements with a family hub were 1.03 times²⁴ more likely than their control sample drawn from Doncaster's statistical neighbour LAs to have been assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment; this is not statistically different to the risk ratio for all family hubs users (1.02 times more likely²⁵).

The impact of family hubs by specific pupil characteristics

This section provides the estimated risk ratios, for EYFSP and phonics assessment outcomes respectively, for sub-groups of pupils with given characteristics.

Table 11 and Table 12 show there is not a statistically significant family hub effect for pupils with a characteristic that is generally considered to be associated with a lower likelihood of achieving the relevant education outcome ('Good Level of Development' or 'Working at the Expected Level'). These characteristics include being eligible for Free School Meals, having a SEND diagnosis (with or without an Education, Health and Care (EHCP) plan) and English as an additional language. Therefore, although family hubs successfully engaged pupils with such characteristics, there is insufficient statistical evidence to suggest their likelihood of achieving an education outcome was affected. This is over and above what would otherwise be expected for equivalent pupils.

The IPE provides little evidence to explain this finding, which suggest a need for further specific examination of experiences of support, potentially including direct observation.

²³ Unweighted base: 11,882; weighted base: 12,240

²⁴ Unweighted base: 8,882; weighted base: 9,234

²⁵ Unweighted base: 14,198; weighted base: 14,807

Table 11: Impact of CDC’s family hubs on EYFSP attainment by pupil characteristics; 2017 to 2022

Pupil characteristic	Categories within each characteristic	Risk ratio	Lower confidence interval	Upper confidence interval	P value	Unweighted base	Weighted base
FSM eligible	Eligible for FSM	1.01	0.95	1.07	0.151	3,383	3,494
	Not eligible for FSM	1.06***	1.04	1.08	0.000	12,767	13,310
SEND	SEND	0.94	0.77	1.15	0.543	1,774	1,862
	No SEND	1.06***	1.04	1.08	0.000	14,376	15,022
IDACI	Most deprived 20%	1.06**	1.02	1.10	0.001	7,380	7,790
	Less deprived	1.05***	1.03	1.08	0.000	8,770	9,094
Gender	Male	1.08***	1.05	1.12	0.000	8,216	8,584
	Female	1.05***	1.02	1.07	0.000	7,934	8,300
English language	English first language	1.06***	1.04	1.09	0.000	14,395	15,028
	English not first Language	1.03	0.95	1.11	0.496	1,755	1,856
Age	Younger than 4.5 years	1.06**	1.03	1.10	0.001	7,916	8,259
	Older than 4.5 years	1.05***	1.03	1.08	0.000	8,234	8,625

*** statistically significant at a 0.000 level ** statistically significant at a 0.01 level * statistically significant at a 0.05 level

Table 12: Impact of CDC’s family hubs on Year 1 Phonics attainment by pupil characteristics; 2017 to 2022

		Risk ratio	Lower confidence interval	Upper confidence interval	P value	Unweighted base	Weighted base
FSM eligible	Eligible for FSM	1.04	0.99	1.09	0.096	3,275	3,434
	Not eligible for FSM	1.02	1.00	1.04	0.112	10,407	10,764
SEND	SEND	0.89*	0.80	0.99	0.031	1,940	1,999
	No SEND	1.04***	1.02	1.05	0.000	11,742	12,199
IDACI	Most deprived 20%	1.05**	1.02	1.08	0.001	6,198	6,457
	Less deprived	1.00	0.98	1.02	0.942	7,484	7,741
Gender	Male	1.02	0.99	1.05	0.194	7,071	7,356
	Female	1.02*	1.00	1.05	0.022	6,611	6,842
English language	English first language	1.02*	1.00	1.04	0.048	12,190	12,641
	English not first Language	1.06	1.00	1.12	0.051	1,492	1,557
Age	Younger than 4.5 years	1.03*	1.00	1.06	0.040	7,089	7,347
	Older than 4.5 years	1.02	1.00	1.04	0.113	6,593	6,851

*** statistically significant at a 0.000 level ** statistically significant at a 0.01 level * statistically significant at a 0.05 level

RQ3: Cost analysis of Doncaster's family hubs

This section considers the financial cost of providing the CDC family hubs model in financial year ending (FYE) 2022. It considers:

- The income sources that fund the family hubs
- The central cost of running the family hubs model
- The average cost of the family hubs per member, family, and member attendance at the family hubs
- The average cost of the family hubs to provide an additional educational attainment outcome.

The analysis presented is based on three main data sources:

- CDC's response to a bespoke 'cost information tool' developed by the evaluation team which aimed to gather detailed information on the income, costs, and staffing of their family hubs. CDC were only able to provide data for financial year ending (FYE) 2022 due to complications collating the necessary information across various departments within the council. Also, CDC were only able to provide expenditure data contained within the family hubs budgeting lines within the council's accounts. There are two implications of this:
 - The expenditure data generally represent the costs of providing the family hubs, including directly commissioned or provided services. They do not include wider costs associated with the family hubs model such as external services delivered out of the family hubs including for example midwifery services.
 - CDC could not provide data on all of the costs of providing the family hubs. There are several expenditure categories which fall within block contracts or are contained within larger council functions. It was not possible to apportion costs for these categories to the family hubs. This means that costs related to the ownership and running of the hub sites themselves, such as insurance, energy costs, buildings management and maintenance, are not included in the cost analysis.
- CDC's administrative data about the members and attendees at the family hubs.
- Education data from CDC and the NPD which was used to assess the additional impact of the family hubs on EYFSP and Year 1 Phonics assessment results as presented in the previous section.

The costs of providing the family hubs

Based on the data provided the cost of providing the family hubs in Doncaster was £2.098 million (excluding VAT) in the financial year ending 2022, though as previously mentioned this excludes some of the costs of the family hubs. It does not include external, non-commissioned services (such as midwifery services) which are delivered from the family hubs as well as costs that are part of block council contracts (such as insurance and energy costs) or which form part of larger council functions (such as buildings maintenance).

Staffing costs make up 92% of expenditure (£1.931 million), with the remainder being spent on supplies, services and pilots as part of delivery. In terms of staffing costs:

- £827,000 (43%) was on 34.77 Full Time Equivalent (FTE) frontline delivery staff
- £488,000 (25%) was on 21.87 FTE admin and support staff
- £420,000 (22%) was on nine FTE supervisors, middle managers and managers
- £106,000 (5%) was on four FTE link workers, who connect users to community-based support, including activities and services
- £89,000 (5%) was on 3.88 FTE temporary or agency staff.

Income sources that fund the family hubs

The funding for this expenditure was made up of financial contributions from multiple sources:

- £1.334 million (64%) from CDC's own financial commitment
- £402,000 (19%) came from Public Health Grant funding
- £208,000 (10%) came from Dedicated Schools Grant (DSG) Early Years block allocation
- £148,000 (7%) came from Supporting Families grant funding
- £7,000 (less than 1%) was earned from room hire and donations.

Average cost per family hub user

This section computes the average cost of the family hubs per member, per member household, and per member attendance at an event. To compute these average costs, we have used the available expenditure on the costs of the family hubs as well as member attendance information from CDC administrative data. CDC administrative data reveals there were 18,270 members who attended 'events' at the family hubs in FYE 2022 and collectively they had 103,830 individual event attendances This includes all attendances for all of the services provided at the family hubs, including attendances at external non-commissioned services not included in the costs above. The administrative data also

records multiple household family members attending the same event, such as a parent and child(ren) attending a group activity, as multiple attendances. This means that the cost per individual member attendance at an event given below relates to the average cost contribution from CDC family hubs budget lines of an individual attending a service at a family hub.

The attendance data for the FYE 2022 does not include household identifiers; therefore, member information for the FYE 2023 has been used which indicates there were on average 2.22 family hub members per member family²⁶. Applying this average to the number of members who attended events in FYE 2022 suggests there were approximately 8,210 households who were members.

Given the total expenditure on the family hubs this translates to an average cost of:

- £115 per individual member
- £256 per member family
- £20 per individual member attendance at an event.

Average cost per outcome

This section considers the average cost for the additional educational outcomes: achieving a 'Good Level of Development' in the EYFSP assessment and being assessed as 'Working at the Expected Level' in the Year 1 Phonics assessment, using the risk ratios calculated in the previous chapter. This analysis focusses on these outcomes for pupils completing assessments in the academic year 2021/22. The average cost of these outcomes is computed using a multi-stage approach which estimates the cost of the attendance of pupils who took an assessment in academic year 2021/22 at the family hubs up to the time when they took the relevant assessment.

The first stage of the approach is to calculate the estimated expenditure on pupils who took each of the two assessments in the academic year 2021/22. This is achieved by multiplying the following three figures:

- The number of pupils that attended a family hub any time between 2017 and 2022 and took an assessment in the academic year 2021/22: 2,373 pupils took an EYFSP assessment and 2,269 pupils took a Year 1 Phonics assessment.
- Their average number of attendances for these pupils at family hub events across all years: 18.9 attendances at events for pupils who took an EYFSP assessment and 18.5 attendances at events for pupils who took a Year 1 Phonics assessment.

²⁶ Note, analysis reveals that the distribution is moderately skewed: 30% of families had one member, 35% of families had two members, 23% of families had three members and 12% of families had more than three members.

- The average cost of an individual member attending an event: £20 per attendance which is taken from the previous subsection. This applies a broad average cost per attendance at an event, rather than specific costs of delivering the actual activities which the pupils attended. In the absence of cost data for other years it assumes the cost across these years is equivalent to the average event cost calculated for FYE 2022. Note this is based on the data provided by CDC which excluded external, non-commissioned services (such as midwifery services) which are delivered from the family hubs as well as costs that are part of block council contracts or which form part of larger council functions.

This means the estimated cost is spread across multiple financial years according to when a user attended family hub events. Whereas the outcome is achieved in the academic year 2021/22, when the pupil took the relevant assessment. This reflects the fact that the impact on educational attainment from attending the family hubs accrues from all their attendances across multiple years and not just those attendances in 2021/22.

The next stage is to calculate the estimated number of additional pupils who attained each of the education outcomes in the academic year 2021/22, who would not otherwise have done had they not attended the family hubs. This estimate is based on:

- The overall risk ratio results presented in the overall impact on attainment section of the previous chapter (1.06 for EYFSP and 1.02 for Year 1 Phonics). Note the analysis focuses on the more conservative impact RR from 2017 to 2022 rather than the impact RR based solely on the 2022 assessment which was larger²⁷.
- The proportion of pupils from the match control sample from Doncaster's eight statistical neighbour LAs with no family hub model who attained a 'Good Level of Development' in their EYFSP assessment (65.6%) or were assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment (78.3%).
- The number of family hubs users taking the respective assessment in the academic year 2021/22: 2,373 pupils taking an EYFSP assessment and 2,269 pupils taking a Year 1 Phonics assessment.

Based on this calculation:

- An estimated additional 92 family hubs users attained a 'Good Level of Development' in their EYFSP assessment in the academic year 2021/22
- An estimated additional 39 family hubs users were assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment in the academic year 2021/22.

Finally, the average cost of each additional outcome is calculated. For each of the assessments (EYFSP and phonics), the computed family hub expenditure on pupils who

²⁷ RR of 1.09 for EYFSP and 1.04 for Year 1 Phonics.

took each of the two assessments in academic year 2021/22 (approximately £907,350 for family hubs users taking their EYFSP and £847,500 for family hubs users taking their Year 1 Phonics assessments in the academic year 2021/22) is divided by the estimate of the number of additional pupils who attained the respective outcome in the academic year 2021/22 (an estimated 92 family hubs users attaining a 'Good Level of Development' in their EYFSP assessment and 39 family hubs users being assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment). Based on this calculation:

- The average cost per additional pupil attaining a 'Good Level of Development' in their EYFSP assessment is £9,862²⁸
- The average cost per additional pupil assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment is £21,731.²⁹

²⁸ If the larger 2022 assessment RR is adopted the average cost per pupil attaining a 'Good Level of Development' in their EYFSP assessment is £6,822.

²⁹ If the larger 2022 assessment RR is adopted the average cost per pupil assessed as 'Working at the Expected Level' in their Year 1 Phonics assessment is £13,038.

4. Discussion and conclusion

The impact evaluation provided evidence of the impact of family hub events and services on education outcomes. It found:

- A statistically significant positive impact from attending family hubs events on the likelihood that pupils achieved a 'Good Level of Development' in EYFSP and were 'working at the expected level' in Year 1 Phonics assessments.
- A larger impact from family hub attendance for pupils taking assessments in the academic year 2021 to 2022, post Covid-19 pandemic, compared to the impact in assessments taken between academic year 2016 to 2017 and 2018 to 2019.
- No statistical evidence that the impact of family hubs is greater for users who have more engagement (attended three or more events), although further research is suggested.
- There is no statistical evidence to suggest that attending family hubs affected the likelihood of achieving the relevant education outcome for pupils with a characteristic generally associated with lower level of attainment, such as a SEND.

The emerging evidence about the impact of family hubs is important for promoting the model and making the case for further support. A strength of the results presented comes from the approach that was possible and adopted. The analysis benefited from a quasi-experimental design which provides a scientifically rigorous assessment of the additionality of family hubs on pupil outcomes compared to a propensity score matched control group.

It is important to reflect that whilst CDCs data management systems have clear areas for improvement, their established methods did allow the user-level impact analysis presented in this report. However, even given this, considerable time and effort went into securing access to the underpinning datasets, supported by staff in multiple departments across Sheffield Hallam University, CDC, the DfE and the ONS' Secure Research Service. All of this took a significant amount of time. Future work using a similar approach would need to both take into account the degree of resourcing, and extended time period required.

It is recommended that further work is required to assess the impact of family hub models. Specifically, research which considers impact: in other localities, for other education assessments, over longer time horizons, and more detailed analysis or subgroups and explanatory factors. The latter suggestion reflects some limitations in terms of what has been possible with the current analysis due to the way in which events are recorded in the CDC data management system. These mainly emerge due to the underpinning data being collected for other purposes (principally monitoring uptake and engagement) - without a primary view on evaluation.

Further research is also needed to understand:

- What additional support family hubs have provided to children and families during and since the pandemic, as well as how this support makes a difference to their education outcomes.
- Whether the observed, enhanced, differences in education outcomes remain for these pupils in later assessments (e.g. KS2, GCSEs and A-levels) and education-related outcomes (e.g. attendance and exclusions).
- Whether the larger impact of family hubs on education outcomes seen in the academic year 2021/22 assessments is observed for other cohorts of pupils born in, or affected, by the Covid-19 pandemic. And to what extent the larger impact in the academic year 2021/22 may be due to the maturity of the family hubs or duration effects from users attending the hubs for more of their lives.
- The impact of different types of activities and support that users are engaged in and further analysis on the frequency or age of participation. To enable this the family hubs will need to refine their administrative data to collect a more systematic categoric recording of participants' activities and outcomes.
- Developing an understanding of the lack of evidence on achieving the relevant education outcome for pupils with a characteristic generally associated with lower attainment. Research should consider the type and nature of engagement by children with characteristics that suggest that they are less likely to achieve an education outcome. For example whether family hubs need to increase provision of target specialist support for pupils with these characteristics.

In this part of the discussion, we draw out some of the features of the approach which may be of value for other LAs, and potentially the DfE and the wider support network for family hubs, in taking forward their models. Additionally, we identify issues which could be attended to bring even greater benefits.

Firstly, it is important to note that Doncaster has a long-established model, first developed in 2017 and drawing on previously established partnerships, based on many years of services working together. This means that at the starting point of this evaluation, services had developed a set of shared practice, understandings and protocols – as well as inter-personal relationships – which provide a strong bedrock. It is evident from wider research into local system change (Coldwell, Pearson and Wilson, 2022³⁰) that establishing these practices, understandings, protocols and relationships takes time and deliberate effort on the part of all services.

³⁰ Coldwell, M., Pearson, S., & Wilson, I. (2022). [Evaluating local system change using a comparative maturity matrix](#). *Evaluation*, 28(4), 446-465.

Bearing this in mind, some of the features of the approach taken in Doncaster that are of note include the following:

- Locality-based model – organising service delivery around large sub-divisions within the Borough provides both efficiency (in relation to organising staffing at a level above the individual family hub, and sharing practice across areas) and flexibility (allowing variation, taking into account differences between localities).
- Core and extended offer – a clear offer aimed at families of under-5s with a wider offer focused on older children and young carers.
- Set of key ‘partnership’ roles explicitly aimed at enabling more efficient signposting and direct provision, from the first point of contact.
- Agile approach to change, based on evidence of need in local areas, allowing services to adjust their offer as needs change.
- Senior support at service levels – a mature partnership engenders, and reinforces senior leader support, crucial in any partnership-based approach.
- Strong shared duty of care – staff at all levels and particularly frontline staff, demonstrating and being seen to demonstrate care, compassion, knowledge and professionalism, encouraging relationship-building and trust.
- Alignment with wider strategic work and services in the city, dovetailing the offer with wider priorities, and enabling efficiency.

Alongside this, a key area of development relates to strengthening data gathering and evidence review. In the interim report we provided a set of specific recommendations, which are relevant both to CDC and other local authorities. In summary the key issues are: the need to create (where possible) a unique ID for each individual using the family hub, and standardising approaches to recording attendance at events for families and individuals, recording this in a format that can then be utilised for further analysis by linking to other datasets. In relation to LA data gathering, a clear focus on intermediate outcome measurement as well as engagement, user satisfaction and outputs would allow even stronger, evidence-led provision responding to local needs. The SHU survey, included in Appendix 1, could be used or modified by local authorities to do so.

In conclusion, and taking into account these suggestions, the analysis presented in this final report and the previous interim report shows a range of evidence that the Doncaster approach has positive outcomes for the families and the local system in the city and is worth paying close attention to for other local authorities with similar characteristics.

Appendix 1: Word version of SHU evaluation survey

CDC Family Hubs Evaluation Survey

Qs	Response options
1. How old are you?	Open-text
2. Which of the following do you identify as?	<ul style="list-style-type: none"> • Female • Male • Prefer to self-identify • Prefer not to say
3. Which family hub(s) have you most recently attended? (tick all that apply)	<ul style="list-style-type: none"> • Adwick • Armthorpe • Askern • Balby • Bentley • Central • Denaby & Conisbrough • Moorends • Rossington • Stainforth • Mexborough • Wheatley • Other (please specify)
4. What age is your child/children that you are attending with? <ul style="list-style-type: none"> • (If you are attending with more than one child, you can tick more than one box) 	<ul style="list-style-type: none"> • Less than 12 months • 1 • 2 • 3 • 4 • 5 • N/A (route to Q7)
5. Do you have any other children in the family over the age of five?	<ul style="list-style-type: none"> • Yes • No (route to Q7)
6. Is this child accessing any other services through the family hubs?	<ul style="list-style-type: none"> • Yes (please specify) • No
7. What family hubs services/groups have you accessed? Tick all that apply	<ul style="list-style-type: none"> • Baby fun • Book chatter • Breakfast with • First friends • Forest schools • Infant massage

Qs	Response options
	<ul style="list-style-type: none"> • Jumping tots • Let's dance/play • Mini movers/explorers • Sing & shake • Stay & play • Walking groups • Growing talk • Rising rockets • Midwifery services • Health services • Counselling services • Parenting • Young parents • Young carer's group • Other (please specify)
<p>8. On a scale from 1 – 5, how helpful have you found the following types of support that you/your family received at Doncaster's family hub?</p> <ul style="list-style-type: none"> • (Please select the N/A option for support services you have not accessed) 	<ul style="list-style-type: none"> • Wellbeing services (own or child's) • Mental health services (own or child's) • Activities for my children • Life skills (budgeting, relationships, managing emotions etc) • Employment support • Adult learning • Drug and alcohol support • Child behaviour support • Domestic abuse • Relationships • Immigration issues • Parenting • Smoking cessation • Breastfeeding • Oral health • Housing • Everyday life (e.g., food, clothing) • Other (Please specify)

9. About your engagement with family hubs

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

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

10. About you

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

Statement: Since accessing the family hubs services I feel that...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have a better understanding of my own thoughts and feelings					
my confidence levels in general have increased					
I have a stronger support network (for example, people around you that you can talk to, friends etc)					
it has been beneficial for my mental health					

Statement: Since accessing the family hubs services I feel that...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
it has been beneficial for my physical health					
I am better able to manage my emotions					
I am more likely to seek support to help me with my own emotional needs					
I am more likely to seek support to help me with my own physical needs (for example, diet, oral health, exercise)					

11. About your child (if applicable)

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

Statement: Since accessing the family hubs services...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
my child's behaviour has improved						
my child's confidence has improved						

Statement: Since accessing the family hubs services...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
the skills my child has developed have improved						

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

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

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

14. Your role as a parent/carer

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

Statement: Since accessing the family hubs services...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I have a better understanding of how my child develops						
I have a better understanding of my baby's/child's behaviour						

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

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

Questions	Response options
15. Overall, do you feel that your experience of Doncaster family hubs has been...	<ul style="list-style-type: none"> • Positive • Neutral • Negative
16. Please provide an example that helps explain your response to the last question	Open-text box
17. Have you used the skills and knowledge you have learnt working with family hubs outside of the family hubs setting? (For example, this could be techniques such as infant massage or new activities to do with your child)	<ul style="list-style-type: none"> • Yes • No • No, but I intend to in the future
18. How confident do you feel about using the skills and knowledge you have learnt working with family hubs outside of the family hubs setting?	<ul style="list-style-type: none"> • Not confident at all • Not very confident • Neutral • Fairly confident • Very confident

Appendix 2: Evaluation Survey Demographics

The final sample had 67 useable responses, which was a 91% increase in responses when compared to the interim survey (N = 35). Although this sample is still relatively small in relation to the total amount of service users that access CDC family hub services annually, access to this population can be difficult because completing an evaluation survey may understandably fall below service users' main priority when attending Doncaster's family hubs. In addition, the survey was only disseminated over a short timeframe due to evaluation constraints, reducing the likelihood of collecting a larger response rate. Even the smallest amount of data from this population can therefore provide a valuable insight into service users thoughts about the services they have accessed and the perceived impact the services have had on themselves, and where appropriate their child(ren).

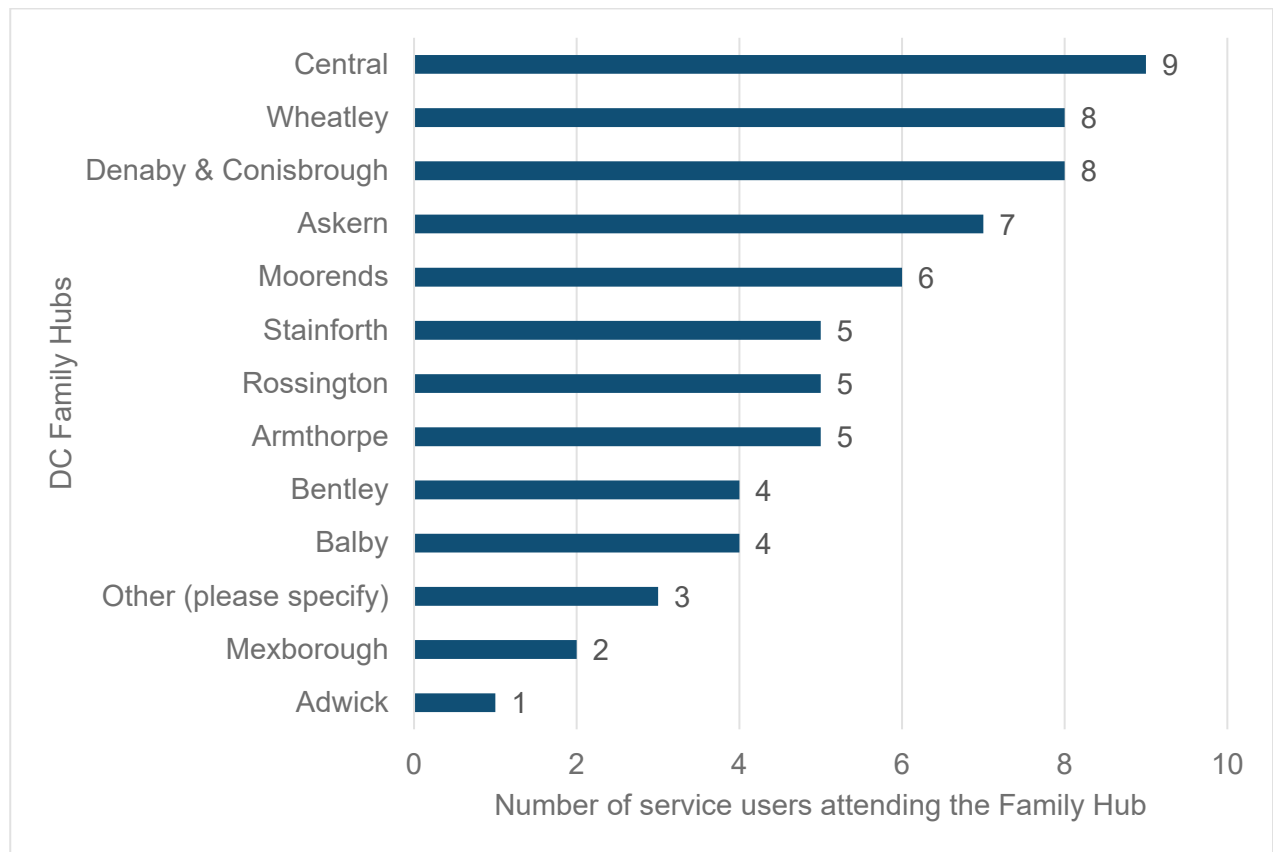
The final sample was overwhelmingly represented by female service users, with just 1 of 67 respondents being male. Effort was made by CDC family hub team, who were responsible for disseminating the survey, to try increase the response rate of males, however this was not successful. In the last 10 months, around 39% (N=7,795) of service users who accessed CDC family hubs were male, meaning the gender demographic captured in this survey is not representative of the wider gender demographic of CDC family hubs. Reasons for this are unknown, but it could be that, or the survey may have been disseminated during a time when fewer male service users were present to complete it. Future iterations of the survey should consider targeted dissemination to ensure all genders are represented. Piloting the survey with male service users would also be worthwhile to highlight any gender specific barriers to completion.

The average age of the survey respondents was 32 (SD: 7.42). Over half of respondents were aged between 30 and 39 (N=41), with 17 respondents aged 29 or younger; the youngest respondent was aged 19. The remaining respondents were aged 40 or above, two of whom were aged above 50; the oldest respondent was aged 72.

The majority of respondents (89%) said they were accessing CDC family hub with a child (N=47 of 53 who answered this question). The age of the child(ren) who respondents were attending with varied. 23 children were babies aged less than 12 months; 13 were aged one; 6 were aged two; 5 aged three; 3 aged four; 1 aged five; and 1 aged six or older.

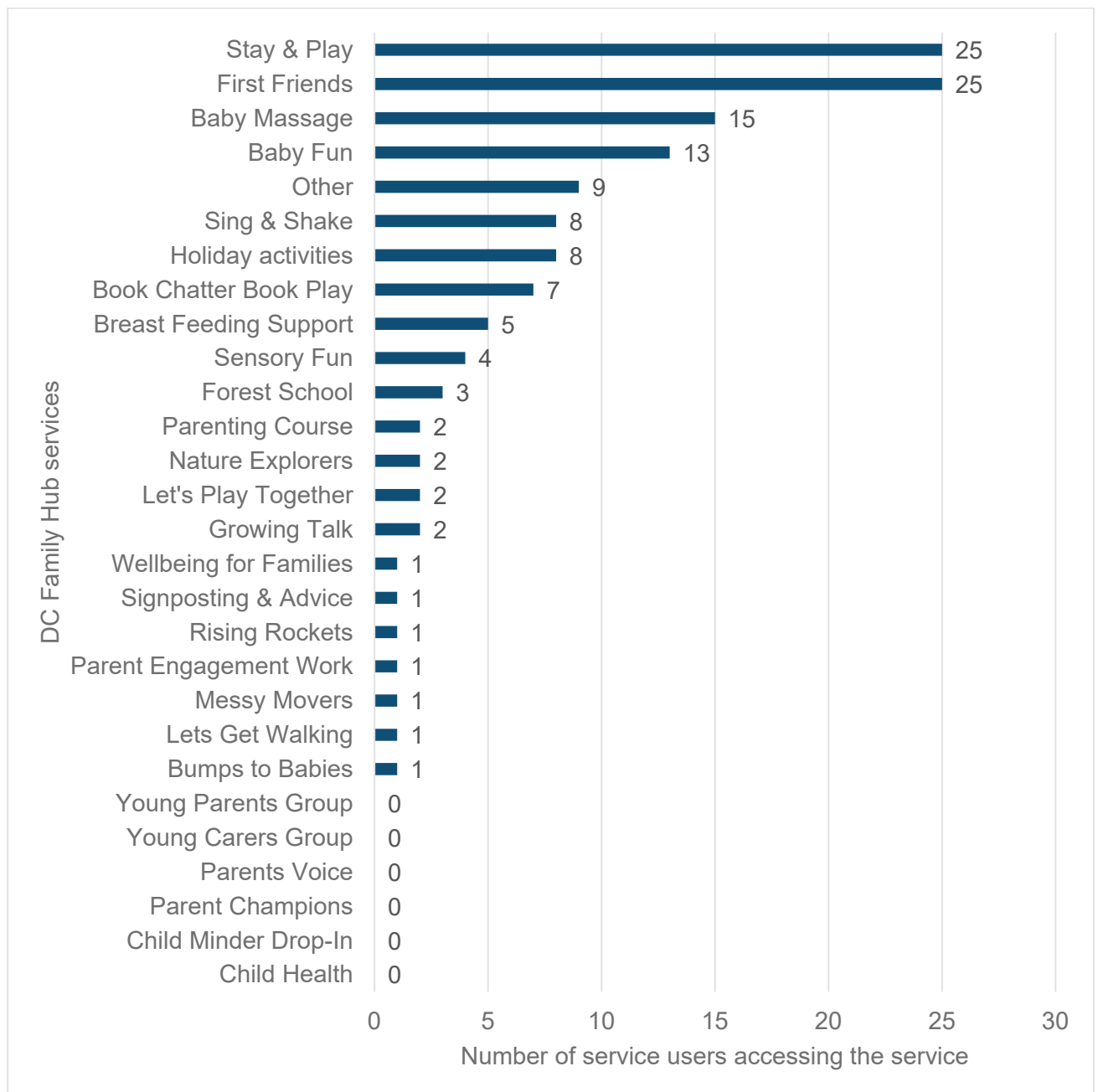
All 12 family hubs were represented in the service user survey. Central had the highest representation (N=9), closely followed by Wheatley and Denaby & Conisbrough (N=8). Figure 11 shows which family hub respondents most recently attended in more detail.

Figure 11: Most recent family hub attended (N; Administration Data)



Respondents were asked to identify the family hubs service(s) they had accessed. They were presented with a list of services that form CDC family hubs core offer, along with an “other” option that respondents could use to highlight services they have accessed that are outside of family hubs core offer. The most commonly accessed services by respondents were First Friends and Baby Fun (N=25). No respondents had attended the young parent/carers group, parent voice, parent champions, child mind drop-in, and child health services. Figure 12 shows which family hubs services respondents have accessed in more detail. Please note, Figure 18 does not provide an accurate representation of the wider attendance of CDC family hub services – it simply shows which services those that completed the service user survey were attending, to provide context to the rest of the findings.

Figure 12: Family hub services accessed by families and their child(ren) (N; Evaluation Survey)





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