

**Answers to questions submitted during the  
Family Hubs: Building Back Better Webinar  
22<sup>nd</sup> July 2020**

Many thanks to attendees for submitting so many questions at our webinar. We hope this document provides useful answers. However, do not hesitate to contact the Family Hubs Network or Mutual Ventures for more information. Thank you also to Adrian Coggins and Richard Comerford (Essex), Simon Dear and Rachel McKernan (Isle of Wight) and Alison Tomes (Doncaster) for giving their time to contribute to this document. The main content comes from the FHN and Mutual Ventures teams - but we make it clear when other people and places contribute.

**COMBATING STIGMA AND REACHING FAMILIES**

***With so many services in one Hub - how can we prevent stigma and ensure families are comfortable accessing this? (e.g. young people often don't want to attend a space where their parents would go to, 'universal' parents might be nervous about accessing services deemed too close to 'social care')***

Hubs can have a large range of services under one roof – Early Years, parenting support, public health, youth services etc. – and “marketing” all of this in a way that avoids stigma/young people being put off is vital. Stigma is reduced when parents access universal services such as birth registration, and all the other help is visibly badged as 'most families need support at some point'. Being welcoming is a priority, which is about the culture, as is making it clear that everyone there wants to work with the parents, not judge them. Finally, the Hub will offer a range of support but much activity will be elsewhere in the community and signposted through the IAG (Information, Advice and Guidance) available on the front desk/through a relationally superb front-of-house worker.

It may be that the youth worker does not deliver support within the Hub but works in an integrated way with others who do. We know of a GP surgery which has a different door for young people to come through and a separate section in the practice where they wait/are seen, so they aren't worried about bumping into their parents. There are other options like this which multi-purpose buildings have refined.

As other answers explain further it's more about working to a Family Hub model than making the Hub building the 'be all and end all'.

***Are Family Hubs just for families with trouble or will they be positioned as the place for everyone to go for family community services? Otherwise it will still have stigma...***

Family Hubs should be a place for everyone who needs help. This should include families who simply want to access community services but also for those needing targeted support for the really tricky stuff like reducing parental conflict. This is where the beauty of accessing universal and early years services in and through Hubs comes in, and why some Hubs are in venues like public libraries where people can come through the door for a range of other reasons.

***How do you make sure that Family Hubs are accessible to the families that most need the support? In the past one of the criticisms aimed at Children's Centres may have been that their services may have been dominated by well-resourced families whose outcomes are probably good anyway.***

This is an important issue. One way to support this is ensuring that the pathways from Children's social care are appropriately set. Referrals from Children's social care which find no further action necessary, but where the social worker deems that the family would benefit from additional support can signpost the family to the Family Hub.

However, the Hub is also the Early Help Front Door families can walk through i.e. they can self-refer when they are struggling.

## **COVID-19**

***Covid-19 was touched on earlier: how did the presence of Family Hubs make it easier to respond to the impacts of the pandemic?***

We have heard from many already established Hubs that they quickly became a focal point for co-ordinating support to families and the 'go to' place for food distribution, maternity appointments etc. This enabled those working in Family Hubs to continue to identify risk signs and offer more support where it was needed and helped services' early intervention and prevention efforts. This was particularly important given the fact that many universal services, e.g. schools, were closed at this time.

It is also important to point out that many areas took their first steps towards the Family Hub model in response to the crisis. This was often driven by the local council working with local partners.

Many Hubs were also very nimble in shifting what they offered in-person, from the building, to face-to-face online – not just information, advice and guidance but also providing courses, counselling etc.

In Essex, because the pre-birth to 19 service is fully integrated, all children, young people and their mothers are registered to the service and have a single health record (SystemOne in this case). At every contact point the Essex Child and Family Wellbeing Service records any identified vulnerability characteristics - known as 'Priority Groups'.

Examples include: lone parent households, both parents unemployed, parents with drug and alcohol parents, incidents of domestic violence etc. Throughout this pandemic, the service is able to run reports to identify families most 'at risk' and offer help. Additionally, parenting support groups that were traditionally offered face-to-face in sites were offered virtually via Cisco Webex and the categories of Priority Groups enabled the service to target those families who would benefit most from these groups.

***Question for Isle of Wight colleagues - Has Covid-19 meant an increase in referrals?***

Isle of Wight: To date we have seen steady referrals for Targeted early help support in line with figures from last year. However, we have seen a drop of 26% in referrals for intensive family support as many of our referrers and early help assessment completers are schools who have not been operational. We expect a surge of referrals once schools return in September.

***What services in terms of sessions were delivered during Covid-19 for families?  
A question for Rachel, Isle of Wight***

Rachel McKernan, Isle of Wight: We have kept all of the hubs and most spokes open to deliver essential services including midwife and health visitor clinics. In addition, we have moved our delivery to a blended offer.

We have delivered the following as virtual sessions: Evidenced-based parenting programmes, language builders sessions, Five to Thrive New baby course, Baby play sessions, breastfeeding workshops, Sparkle (SEN) support groups.

We have delivered 169 online sessions to 195 families (some courses have several sessions). In addition, we have responded to 267 requests for support with information, advice and guidance on a range of issues. Our Family Support team

have continued to support 188 families and our targeted early help team have supported 139 families.

## **FUNDING**

***Isle of Wight said they have worked out how to avoid the end of Troubled Families funding and the potential cliff edge this creates. Could you expand on this please?***

Isle of Wight council and Barnardo's have worked together with forward forecasting for the funding of the service. Barnardo's did not include Payment by Results (PBR) forecasts in financing the service in the first two years of contract being aware that funding would taper.

Any PBR earned was therefore carried forward year on year to meet shortfall in years 3, 4 and 5 of the contract. Now in year 6, the primary funding for IFS comes from the carry forward of PBR earned by Barnardo's during previous years of the contract.

***Can anyone share a cost benefit model to support the creation of Family Hub?***

We don't have a cost benefit analysis which we are free to share but would invite council areas to share their own if they are able.

The key factors to take into account would be:

- Cost savings from co-location.
- Benefits achieved through joint working, facilitated by co-location, including the ability to deal with the underlying causes of referrals to services.
- The benefit of a properly directed voluntary workforce with a reduction in duplication and misdirected efforted.
- The improvement in outcomes which Family Hubs would create and the cost-savings this would generate e.g. reduction in A and E visits, unplanned hospital admissions, reduction in Children's social worker engagement, reduction in drug and alcohol worker engagement etc.

## **OVERCOMING INTEGRATION CHALLENGES AND INVOLVING HEALTH**

***I would be interested to hear how the case study areas have achieved the challenges of shared budgets to ensure that the family hub is underpinned by a strategically agreed funding stream, as this is key to integrated service delivery.***

Adrian Coggins from Essex commented on this at the webinar, saying the starting point should be commissioning for outcomes then deciding who is best placed to deliver these. If this were done it could change the landscape for charities who, we have heard, often receive referrals because they have the reputation for best delivery of a service, but money does not come with those referrals.

Adrian adds that 'whilst there are a lot of stakeholders who want to improve things, shared outcomes really need to be a strategic commissioning driven approach. There is plenty of work out there for everyone and a really diverse offer needs to be considered especially if we want to maximise the potential of a broader determinants of health approach, but someone needs to hold the ring on a co-ordinated offer and make sure that as many of the domains as possible, in a broad determinants of health approach, are covered.'

Richard Comerford from Essex says he would urge Local Authorities to merge their workstreams/programmes for children and families and aim to have one commissioned service. Unfortunately, many Local Authorities, who assumed responsibility for Public Health provision in 2013/14 still commission these services independent of another e.g. the Healthy Child Programme.

Essex County Council, for example, have commissioned an integrated service and have mandated their commissioned provider – Virgin Care – to deliver these services from 38 stipulated Family Hub sites across the council. Interestingly, in West Essex, where the CCG included the children's community health provision within the pre-birth-to-19 contract, a large proportion of this provision has naturally moved into the hub where it is better placed to provide expert early help and intervention.

### ***How have you overcome any data sharing issues?***

Adrian Coggins from Essex describes how, 'as a strategic commissioner, rather than operational manager, I'm not aware of any specific cases where this has been an issue specifically for our Essex Family Hubs.'

Richard Comerford picks this up: 'Essex Child and Family Wellbeing Service is co-commissioned by Essex County Council and NHS West Essex CCG. During the Early Years Review conducted in 2015/16, ahead of the contract procurement process, families fed-back to the Council that they did not want to continually tell their story and be asked for information about them.'

Virgin Care, in partnership with Barnardo's are the primary providers of this contract. Virgin Care has a robust information sharing agreement in place with Barnardo's that

enables all staff working within the service to access the clinical information system (SystemOne) as appropriate. In short, every child and young person has one single electronic record that can be accessed by anyone involved in their care and support. This has proven both highly efficient and safe, particularly in relation to relevant information sharing and Safeguarding.'

***Any experience in getting cross organisation buy-in would be extremely appreciated - especially when identifying and developing community estates to make them suitable to co-locate teams (IT infrastructure, ownership roles & responsibilities or organisations using the building etc.)***

Adrian Coggins tells us 'the work of the Robert Wood Johnson Foundation on determinants of wellbeing, and the Marmot reviews on health inequalities make a convincing case that if we don't work together across a range of domains, and don't recognise the complex interdependencies between work across these domains, we have no reason to expect that the widening health gap, and issues such as child poverty will improve. This is a radically different way of working for many in public health and early years, and Family Hubs are an ideal catalyst to trial small scale targeted place-based approaches. Of course they're part of a wider local economy, but they're a great place to start!

Richard Comerford adds 'If your area needs any convincing of the benefits of co-commissioned services delivered from Family Hubs please ask them to visit West Essex and speak to local service users!'

***Have you considered having a section 75 between health and LA as this would improve further true integrated working?***

(This question refers to s75 of the Health and Social Care Act 2012 re Requirements as to procurement, patient choice and competition.)

Adrian Coggins points out again that section 75 is purely a mechanism – a form of legal agreement – what really matters is the cultural integration. Historically one of the problems with section 75s is that they get drafted by solicitors who are (understandably) risk averse/protective of their individual organisation, and limits potential by reducing as many unknown factors as possible. This can drive a guarded approach which doesn't generate the shared appetite for exploration and shared risk which is so important.

***How have hubs collaborated with wider partners such as CCG's and public health services, both for adult and children joining services to achieve a family approach?***

Adrian Coggins admits 'there is lots still to do but it starts with commitment to shared outcomes, followed by development of genuinely culturally-integrated family teams. Sometimes this is easier to achieve at operational level with front line practitioners who 'get' the need for a multidisciplinary approach, than it is at strategic organisational level with entrenched organisational cultures! Partner organisations listening collectively to family experiences of lack of join up, combined with frontline practitioner feedback on how their intervention needs to be part of a wider support offer, goes a long way.'

***Do you propose to move from co-facilitation to integration with health services such as health visiting who also act as lead professionals for families?***

In Essex health visiting services are already integrated as part of the multidisciplinary team. We've tried to commission a service which identified a lead professional who takes the role of lead-based as much (or more!) on their relational capability with the family, as their professional standing. From a commissioning perspective we've asked all professionals to reflect on their professional identity and how it helps them, and others as part of a team, achieve the outcomes we want for families.

The provider – Virgin Care in partnership with Barnardo's – has created multidisciplinary Healthy Family Teams that serve a set geographical area, inclusive of nurseries, primary schools, secondary schools and aligned to local health provision, primarily GP practices. Healthy Family Teams are made up of Health Visitors, Healthy Family Support Workers, School Nurses, Volunteers, Community Engagement Workers, Healthy Schools Engagement Workers etc. They aim to support communities to support each other and provide professional help where it is needed, especially those needing early help and those with complex needs due to vulnerability and risk.

Isle of Wight: Currently Early Help and Public Health Nursing (PHN) services are commissioned separately with a contractual requirement to work in partnership with the wider early help offer. Collaborative working ensures no duplication of service delivery and colocation of PHN services in Family Hubs/spokes ensures families can access what they need from the local site. The PHN contract has just been re-tendered, and the Early Help contract is currently live. Both contracts have the same shared outcome framework and have been aligned to ensure that the synergy between both providers adds additional integration and collegiate working.

***I'm interested in how the hub model in the Isle of Wight integrates with other services that might support vulnerable families - e.g. where there's parental alcohol or drug problems? Do you think it reduced attrition between systems?***

The Isle of Wight has a well-established Early Help landscape which launched in 2008. All services who support vulnerable families participate in the Team Around the Family in response to identified need. The Intensive Family Support Service delivered from the Family Hubs often identify drug and alcohol issues within families they support, and will refer on for support from specialist services. However, parents are not always ready for an onward referral so the Family Support Worker will support families to become ready for positive engagement.

### ***What about interaction with primary care networks?***

Richard Comerford, Essex: 'It would be good practice for Family Hubs to be connected to their local Primary Care Network and vice versa. The Children's Act requires each Family Hub to facilitate an independently chaired Advisory Board and these forums can aid multiagency working, including with Primary Care.'

### ***The Family Hub strategy - does this extend beyond children and families to adult services and other groups?***

Yes. The Family Hub model is about integration and joining up all the support available in a community to reflect the complex reality of people's lives, this would be a natural, further evolution of the current 'family centre' type Family Hub. Some centres already aspire to 'be there' for people aged 0-90, not just for parents with children aged 0-19 and some badge themselves as 'community hubs'. Where this happens it's important to maintain an emphasis on family and relational support (and to broaden that e.g. to help grandparents whose access to grandchildren has been hampered by acrimonious divorce or separation proceedings).

Richard Comerford cautions that 'There are risks with asking too much from Family Hubs and some teams already have challenges with the addition of youth services. Each site really should be assessed on a case by case basis for its ability to house multi-occupancy providers and service users effectively and cohesively. The biggest danger is for the most vulnerable people to be, or feel, excluded.'

The scope of a Family Hub should be data-driven and focused on the particular prevalent challenges of a particular area.

### ***Could you talk about how you have integrated teenager/adolescent services into Family Hubs?***

We have seen Hubs where there is versatile space which works as children's play in the day and a youth venue in the evening. Parents of teenagers have valued having



somewhere to go, separate from school, to share concerns, especially about: drugs, serious youth violence and gang involvement. Where possible, interventions around these risk areas could be accessed through even if not in Hubs as they are ideally linked with other youth provision in the area. The Home Office has recommended to us that in areas which have Violence Reduction Units (VRUs), VRUs and Family Hubs should forge strong links to help address the relational and social contexts in which violence can occur and then spread.

## **BUILDINGS – WHAT THEY ARE CALLED/WHAT HAPPENS INSIDE THEM**

***Is it easier to implement the Family Hub model in areas that have existing and functioning 'centres' (adapting existing services) or in areas that have shut their historic 'centres' (where we could start afresh)? Note that Oxfordshire shut 36 of 44 centres in 2016.***

There will be a lot of other variables that would feed into how those two different scenarios would play out. It's about siting the Family Hub in a place where there would be a supportive culture for the concept and delivery.

Richard Comerford comments: 'There is often a good reason why centres/Family Hubs are located where they are. They are normally located in areas that have high need and are accessible. That said, populations change over time and demand for services can change. Commissioners should consult with the public and stakeholders about where they are best placed and consideration must be given to access, demand and running costs. In Essex, they have chosen to have one 'mothership' Family Hub in each of its 12 districts and a further 26 smaller satellite outreach Delivery Sites.

The service provider, Virgin Care coordinates activities in and from the Family Hubs and ensure appropriate provision is delivered in the satellite Delivery Sites and any other additional site identified in isolated communities e.g. library, church hall, village hall. Essex County Council has 'mandated' Virgin Care to deliver services from the 38 sites and each site has a stipulated number of hours per week it must be open to the public.

***NACCC works with a network of 350 child contact centres, meaning that there is a network throughout England and Wales that are well placed to support the development of Family Hubs. Contact Centres have lots of venues but lead a hand to mouth existence and would struggle to spare a resource for organising and maintaining the family hub. How would funding be accessed to make this work possible for them?***

If the local authority/VCS partnered Hub is sited in the contact centre the costs ideally would be borne by the LA and others who are 'renting' the space to deliver their services. I am sure this is something that would have to be worked out through negotiation in different settings.

***Samantha spoke about the proactive approach of engaging with young parents through the 'Early Years health & parenting support' focus. I am keen to understand: 1) What has the incentive been for parents to register births at their local Family Hub to date? 2) Is this a shared initiative across Family Hubs and if not, what else can be done to proactively engage with families in the absence of problems?***

There has been much parliamentary interest in children's centres, rather than registry offices, becoming the default sites for birth registration, as they are more accessible to new parents and are a more 'relevant' venue. All these arguments apply to Family Hubs too. A warm welcome when registering and a bit of information about the other help available can mean new parents don't assume they are on their own.

Re. incentives - I think it's about advertising/informing through health services when new parents are told about the need to register the birth, and Hubs being proactive about informing people in the community about the convenience of community registration. Hubs can learn from how each other do it but so far there is not a shared initiative.

***When transforming Sure Start Children's Centres to Family Hubs, did you engage in public consultation and how did you mitigate the risk of clawback?***

Essex say they undertook public consultation, with relation to if any children's centres should close or should they all be uncritically repurposed as Family Hubs, we reviewed footfall and outcomes for all the children's centres, and as a commissioner of services/support, not buildings, and a 'service without walls' we reviewed what buildings we thought were and were not needed in pursuit of outcomes.

It's important that each family hub centre demonstrates and earns its unique co-ordinating role in a locality, so it really is the hub of the co-ordinated local offer, rather than just a multipurpose/use facility.

*A note on clawback from the Children's Minister, Aug 2018:*

Currently, the Department for Education considers clawback of Sure Start capital on a case by case basis and already has the option of waiving clawback if there is a strong case for doing so. However, the vast majority of local authorities that have changed

the use of children's centre buildings to date – including local authorities that have introduced family hub models such as the Isle of Wight and Staffordshire – have had clawback deferred.

Deferring clawback means that the department accepts the change of usage at the time but retains an interest in the asset and may clawback funding in the future if circumstances change. We will of course keep clawback provisions under review. However, at the moment we believe the current clawback process provides sufficient flexibility to allow those local authorities who wish to change the use of children's centre buildings to do so.

## **WHERE DO SCHOOLS FIT IN?**

***As well as the interface with adult services, including health primary through to specialist and including mental health, what is the relationship and involvement of schools?***

Schools can be the site for Family Hubs and the Family Hubs Network can put local authorities in touch with areas that have gone down this route. Schools certainly need to be integrated with the rest of the local family support infrastructure as they often spot families in early difficulties and provide a range of practical help e.g. to tackle food poverty. It may be that whilst they are key deliverers of support to families they act as spokes or delivery sites to Hubs.

This will depend on whether a) they are the early help front door parents access to find out the full range of support available and b) if schools feel comfortable about getting involved in/providing services to do with complex relational issues within the family including chronic parenting difficulties and couple conflict. If they refer parents to Early Help when they need something beyond what the school offers they are probably a spoke not a Hub.

It's a little complicated by the fact that many schools are emerging as superb 'community hubs' which means they are the 'go to' place for a range of community activities. However, this is not the same thing as providing an Early Help front door when families are experiencing relational and not just practical difficulties.

## **REDUCING PARENTAL CONFLICT**

***How can Family Hubs operate to provide information and signposting to parents and young people following family separation? Parents need support to understand the risk of harm to children if conflicts escalate, and the long-term benefits of cooperative parenting. Could Family Hubs provide a practical solution to the current gap in provision, and how would they operate?***

One model we have seen work is training the receptionist or 'first contact person' who is delivering 'Information, Advice and Guidance' in the more specialist area of signposting towards couple relationship support, particularly in the area of reducing parental conflict. This could be supplemented with training on an awareness of what mediators do; how to navigate other quasi-legal support is available in an area; and when a legal professional is required.

Training to make practitioners better able to talk to families about couple relationship issues is being delivered across the country through the Government's Reducing Parental Conflict programme. This is largely because of the need to triage/assess the possibility that domestic abuse, as such there is a lot of overlap with standard family support/safeguarding training.

With these caveats it should be said that Family Hubs would be an ideal access point – as Samantha Callan mentioned, in Australia and Norway there is community-based support in Family Relationship Centres for parents struggling in this area: before, during and after separation.

## **MAKING THE CASE – MEASURING OUTCOMES AND EFFECTIVENESS**

***Each LA will have different requirements in terms of what they want in relation to data gathering and performance. Is there a standard performance baseline that we could provide to a central point to evidence the growth of hubs and support each other in the gathering that data?***

The Family Hubs Network is keen to work with our partners to develop an Outcomes Framework which would be a helpful starting point for Hubs across the country and constantly improved upon.

Alison Tomes, Doncaster, says they have developed their performance report by building on the Children's Centre Outcomes and adding other relevant outcomes across the headings: Health & development; Employment support and childcare; Family stability; Supporting families with complex need. 'However, we don't have Family Hub Outcomes Framework and we would really welcome a national one, which would raise the profile of Family Hubs.'

**The Family Hubs Network will be running a virtual roundtable to work on this together – pls let [Catherine@Familyhubsnetwork.org.uk](mailto:Catherine@Familyhubsnetwork.org.uk) know if this is something you would be interested in contributing to.**

***Can you share types of data that are useful to collect?***

Essex are happy to share this with you if you contact them directly - [richard.comerford@virginicare.co.uk](mailto:richard.comerford@virginicare.co.uk)

***What areas are you considering for your hub outcomes frameworks? How does this align with broader health and social care objectives?***

Essex: We have 23 new outcome measures of wellbeing, as well as mandated health visitor activity measures, and in addition to delivery of universal and targeted interventions, we have much more direct accountability for families at risk of not achieving outcomes being identified and work undertaken to evidence that those outcomes have been achieved.

Nationally we've known for some time that there is a need for both universal and targeted services. But we still need to get a lot smarter at holding ourselves to account for more direct measures of outcomes we seek, e.g. Pre- and post-intervention on a parenting course can show positive distance travelled, but if the cause is parental stress/discord through worklessness and what's needed is an economically viable family we need to reflect on what we're measuring if we're serious about achieving the outcome and knowing that we've achieved it.

***I'm developing an Early Help Framework for my local authority. This will include a summary of the research behind Family Hubs to set the scene as to why we're moving forwards in this way. I'm fairly new to this field and was wondering if you could recommend a few key pieces of research I should reference? Or where I could find this if the Family Hubs Network has collated this already?***

The Family Hubs Network's website has a section on the timeline of Family Hubs policy which gives some useful history (<https://familyhubsnetwork.org.uk/policy/policy-background/>) and also some links to the most helpful research reports (<https://familyhubsnetwork.org.uk/reports/>).

## **ENGAGEMENT WITH CENTRAL GOVERNMENT**

***Could we please have an update on the Conservative Party manifesto commitment to 'champion Family Hubs to serve vulnerable families with the intensive, integrated support they need to care for children – from the early years and throughout their lives.'***

The Government has earmarked £2.5m for research into early intervention, including Family Hubs, and have asked the Family Hubs Network to work with them on the research specification. Also, the Troubled Families Team have included 'integrated hubs' as part of their Early Help System guide available at <https://www.gov.uk/government/publications/troubled-families-early-help-system-guide> The Family Hubs Network and Mutual Ventures have both been engaging with relevant Government departments to press the case for Family Hubs and to encourage a joined-up approach at national level. We feel there is a window of opportunity now given the highly localised response to the Covid-19 crisis. Many local areas are anxious to maintain the local service delivery infrastructure (often in the form of a very local Family/community hub) which has developed in response to the pandemic.

***What does central government need to do to promote this work***

Local government would benefit greatly from clear guidance from central government, which has promised to champion Family Hubs. Whilst the £2.5m for research is very welcome, we are encouraging them to do more in the form of a Transformation Fund. This would provide some funding over a four-year period to cover some or all of: staff leadership of change; coordination of services for families on the ground; and development of missing services such as couple support before, during and after separation; child-to-parent violence programmes etc.

***What impact have Family Hubs had on changing wider public understanding of the role of families?***

The introduction of Children's Centres has made a big difference in communities but for some this designation sends the message that ensuring children are safe and looked after is *all* that matters. Obviously, it is vital, but we also need to strengthen families so parents and carers are enabled to raise their children well, as they aspire to do, but find incredibly challenging for many reasons. However, some Family Hubs retain the name Children's Centres, even though they have broadened their aims and are working in a different way, because they have found through consultation that this is the community preference.

