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Evaluation of the Shared Outcomes Fund 2 (SOF2) Family Hubs Transformation Fund

Research report

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Government
Social Research

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Executive summary

In Autumn 2022, the Department for Education (DfE) awarded £12 million Family Hubs Transformation Funding (TF1) to 13 local authorities in England to open family hubs in 2022-24 (GOV.UK, 2023a).¹ Family hubs bring together multiple services and professionals to support families with children aged 0-19 (or up to 25 for young people with special educational needs and disabilities (SEND)) through a 'one stop shop', so that families' needs can be fully understood, and better met (GOV.UK, 2023b). Local authorities were given an original funding deadline of March 2024 which was extended to September 2024 with a further unfunded extension to March 2025.

DfE commissioned Ecorys UK in partnership with Starks Consulting, Clarissa White Research, Research in Practice, and Professor Jane Barlow at the University of Oxford to carry out a process-only evaluation of the TF1. The evaluation was delivered from October 2022 to December 2024. It aimed to develop the evidence base for family hubs, with a specific emphasis on how local authorities that did not have a family hub model could best manage the transition towards one.

The mixed-method evaluation was organised around 4 distinct workstreams: process evaluation – service and systems change; effects on families; effects on the workforce; and peer learning. It consisted of Theory of Change (ToC) development and review, progress monitoring against the Family Hub Model Framework,² analysis of Monitoring Information (MI) collected by the DfE, primary data collection in 10 of 13 funded local authorities, and a programme of 6 online peer learning sessions with TF1 local authorities. Primary data collection involved:

- interviews with 5 national stakeholders, 3 waves of interviews with 10 transformation leads (30 interviews in total), interviews with 79 strategic staff, 99 operational staff, and 124 parents and carers using family services, carried out over 3 waves of fieldwork from autumn 2022 to autumn 2024.
- 2 waves of online surveys with families (n=129 and n=103 at each wave) and the workforce (n=335 and n=239 at each wave), carried out in autumn 2022 and autumn 2024.

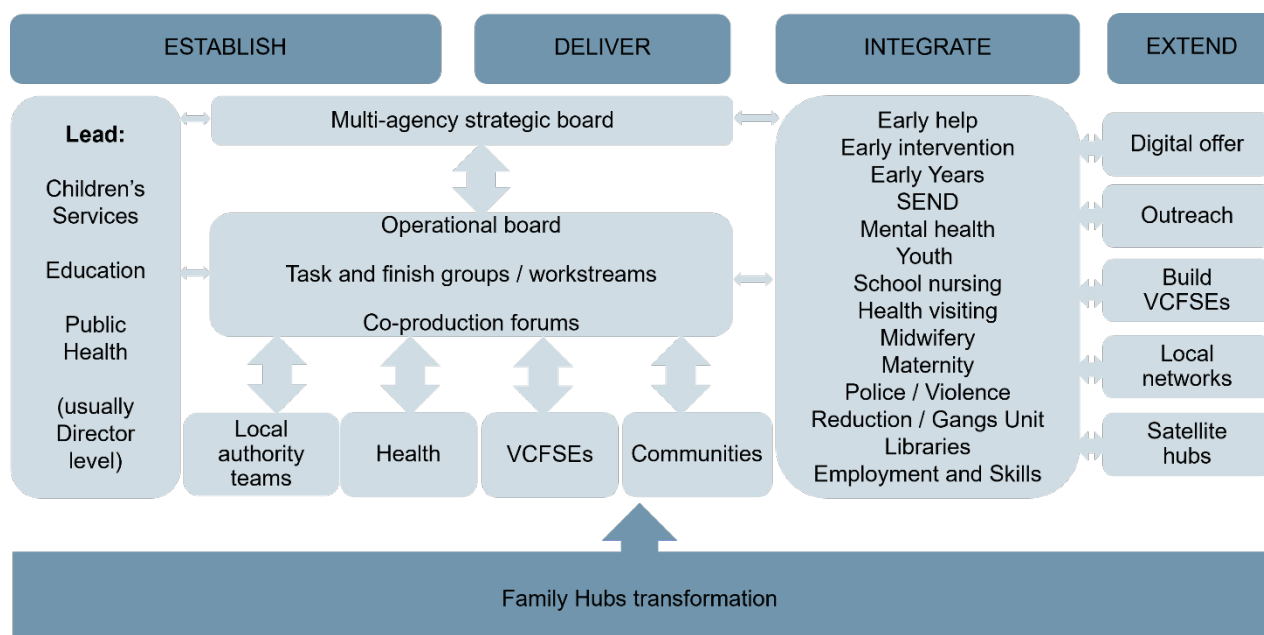
¹ DfE originally selected 12 local authorities for funding, including Cumbria County Council. Cumbria split into 2 new local authorities in April 2023. The [funded local authorities](#) were Bournemouth, Christchurch and Poole; Brighton and Hove; Cheshire East; Cumberland (formerly Cumbria); Dorset; London Borough of Hammersmith and Fulham; Leicestershire; Merton; Solihull; Stockport; Westmorland and Furness (formerly Cumbria); Wirral; and York.

² [Annex E - Family Hub Model Framework](#)

Transformation journey

At the time of receiving TF1 funding, local authorities were at very different starting points with their children and family services offer, which influenced their transformation journey. By transformation we mean the changes local authorities and partners have made to move from their existing early help children and families services offer to open their first family hub(s). Most, but not all, of the 10 case study local authorities had retained and were still delivering services from children's centres, and a few areas were using outreach centres in Voluntary, Community, Faith and Social Enterprise (VCFSE) buildings. However, one local authority started their journey with no existing building estate. Local authorities' journeys largely followed the broad structures and stages outlined below – the transformation journey section of this summary follows these broad stages.

Figure 1 Structures and stages of family hub transformation



Establish

Whatever the starting point, establishing dedicated governance and management arrangements to oversee the transformation, consulting staff and residents, building relationships, and achieving diverse partner support were crucial.

The transformation was commonly led by local authority children's services. In one example Public Health led, which addressed capacity constraints and brought service transformation expertise. Local authorities established or linked up with governance structures, including partnership boards or steering groups, to drive the changes required. Multiagency operational boards sat beneath, reported into the strategic governance boards and were critical to achieving senior-level, cross-departmental engagement to support the transformation. Different elements such as data and

infrastructure, service offer, premises development, workforce development and SEND were led by various operational working groups which brought focus and drive. Local authorities also embedded family hubs in wider strategies to join-up service delivery across multiple agendas and ensure actionable activities.

A common challenge shared by interviewees was a lack of strategic engagement from health partners which proved limiting. Often health (including mental health) did not have capacity to engage, no clear operational lead to take ownership of early help, and there were structural barriers such as Integrated Care Boards (ICBs) not mapping directly to local authority areas creating pull in multiple directions. Integration on the ground was reported to be more positive with health visiting, school nursing, midwifery and maternity services but capacity was variable.

Many local authority leads saw staff and family co-production as integral however this took substantial time - reportedly a year in one area - to set up effective mechanisms and secure engagement. A wide range of staff and family co-production activities, including consultation workshops, parent-carer forums, and staff working groups provided opportunities for staff and families to help shape their local offer, which 'set the tone' for family hubs at an early stage.

Deliver

Having established structures and collaboratively produced implementation plans, most transformation activities were delivered but often took longer than planned. This was due to the unrealistic amount of change planned within a short transformation timescale which could not always be delivered in parallel (in the context of wider external changes within local authorities, such as establishing family help or wider children's services transformation). However, the programme outputs were largely realised. These included:

- **Workforce recruitment and development:** New strategic and frontline staff joined. However, several areas faced recruitment challenges especially for roles requiring a face-to-face presence in the hubs (in some cases, suitable candidates requested remote working arrangements), and due to the short-term nature of funding for core transformation roles. New roles were introduced to family hubs on a small scale, and other existing roles were enhanced through changes to title, remit, and a programme of staff training and development.
- **Operational and accessible family hub sites:** MI data showed that by the end of December 2023, 58 family hub sites were either already meeting or on track to meet DfE's minimum requirements across the 10 case study local authorities.³

³ These family hub sites were all either already meeting or were on track to meet at least Part A of the family hub site definition in Annex 1 of the Family Hubs Transformation Fund 1: MI Guidance.

Developments were ongoing including the commissioning of VCFSE-led hubs in at least 3 areas, dedicated hubs for specific cohorts (such as SEND or youth hubs for 11-19s), and 'hub and spoke' models with satellite sites in a few areas. Premises development was frequently fraught with challenges and subsequent delays, such as achieving consensus for new sites and managing evolving construction/redevelopment plans and costs.

- **Clear communications, information and branding:** All local authorities had established a family hubs brand by the end of the evaluation. The brand was typically co-produced with families (through workshops, surveys, and consulting parent/carers panels) and delivery partners.
- **Online/digital offers including family hub websites:** Staff commented that the digital offer to families had come a long way, although some challenges remained. Considerable time and investment had gone into developing digital offers, and staff felt this was important to reach wider local communities. A key challenge reported by strategic staff was the plethora of websites and campaigns signposting families to activities and services, which they believed was complex to navigate. Frontline staff believed the support offer was more accessible and visible to families and several areas highlighted a considerable increase in website traffic following the official launch of their family hub online platform for families.
- **Lived experience input informing family hub services:** Resident consultations were enabled by parent carer forums, children and young people's groups, ad hoc working groups, and public consultations. New roles were recruited to support the engagement work, including family navigators and youth voice coordinators. Local authorities valued residents' inputs and commonly committed resources to continue or scale-up their engagement forums to inform the ongoing delivery of family hubs and wider services.
- **Shared policies and strategic documents:** Family hubs partnerships consistently had clear transformation plans in place from an early stage, endorsed by a dedicated steering group or executive board. The overarching family hub strategies were embedded at local authority level, rather than being a single document. Interviews with strategic and operational staff found this approach enabled partnerships to align their systems transformation work with direct service delivery. However, there was little evidence of changes to joint commissioning in most of the local authorities.
- **An accessible front door to children and family services:** The above outputs, combined with a focus on improving universal access to services as well as bringing professionals from an array of services together (via co-location and partnership-working), led to a more accessible front door to children and family services.

Ongoing progress: integrate and extend

Whilst work was in progress, key areas for further development were:

- the integration of referral pathways;
- data strategy, information sharing, and joint monitoring/evaluation frameworks across services and partners;
- to move further beyond 0-5 to develop a 0-19/25 offer; and
- build on the foundations established for outreach and the digital offer to further reach under-served families.

The opportunity to bid for Family Hubs Digital Project funding in October 2024 provided additional resource to local authorities to continue delivering their data and information activities. Later news of the unfunded extension to March 2025 also gave local authorities more time to continue delivering unfinished activities, however this news came too late in the day to avoid many of the pressures outlined in this report.

Family experience and outcomes

Families' awareness and understanding of family hubs varied, depending on how they heard about family hubs. Posters, signage and leaflets, social media engagement, word of mouth, and promotion by partners such as midwives and health visitors were key in raising awareness, as well as familiarity with the family hub buildings.

Interviews with parents and carers found that family hub branding was not a key area of concern for families. Families instead placed value on understanding the range of services they could access through the hubs. This contrasted with staff views; staff interviewed were confident that the new branding would positively impact family engagement with family hubs. It may be too early to understand the impact of rebranding on reaching different types of families who may not yet be engaging with family hubs.

By autumn 2024, families had accessed a range of universal, targeted and specialist services and support through family hubs. Of families surveyed, activities for children aged 0-5 were the most accessed – almost 2 thirds (64%) of families reported accessing these (n=77). The next most common was health visiting at just over a third (35%) followed by maternity/midwifery (30%), infant feeding (22%), nursery/childcare information (18%) and SEND support (17%) (n=77). 87% of family survey respondents reported a satisfaction score of 7 out of 10 or above, indicating that they were highly satisfied with the support they received through family hubs (n=61).

Visting family hubs in-person was the most common way of accessing services and support (72% of survey respondents), followed by attending outreach activities (24%), using the family hubs website (19%) and accessing online support (8%) (n=83).

Where families were unable to access support, they attributed this to staff lacking the necessary skills or knowledge to support them (particularly around specialist help with for example housing, financial advice, or SEND support); being unable to attend family hubs in-person; a lack of communication or follow-up from staff; or services not being offered. A theme from interviews with parents and carers was that whilst family hubs offered quality support for children, young people and families, the wider system of family support (healthcare and education) felt fragmented, making it difficult to access support.

The surveys and interviews found that families who were already engaging with family hubs were largely satisfied with the quality of support delivered by family hub staff. They felt well-supported by staff, underpinned by trusting relationships, staff knowledge, and the personal qualities demonstrated by staff (for example, being kind and friendly). This made them feel comfortable to access services. Family survey respondents reported they knew more about support options for their family (72%), felt more confident asking for support (71%), and have more people they could call on for support (68%) than a year ago (n=63).

Parents and carers reported that the changes to family hub buildings made them more accessible and welcoming, reflecting staff views in the workforce survey (linking to Model Framework Access criteria). Most family survey respondents agreed that family hubs are easy to find (95%), accessible for parents/carers (89%) and children and young people (91%), welcoming for parents and carers (95%) and for children and young people (93%) (n=54-55).⁴ Additionally, the vast majority of parents and carers liked visiting the hubs (96%) and felt their children did too (88%) (n=54-55). Echoing staff views, and whilst still a majority positive view, fewer survey respondents agreed that the hubs were accessible (73%) and welcoming for (72%) people with SEND (n=55).

Families identified 2 main areas of feedback to improve family hubs. First, they wanted more service provision; however, this is a bigger issue that family hubs alone cannot fix. Second, they suggested that better and more promotion was needed to increase awareness of family hubs across local communities. Parents and carers interviewed suggested family hubs should advertise services in places where families already go, such as supermarkets, public transport (for example at bus stops and train stations), General Practitioner (GP) surgeries and via health visitors, as well as through social media.

⁴ The sampling approach for the family survey aimed to capture the views of families accessing family hub services. The sample is not representative and therefore needs are not generalisable.

Outcomes for families

Early outcomes for individual families were achieved, however a common view amongst strategic stakeholders was that more time was needed to observe fully realised outcomes. Outcomes for families that took part in the survey included:

- Children's development: 60% of family survey respondents agreed that family hubs had helped with their children's (aged 0-5) development (n=62).
- Children's education: 47% of family survey respondents agreed that family hubs had helped with their children's education (n=64).
- Parenting strategies and confidence: 43% of survey respondents agreed that family hubs had helped them with parenting strategies and confidence (n=64).
- Children's social and emotional wellbeing being better supported: 38% agreed the hubs had helped with their children's mental health (n=64).
- Mental health and wellbeing: 37% of survey respondents agreed family hubs helped them as parents and carers with their mental health
- Improved family relationships: 36% of survey respondents reported improved family relationships (n=64).

Parents and carers interviewed echoed these findings and told of how their experiences at family hubs led to better interactions with their young children, learning new skills, feeling less stressed and overwhelmed, and reduced isolation. They also reported improvements in their children's confidence and behaviour (such as being more calm and less challenging behaviour). Families' experiences and outcomes are described in more detail in the main report.

Workforce experience and outcomes

The family hubs transformation was often challenging but commonly thought to be well managed and the final workforce survey showed slight improvements in workforce views about how well the transformation was managed over time. Those leading a service and/or setting strategy priorities were more likely to agree the transformation had been managed well, than those working directly with families or managing teams. Autumn 2024 survey findings showed good progress in the development of a shared vision - 81% of respondents agreed they had a good understanding of the vision and 65% agreed the vision had been communicated clearly to all staff (n=210-211), compared to 74% and 55% respectively at wave 1 (n=139). Interview data suggested launching the hub buildings had improved staff engagement and awareness.

Final wave interviews across the statutory and voluntary sectors commonly found that changes to staff roles and responsibilities so far affected staff differently from substantial to minimal/no changes depending on the nature and extent of the transformation in their

area. The main changes implemented in the evaluation timeframe were the introduction of new roles to manage the transformation, changing the name and scope of roles, upskilling staff to support them in new roles, team reorganisation, and co-locating more staff to help with closer integration.

The survey found little change over time in workforce views on the potential for the transformation to help staff do their job better or improve local authority leadership and responsibility lines more broadly. With many family hubs being still in the early stages of development, it is likely too soon to see these changes.

Common challenges and overcoming barriers

The main challenges and barriers the workforce encountered were:

- **Insufficient time, capacity and resources:** Not having enough capacity to staff the transformation strategically and operationally was a key challenge. Critically, staff interviewed did not believe there was enough time for leads and managers to work through detailed plans in collaboration with all stakeholders, nor for the workforce to fully take-up training opportunities. Additionally, the time-limited nature of TF1 funding led transformation team members to leave before planned activities were completed in some areas.
- **Inconsistent communication:** In certain sites, staff reported a lack of clarity around what planned changes entailed and what it meant for them. It was not uncommon for various staff to say that communication was inconsistent, often dropping off or being delayed. Sharing information with the workforce and across partners consistently, transparently, and in a simple, low-burden manner, such as via add-ons to existing meetings, somewhat helped to address the anxiety and uncertainty the workforce voiced about potential changes to their work.
- **Coping with change:** Staffing changes were welcome but also unsettling. At times, staff reported feeling ill-equipped to oversee the structural and cultural changes the move to family hubs brought. For different workforce grades, there were examples of detrimental effects to morale, and on occasion, wellbeing. In the context of common management challenges and short timescales, new roles introduced were not always welcome at first. Furthermore, staff believed that with more time and wider staff involvement, more informed change may have been possible.
- **Maintaining staff engagement:** Interviewees in several areas highlighted how important it was for workforce confidence and ongoing engagement that staff felt kept in the loop - where staff felt involved, the destabilising effects of change were not as greatly felt. In at least one local authority area, new, longer, hour-long supervisions were introduced to support staff with managing their new

responsibilities. They provided a mechanism to help staff overcome any challenges they experienced.

Workforce outcomes

In autumn 2024, 6 months before the revised transformation end date in March 2025, the main achievements from the workforce perspective were:

- **Integration:** The case study interviews found that overall, promising progress had been made around integrated strategic partnerships and operational practice with local authorities and partners, including the VCFSE sector, working more closely together. However, integration and co-location was not without its challenges – see [Challenges and considerations when co-locating](#) for more detail.
- **Improved signposting to services:** An increased service awareness among partners had started to improve signposting (for example, to health, housing and education), meaning staff commonly believed they were able to intervene earlier, and meet families' complex needs better. 56% of survey respondents agreed pathways to signpost and refer families to relevant VCFSE and peer support were available and clear (n=202), although interview data suggests signposting was further developed than more formal referral mechanisms.
- **Staff training and development:** Broader and better-quality workforce development training offers have helped build the confidence and capacity of staff, especially upskilling staff in trauma informed and relational practice approaches. The workforce surveys showed that survey respondents were satisfied with the training available to them and believed this was improving their skills, knowledge, confidence and understanding in their roles. Offering the Continued Professional Development (CPD) opportunities to staff in support roles was seen as critical.
- **A better work environment:** 66% of workforce survey respondents reported the work environment was appropriate for the work they do and 75% agreed they had access to the resources needed to do their jobs (n=193). This shows a marked improvement to workforce survey respondents views at the beginning of the funded period, when just 37% agreed with this statement (n=136).
- **Data sharing:** The survey findings regarding data sharing were mixed and reflect this being an ongoing and difficult task. Over half (54%) of staff surveyed agreed they could share data with partners from other organisations verbally, and just 11% disagreed (n=172). However, only 15% reported they could share data with partners through a common case management system, and almost a third (31%) said they are not able to (n=172). This suggests that, while organisations were in better contact with each other, a more formalised system would be beneficial to improve data sharing and become more data-led.

These achievements were made among insurmountable capacity constraints within the programme and wider support services, making it impossible for family hubs to be expected to meet rising demand and unmet needs.

Sustaining progress

Key priorities to keep promoting, delivering and expanding family hub services were identified. Staff wanted work to particularly focus on reaching under-served groups. Further developing and embedding family voice mechanisms was seen as crucial to effectively refine and expand the family hub service offer. This included continuing to develop outcomes frameworks and incorporating family consultations to help assess families' needs on an ongoing basis.

Upskilling and capacity-building VCFSE partners and volunteers was seen as one way to sustain family hubs in the wider, challenging financial context local authorities are operating in. Maintaining and continuing to develop the workforce was also considered to be important to achieve longer-term outcomes. Interviewees expressed the need to review workforce learning needs regularly and provide follow-up training and development to support staff to meet emerging needs and signpost families effectively.

Agendas for the future of family hubs were also in flux, presenting both threats and challenges. It was expected that family hubs would provide valuable foundations for future community-based work and wider multi-agency models such as Team Around the School and all-age hub support models.

The TF1 funding had accelerated local plans to move to a family hub model and placed family hubs as a high strategic priority. However, the short, time-limited nature of the funding was the biggest challenge for local authorities. Strategic stakeholders voiced that planned transformation activities often took longer than originally intended, and having more time would have enabled more effective delivery of priorities.

Ongoing and longer-term funding was seen as the main way to ensure sustainability beyond the TF1 funding. At the time of writing this report, £69 million had been confirmed to continue delivering a network of family hubs, including the TF1 family hubs which are the focus of this report. However, details about funding amounts or the requirements were unconfirmed. Stakeholders were anxious about the uncertainty of future funding, particularly considering the wider context of local authority budgetary constraints.

Conclusions

Overall, planned family hub transformation activities were delivered. Typically, enablers included active strategic support, time and capacity to deliver ongoing engagement with key partners, dedicated transformation and operation teams, existing relationships and

networks, existing building stock, and meaningful and consistent communication with everyone involved and who would be affected. Where these aspects were not in place or took more time than expected to achieve, the delivery progress was negatively impacted.

The transformation journey most often started with a focus on open access universal services. Due to the time pressures, local authorities remain in the relatively early stages of developing and delivering family hub services that target specific population groups (particularly for children and young people with SEND, and older children).

The families that took part in evaluation activities reported a range of beneficial outcomes. However, parents and carers expressed that whilst family hubs offered quality support for children, young people and families, the wider system of family support (including healthcare and education) was inadequate. Furthermore, it is too early to assess outcomes on a larger scale and at a population level.

The experience for much of the workforce was very challenging at times, owing to wider capacity constraints coupled with the pace of change and wider external changes (such as the creation of family help or changes in children's services). Despite this, staff reported more and better integration at a programme level, and for individual staff and teams there were reports of more confidence, competence, support and happiness at work. Enhanced partnership working was a key achievement that required significant commitments to relationship-building and co-production, both of which took a substantial amount of time. A common theme was that fully integrated working will take much longer to achieve.

In the context of tight timescales and a variety of external influencing factors that delayed the opening of the first family hub in several areas, local authorities have met most, but not all, of the DfE's family hubs minimum criteria. At a programme level, the evidence also suggests good progress in relation to several of the advanced criteria across the access, connections and relationships criteria (the main exceptions being going beyond 0-5 and commissioning and funding).

Drawing on learning presented throughout this report, Recommendations for DfE, focus on aiding capacity, facilitating realistic timescales for transformation, guidance and support, sustainability and future evaluation. Recommendations for local authorities about how to manage and govern transformation, support workforce experiences and outcomes, and family experiences and outcomes are presented in Recommendations for local authorities.

Introduction

In November 2021 the Department for Education (DfE) launched the £12 million Family Hubs Transformation Fund (TF1), to support at least 12 local authorities in England to open family hubs in 2022-24 (GOV.UK, 2023). An additional £300 million has since been allocated to 75 further local authorities across England to transform services for families into a family hub model by March 2025 (GOV.UK, 2022).

Family hubs bring together multiple services and professionals to support families with children aged 0-19 (or up to 25 for young people with special educational needs and disabilities (SEND)) through a 'one stop shop', so that families' needs can be fully understood, and better met (GOV.UK, 2023b). Thirteen⁵ local authorities were selected following a 3-stage cross-government assessment process and were formally enrolled onto the programme in September and November 2022.⁶

Local authorities were originally given a funding deadline of March 2024, which was extended to September, and in autumn 2024, DfE announced a further unfunded extension to March 2025 to enable local authorities to use any unspent transformation funds to continue their transformation work, recognising that timeframes had been challenging and not all planned work completed. During the TF1 transformation timelines, DfE announced the £301.75m Family Hubs and Start for Life Programme. This led to a few changes to the expectations for the TF1 programme. DfE requested successful TF1 local authorities to align, where possible, with the updated Family Hub Model Framework and Family Hub Service Expectations published in August 2022.⁷ Unlike local authorities on the Family Hubs and Start for Life Programme, TF1 local authorities did not receive funding to deliver family hub services (Home Learning Environment, Parenting and Start for Life Services).

Throughout the transformation, local authorities received support from the National Centre for family hubs (NCFH), delivered by the Anna Freud National Centre for Children and Families, which shares best practice and the Early Intervention Foundation that work to provide actionable evidence to improve children and family services.⁸

In 2022, DfE commissioned Ecorys UK, in partnership with Starks Consulting, Clarissa White Research, Research in Practice and Professor Jane Barlow at the University of

⁵ 12 local authorities were awarded funding however one area has since become 2 local authorities. The [funded local authorities](#) were Bournemouth, Christchurch and Poole; Brighton and Hove; Cheshire East; Cumberland (formerly Cumbria); Dorset; London Borough of Hammersmith and Fulham; Leicestershire; Merton; Solihull; Stockport; Westmorland and Furness (formerly Cumbria); Wirral; and York.

⁶ Funding was awarded to 7 local authorities in October and 5 local authorities in November 2022.

⁷ Family Hub Model Framework can be found [here](#). Family Hubs Service Expectations can be found [here](#).




⁸ More information available at [Home | Early Intervention Foundation](#).

Oxford, to conduct a process-only evaluation of the Family Hubs Transformation Fund. The evaluation was delivered from October 2022 to December 2024.

Family hub aims

The main aims for family hubs are outlined in Figure 2.

Figure 2 DfE's core intentions for family hubs

 Accessible services	 A better-connected workforce	 Relationship-centred practice
<ul style="list-style-type: none"> • A universal single point of access • A clear local family hub offer, recognised and understood by families • Delivered in hub buildings, virtual offers and outreach 	<ul style="list-style-type: none"> • Join up professionals, services and providers (state, private, voluntary) • Through co-location, integration, partnerships data sharing, shared outcomes and governance • Holistic, wraparound services support for families with a range of needs • Needs are identified early and consider the whole family 	<ul style="list-style-type: none"> • Trusting and supportive relationships, emphasising continuity of care • Build on families' strengths, drawing on and improving relationships, including building networks with peers to address underlying issues

Local context prior to family hubs

This section provides a brief introduction to family services in the 13 local authorities before the transformation process started, informed by existing evidence about the national policy context and early evaluation interviews with local authorities and national stakeholders from a range of central government departments, the Foundations, and NCFH.

- **Early help funding reductions:** Since 2010, all agencies involved in providing universal services for children and families and early help partnership-working have been affected by substantial reductions in public spending. A report by Marmot and others (2020) on health equity in England highlighted overall funding for local authority children and young people's services fell by an estimated £2.2 billion between 2010–11 and 2018–19 (a 23% reduction). Early help funding specifically was reduced or discontinued, affecting services including children's centres, community nursing, drug and alcohol services, fire and rescue, GPs, health visitors, mental health, schools, social care, SEND, speech and language, and youth services.
- **Families' growing needs:** commonly the interviews with families and staff found that families were presenting with more acute and complex needs reflecting the national picture of exacerbated issues following the Covid-19 pandemic, high levels of inflation/increasing costs of basic goods, and an escalation of needs due to a decline in funding for early help and early intervention support.
- **Improving access to services:** families accessed services in fragmented and complicated ways so streamlining access to support was a key priority. Families' support needs often included: material deprivation, financial insecurity, and poverty; child and parental mental health; child developmental delays (including speech and language); school readiness and school avoidance; physical health needs (including unhealthy eating and oral health); SEND and physical disabilities. Other needs related to drug and alcohol misuse; housing and homelessness; safeguarding; children and young people in care; domestic violence and abuse (DVA); and adult education. Local authorities faced challenges managing long waitlists; varying levels of need; and higher needs (below social care thresholds).
- **Reduced building stock:** following the closure of as many as 1,000 children's centres between 2009 and 2017 and at least 763 youth centres between 2012 and 2019 (Research in Practice, 2022; The Sutton Trust, 2018). Extra challenges included: tackling the stigma associated with, and the poor state of, certain buildings; repurposing buildings known within the community as being for infants/early years to meet the youth offer; overcoming transport and other access barriers such as making new buildings appealing and accessible to everyone.
- **Staff capacity and partnership working:** local authorities wanted to improve data sharing; staffing capacity and retention; plus, partnership working with statutory and voluntary sector partners to help raise awareness of collective service offers.
- **Strengths to build on:** existing long-standing partnerships, often a strong aged 0-5 universal offer, confidence in the ability of frontline staff to build strong relationships with families, wide-ranging support already available via Voluntary, Community and Faith Sector Enterprises (VCFSEs) and community groups.

Report structure

The structure of this report is as follows:

- Methodology
- The transformation journey
- Family experiences and outcomes
- Workforce experiences and outcomes
- Sustainability and looking to the future
- Conclusions and recommendations

Sources are referenced throughout the report using Harvard style referencing, and a full list of references is provided at the end. Appendices are annexed at the end of the report.

Methodology

Evaluation aims and objectives

The overarching aim was to develop the evidence base for family hubs, with a specific emphasis on how local authorities that did not have a family hub model could best manage the transition towards one. The specific evaluation objectives were:

1. to build an understanding of what it takes to implement a family hub model, including changes made by local authorities to their services and their systems, facilitators and barriers to change;
2. to understand how local authorities will deliver family hub services that target specific populations, (for example, Start for Life, or services for children and young people with SEND, teens, or mental health);
3. to understand how transitioning to a family hub model impacts the families that engage with the services, especially regarding accessibility and quality of support received;
4. to understand how transitioning to a family hub model impacts the workforce that deliver the services offered; and
5. to facilitate peer learning between the funded local authorities and share learning with other local authorities across England.

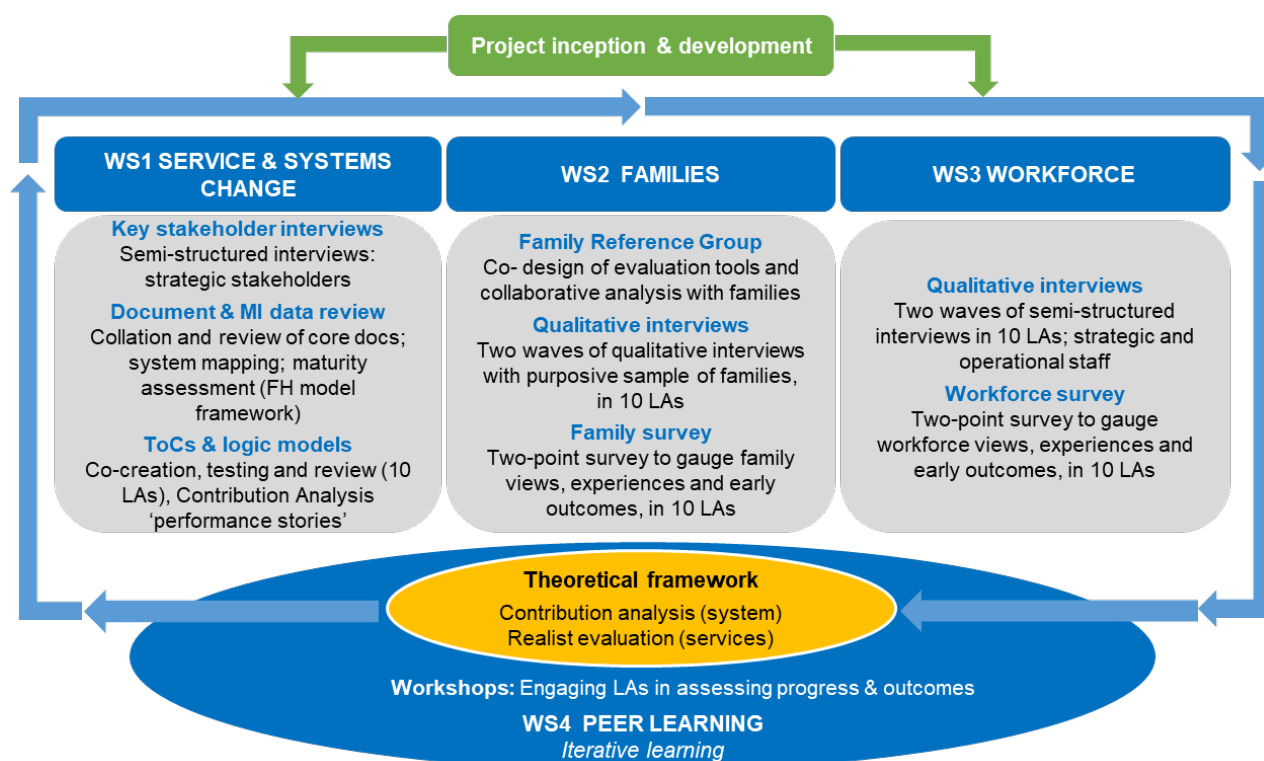
Method overview

The process evaluation ⁹ was organised around 4 distinct workstreams (WS) as shown in Figure 3:

- WS1: Process evaluation – service and systems change
- WS2: Effects on families
- WS3: Effects on the workforce
- WS4: Peer learning

⁹ The evaluation did not intend to assess the impact of family hubs.

Figure 3 Evaluation methodology overview



The evaluation involved primary data collection in 10 local authorities,¹⁰ Theory of Change (ToC) development and review, and progress monitoring against the Family Hub Model Framework.¹¹ Links between the evaluation findings and the model framework are signposted in-text in brackets.

¹⁰ ToCs were also developed for 2 additional TF1 local authorities.

¹¹ The Family Hub Model Framework is available [here](#).

Table 1 Data collection and analysis tasks informing each evaluation objective

Evaluation objective	1	2	3	4	5
National stakeholder interviews	X				
MI data analysis	X				
ToC development and review	X	X	X	X	
Qualitative interviews with strategic and operational staff	X	X		X	
Workforce surveys	X	X		X	
Qualitative interviews and focus groups with families			X		
Family surveys			X		
Peer learning workshops					X
Family reference group		X	X		X

Interviews

After a round of initial interviews with TF1 transformation leads, we conducted 2 main waves of fieldwork, with an interim wave of interviews with the transformation fund leads in each local authority (Table 2):

- **Initial interviews with TF1 local authority leads (October-November 2022):** 10 interviews with leads, one in each local authority, to inform ToC development.
- **Wave 1 (January- March 2023):** 113 semi-structured interviews with a range of stakeholders including national stakeholders, strategic and frontline staff, and parents and carers using family services. We conducted 4 parent/carers interviews in each local authority at wave 1, except for one local authority where 3 parent/carers interviews were conducted.
- **Interim TF1 lead interviews (October-November 2023):** 10 interim interviews with local authority transformation fund leads between the main waves, to review progress against the local ToCs.
- **Wave 2 (July-October 2024):** 214 semi-structured interviews with a range of stakeholders including family hubs transformation fund leads, strategic and frontline staff, and parents and carers using family services (n=6-14 parent/carers interviews per local authority).

Interviews with national stakeholders explored their involvement with the transformation fund, the wider national policy context and aspirations for transformation delivery, views on evaluation plans and opportunities for learning and dissemination.

Case study interviews with professionals covered transformation plans and implementation within each specific local authority context, ways of working including partnerships, and what difference the transformation made for staff, families and the wider system. Interviews with families at each timepoint explored family needs and experiences of services in their area, any changes families experienced to services over time, families' involvement in the development of family hubs, and any differences the changes to family services made to them.

Both national stakeholders and local authority leads were also asked what they hoped to get out of the evaluation, which helped refine the evaluation plan.

All interviews with professionals were conducted remotely using Microsoft Teams. Interviews with parents and carers were a mix of face-to-face and remote via Microsoft Teams and telephone. Families were given a £20 voucher to thank them for their time. Table 2 shows the total number of interviews conducted at each wave of fieldwork.

Table 2 Interviews completed at each wave of fieldwork

Stakeholder	Wave 1	Interim ToC revisions	Wave 2	Total
National stakeholders	5	n/a	n/a	5
Local authority leads	10	10	10	30
Strategic staff	30	n/a	49	79
Frontline staff	29	n/a	70	99
Parents/carers	39	n/a	85	124

Interviews were analysed using NVivo to support with data management and thematic analysis. This enabled us to assess the underlying theory and assumptions using Contribution Analysis to understand how much, and how, the programme had progressed towards its outcomes at the interim and final stages of the evaluation.

Surveys

We ran 2 waves of 2 online surveys, with families and with the workforce. Surveys were distributed via local authority leads. The family survey asked about services the family had used, their experience of the services and staff, and their suggestions on how to improve services. The workforce survey asked about respondents' experiences working as part of the family hubs, their training and support needs, and their view on services and support for families.

The first wave of surveys was live for approximately 3 weeks in Spring 2023 and the second wave of surveys was live for around 4 weeks in September-October 2024 (with some variation depending on when each local authority began dissemination). At both waves, local authority leads sent a minimum of 2 completion reminders out.

Table 3 shows the workforce and family survey sample sizes. Due to the small sample size of the surveys, data was analysed descriptively in Excel in aggregate. Survey data in the report is presented as percentages where the base size (total number of respondents) is greater than or equals 30, and as number values where the base size is smaller. The base size for each question is provided at the end of sentences.

Table 3 Survey sample sizes

Survey	Wave 1 Number of responses	Wave 2 Number of responses
Workforce survey	335	239
Family survey	129	103

Management information (MI)

Management information (MI) was collected by each of the local authorities and shared with DfE to track transformation progress and monitor changes to key metrics throughout the TF1 programme. These key metrics include the number and location of sites delivering family hub services and the number of families using these services. MI data from December 2023 for the 10 local authorities was shared with Ecorys, who analysed it in Excel to provide additional context for the evaluation findings.

Peer learning

WS4 of our evaluation was a programme of peer learning and capacity building support for local authorities as they transitioned to a family hub model. The purpose of the peer learning programme was to provide local authorities with a forum to share learning and experiences about setting-up family hubs, exchange promising approaches, and find solutions to common implementation challenges.

It was originally proposed that the peer learning workshops would also be used as a data collection activity to generate qualitative data for the evaluation. However, local authorities expressed a clear preference for the workshops to remain confidential so that participants felt more comfortable to share experiences openly and honestly. The peer learning strand has therefore been a forum for learning from each other, sense-checking and reflecting on emerging evaluation findings.

Six online peer learning sessions were facilitated as part of the evaluation. Participants were invited to shape the agenda for each session by discussing what they would like to focus on next time. Most sessions included presentations from several areas about their experiences of implementing family hubs, and featured open discussions on different aspects of the family hubs model framework, including:

- community ownership and co-production;
- training and upskilling the workforce;
- developing the youth offer;
- governance and commissioning;
- data collection; and
- digital developments (measuring outcomes through data sharing and case management); and the final session focused on celebrating successes.

Local authorities fed back that they valued the opportunity to reflect and receive reassurance in real-time on developments and challenges in a 'safe space' with other local authorities. They also appreciated the opportunity to network and make connections – with participants sharing contact information and continuing conversations offline.

The evaluation team also set up a shared online chat using Microsoft Teams to facilitate networking and sharing updates. However, this was seldom used with participants preferring to catch-up verbally during the workshops.

Changes to the evaluation methodology

As part of the peer learning strand there were plans to carry out participatory research with the workforce, including self-completion diary-based reflective tools. However, feedback from local authorities suggested the workforce lacked capacity to take part in this activity. Learning from this and other evaluation projects suggests that whilst participatory research can be a valuable data collection activity and empowering for participants, time and resource is required to do this meaningfully. The evaluation team therefore increased the number of peer learning events instead of carrying out the participatory research.

Data considerations

As with any evaluation, there were several data limitations which should be considered:

- The most recently available MI data analysed was collected in December 2023, a year before this report was written. The MI data has therefore been used to set the scene at that point in time (rather than analyse outcomes). The date of the MI data is noted each time the data is referenced throughout this report.

- The data collected at wave 1 of fieldwork was collected at a very early stage of the family hubs transformation, it therefore provided a 'baseline' picture (recognising that each local authority's starting point was different).
- The wave 2 data was collected at the end of the evaluation period in October 2024, whilst the transformation period was extended to March 2025. The evidence therefore reflects progress to autumn 2024. As hubs had only recently launched in many areas, it was too early in the transformation to recognise certain changes (including many outlined in the model framework), although, this was not the focus of this process evaluation.
- Each survey was cross-sectional, meaning different families and workforce members were asked to complete the survey at each timepoint. Responses are not therefore directly comparable. A full breakdown of demographics and services accessed by respondents for the family survey is included in Annex 1.
- Given the early transformation stage, the family survey aimed to reach families engaging in family support at different stages so the findings are not generalisable. The low response number means it has not been possible to analyse the results by characteristics such as family size or children's ages.
- At wave 2, a typo briefly affected one Likert scale response option; 'strongly disagree' was presented to the first 20 survey respondents twice instead of 'strongly agree'. Quality checking the data showed it was highly likely respondents interpreted this option correctly as it was presented in the same order as other Likert scales, there were responses where 'strongly disagree' had been selected, and an individual response check showed that selecting 'strongly agree' made sense within the wider response context.
- 59% of wave 1 workforce survey responses came from 2 local authorities. This introduced possible bias and limits to generalisability. However, when we checked for sample bias we found no particular differences across groups, so the data is presented in aggregate form.
- A technical issue affected one question in the wave 2 workforce survey. A repeat measures question was not presented as intended to respondents who had worked in the family hub in the past 18 months. It was then agreed to share this single question with staff working in the family hub at a later timepoint.
- One local authority chose not to do the workforce survey at wave 2. Because they received 0 responses to the workforce survey at wave 1, this did not affect comparisons.
- A diverse sample of interviewees was purposively sampled based on the number of children in a family, their age, ethnicity and services used. However, due to time constraints to complete the wave 2 fieldwork following the general election announcement and fieldwork pause in summer 2024, families were also recruited

ad hoc on the day of site visits. Therefore, at wave 2, parent/carers interviewed had often accessed the same services, however good representation was achieved overall for the services most active within the hubs. As with all qualitative data, the findings are not generalisable but provide a detailed account of family and workforce experiences and outcomes which highlight useful learning.

The transformation journey

This section describes what the transformation to family hubs has involved; by transformation we mean the changes local authorities and partners have made to move from their existing early help children and family services offer to a family hub model of service delivery and to open their first family hub(s). It summarises which aspects have worked well and less well and future considerations to help local authorities and partners. The workforce experiences of the transformation, and changes interviewees and survey respondents attributed to the family hubs transformation process, are the subject of Workforce experience and outcomes. Recommendations based on the learning from this chapter are presented in Managing and governing family hubs transformation and Recommendations for DfE.

Key findings

- At the time of receiving transformation funding, local authorities were at very different starting points with their children and family services offer.
- Whatever the starting point on receipt of transformation funding, establishing dedicated governance and management arrangements to oversee the transformation, consulting staff and residents, building relationships, and achieving buy-in across a diverse range of partners was crucial to successful transformation.
- All areas had launched their family hub service through at least one new or redeveloped site by the end of the evaluation timescale, although premises identification and development had been fraught with challenges.
- In many areas, local authorities had begun addressing a need for outreach work, hub spokes and smaller 'satellite' sites, as well as an online offer, considered especially important for reaching under-served families.
- Overall, most planned transformation activities were delivered but often took longer than planned for a variety of anticipated and unexpected reasons discussed throughout the report.
- Largely, the programme outputs were realised. These included: operational and accessible family hub sites, online offers, an accessible front door, clear communications, information and branding, staff training, lived experience input, shared policy and strategy documents.
- Commonly, integrated referral pathways and shared monitoring and evaluation frameworks across services / partners were the exceptions, although work was in progress. Whilst improvements had been made in data and information sharing, this had been complex and challenging.
- Local authorities and partners have met most of the basic Family Hubs Model Framework criteria, noting the recent DfE extension to March 2025 which gives more time to deliver the outstanding actions.

Background – local authorities' starting points

At the time of receiving transformation funding, local authorities' children and family services were at very different starting points. Throughout the report, we reflect on how this influenced the transformation process. It is important to note that it was not possible to identify a helpful typology of cases due to the different starting points, focus on minimum requirements rather than specific delivery models, and that local authorities were not required to formally report against the model guidance.

Before receiving TF1 funding, most, but not all, of the 10 case study local authorities had retained and were still delivering from children's centres. Whilst one local authority started their journey with no buildings, others had between 2-9 main children's centre buildings in operation. Additionally, a few local authorities were using outreach centres in VCFSE buildings (for example, in community centres or libraries) and one local authority had a VCFSE-led children's centre.

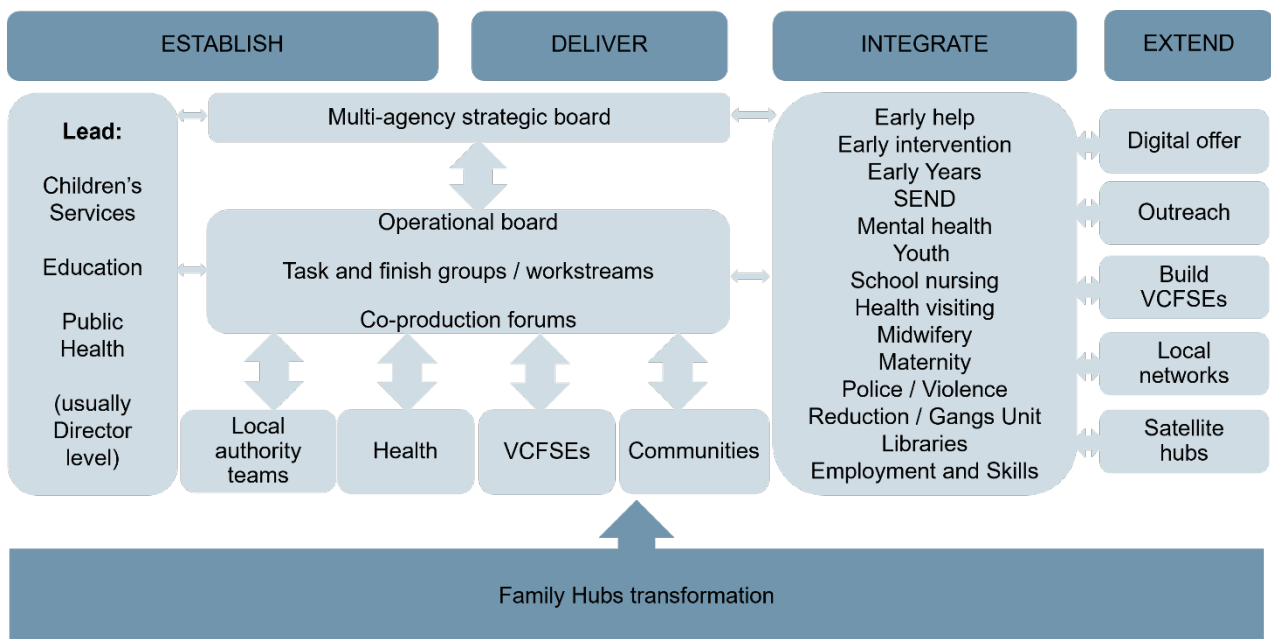
By December 2023, MI data showed that all 10 case study local authorities had developed their family hub model. Each local authority had at least 2 family hub sites in operation which either already met or were working towards meeting the Part A requirements.¹² The most family hub sites in a local authority was 14.

Local authority lead interviews suggested that, by autumn 2024, VCFSEs were commissioned to deliver a family hub (or hubs) in at least 3 local authorities. Several local authorities also had cohort-specific hubs (such as SEND or youth hubs for older children aged 11-19). A few areas had developed a 'hub and spoke' model. This included locality-based smaller 'satellite' sites delivering children and family services and connecting families into wider support. Whilst this was typically small-scale and at an early stage of development, one local authority had 70 operational satellite sites, building on an existing network of children's centre outreach centres. As explained in [Premises development](#), further hub sites were due to launch in the final 6 months of the transformation timescale, and many areas planned for future hub sites and outreach in due course.

Local authorities' transformation largely followed the broad structure and stages illustrated in Figure 4, however their unique starting points influenced their journeys.

¹² Part A family hub site requirements are for a physical place where a family can visit and speak to a trained staff member, face to face, who will provide them with straightforward information or advice on a wide range of family issues spanning the 0-19 (25 with SEND) age range and connect them appropriately to further services across the 0-19 (25 with SEND) age range if they need more targeted or specialist support. These knowledgeable staff are available to connect families to all services in [Annex F](#) ('family hub service expectations') of the family hubs and start for life programme guide, in line with the minimum expectations.

Figure 4 Structures and stages of family hub transformation



Establish

Governance and management of the transformation process

Lead

The transformation process was most commonly led by Children's Services within the local authority, followed by Education (both led by the Director of Children's Services). However, one local authority opted for the transformation to be managed by Public Health due to capacity constraints within their Children's Services directorate which was undergoing wider transformation. They therefore benefited from bringing in transformation expertise from Public Health, for example, in leading staff consultation, other transformation projects, and data-led approaches.

Governance boards

For most local authorities, the transformation process began by establishing or linking in with a governance structure, including a partnership board and/or steering group (linking with Model Framework Connection criteria).¹³ Local authorities recognised the need for a

¹³ Whilst several local authorities set up specific new boards to govern the family hubs transformation, others established family hubs steering groups to sit beneath existing structures such as early help boards. The governance boards included, but were not limited to: Early Help Partnership Board, Data and Digital Board, Family Advisory Board, Family First Board, Early Intervention Steering Group, SEND Strategy, Workforce Strategy, Health and Wellbeing Board

committed strategic partnership to drive forward the changes required to deliver equal access to early help across their area. The boards:

- Articulated the longer-term vision that underpinned the family hub model
- Identified population needs and key priority areas
- Aligned models with key existing strategic priorities
- Oversaw and appointed the process leads tasked with leading aspects of delivery
- Provided constructive scrutiny; and
- Obtained buy-in from partners and the community.

Operational boards sat beneath and reported into the strategic governance boards. The boards were multiagency in nature, with a range of senior strategic partners including local authority departments (housing, children's services, education), health (maternity, perinatal health), corporate functions (communications and IT teams) and VCFSEs.

Strategic staff commonly expressed the critical role of multiagency governance boards in achieving senior-level, cross-departmental buy-in to support the transformation:

The governance possibly is a motivator for some organisations, but also the partnership boards - it helps people delivering out of the hubs to see a wider service offer. – *local authority lead*

Case study: rearranging governance to secure engagement

The first iteration of one local authority's governance board covered early intervention and prevention broadly, beyond the initial remit of family hubs, but this failed to gain traction with strategic leads in the local authority and the Integrated Care Board (ICB). The transformation leads quickly established an alternate board specific to family hubs. A dedicated board provided more scope for greater focus and action around the specific activities needed to transform to family hubs. This had more strategic support and has sustained to the end of the transformation. On reflection, strategic staff believed setting-up the cross-partner strategic governance arrangements for the transformation had been a catalyst for increasing support for the wider early intervention agenda. Since the hubs launched, staff reported deepened cross-departmental buy-in as strategic leads were able to visit the hubs and see the beginnings of early help services and what they saw as 'earlier intervention' to support families' emerging needs, in practice.

Operational management

At an early stage, most local authorities established working groups to lead on the different elements of transformation, such as Task and Finish or operational groups.

Examples of working groups across areas included data and infrastructure, premises development, service offer, SEND and workforce development groups. Most areas mapped their working groups against their transformation strategy documents and one area used the model framework to guide the development of operational groups. At the time of final interviews, working groups had commonly wound to a close as the family hubs launched. Although some discrete workstreams were still operating to drive ongoing changes as part of the extension (most notably, data and information sharing). Working groups in other areas reportedly evolved to focus less on set-up and more on implementation in the final stages of the transformation. In at least one local authority, working group membership moved towards focusing on local, geographically specific priorities (in line with a place-based approach), whilst an integrated working group focused on cross-cutting themes such as mental health and SEND.

Wider external support for the management of the transformation process

Transformation team staff in several local authorities valued the support offered by the DfE team. Strategic leads cited collaborative working relationships with the DfE policy team and valued the flexibility afforded to them when local plans changed, enabling transformation leads to be *“transparent rather than defensive”*.

I think what's been really positive is that DfE have been really understanding and really flexible around the programme ... they've just been so flexible in understanding that, to be truly co-produced, it took longer than what we'd set out for it to do – *local authority lead*

Additionally, several strategic staff praised the NCFH support throughout the transformation. Strategic staff found the networking events, communities of practice and workshops helpful to share learning with other local authorities. The NCFH also provided targeted support to several local authorities, around staff and resident consultation. Several local authorities valued support they had received through the NCFH to facilitate resident workshops, as well as their VCSFE partners who, they felt, were well-placed to reach seldom-heard families (particularly those who had felt let-down previously by or untrusting of local authority services such as SEND families, families with previous experiences with social workers, and traveller communities). However, views were mixed on the value of having an external body lead staff and resident consultation. Some found this very helpful whereas others found the process became too technical and bureaucratic which strategic staff believed had hindered staff engagement.

Needs assessment

National stakeholders and local authorities noted the importance of conducting needs analyses at an early stage to ensure the transformation plans most effectively met local needs. To carry out needs analyses, local authority leads described bringing data together and/or to establishing data sharing agreements across all relevant partners. As

with establishing governance arrangements, this was easier within stronger partnerships. This included overlaying local geographical area information with, for example, demographic data, indices of multiple deprivation, health data (including breastfeeding rates, smoking in pregnancy, and infant mortality), speech and language/SEND data. This was often then shared with partners to feedback how the findings compared to their own intelligence of local areas, services and needs. One local authority found the Annex F Family Hubs Service Expectations to be a helpful tool for carrying out their needs assessment.¹⁴ They mapped existing provision against the requirements to systematically identify gaps in meeting the minimum requirements. Another commissioned an external provider to support with collating different datasets, to produce infographics deemed helpful, however there was a challenge with integrating health data:

So, colleagues in primary care are really interested in it... to build more insightful data together... we haven't achieved this yet. We are trying to get some specific action at ward level, bringing domain and local experts together. - *local authority lead*

In some areas, the challenge was accessing and bringing together data from different organisations, largely due to the data governance restrictions around data sharing both within the local authority and the National Health Service (NHS). This was described as a barrier to optimal needs assessment and interagency working. Interviewees suggested that a consistent approach to data sharing across all partners involved in family hubs, and particularly health, would help. Progress made is discussed in [Data strategy and information sharing](#).

Embedding family hubs in wider strategies

Family hubs partnerships consistently had clear transformation plans in place from an early stage, endorsed by a dedicated steering group or Board function. Rather than the overarching family hub strategies at local authority level being a single document, they were embedded within other strategy documents. Examples provided across local authorities included Early Intervention, SEND, and Early Years strategies, wider children's services transformation documents and systemic family help strategies (including a broad range of partners from health, community safety partnerships, alternative provision and SEND). This reflected the aim of the transformation to reach communities more effectively, join-up service delivery, and bring together activities funded through core and project funding. Such an approach enabled partnerships to align their systems transformation work with direct service delivery. Local authority leads regularly referred to the strategies to guide the development of operational documents

¹⁴ [Family Hub Service Expectations](#)

which steered the implementation of family hubs, including workstream plans, action plans, and workforce development programmes.

Strategies aimed at supporting sustainability were also developed and are discussed in Future funding for family hubs.

Changes over time

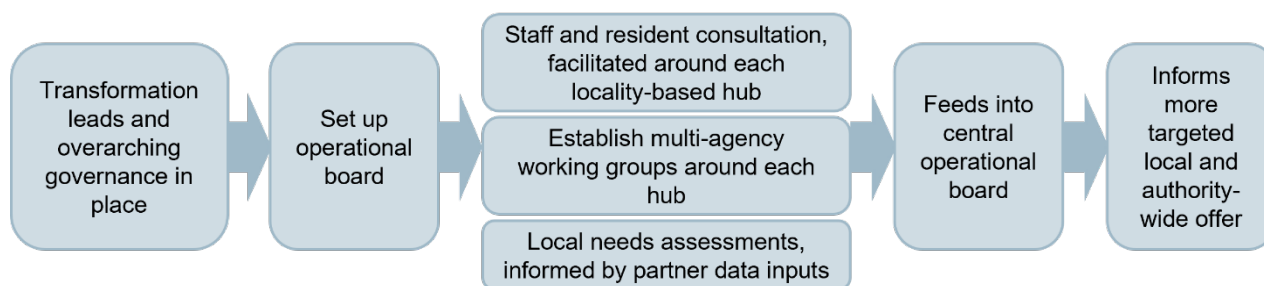
At the time of the final interviews, strategic leads in almost all areas highlighted changes to the family hubs governance arrangements, which they saw as a natural evolution at this stage of the transformation. Towards the end of the transformation period, the responsibility for hub operation shifted in at least 2 local authorities as the hubs moved beyond set-up into delivery: transferring from Public Health into Early Help/Children's Services, and across different departments within the Children's Services directorate (from Education). With this shift, the line management responsibility and budget for staff recruited into the hubs also moved. In both areas, this was seen as natural progression and demonstrated the alignment between the different directorates.

If nothing else, it shows how Public Health and Early Help are working together – *local authority lead*

Over time, in several areas the family hub board function was expanded to fit with wider strategic priorities mentioned above. Strategic staff believed this would facilitate the continued integration of family hub services. Additionally, at least one local authority foresaw local authority restructuring which would lead to further governance changes, and other areas were transferring the operational governance of family hubs between directorates for example between education, children's services and public health.

In at least 3 areas, place-based governance was also being devolved to local areas, taking a localities approach with boards and steering groups established around each hub, further bringing in the VCFSEs and schools in each community. Strategic staff in 2 areas believed this could support further development of a Team Around the School (TAS) approach. Moving towards a place-based approach was seen as a benefit for smaller VCFSEs who could attend fewer meetings relevant to their work (particularly when they were not funded to participate in such meetings), whilst a higher level of central governance ensured their feedback was shared across areas.

Figure 5 Example of the development of place-based governance structure



One local authority faced a challenge during the transition phase as they modified their governance. In stepping-down a wider early help board to move forward with their family hubs board alone, they later found they did not have all the evidence required for an Ofsted inspection. Strategic staff suggested this demonstrated a need to carefully map governance arrangements before changing structures.

Deliver

Securing staff buy-in

At the final wave of data collection in autumn 2024, the evidence suggests that more information had been shared with staff since the first wave of interviews in autumn 2022. This somewhat helped to address the anxiety and uncertainty the workforce voiced around potential changes to their work. Local authority leads shared information with staff through local authority-wide communication channels, whole-staff conferences, and making use of established team meetings. Partners including health and VCFSEs were also invited to meetings. Where the transformation team joined regular team meetings to deliver information directly, this enabled learning about the family hubs whilst not burdening staff with additional meetings.

Several local authorities were required to pause staff consultation processes for reasons beyond the transformation (such as inspections and wider financial reviews), which resulted in delays updating staff on planned changes to services and job profiles. Transformation leads across several local authorities believed more time was needed to fully embed the transformation across the workforce, and onboard new members of staff to the family hubs ways of working. In some cases, strategic staff recognised the need to invest more time in liaising with operational managers (rather than strategic leads) to aid the sharing of information with frontline staff and support participation from partners who were not regularly attending meetings. For example, a local authority planned to hold short 'lunch and learn' sessions about the hubs as a low-burden way for staff and partners to hear more.

There are some key partners and key stakeholders that seem to be very well informed.... but there are other services that are kind of saying 'oh, I didn't know the family hubs were operational. I didn't know they were open'. So, for me, that's that kind of phase of work happening now in terms of building those trusting relationships and all of that promotion. – *strategic staff member*

According to the interviews, the extent to which a shared vision was created also varied across local authorities. For example, in several local authorities, external consultants came in to oversee the transformation or lead on smaller elements such as staff consultation or strategy development. Whilst they brought the necessary knowledge of family hubs or skillset to facilitate staff engagement, changes in personnel and unfamiliarity with the local context led to an inconsistent vision for the transformation. Workforce experiences of information sharing are discussed further in [Workforce experiences and outcomes](#).

Engaging health partners

A common challenge has been a lack of engagement from health partners. The lack of strategic level engagement affected all areas of the transformation, as highlighted throughout this chapter. In areas where strategic staff found it hard to involve health (including mental health services), they perceived several issues: not enough capacity to engage in family hubs transformation, and no clear operational health lead to take ownership of early help (and early intervention) or shared family outcomes. Additionally, structural barriers such as ICBs not mapping directly to local authority areas created 'pull in multiple directions' for health colleagues and challenges where family hubs strategies and plans did not align across neighbouring areas the ICBs covered.

We have really struggled to engage health colleagues, and whilst the board has met and attended, I'm not sure we have seen a really committed and active team. The members of those boards whilst they turn up at board meetings, they get re-consumed with all the other things they have going along – *strategic staff member*

Several (but not all) areas did report more positive engagement with health partners on the ground, including health visiting, school nursing, midwifery and maternity services. Strategic staff attributed this to pre-existing positive relationships between health and children's services, early political support for family hubs amongst elected councillors (including where family hubs were included in wider strategic documents and manifestos), and substantial relationship-building (although this was also 'not enough' to overcome the challenges highlighted above in some areas).

Where health partners perceived the approach to family hubs to be too 'children's services focused', this was seen as a barrier to health partners' engagement. The evidence suggests that taking a public-health-led approach or having meaningful

collaboration with health from the start, was important to secure their support within a resource-constrained environment. Where this was successful, strategic staff reflected that the family hubs model had supported more systems transformation work with health partners, for example by bringing practitioners together to agree local priorities and ways to bring primary care into family hubs.

Plans for further future collaboration with the NHS are outlined in [Emerging agendas and wider systems change](#).

Staff consultation and co-production

A wide range of staff co-production activities had taken place, including consultation workshops and staff working groups. Co-production activities provided a forum for frontline staff to build a shared understanding and help shape their local family hubs partnership offer. Frontline staff commented that this collaborative approach helped to 'set the tone' for family hubs at an early stage.

Across local authorities, staff were consulted on an ongoing basis through workforce surveys, management meetings, and working groups including family hub steering group meetings, Task and Finish groups, and workstream progress meetings. Project plans were often co-produced with the workforce who were regularly consulted on key considerations such as delivery locations, marketing, and promotion. For example, a local authority lead explained that they drew on staff knowledge of the local area to inform decisions about outreach locations, such as existing community sites that could be utilised as smaller 'satellites' connected to the main family hub sites in the future.

Case study: staff co-production in action

Staff were concerned about family hubs not drawing on learning from children's centres. Through a staff consultation workshop, staff were asked for their views on the plans for family hubs. Following the workshop, a live, Excel spreadsheet was circulated for all attendees to anonymously add their suggestions. Transformation leads recognised staff were concerned about lost learning, so they set up a separate, open-invite, group discussion for former children's centre staff to share their recommendations. The staff involved were pleased to have been asked for their feedback and valued seeing their suggestions implemented into the design of the hub buildings. This included having activities on one floor so that parents with multiple children could keep watch of all.

Where strategic and frontline staff had seen their suggestions put into action, this had a positive effect on morale and engagement. Overall workforce reflections about the impact of the transformation on staff morale are included in the [Workforce experiences and outcomes](#).

Family consultation and co-production

In many (but not all) local authorities, strategic staff were proud of the work that had been done in engaging families and residents to co-produce the family hubs. Resident consultations were enabled by parent carer forums, children and young people groups, ad hoc working groups, public consultations (linking to Model Framework Connection criteria). This included both online and paper-based modes of engagement (to ensure accessibility) and inviting residents to provide feedback directly to operational working groups.

Co-production was set-up faster where local authorities had pre-existing parent-carer forums and other resident panels they could draw on. In areas without pre-existing arrangements, leads typically started the process of establishing co-production mechanisms by building relationships with VCFSE organisations who had positive relationships with the community, and could therefore support engagement. This took considerable time, for example one local authority were still building relationships with VCFSEs roughly a year after funding was awarded. For them, co-production was small scale by the end of the evaluation, and an ambition to expand in the future.

New posts/staff were recruited at an early stage to support the engagement work, including family navigators and youth voice coordinators. Having an engagement officer in the family hub team was also seen as an important resource for conducting outreach activities to engage seldom-heard groups such as fathers, SEND parents and carers, families with English as an additional language, or those who do not speak English. This helped local authorities focus on meeting the Annex F requirements for family hubs, whilst also ensuring a focus on local needs and issues.

I think it's been really effectively managed. It's really managed to capture the community's voice in terms of what they might want to see. –
strategic staff member

Staff provided several examples of how families' feedback informed family hubs design and delivery: hub site locations accessible via public transport; the website/digital offer; shaping priorities for services including SEND support needs; choosing the logo and branding; and how to communicate the services to families which resulted in a paper leaflet introducing family hubs being given out in universal health appointments. Families involved in co-production reported this gave them a sense of ownership of the buildings and helped them feel at home.

We decided we wanted to enact a system change in what new parents found out about [family hubs] and so we decided to put a booklet in every new parent's Red Book that they receive at birth. This will definitely raise people's awareness about services. – *parent/carer*

In one example, young people were invited to create art and advise on the interior design to ensure images resonated with different age groups. However, co-production with children and young people was less commonly highlighted.

Several local authorities mentioned challenges in engaging families. In many areas, family engagement did increase as the family hubs became more tangible, and as residents started to access sites where they were made aware of co-production forums. However, a minor theme in parent/carer interviews was that families who worked 9-5 jobs faced a barrier to participating in co-production when parent-carer panels were scheduled during working hours.

Community engagement takes time and resources, and local authority leads in several areas expressed ongoing challenges in having the staffing capacity to facilitate resident engagement. They highlighted progressing family voice as a key priority moving forward, and cited plans to establish more groups (such as specific Dad groups) and further utilise new partnerships developed with the local VCFSE organisations to support seldom-heard groups to participate in co-production.

Local authorities valued residents' inputs and commonly continued or scaled-up their forums for resident engagement, to inform the ongoing delivery of family hubs and wider services. For example, in one area, the dedicated parent-carer forum established to inform the family hubs transformation was evolving to inform wider service developments in early help. Additionally, informal family feedback was being collected on an ongoing basis to inform continuous improvement of the family hub service.

Staffing family hubs

Several areas mentioned using the family hubs service expectations Framework Annex F document as an enabler,¹⁵ helping to identify service gaps and focus discussions on filling those gaps by bringing in staff from the wider partnership. Some areas continued to work with staff already in post to build their skills and adapt their roles to fit the family hub model, whilst others undertook significant restructuring processes, often as part of wider local authority transformation processes.

Whether and to what extent areas restructured depended on how much they felt they already had the right staff in place, and if wider service transformation was ongoing. Several local authorities merged 2 directorates into one, reporting to a single director and management system as part of wider transformation processes and efficiency drives, which meant one director had broader oversight for joint working to reduce duplication in

¹⁵ [Annex F: Family Hub Service Expectations](#)

the system. Restructuring implied a significant culture change across the local authority and partners; areas put training and support in place to prepare staff for their new roles.

Recruitment and retention

Planned recruitment of strategic and frontline staff as part of the family hubs transformation process was largely complete at the end of the evaluation timeframe. However, several areas had faced challenges around recruiting staff to roles requiring a face-to-face presence in the hubs (with suitable candidates requesting remote working arrangements), and the short-term nature of funding for core transformation roles.

Staff turnover remained quite high throughout the evaluation period. By autumn 2023, many staff members were moving across local authorities, which caused disruption but also resulted in learning being shared across areas. Frontline staffing appeared to be more stable by the end of the evaluation, although there remained some churn in strategic and operational management roles, owing to:

- The short-term nature of the funding for some core operational management roles being a factor in individuals seeking other employment opportunities.
- Time-bound roles ended (as their function completed, such as family hubs co-ordinators assisting with the development and implementation of family hubs)

New and enhanced roles

Other existing roles were also enhanced through the transformation. Parent champions existed in one area, and in another, the pre-existing maternity champions role was enhanced to become parent champions – voluntary roles for people with lived experience to help engage families. Some areas widened the pre-existing remit of 0-5s Early Years frontline staff to cover the 0-19 age range, up to 25 years with SEND. Initial feedback at the end of the evaluation indicated that this increased the reach of staff, enabling some families to receive help more quickly. However, the wider remit placed a burden on certain staff already experiencing capacity constraints.

New roles were also introduced into family hubs on a small-scale, the impact of which are discussed in Workforce experiences and outcomes. Several areas introduced between 1-5 family navigators or coordinators who signposted families to universal services, and in some cases identified families likely to need targeted support (linked to Model Framework Access criteria). Some of these posts were paid for by the transformation funding. In one area, Public Health planned to fund a family navigator role to focus on early help notifications, to identify children likely to need specialist interventions that could be delivered through the family hubs.

Previously the receptionists were essentially what a receptionist role is. But as coordinators - we're very aware of the huge amount of information there is available for families - so it was really giving generalist signposting information, guidance and support. Our coordinators are more universal signposting, and our navigators are for those more targeted families. - *local authority lead*

Several areas were developing new job roles to strengthen their business support, organisational development and digital functions, to improve the quality and consistency of online information and access to enhance family engagement across family services. Numerous areas mentioned these posts could sit alongside what was the Family Information Service. These roles were small-scale and designed to update and support the digital offer, ensuring SEND and co-production feedback was acted upon, to improve families' digital accessibility and awareness of activities, training and services, as well as online advice and guidance. Digital enhancements were ongoing at the end of the evaluation, utilising DfE's extension.

One area introduced a new SEND Portage service to address a gap recognised through the transformation. The service provided specialist support at home for families with young children with complex needs, to support with transition to mainstream provision (if/when appropriate).

Staff training and development

Local authorities continued to prioritise workforce development for delivering their transformation. Some areas focused on creating a cultural shift towards a more co-ordinated, joined-up offer, and better collaboration and communication across services. As noted above, new staff roles were introduced at frontline levels, and there was some movement at strategic levels across local authorities and/or merging of directorates, to help bring services closer together, improve efficiency, pool budgets and reduce duplication. At the interim evaluation stage, local authorities mentioned the need for clearly defined staff roles to avoid duplication within the system and to enable support staff to work together as a family hub team, helping to manage workloads and reduce pressure on services. At the end of the evaluation, strategic staff sensed that the restructuring had reduced duplication, plugged gaps with new posts, and enhanced some existing posts to better meet needs.

Most local authorities had training and development strategies in place (linking to Model Framework Relationships criteria); generally adopting a model of providing universal training aimed at developing a 'family hubs way of working', alongside more specific training in areas such as restorative practice. Local authorities took time to develop training strategies, by mapping the gaps in their workforce's skills and identifying learning needs; and gathering workforce feedback to ensure their responses were grounded in local contexts. Feedback from co-production activities was also used to ensure workforce development programmes were informed by the lived experience of families (linking to

Model Framework Connection criteria). Implementation of the development plans was ongoing throughout the funding period and involved delivering a mix of in-person and online training, both bought-in from external providers and delivered in-house.

The family hubs transformation provided an opportunity for all local authorities to robustly review their training offer and arrangements for developmental practice and supervision. This opportunity was welcomed across the board. Local authorities were at very different starting points on this aspect of the model framework (Relationships). Some local authorities already had restorative practice, strength-based approaches in place, and were therefore able to utilise the transformation funding for specialist training such as working with SEND families. Other local authorities highlighted the implementation of a relationship-based, trauma-informed approach as one of their biggest achievements, which now formed the basis of their staff induction and training programmes (linking to Model Framework Connection criteria). Several local authorities mentioned purchasing modules from the Solihull Approach, a therapeutic and psychological approach, with a focus on reciprocity.¹⁶

Workforce experiences of training are further discussed in Staff training and continuous professional development.

Premises development

At the start of the transformation, local authorities' priorities around infrastructure development depended on the facilities already available. Identifying buildings to launch the first family hubs was a priority for most areas. Local authorities commonly undertook a mapping exercise of existing community assets as potential sites for family hubs. These included existing children's centres, VCFSE partner buildings, and other local authority owned buildings such as libraries and community buildings.

MI data showed that by December 2023, 58 family hub sites across the 10 case study local authorities were already meeting or on track to meet DfE's minimum requirements.¹⁷ This number was lower than local authorities had planned as several areas needed to reduce the number of family hubs they delivered due to budget and time constraints. For example, one area planned 7 new hub buildings, but quickly realised this was not feasible in timeframes or budget and so reduced the number of planned hubs to 4. Plus, development was still ongoing at the time of MI data being submitted, therefore the number of family hubs is likely to be higher at the end of the transformation in March 2025.

¹⁶ [Solihull Approach training for practitioners - Solihull Approach | Parenting](#)

¹⁷ These family hub sites were all either already meeting or were on track to meet at least Part A of the family hub site definition in Annex 1 of the Family Hubs Transformation Fund 1: MI Guidance.

Where possible, local authorities identified and repurposed existing buildings in areas that families could easily access and converted them into family hubs. Of the 58 sites, 60% were repurposed from children's centres. However, in some areas they identified new venues instead to clearly differentiate between the new hubs and existing statutory social care activities in other venues, to create welcoming spaces for the entire community. Family hub sites were often attached to other local authority services, most commonly schools (34%) but also multi-aspect buildings for other local authority services (19%), nurseries (7%), libraries (5%) (n=58).

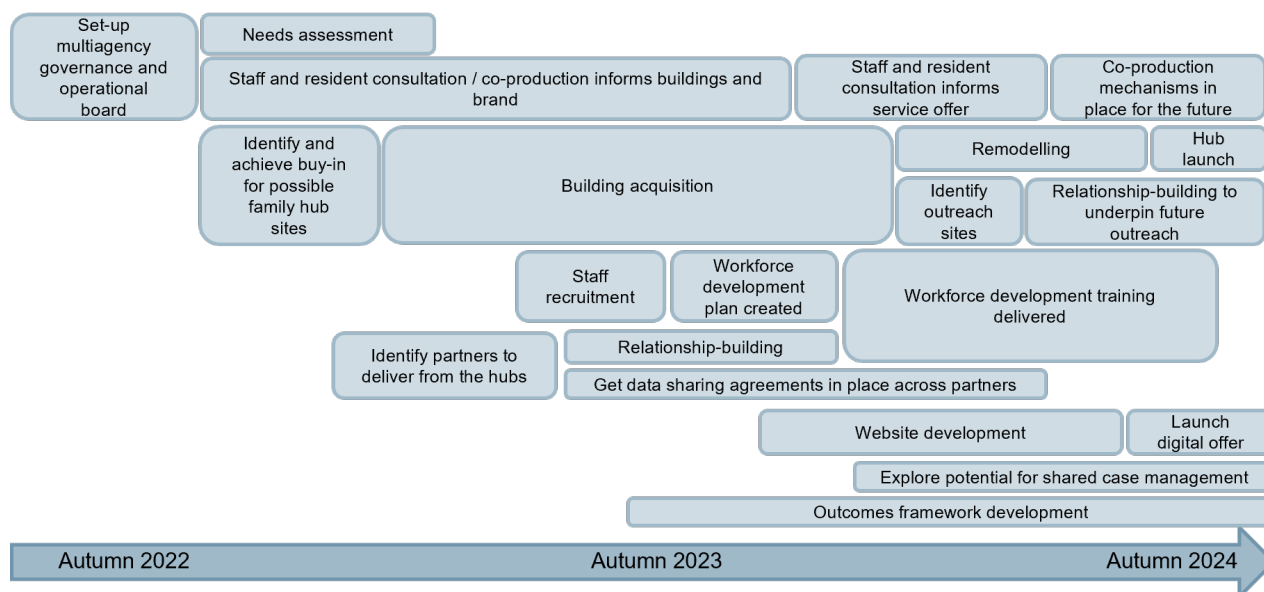
Managing renovations

Local authorities that needed to identify and secure new buildings found this process took substantial time due to the limited availability of suitable buildings, securing approval of the selected sites, and the complexity of the processes involved in purchasing or otherwise securing the assets. For example, in one case, it took approximately a year from the point of identifying a potential hub site to receiving cabinet approval (see Figure 6). One local authority, which started the transformation without children's centres, also secured additional grant funding from the Shared Prosperity Fund¹⁸ to secure buildings and fund major capital works, which could otherwise not be afforded within the Transformation Fund.¹⁹

¹⁸ The [UK Shared Prosperity Fund](#) is a £2.6 billion central government fund which local authorities can apply for to invest in communities and place, support for local businesses and people and skills.

¹⁹ The local authority leads highlighted that the additional grant funding would not have been secured, had they not also had the transformation funding.

Figure 6 Example of a local authority transformation journey, demonstrating the time intensiveness of premises development in the context of not having children’s centre estate to repurpose



Identifying premises for family hubs also led some areas to rethink the family hub model and how it applied to different localities. At an early stage of transformation, a small number of interviewees perceived the family hub model to be primarily an urban model, assuming a large population in a small area and/or reliable transport to access a physical space. However, in rural areas, outreach offers, spokes and smaller sites, as well as an online offer, were needed to complement the services delivered from the main family hubs. Moving beyond a focus on central buildings was therefore a key priority for some, particularly rural, areas.

Interviews with strategic and frontline staff in areas that were starting from scratch said this provided an opportunity for meaningful staff and resident consultation. For example, staff interviewed in local authorities who were less advanced in their family hub development believed family and staff feedback informed the location of the hubs, layout of facilities, and interior decor. Whilst there was scope for staff and resident feedback to influence premises development in other local authorities, it was commonly reported that expectations had to be carefully managed around the scope of what could be changed within the budget and timescales. Conversely, in one area, an interviewee expressed how the local authority took decisions about the buildings whilst at the same time starting to build relationships with the community. They described this as a top-down or “inverse” engagement model which, they felt, did not help to improve trust and relationships, because families were not included in decision-making about services affecting them.

Local authority leads commonly reported challenges in renovating family hub sites. At the final wave of fieldwork, renovation work was still ongoing in 2 local authorities and being finalised in a third. They had managed inflating costs and timescales associated with

construction work, for example due to new issues arising along the way. Remodelling quotes were exacerbated by the need to complete the renovation work within the transformation timescales, requiring reconfiguration of budgets (and associated cabinet approval) to free up funds.

Launching family hub sites

With these challenges in mind, local authority stakeholders commonly cited getting their family hub sites operational as being a top achievement of the transformation overall.

It feels like a long time ago we were sweeping up rubble and mopping floors to now today having a really busy day at the hub here. So, it's quite a transformation actually in that respect. - *strategic staff member*

Most local authorities took a phased approach to launching their family hubs. Where transformation leads had planned to launch all hubs at the same time, they reflected that a staggered approach had been better in practice as it enabled them to 'test and learn' from the development of the first hub(s).

Some areas introduced services gradually and invited families to use the spaces through 'soft launches', while other areas held large official launch events as part of their promotional activities. Local authorities felt the benefit of a soft launch was to begin familiarising families with the hubs and delivering services whilst continuing to add to the offer and test new ways of working. Soft launches were perceived to be less impactful in terms of marketing and promotion than a large launch event inviting the entire community. However, an area that hosted larger launch events reported overcrowding and a need for better planning and management.

Branding and communication

By the end of the evaluation, all local authorities had an established family hubs brand, with distinctive colours, signage and logos (linking to Model Framework Access criteria). The brand was typically co-produced with families (through workshops, surveys, and consulting parent/carer panels) and delivery partners. Many areas kept 'family hub' in their brand, but some areas chose to combine the term with other names that related to local strategies or initiatives. Family hubs were promoted to families through leaflets, social media, emails, newsletters and launch events (families experiences of communications are discussed in [Family awareness of family hubs](#)).

Developing an identifiable 'family hubs' brand was seen by DfE and strategic stakeholders as important to create an identity recognised by all. In areas where existing buildings were repurposed to family hubs, staff saw the new brand as being instrumental in attracting new groups, such as older children, to enter buildings that were previously children's centres or de-stigmatising the use of buildings that used to be associated with social services/family contact spaces. However, this view was not borne out in families'

experiences of the branding and communication – see [Family awareness of family hubs](#). Staff were positive about the new branding overall in speaking to a wider cohort of families, including those with older children. However, staff noted that the family hubs brand (namely, the ‘family’ emphasis) was less appealing to young people seeking independent support and activities and commented that the exercise had been expensive. Furthermore, whilst the branding was welcomed by staff as providing a consistent message, many strategic and frontline staff continued to refer to family hubs as ‘children’s centres’.

Several areas mentioned further engagement activities with families and young people were planned, through family voice groups, to explore what was working well and what could be improved further to communicate the family hubs offer, both locally and nationally (see [Sustaining progress](#)). Additionally, strategic staff saw a role for DfE to support promoting family hubs more centrally (see [Recommendations for DfE](#)).

Partnership-working

Most local authorities already had strong partnerships in place at the start of the transformation, but there is clear evidence that partnership-working has diversified and deepened through the introduction of family hubs, as discussed in detail in [Workforce experiences and outcomes](#).

Partnership steering group meetings and practitioner forums provided opportunities for services to summarise their support offer and referral processes to partner agencies. For example, several local authorities now report much stronger relationships with social workers for both signposting families to universal services and identifying families in need of targeted support. Most areas had made substantial strides in partnership-working with the voluntary sector through the transformation, with some areas increasingly being approached by VCFSE providers.

It's mostly our voluntary and community sector that we may not have been aware of that have approached us, through our partnership [groups]. It started off with those groups that we knew about, their networks have come on board, it's over doubled our access to that sector. We now have a much better relationship with our network - we've seen referrals in from some of those groups. - *local authority lead*

Capacity-building of the VCFSE sector has been a key component of the transformation in many areas (linking to Model Framework Connection criteria). Actions included devolving power and responsibility to VCFSE providers to develop asset-based approaches which utilise community strengths (linking with Model Framework Connection criteria). For example, one local authority completed an asset transfer as part of their transformation. A community centre was given to a VCFSE organisation for them to lead on hub development, with support from the local authority.

Building on this, the transformation had also increased capacity in the overall early help system to some extent, by strengthening partnership-working by providing access to training for VCFSE partners in many areas (however, this was not felt by all – see Insufficient time, capacity and resources). Several local authorities and VCFSE umbrella organisations have provided small grants for VCFSE partners, to fund activities run by local groups and individuals, thereby plugging gaps in community activities. Another local authority used the family hubs model framework (Annex F) to help decide which partners could best fill the gaps.

Being able to allocate funding in a purposeful way that was evidence based on Annex F, to a partner agency that was going to deliver the principles we laid out, that was very much baked into the idea of the family hub transformation. - *local authority lead*

Strategic staff explained how family hubs had strengthened partnerships by providing opportunities to work collaboratively on complementary initiatives. Examples included the HENRY programme (which promotes health, happy childhoods, healthy eating),²⁰ Holiday Activities Fund (HAF)²¹ and incorporating family network support packages (from the Family First Pathfinder fund)²² into family hubs. In this way, family hubs were helping to improve overall service efficiencies and reduce duplication by better connecting the wider system. One local authority noted that links with the Healthy Child programme²³ had increased due to the family hub drop-ins. At the drop-ins, midwives and health visitors signposted families to services and encouraged them to join in with other activities taking place in family hubs. Another local authority found that being a Pathfinder had aligned well with developing a more targeted offer as part of their transformation plans:

We're a Pathfinder for the social care reform, and that aligns very well with the family hub agenda. The opportunity to utilise the family hub branding, the online offer and the place-based offer are very clearly aligned to some of the access points in providing a physical front door to access universal services as well as potentially a targeted offer. - *strategic staff member*

Building on Engaging health partners, a key challenge in partnership-working reported by many local authority staff was health sector capacity constraints which meant there were not enough staff to deliver universal groups and mental health/wellbeing services in family hubs. Health provision in hubs tended to be for targeted support or project-based

²⁰ [Homepage | HENRY](#)

²¹ The [holiday activities and food \(HAF\) programme](#) provides healthy meals, enriching activities, and free childcare places to children from low-income families, benefiting their health, wellbeing and learning.

²² [Families first for children \(FFC\) pathfinder programme and family networks pilot \(FNP\) - GOV.UK](#)

²³ [Healthy child programme - GOV.UK](#)

activities (with distinct funding sources, as noted above). One local authority did encourage health partners such as oral health to pop into universal toddler groups to raise awareness and offer practical dental starter packs.

Several local authorities mentioned receiving push-back from VCFSE partners, who felt family hubs did not have the same personal links with residents as independent, community-based organisations, and therefore would struggle with community engagement. VCFSE partners emphasised their routine work providing visibility and reassurance in communities through roles such as dedicated community officers. Strategic staff highlighted the value of a locality/community engagement officer role in maintaining community links and ensuring community voices informed provision. Whilst one area funded this as a core post, in another area it was a temporary post which had come to an end.

Service offer

The family hubs framework set out an expectation for each area's operating model to provide physical places and a digital offer where families can access advice and support from trained staff, spanning the 0-19 (25 with SEND) age range, with connections to more targeted or specialist support if needed (see Model Framework Access criteria). The model was expected to safely engage seldom heard families, including minority groups, fathers and male carers, armed forces families, families in rural areas, with complex needs, where children have a social worker, where children may be experiencing or at risk of harm from outside the family home or network, or where family members experience physical or mental health issues.

The MI data indicates that so far, most families receiving support reflected the children's centre core demographic group. Only 9% of families accessing services had a youngest child aged 5+ (n=240).²⁴ Indeed, the data shows that the most-attended services were those targeting families with children aged 0-5 including health visiting, midwifery/maternity and activities for 0-5s. Whilst the least attended included youth justice services and substance misuse support. Furthermore, whilst 12,193 individuals had accessed Health Visiting services, only 1,941 accessed SEND support and services (inclusive of the Start for Life period), and just 160 individuals had accessed Mental Health services (beyond Start for Life parent-infant mental health) (n= 45,889).²⁵ These figures can be partly explained by the fact that some family hubs only opened SEND support centres towards the end of the transformation. Sections of the report highlight the limited capacity of health providers to deliver universal support in family hub settings,

²⁴ This is not a record of unique families and therefore families using services more than once may be double counted.

²⁵ Unique service-users are counted for each service. However, the overall base size is not unique service-users therefore individual service-users may be double counted within the base.

particularly preventative mental health and wellbeing services. However, promising developments were evident, as summarised below.

Older children

Family hubs aimed to involve families with children across the age range. At the end of the evaluation, some had progressed working with young people, whereas for other areas this remained a longer-term goal. Successful approaches included:

- Closer working with the youth sector – including the Youth Service delivering activities in family hubs. Where possible, Youth Services were given access to hubs in extended hours (evenings and weekends).
- Young people being designated their ‘own’/separate spaces in family hubs, which they were able to decorate to align with their identity and style.
- Developing the aged 5-12 offer and collaborating with youth leaders to align their offers especially around transition points for families (for example, moving from primary to secondary school).
- Building on existing community provision, for example a family hub that was previously a community centre that ran youth provision, has brought people together and strengthened community cohesion through a partnership with a football club to run football sessions at family hubs.
- Offering activities that appeal to young people, such as cooking classes.
- Parenting programmes focused on building resilience for school avoiders. This includes the families of neurodiverse children who were identified as the most at-risk group within poor attenders.

Several challenges were highlighted with regards to diversifying the offer to reach a wider age range. Resource constraints meant that family hubs were typically only open 9am – 5pm Monday to Friday. Feedback from co-production sessions and youth sector partners suggested that young people prefer evening or weekend activities.

Matching staffing capacity with longer opening hours appeared to be an issue, given the budgetary constraints experienced by both family hubs and youth services, which meant they could not fund additional staff hours or services. Furthermore, several areas noted potential competition from Youth Zones. Some staff felt family hubs targeted a different group, but there was some overlap, with one local authority noting a significant drop-off from an evening youth activity scheduled at the same time as a Youth Zone club. It was too early to say whether family hubs youth support might duplicate Youth Zone provision more widely, and staff were committed to strengthening links with Youth Zones to ensure complementary offers were developed.

Special Educational Needs and Disabilities (SEND)

Enhancing SEND provision was a common priority across the transformation programme. Some areas already had very strong SEND provision in place, and the transformation enabled them to plug specific gaps, whereas other areas were developing their SEND model from a more basic starting point. Successful approaches included:

- Establishing a SEND Centre of Excellence, including sensory rooms which provided a peaceful and calm space for families to relax together.
- One area employed a dedicated SEND family navigator to provide signposting.
- Working with VCFSE providers specialising in autism and special educational needs and disabilities.
- Delivering sense-specific Stay and Play sessions.
- Converting or equipping rooms with suitable furniture and equipment.
- Improving access to services for families through SEND drop-ins which provide opportunities to interact with various specialists.

It's become a one-stop-shop for all things SEND - *frontline staff member*

Co-location

In some areas, particularly those establishing their family hubs within an existing network of children's centres, family support staff were already co-located with Health in community settings. These areas were able to progress their transformation journey by diversifying the range of services working from family hubs and strengthen wider collaboration. Local authorities establishing family hubs in new buildings focused their co-location activities on establishing a core offer. Meanwhile, family hubs introduced in other community venues worked to complement wider community activities with a core offer.

At the start of the funding period, local authorities further on in their transformation journey were already co-locating staff from different agencies within hubs at set times, and staff noted the value of informal conversations in situ between managers and practitioners. In other areas, hubs had only been open for several months and had focused efforts on direct service delivery. Staff mentioned there were potentially opportunities for more service planning to bring different teams together within the hubs.

What would potentially be useful, is to have a space where various partner agencies or organisations can come together and just talk about what they do and how they're going to be. - *frontline staff member*

Several local authorities established family hubs in pre-existing community centres (linking with Model Framework Connection criteria). In these areas, staff believed this placed whole-family services at the heart of communities and was an innovative

achievement providing activities across the life course, from toddlers' groups to wellbeing activities for older people (including bingo and yoga). This inclusive approach supported community development and prioritised community needs, providing space for a wide range of delivery partners. Enhanced efficiencies in service delivery were reported and the role of grandparents in family support highlighted.

Strategic and frontline staff from all local authorities highlighted the welcoming environment for families created by the co-location model as a key strength. The welcome included knowledgeable and friendly receptionists, advisors and navigators who met families at the front door, actively listened to their needs and gave them relevant information and guidance or introduced them to other staff through immediate signposting to services where possible. Staff also consistently noted that co-location was complemented by a wraparound digital offer, which provided additional information, advice and guidance on the local family hubs offer. The digital offer was designed to increase family engagement and signposting through social media including via Facebook and Instagram. Staff from several areas also used QR codes in promotion and registration processes, which helped speed-up sign-ups to universal activities.

The family hub offer was up and running – there was some really good things brought in like family navigators, the family hubs website – there was a lot of work around helping people to understand that it's not just a physical building but a whole new offer. - *frontline worker*

All local authorities noted the value of co-located models. However, as mentioned, the impact of the transformation on co-location varied depending on the starting point for this aspect of the model framework. Staff from areas already working collaboratively commented that the family hubs co-location model had not led to major changes as a lot of services were already working in the same locations and knew about wider early help services, whilst others referenced co-location developments as being one of their main achievements (see [Increase in and effects of co-location](#)).

At the end of the evaluation, co-location tended to be limited to partner organisations delivering regular (often weekly) sessions from a family hub, rather than moving their whole offer into a family hub. In this sense, full integration had not been achieved and several strategic staff noted potential duplication in the system, particularly amongst the VCFSE sector, with a few organisations offering very similar services at different premises. However, the dispersed offer provided wider community coverage.

Ongoing progress: integrate and extend

Towards integration

Local authority staff consistently commented that full integration between early help, early intervention and wider partners was a longer-term objective (linking to Model Framework

Connection criteria). Some local authorities that were further along the co-location trajectory at the start had well-developed family hubs networks by the end of the evaluation. These areas noted the progress made at a neighbourhood level around strengthening access and relationships between partners. The family hub networks improved outreach and information access in communities by connecting with venues such as libraries and sports clubs. Several areas planned to work more closely with Health, for example through targeted promotion to families on CAMHS waiting lists to signpost them to advice and guidance whilst they wait for specialist support.

We have started to create the conditions for change. But we haven't yet been able to deliver on that change because change is going to take a number of years. - *local authority lead*

Several local authorities were moving towards shared finances and financial efficiencies. For example, one area was part of a tri-borough authority and well progressed in terms of the transformation process. The focus was on establishing co-located service delivery, with longer-term systems change goals being integrated management and joint delivery from shared buildings.

Outreach

The extent to which family hubs had moved beyond buildings and into outreach varied across local authorities. Commonly, development work started towards the end of the transformation and remained a priority (linking to model framework Access and Connection criteria), particularly where opening hub sites and remodelling had been the immediate priority. At the final wave of interviews, local authorities had started the groundwork of identifying potential outreach sites and building relationships with partners such as libraries and VCFSEs. This next step was described as crucial for reaching families who still faced access barriers to the hub sites, where going out into community buildings or families' homes would be needed (further discussed in [Key priorities](#)). Where outreach work had already started, the workforce considered this a key success (see [Workforce experiences and outcomes](#)).

Digital offer

From an early stage of the transformation, strategic stakeholders commonly outlined aims to collate information, guidance, and advice for families into a single, online forum, and in certain cases, incorporate a digital 'front door' (linking to Model Framework Access criteria). Some local authorities planned to build on existing websites and digital 'hubs',

including the Family Information Service,²⁶ whereas others set up new websites entirely. At the end of the evaluation, staff commented that the digital offer to families had progressed substantially, although some challenges remained. Staff noted the considerable time and investment that had gone into developing their digital offer and felt this was important to reach wider local communities.

Communication and language is a priority area and we have done a comprehensive mapping exercise of all the support that is available to early years. This has fed into our website and brings together a lot of services which is great for parents. - *strategic staff member*

Frontline staff felt the support offer was more accessible and visible to families following the updating and upgrading of online information. As well as Facebook and Instagram, staff also mentioned developing digital apps and a virtual assistant to advertise family hub services. Several areas noted a considerable increase in website traffic following the official launch of their family hub online platform for families. However, staff commonly said it was important to maintain both a digital and physical advertising presence. This included putting posters up in family hubs and community settings.

Whilst digital services have brought benefits, staff in one local authority area flagged that creating the digital hub had been their biggest challenge throughout the transformation because it was complicated, slow, resource intensive and needed an interim solution in the form of a service directory. In another local authority, developing the digital offer was seen as a relatively 'quick win', however, strategic and frontline staff described how this was achieved by developing a standalone website which was not ideal (see below).

A key challenge strategic staff reported was the plethora of websites and campaigns signposting families to activities and services. More than one local authority believed they had to provide a standalone family hub website at the local level. Strategic staff felt the guidance could have been to integrate the family hubs website into the existing local authority digital offer – where local authorities did this, staff feedback suggests it had been easy to navigate. Several areas also commented that DfE could do more to promote family hubs nationally, and suggested local digital offers could be connected to a single national family hubs website.

²⁶ The Family Information Service is a local-authority service providing free information and advice about the services available for children, young people and families in their area, including a directory of services. Some local authorities no longer have Family Information Services.

There's more that DfE could do to promote family hubs nationally so that families are aware. It [family hubs website] should've been bolted on to the existing structure...If you're a family, you want all these things in one place...if all the eggs could've been put in one basket, that would've been so useful. - *strategic staff member*

Data strategy and information sharing

Information sharing remained a challenging aspect of the transformation throughout the evaluation timescales. Partners consistently recognised the need to share data to plan service delivery. By the end of the evaluation, demographic data was being shared more routinely to better match supply and demand. Many local authorities had developed a gap analysis approach to identify how family hubs could best meet families' needs, and one area was aiming to embed a common needs assessment framework through the transformation.

We need to share data more readily, to support the family and family hubs, so we know what's going on. Same with things around domestic abuse. If we know there is a hotspot [area], can we make sure we've got Women's Aid dropping into that area? It's about making better use of the data that we've already got, to really target the services to that area. - *strategic staff member*

In a small number of local authorities, information sharing agreements were already in place with partner organisations at the interim evaluation stage. However, for other areas, finalising data sharing agreements with partner organisations remained an ongoing activity throughout the evaluation timescales (linking to Model Framework Connection criteria).

It was evident that local authorities had enhanced their data systems to support collaborative working. Strategic staff explained that their local authorities invested in upgrading their computer and information-monitoring systems for family hubs. At the end of the evaluation, they talked about progress made in the development of referral and request pathways through the transformation. One local authority had created a family information directory where professionals gave insights into what families needed, making the signposting journey smoother. Other areas mentioned sharing more information between professionals via SharePoint and one area had developed a toolkit containing all their information resources, policies and guidance for practice that everyone could access. However, more integrated referrals (as per Model Framework Connection criteria) were a desired transformation outcome that was not yet well evidenced.

Case study data systems in practice: single-view portals

Several local authorities had successfully developed new shared data systems for professionals. They achieved this by establishing a single view system which could be viewed by a range of professionals. The single view data sharing portal allowed partners including social workers, early help staff, schools, and housing to see which services were involved with a family. Staff felt this could really enhance decisions around a support offer, for example by giving schools a clearer idea of wider family issues that may be affecting a child's behaviour. A frontline staff member explained that the single view system enabled centralised monitoring as everyone used the same recording system for Supporting Families assessments. They felt the system had improved the quality of whole-family working, and was a helpful management tool. The system was viewed to be more rigorous because of moving to this centralised family hub approach, which enabled workers to view families' journeys, track Key Performance Indicators (KPIs), and inform decisions about case management.

You can see how many families each hub is working with, each worker is working with, how the flow's going, are the Supporting Families assessments being done in time, all those kinds of KPI [Key Performance Indicator] things. It enables you to pick up where something might be going wrong, where someone's lost. Those key decisions about closing a case... I think the system is more rigorous. - *frontline staff member*

Strategic staff remarked that, in terms of data sharing, professionals were more comfortable sharing factual (output) data on services accessed. It was not seen to be appropriate to share more detailed case information (such as from targeted mental health support) which was more sensitive and not necessary for all family hubs staff working with families to have access to.

Case study data systems in practice: PowerBI

Several local authorities created Power BI apps to:

- register families in the hubs through a QR code (paper registration forms were also available);
- record family data, which was then used to signpost families to universal services;
- generate a referral form that any professional could complete;
- manage waiting lists by reviewing caseloads and identify cases for detailed review on other systems (such as the adult social care software Eclipse);
- produce meeting minutes which could be sent directly to a family; and
- enable professionals to have a single view of a child, with key data in one place.

Shared case management systems

Some progress had been made towards shared case management systems (linking to Model Framework Connection criteria), but this outcome evidence was limited. For example, one local authority used Eclipse which strategic staff described as being transformational - previously only the intensive family support service was using Eclipse, but now it was being used more widely. However, frontline staff still reported finding this difficult to use on the ground, suggesting further development work, or staff training was needed:

The IT system the [local authority] has bought in is not fit for purpose. It is cumbersome and non-intuitive, information is often difficult to find, and when recording information has to be duplicated across many different forms and worklists which can be extremely time consuming. The whole Eclipse system feels like a mess, and it has made my job much more difficult. – *workforce survey response*

Challenges remained owing to complexities of data sharing across different services. These included:

- GDPR regulations and confidentiality concerns made it hard for organisations to share data with each other. This resulted in families having to repeat information to different organisations.
- Core services were recording data on separate systems. For example, health visitors often used the EMISS system, midwives used System 1, Social Care used the Mosaic system.

- Professionals from different services only shared data in conversations and via secure email.
- Families may request copies of their detailed case notes, reinforcing the need for them to be carefully written, particularly in terms of sensitivity and accuracy.
- Several local authorities had plans for a joint case management system and needed to sell the benefits to partners, in terms of reducing duplication and inefficiency. However, it was recognised that complex information sometimes must be repeated or retold by the family directly to a mental health professional for example, to ensure they can identify the best support.

Monitoring and evaluation

Roughly a third (37%) of workforce survey respondents agreed that a family hubs outcomes framework was in place, however 23% did not know about an outcomes framework and a further 6% disagreed (n=172). Staff interviews confirmed that whilst frontline staff routinely collected data, there was mixed awareness of frameworks, so this is one outcome area which all local authorities have yet to achieve.

Four of the 10 case study local authorities had developed a shared outcomes framework at the time of final interviews, but this was a very recent development for 3 of them. Several areas used or planned to use the Supporting Families framework and at least one area had co-produced their framework with families and partners.²⁷ One local authority had developed an outcomes framework based on the model framework, with metrics aligned to each area of access, connection and relationships. Strategic staff found this a helpful way to monitor the transformation process, as well as outcomes for families. At least 3 other local authorities were either in the process of developing a shared outcomes framework or planned to do so soon.

Commonly there was a need to progress data and information sharing systems (particularly with Health) to enable a shared outcomes framework. Challenges with this are outlined above in [Data strategy and information sharing](#). Thus, developing a shared outcomes framework has been challenging, but was seen as a crucial next step to truly integrate different partners to a shared accountability for family outcomes.

²⁷ [The National Supporting Families Outcome Framework](#)

We're quite frustrated that family hubs are seen very much as a local authority area and we really want to encourage our NHS colleagues to maybe share some of that, not just financial, but more around the outcomes. That's really what we're trying to push towards... We worked together around shared outcomes, and that process has been really helpful, particularly for Health and maybe Social Care colleagues, to understand that we could support in delivering their existing areas that they needed to work on as well, as they would have access to the families they wanted to reach out towards. – *local authority lead*

The staff interviewed commonly described collecting output indicators such as levels of engagement, footfall or activities completed, rather than outcomes data. However, service-level outcomes data and/or family feedback was collected through qualitative case studies, feedback post-boxes, and online or paper-based questionnaires at the end of an activity or regular/quarterly surveys, sometimes using a QR code to facilitate engagement. A small number of frontline staff used pre-post measures to assess outcomes, but this was not often done in a consistent way across different services or partners. Staff mentioned differences in data collection modes, metrics and systems by health partners and VCFSEs, particularly where VCFSEs were not formally commissioned to deliver services.

As discussed in [Data strategy and information sharing](#), strategic staff had to continually review data to inform ongoing assessments of need. Where feedback was collated, frontline and strategic staff shared examples of using the data to inform local authority-led service delivery, for example, by looking at session feedback and making changes for the next cohort (related to Model Framework Connection) or using attendance data to plan where to deliver future sessions.²⁸

With the family hub service being relatively recently launched, it was too soon for continuous improvement or service modification to be taking place or assessed (linking to Model Framework Access criteria). Indeed, only half (52%) of workforce survey respondents agreed that senior leaders were using data on outcomes to improve services for families in their local authorities (n=172). Strategic staff hoped to use the data they were starting to collect to advance their evidence base and understanding of local communities/needs, develop the service offer, and raise awareness across wider partners such as schools and VCFSEs (linking to Model Framework Connection criteria). Staff were aware that a shared monitoring and evaluation framework was not yet operational.

²⁸ Staff highlighted that where external manualised interventions had been commissioned, there was less scope to make changes based on family feedback.

Management and commissioning arrangements

A key system-level outcome expected of the transformation was a move to improved joint commissioning and budget management (Model Framework Connection criteria).

However, there was little evidence to suggest the transformation had led to substantial progress in joint commissioning in most of the local authorities at the time of the final interviews. Strategic staff in 2 local authorities which were already joint commissioning services acknowledged that they were jointly commissioning family hubs services too, which was seen as a positive. Having a dedicated role in the local authority for joint commissioning was an enabler. Another local authority created a new joint commissioning post to support joint commissioning for family hubs and wider services. The local authority lead attributed this change to family hubs, along with wider transformation and restructure: *“family hubs has been part of that drive not... the sole driver”*.

Under-served families

A range of groups were identified as potentially under-served by family hubs. These included: support for fathers, debt advice, young mums and pre-conception, and English as an Additional Language (EAL) families. Local authorities cited challenges related to funding as key reasons for the lack of support for some of these groups. Accessibility concerns were also noted in relation to several other groups. Rural families may struggle to access family hubs owing to travel and transport issues. Digital poverty was also highlighted as a challenge for families without access to online resources. Whilst at least one local authority had placed computers in the family hubs for anyone to access, this was still seen as a barrier to raising awareness of and access to support. Developing outreach was seen as important to overcome these barriers (linking to Model Framework Access criteria - see [Outreach](#)).

Family experiences and outcomes

This section outlines families' experiences and the key changes they experienced resulting from their engagement with family hubs, by the time the final interviews were conducted in late summer and early autumn 2024. It highlights families' views about the successful elements of the family hubs, challenges and barriers they experienced, and the extent to which these were overcome. Recommendations based on the learning from this chapter are presented in Supporting family experience and outcomes and Recommendations for DfE.

Key findings

- Families accessed a range of services and support through family hubs which helped address their families' needs.
- Families' awareness and understanding of family hubs varied, which can be linked to how they found out about family hubs. Posters and leaflets, social media engagement and word of mouth were key in raising their awareness.
- Family hub branding was not a key area of concern for families, who instead placed more value on the range of services delivered through family hubs.
- Visiting family hubs in-person was the most common way of accessing services and support, with some families accessing online support too, including online parenting courses.
- There was positive engagement with family hub staff and professionals and families felt largely supported by them. This was commonly underpinned by trusting relationships, personality characteristics (for example, being kind and friendly), and being knowledgeable.
- Families were largely satisfied with the quality of support staff delivered. When families were unsatisfied with the support they received, this was typically because they did not feel staff/professionals had the relevant knowledge or skills to support them.
- Families shared two main improvement areas around service provision (a bigger issue family hubs alone cannot affect) and better promotion to increase awareness of family hubs across local communities.
- Early outcomes for individual families were achieved yet more time is needed to observe fully realised outcomes. Key reported outcomes included improved wellbeing and confidence, feeling happier since receiving support, having opportunities to socialise and make friends, gaining new knowledge and skills through peer support groups and parenting courses, children's improved behaviour management, social and emotional wellbeing being supported, and improved family relationships.

Family awareness of family hubs

The ToC for the transformation assumed that branding and communications about family hubs would be attractive to engage families. However, the evidence for this was mixed. Of families surveyed in autumn 2024, the majority (87%) expressed that they had heard of family hubs (n=99), and the same proportion (87%) was aware that family services were now offered through family hubs (n=86). However, interviews with parents and carers indicated that the level of awareness of family hubs varied greatly.

Of parents and carers interviewed, those who had previously engaged with children's or community centres or involved in co-production activities were more aware of the plans to set up family hubs than others (through being involved in family consultation at an early stage or having observed changes to buildings). Those with some awareness of family hubs understood they would offer more integrated and co-located services, which meant families would be able to access a range of services from one main building. Families with awareness of family hubs typically knew about the services they had accessed but were not aware of the wider service offer.

The most common means of finding out about family hubs for families surveyed, were through seeing posters and signs in the local community (33%), social media, online or a web search (28%), word of mouth (26%), from having previously attended the building when it was a children's centre or other community building (25%), or via a local authority support worker (22%) (n=81). This pattern was largely reflected by the final wave interview findings, during which parents and carers mentioned they had found out about family hubs via midwife and health visitor appointments (including appointments held in the family hubs), and through social media (particularly Facebook).

I was aware of the physical location through [midwife], and then I'm pretty sure I saw something on Facebook and then I emailed the group leader and then got given a space at the under one's group. –
parent/carer

Others heard about family hubs through their children's school (including SENCOs and career advisers), promotional materials like posters and leaflets and through word of mouth. Several parents and carers did their own research online when looking for support and found a family hub. In a few cases, parents or carers had heard about family hubs and proactively sought more information or contacted their local family hub.

As in autumn 2023, some parents and carers interviewed one year later were still unaware of the family hub branding, and how family hubs differed from children's centres. Strategic staff raised concerns that families might perceive former children's centres to be locations for specific services (including contact centres) rather than open access, which could hinder engagement.

A key theme from interviews with parents and carers was that families were more concerned with the variety of services delivered in family hubs, than their local family hub branding. They particularly valued knowing they could access a family hub to get the support they needed. This contrasts with staff views; staff interviewed were optimistic that the new brand for family hubs would positively impact family engagement (see Branding and communication). It is notable that at this stage the rebranding has not been perceived by families as particularly impactful. However, it is too early to understand the impact of rebranding on accessing different types of families who may not yet be being reached by the hubs (as discussed in The transformation journey).

Parents and carers interviewed who thought families in their local area lacked awareness of family hubs, suggested there should be a greater focus on promotion. This echoes findings from Branding and communication that DfE could support this. They believed better promotion would reduce reliance on informal communication, such as word of mouth. They emphasised the need to have a range of promotional activities to ensure as many families as possible become familiar with family hubs, especially families who may not typically engage with services, but need them (see Suggested changes).

Family needs

Families reported a range of needs, which reflect the universal, targeted and specialist services they accessed through family hubs. The level of need often varied across families interviewed with some needing early help or one-off support and others needing more intensive support.

Interestingly, of families surveyed in the final wave,²⁹ childcare (34%) was the most common support need followed by child and adult mental health (33% combined), and parenting support (30%) (n=103). The most common support needs survey respondents had when completing the wave 1 survey at the start of the transformation were mental health (32%), school (26%) and finances (26%). Childcare and parenting support could therefore be emerging needs or more common to the families surveyed (likely those already accessing hubs).

Interviews with parents and carers highlighted various other support needs:

- **Infant health/development:** Those with children aged 0-2 mentioned needs around support with breastfeeding, child development and infant health (such as weaning or difficulty breathing).
- **Support for first-time parents and carers:** to help them navigate parenthood. They described experiencing anxiety related to not knowing how to best support their children.
- **Children's mental health:** echoing the survey findings, and particularly anxiety and depression. This included cases where families had experienced trauma (such as bereavement or parental neglect), and children were struggling to manage their emotions.
- **SEND support:** with parents and carers highlighting that their children lacked formal speech and language and emotional support. In families with children who

²⁹ The sampling approach for the family survey aimed to capture the views of families accessing family hub services. The sample is not representative and therefore needs are not generalisable.

had been recently diagnosed with ADHD or autism, parents and carers were looking for specialist support groups for their children to access as well.

- **Parenting skills and knowledge:** to help parents and carers better support their children around topics such as managing behaviour, mental health and emotional wellbeing issues, SEND needs, speech and language, and with school.
- **Isolation and loneliness:** Parents and carers commonly looked for a place to socialise and meet other families, and for their babies and older children to access fun activities. This was particularly the case for new parents who struggled with feeling isolated and getting out the house, or victim-survivors of domestic abuse who had lost their support networks.
- **Material support:** Others wanted to access food and clothing banks.
- **Financial support and advice:** Families described needing financial aid to cover costs like transport and school uniform, debt and housing advice, and wider help with the cost of living.

Case study: meeting family needs through family hubs

A first-time mother was struggling to breastfeed her young baby and consequently felt worried and anxious as a parent. After moving to a new area, she had little local support and felt isolated. She accessed her local family hub for regular health clinics as she preferred this to going to the GP. Whilst there, the health visitor suggested she attend a breastfeeding group at the hub. The mother went along with her baby and received support from a nurse, as well as from other parents who were struggling. She became friends with one of the parents, who recommended an online parenting course focused on child development, which they had also accessed (free of charge) through the family hub. The parent expressed that making friends and talking to other parents helped her self-manage her mental health, without which, she felt, her mental health would be worse.

Use of services

Parents and carers interviewed in autumn 2024 had accessed a wide range of universal, targeted, and specialist services. Of families surveyed, activities for children aged 0-5 were the most accessed – with almost 2 thirds (64%) of families reporting accessing these (n=77). The next most common was health visiting at just over a third (35%) followed by maternity/midwifery (30%), infant feeding (22%), nursery/childcare information (18%) and SEND support (17%) (n=77). Figure 26 shows the full breakdown of support accessed by survey respondents.

There were mixed views about whether family hubs had changed and improved over the past year. Some parents and carers observed changes in the service offer including

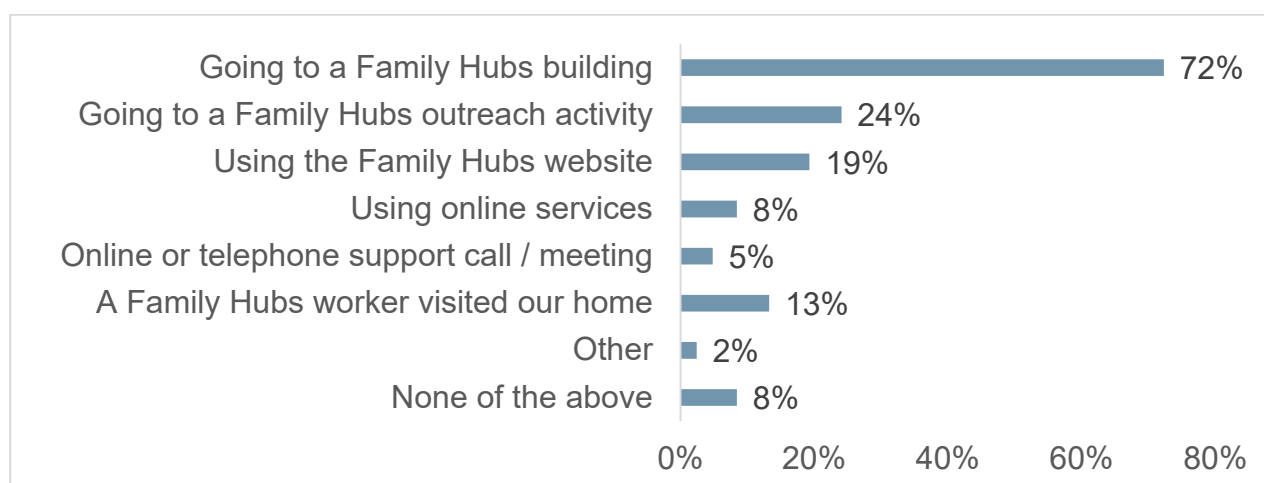
more groups and activities being delivered, as well as a wider range of services for different age groups (including older children) and needs (such as SEND support groups). They described that over the past year the service offer had expanded and improved. As such, parents and carers thought family hubs were now better able to provide support for more families, and that hubs were being increasingly accessed by families. Interviewees commented that staff members were now able to offer more help and support, including having greater awareness of a range of services, which meant they could signpost families to relevant services.

On the other hand, there were parents and carers who had observed little to no changes because of family hub transformation. Some saw this as a positive, as they had been satisfied with the pre-existing offer and were glad it had continued. Other families had only recently engaged with family hub services at the time of final wave interviews or mentioned they did not regularly visit so did not feel well-placed to have observed recent changes.

Where family hubs were previously children's centres, several parents thought that they continued as such, and that the service provision was mainly targeted at babies and young children. However, where family hubs were previously community or youth centres, they retained their youth offer. Only 9% of survey respondents reported accessing youth services (n=77), reflecting the underdeveloped youth offer described in The transformation journey.

Family hubs were accessed and engaged with through various means (Figure 7), most commonly, going to a family hub building (72%) (n=83). Those interviewed mainly accessed family hubs in-person to attend activities with their children, groups and appointments, and speak with family hub staff. It is unsurprising that fewer survey respondents had attended outreach activities (24%), used the family hubs website (19%), or accessed services online (8%) (n=83), considering that these elements of transformation were works in progress in many areas (see The transformation journey).

Figure 7 Over the past year, how have you or your child/ren engaged with family hubs?



Source: Wave 2 family survey (2024), Base size=83

Challenges in accessing support

If the family hub was not able to provide direct support to families, family hub staff typically did their best to signpost them to relevant services or assess whether they needed to be referred to a different service. Parents and carers commonly reported they were still satisfied with this approach as it showed that staff were happy to help and were knowledgeable about how they could access other services. Families who were unable to receive the support they needed, attributed this to:

- **Staff lacking the necessary skills or knowledge to support them.** This was mainly related to families who sought specialist help around housing, financial advice, and support for their children's specific SEND needs.
- **Being unable to attend family hubs in person to receive support.** This was particularly mentioned by full-time working parents and carers, who struggled to access groups and services during the working week. This challenge is discussed further in [The transformation journey](#).
- **A lack of communication or follow-up from staff.** In a few cases, parents and carers reported this issue, which affected the extent to which needs could be effectively met.
- **Services not being offered:** The family hub service offer did not cover the specific support families wanted (see below).

A theme from interviews with parents and carers was that whilst family hubs offered quality support for children, young people and families, the wider system of family support (including healthcare and education) felt fragmented, making it difficult to easily access support. Several parents and carers described being in a state of crisis and a

need for more specialist support. This included children and young people being on long waiting lists for assessments (including for SEND). They had often tried to get help from their children's school, their local authority, or services like CAMHS, but their issues remained unresolved. Consequently, they were signposted to family hubs to receive interim support.

The ease of accessing family hubs for health appointments and drop-in baby clinics was frequently appreciated, compared to their experiences of the wider primary care system.

It's really nice to [go to family hubs], because obviously the GP is so busy. So being able to just go, and get his chest checked again...It's another layer of stress off. – *parent/carer*

Whilst parents and carers interviewed expressed a preference for accessing services and support in person, they valued the option to access services online. In a small number of cases, families had accessed online parenting courses (such as Triple-P),³⁰ which they found helpful. Having access to a form of online support meant that they could access help flexibly around childcare, work and other commitments.

During interviews, a few parents mentioned that services had been cut back from September 2024 when a small number of time-limited staff roles ended, particularly some support groups and drop-in sessions. Where this was the case, parents and carers were disappointed because they valued the services. To ensure the continuity of roles like the family navigators, parents and carers skilled volunteers could take over but as staff reflected, volunteers also required support; see [Key priorities](#) for more details).

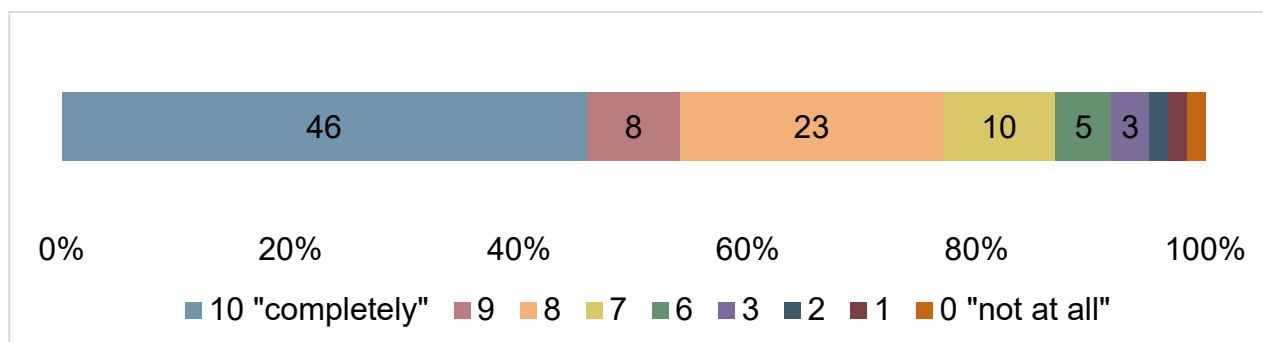
I think yesterday was the last week and it's not continuing into September. It wasn't clear what was going to happen, but more recently she said it won't continue. – *parent/carer*

Experience of family support services

The final wave interviewees commonly described positive experiences accessing family hubs and receiving support. They felt that they were able to access the help they needed from family hubs. Family survey respondents were asked to rank their level of satisfaction with the support they received from family hubs from 0 (not at all satisfied) to 10 (completely satisfied). 87% reported a 7 or above, indicating that they were highly satisfied with the support they received (n=61).

³⁰ The Triple-P Parenting Programme (Triple-P) is a multi-level system of support to prevent and treat social, emotional and behavioural problems in children by enhancing parent knowledge, skills and confidence.

Figure 8 How satisfied are you overall with the quality of the support you have received from family hubs?



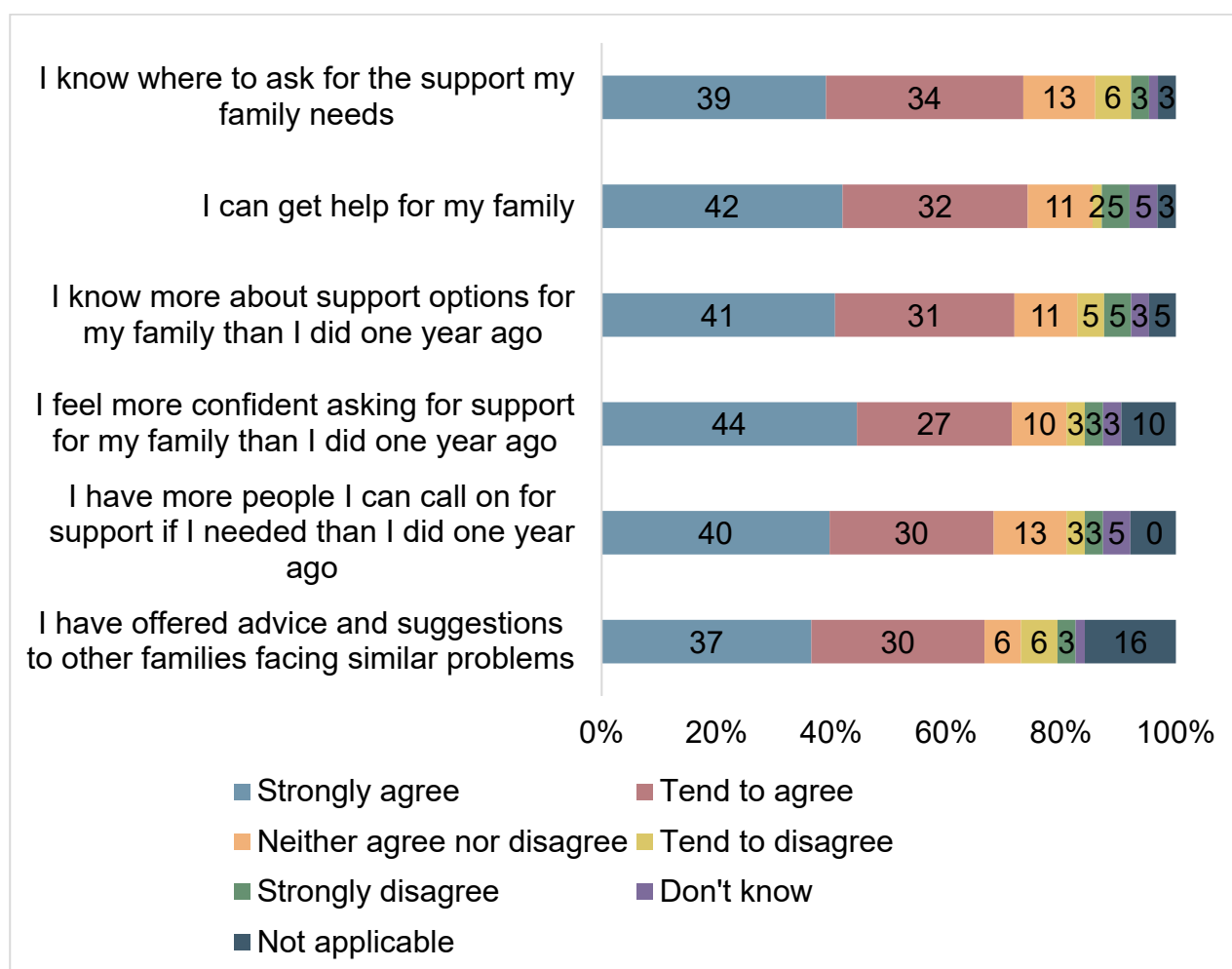
Source: Final wave (2024) family survey (base=61)

A key theme from interviews with families was that family hubs offered a safe environment for families with a range of needs. Some added that staff members played a key role in this which was also evident in the family survey results where over half (55%) of parents and carers stated that they felt safe with the staff supporting them (n=66). Furthermore, family hubs were seen as a place that families could access when they needed support, and they felt assured that the staff would be able to help them. This echoed staff views of the positive relationships they have with families (see [Building confidence and capacity](#)).

Case study: accessing family hub support

After learning about a local family hub through a social media post, a parent with an 18-month daughter and a young son struggling to manage his emotions due to a recent trauma, visited the hub to ask for help. The parent spoke with the hub manager who suggested her son should be referred to a therapist and mentioned that the family hub delivers groups for under 2s. Shortly after the referral, the child began his therapy sessions. Whilst he struggled to open up initially, attending these sessions helped him process his emotions and the parent thought he was slowly becoming more like his joyful self. The parent also took her daughter to the under 2s group, where they were able to interact with other families and the parent felt like she was bonding with her daughter. Accessing the family hub made the family feel more supported and the parent feels less worried about her son.

Figure 9 To what extent do you agree or disagree with the following statements about getting help



Source: Final wave (2024) family survey (base=62-64)

Figure 9 shows that over 2 thirds of parents and carers surveyed agreed that they know more about support options (72%) and feel more confident in asking for support for their family (71%) than they did one year ago, which was also reflected in the final wave interviews (n=63). Parents and carers said their improved confidence was linked to the trusting relationships they developed with family hub staff members. For example, staff who took the time to get to know families and understand their support needs without imposing their own opinions and judgements helped to break down negative perceptions of accessing support. This sentiment was shared by parents and carers who had previously struggled to ask for help and in turn were less likely to access services.

Parents and carers expressed that the stigma attached to seeking support for needs related to SEND, mental health and autism previously prevented them from reaching out for support. For example, a parent explained she had needed support for 2-3 years but felt anxious, which stopped her from reaching out to any service for support. Those who felt this way shared how staff helped remove their worries attached to accessing services.

You feel like you can speak with them about things... it's helped to remove the stigma. - *parent/carer*

Over 2 thirds (73%) of family survey respondents agreed that they know where to ask for family support, and (74%) feel they can get help for their family (n=63). The information about family support services they received from visiting family hub buildings and speaking with staff members was helpful. The parents and carers interviewed sometimes spoke of not knowing where to go to access family support but engaging with family hubs not only meant that they could access the support they needed but also helped them learn about other family support services.

Just over 2 thirds (68%) of family survey respondents agreed that they have more people to call on for support. Whilst a key part of this was linked to the support families received directly from staff and professionals, in some instances, parents and carers also shared advice with others. Just over 2 thirds (67%) of family survey respondents agreed that they offered advice and suggestions to other families experiencing similar problems (n=63). Parents and carers explained how attending groups and activities delivered in family hubs offered opportunities for informal exchanges of advice amongst families. This was particularly helpful for first time parents who often described feeling anxious about parenthood and meeting the needs of their children.

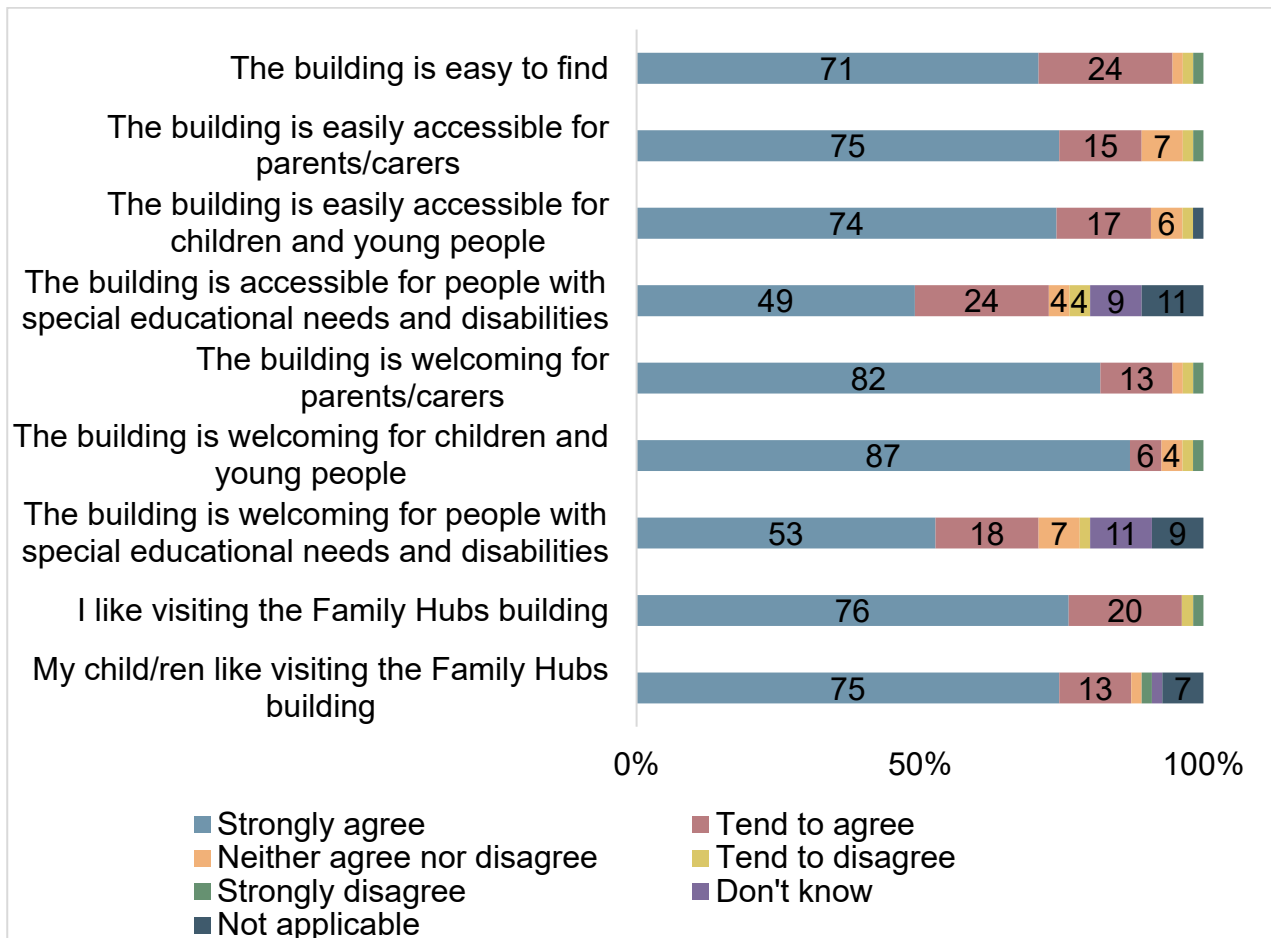
Additionally, those who had received support from family hubs often thought they received support at the right time for their family. Several had received early help support which meant that their support needs were addressed before getting any worse. However, there were some who wished they had known about the family hub support offer sooner.

Views on family hub buildings

Parents and carers reported that the changes to family hub buildings made them feel more accessible and welcoming (linking to Model Framework Access criteria). Their views largely reflected staff views from the workforce survey (see [Views on the family hub environment](#)). The majority of family survey respondents agreed that family hubs are easy to find (95%), easily accessible for parents/carers (89%) and children and young people (91%), welcoming for parents and carers (95%) and for children and young people (93%) (n=54-55).³¹ Additionally, the vast majority of parents and carers liked visiting the hubs (96%) and felt their children did too (88%) (n=54-55).

³¹ The sampling approach for the family survey aimed to capture the views of families accessing family hub services. The sample is not representative and therefore needs are not generalisable.

Figure 10 Thinking about the family hubs service you used, to what extent do you agree or disagree with the following statements



Source: Final wave (2024) family survey (base=54-55)

Where parents and carers observed the changes made to family hub buildings, they described that buildings were better designed, had new equipment and facilities, felt cleaner and more colourful. They valued there being new, designated spaces in the hubs for specific and multiple uses. For example, sensory rooms, spaces for mothers to breast-feed, and rooms which could be used for babies and later for youth activities. They saw these changes as positive because they helped cater to a range of age groups and needs. Where families had previously accessed children's centres, some reported the transition to family hubs had improved the buildings, making them feel more like a space for families to enjoy.

Whilst still a majority positive view, fewer family survey respondents indicated that the hubs were accessible (73%) and welcoming for (72%) people with SEND (n=55) – echoing staff views. Families valued the sensory rooms in the hub buildings, however some parents noted that these were small and sometimes fully booked.

Accessing wider information

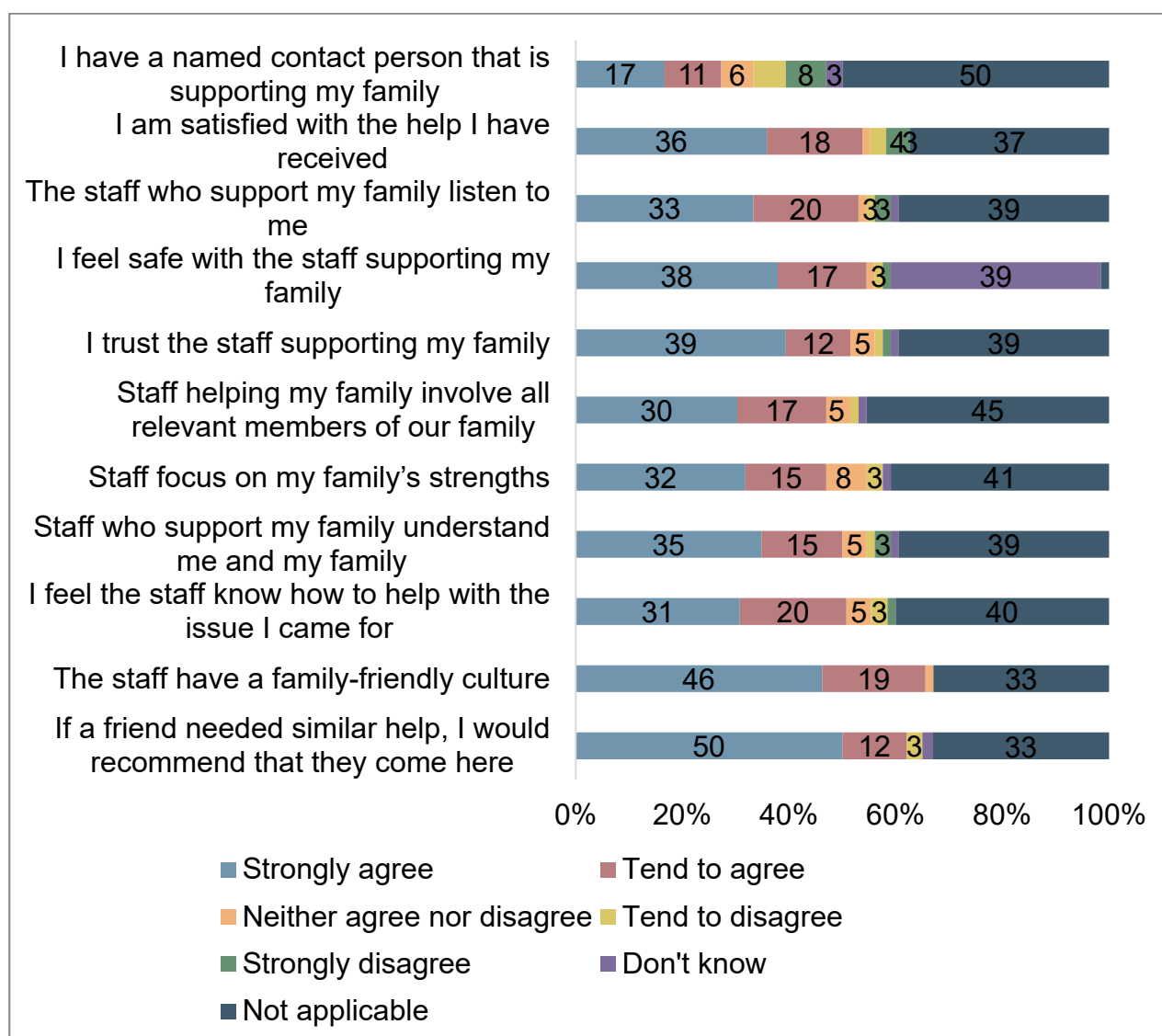
A minor theme in parent and carer interview data was that family hubs were seen as a place families could go to access reliable and trustworthy information. They described how family hubs had various information leaflets and posters which they could pick up to access information that they were looking for. This reflected a strategic staff perspective that families wanted trustworthy advice, rather than being overwhelmed with the dearth of information available online. Families felt they could go to family hub staff for information about their specific needs and were typically satisfied with the guidance and advice they shared.

Experiences with support staff

Generally, there were positive reports of family hub staff members and professionals (Figure 11), with over half (54%)³² of survey respondents stating that they were satisfied with the support their family received (n=67). Staff were commonly described as friendly yet professional, approachable and knowledgeable. Family survey respondents were asked whether they felt listened to by the staff who supported them. Whilst over a third (39%) reported this was not applicable to their circumstances, over half (53%) agreed that they felt listened to (n=66).

³² A family survey question asked respondents if their family was currently receiving support from the local authority area. At wave 1, only the 20 respondents who answered 'yes' were routed to the questions about their relationship with support workers. It has therefore not been possible to compare the responses given to this question at each wave.

Figure 11 Thinking about the people who are supporting your family, how much do you agree or disagree with the following statements?



Source: Source: Final wave (2024) family survey (base=65-67)

Those interviewed felt cared for by hub staff, which helped develop trust and rapport. Over half (52%) of families surveyed also reported that they trusted the staff supporting their family (n=66). Staff members helped to remove the stigma and worries some parents and carers felt about asking for help, through their non-judgmental (relational practice) approach to supporting families.

You feel like you can trust them and feel comfortable with them and so on...Everyone's made an effort when I've been upset. They've always been there: do you want a drink and chat? - *parent/carer*

Family survey respondents were asked if they had a named contact person supporting them in family hubs. Whilst half (50%) of family survey respondents reported this was not applicable to their circumstances, 27% reported they had one and very few (14%) did not

(n=66) (linking to Model Framework Connection criteria). Additionally, the families interviewed had engaged with multiple staff members in family hubs. These included a range of professionals such as reception staff, frontline staff and hub managers, midwives, health visitors, therapists, portage workers and educational psychologists. Interviewees commonly shared they were appreciative of staff members and professionals' duty of care. They appreciated that staff took the time to get to know them and their children, to fully understand their needs. For example, they valued that staff tried to cater to a range of needs such as dietary requirements (where activities involved food and refreshments) and were considerate of children's sensory issues.

Where children had previously struggled to engage with professionals, (for example, because of SEND or mental health needs) staff and professionals took the time to build a trusting relationship with parents and carers before delivering support. In other cases where families were experiencing challenges such as relationship breakdown, domestic abuse or dealing with traumatic events, interviewees felt comfortable to speak with staff and could rely on them for emotional support.

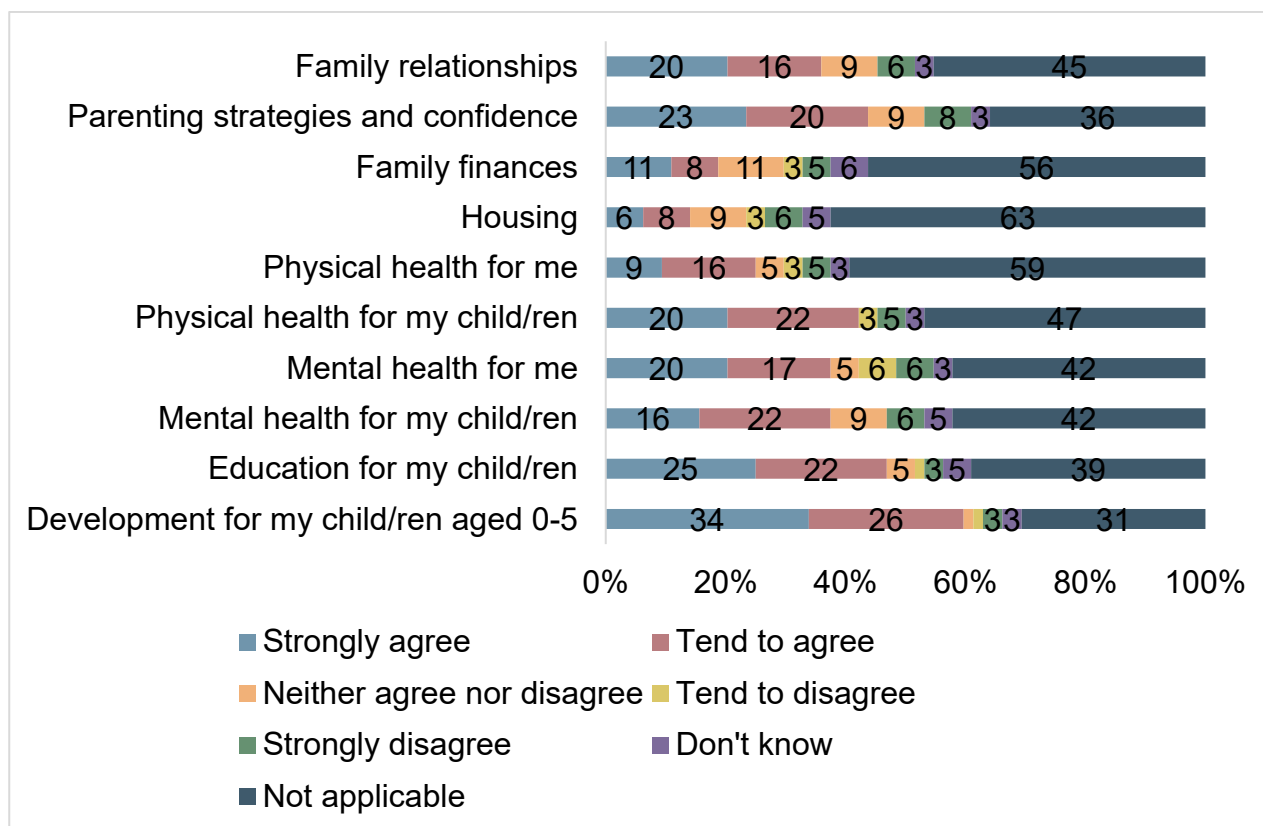
Few negative experiences of support staff were mentioned. In one case, a parent shared that when they met the professional who would be supporting their child, they were not wearing a lanyard to easily identify who they are. This was coupled with a lack of information shared prior to meeting the professional which the parent found concerning. In another case, a parent shared that some of the information and advice shared was unhelpful and unpractical because it was not tailored to their family's circumstances and their children's needs. This reflects the challenges outlined in Staff training and development, and the need for ongoing training.

Outcomes for families

This section presents the early-stage outcomes achieved for families who have accessed family hubs, primarily from parent and carers' perspectives. In many cases, family hubs had only been open for a short period at the time of final wave survey and interviews, meaning families had not accessed family hubs frequently or sufficiently enough to observe many changes. The survey question asking about what difference family hubs had made to families was asked of all respondents; they were given the option to choose 'not applicable' where services had not been accessed, and these responses are included in the data reported in this section. However, where family survey respondents indicated that support for 0-5s development, family physical health and children's education was relevant to them, the majority suggested family hubs had helped with these things (37 of 43, 27 of 34, and 30 of 39 respondents respectively). The qualitative

data from family interviews echoed this - where families were able to comment, the changes they talked about were largely positive³³.

Figure 12 To what extent do you agree or disagree family hubs have helped with



Source: Final wave (2024) family survey (n=62-64)

Improved family relationships

As shown in Figure 12, 23 of 35 respondents who indicated family relationships was relevant to them (and 36% of all survey respondents, n=36) agreed that family hubs helped them with improved family relationships. Parents and carers further explained that accessing under 1s and 2s groups and sensory rooms gave them the opportunity to have better interactions with their babies and infants which resulted in improved relationships with them. Interviewees often received support from other parents, family hub staff and professionals like midwives and health visitors, including advice on specific needs like breastfeeding, allergies, colic and breathing issues. Receiving this level of support meant that parents and carers had a better understanding of their babies and how to support them, which helped them build stronger bonds with their children.

³³ Respondents were less likely to report family hubs helped with housing (9 of 24) or family finances (12 of 28) however sample sizes are small and some may have 'disagreed' that family hubs helped with these things because their family had neither accessed nor needed this type of support.

Improved parenting strategies and confidence

43% of survey respondents agreed that family hubs had helped them with parenting strategies and confidence (n=64). Interviewees commonly linked this achievement to the parenting courses they accessed, and parent peer support they received from family hubs. These courses covered a range of topics (which differed across local authority areas) including supporting children with ADHD and autism, staying safe online, children's development, positive and healthy relationships and behaviour management. The parenting courses also gave parents and carers new techniques, which in turn helped them to better support their children.

Everything changed [after doing the course], my parenting changed completely. You don't realise how much you need that help, I think every parent should do that course 100%. – *parent/carer*

Attending support groups and meeting other parents also provided opportunities to exchange knowledge and parenting experiences, which interviewees found helpful. This was particularly the case for new parents who were previously struggling with parenthood and needed extra guidance.

I think you can learn a lot from other [parents] as well...a lot that I have learnt about my son's ADHD and autism comes from the coffee mornings...the parents share their experiences that you can feel associated. – *parent/carer*

Improved mental health and wellbeing

The evidence suggests that parents and carers felt happier since accessing support from family hubs and have experienced improved mental health and wellbeing. Of family survey respondents who indicated mental health support was relevant to their family, 27 of 34 (37% of all survey respondents, n=64) agreed family hubs helped them with their own mental health, and the same proportion agreed the hubs had helped with their children's mental health. In some cases, parents' and carers' improved mental health was linked to the extent to which their children's needs were met. They described that prior to accessing support from family hubs, they felt lost and unsure about how to meet their children's needs. However, receiving support from a family hub helped them feel less overwhelmed, stressed and anxious.

Whilst not captured in the family survey, some interviewees also mentioned their children's confidence and social wellbeing had improved since attending family hubs. Parents and carers attributed this to participating in new activities, and in a few cases, to family hubs' youth offer. Where this was the case, they had observed their children were expressing themselves and engaging in social settings beyond family hubs more than before.

Children (including young children) had presented with behaviour that challenges in certain families and had struggled to understand and manage their emotions. Their parents and carers commonly said that the support they received from family hubs helped their children to regulate their behaviour. For example, parents and carers had noticed less aggression, their children feeling calmer and more controlled, and reported less physical violence like biting. They linked this to the support groups their children had accessed through family hubs, as well as parenting courses which gave them the tools to help their children to manage their behaviour.

The courses, and also when my son was struggling with his behaviour, I could always go in and say I needed advice, they would always help me.

– *parent/carer*

Whilst not captured in the autumn 2024 survey, an important outcome commonly discussed in parent and carer interviews was reduced isolation through having opportunities to socialise with other parents. This was strongly linked to supporting mental health and wellbeing and was achieved through attending under 1s and 2s groups, sensory rooms, and other groups at the family hub. Additionally, parents and carers interviewed indicated that developing friendships and networks meant they felt less alone, but also the family hubs became a reliable place they could access when they needed help. It is worth noting that it was too early to fully understand whether developing support networks has supported families' resilience – an intended outcome in the ToC.

Children's development

Through new friendships and networks, several parents and carers observed that their children's (aged 0-5) social and emotional wellbeing has been supported. This included children who previously struggled to socialise and interact with peers or struggled with communication. Parents and carers described their children interacting with others during support groups and youth activities delivered in family hubs. In some cases, they described that their children had previously struggled to make friends (for example at school), but the family hub felt like a safe and comfortable place for them to socialise, which facilitated building friendships.

Relatedly, 60% of family survey respondents agreed that family hubs had helped with their children's (aged 0-5) development (n=62). Parents and carers added that their young children have been supported by professionals including therapists and portage workers who have dedicated their time to support them.

[Portage worker] come out and she's done playthings with [daughter], to get her to interact and also, we've been using signing to get her to start talking which has worked. – *parent/carer*

Children's education

Of the 39 survey respondents who indicated mental health support was relevant to their family, 30 (47% of all family survey respondents, n=64) reported that family hubs had helped with their children's education. This was reflected in interviews where parents and carers talked about staff being very supportive in addressing education related issues. They shared examples of struggling to work with their children's schools, especially where they felt schools were not considering their child's needs seriously and children were struggling with behaviour and SEND. Family support workers and family hub managers attended school meetings to advocate on families' behalf. Parents and carers reported that this led to improved working relationships with their children's schools, in turn improving their child's school experience. In other cases, the support received from family hubs also contributed to improvements in school attendance (for example, see the case study below) and, in one case, a parent said the family hub support helped prevent their child from being excluded from school.

Case study: improved school attendance

A family was struggling to cope with their autistic daughter's unmet support needs and had waited many months for help. It got to the point that their daughter would not go to school. The parents received help through the family hubs who made a referral for speech and language support which started 2 months later. The parents were invited to complete a specific parenting confidence course for parents of children with SEND in the meantime. After a few months, with their daughter getting the support they needed, and the parents feeling better equipped to manage her anxiety about leaving the house, the daughter had returned to school.

Less commonly reported outcomes

Figure 12 shows that family hubs supporting with housing and family finances were less commonly reported outcomes. Whilst not mentioned much in the parent and carer interviews, those who needed help with housing and finance often explained that they were signposted to housing and financial support services. There were specific cases where families have been supported with their housing needs, for example by accessing support for home adaptations and rehousing. Some financial needs were also met by supporting families with paying off their debt and accessing debt advice. In other cases, parents, carers and family hub staff mentioned during interviews that housing needs were not met. This was for various reasons, including not having housing partners on board, the complexity of housing and financial issues and family hub staff not having sufficient knowledge about housing and financial support services to signpost to.

Parents and carers surveyed were also asked to report on the following outcomes, which were seldom mentioned during interviews:

- **Physical health:** 25% of survey respondents agreed that family hubs had helped with their physical health and 42% agreed family hubs had helped with the physical health of their children (n=64).
- **Safety:**²⁰ 3 survey respondents reported a need for safety for themselves and their children, and all 3 agreed family hubs had helped with this.
- **Better management of drugs and alcohol, and families' safety:**³⁴ One survey respondent reported drug and alcohol support needs and agreed that family hubs had helped them with this.

Other less commonly reported outcomes from the parent and carer interviews included feeling more connected to their local communities. This was linked to views about family hubs buildings feeling more like community spaces, especially in comparison to children's centres. Several interviewees also felt less isolated because they had somewhere to go to meet other people and access support groups. In cases where parents and carers previously struggled to access services or ask for help, some said that their positive experience of family hubs had helped them to feel more confident about accessing services and support independently.

Other outcomes for children and young people mentioned included having fun in a safe, comfortable space, particularly through stay and plays for young children and youth activities for older children. Consequently, parents and carers greatly appreciated having access to the family hubs as they provide children with different experiences for free.

Suggested changes

Families interviewed during the final wave drew on their experiences of accessing family hubs to provide suggestions, primarily around family hub service provision and the promotion of family hubs. Many suggestions made were underpinned by families' positive experiences. It is worth noting that when asked to provide suggestions, many parents and carers interviewed did not provide any, suggesting they were satisfied with family hubs, which supports the survey findings reported in Experiences of family support services.

³⁴These survey answer options were only asked to survey respondents who reported them as a need.

Families' suggested improvements for family hubs

- Further promotion of family hubs to increase families' awareness. This was underpinned by the view that family hubs have not been sufficiently promoted and the varied levels of awareness as discussed in Family awareness of family hubs. Specific suggestions included:
 - More physical posters and adverts in places families go to often such as bus stops, supermarkets, GP surgeries and hospitals, and libraries (particularly as not everyone likes technology);
 - Social media campaigns;
 - Banners and signposting on other local authority webpages;
 - Monthly e-newsletters and adverts in local newspapers; and
 - More promotion by professionals such as midwives, health visitors, therapists and youth workers.
- Addressing gaps in the family hub service provision, including delivering more targeted and specialist support, including advice around housing, employment, finances and debt, applying to schools and nurseries, and life skills.
- More parent peer support and volunteer-led groups (for example, arts, crafts, baking and other fun activities) to overcome isolation and share knowledge and skills amongst peers. Families' suggestions included a young (adolescent) parent support group, Dads groups, and young carers support.
- Expanded opening hours to include evenings and weekends to make the hub offer more accessible to working parents.
- Delivering more groups and activities in a hybrid format, including a mix of in-person sessions and virtual delivery where appropriate to support access.
- Making the hubs more accessible for a more diverse range of families, including further consideration of families' needs (including SEND and physical disabilities) to ensure equal access.
- Where parents and carers were satisfied with the family hubs and service offer, they wanted this to continue or expand.

Workforce experiences and outcomes

This section outlines the main changes the family hubs workforce had experienced by the time the final interviews were conducted in late summer/early autumn 2024. It covers the workforce experiences of transformation – the changes made to staff roles and day-to-day working practices, what aspects of transformation proved to be the most challenging, why and recognised early successes. Recommendations based on the learning from this chapter are presented in Supporting workforce experience and outcomes and Recommendations for DfE.

Key findings

- The final workforce survey showed improvements in workforce views about how well the transformation was managed over time, including in the development of a shared vision, how well the process had been managed, and that family hubs were or would improve family experiences or outcomes.
- There was less change over time in workforce views on the potential for the transformation to help staff do their job better or improve local authority leadership and responsibility lines more broadly. With many family hubs being only very recently opened, it was likely too soon to see these changes.
- Critically, staff interviewed did not believe there was enough time for transformation leads and managers to work through detailed plans in collaboration with all stakeholders, nor for the workforce to fully take-up Continued Professional Development (CPD) opportunities.
- Staffing changes as part of the transformation have proved to be welcome and unsettling in equal measure. Where communication was inconsistent or staff engagement not maintained, challenges in coping with change were exacerbated.
- The case study interviews found that overall, promising progress has been made around integrated strategic partnerships and operational practice, with local authorities and partners, including the VCFSE sector, working more closely together.
- Broader and better-quality workforce development training offers were helping to build the confidence and capacity of staff, especially upskilling staff in trauma informed and relational practice approaches. Having an improved work environment also helped.
- An increased service awareness among partners had started to improve signposting (for example, to health, housing and education), meaning staff commonly believed they were able to intervene earlier, and meet families' complex needs better.
- However, there were huge capacity constraints within the programme and wider support services, making it impossible for family hubs to be expected to meet rising demand and unmet needs.

Views on the management of the transformation process

Before delving into the detail of workforce experiences of the transformation process, this section provides an overview of key findings from the final workforce survey, illustrated with select charts including figures that compare the findings from wave 1 and wave 2. As

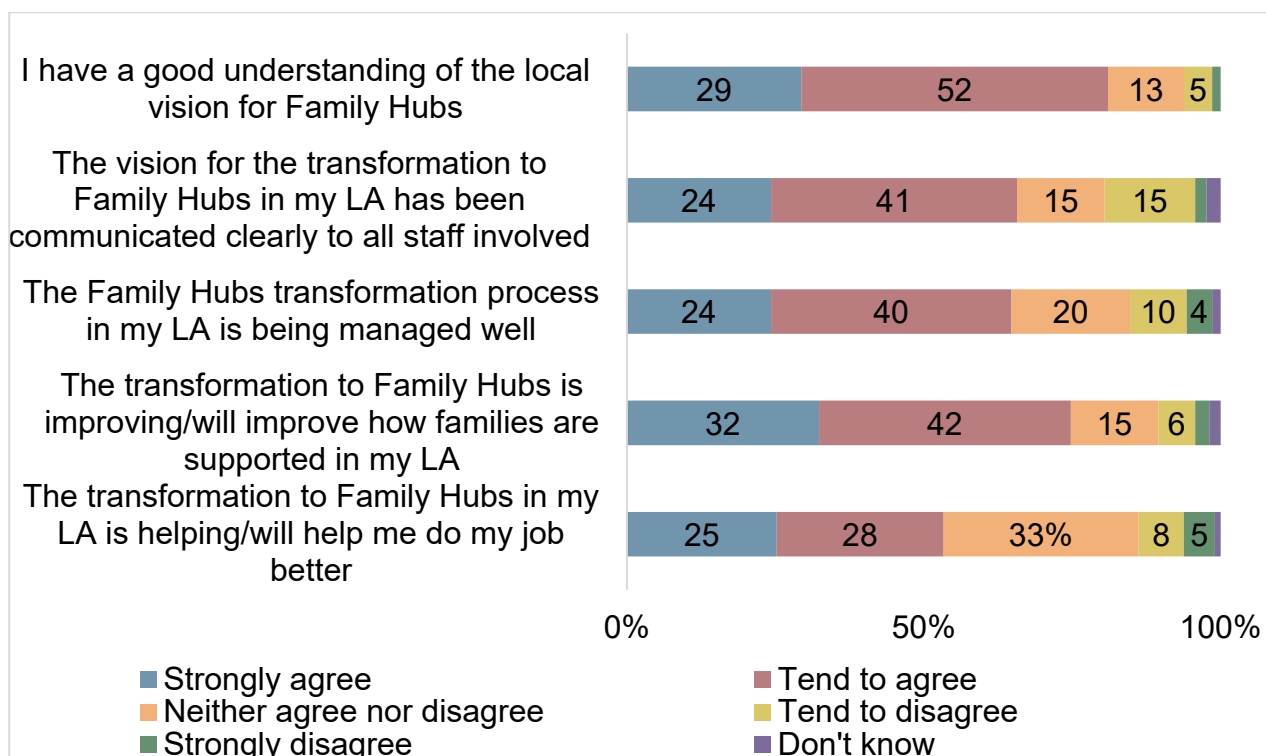
explained in the method, the survey was cross-sectional and not pre-post, therefore the results shown are illustrative and do not provide a generalisable picture of distance travelled.

Figure 13 shows workforce responses to questions about the management of the transformation. Survey findings showed progress in the development of a shared vision and understanding of family hubs across the workforce, with interview data suggesting launching the hub buildings had improved staff engagement and awareness.

Understanding the vision

The majority (81%) of survey respondents agreed they had a good understanding of the local vision for family hubs (n=211), compared to 74% at wave 1 (n=139). Almost 2 thirds (65%) agreed the vision had been communicated clearly to all staff involved (n=210), compared to 55% at wave 1 (n=139). Those leading a service and setting strategic priorities (n=11/14) and those managing teams (n=21/29) were slightly more likely to agree with this statement than those working directly with families (65%, n=93), reflecting the pattern of views at wave 1. Under a quarter (27%) of frontline staff disagreed that the vision had been communicated clearly to all staff (n=93) (see [Maintaining staff engagement in the process](#) for learning).

Figure 13 How much do you agree or disagree with the following statements?



Source: Final wave (2024) workforce survey (base=210-211)

Management of the process

Almost 2 thirds (64%) of workforce survey respondents agreed the family hubs transformation process had been managed well (n=210), a 10 percentage point increase when compared with the wave 1 survey results indicating workforce views of management had improved as the transformation progressed.³⁵ However, those leading a service and setting strategic priorities were considerably more likely to agree with this statement (13 of 14) compared to those managing teams (22 of 29) and those working with families or children and young people directly (57 of 94), the reasons for which are explored in later sections (for example, see [Coping with change](#)). This finding was echoed by strategic interviewees across local authorities who generally expressed the transformation had been well-managed through a dedicated transformation team and praised staff members leading the transformation:

It's been quite fast moving and there's been so many disparate elements to bring together. But I think [the project lead] ... has been really effective at doing that. – *strategic staff member*

Potential for helping staff to do their jobs

Whilst 3 quarters of workforce survey respondents (75%) agreed the transformation has/would improve how families are supported in their area (n=210), there was less optimism that it was/would help staff do their job better. Just over half (53%) agreed with this statement reflecting it was still early days following some hub launches (n=210). The wave 1 interviews found frontline staff generally put this down to worries about changing roles and responsibilities, or because they anticipated limited changes beyond potentially moving locality, especially if they were already in an integrated working environment, and for some this proved to be the case. However, there were also examples of promising practice which are discussed in [Co-location](#).

Local authority leadership and responsibility lines

Two areas where the workforce survey findings at waves 1 and 2 were similar were views on the effectiveness of local authority leadership and the clarity of lines of responsibility across staff and services at all levels. In autumn 2024, 62% of staff surveyed agreed that there was effective leadership of family services across their local authority, whilst 12% disagreed (n=191). Bearing in mind the small sample sizes, there was little difference from the beginning of the transformation where 59% agreed and 10%

³⁵ Just over half of wave 1 survey respondents (54%) reported at the start of the transformation (n=139), although sample sizes are small and cross-sectional, therefore cannot be generalised at either time point.

disagreed (n=132), perhaps a reflection of the wider pressures on and changes afoot in many local authorities with reduced budgets and other restructures.

Furthermore, there were mixed views on whether there were clear lines of responsibility across staff and services at all levels. Just over half (53%) agreed whilst 22% neither agreed nor disagreed, and a further 17% disagreed (n=193). There was a negligible improvement from wave 1 when 42% agreed (n=137).

Changing staff roles and responsibilities

Final wave interviews across the statutory and voluntary sectors commonly found that changes to staff roles and responsibilities because of the transformation programme had so far had different impacts on staff members, ranging from substantial to minimal/no changes. As would be expected, strategic and operational managers were generally more aware and closer to family hubs transformation changes than frontline staff who tended to know less, unless their roles were directly affected.

The main changes implemented during the evaluation timeframe centred around:

- The introduction of new roles to manage the transformation process, an aspect of a new way of working, or an expansion of newer approaches.
 - One local authority introduced 2 managers to each locality hub – a practice manager of family caseloads and a community manager looking after community and volunteering interventions.
 - In other areas there were family information service navigators, SEND Portage roles and a new employment advisor to add value to a growing early help team.
- Changing the name and scope of different roles (for example, a family information service coordinator role which normally involved telephone contact with families changed to an outreach navigator role, involving face-to-face meetings and early help assessments, which required new skills).
- Upskilling staff to support them in their new roles (for example, via training in relational practice models).
- Team reorganisation (including streamlining and combining teams, sometimes as part of wider local authority restructuring).
- Co-locating more staff to help with closer integration.

Many family hubs had only been open for a few months at the end of the evaluation timeframe, and therefore the implementation of some new roles was in the early stages or forthcoming. Certain staff had not experienced any changes to their ways of working. For instance, a frontline interviewee said there had not been any changes to how their team works with families; the principles of their approach remained the same but in time

there would be tweaked processes. There were also reports of excited anticipation because in at least one area, the frontline role changes were not in force yet.

Before discussing outcomes, the leading barriers the workforce encountered are outlined as background.

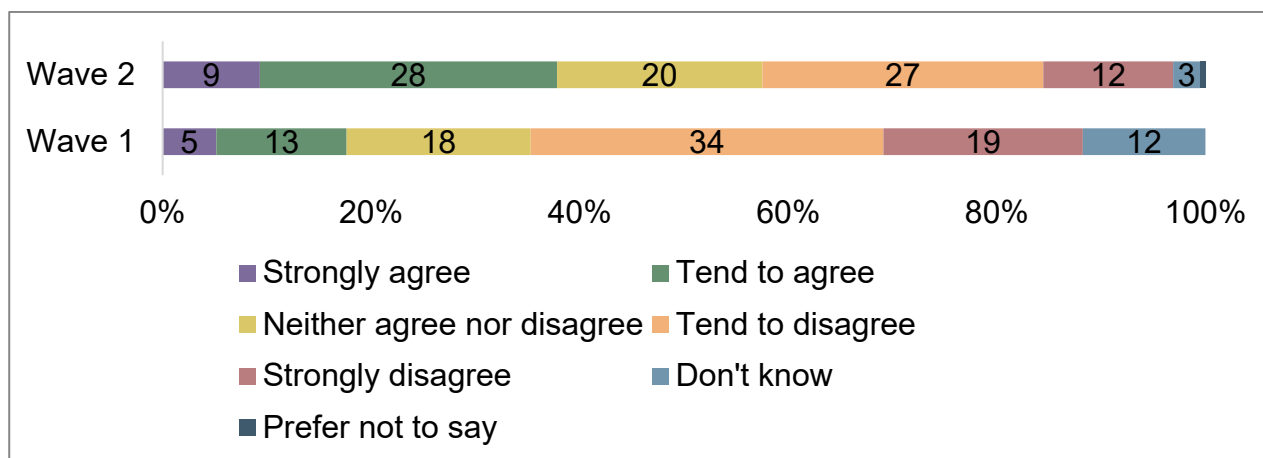
Common challenges and how to overcome these barriers

Insufficient time, capacity and resources

A huge issue was not having enough capacity to staff the transformation strategically and operationally. As outlined in The transformation journey, several local authority teams had brought in external consultants to lead or support the transformation. The interviews found that bringing in consultants, who were less familiar with the local context, sometimes led to teething problems and extra frustrations for local authority staff to cope with on top of their ever-increasing workloads. There were positive experiences when a time-limited transformation team provided the dedicated capacity needed to progress elements such as the digital service offer and community engagement; aspects that would not have been possible for those with operational responsibilities. Where this was the case, interviewees said it would have been helpful to have the transformation team in place for longer, especially as it was hard for other staff to maintain aspects like partner engagement without transformation colleagues' skillset.

Capacity constraints were a key theme in interviews and the survey at the interim evaluation stage, with some local authorities reporting their staffing levels were at the lowest point they had ever been. As Figure 14 shows at the beginning of the transformation, only 18% of staff surveyed agreed there were sufficient staff to deliver family services (n=136). This had improved by the end of the evaluation to 38%, however a slightly larger proportion (39%) disagreed there were sufficient staff to deliver family services (n=193).

Figure 14 At this stage, how much do you agree or disagree with these statements about family hubs in your local authority: There are sufficient staff to deliver family services



Source: Wave 1 (n=136) and wave 2 (n=193) workforce survey

Interviewees shared capacity compounding factors; difficulties recruiting people with the right mix of skills to posts, reduced time for direct work, staff changes, and staff leaving because of the changes asked of them. Where in-house staff took on the transformation lead and support roles, they also often struggled to cope with the additional demands alongside their day jobs, especially in local authorities where there were wider structural reorganisations afoot.

I think my key messages are restructuring at the beginning of a transformation is really, it's really hard, because you're trying to transform people and there's always a percentage of them that maybe aren't happy. So, you're transforming at the same time as dealing with a restructure, and if you'd restructured even without a transformation, it would have been hard. So, I think that means you kind of need longer and you need more support to develop it, particularly some things just seem to get quite stuck. And no matter how hard everyone's working on it. I think you also really need a resilient, flexible, positive workforce, so anything you can do to create that makes the whole transformation easier. – *frontline staff member*

In several local authority areas, managers and frontline staff voiced similar concerns about the speed and scale of the transformation, and the number of actions expected. They did not believe there was enough time for transformation leads and managers to work through detailed plans in collaboration with all stakeholders, and so certain interviewees found the transformation process unnerving, exclusive, and believed progress would have been smoother had they been better informed. Putting enough time into ensuring teams know what is involved (continuously) was a key learning point. This might have enabled staff to better manage any difficulties in maintaining relationships with organisational partners when there were changes.

Make sure that all staff within the local authority really, really understand what the transformation is. – *frontline staff member*

Additionally, the severity of local resource constraints made it hard for staff in local authorities and VCFSE organisations to provide families with the basic resources to create welcoming environments – such as being able to offer tea or coffee and engage families as effectively as they would have liked.

The [local] programmes are great, the planning is brilliant, the idea behind it is amazing. But if you don't have the resources to actually show the parents about positive bath times and how to support babies in the bath, if we can't have the adequate resources, then we're not able to fully engage with them and show them how they can actually support their child. – *frontline staff member*

Inconsistent communication

In places, staff reported a lack of clarity around what would be happening to who, and when, and did not feel that things became clearer with time. For some, changes were experienced as happening far too slowly. When asked about how well informed they felt about the transformation, it was not uncommon for various staff to say that communication was inconsistent, often dropping off or being delayed.

The thing is, even in September [2024], we still don't know what is running and yet I'm referring in, and we don't know when they're going to be. So again, I'm still at that point where us as professionals aren't knowing what's going on. – *frontline staff member*

Some interviewees were keen to convey that they had been consulted and felt listened to, even if feedback mechanisms could have been timelier and more transparent. These issues led to some scepticism and uncertainty that put earlier positivity around the introduction of family hubs at risk.

Challenges with communication from DfE were also mentioned by interviewees. Interviewees would have welcomed more notice of the extension (as explained in [Introduction](#)), given in late summer 2024 shortly before the transformation period was due to end in September 2024, albeit recognising the uncertainties around the General Election and government change.

Coping with change

At times, staff reported feeling ill-equipped to oversee the structural and cultural changes the move to family hubs brought. For different workforce grades, there were examples of detrimental effects to morale, and on occasion, wellbeing. A frontline service manager said that, whilst their role had seen little change, they struggled with not having the

answers to their team's questions which made them feel *"awful"* as a manager. The risk that local authority staff who had already experienced multiple service redesigns would become *"change weary"* was reported separately.

Challenges related to changing responsibilities (whether anticipated or actual) were somewhat offset if staff had strong previous experience and confidence in their roles, although sometimes those that had been doing the same job for years struggled to adapt. For example, in line with the family hubs approach, certain staff were asked to work with older children when they had trained with children aged 0-5. Others had to start face-to-face assessments with families when before they had offered telephone support. Not all welcomed these shifts.

A more considerable change involved a team of family support workers that mainly delivered group work at community settings changing to case holding. In this team, staff responses to new responsibilities, training and ways of working ranged from all embracing to struggling to cope with holding families. Reflecting on this change, one interviewee spoke positively about the *"brilliant"* new staff who had shown they were a good team fit but simultaneously highlighted how sad they were to see highly skilled, unhappy staff feeling unable to do their new jobs and choosing to move on. One such sticking point was a new *"process-driven"* recording system which suggested some staff might require additional support to manage the system changes.

In the context of common management challenges and short timescales, new roles introduced as part of the transformation were not always welcome at first. While initial decisions had to be made quickly, with more time and wider staff involvement, more informed change might have been possible. In one example, new navigator roles were introduced to help schools and families find their way around the early help system, but staff did not think the name was helpful because it suggested services were in a complex system. Similar feedback was shared about a new 'connector' role in one local authority. In both cases staff thought the titles could potentially make services seem 'difficult to navigate', when the roles intended to make services more accessible. Despite their concerns, evidence from the family and staff interviews indicates that the navigator-type roles have made a positive difference (see [Staffing family hubs](#)). As implementation continues, future work could usefully explore how families perceive these name changes and any effects on their interaction with services.

Maintaining staff engagement in the process

Interviewees in several areas highlighted how important it was for workforce confidence and ongoing engagement that staff felt continuously in the loop. They highlighted the risk of losing momentum with team and partner engagement over time.

It would have been ok for them to say we think it's going to look like this; we're not 100% sure etc., but instead we just got nothing. So yeah, just to have that bit more information, that bit more clarity before the changes happen would have been good. – *frontline staff member*

I think with any change, there becomes like a lack of momentum. And then by the time it sort of got to it, you know that collaboration starts to trail off. – *frontline staff member*

Where staff felt involved, the destabilising effects of change were not as greatly felt. As one frontline staff member reported, teams had been well managed, were keen, shared one goal and were willing to be adaptable and work together. A further benefit of engaging with the transformation was that certain staff became more involved in operational and strategic board activities, which helped to align their work and culture.

In at least one local authority area, new, longer, hour-long supervisions were introduced to support staff with managing their new responsibilities. They provided a mechanism to help staff overcome any challenges they experienced. Longer supervisions did not appear to be the norm though, and in certain interviews there were requests for more senior supervision, as one staff member said it could be isolating for specialists who were now hub-based and no longer placed with their team. In the future, family hubs and evaluations should consider the effects of supervision and reflective practice arrangements, now considered to be “*more of a professional framework*” (*local authority lead*) in one location.

Workforce outcomes

In autumn 2024, months before the revised transformation end date in March 2025, the main achievements from the workforce perspective were a more integrated workforce and upskilled teams (see outcomes) enabling certain staff to feel like they were meeting families' needs better. In several areas additional benefits were reported. These included better access to community spaces that facilitated more integrated service signposting, family engagement and improved staff wellbeing. Minor themes described were the gradual efforts to broaden the age range for services to include young people (however, most commonly local authorities still focussed on younger children as they had done with children's centres), and emerging benefits to becoming more data-led. Notably, the interviews found that some frontline staff had not yet experienced any differences to their roles or ways of working.

Integrated workforce

Family hubs centre on a model of integrated working and a key intended outcome for the workforce is enhanced partnership working across services. The evidence was promising but mixed. Mid-way through the evaluation, staff interviewed had hoped that physical co-

location would facilitate more collaborative working and information sharing among staff. They expected the hubs would give family services greater visibility within the community making it easier for families to access the support they needed and make staff more aware of and connected to the community that they served. At the end of the evaluation period the workforce was asked for their view of the top 3 achievements of the transformation. Increased access and engagement with stakeholders, local partners and the VCFSE sector were main themes. Both strategic staff and the wider workforce highlighted efforts to integrate services and local communities as a main achievement of the transformation.

Staff interviewed in certain roles indicated that family hubs were enabling a more strategic approach to identifying and filling service gaps.

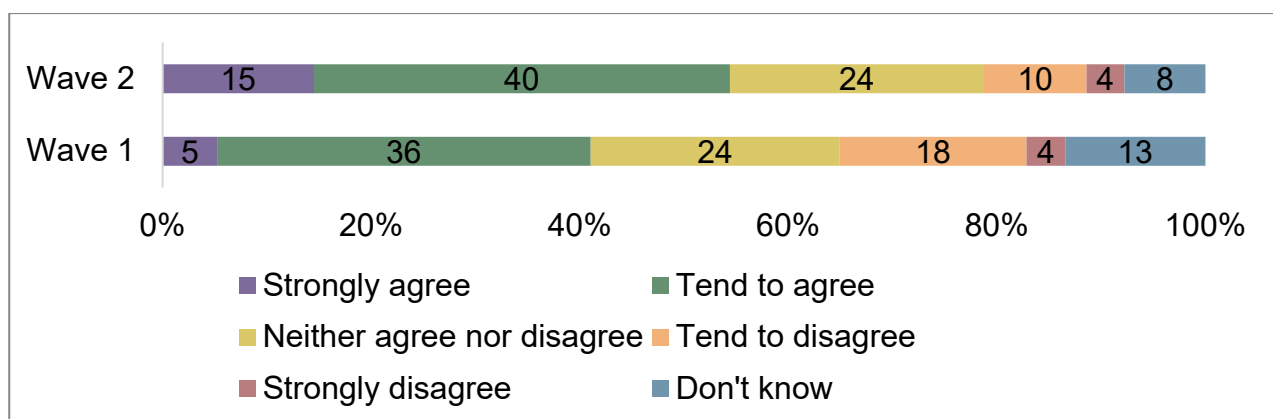
The transformation does allow you to sort of take stock of where you're currently at...when you have additional programmes and additional support, you are able to go ok are we managing to reach diverse communities...just having that space for allowing the organisation to reflect. - *strategic staff member*

Most frequently though, the integration effects were more practical and for different interviewees who previously worked out of children's centres, not much about their ways of working had changed because they were already using a similar approach.

Increase in and effects of co-location

Regarding co-location specifically, over half (55%) of staff surveyed (Figure 15), agreed that services are co-located (n=193) – an increase from 41% in wave 1 (n=134).

Figure 15 To what extent do you agree or disagree that services are co-located?



Source: Wave 1 (n=136) and wave 2 (n=193) workforce survey

Often, the hub buildings provided a “meeting point” for more organic conversations to happen, which was found to be a real positive.

[I] think it probably should have been done a long time ago and you know, just kind of having all these different services under one roof and just kind of,, there's always somebody who knows someone, you know you're discussing a case and it's basically like, you know, do you know, such a person in in this area, do you know such a person? And it's just that, you know, kind of networking that, you know, it's really making a difference as opposed to the families. – *frontline staff member*

Co-location provided space and opportunity to develop partnerships by bringing organisations into the hubs to offer a more holistic service (linking to Model Framework Access and Connection criteria). Strategic and frontline staff interviewed consistently noted enhanced collaborative working and the reduction of service duplication as key strengths of the family hub model. Some local authorities were able to strengthen partnerships (including with mental health services and SEND providers) and significantly improve families' access to specialist support in communities by bringing services together. This complemented wrap-around support from health visitors and VCFSE partners, providing a "*one-stop-shop*" approach (linking to Model Framework Connection criteria).

It's definitely used as an open door - families are going there and it is working. - *frontline staff member*

In one instance where staff had moved from clinical settings to practice in family hubs families who came in for health appointments could see the wider hub offer more easily. To ensure no-one was missed, the health team took a hybrid approach during the transition phase, practising from both settings. Joint visits between school nurses and health visitors were cited as a positive outcome.

Where services were co-located, some staff said the way in which families moved from one service to another had changed. For instance, when talking about how their local authority tried to improve links with health, a frontline staff member was extremely positive about the closer work between community midwives and health visitors. They said there were more face-to-face interactions with families which they believed streamlined their care.

Mums will access sort of lots of different care over their sort of post-natal and antenatal periods that the family hub has brought together a bit more than what it was when it was a children's centre. – *frontline worker*

In another instance, a growing awareness about poor mental health in the under 5s following training by CAMHS had begun to lead to an increase in referrals to the under 5s CAMHS service. Partner services did share several benefits such as family hubs helping to raise the profile of one health visiting team, which staff believed made their role more easily accessible and efficient for families. There was a sense among frontline staff

interviewed that the family hub approach had led to a recognition that the team provided a better offer for families.

Co-location with VCFSE providers also increased health partners' knowledge and appreciation of the VCFSE offer, which had improved signposting families to available support and activities (see [Improved signposting to services](#)).

It's really helped to bring different professionals and organisations together under one roof to enable much better partnership working. That has been a massive strength and really benefits families. - *frontline staff member*

Although not a core outcome for the family hubs, VCFSE interviewees who were delivering services from hub sites expressed the benefits to their organisation of being able to deliver from the spaces. They reported this enabled them to expand their delivery. They also perceived the delivery space as sustainable due to it being local authority funded (rather than short-term grant-funded) and valued not needing to pay rent despite not being commissioned by the local authority.

Based on the staff interviews, the key successes from co-locating family services (linking to Model Framework Connection criteria) were:

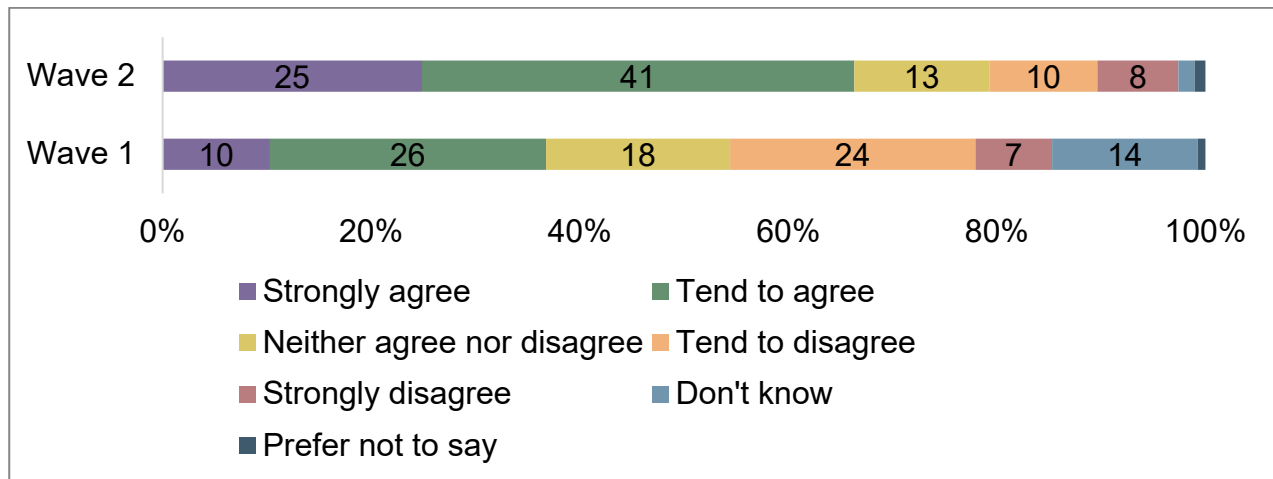
- **Greater exposure to families:** the open door provided more opportunities for open conversations with families, building trust and familiarity, so families felt more comfortable asking for help if they needed it.
- **Vulnerable families receiving support from different professionals, faster.** In some cases, staff believed earlier interventions were reducing the likelihood of problems escalating. Several areas noted referrals to clinics operating in family hubs meant patients were seen more quickly, as they no longer had to wait weeks between appointments.
- **[Potentially] more families accessing services through family hubs,** with some families utilising services at multiple hub sites. As more organisations were co-locating in family hubs, signposting and awareness was increasing across partnership networks, helping to reduce duplication.
- **Greater diversity of activities and services being used by families,** particularly as more VCFSE organisations delivered in family hubs. VCFSE provision in the hubs ranged from crisis interventions (including food charities and debt advice), through to healthy living and wellbeing activities (such as dance classes).

Views on the family hub environment

Two thirds (66%) of workforce survey respondents agreed that the physical work environment was appropriate for the work they do (Figure 16) for example, having

enough desks, suitable premises and spaces for in-person or virtual family work) (n=193). Whilst not a direct comparison, just 37% of staff surveyed at the beginning of the transformation agreed with this statement (n=136). Additionally, 75% of survey respondents agreed they had 'access to the data, information, IT system and software' to help them do their jobs, and only 10% disagreed (n=193). This is a marked increase from the first survey where just 49% agreed and 23% disagreed (n=135).

**Figure 16 At this stage, how much do you agree or disagree with this statement:
The physical work environment is appropriate for the work I do**



Source: Wave 1 (n=136) and wave 2 (n=193) workforce survey

Frontline staff interviewed were complimentary of the hub sites, finding them to be well-suited to their own and families' needs, across a range of professions. For example, health professionals described the spaces as being fit for purpose, including privacy, hand-washing facilities, comfortable furniture, and bins. They saw this as a marked improvement to pre-existing work environments but there were some ongoing issues as discussed in the next section.

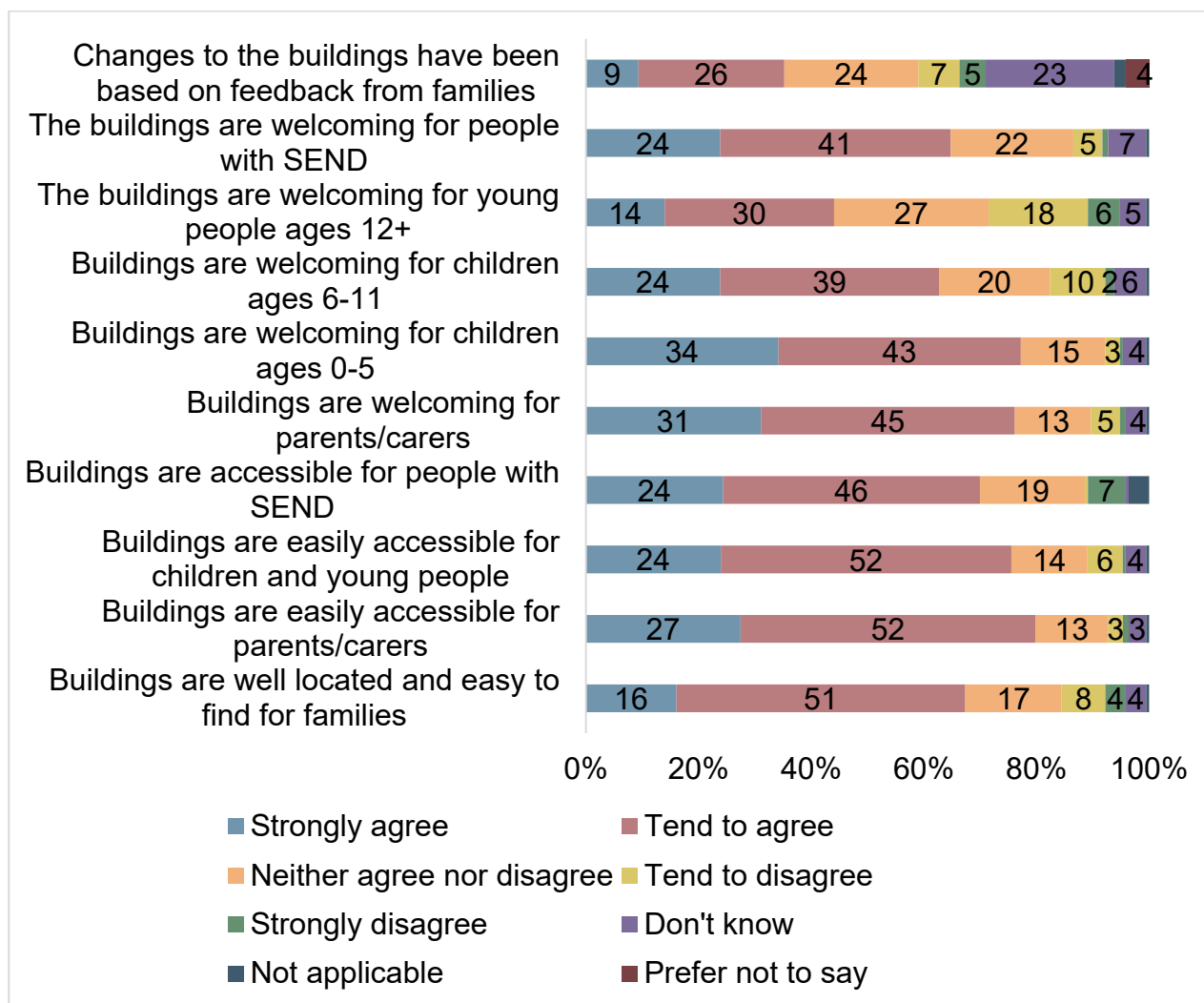
When we're delivering in a hub, it's even better because... it's accessible, it's easy to find, there's on-site toilets, things like that. It's very like, well looked-after. - *frontline staff member*

From a breastfeeding point of view, it's quite nice to have some comfy chairs. - *frontline staff member*

Staff also believed the buildings were welcoming to families (linking to model framework Access criteria), however this varied across different family groups, with less positive findings in relation to families with older children for example. Over 3 quarters of survey respondents agreed the hub sites were accessible (80%) and welcoming (76%) for parents and carers (n=193). Most, although a slightly lower proportion of, survey respondents reported that sites were also accessible (70%) and welcoming (65%) for people with SEND (n=193). Family survey respondents mirrored this view of family hubs,

similarly reporting that hubs were welcoming and accessible for all, but slightly less so for people with SEND (see [Views on family hub buildings](#)). Only 16% of workforce survey respondents reported that buildings would have been made more accessible in the absence of family hubs (n=167).

Figure 17 Thinking about family hub venues, to what extent do you agree or disagree with the following statements



Source: Final wave (2024) workforce survey (base=192-193)

Overall, 76% agreed they were accessible for children and young people (n=193). However, fewer agreed they were welcoming to older age groups: 77% agreed they were welcoming for 0-5s, 63% for 6-11s, but just 44% agreed they were accessible for children aged 12 and above (n=193). Staff and families interviewed reported challenges with older children using the family hub spaces, which they felt were more appropriate for younger children. For example, where children's toys were left out, there had been some damage caused by a subsequent youth group. A small number of local authorities addressed this concern by providing separate sites for older children within their family hub model, including sports halls and youth clubs. However, it was unclear how this fit with a wider

whole-family family hubs approach as the buildings were dedicated to older children and not necessarily attended by their families.

Families' views on the hub buildings are discussed in Family experiences and outcomes.

Challenges and considerations when co-locating

Strategic staff noted potential challenges around the extent to which co-location would improve service efficiency and ensure services were reaching those families most in need. Some family hubs were already at full capacity, and had insufficient space to co-locate all the services they might like to see in a family hub. Several local authorities felt it would not be practicable to move health visitors into family hubs on a full-time basis because of network access and space. Then again, other areas noted localised limitations, such as empty rooms that could be repurposed within family hubs, and clashes with room availability as organisations wished to book space at popular times.

Whilst the collaborative approach had generated more shared venues, such as libraries, and opportunities for community-based delivery, it was tricky at times to create environments that were suitable for changed audiences, such as 0-5s in former youth centres, and older teenagers in former children's centres. Where VCFSE buildings had been repurposed to be family hub buildings, the staff formerly running the buildings were not always satisfied with how the processes was managed, including a lack of opportunities for them to express frustrations or give feedback. Additionally, where partners were using hub spaces intermittently there were several examples of organisations (for example, specialist debt management) not being consistently available. Staff said these created gaps in immediate support for families. Factors that were reported to be important in maintaining partnerships were "*handholding*" work, and frontline staff were concerned that family hubs lacked the capacity to do this work, plus making sure partnerships did not feel forced.

Moreover, because family hub buildings were not purpose built for any one group, organisations needed to make sure their activities were portable. Shared venues did however provide a structure that made staff feel more confident in their ability to get the right support for families at the right time, and to feel safer when delivering community services. Prior to the hubs, staff reportedly had nowhere to go as a 'safe space' (for example, for lunch or bathroom breaks) when working in family's homes.

It's given something that feels very safe for my staff because obviously putting your staff in a random room and saying, 'there you go' meet members of the public comes with a whole host of things... So, I think because of the family hub structure, that's made me feel more confident about delivering the services in a community way. - *frontline staff member*

Where family hubs were run by organisations outside of the local authority, certain staff found it challenging to retain oversight and wider partner buy-in, which was a consideration these areas had to work through. Though interviewees commonly shared a perception that the transformation had been an opportunity to harness the appetite of partnerships locally whether through co-location or not.

Integrated working with staff and partners in other locations

The workforce survey responses to questions about the extent of integrated working and whether local partner organisations shared the vision for, and ownership of family hubs indicated steady improvements between survey waves. However, the findings demonstrate that further work was needed to fully integrate services:

- Under 2 thirds (64%) agreed with the statement ‘People I work with understand the aims and priorities of family hubs (n=193), compared to 51% at wave 1 (n=136).
- Less than half (47%) agreed that key local partner organisations shared the vision for, and ownership of, family hubs (n=193), up from 39% who agreed at wave 1 (n=137)
- Just under half (49%) agreed that 0-19 services are integrated across the local authority (n=193), compared to 34% at wave 1 (n=137).

There were several examples from the interviews to indicate the transformation had established pathways for working more extensively with the NHS and other health providers (GPs, CAMHS and dentists), which was promising given the difficulties many local authorities reported in engaging with health partners. One local authority was also in the early stages of developing partnerships with local pharmacies. For example, strategic staff noted the transformation funding supported strategic coordination and management which enabled local authority teams to work better together across Public Health, Social Care, and Adult Services. There were other cases including, “*much more*” focus on youth provision (still a longer-term objective for many) and what was described as a more strategic approach to grant bidding and commissioning of services with VCFSE partners.

It brought in more partners. A lot of the services running out the hubs, although we knew them, we didn't necessarily work with them beforehand, especially smaller [VCFSE] partners who are much more localised, that's been useful, we've made a lot of contacts through this process. - *strategic staff member*

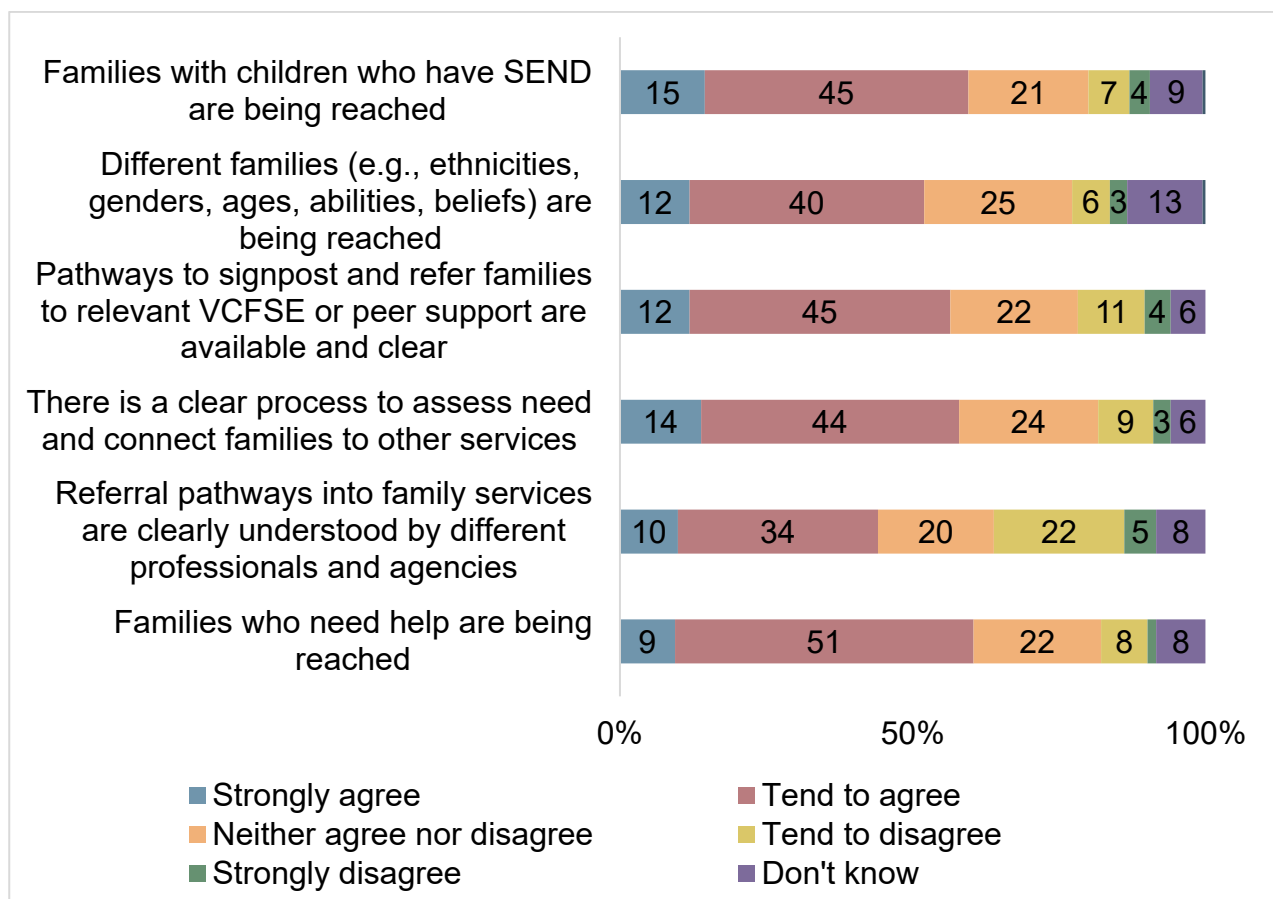
Interviews with diverse staff from different sectors indicated that the personal and professional familiarity they gained has also helped them to respond quicker, replying to known emails, and simplifying referral processes although there was limited evidence of improvements to referral processes at that stage. It is noteworthy that the hopefulness interviewees shared at the interim point around the potential for family hubs to improve

referrals remained alongside an accepted inevitability that the ongoing transformation will bring continuing challenges. The interviews found this was especially true when staff were asked to do something differently/new and had low resources.

It's early days. It's like with any change, it's tricky at first and then people get into it. – *frontline staff member*

As shown in Figure 18, for each of the questions about referral pathways, around a quarter of the workforce surveyed neither agreed nor disagreed with the statements, highlighting they felt it was still too early to know. A larger proportion agreed that families who need help are being reached and families with children who have SEND are being reached (both 60%, n=200-202). 58% believed that there is a clear process to assess need and connect families (n=202). Yet only 44% agreed that referral pathways into family services were clearly understood whilst 27% disagreed (n=202).

Figure 18 Thinking about referral pathways for families, to what extent do you agree or disagree that



Source: Final wave (2024) workforce survey (base=200-202)

Improved signposting to services

Positively, one area in which the final interviews generally found that the transformation programme had created more opportunities was for service signposting (linking to Model

Framework Access criteria). Figure 18 shows that 57% of survey respondents agreed pathways to signpost and refer families to relevant VCFSE and peer support were available and clear (n=202), although interview data suggests signposting was further developed than more formal referrals. Across local authorities there was a common sense among frontline staff interviewed that they had become increasingly aware of the role of different agencies and how services could work alongside each other to support families' best interests. The shift to bigger and broader teams, sometimes involving co-location, meant that staffs' awareness and knowledge of their collective service offer grew, and signposting (whether digitally via an improved online offer or in-person) had become or was becoming easier.

I think the family hubs model has forced people, because it's around the needs of families, to find solutions to problems than would have been seen as intractable before because the family hubs model, there was no forum for these discussions to take place. – *frontline staff member*

Overall, interviewees across the funded areas shared a range of collaborative examples they felt demonstrated improvements to service signposting:

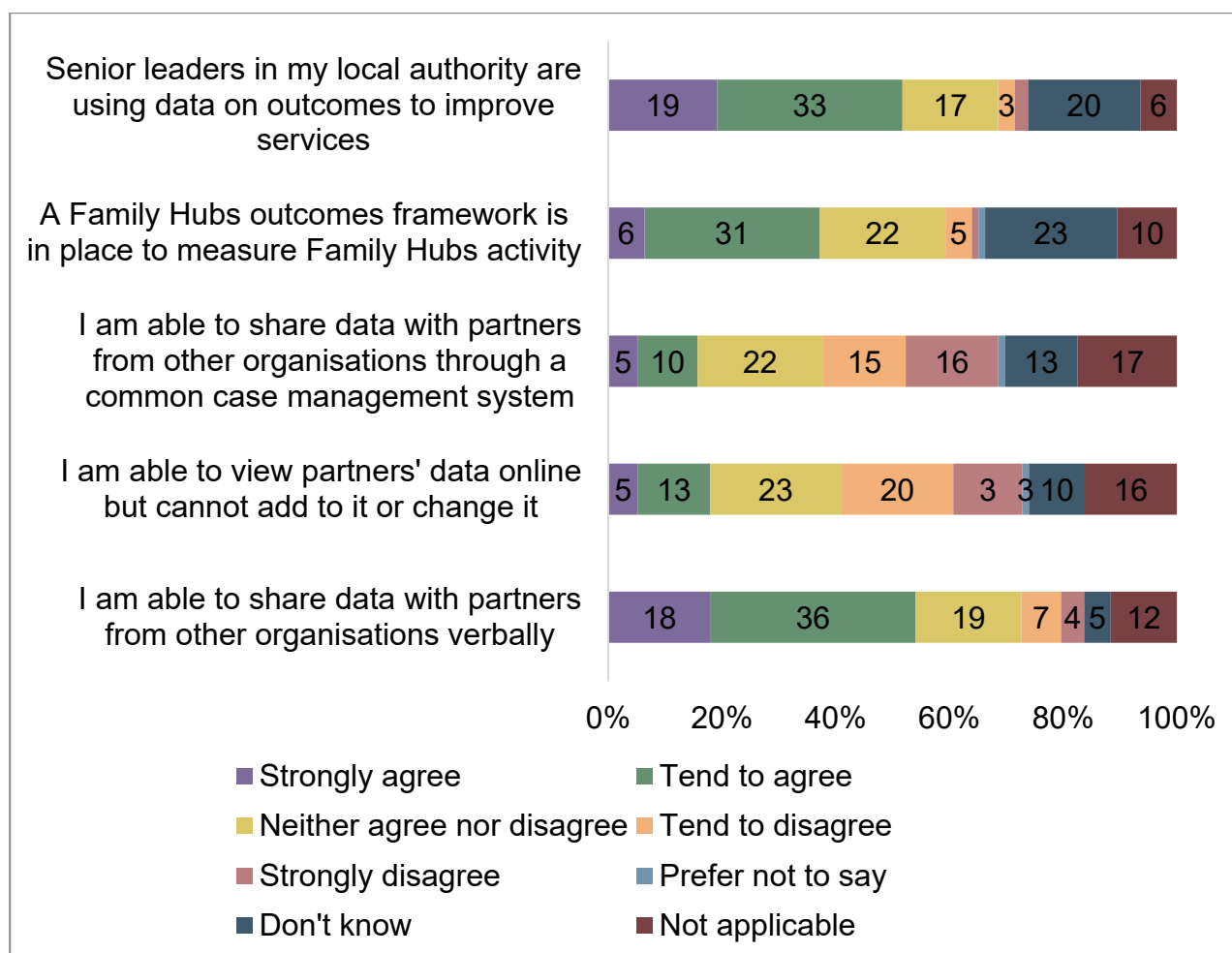
- **Housing:** Improved links with housing services were reported in one location. Recognising a major concern for local families was a lack of available housing, family hub and housing staff arranged a presentation to raise awareness of how to help families source information and raise specific concerns. Staff reported an improved ability to signpost families to housing services they needed but also flagged there was only so much they could do.
- **Childminders:** In one area family hubs reportedly reached more families through childminders who had started using family hub services and offered staff a useful bridge between families, services and schools.
- **The Citizens Advice Bureau (CAB):** had been a useful addition to the hub service offer in another local authority area after extending its outreach work to join family hubs. Staff said this enhanced the family hub's connections to the community it serves, although a member of staff did said it had been difficult to increase the number of service users indicating it might take longer to fully engage families.
- **Schools:** A local family hub early help coordinator started visiting a school weekly to offer parents and carers advice and guidance and support for TAS meetings, though for families that had poor experiences with school, the onsite meetings were a barrier which led staff to reconsider their approach for a future roll out.

As discussed in The transformation journey, it was still relatively early days for integrated working in general, and individuals acknowledged there was more partnership work that could be done. These findings should help to guide the next steps for family hubs.

Data sharing

The survey findings regarding data sharing were mixed and reflect this being an ongoing and difficult task. Over half (54%) of staff surveyed agreed that they could share data with partners from other organisations verbally, and only 11% disagreed (n=172). However, only 15% reported they could share data with partners through a common case management system, and almost a third (31%) said they are not able to (n=172). This suggested that, while organisations were in better contact with each other, a more formalised system would be beneficial to improve data sharing and become more data-led. The challenges with data sharing are discussed in [Data strategy and information sharing](#).

Figure 19 To what extent do you agree or disagree with the following statements about sharing data with family hubs partners



Source: Final wave (2024) workforce survey (n=172-173)

Staff training and continuous professional development

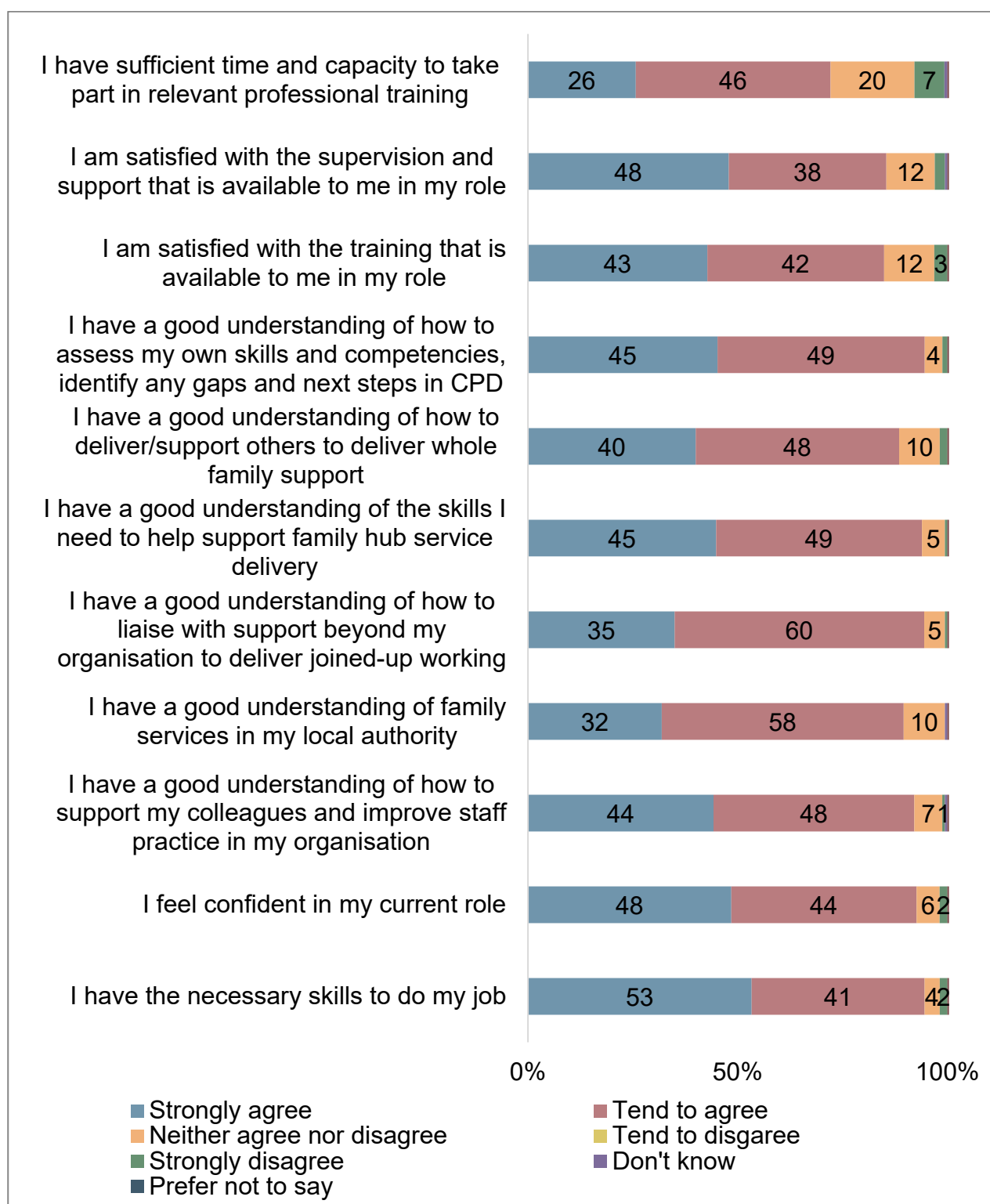
Most local authorities provided a level of staff training and when asked in the interviews for their views on the top 3 achievements of the transformation, workforce development

was commonly identified as one of the main successes. As reported in Staff training and development, the wide variety of training programmes covered management, resilience and positive change training, developing trauma-informed practice, mental health, safeguarding and specific qualifications like Level 4 in early help. Only half of the staff responding to the workforce survey at the beginning of the transformation (51%) agreed that they had a good understanding of the skills they need to help support family hub service delivery after the launch (n=324). Figure 20 shows that 94% of respondents agreed with this statement in autumn 2024, showing progress has been made in supporting staff understanding (n=166). Over the same period, a slightly higher proportion (94%, n=163) of workforce survey respondents agreed they had a good understanding of how to liaise with support beyond their organisation to deliver joined-up working - 83% agreed at wave 1 (n=319). Additionally, a slightly higher proportion of final workforce survey respondents (90%, n=162) agreed they had a good understanding of family services in their local authority - 80% agreed at wave 1 (n=322).

At the beginning of the transformation, the first workforce survey found that most respondents agreed they already had the necessary skills to do their job (94%, n=323), felt confident in their current roles (93%, n=324), and had a good understanding of how to assess their skills and competencies, identify any gaps and next steps in professional development (CPD) (92%) (n=323-324). Figure 20 shows this remained consistent as almost the same proportion of staff surveyed agreed with these statements in the final workforce survey (95%, 93% and 95% respectively, n=163-166).

Where views were also largely positive before the transformation, there was a small improvement although little difference in the proportion of survey respondents who agreed with the following statements: I have a good understanding of how to support my colleagues and improve staff practice in my organisation (89% agreed at wave 1, 93% at wave 2); I have a good understanding of how to deliver/support others to deliver whole family support (81% agreed at wave 1, 88% at wave 2); I am satisfied with the supervision and support that is available to me in my role (84% agreed at wave 1, 86% at wave 2) (wave 1 n=320-323; wave 2 n=164-165).

Figure 20 How much do you agree or disagree with the following statements about your knowledge, skills, and confidence in your role?³⁶



Source: Final wave (2024) workforce single-question survey (n=139-166)

³⁶ Due to a technical fault in the final wave workforce survey, this question was asked in a separate single-question workforce survey. See [Data considerations](#) for further details.

More staff reported being satisfied with the training available to them in the final survey (85%, n=159) than at the first wave of workforce survey (75%, n=324).

The interviews found the scope and scale of the training offer differed across areas and between roles. Staff who had been in their roles for a long time did not always take up training opportunities because they felt they did not need to. Across roles, there were mixed views on the amount and content of training offered through the transformation, interviewees at times displayed feelings of indifference saying it was no different to what was delivered through children's centres before, and others were grateful of the "excellent" training opportunities family hubs gave them. Amongst training attendees there was a general sense this was beneficial for staff and families because of the new knowledge, skills and confidence it brought staff, in individual cases it was highly beneficial and enthusing whilst others said the training was more of a refresher.

Although its lovely and it's kind of like a bit of a refresh, but it's being trained on something you already do. So, it just feels like it's a tick box rather than us gaining anything particular from it...but I can understand it. Like you say it means everyone's got the same level. – *frontline staff member*

As one interviewee described, the biggest difference for them has been witnessing staff seeing themselves as part of a bigger team, and appreciative of different roles.

They've got more experiences of other services, and they feel up-skilled because other services are sharing their insights and how they work with families has actually broadened by staff's knowledge. – *frontline staff member*

A key benefit of the enhanced training offer was that it was available to staff across family services and their partner networks across statutory and VCFSE sectors. This approach aligned with strategic aspirations to establish consistent foundations and strengthen relationships between services, to improve collaboration and joint working.

Workforce development initiatives provided awareness-raising opportunities for staff from family services, health, education, youth and VCFSE partners to develop an enhanced collective understanding of whole-family approaches and the local offer. Staff interviewed felt this would improve signposting, referrals and consistent messaging to families. Strategic staff recognised that short, virtual training sessions helped a wider range of partners engage with development opportunities.

Strategic staff commonly perceived frontline staff to be more knowledgeable following the implementation of initiatives such as:

- Organising 'Lunch and Learn' sessions on topics such as oral health, restorative practice, infant feeding, and mental health.

- Investing in networking forums and tools. For example, a local authority established a relationship-based community of practice jointly shared by family hubs staff and social workers.
- Upskilling staff by facilitating access to their local safeguarding partnership website. This offered online training on supporting families experiencing domestic abuse, substance misuse and neglect.

Staff also noted that the transformation had opened the supervision model to a wider range of staff. Prior to family hubs, the supervision model tended to be limited to intensive family workers. Managers felt the transformation had helped to create a more professional framework around supervision and reflective practice, providing more structure and reassurance for family hubs workers.

Usefulness of specialist training

Interviewees shared experiences of receiving new, specialist training as part of the transformation. In a couple of areas, staff valued the various trauma-informed and relational practice training they received, including in one example, the 7 C's, which they believed helped to make them better equipped to meet the individual needs of each family.³⁷ This training helped staff to operationalise the 'no wrong door' ethos of family hubs. In one case, staff talked about their plans to roll out the trauma-informed training for all family hub partners. A frontline staff member highlighted uncertainty around progression opportunities for those who had upskilled, which appeared to be linked to job satisfaction, pay and staff retention concerns.

Views on whether staff would have likely received specialist training if it were not for the family hubs transformation were mixed. 28% believed it was likely they would have received training in the relational practice model without the funding, while 35% thought it not very likely, and 36% reported 'don't know' (n=170). Similarly, 38% thought it likely they would have been trained in strength-based approaches anyway, regardless of the funding while 29% thought it not very likely, and 33% responded with 'don't know' (n=168).

³⁷ This refers to the 7 'Cs' of communication.

Case study: knowledge-sharing about emerging, specialist needs

Reflecting the rise in families experiencing complex needs, staff in one area received mental health first aider training to support them in roles. In this location, an interviewee shared their knowledge about families' changing needs with the wider group of staff attending. For example, they had noticed an increase in honour-based violence coming through the hubs, identified by specialist refugee, asylum and displaced family workers. This example shows how integrated working brought new knowledge into their growing partnership, which meant staff could be more responsive to arising needs.

Positive developments between health and children's services through co-location and/or closer working had in one local authority area, led to all family hub staff being trained by health professionals in a therapeutic and psychological approach to working with families – the local authority way. As part of this training front-desk reception staff were trained in a 6-minute 'containment' practice to help them respond to families coming in who may be anxious, frustrated or struggling (linking to the Model Framework Connection criteria). In time, all staff will also be trained in other health approaches such as Five to Thrive³⁸ and UNICEF's baby-friendly accreditation³⁹ to support a truly collaborative and compliant approach across the family hubs.

When you work with people who have had that training, everything works better ... Anyone who works in [local authority] has that training. They have to have it, otherwise they won't understand how we're working and thinking. So, I've requested that everyone working in the hubs has that training. – *frontline staff member*

There had been several joint training sessions involving local authorities and their partners covering areas like safeguarding and systemic training, which those involved said had helped partners to build a common understanding and language (linking to Model Framework Connection criteria). The interviews found that more general, role-specific and specialist training would be useful. Their suggestions ranged from tailored and highly specialist courses such as managing violence from children, to working with older children, and more "nuts and bolts" training like managing and facilitating TAS meetings, lone working, and guidance on new methods of data recording.

³⁸ [Five to Thrive - An attachment-based approach to positive parenting](#)

³⁹ [The Unicef UK Baby Friendly Initiative](#)

The importance of training for staff in support roles

At the interim evaluation stage, it was noted that the emphasis on family hubs delivery in communities presented capacity challenges. Several staff interviewed commented that receptionists would need to be trained to signpost families to relevant services available through the family hubs, and more reception staff would be needed to cover longer opening hours. At the end of the evaluation, it was evident that some receptionist roles had been upgraded and enhanced to become family hub advisors/coordinators. This reportedly made the system more efficient and effective, as staff performed the dual roles of receptionists and family advisors. The interviews found this was speeding up the initial signposting of families to universal services, or to a worker for an initial conversation about more complex issues (linking to the model framework Access criteria) although family hubs did not have sufficient resources to extend their opening hours.

Family hub leads commonly focused on developing and maintaining a single family hub experience (rather than a single access point). They hoped this would mean families could access services in different ways, whilst maintaining consistent communication about services, approach to delivery, and quality of offer. The family hub receptionists played a key role in enabling this by facilitating the link between services and families and providing a 'warm welcome, warm handover ethos'. Several interviewees highlighted how important their role was in engaging families, building trust and joining the dots. Furthermore, they had taken on additional responsibilities and received training to guide them in the family hub way, managing the buildings, overseeing health and safety and supplies like tea and coffee.

We have some really good coordinators of our front door, who sit on our front reception, who are the main face of the centres. They are really good at knowing information, supporting the managers of the building. They've now taken on an extra space in the building which has been good. - *strategic staff member*

A minor theme related to the benefits training brought volunteers, in one case helping an individual keep their CV up to date and eventually leading to paid employment.

The time and capacity needed to uptake the training offer

Figure 20 shows that 73% of workforce survey respondents agreed they had the sufficient time and capacity to take part in the training offer. However, 20% neither agreed nor disagreed and 7% disagreed (n=139), reflecting the capacity constraints outlined in Insufficient time, capacity and resources. Interviews suggested the following barriers and challenges to workforce development:

- **Delays created by gate-keepers:** staff within partner organisations did not always receive training opportunities in time, or with sufficient notice, to attend.

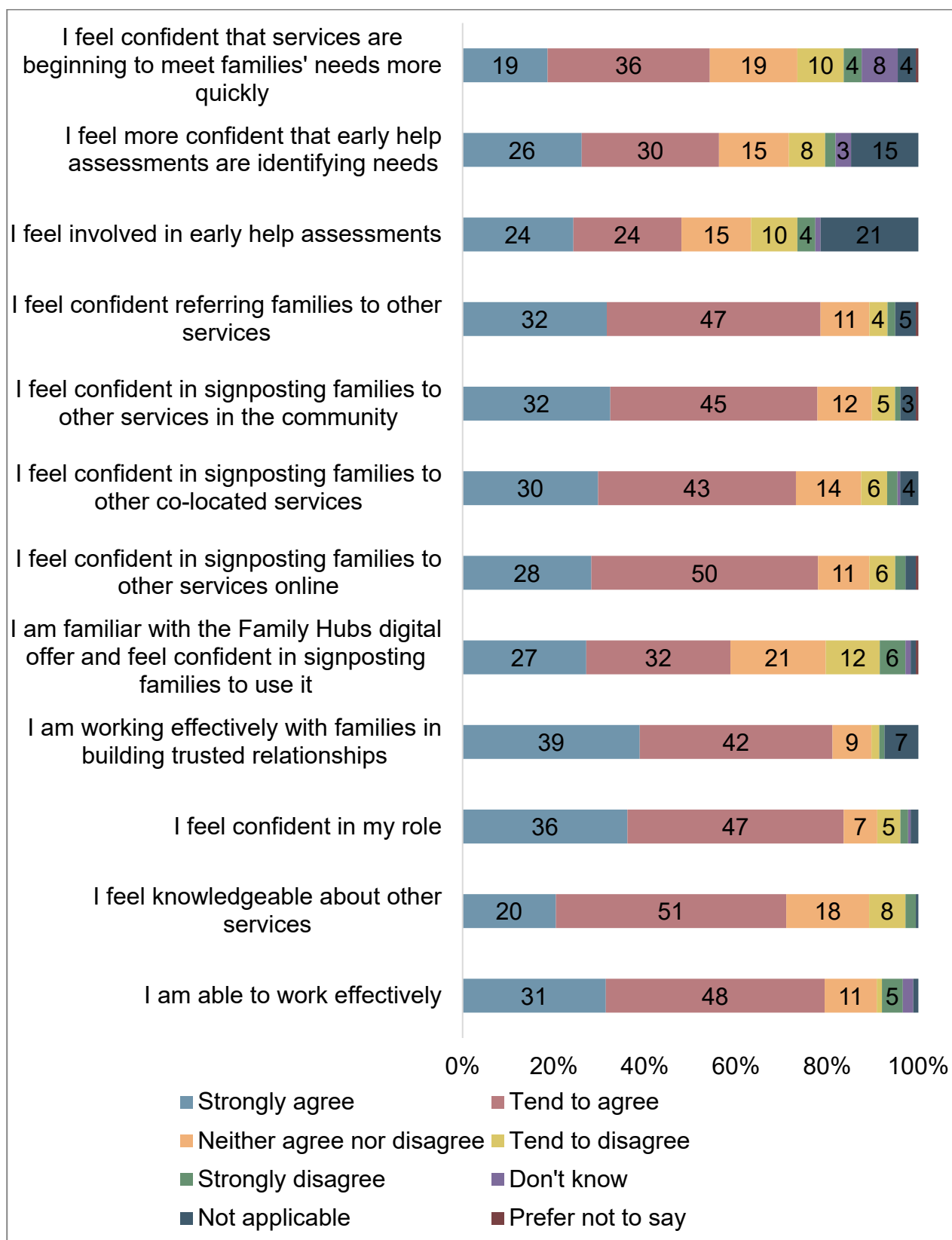
- **Capacity constraints:** frontline staff being unable to attend training as there was no-one to back-fill their role. This may be a particular challenge for VCFSE partners but also affected colleagues in health and social work.
- **Training saturation:** several managers commented that too much training was offered in a short space of time. Some staff were stressed and overwhelmed with the volume of training and needed time to consolidate their learning.
- **Limited take-up of in-person training:** frontline staff expressed that in-person training times could be inconvenient, and hard to attend due to a lack of capacity. Consequently, some strategic staff noted spaces available on in-person training courses (although the virtual offer helped to alleviate this challenge to some extent).
- **Quality of digital/online training:** content was more accessible but feedback from the staff interviews on the quality of the materials varied, suggesting that, as with training needs analyses, there should be extra follow-up to build continuous improvement.

Overall, the evidence suggests that the significant efforts put into staff training and wider workforce development has helped to provide a growing family hubs workforce with a common knowledge base and a shared awareness of how their roles fit in with others.

Staff confidence in their roles

When asked in the wave 2 workforce survey how confident they felt in various aspects of their roles (Figure 21), respondents most highly rated their overall confidence in their roles (84% agreed), effectively working with families in building trust (81%), and confidence in signposting to community services and referring families to other services (78% and 79% respectively), which the qualitative findings broadly reflected (n=175-177). Areas of weaker confidence were in early help assessments, both involvement in (48%) and feeling more confident that assessments were identifying needs (56%) (n=176-177). This finding needs to be explored more over time. It could be a result of few respondents being involved in early help assessments or may suggest that, as reported elsewhere, the available time to deliver and evidence the effectiveness of family hubs in improving early help was insufficient.

Figure 21 To what extent do you agree or disagree with the following statements



Source: Final wave (2024) workforce survey (base=175-177)

Workforce perceptions on outcomes for families

Earlier intervention

More families were seeking support from family hubs when they were at, or nearing crisis point. As outlined in The transformation journey, in most areas, it was too soon for staff or the evaluation to assess how well family hubs were enabling earlier intervention and whether any positive outcomes were being sustained. As Figure 21 shows, just over half (54%) of the surveyed workforce agreed that family hubs have begun to meet families' needs more quickly (n=177).

Interviewees remained hopeful that family hubs will eventually help them to reach families earlier and local authorities have created more opportunities to do so and did share some individual examples. In one case open access and new holiday sessions for SEND parents were introduced in response to families' feedback. Staff in one area reported an increase in the number of undiagnosed SEND children coming through since family hubs launched. A frontline staff member based in a different authority believed their team was now more able to meet families' needs quicker. They reflected on their team's improved ability to meet parents at their point of need, in several cases within 24 hours for face-to-face work because of the family hub model. By talking to family hub staff, they knew when a family had an appointment and were able to go into the hub prepared to support them.

If a family goes into crisis – which we all know they quite often do – I think that's one thing we're very good at is bringing all those services together and acting quickly. And everyone's got the information we need to sort of support it and give them that evidence. – *strategic staff member*

A strategic lead said their team had introduced a stay and play group in a community they had not engaged with before. At first, they encountered some resistance from the local community organisation already working there but now a member of the family hub team runs a weekly parent and toddler group which they thought was building relationships earlier than would have otherwise been possible.

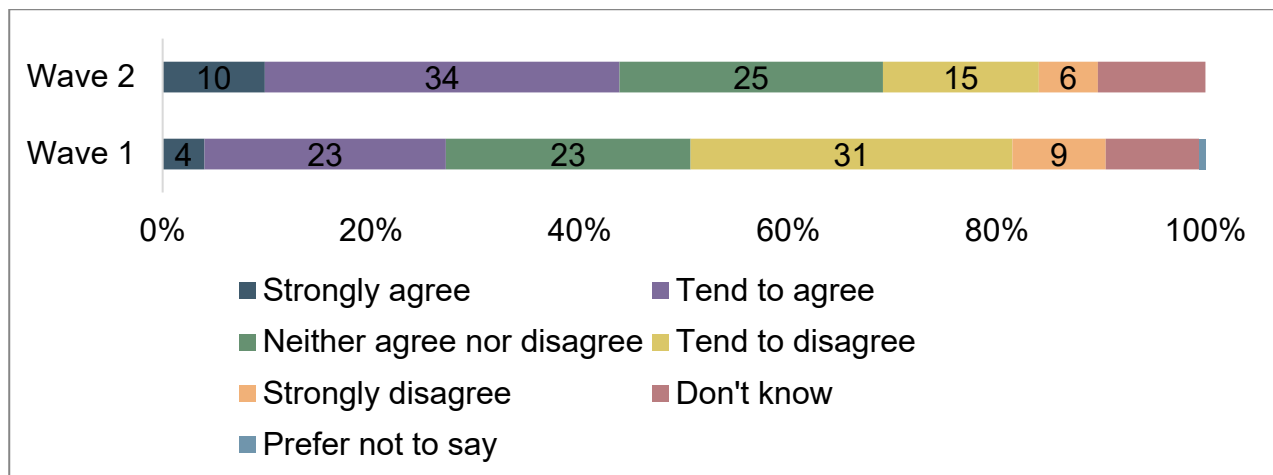
Meeting families' differing and complex needs better

Almost 2 thirds (60%) of staff surveyed agreed that families with high-level or complex needs had a consistent staff contact, lead professional or key worker within the family hub (n=196). In response to questions about how well staff can now meet families' needs, frontline staff and managers of family hubs gave accounts of being better placed to meet multiple and complex needs by having signposting and support in one place. For example, in one local authority area, family support workers now worked more closely with children's social care because they had a social worker based at each main hub.

Furthermore, more than 3 quarters (78%, n=196) agreed that a whole-family approach was taken to support families. Staff experiences differed depending on whether they were mainly based in a hub, based there part-time or remained working outside of a hub. But overall, there was a sense that the various collaborative hub models meant staff generally could be more adaptive and flexible when supporting families. It was argued that families were now more able to access support at a time and place they wanted to. There was also a perception that family hubs offered a more family focused model, but this view was not widely apparent either within or across local authority areas yet.

A small number of local authorities focussed on high needs groups as part of the transformation activities, and shared examples of early successes. This included the introduction of new roles like Portage for children with complex needs. Those interviewed said these new roles and accompanying training had helped to upskill staff and increase the workforce's capacity to offer much needed intensive support to families (occasionally by combining transformation funding with other funding). Families' access to specialist support was, however, still noted as a key challenge (see [Use of services](#)). A higher proportion of survey respondents at wave 2 agreed that families who have children with SEND get the right type of support (44%, n=194) than in the early days of the transformation (27%, n=324). However, at wave 2, 25% of survey respondents neither agreed nor disagreed, and a further 21% disagreed that families with children with SEND get the right type of support (n=194). This further echoes findings in [Views on family hub buildings](#) that hubs were not yet as accessible or welcoming for families with SEND.

Figure 22 Families who have children with SEND get the right type of support



Source: Wave 1 (base=324) and wave 2 (base=194) workforce survey

Removing access barriers to increase engagement numbers

There was emerging evidence that family hubs were helping to remove access barriers by embedding an 'open door policy', and in one local authority, there was a report that more families were accessing a hub, but no numbers were provided. This local authority had begun to examine the data showing where families came from, and where additional

outreach work could be needed, indicating they were becoming more data-led and using that data to improve their service offer. Having better access to data through a shared system helped families - who only had to share their information once if desired, and staff - who felt more informed about how effectively they were supporting families in communities.

Those who had access to improved shared data systems were keen to point out that the system effectiveness depended on partners' sharing sufficient and timely data. Families not wanting to share their information was another minor theme raised in the interviews when a frontline staff member said that some parents in the traveller community did not want their personal information in the system, which made collecting consistent data to facilitate access and support a challenge. A further ongoing challenge was that, even with data system integration efforts (see [Data strategy and information sharing](#)), interviews found systems in many areas did not talk to each other and staff had to update shared information manually, which was not ideal. However, they welcomed the support of their business intelligence team that could help with demographic and child journey data to support their work.

In a different area, outreach activities designed to remove access barriers increased direct face-to-face contact through a navigator-type role. Several areas could already see the benefits of navigators working in outreach locations.

Impact of the family navigator role has gone extremely well, and it's helped reach out to the wider community...they work full-time and can get themselves all around the city. - *frontline staff member*

Engaging families through outreach work was a stepping-stone to staff being able to offer more help. However, in one local authority area, interviewees said the team had not yet seen the anticipated rise in enquiries via their navigators. Another local authority had seen a rise in adults without children trying to access help from the family hubs - the staff had to turn them away which they found hard; an issue which may need further consideration as the transformation progresses. In one area, GPs also played an important social prescribing outreach role in signposting families to the hubs for specialist advice and access to other help such as foodbanks.

However, several accessibility limitations were identified by frontline staff too. These included ease of access for rural families in one area, and digital poverty for some families who may not have any or reliable access to online services and resources. Moreover, several interviewees remarked that the lack of weekend opening limited accessibility for family hubs.

A minor theme arising from an interview with a strategic lead was a real worry that partner organisations might leave if the family hubs did not start attracting more families

in through the front door. Here, and in other areas, communications and outreach models will require further review to inform decisions about how to increase family engagement.

Building confidence and capacity

Reflecting the aspiration for family hubs to reduce the need for families to tell their stories multiple times, staff were mindful of the importance of connections and continuity. These growing connections with various neighbourhoods helped both staff and families who appeared to have developed an increased network of support and sense of belonging.

We have noticed that some groups have been better off with one or 2 people continuing to run them instead of a whole new face at the end of the term because the families really benefit from that continuity of care. – *frontline staff member*

The interviews confirmed that co-location built visibility and connections aiding informal discussions to help staff feel more confident when working with families presenting with new or complex needs and simplify how support was provided. Still staff needed to be open to working differently and systems to be adapted to support them to do so. Where partner staff were not co-located and/or experiencing tricky capacity challenges, staff appeared less confident that the transformation had so far helped them to meet families' needs better, but interviewees again flagged this potential.

We're looking to do different things, but it doesn't feel like there's been significant change. – *frontline staff member*

One way of increasing capacity was via increased transformation-funded time for a peer support employee to support new volunteers. There was an example of early years support increasingly being provided in group sessions rather than individual sessions, because of the growing interest in and accessibility of a hub, which arguably offered other social benefits. Another local authority had reduced the time they could work with families from 9 months to 6 months due to rising demand and wait times. Staff said the change could help to prevent disengagement and drift. Plus, if families needed support for longer there was that flexibility, but a frontline staff member said it was too early to see the full impact.

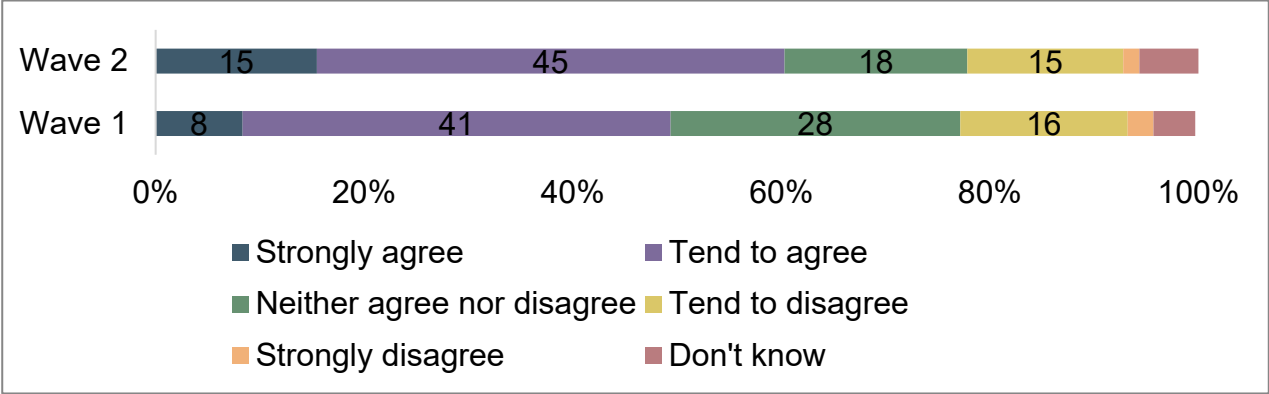
Overall reflections on the ability of the workforce to reach, engage families and meet their needs

In summary, managers and frontline staff interviewed gave multiple examples of the transformation leading to improvements in the way staff were able to meet families' needs and indicated that they felt they were working much more collaboratively with families.

We're very much working in a collaborative way with families. So, the right service for them at the right time. And if it's not ours, that's okay. I think that seems to be the common ground now, that staff are okay to go 'do you know what? It might not be ours, but let's listen to what it is that you need, let's see if we can link you in... – *frontline staff member*

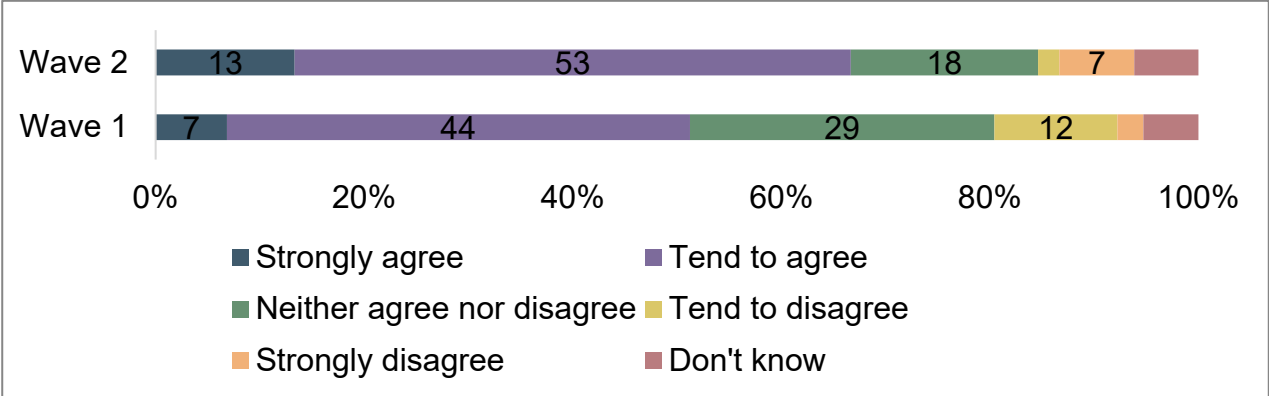
When surveyed, 60% of workforce survey respondents agreed that families received support when they need it (n=194), and 2 thirds (67%) agreed that families got the right type of support (n=195). In both areas, a higher proportion of survey respondents agreed with these statements at wave 2 (see Figure 23 and Figure 24). This figure was slightly lower in relation to families who have children with SEND getting the right type of support – see above so SEND remains a priority area.

Figure 23 Families receive support when they need it



Source: Wave 1 (base=324) and wave 2 workforce survey (base=194)

Figure 24 Families get the right type of support



Source: Wave 1 (base=322) and wave 2 workforce survey (base=195)

Staff overall shared a sense that it would take longer to understand to what extent and in what ways the transformation has helped staff to meet families' needs better. A suggestion for the future was a need for more qualitative feedback and case studies from

staff about their work or referral they made, how the family hub worked in practice, and what difference this made to families' lives.

Unexpected outcomes

Although interviewees shared several benefits to having an open access route or one front door, for specific roles this had created more challenges. Health visitors in one area for example said they were now less well informed than previously because they referred into the family hub and got a generic email acceptance instead of details about next steps. They no longer knew how many families were on the waiting list or had been allocated a worker so the process for them had become more complicated than it used to be.

Overall effects of the transformation on staff morale

In summary, the experience of the family hubs transformation has been challenging for staff at all levels, principally due to the additional work it has brought for those directly involved. In several locations, frontline staff especially have not felt sufficiently informed which the interviews found led to uncertainties and concerns. Others were yet to experience the impact of any changes.

Quite a stressful time and I can see that stress on staff. – *frontline staff member*

Despite the challenges and tensions experienced, it was notable that often staff interviewed had noticed the effort, resilience, passion and skills of colleagues who shared a focus on caring for their families.

My staff is the third biggest achievement for me from family hubs. They have [been so committed] to make things work and make things happen. The Early Years staff have become family hubs 0-19, 25 with SEND, workers. They are the backbone of the family hubs, they're based in the hubs. They are the face of the family hubs, they're welcoming and accommodating to services and clients that come in. – *strategic staff member*

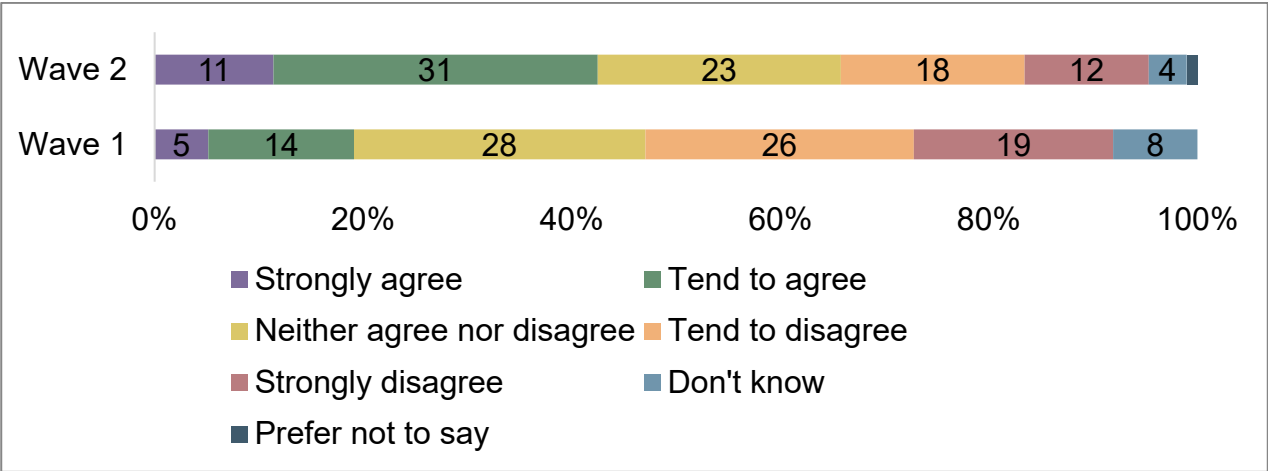
Echoing findings from the first wave of interviews, those more closely involved in strategic and operational management roles generally remained more positive about the transformation's achievements to date, and the potential for family hubs, which is to be expected aligning with the journeys so far. Frontline staff who had received training were also appreciative of the changes remarking that the shift to family hubs has made the ethos of family services a lot better. There were several positive reports of staff enjoying the new spaces, for example a frontline staff member who described their experience of working at the hub as "a genuine pleasure".

I love being there. You walk through the door, the welcoming, I love working from there, I go at every point. If I can get out of the main office, I'll be in a hub and that's where they keep finding me. It's changed the way we think. – *strategic staff member*

I really like it. I like working in the family hubs, I do feel a sense of pride. – *frontline staff member*

The hubs have also helped certain staff to feel “uplifted”, valued, optimistic and motivated by being part of something, but time will tell whether these promising effects on workforce morale will be widely shared and sustained. As Figure 25 shows, the workforce survey in autumn 2024 found that just under half (42%) of staff interviewed agreed that staff morale was high (n=193). This was an increase from wave 1, when just under a fifth (19%) agreed that staff morale was high (n=136). Though, most staff did not have a strong view, disagreed, did not know, or preferred not to say.

Figure 25 Staff morale is high



Source: Workforce survey wave 1 (n=136) and wave 2 (n=193)

Sustaining progress

This section reflects on plans to maintain and sustain family hubs transformation, including key priorities for local authorities. Since the final wave of interviews in autumn 2024, £69 million has been confirmed to continue delivering a network of family hubs, including the TF1 family hubs which are the focus of this report. In December 2024, DfE shared provisional funding allocations for financial year 2025/26 with local authorities, followed by an updated Family Hubs and Start for Life programme guide ⁴⁰in February 2025 and final funding allocations in April 25. The 13 TF1 local authorities are expected to meet the minimum expectations for family hubs transformation funding set out in the guidance by March 2026. Based on interviews with frontline and strategic staff, views on the time-limited transformation funding and how local authorities have managed sustainability challenges are covered in this section.

⁴⁰ [Family Hubs and Start for Life programme: local authority guide 2025 to 2026 - GOV.UK](#)

Key findings

- Beyond the transformation timescales (extended to March 2025), key priorities were to keep promoting and delivering family hub services. Staff wanted this further work to particularly focus on reaching under-served groups.
- Continuing to develop and embed family voice mechanisms was seen as crucial to effectively refining and expanding the family hub service offer.
- Upskilling and capacity-building VCFSE partners and volunteers was seen as one way sustain family hubs in the wider, challenging financial context local authorities were operating.
- Retaining and continuing to develop the workforce was also important to achieve the longer-term outcomes expected of the transformation.
- Agendas for the future of family hubs were in flux, presenting both threats and opportunities. It was expected that family hubs would provide valuable foundations for community-based work and wider multi-agency models such as TAS and all-age hub support models.
- The transformation funding accelerated local plans to move to a family hub model, and placed family hubs as a high strategic priority. However, the short, time-limited nature (rather than the amount) was the biggest funding challenge.
- Ongoing and longer-term funding was seen as the main way to ensure sustainability. However, stakeholders were anxious about the uncertainty of future funding, particularly considering wider local authority budgetary constraints, and a new government.
- Local authorities had identified but not often secured other funding from within the local authority, NHS, and wider grant-funding. Embedding family hubs into local strategies was seen as a potential enabler to securing future funding within the local authority.

Key priorities

Frontline and strategic staff interviewed in autumn 2024 discussed their ongoing and immediate next steps, including key areas they wanted to maintain.

Key priorities are to make sure that our groups and our volunteers feel well-established enough to, kind of, keep going. We'll continue to support them, but we won't obviously have the same hours that we've had before to really, kind of, give that intensive wrap around support, which they've got at the moment. – *frontline staff member*

I think we need a mixture...a variety of ways for families to connect with our services...inequalities is a concern, and digital poverty...thinking about how to bring the services that are in the family hubs out to the people who need it. – *frontline staff member*

Their main priorities typically reflected maintaining successful achievements of the transformation so far, and planned elements which had not yet actualised. The priorities were to:

- **Promote family hubs and make them more accessible to families.** Staff observed that drop-in services in some areas were under-utilised during their hub time. They believed limited take-up highlighted the need for ongoing promotion, particularly by wider community partners, to raise awareness. They especially wanted promotion to focus on under-served groups (including families with older children, grandparents, EAL families, and those living in remote areas, and who experience barriers such as limited public transport or digital poverty).
- **Continue delivering and refining family hub services.** Frontline staff were concerned that without ongoing funding, some early help services were at risk of being discontinued. Staff suggested their efforts should focus on collecting family feedback to inform the service offer underpinned by a desire to continue to improve service quality (linking to Model Framework Connection criteria).
- **Embed family voice.** In local authorities where family voice mechanisms were less developed, strategic staff planned to further utilise new partnerships developed with the local VCFSE organisations to support seldom-heard groups to participate in co-production. In areas where co-production mechanisms were going well, staff also wanted to establish more groups (such as specific Dad groups) to enhance representation.
- **Expand their existing family hub service offer.** For example, one local authority had run a small-scale pilot of an area of service delivery but was unable to scale it up before the end of the funding period. This was because they intentionally took a 'test and learn' approach to ensure the service worked as intended before rolling it out further. Other areas wanted to set up new services, for example new drop-in sessions for parents and carers.
- **Develop VCFSE partners and volunteer capacity to deliver groups and activities** as funded staff support for them gradually reduced, such as the family navigator role. However, some feared that without wrap-around support for volunteers, certain groups and drop-in sessions may eventually come to an end. Local authorities were keen to provide ongoing support to their volunteer pool.
- **Ensure continuity of staff roles as much as possible.** Whilst the end of the funding period meant that certain roles, such as family navigators, were cut back, local authorities were keen to keep new staff structures in place.

- **Further develop their outcomes frameworks and family consultation** (as outlined in The transformation journey) to support an ongoing, iterative process of assessing needs and improving the service offer.
- **Review workforce learning needs regularly and provide follow-up training and development** in data collection and keeping up to date about their family hub's service offer (as outlined in Staff training and continuous professional development). Staff believed this was needed so that they can continue to support families emerging needs and signpost effectively.

Other more specific priorities for individual local authorities included:

- **Tackle any lingering negative reputation of family hubs.** This was an issue where former children's centres or VCFSE/community-run venues were perceived to have been 'overtaken' by family hubs services.
- **Develop a homeworking "buddying" support system (building on Care Link) to help staff feel safe** when visiting families at home as well as in hub buildings. The aim was to overcome some of the challenges faced by staff when systems do not meet their needs, which it was hoped would also help when teams manage staff cover for sickness. This may become an increasingly pressing priority as local authorities continue to develop their outreach arrangements.
- **Further establish self-referral options for parents and carers.** Interviewees in one local authority area talked about forthcoming changes to a new online system which should give parents and carers the option of making a self-referral rather than waiting for a professional to log on to the system, see all the relevant information and decide on next steps. This was based on data from families which suggested that self-referrals led to more engagement.
- **Link in with improvements to quality assurance approaches, monitoring and evaluation,** through for example new data platforms to capture feedback, track progress, service satisfaction and a gather a richer picture of families' experiences and views. Although, this piece of work was part of wider service adaptations and not funded by family hubs transformation.

Emerging agendas and wider systems change

Local authorities further along the transformation journey commented that agendas were changing quickly and felt this presented opportunities and challenges to the family hubs model. The model was consistently seen by strategic staff as providing the foundations for what comes next, in terms of developing a locality model. One local authority was in discussion with their leisure directorate about taking forward their wider place-based agenda around a large family hub which could operate from a community location (for example, a central library). Some areas were already delivering TAS approaches. This involved the family hubs model bringing multiagency professionals from early help

together around a school to discuss families' needs. Another local authority hoped TAS would strengthen their early help offer by partnering with more VCFSE organisations.

Staff developing TAS and locality models mentioned links with Health were in their infancy, with longer-terms plans for integrated neighbourhood teams and closer collaboration with the NHS.

We want to see an offer more locally driven where families can have easier access to GPs within a family hub setting. - *strategic staff member*

Views on time-limited funding

Strategic leads interviewed across different local authorities appreciated that the family hub transformation funding enabled them to focus their attention on local and community level family hub transformation, and where relevant, align this with their local visions for family support and early help. Some commented that this funding accelerated local areas' plans and brought family hubs into greater strategic focus by bringing attention and capacity to the agenda.

However, as outlined throughout this report, the limited timeframe of the funding (rather than the amount of allocated funding) has been a key challenge. Strategic staff described experiencing significant pressure and stress to deliver the key family hub transformation activities within the funding period. Local authority leads further added that a key challenge was ensuring they were allocating the funding appropriately, spending it wisely, coupled with meeting delivery deadlines. This was particularly the case for local authorities that received their funding later than others and recognised having the full funding timeframe could have eased the pressures slightly.

Through the transformation fund, the very short period of time we had to set up the family hub ... one minute we're children's centres and the next minute it's this mad rush to get everything in place. It's been a big change for staff and all the training we've had. It's been quite full on to try and get links with services to find out what we need to do, to talk to DfE, to use the money, to make building changes and everything else. It's just been quite difficult, I think. Now we're family hubs, as much as it is a success and it's great, I think that that [time period] is just too quick. – *strategic staff member*

As outlined in [The transformation journey](#), strategic stakeholders discussed that the planned family hub transformation activities often took longer than originally intended to properly set up. Considering local authorities' different starting points, strategic staff described trying to 'triple track' different priorities to meet the 24 service criteria, however this was often too much to contend with in parallel within the timeframes. They expressed that having limited time to set-up and implement these activities resulted in them not

being delivered effectively or as planned (see [Workforce experiences and outcomes](#) for further discussion of challenges).

News of the unfunded extension in autumn 2024 reportedly enabled local authorities to use their underspend to continue delivering incomplete transformation activities up to the end of March 2025. However, in the interviews only 2 local authorities discussed having remaining budgets to spend (although this was not specifically asked about during final wave interviews),⁴¹ and the news of the extension had come too late in the day to avoid many of the pressures outlined throughout this report.

Furthermore, DfE had provided an opportunity for funded local authorities to bid for additional funding from the Family Hubs Digital Project in October 2024, to improve the digital and data aspects of the family hubs model and delivery. All TF1 local authorities applied and were successful in their bids. One interviewee suggested they would use the funding to retain a member of staff dedicated to family hubs data work.

Future funding for family hubs

At the final wave of interviews, priorities were unconfirmed. Stakeholders were concerned about the uncertainty of future funding, particularly within the wider context of local authority budgetary pressures,⁴² a new government in place and spending review process ongoing.⁴³ They were concerned that a lack of committed, ongoing funding could jeopardise the future success of family hubs, recognising that many outcomes were yet to be seen/evidenced, as outlined throughout this report.

Since the final wave of interviews in autumn 2024, there was the budget announcement of £69 million to continue delivering a network of family hubs, including the TF1 family hubs which are the focus of this report. It confirmed that the DfE will make further grant funding awards to the local authorities that presently receive funding.

Ongoing longer-term funding was perceived to be the main way to ensure sustainability of family hubs post-transformation funding in interviews with strategic staff. Their views about maintaining and sustaining family hubs were commonly underpinned by a need for funding for activities and provision (as opposed to more family hub transformation funding). Families interviewed were also worried about the future of family support services in their local family hubs, post-funding.

⁴¹ The announcement of the unfunded extension came after final wave interviews were in progress, and interviews therefore did not specifically ask about the role of the extension in future planning to the end of March 2025.

⁴² [Save local services: Council pressures explained | Local Government Association](#)

⁴³ The spending review was announced in August 2024 and was ongoing at the time of writing this report in October 2024.

[LA] got the money to set up family hubs, so we're on a good journey now setting them up. But how's it going to work maintaining them? – *frontline staff member*

Additionally, several strategic staff recognised that the increased accessibility of family hubs, and earlier identification of needs, was likely to result in increased demand for services in the short-term. Several staff voiced concerns that demand could outstrip supply, leading to services being overstretched. Indeed, at the final interviews, very soon after certain hubs launched, some services were already said to be oversubscribed. Any increase would place additional pressure on services, and further funding would be required to meet needs in the timely and appropriate manner family hubs strived for.

We now have a significant, over 200% increase in our footfall. We have lots of families who've heard of family hubs coming to find out what services are available; we have generated quite a lot of interest. We're slightly worried that there'll be a spike in families accessing services that are maybe already stretched. We are carefully monitoring that because it might have implications for us funding services, particularly around mental health and wellbeing services - we don't have a huge amount available and what we do have is oversubscribed. - *local authority lead*

Considering this, strategic leads were particularly concerned about the lack of ringfenced funding for early help and early intervention.

I suppose there's a question mark over: is that [family hub sustainability] still realistic without any funding when you're working with a backdrop of very real financial challenge within public sector services, and I think that's where we're at and I'm sure we're not alone in that. – *strategic staff member*

We have very little provision for early intervention mental health services. We've got our statutory services that are in crisis. We don't want our children and young people services to get to crisis point. We want as a system to be able to intervene early. There's no money in early intervention at all. – *strategic staff member*

However, there were certain aspects such as new ways of working and workforce culture (see [Workforce experiences and outcomes](#)) and the established governance structures (see [The transformation journey](#)) which local authorities thought could be sustained without additional funding.

Sustainability planning

Local authorities remained keen to develop plans to help sustain their family hub transformation work, where possible. A few local authorities had adopted community-

based approaches which aimed to ensure that family hub delivery partners (specifically VCFSEs) had the tools and support they needed to access and apply for ongoing funding. This included supporting them with developing business cases for grant funding and service level agreements. Staff from local authorities adopting this approach hoped that delivery organisations could become self-sustaining and less reliant on local authorities yet still supported by them. However, VCFSEs also raised concerns about the lack of wider funding they could access to sustain the services they were delivering, particularly within the pressures of the wider funding context the third sector faces.⁴⁴

Other local authorities had identified external funding sources which they hoped to access to continue their family hub transformation work. This included local authority, NHS, and grant funding, which would be used for specific family hub activities and services.

Strategies aimed at supporting sustainability were also developed. A local authority lead highlighted their local authority's central policy commitment to family hubs in a forthcoming youth strategy. Looking to the future, another local authority lead explained plans to transform their family hubs strategy into a family help strategy, spanning universal to targeted support, as well as social work support levels, with the ambition to remove the stigma of a referral to social care.

⁴⁴ [Survey findings | The True Cost of Delivering Public Services | NCVO](#)

Conclusions and recommendations

In this final section of the report, we conclude with the main findings drawing on all the available evidence in autumn 2024, 6 months ahead of the revised programme end date (March 2025, one year after the original end point). First, we outline the main achievements and reflect on the fit with the theory articulated in the programme ToC. Next, the achievements are summarised against the family hubs model framework. Finally, the conclusion outlines which areas of family hub transformation need continued work. There are recommendations for DfE to help inform policy and practice guidance and for local authorities to support their ongoing efforts. It is important to re-state that the Family Hubs Transformation Fund resourced the transformation programme - enabling local authorities to move to more integrated early help and did not fund service delivery. Therefore, only some of the intended outcomes in the ToC were directly funded. Moreover, whilst family hubs had been open for several months (rarely longer), others had just opened at the final interview point. It was therefore too early to see, or evidence changes in many outcomes and impacts, which stakeholders hoped to effect longer-term.

Progress along the transformation journey

The transformation journey detailed in the report answers evaluation objective 1 and builds an understanding of what it takes to implement a family hub model including changes made by local authorities to their services and systems, barriers and facilitators to change. As discussed, establishing new governance and management arrangements to oversee the transformation, consulting staff and residents, building relationships, and engaging a diverse range of partners were crucial to effective delivery of the transformation. All areas had launched family hub buildings by the end of the evaluation, although premises identification and development had been fraught with challenges. Other key activities included staff recruitment, restructure, and training, and steps towards further multi-agency staff integrated working were made, sometimes involving co-location. On the whole planned activities were delivered but often took longer than planned for a variety of anticipated and unexpected reasons discussed throughout the report.

Service offer outlines how local authorities began to deliver family hub services that targeted specific population groups (objective 2), particularly for children and young people with SEND, and older children. This is an area of work that is still in the relatively early stages of development for most local authorities because of various issues, namely that transformation has taken longer than expected in all areas. There were direct and indirect pressures on staff and their capacity to drive transformation, and the focus for many was on developing the governance, relationships, and the physical infrastructure to progress integrated working. Because of these pressures, the transformation to family hubs most often started with a focus on open access universal services. However, the

recent announcement of continued funding for family hubs should enable local authorities to extend their work focussing on specific target groups.

Transformation outputs

Largely, the intended programme outputs were evident, these being operational and accessible family hub sites, an accessible front door, clear communications, information and branding, staff training (to varying degrees), lived experience input, shared policy and strategy documents. This is with the common exception of integrated referral pathways and shared monitoring and evaluation frameworks, although in many areas related work was in progress. The links between the early help front door, and social services did not appear to be well established. Notably, output data was not yet available across areas and, as well as reports of increasing engagement, there were several qualitative reports of low/unknown numbers of families being reached and engaging with services. Plus, it was not known how widely family hub communications had reached into communities, yet more and different seldom heard groups still need to be reached.

Outcomes for families

Positively, as described in Family experiences and outcomes (which answers the third evaluation objective to understand how transitioning to a family hub model impacts the families who engage with services), the families that took part in evaluation activities reported various beneficial outcomes. There were individual accounts evidencing all anticipated outcomes, which is promising. These included parents and carers feeling happier, reporting better mental health and wellbeing, being more confident in their parenting abilities, and experiencing improved family relationships. The interviews also highlighted benefits for their children such as new friendships, improved social, emotional and mental health, behaviour, and participation in new activities.

However, a theme was that whilst family hubs offered quality support for children, young people and families, the wider system of family support (including healthcare and education) was felt to be inadequate. Furthermore, families engaged in the evaluation via local authorities and so they were already aware of and in contact with family hubs and accessed via gatekeepers. As referenced in the method limitations, we might not have found a similar picture if we had have been able to adopt a different sampling and engagement approach in the available time. In many areas, it was still too early to assess outcomes on a larger scale or at population level.

Outcomes for the workforce

The experience for much of the workforce was very challenging at times, owing to wider capacity constraints coupled with the pace of change. Some staff would have liked more

time and support to take up new training offers. As described in [Workforce experiences and outcomes](#) (objective 4), not everyone felt stable and confident in their current roles, evident in the worries and questions raised about the uncertain future for family hubs.

Despite this, the early outcomes aspired for in the programme-level ToC were evidenced to varying degrees. Staff reported more and better integration at a programme level and for individual staff and teams there were reports of improved confidence, competence, support and happiness at work. Enhanced partnership working was a key achievement that required significant commitments to relationship-building and co-production which took a substantial amount of time. Where local authorities were able to invest in this, it was fruitful especially in terms of information sharing and knowledge-building.

A common theme was that fully integrated working would take much longer to achieve as there was not enough time built into the timeframe for local authorities to do this as well as all the other requirements. Whilst the considerable efforts amongst local authorities and partners to improve data sharing were reportedly reaping benefits, few areas highlighted data sharing as a key achievement. Interviewees frequently said that data sharing outcomes would also take longer to achieve. The DfE recognised this issue and alongside extending the programme timeline (so that local authorities could use any unspent funds up to the end of March 2025), has offered local authorities the opportunity to bid for additional funding to continue work on data sharing (see [Views on time-limited funding](#) for more detail).

System-level outcomes

There were emerging system level outcomes such as the development of shared local visions and examples of (developing) community engagement and ownership, aside from joint commissioning, which was found to be a longer-term outcome.

Final reflections on the ToC

Developing the local-level and programme ToCs at the evaluation scoping stage was a very useful exercise for the evaluation team, local authorities and certain partners that were engaged early on. We know this from feedback shared at the time, via the peer learning strand, and from the evaluation interviews. The ToCs provided a useful framework against which to assess progress locally and nationally. They were living ToCs reflecting the iterative nature of programme development, but relatively few changes were made over the course of the evaluation indicating that local authorities and partners had clear visions and effectively engaged stakeholders in articulating and implementing these visions. Where changes were made, these were minor refinements as local authorities had clearer plans of the exact activities or outputs completed (for example, naming systems being implemented).

Contribution assessment

At programme level, the assumptions were that the available time and resources would be sufficient to manage potentially rising demand for family services and that these services would be sustainable. This report highlights how extremely challenging the transformation was from a time-limited perspective, and without future funding confirmation at the time of the interviews, the sustainability of services was already at risk as could be seen in areas where transformation-introduced roles had already been cut back. Output data for family engagement was not yet available so services had not yet seen large and rising numbers. Conversely, there were a couple of accounts of engagement numbers not being as high as anticipated.

The theory also assumes stable leadership and governance, which has sometimes been the case, but there was learning to be gained from areas where temporary transformation teams/staff came in and moved on. Work could, in theory, continue but only with enough time and resources. Only around 37% of the workforce that responded to the survey thought they had enough staff to support the delivery of family hubs services (n=193).

Below is a summary of common key enablers that have reportedly helped to effect positive changes, whether local authorities were starting from a higher or lower base position. These include the importance of widespread and continued partner support, which is another assumption that was proven true. Without this it was extremely challenging to make progress and achieve a basic or advanced model as outlined in the Family Hubs Model Framework.⁴⁵ People remember how others make them feel – therefore investing sufficiently in these areas helped the transformation to progress and achieve in other areas. Change happened via stakeholders' continued engagement, generating a welcoming and motivating culture, willingness to come together and try to make the transformation work. Typically, enablers included:

- Strategic support, including local councillors as well as Directors and Assistant Directors
- Time and capacity to deliver ongoing engagement with key partners (Children's Services, Health, and VCSFEs)
- Dedicated transformation team/operationally (for example, Task and Finish groups)
- Existing relationships, and networks - including with VCSFEs, existing building stock – building up from strong base

⁴⁵ [Annex E - Family Hub Model Framework](#)

- Meaningful and consistent communication with everyone involved AND everyone affected or who would be affected.

Where these aspects were not in place or took more time than expected to achieve, the delivery progress was negatively impacted, and the risks identified in the theory – short timescales for transformation and delivery, different or competing priorities, data challenges, and additional external challenges to sustainability planning – proved true.

Locally, there were other important enablers which included being able to source additional funding for capital works, drawing heavily on VCFSEs and other existing networks (such as libraries) to build relationships and source premises to progress the transformation work.

At a programme level, the risks identified came to fruition around the impact of delays, wider service struggles due to continued under-funding, and rising needs that family hubs (especially without additional funding for services) could not reasonably be expected to meet in this timeframe. Additionally, several local-level ToCs outlined the risk of being unable to evidence the impact of the transformation on the workforce and families. The evaluation evidence goes some way to address this, however, in many areas developing the evidence base was ongoing. Looking forward, and at local-level ambitions for future, longer-term impact outlined in the ToCs (such as a reduction in referrals to social care and child protection, reduction in school exclusions, and increased social mobility), it was too soon to tell if a lack of evidence could confound other related risks to sustainability.

Progress against the model framework

The Family Hubs Model Framework is organised around the delivery areas: access, connections and relationships. The majority of the 20 minimum expectations focus on building connections (12), followed by improving access (6) and lastly, relationships (2). Local authorities were asked to align with the expectations as far as possible, while recognising the importance of ensuring funding was used to respond to local need. In a couple of areas, local authorities reported finding the framework useful for approaching and taking stock of the transformation progress. However, local authorities were not required to report to DfE against the model framework and delivery was more focussed on progress against their plans instead. At this final reporting stage, it was useful to reflect on overall progress against the model framework at programme level across the 10 case study local authorities.

Meeting the minimum criteria

Positively, in the context of what all local authorities perceived to be tight timescales, a variety of external influencing factors (for example, restructuring, local and national elections, government change), and consequently, the very recent opening of the first family hub in several areas, local authorities met most, but not all, the DfE's family hubs

minimum criteria. The DfE did give local authorities more time to deliver outstanding actions by March 2025 acknowledging the vast efforts made along the transformation journey, the extensive time tasks have taken, and the additional challenges local authorities faced.

Relationships

Overall, clear progress was made over the past year (since the interviews in autumn 22) against the 2 relationships criteria – whole family relational practice models, and staff training and development. This was borne out by the largely positive feedback the workforce shared about CPD, and families talked about the trust and support they gained from staff, which they felt contributed to a range of outcomes for them and their families (see [Outcomes for families](#)).

Connection

Based on the evaluation evidence gathered through interviews with different stakeholders, families, and survey data across the 10 local authorities that participated in the evaluation, the basic model criteria were evident at programme level for 3 quarters (9/12) of the connection aspects. These most prominently included governance and leadership, partnerships and co-location with the VCFSE sector, integration and connection. As might be expected, slower and more variable progress had been made locally in relation to co-location (particularly the information sharing work -often very challenging and was ongoing), commissioning, and outcomes. Moreover, in several areas, the lack of available suitable buildings slowed the rate of progress for family hubs (as predicted at the interim evaluation stage).

Access

Although access was a key early focus for many local authorities, the evidence base for the minimum requirements was also variable. Overall, the evidence of a family hubs brand, communications and information, and a 'single' access point/experience was strong. However, the data supporting achievement of outreach, accessibility, equality and going beyond 0-5 was weaker, with gaps in provision for older children (including support with transitions) and seldom-heard groups. In a few cases, local authorities that were starting their transformation from a higher base with pre-existing strong community links were able to progress work with youth services. Without additional resources, it is questionable how realistic it is to expect family hubs to be able to meet all families' needs across the intended age range.

Progress towards the advanced criteria

As highlighted in [The transformation journey](#), the local authorities began the transformation from very different starting points, ranging from starting from scratch to embedding work to grow specialisms and strengths. As such, it is noteworthy that at

programme level, the evidence also suggested good progress was made in relation to several of the advanced criteria, across all 3 activity areas. The main exceptions being going beyond 0-5 (Access), commissioning and funding (Connection).

Recommendations for DfE

The key recommendations for DfE are outlined below.

Building capacity

- Capacity was a key challenge throughout the transformation, of both the transformation team itself and wider staff teams. Whilst an improvement from baseline, still only 37% agreed there are sufficient staff to deliver family support, demonstrating that new and enhanced staff roles have not eased capacity constraints for frontline staff. This resulted in a lack of resource to enable staff to fully benefit from the training offer, support the collection and sharing of data, and extend hub opening hours beyond 9-5 or reach families with older age groups. **Greater system capacity is therefore needed for the full outcomes potential of the transformation to be realised.**
- Interviews with parents and carers suggested that whilst family hubs offered quality support for children, young people and families, the wider system of family support (including healthcare and education) felt inadequate. Within this wider context, family hubs can only do so much to engage families and enhance signposting. **Further investment in the wider system of support for families is needed to meet families' needs in a timely and suitable way.**
- Additionally, across the programme, more strategic engagement from Health was needed to support all aspects of the transformation, but particularly data sharing, co-location and integration, partnership-working, and for shared outcomes to be achieved. **Reflecting the capacity constraints experienced, pressures on the wider system need to be addressed nationally, regionally and at local levels to enable Health to participate in cross-cutting transformation work.**

Planning and extending timescales

- The transformation timescale was the most reported challenge: Aligning governance structures, securing/upgrading buildings, facilitating meaningful consultation, and relationship-building took substantial time. For example, a transformation lead explained that doing a Community Asset Transfer of a family hub building took a year. Another local authority needed to do financial remodelling which delayed them by several months as they had to take revised plans to cabinet. This was further confounded where certain local authorities received their funding later than expected (reportedly as late as January 2023).

Reflecting the various extensions to the transformation timeframe, future transformation programmes should be afforded more time from the outset so that local authorities can put realistic plans in place, saving time in revising plans and enhancing wellbeing of those leading the delivery.

- Relatedly, in several areas, key transformation personnel moved on towards the end of their contracts to find new roles, exacerbating capacity constraints for the remaining transformation team at a time when further work was still needing to progress (for example, digital work and outreach). **More advance notice of the transformation extension could have allowed local authorities to extend the fixed-term contracts of dedicated transformation workforce, aiding capacity constraints.**
- As outlined in Premises development, managing renovations and construction work was particularly challenging for local authorities, with unpredictable timelines and costs. When margin for slippage was not built in, this was both stressful and costly. Therefore, when assessing local authority plans for similar transformation, **DfE should look for and support contingency planning built into timelines to ensure plans are delivered efficiently, particularly within the wider context of local authority budgetary constraints.**
- Building on this, and recognising the value of meaningful co-production, **future transformations should include a dedicated, funded development phase for local authorities to build relationships and buy-in, plan for the transformation, establish and implement co-production to inform the plans for the transformation.**

Providing guidance and support

- Local authority transformation teams valued the supportive and collaborative approach DfE had taken, which enabled them to be open and transparent rather than defensive. They also appreciated the flexibility afforded when things did not go to plan (typically, timescales slipping) and DfE's recognition that timescales were indeed too tight. **DfE should continue to take a supportive approach to working with local authorities.**
- Local authority staff also provided positive feedback about the peer learning strand of the Ecorys evaluation, and the communities of practice support offered by the NCFH as part of the programme. **DfE should therefore consider building similar opportunities for cross-local-authority learning to be shared in future programmes.**
- Two areas of the transformation requirements require further clarification. The evaluation evidence demonstrates that local authorities' interpretation of some requirements and their ambitions for development, were not precisely aligned to the wording in the model framework. DfE should clarify what is meant by co-

location – and whether this should instead focus more on service integration. For example, several areas already had co-located services, but that alone was not sufficient as further integration was needed. A ‘single access experience’ may be more appropriate and feasible than a ‘single access point’. **DfE should therefore consider the wording of the transformation requirements to ensure this reflects successful implementation on the ground.**

- From the start, local authority staff and families had mixed views on the expectations for family hubs to provide all types of services for older children and young people, alongside support for younger children. It was clear from interviews that local authorities had different interpretations of the requirement to provide 0-19 (up to 25 with SEND) services. **It should therefore be considered what role family hubs can or should play in older children’s services. A more realistic expectation may be for guidance to suggest family hubs provide whole-family support, but services provided directly to young people (such as youth work) could instead be better connected to the family hubs rather than directly offered or somehow separated from 0-5 buildings.**⁴⁶

Communicating family hubs

- Key priorities for the future for all stakeholders (families, frontline and strategic staff) involved further promoting family hub services to ensure services are fully utilised and equitable access for currently under-served groups. Local authorities invested substantial time and resource in promoting the hubs, yet more work was needed. Considering the broader roll-out of family hubs nationally, there is an **opportunity for central government to play a bigger role in communicating family hubs at the national level, to develop understanding of them being a 0-19 offer and overcome stigma associated with previous, targeted offers.**

Embedding sustainability

- The transformation funding was perceived to be limiting the potential extent of the transformation without funding service provision. At the time of writing this report, local authorities wanted more information and central guidance to be shared to help plan for the sustainability of family hubs. In April 2025 DfE confirmed the continuation of funding for financial year 2025-26 to support TF1 local authorities to consolidate, embed and enhance their family hub network. An updated Family Hubs and Start for Life programme guide for 2025/26 was published in February 2025.⁴⁷ TF1 local authorities are expected to meet the minimum expectations for family hubs transformation funding set out in the guidance by March 2026. **The**

⁴⁶ For example, linking into future priorities such as the announced [Young Futures hubs](#).

⁴⁷ [Family Hubs and Start for Life programme: local authority guide 2025 to 2026 - GOV.UK](#)

DfE should aim to provide confirmation for further future funding and associated guidance as early as possible to maximise the opportunities continued transformation brings.

Future evaluation

There are several key learning points for DfE regarding future evaluations and progress monitoring (both internally and externally):

- To provide **more guidance to local authorities regarding initial MI data collection**, to ensure data quality. Developing MI templates collaboratively with local authorities can help to ensure MI requests are feasible and proportionate.
- **ToC development has been highly valued by local authorities. DfE should therefore consider including this element of support in future evaluation contracts** where appropriate.
- Bearing in mind the limitations of the evaluation outlined in Data considerations, there is a need for DfE (and evaluation providers) to be **realistic about the timescales for meaningful engagement and evaluation work**. A true baseline should be collected prior to activity starting, and outcomes evidence collected at a distinct milestone (usually, the end of transformation timeline). Additionally, when seeking evidence of outcomes, data should be collected when enough time has passed for outcomes to realistically have materialised.
- **Further evaluation at the national level is needed** to understand the implementation of family hubs nationally and capture longer-term outcomes of the transformation.

Recommendations for local authorities

The key recommendations for local authorities are outlined below.

Managing and governing family hubs transformation

- Establish independent family hubs governance arrangements to get the transformation off the ground. **Any changes to governance should be carefully mapped to ensure all data and reporting is unaffected** by transitions.
- Consider a twin track focus around a) the structural changes needed to move to family hubs and b) the cultural changes that are critical to success. **Making culture a high priority will help to facilitate the transformation process** including structural and management changes.
- **Embed family hubs in wider structures, strategies and manifestos** to increase capacity to make change happen and facilitate sustainability. Wider strategic buy-

in is necessary, which requires substantial resources that should not be underestimated.

- A significant amount of project management skill and drive is needed to lead the transformation. **Personnel leading the transformation should ideally be experienced in leading transformation projects, have expertise in data-led approaches and facilitating consultation**, as these were important enablers.
- **Plan for, deliver and maintain efforts to sustain buy-in at all levels (strategic, cross-partner, and frontline as well as early engagement with elected members)**. Meaningful workforce consultation and transparency about what is realistic and feasible for staff feedback to influence, and family hubs transformation to change helped to build trust and engagement.
- Whilst the transformation was most often led by Children's Services / DCSs, there was some negative perception that this could skew the focus of family hubs to being too 'children's services focused'. The evaluation highlights the possibility of the transformation being led by Public Health, which proved successful in overcoming capacity constraints in Children's Services too. **Local authorities should therefore consider looking beyond a DCS-led approach.**
- Mixed views on the use of consultants for different purposes were shared. When external consultants were involved in driving the vision for the transformation, some stakeholders did not welcome this approach. **The use of consultants should therefore be carefully considered and a priority placed on local ownership of the transformation vision and direction.**
- Successful practice highlighted in this report demonstrates the value of a 'test and learn' approach. **Local authorities should therefore plan a staggered roll-out of new services** to help identify and subsequently iron out teething problems.
- **Dedicate enough time and resource to facilitate meaningful co-production** with staff and families. Engaging seldom-heard groups, building trust, and setting up effective mechanisms for co-production takes substantial time and skill which should not be under-estimated, as a critical enabler to success. Additionally, **feedback mechanisms should be in place to report back to families and staff about how learning from co-production are put into action.**
- Engaging less-well-heard groups in community co-production was seen as critical to the success of family hubs transformation and a key priority for the future embedding of family hubs. This requires overcoming barriers to engagement such as the time, mode and location of feedback forums, and raising awareness of co-production opportunities through VCFSEs and other channels. **Local authorities should consider how to engage seldom-heard groups in co-production mechanisms and overcome barriers to participation.**
- The above considerations take considerable time and resource. **Transformation teams should therefore be sufficiently resourced to enable workstreams in**

parallel. This should support the continuation of work should a key member of staff be unwell or otherwise need to take a leave of absence.

Supporting workforce experience and outcomes

- Staff valued being kept informed through existing communication channels, to avoid placing additional burden using different methods such as face-to-face meetings, email briefings, Teams chats, an anonymous option and informal catch-ups. Regular communication also helped to onboard new staff members amidst staff turnover. **Communicate even if communications reflect uncertainty; sharing unclear information is better than not sharing information and transparency builds trust.**
- **Consider where the transformation effects are/will be most felt** throughout different phases of planning and implementation and plan to support staff accordingly – it is important that staff understand how their role fits in.
- Staff working in frontline practitioner roles, operational and strategic management need **tailored training, support and [joint] supervision to help them perform well and happily.** This needs to be incorporated within budgets for management tasks, including learning about new systems, and CPD.
- To prevent staff feeling like there is too much change too soon, **giving the workforce advance notice, realistic timelines, and a phased approach to transformation** is needed. This can help staff to feel more prepared for change.
- Reflecting the recommendation for DfE to value planning for contingency, local authorities should also **plan for slippage and staff absence/changeover when bidding for transformation funding** to ensure budgets and timelines are met.
- **Workforce development needs should be mapped and re-assessed on an ongoing basis** to be able to put training in place to respond to emerging needs. This should include consulting staff on their views of their learning needs to ensure training addresses development they feel is important. For example, one suggested improvement was for future training to include neurodivergent perspectives.
- A rolling programme of universal training supports consistency of staff knowledge and understanding. This should be accessible to all staff including business support. A workforce induction toolkit was one way of describing the services on offer across the local authority to ensure everyone had a common understanding. Local authorities should **put one-size-fits-all training in place (including refresher training for existing staff) alongside evolving training programmes to meet emerging needs.**
- When integrating different teams, **explore how well new structures work in practice where specialist roles are embedded in wider teams.** Consider

whether specialists should line manage key workers or not, and what difference having line management responsibility means for the success or otherwise of integrated working.

- As transformation operational working groups end (such as Task and Finish groups), **consider how collaborative activities can continue to support delivery. For example, place-based and/or thematic delivery approaches.** This could extend to multi-agency practitioner forums to support collaborative practice.
- Before making any changes to governance arrangements through the transformation and beyond, **structures should be carefully mapped to ensure all data and reporting is unaffected by transitions.** For example, for Ofsted inspection requirements.

Supporting family experience and outcomes

- **Family feedback and ongoing needs assessment should inform the refinement of the offer. Using the Family Hubs Model Service Expectations Annex F document was successfully used as a gap analysis tool** in certain areas, to help identify and focus discussions on gaps and which staff from across the partnership are best placed to address them. Families suggested more targeted and specialist support would be beneficial (such as employment support, finances and debt, applying to schools and nurseries) and peer support (such as young carers, young/adolescent parents, and Dad's groups).
- Key learning in this report demonstrates the importance of promoting family hubs to raise awareness in the community, particularly to under-served groups. This should involve **promoting and advertising family hubs through a range of different channels to reach families 'where they are at'** for example at bus stops, in supermarkets, via professionals (including midwives, health visitors and youth workers) and through VCFSEs with existing relationships with the communities that local authorities are not reaching.
- Family feedback suggests that **local authorities should ensure family hubs are accessible for a diverse range of families**, including further consideration of families' needs (including SEND and physical disabilities) to ensure equal access. Additionally, extending opening hours to include evenings and weekends to make the hub offer more accessible to working parents. This also includes delivering groups and activities in a hybrid format, including a mix of in-person sessions and virtual delivery where appropriate.
- There was negative feedback on the accessibility of a digital offer, where this felt like another service to navigate. **The evidence suggests the digital offer should therefore be built into existing websites as far as possible to reduce complexity for navigation.**

- Family hubs are more than buildings and achieving the intended outcomes of transformation requires a model including outreach into community networks. This could involve a hub and spoke model with satellite sites, or using innovative outreach venues, moving beyond a focus on central hubs (particularly in rural areas) will be important. **Intelligence and data should inform the model, identifying spaces most accessible to the communities they intend to reach.**

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Annex 1

Workforce survey

Table 4 below presents a breakdown of workforce survey responses by area.

Table 4 Workforce survey responses by local authority

Local authority	Wave 1	Wave 2
Local authority 1	76	24
Local authority 2	11	17
Local authority 3	6	3
Local authority 4	122	37
Local authority 5	0	n/a
Local authority 6	25	19
Local authority 7	16	69
Local authority 8	33	38
Local authority 9	29	28
Local authority 10	17	4
Total	335	239

Family survey

The demographic breakdown of family survey respondents is as follows:

Table 5 Family survey respondents - demographic breakdown, ethnicity

	Wave 1	Wave 1	Wave 2	Wave 2
	n	%	n	%
Ethnicity	107	100%	65	100%
White	81	76%	58	89%
Asian or Asian British	17	16%	0	0%)
Black, Black British, Caribbean or African	2	2%	1	2%)
Mixed or multiple ethnic groups	5	5%	3	5%

Table 6 Family survey respondents – demographic breakdown, family structure

	Wave 1	Wave 1	Wave 2	Wave 2
	n	%	n	%
Family structure⁴⁸	107	100%	64	100%
Heterosexual couple	67	63%	45	68%
LGBTQIA+ couple	1	1%	1	2%
Lone parent (mother)	28	26%	10	15%
Separated and co-parenting	9	8%	6	9%
Kinship carer	1	1%	1	2%
Foster carer	1	1%	1	2%

Table 7 Family survey respondents – demographic breakdown, SEND

	Wave 1	Wave 1	Wave 2	Wave 2
	n	%	n	%
SEND	109	100%	50	100%
Yes	47	43%	18	36%
No	55	50%	32	64%
Don't know	7	6%	0	0%

Table 8 Family survey respondents – demographic breakdown, SEND needs

	Wave 1	Wave 1	Wave 2	Wave 2
	n	%	n	%
SEND needs⁴⁸	47	100%	18	100%
Communication and interaction needs	28	60%	10	56%
Cognition and learning difficulties	25	53%	12	67%
Social, emotional and mental health difficulties	35	74%	10	56%
Sensory and physical needs	31	66%	13	72%
Other SEND	3	6%	3	17%

⁴⁸ Respondents could select more than one option

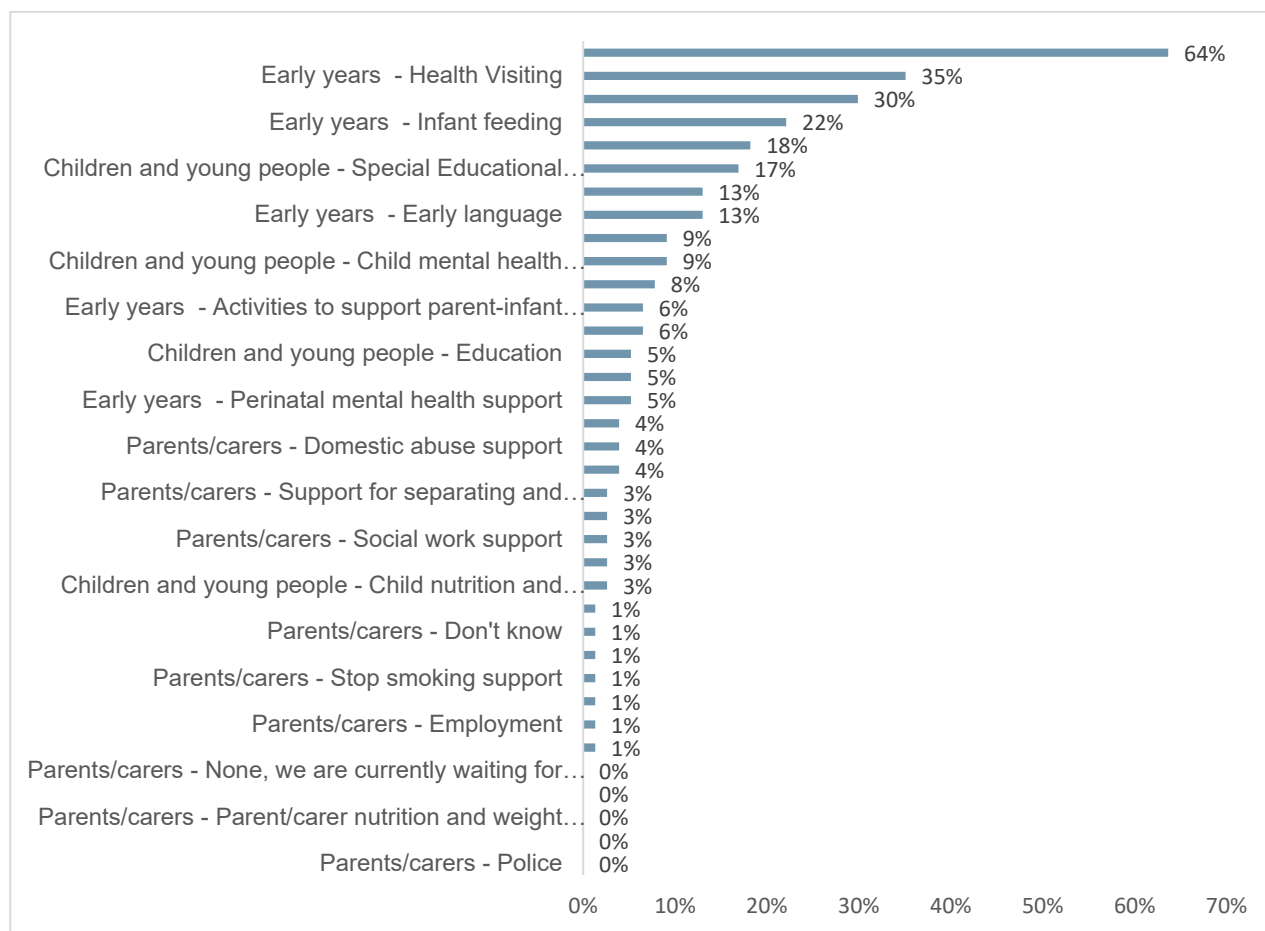
Table 9 Family survey respondents – demographic information, number of children living at home

	Wave 1	Wave 1	Wave 2	Wave 2
	n	%	n	%
Number of children living at home	114	100%	66	100%
0	0	0%	16	24%
1	56	49%	22	33%
2	43	38%	21	32%
3	7	6%	7	11%
4	5	4%	0	0%
5	2	2%	0	0%
6+	1	1%	0	0%

Table 10 Family survey respondents – demographic breakdown, ages of children

Ages of children	192	100%	85	100%
0-5	30	16%	42	49%
6-11	65	34%	19	22%
12-19	84	44%	20	24%
20+	13	7%	4	5%

Figure 26 Which of the following activities and support have you accessed through Family Hubs?



Source: Family survey wave 2 (base=77)



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