HM Government

Family Hubs and Start for Life programme guide

August 2022

The Family Hubs and Start for Life Programme is jointly overseen by the Department of Health and Social Care and the Department for Education.

Table of Contents

Introduction

This programme guide has been produced for the 75 local authority areas that are eligible to receive a share of the £301.75 million Family Hubs and Start for Life programme funding package for the period 2022–2025. It describes the programme's vision and objectives and sets out what you are expected to deliver and achieve to meet the expectations of the programme. It is intended to be used by those with responsibility for delivering the programme within your local authority, including local authority commissioning leads. It has been written in a way that should help you to articulate the programme vision and expectations to others, such as your delivery partners, stakeholders, parents and families.

An additional £28.7m has been made available to improve young children's home learning environments (HLE), to help them to recover from the pandemic[1]. This support should be delivered through family hubs as part of this package.

This investment will enable around half of upper-tier local authorities in England to transform their services into a family hub model. The programme includes new investment for essential services in the crucial Start for Life period from conception to age two, and services which support parents to care for and interact with their children. The programme represents a significant step forward in delivering on the government's commitments as set out in 'The Best Start for Life: A Vision for the 1,001 Critical Days'[2], and builds on delivery of the Healthy Child Programme 0-19 public health services[3]. It will also deliver on the government's manifesto commitment to champion family hubs. Supporting babies, children, and families across the country in this way is a crucial part of the government's ambition to level up.

This guide is intended to support decisions about participation in the programme by:

1. **Setting out the vision** for providing families with the integrated support they need to care for their children from conception, throughout the early years, and into the start of adulthood. This is to enable parents to establish a firm foundation for their children, from which to meet their full potential in life.
2. **Setting out what it will mean to take part in this programme** for your local authority area. This includes:
    - what you will be expected to deliver and by when in return for the funding

[1] The £10m which was allocated as part of the £301.75 million towards workforce trials comes onstream in 2023/24 and is separate to this programme. This funding will be available to a smaller number of LAs. Further information on the trials will follow in due course.

[2] https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

[3] https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#full-publication-update-history

- how services should be delivered in line with the family hub model framework
- what will be expected in terms of delivery plans, reporting, and evaluation

3. **Providing additional supplementary guidance** to support your local authority area in designing and delivering your locally tailored service offer.

We recognise that every local authority area participating in this programme will be starting from a different point and will have different local needs, assets, and existing provision to consider. There will be different regional and place priorities addressing local population needs, and different local system arrangements for managing delivery of multiple programmes.

If you decide to participate in this programme, we will ask you to develop a **delivery plan**. This plan should set out:

- how your local area will deliver the programme expectations
- how this will improve outcomes for babies, children and families and reduce inequalities in outcomes, experiences and access to services in your local area

We will expect you to be ambitious and present plans which take you further towards the vision of a seamless, integrated offer of support for all families delivered through a family hub model, with tailored support available for those who need it most.

This is an exciting opportunity to improve the lives of babies, children and families. We hope you will want to participate in this programme, working together with delivery partners and families to ensure parents and carers in your area receive the support they need to care for their babies and children. The evidence and best practice gathered from this programme will inform the case for future investment and support transformation in the delivery of both family and Start for Life services across the whole of England.

Important areas of focus

Ahead of signing up to participate in the programme, please ensure that you:

1. **Understand the programme objectives, the vision for the way services are delivered, and what this investment should mean for babies, children and families**. This should influence the approach you take to design and implementation of the programme, in a way that will deliver for your local population.
2. **Are committed to the programme's delivery expectations –** including what you will be expected to deliver with the funding and how you should approach delivery (Annex E - Family hub model framework and Annex F -Family hub service expectations), the additional delivery expectations you must agree to, the partners who will need to be on board and what you will be expected to develop and report on.
3. **Have determined whether or not you want to apply to be a trailblazer** (see the trailblazer guide for more), are willing to be a **super-evaluator** if selected, **or want to apply to receive additional support from the Early Intervention Foundation**.

Section 1: the vision for transformation of family and Start for Life services

The importance of giving families the support they need

All families need support from time to time to help their babies and children thrive, whether that's from friends, family, volunteers, or practitioners. Our ambition is for every family to receive the support they need, when they need it. All families should have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

Families have told us that they sometimes experience difficulty interacting with the complex service landscape and have to 're-tell their story' to different services and professionals.[4] This is often particularly the case for disadvantaged and vulnerable families. However, there is often no single, non-stigmatising point of access for family services that helps families to navigate and receive the wide-ranging support they need. This gap is reflected in the findings of the Independent Review of Children's Social Care[5], published on 23 May 2022, and Ofsted's thematic inspection of early help services[6]. The Independent Review acknowledged the challenges that can arise when services are delivered in a fragmented way, or when stigma is associated with asking for help. It concluded that this had resulted in a system skewed towards crisis intervention, resulting in unacceptably poor outcomes for children. The government is working through the recommendations of the Independent Review of Children's Social Care and will publish an implementation strategy later this year (2022).

Local services, working together and in partnership with the voluntary, community and faith sectors, all have a vital role to play in supporting families. Professionals often face practical and organisational barriers to working together. Organisational geographical boundaries don't always align when it comes to delivery of services, which can add to the complexity. Improving join-up between state and non-state services and taking a whole family approach better supports families to access the help they need.

Evidence is clear that identifying risks early and preventing problems from escalating leads to better long-term outcomes. Universal services which are available to all local families who need them can help to spot and respond to issues before they develop into more complex problems. Some families with babies, children and young people will need additional, targeted help. Whatever the need, early identification,

[4] https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

[5] https://childrenssocialcare.independent-review.uk/

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf

support which is easily accessible, and strengthened relationships help to address problems before they get worse. Investing in supporting families to care for their babies, children and young people has an important role to play in reducing health and education disparities right from the start, and improving physical, emotional, cognitive and social outcomes longer term.

The importance of the early years

The 1,001 critical days are a time of unique opportunity and challenge

The 1,001 critical days, from conception to age two, is a time of rapid development. Our experiences during this time lay the foundations for lifelong emotional and physical health. This means that the love, care, and nurture that a baby experiences in this period is particularly important, and adverse experiences can have lasting consequences. For example, perinatal mental health difficulties and poor early relationships between babies and their caregivers can cause adverse physical and mental health outcomes as children grow. Adversity in this period is more strongly associated with subsequent difficulties than adversity occurring in other periods[7]. Research is clear that these adverse outcomes are often long-term but can be prevented through early intervention.

Early intervention and holistic care are essential

Families with a new baby can face many different challenges. These are often closely connected and holistic care is required to fully meet a family's needs. For example, difficulties with breastfeeding can sometimes be caused by, or result in, perinatal mental health challenges[8] and struggles with attachment and bonding[9]. For parents to provide an environment in which babies can thrive, their own mental health and wellbeing is paramount. It is important that the workforce supporting a family is sensitive to this, and able to provide parents with the reflective care they

[7] Hambrick, P. et al (2018). Beyond the ACE score: Examining Relationships Between Timing of Developmental Adversity, Relational Health and Developmental Outcomes in Children. Archives of Psychiatric Nursing. 33. 10. https://www.researchgate.net/publication/328833363_Beyond_the_ACE_score_Examining_relationships_between_timing_of_developmental_adversity_relational_health_and_developmental_outcomes_in_children

[8] Brown, A. et al (2015). Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties: https://onlinelibrary.wiley.com/doi/10.1111/jan.12832

[9] Chen, J. et al (2020). The association between breastfeeding and attachment: A systematic review, Children and Youth Services Review, https://www.sciencedirect.com/science/article/abs/pii/S0190740920309452#:~:text=From%20a%20psychological%20perspective%2C%20breastfeeding%20not%20only%20serves,and%20infants%20during%20breastfeeding%20%28Orengul%20et%20al.%2C%202019%29

need as soon as difficulties emerge. Evidence shows preventative early intervention can deliver better outcomes for babies, children and their families.

A baby's social, emotional, and cognitive development is impacted by their relationships. Early intervention to help parents and carers meet their baby's social and emotional needs can help to foster secure attachment relationships. Secure attachments may lead to improved developmental outcomes including reduced risk of some mental health difficulties in later life.[10]

Early communication, language and literacy skills are vital to school-readiness, as well as important for outcomes in later life. Early language acquisition impacts on all aspects of young children's non-physical development. It contributes to their ability to manage emotions and communicate feelings, establish and maintain relationships, think symbolically, and to learn to read and write[11].There is no better time to address risk factors in a child's life, prevent problems from occurring, or identify emerging difficulties than in a baby's first 1,001 days.

The impact of COVID-19

The pandemic has had a significant impact on access to services for children and families. While many services responded quickly and adapted services in real time to support families, access to face-to-face services, referrals and diagnostics were greatly reduced. The evidence of impacts on babies, children and young people is continuing to emerge, but there are early indications of increased demand for mental health services and a particular impact on those with additional vulnerability, special educational needs and/or disabilities[12, 13].

All those who work with babies, children and families are working hard to restore services to help families get the support they need. The pandemic also fostered greater partnership and different ways of working, such as offering online support, which there is potential to sustain into the future[14]. Building back from the pandemic

[10] Barlow, J. (2018). Can we improve attachment or attachment related outcomes in young children? https://static.acamh.org/app/uploads/2018/05/Attachment_Bridge_May18-3barlow.pdf

[11] Law, J. et al (2017). Language as a child wellbeing indicator. *Early Intervention Foundation.* .https://www.eif.org.uk/files/pdf/language-child-wellbeing-indicator.pdf

[12] Morris, J & Fisher, E. (2022). Growing Problems, In Depth: The Impact of Covid-19 on Health Care for Children and Young People In England. *The Nuffield Trust.* https://www.nuffieldtrust.org.uk/resource/growing-problems-in-detail-covid-19-s-impact-on-health-care-for-children-and-young-people-in-england

[13] Cattan, S., Fitzsimons, E., Goodman, A., Phimister, A., Ploubidis, G. B. and Wertz, J. (2022). 'Early childhood and inequalities', IFS Deaton Review of Inequalities, https://ifs.org.uk/inequality/early-childhood-inequalities-chapter

[14] Lewis, R et al (2020). Understanding and sustaining the health care service shifts accelerated by COVID-19. *The Health Foundation*. https://www.health.org.uk/publications/long-reads/understanding-and-sustaining-the-health-care-service-shifts-accelerated-by-COVID-19

is going to require even stronger partnership-working to plan and respond to need – including sharing monitoring of the impact on children and families, awareness of family needs, and the planned response to family needs.

What we are doing to ensure families get the support they need

This government's 2019 manifesto included a commitment to champion family hubs.

Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to families from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

The government has already committed £39.5 million to champion the family hubs model. This funding comprised several components, including: establishing the National Centre for Family Hubs[15]; the Family Hubs Transformation Fund[16]; the Evaluation Innovation Fund[17]; and the Family Hubs–Growing Up Well digital project[18]. The Family Hubs and Start for Life programme represents a significant step forward, building on investment to date, to implement the family hub model in half of upper-tier local authorities in England.

This programme includes £81.75m to enable you to transform your services into a family hub model. It also includes £28.7 million to invest in evidence-based interventions training practitioners to support families with the HLE, as part of the education recovery programme announced in October 2021[19]. The HLE is an important factor in the development of early speech, language and communication and social and emotional skills. This not only impacts on a child's development in the

[15] https://www.nationalcentreforfamilyhubs.org.uk/

[16] https://www.gov.uk/government/publications/family-hubs-transformation-fund

[17] https://www.gov.uk/government/publications/evaluation-of-family-hubs

[18] https://www.nationalcentreforfamilyhubs.org.uk/wp-content/uploads/2022/03/LA_Partner_Application_Guide_March_2022-1.pdf. Annex B provides an overview of family hub funding to date.

[19] Sammons, P. et al (2015). The long-term role of the home learning environment in shaping students' academic attainment in secondary school. *Journal of children's Services 10(3).* https://www.researchgate.net/publication/283196310_The_long-term_role_of_the_home_learning_environment_in_shaping_students%27_academic_attainment_in_secondary_school

early years, but can persist until their GCSEs and A-Levels.[20] This investment is intended to support the language and social and emotional development of young children who were babies at the height of the pandemic.

Recognising the specialist needs of some families, the Family Hubs and Start for Life programme was announced alongside an additional £200 million investment in the Supporting Families programme. This takes total investment in the programme to £695 million over the next three years. This will enable local authorities and partners to provide help earlier and secure better outcomes for up to an additional 300,000 families across all aspects of their lives.

What we are doing to ensure babies get the best start in life

In July 2020, the Prime Minister asked the Rt Hon Dame Andrea Leadsom MP to chair a review into improving health and development outcomes for babies in England. 'The Best Start for Life: A Vision for the 1,001 Critical Days' report[21] was published in March 2021, following an intensive period of engagement with parents, carers, sector professionals, volunteers and academics.

The report highlighted that the services offered to families in the critical period between conception and age two are often disjointed, making it hard for those who need help to navigate the support available to them. At worst, babies miss out on the best care because parents and carers are unable to access the support they need, or the support they need is not available. Where services are available, they are not always developed with the needs of families in mind.

The report identified support with breastfeeding, perinatal mental health, and parent–infant relationships as essential services which are vital to ensuring that every baby gets the best start in life. However, a significant number of areas only offered this support as 'additional' services on a targeted basis. This meant families were not always able to access the support they needed. The programme therefore includes additional investment to ensure these essential services are available to every family who needs them in your local authority area.

[20] Taggart, B. et al (2015). Effective pre-school, primary and secondary education project (EPPSE 3-16+), 50. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/455670/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf.pdf; Sammons, P. et al. (2015). The long-term role of the home learning environment in shaping students' academic attainment in secondary school. Journal of Children's Services, 10(3). ResearchGate

[21] https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

The report committed to six action areas, focused on ensuring families have access to the support they need, and the Start for Life system is working together to provide that support.

1. **Seamless support for families:** a coherent joined-up Start for Life offer available to all families. The universal Start for Life offer should include the essential support that any new family might need: midwifery, health visiting, mental health support, infant-feeding advice and specialist breastfeeding support, safeguarding and services relating to SEND.

2. **A welcoming hub for families:** family hubs as a place for families to access Start for Life services. Services available physically, virtually and via outreach.

3. **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family, including a digital child health record

4. **An empowered Start for Life workforce:** developing a modern, skilled workforce to meet the changing needs of families.

5. **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.

6. **Leadership for change:** ensuring local and national accountability and building the economic case.

This programme presents an important opportunity to deliver on the action areas set out in the report. It will build on and improve join up across programmes to provide many more families with the open access, early intervention support they need to give their baby the best start in life.

The change we want to see

Programme objectives

The programme's objective is to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all parents and carers can access the support they need when they need it.

Through the programme, parents and carers should feel supported and empowered in caring for and nurturing their babies and children, ensuring they receive the best start in life. This in turn will improve health and education outcomes for babies and children and enable them to thrive in later life.

To achieve this, funding will be provided to move to a family hub model, improve the universal Start for Life offer and transform family support in 75 local authority areas with high levels of deprivation and disproportionately poor health and educational outcomes, supporting the government's levelling up ambitions.

You are eligible to participate in the programme because your local authority was pre-selected in rank order using Income Deprivation Affecting Children Indices (IDACI) – Average Rank, subject to the additional condition that a minimum of 25% of local authorities from each rural urban classification are pre-selected. The list of eligible local authorities and the selection methodology can be found on gov.uk.

In summary, the programme will:

- provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all
- contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it
- build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts

The programme will achieve this by investing in:

transforming the way services are designed and delivered

- increasing the number of local authority areas with a family hub model supporting children of all ages
- improving how local services share information and work together to provide holistic support for families (to address the fragmented services some families currently experience)
- ensuring that the Start for Life offer is clear, accessible and seamless, and voices of parents and carers are sought to influence the continuous improvement of the offer

universal Start for Life and family services

- enhancing and expanding services which seek to identify and address needs at an early stage before more specialist support is required

tailored support for vulnerable communities

- ensuring additional targeted interventions which support vulnerable and under-served populations are included as part of the offer and delivered through the family hub model

workforce capacity and capability

- creating capacity through new workforce models that incorporate skill mix
- facilitating join-up of the multi-professional workforce to provide continuity of care to all families
- improving multi-agency training, addressing existing skill gaps, and ensuring empathy is at the heart of practice

understanding what works and sharing best practice

- robustly evaluating against a set of measurable quantitative and qualitative objectives in a variety of contexts
- establishing communities of practice across the country to share best practice, and supporting a group of 'trailblazers' to lead the way on delivery

How the overall investment will contribute towards achieving the programme aims

£81.75 million to create family hub networks serving children of all ages.

The investment should be used to support the process of moving to a family hub model or to develop your existing family hub model further, putting the baby, child and family at the centre.

What it will deliver:

- increase the number of local authority areas with a family hub model and the number of family hubs
- increase the number and range of services delivered through the family hub network, including co-location of services and professionals, where possible
- increase consistency of the services accessible through the family hub network, within and between local authority areas
- improve the way that professionals, services and partners, including the voluntary and community sector, work together

- increase the number of professionals and practitioners working in a whole-family, relational way that builds on families' existing strengths

What this will mean:

- increased accessibility for families to more of the services they need, through a single point of access
- increased awareness and uptake of family hub services, including by disadvantaged and vulnerable groups
- improved experience for families of navigating services and reduced need for families to 'tell their story' more than once
- increased efficiency for professionals and services and more effective collaboration, leading to improved support for families
- increased consideration of a whole family's needs, leading to more appropriate and timely support
- strengthened relationships within families and between them and professionals

Support for parenting, perinatal mental health and parent-infant relationships

Funding for parenting support is intended to facilitate services to help all new and expectant parents make the transition to new parenthood as smooth as possible, with an emphasis on the importance of sensitive and attuned caregiving. Funding for parent-infant relationships and perinatal mental health should be used to promote positive early relationships and good mental wellbeing for babies and their families.

Taken together, this funding should enable you to provide support to parents and carers along a continuum of need.

The parenting support funding should be used for provision of a universal and targeted offer which will help make the transition to parenthood as smooth as possible and which stresses the importance of sensitive, responsive caregiving. This package should comprise a broad universal support service alongside more targeted evidence-based programmes to be made available for parents/carers with further needs.

The funding for parent–infant relationships and perinatal mental health services should be used to provide parents with universal access to services, and support those with an identified mental health need or who would benefit from a more

intensive parent–infant relationship programme. Parents should be seamlessly connected to all these services via their family hub.

In practice, there is likely to be overlap in family hubs service provision according to local needs and the support put in place.

£50 million for parenting support

The funding is intended to facilitate services to help all new and expectant parents make the transition to new parenthood as smooth as possible, with an emphasis on the importance of sensitive and attuned caregiving.

It should build on existing parenting support infrastructure, and deliver a holistic offer providing early help for parents across:

- evidence based parenting programmes intervention (including digital)
- peer-to-peer support networks
- community outreach activity

What it will deliver:

- an improved universal and targeted parenting support offer provided within a welcoming family hub
- development of an evidence-based service model for delivering effective parenting support as part of a wider family hub model and integrated Start for Life offer
- improved referral pathways (including self-referral where appropriate) and join up across parenting support services and other Start for Life services to ensure support is available and tailored when needed for babies and their families
- improved access to training for parenting practitioners (professionals or volunteers) that raises awareness of the importance of bonding, attachment, and sensitive caregiving, and enables practitioners to demonstrate reflective, relational practice which puts the needs of babies and carers first

What this will mean:

- improved access, take-up and integration of parenting support services
- parenting support becomes the natural next step for parents and carers after their antenatal classes as it is normalised and destigmatised
- families with a wide range of difficulties receive help

- parents feel more confident and supported in their transition to new parenthood
- the parenting workforce is supported to stay up to date on training and the latest clinical guidance, ensuring advice is accurate, helpful and consistent
- the parenting workforce demonstrates an awareness of the needs of families with protected characteristics, such as disability, race, sex and sexual orientation
- difficulties are prevented before they emerge, preventing adverse physical and mental health outcomes as children grow
- improved ability of parents to care for their children, resulting in improved child and parent outcomes across a range of areas, including baby and child development outcomes
- more children are healthy and ready to learn at age two and ready for school at age five

£100 million for bespoke parent-infant relationships and perinatal mental health support

The funding should be used to promote positive early relationships and good mental wellbeing for babies and their families.

The funding should be used flexibly to maintain existing provision, or to develop, extend or enhance existing services to reach more families. There should be a focus on:

- mild to moderate perinatal mental health difficulties
- perinatal mental health support for fathers and co-parents
- primarily universal parent–infant relationship support

(See Annex I for further information on the rationale of this focus).

What it will deliver:

- improved access to training that enables practitioners to have sensitive, inclusive conversations with parents and carers about wellbeing and challenges they might be experiencing, as early as possible
- improved universal parent–infant relationship services
- improved support available in a range of different settings

- improved awareness of the importance of parent–infant relationships for the workforce
- improved perinatal mental health support for fathers and co-parents
- improved support available for mild perinatal mental health difficulties
- developed and/or improved care and referral pathways to ensure support is provided when needed for babies and their families

What this means:

- improved awareness of perinatal mental health for parents and carers
- difficulties prevented before they emerge, preventing adverse physical and mental health outcomes as children grow
- normalised and destigmatised conversations around mental health and around parent–infant relationship difficulties that might occur
- reduction in demographic disparities in the access and uptake of support for perinatal mental health and parent–infant relationships
- improved parent–infant relationships, resulting in positive impact on developmental outcomes for babies
- improved perinatal mental health for fathers and co-parents
- improved perinatal mental health for mothers with mild perinatal mental health difficulties
- reduced risk of mental health difficulties in later life
- the workforce is supported to stay up to date on training and the latest clinical guidance, ensuring advice is accurate, helpful and consistent
- the workforce demonstrates an awareness of the needs of families with protected characteristics, such as disability, race, sex and sexual orientation

£50 million to establish infant feeding support services

The funding should be used to design and deliver a blended offer of advice and support that will help all mothers to understand the benefits of breastfeeding and meet their infant feeding goals. The needs of vulnerable or underserved parents should be considered. The funding should also enable co-parents and carers to feel included and able to support their partner.

What this will deliver:

- information about perinatal mental health, attachment and the benefits of breastfeeding is provided as early as possible – including preconception (for example in schools)
- parents are invited to decide antenatally whether they want to breastfeed, and are made aware of the benefits, what the challenges might be and the support available
- timely, high-quality, one-to-one infant-feeding support is available in the critical post-birth period
- 24/7 support is provided by the National Breastfeeding Helpline
- an appropriate breastfeeding service, that may include peer supporters, specialist midwives, health visitors and lactation consultants, is established
- equipment (for example breast pumps, nipple shields) is available on loan
- staff are trained to identify more complex infant feeding needs, such as tongue-tie, and appropriate treatment is available where needed
- referral pathways are clear and families receive timely specialist support where required
- data is collected, collated and reported effectively, and used to inform service design and improvement
- all staff and volunteers receive appropriate, accredited training and know how to work together across agencies and settings to provide seamless support, with appropriate supervision structures in place
- the workforce is supported to stay up to date on training and the latest clinical guidance, ensuring infant feeding advice is accurate, helpful and consistent
- practitioners (professionals and volunteers) are trained to demonstrate reflective, relational practice which puts the needs of babies and carers first
- and doesn't allow their own breastfeeding experiences to impact the care that they provide

What this will mean:

- all parents and carers have the information, practical advice and support they need (including out of hours) to support breastfeeding initiation and continuation, expressing breastmilk, and/or formula feeding where that is more appropriate

- those least likely to access services are engaged as early as possible to help them understand the benefits of breastfeeding and how to access the support available to them, helping to reduce inequalities

- parents have opportunities to meet other breastfeeding mothers and access peer-to-peer support (for example through breastfeeding cafes)

- the workforce demonstrates an awareness of the needs of families with protected characteristics, such as disability, race, sex and sexual orientation, and is able to adjust their infant feeding support accordingly

- breastfeeding initiation and continuation rates are improved

- babies are breastfed for as long as possible, where appropriate and where parents are able to do so – ideally exclusively up to 6 months, in line with WHO recommendations

- improved outcomes for mothers and babies, including child health and cognitive development, maternal health and mother-infant bonding

£28.7 million to deliver training for practitioners to support parents with the home learning environment (HLE) through family hubs

The funding should be used to design and deliver a cohesive offer of support to parents with pre-schoolers in the area.

The funding should be invested in evidence-based interventions which train practitioners to support families with the HLE, with a clear focus on supporting education recovery for young children who were babies at the height of the covid pandemic.

What this will deliver:

- improved training provided to practitioners to support families with HLE

- improved access to training which enables practitioners (professionals or volunteers) to demonstrate reflective, relational practice which puts the needs of babies, children, parents and carers first

- improved speech, language and communication pathways and join up across Start for Life services to ensure support is available and tailored when needed for families

What this will mean:

- families who participate in this programme feel supported on how to provide an enriching HLE, and have more language-rich interactions with their children

- children get fast and effective support for identified communication and language needs
- the workforce demonstrates an awareness of the needs of families with protected characteristics, such as disability, race, sex, and sexual orientation
- the workforce is supported to stay up to date on training and the latest clinical guidance, ensuring advice is accurate, helpful and consistency
- practitioners who receive the training feel confident and able to provide families with the support they need on the HLE
- children have improved child language/literacy skills and social-emotional self-regulation
- improved child development outcomes in those who were babies and children at the height of the pandemic
- improved success in later life

£10 million to support local authority areas to publish a clear Start for Life offer, and establish Parent and Carer Panels

The funding should be used to publish a Start for Life offer, setting out the services and support available to families in your local area during the critical 1,001 days. The funding is also intended to establish Parent and Carer Panels.

What this will deliver:

- the offer is publicised through a variety of routes – online, physically, and made available to underserved groups via outreach
- Parent and Carer Panels are established which put the needs of local babies and families at the centre of service design and delivery

What this will mean:

- families know what Start for Life services and support are available locally and feel more confident accessing them
- improved child development outcomes via access to universal services which are tailored to local needs
- the Parent and Carer Panel enables continuous improvement of the service offer

The vision for the way services are delivered

Family hubs are the model through which you should design your service offer for this programme. We have developed our approach by learning from innovations by local authorities across the country. The following principles are key to the family hub model.

- **More accessible** – through a universal single point of access, a clear local family hub offer, recognised and understood by families, which includes hub buildings, virtual offers and outreach.
- **Better connected** – family hubs harness the power of networks to drive progress on joining up professionals, services and providers (state, private, voluntary and community) through co-location, integration, partnerships, data sharing, shared outcomes and governance. Holistic, wraparound services support families with a wide range of needs, identify need early and consider the whole family. They reduce fragmentation, including between 0-5 services and those for families with older children and young people, and drive efficiency.
- **More relationship-centred** – practice in a family hub focuses on building trusting and supportive relationships, emphasising continuity of care in the Start for Life offer. It builds on families' strengths, drawing on and improving relationships, including building networks with peers to address underlying issues.

Our vision is for the needs of babies, children and families to be at the heart of the local family hub model and the Start for Life offer. We see this as being achieved through the use of population data, data on take-up of services, local needs assessments and feedback from parents and carers to continually improve services and ensure they are designed with families at the centre. Families should receive wraparound support from a skilled workforce able to identify and sensitively respond to a range of needs, building awareness and understanding to reduce vulnerabilities and any impact of trauma. The workforce should proactively reach out to vulnerable and seldom-heard families, connecting them to specialist support where needed, and placing an emphasis on relationships and continuity of care.

Some of the key principles which you should have regard to when considering the design and delivery of this programme in your local area are highlighted below. These are common to the Family Hub Model Framework (Annex E) and other relevant guidance documents (set out at Annex C).

1. Join-up of local partners involved in the early years and family support system – including local authorities, NHS, safeguarding, voluntary, community, faith and charity sector partners – to plan and deliver services in a place-based way,

aligned with other initiatives and relevant local strategies (for example early help, ICS). Joint strategic needs assessments enable areas to understand the different needs of families and design services that will improve outcomes locally. Working to integrate workforces and take a whole-family approach will ensure families receive holistic, wraparound support. Voluntary, community and faith organisations should be key partners, collectively improving the reach and impact of additional support for seldom heard parents and families.

2. Strong local leadership and a commitment across partners to prioritise the early years, and support families with children of all ages. Local leaders and delivery partners should have a shared commitment to this agenda and be actively engaged in the successful delivery of the programme. Clear and transparent leadership structures are important to ensure clarity of responsibility and accountability. You will be expected to identify a single accountable leader who will be responsible for driving and overseeing improvements in your Start for Life services. Local leadership should be assisted by a governance structure that is inclusive of delivery partners and key stakeholders, to ensure that priorities are shared and understood, and that organisations encourage and challenge each other to deliver positive outcomes.

3. A skilled workforce working in integrated ways to provide families with universal and targeted support. Investment is available through the programme for workforce development in 75 local authority areas. We encourage you to create capacity through new workforce models that incorporate skill mix and facilitate closer working across professions. The guidance set out in the Supporting Families Early Help System Guide[22] and the commissioning guidance on the heath visiting and school nurse delivery model[23] should be considered when making commissioning decisions. Many local authority areas are already redesigning the delivery of services in line with the needs of families as part of their early help or other similar strategies. This programme should build on best practice and enable further innovation. We would encourage you to foster shared workforce planning focused on the needs of babies, children and young people, taking into consideration the capacity and skills of the workforce. Reducing Parental Conflict support – for families experiencing conflict (that is not domestic abuse) – should also be considered when making these decisions.

Appropriate supervision will be important to make delivery of services as effective as possible. For example, ensuring mental health and health professionals who are involved in delivery of the Start for Life programme through family hubs have

[22] https://www.gov.uk/government/publications/supporting-families-early-help-system-guide

[23] https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model

capacity to provide clinical leadership and supervision for skill-mix teams will be important. Where this expertise and capacity may not exist, you could consider co-funding arrangements with locally qualified individuals to support the development of this expertise, as appropriate. This may be especially useful where there are synergies between clinical provision in Start for Life and local statutory mental health programmes. This should also ensure there is sufficient workforce capacity to deliver the programme in addition to other existing priorities such as those set out in the NHS Long Term Plan.

4. Continuity of care between professionals and peer supporters, facilitated by the appropriate person for the family, to ensure families receive a seamless offer of support and do not have to repeat their story. Our vision is for families to have one or more key contact(s) in the Start for Life period who they trust. In the context of universal services, this person would be the key point of contact who could support them with their needs or connect them to support – under clinical supervision where appropriate. Where transition and transfer of care is required, this should be done seamlessly.

The key contact would likely be a member of the family hubs' multidisciplinary team of workers, for example a health visitor, or an early years worker or paid/volunteer peer supporter under supervision. This does not preclude the fact that where families have multiple needs, a 'lead practitioner' should be appointed to ensure a whole family assessment and whole family plan is put in place. The purpose of this role is outlined in the Early Help System Guide. This may need to be a different practitioner depending on the needs and circumstances, and an additional 'key contact' may not be appropriate where a lead practitioner is in place. You should consider how this could best be achieved for your local population in light of local need and workforce availability. Families with older children and young people might also have a consistent point of contact in the family hub, where appropriate.

Co-location of staff, appropriate data-sharing arrangements and join-up of case-management systems play an important role in enabling this. It will be important to consider the guidance on principles of practice to facilitate continuity of care between midwifery and health visiting[24]. The guidance on improving case-management systems[25] may also be helpful.

5. Consultation with families, including young people, parents and carers, to codesign and improve services. The family hub model includes community

[24] https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/care-continuity-between-midwifery-and-health-visiting-services-principles-for-practice

[25] https://www.gov.uk/government/publications/childrens-social-care-improving-case-management-systems

ownership and co-production with families, children and young people. This programme provides funding to establish Parent and Carer Panels focused on the period from conception to age two, which will play a key role in designing and continuously improving family services, through regular feedback from families from different communities and with different needs.

6. Safeguarding underpins all aspects of Start for Life and family services delivered through family hubs, as set out in 'Working Together to Safeguard Children'[26]. The principles and duties of safeguarding children, young people, and adults at risk should be taken forward in line with these requirements.

7. High quality and evidence-based support. Services should be evidence-led and based on the best available evidence. Where the evidence base associated with specific interventions is less developed, or there is recognition that blended offers incorporating a range of interventions are needed to maximise impact, there should be a focus on implementation science to develop a better understanding of 'what works'. The national evaluation of this programme will contribute towards building the evidence base of 'what works' in different contexts.

Other relevant considerations

Health and social care integration: joining up care for people, places and populations. We want to go further and faster in building integrated health and care services[27]. People should experience joined up care which makes the best use of public resources and services. Improving integration will mean that families can access a coherent support offer, whether their needs are universal or specialist, and parents can continue to receive the support they need as their babies and children grow up. Places are encouraged to consider the integration between and within children and adult health and care services wherever possible. The transition to ICSs, and the family hub model, represent a huge opportunity to improve the planning and provision of services to make sure they are more joined up and better meet the needs of babies, children, young people and families.

You should ensure that system-wide planning takes place so that all programmes and services in an Integrated Care System (ICS) area are working towards shared outcomes for families. You should identify routes to engage with, influence and inform decision-making about relevant services at the ICS level. The service offer within a family hub should also have regard to objectives for children, young people

[26] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#full-publication-update-history

[27] https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

and families set out in local strategies, including the Health and Wellbeing Strategy produced by the joint local Health and Wellbeing Board, Early Help strategies, the five-year joint forward-plan produced by the Integrated Care Board, and the Integrated Care Strategy produced by the Integrated Care Partnership.

Building on other programmes and investments. We encourage you to consider how to effectively build on existing or previous programmes and integrate the change delivered with this funding with existing services and strategies, for example your early help strategy. Some local authority areas have already adopted family hubs as their model of delivery, sometimes with the help of Supporting Families[28] funding as part of your Early Help System transformation or with other funding sources, such as Reducing Parental Conflict support. These programmes are entirely complementary and together they form a strengthened local family offer. Support provided to all families should fit together with the targeted early help delivered by the Supporting Families programme, and align with existing specialist services, such as perinatal mental health services. Clear referral pathways should be in place and understood by the workforce.

We encourage you to approach transformation in a sustainable way, to ensure implementation continues beyond this programme. Embedding this programme within your local strategies will help set the vision and direction for long-term, sustained change in delivery of family hubs and Start for Life services in your local area. Government funding is usually confirmed through spending reviews. The most recent Spending Review confirmed the allocation of funding until March 2025.

Regional collaboration. We know that many local authorities have strong ties with other areas in their region, and some services may be delivered across local authority boundaries. Each local authority's funding allocation should be used to benefit that area. However, we encourage you to consider how best you can collaborate with other areas in your region in improving outcomes for families. You will be supported by the OHID (Office for Health Improvement and Disparities) regional teams in embedding this programme across your local systems, beyond the local authority.

[28] https://www.gov.uk/government/collections/supporting-families

What this will mean for parents and carers

Our vision for what this programme will mean for parents and carers is as follows:

I know about and understand the services on offer to me:

- I have access to a clear Start for Life offer which sets out the services available to me locally
- I understand other family support that is on offer to me through family hubs
- I know where to go and who to ask if I need anything explained, or further information
- I don't have to seek out this information – the support on offer is promoted to me through appropriate channels

I know where to go to access services and get the range of support I need

- the family hub is a welcoming place where I can go to access the range of help and support I need
- I know that through the family hub network, I will be connected to virtual support and support available in my community
- the family hub network enables me to easily access the support I need, with the help of a key contact who I know and trust, in relation to Start for Life services

A range of support is on offer in a way that works for me

- I can access one to one, at home, group, virtual and community support delivered by professionals and peer supporters, depending on my needs and wants
- I can access support in a time and a place that suits me because a range of options are available
- I can access some Start for Life services outside of working hours through online advice and information, telephone helplines and online forums that will get back to me as soon as possible
- practitioners are interested in my whole family, asking questions and supporting us all together

- the support I receive is timely and helpful

I feel listened to and empowered to make decisions that are right for me and my child

- I feel listened to and involved in decisions that affect me and my child
- I am treated with respect
- I don’t feel afraid
- the advice and support I receive enables me to feel empowered to care for my baby and/or my child and make the right choices for my family

I understand the challenges I may face, and how to support myself and my partner

- the practical information I receive early on prepares me for the transition into parenthood and the common challenges I may face
- I know how to get the support I need, or to recognise the signs that my partner needs support
- I feel empowered to reach out and talk about the difficulties I am facing, to get the support I need
- my partner and I feel confident in supporting each other

I trust the professionals and volunteers supporting me throughout my journey

- I don’t have to tell my story more than once
- I feel supported by the professionals and volunteers providing me with help and advice
- I am able to build a good relationship with one or more key individuals who provide me with universal Start for Life support, and connect me to any additional support I need

- the trusted relationship I have with my key contact(s) and wider family hub staff enables me to open up about the difficulties I'm facing and the support I need

I understand what is important for the wellbeing of my baby

- I realise the early experiences of my baby will have an impact on how they develop
- I understand the importance of bonding, attachment and responding sensitively to my baby's needs
- I understand the benefits of breastfeeding, and I am able to make informed choices about infant feeding that are right for me and my child
- I understand the importance of language-rich interactions with my child

I can shape the services on offer to families like me

- I am able to shape how services in my local family hub network are designed and delivered
- I am able to provide feedback on the services I access, including through the Parent and Carer Panel for Start for Life services
- changes are made to improve the services available locally as a result of feedback from a range of families, including families like mine

Section 2: taking part in the Family Hubs and Start for Life programme – what this will mean for your local authority area

This section sets out what it will mean to take part in this programme, including:

1. Delivery expectations i.e. the services we expect to be delivered through your family hub network and how we expect you to approach delivery at a system level. This includes:
    a. minimum expectations (which all participating local authority areas are expected to deliver with the funding over the course of the three-year programme), and
    b. 'go further' options (which describe how you could go above and beyond the minimum expectations, depending on your current provision, but which are not exhaustive. We encourage innovation and ambition)
2. Additional programme-wide delivery expectations
3. The opportunity to become a trailblazer and/or a super evaluator
4. How the sign-up process will work
5. Funding rollout in year one
6. Delivery plans and programme reporting
7. Evaluation
8. National initiatives
9. Further guidance

Delivery expectations

The Family Hubs and Start for Life programme strives towards a consistent offer for families, while recognising the importance of ensuring the funding is used to respond to local need, and that every local authority area will be starting from a different point.

You should work with local partners to:

- open family hubs and deliver visible change for families in the first half of 2023

- deliver services through your family hub model
- agree to the minimum expectations across all areas of the programme set out within this guide
- commit to meeting the minimum expectations by March 2025 at the latest (although we expect some of you, depending on your starting point, to meet these sooner)

To be as ambitious as possible with the funding available, you will be expected to go further than the minimum expectations. How you approach this, and at what stage in the programme this will happen, will depend on your starting point and the needs of your local population. You will also want to consider how best to align with existing offers and planning, such as your local early help strategy. The 'go furthers' that we have suggested throughout this guide are examples of the ways in which you could expand and enhance services, to improve the offer available to local families. You may have additional ideas for 'go furthers'. We encourage ambition and innovation that will improve outcomes for babies, children and families and we will work with you to agree what you will deliver. We will be keen to learn from your approach to support other areas.

Delivering change for families in year one – opening family hubs

Through the family hubs transformation funding (more details set out in the next section), we are asking you to open family hubs as quickly as possible to support families, within the first half of 2023 (the "hub opening milestone"). You will not necessarily meet all the minimum expectations at the point of opening your family hubs, but you will be expected to do so by the end of the three-year programme funding period (end of 2024-25).

Building on this hub opening milestone, we will ask you to set out and deliver on clear quarterly milestones that are ambitious in the pace and scale of your ongoing family hubs transformation.

Regardless of starting point, we are asking you to use the funding to commit to delivering visible change for families within the first half of 2023 (calendar year). This may look different in each local authority area. We will ask you to tell us what the hub opening milestone will look like in your area. If you do not currently have a family hub model, this might involve:

- formally moving beyond 0-5 services to a 0-19 (or 25 with SEND) model and communicating this to local families

- starting the process of co-locating a wider range of services, aligned to the expectations of the programme
- agreeing new partnerships with local voluntary, community and faith sectors
- starting the process of involving these partners in your delivery of services to families

Some local authority areas already have a local family hub model. If this applies to you, visible change for families in the first half of 2023 might include:

- clearly communicated expansion of your co-located services
- clear and enhanced opportunities for families to be involved in the design of family hubs through partnership boards, governance, and in the delivery of services themselves, such as peer support programmes or mentoring schemes
- early adaptions to family hubs to improve the environment and suitability for different ages and needs

Minimum expectations and 'go furthers'

This section of the guide sets out expectations for what will be delivered through the programme, including the minimum expectations and go further options for:

- the family hubs transformation funding (as set out in Annex E and Annex F)
- the funded services – parenting support, parent–infant relationships and perinatal mental health support, early language support, infant feeding support, parent and carer panels and publishing the start for life offer
- other services that will be delivered through the family hub model but will not receive additional funding through this programme

All minimum expectations should be met by the end of the programme (end of 2024-25). However, we expect many of you will be able to meet these sooner, depending on your starting points. We are also asking you to commit to going further than the minimum expectations by choosing a number of 'go further' options to enable you to make the biggest difference for families in your area with this funding. You are not expected to deliver all of the 'go further' options set out below, but you should work with us to determine what is achievable for your area, provide a provisional indication of which 'go furthers' you think you can achieve when you sign-up to the programme, and then set out further details in your delivery plan.

Minimum expectations:

- you will be expected to deliver the minimum expectations as described in the programme guide
- all of the minimum expectations should be met by the end of the three-year funding period, although some of you will be able to meet these sooner, depending on your existing service provision and delivery model
- you will not necessarily meet all the minimum expectations by the time of opening your family hubs, but you should be ambitious in the change you can achieve

'Go further' options:

- for services that are not funded by this programme, the 'go further' examples in the programme guide are intended to be illustrative and indicate the ways in which we would like you to go beyond the minimum expectations of the programme
- for services funded by the programme, we will ask you to tell us how you will go further and what this will look like locally, reflecting your starting point and local need
- you may already be delivering many of the minimum expectations, in which case we will expect you to deliver more of the 'go furthers'

Family hubs transformation funding

The transformation funding is intended to pay for the change process, supporting you to move to a family hub model or develop your existing family hub model further, through programme and capital funding.

You should read this section of the guide alongside the following:

- Annex E – the family hub model framework
- Annex F – family hub service expectations

Family hub model framework

The family hub model framework (Annex E) sets out how you should approach delivery at a system level. For example, data sharing, leadership, governance, and evaluation, aligned to the three principles of family hubs: access, connection and relationships. This should build on and be incorporated into your existing early help

strategy. Family hubs are a way of delivering the Supporting Families vision of an effective early help system.

The family hub model framework includes criteria for two stages of family hub transformation:

1. **Level 1: Basic model.** This describes a family hub model at the early stages of development.

2. **Level 2: Developed model.** This describes a more mature family hub model.

The developed model criteria incorporate and build on the basic model criteria. We have developed these criteria based on learning from local authority areas with existing family hub models[29], and what evidence tells us about effective integrated service delivery[30].

At a minimum, you will be expected to achieve all the 'level 1: basic model criteria', and some specific 'level 2: developed model criteria' over the three years of funding. More detail on the criteria is provided in Annex E.

We will also ask you how you can 'go further' in your family hubs transformation. You are encouraged to deliver other 'level 2: developed model' criteria where possible. This will depend on your starting point and local circumstances. It will look different in each local authority area. For example, if you have an existing family hub model, you may choose to increase the number of family hubs locally. Alternatively, you may choose to retain the number of family hubs locally and develop these into a more mature model.

Family hub service expectations

This programme provides an opportunity to create a consistent offer to families across all participating local authority areas. In addition to the services funded through the programme, we expect you to integrate existing family services into your family hub model. This is with the aim of supporting increased awareness and uptake of family services.

The family hubs service expectations (Annex F) set out the minimum expectations of the services which are not receiving additional investment through this programme. It

[29] https://www.gov.uk/government/publications/evaluation-of-family-hubs

[30] Melhuish, et al, (2007). Variation in Community Intervention Programmes and Consequences for Children and Families: The Examples of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry 68(6).* http://193.61.4.225/web-files/our-staff/academic/edward-melhuish/documents/jcppNESS%20VAR07.pdf; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf

does not represent an exhaustive list of services and you can choose to deliver other services outside of these, according to local need.

It also sets out options to go further in the delivery of these services. The more mature your existing family hub provision, the more we will expect you to sign up to 'go further'. We have explained how we intend services to be available to families in the following three ways:

- face-to-face at a family hub
- through the family hub but received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, a voluntary and community sector (VCS) organisation or a faith setting)
- virtually through the family hub, including static online information and/or interactive virtual services

Detailed descriptions of a family hub, a family hub network and a family hub model are at Annex D.

How the transformation funding could be used

We expect that the transformation funding could be used for the following purposes:

I. **programme:** a transformation team within your local authority areas; local consultation, communication and co-production of the model with both partners and families; partnership development and place-based leadership; workforce development and training; development of a digital and data strategy; local needs assessment and evaluating the impact of family hub implementation locally

II. **capital:** adapting existing buildings improving accessibility and enabling multi-agency working (which could include: IT upgrades, signage, improving building space, new furniture to ensure suitability for older children, and new equipment to support the co-location of the start for life workforce, such as desks, phone systems and sinks or specialist flooring for clinical use by midwives or health visitors)

The majority of transformation funding is designated as programme budget, with a smaller amount available for capital to facilitate minor adaptations.

The transformation funding is not intended to cover the costs of family hubs and Start for Life services. For family hub services that are not funded as part of the programme, you should continue to fund these from existing funding sources (for example, core grants and other programme funding). The expectations for these

services have been designed to be proportionate and aligned with existing funding arrangements.

You should consider how to use the family hubs transformation funding and the funding for services in combination over the first year and through the life of the programme, to enhance and expand the services on offer and transform the way they are delivered and accessed by families.

Funded services: delivery expectations

Additional investment has been made available through this programme for some essential services and activities. As a result, parents and carers in the local authority areas participating in this programme should benefit from an enhanced offer. The minimum expectations for the funded services and activities have been developed with the additional funding in mind. You should use the funding you receive through this programme to enhance and expand these services and take forward these activities, to ensure you meet all the minimum expectations over the course of the programme, regardless of your starting point. Some of these services may not usually be commissioned by local authorities. The regional teams across OHID and DfE will support areas to connect with local system leaders to implement new ways of working.

Some areas will already have most or all of the minimum expectations in place. We expect every area to be ambitious about the transformation that will happen over the course of the programme and will work with you to agree which of the ‘go further’ options you will deliver. If you are already delivering most or all of the minimum expectations, you will be expected to agree to use the investment you receive to deliver more of the ‘go further’ options. Ambition and innovation will be encouraged. What you decide to invest in to enhance your offer beyond the minimum expectations will depend on your existing service provision, existing plans and the needs of your local population.

In year one, we expect you to take the necessary steps to ensure successful delivery of the funded services. Examples of these steps and the minimum expectations and ‘go further’ options for the funded services and activities are set out in the sections below. The system level expectations for the funded services have been developed in line with the family hub model framework.

Year one: funded services

While you will have flexibility to determine what is right for your local authority area, we expect that you will want to take some of the following steps in year one, using

the development grant you receive, to enable successful delivery of the funded services over the course of the programme:

- launch recruitment initiatives
- review or expand your existing workforce, and train them to have the skills to support the delivery of the programme
- refresh your existing local population needs assessment
- strengthen data-sharing arrangements
- develop, expand or further integrate existing local pathways within service areas
- meet the overheads of the programme
- work with regional leads to align programmes

You will also receive funding in year one to publish your Start for Life Offer and to establish a Parent and Carer Panel by April 2023.

Local needs assessment

We will expect you to conduct a local population needs assessment within the first year of the programme (2022–23) using part of your development grant. Alternatively, you must be able to demonstrate that such a process has recently been carried out, for example as part of your early help strategy, to inform the design and delivery of services. More information is set out at Annex G.

Additional support from the Early Intervention Foundation is available in year one of the programme for 15 local authorities to help complete a local needs assessment and use this alongside evidence and improvement processes to drive early intervention, system development, workforce planning and leadership development. More information can be found in Annex Q.

Investing in increasing the capacity and capability of the workforce

You will be expected to use some of the funding to employ staff to support the delivery of the funded services, if needed, and respond to existing capability needs. This could include holistic training for early help and early years practitioners to equip them with the skills needed to provide a seamless offer of support across the different funded services, including connecting families to wider support where required; or more senior and experienced staff who can provide supervision and leadership. You will be best placed to make decisions about the workforce models

required locally to deliver the support outlined within the expectations set out in this guide. For parent–infant relationships and perinatal mental health services, more guidance is included at Annex I.

Minimum expectations and 'go further' options for funded services and activities

This section of the guide sets out the minimum expectations and 'go further' options for the funded services and activities, namely:

- parenting support
- parent–infant relationships and perinatal mental health support
- early language and the HLE
- infant feeding
- Parent and Carer Panels
- publishing the Start for Life offer

Definitions of these services and activities are set out at Annex A.

Parenting support

The parenting support funding should be used for provision of an offer which will help make the transition to parenthood as smooth as possible and which stresses the importance of sensitive, responsive caregiving. This should include both universal provision and some more targeted programmes available for parents/carers with further needs.

Minimum expectations

Services available face to face at a family hub building:

- All families should have access to a key contact within the family hub who can help them to understand the parenting support that is available to them.

- They provide initial appropriate information to assist new and expectant parents/carers during their transition to parenthood.

- Staff can have sensitive conversations, promote the universal open-access parenting support offer and connect families to targeted evidence-based parenting interventions (prioritising those that would benefit most).

- There are integrated multi-agency referral pathways in place for access to peer-support and targeted community-outreach activities, as well as to targeted, evidence-based parenting programmes for new and expectant parents/carers.

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- A universal online parenting programme is on offer to all new parents in your local area for those new parents/carers who want and need it.

- You make use of digital / social media platforms (for example Zoom, Instagram, Facebook, mobile apps and community discussion forums) to provide a virtual space that enables any new parents/carers to access virtual peer-support with other new parents/carers during times that are convenient to them.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organization and/or a faith setting):

- Peer-support and/or targeted voluntary, community and faith-sector outreach activities (both digital and face-to-face, including parent champion models) are available to expectant and new parents/carers, in particular to reduce barriers associated with stigma for those parents/carers least likely to use family hubs services, including fathers and co-parents/carers.

- There are integrated multi-agency referral pathways and community partnerships in place to support new parents/carers. Practitioners (such as health visitors, midwives, early years practitioners and voluntary, community and faith sector partners) can identify and connect local families to the universally available parenting-support and/or targeted evidence-based interventions.

'Go further' options

Services available face to face at a family hub building:

- Where appropriate, the hub building offers opportunities for parents to build social networks which will be flexible to meet local needs. For example, times that are suitable for families (which may include out of hours), and targeted sessions for under-served / seldom heard groups, such as foster carers, fathers or co-parents/carers.

- Evidence-based parenting interventions are provided directly to families in the hub building. Parenting training is provided as professional development to local early years and /or health practitioners.

- Voluntary, community and faith sector providers are able to use family hubs buildings for delivering parenting support and targeted outreach activities such as dads/male carers and toddler groups, family film nights or drop-in play and stay sessions.

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Bespoke digital products are provided to improve your parenting offer for local parents. This might be to engage new parents/families in greatest need; enhance peer-support networks; access to a key contact or local helpline; or support for a greater range of targeted outreach interventions.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organization, or a faith setting):

- There are improved connections between voluntary, community and faith sector as well as education settings and parenting services delivered through the family hub network.

- There is a strategy to grow, encourage and invest in voluntary, community and faith sector organisations and education settings working towards shared

outcomes on parenting within the family hub network, not just the partnerships themselves.

- Voluntary, community and faith sector suppliers are engaged as part of the integrated family hubs outreach workforce alongside the wider family hubs network (for example as parenting champion co-ordinators for pregnancy and new parents).

Parent–infant relationships and perinatal mental health support

The funding for parent–infant relationships and perinatal mental health support is for parents / carers with mild-moderate mental health needs or who would benefit from universal parent-infant support. Parents should be seamlessly connected to all services set out in the below expectations via their family hub. In practice, there may be some overlap in support for parenting, perinatal mental health, and parent–infant relationships within a family hub. See Annex I for further guidance on the perinatal mental health and parent–infant relationship support.

Minimum expectations

Services available face to face at a family hub building:

- The family hub has a designated welcoming, safe and secure space where parents can speak to practitioners, volunteers, or other peer supporters about their wellbeing and mental health.
- Information leaflets and brochures are available in the family hub to help destigmatise mental health and parent infant relationship difficulties, and to raise awareness of support available (once available as part of the National Public Health Campaign).
- Offer antenatal classes (face-to-face and/ or online) that include advice on mental health and the importance of early relationships with babies, including support for fathers and co-parents/carers.
- Parents and carers can access face-to-face support for mental health and parent–infant relationships in the family hub, through enhancing existing services and/or new offers.
- Staff within the family hub are appropriately trained and have the knowledge and skills needed to provide early help, support, and connect parents who may need it to additional services (for example, via video feedback).

Virtual services are available through the family hub, including static online information and/or interactive virtual services:

- Information about perinatal mental health and parent–infant relationships is available online with clear signposting to services available.
- Remote / virtual / digital support is promoted and is accessible.
- Existing mild to moderate perinatal mental health and parent–infant relationship services offer interventions online as well as in person, according to clinical need and family preference.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organization, or a faith setting):

- Early help services are promoted locally to raise awareness of the support available via GP surgeries, libraries, churches, community centres, schools, etc.

- Specific focus and additional / 1:1 support is available to support those less likely to access family hubs and vulnerable groups. This is provided by trained peers and professionals and provided proactively in a range of settings.

- Professionals and peer supporters can connect parents and carers, who are struggling with their mental health or relationship with their baby, to help available through alternative venues, community initiatives, and support groups within the wider community.

- Community initiatives that destigmatise mental health and promote good early attachment relationships are encouraged.

Systems-level Initiatives:

- A multidisciplinary parent–infant relationship and perinatal mental health working group is established or identified (including all key delivery partners) to have oversight of the delivery of the strategy.

- There is a multidisciplinary perinatal mental health and parent–infant relationship strategy with clear referral pathways for families. This ensures a coherent and joined-up approach between services for babies and their families.

- Universal assessment of parent-infant relationships and perinatal mental health through the healthy child programme is routinely conducted, recorded and analysed to inform service design.

- Frontline professionals, including peer support volunteers, receive appropriate training to enable them to understand and identify mild to moderate perinatal mental health difficulties and parent–infant relationship difficulties, as well as to promote trauma-informed care and inclusive practice.

- More specialist training is available to develop and build on core competencies in perinatal mental health and parent–infant relationships to improve access to early help, for example, training in video-feedback

interventions. This will build capability in the workforce and improve the quality of referrals sent to more specialist services.

'Go further' options

Services available face to face at a family hub building:

- One-to-one support is available to parents and carers with mild mental health difficulties and parent–infant relationship difficulties. This may be through a peer-support service or staff with appropriate additional training. Peer supporters should represent the diverse communities they serve and offer support to fathers and co-parents/carers as well as mothers.
- Regular drop-in sessions are available through the family hub, which are flexible to meet local needs. For example, times that are suitable for families (which may include out of hours), and targeted sessions for underserved groups, such as foster carers, fathers or co-parents/carers.

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Peer support groups include a virtual offer. For example, the peer support group may run virtual meet-ups or offer individual peer support through video calls.
- Parents have access to a local support app or online platform where they can self-refer to support services offering evidence-based interventions.
- Out of hours virtual support, or a local helpline, is available to provide quick access to support whenever it is needed.

Services available through the family hub and received elsewhere in the network (for example, via outreach, a clinical setting such as a maternity hub, VCS organization, or a faith setting):

- Home visits are offered above and beyond the statutory expectations, including for fathers and co-parents. This could be achieved through the additional capacity available within family hubs, as well as those trained to deliver additional interventions, such as video-feedback.
- Clear notification, triage, and referral pathways are in place to connect and help families receive the appropriate level of support for their mental health and parent–infant relationship.

- Families who are at risk or vulnerable are proactively identified, prioritised and offered support.
- An approach to engage families who may be less likely to access services is in place, which recognises local need and barriers to access.
- Professional and peer support sessions are carried out in alternative venues, as required or appropriate.
- Peer support is representative of the community and has links into the community / wider support groups.
- Services are available to support families for whom English is an additional language.
- Creative use is made of community assets to raise awareness, to disseminate messages and to engage parents who might struggle with mental health.

Systems-level Initiatives:

- A local support network is established to build stronger relationships with wider community networks and maximise the use of community assets.
- Joint commissioning roles (new or existing) to support potential workforce pressures and draw on existing parent-infant and perinatal mental health expertise and skills, for example, Improving Access to Psychological Therapy (IAPT) services.
- Parent–infant teams and specialist community perinatal mental health teams are integrated and/or co-located.
- Opportunities for joint working across the parent–infant teams and community perinatal mental health teams are identified and implemented, for example, consultation and joint delivery.
- Joined-up approaches to training and supervision are established, where appropriate.

Early language and the home learning environment (HLE)

The funding you will receive for the early language and the HLE service strand should be used to implement targeted, evidence-based interventions that train practitioners to support parents with the HLE. This will support educational recovery and the school readiness of children who were babies during the pandemic.

Minimum expectations

Services available face-to-face at a family hub building:

- Access to a key contact in the hub able to provide appropriate information to support parents of pre-schoolers with their HLE, identify need and connect families on to targeted evidence-based HLE interventions (prioritising those that would benefit most).

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Parents can access information on improving HLE and how to register their interest in other services through an online family hub presence.
- Parents can access information on how to support their child's speech and language needs.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, a voluntary and community sector (VCS) organization, or a faith setting):

- Staff in the hub are trained to deliver targeted, evidence-based interventions via outreach to parents of 3–4-year-olds who would benefit most (for example, children from disadvantaged backgrounds or with additional needs).
- Parents of pre-schoolers can access HLE programmes through speech and language therapists, health visitors, midwives, early years practitioners, voluntary, community and faith sector organisations and other relevant organisations or professionals.
- Families are identified that would benefit from evidence-based interventions and connected to the offer.
- Staff across the hub use evidence-based early language assessment tools (such as the early language identification measure) to ensure families are connected with the best interventions to address their needs.
- Families get fast and effective support for identified early communication and language needs through multi-agency pathways which are co-designed with your local speech and language service.

‘Go further’ options

Services available face-to-face at a family hub building:

- Where appropriate, evidence-based HLE interventions may be provided directly to families of pre-schoolers in the hub.
- A speech and language therapist co-located in the hub can support early triage and connect families to HLE interventions.

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Families benefit from targeted HLE interventions which you deliver online.
- Parents have access to self-referral routes for getting support with their child’s early speech and language development.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organization, or a faith setting):

- All local families have access to timely HLE support provided by staff in the hub network.

Infant feeding support

The funding for infant feeding support should be used to promote breastfeeding and support parents to meet their infant feeding goals. There is limited evidence of the impacts and effectiveness of specific infant feeding services and interventions; nevertheless, it is clear that multicomponent strategies are the most effective way to increase breastfeeding rates[31]. The minimum expectations and ‘go further’ options have been developed on that basis and you will have flexibility to tailor services according to local need.

[31] Brown, A. (2017). Breastfeeding as a Public Health Responsibility: A review of the evidence, Journal of Human Nutrition and Dietetics: The Official Journal of the British Dietetic Association. https://onlinelibrary.wiley.com/doi/10.1111/jhn.12496
Sinha, B., et al, (2015). Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. Acta Paediatrica: Nurturing the child. https://pubmed.ncbi.nlm.nih.gov/26183031/

Minimum expectations

Services available face to face at a family hub building:

- Your family hub has a designated welcoming, safe and secure breastfeeding space for mothers to breastfeed and meet other breastfeeding parents.
- Physical information (for example, leaflets/brochures) is available at the family hub so parents/carers know how to access local support in your area.
- Antenatal classes are offered to all expectant parents, including fathers/partners, to provide consistent advice on the importance of early relationships and the benefits of breastfeeding for the health and wellbeing of the baby and mother*.
- Parents are invited to decide antenatally whether they want to breastfeed. They are made aware of what the challenges might be and what support is available*.
- All parents have access to one-to-one practical help on hospital wards and in family hubs (from healthcare professionals and/or trained peer supporters) to support breastfeeding initiation, responsive feeding and relationship building during the immediate postnatal period*.
- Mothers are actively contacted and offered infant feeding support in the immediate postnatal period*.
- An infant feeding peer support service is provided*.
- Face to face infant feeding support (from healthcare professionals and trained peer supporters) is provided via the family hub*, and the workforce has the knowledge, skills and education to promote breastfeeding (obtained via an accredited training programme).
- Staff are trained to identify and respond to more complex infant feeding needs, and timely support is offered to all families who need it so they can continue breastfeeding for as long as they would like to*.

- Best endeavours are made to improve timely access to tongue tie support and treatment*.
- Drop-in infant feeding support sessions/groups are available at the family hub.
- Equipment is available on loan from the family hub for parents who need it (for example, breast pumps) and staff sensitively support parents to use it.
- All families have access to a key contact within the family hub who can help them to understand the infant feeding support that is available to them.

** These services may be delivered at a family hub building, virtually, or at other settings in the family hub network.*

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Parents are connected to online infant feeding information so they are aware of the reliable and evidence-based resources available and how to access them.
- Parents are actively directed to virtual and out of hours infant feeding support and resources like the National Breastfeeding Helpline and Better Health: Start for Life's "Breastfeeding Friend".
- Remote / virtual infant feeding support is available and accessible to all parents.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, a voluntary and community sector (VCS) organization, or a faith setting):

- Infant feeding services are promoted locally to raise awareness of the support available in your area.
- Peer supporters are representative of the community, where possible, and have links into the community and/or into wider support groups.
- Specific focus and additional / 1:1 support is available to support those less likely to breastfeed, for example, younger, first-time and more vulnerable parents/carers.

- Tailored support from healthcare professionals and trained peer supporters is provided proactively in a range of settings for those least likely to engage with services.
- Language services are offered to those who need them.
- Healthcare professionals and peer supporters are well trained in providing infant feeding support and in having sensitive conversations with families from different communities.
- Healthcare professionals and peer supporters connect parents/carers to alternative venues, community initiatives and support groups within the wider community which educate and promote breastfeeding-friendly places.
- Community initiatives which promote the value of breastfeeding and welcome feeding in public places and workspaces are encouraged.

Systems-level initiatives:

- A multidisciplinary infant feeding strategy is developed and embedded which ensures services are tailored to your local communities and there is a coherent and joined-up approach between staff and organisations.
- All staff and volunteers receive appropriate, accredited training to enable them to identify infant feeding issues in a timely manner, intervene early, and bring in specialist support where this is required.
- Health professionals, paid/volunteer peer supporters, the early years workforce etc are supported to work together in an integrated way, with the right leadership, supervision structures, skills and capacity in place to provide families with the help they need.

'Go further' options

Services available face to face at a family hub building:

- Tailored antenatal infant feeding education is offered to underserved groups, for example fathers/partners, younger mothers, and/or more vulnerable parents/carers*.
- Mothers are actively contacted and offered face-to-face infant feeding support in the immediate postnatal period*.

- Your infant feeding peer support service is enhanced or expanded*. This could include: expanding the service so more peer supporters are available; extending the hours that peer supporters are available; providing a face to face, virtual and outreach service; peer supporters providing support on postnatal wards, etc.

- Regular infant feeding drop-in services are provided through your family hub. This could include: offering drop in sessions on a more regular basis and/or at more flexible times (including out of hours); running drop in sessions for specific groups, for example those less likely to engage with services, etc.

** These services may be delivered at a family hub building or at other settings in the family hub network.*

Virtual services available through the family hub, including static online information and/or interactive virtual services:

- Your infant feeding peer support groups have a virtual element. This could include: the peer support group running virtual meet-ups; individual peer support being available via video calls, etc.

- Virtual support is available in a way that is convenient for parents/carers whenever issues occur, and that goes above and beyond the minimum expectations. This could include: parents having access to a key contact or local helpline when they need advice quickly or are keen to understand what local face to face services are available and suitable for them; creating a local support app or online forum where parents can access peer to peer support; establishing a virtual forum where parents can report problems, professionals/peers triage the issues, and parents receive a follow up contact quickly, etc.

- A local out of hours infant feeding support service is provided.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organization, or a faith setting):

- Home visits are offered above and beyond the midwifery and health visiting statutory requirements where there is specific need.

- All of your maternity units have dedicated infant feeding staff providing support, acting as breastfeeding and infant feeding champions, and overseeing training and continuous professional development within the maternity setting.

- An enhanced targeted approach is in place which recognises local need and the barriers to accessing services, and that incorporates specific interventions which will be most likely to engage families who are known to be less likely to use services.

- Infant feeding support sessions with healthcare professionals and trained peer supporters are provided in alternative venues as required.

- Community tongue tie clinics are provided.

- Creative initiatives are developed to promote a breastfeeding-friendly environment and drive a cultural shift in attitudes, for example through outreach in schools and your wider community.

- Community assets are used creatively to raise awareness, to disseminate messages and to engage parents and provide them with the language or community support that will help create a breastfeeding-friendly environment for them.

Systems-level initiatives

- A multidisciplinary infant feeding working group is identified or established to have oversight of the delivery of your infant feeding strategy.

- A local infant feeding support network is established that links into national infant feeding networks so best practice and learning can be shared.

- You build strong relationships with wider community networks to maximise the use of community assets.

Parent and Carer Panels

Minimum expectations

- Members of the panel should be diverse and include pregnant women (or the partner of a pregnant woman) as well as parents and carers of children under the age of two. Parents with children who have recently used Start for Life services but are over the age of two can also be considered as members. Membership should be refreshed annually.
- Parents and Carer Panels should ensure everyone's views are heard by being flexible in length and/or structure (for example, breakout groups) of the panel.
- Parent and Carer Panels should be held regularly, with the frequency being determined jointly with the parents and carers on the panels. We would expect the Panel to meet, at a minimum, every second month.
- Parents and carers should be actively supported to attend and contribute to panel discussions, including through providing expenses (for example, qualifications, food and drink, vouchers, funded childcare).
- You should pass on insights gathered from the Parent and Carer Panel to your single accountable leader so they can shape local service design, planning, and delivery.
- You should provide an option of accessing the Parent and Carer Panel digitally. This could be achieved by alternating meetings from face-to-face

'Go further' options

- You engage with participants in between panels and with more parents and carers outside of the panel. This could be done via existing organisations/programmes (for example, phone calls, surveys) or via a parent champion model to encourage parents to network and build skills.
- You seek input from parent and carers at multiple layers of business planning, for example, when initially planning what services could be on offer, through to improving existing service offers.
- You receive feedback from the Parent and Carer Panel on various aspects of the Start for Life Offer and family hubs, including breastfeeding, mental health, parenting support. You then act on this by ensuring services meet the needs

of parents and carers (for example, producing reports on how services have improved and sharing the findings with cabinet, executive committees, etc).

Publishing the start for life offer

Minimum expectations

- You publish your offer digitally – bringing together all Start for Life services and support in a single online space.
- All parents-to-be to receive a hard-copy of the local Start for Life offer prior to birth.
- Physical materials such as posters and leaflets are available in the places that parents and carers go (for example, libraries, community and recreational centres, faith centres, GP surgeries, family hubs, and midwifery units).
- Staff interacting with parents and carers in family hubs can connect families to the Start for Life offer.

'Go further' options

- Your Start for Life offer is accessible with a single-click from the main webpage.
- Physical materials for specific issues are made available in the places parents and carers go (for example, libraries, family hubs, and GP surgeries).
- You raise awareness of your Start for Life offer through social media, and additional outreach methods according to the needs of local communities.
- You work with neighbouring local authority areas to ensure that information about Start for Life support in neighbouring areas is accessible to parents and carers where relevant.

Additional delivery expectations

There are several additional expectations that we are asking you to commit to across the programme. A full list of all the additional expectations that you will be asked to sign up to deliver is outlined in the section below, with further detail on each provided in Annex N.

Minimum expectations

- appoint a single named accountable lead for Start for Life
- appoint named leads for your local authority area's Family Hubs and Start for Life programme/transformation team
- work with the National Centre for Family Hubs and Start for Life Unit to share learning and best practice
- implement central government branding requirements
- engage with the digital solutions being developed through the Family Hubs Growing Up Well project[32] and Start for Life Unit's work with NHSE to develop a Digital Personal Child Health Record. This includes taking part in the testing and implementation phase of the Growing Up Well project in 2023-24, but you will be able to 'opt out' with good reason
- commit to all data collection and monitoring expectations associated with the programme, including if services are commissioned out to other providers
- agree to take part in the national evaluation of the programme if approached to do so
- commit to use the funding in line with the programme guide, and to either incrementally add to existing services, complement existing services or offer new services

Trailblazers

We will support all 75 local authorities to improve outcomes for babies, children and families over the three–year programme. As part of this, we have an opportunity for up to 15 local authorities to lead the way in delivering the programme's expectations in the first financial year (2022-23), to deliver quick, tangible, positive change for families in their local areas.

These trailblazers will become national leaders and regional champions for the Family Hubs and Start for Life programme, with a particular focus on perinatal mental health and parent-infant relationships, infant feeding and parenting support.

[32] https://www.nationalcentreforfamilyhubs.org.uk/wp-content/uploads/2022/03/LA_Partner_Application_Guide_March_2022-1.pdf

They will establish best practices, make the quickest improvements to services, and support other local authorities and central government with their delivery expertise.

We know that many local authorities and associated health and education systems across England have the expertise, experience and ambition to become trailblazers. We strongly encourage you to apply if you consider your area well placed to lead the way in implementing the Family Hubs and Start for Life programme. Please see the trailblazer guide for further information on what will be expected of trailblazers and how we will support and select them.

Additional support from the Early Intervention Foundation

Additional support from the Early Intervention Foundation is available in year one of the programme for 15 local authorities that need extra support and are likely to be at the start or in the early stages of development in their family hub system's 'maturity'. This support will help you complete a local needs assessment and use this alongside evidence and improvement processes to drive early intervention, system development, workforce planning and leadership development. More information can be found in Annex Q. To be considered for this support, you will need to complete section eight of the Family Hubs and Start for Life programme sign-up form. EIF support will not be available for those LAs selected to become trailblazers.

How to sign up to deliver the programme

We will launch the formal programme sign-up process in August 2022. There will be a rolling window for you to sign up within. This means if you are ready to move quickly, we will support you, and if you need a little longer you will not be disadvantaged. The closing date for sign-up is 31st October 2022, but we hope you will be able to sign up sooner.

Alongside this programme guide, you will have received a sign-up form to complete and submit as per the instructions provided. The sign-up form will ask you a number of questions to confirm your interest in taking part in the programme and your commitment to delivering across the programme asks. We will also ask you to seek formal sign-up from a number of individuals to support your participation in the programme. These will include:

- your chief executive
- the director of children's services
- the director of public health

- the chief financial officer
- the leader of your council
- the chair of your local health and wellbeing board

You will also be asked to provide assurance that you have sought to engage with a number of additional individuals and organisations as part of your planning, providing the names/roles of those you have consulted with. These will include:

- your local MP(s)
- your cabinet member for health and wellbeing
- your cabinet member for children and young people
- your integrated care board executive lead
- local providers of services that are relevant to programme delivery i.e.:
    - local health systems, for example, NHS trust, local midwifery team, health visitor leads
    - local third sector/voluntary, community/faith organisations/education settings and local agencies, where relevant to delivery of the programme through family hubs locally

Roll out of funding – year one and beyond

We want to make sure that you have funding to enable delivery as early as possible in year one.

Alongside this final programme guide you will have received information on your indicative funding allocation for each year of the programme.

We expect year one funding to be paid in two tranches to ensure timely delivery after you sign up to the programme. Further information will be shared as part of the sign-up process. Year one allocations will include funding for:

- family hubs transformation
- publishing start for life offers and set-up of Parent and Carer Panels
- the development grant for the funded services (parent–infant relationship and perinatal mental health, infant-feeding, parenting, early language and HLE)

Prior to the initial grant award being made you will be expected to have agreed to deliver the minimum expectations over the three years of the programme, and to have set out a provisional indication of where you may 'go further'. More detailed conversations and agreements on the 'go furthers' will take place as part of the delivery planning process (see below).

As explained previously, if you are successful in applying to be a trailblazer you will also receive additional funding to go further and faster in year one. You will be expected to outline how you will do this, including which 'go further' options you will deliver, as part of your application.

This programme runs to March 2025. However, we reserve the right to review funding for years two and three in the event that a local authority fails to honour the agreements made.

Delivery plans and programme reporting

Delivery plans

You will be expected to produce a delivery plan to demonstrate how the funding will be used to achieve the programme objectives in your area. Your delivery plan should set out the overall ambition for change in your area over the three years of the programme, demonstrating how you will contribute to meeting the overarching programme objectives. This will include the 'go further' options that you will agree to take forward. Whilst developing your delivery plan, you should consider how this integrates with wider local strategies and support, such as the early help strategy, to support sustained system transformation. For year one, we will expect the delivery plan to set out:

- clear milestones for the opening of family hubs in in the first half of 2023, and for the continuing transformation over the remainder of the programme
- how you will deliver the service expectations, including how you will use the development grant for the funded services – including conducting a local needs assessment (or demonstrate that such a process has recently been carried out)
- when you intend to publish your Start for Life Offer (by April 2023)
- when you will establish a Parent Carer Panel (by April 2023)

We are developing a delivery plan template and we will share further information on the process for completing this delivery plan template shortly. We encourage all local authorities to start developing their plans locally in advance of this. Completion and

submission of delivery plans should follow soon after completing the initial sign-up process.

The regional teams across OHID and DfE will support local authority areas, in collaboration with any relevant NHS regional teams, on development of plans that acknowledge the local systems and that focus on sustainable models that align to regional programmes.

Programme reporting expectations

Programme reporting is an important element of tracking spend and the delivery of outcomes, as well as spotting where you may need more support, or where you have good practice that could be shared with other local authority areas.

There will be three elements of reporting:

- programme delivery returns
- financial returns
- management information

Taken together, these reporting expectations will provide us with the data we need to:

- monitor programme delivery
- develop the evidence base
- understand what good delivery looks like
- identify areas where additional support is required

Beyond receiving formal reporting, the joint Department for Health and Social Care (DHSC) and Department for Education (DfE) delivery team will provide some hands-on support with planning and delivery. This will include, where possible and appropriate, sign-posting wider support; helping to manage delivery risks that arise over the three years of the programme; and sharing knowledge and good practice. Good practice sharing will be facilitated by the National Centre for Family Hubs.

Programme delivery returns

You will be asked to submit formal returns providing updates on the milestones and outcomes set out in your delivery plans on a quarterly basis. As well as providing an update on delivery, the programme delivery returns will provide you with an opportunity to share any risks or challenges, as well as successes and good practice that could be shared more widely.

You will be asked to provide additional qualitative information as part of these returns on an annual basis, for example, information on service improvements and how you are taking a joined-up approach to delivery with local partners.

The first of these reporting collections will take place in January 2023, once delivery plans have been approved, and further information about the format of this return will be shared in advance of this. We will work with a selection of you to develop a standard template for these returns and ensure they are proportionate to the level of funding being provided.

Financial returns

To provide assurance that your expenditure is in line with the grant determination letter, including agreed programme outcomes, you will be asked to complete two returns per financial year:

- an interim statement of grant usage that will include detail on financial spend per funded service in the programme
- an annual statement of grant usage at the end of the financial year that provides confirmation that expenditure was in line with the purposes specified in the grant determination letter

We expect you to share the interim statement of grant usage for financial year one in early January 2023, and the subsequent interim returns in years two and three midway between the end of each financial year. Funding in years two and three is subject to satisfactory periodic review of delivery performance.

Management information

Collecting and using management information will be an important way of regularly assessing and monitoring the impact of all elements of programme delivery. Management Information (MI) will be collected at regular intervals, with some elements collected quarterly.

We have undertaken engagement with you and other stakeholders to develop the proposed list of MI that is shown below. Our selection of MI has been based on the balance of the need to be ambitious enough to provide sufficient evidence of the overall programme's impact, but not unduly burdensome to provide. We are continuing to test this list with various stakeholders to confirm the validity of metrics chosen, and the feasibility of collecting them. A piloting process with a small number of local authorities in the early Autumn will allow for any necessary final changes to the list of MI. We intend to then share this with all 75 upper-tier local authorities who are eligible to participate in the programme, and plan to baseline all participating local authorities in November 2022.

We are working with the Department for Levelling Up, Housing and Communities to consider data collection requirements in the round across the Family Hubs and Start for Life programme and the Supporting Families programme. This consideration will form part of the testing and piloting of our data collections over the coming months.

Data we expect to collect includes:

- system and service-level activity, for example, metrics on family hubs transformation/maturity, and delivery and maturity of local services
- professional/workforce activities and characteristics, for example, metrics on inter-professional collaboration, staff attendance at learning and development, etc
- family hub service usage and reach, for example, metrics on service access/reach
- parent outcomes, for example, metrics relevant to funded services such as parent–infant relationship, perinatal mental health, breastfeeding, etc
- published child outcomes, for example, Early Years Foundation Stage Profile data
- family hub maturity self-assessment data

The initial list of MI we propose to collect is set out below. Some of this is information that you already record and monitor and therefore should not create the burden of an entirely new data collection. This is subject to further refinement and testing and is not an exhaustive list. We have also set out additional items of MI which we will likely encourage you to collect.

Minimum expectations

Programme monitoring MI

Services offered in your local authority area:

- details – name of service, age range, location, date opened, opening hours per week
- physical access type – walk-in, pre-booked appointments (one-to-one or group), home visits
- virtual access type – telephone, video appointment (one-to-one or group)

How services are provided:

- commissioning route – directly through your local authority areas, commissioned, or voluntary/community sector led

- co-location of services and professionals – whether services are located physically in the family hub, whether services share workforce

Workforce numbers and training:

- staff numbers – number of staff, type of staff by service/profession, staff turnover, workforce maturity

- staff training and development – numbers of workforce going through training, professional time for CPD (continuing professional development), focus on multi-agency knowledge sharing, impact of training on confidence/skills of workforce

Service usage/ footfall and reach:

- numbers and demographic profiles of parents/carers accessing services – this includes your current mechanisms for capturing user data including the number of families accessing Start for Life website/specific services/family hubs (as a % of the population), waiting times for accessing services, and demographic profiles including gender, deprivation and ethnicity

Strand-specific MI

This relates to the MI we propose to collect on the various funded strands of the programme. The exact expectations continue to be developed but are provided below for several strands as examples.

Breastfeeding (all information at population level):

- breastfeeding initiation rates
- breastfeeding rates (any and exclusive) at 10-14 days
- breastfeeding rates (any and exclusive) at 6-8 weeks
- the number of mothers and partners accessing infant feeding support services

Publication of Start for Life Offers:

- recording whether the Start for Life offer is published

- recording whether you are making parents/carers aware of the Start for Life offer and the mechanisms by which you do this

Parent and Carer Panels:

- recording whether a Parent and Carer Panel has been established

- Parent and Carer Panel information – including frequency of meetings, demographics of panel members

Parent–infant relationships and perinatal mental health:

- pre and post intervention assessments of perinatal mental health and parent–infant relationships (for interventions that are being funded by this programme)

Parenting support, early language and the HLE:

- Number and type of programmes purchased
- Numbers of the workforces hired and trained
- Number of parents/children supported by parenting/HLE services

'Go further' options

Breastfeeding:

- intention to breastfeed

- breastfeeding rates (any and exclusive) at 6 months
- process / implementation metrics
- qualitative measures including the below, which we anticipate collecting through the evaluation:

    - whether mothers understand the service offer and how to access it
    - whether mothers who stated they wanted to breastfeed actually did
    - whether mothers stopped breastfeeding before they wanted to
    - attitudes of both parents/carers towards breastfeeding, including awareness of benefits
    - experiences of breastfeeding and the quality of support services

- workforce satisfaction / experience
- short-term health outcomes, for example, gastrointestinal illnesses, otitis media, respiratory tract infection, neonatal necrotising enterocolitis – we will explore ways of proportionately collecting these data.

Publication of Start for Life offers:

- families' awareness and ability to access services.

- reach of "published" material, including information distributed online, via telephone and in person, for example, web analytics and surveys

Parent and Carer Panels:

- families' experience of Start for Life offers and services including accessibility of information and join-up, for example, how often they feel they have to repeat their story to different professionals

- use of parent and carer panels to co-design Start for Life offers and services, for example, demonstrating how you have acted on feedback from panel members

Evaluation

Alongside reporting expectations across all 75 upper-tier local authorities, we will undertake in-depth evaluation with a smaller group of up to around 30 local authority areas (our "super-evaluators"). This is crucial to informing our understanding of how the programme is being delivered in different contexts, and to help us assess early impacts of the programme. This will enable us to understand how the programme meets different population needs, and what works, for who, and in what circumstances.

The Family Hubs and Start for Life programme will evaluate the roll-out of Family Hubs and Start for Life services overall alongside the delivery of individual elements. The evaluation will be commissioned and led by independent evaluation teams.

If you are invited to be a 'super evaluator', you will work with our evaluation teams on areas such as, but not limited to:

- in-depth case studies of your experiences of using the funding, including understanding how existing services or workforces are changing

- surveys of families' experiences of services

- surveys of workforces' experiences of services

- detailed analysis of the delivery and effects of specific policy options in breastfeeding and mental health

- working with evaluation team leads to identify and return detailed data for impact analysis

We expect that local authority areas will be selected to participate in the national evaluation of the programme in the late autumn. This will be based on a robust process to identify a diverse and representative sample for in-depth evaluation.

If selected, you will be expected to enable staff members to participate in evaluation activity, including case studies, completing surveys, and to identify and return more detailed data than will be expected through the MI collection.

We expect the independent evaluation teams to support you in meeting the additional needs of the evaluation. We expect the evaluation to be of benefit to you through, amongst other things, providing an increased understanding of services, and enhanced data and evidence on the impact of interventions.

Research on early awareness and take up of family hub services

We are undertaking research to explore the ways in which families could be informed of and encouraged to take-up family hub services, from the earliest point of their child's life. You can register your local authority area's interest in taking part in this research via Section 9 of the sign-up form. There is also further information on this research within Annex R.

If you choose to register your interest at this stage, you will not be committed to taking part at this stage. You will be invited to participate in an expression of interest process. The expression of interest process will explore the methods you use, or plan to use, to engage parents/carers from the earliest stage.

The research will focus on how birth registrations located within family hubs could be utilised to raise awareness of family hub services and any subsequent impact this may have on families' engagement with hub services. However, we are also interested in other approaches which your area may be using or planning to use to achieve this, such as midwifery and health visitor appointments. For this reason, you can still express an interest in participating in the research even if your local area is not delivering or planning to deliver birth registrations from family hubs.

National initiatives

A small amount of funding has been retained centrally for national initiatives to support delivery and contribute towards a supportive environment that will drive attitudinal change (for example, expanding the out-of-hours support available through the National Breastfeeding Helpline and running a public health campaign for parent-infant relationships and perinatal mental health). Further details are set out at Annex O.

Section 3: supplementary guidance and information

Annex A: definitions

Home learning environment (HLE) includes both the physical characteristics of the home, and the quality of learning support a child receives from their caregivers. Studies show that everyday conversations, make-believe play, and reading activities are particularly influential features of the HLE. Daytime routines, trips to the park and visits to the library have also been shown to make a positive difference to children's language development. HLE services support parents and carers to encourage children's early learning at home and to develop warm and nurturing parenting behaviours that encourage children's natural curiosity. These are especially strong predictors of children's achievements at school, over and above parental income and social status.

Infant feeding refers to the feeding of a baby from birth to age two and is critical to a baby's healthy growth and development in that important period. Breastfeeding has numerous health benefits for both mother and baby, and skin-to-skin contact can be an important bonding experience. However, many mothers experience difficulties and require support to make sure that their baby is getting the nutrition that they need. Some mothers also decide that formula feeding is the correct choice for them. Education about the benefits of breast milk and options such as breast pumps should be provided, but in every case, personal choice should be respected and non-judgemental support should be offered. All parents and carers should be given the infant feeding help they need, irrespective of whether they are breastfeeding, expressing, combination feeding, or using formula.

Infant mental health refers to a baby's social, emotional, and cognitive development and wellbeing. Infancy is a special time in which a baby's brain and stress response system develops rapidly. To thrive during this period, babies need good quality relationships with parents or carers. This term can be inter-changeable with 'parent–infant relationships'. We use the term parent–infant relationships rather than infant mental health throughout this guide for consistency.

Key contacts relate to our vision for families to have one or more key contact(s) in the Start for Life period, who they trust. In the context of universal services, this person would be the key point of contact who could support them with their particular needs, or connect them to support, under clinical supervision where appropriate. Where transition and transfer of care is required, this is done seamlessly. The key contact would likely be a member of the family hubs' multidisciplinary team of workers, for example a health visitor, or an early years worker / volunteer under supervision. This does not preclude the fact that where families have multiple needs, a 'lead practitioner' should be appointed to ensure a whole family assessment and whole family plan is put in place. The purpose of this role is outlined in the Early Help

System Guide. This may need to be a different practitioner depending on the needs and circumstances, and an additional 'key contact' may not be appropriate where a lead practitioner is in place.

Lead Practitioners are required when a family has multiple needs requiring a whole family assessment and whole family plan. The lead practitioner co-ordinates the activity of the team around the family, ensuring the assessment and the family plan responds to all needs identified and leads on ensuring the family co-produce the plan.

Office for Health Improvement and Disparities (OHID) regional teams, based in the Department for Health and Social Care, are led by the Regional Director for Public Health. They are supported by a Health and Wellbeing team and regional Healthcare Public Health team. There are seven regions: South East, South West, London, East of England, Midlands, North East and Yorkshire, North West.

The regional teams support the delivery of the department's national programmes and work closely with local authorities and other partners. There are regional leads working on programmes to benefit children, young people and families. Regional teams have expert delivery advisors who provide support to implement programmes by navigating local systems and connecting to existing infrastructures in regions. This builds on regional best practice and supports models in a sustainable way.

Parenting refers to a broad range of behaviours, styles, values and parent-child relationships aimed at promoting physical health and social, emotional and cognitive development.

Parenting support refers to early help services for parents and carers that aim to prevent problems from occurring or from becoming more entrenched. Services typically give parents and carers the opportunity to share experiences with other families, develop an understanding of early child development, learn skills to regulate their own and their baby's emotions and nurture positive relationships with their babies.

'**Parents' and 'parents and carers'** are used broadly to include mothers, fathers, adoptive parents, special guardians, foster carers, grandparents and kinship carers.

Parent–infant relationships is the quality of the relationship between a baby and their parent or carer. Although we call them 'parent'-infant relationships, we mean any caregiver that regularly meets a baby's needs – for example, a father, foster carer, or grandparent. Good parent–infant relationships nurture 'secure attachments', which are the basis for optimal infant mental health promoting healthy social, emotional, and cognitive development. The scope of the start for life funding is to support primarily universal parent–infant relationship difficulties.

Perinatal mental health refers to mental health difficulties that emerge antenatally or in the first two years of a baby's life. This includes a mother, father, or any other caregiver struggling with their mental health in this time. The term captures the full spectrum of perinatal mental health difficulties, from mild to severe. The scope of the start for life funding is mild-to-moderate perinatal mental health difficulties rather than more severe / acute difficulties.

Reflective practice means actively reflecting on your own experiences and actions, to improve your knowledge, skills, and confidence in how to support families.

Start for Life refers to the period from conception to the age of two.

Start for life offer should include the start for life services of maternity; health visiting; breastfeeding; parent–infant relationships and perinatal mental health; SEND; and safeguarding. Many families also require additional, targeted, or specialist interventions beyond these six universal services. These may include debt advice, domestic abuse support, or drug and alcohol support services during the start for life period. Each start for life offer should include services such as these, where they exist locally, and according to the needs of local families.

Super-evaluator refers to the local authorities who agree to participate in the national in-depth evaluation of this programme. This will build our understanding of how the programme is being delivered in different contexts; help us assess early impacts of the programme; and understand what works, for whom, and in what circumstances.

Universal open access means that all families are able to access the services on offer through the family hub network, should they need them. Not all families will need to access specialist or targeted services. Professionals should decide locally what support families need, and local commissioners should decide what specialist or targeted support should be available to meet the needs of their population.

Annex B: overview of the government's family hubs programme and how the funding in this programme relates to other sources of funding announced

Following the government's 2019 manifesto commitment to champion family hubs, we have made a number of investments to support the development of family hubs.

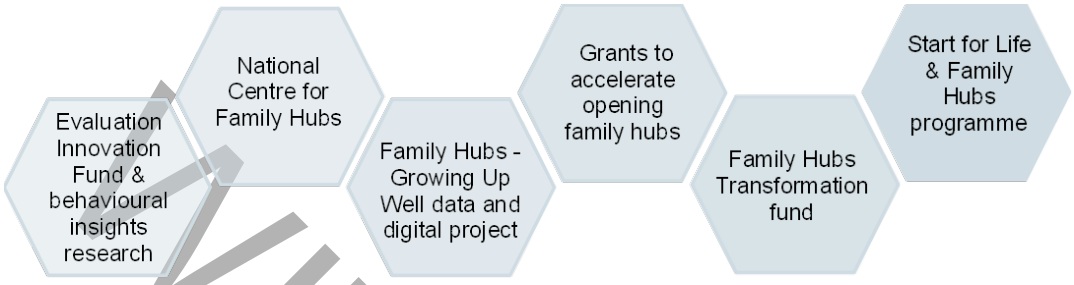

Figure 1: Summary of family hubs funding

The £301.75m Start for Life & Family Hubs programme builds on the existing £39.5m committed to family hubs. This funding includes development of family hubs policy, evidence, data and digital implementation, and local authority family hubs transformation:

1. a national centre for family hubs[33] to provide expert advice and guidance – this is run by the Anna Freud Centre for Children and Families and launched in May 2021
2. an evaluation innovation fund[34] to build the evidence base – involving mixed-method evaluation of the implementation, impact and value for money of 6 existing family hub models in Doncaster, Leeds, Essex, Suffolk, Bristol and Sefton. Evaluation plans have been published[35] and interim findings will be available in Summer 2022 and published in Autumn 2022. Final reports will be published in Spring 2023.
3. a family hubs behavioral insights research programme[36] – this is building the evidence base on what works to enhance take-up of specific family hub services among disadvantaged and vulnerable families under-engaging with universal and targeted services. Round one involves projects in Wolverhampton, Wakefield, Durham and Sheffield, with research plans

[33] https://www.nationalcentreforfamilyhubs.org.uk/

[34] https://www.gov.uk/government/publications/evaluation-of-family-hubs

[35] https://www.gov.uk/government/publications/evaluation-of-family-hubs

[36] https://www.gov.uk/government/publications/behavioural-insights-increasing-uptake-of-family-hub-services

published[37] and a webinar[38] hosted by the National Centre to share learning. A round two of projects will be established later in 2022.

4. A programme to develop digital and data products called the Family Hubs Growing Up Well[39]. This is a cross-government project funded by HMT through the Shared Outcomes Fund. The project aims to develop digital and data solutions that solve practical problems local areas face in delivering accessible and inter-connected family hub networks. The project focuses on two main workstreams: improving how information is shared between professionals in a family hub network and improving how families access and navigate services.

5. Grants[40] to accelerate the opening of family hubs across all nine English regions – this was through the Children's Social Care Covid-19 Regional Recovery and Building Back Better Fund. Nine local authority areas have been chosen to work regionally to share good practice. Twenty five local authority areas have been allocated funding to accelerate the opening of family hubs in their local areas.

6. A Family Hubs Transformation Fund[41] (TF1) which will support at least twelve local authority areas in England to transform to a family hub model of service delivery and open family hubs. This fund was announced in August 21, bids were invited in November 2021[42] and we have recently announced the first tranche of successful applicants[43].

[37] https://www.gov.uk/government/publications/behavioural-insights-increasing-uptake-of-family-hub-services

[38] https://www.youtube.com/watch?v=sB13K429Xdw

[39] https://www.nationalcentreforfamilyhubs.org.uk/wp-content/uploads/2022/03/LA_Partner_Application_Guide_March_2022-1.pdf

[40] https://www.gov.uk/government/news/new-recovery-fund-to-tackle-harms-facing-vulnerable-children

[41] https://www.gov.uk/government/publications/family-hubs-transformation-fund

[42] https://www.gov.uk/government/publications/family-hubs-transformation-fund

[43] https://questions-statements.parliament.uk/written-statements/detail/2022-05-23/hcws44

Annex C: further relevant guidance

This programme guide is not intended to be used in isolation. Throughout the guide and in the accompanying documentation we will refer to existing expectations, programmes, tools and best practice. The Family Hubs and Start for Life programme, and this programme guide, is intended to build on this.

For example, the Supporting Families Early Help System Guide[44], National Centre for Family Hubs Implementation Toolkit[45], Supporting Public Health: Children, Young People and Families[46] and the Reducing Parental Conflict Planning Tool[47] are all relevant and complementary to delivery of this programme.

Guidance is also available from the Early Intervention Foundation in the form of the maternity and early years maturity matrix[48]. Maternity services should be provided in line with the National Maternity Review 'Better Births – Improving outcomes of maternity services in England'[49], the NHS Long Term Plan[50] ambitions for maternity (such as continuity of carer, and community hubs), and local maternity systems.

Additionally, the cornerstone of health visiting should be the healthy child programme and accompanying service specification and commissioning guidance[51].

For early language, you may wish to refer to the early language identification measure[52], and the local speech and language service[53].

Finally, useful resources for breastfeeding include the National Breastfeeding Helpline[54], and Better Health: Start for Life's "Breastfeeding Friend"[55].

[44] https://www.gov.uk/government/publications/supporting-families-early-help-system-guide

[45] https://www.nationalcentreforfamilyhubs.org.uk/

[46] https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children#full-publication-update-history

[47] https://www.gov.uk/government/collections/reducing-parental-conflict-programme-and-resources

[48] https://www.eif.org.uk/resource/eif-maturity-matrix-maternity-and-early-years

[49] https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/

[50] https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/maternity-and-neonatal-services/

[51] https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

[52] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939872/ELIM_Handbook_December-2020.pdf

[53] https://www.gov.uk/government/publications/best-start-in-speech-language-and-communication

[54] https://www.nationalbreastfeedinghelpline.org.uk/

[55] https://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/breastfeeding-friend-from-start4life/breastfeeding-friend-on-google-home/

We intend to include in statutory integrated care strategy guidance that family hubs, where appropriate, should be considered in the integrated care strategy where there are opportunities to integrate further its arrangements with health and social care services.

We will make further guidance available to support the implementation of publishing of Start for Life Offers and Parent and Carer Panels. Our implementation guidance will provide advice on approaches to delivery which best meet the needs of families. We will also set out examples of best practice gathered from local authority areas which have already made progress or displayed innovation in these areas.

Annex D: family hub definitions

This section describes what we mean by a family hub, a family hub network and a family hub model. We have included illustrative examples of what this might look like in your local authority area.

Family hub

A family hub is a welcoming place where services can be accessed by parents-to-be, parents, carers, families and young people in one place. Every family hub will meet the minimum expectations of the services available face to face (Annex F), although they will be flexible and deliver the services that families need, in the way that they need them. For example, family hubs may be open for long hours, 5-6 days a week to support access. Family hubs will be baby and child-friendly, and parent and carer-friendly, with opportunities for families to meet each other and peers to support each other informally, helping to deal with the stresses and isolation that being a parent and having a new baby can bring. For example, family hubs may have a social area where parents and children can interact with others. It may have resources such as baby mats and toys, or a book corner for toddlers and older children. The family hub may also have an outdoor space for play. Family hubs will also support older children who may access services either at the main hub site or at other connected sites within the hub network.

A family hub will be an information gateway to families. When accessing the family hub, they will be able to find out about all the services delivered anywhere within the network, and how they can access them. Families will be able to find out about open-access services and will be connected to targeted and specialist services where needed.

A family hub may be a building that is already recognised as a familiar location within a community and repurposed to meet the needs of families with children from 0 to 19 years old (or 25 for SEND). A family hub will be both a place from where services are delivered and a base for professionals to be co-located. Partners within the family hub network, such as voluntary, community sector and faith partners may use the family hub site during or outside of normal operating hours.

Family hub network

A family hub network is the totality of sites, partners, and physical, virtual, outreach services that are connected to the family hub. The family hub is the main site, however some services may be based in other connected sites. Family hub buildings with co-located professionals and services are a feature of the family hub model, but not where this compromises the offer to families in a location. The idea of the family hub network also provides opportunities for the use of other premises, including

community buildings and faith settings, to be maximised owing to their accessibility, location and familiarity to families. For example, a youth centre might be a connected site where services for young people are delivered.

In assessing local need, you and your delivery partners should consider the geography of your community. For example, a rural community may benefit from a mobile facility, supported by outreach services and virtual peer-support groups. In some cases, the family hub network may support access to services by arranging transport to the family hub.

Families can access some services within the network on a drop-in basis. Open-access services are an important element of achieving universal access and reducing stigma, making sure services across the network are viewed as accessible to all. Family hub networks should facilitate access to voluntary and community services, to ensure families have access to a wide a range of support to meet their needs.

Underpinning the family hub network, information sharing between professionals and peer-supporters will reduce the need for families to tell their story more than once, ensure families receive support tailored to their specific needs, and help keep babies, children, young people and families safe. Professionals working together through a family hub network will be better able to work with and provide services to families.

Family hub model

A family hub model describes the approach to delivering services in a particular locality. This is set out in the 'family hub model framework' (Annex E). The needs of each community will be different, and therefore you and your delivery partners should assess the needs of babies, children, young people, parents-to-be, parents, carers and families to determine what your local family hub model should look like, where hubs will be located and whether services beyond the core service offer might be needed. Co-production with families, including Parent and Carer Panels for the Start for Life period, will help shape the local offer in family hub models and hold you to account for delivering and continuously improving the services families want and need.

Annex E: family hub model framework

Please refer to the separate Annex E.

Annex F: family hub service expectations

Please refer to the separate Annex F.

Annex G: local needs assessment

As you develop your family hub model across 0-19 services (up to 25 with SEND), we will expect you to conduct a local population needs assessment within the first year of the programme (2022–23), or demonstrate that such a process has recently been carried out. The assessment should inform your plans for family hubs transformation and the funded services (parenting support, parent–infant relationships and perinatal mental health support, infant feeding support and HLE services).

Your local needs assessment should consider the wants and needs of different parents and carers (taking considerations such as age, deprivation status, ethnicity, substance misuse, domestic violence and other protected characteristics on board), and the barriers they may face to accessing services. The HLE programme is targeted at disadvantaged families. Therefore, your assessment should also consider data on the location of disadvantaged eligible children to ensure that provision for this is accessible for those in greatest need.

A population needs assessment is a systematic method of reviewing the health and wellbeing issues facing a population, leading to the agreement of priorities and resource allocation to improve population outcomes and reduce inequalities. Population needs assessments enable the targeting of resources and often involve working in partnership with other agencies, communities and service users. Population needs assessments have three important stages:

- assessing the level of need for health and wellbeing services
- understanding current supply of health and wellbeing services
- identification of the gap between need and supply

The scope of this needs assessment should reflect the scope of the family hubs programme: from conception through to age 19, or up to 25 for those with SEND; and the outcomes for babies, children, young people and families which family hubs are intended to achieve.

Local areas would be expected to consider the following, as they develop their needs assessment:

1. **Build on existing population needs assessments**
   All upper tier local authorities in England have a Joint Strategic Needs Assessment, and may also have other, more specific, needs assessments which relate to children and families with particular needs, for example a 0-5 or a SEND population needs assessment. These may need refreshing, supplementing or adapting, but are a good place to start.

2. **Use baby and child-centred data**
   Population-level analysis which is aggregated from 'person-centred' data sources (such as the indicators in the Public Health Outcomes Framework) can help to understand the scale or size of particular challenges and start to build a picture of the needs of particular populations, for example how many babies are born each year, how many are born with low birth weight, and how many children are reaching a good level of development.

3. **Risk factors**
   Data gathered can be analysed by known risk factors which have the potential to adversely affect a child or young person's outcomes, for example how many babies are born to teenage mothers or how many babies are born to mothers living in poverty.

4. **Deeper analysis**
   An analysis of geography can be overlaid to explore where families with higher levels of need are more likely to live. You can also look at data over time, to see if the number of children who may be at risk of poor outcomes changes over time. Some important questions about local needs cannot be directly answered from the available local data and proxy data, national prevalence data and research maybe be needed to give a more accurate picture. Gathering case studies of lived experience can also help to understand local issues from the perspective of families, for example minority ethnic mothers' experience of maternity services, or preferences of different families when it comes to face to face, online or community settings.

5. **Engaging stakeholders**
   Although population needs assessments are strategic, they depend on the insights of families and practitioners to make sense of the story the data is telling. This engagement allows for testing of emerging conclusions and priorities and connection with the planning and commissioning intentions which follow. Examples of stakeholders you should consider engaging with during this process include: the Start for Life workforce such as health visitors and midwives and early years practitioners; speech and language therapy service leads; education settings; early help service and Supporting Families leads; youth workers and youth justice services; and safeguarding partners. You should also consider engaging with wider stakeholders such as voluntary, community sector and faith partners.

This assessment will inform local commissioning activity of evidence-based interventions (defined in this programme guide), based on what you know about local supply and demand.

Support from the EIF is available for 15 local authorities, which will help with completion of a local needs assessment and use of this alongside evidence and improvement processes to drive early intervention, system development, workforce planning and leadership development. See Annex Q for more details.

Annex H: parenting support

Parenting matters for babies' and children's well-being and early development, especially during pregnancy and early childhood – when babies and pre-schoolers are totally reliant on their primary caregivers. Parental sensitivity and responsiveness, appropriate boundaries, and a positive HLE are all associated with better outcomes for children on virtually all the Early Years Foundation Stage measures[56].

All parents and carers (including fathers) need help and support from time to time as they begin their journey into parenthood. Often the type of support parents and carers need is light touch, such as advice or connection to further support across a wide range of issues. Parents and carers turn most frequently to family, friends, and community settings for advice. Often it is other parents with similar issues that provide each other with the greatest support. Facilitating peer-to-peer networks and community outreach activity, such as parent and baby groups and dads and toddler sessions, should be an integral part of the parenting offer in your family hub network.

The evidence shows high-quality parenting programmes alongside wider integrated support that is inclusive and culturally tailored for parents can improve child and parent outcomes across different areas of babies and children's development. But we also know that parenting behaviour and parent mental health and wellbeing are not mutually exclusive and should be considered holistically when providing these services[57]. It is important to ensure that the support which is available is inclusive, tailored to suit your population's needs and addresses any access barriers, including ongoing stigma of requesting help.

Who is eligible for parenting support?

All local expectant parents and those with babies from conception to two will be able to access the universal parenting intervention. Parents with babies from conception to two who would benefit from more-intensive support will be able to access the targeted parenting intervention (either via referral pathways or self-referral).

Peer-to-peer support networks and community outreach activity should be open to all.

[56] Melhuish, E. & Gardiner, J. (2020). Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years. London: DfE. https://www.gov.uk/government/publications/early-education-and-outcomes-to-age-5

[57] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

Flexibility exists to further enhance your existing service provision, shaping this to meet local need for example, linking to SEND provision for children with a specific SEND and/or to ensure greater join-up across the support for families with children from aged 2 upwards, to ensure a coherent holistic offer is in place for families in the early years.

Evidence-based parenting support

You will be expected to demonstrate that you are delivering high-quality and evidence-based parenting interventions. This is the most reliable way to improve child and family outcomes. In awarding funding to other organisations, whether through the awarding of grants or through a larger scale tendering process, we expect you to invest in programmes that have been evaluated and have been shown to improve the above outcomes for babies and parents.

Using an evidence-based intervention should be considered as the best method for strengthening the consistency and quality of family help services. They focus on increasing practitioners' knowledge of scientifically proven theories of change and providing them with effective methods for engaging vulnerable families. They also include quality-assurance frameworks that address common delivery issues. We strongly encourage you to use the Early Intervention Foundation guidebook[58] or similar. See also the guidance at Annex M.

Peer support and outreach

Peer support and community outreach are effective interventions in supporting new parents and signposting to more targeted interventions. Empowering Parents, Empowering Communities[59] (EPEC) is one example of a model that is already used in many areas across England, and which has been proven to show a significant impact on children's social, emotional and behavioural outcomes, parenting, family resilience and social capital. A good quality peer support programme can provide one-to-one and/or tailored group support for a diverse range of parents and carers (e.g., fathers, families with SEND, LGBTQI+ families and those from culturally diverse backgrounds)

Where you have an existing peer support model in place, you could use our funding to expand or enhance this to increase reach. Examples of how you could build on what is already in place include:

- **expanding reach –** such as offering peer support for fathers, co-parents, foster carers, or kinship carers etc

[58] https://guidebook.eif.org.uk/

[59] https://home-starthost.org.uk/empowering-parents-empowering-communities-epec/

- **extending scope –** such as improving integration of peer support and outreach alongside parenting programmes.
- **enhancing accessibility –** such as targeting support and outreach to identified groups and communities who may face barriers to accessing the existing parenting support pathways.

Annex I: perinatal mental health and parent–infant relationship support

We have conducted extensive stakeholder engagement to explore and identify where this funding could add most value. We have collated feedback from NHS England and Improvement, Health Education England, leading academics, frontline practitioners, the Parent Infant Foundation, the Maternal Mental Health Alliance lived experience network, and other member group association such as the Local Government Association.

Across England, there is variation in the extent of support for perinatal mental health and parent–infant relationships. This investment will build on progress made as part of the NHS Long Term Plan (LTP)[60] commitments. Perinatal mental health support for mothers has received investment as part of the LTP, with a particular focus on moderate to severe or / complex mental health needs. This start for life funding is an opportunity to complement the improvements to specialist mental health services made as part of the LTP. The funding should not be used to deliver the perinatal and children and young people mental health commitments already funded through the NHS Long Term Plan. We expect that you will use this funding to primarily target universal perinatal mental health and parent–infant relationship needs. Together with the open access focus of the parenting support funding, this is an opportunity to prevent difficulties before they emerge and to better support families with a wide range of difficulties.

Your investment of the funding provided by this programme should enhance areas we have identified where there is the greatest opportunity for improvement and innovation. These are as follows:

1. Mild-to-moderate perinatal mental health difficulties

- Recent investment through the NHS LTP has primarily been in moderate-to-severe perinatal mental health difficulties. For example, the development and expansion of mother and baby units, specialist community perinatal mental health teams, and maternal mental health services.

2. Perinatal mental health for fathers and co-parents

- Perinatal mental health investment through the LTP has mostly focussed on mothers. There is an LTP commitment to offer an evidence-based assessment to partners of women accessing specialist perinatal mental health or maternal mental health services[61] for their mental health and be signposted

[60] https://www.longtermplan.nhs.uk/

[61] Hambrick, P. et al (2018). Beyond the ACE score: Examining Relationships Between Timing of Developmental Adversity, Relational Health and Developmental Outcomes in Children. Archives of Psychiatric Nursing. 33. 10.

to support as required. This funding could be used to develop the support that fathers and co-parents are referred to. Limited support is available for partners of women who do not access specialist perinatal mental health services.

3. Parent-infant relationship support

- Approximately 50% of babies are securely attached to their parents / carers, while 40% are insecurely attached, and 10% have a 'disorganised' attachment style, which is associated with the worst developmental outcomes.
- Most families do not have access to support for parent–infant relationships.
- Some specialist community perinatal mental health teams offer support for parent–infant relationship difficulties. However, this is typically restricted to occurring in the context of a perinatal mental health difficulty. Difficulties with attachment and bonding do not always co-occur with perinatal mental health difficulties.
- Moreover, outside of specialist community perinatal mental health services, there are only 39 specialist parent–infant relationship teams in England. Most of which only focus on more complex relational difficulties. This means that many families do not have access to support for parent–infant relationships.

Delivery expectations

The family hub model framework outlines how you should approach delivery of services, in line with the key principles of family hub models – improved access, better connected services and professionals, and relationships at the heart of family support.

We understand that there are variations on existing service provision and therefore anticipate you may have a different starting point to other local authority areas.

To build a joint vision across the system to ensure effective delivery, we anticipate you may wish to consult with existing providers of mental health support. This includes services already commissioned by the NHS, to discuss how these investments are embedded in the care pathway, including referral to specialist support.

We encourage you to develop a strong governance structure and establish a local perinatal and parent–infant mental health strategy (with sustainable plans beyond the funding period), to support strategic planning / delivery and joined-up working across the whole system. We envision this could be through establishing a

https://www.researchgate.net/publication/328833363_Beyond_the_ACE_score_Examining_relationships_between_timing_of_developmental_adversity_relational_health_and_developmental_outcomes_in_children

group/committee that has oversight from your local health and wellbeing board. We encourage you to consider incorporating perinatal mental health and parent-infant relationships into your health and wellbeing strategy.

We urge you to work collaboratively with local specialist community perinatal mental health teams to identify local training and supervision needs and explore scope to provide training, consultation and supervision for the wider workforce to support early identification and prevention.

How this funding should be used

There are three main ways that this funding should be used:

1. Improving workforce capability through training
2. Supporting workforce capacity through funding additional resource at family hubs
3. Enhancing your services to 'go further'

Improving workforce capability through training

Good perinatal mental health and parent–infant relationship support is underpinned by a knowledgeable, skilled, and confident workforce. We have developed a training framework to guide local decision makers on the competencies staff need to support families.

This framework is designed to enable training to be developed in tiers according to types of practitioners being trained and what local need is. It is linked to the Infant Mental Health Competency Framework (AIMH-UK)[62].

We encourage you to consider how training is delivered to promote join-up across different types of support – for example, multiagency professionals and volunteers.

Level 1: increasing awareness and identification of difficulties

Funding can be used to offer training on perinatal mental health and parent–infant relationships as a minimum.

We recognise that you may have been offering this training for some time. If that is the case, you may wish to use your funding to go further and offer training on:

- trauma informed care in the perinatal period
- father and co-parent inclusive practice in the perinatal period

Target audience: this training should be available to everyone who provides support to families expecting a baby or who have a baby under the age of two. This may

[62] https://www.hee.nhs.uk/our-work/mental-health/perinatal-mental-health/competency-framework-perinatal-mental-health

include; health visitors, midwives, nursery nurses, nursing associates or early years practitioners, early help workers, family support workers, mental health nurses, neonatal practitioners, social workers, volunteers (for example, peer support workers).

For elements of the workforce who may not have received any prior training in these areas, such as volunteers, you may like to encourage them to complete the e-learning available via Health Education England[63].

Level 2: Accessing and supporting families through evidence-based interventions

We will establish national contracts with two training providers so that several practitioners from your local authority area will be able to access training to deliver evidence-based interventions that promote parent–infant relationships.

The interventions are likely to include video-feedback and a targeted intervention to promote parent–infant relationships, which could be delivered in a group or one-to-one.

Target audience: this should be available to those who will be able to use it to support identified parent–infant relationship difficulties. This could include; health visitors, midwives, psychological professions, social workers, early years workers.

Level 3: Increasing supervision capabilities

A national contract will be established so that a small number of practitioners will be able to supervise those supporting parent–infant relationships. We hope that this will help to build your local capacity to provide good clinical supervision to those supporting parent–infant relationships.

Target audience: experienced supervisors, such as psychologists, psychotherapists, or family therapists

Family hubs require adequate workforce to support families with mental health and parent–infant relationship difficulties. Building a diverse workforce model, incorporating skill mix, will help to mitigate workforce capacity challenges.

Through the development grant, you will be expected to employ staff dedicated to support families with perinatal mental health and parent–infant relationships. Staff are expected to:

- be trained in, and able to identify, parent–infant relationship and perinatal mental health difficulties

[63] https://www.e-lfh.org.uk/programmes/perinatal-mental-health/

- provide support to families through evidence-based interventions (for those who have attended 'level two' training as per the text above)
- act as champions for promoting the importance of perinatal mental wellbeing and good parent–infant relationships, whilst being appropriately supervised and supported
- provide outreach support in person and virtually for families and babies
- connect and refer families to the most appropriate support to meet their needs

You will have the best understanding of the types of practitioners who may suit these roles. You may wish to consider:

- nursery nurses
- nursing associates
- early years practitioners
- family support workers

Deciding who you employ in these roles should be based on whether they will be able to support parent–infant relationships after they have attended 'level two' training, as per the text above. In considering which roles may be able to safely and effectively support parent–infant relationships, you may wish to consider the AIMH-UK competency framework mentioned above. To complement skill mix, this may mean employing staff at a Band 5 level (NHS Agenda for Change[64]).

Enhancing your services to 'go further'

Below are examples of how you might use this funding to 'go further', bearing in mind the three areas of focus mentioned above:

- addressing mild-to-moderate perinatal mental health difficulties
- providing perinatal mental health support for fathers and co-parents
- providing parent–infant relationship support

Peer support

Peer support is an effective intervention in supporting parents with mild mental health difficulties. This is a model that is already used in many areas across England and has positive outcomes for service users. Peer supporters can provide one-to-

[64] https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates/agenda-change-pay-rates

one and/or group support for parents experiencing mild difficulties, such as anxiety or low mood, or parent–infant relationship difficulties.

Where you have an existing peer support model in place, you could use our funding to expand or enhance this to increase reach. Examples of how you could build on what is already in place include:

- **expanding reach –** such as offering support for fathers, co-parents, foster carers, or kinship carers etc
- **extending scope –** such as offering support to nurture parent–infant relationships if current provision focuses on perinatal mental health
- **enhancing accessibility –** such as targeting support to identified groups who may face barriers to accessing the existing offer, for example, funding outreach support; creche support; paying transport costs; etc

For less established peer support, you may consider funding:

1. Recruitment of peer supporters, including giving consideration to a mix of peers who represent the diverse communities they serve.
2. Recruitment of leadership and support team, such as a service manager, clinical supervisor, administrator etc.
3. Appropriate training for peer supporters, including 'level one' training on awareness and identification of difficulties in perinatal, mental health and parent–infant relationships responding to the needs locally.
4. Support that is accessible face-to-face, virtual, and via outreach.
5. Accessible information to enable everyone to understand what support is available and where it can be accessed, including hard to reach groups such as traveller communities or groups where language is a barrier.

Parent–infant relationship support

You can 'go further' to support parent–infant relationships by expanding existing provision or developing new specialist support. For example, specialist parent–infant relationship teams provide multi-disciplinary support to strengthen the relationship between parents/carers and their baby. These teams work with babies and their caregivers to:

- overcome difficulties in the relationship
- build on existing parenting strengths
- develop new capacities to provide the sensitive, responsive and appropriate care that their babies need to thrive

They are expert advisors and champions for parent–infant relationships and use their expertise to help the local workforce to understand and support parent–infant relationships. Teams offer support through training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

These teams will typically not be standalone and will need to work closely with specialist community perinatal mental health teams. We encourage you to review existing and planned service provision and pathways for parent–infant relationship support. You should engage with health colleagues to ensure join up and to understand existing and planned provision offered by specialist community perinatal mental health teams and explore options for further expanding or developing a service offer. This should take into account existing priorities including delivery of the NHS long term plan, workforce pressures, and sustainability of any expanded or newly developed provision beyond the funding period. Any newly funded support should take account of other services, with consideration of and local agreement on the pathways between support.

If you already have a specialist parent–infant relationship team, (which may be commissioned by the LA, NHS or jointly), you should work in collaboration with health colleagues to explore options which may include:

- **expand reach** – such as offering support to secondary caregivers, or geographical remit (where this may be limited, provided this is within your local area)
- **extend scope** – such as offering more early intervention and prevention support or, where a team already offers early support, this could be extended to specialist support
- **enhance accessibility** – such as targeting support to identified groups who may face barriers to accessing the existing offer, for example, funding outreach support; creche support; paying transport costs; etc

If you do not have an existing specialist parent–infant relationship team but would like to establish one, you could use this investment for that purpose. Careful consideration should be given to the implications of this. For example, you may wish to review:

- whether you could recruit sufficient staff to establish a new service
- the impact of recruitment on existing services
- whether you can develop the service quickly enough to demonstrate an impact by March 2025

The number of areas able to develop new services may need to be limited due to national workforce constraints, particularly for specialist psychological professions

such as clinical psychologists and psychotherapists. If you wish to establish a new team (rather than building on an existing team), then we will likely expect you to be a trailblazer. This is because we expect to see rapid implementation of a new service. Further detail on trailblazers can be found in the trailblazer section of this guide.

If you do not have a specialist parent–infant relationship team and do not wish to enhance your existing team, other options are available. You should work in collaboration with specialist perinatal mental health teams and children and young people's mental health teams to explore and scope how funding could be used to build on existing provision to support perinatal mental health and parent-infant relationship needs. You could make use of the training we will commission nationally, such as video feedback, to help with this approach.

We expect you to work closely with perinatal mental health delivery partners to improve support for parent–infant relationships. For example, you may wish to establish a joint approach to consultation and/or training to support the wider workforce.

Perinatal mental health support for fathers and co-parents/carers

You may choose to develop or extend mild-moderate perinatal mental health support to non-birthing parents or carers. You are best placed to decide how this extension may work. For example, you could commission a model of care for fathers and partners. Examples of such models exist in the third sector, such as the Home Start Dad Matters programme[65] offering community support to fathers by volunteers and experts, the Anna Freud Centre 'Mind the Dad' Project[66] piloting a range of methods for example, reflective parenting groups to support fathers, or guidance for new fathers like the DadPad[67].

You should facilitate self-referrals and ensure fathers' and co-parents' needs are given appropriate focus.

Enhancing midwife and health visitor support for perinatal mental health and parent-infant relationships

Midwives and health visitors are well placed to identify a wide-range of issues, including perinatal mental health and parent-infant relationship difficulties. Midwives and health visitors can provide appropriate early intervention for the mental health of the baby, their parent or carer, and the whole family. You are best placed to understand what's needed to provide high quality, holistic care for babies and their families. This may be investment in additional specialist perinatal mental health and

[65] https://dadmatters.org.uk/home-start/

[66] https://www.annafreud.org/mindthedad/

[67] https://thedadpad.co.uk/

parent-infant relationship knowledge and expertise across teams, time to use these skills effectively, or dedicated capacity to focus on offering this support.

Examples of how you might use the funding

You will have options in how and where this funding will make the most impact, and this will vary across areas according to local need. The funding can be spread across services that already exist to enhance and support join up. We have set out illustrated examples below to demonstrate how this might work. This is not intended to be exhaustive, but we hope it will give you a sense of how you can build your support offer for families depending on provision in your local area.

Illustrative example 1

You already have a strong NHS perinatal mental health offer for mothers struggling with severe/complex difficulties. You also have a great peer support programme for mild perinatal mental health difficulties, delivered by the third sector.

You could use the investment provided by this programme in several ways. You may choose to expand the reach of your peer support service to include fathers and co-parents. Or perhaps you recognise the need for health visiting team members to develop higher levels of expertise and knowledge to provide more expert support for perinatal mental health and parent-infant relationships. They may attend video feedback training that will be made available as a national initiative, and will be able to carry a small clinical caseload. They could also provide wider leadership to the workforce by offering consultation and training to support others in promoting perinatal mental health and parent-infant relationships.

You could also recruit two family support workers to be based in the family hub and offer parent–infant relationship support. Health visitors that have attended specialist training could also supervise these workers.

Illustrative example 2

You already have a strong NHS perinatal mental health offer for mothers struggling with severe/complex difficulties. You may have also recently identified the need for a specialist parent–infant relationship service, and have mapped out local provision and workforce availability. You would work closely with the Start for Life Unit to ensure that you begin delivery of this model as quickly as possible to demonstrate impact within the spending review period.

You could discuss with local NHS teams whether a new team would be most helpfully commissioned in the NHS, the third sector, or be delivered directly by you. The new parent–infant relationship team would access nationally available training, including access to supervision training to develop clinical leadership. You would

work closely with NHS perinatal mental health services, the third sector, and the family hub to ensure families experience seamless access to support. Help would be available to support any parent/carer struggling to bond with their baby.

Annex J: early language and HLE

Early language acquisition impacts on all aspects of babies' and young children's non-physical development. It contributes to their ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write[68]. We want you to consider how to support early language development as part of your developing family hubs model.

HLE covers the interactions parents have in and around the home with their children from birth. The quality of the HLE is a key predictor of a baby's and child's early language ability and future success. Disadvantaged children are less likely to experience a high-quality HLE, a factor exacerbated during the pandemic.

How this funding should be used

The funding you will receive for the early language and HLE service strand should be used to train practitioners to support parents with the HLE, which will support educational recovery and improve school readiness. This was committed as part of the early years education recovery programme announced last year. This funding is intended to cover:

- providing evidence-based HLE interventions
- co-ordinating the programme locally

We know that there are administrative costs associated with setting up and running HLE interventions. You will have flexibility to cover these costs and ensure systems are in place to enable effective delivery. We would expect the large majority of these costs to fall in financial year 2022–23. You will be able to use some of your total HLE allocation in financial year 2023–2024 and 2024–2025 to cover these costs.

Over the three years of funded delivery, the vast majority of this money should be invested in providing evidence-based interventions that we know have an impact on children's early outcomes. In particular, interventions which can be scaled up quickly to meet the needs of those who were babies and young children at the height of the pandemic.

Who is eligible for HLE training?

Practitioners working with families and children in childcare or family-support settings such as family hubs, including parenting practitioners, early help practitioners, early years practitioners and health visitors.

[68] Law, J., Charlton, J., & Asmussen, K. (2017). Language as a child wellbeing indicator. *Early Intervention Foundation.* https://www.researchgate.net/publication/330292437_Language_as_a_child_wellbeing_indicator

Who is eligible for HLE interventions?

Parents of children of 3–4 years old. This will support those babies whose cognitive and socio-emotional development has been negatively impacted by the pandemic, with priority given to parents and children who would benefit most.

You and your local providers will have flexibility to determine how you target these interventions to best serve the needs of children and families in your area, but should prioritise disadvantaged children or children with SEND.

Evidence-based HLE interventions

It is important that HLE interventions train practitioners to give them the tools to deliver a range of support to families on the HLE which evidence shows supports one or more of the following learning outcomes: language, literacy, social and emotional development and/or self-regulation. In awarding funding to other organisations, whether through the awarding of grants or through a larger scale tendering process, we expect you to invest in programmes that have been evaluated and have been shown to improve the above outcomes for children. These can be found in the Early Intervention Foundation (EIF) Guidebook[69].

To deliver evidence-based HLE interventions the programme should:

1. Support parenting behaviours or educational activities.
2. Have high levels of intensity, for example one-to-one coaching and modelling so that parents learn new skills, and ideally include regular home visits over a sustained period.
3. Support the parent–child relationship, as well as children's early learning and behaviour.
4. Provide individualised support to the parent and child. This includes supporting parents in their homes and tailoring advice to the parent and child's interests and development level.
5. Support the parents' ability to see the world from the child's perspective.
6. Train practitioners on how to positively engage parents and keep them engaged overtime.
7. Support practitioners to signpost parents to other services when needed.
8. Have clear safeguarding protocols.

[69] https://guidebook.eif.org.uk/

Annex K: infant feeding support

Breast milk is the most nutritious source of food for infants and has numerous health benefits for both mother and baby, including improved child health and cognitive development[70], maternal health[71], and mother-infant bonding[72]. Not breastfeeding is associated with a higher prevalence of childhood obesity[73] and medical conditions such as gastrointestinal and respiratory diseases, allergies, otitis media, and dental disease[74]. It is also associated with a reduced risk of breast cancer and ovarian cancer in the mother[75], and a successful breastfeeding experience can protect against mental health issues such as postnatal depression[76].

[70] Innis, S. et al (2001). Are human milk long-chain polyunsaturated fatty acids related to visual and neural development in breast-fed term infants? The Journal of Pediatrics. https://www.sciencedirect.com/science/article/abs/pii/S0022347601682027;

Quigley, M. et al (2012). Breastfeeding is Associated with Improved Child Cognitive Development: A Population-Based Cohort Study. The Journal of Pediatrics. https://www.sciencedirect.com/science/article/abs/pii/S0022347611006627;

Renfrew, M. et al (2012). Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. https://discovery.dundee.ac.uk/ws/files/1290558/Preventing_disease_saving_resources.pdf

[71] Chowdhury, R. et al (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatrica. https://onlinelibrary.wiley.com/doi/full/10.1111/apa.13102

[72] Penacoba, C. and Catala P. (2019). Associations Between Breastfeeding and Mother–Infant Relationships: A Systematic Review. Breastfeeding Medicine. https://www.liebertpub.com/doi/abs/10.1089/bfm.2019.0106; https://www.sciencedirect.com/science/article/abs/pii/S0266613819302839

[73] Linde, K. et al (2020). The association between breastfeeding and attachment: A systematic review. Midwifery. https://onlinelibrary.wiley.com/doi/full/10.1111/apa.13133

[74] Howie, P. et al (1990). Protective effect of breast feeding against infection. The BMJ. https://www.bmj.com/content/300/6716/11.short

Wilson, A. et al (1998). Relation of infant diet to childhood health: seven year follow up of cohort of children in Dundee infant feeding study. The BMJ. https://www.bmj.com/content/316/7124/21.short;

Ip, S. et al (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Evidence Report/technology Assessment. https://europepmc.org/article/NBK/nbk38337;

Horta, B. et al (2007). Evidence on the long-term effects of breastfeeding: systematic review and meta-analyses. World Health Organisation. https://apps.who.int/iris/bitstream/handle/10665/43623/9789241595230_eng.pdf;

Quigley, M. et al (2007). Breastfeeding and Hospitalization for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study. Pediatrics. https://publications.aap.org/pediatrics/article-abstract/119/4/e837/70180/Breastfeeding-and-Hospitalization-for-Diarrheal

[75] Chowdhury, R. et al (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatrica. https://onlinelibrary.wiley.com/doi/full/10.1111/apa.13102

[76] Renfrew, M. et al (2012). Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK https://discovery.dundee.ac.uk/ws/files/1290558/Preventing_disease_saving_resources.pdf;

Kendall-Tackett, K. et al (2011). The Effect of Feeding Method on Sleep Duration, Maternal Well-being, and Postpartum Depression. Clinical Lactation. https://connect.springerpub.com/content/sgrcl/2/2/22.abstract;

Whilst there is clear evidence of contribution towards positive health outcomes, England has one of the lowest rates of breastfeeding in Europe[77]. The World Health Organisation and the National Institute for Health and Care Excellence (NICE) recommend exclusive breastfeeding for the first six months of life, yet in England only 1% of babies continue to be exclusively breastfed until that age[78].

In the Best Start for Life: a Vision for the 1,001 Critical Days[79], the government's Early Years Healthy Development Review recognised that many parents struggle with breastfeeding and that different mothers and babies have different needs. The review consequently set out a vision for breastfeeding support to be available to all parents and carers as part of the universal Start for Life offer, including practical help with breastfeeding, early diagnosis of issues such as tongue-tie, and help with formula feeding where that is more appropriate.

The evidence-base for infant feeding support services is of mixed quality and the majority is not based in the UK. This programme presents an opportunity to add to the evidence-base through a robust programme evaluation and improved data collection processes.

It should be noted that the NHS Long Term Plan set out an ambition for all maternity services to deliver an accredited, evidence-based infant feeding programme, such as UNICEF Baby Friendly Initiative[80]. All new initiatives funded by the Family Hubs and Start for Life programme should complement this ambition and should ensure that families experience a seamless transfer of care from maternity to community.

How this funding should be used

The funding you receive for infant feeding services can be used flexibly to deliver the minimum expectations and some of the 'go further' options. It is likely the funding will be used to:

- recruit and train staff to improve workforce capacity for the delivery of infant feeding support services

Brown, A. et al (2015). Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. Journal of Advanced Nursing. https://onlinelibrary.wiley.com/doi/full/10.1111/jan.12832

[77] Theurich, M. et al (2019). Breastfeeding Rates and Programs in Europe: A Survey of 11 National Breastfeeding Committees and Representatives. Journal of Pediatric Gastroenterology and Nutrition. https://journals.lww.com/jpgn/Fulltext/2019/03000/Breastfeeding_Rates_and_Programs_in_Europe__A.26.aspx

[78] Infant Feeding Survey, 2010, https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010

[79]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

[80] https://www.unicef.org.uk/babyfriendly/

- provide training (and cover backfill costs) for new and existing staff to improve workforce capability
- develop or expand an established peer support service with regular high-quality training and clear supervision structures in place
- cover overheads associated with setting up and running services, including developing resources and purchasing equipment

During year one, you should also use some of the development grant to create and embed a local infant feeding strategy. This strategy should ensure that:

- there is a joined-up approach across services and organisations, and clear referral pathways are in place, so that mothers and families receive seamless and consistent support throughout their infant feeding journey
- services are tailored to your local communities and targeted support is available for those who need it
- the infant feeding workforce is well-trained and supervised, and has the capacity and capability to provide high-quality care

Annex L: Parent Carer Panels

In the Best Start for Life: a Vision for the 1,001 Critical Days[81], the government's Early Years Healthy Development Review highlighted how services and support offered to families in the critical conception to age two period are often disjointed, making it hard for those who need help to navigate what is available to them. In the worst-case scenarios, babies miss out on the best care because parents and carers are unable to access the support they need, or the support they need is not available. Where services are available, they are not always developed with the needs of families in mind.

We are providing funding to support you to establish Parent and Carer Panels in your local authority area. Parent and Carer Panels are the forum where parents and carers will work together with local service commissioners to co-design and evaluate services. This will help to ensure that babies and their families are at the centre of service design and delivery.

You will have the flexibility to host a Parent and Carer Panel in a venue that suits your locality's needs. This could be by connecting the Panel to existing parent engagement structures/venues you have in place. However, you could also consider using a family hub as the venue. This would provide a good opportunity for parents and carers to become familiar with the family hub, see what services are on offer and access services in one place.

How the funding should be used

The funding will cover a variety of expenses that will help you to establish a Parent and Carer Panel. The following is not an exhaustive list, but a guide on how you could spend the allocated funding:

- developing information and resources
- event fees, such as hiring a venue
- parent and carer expenses and incentives, such as childcare
- recruiting diverse communities
- staffing and training costs
- web development

[81]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

Annex M: ensuring support is high quality and evidence based

A key element of your role is ensuring that whoever delivers the service does so in line with the expectations set out in this guidance and to a high quality standard. Where possible, services should be evidence-based. Where the evidence base associated with specific interventions is less developed, or there is recognition that interventions should be delivered in combination to maximise impact, this programme aims to develop a better understanding of 'what works' and therefore strengthen the evidence base to inform future investments. Further information is set out within each section on the four funded services.

Developing an effective locally bespoke intervention (rather than using an evidence-based intervention) depends on the same elements of evidence-based content and quality assurance processes and data to be able to develop an evidence base for your approach by the end of the funding period. Where you have a strong preference for choosing a different intervention or for a locally developed model, we will expect you to work with our evaluation partners or the Early Intervention Foundation (where appropriate). You should either provide historical data which demonstrates clear evidence of impact of the chosen intervention / adaptation / local model, or demonstrate that the following factors have been considered fully when adapting or developing the bespoke intervention:

- Does the proposed intervention have a clear theory of change which is rooted in scientifically verified observations of child development and family functioning?
- How clearly defined is the intervention's format and dosage i.e. the intensity of the intervention (for example, group vs individual), frequency, duration and activities for facilitating parental learning (for example, homework, role play, video feedback)?
- How will intervention be quality assured, to make sure that it is being delivered as intended and is likely to be effective?
- Does the intervention specify who it is for and provide clear eligibility criteria? How well does this match with local need and arrangements for recruiting families?
- Does the intervention add sufficient value relative to what is currently available?
- What resources are needed to deliver the intervention, including the necessary skills and qualifications? A lack of suitably trained practitioners is a primary reason why interventions fail.

- What are the interagency relationships and referral systems which underpin the intervention?
- How will the intervention be monitored to assess infant and parent outcomes on an ongoing basis, as well as more rigorous evaluation arrangements which determine the intervention's impact and the extent to which it is adding value over local provision?

Annex N: additional delivery expectations

1. Appoint a single named accountable lead for Start for Life

The Best Start for Life; a Vision for the 1,001 Critical Days[82] report found that parents and carers need to know exactly what they can expect from a joined-up Start for Life offer. It set out a vision that delivering this to every family will be the responsibility of a single, identifiable leader who would be accountable for the Start for Life offer in their area. This leader will ensure that the 1,001 critical days are prioritised and that excellent services are co-commissioned across the public and third sectors as part of the Integrated Care Systems core offer, with a focus on continuous review and improvement, taking careful account of feedback from Parent Carer Panels and from 2 ½ year old development assessments. This could, for example, be the Director of Children's Services, Director of Public Health or an equivalent role depending on the preference of each local area.

2. Appoint named leads for your local authority area's programme/ transformation team

This may include:

- programme co-ordinator
- change manager
- data lead
- support officer
- analytical support
- digital support

We expect the family hub transformation funding to pay for your transformation team. Having named leads responsible for specific roles or tasks will help to ensure that key elements of the transformation programme are covered.

3. Work with the National Centre for Family Hubs and Start for Life Unit to share learning and best practice

The National Centre for Family Hubs[83] provides expert advice and guidance on the family hub model, working with local authority areas to champion the family hub

[82]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

[83] https://www.nationalcentreforfamilyhubs.org.uk/

approach. The National Centre generates and disseminates evidence and best practice and holds events, such as establishing communities of practice and hosting national conferences. You will be able to access resources and events hosted by the National Centre for Family Hubs.

You should work with the National Centre for Family Hubs and Start for Life Unit to share learning and best practice from your area to support the generation of new resources which can be disseminated more widely.

4. Implement central government branding requirements

We know that services look different from one place to another and that through family hubs there will be a more consistent offer for families across the country. Making sure that families are aware of that offer of support will be key to the success of the programme.

We therefore expect all local authority areas receiving funding through the programme to:

- use the agreed naming convention of 'Family Hub' across all information and communications
- use the naming convention of 'Start for Life' across all information and communications for conception to age two services
- where possible, note that the funding for family hubs is funded/supported by central government
- agree to use the agreed central government brand/s (to be determined) on communications materials where possible
    - this may include signage and marketing collateral for the hub itself
    - you will be provided with guidance to support implementation by January 2023

We anticipate that these expectations will be implemented alongside existing brands in recognition that families will be familiar with local service identities.

5. Engage with the digital solutions being developed through the Family Hubs Growing Up Well programme and Start for Life Unit

You are also expected to take part in the testing and implementation phase of the Growing Up Well project in 2023-24, but you will be able to 'opt out' with good reason.

The Start for Life Unit (DHSC) is working with NHSEI to deliver Digital Personal Child Health Records (DPCHRs) which will support families as they navigate through services in the first two years with their new baby. We are working together to ensure alignment of these digital projects and to deliver the best services that we can as efficiently as possible.

The Growing Up Well project will conduct testing and implementation of solutions in 2022-23 with a small number of areas and expand in 2023-24 with a wider group of areas (including those on this programme).

Engaging in this will initially entail attending a short series of workshops to gather feedback on the solutions as they are being tested. This will help ensure they are aligned to your needs and keep you informed of the progress of the solutions and how they can work in practice. We may also request discussions with your local family hub staff, technical staff and corporate staff. This will be to make sure that we understand any potential issues raised by different professionals and that any products are fit for purpose.

Taking part in wider testing and the implementation phase of the project in 2023-24 will mean trialling some or all the solutions in your area and making the necessary technical and working practice changes to do so. You might not be expected to take part in this phase, for example due to availability of funding or local system requirements. Further information and guidance will be made available on this closer to the time.

6. Commit to all data collection and monitoring expectations associated with the programme, including if services are commissioned out to other providers

You will be expected to commit to regular and timely returns of all data that is requested as part of this programme. More detail on particular reporting asks is set out in the ‘Programme Reporting Expectations’ section of this guide.

7. Agree to take part in the national evaluation of the programme if approached to do so

We intend to undertake in-depth evaluation with a small group of up to approximately 30 local authority areas. This is crucial to informing our understanding about how the programme is being delivered in different contexts. More detail on evaluation asks is set out in the ‘Evaluation’ section of this guide.

8. Commit to use the funding in line with the programme guide, and to either: incrementally add to existing services; complement existing services; or offer new services

You will be expected to demonstrate that you are building on what is already in place with the funding received through the programme. Existing investment in the early years from the public health grant[84] should be maintained, ensuring this additional funding makes a real difference.

[84] https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2022-to-2023

Annex O: funding to support areas through national initiatives

The vast majority of the £301.75 million Start for Life and Family Hubs funding package will be given directly to participating local authority areas to support local service delivery. A small proportion is being retained for national initiatives where we have identified efficient and cost-effective options that will complement and enhance the local offer.

These include:

Infant feeding

- expanding the capacity and extending the opening hours of the National Breastfeeding Helpline
- developing a holistic, wraparound e-learning module that that acknowledges the interdependencies between perinatal mental health and breastfeeding, and that focuses on the broader skills of reflective practice, sensitive conversations and trauma-informed care

Perinatal mental health and parent–infant relationships

- launching public health campaign which will support local areas by:
    - reducing stigma and raising awareness of parent–infant relationships and perinatal mental health
    - preventing difficulties from worsening by encouraging early help seeking behaviour
- developing a 'national centre for supervision' which will support local areas by:
    - enabling practitioners supporting parent–infant relationships to access high quality clinical supervision, where this is not available locally
- enabling universal assessment of parent infant relationships which will support local areas by:
    - providing clear guidance will be available to practitioners about how to assess parent–infant relationships
    - enabling the early identification of difficulties and signposting to relevant support
    - in the long-term, improved understanding of prevalence will enable better workforce planning
- investing in additional core training places for clinical psychologists and child and adolescent psychotherapists. It is important that decisions on workforce and training are made in the context of the wider healthcare workforce

system, therefore a final decision will be made as part of annual workforce negotiations with HEE. If agreed, this would support local areas by:
    - ensuring that the future workforce pipeline is as sustainable as possible
    - we anticipate that these additional practitioners would qualify in 2026/7

- commissioning training for evidence-based parent–infant relationship interventions, which will support local areas by:
    - improving staff capability, for example upskilling them to deliver video-feedback interventions or targeted parent–infant relationship support
    - reducing the need for local areas to procure individual training contracts from multiple suppliers

- increasing the capacity of the National Centre for Family Hubs which will support local areas by:
    - identifying and sharing effective practice in the delivery of family hubs

Annex P: overview of approach to funding across the programme

This is the funding approach for the programme across the three-year spending review period.

Throughout the period (2022/23 – 2024/25), funding for family hubs transformation, publishing the Start for Life offer, and Parent and Carer Panels, will be released. There will also be central government led initiatives to support funded services (for example, expanding access to the National Breastfeeding Helpline – see Annex O for further details).

In 2022/23, there will be a development grant for funded services. Trailblazers will also receive funding for additional services.

From 2023/24 to 2024/25, funding for additional services, such as support for parent-infant mental health, parenting, HLE, and breastfeeding, will be released.

Annex Q: receiving additional support from the Early Intervention Foundation

Additional support from the Early Intervention Foundation is available in year one of the programme for 15 local authorities who may be at the start, or in the early stages of development in their family hub system's 'maturity'. This support will help you complete a local needs assessment and use this alongside evidence and improvement processes to drive early intervention, system development, workforce planning and leadership development.

It is intended to support effective planning and delivery, with a focus on the four funded services (parenting support, home learning environment, infant feeding and perinatal mental health and parent-infant relationships), laying the foundations for further transformation in years two and three.

To be considered for this support, you should complete section eight of the Family Hubs and Start for Life programme sign-up form.

What will the support entail?

If you are selected, you will receive:

- Access to independent specialists in early intervention, system development, leadership development and evaluation.
- Support and challenge to apply the EIF Support Toolkit elements and learning to your local context.
- The opportunity to share your learning journey with an expert network of peers across the cohort of selected areas.

You will be supported to:

- Collect local data on your current position, including needs assessment and service mapping
- Put together an action plan which is built around your local priorities
  Implement the plan

Is this offer right for me?

A local authority cannot receive additional EIF support if they are not signed up to delivering the Family Hubs and Start for Life programme. Areas that will benefit most from the EIF support will:

1. Be at the start, or in the early stages of development in their family hub system's 'maturity'. You may choose to refer to recent self-assessments your local authority has carried out for related programmes (e.g. Reducing Parental Conflict, Supporting Families etc. or refer to the EIF's Early Years Maturity

Matrix[85])

2. Be willing and able to engage with this additional support. The process is demanding of both the individual participants and the organisations that take part. It brings access to a range of evidence, resources and implementation support, but in return it requires sustained commitment at a strategic and operational level.

To note: If you apply to become a trailblazer, then this support is not suitable for you. Trailblazers are likely to already have well-developed family hub approaches in place to be able to deliver the fastest and most ambitious improvements to services for families, and establish best practices to benefit all local authorities delivering the family hubs and Start for Life programme.

[85] https://www.eif.org.uk/resource/eif-maturity-matrix-maternity-and-early-years

Annex R: further information - research on early awareness and take up of family hub services

We will be undertaking research to explore the ways in which families could be informed of and encouraged to take-up family hub services from the earliest point of their child's life. This is an opportunity for your local authority area to help to develop the evidence base on what works to help engage families at the earliest opportunities and share this learning with other local authorities.

This research will focus on how birth registrations located within family hubs could be utilised to raise awareness of family hub services and the subsequent impact this approach has upon families' engagement with the Hubs. However, we are also interested in other approaches which local authorities may already be using or planning to use to achieve this, such as midwifery and health visitor appointments.

Aims of the research

The overall aim for this research is to understand the impact that different methods of raising awareness of hub services (for example birth registrations within family hubs, midwifery appointments, health visitor appointments, etc) have upon parents'/carers' subsequent engagement with other family hub services. Specific aims are as follows:

- Establish the effects of different approaches to informing families about the family hub upon parents'/carers' awareness, knowledge and understanding of family hubs services.
- Understand parents'/carers' likelihood to engage with other family hub services and their actual engagement with services following receiving information about the family hub.
- Learn about what works for which families in the delivery of information about the family hub to effectively encourage engagement for example, is there a particular time that parents/carers are more likely to engage with the information? Is there a specific service or professional that families are more likely to engage with and trust? Does information on certain services (for example, discussing universal as opposed to targeted) engage some families more than others?
- Understand the parent/carer user journey from pregnancy to finding out about family hubs to follow-up engagement with family hub services.

What is expected to be involved

The research is likely to involve a mix of methods including surveys and interviews/focus groups with a wide range of individuals including parents/carers and

professionals delivering the appointments. These methods will be considered carefully to ensure we are achieving the aims of the research and considering what will be most appropriate for new parents/carers and busy professionals in the local authority areas participating in the research.

We expect to include birth registration within at least one of the local authorities involved in this research. If you already provide this service from your hub, or have plans to, this would be preferred. However, we are also keen to look at other approaches and their potential to effectively deliver this information. Therefore, if your local area is not delivering or planning to deliver birth registrations from a family hub, you may still express an interest in participating in the research.

There will be no additional funding provided directly to local authorities to participate in the research, but we will match-up local authorities with an independent evaluator procured and funded by the DfE and DHSC. Local authorities will therefore benefit from enhanced data and evidence on the effectiveness of their initiatives to raise awareness of Family Hubs amongst families.

The research is likely to begin December 2022/January 2023 and run for approximately 12 months.

How to get involved

If your local authority area is interested in taking part, please register your interest in the sign-up form under Section 9, titled: ‘Research on early awareness and take-up of family hub services’. By registering interest at this stage, you are not committing to taking part. Once we have received responses from local authorities, we will provide an expression of interest form for your area to complete which will ask for more detail on current or suggested methods of delivering information on family hubs to parents/carers.

This publication is also available on our website at www.gov.uk/government/publications

Any enquiries regarding this publication should be sent to us at https://www.gov.uk/contact-dfe