Blackpool Council

12 September 2023

To: Councillors Bamborough, S Brookes, Cooper, Critchley, Ellison, Fenlon, Flanagan, Jones, and C Mitchell

Co-opted Members: Jo Snape, Gemma Clayton

The above members are requested to attend the:

CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

Thursday, 21 September 2023 at 6.00 pm
In Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

(a) personal interest
(b) prejudicial interest
(c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 22 JUNE 2023 (Pages 1 - 6)

To agree the minutes of the last meeting held on 22 June 2023 as a true and correct record.

3 PUBLIC SPEAKING

To consider any requests from members of the public to speak at the meeting.

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 7 - 12)

To consider the Executive and Cabinet Member decisions within the portfolios of the Cabinet Members taken since the last meeting of the Committee.

5 FORWARD PLAN (Pages 13 - 20)

The Committee to consider the content of the Council's Forward Plan September 2023 – December 2024, relating to the portfolios of the relevant Cabinet Members.

6 CHILDREN'S SOCIAL CARE UPDATE: IMPROVEMENT PLAN (Pages 21 - 52)

To inform the Committee of the improvement plan of Children's Social Care in response to the OFSTED inspection of December 2022. The plan runs up until October 2024.

7 EARLY HELP STRATEGY AND PARTNERSHIP WORKING (Pages 53 - 436)

To report on the Early Help Strategy and the Family Hub and Start for Life Programme.

8 FAMILY SAFEGUARDING MODEL (Pages 437 - 444)

To provide an overview to the Scrutiny Board around the proposals for developing multi agency teams within Children's Services.

9 SCRUTINY COMMITTEE WORKPLAN (Pages 445 - 454)

To confirm the workplan for the 2023/2024 Municipal Year and consider the update to previous Committee recommendations.

10 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 9 November 2023, commencing at 6.00pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE MEETING - THURSDAY, 22 JUNE 2023

Present:

Councillor C Mitchell (in the Chair)

Councillors

S Brookes	Critchley	Hunter
Cooper	Ellison	Jones

Ms Jo Snape, Co-opted Member
Ms Gemma Clayton, Co-opted Member

In Attendance:

Councillor Kath Benson, Cabinet Member for Young People and Aspiration
Councillor Lynn Williams, Leader of the Council and Statutory Lead Member for Children's Services

Councillor Paul Galley, Chair of Scrutiny Leadership Board

Councillor Michele Scott

Vicky Clarke, Head of Libraries
Chris Coyle, Assistant Director of Operations - Children's Social Care
Vicki Gent, Director of Children's Services
Paul Turner, Assistant Director- Education

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 2 FEBRUARY 2023

The Committee considered the minutes of the last meeting held on 2 February 2023. The Committee noted there was an error in Minute Item 5 'Ofsted Inspection Update'. Where it had been stated that
"Ofsted had undertaken an inspection of Children's Services 5-16 December 2023". This sentence should have read "Ofsted had undertaken an inspection of Children's Services 5-16 December 2022".

The minutes of the last meeting held on 2 February 2023 were agreed as a true and correct record subject to the amendment noted above.

3 APPOINTMENT OF CO-OPTED MEMBERS

The Committee considered the appointment of co-opted members. It noted that the existing members Ms Gemma Clayton and Ms Jo Snape had indicated a willingness to

continue in their posts. The Committee also agreed that Ms Clayton and Ms Snape had provide a useful contribution to the work of the Committee and their experiences had broadened the perspectives available to the Committee.

The Committee agreed to appoint Ms Gemma Clayton as a parent governor co-opted member and Ms Jo Snape as a Diocesan co-opted member to the Committee for the Municipal Year 2023/2024.

4 PUBLIC SPEAKING

The Committee noted that there were no requests from members of the public to speak on this occasion.

5 FORWARD PLAN

The Committee considered the Forward Plan noting that the Children's Services Medium Term Financial Strategy would be considered by the Committee in due course prior to its Executive approval.

6 CHILDREN'S SOCIAL CARE UPDATE

The Committee received a presentation updating it on the activities within the area of Children's Social Care from Ms Vicky Gent, Director of Children's Services.

Ms Gent highlighted the progress made over the past five years within children's services. Members noted that the workforce within children's services had been stabilised ensuring that the Council had staff to achieve positive outcomes for children and families.

Ms Gent reminded Members of the key areas of improvement identified in the Inspection report namely:

- Improvements to the multi-agency response to children suffering domestic abuse or long-term neglect, and to those children with complex needs.
- The need to work with partners to strengthen their contribution to early help and neglect.
- The lack of sufficient placements to meet children's assessed needs.
- The timeliness of meeting children's dental and emotional needs.

The Committee noted the revised improvement plan and asked that updates on the progress made be presented as well as areas of potential issues including the identified challenges. Ms Gent explained that there were four cross-cutting themes which drove issues within the town broadly and children's social care particularly. These were neglect, domestic abuse, sufficiency and permanence of placements and education for children with social care involvement. The Committee agreed that in developing its workplan it would seek to ensure that these themes were addressed in policy development work and in Scrutiny Reviews.

Ms Gent then spoke about the Plans for the Future in terms of further improvement. Ms

Gent highlighted the recent appointment of a Head of Service for Transformation to lead on whole service improvement The recent successful funding bid for the implementation of Family Hubs with the aspiration for these to include the co-location of statutory services within the hubs and the development of multi-agency teams which could have additional positive impact around substance misuse, emotional health and domestic abuse.

The presentation also explained the proposed transition from Pan-Lancashire Safeguarding to a place based board. The pan-Lancashire arrangements which had been in place since 2019 it had been felt no longer offered the most responsive system for local needs and had not driven change in key areas such as domestic abuse. The ability to more clearly link with other partnership boards such as the Corporate Parent Panel and B Safe Blackpool Board was also noted. A report would be brought to the July Executive to agree the next steps. The Committee was broadly supportive but agreed that once implemented the Committee should consider reviewing the new arrangements' operation.

The Committee was also informed of the progress towards the creation of the Children and Families Partnership Plan. The development of the plan had already commenced with a Development Day held on the 15 March 2023 with over 80 attendees. The Committee agreed that the creation of such an overarching strategy which had not existed for sometime was necessary to the delivery of further social care improvements. The Committee emphasised its view that those with lived experience needed to be involved in the plan's development and help direct its implementation. The Committee noted that it would be involved further in the development of the plan which would take place during September 2023.

7 LITERACY STRATEGY UPDATE

The Committee received a presentation on the implementation of the Literacy Strategy from Mr Paul Turner, Assistant Director. Mr Turner was accompanied by the Ms Vikki Clarke, Head of Libraries. The presentation outlined the progress made in terms of implementation of the plan since it had been approved by the Executive on the 12 July 2021. Mr Turner reminded members of the rationale behind the development of strategy namely that exam results at GCSE level were low compared to other areas nationally and other similar areas. Adult literacy levels were also low. The Strategy outlined a collaborative effort to improve literacy levels across Blackpool in all age groups, but particularly in the Early Years and through Key Stage 1, with the aim of seeing lasting change in these outcomes. The general aim of the strategy being for every person in Blackpool to have the speaking, reading and writing skills to enable wider learning and employment opportunities as well as access to social and cultural activities.

Mr Turner pointed to the report which highlighted the five key strands of work: teaching and learning, curriculum development, libraries, early years and adult education and the twenty-four overarching recommendations.

Mr Turner highlighted the key improvements driven by the implementation of the Literacy Strategy which highlighted the need to use a range of different methods to address literacy making it a key priority for stakeholders including school leaders in

Blackpool.

The development of a strategic group was also highlighted including two eminent professors and the Early Years Task and Finish Group. In response to questions from the Committee, Mr Turner explained that due to the changes in landscape of schools with increased numbers of Academies, it was clear that the Council could not drive improvement alone and needed to engage with a range of stakeholders including the Academy Trusts. Mr Turner then particularly emphasised the continuing Blackpool 30 reading challenge and reading standards at the end of Key Stage 2 (Year 6) were high throughout the pandemic period. It was then explained that writing had not produce as a strong results and this would be a focus going forward.

Ms Clarke then highlighted some of the initiatives involving Libraries including work with Early Years programmes being embedded in libraries, training for libraries staff, the use of the National Literacy Trust programme for developing reading for pleasure and other engagement strands such as the Young Poets Scheme and the Lancashire Book of the Year.

In response to questions the Committee highlighted its view that the synergy between children's centres and libraries was a positive. The Committee also expressed a view that there should be a wide range of options to avoid a drop off in reading for young people in key stage 3 and 4 but noted the positive impact of the use of virtual reality story trails and initiatives such as "Get it Loud in Libraries" in challenges pre-conceived ideas.

The Committee expressed a strong view that it needed access to a detailed town-wide data set to consider progress. This data set would include alternative provision, non-GCSE and GCSE results, results at all key stages and engagement levels.

The Committee agreed to support the continued focus upon literacy in Blackpool schools and the wider Blackpool community and ensure that the Strategy is implemented as agreed and to note the current work undertaken by the Libraries Service to support the Literacy Strategy.

8 SEND OFSTED INSPECTION AND WRITTEN STATEMENT OF ACTION UPDATE

Mr Paul Turner, Assistant Director presented a report on the progress made since the SEND Ofsted Inspection and Written Statement of Action. Mr Turner reminded members of the background of the Ofsted Inspection in March 2022 which had identified four key failings for addressing Special Educational Needs:

- The lack of specificity, ownership and accountability in the areas' improvement strategy for SEND.
- The duties around preparing children and young people for adulthood, not being fulfilled.
- The poor communication with parents and carers across the area – model of co-production.
- The long waiting time for some therapies.

The Council and partners had in response produced a Written Statement of Action which had been approved by the Executive at its meeting on the 5 September 2022 which had also been considered by the Children and Young People's Scrutiny Committee.
The Committee noted that the local area would be re-inspected by Ofsted and the CQC to decide whether sufficient progress had been made in addressing each of the areas of significant weakness identified, this inspection would take place later in 2023.

Mr Turner highlighted progress made since the last update noting the following:

1. Agreement of £3.8 million of funding to eradicate the school funding deficit and High Needs Block deficit (from the Department of Education safety-valve programme).
2. Agreement of £6.2 million of funding to build new school sites in Blackpool at Highfurlong Special School, Educational Diversity and Park school.
3. The introduction of a new post-19 offer at The Oracle, through Valley College.
4. Enhanced Assessment provision at Revoe Primary Academy.
5. A new SEMH Free School for 56 pupils had been approved by the Department for Education.
6. An Alternative Provision Academy bid had been submitted to the Department for Education for children with medical needs that prevented them from attending school.

The Committee noted that the development of a range of options would ensure that the most appropriate provision would be provided. In a number of cases this meant that children would now be accessing schooling within Blackpool rather than out of borough placements. The need for an increased post-19 offer was noted and a broad consensus to increase the proportion of children with Education, Health and Care Plans transitioning into full-time employed was endorsed. In short the service now had more spaces, better spaces and more responsive services for SEN children. The Committee further expressed satisfaction with these improvements to the local offer and the improved communication.

The improvements in timelines for Education, Health and Care Plans were also noted but concern was expressed that access to a range of medical therapies including speech and language and diagnosis continued to be very long.

The Committee agreed to request a presentation from the health provider on the issues regarding waiting times and access to services.

9 SCRUTINY COMMITTEE WORKPLAN

The Committee noted that the workplanning workshop would be held on 18 July 2023, commencing at 6pm via MS Teams. The updated table of recommendations was also noted.

The Committee agreed that it should also develop a training programme to work alongside the Committee meetings to include the legal framework for children's safeguarding, the Journey of the Child and the legislation around education.

10 DATE AND TIME OF THE NEXT MEETING

It was agreed that the date and time of the next meeting would be Thursday, 21 September 2023, commencing at 6pm.

Chairman

(The meeting ended at 7.35 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk

Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	21 September 2023

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Executive and Cabinet Member decisions within the portfolios of the Cabinet Members taken since the last meeting of the Committee.

2.0 Recommendation(s):

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to the decision taken.

3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

3.2	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.3	Is the recommendation in accordance with the Council's approved budget?	Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background and Key Information

6.1 Attached at Appendix 4(a) is a summary of the taken, which has been circulated to Members previously.

6.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

6.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

6.4. The following Cabinet Member is responsible for the decisions taken in this report and has been invited to attend the meeting:

- Councillor Jim Hobson, Cabinet Member for Children's Services

6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4(a) Summary of Executive and Cabinet Member decisions taken.

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations and the impact of this decision for our children and young people:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
FUTURE STRUCTURE OF THE BLACKPOOL LOCAL SAFEGUARDING CHILDREN'S BOARD To consider the proposal for a managed exit from the current Pan-Lancashire Child Safeguarding Assurance Partnership (CSAP) and develop a place based Safeguarding Partnership for Blackpool and seek Executive approval for work to progress through to delivery.	The Executive agreed the recommendations as outlined, namely: 1. To approve in principle for the Pan-Lancashire Children Safeguarding Assurance Partnership (CSAP) to return its governance and structure to a Blackpool placed based Children Safeguarding Assurance Partnership, superseding the decision of the Executive from 25 February 2019 (Decision EX19/2019 refers). 2. To agree that the existing Pan-Lancashire Child Death Overview Panel (CDOP) arrangement continues to exist to analyse the Pan-Lancashire data regarding 0-18 yr. old deaths. 3. To delegate authority to the Director of Children Services on behalf of the Council to: • work with senior representatives from the Integrated Care Board (ICB) and Lancashire Constabulary as the 3 Strategic Leading organisations to sign off the final terms of reference and memberships on behalf of the Council and note that these will also be approved at the first meeting of the Blackpool Child Safeguarding Assurance Partnership Governance bodies. • deal with any resourcing implications arising from the review.	EX29/2023	10/07/23	Councillor Jim Hobson, Cabinet Member for Children's Services

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Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	21 September 2023

FORWARD PLAN REPORT

1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan September 2023 – December 2024, relating to the portfolios of the relevant Cabinet Members.

2.0 Recommendation(s):

2.1 Members will have the opportunity to question the relevant Cabinet Members in relation to items contained within the Forward Plan within the portfolios of the Leader of the Council relating to Children's Services only and the Cabinet Member for Young People and Aspiration.

2.2 Members will have the opportunity to consider whether any of the items should be subjected to pre-decision scrutiny. In so doing, account should be taken of any requests or observations made by the relevant Cabinet Member.

3.0 Reasons for recommendation(s):

3.1 To enable the opportunity for pre-decision scrutiny of the Forward Plan items.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council priorities are:

- The economy: Maximising growth and opportunity across Blackpool

- Communities: Creating stronger communities and increasing resilience

5.0 Background Information

5.1 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.

5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.

5.3 Attached at Appendix 5(a) is a list of items contained in the current Forward Plan. Further details appertaining to each item is contained in the Forward Plan, which has been forwarded to all members separately.

5.4 Witnesses/representatives

5.4.1 The following Cabinet Members are responsible for the Forward Plan items in this report and have been invited to attend the meeting:

- Councillor Jim Hobson, Cabinet Member for Children's Service

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 5(a) - Summary of items contained within Forward Plan September 2023 – December 2023.

6.0 Financial considerations:

6.1 None.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Risk management considerations:

9.1 None.

10.0 Equalities considerations and the impact of this decision for our children and young people:

10.1 None.

11.0 Sustainability, climate change and environmental considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

SEPTEMBER 2023 TO DECEMBER 2023)

*** Denotes New Item**

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
September 2023	Update of the Children's Services Medium Term Financial Strategy	12/2002	Executive	Cllr Hobson
*November 2023	The Blackpool Children, Young People and Families Strategic Partnership Plan	16/2023	Executive	Cllr Hobson

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for decision **Ref Nº 12/2022**	Update of the Children's Services Medium Term Financial Strategy
Decision making individual or body	Executive
Relevant Cabinet Member	Councillor Jim Hobson, Cabinet Member for Children's Services
Date on which or period within which decision is to be made	September 2023
Who is to be engaged and how	Subject to consultation with a range of stakeholders...
How representations are to be made and by what date	Not Applicable
Documents to be submitted to the decision maker for consideration	Report Updated Strategy
Name and address of responsible officer	Steve Thompson, Director of Resources, Resources Directorate, Blackpool Council, Number 1 Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH e-mail:steve.thompson@blackpool.gov.uk Tel: (01253) 478505

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for decision ***16/2023**	The Blackpool Children, Young People and Families Strategic Partnership Plan
Decision making individual or body	Executive
Relevant Cabinet Member	Councillor Jim Hobson, Cabinet Member for Children's Services
Date on which or period within which decision is to be made	November 2023
Who is to be consulted and how	Blackpool partnership agencies leadership teams and frontline workforce practitioners, fron line workforce, Schools via the Designated Safeguarding Leads and Elected Members are co-producing the Children, Young People and Families Plan vision, logo and priorities. Children, young people, families and carers are involved in a Children Pictures Competition, so childrens pictures can be included throughout the Plan and co-produce a version of the Executive approved final Children, Young People & Families Partnership Plan document, so this can be provided to Blackpool's children and families. The Children, Young People and Families Partnership Board – Data Sub Group are developing a Shared Outcome Framework (partnership performance data) enabling analysis to be undertaken with regard to the future impact of the plan.
How representations are to be made and by what date	A Children, Young People and Families Partnership Plan co-production electronic survey has been shared across the partnership. The electronic survey is being undertaken via the IT system provided by the Council Infusion Service. The survey is ceased on Friday 28 July 2023. And will be analysed by the Childrens Services Head of Service – Safeguarding Children and strategic Partnership who is the author of the final plan.
Documents to be submitted to the decision	A report from Director of Children Services, along with the Children, Young People and Families Partnership

maker for consideration	Plan document.
Name and address of responsible officer	Vicky Gent, Director of Children Services –. e-mail: victoria.gent@blackpool.gov.uk Tel: (01253) 476821

Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Chris Coyle, Assistant Director Children's Services
Date of meeting:	21 September 2023

CHILDREN'S SOCIAL CARE UPDATE: IMPROVEMENT PLAN

1.0 Purpose of the report

1.1 To inform the Committee of the improvement plan of Children's Social Care in response to the OFSTED inspection of December 2022. The plan runs up until October 2024.

2.0 Recommendation(s)

2.1 To challenge performance of the service against the improvement plan.

3.0 Reason for recommendation(s)

3.1 To ensure robust scrutiny of Children's Service's improvement.

3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered

4.1 There is not an alternative improvement plan. However this plan will be subject to review and will be a dynamic document.

5.0 Council priority

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience

6.0 Background and key information

6.1 The OFTSED inspection was formally published in February 2023. It highlighted areas of significant improvements since the previous inspection in 2019. However there were

areas that required improvement specifically, the multi-agency response to children suffering domestic abuse or long-term neglect, and to those children with complex needs. Other areas of improvement included the work with partners to strengthen their contribution to early help and neglect, the Council's approach to ensuring there are sufficient placements to meet children's assessed needs and the timeliness of meeting children's dental and emotional needs.

6.2 This plan sets out how we aim to address those issues. It is however not confined to those issues solely but rather aims to express how we aim to improve Children's Services and the experience of children and families in Blackpool who come into contact with those services.

6.3 As identified in the plan we have two overarching strategic aims in Children's Services. For more of our children who come into contact with Children's Services to live with their families and for more of our children to engage positively in education.

6.4 The key to achieving this as set out in the plan is practice. The specific work we do with children and families. Practice neds to be at the heart of our improvement the individual interaction with a family and with a child needs to be the best it can be. We aim to "do the basics beautifully".

6.5 However it needs a wider approach to drive that practice and the focus will be upon an approach that prioritises helping early. That prioritises the importance of partnership working. That as stated focuses on the practice, the work we do with children and families. This approach has robust oversight and is focused upon achieving positive outcomes.

6.6 These elements then boil down to the factors that drive the plan. Early Help, Our Transformation work. Our approach to neglect and to Domestic Abuse. Our approach to permanence and stability of homes for Our Children and a focus upon education as the key driver to improving children's futures.

6.7 Does the information submitted include any exempt information? No

7.0 List of appendices

7.1 Appendix 6(a): Blackpool Children's Social Care Improvement Plan.

8.0 Financial considerations

8.1 No specific financial considerations.

9.0 Legal considerations

9.1 No specific legal considerations.

10.0 Risk management considerations

10.1 Risk management will be reviewed through existing governance and oversight structures.

11.0 Equalities considerations and the impact of this decision for our children and young people

11.1 As stated above the plan aims to improve the services provided to children and families in Blackpool, and thus to improve their experiences of such services.

12.0 Sustainability, climate change and environmental considerations

12.1 No specific sustainability climate change or environmental considerations.

13.0 Internal/external consultation undertaken

13.1 Internal consultation has been completed. External consultation is ongoing through the monitoring of the plan.

14.0 Background papers

14.1 None.

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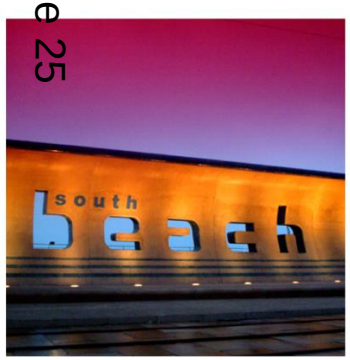
Blackpool Children's Social Care Improvement Plan

April 2023 to October 2024

Blackpool Council













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Introduction

Our journey of improvement over the next 18 months is set out in this document. This is a lengthy document however in reality has two key aims.

1. ***We will ensure more children who we support in Children's Social Care live within family settings. That should be their own immediate families. If that's not safely possible then we will ensure they live in either their wider family of with foster families. Children who live in families achieve better outcomes, have more successful lives.***
2. ***We will support more of our children in Blackpool to be in school and have a meaningful educational career. Blackpool is a town where deprivation is marked, the most successful way to move on from that and for children to build successful lives is for them to have the stability of a positive home life and to be engaging positively in education.***

To achieve these goals, we have developed a plan that is separated into two sections that will drive improvement for children and families in Blackpool.

The first part is focused on **practice**; this is key to improving outcomes for children. We want to continue to drive the practice improvements we have already achieved in Blackpool by our family workers, social workers and PA's. Our Obsessions remain and through our audit framework we will continue to understand our progress and to drive those obsessions.

The second part is the **strategic and operational structures** in which that practice occurs. We need to make improvements in these areas. Whilst our OFSTED inspection had many positive elements there remain key areas that we need to develop these being:

- The multi-agency response to children suffering domestic abuse or long-term neglect, and to those children with complex needs.
- Work with partners to strengthen their contribution to early help and neglect.
- Sufficient placements to meet children's assessed needs.
- The timeliness of meeting children's dental and emotional needs

We have also put in place an outcomes framework that will evidence the improvements to children and families we have achieved through the course of this plan. This outcomes framework will be reviewed to ensure that we are capturing the difference our plan is making to families.

It should be noted that this is the top level plan. In areas such as our response to Born into Care there is a detailed action plan outlining all the specific elements of that work. In our work in regards to Neglect, Domestic Abuse, more details plans are being developed and will be monitored through our CSAP arrangements. In addition this plan is not a static document. It will be developed and altered as we change and as we progress through the journey of service improvement for children and families in Blackpool.

Monitoring the plan

The plan is multi-faceted and the detail will be monitored through the existing governance and oversight structures we have put in place. Our improvements will be captured though both qualitative and also quantitative data. For example, through our Transformation Board, our CSAP Direct Delivery groups and through the AD's Quality Assurance meetings. In addition there will be a quarterly improvement meeting chaired by the DCS and involving all key stakeholders.

1. Improving practice

We know the key practice activity that impacts upon children and families and supports them to keep safe and to improve their outcomes. Our practice obsession are the elements of our work that we want to continuously improve to ensure we achieve good and outstanding outcomes for children.

We have created a Head of Service for Transformation who is also the Principal Social Worker and who will with our leadership team ensure improvement in practice is at the heart of the changes we will make.

Our performance in these practice obsessions will be captured through the audit cycle and we have a training and development programme that will drive improvements. Our aim in Blackpool as always is to continuously improve. Below outlines the obsessions, where we are now according to our audit work, the training and development we have put in place to drive those obsessions, and where we aspire to be in October 2024.

How audit drives our practice obsessions

Ref.	Our practice obsessions	Baseline April 2023	% identified as good in Audit in Oct 2023		% identified as good in Audit in March 2024		% identified as good in Audit in Oct 2024	
		Outcome	Target	Outcome	Target	Outcome	Target	Outcome
4	Timely Analytical and Comprehensive Assessments	48%	60%		70%		70%	
6	Timely and Effective Plans	39%	50%		65%		70%	
5	Effective Co-ordination between agencies	55%	60%		75%		80%	
8	Regular and Timely Reviews	39%	50%		65%		70%	
2	Child Centred Work	39%	50%		65%		70%	
10	Improving outcomes for children	34%	50%		60%		70%	
3	Effective Management oversight	30%	50%		65%		80%	
	Overall Grade	**29%**	**50%**		**60%**		**70%**	

Development work to support our practice obsessions

Our obsessions	January – June 2023
Timely Analytical and Comprehensive Assessments	Understanding Equality, Diversity, Oppression, Discrimination & Anti-Racism (13/6/23-**1** & 22/3/23-**4**) Good Quality Assessments & Analyses *for managers* (9/3/23-**2**) Genograms, Ecomaps & Impact Chronologies *for managers* (7/3/23-**2**) Domestic Abuse *for managers* (28/6/23-**4**) Intra-familial Sexual Abuse *for managers* (26/6/23-**4**) Neglect *for managers* (21/6/23-**5**) Fostering, Planning for Permanence & Connected Care whole service Development Day (Analysis 17/5/23) SSF whole service Development Day (Neglect 12/5/23) Assessment Learning Circle (05/01/23 **3**, 02/02/23 **8**, 29/03/23 **8**, 02/05/23 **5**) Child Impact Chronology and Genogram Learning Circle (05/01/23 **14**, 02/02/23 **11**, 29/03/23 **9**, 02/05/23 **5**)
Timely and Effective Plans	Outcome Focussed Plans & Reviews *for managers* (7/3/23-**2**)
Effective Co-ordination between agencies	Management of Allegations, LADO (7/6/23-**5**) Blackpool Children's Education Conference (Paul leading with partners 27/4/23) Blackpool Partnership Development Day (Vicky leading with partners 15/3/23)
Regular and Timely Reviews	Outcome Focussed Plans & Reviews *for managers* (7/3/23-**2**)
Child Centred Work	Direct work with Children Learning Circle (13/02/23 **2**, 24/03/23 **9**, 17/04/23 **12**, 19/05/23 **6**) Our Children Record Launch - **197**

Improving outcomes for children	Foundational Audit Skills (12/6/23-**5**) Graded Care Profile 2 (16/01/23 **9**, 21/02/23 **7**, 23/03/23 **4**, 27/04/23 **10**, 22/05/23 **4**, 30/06/23 **5**) Safeguarding Blackpool's Children from Neglect (07/02/23 **7**, 07/03/23 **5**, 20/04/23 **8**, 28/06/23 **11**)
Effective Management oversight	Safe Uncertainty and Defensible Decision Making (5/7/23-**2** & 7/3/23-**11**, 23/1/23-**10**) Managing Staff Performance (20/6/23-**5**) Step Up to Management (24, 25, 26/4/23-**8**) Reflective Supervision (1/3/23, 20/3/23, 19/4/23-**7**) Frontline Pathways programme (PW1-**3**, PW2-**10**, PW3-**4**) Understanding Equality, Diversity, Oppression, Discrimination & Anti-Racism (HoS 22/5/23) Adolescent Service Leadership Development Sessions (Supervision 29/3/23 & 11/5/23) SSF Team Manager away day (28/3/23) Data Development Day (13/3/23)

2. Strategic and operational improvements.

As previously described, practice with children and families is the foundation to improving outcomes. However, that practice needs to occur in a strategic and operational context, in an environment and a culture that is focused upon achieving positive outcomes for children and families. This is set within our two key priorities of ensuring more children who are known to Children's Services in Blackpool are supported to live safely and well in a family setting and that more children in Blackpool engage positively in education.

To help us achieve this we have developed a plan with cross-cutting themes. Working at the earliest level of intervention is fundamental to our approach; early help isn't about a service, rather it underpins our work across the continuum of need. It means, wherever possible and where it is safe and appropriate to do so we work at the earliest level of intervention. We want to support our partnership to enhance and build upon the early help support they provide to children. It also means that whether it be our targeted early help offer or our statutory services, we support and offer help to children and families as early as possible to improve their outcomes.

Improving the lives and experiences of children and families in Blackpool requires a strong commitment to work in partnership, both strategically and operationally; we cannot achieve our aim without working in collaboratively with all of our partners in health, the police, schools and other agencies who come into contact with vulnerable children. Perhaps most importantly it must be in partnership with children, their parents and wider family networks.

The focus is also on how we work with families; and undertaking activity and evidence-based interventions that actually make a difference; working with them not at them as we have described in our Blackpool Families Rock ethos and values. These interventions and this practice must involve partners and focus upon all elements of a child's experience. Including working with parents to support them in their ability to meet their child's needs and keep them safe.

This will be driven by oversight; from the strategic governance that holds us to account, to the direct delivery groups supporting our partnership work, to front line managers supporting staff to support children and their families. This oversight will drive the achievement of better outcomes Blackpool.

The plan below sets out the activity we are undertaking to improve the strategic and operational context, focusing on early help is the best help, working in partnership with children, families and wider partners is key, and the work we do should be focused upon improving outcomes and driven by robust oversight.

Ref.	What are we going to do?	Lead	Key milestones, actions and activities	Completion date	Current position – Is the activity on track? If not, what are the mitigations and when is completion expected?	Status
1. Strategic Partnerships						
1.1	Develop a new Children, Young People and Families Strategic Plan	Kara Haskayne – Head of Safeguarding Children & Strategic Partnership Boards	Hold Partnership event to discuss setting a new strategic vision and priorities for children, young people and families in Blackpool	16 Mar 2023	Complete – event held on 16th March attended by over 80 representatives from partner agencies across Blackpool.	
			Establish task and finish group to meet monthly to develop the priorities and objectives	30 Apr 2023	Complete	
			Share initial consultation feedback and draft strategy with strategic leaders at the CYP and Families Partnership meeting	14 Jul 2023	Complete	
			Consult with the wider partnership on the priorities and objectives and develop draft strategy	31 August 2023		
			Approve final strategy through strategic and democratic process, sharing with CYP and Families Partnership, CYP Scrutiny Committee and Council's Executive	30 Nov 2023		
			Develop outcomes framework	31 Dec 2023		
1.2	Establish Strategic Partnerships Business Unit	Kara Haskayne – Head of	Develop business case and seek approval from corporate leadership team	6 Jun 2023	Complete	

		Safeguarding Children & Strategic Partnership Boards	Work with HR to create new structure and job descriptions	30 Jun 2023	7 additional posts created to be recruited to	
			Advertise posts and recruit to new positions	30 Sept 2023	Currently delayed due to TUPE process.	
1.3	Review the function, membership and governance structure supporting the Children and Families Partnership	Kara Haskayne – Head of Safeguarding Children & Strategic Partnership Boards	Agree revised terms of reference, membership and structure with strategic leaders for a new Children, Young People and Families Strategic Partnership	14 Jul 2023	Complete	
			Implement new meeting and reporting structure for boards reporting to the partnership	31 Oct 2023		
1.4	Implement new Blackpool Children's Safeguarding and Assurance Partnership arrangements	Kara Haskayne – Head of Safeguarding Children & Strategic Partnership Boards	Hold a workshop to establish safeguarding priorities for Blackpool and agree partnership arrangements and workstreams	19 Jun 2023	Complete – the CSAP have agreed to four workstreams or delivery groups.	
			Set up and hold first delivery group meetings for neglect, DA, contextual safeguarding, Request for Support Hub	31 Jul 2023	EH Delivery Group 25 July 2023 RfSH Delivery Group 27 July 2023 Neglect Delivery Group 24 July 2023 DA Delivery Group tbc	
			Agree Scrutineer and assurance process and recruit independent Scrutineer	31 Oct 2023		
			Agree terms of reference for delivery groups	30 Sept 2023		

1.5	Strengthen the Corporate Parenting role and responsibility so that it can effectively hold all partners to account.	Chris Coyle – AD for Operations Children's Social Care	Refresh the terms of reference and expand membership to ensure all partners with corporate parenting responsibility are represented.	19 Sept 2023		
			Develop Corporate Parenting dashboard of key performance indicators relating to each of the five promises.	31 Dec 2023		
			Further embed and reinforce the whole council approach to considering the impact of all policies and procedures on children and young people	Oct 2024	22/08/2023 Update template for Corporate Decision making now includes a section on the impact for Our Children	
2. Early help and supporting families						
2.1	Develop Family Hubs in line with government guidance as part of the national Family Hub programme	Joanne Stewart – Head of Early Help and Support Service	Implement the Start for Life offer	31 Mar 2025		
			Establish processes for management information and finance returns	30 Apr 2023	First return submitted in April	
			Identify location for Blackpool South Hub	1 Jun 2023	Complete – Palatine Leisure Centre remodelled to include Family Hub space	
			Formally launch the Family Hubs	13 – 14 Jul 2023	Complete, all three Hubs formally launched.	
			Establish a governance structure including a project board	25 Jul 2023	Complete, the Early Help Strategic Delivery Group will provide the governance oversight for the Family Hubs development.	

			Establish robust processes for gathering family feedback	31 Mar 2024		
			Comply with key deliverables of Family Hubs set out in national sign-up conditions to meet minimum expectations	31 Mar 2025		
2.2	Deliver Supporting Families	Joanne Stewart – Head of Early Help and Support Service	Establish multi-agency Data Board with robust data sharing agreements linking to CYP and Families governance structure	31 Oct 2023	July 2023: Meetings have taken place in March and July 2023 to discuss the scope and remit of the Data Board, which has been broadened from Supporting Families to include consideration of developing a partnership-wide dataset. The next step is to develop draft terms of reference to set out the scope, purpose and suggested membership of the Board, alongside a proposal for establishing a partnership Data Board with responsibility for developing a local area dataset. This will be presented to the CYP&F Partnership in October.	
			Consider wider opportunities to support payment by results claims to ensure we capitalise on funding available through the SF programme – target 506 families by March 2024	31 Dec 2023		

2.3	Establish Early Help Strategic Delivery Group as part of the new local CSAP arrangements (see 1.4)	Joanne Stewart – Head of Early Help and Support Service	First meeting to take place 25 July to agree terms of reference, membership	25 Jul 2023	Update 25/07/2024 Complete. The initial meeting has been held, further meetings have been arranged 6 weekly.	
2.4	Review and relaunch the Early Help Strategy	Joanne Stewart – Head of Early Help and Support Service	Undertake early help system guide self-evaluation with the partnership	26 Sept 2023		
			Agree a process for reviewing the EH Strategy	Oct 2023		
			Set up a task and finish group to co-produce the draft strategy	30 Nov 2023		
			Consult with wider partnership	31 Dec 2023		
			Approve and re-launch the strategy	28 Feb 2024		
3. Transformation						
3.1	Establish Transformation Board to oversee the implementation of new practice model	Laura Chadwick – Head of Transformation and PSW	Agree scope and set up of the new Transformation Board	25 Jul 2023	Initial scoping meeting to take place on 25 July	
			Hold first meeting to agree membership and terms of reference	31 Aug 2023		
3.2	Design, develop and implement children's social care practice model based on Blackpool Families Rock ethos and values	Laura Chadwick – Head of Transformation and PSW	Set up operational transformation group and agree terms of reference	31 Aug 2023		
			Develop project implementation plan and agree who, how and outcomes	31 Oct 2023		
			Design and agree team structures	31 Dec 2023		

			All staff to be trained in Motivational interviewing	28 Feb 2024		
			Recruit to posts	28 Feb 2024		
			Launch BFR multi-agency operational model	31 Mar 2024		
4. Neglect						
4.1	Establish Neglect Strategic Delivery Group as part of the new local CSAP arrangements (see 1.4)	Kara Haskayne – Head of Safeguarding Children & Strategic Partnership Boards	Develop partnership Neglect wide action plan	31 Oct 2023		
			Neglect Delivery group to explore the use of Graded Care Profile by partners	30 Nov 2023	Meeting held with BwD to review Graded care profile, further discussions required.	
			Workforce development group to carry out partnership wide training needs analysis	31 Dec 2023		
			Commission a multi-agency audit of neglect	30 Apr 2024		
4.2	Review and refresh the Blackpool Neglect Strategy	Laura Chadwick – Head of Transformation and PSW	Work through the Neglect Delivery Group to review and refresh the Blackpool Neglect Strategy *(additional steps to be added)*	30 Apr 2024		
4.3	Implement use of Graded Care Profile toolkit to	Toni Harrison – Head of Service	Undertake self-assessment of the use of graded care profile	31 May 2023	Review was undertaken, not all children's social care staff are trained.	

	ensure a consistent assessment of neglect.	Strengthening and Supporting Families			Roll out of the use of GCP2 to be undertaken.	
			Undertake audit of the use of Graded Care Profile	31 Oct 2023		
			PDL team deliver neglect training	To commence Sept 2023		
			Develop dataset to capture use of GCP.	30 Nov 2023		
4.4	Formalise an approach to working with specific families where neglect is a feature where removal is not the best outcome.	Chris Coyle – AD Operations, Children's Social Care	Set up a working group to agree the approach to specific children and families where neglect is long term.	31 May 2023	Complete	
			Set up an "In Reach" Team that will work with families experiencing neglect	31 May 2023	Complete	
			Develop the approach and pathways into that support	31 Oct 2023	The "In Reach" Team has been developed. Agreed pathway into this team and the role it plays in staged approach to neglect to be developed.	
4.5	Review the support in place and monitoring of children that are Privately Fostered.	Toni Harrison – Head of Service Strengthening and Supporting Families	Design practice guidance and implement training for all staff around Private Fostering processes and practice	28 Feb 2023	Action complete: Practice guidance and training workshops were delivered.	
			Develop a tracking system and reporting structure for PF children	28 Feb 2023	Tracking system implemented but information not being shared which prevents tracking and monitoring	
			Work with the systems team to develop a MOSAIC pathway for PF	31 July 2023	Update 16/08/2023	

					Awaiting systems team to develop dataset and tracking system	
			Commission an independent annual audit of private fostering (first audit to be done by 31 Oct 2023)	30 Oct 2023		
			Share audit findings with leaders and incorporate learning into the workforce development plan	30 Nov 2023		
4.6	Redesign the Children with Complex Needs team to distinguish between safeguarding children and supporting vulnerable families and improve managerial oversight	Toni Harrison – Head of Service Strengthening and Supporting Families	Review the remit and focus of the CWCNT to identify how the team could function more effectively	30 May 2023	A service review has been completed identifying resource and capacity issues, a need for greater clarity regarding the criteria for accessing support, which family members should be held by the team and a clearer distinction between safeguarding and support functions.	
			Produce new team model and consult with team	31 Aug 2023	A new team model has been developed which splits the functions of the team between two team managers, with clear functions and responsibilities agreed for each team and a revised criteria for accessing support. Recruitment has not yet commenced.	
			Implement restructure the CWCNT to split the functions of the team	1 Sept 2023	Proposed structure has been shared with the team and	

					confirmation to proceed with restructure is being sought.	
			Develop a bespoke commissioning approach to support families through the CWCN Resource Panel.	1 Oct 2023		
			Review the effectiveness of new team structure	31 Mar 2024		
5. Domestic abuse						
5.1	Participate in pan-Lancashire scrutiny review of DA to assess the effectiveness of processes and support for families	Amanda Lynch – Head of Service Hub AST and Awaken	External review of the effectiveness of processes and practice to support families experiencing DA undertaken	Commissioned March 2023	31 July 2023 – Final Report has not yet been received.	
			Attend feedback session to receive the review findings	29 Jun 2023	31/07/2023 Final report has yet to be received.	
			Report received and shared with DA Board and DA Delivery Group	25 Jul 2023		
			Children's Domestic Abuse Delivery Group to develop an action plan based on the findings and recommendations of the review	31 Oct 2023		
5.2	Children's DA Delivery Group to review the Blackpool Domestic Abuse Strategy to determine whether the commissioned	Laura Chadwick – Head of Transformation and PSW	Create guidance on the types of interventions to be written into children's plans	30 Sept 2023		
			Review the services commissioned for perpetrators, survivors and children and develop guidance on the interventions	31 July 2023		

	services meet the needs identified.	Amanda Lynch – Head of Service, Hub, AST, Awaken	CSAP Workforce Development Group to develop and deliver training on Domestic Abuse resources available	31 Jan 2024		
5.3	Review the role and functioning of MARAC and develop a robust dataset for MARAC to be monitored by DA Strategic Delivery Group and reported to the Data Board	DA Strategic Delivery Group	Review the role of children's social care within MARAC to ensure that Children's Social Care contribute to MARAC effectively whilst focusing upon safeguarding responsibilities towards children	7 Jan 2023	Completed The role of CSC in MARAC has been reviewed and CSC continue to engage with MARAC, however the focus is upon ensuring children are effectively safeguarded	
			Identify a set of partnership performance and impact measures that will demonstrate impact of MARAC	30 Nov 2023		
			Audit the MARAC process to ensure the effectiveness of the service.	28 Feb 2024		
5.4	Develop and implement a model of working with families where DA is an issue	Amanda Lynch – Head of Service, Hub, AST, Awaken Laura Chadwick – Head of Transformation and PSW	Identify a standardised model of practice for supporting children where DA is an issue	31 Oct 2023		
			Implement training around that model of practice and ensure staff have a tools and interventions to effectively support children and families where domestic abuse is an issue. (Linked to the transformation of Children's Social Care work)	31 Dec 2023		
6. Permanence and stability						

6.1	Ensure there is a consistent understanding of thresholds of support based on the Working Well with Families threshold document.	Laura Chadwick – Head of Transformation and PSW	Roll out training to the workforce on Working Well with Families threshold document	31 Aug 2023		
			Develop and deliver a partnership training package to increase understanding of the Working Well With Families document	30 Nov 2023		
6.2	Ensure children who require legal intervention to support them and meet their needs experience no drift or delay.	Leanne Harrison – Service Manager Supporting Our Children	Review of PLO processes in Blackpool to be conducted by LCC	21 Jun 2023	13/07/2023 This has been completed.	
			Review and implement the findings of the LCC PLO review.	30 Sept 2023		
			Develop a data set that tracks the length of time of care proceedings	31 Oct 2023		
6.3	Improve the experience of children and families where babies are "Born into Care"	Victoria Gent – DCS	Three key strands improving the experience from: 1. Between conception/ identification and the birth 2. Between the birth and the separation 3. After the separation	Mar 2024		
6.4	Improve the experience and support of children and families that are supported through a Supervision Orders	Kara Haskayne – Head of Safeguarding Children & Strategic Partnership Boards	Develop and disseminate a pathway to ensure IRO oversight of Supervision Orders.	31 May 2023		
			Undertake an Audit of children supported by a Supervision Order to review the effectiveness of IRO oversight in driving the plan.	31 Mar 2024		

	Improve the experience and outcomes we achieve for UASC	Sara McCartan – Head of Adolescent Service	Develop a pathway of support for UASC	31 May 2023	Update 23/08/2023 Completed to be approved by CS SLT on 18/09/2023	
			Draft policy developed to be finalised by 30 September 2023	30 Sept 2023		
6.5	Increase the proportion of our children placed in foster care or returned safely to their immediate or wider family	Rachel Barnes – Head of Supporting Our Children	Move the Family Intervention Team from SSF to SOC in order to support greater placement stability	31 Jan 2023	Complete – Families Together Intervention Team have moved to SOC	
			Develop a fostering sufficiency plan that supports our aims of ensuring that children are cared for in their immediate or wider families and if that's not achievable, that they are cared for in a family setting.	31 Dec 2023		
			Implement a residential panel that focuses on supporting children in residential settings back into a family environment where appropriate and ensures we are achieving positive outcomes for children in these homes.	31 Jul 2023	Update 22/08/2023 Complete. Panel is set up and running every week.	
			Create MOSIAC meeting template and develop process to meet with partners to drive progress in between statutory meetings	31 Oct 2023		
			Develop a structured pathway model of placement support that will support children and young people back into a family environment	30 Sept 2023		

			Implement a structured approach to the oversight of unregistered provision whereby young people placed are reviewed weekly with service managers.	31 Jul 2023	Weekly meetings in place to review. Capturing of information however is not yet as consistent and as robust as required. To be reviewed on 13 Sept 2023	
			Develop a Fostering Association to provide a support network for our foster carers.	31 Jul 2023	Update 22/08/2023 Fostering Association is now up and running.	
			Submit expression of interest to Dept. for Education to work with Blackburn with Darwen and Cumbria to develop a joint approach to Foster Care Recruitment and Support.	30 Jun 2023	Update 22/08/2023 Stage 1 application complete and approved. Stage 2 of application due by 18/09/2023	
			Refresh the Permanence Policy including clarifying the process of ratification of permanence.	31 Dec 2023		
			Develop MOSIAC system so ratification of children being matched for permanence to a foster carer is captured.	31 Jan 2024		
			Connect children who have been looked after with their families and wider networks through the Lifelong links programme.	30 Nov 2023	20/08/2023 update Life Long links work has commenced however further cohort of children need to be identified.	
6.6	Improve health outcomes for Our Children	Rachel Barnes – Head of	Create an Our Children Health group as a subgroup of the Corporate Parent Panel to focus on improving health outcomes	30 June 2023	Completed – Our Children Health group as a subgroup of the	

		Supporting Our Children	for Our Children, ensuring that we are effectively undertaking our shared statutory responsibilities in relation to health assessments, and exploring issues around take up and recording		Corporate Parent Panel has been set up	
			Undertake an audit of Initial and Repeat Health Assessments	30 Sept 2023	5 Aug 2023 Audit has been completed. Findings to be shared at the autumn Corporate Parenting Board and actions implemented by the OC Health sub group	
			The Our Children Health sub group review and develop a plan to implement the findings of the Our Children Health Assessment Audit	31 Oct 2023		
			Work with health partners to ensure that Our Children have access to dental care	30 Nov 2023		
6.7	Support Our Children to ensure that they experience a positive transition into adulthood	Rachel Barnes – Head of Supporting Our Children Sara McCartan – Head of Adolescent Service	Increase the proportion of children (from a baseline Dec 2022) who remain in Staying Put arrangements through ensuring that these are discussed and planned through both the My reviews and planning and support to our foster carers.	31 Oct 2024		
			Set up Task and Finish group to evaluate the impact of Positive Transitions and explore alternative housing pathways to independence	30 June 2023		

			Increase LC grant from £2,000 to £3,000 for young people leaving care after 1 April 2023	30 June 2023	Implemented 14th June 2023	
			Set up co-production group to review care leaver offer and develop new Leaving Care offer	31 Jan 2024		
4. Education and employment for vulnerable children and those leaving care						
7.1	Review and strengthen the accountability and governance of the Virtual School	Chris Coyle – AD for Operations Children's Social Care Helen Piggott – Virtual School Head	AD for Operations Children's Social Care to join the Virtual School Governing Board	31 July 2023		
			Annual report to be presented to the next Corporate Parent Panel on 19 September setting out progress of Our Children for the previous academic year	19 Sept 2023		
			Develop cycle of reporting information and data on children and young people's progress in education	19 Sept 2023		
7.2	Improve the attendance of vulnerable children at school	Joanne Stewart – Head of Service Early Help Amanda Lynch Head of Service HUB AST and Awaken	Ensure early years providers and education settings are invited to all Early Help meetings, Assessment, Child in Need Core Group and review meetings.	30 Sept 2023		
			Implement pro-active 6 weekly planning meetings between SW and Virtual School to tie in with regular planning meeting cycle. Schools will be invited to attend half termly or termly.	30 Sept 2023		

		Rachel Barnes – Head of Supporting Our Children Toni Harrison – Head of Service for SSF Helen Piggott – Virtual School Head	Review tracking processes, increase the frequency of progress reports and improve data sharing between Virtual School, SOC and SSF to improve oversight of school attendance and exclusions for specific children known to Children's Social Care.	31 Dec 2023		
7.3	Ensure 100% completion rate for PEP's by SW Teams (currently 63%).	Rachel Barnes – Head of Supporting Our Children Helen Piggott – Virtual School Head	Develop and implement training for FSW/SW/PA's in completing PEP's, supporting the attendance of vulnerable children and their positive transition through educational key stages and education settings. PEP completion will be monitored monthly alongside other KPI's and will be fed into the AD QA meeting.	Termly monitoring		
7.4	Increase the number of our Care Leavers that are in employment, education or training from the baseline of Jan 2023 by Oct 2024	Sara McCartan – Head of Adolescent Service	Deliver the Connected Futures project	2024		
			Achieve this through the above activity and focusing support on school stability, attendance and attainment on the educational needs for our children specifically in Key Stage 4. Delivery of the Employment and Skills Strategy and Corporate Parenting Strategy.	2025		

How we will measure success

Outcome	Indicators	Baseline April 2023	Target October 2023	Target March 2024	Target October 2024
Outcome 1: Children, young people and families stay together and get the help they need	Early Help Assessment rate per 10,000	TBC			
	Rate of children with an active Early Help plan per 10,000	TBC			
	Number of new Early Help episodes within 12 months of a previous episode ceasing	TBC			
	% of referrals which are repeat referrals	TBC			
	Rate of assessments completed	TBC			
	Length of time children and families supported in line with statistical neighbours.	TBC			
	School attendance of children in need	TBC			
	Rate of new entrants to care in line with statistical neighbours	TBC			
	Rate of children in care in line with statistical neighbours	TBC			

Outcome	Indicators	Baseline April 2023	Target October 2023	Target March 2024	Target October 2024
Outcome 2: Children and young people are supported by their family network	% of section 31 proceedings that end with the child living with parents, and the age of the children in the proceedings	TBC			
	% of children in care living with their family networks	TBC			
Outcome 3: Children and young people are safe in and outside their homes	Rate and number of section 47 investigations	TBC			
	Rate of section 47 investigations which result in an initial child protection conference	TBC			
	Rate of new child protection plans	TBC			
	% of children whose plans were de-escalated and did not present again with unmet needs in 2 years	TBC			
Outcome 4: Children in care and care leavers have stable, loving homes	% of children in care living in foster care	TBC			
	% of children in care living in residential care	TBC			
	Distance of placements from home	TBC			

Outcome	Indicators	Baseline April 2023	Target October 2023	Target March 2024	Target October 2024
	Stability of placements of children in care	TBC			
	Strengths and difficulties questionnaire scores for children in care	TBC			
	Progress and attainment in Key Stage results for children in care	Baseline October 2023	Target October 2024	Actual October 2024	
	Improve the rate of attendance for children supported at Early Help/CIN/CP level				
	Improve the rate of attendance for Our Children				
	% of care leavers in education, employment or training				
	% of care leavers in higher education				
	% of care leavers in apprenticeships				
	% of care leavers in unsuitable accommodation				

Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Joanne Stewart , Head of Early Help and Support
Date of Meeting:	21 September 2023

EARLY HELP STRATEGY AND PARTNERSHIP WORKING

1.0 Purpose of the report:

1.1 To report on the Early Help Strategy and the Family Hub and Start for Life Programme.

2.0 Recommendation(s):

2.1 For scrutiny committee to consider the Early Help Strategy and approach in supporting the partnership and the development of Family Hubs and Start for Life programme.

3.0 Reasons for recommendation(s):

3.1 The Early Help strategy is key to improving outcomes for children and families in Blackpool and, reducing the demand on higher level services, for the Council and its partner agencies. There is much research around the better outcomes for children and families if we support earlier and the cost benefits of working in this way.

3.2 The development of Family Hubs and the Start for Life offer will be central to Early Help strategy going forward.

3.4 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.5 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is

Communities: Creating stronger communities and increasing resilience.

6.0 Background information -

6.1 The Early Help Strategy was launched in November 2021 and draws on the Early Help System Guide developed through the Governments Supporting Families programme (formerly called Troubled Families) which sits in the Levelling Up department. (Appendix 7b)

6.2 The strategy focuses on how we (the Council and the Partnership) support children, young people and their families who need a more co-ordinated response to support them as problems arise and before they need higher levels of support.

6.3 This Early Help Strategy sets out that early help is everyone's responsibility and the way in which we should work with families who need help.

6.4 Strong partnership working is key to the success of the strategy and there has been good support from across the partnership for this development.

6.4.1 The strategy is owned by the Children, Young People and Families Strategic Partnership. This multiagency group supported the development of the strategy and have received regular updates on its progress

6.4.2 Initially a multiagency steering group focused on leading early help work, chaired by the DCS brought together a group of senior leaders to support the implementation of the strategy. This is now being replaced by a multiagency Early Help Strategic Operational group.

6.4.3 Three new job roles, Early Help Link Workers, have been implemented in the Councils formal family support service. These roles are designed to support any would be lead professional in any organisation to undertake an early help assessment and develop a plan with a family. The main area of focus to date has been with school colleagues, where initially workers made contact with schools to offer support. There has been a lot of positive feedback about the support that these workers have offered and now schools partners are actively seeking support from the team. A Better Start currently fund an additional three posts to support those partners who work with children in their early years.

6.4.4 An Early Help Workshop has been developed that aims to build a better understanding of the strategy and how as a lead professional you undertake an early help assessment and plan with a family along with how to bring a range of professionals together as a team around a family to support them. To date 400 people have attended a workshop to date, which will continue to be rolled out regularly.

6.4.5 Implementing this strategy fully and seeing its impact will take time, it isn't a quick fix. Working in this way requires partners to build ownership and see this as part of their work not an additional task as it is perhaps feels now. This version of the strategy has been about building a firm base to build on. The next iteration will be detailed in the coming months to celebrate progress and look to take us further in the ambition to ensure that more children

and families are supported early and have an offer of early help before a referral for high levels of support.

6.4.6 There has been an increase in families supported by the Council's Family Support Team but as yet we cannot see all the work held by partners. Work is underway to develop a way of collecting early help work centrally to allow us to draw a range of data together (number of children supported, by whom and their outcomes) to be able to celebrate the progress as well as offer challenge where partners aren't using an early help approach.

6.5 Family Hubs and Start for Life Offer

6.5.1 In 2020 Dame Andrea Leadsom MP chaired 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 was published in March 2021 (Appendix 7c).

6.5.2 75 upper tier local authorities in England were pre-selected to take part in the programme were announced in April 2022, Blackpool was invited as one of the 75 to take part in the programme. The Early Help and Support Service worked closely with a wide range of partners, particularly with A Better Start, to co-ordinate an expression of interest, which was successful. This development is key to the ongoing development of our Early Help Strategy and approach.

6.5.3 The programme is jointly overseen by the Department of Health and Social Care (DHSC) and the Department for Education (DfE). There is a set of detail guidance that sets out the requirements of Family Hubs and the what the Start for Life Offer should look like (See Appendices 7d, 7e and 7f).

6.5.4 Family hubs are for families with babies, children and young people from birth until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities). The programme emphasises the importance of the first 1,001 days, or the 'start for life period' (from conception to age two) for laying important foundations for children's emotional and physical development and ensuring parents and carers can give their children the best possible start in life.

6.5.5 Family hubs bring together multiple organisations in a 'one stop shop' with the aim of making it easier for families to access help and support. Partners should work together in a joined-up way to deliver the right help at the right time.

6.5.6 The funding made available through the programme is aimed at developing existing buildings or places, developing branding, digital working and staffing to support the work. The vast majority is however focused on the development of key elements of the Start for Life offer:

- *Parenting Support* – developing evidence based parenting groups, one to one support for those who need it, access to good information, advice and guidance in the hub or

on line.

- *Home learning environment /Speech and Language* - supporting parents to understand and provide learning opportunities at home and out in communities to support early development particularly focused on the development of speech and language.
- *Infant Feeding* – focus on increasing breastfeeding but supporting families who choose bottle feeding to do so safely
- *Parent infant relationships and mental health* – support for emotional health a well-being before and after the birth of baby for mothers and fathers and working to build positive early relationships.
- *Parent and Carer panels* – family voice and co-production is at the heart of the programme. These panels with bring together groups of parents who will shape and influence how services are developed and delivered through hubs , and their feedback will be used to drive improvement
- *Publishing the offer*- making sure that families know about family hubs and crucially the start for life offer, in hard copy materials and digitally

6.5.7 The wider range of services family hubs should have available are funded through existing funding streams such as council budgets, public health grants, ICB funding streams with family hubs tasked with working with partners to deliver these n family hubs or to have strong links and knowledge about services to be able to support families to access the support **:**

- Activities for children aged 0-5Birth registration
- Debt and welfare advice
- Domestic Abuse Support
- Early Years Education Funding
- Health Visiting
- Housing
- Intensive targeted family support
- 0-19 public health services
- Mental Health services
- Midwifery and maternity services
- Nutrition and weight management Oral health improvement
- Reducing Parental Conflict
- SEND support and services
- Stop Smoking support
- Substance misuse (support alcohol/drug)
- Support for separating and separated parents
- Youth Justice services
- Youth services—universal and targeted

6.5.8 Blackpool will received £2.8 million over the three years of the Family Hub and Start for Life programme April 2022 to March 2025 for the development of Family Hubs and the Start for life offer.

6.5.9 There are three Family Hubs in Blackpool, all of which were launched on the 13th and 14th of

July 2023, one for each locality and open to all children and families in Blackpool:

- North Family Hub (formerly Grange Park Childrens Centre)
- Central Family Hub (formerly Talbot and Brunswick Children's Centre (TAB))
- South Family Hub – (at Palatine Leisure Centre – this was planned to be at Revoe school, however the accommodation at that site would allow us to deliver full offer, hence the move)

6.5.10 There are also have a number of additional sites that we are working with formally (in that we rent space at the building) or informally (either at no cost or where we pay as and when we use the building) including our former children centre sites. Families can access any Family Hub it doesn't need to be the one near where they live.

6.5.11 There is a strong partnership working to develop the family hub offer, which will build on the work of Childrens Centre, A Better Start and Public Health have done and continue to do. There is a strong commitment across partners to develop hubs to be the places where families access help and support in their community.

6.5.12 Parent Carer panels have been recruited to and working with the Co-Production and Lived Experience team in the next quarter we will develop these to be in a position to drive service delivery further and help to shape how services are delivered in the future.

6.5.13 The start for Life Offer is for the most part in place, seeing the new funding used to enhance or extend existing commissions lead by Public Health or A Better Start or the introduction of new services where gaps were identified. Almost all of the wider service offer is in place and taking place in the Family Hubs, this again has been support through strong partnerships working and partners willing to consider the Family Hub guidance and how they might shape their delivery to fit with the guidance or ways they can develop their service further.

6.6 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Early Help Strategy
Appendix 7(b): Early Help System Guide
Appendix 7(c): The Best Start for Life: A Vision
Appendix 7(d): Family Hubs and Start for Life
Appendix 7(e): Family Hub Model Framework
Appendix 7(f): Family Hub and Service Expectations

7.0 Financial considerations:

7.1 None

8.0 Legal considerations:

8.1 None

9.0 Risk management considerations:

9.1 None

10.0 Equalities considerations and the impact of this decision for our children and young people:

10.1 The Early Help Strategy and approach is available to all children, young people and their families in Blackpool regardless of any protected characteristics.

11.0 Sustainability, climate change and environmental considerations:

11.1 None.

12.0 Internal/external consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

The Early Help Strategy for Blackpool 2021–2023

The right help, the right time, the right place, the right people

Blackpool Families Rock

www.blackpool.gov.uk

Blackpool Council

Contents

Foreword

The Children and Families Strategic Partnership Board is pleased to share Blackpool's new Early Help Strategy which sets out our approach and plans for developing the way that we work with children, young people and families as early as possible to improve their outcomes.

This strategy will support our ambition to increasingly work with families early in the life of a problem and move away from over-dependence on statutory and specialist services. This approach is morally, ethically and financially the right thing to do and fits well with embedding the Blackpool Families Rocks model of practise, and restorative approaches to the way we work with our children, young people and families. Fundamentally, Early Help should be seen as everybody's business and part of what we all do.

We have a wide range of services and provision in Blackpool and there is a strong ambition to support children, young people and families to aspire and achieve. We need to capitalise on our partnerships and the enviable funding streams that Blackpool is able to attract, to be creative and embed an effective early help system, with a multiagency approach.

We are excited at the possibilities that working early with our children and their families presents and look forward to working with you.

Cllr Lynn Williams
Leader of the Council

Vicky Gent
Director of Children's Services

Purpose

All children in Blackpool have the right to live and grow up in a safe environment in which they are protected from harm, nurtured to build their resilience to adversity and supported to achieve their aspirations. Some children, and their families, will need additional help and support to achieve this.

When we talk about children in this document we mean all children from conception to 19 years of age or up to 25 years old for those with SEND needs.

Responding early to emerging need is a key feature of our work in Blackpool, the golden thread of how we want to support and work with our children and families and is referred to in many other documents, in particular our Neglect and SEND strategies:

'The purpose of this [Neglect] strategy is to ensure that those children in Blackpool who experience neglect are identified and receive the timely help and support they require to mitigate the impact of their neglectful experiences'

and

'Preventative and Early Help responses - These are critical to avoid issues from escalating and children experiencing further harm
Blackpool Neglect Strategy 2019 – 2022

'Blackpool is committed to early intervention and prevention, providing early help in a timely way so that the needs of local children and young people do not increase. Making sure that we identify needs early and provide the right support, is key to improving outcomes for children and young people with SEND'
Blackpool SEND strategy 2019 -2021

This document sets out our approach in Blackpool to early help and our overarching strategic aim to respond earlier to the needs of children and their families to prevent the need for higher level of statutory interventions:

The right help, the right time, the right place, the right people

Early help is important

The importance of early help in supporting children and their families is outlined in a number of national reviews and policy documents, such as Working Together 2018, in recognition that effective early help for children and families improves their outcomes long-term:

Working Together to Safeguard Children 2018
Chapter 1: Early Help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges at any point in a child's life from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

2. Effective early help relies upon local agencies working together to:

   - Identify children and families who would benefit from early help
   - Undertake an assessment of the need for early help; and
   - Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities under s10 Children Act 2004 have a responsibility to promote inter-agency cooperation to improve the welfare of children'

Early help can be offered to any child and their family at any age, but there is much research on the particular importance of responding to needs as early as possible in a child's life. 'The Best Start for Life - The Early Years Healthy Development Review Report – March 2021' explores the importance of support for children and their families in the first 1001 days (conception to the age of two), when the foundations of a child's health, development and wellbeing are set.

The Rt Hon Andrea Leadsom MP writes in the Chairman's introduction of the report:

'Two is too late! We spend billions on challenges in society from lack of school readiness to bullying to poor mental health to addictions and criminality; and further billions on conditions such as obesity, diabetes, and congenital heart disease. Yet, the building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two and we don't give this critical period the focus it deserves. Prevention isn't only kinder, but it's also much cheaper than cure – what happens to an infant in the 1,001 critical days is all about prevention'

One of the key issues that the review heard described was (Executive Summary, page7, point 6):

'Not everyone who works with families during the 1,001 critical days implements a plan of support which has been shared and agreed with the family. Sometimes, professionals and volunteers do not know what good joined up services would look like for that family….'

Our early help strategy will support us to respond to long-standing policy guidance and ensure that we are able to respond to new guidance, developments and opportunities.

What do we mean by early help?

Early Help in Blackpool is our approach to working with children and families with a range, or a combination of, social, health or educational needs as soon as problems arise. Families should be supported to understand their children's and their own needs or problems and be provided with advice, guidance, support and services to help them before higher levels of support or services are needed.

It is useful to think of early help as

The right help By undertaking strong assessments with children and their families and using these to understand their needs and planning effectively to support them.

The right time Offering help as soon as needs and problems begin and before any higher levels or specialist services are needed or when a child or family ask for it.

The right people Early help works best when those people who know the family well or speak to the regularly lead on the work but work with a range of people and service to support meeting the needs of children and their families

The right place Working with families in their community or neighbourhood or their home, or where they feel most comfortable.

Early Help can be provided by a single agency (such as a nursery, school or Health Visitor) or by a group of professionals from these agencies working together as a 'Team around the Family', with the family at the centre of the planning and decision making. The views and opinions of children and parents are key to making early help offers successful.

Why do we need early help?

The challenges in Blackpool and the local context

Blackpool is a small, compact local authority (7 miles long by 4 miles at its widest; with 140,000 residents and slightly over 29,000 children and young people aged 0 to 17 years old.). Blackpool has long been Britain's most popular coastal resort, albeit one that has experienced a long term decline in tourism since the 1970s, especially staying visitors, which has had a severe impact on the town and its residents, especially in the growth of cheap, private rented housing and the import of adults with issues from elsewhere in Britain.

According to national measures of deprivation, Blackpool is the most deprived local authority in England and has been so for most of the last decade. To give an idea of Blackpool's relative decline, the town ranked as 31st most deprived in 2000, 12th in 2007, and 6th in 2010 and first in both the 2015 and 2019 indices of deprivation. Deprivation is chiefly driven by low income, low employment (and low paid jobs) and poor population-wide health outcomes – as recently described in the Chief Medical Officer for England's annual report. We have the lowest life expectancy for men in England, the highest proportion of adult benefit claimants and a high proportion of adults are functionally illiterate, with Blackpool in the first decile for literacy vulnerability.

What makes the level of poverty and deprivation in Blackpool so striking and unusual is its concentration: 8 of the 10 most deprived small areas in England are in the centre of Blackpool (up from 3 a decade ago) and a quarter of Blackpool is in the most deprived 1% of areas in England.

Over the past decade pressure on local children's services has grown, as the impact of national trends have hit the town and its family's hard. Rising child poverty; austerity; growing unemployment, welfare reform; reductions to public service funding; and significant importation of adults and families with existing problems have all exacerbated the challenges that Blackpool's children's services, in their widest sense, face.

We know that rising deprivation will lead to rising demand. Research has shown that children in the 10% most deprived areas are 10 times more likely to be in care or on a Child Protection Plan than their peers in the 10% most affluent areas (Bywaters et al). In addition, as noted in the recent report 'The case for change' (McAlister):

> *"In the majority of cases, families become involved with children's social care because they are parenting in conditions of adversity, rather than because they have caused or are likely to cause significant harm to their children. We have a shared obligation to help families raise their children. Communities can also play a key role in supporting families, in some cases removing the need for statutory intervention. When the state steps in, too often the focus is on assessment and investigation not support".*

We strongly agree with this view and know that the past decade in Blackpool provides a striking example of both of the challenges of working with a community with many families in conditions of adversity and the critical role of Early Help and the dangers of excessive statutory intervention.

Given the scale of local need in the town, one would expect support for children and families in Blackpool to be higher than most other parts of the country. However, too often, in the past, the amount of intervention has been significantly higher than other similar areas and has led to Blackpool being an outlier in terms of the proportion of local families in contact with children's social care:

To give an idea of the scale of this involvement/ intervention

- In the year 2019/20, Blackpool's children's services received 7,000 requests for support for individual children (not counting multiple requests for support for the same child), of which 3,100 resulted in a social care assessment.
- Looked at over a longer timeframe the picture is even more striking: since April 2019, there have been 11,800 requests for support for individual children, resulting in 5,300 social care assessments

Why do we need early help?

Moreover, over the past decade, the nature of Blackpool Children's Services involvement has tended to escalate to the highest levels, with very significant statutory interventions in a huge number of local families' lives.

- Over the past 10 years, nearly 4,000 children have been subject to Child protection plans in Blackpool, with 3,300 of these children still currently aged under 18 years old – this equates to 11% of the local child population.
- Over the past 10 years, 1,850 children have entered public care in Blackpool and nearly 600 are still in Blackpool's care.

Currently, social care intervention has reduced to levels closer to those in similar authorities, with 9.3% of the child population being supported by Children's Services (7.5% by children's social care, 1.8% by Families in Need)

Stripping this down to a notional average two form entry primary school year group (60 children):

- 22 will be eligible for free school meals
- 10 will be assessed by the school to require 'SEN Support' for their learning
- 4 will have ongoing Children's Social Care Involvement
- 2 will have an Education, Health and Care Plan
- 1 will be in care

However, we do not only exist at the current moment in time. Every child and every family has a history; and for the same group of 60 children, over the past 2 years on average:

- 2 will have been subject to a child protection plan, but
- 24 will have had a request for support made to Children's Services; and
- 11 will have been assessed by a social worker, with 3 being assessed more than once

When reading the section above, it is important to consider that:

1. This is the Blackpool average – in schools serving the most deprived parts of the town, the proportions with social care involvement both current and historic and with other indicators of social need will be much higher still.
2. More importantly, for the town's Early Help strategy, we need to reflect again on the simple truth from Josh McAlister's independent review, i.e. that *'children's social care is involved with families chiefly because parents are raising their children in very difficult circumstances, rather than because the parents have caused, or are likely to cause significant harm to their children'*. The review goes on to note that the response of children's social care is too often to assess, investigate and analyse, rather than to provide support to the family; and that *"we have a shared obligation to help families raise their children. Communities can also play a key role in supporting families, in some cases removing the need for statutory intervention."*

Three important points are being made here:

- Over the past decade children's social care has been pulled into supporting a growing number of families in need, rather than focusing on children at risk.
- Many of the processes and practices of children's social care are ill-suited to supporting such families.
- That such support would be much more effectively provided by other services and the wider community.

What is true for England as a whole is especially true for Blackpool – the analysis above could not provide a clearer example of the points being made by the McAlister review. A deprived area such as Blackpool will have a disproportionately large number of families trying to parent in extreme adversity. It is therefore particularly important for local services to provide the right support at the right time for those local families and it is vital that everyone in the town recognises the shared obligation to help families raise their children; and that support to families be co-ordinated to best effect.

Early Help approach in Blackpool

Our approach to early help is about providing support to children and their families as soon as issues begin to emerge **(the right time)**. It is everyone's business and it is expected that any worker from any agency, provider or service will respond to meet those needs, working with others to do so.

To enable this we will:

- Work in neighbourhood areas with all providers delivering services to children and their families
- Use an early help process of 'assess, plan, do, review' to understand and respond to needs early
- Undertake early help assessments that consider whole family's needs but remain child and young person focused
- Support lead professionals from all agencies to undertake early help work
- Work to improve the quality and impact of our work to support sustainable changes with families
- Work within the Blackpool Families Rock model of practice.

Working with, and consent

Early help is about working **with** families **not doing** to families. This begins with families agreeing to, or giving 'consent', to work with services using the early help approach. Children and parents should be central to each stage of the process and be supported to drive their own plans and make their own decisions.

How we put early help into practice in Blackpool

To help us understand how best we should be working with children and families and ensure that the right help is provided, **four levels of need** have been identified. Early help sits across two of these levels:

- **Level 2 needs - Universal Plus and is described as:**
  'Some children, young people and families will need support from people who know them well and have established relationships with them to meet some challenges where advice and guidance has not been enough to help the family achieve change or where a child or young person needs additional support to help them to thrive.'

- **Level 3 needs – Intensive and is described as:**
  'A small number of children, young people and families will experience significant difficulties and will need coordinated support from experts working with them to find sustainable solutions that reduce the impact of challenge on the wellbeing and development of children and young people'.

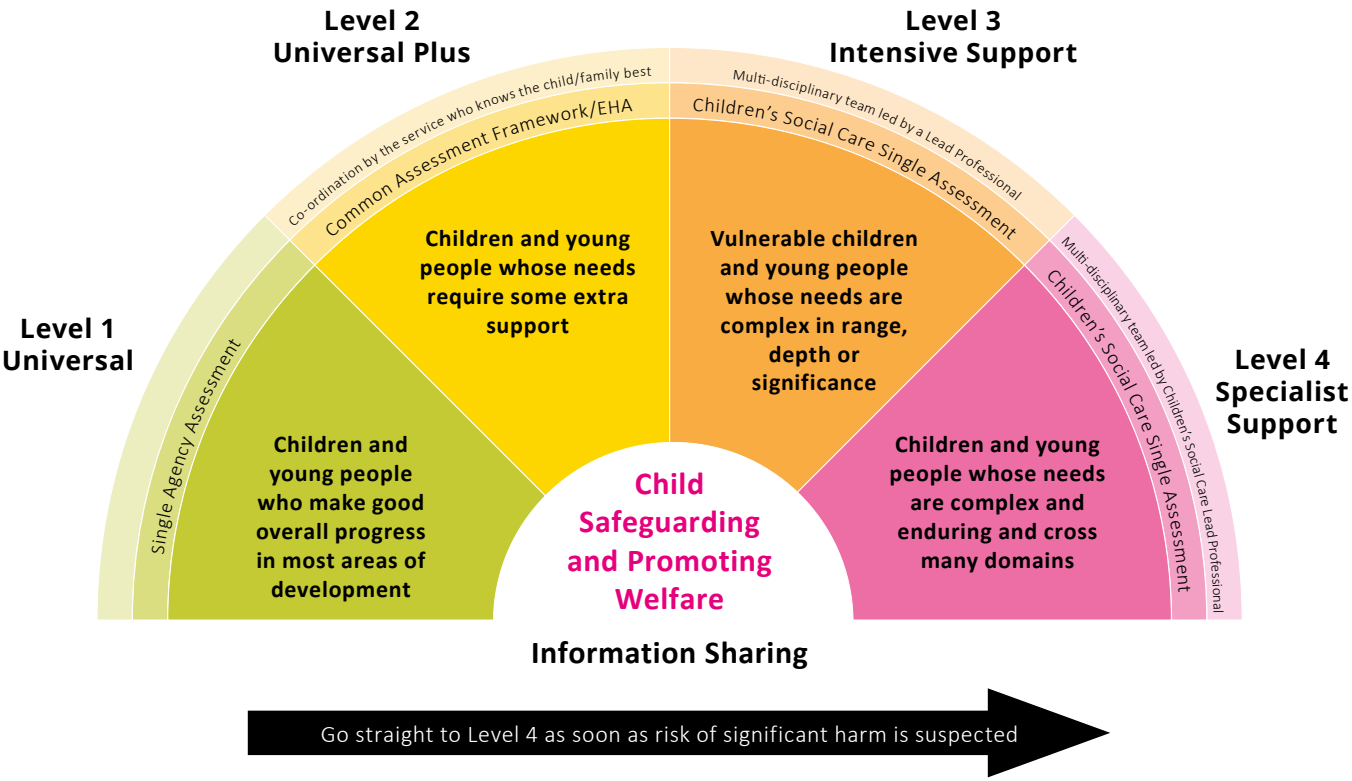
The diagram below gives an at a glance view of the four levels.

It is everybody's responsibility to identify and, with parental agreement, assess the needs of children and their families through open and honest conversations with them. Other people who know the family should be included in the assessment and planning process.

One person takes the role of the Lead Professional, and works to ensure that the early help process is undertaken co-ordinating with the other people who work with the family, also known as the 'Team around the Family (TAF).

The Children's Safeguarding Partnership guidance 'Working Well with Children and Families in Lancashire' provides more detailed information about consent, the four levels of need, what these look like and the process of moving support between them. https://blackpoolchildcare.proceduresonline.com/values.html

Levels of Need - At a Glance



Early help cycle

ASSESS

Ensuring that we fully understand a families' strengths and their challenges and the impact of both on their children. By listening to their views and opinions, with those of the people who know them well, we will be able to better understand each family, their need and the impact of those needs on their daily life.

PLAN

Using the information gathered through the assessment process we will work with the family to create their plan. This will set out the needs of each family member, what needs to happen to meet these including identifying services and resources that are needed and who will do what. Care should be taken not to overload the family by trying to do too much at once. Actions should be prioritised with the family and realistic timescales set.

DO

Find effective ways to work with parents and children in a problem-solving way that increases parents' confidence in meeting their children's needs. Ensuring that actions in the family's plan happen, supporting children and parents to access the services, programmes and help that they have identified that they need.

REVIEW

Bringing the family together regularly with the team of people working with them to celebrate progress, challenge each other where progress hasn't been made and identifying next steps is critical to the success of the work. Children and young people's voices should drive the work throughout the process.

Our Early Help strategy

Our aim is to respond at the earliest opportunity to meet the needs of children, young people and families before statutory or specialist service are needed. It is everybody's responsibility to work in this way.

To achieve this we will:

- Share our early help strategy and approach, ensure that it is understood across the children and families partnership and make clear our expectation that it is that all practitioners working in early help roles will use the early help process to support children and their families.
- Implement a revised early help assessment tool for all Lead Professionals and Team Around the Family members to use to record their work with children and families. This will be supported by guidance notes that help the development of a common and consistent understanding of what a good early help assessment, plan and review looks like to ensure that all out early help work is of good quality
- Develop a system for collecting all early help assessments and plans in one place, so we can capture data, themes and trends. We will use this information to create a data dashboard to enable us to demonstrate our progress and hold ourselves to account.
- Develop a process to review the quality and impact of early help work to support a continuous learning and improvement approach to the early help process
- Develop our locality or neighbourhood approach to service delivery by reorganising the councils own early help services to work across universal plus and intensive levels of support. From existing resource we will create a Parenting Team, Family Support Team that works at universal plus and one that works at the intensive early help level for each of our three neighbourhoods. These services will be based in the Family Hubs and work alongside other local neighbourhood services such as schools, nurseries, health visitors, voluntary organisations etc.
- Develop an offer of support for lead professionals and 'team around the family' members. This will include the implementation of three 'Early Help Link Worker' roles to offer advice and guidance, modelling and training, challenge and support, in each of the three neighbourhoods. We will also develop a workforce training and development programme for lead professionals from all partner agencies.

- Build a stronger parenting support offer by growing the delivery of evidence based group-based parenting programmes alongside support that works with individual families. We will use learning from our A Better Start work to support this development and make group based parenting support available across all levels of the continuum of need.
- Develop our relationship support offer that helps couples and co-parents address their relationships issues and reduce conflict, working with the national Reducing Parental Conflict Programme.
- Continue to work regionally and nationally with the Supporting Families programme to improve our early help work and outcomes for children and families.

Action planning

We will establish a multiagency steering group to take these actions forward through a development plan. Progress will be reported through the Children and Families Strategic Partnership Board.

Outcome and indicators of success

This strategy seeks to realise four broad overarching outcomes:

- To support children and families earlier, as soon as needs are identified
- To support all our lead professionals to undertake good quality impactful early help work
- To reduce the demand on higher level or specialist services; and most importantly
- To improve the outcomes for children and their families

There are a vast array of existing measures that we can use to track our progress against these outcomes, some are existing measures where data is readily captured and analysed and others will be new measures where we will need to gather data. An Early Help performance dashboard will be developed to support reporting on the progress of the strategy.

The table to the right sets out some suggested measures that will be considered for the dash board:

Outcome	Support children and families earlier, as soon as needs are identified
Support children and families earlier, as soon as needs are identified	• Increase in the number of families being supported by an early help assessment and plan. • Reduction in the number contacts made to the Request for Service Hub for families who have not have an offer of early help prior to the contact • Number of parents accessing parenting support groups and activities support • Reduction in the number of contacts to the RFS Hub that result in services who already know the family and/or child being asked to do an early help assessment. • Increase in the number of children with emerging or identified SEND needs that have an early help plan prior to a request for an EHCP. • Reduction in the number of statutory social work assessments that result in closure (or step down to early help) • Reduce the proportion of children who are excluded, without an early help plan in place before exclusion
Support all our lead professionals to undertake good quality impactful early help work Reduce the demand on higher level or specialist services	• Increase in the number of lead professionals attending early help assessment and associated training. • Increase in the of staff reporting confidence in undertaking EH work • Improvement in Consistently good quality assessments, plans and reviews • Number of families who do not re-enter the system for early help or higher levels of • Reduction in the number of statutory social work assessments that result in closure (or step down to early help) • Reduction in referrals into SW teams • Reduction in the number of children referred to the Awaken service • Reduction of children entering the youth justice system.
Improve the outcomes for children and their families	• Number of families who close to early help with all needs met • Number of families reporting improved family life at the closure of EHA • Improved educational outcomes for children from the most deprived areas in the town at KS2, GCSE, Level 2 or 3 at 19, EET at 17

Appendix 1 - Early Help Assessment process for Lead Professionals

Process step	Guidance Notes
A need or problem is identified Explaining the process and gaining consent	The person who identifies the need (or who the family share their problem with) should talk to the family about supporting them using the early help process - that they would work with them and other services/workers who know them, to gather information about what works well in their family, and what doesn't, so we can understand how best to help them. The worker would then create a plan with the family and involve the other people who know them. This plan would be reviewed on a regular basis. The worker should gain explicit consent from the family to take part and to support contacting other services.
Assess The assessment and detailing the suggested plan should be undertaken within 20 days.	The worker takes the role of lead professional. This means that they coordinate the gathering of information from the family, including the children and young people and the other service who know the family – this includes gathering information about the family's history, family strengths and worries. The Lead professional uses the information to complete the early help assessment, analysing the information to understand what it means for the children and the family and what support may be needed. **Where there are immediate needs or quick wins for a family these should be actioned as soon as possible rather than waiting for the assessment to be completed or the plan to be agreed**
Plan The first meeting of the TAF group should happen no more than 10 days after the suggested plan has been reviewed by the Early Help and Support Service.	The lead professional works with the family to pull together a 'Family Plan' based on the understanding gained from the assessment. The lead professional will be expected to engage with a quality assurance process supported by the Early Help and Support Service. The first Team Around the Family meeting (TAF meeting) should be arranged to formally agree the plan and prioritise actions so not to try to do everything at once and overburden the family. The family are integral to this meeting.
Do (with)	The TAF group find effective ways to work with parents and children ensuring that actions in the family's plan happen, supporting children and parents to access the services, programmes and help that they have identified that they need.
Review Reviews/ TAF meetings should take place every 4-6 weeks	TAF meetings should take place regularly to support the children, (where appropriate and if it isn't their feedback or voice should be shared in the meeting) family and the TAF group to celebrate success, challenge each other where progress hasn't been made and identifying what should happen next.

More technical and detailed guidance is available to all lead professionals - please ask your Link Worker.

For further information, support and advice about early help work you can contact

Request for Service Hub on **01253 477299**

Blackpool's Family Hubs

North Family Hub (Grange Park)
E: **GrangeFamilyHub@blackpool.gov.uk**
T: **01253 476480**

Central Family Hub (TAB)
E: **TABFamilyHub@blackpool.gov.uk**
T: **01253 951190**

South Family Hub (Revoe)
E: **RevoeFamilyHub@blackpool.gov.uk**
T: **01253 798016**

Blackpool Council

Blackpool Families Rock

Department for Levelling Up, Housing & Communities

Department for Education

Early Help System Guide

A toolkit to assist local strategic partnerships responsible for their Early Help System

March 2022
Department for Levelling Up, Housing and Communities
Department for Education

This document/publication is also available on our website at www.gov.uk/dluhc

If you have any enquiries regarding this document/publication, write to us at:
Department for Levelling Up, Housing and Communities
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March 2022

Introduction

Purpose of This Guide

The Early Help System is not a single service. It is a network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity. Improving this system requires clarity of what success looks like, shared across a range of partners, and informed by the voices of managers, practitioners and families.

This is the second iteration of The Early Help System Guide. This second version outlines a national vision and descriptors for a mature Early Help System that is shared by DLUHC and DfE. It has been widely consulted upon across other government departments and local areas and is based on what is working around the country. It is a living tool that will adapt as new and better ideas are implemented.

The Guide is intended for the local strategic partnership responsible for the Early Help System. It aims to provide a framework for local workshops, partnership conversations and strategic planning and to support prioritisation. The Guide provides a self-assessment tool to support discussion, reflection and action planning against key areas that influence the effectiveness of Early Help. It does not dictate what needs to be done; but is a dynamic tool designed to focus the system on common goals, and progress towards these. Your reflections with partners and communities on the Early Help System Guide should lead to an improved local early help strategy which, in turn, will help your local partnership improve families' outcomes and reduce demand on acute services.

The Guide is designed to help you use local and research evidence to deliver an effective approach to early help. It asks you to consider what organisational and community data you use to understand your current position, as well as which evidenced-based interventions and practices you use to support families across the partnership.

Background and Context

This Guide has been produced by the national Supporting Families programme (formerly the Troubled Families programme) within the Department for Levelling Up, Housing and Communities (DLUHC) in partnership with the Department for Education.

Since 2012, the programme has been supporting and challenging local areas to transform services and systems to achieve significant and sustained outcomes for families facing complex challenges and problems. The programme promotes a whole family approach and has been evaluated as successful in improving outcomes. The programme invests significant resource into local areas in order to support the transformation this Guide sets out.

The Supporting Families programme places a specific expectation on all areas to use the Guide to self-assess the maturity of the Early Help System and to identify priority descriptors to work towards. More detail on this can be found in the Supporting Families programme Guidance.

System transformation: Supporting Families, Family Hubs and Start for Life

During the budget 2021, the Government announced increased investment in the Supporting Families programme alongside new investment to transform Start for Life and family help services by creating a network of Family Hubs, investing in tailored breastfeeding services, infant and parent mental health, parenting programmes, and establishing a clear Start for Life Offer in half of upper tier local authorities.

Supporting Families drives high standards of continual improvements to local partnership working and data use, while funding intensive keywork support for those families facing multiple complex problems. Family Hubs are one way of delivering the Supporting Families vision of an effective early help system.

Where Family Hubs exist, they provide a single access point – a 'front door' – to universal and early help services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. Family Hubs involve co–location of services and professionals to make it easier for families to access the services they need, including Start for Life services, and this can include both physical locations, outreach support and virtual offers. Many services offered in a Family Hub network will be for families who do not need intensive, whole–family Lead Practitioner support; however, hubs will ensure seamless access to a whole–family Lead Practitioner where needed.

Supporting Families' outcomes align with the Best Start for Life vision of achieving good early years outcomes for babies and young children, and practitioners, services and families all benefit from expanded core services which ensure that children have the best possible start in life.

Many local authorities have already adopted hubs as their leading model of delivery with the help of Supporting Families funding. These programmes can be entirely complementary and together they form a strengthened local family help and support offer, led by the Department for Education, Department for Levelling Up, Housing and Communities and Department for Health and Social Care working in close partnership across government.

How to use this Guide

This guide provides the key descriptors of a mature Early Help System. It is a self-assessment and planning tool, the outcome of which should lead to a clearer and shared understanding of the current maturity of the Early Help System in an area and what steps need to be taken to progress. This could form the basis of a refreshed Early Help Strategy in a local area and a plan for implementation.

The guide contains:

Conducting a self-assessment

There are a number of different ways the self-assessment can be conducted

1. A series of multi-agency workshops – using the themes in the guide as a structure, workshops could explore different perspectives on what is working well and what needs to improve linked to each descriptor. Evidence from family feedback along with population, cohort and family level outcome measures should be used to inform discussion.
2. Individual interviews with stakeholders from different agencies and services – this approach could yield more insightful responses from individual stakeholders, the results of which could be used to draft the self-assessment with stakeholders, or used as one of the evidence sources for a multi- agency workshop.
3. Peer review – a number of stakeholders from 2 areas may wish to work together to complete the self-assessment to enable benchmarking and comparison of activity and progress.

The Guide can be used by any partnership to assess and plan for maturity in the Early Help System.

The Early Help vision

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse

Workforce
1. There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice framework. And early help is seen as everyone's responsibility
2. Public services work together in place based or hub-based working where partners are integrated virtually or physically, based in the community with a common footprint
3. We invest in our workforce with a workforce development plan to embed the shared practice framework and there is direct support for professionals to improve their practice through a quality assurance framework
4. The response to different presenting needs are aligned or integrated to ensure there is always a whole family response

Communities
1. We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity
2. Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all
3. We are building capacity in communities and harnessing the talent of parents, carers and young people with lived experience to help one another
4. We are shifting decision making about local services and facilities towards families and communities

Family voice and experience
1. There are well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance
2. Families say they know how to navigate local services and how to get help
3. Families who have several needs say they know who their lead practitioner is, that all their needs were considered individually, and as a whole, and they only needed to tell their story once. They also say all the professionals work together to one plan in a team around the family
4. Families say that those that helped them listened carefully, cared about them and told them about their strengths
5. Families say that the help they have received addressed all their problems and they are better connected to their own support network and local community

Leaders
1. There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working
2. Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children's social care system
3. Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of practice and family voice, which collectively represent the effectiveness of the Early Help System
4. There is a culture of using evaluation and evidence to inform development of the Early Help System

Data
1. There is a senior strategic group with representation across the partnership, which is accountable for developing and driving the use of data for the whole Early Help System
2. All data feeds are shared safely and robustly across the partnership, brought into one place and used to identify family needs
3. Case management systems are accessible to all partners working with families and allow us to quantify all issues affecting the family and report on all issues and outcomes in a quantifiable way
4. Working with our strategic partnership group we are developing innovative approaches to the use of data. We are using technological solutions to match data, present information to family workers and strategic boards and analyse these data to prevent the escalation of needs

The Early Help vision (Plain Text)

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse

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Early Help System

The Early Help System (Plain Text)

The Early Help System available to children and their families is made up of three types of services that combine in different ways to form a local area's Early Help offer to its citizens. These are universal services, community support and acute and targeted services.

Community support includes
Family and friends, local places and environments, online support services, voluntary, faith and community services, local members of the community and local businesses

Universal services includes
Post-16 education, schools, early years settings, family hubs, children's centres and youth centres, GP surgeries, libraries, maternity services, specialist public health or community nurses and community co-ordinators

Acute and targeted services includes
Family support, social care, accident and emergency departments, allied health professionals, mental health services, special education needs support services, jobcentre plus, school attendance and exclusion support, domestic abuse services, alternative provision, housing services, police, probation and prison services, family court and family court advisory services, substance misuse services, fire and rescue, youth offending and targeted youth services.

Multi-Agency Workforce

A strong Early Help System is made up of many different types of practitioners and services who operate as one. This table attempts to define the likely role of different types of practitioners in the Early Help System. The contents of this table were developed with local areas and relevant government departments. We recognise this is not a complete or exhaustive list, and the identified roles may have different names. This should be seen as a 'minimum' level of activity for how workforces should operate, for example how often they may act as lead practitioner. The lead practitioner (defined along with other aspects of whole family working in the family voice section) should always be the right person for the family at the right time, with the family having a say in who they are. In some circumstances specific professional groups or VCS organisations may have greater involvement as lead practitioner or as part of the team around the family following needs or risk assessment or because of specific contracting arrangements. The grouping terms relate to how often these workers would likely act as lead practitioner (e.g. frequent) and what role they have in whole family working (e.g. modelling)

Use this table to assess the current status of activity within your local workforce

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Frequent and Modelling	• These practitioners support families with multiple needs and act as Lead Practitioner for the majority of families they are accountable for • They provide whole family, sometimes intensive, support for families often in their home, being proactive to reach out to families where needed • They are experts in processes to support families with multiple needs and help families, other professionals, commissioned organisations and voluntary and community groups to understand those needs, advocating where necessary • These practitioners may support others with the lead practitioner role	• Children's social workers • Family Workers/Early Help Worker • Targeted Youth Worker/Support Worker • Specialist Public Health or Community Nurse • Family nurses

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Regular and promoting	• These practitioners are often the first to identify a family's need for help or support, are able to assess the needs of all members of the family, and form the core of a team around the family where involved • They connect families with support in their community • They are well versed in processes to support families with multiple needs and help families to understand them • They may be the Lead Practitioner to start the Early Help process and regularly retain this role if they are the most appropriate person	• Specialist Public Health or Community Nurse • Schools and colleges – e.g. school pastoral leads, designated safeguarding leads, SENCOs, school family support workers and teachers. • Early years settings including nurseries – nursery SENCOs and designated safeguarding leads • Children's Centre Workers • Family Hub Workers
Sometimes and active	• These practitioners bring specialist expertise and therefore need to be part of a team around the family when required / involved • They connect families with support in their community but also know how to start the process to bring wider support around a family where there are several needs • They may act as the Lead Practitioner if they are the most appropriate person	• Housing / tenancy officers and Homelessness advisors • Young people's substance misuse services • Adult substance misuse workers • Child and adolescent / primary mental health workers • Midwives • Careers advisers • Youth Offending officers with prevention/whole family remit • Neighbourhood police officers/PCSOs • Supporting Families Employment Advisers • SEN support staff and caseworkers • Education Welfare Officers • Universal youth workers • Allied Health Professionals

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Occasional and aware/ connected	• These practitioners or volunteers understand they are part of a system of support which 'helps' people • They know how to ask questions to explore the wider needs families may have • They know how to connect to other support for families • These practitioners bring specialist expertise and need to be part of a team around the family when required / involved • They don't usually act as a Lead Practitioner unless this is in the family's best interests • They are active users of the local online directory of services to identify the right help for a family	• Probation officers • Prison officers • Offender managers in custody and community • Reactive police officers • Adult mental health workers • Adult social workers • Domestic abuse worker • Voluntary, community and faith sector workers and volunteers (unless commissioned differently) • Work coaches • GPs and practice nurses • Library staff • Youth Offending Officers

The self-assessment

This self-assessment section is structured as five sections focusing on family voice and experience, workforce, communities, leaders and data. Areas should work as a partnership to identify on average their score for the individual descriptors, what is working well and the evidence that shows this, and plans for what will be prioritised next.

Scoring system

0	1	2	3	4	5
Early stages ◄——————————————————————————————► Mature					
There are no or few elements of this descriptor in place with no plan for development.	Planning has started and is at an early stage of development. It is too early for evidence of impact.	There is a plan to achieve this and some evidence that this is being implemented. It's too early to demonstrate impact/outcomes from this work.	There is some good evidence of progress – to some extent / across many elements. There may be some emerging evidence of the outcomes/impact. The next steps are clear.	This is largely in place although not yet fully established or embedded. There is some good evidence of outcomes/ impact. There is a plan for continuous development.	This is in place and well established. There is strong evidence that developments are having impact where needed. There is a commitment to continuous development.

The self-assessment descriptors

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	Family engagement: We have well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance. *A mature area has a range of methods to collect feedback from families (all children, young people, parents, carers and significant others) including but not limited to:* • *From families during and following support given as part of a Family Plan reflecting whole family working principles. This feedback relates to the work of all parts of the Early Help System.* • *From families who have not accessed support e.g. families who have been offered help and refused, those who needed help and weren't able to get it, and those who have needs but haven't come to the attention of services.* • *From families from diverse cultural and ethnic backgrounds.* *This feedback is used as learning to support changes in how the whole system works together.*	0		

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
2	One Lead Practitioner: We have evidence that families say they know who their Lead Practitioner is and they have a good relationship with them. *A mature area has Lead Practitioners who co-ordinate the activity of the team around the family, ensure the assessment and the family plan responds to all needs identified and leads on ensuring the family co-produce the plan. The time commitment to deliver this role will vary family by family depending on the complexity of their needs. Families should always have a say in who their lead practitioner is and be able to give feedback on their relationship with them.*	0		
3	One assessment: We have evidence that families say the assessment process considered their needs individually and as a whole, their views were reflected throughout the process and the assessment meant they told their story once. *A mature area has an assessment process that explores the needs of all members of the family as individuals and considers how their needs impact on one another. It should cover not just the presenting needs but also any underlying issues. It should explore strengths as well as needs and be carried out in partnership with the family.*	0		

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	One family plan: We have evidence that individuals and families say their needs are reflected in one family plan which the whole team around the family work to. Families and professionals agree outcomes together. *A mature area has high quality family plans that provide the detail of what all members of the team around the family, including the family, will do to meet the needs identified. There is a recognition that the support needed may not always be a person/service but could be an item which needs to be purchased and the team around the family have easy access to small pots of funding to deliver this.*	0		
5	One team around the family – we have evidence from families about how well services work together to co-ordinate support to meet the needs of their family. *In a mature area teams around families are groups of professionals and volunteers who work alongside the family to improve outcomes. They are led by a Lead Practitioner but all members are active participants and their contribution equally valued. The team will be able to demonstrate good communication and co-ordination based on the family's plan and this will be reflected in the family's feedback on the support provided.*	0		

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
6	Access to support: We have evidence that families say they know how to navigate local services and how to get help. *A mature area has digital solutions such as a service directory, social media and also roles such as community connectors and service access points which provide accessible opportunities for families to understand and access the support available. Each solution should take an approach which ensures there is 'no wrong door' for families accessing support.*	0		
7	Sustainability: We have evidence that families say their needs including underlying issues have been addressed. They will be better equipped to cope when support from services ends because they have identified their own support network and feel connected with their local community and the support network it provides. *A mature area includes extended family, friends, community support and other local resources early on in the life of any family plan.*	0		

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	The workforce in our area operates effectively to deliver whole family working and is aligned with the levels set out in the workforce table (page 11). *The workforce table shows our vision for how all professionals who contribute to the Early Help System operate in practice although we recognise this is not a complete or exhaustive list. The family voice section gives definitions of the Lead Practitioner role and whole family working.*	0		
2	Early help is understood and seen as everyone's responsibility across the partnership of services working with children, adults and families. We have a shared culture and set of core principles that underpin the wider Early Help System. *In a mature area all those who work with children and adults understand they have a role to recognise needs, support families in finding solutions and access help at the earliest opportunity. There is a common set of principles that reflect this and it is regularly promoted within and between agencies.*	0		

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	We have a shared practice framework and locally agreed processes for professionals in partner agencies working across the wider Early Help System which is known, understood and consistently used. *In a mature area, partners will have agreed an overarching framework that articulates the shared values, principles, key theories, and models that underpin local ways of working with children, young people and families, with whole family working at its core. As well as describing what is common, this framework will also recognise the value of the specialisms and perspectives from different agencies. There are many different services which provide Early Help. In a mature area, there will be a clear service map outlining how all services contribute to the whole system of support and the pathways and processes in place to enable families and practitioners to navigate this system.*	0		

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	We have a multi-agency workforce development plan based on workforce development needs, to help embed the shared practice framework and culture. This equips the workforce with appropriate levels of understanding and skills to enable early identification of and response to family needs and the implementation of a whole family approach. *A mature area has a workforce development plan. It may not stand alone specifically for Early Help, because in a mature system of support, the culture and practice framework are in operation across the spectrum of need and across children and adults support services. Wherever this is governed or located, the plan will address the continuing professional development needs of all workforces through a range of methods.*	0		
5	We know the quality of early help practice across professionals listed in the workforce table. We directly support professionals in our partnership to improve their practice, including around whole family working, through a quality assurance framework, e.g. through audit, supervision and guidance. *In a mature area, 'Early help practice' spans a wide range of skills including Early Help Assessments, Family Plans and monitoring of outcomes, the application of the practice framework and enabling families to connect with the right support at the earliest opportunity.*	0		

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
6	We have a model of place-based or hub-based working in the community with a common footprint. Partners are integrated either virtually or physically in e.g. family or community hubs. The model helps underpin the principles of whole family working. *In a mature area families are able to easily identify where to go for help in their local community, when they make contact they experience a welcoming response where 'asking for help' is seen as normal. The response will enable the needs of the whole family to be explored and the family are helped to seamlessly access all the help they need, including a Lead Practitioner if needed. Where hubs exist they are a fundamental and fully integrated part of the Early Help System. The local offer is responsive to the diverse needs within the local community and is proactive in removing barriers to access to enable inclusion for all.*	0		

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
7	The response to different presenting needs (pathways) are aligned or integrated to ensure there is always a whole family response. This could take the form of a 'team around the school' approach where all relevant professionals work together to anticipate and respond early to for example school engagement, mental health or special educational needs of children and young people in the school. *A mature area knows that needs within families are often interconnected and have underlying causes. They do not treat a presenting need in isolation to avoid causes not being addressed and outcomes not being achieved. Rather than having distinct pathways for different needs, the practice framework and integration of pathways means that regardless of the presenting need, practitioners consider and respond to the wider needs. For example, whenever an SEN need, or school attendance or mental health issue is suspected or identified, the family receive a whole family response.*	0		

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	Public services partner closely with voluntary and community groups to maintain up to date information about local community assets, community groups, voluntary sector support and faith groups and have made this information accessible to local staff and residents e.g. through a website. *A mature area will have a quality assured, up to date, user friendly website to enable flexibility and self-service. This supports Lead Practitioners and families to connect into their local communities. Monitoring is in place to check whether this information is used, is helpful and is making an impact. Public sector services should be confident the services/groups included deliver safe, quality support.*	0		
2	Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all, prizes creativity, collaboration, and local solutions; alongside quality and inclusivity. We are building a culture and system where our communities understand that everyone helps to deliver a whole family approach. *A mature area recognises and values the contribution of all public sector, community, faith and voluntary groups and works to actively remove any hierarchical barriers in place and works to include a broad range of voluntary and community groups including under-represented groups. Leadership at the local level should be shared between the public sector and community and voluntary groups. Areas should also put in place mechanisms to discern and challenge any harmful practices which may exist in a minority of situations. Public bodies should support integrated communities - encouraging local people to live, work, learn and socialise together, based on shared rights, responsibilities and opportunities.*	0		

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	We are building capacity in communities and making the most of the refreshed sense of community which grew through COVID-19 . We harness the talent and contribution of parents, carers and young people with lived experience to help one another. *A mature area recognises that those who need help often also help others or want to help others. The system provides opportunity for people to improve their community and values their contribution by creating space and opportunity for this to flourish.*	0		
4	We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity. *A mature area has staff in public services who are well connected with and understand the local areas they serve, including the differences within communities at a granular neighbourhood or street level. Where there is a need for a Lead Practitioner, family assessment and plan (formal early help), the team around the family engage the wider family network and relevant voluntary and community group support at the earliest opportunity, throughout the plan and as part of a sustainability plan.*	0		

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
5	We are shifting decision making about local services and facilities towards families and communities. *A mature area has regular and detailed data which is used to inform joint needs assessment and decision making that responds to community need at the community/neighbourhood/ locality level. Families and communities are engaged in shaping how help is provided locally and there is evidence their views influence decision making.*	0		

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working. *A mature area has strong partnership arrangements that enable partners to take collective responsibility, share risks and jointly invest in early help, whole family and whole system working. Strong partnerships also evidence that leaders at different levels across the Early Help Partnership focus on building productive relationships with partners and trust one another. All themed initiatives such as serious violence, child poverty and homelessness are co-ordinated and seen as interdependent and are supported by strong data governance arrangements. Leaders speak with one voice on the importance of early help, whole family and whole system working and ensure this culture is embedded through senior and middle management and the front line and staff at all levels are effectively involved in shaping and developing improvements.*	0		

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
2	Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children's social care system. *A mature area draws upon local and national evaluation to show the impact of early help on outcomes for children and families and reducing demand on statutory services. Investment and commissioning decisions prioritise whole family and whole system working, and evidence based support. This is evident in a shared Early Help Strategy which is a product of joined up thinking across the partnership.*	0		

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of whole family practice and family voice, which collectively represent the effectiveness of the Early Help System. The performance against these measures shows that outcomes for families are improving. *A mature area has a shared set of measures owned by all partners who take collective responsibility for contributing to positive change. Population measures cover the whole population of the area e.g. Primary school attendance rates. Cohort measures cover a specific subset of the population e.g. primary attendance rates of children in families who received a specific service. Demand measures are those which measure activity in the system e.g. child in need per 10,000 population. Family measures track progress in outcomes for individual families e.g. child attending school at least 90% in last three consecutive terms. All outcome measures are used to generate an enquiring and learning culture, with high support and high challenge. This enables shared responsibility for improving outcomes, recognising that no one organisation delivers a specific outcome on their own.*	0		

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	There is a culture of using evaluation and evidence to inform the development of the Early Help System and the quality of whole family working. Where appropriate to local and individual needs, evidence-based services are used. *A mature area has services that are evaluated and evidence is collated to show the local impact of early help with particular evidence gathered on the impact on groups in the community with protected characteristics. Evidence based interventions are those where an evaluation has been conducted which shows a causal impact on child outcomes.*	0		
5	Working towards a shared culture, principles, practice framework and set of processes within the Early Help system is a standard feature in all commissioning processes and decisions. *A mature area ensures good early help practice forms part of the standards for commissioning of all services. Early help practice is regularly reviewed through contract arrangements and is a critical step in ensuring it is embedded more quickly. Commissioning processes are developed and agreed that encourage and support the application of local voluntary, community and faith groups with relevant community knowledge as service providers.*	0		

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	We have regular data feeds from all parts of the partnership to support whole family working. These are open feeds and underpinned by strong data sharing agreements. *A mature partnership shares data feeds, including police, housing, social care, education and homelessness, council tax and where possible health. They make good use of open data feeds (the whole population rather than confined to the cohort) to allow for the quick identification of issues for referred families, along with needs and predictive analysis, to understand the whole community and predict individual risks. They explore the use of the Digital Economy Act to underpin data sharing agreements.*	0		
2	Our case management system allows all partners to securely access all relevant cases and record whole family assessments. *Shared case management systems are key to transparent, seamless 'one journey' whole family working. They should be underpinned by the shared practice framework (see 'Workforce, descriptor 3'). On the journey to achieving one case management system, the area may have used a data warehouse/lake to make all assessments accessible as an interim measure.*	0		

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	Our case management system allows us to record all issues affecting the family and outcomes in a quantifiable way and run reports on these. *A mature area quantifies issues that could previously only be captured and monitored in a qualitative way (such as parenting needs or parental conflict). This enables the partnership and analysts to understand which issues are affecting families and how these interact with other issues and outcomes. Embedding quantitative reporting should commence from notification through to closure and should be checked by supervisors at closure.*	0		

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	We have an effective data governance board that is accountable for our progress on data transformation. It supports us and our partners to unlock and resolve issues with data sharing and direct how we use data both for performance and analytics and how we consult on system changes that would impact across the partnership. Data are used by the partnership to support resourcing, planning, whole family working and early intervention. An identified member of the Children's Services Senior Leadership team has responsibility for driving forward actions from this board. *Data Governance Boards should be either a stand-alone board, or part of a wider partnership board. The board should help drive the data transformation journey and road map. It should provide direction on how data should be used to ensure effective services and help unblock any data sharing issues. Representation should be at a senior level from across the partnership.*	0		

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
5	We have a system that allows us to pull together all data, analyse these data and ensure practitioners can see results. *Data warehouses and data lakes provide the opportunity to bring all data together in one place, and automate matching across partnership data. This in turn will allow analysis of these data, which could be in this system or in a separate system. It is important that the results of this analysis and any matched data are visible to practitioners to inform their work with families.*	0		
6	We are using data to inform performance across the Early Help partnership, demand and resourcing (including commissioning), operational delivery and workforce development. *A mature area uses data and analytics effectively with senior leadership, across the partnership and at a lower tier authority level (where appropriate). These data and analytics are used to inform what is commissioned, resourced and in future planning (in terms of volume of staff/skills/resources required by practitioners in all services across the partnership). Processes should be in place to ensure and continuously improve data quality to ensure these data and analyses are robust.*	0		

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
7	We have developed innovative analytical products. This could be needs analysis, place-based analysis, individual or family level risk analytics, apps or systems to improve information available to practitioners and partners, quantifying qualitative case notes or other documentation or any other product or system that has changed/improved our ways of working. *A mature area continues to learn and develop how they use data to keep up with demands, changing services and improve the offer to families. Data are used to evaluate services, improve their effectiveness and continue to create/increase efficiencies.*	0		

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HM Government

The Best Start for Life

A Vision for the 1,001 Critical Days

The Early Years Healthy Development Review Report

CP 419

This publication is available at www.gov.uk/official-documents.

Any enquiries regarding this publication should be sent to us at public.enquiries@hmtreasury.gov.uk

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Contents

Foreword by the Secretary of State for Health and Social Care

I have always recognised the importance of the early years and the difference this period can make in achieving better physical and emotional health outcomes. This is why I was delighted when the Prime Minister asked Andrea Leadsom to chair the Early Years Healthy Development Review.

Ensuring every baby gets the best start in life is an issue we are both passionate about, and I know that over many years, this topic is one that Andrea has campaigned on with great determination and knowledge.

During the past year, the coronavirus pandemic has tested not only our nation's physical health, but also its mental health to the extreme. We have all been affected by the lockdown but the effects on our youngest have been profound. It has been an extraordinarily difficult time for new families, where through no fault of their own, they have not been able to normally access face to face services or in-person support.

We have always had high ambitions for comprehensive early years services. The pandemic has highlighted the immediate action that needs to be taken to support families and babies.

The Early Years Healthy Development Review comes at a timely moment for the future of our nation, and I am delighted to sponsor its action plan and to support, through my Department, the next phase of implementation.

The in-depth research and engagement conducted by the review team with parents, carers, sector professionals, volunteers and academics will help to shape and guide the next phase of this work, ensuring that we are doing all we can to support families in giving their baby the best start in life.

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

Chairman's introduction – Rt Hon Andrea Leadsom MP

Two is too late! We spend billions on challenges in society from lack of school readiness to bullying to poor mental health to addictions and criminality; and further billions on conditions such as obesity, diabetes, and congenital heart disease. Yet, the building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two and we don't give this critical period the focus it deserves. Prevention isn't only kinder, but it's also much cheaper than cure – what happens to an infant in the 1,001 critical days is all about prevention, and a strong, supportive policy framework in this area can truly change our society for the better, while saving billions for taxpayers.

Imagine living in a world where a vanishingly small number of babies and children need to be taken into care or walking through a city without seeing young teens living rough in the streets. The world in which we all want to live is one where every baby is nurtured to fulfil their potential, where good lifelong emotional wellbeing is the norm, where our society is productive and cooperative, and every one of our citizens has the chance to be the very best that they can be.

To make the biggest strides towards that vision, we need look no further than where it all begins – the 1,001 critical days. Every family deserves support to help them make sure their baby grows up to be physically healthy and emotionally capable. Securely attached infants are much more likely to go on to become adults who cope well with life's ups and downs, build strong relationships at work and at home, and are better equipped to raise their own children. This becomes a 'virtuous' cycle where instinctive good parenting is passed down from one generation to the next.

Human babies are unique in the animal kingdom in the extent of their underdevelopment at birth. What other offspring is unable to walk until it is a year old, or fend for itself in any way until it is at least two years old? Those physical challenges are only the beginning; the human brain is itself only partially formed at birth and becomes hardwired by the baby's earliest experiences, having a lifelong impact on their physical and emotional health.

For every new parent, having a baby should be a thrilling and joyful experience that brings families closer together. The truth is, even for those living in relative comfort and surrounded by a loving family, the arrival of a new baby is usually exhausting and can be overwhelming. In too many families, specific problems such as a traumatic birth experience, mental health issues, a disability, conflict with a partner, deprivation or substance misuse can dramatically hinder the capacity to be a 'good' parent.

Today, the period from conception to age two is globally recognised as critical for building strong societies. We are fortunate that support for families in England is delivered by many committed midwives, health visitors, social workers and primary care practitioners, as well as thousands of committed volunteers. However, what is clear is that services are patchy, not joined up and often do not deliver what parents and carers need. This must change if we are to truly transform our society for the better.

Championing better support for families to make sure that every baby gets the best start in life has been my passion for more than 20 years. I chaired the Oxford Parent Infant Project from the late 1990s and founded the national charity PIP UK in 2012; in Parliament I established the APPG for Conception to the Age of two and the 1001 Critical Days Manifesto, which is now supported by over 160 charities and professional bodies. I also chaired the Inter-ministerial Group on the Early Years from 2018-19, working across seven Whitehall departments to build the beginnings of a vision for how to give every baby the best start in life.

It has become crystal clear to me that we must focus on providing a new, joined up Start for Life offer, so I was delighted when the Prime Minister asked me to chair the Early Years Healthy Development Review. I want to thank both the dedicated team of civil servants and my own Parliamentary team for their superb commitment to this work. We heard from many mums, dads, carers and grandparents, as well as volunteers, professionals, academics and cross-party parliamentarians – their experiences and perspectives have been invaluable in shaping the 'areas for action' in this Review.

When we started work on the Review, I was clear that the needs of the baby must be at the heart of everything we do. The coronavirus pandemic has put even more pressure on already struggling families and, just as we need to level up economic opportunity across the country, we need to level up the health and care provision for the very youngest in our society.

In this first phase, we didn't have enough time or resources to cover every aspect of the earliest experiences of new families. During the implementation phase, I therefore intend to look in more detail at how to support families experiencing baby loss and trauma and at the specific needs of particular groups of parents and carers. I also intend to consider the lessons we can share with colleagues in Scotland, Wales and Northern Ireland, as well as further afield in putting into practice these agreed actions.

Investing in the 1,001 critical days will have a truly transformational impact on our society, and I am confident that delivering this Vision will help millions of families to give their baby the very best Start for Life.

The Rt Hon Andrea Leadsom MP

Executive summary

Introduction

1 The Prime Minister asked the Rt Hon Andrea Leadsom MP to chair a review into improving the health and development outcomes for babies in England. Andrea was appointed to lead the Early Years' Healthy Development Review in July 2020.

2 The Review focused on the 1,001 critical days through pregnancy to the age of two. These critical days are when the building blocks for lifelong emotional and physical health are laid down.

What the Review heard

3 The Review began in September 2020 and has considered evidence from a wide range of sources. Through virtual visits to local areas, meetings with parents and carers, academics, practitioners, civil society organisations, representative bodies and others we learnt about what's going well and where change is needed. We met with a wonderful diversity of families and with those professionals and volunteers who support them to hear first-hand about their experiences.

4 The commitment and passion from those working with families to help them give their baby the best start for life is impressive. But the Review also heard how hard it can be for parents and carers, grandparents and the wider family to find the support they need when they need it most. It can be hard to know what's available in your local area, hard to know where you can go to get help and hard to find advice you can trust online. Parents and carers don't have data and information about their baby in a form they can access easily and share readily.

5 The Review heard examples of brilliant support that helped families when they needed it most. But the Review also heard about workload pressures that meant it was hard for dedicated professionals and volunteers to support families in the way they wanted to and, sadly, the Review also heard examples of instances where families felt let down by the services they received.

6 Not everyone who works with families during the 1,001 critical days implements a plan of support which has been shared and agreed with the family. Sometimes, professionals and volunteers do not know what good joined up services would look like for that family. Some families don't have confidence in the services and support in their area and it isn't clear who is accountable at either a local or a national level for ensuring every baby is given the best start for life.

7 The Review heard a great deal from parents and carers about the need for improvement; however, the Review also heard, loud and clear, a strong commitment from across early years charities, organisations and the workforce to improving how we support families during the 1,001 critical days. This commitment will be necessary but it should also help us feel optimistic; by working together we can improve how we support families in every community so that every baby gets the best start for life.

What the Review will do next

8 As part of the Government's determination to build back better from the coronavirus pandemic, we need to ensure that the youngest members of society – and the families who nurture and care for them – are given the help and support they need.

9 This Vision sets out an ambitious programme of work to transform how we support families. The Review team will work to implement this Vision in the coming months – our goal is to ensure the best support throughout those 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing. To achieve this we will focus on six Action Areas.

Action Areas

Ensuring families have access to the services they need
1. **Seamless support for families:** a coherent joined up Start for Life offer available to all families.
2. **A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
3. **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.
Ensuring the Start for Life system is working together to give families the support they need
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.

Work to implement these actions begins today.

Context

Context

1 In July 2020, the Prime Minister asked the Rt Hon Andrea Leadsom MP to chair a review into improving health and development outcomes for babies in England. Titled the 'Early Years Healthy Development Review', the first phase started in September 2020. The initial task was to create a vision for 'brilliance' in the 1,001 critical days from conception to age two.

2 The Review was carried out during the height of the coronavirus pandemic. This affected how we conducted the Review but, more importantly, it will inform longer term work too. England's Chief Medical Officer said that *"COVID-19 is likely to have an impact on public health globally, in the UK, and in England specifically, for many years"*.[1] As we set about improving the public health of the nation, we must place our youngest citizens at the centre of our work to build back better.

3 Previous reports have highlighted the significance of the period from conception to age two and the need for action to improve support for families during this period. These include:

- 'Building Great Britons', published by the All-Party Parliamentary Group for Conception to Age 2 – The First 1001 Days in February 2015[2]
- 'Evidence-based Early Years Intervention', published by the Science and Technology Select Committee in November 2018[3]
- 'Tackling Disadvantage in the Early Years', published by the Education Select Committee in February 2019[4]
- 'First 1000 Days of Life', published by the Health and Social Care Select Committee in February 2019[5]
- 'Fair Society, Healthy Lives (The Marmot Review)', published by University College London in 2010[6] and 'Health Equity in England: The Marmot Review 10 Years On', published by University College London in February 2020[7]
- 'Lockdown Babies', published by the former Children's Commissioner in May 2020[8]
- 'Best Beginnings in the Early Years', published by the former Children's Commissioner in July 2020[9]
- 'Out of Routine: A Review of Sudden Unexpected Death in Infancy (SUDI) in Families Where the Children are Considered at Risk of Significant Harm', published by the Child Safeguarding Practice Review Panel in July 2020[10]
- 'Babies in Lockdown', published by Best Beginnings, the Home Start Foundation and the Parent Infant Foundation in August 2020[11]
- In November 2020, HRH the Duchess of Cambridge and the Royal Foundation published '5 Big Questions' at the conclusion of a nationwide tour, survey and open online questionnaire[12]
- 'Working for Babies: Lockdown Lessons from Local Systems', published by the 'First 1,001 Days Movement' in January 2021[13]

4 The Early Years Healthy Development Review is the start of work to transform how we support families so they can give their baby the best start for life, whoever they are and regardless of ability or circumstance. The words on the page won't change what happens in communities and won't improve the support families receive; it's what we do next that matters.

Why the 1,001 days are critical

Why the 1,001 critical days are critical

Foreword to Ipsos MORI report for the Royal Foundation

"Science tells us that a child's experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society."

– Jason Knauf, CEO of the Royal Foundation, December 2020[14]

1 The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. There is a well-established and growing international consensus on the importance of this age range; it is part of the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health[15], the UNICEF Baby Friendly Initiative[16], and in England, both the NHS Long Term Plan[17] and Public Health England's 2016 guidance on *"giving every child the best start in life"*.[18]

2 These 1,001 days are a critical time for development, but they are also a time when babies are at their most vulnerable. Some babies have a disability diagnosed[i]; some have a developmental need that is likely to develop into a special educational need once they enter compulsory education if special provision is not made. For others it may take longer for needs to be identified. Babies do not yet have the language skills to advocate for themselves so their carers must advocate on their behalf.

i When the Review uses the term 'special educational need', it is important to note the difference in definition that arises when referring to children of different ages. As outlined in the 'Special educational needs and disability code of practice: 0 to 25 years' (HM Government. (2015, updated 2020) https://www.gov.uk/government/publications/send-code-of-practice-0-to-25), a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

A child under compulsory school age has a learning difficulty or disability if he or she is likely to fall within the definition above when they reach compulsory school age or would be likely to if special educational provision was not made for them (Section 20, Children and Families Act 2014).

A healthy pregnancy

3 A healthy pregnancy sets up the unborn baby for a healthy life. As the baby grows inside the womb, the foetus is susceptible to the environment around the mother; it hears what the mother hears, consumes what the mother consumes and may react when the mother is distressed.[19] In addition to being important in its own right, the mental and physical wellbeing of the mother is important for the baby's healthy development.

1,001 Critical Days Manifesto

"A pregnant mother suffering from stress can sometimes pass on the message to the unborn baby that the world will be dangerous, so that as a child he or she will struggle with many social and emotional problems"

– The 1001 Critical Days – The Importance of the Conception to Age Two Period, cross-party 'manifesto', 2013, revised 2015 and 2019.[20]

A healthy start for life

4 During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents.

5 Every year researchers learn more about the potentially damaging effects of what are known as 'adverse childhood experiences' (ACEs). These are traumatic events which may result from exposure to poor parental mental health, abuse, neglect and parental drug misuse amongst other risk factors. The Review also heard how parental conflict can impact on the mental health of the baby.[21] That is why it is so important that parents and carers get the right type of support to help them give their babies the best start for life.

6 These 1,001 days are also a critical period for developing communication and physical skills. By the time a baby turns two, they will usually be able to walk unaided, say 50 or more words, kick a ball, climb furniture and scribble spontaneously. However, babies need to be encouraged and supported by their parents and carers to learn these skills and their development must be monitored. If developmental delays are not identified and addressed early, this could cause significant problems later on.

7 Some babies might have a disability or may not follow usual development trajectories. Early diagnosis can improve long term outcomes by ensuring parents and carers have access to the information and provision they need.[22]

Parents and carers

8 Pregnancy changes life for parents, carers and the family around them. The healthier a mum is during pregnancy, the easier it will be for her to adapt to her changing body and cope with labour as well as recover fully after the birth.[23]

9 The mental health and wellbeing of mums, dads, partners and carers is also important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby.[24] This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby.

Why the 1,001 critical days are critical: the science of early development

Scientific research is helping us understand why the period that includes pregnancy and the first two years of a baby's life is so important to their development.

1 The 1,001 critical days is when the foundations of the brain's architecture are built

Construction of the basic architecture of the brain begins before birth. More than a million new neural connections are formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development.

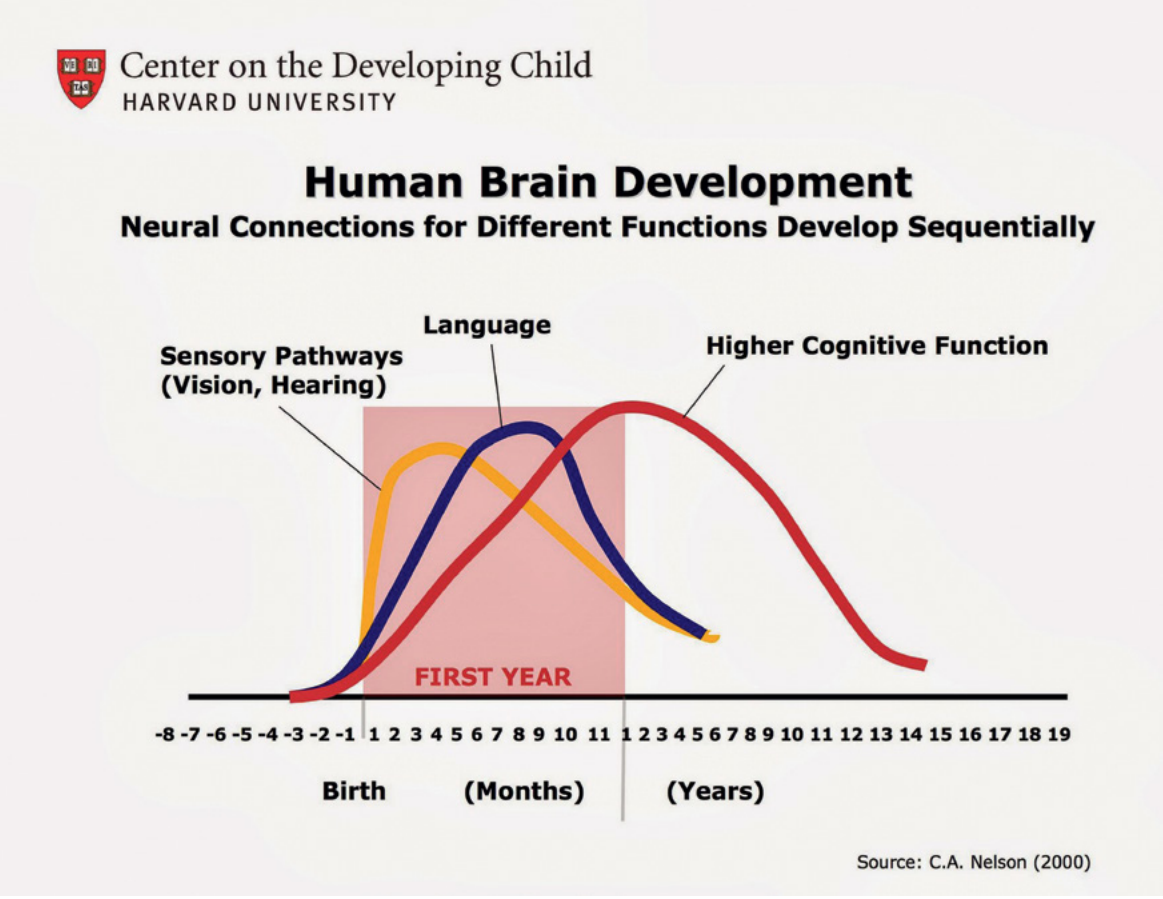

Figure 1 – Human Brain Development from the Center on the Developing Child at Harvard University, available at http://developingchild.harvard.edu

2 Experience (nurture) shapes how genes (nature) are expressed

Although genes provide the basic blueprint, experiences influence how and when genes are expressed.

Some of the most important experiences that will shape the architecture of a baby's brain come from their interactions with significant adults in their lives. Babies naturally reach out for interaction through babbling, facial expressions and movements. The adults caring for them respond in kind with sounds and gestures. This back-and-forth process, known as 'serve and return', plays a vital role in developing the wiring of the brain.

The brain has the greatest ability to reorganise and adapt in the early years of life. When the brain is most flexible or 'plastic', it can accommodate a range of experiences and interactions. For example, by its first year, the parts of the brain that differentiate sounds are becoming specialised to the language the baby is exposed to.

3 The foundations of cognitive, emotional and social capabilities are formed in this period

The emotional health and physical wellbeing, social skills, cognitive and linguistic capacities that develop in the 1,001 critical days form the foundations for an individual's success in school and in later life. These best develop when a baby has at least one stable and committed relationship with an adult. Where a baby forms a secure attachment with their primary caregivers, they feel safe and secure. It's these relationships that build the emotional scaffolding to support early development.

4 Stress and adverse experiences in the 1,001 critical days can have lifelong impacts

We now know that chronic stress in early childhood – whether it is caused by repeated abuse, severe maternal depression or extreme poverty – has a negative impact on a baby's development. Some exposure to stress is an important and necessary part of development but only when it is short-lived physiological responses to moderately uncomfortable experiences. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-term consequences for learning and a baby's future physical and mental health.

Adapted from Harvard University's Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Retrieved from www.developingchild.harvard.edu.

Learning from other countries

The importance of the 1,001 critical days is widely recognised, with a number of other countries also looking at how they can better support families with babies.

The Review commissioned the Government's Open Innovation Team (OIT) to collect international case studies. OIT interviewed over 25 academics and officials from overseas to build the examples we list below.

France has a long-established system of multidisciplinary care for mothers and young children in community centres.[25] They have over 5,000 centres that offer free services to all, with as little bureaucracy as possible.[26] Academics suggest that although effective, they are too autonomous and need greater central government control of staffing and activity standards to ensure that quality is maintained.[27]

Ireland is digitising maternal health records as part of a larger 'e-health' strategy.[28] Initial evaluations suggest it has been adopted and widely used, and that it is improving patient outcomes. This success has been credited to the involvement of clinicians who will actually be using the system in its design.[29]

In the **Netherlands**, as in England, midwifery is an independent profession. Dutch midwives deliver primary care for most low-risk pregnancies.[30] The system prioritises continuity of care. Studies show high levels of wellbeing in mothers, linked in part to continuity of care, and high levels of job satisfaction in midwives due to their feelings of autonomy.[31]

'Sure Start' in **New Zealand** integrates information and services for pregnancy and infant care from various platforms into a single website.[32] The Observatory of Public Sector Innovation report that the programme is not only beneficial to parents, but also facilitates data sharing between governmental agencies/departments, as 91% of users consent to share their information.[33]

The **USA** has established Children's Cabinets and Early Childhood Councils to coordinate services and develop common outcomes[34] These have proven effective at increasing collaborative working, resulting in better measurement of child outcomes and better outcomes themselves.[35]

'Chile Crece Contigo' is a national start for life programme in **Chile** which has achieved significant reductions in the proportion of two year old children with developmental delay.[36] It was led by a single department focused on social development. Rapid change was made possible due to attention from the President of Chile and general political buy-in.[37]

Figure 2 – Learning from other countries

The ways we already support families with babies

The ways we already support families with babies

The services that families currently receive

1 There are many different services available to support families throughout pregnancy, as their baby is born and in the months that follow. Currently, a small number of services are offered to every new parent or carer – these include midwifery and health visiting services, which sit alongside those services available to everyone, like General Practitioners (GPs) and NHS 111. Many local partners offer a broader range of services to all their families, but a significant number only offer additional services on a 'targeted' basis in response to need. These additional services include breastfeeding support, mental health support, smoking cessation and intensive parenting support. Local authorities, working with partner organisations and agencies, have a statutory duty to safeguard and promote the welfare of all children, including babies, in their area. All of these services are vital for ensuring every baby gets the best start.

Midwifery

2 A midwife is a registered healthcare professional who provides personalised care and support throughout pregnancy. Midwives also provide support during labour and the birth of a baby, which continues up to 10 days after the baby is born. Every practicing midwife must have completed a degree or apprenticeship in midwifery and must be registered with the Nursing & Midwifery Council.

3 An initial midwife appointment should be offered before 10 weeks of pregnancy.[ii] A universal service provided by the NHS, midwife appointments can happen at home, at a hospital, at a GP surgery or at a community clinic. Midwives explain what needs to happen during pregnancy to ensure new mothers and their babies will be as healthy as possible. They also ensure mums, dads and other carers feel prepared for the baby's birth.

ii Also known as an 'initial booking appointment'.

4 Pregnancy is a deeply sensitive time, with changes to the body and new things to learn. There are commitments in the NHS Long Term Plan to ensure continuity of care. During the coronavirus pandemic, NHS England set out it's ambition that by March 2021 *"35% of all women should be on a continuity pathway with at least as many women from the BAME communities and the most deprived communities receiving continuity of care as white women".* Importantly, continuity of care will be targeted *"towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes".*[iii]

The NHS Long Term Plan

First published in 2019, The NHS Long Term Plan set out to improve the quality of patient care and health outcomes. It strongly recognises the need to integrate care to meet the needs of a changing population and has a focus on care quality and outcomes improvements for children's health.

iii Targets relating to the targeting of care continuity for March 2020 were set out in the NHS Standard Contract 2019/20. The coronavirus pandemic had an impact on maternity services and led to the target being revised to March 2021. We do not expect to have data on whether ambitions have been achieved until May 2021.

Health visiting services

5 Some days after the baby is born, the midwife steps back and the role of ongoing support is handed over to the health visitor.[iv] The health visitor is on hand to provide information, evidence-based interventions and advice to support families up until their child starts school. Health visitors are qualified and registered nurses or midwives who have completed a specialist community public health nursing programme.

6 Health visiting services must offer a minimum of five health and development reviews to every parent, whether or not it is their first baby. Parents should first meet a health visitor for an antenatal review 28 weeks into a pregnancy. Together they discuss physical, mental and emotional health as well as the transition to parenthood. A health visitor may visit a family at their home, in a health or children's centre facility, or the review may take place over the telephone. Ideally, these would take place antenatally, 10 to 14 days after a baby's birth, again at six to eight weeks, between nine and 12 months and between the age of two and two and a half.

7 Health visitors have a critical role in supporting parents and keeping babies safe and well. The health visitor will discuss bonding with the baby and responding to its needs; they also make sure the baby is putting on weight and meeting developmental milestones.[v] Perhaps most significantly, health visitors are uniquely placed to identify where parents or their baby might require additional support. As a result, they play an essential role providing early support, signposting information, bringing in specialist professionals such as social workers and working with others when they identify additional needs, a disability or where there are safeguarding concerns.

8 Local authorities commission health visiting services up to the age of five as part of the Healthy Child Programme. The Healthy Child Programme covers children's health right up to the age of 19, extending to age 25 for children with particular health needs. Local authorities have a legal responsibility to ensure parents are offered the five health reviews.[38] To pay for this, local authorities receive money for the Healthy Child Programme through an annual Public Health Grant from the Government.

iv After 10 days, care transfers from the midwife to the health visitor. The health visitor provides a range of support and evidence-based public health interventions.
v As a public health review, the health visitor will also discuss smoke free homes, breastfeeding, maternal mental health and immunisations.

The Healthy Child Programme

The Healthy Child Programme is the national public health framework for children and young people. It brings together the evidence on delivering good health, wellbeing and resilience for every child. Public Health England shaped the Healthy Child Programme by issuing evidence, tools and resources to local authorities and partners.

This is published as a universal offer with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term needs.

The programme comprises of health promotion, child health surveillance and screening. It provides a range of services to families, including:

- Immunisation during pregnancy and childhood
- Health and development reviews
- Advice and support to help children's physical and emotional development
- Antenatal, newborn and infant screening

The programme can ensure families receive early help and support upstream before problems develop further, which in turn reduces demand on downstream, higher cost specialist services. The Healthy Child Programme is led by health visitors in collaboration with other health professionals and is being modernised to include new resources on pregnancy and pre-conception care. This provides an invaluable opportunity to support further collaboration and integrated services from early in a baby's life, such as improving the continuity of care between midwifery and health visiting.

9 Public Health England has a commitment to modernise the Healthy Child Programme. This provides an invaluable opportunity to support further collaboration and integrated services from early in a baby's life. As the NHS Long Term Plan did for midwifery, it is intended that Public Health England or its successor body uses the modernisation of the Healthy Child Programme to improve the offer to families, for example improving continuity of care between midwifery and health visiting services.

Mental health

10 Pregnancy and the period after birth is an exhilarating and challenging time for all new parents. It can be especially so if parents have experienced trauma or an unexpected event in childbirth or their baby's development. For others, pregnancy can cause or exacerbate mental health conditions. This is why health visitors, midwives and other practitioners working with families, such as social workers, have a role in identifying mental health needs.[39] This is also why the NHS Long Term Plan is committed to creating a comprehensive, joined up mental health service offer for parents. The Antenatal and Postnatal Mental Health NICE guidelines recognise the serious impact of undiagnosed depression and anxiety disorders on the health and wellbeing of the mother[vi] and baby during pregnancy and the postnatal period. The Improved Access to Psychological Therapies (IAPT) Manual recommends that women in the perinatal period are prioritised for assessment by IAPT services within two weeks of referral and commence treatment within four weeks.

11 Work continues between NHS England and the Government to improve the mental health offer. Undertaken by GPs, NHS England provides a six to eight week postnatal health check for new mothers, including a specific focus on mental health and wellbeing.

12 Additionally, the Department of Health and Social Care spent almost £19 million in capital last year on central programmes to support mental health services. This includes schemes to ensure Perinatal Mental Health Mother and Baby Units deliver greater personalised care to expectant and new mothers with serious mental ill health.

vi We have tried to refer to 'parental' mental health where possible. In this instance, however, we have copied NICE guidelines which refer to the wellbeing of 'mother and baby'.

Safeguarding babies from harm

13 Most families will never need to be connected with safeguarding services but everyone relies on those services being there for the most vulnerable. Multi-agency safeguarding arrangements require safeguarding partners to have a shared and equal duty to work together alongside relevant agencies, including the voluntary community sector, to safeguard and promote the welfare of babies and children. Everybody in the Start for Life workforce should understand how to make a referral to children's social care if they have any concerns about a baby or child.

14 Under the Children Act 1989, local authorities are required to provide such services as are appropriate for children in need to safeguard and promote their welfare. A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development without the provision of such services, or whose health and development is likely to be significantly or further impaired without the provision of those services. Disabled children also come under the definition of a 'child in need'. The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need and to lead child protection enquiries. The Director of Children's Services and Lead Member for Children's Services are responsible for effective delivery of these functions. The Minister for Children and Families is responsible for the statutory framework that underpins the local authority responsibilities.

15 There are a range of safeguarding issues which can have a devastating impact on babies and young children. Such issues include substance misuse, poor parental mental health and domestic abuse. Local authorities are under a duty to notify if any baby or child has suffered serious harm and to undertake a 'lessons learned' review. Babies and young children will benefit from the measures set out in Public Health England's 2020 guidance on vulnerable children[40] as well as those in the Domestic Abuse Bill (HL Bill 171)[vii], which will ensure that all children under 18 – including babies – are recognised as victims of domestic abuse in their own right when they see, hear or experience domestic abuse and are related to either the victim or the perpetrator.

Reflections on the Prime Minister's Summit on Hidden Harms in 2020 by the Secretary of State for Education:

"We will... Respond specifically to the points raised about vulnerable babies by working with local authorities on the opening of register offices, reaching out to parents who have not registered their child's birth and prioritising the recovery of health visiting and the Healthy Child Programme."

– June 2020[41]

Special Educational Needs and Disability (SEND)

16 A baby might have difficulties or delays which affect their developmental progress or they might have a disability. In some cases, this will have been identified in pregnancy or shortly after childbirth. In other cases, a baby's needs will take longer to be identified but may be recognised as a special educational need as the child approaches early years education. Under the Children and Families Act 2014, local authorities have a statutory duty to ensure services are accessible to parents and carers who have children with additional needs.

Wraparound services to support babies, parents and carers

Services provided by public sector organisations

17 Local partners support parents and carers with a wide range of needs that extend beyond parenting skills. These include support with debt and finances, disability, housing and social services. This is in addition to more specialist support for areas like safeguarding, domestic abuse and mental health.

18 A wide range of other organisations in the public sector have a role to play in the Start for Life system. Social workers and those in the NHS providing other health services, like speech and language support, all help to identify specific needs and refer families to the care of others.

vii The Domestic Abuse Bill is subject to the usual legislative process and its content may change.

19 As well as providing the national support for the Healthy Child Programme, Public Health England or its successor body is responsible for programmes which promote healthy pregnancies such as infant feeding (including the National Breastfeeding Helpline), smoking cessation and smoke-free homes. In 2020, the Government announced that it will be reforming Public Health England to align expertise and capability with decision-making responsibility. Reforms will simplify accountability by strengthening the health improvement roles of a range of bodies including the Department for Health and Social Care, NHS England & NHS Improvement and local authorities.

The Troubled Families Programme

The Troubled Families Programme (England only) provides effective, co-ordinated support to disadvantaged families with a range of complex problems, to ensure that they get access to the vital early support they need before they hit crisis point. It is delivered locally by local authorities and their partners including police, probation, children's services, housing, health organisations, schools, Jobcentre Plus, voluntary and community services, and others. The programme is funded and overseen by the Ministry of Housing, Communities and Local Government (MHCLG).

To be eligible for support from the programme each family must include dependent children and/or expectant parents and have at least two of six headline problems including involvement in crime and anti-social behaviour; worklessness; poor school attendance; domestic abuse; and health problems. Of families on the programme, 34.2% have at least one child aged under two.

The programme provides upfront funding for local authorities and their partners to invest in providing more joined up, data-driven support to families, and also payment by results, where local authorities receive part of the funding when their work with families results in significant and sustained progress against their identified problems or achieves continuous employment.

Civil society

20 Public sector organisations are not the only providers of Start for Life services. Babies, parents and carers rely on the support of a thriving civil society. There are many charities, socially minded companies, religious organisations and community groups which have developed innovative, and often highly focussed support for families to give their babies the best possible start for life. From charities advocating for kinship carers, adoptive parents and same sex parents, to support groups for single parents, dads and parents of babies with special needs, civil society organisations are a lifeline for millions of families across England.

Some of the ways we already support families with babies

There are many different services available across England to support families during the start for life period. Not all of the services we have described are available to everybody; even when they are, it can be incredibly difficult for parents to navigate the Start for Life system and figure out what support is available to them. Figure 3 below shows an illustrative example of a journey through the start for life period. The Review recognises that experiences will vary depending on the family's circumstances – this visualisation shows just some of paths a family's journey might take.

User Journeys will form an important part of the next phase of the Review's work as they are an important element of user centred approaches to both policy and service design. This simplified illustration of only some of the services described on the proceeding pages is a first step. We know that parent and carer journeys will be far more complex.

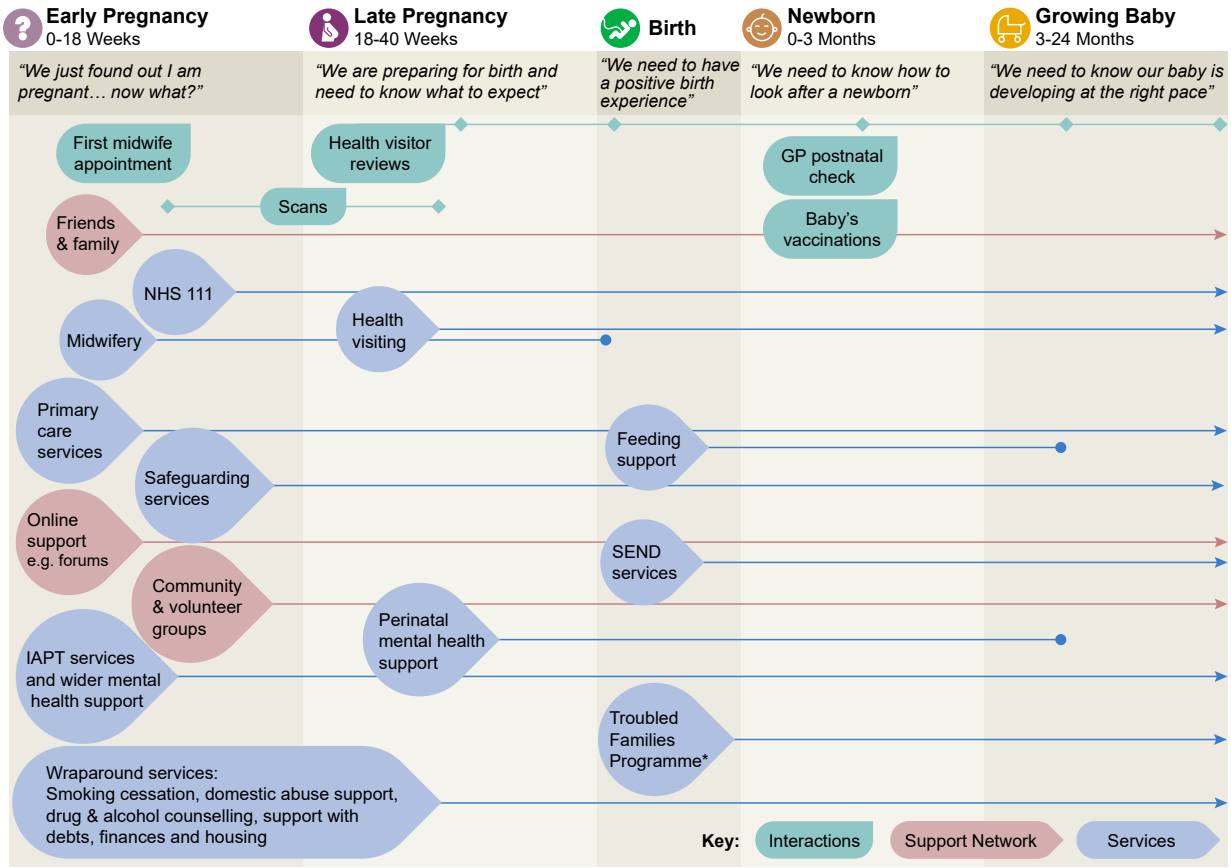

Figure 3 – Mapping some of the ways we already support families with babies

*The Troubled Families Programme is overseen by the Ministry for Housing, Communities and Local Government. In 2020 eligibility criteria for the programme was extended to include expectant parents, so the programme's support now starts from early pregnancy, rather than birth.

The impact of the coronavirus pandemic on the 1,001 critical days

1 The coronavirus pandemic has had a significant effect on everyone's lives. But for a whole cohort of babies born before and during the pandemic, there have been worrying repercussions for their development and wellbeing. Impacts like the consequences of reduced social contact due to social distancing will take time to properly understand and rectify. Others, like a 31% increase in the total number of serious incident notifications for babies in their first year, are sadly already clear.[viii]

2 We know that the pandemic has placed unprecedented pressures on families, as well as those delivering services for parents and their babies. At the beginning of the first national lockdown, many important services were suspended or the delivery model changed to meet national social distancing guidance. Staff members, including health visitors, social workers and other Start for Life practitioners, were redeployed to help the NHS respond to the influx of coronavirus patients. Professionals who remained in their local service faced significantly increased caseloads.

Reducing maternal health disparities during the coronavirus pandemic

An example of best practice is the 'Birmingham Pathway'. Midwives in the University Hospitals Birmingham NHS Trust identified that *"local ethnic minority women in the top ten percentile of deprivation"* were at higher risk for COVID-19.[42] In response, the Trust convened a multidisciplinary team and launched a maternity surveillance programme to share data and monitor pregnant women testing positive.

The programme aimed to detect COVID-19-related problems at an early stage in pregnant women. COVID-19 phone lines made daily calls to patients, guaranteeing rapid access to midwives. 45% of women on the surveillance programme were from ethnic minority groups. Women's feedback to midwives was that they felt supported and reassured by calls. This initiative provided a swift, data-informed response to prevent poor outcomes for women at higher risk of COVID-19 complications.

– Government Equalities Office and Race Disparity Unit. (2021) *Second quarterly report on progress to address COVID-19 heath inequalities.*[43]

viii 30% increase in total number of notifications during the first half of 2020-21 compared to the same period in 2019-20. There were 92 cases in April to September of 2018, 78 cases in the same period in 2019, and 102 cases in 2020. Source:
Department for Education. (2021) *Serious incident notifications*, online via https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications#releaseHeadlines-summary

3 In addition to loss of services, parents also reported feelings of loneliness and a loss of social connection as a result of the coronavirus pandemic. The Review heard that peer support is vital for everyone – the loss of this is likely to have had a significant impact on the emotional wellbeing of parents and carers.

4 As the pandemic has continued, there have been huge efforts to ensure that babies are not forgotten. Health visitors have returned to their teams and professionals and volunteers across the country have found new and innovative ways to deliver services safely. This includes moving them online or changing the way they are delivered to make them COVID-19 compliant.

5 Many professionals have seen a positive uptake of virtual services by parents and carers – in some instances these services were adapted for the pandemic but some already existed. For example, Parent Talk (an online support service provided by Action for Children) reported a 430% increase in the number of parents seeking advice online during the pandemic.[44]

6 There have been serious consequences as a result of the disruption to services during the pandemic. The 'Babies in Lockdown' survey of over 5,000 parents of 0 to two year olds found nine out of ten parents and carers experienced higher levels of anxiety during lockdown. 25% reported concern about their relationship with their baby.[45] This makes the work of this Review more important than ever.

7 Work is being undertaken to understand the effects of the coronavirus lockdowns on babies and their carers. This is not a straightforward issue, and it will not be simple to identify the numerous effects, or the best way to tackle them. More research is needed to understand the particular challenges that the pandemic has brought for disabled babies and their parents. Several organisations have started important work to study aspects of the problem. For example, a study into 'The Effects of Social Distancing Policies on Children's Cognitive Development' is being carried out by a collaboration of universities.[46] The Review considers that the Government and the Start for Life sector should pay close attention to research findings in this area as it is essential that we understand the lessons from this unprecedented time in our nation's history.

"At this time of unforeseen and ongoing change, it is imperative to understand the impacts of the lockdown during a critical period for children's development."

– Dr Nayeli Gonzalez-Gomez, Senior Lecturer in Psychology, Oxford Brookes University[47]

A summary of the Review's areas for action

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Introduction

The Review identified six Action Areas:

Ensuring families have access to the services they need
1. **Seamless support for families:** a coherent joined up Start for Life offer available to all families.
2. **A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
3. **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.
Ensuring the Start for Life system is working together to give families the support they need
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.

The Action Areas define the next phase of the Review's work. The Action Areas will be taken forward by the Review Team, working with the organisations indicated.

The work undertaken in the next phase of the Review will be subject to future funding decisions. This Vision document, and the areas for action it describes, do not pre-empt any future spending events.

Action Area 1: Seamless support for new families

Our vision is that local authorities, working with other local partners, should pull together a coherent and joined up Start for Life offer and make it clearly available. The offer should explain clearly to parents and carers what services they are entitled to and how they can access them.

1.1 Our vision is for Start for Life offers to be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities. We will work with local authorities, the NHS, the Department of Health and Social Care, Public Health England or its successor body, the Ministry for Housing, Communities and Local Government, the Department for Education, the Department for Digital, Culture, Media and Sport and others to implement this.

1.2 We will share the lessons of best practice, including how local authorities design and promote their Start for Life offer. During the implementation phase of this Review, we will work with local leaders to identify and implement best practice in the Start for Life offer.

1.3 Working with local leaders and across the Start for Life sector, we will design a set of principles that will be a freely available guide for the effective design of Start for Life offers.

1.4 We will support every local authority to publish its Start for Life offer, allowing new parents who are moving home to consider where the best place might be to raise their baby.

1.5 We will work across national and local government and the NHS to ensure the Start for Life offer is at the heart of local healthcare commissioning and integral to their Integrated Care Systems.

Action Area 2: A welcoming Hub for the family

Championing Family Hubs as a place where parents and carers can access Start for Life services.

2.1 We will work with local partners to maximise the resources and facilities they already have, in order to ensure the best offer is made available to families. We will also work with the National Centre for Family Hubs to ensure councils understand how best to build a Family Hub network, including incorporating existing Sure Start Children's Centres into their network where appropriate.

2.2 We will work with the Department for Education, the National Centre for Family Hubs and others in the health system to encourage all Family Hubs to include a specific Start for Life offer.

2.3 Alongside this, wider work is needed to understand why families are sometimes discouraged from accessing support. In the next phase of the Review, we will work with the National Centre for Family Hubs, the Department for Education and the Department for Health and Social Care to identify the practical steps that should be taken at a national and local level to reduce the stigma some experience when asking for help. Every parent and carer needs to know it's perfectly normal to need help.

2.4 We will work with the Home Office, the National Centre for Family Hubs, the Department for Education and the Ministry for Housing, Communities and Local Government to identify the best way to introduce families to their local Hub. We will encourage local authorities to consider offering birth registration services at the Family Hub.

Action Area 3: The information families need when they need it

How digital, virtual and telephone services will be designed around the needs of babies, parents and carers.

3.1 We will work with Public Health England or its successor body, NHS England and NHS Improvement to map out the Start for Life journey of parents and carers that captures how they experience digital, virtual and telephone-based services during the 1,001 critical days.

3.2 We will work closely with NHSX and in consultation with parents and carers to develop the Digital Personal Child Health Record, replacing the existing paper Personal Child Health Record ('Red Book').

3.3 We will work closely with NHSX and local partners to roll out a Digital Personal Child Health Record for every new birth by April 2023.

3.4 We will support NHS England and NHS Improvement as they develop additional features for the Digital Personal Child Health Record.

Action Area 4: An empowered Start for Life workforce

Building skills across the Start for Life workforce, strengthening continuity of care and developing a modern workforce that can better meet the needs of all families.

4.1 There needs to be a strong focus on sharing best practice within the Start for Life workforce. We will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development.

4.2 The importance of demonstrating empathy should continue to be at the heart of training and development for the Start for Life workforce. We will help local partners share best practice so that this becomes a central part of how we build a Start for Life workforce that supports all families.

4.3 We will work with local leaders and the National Centre for Family Hubs to further explore the concept of a 'key contact' for every family. The 'key contact' can ensure a good level of continuity within the multidisciplinary team providing support to babies and families.

4.4 We will work with the Start for Life sector, professional bodies, the education sector, DHSC, MHCLG and HM Treasury to develop costed proposals to strengthen the Start for Life workforce. This will include how to increase diversity in professions, how to address issues with workload and supervision, and how to ensure we are training and retaining the skilled professionals needed to support families.

4.5 We know that health visitors are central to how we support families. Because of this, we will work with the health visiting profession, the Government's Principal Adviser for Public Health Nursing, the Nursing & Midwifery Council, Health Education England and others to ensure health visiting is viewed as an attractive career and that skilled health visitors are developed and supported so they stay in the profession. This will form part of our wider work on how to develop a modern, diverse and skilled Start for Life workforce.

Action Area 5: Continually improving the Start for Life offer

Improving the quality and relevance of data collections; ensuring clear evaluation of 'what works' so that local authorities can implement best practice; establishing Parent and Carer Panels to co-design services and provide feedback on them; building consensus for a new Outcomes Framework for the Start for Life system; and developing a new and proportionate inspection regime.

5.1 We will work with others to better understand why existing data collection requirements are not universally met. We will look to find the quickest way to achieve long-lasting compliance for the collection of relevant data within existing resourcing. We will also promote data sharing where it is proportionate.

5.2 We will work with others to identify the best and most cost-effective ways to implement 'what works'. This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether we need a new body.

5.3 We will promote the development of Parent and Carer Panels, where professionals and parents work together to co-design services. We will celebrate and share the excellent practice that we have seen during our Review.

5.4 We need a set of common goals which match a shared purpose of supporting parents to give their baby the best start for life. We will need to align work to existing outcomes frameworks in local government and public health. We will engage across the system to develop an Outcomes Framework that has broad support.

5.5 We will work across Government and the public sector to identify opportunities to improve the regulatory framework, ensuring it is proportionate. This framework will give parents and carers vital assurances about the quality of services in their local area and, at a national level, give Government a clear overview of performance.

Action Area 6: Leadership for change

Learning from the experiences of parents and carers; clear leadership and accountability at a national and local level; building the economic case for investment in the Start for Life; and harnessing the support of families, volunteers and professionals to deliver the best start for life.

6.1 We will consult with local partners, parents and service providers to establish the Parent and Carer panels that help local leaders to co-design the Start for Life offer and also provide effective and meaningful feedback to ensure continuous improvement. We will also ensure that the voices of parents, carers and families inform national policy and decision making.

6.2 Our vision is that delivering support and services to families during the 1,001 critical days will be the responsibility of a single, identifiable leader who would be accountable for the Start for Life offer in their area. This leader ensures 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. We will work with partners in local authorities to develop best practice on which individual should take up this role. 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.

6.3 A Cabinet Minister will oversee implementing the agreed actions from this Review and for ensuring that Start for Life is kept at the heart of policy-making decisions across Government.

6.4 The minister will be supported by a cross-government team – a Start for Life Delivery Unit – that will work across Government and with the wider sector to implement this vision and transform the support for families during the 1,001 critical days. The Chairman of the Early Years Healthy Development Review (Rt Hon Andrea Leadsom MP) will continue her work as the Government's advisor in this area.

6.5 We will ensure the needs of babies and their carers are at the heart of policy development and implementation. We will work with NHS England and NHS Improvement to take into account the commitments already made in the NHS Long Term Plan, particularly on maternity services and the introduction of parent-infant support.

6.6 In the next phase we will work with local leaders and the lead minister in conjunction with colleagues in HM Treasury to understand efficiencies and to build the economic case for further investment in the Start for Life.

Action Area 1: Seamless support for new families

Action Area 1: Seamless support for new families

1 The arrival of a baby is often a moment of immense joy but becoming a parent or carer can be overwhelming. Everyone needs a helping hand, whether it be breast feeding support, advice on the baby's health, or sometimes more intensive support to deal with serious challenges. All too often, however, families are left to work out for themselves not only what help they need, but also where to find it. This is on top of caring for their newborn baby and adapting to the changes that come with parenting.

2 There are already many services available to families, delivered by a workforce of highly skilled professionals as well as many dedicated volunteers. Yet the Start for Life offer is patchy, is not joined up, and is not easily accessible for parents, making it almost impossible for them to navigate the system. Our first building block for action, therefore, is that every local authority in England – working with the NHS and other partners – will be encouraged to provide a clear and joined up Start for Life offer to every new family, with a Universal offer that provides the essential support that every new family needs and a Universal+ offer that targets specific support to those families experiencing the toughest times.

3 Too often, parents and carers don't feel that a particular service is meeting their needs and sometimes local bodies have not consulted parents and carers in the process of designing Start for Life services. We intend to support local partners across the country to establish Parent and Carer Panels that join up with parents, carers, professionals and civil society to co-create brilliant Start for Life Universal and Universal+ offers for their local communities that reflect the lived experience of the baby, as well as provide regular feedback on how well the Start for Life offer is delivering for them.

Case Study:
Working in partnership with families to shape services

A Family Services Manager for a children's centre in Leeds told us of the importance of working in partnership with families and involving them in shaping services.

"We invite parents to join our Advisory Board, to offer support and challenge to the professionals and help shape engagement with our families. And whilst it is important that we always aim to gather feedback from the families using services about what they found useful and where we could improve, we also make a particular effort to reach out to families who are not coming into the Centre so their voices are also heard. We also run 'Tea and Toast' sessions, where parents, professionals and volunteers sit and chat about what is happening in the community, what is working well and what gaps there might be in the community that we could help close."

Parents and carers know exactly what services and support they can expect

4 Our vision is that parents and carers will be told exactly what support they can expect to access, right from the very moment they know a baby is on the way. Local authorities publish their Universal and their Universal+ offers on their website and make them available to all of those working in Start for Life services, as well as accessible in places such as libraries, community centres and GP surgeries.

The Universal offer

5 There are some services that are accessed by every new parent. Excellent midwifery support during pregnancy and childbirth is critical. Health visiting services are crucial in supporting the transition to parenthood as well as in identifying mental, physical, social, disability and safeguarding needs and vulnerabilities early on. Midwives and health visitors, alongside general practice professionals, are the first port of call for new parents and they provide fundamental support, advice and early interventions. These services provide critical early warnings around deprivation, substance misuse and safeguarding.

6 This Vision describes our ambition for every Universal offer to bring together essential provision for every new family. This includes the critical services of midwifery and health visiting, mental health support and infant feeding advice with specialist breast feeding support.

7 Every Universal offer should include safeguarding and those services relating to Special Educational Needs and Disability (SEND). In both cases, services and responsibilities are shaped by statutory requirements on local partners and should align closely with both the SEND local offer and the support ordinarily available to those with SEND in nursery and early education settings. Services are available for every baby but taken up on the basis of need.

Midwifery and a healthy birth

8 Feedback from parents made it clear that excellent midwifery is a vital universal service; many really valued the care they had received during pregnancy and birth. However, pregnancy is a deeply sensitive time with many physical and emotional changes taking place. We were told by professionals in the sector that consistency of care from one or a small group of midwives is very important – parents don't want to keep re-telling their story, answering the same questions and feeling they are not being heard. Continuity of care also improves health outcomes for babies and new mothers: as explained by the NHS Long Term Plan, *"Women who receive continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth"*.[48]

9 Our vision is that the Universal offer will explain how parents are supported to ensure a healthy birth. This includes where parents and carers might need support, advice and adjustments if their baby is born prematurely.

Health visiting services

10 There is a requirement to offer every new family a minimum of five health reviews, but not every family receives them. This may be because some families choose not to take up the offer but, in some instances, families do not receive the offer of all five reviews.[ix] There are disparities based on demographic and geographic factors. Evidence is emerging that the likelihood of receiving all mandated health reviews up to the age of one varies with ethnicity and that you are more likely to receive health visitor reviews if you live in the more advantaged areas of England.[49] In future, our vision is not only that every family will be offered the minimum five mandated health reviews, but that we can encourage and support families where higher needs are identified to take up the offer.

Infant feeding support

Breastfeeding rates in Europe

48% of mothers breastfeed their baby at 6-8 weeks in England. This is very low compared to rates in other European countries, including Norway (89-91%), Sweden (84%), Italy (84%), Germany (73%) and Spain (72%).

– For England: Breastfeeding at 6-8 weeks, Annual statistical release 2019/20.[50]
– For Europe: 'Breastfeeding Rates and Programs in Europe', Journal Article.[51]

ix Data from Public Health England suggests that in Q4 of 2019/20, only 84.4% of six to eight week reviews were completed. Source:
Public Health England. (2021) *Health visitor service delivery metrics experimental statistics: 2019 to 2020 annual data*.

The benefits of breastfeeding

- *Research has shown that breast milk can reduce the risk of childhood obesity by up to 25%*[52]
- *Breast milk can protect babies from life-threatening illnesses; risk of Sudden Infant Death Syndrome is lowered by 45-73%*[53]
- *The risk of breast cancer is lowered by 4.3%*[54]

Babies with tongue-tie

It is estimated that up to 10.7% of babies are born with tongue-tie. Tongue-tie can prevent babies from feeding successfully, often leading to poor weight gain. Babies are not routinely assessed for tongue-tie during neonatal examinations in the UK which can cause delays in diagnosis.

– From the British Journal of Midwifery, 2017[55]
and the British Medical Journal, 2015[56]

11 Breastfeeding has numerous health benefits for both mother and baby. For example, it reduces the risk of obesity in the baby and reduces the risk of both breast and ovarian cancer in the mother. However, some may be unable to breastfeed and others might simply choose not to; parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.

12 Our vision is that infant feeding support is always available as part of the Universal offer to all parents and carers, including help for breastfeeding, advice and early diagnosis of issues such as tongue-tie, and help with formula feeding where that is more appropriate. The Review heard a lot from parents about the positive impact breastfeeding can have on confidence and self-esteem, so breastfeeding support groups and peer networks should be an important part of the Universal offer.

Case Study: Breastfeeding Peer Support

Leeds City Council commissions a breastfeeding peer support service that provides groups to help new mums who want to breastfeed their baby. The groups are run by volunteers who have all breastfed and understand some of the challenges that sometimes come with breastfeeding. The volunteers have been trained to offer support and signpost to services if mums need more specific help. Leeds City Council shared that the mothers who access breastfeeding peer support feel it is useful to be in a group, so they can see how other mums feed their babies and pick up tips and advice.

13 The NHS Long Term Plan states that all maternity services in England should already deliver an evidence-based infant feeding programme. This should be accredited by a body such as the UNICEF Baby Friendly Initiative or be in the process of getting accredited. We will work with local authorities, local NHS bodies, Public Health England or its successor body and health visitors to help them provide excellent universal infant feeding support.

Mental health support

14 It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.[57]

Parental mental illness

10 – 20% of women develop a mental illness during pregnancy or the first year after having a baby.

– Public Health England, 2019[58]

Parental mental illness is associated with increased rates of mental health problems in children. In 2017, NHS Digital found that two to four year olds are 2.7 times more likely to develop a mental disorder if they have a parent who also has poor mental health.

– NHS Digital, 2017[59]

Many women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care. Being busy taking care of their baby can also be a barrier to seeking treatment. This can delay mothers seeking and accepting timely treatment. About half of all cases of perinatal depression and anxiety go undetected and fail to receive evidence-based treatment.

– Public Health England, 2018[60]

15 Effective mental health support for parents and carers to develop a secure bond with their new baby can be integrated fully into the Universal offer to every family. The Universal offer should make reference to the services that result from existing commitments in the NHS Long Term Plan. It should reference existing mental health support for those parents whose baby may have a disability, a health condition that requires hospital care or who was born very prematurely. Each can mean a lack of opportunity to bond, stress on parental mental health and emotional stress on the baby.

Parent-Infant Psychotherapy

Parent-Infant Psychotherapy refers to clinical practice which is rooted in psychoanalysis and attachment theory. It aims to promote a baby's healthy development by strengthening its relationships with its caregivers. Parent-infant psychotherapists help parents reflect on their past or present experiences which may be influencing their view of their baby and their relationship with their baby.[61]

A recent study in the United States found that Parent-Infant Psychotherapy significantly reduced symptoms of early regulatory disorders in infants by strengthening the quality of the relationship between the infant and its mother.[62]

Case Study

This case study was provided by Dr Jane Barlow – Professor of Evidence Based Intervention and Policy

Evaluation at the University of Oxford

J and her partner A were referred to Parent-Infant Psychotherapy (PIP) when Baby L was seven weeks old. The couple had a history of drug and alcohol abuse and mental health problems. Exhausted by caring for a newborn during the coronavirus lockdown, J was experiencing panic attacks and A's Obsessive Compulsive Disorder led to hours of cleaning.

The PIP therapist invited both parents, with Baby L, to attend the first virtual meeting. L, tight in her mother's arms, felt very far away from both her father in the room and the therapist on the computer screen. Over time, the therapist was able to build a relationship with J and A and explore their experiences. The therapist was able to highlight the many positive attributes they brought to L's life. Within a few sessions L was allowed to move from mother's gripping arms to her father and to 'playing' with the therapist.

Although there were significant improvements the family remained vulnerable. The therapist set up a network meeting to arrange more coordinated team support. J was worried that her parenting would be found inadequate but all the professionals reassured her that L was safe in her care. This began to change J and A's view that the world is against them, which was a meaningful shift in their trust.

Work is ongoing, as lockdown remains in place but Baby L crawls toward toddlerhood.

Safeguarding

16 Safeguarding and protection should be a key part of every Universal offer. Parents and carers have primary responsibility for the safety and wellbeing of their baby, but local authorities – working with partner organisations and agencies – have specific statutory duties to safeguard and promote the welfare of all babies and children in their area. Midwives and health visitors have important roles in the identification of need and are often the people who will first flag a safeguarding concern by making a referral to local authority children's social care if concerned about a baby's welfare. The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need and to lead child protection enquiries.

Adverse Childhood Experiences

Adults who experienced four or more adverse childhood experiences (ACEs) in early childhood are 4.9 times more likely to have memory impairment, 4.7 times more likely to have depression, 2.3 times more likely to get cancer and 2.1 times more likely to have a cardiovascular disease. ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism.

– British Medical Journal, 2020[63]

17 Safeguarding of vulnerable babies is a top priority that should already be shared by every single professional in the Start for Life workforce. It is not just the role of the health visitor or the social worker. Safeguarding partners (the local authority, clinical commissioning group and police) must continue to work together with other relevant local agencies who contribute to the safeguarding of children and promotion of their welfare.[64] High quality safeguarding support must be fully integrated into wider services and we will ensure our work in the implementation phase supports this.

Supporting the parents of seriously ill or disabled babies

18 Services to support disabled or seriously ill babies, including those born prematurely, should also be a key part of every Universal offer. This means finding ways to improve earlier identification of additional needs. We know that these 1,001 critical days can be challenging for parents of disabled or seriously ill babies as they juggle hospital stays and appointments or adjust to the news of their baby's condition. Families with disabled children rely on high quality referrals and support. Special needs and disability services should also be a key part of every Universal offer. As with safeguarding, we rely on statutory special needs and disability services being integrated into wider services. The Review heard just how essential it is for families with disabled babies to have a co-ordinated plan of care offered by a lead professional.

Parents of disabled babies

"We know that finding out that your child has a developmental disability has a huge impact upon parents and the way in which parents are told and supported is of lasting importance. We know that parents of disabled children often have to wait for support and advice on how to care for their child."

– Hedderly et al in Current Paediatrics, 2003[65]

The Universal+ offer

19 The Universal offer is for every family, but many need additional, targeted or specialist interventions to deal with a range of specific problems and challenges. Our vision is that each local authority should therefore also provide a Universal+ offer that meets the needs of their local population. The Universal+ offer should cover a broad range of issues, from language barriers to debt advice, from disability to transport in rural areas, and from domestic abuse to drug and alcohol support.[x]

20 The Troubled Families Programme works to significantly improve the provision of family support services for all vulnerable families across a local area, including those with children aged 0 to two years old. The proposed Universal+ offer should work as an integral part of the wider structure of early help partnerships and services that have been developed, as already happens in many areas. This will ensure families get the right support at the right time, whilst also ensuring more specialist early years services can be highlighted to parents and other workers alike.

x In relation to the Healthy Child Programme, Universal+ includes those services known as both 'targeted' and 'specialist'.

Designing the Universal and Universal+ offers

Parents and carers at the centre of service design

21 In the implementation phase, the Review Team will work with local partners in the creation of the Parent and Carer Panels that can assist in co-designing services and provide regular feedback on their effectiveness and quality.

22 The membership of these Panels should reflect that families come in all shapes and sizes with very different experiences and perspectives. The Panels need to represent parents and carers from every community including dads and partners, LGBT parents, adoptive parents, kinship carers and parents from a range of ethnic backgrounds.

Parent and Carer Forums

The vast majority of local areas already have a Parent Carer Forum (PCF). These are *"representative local groups of parents and carers of children and young people with disabilities who work alongside local authorities, education, health and other service providers to ensure the services they plan, commission, deliver and monitor meet the needs of children and families."*[66] As local authorities and partners are actively encouraged to work with their Parent Carer Forum, the PCF could provide a strong foundation for local authorities and partners to develop Parent and Carer Panels around their Start for Life offer. Parent Carer Forums could be involved in the co-design of Start for Life offers in addition to broader engagement with Parent and Carer Panels; this would help ensure that the offer of support and services works for disabled babies and their families.

Leadership

23 Action Area 6 below includes how each local authority area can establish clear accountability for its Start for Life service offer. We explain our vision is that a local leader should be appointed with responsibility for ensuring the co-commissioning of Start for Life services across the public and third sectors.

Local authorities encouraged to promote their Start for Life offer

24 The Review received evidence that joined up support for new families would be best delivered by a new statutory duty requiring all local authorities to publish their Universal and their Universal+ offers. But many of the services that form an essential part of the Start for Life offer, such as midwifery, health visiting, breastfeeding support, mental health support and safeguarding, are already existing funded responsibilities for local authorities. The Review Team will work with the Ministry for Housing, Communities and Local Government and local authorities during the implementation phase in order to consider whether any new duties are necessary. Government will consider this proposal further prior to implementation, including whether it would create any new burdens for local government, ensuring they are funded and in accordance with the New Burdens Doctrine.[67]

Principles for designing a Start for Life offer

The Review has heard some brilliant examples of service design for the 1,001 critical days. Some principles that underpin those examples are listed below. In the implementation phase, the Review Team will work with others to develop them.

Collaboration:

- **Co-commissioning.** The best services are those which are co-commissioned between local authorities, the NHS in the local area and civil society.
- **Work in partnership.** Relationship-building both within and across different teams and cross-agency training should be promoted.
- **Relational approach.** Professionals should work in collaboration with parents, empowering them and offering empathy, information and support.

Continuity and consistency for parents and carers:

- **Continuity of care.** Consistency of staff should be ensured wherever possible.
- **Consistency of message.** Joint purpose is important and the workforce should give a consistent message to parents.

Meeting user needs:

- **Family centred.** A baby- and family-centred approach should be adopted across all services. We have seen the importance of local and 'user' involvement in the creation and design of services that are available in the 1,001 critical days. Recognising that babies cannot speak for themselves, local services should take into account the needs and views of parents and carers, whilst also remembering that at the heart of these services lie the needs of the baby.
- **Population needs and cultural awareness.** Awareness of cultural, social and economic population needs is important when designing services. This includes commissioning high-quality services for those with additional needs and vulnerabilities.
- **Access to services.** Digital services should be developed to complement face to face services and provide clear information and guidance.
- **Inclusive.** Services should be designed to include all types of carers regardless of socio-economic status or any protected characteristics.
- **Dads, partners, grandparents and other family members.** Ensure that the wider support network around the baby is included.

Evidence:

- **Evidenced.** Services should be commissioned based on evidence of 'what works' specific to the needs of the local community.

Accessible:

- **No jargon.** Start for Life offers should be easy to read and free from jargon.
- **Available to parents and carers in the places they visit at the times they need it.** Start for Life offers should be available online as well as displayed in the places parents go, whether that be community centres, libraries or recreation facilities. Thought should be given to how people access information and how it is distributed among communities, for example the role of social media and community leaders.

What the Review will do next

Local authorities, working with other partners, set out their Start for Life offer to parents and carers

25 Local authorities should be supported to work with local partners to develop a coherent and joined up Start for Life offer and make it clearly available. Our vision is that the offer will explain clearly to parents and carers what services they are entitled to and how they can access them. It should be a document in plain English, free from public sector jargon. Local authorities will also be supported to make the offer, both Universal and Universal+, easily accessible to local communities both online and displayed in places where parents and carers visit, such as community centres, libraries and GP surgeries.

26 Our vision is for Start for Life offers to be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities. **We will work with local authorities, the NHS, the Department of Health and Social Care, Public Health England or its successor body, the Ministry for Housing, Communities and Local Government, the Department for Education, the Department for Digital, Culture, Media and Sport and others to implement this (1.1)**.

27 We will share the lessons of best practice, including how local authorities design and promote their Start for Life offer. During the implementation phase of this Review, **we will work with local leaders to identify and implement best practice in the Start for Life offer (1.2).**

28 **Working with local leaders and across the Start for Life sector, we will design a set of principles that will be a freely available guide for the effective design of Start for Life offers (1.3).**

29 **Alongside this, we will support every local authority to publish its Start for Life offer, allowing new parents who are moving home to consider where the best place might be to raise their baby (1.4).**

30 **We will work across national and local government and the NHS to ensure the Start for Life offer is at the heart of local healthcare commissioning and integral to their Integrated Care Systems (1.5).**

Case study: A young parent

> I don't know what I'm doing and I've had no support.... I'm just winging it. I would just like to have someone to talk to individually [who can] give reassurance

A was 19 years old when she gave birth to her baby. Feeling very scared about giving birth and totally unprepared for becoming a parent, A tried her hardest to find Start for Life professionals who could help. Unfortunately, she kept hitting dead ends; her GP told her to contact her health visitor but she hadn't been assigned one. A was desperate to have a person she could build a relationship with; someone she could ask questions and seek advice from. Although she contacted her local health visiting team several times to find out who her health visitor was, nobody could give her an answer. It is mandatory for new parents to be offered an antenatal health review around 28 weeks into a pregnancy; A didn't hear from her health visitor until after her baby was born.

A also experienced problems with housing which exacerbated her feelings of stress and worry. With nowhere to go, she relied on her local council to find her a place to live. At 36 weeks pregnant and after a long wait, A was finally housed in a property which had leaking windows and problems with mold. A feels that the council didn't take her seriously because of her young age.

Lack of support has been a continuous problem for A. She found that once her baby was born, her friends did not want to spend time with her anymore. Her relationship with her family was also difficult; they were unhappy about her pregnancy. By chance, A met another pregnant mum, O, who has become A's main source of support. A speaks to O several times a week; she trusts O and feels she can go to her to ask anything.

Although A is feeling much more positive about her situation, she still feels as though she *"doesn't have a clue"* what help and support is available. As a busy single parent to a 10-week-old baby, A doesn't have time to search online to find out what's available and is worried that she is missing out on parenting classes and support groups which could help her and her baby.

Ethnicity

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about how ethnicity interacts with the Start for Life system.

What the Review heard

1 The way services and information are provided do not always feel inclusive. Information on websites or in pamphlets does not always reflect different cultures and experiences. Language barriers sometimes make communication between parents and professionals difficult; this can mean families feel a professional is not as caring and understanding as they should be.

2 Even where there are no language barriers, the Review heard that not all Start for Life professionals have an inclusive and sensitive approach to cultural factors. This lack of understanding and empathy can create distrust and, for some families, a reluctance to turn to professionals for help.

3 The Review heard how a lack of knowledge can mean important health issues are missed. For example, the Review heard that vital information about vitamin D is not always given to mums from black and South Asian ethnic backgrounds despite the greater risk of deficiency.

4 Data provides further evidence of disparities. Fortunately, maternal mortality is rare. In 2016-18 over 2.2 million women in the UK gave birth of which 217 died from causes associated with their pregnancy. However, women from black ethnic backgrounds are more than four times as likely, and women from Asian ethnic backgrounds almost twice as likely, to die from causes associated with their pregnancy compared to white women.[68] Emerging findings from Public Health England data, published this year, indicates that babies from minority ethnic groups are less likely to receive mandated health reviews[69] and mothers from minority ethnic groups are less likely to have accessed maternity care within ten weeks of their pregnancy. The Best Beginnings, Home-Start UK and Parent-Infant Foundation 'Babies in Lockdown' survey[70] found that fewer Asian/Asian British and black/black British respondents felt they had the information they needed during pregnancy or after birth when compared to other groups including white, mixed and other.

5 There are also impressive stories of parents making a difference. For example, the Review heard from black and South Asian mums who took action when they didn't receive the support, information and sense of community they needed. They set up new networks and groups so that other new parents will have a better experience than they did.

Case study: Ethnicity

> I loved my midwife. I found out she's retired recently but she needs to come back. I can't imagine going through pregnancy again without her support.

F developed excessive nausea and vomiting, known as hyperemesis gravidarum [71], in her first pregnancy. She knew something wasn't right but she felt dismissed by her GP who said sickness was just a normal part of pregnancy. She felt she wasn't given an opportunity to explain how bad things were. F was eventually given prescription anti-sickness medication but the GP had not diagnosed her with hyperemesis gravidarum and F wasn't fully informed about what the medication was for.

F's family and community weren't familiar with hyperemesis gravidarum. Because no one knew why the medication had been prescribed, the idea of possible side effects raised great concern. F was unable to work and eventually needed hospital treatment for dehydration. She lost her baby when she experienced a miscarriage.

In her second pregnancy, she developed the same condition. This time her midwife shared a similar cultural background to F. She knew how the community around F would respond to F's condition and how people responded to her as a black woman. She helped F feel confident about what to say to her family and her employers. F describes how her midwife's awareness of her community was vital; she felt uplifted and empowered and able to speak up.

Ethnicity: How the actions in this Review will have real world impact

6 Each family has had a unique experience and has a different story to tell. This can mean they need different services or they might need the same services to be provided in a different way. Some people know little about the services that are available, perhaps because the information provided didn't reach them or didn't feel relevant. The Review heard how ethnicity and culture can have a significant effect on the quality of the service provided.

7 Every baby should be given the opportunity to thrive and achieve their full potential, regardless of their background. For this to happen, we need to ensure that the needs of all families are at the heart of how services are designed and delivered. At a national level, we will continue to listen to parents, carers and families from as wide a range of backgrounds as possible. Our vision is that local authorities develop their Start for Life offer with local communities, ensuring services are designed to meet the local need and that communications are tailored to meet the needs of the families who access support and services.

8 We want Parent and Carer Panels to reflect the diverse backgrounds of families in each community. The local workforce should also be fully represented so that volunteers and professionals from a wide range of backgrounds and organisations help to shape the delivery of support and services in their local area. By working together, families, professionals and volunteers can help local partners develop an inclusive and sensitive approach to cultural differences and needs.

Dads and partners

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about the experiences of dads and other partners.

What the Review heard

1 When we hear *'postnatal depression'* we often think about mums. But the mental health of dads and other partners can also be affected by the birth of a baby. In 2015, a study by the National Childbirth Trust found that one in three first-time dads reported feeling worried about their mental health following their baby's birth.[72] The Review heard from dads who experienced postnatal mental health problems but did not speak out as they did not want to take any attention away from the health needs of their partner. The Review also heard from dads who did speak out about their mental health but felt ignored or marginalised by professionals.

2 We know that dads and partners sometimes need support with the more practical aspects of becoming a parent. There is no 'one size fits all' – some feel confident about caring for their new baby as they have experience of caring for younger siblings or other family members, while others have no idea what to expect and the prospect of becoming a parent feels very daunting.

3 The Review heard from dads who had accessed a wide range of services, from practical classes which taught them how to change a nappy, to support groups where they could meet other dads and other partners. The Review heard positive feedback from dads who were able to access services which gave them the space to share their experiences without worrying about taking the focus away from the other partner's health.

4 The Review also heard how dads and other partners sometimes didn't access support as they perceive services as being there for mothers, not for them. This can mean they didn't feel confident turning up to support groups or accessing services.

5 For this reason, some local organisations we spoke to are focused on making Start for Life services more inclusive for dads and other partners. They recognise that there are barriers to getting dads and other partners to access support. These barriers can be both practical, such as work commitments, and emotional, such as the fear of opening up in front of other people. Some organisations are co-designing their family services with parents, getting feedback on the types of support dads want and what needs to happen in order for dads and partners to access services with confidence.

Case study: Dads and partners

> It's good to know that whenever you need help all you have to do is call

When B found out that his partner Y was pregnant, he felt excited. Y had another child from a previous relationship but this was B's first baby. B was keen to attend antenatal classes – he was worried that he was lacking the skills to care for a newborn. Luckily, Y knew exactly where to turn and she and B went to their local children's centre.

The children's centre immediately booked B and Y on to a five-week course of antenatal classes. The classes answered the questions B had about how the birth would work. In one session, B even got to practice changing a nappy on a real baby. B felt that every professional and volunteer he met was friendly and welcoming and helped him prepare for the arrival of the new baby.

B met lots of other parents at the children's centre who told him about other groups, such as soft play sessions and a dad's group at the local library. B enjoyed attending the dad's group so he could *"go and make a mess"* with his baby while meeting other dads and carers.

Overall, B felt really supported and included by the Start for Life services he engaged with. B feels fortunate that these services were available nearby to support him and his family.

Dads and partners: How the actions in this Review will have real world impact

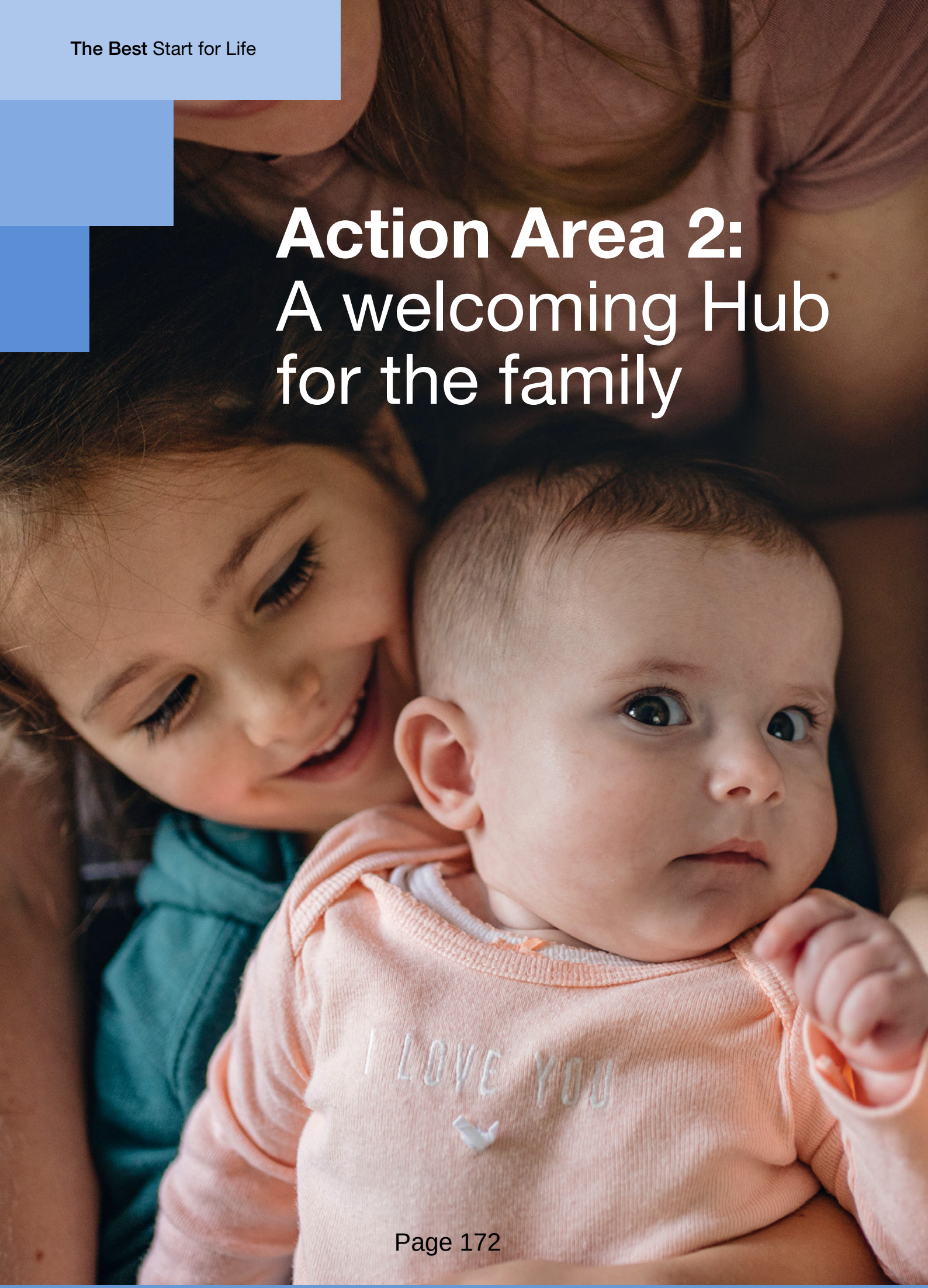
6 The Review heard how important it is for dads and other partners to be able to access support. This includes mental health support, which every new parent should have access to if they need it. We want local partners to develop a Start for Life offer that explains clearly to mums, dads and other carers what support they are eligible for and how they can access it.

7 Sometimes, dads and partners can feel that support services are only available for mothers; it is really important for all family members to be able to access the help they need and to feel supported in giving their baby the best start for life. All Start for Life offers should be co-designed with Parent and Carer Panels; these panels must include dads and other partners, so they get the chance to shape the services which are there for them. Dads and partners should be able to give their feedback on services via the Parent and Carer Panels, so that local partners can ensure continuous improvement of services.

8 We know that becoming a parent can feel very daunting. The Review heard from dads who had no idea what to expect or where to begin looking for information to help them prepare for parenthood. We want every family member to always have immediate access to trustworthy information. That is why we want to create an NHS-branded online destination – a 'digital front door' – where parents and carers can access trusted information and support around-the-clock.

9 The Review heard some excellent examples of services available specifically for dads and partners. We've emphasised the importance of spreading best practice throughout this Review; local partners need to work together to share examples of 'what works' and ensure that dads and other partners are supported across England.

Action Area 2: A welcoming Hub for the family



Action Area 2: A welcoming Hub for the family

1 Every family must feel supported in giving their baby the best start for life, whether they're together or separated. All parents and carers – whether they're mums, dads, same sex parents, adoptive parents, grandparents, step-parents, foster carers or the wider family – need to know where to get help and support. A baby-focused place will make families feel welcome and be somewhere where they can get the help they need whenever they need it.

2 The feedback from families and service providers during the coronavirus pandemic has highlighted how important it is to be able to meet other parents and get face to face support; it just isn't the same when services are only available via phone or video call. In order to give every baby the best start for life, families need places they can go to get support, they need to know where these places are, and they need to know exactly how to access them.

3 Just as the services and support provided must be tailored to the needs of the local community, the places where families go to get help must be designed around them. Local authorities can have different ways of achieving this – where local partners are already providing Start for Life services and support in this way, they use a range of buildings including Sure Start Children's Centres and Family Hubs. What the buildings are called doesn't matter – what matters is that every family knows where they can receive high-quality advice and support. A hub approach allows families to access face to face and digital support from public, private and voluntary organisations at a single place.

4 The approximately 3,000 Sure Start Children's Centres and linked sites are highly valued by families. This Government's manifesto commitment to championing new Family Hubs will give us the opportunity to deliver, as the former Children's Commissioner put it in 2016, *"holistic, early intervention services to a whole community" and that "their introduction is a clear next step to coordinate existing services and support".*[73] This is why Family Hubs are at the heart of our vision for baby-centred services, designed to give every baby the best start for life.

Family Hubs: the place to go

"Pregnancy and the first 1001 days in a baby's life are a significant time for parents – change, new skills, new concerns, new pressures. Family Hubs' priority is to engage with families during this time"

– Family Hubs Network. What Family Hubs offer: Antenatal and Postnatal Services.[74]

5 Our vision is for Family Hubs to be welcoming, family-focused centres for every new family during pregnancy and beyond. Local Family Hub networks may consist of both physical and virtual places where services to support families come together, from birth registration to midwifery, health visiting to mental health support and parenting courses to infant feeding advice. All of the many 'wrap-around' services provided by local authorities and health organisations – ranging from debt and housing advice and relationship support services, to language classes and support to overcome domestic abuse, substance abuse or to improve wellbeing – can also be accessible through Family Hubs. A successful Family Hub would be a place for families to go for advice and for information about services they might need when they're having a difficult time.

6 Although Family Hubs are designed to support families from conception all the way up to young people of 19 (or older if they have special educational needs or are disabled), our vision is that the Start for Life offer would be offered as a core part of the Family Hub network. This could include the provision of all antenatal and postnatal services – a locally published Start for Life offer would ensure families know what's available to them. An example of an existing Start for Life service available to parents in the London Borough of Camden is the 'Bump to Baby Programme'.

Case Study: The London Borough of Camden's Bump to Baby Programme

The London Borough of Camden's Integrated Early Years Service introduced 'Bump to Baby' – a new Preparation for Parenthood programme in April 2017. Bump to Baby provides support and information to help parents-to-be make the transition to parenthood. During the initial five weeks, parents learn about:

- Preparing for and managing labour
- Bonding with the baby
- Baby brain development
- Working out the baby's sounds, signals and cues
- Coping with crying and comforting the baby
- Becoming a parent and changing relationships
- Mental health impacts of pregnancy and birth
- Where to go if they need a little extra help

On course completion, families receive a gift bag containing information about services, activities in the children's centres and other community venues. It also contains some books and essential items for parents, carers and the new baby.

Completion rates are high, including by fathers and partners. Bump to Baby does not end after five weeks as families are encouraged to keep in touch with each other and they are invited to a Bump to Baby 'social' following their baby's birth.

Camden are now set to increase the number of courses available each year and have recently introduced postnatal groups, offering continuity and supporting access to other services.

A Family Hub network

7 Having a place to go to is important for families but a single, centralised location will not be able to meet the needs of all families in a community. More rural locations, as well as more diverse communities, will need different specialist or outreach services that can form a part of the wider Family Hub network but which are tailored for the particular needs of a community. In our virtual visit to Devon, the Review heard about how some families were struggling to access vital services due to a lack of transport, with the cost of a bus fare or simply the amount of time it takes to travel to their nearest Sure Start Children's Centre making it impossible for them to drop in or attend appointments.

8 The Review heard two main problems that arise from 'targeted only' support. First, identifying vulnerable families can be challenging. Second, a targeted approach can leave families feeling stigmatised and therefore less willing to ask for help, even when they desperately need it. Therefore, it is important that the Start for Life workforce know how to sensitively refer families on for further support, including social work support where it is needed.

9 There are examples of local authorities using their Sure Start Children's Centre estate to create a core of superb, multidisciplinary Family Hubs in the locations that best meet the needs of their communities. These Family Hubs sit at the heart of other physical and virtual services delivered in the community, in people's homes and in other locations such as GP surgeries and libraries. Sure Start Children's Centres are already highly valued by many and can be incorporated into this model where appropriate.

Family Hub network – virtual hubs

10 During the coronavirus pandemic, the Review heard from new families who had been under greater pressure than ever before. To add to their challenges, much face to face support was stopped and couples were prevented from being together during major events such as baby scans and even childbirth. Of necessity, a number of local services were moved online to try and maintain a level of contact that would support families through this extraordinary period. The feedback from online and remote service delivery is mixed. Some parents told us that they valued the opportunity to quickly text their health visitor or to have a video consultation with their midwife. Other feedback was that remote and digital breastfeeding advice was helpful as it enabled greater personal privacy. Parents found that video chats with other parents provided some vital social interaction for them and their baby. For those living in rural locations, online and remote support was considered extremely helpful, avoiding the need for, in one case, a 31-mile round trip on a bus to the nearest centre.

11 We are determined not to lose the advantages of easy access and convenience for parents that virtual tools brought during the pandemic. Family feedback is that they want face to face support to resume and to be at the core of all Start for Life services. At the same time, as a part of our work with local partners in the implementation phase, we will support them to develop their physical as well as virtual face to face offer.

Case Study: An example of virtual support delivered by a Family Hub

Community Family Hub East in Byker Sands, Newcastle-upon-Tyne adapted their services to offer excellent virtual support to families throughout the coronavirus pandemic. This included:

- Virtual work on parenting skills
- Timetable of virtual activities including story and song sessions
- Virtual activity packs
- Telephone support line
- Virtual 'holiday club' to deliver a virtual dance and music programme

Community Family Hub East reported that they had fantastic engagement from parents and carers and the babies and children who took part in the virtual activities really enjoyed them.

Remove the stigma that sometimes makes it hard for parents and carers to ask for help

According to IPSOS Mori's report for The Royal Foundation, 70% of parents of a 0 to five year old say they feel judged by others. 15% of parents report that the fear of feeling judged makes it difficult to ask for help and support for their child if needed.[75]

12 The Review heard that it can be difficult for parents and carers to ask for help, in part because they fear they will be judged. Some people we spoke to specifically mentioned that Sure Start Children's Centres can be perceived as places for those who need help with specific problems. This can dissuade families from accessing services, as they fear being perceived as a 'bad parent'. Much more work needs to be done to make it easier for families to feel it is OK to need support and to ask for help – to remove the stigma many parents feel. One of the ways to do this is to make each Family Hub a place where you go to do the things that every parent does, including registering the birth of your baby.

Birth registration

"The ability to register births in Family Hubs provides an opportunity to alert expectant parents to the support services available and reduce any stigma associated with going through the doors."

– The Family Hubs Network[76]

13 All births in England are required by law to be registered, with most registrations currently taking place at a register office or associated service point. In some local authorities, registrars visit a specific location (such as a Family Hub) and take appointments on a specific day of the week. Every local authority should be encouraged to consider offering birth registration services in their Family Hubs in the future. This has been offered in a small number of locations in England for more than a decade.

14 A local area may wish to offer birth registration in Family Hubs as a way to introduce families to their local Family Hub and encourage them to make use of it.[xi] Registering the birth of a child is something every new parent does – where this can be done in a Family Hub it can help families see their local Hub as a place they can visit without stigma. Staff based at the Family Hub can meet the new parents as they come to register their baby, including those who would otherwise not be in touch with services. This, in turn, provides staff with an opportunity to engage with the family, signposting them to groups and services relevant to them and, in doing so, dispelling the common misconception that services and support are only available to the birth parent.

xi It is not known exactly how many Family Hubs or Sure Start children's centres currently offer birth registration in England. However, this number is understood to be very small; of the 116 Hubs in England registered with the Family Hub Network, only one is known to offer birth registration on-site – Balby Family Hub in Doncaster. The number may be higher in children's centres but this remains unknown. Evidence submitted to the Review by The Family Hubs Network (January 2021).

Case study: Benchill Children's Centre

Manchester City Council has been registering births at Children's Centres since 2001; there are now five centres that provide this service across the city, including the Barnardo's-run Benchill Children's Centre in Wythenshawe. Benchill Children's Centre offer birth registration at their Centre once a week, which is convenient for many parents as it means they don't have to travel the eight mile journey to Manchester city centre to register their baby's birth. However, offering birth registration at the Centre also acts as an effective way to introduce new families to their local Children's Centre and the services on offer. When attending a birth registration appointment, parents will meet with the registrar before seeing an 'outreach worker who will explain the different sessions available to them. These sessions include baby massage, sensory room and health visitor drop-in clinics, as well as an offer of support, advice and guidance on any problems parents might have experienced since their baby's birth.

From April 2019 to March 2020, Wythenshawe Children's Centres saw a total of 687 families attend the Centre to register a baby's birth. In the same year, the Benchill area of Wythenshawe had 161 births, of which 116 were registered at Benchill Children's Centre. 74% of those families re-engaged with the Centre after attending birth registration, with 46% of those families re-engaging within one month, a further 46% re-engaging within six months and 7% re-engaging after six months.

A place for the professionals and volunteers who support families

15 Family Hubs can provide a place to meet, physical or virtual, for the people who provide support to babies and their carers. Start for Life professionals and volunteers would be able to come together in a multi-disciplinary Family Hub to share best practice and ideas and develop a shared understanding of each other's roles and priorities.

16 By helping them come together, connections between the many professionals and volunteers supporting families can be easily formed. For example, if a family is 'handed over' from the midwife to the health visitor or introduced by the health visitor to a mental health professional at a Family Hub, it will be much easier to share vital information and concerns than when professionals are based in different locations. This also gives professionals and volunteers the opportunity to receive support, advice and supervision.

"A 'place' to go (physical or virtual) hub should be the coordinating mechanism. Although virtual care provides opportunities, this is not accessible to all. A physical space may have benefits for women/families and for facilitating integrated working between different agencies and professionals."

– Research Midwife

Commitment from the Government

17 The Government is committed to championing Family Hubs, as set out in its Manifesto.[77] The Government is investing over £14m to champion Family Hubs. This includes a new National Centre for Family Hubs to provide expert advice, guidance and advocacy; an evaluation innovation fund to build the evidence base; and data and digital products to help professionals collaborate and plan with families in the early years. The Department for Education is leading this work.

What the Review will do next

Our vision of the Family Hub experience

It is our vision that all families can expect to be welcomed to their local Family Hub from the moment their pregnancy is confirmed up until their child turns 19. Upon entering the Family Hub for the very first time, families will find that they now have a single point of access to information and advice on family, social and health issues. Local family services, including a broad range of health and social care services, will be co-located and integrated. Although not all services offered in a Family Hub will be available to every family as some will be targeted to specific needs and not every service will be available in every building, Family Hubs will be open-access and any parent or carer can 'drop in' to their local Hub when they need to. For this reason, we envisage Family Hubs as being baby-friendly, welcoming for families and located in accessible places.

Going to your local Family Hub should be as 'everyday' an event as going to your GP's surgery with no stigma attached. Family Hubs will be inclusive – they may be used by everyone, regardless of protected characteristic or socio-economic status.

Championing Family Hubs as a place where parents and carers can access Start for Life services

18 **We will work with local partners to maximise the resources and facilities they already have, in order to ensure the best offer is made available to families. We will also work with the National Centre for Family Hubs to ensure councils understand how best to build a Family Hub network, including incorporating existing Sure Start Children's Centres into their network where appropriate (2.1).**

19 **We will work with the Department for Education, the National Centre for Family Hubs and others in the health system to encourage all Family Hubs to include a specific Start for Life offer.**

20 Wider work is needed to understand how concerns about people judging their parenting or family circumstances can discourage parents and carers from accessing support. **In the next phase of the Review, we will work with the National Centre for Family Hubs and the Department for Education and the Department for Health and Social Care to identify the practical steps that should be taken at a national and local level to reduce the stigma some experience when asking for help. Every parent and carer needs to know it's perfectly normal to need help (2.3).**

21 **In the next phase, we will work with the Home Office, the National Centre for Family Hubs and the Department for Education and the Ministry for Housing, Communities and Local Government to identify the best way to introduce families to their local Hub. We will encourage local authorities to consider offering birth registration services at the Family Hub (2.4).**

Disabled babies

The Review wanted to hear about a wide range of parenting and caring experiences from those who care for disabled babies.

What the Review heard

1 The Review heard that for many parents and carers of disabled babies, the journey to get a diagnosis and access to appropriate support can be a long and challenging one. One carer we spoke to commented that navigating the Start for Life system is *"a complete minefield",* especially for first-time parents or those who have never cared for a baby with additional needs. The Review heard that some carers feel that the Start for Life system forgets about disabled babies, meaning it can be very difficult to find services which meet their needs.

2 The Review heard how time consuming it can be for parents to find the information they need to help their baby and even to understand their needs. Some parents can spend hours trawling the internet, trying to piece together often contradictory information from many different sources.

3 The Review also heard from some parents who felt that professionals did not take their concerns seriously; they felt they weren't being listened to, further adding to the feelings of isolation and helplessness that some parents and carers of disabled babies experience. It also meant that there were unnecessary delays in the diagnosis of health conditions which could have had a detrimental impact on the baby's development.

4 When a baby has a long list of complex needs, multiple agencies often become involved to support the family. The Review heard how parents and carers find themselves repeating their story to different professionals and volunteers – this can feel very upsetting and frustrating.

5 Parents and carers often get an intense feeling of relief when their baby finally gets their diagnosis. But for some, this is quickly replaced by feelings of despair when they discover that there are further barriers to accessing the services their baby needs. This could be because of long waiting lists, further procedures the family must go through or because the services simply aren't available in their area.

6 The Review also heard from parents and carers with disabled babies who were able to access excellent support in their area. One carer told us how their health visitor listened to their concerns and referred their child to 'Portage' – a home-visiting educational service, commissioned by local authorities, which provides support to babies and young children with additional needs from birth up to statutory school age. The carer commented that her Portage visitor gave invaluable support and they felt like she was *"one of the family"*!

Case study: Disabled babies

“I’ve known something wasn’t right since before he could walk. I feel like I’ve had to persuade everyone it’s not my parenting.”

“We had no access to anything until he was two. I’ve been on two different parenting courses at the Children’s Centre – including one I used to run myself. I’ve had to do them just to prove I know that information and it’s not that I leave my child in a corner and ignore him.”

K has known since her baby was seven months old that something wasn’t right. Her health visitor told her not to worry but as he grew, her son couldn’t recognise simple words and his speech still wasn’t developing. Because the family lived in a village half an hour out of the nearest major town, they couldn’t be referred to a home-visit service that helps babies with special needs, nor to a specialist speech and language therapist.

K had to wait until her son turned two before she could access local speech and language services. Even then, K was told she would have to go to a communication course at her local children’s centre before the referral would be accepted. Although it was clear something wasn’t right, she feels she was still asked to tick additional boxes.

It took another year to see a paediatrician, who suggested K’s son might have autism. K has now been waiting for six months for the results of his assessment. Her son has now started at a mainstream school with no additional support.

Disabled babies: How the actions in this Review will have real world impact

7 The Review heard how hard it can be for parents of disabled babies to get the support they need. More must be done to support the inspiring parents and carers who work hard to give their baby the best start in life despite challenging circumstances. That is why we want local partners to provide a seamless Start for Life offer to all families. This should be well publicised and clearly set out what support is available to families and when families can expect to receive it.

8 There should be additional support available for disabled babies – this should be made available to parents and carers in the local Universal offer. This support should meet the needs of disabled babies and their parents. The best way to tell whether a service is meeting a family's needs is to ask the family themselves, which is why we want local partners to co-design all Start for Life offers with Parent and Carer Panels, working with input from existing Parent Carer Forums. Parents and carers of disabled babies and professionals who deliver services for babies with additional needs should be represented on these Panels.

9 Parents and carers of disabled babies must also be able to find information that is trustworthy, easy to access and available when they need it. That is why we want to see the creation of a 'digital front door', which is NHS-branded and signposts parents to information and advice on a range of health topics.

10 The Review has heard how difficult it can be for parents to navigate the Start for Life system, due to a lack of 'join up' between different organisations and lack of data sharing meaning that parents often find themselves repeating their story to different professionals. This can be especially challenging for parents of disabled babies, who sometimes have a wide range of complex needs and require support from many different professionals. We want to improve the experience of parents and carers in the 1,001 critical days by giving them ownership of data on their baby's behalf, via a digital personal child health record, so they can share important information about their baby without having to start from the beginning.

11 Parents and carers are the experts of their own experiences, which is why it is so important that we listen to them. The Review has heard from parents of disabled babies who feel as though professionals have minimised their concerns about their baby's health. Parents and carers must feel supported by caring and compassionate Start for Life professionals – that is why we believe the importance of demonstrating empathy should be at the heart of training and development for the Start for Life workforce.

Adoption and fostering

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about the experiences of adoptive parents and foster carers.

What the Review heard

1 Some foster carers feel there isn't enough support available for them, especially when they're caring for babies. The Review heard how some foster carers get most of their support from fellow foster carers and support from the local Foster Carers Association, buddying systems and online forums such as Facebook groups are invaluable.

2 The Review also heard how foster carers feel there needs to be a larger number of structured support groups available, provided by local partners and social care professionals.

3 Even when support is available for families with babies, foster carers and adoptive parents often feel confused about whether they are eligible for the same services as birth families. The Review heard that foster carers often aren't told about the support that parents and carers can access and it is sometimes assumed that they know what is available.

4 Caring for a baby can be tough for any parent. But a lot of fostered or adopted children need specialist support as a result of traumatic early experiences and additional needs.[78] This makes being a parent or carer even harder. The Review heard how specialist services designed for children with additional needs can sometimes be difficult for foster carers and adoptive parents to access, with very long waiting lists and a lack of alternative support available in the interim. In some cases, services are not available – for example, the Review heard that many Child and Adolescent Mental Health services don't work with children under five.

5 The Review heard that for some foster carers, lack of data sharing can be a big problem. Sometimes, foster carers are given a baby to care for with limited information on the baby's needs, background and why it is in foster care. This is especially true if the baby goes to live with foster carers as an emergency measure. There is no way for foster carers to access information about the baby other than to ask the social worker or health visitor; the Review heard how sometimes professionals do not see the benefit of disclosing this information to the foster carer. The Review heard foster carers wish to be given a full picture of the baby's situation at the very beginning, so they can put the information into practice as soon as possible and adapt their approach to meet the baby's needs.

6 The review also heard how some foster carers and adoptive parents feel they are treated differently by Start for Life professionals. Some said they have to justify themselves again and again every time they interact with professionals.

Case study: Adoption and fostering

> It does feel now we are getting support, but it's the fight you have to have to get it and the hoops you have to jump through – it's so much lost time for these kids."
>
> "Parenting is hard anyway, and with adoption and special needs on top – having these battles is so unnecessary."

J and his husband adopted A knowing that she might have additional needs. A was late with all her developmental milestones and was diagnosed with Foetal Alcohol Syndrome (FAS) as she turned one. The paediatrician wanted to get A straight into local support services but the family had to go through an Early Help Panel first, even though A met all the criteria necessary for support.

They weren't approved for support until A's second birthday, so there was no specialist input at all until she turned two. There was no route to any other services either and A first saw a speech and language therapist when she was two years and two months old.

Both J and his husband have worked in social care and education and know how to navigate the system but wonder how adoptive parents without the same experience would know where to start. They support other LGBT and adoptive parents and know that their situation is not unusual. They are aware of other adopters who have had to attend parenting classes during the adoption process and then been asked to complete very similar classes before getting access to support – again creating a delay in getting necessary help for the child.

Two years on, A is now getting the support she needs, but J and his husband feel the battle to get it in place was just so much wasted time. A year is a huge amount of time to lose when it comes to supporting a baby's development.

Adoption and fostering: How the actions in this Review will have real world impact

7 Foster carers and adoptive parents need support just as much as biological parents. The Government supports fostering families through Fosterline and adoptive families and Special Guardians through the adoption support fund and will continue to do so. However, the Review heard that many foster carers feel confused about the support that is available to them. We want all families to be able to access support and advice from their local Family Hub – this includes families who foster and adopt.

8 The Review also heard how invaluable support from fellow foster carers can be; Family Hubs could also help foster carers and adoptive parents connect with others in their local area and build a support network with people who have had similar experiences.

9 The Review also heard about the specific challenges around data sharing that foster carers and adoptive parents experience. The delivery of a Digital Personal Child Health Record (a digital version of the 'Red Book') can help with this by ensuring foster carers and adoptive parents are given ownership of the baby's data on his or her behalf.

10 The Review heard how foster carers can often feel judged or treated differently. We want all Start for Life professionals to demonstrate empathy in every interaction they have with families, no matter what their background or circumstances are. These values need to be at the heart of training and development of professionals.

Action Area 3: The information families need when they need it

Action Area 3: The information families need when they need it

1 Every family should always have immediate access to trustworthy information. From that very first time hearing that a new baby is on the way, parents and carers must have access to a range of services: from professional advice to welcoming local support, both face to face and digital services will be designed with parents and carers in mind. This is why our vision is for the experience of parents and carers to be enhanced by excellent virtual and online support, with far better access to their baby's own data.

2 Parents told us that they need to be able to find information quickly and that they need to be confident that they are accessing information they can trust. Our vision is that mums and dads, family members and carers are able to have the information they need at their fingertips so that they can access help at every hour of the day.

3 For a new approach that keeps the baby's wellbeing at the heart of Start for Life services, parents and carers must be able to access their data where appropriate from pregnancy onwards. Holding this data in an accessible format will help parents and carers to advocate on behalf of their baby, and for many, sharing the data directly with midwifes health visitors and other professional service providers will remove the burden of constantly repeating basic information, or worse still, repeating traumatic experiences to different professionals.

Enhancing support for parents and carers with virtual services alongside face to face support

4 Becoming a parent or carer for the first time is a significant life event which brings with it new experiences and responsibilities.[79] When you add in pressures such as ill health or additional needs or disability, the task of a parent is further complicated. It is unsurprising that the recent Royal Foundation research found that 73% of parents found their role to be either "stressful" or "very stressful".[80]

5 More can be done to alleviate some of the pressures that parents and carers feel. During the 1,001 critical days, some families encounter a multitude of different services, whilst others find there is nowhere for them to turn. New parents may seek information online or by calling NHS 111 if they have concerns about their baby's health. Our vision is that parents and carers get the information and support they need as soon as they need it. As well as asking local partners to develop the services that meet the needs of their local communities, we want to ensure that this approach is mirrored nationally, with accurate, up to date and trustworthy information available online and over the phone for every parent and carer.

6 Although around 95% of adults in the UK use the internet[81], digital exclusion remains an issue, and the likelihood of having internet access increases with household income.[82][xii] Digital exclusion isn't just about access – digital and language skills also matter. For example, a recent study found that 22% of the UK's population lack the basic digital skills needed to effectively engage online.[83] Around 8% of the population in England do not speak English as a first language.[84] Digital forms of information alone will not improve the experience of all parents and carers. Research has shown that the more adverse a family's circumstance, the more important it is for them to have secure and supportive relationships with trusted practitioners.[85] Digital and virtual services can enhance support but our vision is that everyone continues to prioritise face to face as the core means of delivering support.

A single digital 'front door' for parents and carers

7 Feedback from parents and carers has shown that there is a confusing mix of online information available from a wide range of NHS, charity and commercial sources. Even when searching for an answer to a simple question, parents can be overwhelmed with contradictory advice.[86] Therefore, it is important that parents and carers have an online NHS-branded destination where they can feel confident in the advice and information they access.

8 The Royal Foundation found that individuals turn to sources they know to be trustworthy, like the NHS, when they need information or advice.[87] This is why the Review Team will work with NHS England and NHS Improvement to enable parents to have easy access to information through the NHS digital 'front door'.

9 The NHS Long Term Plan describes how digital technology can "provide convenient ways for patients to access advice and care."[88] It describes access to professionals and advice through the NHS App, alongside the role of nhs.uk in ensuring everyone can find helpful information online.

10 It is important for parents to easily access support from NHS 111.[xiii] Trained professionals should offer advice and information for parents and carers worrying about their baby. They can also offer interpreters for parents and carers who do not speak English as their first language.[xiv] The availability of NHS 111 must be made known and available to every parent and carer.

xii ONS data explores how adult non-internet users vary by age: Office for National Statistics. (2019) *Exploring the UK's digital divide,* online via https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-digital-exclusion-vary-with-age

xiii NHS 111 a free 24-hour service that can be accessed online or by telephone. Current guidance outlines that assessments for those under 5 should be made via the telephone service only.

xiv The current NHS 111 service means that you can ask for a translator if you need one.

A digital child health record (a digital version of the paper 'Red Book') to ensure joined up support for parents and carers

11 Data is a powerful tool in the healthcare space, which can help unlock support and enable the right interventions. Making better use of data can transform the Start for Life experience for parents, carers and their babies.

12 NHSX will soon publish and implement a Data Strategy for Health and Social Care. This will capitalise on the good practice from the response to coronavirus by building on the permissive approach to data sharing while protecting the need for patient confidentiality. The strategy will set out a vision on how actors across the system can share data effectively and efficiently, for the benefit of better patient outcomes and to reduce burden in the system.

"Data sharing across agencies is the key to integrated working. The inability to share data often results in poorer, less coordinated delivery for those using services."

– Representative, Northamptonshire Health & Care Partnership

13 Every parent currently has access to a limited amount of health and development data on their baby via the Personal Child Health Record (PCHR), known as the 'Red Book'. The 'Red Book' is a paper record given to parents and carers at birth, and information and data are added by hand. In most cases, parents and carers take this book to each appointment relevant to their baby's health but the paper format makes it impossible for them to share data quickly. If lost, either accidentally or deliberately, then critical information can be lost forever. The design of the 'Red Book' also constrains how parents use the record as there is no opportunity for them to tailor it to their needs. For example, it has no photo sharing capabilities, so parents are unable to add visual information about their baby's development.

14 A digital record of a baby's health and development would significantly help parents and carers give their baby the best start for life. For many parents and carers, digital access to their baby's information will help them to advocate for their baby's needs. Often for parents and carers, the need to tell a number of different professionals about their traumatic experiences or that of their baby can be upsetting. Likewise for service providers, many have told us that they would find it easier to help families if they knew about their journey in advance. Better data access will make it easier for parents to share information in the way that is easiest for them.

15 There is already a commitment from NHSX to deliver a Digital Personal Child Health Record (DPCHR). There is also a commitment in the NHS Long Term Plan to enable maternity records to be accessed digitally.[89] The digital record will ensure ownership of their own data belongs to each baby's parent and carer on his or her behalf. This ownership of data from the very beginning will, over time, transform each citizen's ownership of their personal digital health data for the whole of their lives.

16 Data is sensitive, so it is vital that it is shared safely and responsibly in order to protect babies and their families. For the digital health record to deliver on the promise of better outcomes, the data collected will comply with the NHS Digital Child Health and Maternity Standards so that it can be shared across all organisations and IT systems. NHS England and NHS Improvement are leading the work to improve how data is recorded and stored. Of course, data must only be shared where it is safe, ethical and appropriate.

Figure 4 – The Personal Child Health Record (known as the 'Red Book').
Image reproduced with kind permission of Harlow Printing Limited.

What the Review will do next

Ensuring an excellent experience for parents, carers and babies

17 Local authorities, working with other partners such as the NHS, should develop Start for Life offers that are based on the needs of their communities. A baby-centred approach to designing services should help local partners ensure that their offer gives every baby the best start for life. We will replicate this approach at a national level with a focus on how the digital offer and telephone-based services are designed around the needs of babies, parents and carers.

18 **We will work with Public Health England or its successor body, NHS England and NHS Improvement to map out the Start for Life journey of parents and carers that captures how they experience digital, virtual and telephone-based services during the 1,001 critical days (3.1).** This project will mirror work done by local partners and produce a national Start for Life offer for digital services.

19 A Start for Life offer for digital services will emphasise the need for accurate information from a trustworthy source that is easily accessible for parents and carers. As part of this action, we will work with NHS England and NHS Improvement to ensure parents and carers have access to an NHS-branded digital 'front door' for information during the 1,001 critical days **(3.1 cont)**.

Accelerating work on the Digital Personal Child Health Record

20 **We will work closely with NHSX and in consultation with parents and carers to develop the Digital Personal Child Health Record**, replacing the existing paper Personal Child Health Record or 'Red Book' **(3.2).**

21 **We will work closely with NHSX and local partners to roll out a Digital Personal Child Health Record for every new birth by April 2023 (3.3).** This will include encouraging and ensuring suppliers, commissioners and developers comply with standards set out by NHSX.

22 **We will support NHS England and NHS Improvement as they develop additional features for the Digital Personal Child Health Record (3.4).** This could for example include combining it with the digital 'front door' so that push notifications could provide targeted information and support to new parents.

Single parents

The Review wanted to hear about a wide range of parenting and caring experiences. Here we explore what the Review heard about the experiences of single parents.

What the Review heard

1 Around one in four families in the UK are thought to be single parent families[90] Being a single parent can be tough; the Review heard that single parents often face loneliness, money troubles, lack of support and judgement from other parents and professionals.

2 The Review heard that single parents are twice as likely to live in poverty than married or co-habiting parents.[91] It can be really difficult for single parents to find a balance between working and caring for their baby. This can be especially hard for parents who have limited support networks and can't turn to friends or relatives if they need help.

3 The Review also heard how feelings of isolation and loneliness are common among single parents. Again, this is more so for parents who do not have a strong support network or do not have people close by who can pop round for a chat when parents are feeling low.

4 Single parents can also experience negative interactions with other parents and even the professionals and volunteers who are there to support them. The Review heard how some single parents feel judged by others. This can prevent them from accessing support – whether that's not attending 'stay and play' groups with other parents or turning down a visit from the health visitor.

Case study: Single parents

> It's really nice just to see another human, sit and talk about god knows what. [My support worker] has been a real support – if I have any issues, I can give her a call.

Once C was pregnant, her partner became verbally and physically abusive. Things got

worse after the baby was born and the police became involved. C ended the relationship with her partner to protect herself and her baby.

Initially, C was really nervous and blamed herself for a lot of what had happened. C was anxious about her baby all the time. Then her Independent Domestic Abuse Adviser referred C to a support worker. C started attending sensory play sessions where she learnt how different play activities could support her baby's development. C's support worker also helped with breastfeeding, suggesting different positions when C found things difficult, as well as when it came to weaning.

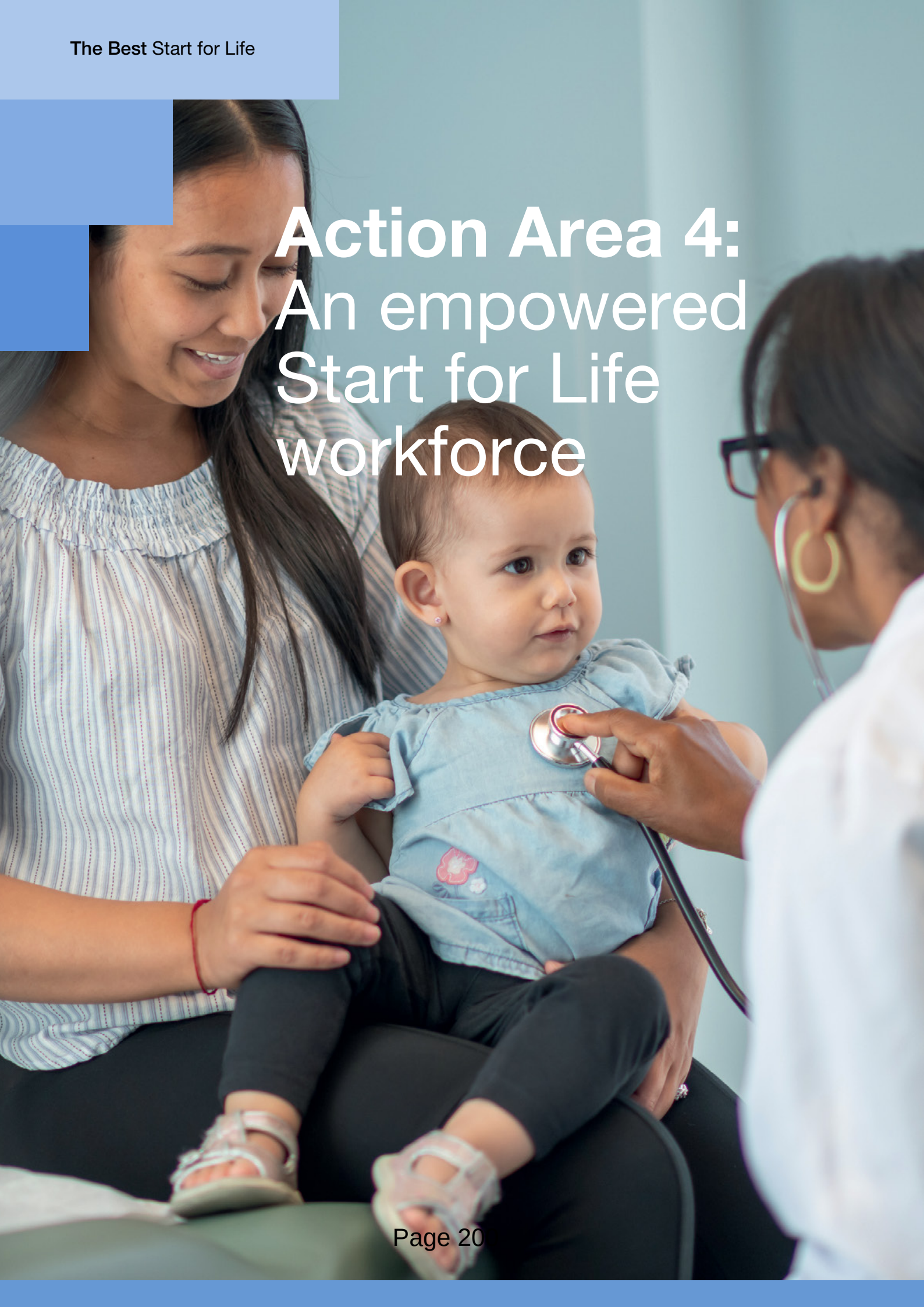
C has built a close relationship with her support worker and C feels she can contact her whenever she needs to talk about anything. Despite the difficulties she has had to deal with, C feels positive and her confidence in caring for her baby has improved significantly.

Single parents: How the actions in this Review will have real world impact

5 Support networks made up of family members and friends are a lifeline for many single parents but those who do not have access to them must feel supported. A welcoming and inclusive Family Hub should be where they can go to access that support, as well as being able to make use of other services as part of the network. Family Hubs in particular could provide opportunities for single parents to meet other parents and carers, volunteers and support workers, extending their network of people available to offer help, advice or a friendly chat when needed.

6 The Review heard how single parents sometimes feel judged by professionals and volunteers, but most of the time those providing Start for Life services provide vital help, advice and support; sometimes just as someone to speak to. We want to strengthen the Start for Life workforce so they can support every parent and carer to give their baby the best start for life.

7 Our vision is that single parents will be included in the design of services in their area, which will be achieved by their representation on Parent and Carer Panels. Local partners should make active attempts to seek feedback from single parents so they can shape services to meet their needs.



Action Area 4: An empowered Start for Life workforce

Action Area 4: An empowered Start for Life workforce

1 Our vision is that every family will be supported by a range of professionals and volunteers, each of whom brings skills, knowledge and empathy to interactions with families. From their first appointment, every parent and carer must feel that they are heard and that they can ask for help.

2 Parents and carers should be confident that the people there to help them have the right skills and knowledge and that whoever they speak to is aware of the full range of support available. Above all, families should feel that every individual they encounter treats them with dignity and respect.

3 To make this possible, the Start for Life workforce, whether public or third sector, needs to have up to date skills and knowledge about their own area as well as manageable workloads and appropriate supervision. However, professionals and volunteers also need to understand how their service fits into the bigger picture of support for families.

A Start for Life workforce that understands the needs of families and how others can support them

4 Families engage with many different sources of support during the 1,001 critical days. The Review heard feedback that for some it can feel like they are being passed from one service to another, with each interaction focusing on one aspect of the support they and their baby need, but no one looking in the round at how to best support them. A clearly published Start for Life offer will help signpost families to the support and services available where they live – but it's only part of the solution.

5 The people who deliver services and who provide support have an important role to play. They need to have a broad understanding of the perinatal period and be able to guide and connect families to other services and support when the help that's needed is outside their own specialism. They need to be suitably skilled to support babies with additional needs, disability and health conditions. The Start for Life workforce must also have an inclusive and sensitive approach to social, cultural and other factors; the Review has heard from some parents of experiences of what they perceive to be racism and from others about a lack of understanding of specific health issues that affect a particular demographic. It is also important that the Start for Life workforce know how to support LGBT families.

6 We've known for some time that cross-system training has an important role to play. For example, in 2015 the *'Building Great Britons'* report recommended *"joint inter-agency training on the importance of the early years for social and emotional development, for all professionals working with children and families in the early years, a priority in the '1001-days' strategy"*.[92] And the Review heard that some professionals already have access to wider system training.

Case study: Knowledge and Skills Exchange Programme

Provided to the Review by the Family Nurse Partnership

The Knowledge and Skills exchange (KSE) programme was launched to increase the reach of the evidence-based methods used by the Family Nurse Partnership (FNP) in providing intensive parenting support. As part of the KSE programme, The FNP National Unit developed learning modules around topics including attachment, engaging with marginalised clients and communication skills.

Between April 2018 and September 2019, KSE training sessions were delivered to over 5,000 Start for Life professionals including health visitors, midwives, local authority services staff and voluntary agencies.[93]

The FNP National Unit commented that the KSE *"makes full use of the skills and clinical experience of family nurses... to enhance the skills and knowledge of the wider children's workforce to benefit children and families across the system."*

– Representative, FNP National Unit

They also report that *"there have been far reaching benefits as collaboration and shared learning has led to wider system developments in response to local context and priorities. These include the development of integrated pathways for vulnerable parents; enhanced health visiting pathways and multiagency projects piloting new ways of working to address specific priorities such as engaging with fathers."*

– Representative, FNP National Unit

7 It is only possible to be confident that every baby is getting the best start for life when every professional understands how their expertise contributes to the Start for Life system and how others support families. We need to ensure that the many excellent volunteers delivering support for families have access to system-wide development opportunities as they play such a pivotal role.

A Start for Life workforce where professionals have time to support families

8 The Review heard concerns at a local and national level about there being too few skilled professionals to ensure every family has the support it needs. In some areas, the Review heard about how hard it is to recruit and retain a range of professions but the most common example was health visitors. Health visitors have a unique role in the Start for Life offer as every family interacts with them. This is due to the statutory requirement for a minimum of five health visitor reviews to be offered between late pregnancy and age two and a half.[94] We heard cause for concern that the number of health visitors has fallen since 2015.

9 Approximately one in five mums and one in ten dads suffer from mental health problems in the period from conception to age two.[95] There is wide ranging support through the First 1,001 Days Movement from over 160 Royal Colleges, charities and other organisations that advocate for better mental health provision.[96] At the moment, such provision is patchy and tends to focus on the provision of adult mental health services rather than support for the relationship between parent and infant. More needs to be done to train parent-infant specialists and to develop a consistent and universally available service.

10 A shortage of skilled professionals can negatively impact the quality and quantity of support families receive. The Review heard how it can delay families accessing the support they need. The Review also heard concerns about staff being given unsustainable workloads. With too many families to see, they cannot take the time to get to know and understand their needs, often missing important opportunities to take early action. Newly qualified members of staff can be asked to work with families whose complex needs would be better met by colleagues with more experience and some suggested to us that there wasn't always sufficient oversight and support for those in the professional roles.

A Start for Life workforce that values the contribution made by volunteers and civil society

11 Civil society organisations play a vital role in supporting families. Charities are fulfilling contracts to provide services in many areas but they also have a wider, more informal role; there is an army of volunteers who help families in the 1,001 critical days. At a local level, the Review heard many examples of how important volunteers are – they help mums overcome problems with breastfeeding, run support groups and, increasingly, create online communities to help parents, grandparents and kinship carers connect with others. However, the role of volunteers is often not recognised at a national level.

12 Civil society organisations and local voluntary groups should be included in work to develop local Start for Life pathways and, wherever possible, be given access to cross-sector professional development. An important part of this will be establishing a shared understanding of what works so that the valuable time volunteers give to support families is used effectively.

A Start for Life workforce that families feel they can turn to for help and support

13 The Review heard from families who were full of praise for the professionals and volunteers who had supported them during the 1,001 critical days. Many said they didn't know how they would have managed without the people who had helped them give their baby the best start for life.

14 The Review also heard about less positive experiences. Some told us that they felt the professional they were talking to was 'box ticking' rather than listening to them, and they had to tell their story to every new person they met. Some parents told us that they were reluctant to use services because they didn't think they were meant for 'people like them'.

15 Parents and carers also told us how much they value seeing the same person or small team; they can build the trust and rapport which research shows is the key driver in achieving positive outcomes in the most vulnerable.[97] It is often not possible for one named professional to be there throughout a family's journey through the 1,001 critical days, but more can be done to ensure better continuity of care. The foundations are already there; for example, the NHS Long Term Plan has a target to ensure *"most women receive continuity of the person caring for them during pregnancy, during birth and postnatally"*.[98]

What the Review will do next

Building skills across the Start for Life workforce

16 We need every professional and volunteer to understand the wider needs of families and how the local Start for Life offer helps ensure parents and carers give their baby the best start for life. There also needs to be a greater focus on ensuring the Start for Life workforce understands emerging best practice and what works. **At a national level, we will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development (4.1).**

Strengthening connections between families and the workforce

17 Most professionals and volunteers demonstrate real empathy for the families they work with and treat them with dignity and respect. However, the Review also heard from a number of families who felt 'judged' by those whose job was to help them and about services that do not respond to clear need. Published local Start for Life offers should help ensure that services are designed to meet the needs of local communities; and in addition, the process of developing them will help professionals and volunteers connect with the families they serve. Action Areas 1 and 5 will describe how we will encourage local partners to promote professionals and parents working together to co-design services through the Parent and Carer Panels**.** This will build empathetic connections and mutual understanding which will be ingrained into the Start for Life offer. We will celebrate and share good practice as part of our work to support local partners.

18 The importance of demonstrating empathy should continue to be at the heart of training and development for the Start for Life workforce. **We will help local partners share best practice so that this becomes a central part of how we build a Start for Life workforce that supports all families (4.2).**

19 Continuity of support matters to families and can improve outcomes.[99] Where possible, local partners should ensure families have continuity of care. For example, within a Family Hub there could be multidisciplinary teams of workers, amongst whom there should be a key point of contact for each family. This 'key contact' model could allow a greater sense of continuity as the family could be personally introduced to other service providers within the Family Hub network by a person they know well. **We will work with local leaders and the National Centre for Family Hubs to further explore the concept of a 'key contact' for every family. The key contact can ensure a good level of continuity within the multidisciplinary team providing support to babies and families (4.3)**.

Developing a modern workforce that can better meet the needs of all families

20 Cross-workforce training helps ensure professionals and volunteers are better able to support families – but more work is needed. **We will work with the Start for Life sector, professional bodies, the education sector, DHSC, MHCLG and HM Treasury to develop costed proposals to strengthen the Start for Life workforce. This will include how to increase diversity in professions, how to address issues with workload and supervision, and how to ensure we are training and retaining the skilled professionals needed to support families (4.4).**

21 Health visitors are central to how families are supported. Because of this, **we will work with the health visiting profession, the Government's Principal Adviser for Public Health Nursing, the Nursing & Midwifery Council, Health Education England and others to ensure health visiting is viewed as an attractive career and that skilled health visitors are developed and supported so they stay in the profession (4.5).** This will form part of our wider work on how to develop a modern, diverse and skilled Start for Life workforce.

Case study: Same sex parents

> The number of times we've had to cross out husband... we're so far ahead in some ways and so far behind in others.

B and her wife L have been together for 11 years. They got married nearly three years ago, and a year before that had discussed starting a family and decided that IVF was the right option for them. They spoke to their GP who advised them they would have to fund this privately.

Once they'd started the process, they found out that if their baby was born before they got married, the other parent would need to formally adopt before being officially recognised as a parent. At both the private clinic and in the NHS, they've sometimes come up against paperwork that assumes a husband or father is involved; at some appointments, it's been assumed that B's partner must be a 'Mr'.

IVF was a long and difficult process, and the couple are over the moon that it's finally worked. While B is carrying the baby, the couple chose an egg sharing arrangement – L is the egg donor.

Now that B's care has transferred across to the NHS and community midwives, she sees a different midwife for each antenatal appointment. B has had midwives who understand her situation immediately, but others have reacted differently. B doesn't expect everyone to understand why they're doing what they're doing but it's important to her that people are respectful. Sometimes she's had the impression that a midwife is saying *'I've never seen this before, I don't deal with this sort of thing'* and it can feel quite derogatory. But she feels as a couple they are able to take everything in their stride. They have bought a new house and are looking forward to sharing their baby's milestones with their families.

The Review met parents, carers, professionals and volunteers from many different walks of life. The Review knows that the pathway to parenthood is complex and families are diverse. We will ensure that in delivering the Review's action areas we will engage and take advice from families and parents that reflect modern society – this includes single parents, carers of adopted children, LGBT parents and others.

Action Area 5: Continually improving the Start for Life offer

Action Area 5: Continually improving the Start for Life offer

1 Our vision is that every parent and carer has confidence that the services and support in their area will help them give their baby the best start for life. Each local authority needs to understand how adequate its start for life provision is for local families, and every organisation (whether public or third sector) contributing to the local Start for Life offer needs to understand how the work they do contributes to the wider service supporting babies and their families. Good data will help those who commission and deliver services to continuously improve their offer. At a national level, ministers will also want to measure different standards of local provision in order to share best practice and ensure continuous improvement and the best outcomes for babies. This is why the fifth action area is to measure outcomes and evaluate the effectiveness of Start for Life services.

2 There needs to be a shared purpose for everyone delivering services in the early years. For this reason, our vision is that we need a set of common goals or outcomes that define what constitutes the best Start for Life.

3 A shared outcome framework will allow for measurement and evaluation, enabling parents to compare different local authority outcomes in the same way as they can consider school performance when they are considering where to raise their family.

4 There are three levels of evaluation. First, we need to establish what works – from parent-infant psychotherapy to intensive health visiting to therapeutic baby massage, there is a vast range of interventions offered in different local authorities. Whilst some are proven to be effective, others have less of an evidence base and we need to ensure Start for Life workforces have the tools they need to make the difference. Second, local authorities need to be able to measure their own effectiveness in order to continually improve their service offer – Parent and Carer Panels and strong local leadership are important here. Third, at a national level, ministers will want assurance on progress against clear outcomes and the narrowing of inequalities.

Using data collection to improve outcomes and reduce inequalities

5 Collecting and analysing data is essential to understanding the needs of babies and their families. The Review heard wide-ranging concerns that the data collected does not help us understand variation and disparity of outcomes across the country. Good quality datasets are essential to identifying and eliminating the greatest inequalities. Reviewing what data is collected and ensuring it is collected in a way that is both efficient and punctual and that it is correctly recorded will make a substantial difference. There is the potential for less data collection but far better focus on the needs of families.

6 For example, during the coronavirus pandemic, regulations were put in place to ensure that accurate collection and sharing of birth data was a priority. This was to monitor the effects of the coronavirus pandemic on births. We need to learn from this and encourage sharing of live birth data in every local authority, but also consider what other data could prove vital in identifying and reducing inequalities in outcomes such as infant mortality.

Evaluation to show what works

7 There are examples of good practice in evaluation of services, including those where local authorities partner with universities.[100] The Early Intervention Foundation has also carried out research into particular services but has a very specific standard which can be difficult for some Start for Life interventions to be assessed against. The Review heard that the level and quality of evaluation is patchy across the country; some services are poorly evaluated or not evaluated at all. This can be because of a lack of resources, but the Review has also heard that it is sometimes because of a lack of awareness about the importance of evaluations and a lack of knowledge of how to carry out effective evaluations. This can mean that services are prioritised because they feel like the right thing to do rather than because there is evidence that they help babies and families.

8 Although evaluation of individual services is important, it would be inefficient and ineffective to expect every local area to evaluate each of their services from scratch. Instead, our vision is that local authorities and health commissioning bodies can commission services that work within their local offer. These need to be from clearly evaluated and successful interventions that they know will offer the support that families need, therefore providing value for taxpayers' investment.

Continuous improvement of local Start for Life provision

9 Under Action Area 6 on leadership, the Review is proposing best practice that a designated lead individual in every local authority area will be responsible for co-commissioning services across the public and third sectors to deliver the Start for Life offer. This individual should be responsible for ensuring every family is made aware of the Universal and the Universal+ Start for Life offers that they can expect to enjoy, helping them give their baby the best start for life.

10 Parents and carers, as well as those delivering services, should be invited to take part in Parent and Carer Panels that will provide input to the design of services as well as feedback on the effectiveness and quality of the Start for Life offer. These panels should ensure that 'seldom heard voices' are included in all aspects of continuous improvement.

Agreeing national common outcome measures for the best Start for Life

11 Measuring outcomes across the system will help practitioners, local authorities and health organisations to design Start for Life offers. It will also help parents have confidence in their local services and will give ministers greater insight into how the ambition to give every baby in England the best start for life is being met.

12 A wide range of outcome measures, covering different aspects of the start for life, are in use. Data is measured or recorded by different organisations at both local and national levels. The Review heard how data isn't always being used comprehensively to inform local decisions about the Start for Life system. We need to create a common outcomes framework that looks strategically at all of the data that is recorded by different organisations. This will allow us to decide what matters most when measuring outcomes in the 1,001 critical days.

13 There is a strong consensus supporting better use of system-wide outcome measures, but there is less agreement about what these measures should be. During the Review, we worked closely with Public Health England, local partners and stakeholders across the early years sector, including charities, organisations, and the wider civil society, to hear what factors are most important to babies' outcomes.

Ages & Stages Questionnaires®

Ages & Stages Questionnaires(ASQ®) are used as a population-level outcome measure of child development at age two to two and a half in England. Health visiting teams use the ASQ for the nine to twelve month and the two to two and a half year review, offered as part of the Healthy Child Programme. The ASQ-3 questionnaires measure five domains of child development – communication, gross motor skills, fine motor skills, problem solving and personal-social development. The ASQ:SE-2 questionnaires are also available, which provide further insight on social and emotional aspects of child development. The returns help monitor the development of babies across England to assess the effectiveness and impact of services for 0 to two year olds and to support future planning.

14 Further work is needed before we can secure agreement to a practical and proportionate approach to measuring outcomes across the Start for Life system. This work will include considering whether the outcome data needed is best collected as part of the Public Health Outcomes Framework or as a new, separate framework.

Regulation of services to provide confidence to parents and carers

15 When services are assessed and regulated by an independent external body that people trust, parents and carers can feel more confident that they are being provided with safe, effective and high-quality care and support. Such existing bodies include the Care Quality Commission (CQC) and Ofsted. Proportionate and focused regulation of the Start for Life offer will provide the means to compare best practice, which can then be shared between local authorities.

16 The current regulation of Start for Life Services is fragmented. During the implementation phase, the Review Team will work with existing regulators to develop a proportionate and consistent measurement system that will provide confidence to parents and carers.

17 In the implementation phase, the Review will need to consider the regulation of similar multi-agency approaches to the provision of services. One such example is in the case of special educational needs (SEND), where the Department for Education and the Department for Health and Social Care have jointly issued statutory guidance for local authorities to publish a 'local offer'[101] in much the same way as we have recommended publication of a Start for Life offer. In this example, Ofsted and Care Quality Commission (CQC) work in partnership to inspect local partners on their effectiveness in fulfilling their SEND duties. We might reasonably develop a similar model for the inspection of Start for Life offers.

What the Review will do next

Improve the quality and timeliness of current data collections

18 Currently, there are concerns that the data used to measure health outcomes in the 1,001 critical days is not capturing the whole picture. Improving the quality and timeliness of current data collections is the quickest way to improve knowledge about outcomes in the start for life period. Doing so will be particularly important when looking at inequalities and the ways in which vulnerable communities need extra support. **We will work with others to better understand why existing data collection requirements are not universally met. We will look to find the quickest way to achieve long-lasting compliance for the collection of relevant data within existing resourcing. We will also promote data sharing where it is proportionate (5.1)**.

Providing clear evaluation of interventions so that local authorities and local partners can implement best practice.

19 **We will work with others to identify the best and most cost-effective ways to implement 'what works'.** This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether a new body is needed **(5.2)**.

Ensuring local leadership and consultation with families and service providers

20 **We will promote the development of Parent and Carer Panels, where professionals and parents will work together to co-design services. We will celebrate and share the excellent practice that we have seen during our Review (5.3).**

Build consensus for a set of common outcome measures for the Start for Life system

21 Further work is needed to secure consensus about the best way to measure both individual and population-level outcomes across the Start for Life system. We need a set of common goals which match a shared purpose of supporting parents to give their baby the best start for life. We will need to align work to existing outcomes frameworks in local government and public health. **We will engage across the system to develop an Outcomes Framework that has broad support (5.4).**

Regulating services across the Start for Life system.

22 **We will work across Government and the public sector to identify opportunities to improve the regulatory framework, ensuring it is proportionate. This framework will give parents and carers vital assurances about the quality of services in their local area and, at a national level, give Government a clear overview of performance (5.5).**

Families living in rural areas

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what we heard from parents, carers and Start for Life professionals and volunteers who live and work in rural areas.

What the Review heard

1 Caring for a baby in a large rural area can bring with it a number of obstacles. These come on top of the challenges which parents and carers face regardless of where they live. The Review heard that living in a large rural county where the towns and cities are many miles apart can make accessing support very difficult for families as they have a long way to travel. For example, the average journey time to hospital using public transport is 34 minutes in urban areas, compared to 61 minutes in rural areas[102] and the Review heard that in Devon, families can live up to 29 miles away from their nearest Children's Centre.

2 In rural areas, accessing services can be especially difficult for families who do not have use of a car. The Review heard how transport options can be very limited; in some areas, the train services are virtually non-existent and residents have to rely on bus services which are infrequent and often expensive. For some families, travelling on buses to get to appointments can take up a large portion of their day, especially if there is no direct bus route.

3 The Review also heard how covering a large geographical area can make things harder for Start for Life professionals and volunteers. Many professionals – such as health visitors and community midwives – are able to offer home visits to the families they support. Having long distances to travel between visits will reduce the number of families Start for Life professionals and volunteers are able to see each day. This might make it more difficult for families to get a home visit and it might mean increased workload pressures for professionals.

4 We also heard about the ways in which service providers have overcome the challenges faced by geographically dispersed areas. For example, some local partners are able to provide free transport to help parents access services. Others have been conducting research with local families to find out which locations are the easiest for parents to get to. Local partners have also made some of their services mobile, running sessions in different locations around an area so they can reach out to communities which are often isolated.

5 The Review has also heard about how the changes to service provision as a result of the coronavirus pandemic have been welcomed by some families living in rural locations. As many local partners have been able to offer virtual services – either online or over the phone – families have been able to avoid travelling long distances in order to attend a face to face appointments.

Case study: Families living in rural areas

> When I had concerns, I had to drive one hour to the hospital and then wait, sometimes all night.

M had quite a difficult pregnancy – luckily, there is a clinic in the small rural town where she lives so she was able to attend midwife appointments close to home. But when M had more serious concerns, nobody was available locally to provide medical support and so M had to set off for her nearest major hospital – one hour away.

Problems with accessing support continued after M's baby was born. M's local clinic didn't have any scales, so she had to travel to the larger hospital to check her baby's weight. M also experienced issues with breastfeeding and was referred to an infant feeding clinic. She would have had to travel to the hospital to attend appointments for this but due to coronavirus restrictions, the clinic offered virtual support. M felt this support was amazing and the professionals were very supportive during a challenging time.

Luckily, M has access to a car and was able to drive to the hospital. However, some parents don't have this option. Other people living in M's town would have to travel for an hour and a half on a bus to get to the hospital – a bus which only runs four times in a day.

Families living in rural areas: How the actions in this Review will have real world impact

6 The Review has heard how living and working in rural areas comes with additional challenges for families, with difficulties around accessing face to face services due to the time and cost of travelling to appointments. While having a physical place to go is central to the Start for Life offer, meeting the needs of every family requires services to connect with those in isolated communities, giving them the support they need without expecting them to always travel far for it.

7 There are similar challenges for those professionals and volunteers providing services as part of the Start for Life offer, where one person doing home visits can by necessity spend more time travelling between appointments than working with families. While home visits are a vital service, particularly for midwives and health visitors, we want to enable greater ability to connect with families remotely through the digital offer to supplement face to face engagement.

8 Services provided under both Universal and Universal+ offers should include a digital element wherever possible, be it telephone appointments or group activity sessions held over a video call. However, we recognise that broadband connectivity and mobile phone networks are unavailable or unreliable in some rural areas.[103] For this reason, we think digital services must complement, but not replace, in-person physical services.

9 We have seen some excellent examples of services adapted to meet the needs of their local communities, particularly those that have been implemented due to the coronavirus pandemic. It is important that others are given the opportunity to learn from these experiences; we think local leaders will be well-placed to identify and share best practice, as well as 'what works' when commissioning service

10 It is really important that local partners listen to the people they serve and consider their preferences when designing a Start for Life offer. The Review has heard how some local areas have conducted research with parents and carers to ensure that physical services are based in the locations which are easiest for families to reach. We want to see more local partners involving their communities in all aspects of how services are designed. This should be achieved by the co-design of the Start for Life offer by local authorities and Parent and Carer Panels.

Action Area 6: Leadership for change

Action Area 6: Leadership for change

1 Giving every baby the best start for life will need clear and committed leadership. Families need leaders across the system to work together to achieve consistent, quality services. Leadership is critical – the Review heard from mums, dads and carers that they feel they have to work out for themselves how to join up the complex service landscape for their baby. This leaves them feeling lost, not knowing where to turn or who to hold to account if the services in their area aren't up to scratch. This is why our vision is to ensure responsibility and accountability for delivering excellent Start for Life services to every family. This requires a fresh focus on national and local leadership.

2 Throughout this Review we were told by parents and carers that they want to be heard by the people designing and commissioning Start for Life services. To give them confidence in the delivery of these actions, we will encourage Parent and Carer Panels that provide input to the creation of a joined up service offering, as well as first-hand feedback to ensure continual improvement.

Parents and carers know who is accountable for supporting them to give their baby the best start for life

3 Our vision is for identifiable and committed leadership at a local and national level for all elements of Start for Life services. We want to prevent babies and their carer passed between different professionals and volunteers, having to tell their story over and over again. We want to ensure that locally and nationally, accountable leadership will provide high-quality, joined up care and support designed to give every baby the best start for life.

"Each local authority area should develop, jointly with local NHS bodies, communities and the voluntary sector, a clear and ambitious plan for their area, which sets how they will improve support for local children, parents and families during the first 1,000 days and how they intend to achieve national goals. The development and delivery of these local plans should be led by a nominated officer, accountable for progress."

– House of Commons Health and Social Care Committee "First 1,000 days of Life", 2019. Thirteenth Report of Session 2017–19[104]

Local leadership

4 Feedback during the first phase of the Review made it clear that local leadership is variable, and accountability for delivering Start for Life services range between local authorities, local health facilities and the third sector. Currently, local authorities have a statutory responsibility to improve the health of their local communities. They receive an annual Public Health Grant which, as well as supporting delivery of vital services like drug and alcohol treatment, should be used to support services for the period from conception to age two. Parents and carers should be able to expect health checks from conception to the age of five, as well as a number of critical wraparound services to deliver improved start for life outcomes. This works highly successfully in a few local authorities, but by no means all.

5 The Review saw encouraging evidence of improvements to the way that local authorities and health organisations jointly commission services. The creation of 'Integrated Care Systems' is one such example. It is NHS England and NHS Improvement, guided by the NHS Long Term Plan, that require a focus on care quality and outcomes improvements for children's health, envisioning *"a strong start in life for children"*.[105] Local leaders across the NHS, public health and the local authority take collective responsibility for managing resources, delivering care and improving the health of the population they serve. A more joined up approach with clear, local accountability will ensure families receive the support they need. We think every family deserves this.

6 But the Review has also heard concerns from across the system that support for the 1,001 critical days is too often marginalised at a local level. Despite hearing from passionate and committed professionals and volunteers, the Review also heard about how the need for high-quality start for life support is sometimes an afterthought when making decisions about which services to deliver. We are not the first to observe that local leadership can be a problem. In 2014, WAVE Trust interviewed local authorities and professionals in the field of the early years and identified *"lack of leadership"* as one of the principal barriers preventing adoption of preventive policies by local partners.[106]

"Respondents suggested that a lack of consistent, strategic and committed leadership, both locally and nationally, was a major restrictive factor inhibiting a shift to a preventive approach. Poor quality leadership resulting in a lack of strategic direction is a potential issue for some local areas, and is compounded by a lack of innovation and bravery in decision making."

– WAVE Trust, 2014[107]

7 The Review has seen excellent examples of local leadership. We had detailed virtual meetings with families, professionals and volunteers from the London Borough of Camden, Stoke-On-Trent City Council, Devon County Council, Essex County Council and Leeds City Council. They have developed services to ensure parents and babies are supported throughout the 1,001 critical days. Local leaders have come together to ensure services take an integrated approach on a range of health, social and family issues. Most importantly, they have ensured that the needs of babies remain in constant focus. For example, Camden Borough Council have set up a 'First 1,001 Days' steering group, designed to *"bring [local] leaders together" and "find shared solutions to influence and develop services, ensuring every child has the best start in life."*[108] Another excellent example of local leadership comes from Leeds City Council – they have emphasised a commitment to invest in their 'Best Start' programme. A key objective of the strategy is to get all relevant services to prioritise support in the 1,001 critical days. This strategy is shared between public health and children's services; Leeds City Council state that this *"partnership approach has been the key to success"*.[109]

8 Collaborative working is undoubtedly valuable in providing better support for families. However, the clear conclusion of our research is that best practice is for a designated, locally accountable leader who will take the responsibility for co-commissioning all Start for Life services across the statutory and voluntary sectors.

9 As the Prime Minister has said, brilliance and potential are widespread right across our United Kingdom[110], but opportunities are not. He has committed the Government to levelling up so that the opportunities are equally available in every city, town and village. There are many different measures of opportunity which would include income, employment, physical health, emotional wellbeing, and the opportunities for local regeneration.

10 The levelling up metrics for the earliest period of life will require a far greater understanding of parenting capacity and mental health, as well as measures of foetal and infant health. Research from the Maternal Mental Health Alliance demonstrates that in the North East and the North West where some of the greatest levels of socio-economic deprivation exist, are also where poor maternal mental health is at its highest. There is a wealth of evidence that poor mental health, drug and alcohol dependency and domestic abuse amongst parents and carers lead to significantly poorer outcomes for babies and young children. Support to reduce incidence of these in the early years will positively contribute towards the Prime Minister's levelling up agenda.

11 Supporting families to give their babies the best start for life will ultimately result in far greater levels of school readiness and a significant reduction in youth problems such as anti-social behaviour, poor mental health, drug use and gang membership. There can be no greater contribution to levelling up across the nation.

National leadership

"The overwhelming majority of organisations who submitted written evidence to our inquiry called for a cross-government approach to the first 1,000 days. To be effective a minister responsible and accountable for the first 1,000 days of life must able to work cross-government to secure and maintain the contribution of different departments"

– House of Commons Health and Social Care Committee "First 1,000 days of Life". 2019[111]

"Appoint a Minister for Families and Best Start in Life with cross-departmental responsibility, drawing together all relevant departmental ministers. The Minister should either be in the Cabinet or reporting directly to Cabinet"

– Recommendation 6 from 'Building Great Britons' (2015) – The All-Party Parliamentary Group for Conception to Age 2[112]

"We call for Accountability at a national level for perinatal mental health care in the UK. It should be clear which ministers, commissioners and health providers are responsible for making sure there are sufficient, high-quality services for all the women who need them. Levels of provision should be monitored, and people and organisations held to account for gaps in provision."

– The Maternal Mental Health Alliance (MMHA) "Everyone's Business" campaign[113]

12 Ministerial responsibility for the 1,001 critical days is scattered across multiple departments and ministerial portfolios. It can be difficult to identify who is responsible for overall policy for the start for life period. Figure 5 illustrates the number of departments and ministers with an interest in this area.

Responsibility for outcomes at a national level

There are a range of ministerial interests for the period from conception to age two from different Government departments:

Department for Education:

- The Secretary of State for Education is the Cabinet Minister with responsibility for children and families
- The Parliamentary Under Secretary of State for Children and Families is responsible for children's social care, safeguarding and the welfare of all children, children's mental health and wellbeing in education, early years policy, Special Educational Needs and Disability, and childcare

Department of Health & Social Care:

- The Secretary of State for Health and Social Care is responsible for child health outcomes in partnership with NHS England and Public Health England
- The Parliamentary Under Secretary of State for Prevention, Public Health & Primary Care is responsible for health improvement and inequalities
- The Minister of State for Patient Safety, Suicide Prevention & Mental Health is responsible for maternity care and mental health

Home Office:

- The Secretary of State for the Home Department has overarching responsibility for the Home Office's portfolio, including safeguarding
- The Parliamentary Under Secretary of State for Safeguarding is responsible for a range of safeguarding issues where they affect unborn babies and infants

Ministry of Housing, Communities & Local Government:

- The Secretary of State for Housing, Communities & Local Government has oversight of local government
- The Parliamentary Under Secretary of State for Rough Sleeping & Housing is responsible for the Troubled Families Programme

Department for Work & Pensions:

- The Secretary of State for Work & Pensions has oversight of the Reducing Parental Conflict Programme, the Child Maintenance system and the Welfare system
- The Parliamentary Under Secretary of State for Work & Pensions is responsible for policies around reducing parental conflict, the Child Maintenance system and Maternity benefits

The safeguarding of children is a joint responsibility of:

- The Parliamentary Under Secretary of State for Children and Families (Department for Education)
- The Parliamentary Under Secretary of State for Safeguarding (Home Office)
- The Minister of State for Patient Safety, Suicide Prevention & Mental Health (Department for Health & Social Care)

Figure 5 – Responsibility for outcomes at a national level (at February 2021)

13 Bearing in mind the impracticality of moving all Start for Life services into one Government department, our vision is for an overarching Cabinet-level oversight for joining up policy and implementation for the 1,001 critical days. Parents and carers should be confident that every change to Government policy is made with their baby's wellbeing in mind. As a Government we need to make it easier for parents and carers to help their babies to thrive. By giving a Cabinet Minister a tightly defined oversight for Start for Life policy, we will not only signal the Government's commitment to giving every baby the best start for life; we will also ensure that the Prime Minister's appointment in Cabinet is advocating on behalf of babies to make sure that the needs of the youngest members of society are not neglected when decisions are being made.

Why we need to invest in the 1,001 critical days

14 Without a powerful voice advocating for babies in decision-making, we've neglected to invest in the services and support needed to ensure they get the best start for life. Investing in this period is the ultimate long term investment we can make in our population.

15 If we fail to invest in support services for parents, carers and babies during the start for life period, we will see expensive future consequences. A recent British Medical Journal study points to the impact of adverse experiences in the earliest days resulting in significant physical and emotional detriment in later life (see Figure 6). Adverse experiences are linked to such issues as criminal activity and school expulsions.[114] These costs soon add up. In 2016, the Early Intervention Foundation calculated that £655 million was spent on school absence and expulsion and £5.9 billion was spent on youth crime and anti-social behaviour during that year. Overall, £16.6 billion was spent on 'late interventions' by the public sector in England and Wales in 2016.[115]

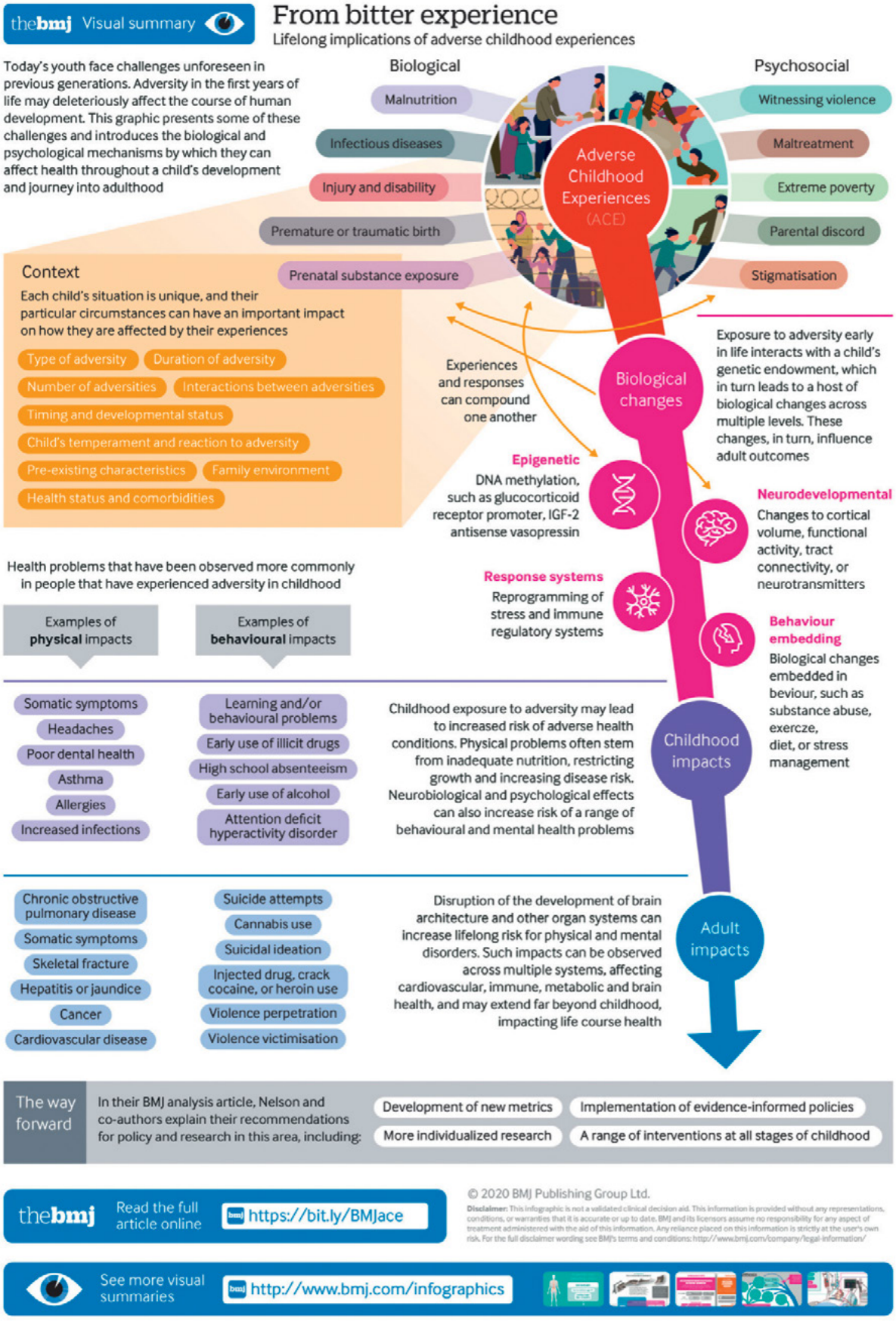


Figure 6 – Infographic showing the physical and behavioural impacts of Adverse Childhood Experiences – provided by The British Medical Journal (BMJ)

16 The life chances for children who are taken away from their families and put into care are very poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost. In 2017-18, council spending on children's social care amounted to almost £8.8 billion.[116] Children's social care spending has increased year on year since 2012 and the number of children being taken into local authority care remains at an all-time high.[117] As of March 2020, just over 80,000 children were in care – an increase of 2% from the year before.[118]

17 Although there is a wealth of evidence of the long term consequences and costs of adverse early experiences, it has proved difficult in the past to secure long term commitment to invest in the start for life. This must now change.

"Economists now assert on the basis of the available evidence that investment in early childhood is the most powerful investment a country can make, with returns over the life course many times the size of the original investment."

– The World Health Organization's Commission on the Social Determinants of Health, 2007[119]

"It was, and is, the view of the charities that the common sense case for investing in 'early intervention' is now almost beyond challenge. It is certainly clear that Government continues to spend enormous sums of money meeting the cost of expensive social concerns such as those related to unemployment and the skills to work; physical or mental health issues; criminal justice cases; or rehabilitation programmes for substance misuse. Yet increasing amounts of evidence are demonstrating just how much resource can be saved by supporting children and families earlier, before the costly effects of these inter-linked conditions become acute."

– The Case for Early Support: Barnardo's, Action for Children, The Children's Society, NSPCC, and Save the Children UK. 2015[120]

"Investing in early childhood development is a cost-effective way to boost shared prosperity, promote inclusive economic growth, expand equal opportunity, and end extreme poverty. For every $1 spent on early childhood development, the return on investment can be as high as $13."

– UNICEF online article[121]

Accountability to parents and carers

18 The Review has heard how parents and carers can often feel that services do not meet their needs, either because the content is not right for them or because the timing or the location does not fit with their lives. The Review has seen how communities are more likely to trust and access services if they feel those services represent them, listen, and understand their needs. This is why it is vital that parents, carers and the people who support them feel they have a voice and a way to influence decision making.

"When I did go to services it did seem like a one size fits all approach. Professionals were not asking the right questions, it's like they have a script, they are not trying to figure out what is good for the mother, it was a disingenuous blanket approach."

– Participant at the Black Mums' Round Table

19 In future, local authorities will be able to draw on the newly established Parent and Carer Panels to develop Start for Life services. Parent and Carer Panels will provide feedback on the accessibility and effectiveness of services year on year. This is an important next step – it will strengthen accountability and ensure local authorities are meeting the needs of the local community.

What the Review will do next

Learning from the experiences of parents and carers

20 It can be difficult to know what services and support are best suited to the needs of a community, but it can be enhanced by listening to those who are themselves parents and carers. **We will consult with local partners, parents and service providers to establish the Parent and Carer panels that help local leaders to co-design the Start for Life offer and also provide effective and meaningful feedback to ensure continuous improvement. We will also ensure that the voices of parents, carers and families inform national policy and decision-making (6.1).**

Clear leadership and accountability at a national and local level

21 Parents and carers need to know exactly what they can expect from a joined up Start for Life offer. Our vision is that delivering this to every family will be the responsibility of a single, identifiable leader who would be accountable for Start for Life offer in their area. This leader ensures 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. **We will also work with partners in local authorities to develop best practice on which individual should be given the authority and accountability for the co-commissioning and continual improvement of Start for Life services.** 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 **(6.2)**.

22 Parents and carers also need to know who is advocating on their behalf at a national level. By nominating a Cabinet Minister with clear oversight for the Start for Life, the Prime Minister is signalling his personal commitment to transforming how we support families. In this role, the minister will oversee implementing the agreed actions from this review and for ensuring that Start for Life is kept at the heart of policy-making decisions across Government. **The Prime Minister will appoint a member of the Cabinet to oversee the Start for Life system, which will include leading a Start for Life Delivery Unit. (6.3).**

23 The minister will be supported by a cross-government team – a Start for Life Delivery Unit – that will work across Government and with the wider sector to implement this vision and transform the support for families during the 1,001 critical days. **The Chairman of the Early Years Healthy Development Review (Rt Hon Andrea Leadsom MP) will continue her work as the Government's advisor in this area (6.4)**.

24 Strengthening the support for the Start for Life must be integrated into all relevant aspects of Government policy and implementation. We can only build back better from the coronavirus pandemic if we ensure that every baby gets the best start for life and that action is taken to reduce inequalities of outcome. The new lead minister will be a powerful advocate for the needs of babies. **In the next phase, we will ensure the needs of babies and their carers are at the heart of policy development and implementation. We will start by working with NHS England and NHS Improvement to take into account the commitments already made in the NHS Long Term Plan, particularly on maternity services and the introduction of parent-infant support (6.5).**

Building the economic case for investment in the Start for Life

25 In this vision, we lay the foundations for improving how families are supported during the 1,001 critical days of their baby's life. These are only the foundations. Longer-term work will be needed to transform how we support families and it is likely that will require significant and sustained investment. Before we make the case for more money, we need to be confident that existing spending is having the most impact. Only when this work is done will we be able to make the case that investment in the 1,001 critical days can lead to savings and efficiencies in later life. **In the next phase we will work with local leaders and the lead minister in conjunction with colleagues in HM Treasury to understand efficiencies and begin building the economic case for further investment in the Start for Life (6.6).**

Harnessing the support of families, volunteers and professionals to deliver the best Start for Life.

26 The Review has heard from so many people who are committed to improving the support for families in the early years. **We want to harness this passion, so alongside publication of this document we will be asking supporters to join us in pledging their commitment to give every baby the best start for life.**

Grandparents and other kinship carers

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what we heard from grandparents and other relatives who care for babies.

What the Review heard

1 Although most children in England live with at least one parent, for some babies this isn't possible. There can be many reasons for this – the baby might be at risk of abuse or neglect in their parents' care, their parents may be unable to safely care for their baby due to family circumstances such as parental mental health or incarceration, or their parents might have passed away. The majority of these children go to live with 'kinship carers'[122] – a person connected to the family who is able to provide safe and nurturing care, be it a grandparent, an aunt or uncle, an older sibling or a family friend. The majority (51%) of kinship carers in England are grandparents.[123]

2 The Review heard from some grandparents and other kinship carers that caring for their baby full-time can be extremely rewarding but it can also come with its challenges. Often, the babies they care for have experienced significant trauma early in life from losing their parents as well as potential experiences of abuse and neglect. Compared with children living with at least one parent, babies in kinship care are thought to be twice as likely to experience disabilities and long term health problems.[124] This means that they often require additional support.

3 For some grandparents and other kinship carers, the Review heard that accessing this support can feel like a huge battle. The Review heard that some carers are reluctant to engage with services because it *"feels like being cross examined in a witness box",* and they often have to justify over and over again why they are caring for their baby. The circumstances surrounding the baby coming to live with them can often be very upsetting and traumatic for carers to talk about – every time they repeat their story they are reliving that trauma.

4 The Review also heard that grandparents and other kinship carers can sometimes face financial concerns as a result of caring for their baby. The Review heard that people who are kinship carers often step in to help because it is the right thing to do but this means they must give up work and make considerable changes to how they live. The Review heard that kinship carers need support – practical and emotional – to adapt to these changes, which are sometimes very sudden and unexpected.

Case study: Grandparents and other kinship carers

> You can't say things that happened when he was a baby were directly responsible [for delays to his development] – some things are genetic – but they are there. Having carers who couldn't cope… it's a difficult thing.

W is 65 and has had full-time care of her grandson B since he was 16 months old. W knew that her daughter, B's mother, had ongoing issues. When B was born, W saw him on regular weekend visits until her daughter suddenly stopped bringing him round. W eventually discovered that B was in the full-time care of his paternal grandmother, whose family had a long history of abuse. W had serious concerns about B's safety and began court proceedings to become his main carer when he was just a few months old.

The court process was long and drawn out. In the meantime, W was disturbed to see that her growing grandson was not forming any attachments to the adults around him. She knew his physical needs were being well met by his paternal grandmother – he was kept clean and fed well – but W saw that B was given almost no stimulation and was kept in a pram all day. He had cognitive delays as well and would often go blank and not seem to know what to do.

When B moved in with W full time, she did not get any external support apart from a single visit from a health visitor. She wanted support around about her grandson's evident social and emotional delays and felt that having someone to talk to and ask for advice would have been good.

Now B is a kind and gentle eight –year old, but still struggles with his concentration, and has issues forming friendships. W knows that while his genes are a factor, B's early months with carers who couldn't cope and gave him no stimulation has had long term implications for his development.

Grandparents and other kinship carers: How the actions in this Review will have real world impact

5 Caring for the baby of a relative or family friend is a big commitment; it can mean everything about your life changes. Very suddenly – sometimes overnight – grandparents and other kinship carers find that they must take on the responsibilities that come with caring for a baby. The workforce Action Area in this Review proposes better join up and cross-profession training to enable more holistic support for families. The Digital Personal Child Health Record should create a record of early years experiences that means carers no longer having to keep repeating their story. Our vision is that Family Hubs will offer a welcoming place for all parents and carers.

6 The Review heard that grandparents and other kinship carers often experience problems with accessing support for their baby. We think it is important for all grandparents and kinship carers to have people who are 'on their side' – ready to advocate on behalf of them and their baby wherever possible, so they don't have to repeat their story and re-live any traumatic experiences they have been through. That is why in our action area on joined up services and our action area on Family Hubs, we are proposing multidisciplinary teams with a key point of contact for every family to provide continuity of care. Carers should always have somebody they can go to for advice and support.

7 Grandparents and other kinship carers can benefit from being able to meet with other people who are in a similar position to them so they can share experiences, build a support network and get emotional support from people who know what they're going through. Our vision is that grandparents and other kinship carers will be able to access support groups and helpful signposting through their local Family Hub network.

Annexes and endnotes

Annex A – How we conducted the Review

1 The Early Years Healthy Development Review ('the Review') was commissioned by the Prime Minister in the summer of 2020. Chaired by Rt Hon Andrea Leadsom MP, the Review looks at the '1,001 critical days from conception to the age of two', ensuring babies and young children in England can be given the best start for life. The first phase of the Review was asked to produce a vision of what 'brilliance' in the early years would seek to achieve, as well as a set of policy recommendations.

2 Work started in September 2020 with a small team of civil servants based in the Department for Health and Social Care supporting the Chairman.

A note from the Early Years Healthy Development Review's Chairman – Andrea Leadsom MP

I'd like to thank the dedicated team of Civil Servants – Ashleigh Goodall (Policy Advisor), Amie Sleigh, Caius Halliday and Phil Dawkins (all Senior Policy Advisors), Vasant Chari (Head of Review Team) and Liz Ketch (Director) – who worked with me during the Review. I'd also like to thank my parliamentary team – Luke Graystone (Chief of Staff) and Laura Emily Dunn (Senior Parliamentary Assistant) – for the work they did to support me and the Review. Both teams made a superb contribution with each individual bringing valuable skills and experience to our work. Thank you to Matthew McPherson for designing the Early Years Healthy Development Review logo.

Advisory groups

3 The Review had three advisory groups: parliamentarians, academics and practitioners. Each advisory group met four times and brought a range of perspectives, experience and specialist expertise. They were an important mechanism to ensure important issues were considered during the Review, with the Review team drawing heavily on the expertise of the members of all three, both collectively and individually. A list of advisory group members is at Annex B.

4 The Review's Chairman, Andrea Leadsom MP, and the Review Team would like to thank the advisory groups for their contributions to the Review. Each member committed a significant amount of their time to the Review, whether that involved attending the roundtables, submitting evidence or offering their expertise.

A meeting with the advisory groups

Call for evidence

5 A call for evidence was hosted on GOV.UK and ran from 18 September to 23 October 2020. The questionnaire was targeted at new parents, health service professionals, charities and volunteer groups. Some questions were tailored to different groups but most were the same: we asked about experiences of the support and services, what is most important, what was missing and what improvements could be made.

6 In total, there were 3,614 responses, with:

- 2,633 responses from parents and carers.
- 266 responses from organisations or charities.
- 715 responses from academics or healthcare professionals.

7 As well as providing powerful testimony and personal accounts, responses to the survey were analysed carefully to identify statistics and themes.

Engagement activity

8 The Review completed a series of **virtual visits**. (Restrictions in place because of the coronavirus pandemic meant in person visits were not possible.) Four local authorities hosted visits: the London Borough of Camden, Devon County Council (kindly supported by Action for Children), Leeds City Council and Stoke-on-Trent City Council. We visited services in Essex and Newcastle-upon-Tyne, kindly supported by Barnardo's. We also visited Benchill Children's Centre in Manchester. During the visits we talked to councillors, children's services managers, practitioners and parents and carers. In some locations, and with the consent of participants, we joined virtual parent, carer and baby sessions.

9 We consulted public sector officials across **Government, the NHS and non-departmental public bodies** to gather relevant information. The former Children's Commissioner (Anne Longfield) kindly hosted a roundtable discussion with **Directors of Children's Services** from local authorities across the country.

10 The Review team ran a programme of **deep dives** to understand certain areas in greater detail. We used the deep dives to test emerging findings as the Review progressed. Topics for the deep dives included: breastfeeding, social work, digital parenting apps, health visiting, speech & language therapy, parenting programmes and parent-infant psychotherapy.

11 We were kindly supported by the **National Children's Bureau** and **Barnardo's** who used their extensive reach to help us engage with a wide range of charities and organisations across the start for life sector.

12 The Review wanted to hear from **people directly affected by start for life services**. During the virtual visits across the country, we were able to engage with many parents and carers. We conducted short interviews with some parents, which allowed us to explore the individual's lived experiences.

13 Two 'roundtable meetings' were held with **black and South Asian parents** to hear about their experiences. They created the space for the Review team to gain a greater understanding of the impact of ethnicity and cultural difference. The roundtables were kindly organised and facilitated by Agnes Agyepong (Best Beginnings), Zakra Yasin (Better Start Bradford), Aliya Amar (Bradford Doulas).

14 **Mumsnet** hosted an online discussion thread with our Review's chair, Andrea Leadsom MP. The discussion allowed parents, carers and professionals to share their own experiences of the 1,001 critical days.

15 Andrea Leadsom MP hosted a Twitter Q&A with members of the Parliamentary Advisory Group to engage with parents and carers.

16 Andrea Leadsom MP participated in a phone-in hosted by Iain Dale on his LBC programme to hear the views of parents and carers. In particular, the Review heard from new mums and dads who shared their experiences of parenting during the pandemic.

17 We also invited a number of **civil society organisations** and groups who support more targeted groups of parents and carers to discuss their experiences. These included organisations who work on mental health, disability, domestic abuse, fathers and those that work with grandparents and kinship carers.

Documentation

18 The Review team gathered a wide range of information to supplement those documents sent to us in response to our 'call for evidence'.

19 Documents covered views and reflections of staff at the Department for Health and Social Care, Public Health England, NHS England and NHS Improvement as well as Government departments. Documents obtained included parliamentary committee papers, questions and reports, legislation, policy and impact assessments.

20 As the Review progressed and gaps identified, the team targeted requests to individuals and teams within the department, across the health system and externally. Publicly available sources were also searched, including reports from the Independent Children's Commissioner, children's charities, and think tanks.

A note from the Early Year's Healthy Development Review's Chair – Andrea Leadsom MP

"During the Review, we met so many fantastic and passionate people who all shared one thing in common – they wanted to make sure every baby has the best start in life. We met some wonderful parents, carers, Start for Life professionals, volunteers, service managers, counsellors, academics and representatives from a wide range of organisations. I am so grateful to everyone who has contributed to the Review – whether that involved organising or taking part in a virtual visit, presenting at one of our 'deep dive' sessions, or submitting evidence for us to read. The information shared and the discussions we had were extremely helpful, interesting and insightful. I especially appreciate the time given by all of the parents, carers and other family members as well as the professionals and volunteers we met. They each shared their experiences with us and listening to – and learning from – their stories had a significant effect on our thinking. Hearing how services have an impact on families and babies during the 1,001 critical days motivated us to ensure this Review has real world impact."

International comparisons

21 The Review commissioned the Government's Open Innovation Team to provide international comparisons of services for these 1,001 critical days. The Open Innovation Team spoke to academics and experts across the globe to find early years initiatives that provide insights for the Review. Each initiative was put in context and compared to the English setting.

Annex B – List of advisory group members

Parliamentarians:

- Nickie Aiken MP (Cities of London and Westminster)
- Siobhan Baillie MP (Stroud)
- Steve Brine MP (Winchester and Chandler's Ford)
- Dr Samantha Callan (Parliamentary Adviser to Lord Farmer; Director, Family Hubs Network)
- Miriam Cates MP (Penistone & Stocksbridge)
- Lord Field (of Birkenhead)
- Sharon Hodgson MP (Washington & Sunderland West)
- Tim Loughton MP (East Worthing and Shoreham)
- Cherilyn Mackrory MP (Truro & Falmouth)
- Lord Russell (of Liverpool)
- David Simmonds MP (Ruislip Northwood & Pinner)
- Baroness Stroud
- Ed Timpson MP (Eddisbury)

Academics:

- Prof. Jane Barlow (Professor of Evidence Based Intervention and Policy Evaluation, University of Oxford)
- Prof. Peter Fonagy (Head of the Division of Psychology and Language Science, University College London; Chief Executive of the Anna Freud Centre)
- Prof. Eunice Lumsden (Head of Early Years, University of Northampton)
- Dr Susan Pawlby (Senior Research Fellow, Kings College London)
- Prof. Judith Rankin (Professor of Maternal and Child Health, Newcastle University)
- Zoe Vowles (Research Midwife, Department of Women and Children's Health, Guy's and St Thomas' NHS Foundation Trust; Midwife Researcher, NIHR ARC South London Maternity and Perinatal Mental Health Theme)
- Dr Karen Whittaker (Fellow, School of Nursing, University of Central Lancashire)

Practitioners:

- Dr Cheryll Adams (Executive Director, Institute of Health Visiting)
- Prof. Viv Bennett (Public Health England's Chief Nurse; Government Adviser on Public Health Nursing and Midwifery)
- Dr Adrian Datta (Consultant Clinical Psychologist)
- Kamini Gadhok (Chief Executive, Royal College of Speech & Language Therapists)
- Dr Alain Gregoire (Consultant Perinatal Psychiatrist; Founder & Honorary President, Maternal Mental Health Alliance)
- George Hosking (Founder & CEO, Wave Trust)
- Isabelle Trowler (Chief Social Worker for Children)
- Prof. Russell Viner (Professor of Adolescent Health; President, Royal College of Paediatric & Child Health)

Annex C – Glossary of terms

Use of language
We have referred to 'parental' mental health where possible in recognition that fathers and partners can experience problems with their mental health just as much as mothers. We have retained references to maternal mental health when quoting the work of others.

We used 'baby' instead of 'child' where possible to emphasise that this Review is focused on the period from pregnancy to age two.

We have used 'professionals and volunteers' where possible to emphasise the involvement that civil society organisations and local voluntary groups have in the Start for Life space.

We have reflected the social model of disability by referring to 'disabled babies' but have also referred to some babies as 'having a disability'.

Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences are stressful and traumatic events which occur during childhood. Examples of ACEs include:

- Physical, emotional and sexual abuse
- Physical and emotional neglect
- Parental mental illness
- Domestic abuse and/or parental conflict
- Divorce or separation
- Parental substance abuse
- Loss of a parent through imprisonment or death

Antenatal
Refers to the period during pregnancy/before a baby's birth.

Attachment bond
The attachment bond describes a baby's emotional connection to their primary caregiver. Attachment theory has established four types of attachment bond: secure, avoidant, ambivalent and disorganised.

BAME
This refers to black, Asian and minority ethnic groups.

Care Quality Commission (CQC)
The CQC are the regulator of health and social care services in England. This includes hospitals, GP services and clinics.

Civil society organisations
Refers to organisations and groups which are distinct from government and business. These include charitable organisations, non-governmental organisations (NGO) and community groups.

Clinical Commissioning Groups
Clinical Commissioning Groups commission most of the hospital and community NHS services in the local areas for which they are responsible.[125]

Continuity of care
This term refers to the relationship families have with health and social care services. Continuity of care is achieved when a family has an ongoing relationship with one professional or a small team of professionals and transitions smoothly between different teams when they move between different parts of the health and social care system.

Developmental trajectories
This term describes the progression of development – including physical, social, cognitive and emotional development – as a baby grows older.

Digital exclusion
This term refers to people who are excluded from accessing digital services. Causes of digital exclusion include:

- Lack of digital skills
- Limited or no access to the internet
- Limited or no access to digital devices
- Lack of confidence or lack of trust

Early regulatory disorders
Early regulatory disorders refer to difficulties babies have with regulating their behaviour. Symptoms of early regulatory disorders include excessive crying, problems with sleeping and problems with feeding.

Entrenched inequalities
This refers to disadvantages which people face as a result of socio-economic factors.

Implementation phase
This refers to the phase of the Early Years Healthy Development Review where the Start for Life Delivery Unit will put the actions outlined in this Vision into effect.

Integrated Care Systems
Integrated Care Systems (ICSs) are partnerships between organisations in an area which provide services and support to meet the health and care needs of the people in that area. ICSs are designed to coordinate services, plan ways to improve population health and reduce inequalities.

Joined up services
Joined up services are services which work separately but are integrated; the professionals and volunteers who work for each service communicate efficiently and work together to provide effective support.

Kinship carers
A Kinship carer is a person who cares for the child of a relative or friend on a full-time basis. Kinship carers could be grandparents, aunts, uncles, siblings, family friends, neighbours or anybody else who is connected to a family.

LGBT
This refers to people who identify as lesbian, gay, bisexual or transgender.

Local partners
This refers to the different organisations which commission local services, including local authorities, CCGs and local NHS teams.

Mandated health reviews
This refers to the five health and development reviews which should be offered to every new family as part of the Healthy Child Programme.

Maternal mortality
This refers to the death of a mother or mother-to-be following complications during pregnancy, childbirth or within six weeks after the pregnancy ends.

Multidisciplinary care
Multidisciplinary care is an integrated approach to care and support. It is offered by professionals from two or more different specialisms from across health, social care and community care services.

Neural connections
This refers to the connections between specialised cells in the brain which enable basic functions.

New Burdens Doctrine
The New Burdens Doctrine[126] provides guidance and sets out the processes Government departments must follow when considering new burdens. The doctrine requires departments to justify why any new duties, powers or other bureaucratic burdens should be placed on local authorities, as well as outlining how much these new policies and initiatives would cost and how they will be funded.

Ofsted
Ofsted is the regulatory body for education and children's social care services. This includes nurseries, childcare providers and child and family services.

Outcomes Framework
An outcomes framework – such as the Public Health Outcomes Framework – is a set of indicators used to monitor outcomes. In this Review, we refer to outcomes in health and development of babies and young children up to the age of two.

Perinatal
The perinatal period is the time from pregnancy up until one year after a baby's birth.

Personal Child Health Record
The Personal Child Health Record – also known as the 'Red Book' – is a health and development record given to all new parents at their baby's birth. It is used to record immunisations, the baby's height and weight and details of the health and development reviews.

Postnatal
Refers to first few weeks and months after a baby is born.

Postnatal depression
Postnatal depression is a mood disorder associated with childbirth. It can affect new parents – including dads – at any time within the first year after a baby is born.

Primary care
Primary care services are the first point of contact for healthcare services. They include the GP, community pharmacy, dentist and optician services.

Protected characteristics
It is against the law to discriminate against someone based on any of the protected characteristics. As outlined in the Equality Act (2010), the nine protected characteristics are:

- Disability
- Sex
- Gender reassignment
- Sexual orientation
- Age
- Marriage and civil partnership
- Pregnancy and maternity
- Race including colour, nationality, ethnic or national origin
- Religion or belief

Regulatory framework
This refers to any laws, policies or regulations developed by the Government which are used to regulate services. In this Review, we refer to the regulatory framework for health and social care services.

Safeguarding
In this Review, we use safeguarding to mean the safeguarding of babies and children. This means acting to protect a baby from harm, to promote their welfare and to enable them to have the best outcomes.

Sensory pathways
This refers to the neural connections which are responsible for the perception of sensations (sight, sound, smell, taste and touch).

Special educational need
When we use the term 'special educational need', it is important to note the difference in definition that arises when referring to children of different ages. As outlined in the 'Special educational needs and disability code of practice: 0 to 25 years'[127], a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

A child under compulsory school age has a learning difficulty or disability if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20, Children and Families Act 2014).

Special Guardians
Special Guardians are carers who have been granted a 'Special Guardianship Order' by the Family Court. This Order secures a child's placement with their carer(s) and grants the carer(s) Parental Responsibility of the child.

Start for Life period
This refers to the 1,001 critical days between conception and the age of two.

Start for Life services
This refers to the services – including local government run, NHS, community and voluntary services – which offer support to babies and their families during the Start for Life period.

Start for Life system
The Start for Life system is made up of all of the Start for Life services available to families in England.

Start for Life workforce
This refers to the professionals and volunteers who provide support to babies and their carers during the 1,001 critical days. Examples include midwives, health visitors, social workers, primary care practitioners, children's nurses, family support workers, speech and language therapists, parent-infant psychotherapists, paediatricians, mental health professionals, counsellors, local authority parent champions, police officers and individuals who volunteer for the many civil society organisations who support during the start for life period. This is not an exhaustive list.

Substance misuse
In this Review, the term substance misuse is used to mean continued, excessive and harmful use of alcohol, illegal drugs or prescribed medications.

Sure Start Children's Centres
Sure Start Children's Centres were designed offer a building in every community where families of young children could go to access care and support.

‘Targeted’ support
This is specialist support for babies, children and families with severe and complex needs. They are usually only accessed via referral.

Tongue-tie
Tongue-tie (ankyloglossia) is a condition where the strip of skin connecting a baby’s tongue to the bottom of their mouth is shorter than usual. This can cause restricted movement of the tongue and, for some babies, can lead to problems with feeding.

Universal
Universal services are those which are accessible to all, including health visiting and midwifery services.

Universal+
In this Review, we use Universal+ to mean services which are available to all families but may not need to be accessed by everyone. In relation to the Healthy Child Programme, Universal+ includes those services known as both ‘targeted’ and ‘specialist’.

Voluntary community sector
These are non-governmental, not-for-profit organisations that work to benefit the communities in which they operate.

Wrap-around services
Wrap-around services are used to provide comprehensive and holistic support to address all the needs of a family. This includes support with housing, debt advice and drug and alcohol counselling.

Annex D – Endnotes

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127 HM Government. (2015, updated 2020) https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

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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.

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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.

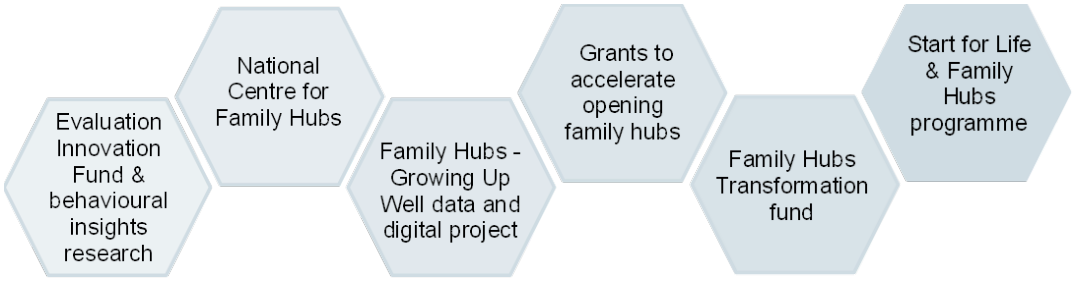

Figure 1: Summary of family hubs funding

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].

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[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.

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[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].

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[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.

HM Government

Annex E: Family Hub Model Framework

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.

Contents

Overview

In November 2021, we published a first draft of the family hub model framework[1] alongside the application guide for the first £12m family hubs transformation fund. The framework was created to support local authorities applying to the first transformation fund to identify a standard definition of a family hub and to use it as a tool to assess themselves against a common set of criteria when making their application.

We explained that we expected the framework to develop and iterate further. We are publishing this second iteration as part of the Family Hubs and Start for Life programme.

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[2], and what evidence tells us about effective integrated service delivery[3].

Your local authority will be expected to achieve, as a minimum, all the level 1: basic model criteria, as well as some specific level 2: developed model criteria, over the three years of funding. The criteria that we expect your local authority to achieve as minimum are included in the blue boxes. We are asking you to be ambitious in your family hubs transformation, which is why we have selected features of the developed model which are stretching but achievable for all 75 areas by the end of the programme. You are encouraged to deliver the other developed model criteria where possible or consider other innovative ways in which you could go further, depending on your starting point and local circumstances.

The framework is not intended to be used in isolation. We expect you to use the framework alongside the guidance and tools that you are already using to help transform

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[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030245/Family_Hub_Model_Framework.pdf

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

[3] 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

your services. For example, the Best Start for Life: A Vision for the 1,001 Critical Days[4], the Supporting Families Early Help System Guide[5], Supporting Public Health: Children, Young People and Families[6], the Reducing Parental Conflict Planning Tool[7], and the National Centre for Family Hubs Implementation Toolkit[8].

We will continue to review this framework to ensure it reflects the latest evidence on effective family hubs characteristics, including deriving learning from this programme.

Glossary:

Ages 0–19 (or 25 with SEND) – this includes during pregnancy through to families with children up to age 19 or up to 25 for those young people continuing to access support via the statutory SEND system.

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

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

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

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

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

Delivery area: access

Key criteria 1

There is a clear, simple way for families to access help and support through a hub building and approach.

1.1 Comms, information and brand

Minimum expectations

Level 1: basic model

- There is accessible communications for local families about the family hub network, its way of working and its offer to parents, carers and families and individual (for example adolescents), which includes publishing the Start for Life offer. Communication methods are designed to engage effectively with seldom heard families and groups.
- The area is using clear branding for the family hub network going beyond 0-5, including services for older children and young people.
- Family survey data shows that some families are aware of the brand and have a positive association.
- The local Family Information Service includes information on the family hub network.

Level 2: developed model

- The area is using clear branding going beyond 0-5 on all or nearly all services in the family hub network.
- There are examples of families accessing up-to-date and accurate family hub service information in a range of ways, (for example, digital, social media, physical leaflets, Family Information Service), with appropriate support to do so where this is needed.

Go further options

Level 2: developed model

- There are examples of methods of communication being discontinued or changed if they prove to be ineffective.
- Family survey data shows that most families are aware of the brand and have a positive association.

1.2 Single access point

Level 1: basic model

- There is a physical place a family can visit and speak to a trained staff member, face to face, who will provide them with straightforward information or advice on a wide range of family issues spanning the 0-19 (25 with SEND) age range, and connect them appropriately to further services across the 0-19 (25 with SEND) age range if they need more targeted or specialist support.
- There is a virtual place that a family can visit to access information on the advice and support available across the 0-19 (25 with SEND) age range (for example a designated web page).
- There is a phone line that families can call for queries relating to services in the family hub network, to support families who cannot access digital information. Where required, enquiries are connected into the local Family Information Service and local Multi-Agency Safeguarding Hub (MASH).
- Family satisfaction is being measured (for example customer satisfaction surveys).

Level 2: developed model

- The family journey is central to the design and delivery of the family hub network and there are established mechanisms for reviewing this and making improvements that are co-produced with local families to ensure that families experience a smooth journey in accessing services within the hub network.
- Single physical and virtual access points are in place and their use embedded across the family hub network.

Minimum expectations

Go further options

Level 2: developed model

- Family user-data and evidence is gathered to measure the extent to which families know how to navigate local services through the family hub network and how to get help, and whether they feel their needs have been met. This evidence is then acted upon to meet the needs of local families.

1.3 Outreach

Minimum expectations

Level 1: basic model

- There is an operating model that has been or will be put in place for the family hub network to proactively and safely engage seldom heard families and groups, such as (but not limited to) ethnic minority groups, fathers and male carers, armed forces families, families in rural areas, families with complex needs, families where children have SEND, families where children have a social worker, families where children may be experiencing or at risk of harm from outside the family home or network (for example peer abuse, online harm, child exploitation, criminal exploitation or violence) or where family members are experiencing physical or mental health issues.
- There is a commitment to put in place an outreach model that is focused on overcoming any stigma associated with accessing services.

Level 2: developed model

- There is effective outreach as part of the family hub network using a range of evidence-based methods (for example intensive home visiting to engage seldom heard families).
- The family hub network is encouraged to make families aware of the services at their local family hub and connect them to the hub, particularly where a need is identified.
- Family hub networks in larger and rural areas have an outreach service where they go to smaller villages and communities that may not be close to a permanent hub building.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

1.4 Family friendly culture

Minimum expectations

Level 1: basic model

- Services within the family hub network are accessible in several ways, for example virtually, physically, via outreach services and community venues, and there is an active emphasis on openness, being welcoming, and whole family working. The family hub welcomes all types of family.
- Family hubs are friendly environments for families with babies and children of all ages. They are parent and carer-friendly and provide opportunities for families to meet each other and peers to support each other informally to help deal with the stresses and isolation that parenting may bring, such as having a new baby or the transition from childhood to adolescence.

Level 2: developed model

- Maintaining a family-friendly culture is central to the design and delivery of the services within the family hub network, including through adhering to 'You're Welcome quality criteria'.

Go further options

Level 2: developed model

- Family user-data and evidence is gathered to measure the extent to which all types of families feel valued and welcomed, enjoy using family hub provision, and can articulate the difference that family hub services have made to them and their family.
- Family user-data is gathered on the strength of the user experience, for example to measure if families are more able to find and access the right help, engage, stay engaged, and be supported to a positive outcome.
- Family user-data and evidence is gathered and used to evolve the family hub environment and services to make them more family-friendly.
- Family user-data should, where available, include demographic data and cohort-level data (for example families with a social worker, early help worker or families worked with by another service).

1.5 Accessibility and equality

Minimum expectations

Level 1: basic model

- Accessibility of family hub services across protected characteristics, as well as vulnerable and seldom-heard groups, is assessed and strategies are developed to improve accessibility, informed by a needs assessment to understand population and accessibility needs.
- Information for families meets the Accessible Information Requirement and is made available in local languages.
- The family hub and its services demonstrate and model inclusion for children, young people and families with all types of special educational needs and disability, with reasonable adjustments proactively built in. Services are accessible, ensuring environments are physically and sensory accessible.

Level 2: developed model

- Services across the family hub network gather and share a range of evidence and data to ensure that families in priority groups, including those with protected characteristics, vulnerable and seldom-heard groups, are accessing services through the family hub network and feel their needs are being met, and that the impact of services on individual families is effectively monitored.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

1.6 Going beyond Start for Life and 0 to 5

Minimum expectations

Level 1: basic model

- The family hub network offers access to support for families with children of all ages 0 to 19 (25 with SEND), including the ante-natal period and vulnerable children and young people, and staff feel confident engaging with families, children and young people across this age range.
- Family user-data or evidence is gathered to assess the extent to which families know that: they can access a wide range of services from 0–19 (25 with SEND) through the family hub network, and they have confidence that the family hub staff will be knowledgeable and help them to access whatever service they need.

Level 2: developed model

- The family hub network offers an extensive range of services across the 0 to 19 (25 with SEND) age range.

Go further options

Level 2: developed model

- Family user-data or evidence is gathered to assess the extent to which families: view family hubs as places that provide services for children and young people of all ages; are confident that family hub staff will be knowledgeable and help them to access whatever service they need; and use the family hub network as their default mode of access for family services across the 0-19 (or 25 with SEND) age range.

Delivery area: connection

Key criteria 2

There are services working together for families with a universal ‘front door’, shared outcomes and effective governance.

2.1 Co-location

Minimum expectations

Level 1: basic model

- Co-located services tend to be for 0-5s (inclusive of the Start for Life period) however, there are some 0-19 (25 with SEND) family services co-located in family hub buildings.
- There is a co-location review or strategy underway to determine amongst all partners the future balance of co-location within family hubs and necessary plans for change.
- Main hub buildings are supplemented, where appropriate, by other linked or outreach sites. The advantages of community premises should be considered and prioritised due to their accessibility, location and familiarity to families. For example, a community hall or faith building might be an appropriate premises.
- IT systems at the family hub allow professionals to easily co-locate where appropriate.

Level 2: developed model

- The environment within the family hub is appropriate to different age groups and resources are appropriately located to take account of different users’ needs.

Go further options

Level 2: developed model

- There is an extensive range of statutory and non-statutory services, across 0-19 (25 with SEND) co-located within family hub buildings. These services span family support, education, health, social care, youth services and other areas.

2.2 Governance and leadership

Minimum expectations

Level 1: basic model

- Functional multi-agency governance arrangements are in place and are becoming established, with agencies delivering services through the family hub committed to better understanding: the demand for services; the family experience; how to embed an early intervention approach delivered through the family hub network locally.
- A more joined-up approach to the services which can or could be accessed through the family hub network is championed by some local advocates, reflecting that progress can still be made on service integration.
- Some senior leaders give a consistent message about the importance of a more joined-up approach to family hub services and have started work on further service integration.

Level 2: developed model

- An effective multi-agency board owns the family hub strategy and leads delivery confidently across local agencies, including the voluntary, community and faith sectors as key partners.
- The board also performs, or is closely linked to, strategic oversight of other core functions of integrated early help, such as Supporting Families, and other relevant agendas and partnership structures, such as local drugs strategy partnerships, school attendance strategy and partnerships and Violence Reduction Units. The board has clear routes into local multi-agency safeguarding arrangements and non-statutory partners, such as education and youth work.
- The board has identified routes to engage with, influence and inform decision-making about relevant services at Integrated Care System (ICS) level and other relevant partnerships and structures. For example, they have a relationship with a local authority member of the Integrated Care Partnership, and through this route can influence the ambitions for children and young people set out in the Integrated Care Strategy. Family hubs are well placed to recognise commissioning gaps, and to collect data on need for and uptake of services, which should inform ICS planning.
- The board is linked to the local data governance board and data-sharing routes are considered with relevant agencies including health, children's social care, education and the police.
- The board includes parent, carer or family representatives. There is also a role for the single, identifiable leader of the Start for Life offer.

- Governance structures enable different agencies to take collective responsibility, share risks and jointly invest in early help, whole-family and whole-system working, including the development of the family hub network.
- Service managers working in or through the family hub network understand the governance structure and how it relates to them.
- Senior leaders, including local politicians, speak with ‘one voice’ on the importance of early help, whole-family and whole-system working, including the development of joined-up family hub services and are advocates and champions for the delivery of the local strategy and local vision for the family hub network.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

2.3 Commissioning and funding

Minimum expectations

Level 1: basic model

- Single agencies are currently responsible for commissioning services but there is commitment to develop an outcomes based joint commissioning framework between different agencies for the services which are or could be accessed through the family hub network locally. The framework is in the development phase and includes all relevant partners in its development.
- The family hub has established relationships with Integrated Care Board commissioners of healthcare services and has identified appropriate routes to influence health service commissioning (e.g., through the local Health and Wellbeing Board, through the Integrated Care Board).

Level 2: developed model

- The family hub network is a key priority in the local budget-setting process.
- All decisions about commissioning or redesigning the family hub network take account of the strength of the evidence-base.

Go further options

Level 2: developed model

- There is a joint-commissioning plan between the local authority and other partners, such as health commissioners, for the services accessed through the

family hub network. It is extensive, routine, formally agreed, and covers the majority of family hub services.

- The family hub network considers commissioning in the wider context of early help commissioning decisions and aligns budgets from a range of funding sources such as the local authority, health commissioners and potentially other public sector partners.

2.4 Outcomes

Minimum expectations

Level 1: basic model

- Services that are part of the family hub network share a local theory-of-change and population level and/or cohort outcomes framework. Measurement of family level outcomes through the Supporting Families programme feeds into local population level outcomes. There is commitment to develop this further

Level 2: developed model

- There is a clear theory-of-change about how family hub inputs and outputs relate to target outcomes and impact the key risks and protective factors that influence child development.

Go further options

Level 2: developed model

- Different agencies delivering services through the family hub have a clear view of which parts of the family hub network are working well and use this to inform strategy and service development and take action to improve underperformance against target population outcomes.
- In developing a local population and/or cohort level outcomes framework, the family hub has regard to objectives for children, young people and families set out in local strategies, including the Health and Wellbeing Strategy produced by the local Health and Wellbeing Board, the 5-year forward plan produced by the Integrated Care Board, and the Integrated Care Strategy produced by the Integrated Care Partnership.
- The local population and/or cohort level outcomes framework builds clearly on measurement of family level outcomes through the Supporting Families programme.
- The family hub network uses data to analyse the impact on services and families, and can report on the journey of the family to understand how often they present to early help or social care after engagement with the family hub.

2.5 Evidence-led practice, evaluation and quality improvement

Minimum expectations

Level 1: basic model

- Family hubs are delivering evidence-based programmes and interventions with a commitment to increase this across more of their services.
- Local strategic needs assessments include data on family needs.
- Family feedback data collected and collated on experiences of using family hub services.
- Regular family hub network staff and professional time for reflective practice and learning from past experience and projects.

Level 2: developed model

- Regular reviews of the latest evidence base on family hub practice, programme and intervention effectiveness.
- Regular family hub network staff-training and learning and development on delivering evidence-based programmes and interventions.
- Local evaluation evidence for family hubs and their constituent services is regularly reviewed at operational, management and strategic level and leads to improvements and refinement of practice, services and interventions.
- Regular events, forums and supervision time for professionals and staff to reflect on practice and learn from projects and pieces of work as part of the family hub network.

Go further options

Level 2: developed model

- Evidence-based programmes and interventions are at the core of family hub service provision and are delivered with fidelity across most services.
- Robust and up-to-date multi-agency data (for example health, education, social care) on families is routinely analysed, covering population needs and service use, based on data from across the family hub network. The analysis is routinely used (as it pertains to family hubs) to identify target groups, design services, agree priorities, forecast trends and plan, set strategy, and influence wider family and community strategies.
- Routine monitoring, tracking and analysing of family hub service performance using valid and reliable outcome metrics, and linking with caseload data, children social care data, and data from local and national partners. Proven effectiveness

of family hub services at improving child and family outcomes, with findings published.
- Established evaluation partners that offer independent scrutiny and review of the family hub network.
- Regular benchmarking, learning and activities that assure the quality of the services against intended outcomes, alongside service users experiences. Activities may be undertaken with other local authorities with family hubs and could include data and outcome benchmarking or themed audits.

Key Criteria 3

There are professionals working together, through co-location, data-sharing and a common approach to their work. Families only have to tell their story once, the service is more efficient, with safeguarding at its core, and families get more effective support.

3.1 data- sharing

Minimum expectations

Level 1: basic model

- The family hub has a data-sharing agreement in place as part of existing data-governance structures and there is regular and consistent data-sharing across the family hub network that feeds into the wider system.
- Consistent and regular data-sharing across the family hub network is used to inform whole-family working and decisions about the family hub network. There is commitment to develop this further.
- There is senior commitment and a strategic dialogue underway to improve data-sharing to benefit the family hub through existing agreements amongst education, health and social care partners.

Level 2: developed model

- N/A

Go further options

Level 2: developed model

- The family hub is a key contributor to data-sharing practices across the wider local system, sharing and receiving information across local services to inform strategic decision making and improve delivery.
- Senior leaders in the family hub network are consistently using data analysis to inform decisions about the family hub network.

3.2 Case management

Minimum expectations

Level 1: basic model

- Agencies delivering family hub services across the family hub network have case management system(s) in place which allow for accurate whole family case-recording.

Level 2: developed model

- N/A

Go further options

Level 2: developed model

- A common case management system or interoperability between case management systems, which includes the case management elements set out in the Early Help System Guide, is used across the family hub network for families with all levels of need.

3.3 Common assessment

Minimum expectations

Level 1: basic model

- There is a clear process in place and used across the family hub network to assess need as part of formal early help activity and connect families to the services they need. Common assessment and recording processes are based on the Supporting Families Outcomes Framework.
- There is senior commitment and work underway to roll out a formal coordinated common assessment process across the family hub network for universal services and families at an earlier level of need than those engaged in formal early help activity.

Level 2: developed model

- Across the family hub network there is a clear, consistent and aligned process for identifying need and risk, and for providing appropriate support at an early stage within an agreed common assessment approach. This should cover need at both formal early help level, and below (including universal).

Go further options

Level 2: developed model

- Practitioners across all agencies in the family hub network use the agreed approach to ensure effective targeting.
- There is active monitoring of impact at individual case-level using valid and reliable measurement tools, as detailed in the Supporting Families Outcomes Plan for formal early help activity, including tracking over time of paths between family hub and wider universal or specialist services.

3.4 Safeguarding

Minimum expectations

Level 1: basic model

- All agencies and services within the family hub network are aware of their duty to safeguard children, young people and families in line with the statutory guidance, and adhere to all local safeguarding guidelines.
- All family hub staff are trained to identify safeguarding concerns – whether these be intra-familial or originate outside of the home, or where there are multiple overlapping threats, and staff are aware of and able to connect individuals to the appropriate statutory agencies, where required.

Level 2: developed model

- Information sharing pathways with statutory and non-statutory partners are understood by all staff and measures are in place to ensure information is shared in a proportionate way.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

Key Criteria 4

Statutory services, the community, charities, and faith sector partners are working together to get families the help they need.

4.1 Partnerships and co-location with voluntary, community and faith sector

Minimum expectations

Level 1: basic model

- There are agreements in place for family hubs to signpost and connect families to relevant voluntary, community and faith sector and peer support offers.
- There is senior commitment and a strategy underway to grow voluntary, community and faith sector involvement in the family hub network, including considering co-location.

Level 2: developed model

- There is improved connectivity between third sector, community, faith sector and other statutory services delivered through the family hub network.
- There is a strategy to grow and support voluntary, community and faith sector organisations working towards shared outcomes with the family hub network, not just the partnerships themselves.

Go further options

Level 2: developed model

- Third sector, community and faith sector partners and education settings that work through the family hub network are working in a whole-family way.

4.2 Integration and connection

Minimum expectations

Level 1: basic model

- There is join-up between different agencies in the family hub network and a commitment to developing integrated referral pathways so that families can access services when they need them.
- There is join up between the family hub and education partners to ensure there is a clear route of support for children, young people and their families, for example where appropriate the family hub can connect families to the attendance support team within the local authority.
- The Making Every Contact Count approach is embedded.

Level 2: developed model

- Comprehensive, integrated referral pathways are used for a full range of family hub services.
- Referral pathways include voluntary, community and faith sector partners and education settings.

Go further options

Level 2: developed model

- Pathways have been revised to take account of impact, user feedback and new evidence on what works.
- Integrated monitoring systems are used across family hub services to target interventions to families with different needs identified in the local needs assessment.
- Services are flexed to respond to demand using live data.

4.3 Community ownership and co-production

Minimum expectations

Level 1: basic model

- Some resident and parent/carer engagement exercises are undertaken to ask families about their interest in using existing local services that fall within the scope of family hubs (for example statutory consultation on service re-design).
- Families can submit feedback based on their experience of accessing and using family hub services.
- Parent and Carer Panels, which focus on conception to children aged 2, are used to help shape early years services in family hub models in each locality.

Level 2: developed model

- Families and young people co-design family hub services and programmes by being on relevant governance and partnership boards.
- Families and young people participate in the delivery of family hub services or programmes (for example peer support programmes, mentoring programmes and volunteer-led programmes).

Go further options

Level 2: developed model

- Families and young people act as champions and advocates for family hub services.
- Families and young people are routinely involved in planning and directing their family hub service pathways and sources of support.
- Specific efforts are made to seek the input of seldom heard groups, including those not in a family unit such as looked after children.
- Some small-scale budgets may be available for families and young people to use to fund family hub services and support, or participatory budgeting is undertaken routinely.

Delivery Area: relationships

Key Criteria 5

Family hubs prioritise strengthening the relationships that carry us all through life, and building on family strengths, recognising that this is the way to lasting change. This idea is at the heart of everything that is done.

5.1 Whole-family, relational practice model

Minimum expectations

Level 1: basic model

- There is an expectation, understood by all family hub staff, to work in a whole-family way that prioritises safely strengthening relationships and building on families' strengths. There is senior commitment and a plan to develop this further.

Level 2: developed model

- Where appropriate, families have a consistent point of contact in the family hub to help build a trusted relationship.

Go further options

Level 2: developed model

- Professionals across the family hub network engage families and build high-quality, trusting, relationships with them. This is supported by family feedback and outcomes data.
- Support provided through the family hub network builds on families' strengths, drawing on the wider relationships that families have, and on the capacity and potential for support and advice from within local communities, including education settings, voluntary, community and faith organisations.
- Children and young people are connected to mentoring programmes to help increase support networks for those who would benefit most.

5.2 Training and development

Minimum expectations

Level 1: basic model

- There is an initial version of a multi-agency workforce development plan, in which training offers are coordinated to help all partners in the family hub network understand and identify need early, and work in a whole-family way. There is commitment and a plan to develop this further.

Level 2: developed model

- It is widely understood locally what workforce diversity, capacity, skills and knowledge is required to impact on children and young people and family outcomes through a family hub model.
- There is an agreed and high-quality training and supervision offer which supports the family hub network's workforce to apply the latest evidence to their practice.

Go further options

Level 2: developed model

- The family hub network has a learning culture, and feedback informs future training and practice across agencies.
- There are development pathways for existing and new staff, to support retention and ensure areas are growing the staff they will need in the future.

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HM Government

Annex F: Family Hub Service Expectations

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.

Contents

Overview

This annex lists the core services we expect you to deliver through your family hubs and sets out the minimum expectations of the services which are not receiving additional investment through this programme. The delivery expectations of the funded services are included in the main programme guide. These core services do not represent an exhaustive list and you can choose to deliver other services outside of these, according to local need.

This annex 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:

1. Face to face at a family hub

2. 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)

3. Virtually through the family hub, including static online information and/or interactive virtual services

Glossary

Ages 0–19 (or 25 with special educational needs and disabilities - SEND) – this includes during pregnancy through to families with children up to age 19 or up to 25 for those young people continuing to access support via the statutory SEND system.

Services

1. Activities for children aged 0-5

Minimum expectations

Service available face to face at a family hub:

- Family hubs deliver the statutory duty to provide activities for young children (aged 0-5) for example, interactive play or stay and play sessions

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face-to-face at a family hub:

- Multi-disciplinary professionals are present and offering support at stay and play sessions, building capacity of other family hub staff running the session, to support better identification of need and eliminating the need for referrals in some instances

Service available through the family hub but received elsewhere in the network:

- N/A

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

- N/A

2. Birth registration

Minimum expectations

Service available face to face at a family hub:

1. N/A

Service available through the family hub but received elsewhere in the network:

2. N/A

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

3. Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face to face at a family hub:

- All families have the option to register a birth at their local family hub (local authority discretion on frequency of availability)
- Family hubs are the primary location for birth registrations in the local authority. The majority of birth registrations take place at the family hub, where it is appropriate to do so

Service available through the family hub but received elsewhere in the network:

- N/A

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

- N/A

3. Debt and welfare advice

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are able to provide guidance about financial support available and can connect to further support if required

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub are able to connect to appropriate support within the network, including VCS organisations such as Money Helper, Acas, Step Change, Citizens Advice, Christians Against Poverty

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

- Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face to face at a family hub:

- Where funded by Supporting Families, there is a Supporting Families Employment Advisor co-located at the family hub who can provide employment and welfare advice, and signpost to national and local debt services
- There are VCS organisations, such as Gateway, co-located on site in the family hub to offer debt advice

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme on offer, accessible via the family hub

4. Domestic abuse support

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are aware of the Domestic Abuse Statutory Guidance, are trauma informed, and can distinguish between parental conflict and domestic abuse, recognise signs of all forms of domestic abuse (including coercive control), the impact of this abuse on victims (adult and child, including where children see, hear or experience the effects of domestic abuse). Staff in the family hub are also aware of key risk points, such as pregnancy and ending an abusive relationship
- The family hub has a robust staff safety policy to ensure that the safety of victims (adult and children) and staff members is prioritised. Staff consider how to prevent perpetrators and victims accessing services through family hubs at the same time and know what to do if someone is in immediate danger and /or if a safeguarding referral is needed
- Staff in the family hub have a good understanding of the support services available locally and are able to connect adult and child victims to specialist domestic abuse services (including VCS organisations) either on site or within the family hub network, as well as support from other agencies such as health, police, housing and/or local safe accommodation
- Private spaces are available to allow victim (adult and/or child) to speak confidentially, to reduce risk associated with disclosing in front of perpetrators
- Family hubs have awareness-raising information around the hub about local services and the 24/7 domestic abuse helpline, such as posters on toilet doors, or on notice boards, or discreet cards available to pick up
- Staff can also, where appropriate and available, connect perpetrators to relevant support. In making referrals, the safety of victims/children is paramount at all times

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub are able to connect adult/child victims and, where appropriate, perpetrators to appropriate support within the network. This may include specialist domestic abuse services (including VCS organisations) as well as support from other agencies such as health, housing and/or local safe accommodation. In making referrals the safety of victims/children is paramount at all times

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

- Online family hub presence offers universal information about domestic abuse and how to access help and support and/or book onto services
- Online information is created with the locally commissioned domestic abuse service and provides clear advice about what to do if a victim of domestic abuse is in immediate danger, as well as links to local and national support such as helplines/text services and refuge support

Go further

Service available face to face at a family hub:

- There is an independent domestic abuse specialist worker co-located on site at the family hub who can identify, risk assess and support victims and connect them to specialist services within the family hub network as required
- Where appropriate, services reflect the Violence Against Women and Girls National Statement of Expectations commissioning toolkit

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme on offer, accessible via the family hub
- Online family hub presence includes resources for friends and family members

5. Early language and the home learning environment

This programme includes additional investment in early language and the home learning environment. Please see the main programme guide for expectations and go further options.

6. Early Childhood Education and Care (ECEC) and financial support (Tax-Free Childcare, Universal Credit childcare)

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub deliver the statutory duty to provide families with information about their entitlements, including universal 15 hours, 15 hours entitlement for disadvantaged 2-year-olds, 30 hours, Universal Credit childcare offer and Tax-Free Childcare.
- Family hub staff work in the community, with other family-facing professionals and network partners, to proactively identify families and engage with those who may benefit from the early years entitlements, such as disadvantaged and No Recourse to Public Funds (NRPF) households, by promoting educational benefits of take up (particularly 15 hour offers)
- Where needed, staff in the family hub facilitate and support families to apply for the early education entitlements

Service available through the family hub but received elsewhere in the network:

- Partners in the family hub network who work in the community identify families and refer them to the family hub to engage with those who may benefit from early years entitlements, such as disadvantaged and NRPF households

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

- Online family hub presence offers universal materials on the different government childcare offers, as well as information on how to access these offers and how to find a provider
- Staff at the family hub are aware of and connect claimants to the Childcare Choices, gov.uk and universal credit websites
- The family hub online presence signposts families to Childcare Choices website

Go further

Service available face to face at a family hub:

- There is a childcare subsidies specialist on site at the family hub to help and guide parents with childcare

Service available through the family hub but received elsewhere in the network:

- There is join-up between the family hub and Early Years Stronger Practice Hubs to make other local early years providers aware of their offer of support

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

- N/A

7. Health visiting 0-5 (inclusive of the Start for Life period)

Minimum expectations

Service available face to face at a family hub:

- Mandated Universal reviews are offered face to face as per the Health Visitor Service Model and High Impact Areas
- The New Birth Visit is provided in home, and other reviews (including mandated offer) are available in a family hub (as well as in family homes and other settings)
- The Making Every Contact Count approach is followed (e.g. benefits, housing, contraception services, fathers' worker, community kitchens, breastfeeding support, introduction of solids/healthy weight/nutrition, mental health support, smoking cessation, Citizens Advice Bureau and voluntary, (including peer support))
- There is an ability to support confidential discussion. Child health clinics are available
- Health visitors are proactive in bringing families with highest needs / poorly served into family hubs for additional support, including group sessions, and do this face to face where possible
- There is early intervention and identification of additional or complex needs; joint case arrangements with other services embedded with Early Help/Supporting Families or referral targeted / specialist services
- Personalised or tailored interventions are determined by need with clearly defined roles and responsibilities and multi-professional care pathways (e.g. healthy weight utilises health visiting support, dietician, play therapy, walking group)

Service available through the family hub but received elsewhere in the network:

- There is outreach to the community, including well-defined population needs assessments and community activities to support a safe and effective universal offer (which safeguards all parties, ie families and workers)
- There are personalised / targeted / specialist interventions including referral pathways to the most appropriate professional in the family hub or elsewhere in the locality such as child development assessment or community health service to complete the work
- Outreach also supports targeted work, by multi-agency professionals and volunteers, for families / localities where access is otherwise unlikely. Health visitors proactively engage with families most in need or otherwise marginalised
- Offer is available in a range of settings across families' homes and community settings e.g. child health clinic

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

- Parents and carers can access information and other guidance for common concerns (e.g. feeding, sleeping, crying, toileting, illnesses) online at any time of day or night
- Information is provided in multi-media formats to deliver a modern, innovative and user-centred evidenced approach
- The virtual offer can help improve accessibility (for example other languages including sign language, cultural barriers)
- Parents are aware of how to contact the health visitor via telephone or digital approaches
- The local authority is cognisant of digital poverty/exclusion and takes steps to mitigate

Go further

Service available face to face at a family hub:

- The health visitor is a leader of strong integration of services and support
- There are drop in/child health clinics
- There are stay and play, speech and language therapy groups, psychology support for specific groups (to support sensitive and responsive caregiving) via the family hub or connection to wider offer

Service available through the family hub but received elsewhere in the network:

- Work is undertaken to integrate services and build community resilience

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

- There is online/blended access to expertise available to support child or family needs
- There are strong multi-professional/agency early warning processes and risk management case load assessments (or recovery planning) to prioritise families with higher needs

8. Housing

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub have a good understanding of housing issues that families may be facing and are able to connect families to appropriate housing support services within the network

Service available through the family hub but received elsewhere in the network:

- There is a mechanism for families, particularly those at risk of homelessness, to be connected to wider local housing services within the hub network and/or VCS organisations who can offer more specific or specialist housing advice to families

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

- The online family hub presence offers universal materials and information about how to find and access local housing support services

Go further

Service available face to face at a family hub:

- There is specialist VCS and/or local authority housing staff on site at the family hub at certain times. Where eligible and needed, specialist housing staff will liaise with the landlord or housing service to escalate the issue.

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online/virtual support is available at certain times and accessible via the family hub

9. Infant Feeding Support

This programme includes additional investment in infant feeding support. Please see the main programme guide for expectations and go further options.

10. Intensive targeted family support services, including those funded by the Supporting Families programme

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub, and those linked to the hub, regardless of specialism, know how to ask questions to explore the wider needs families may have and can connect families to the right support for their needs. Where there are multiple needs, they may act as lead practitioner themselves or instigate the Early Help process to ensure one is identified (in line with the workforce table in the Early Help System Guide)
- Staff in the family hub can connect families to targeted services, including those funded by the Supporting Families programme, whether on site in the family hub or elsewhere in the network

Service available through the family hub but received elsewhere in the network:

- Support for families is accessible via the family hub and provided wherever and whenever is most effective for their support needs, for example in the family's home. Lead Practitioners and members of the team around the family should determine with the family which locations are best for the delivery of support

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

- Online family hubs presence offers materials and information about the local authority's early help offer and how to access it
- Online family hub offer includes a way for families to access targeted support for example to speak to a family hub practitioner virtually to flag concerns about multiple complex problems
- A clear referral pathway into the early help offer and wider children's services (including safeguarding) is available on the website

Go further

Service available face to face at a family hub:

- Targeted family support services, including those funded by the Supporting Families programme, are strongly associated with or co-located in the hub, and use it for direct work where this is best for the family

Service available through the family hub but received elsewhere in the network:

- N/A

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

- N/A

11. Local authority 0-19 public health services, based on local needs assessments

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub know what services are provided where locally, and can connect families to services, information and support relevant to a family's specific needs. This will include supporting families to access evidence-based health improvement advice and interventions, and information and advice for parents on children and young people's health and development, including local community resources (both in person and online) and social prescribing opportunities to increase social participation and health/wellbeing outcomes
- Staff in the family hub can connect families to additional or targeted support where needed (as identified by area needs assessments)
- Staff in the family hub promote emotional wellbeing in conjunction with primary/ secondary care and school-based support
- There are drop-in opportunities in the family hub provided by professionals and local providers of different services available

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub are able to connect families to appropriate support within the network, including to primary and secondary care, wider community health care and specialist services where appropriate and available

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

- Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face to face at a family hub:

- There are services and support available located on site in the family hub, provided by trained professionals

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme on offer, accessible via the family hub

12. Mental health services (beyond Start for Life parent-infant mental health)

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub have an understanding of mental health issues, including early intervention and emotional/wellbeing support, and are able to connect to appropriate support within the network
- Staff in the family hub ensure equal consideration of mental health needs alongside other needs such as physical health (parity of esteem)

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub have an understanding of mental health issues, including early intervention and emotional/wellbeing support, and are able to connect to appropriate support within the network and local area

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

- Online Family Hub presence offers universal materials, connecting to online self-help materials e.g. Every Mind Matters website and information about how to book onto services or self-refer (where available)

Go further

Service available face to face at a family hub:

- Mental health support services are co-located in the family hub (both NHS commissioned support and lower-level emotional/wellbeing support)
- A mental health lead based in the hub with additional training and clear responsibility for mental health support is available to provide face to face support for families

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme on offer, accessible via the family hub

13. Midwifery/maternity

Minimum expectations

Service available face to face at a family hub:

- Family hubs can provide a team base for midwives working in the local area to meet and work across disciplines and agencies
- They provide clinical and non-clinical space to enable midwifery teams to be based there and to offer appointments there, with particular emphasis on initial booking appointment
- There is a confidential environment for assessments to be completed
- There is connection to vaccination centres
- Referrals to obstetric or other secondary care are available where required
- Family hubs provide expectant parents with the ability to access a range of locally available appropriate birth options

Service available through the family hub but received elsewhere in the network:

- There is an offer of one-to-one home visits for families where appropriate. Some Midwifery appointments are held in non-clinical community settings

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

- The website and communication channels show up to date appointment and drop-in clinics for families to access
- Virtual (including telephone appointments) are available

Go further

Service available face to face at a family hub:

- There is care continuity between midwifery and health visiting through joint-working, improved sharing of information and/or focus on postnatal handover. If appropriate to include face-to-face handover from the midwife to the health visitor with the parent/carer
- Hubs provide facilities to offer intrapartum care to women who make an informed choice to birth outside of an obstetric unit
- There are new-born hearing screenings offered
- Drop-in sessions, peer support, and classes are available, as opposed to just appointments
- Post-natal contraception is made available, and advice on contraception methods
- There are vaccinations offered

- There are good referral pathways and inter-agency working, e.g., with breastfeeding services, smoking cessation and perinatal mental health services, general family support services and agencies such as housing, domestic violence, and social work. These processes will be supported by one or more key contacts available to the family who are able to provide continuous support and connect them to additional or specialist services where required. The right key contact will depend on the circumstances but could be a member of the multidisciplinary skill mix team under the clinical leadership of health professionals

Service available through the family hub but received elsewhere in the network:

- There is additional midwifery support, for example demonstrating basic baby care and safety, and targeted work for those with identified needs by the most appropriate professional in the multi-agency team
- There is outreach antenatal care (including necessary equipment)

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

- Access to virtual midwifery services is available out of hours (for example chat or telephone). If the query is urgent or raises a safeguarding/health concern, it is ensured that appropriate connecting and referral pathways are in place

14. Nutrition and weight management

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are aware of what healthy weight and weight management services are available locally and nationally for early years, children, families, and parents/carers (via adult services), have knowledge of the eligibility criteria for these services and are able to connect families to them
- Staff in the family hub are able to raise the topic of weight and able to talk about healthier weight in an informed and sensitive way
- Staff are able to signpost to government healthy eating guidance (the Eatwell Guide and 5-a-day)

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub are aware of healthy weight and weight management services available locally and nationally, and able to connect children and/or their parents/carers living with overweight and obesity to appropriate services or support within the network

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

- Online family hub presence offers universal materials and information on healthy weight and weight management services for children and their parents / carers living with overweight and obesity, including services available locally and nationally and ways in which people access these services
- Online family hub presence links to government healthy eating guidance (the Eatwell Guide and 5-a-day)

Go further

Service available face to face at a family hub:

- Drop-in opportunities are available with local child and family, and adult, obesity prevention weight management service providers
- If appropriate, for adults, face-to-face conversations with trained healthy weight coaches to support behaviour change and onward connection to services available locally and nationally. For children, the healthy weight coach will connect a parent who is concerned about their child's growth to a healthcare professional such as the school nurse or GP

Service available through the family hub but received elsewhere in the network:

- N/A

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

- If appropriate, for adults, remote conversations with trained healthy weight coaches to support behaviour change and onward connection to services available locally and nationally

15. Oral health improvement

Minimum expectations

Service available face to face at a family hub:

- There is a member of staff in the family hub who is designated as an oral health improvement champion. They will:
  - understand the current local dental service landscape and provide proactive support to enable families to access appropriate NHS dental services, including community dental services, and are taking on new NHS patients for routine and urgent care
  - provide advice and support to parents and carers on keeping children's mouths healthy (diet, oral hygiene, fluoride)
  - advocate for oral health improvement with other professionals/settings, for example health visitors, GPs, schools etc to make sure that every contact counts
  - ensure that the family hub environment facilitates good oral health for all families, for example drinking water provided and promoted, healthy eating policies that limit food and drink containing sugar between meals, etc.
  - encourage parents to have their children attend those early years settings that provide supervised tooth brushing programmes where available

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online family hub presence offers universal materials, signposting to online oral health improvement materials embedded within the resource sections of Delivering Better Oral Health (fourth edition), relevant oral health and dental content on nhs.uk, and relevant oral health and dental content, such as how to find NHS dental services and other supporting information, for example, NHS dental charge exemption categories on gov.uk and NHS.uk

Go further

Service available face to face at a family hub:

- The family hub provides free or subsidised toothpaste packs for 0–5-year-olds
- Local oral health improvement teams that work with children and vulnerable communities located on site at the family hub

Service available through the family hub but received elsewhere in the network:

- The oral health improvement champion supports early years settings to become supervised toothbrushing settings, providing coordination, guidance and governance support
- There is an active referral service to connect parents with young children to early years settings that provide supervised tooth brushing programmes

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

- Online virtual support on offer to families, accessible via the family hub

16. Parent-Infant Relationships and Perinatal Mental Health Support

This programme includes additional investment in parent-infant relationships and perinatal mental health support. Please see the main programme guide for expectations and go further options.

17. Parenting Support

This programme includes additional investment in parenting support. Please see the main programme guide for expectations and go further options.

18. Reducing Parental Conflict

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are aware of the evidence on the impact of parental conflict, can identify it, can distinguish it from domestic abuse, and provide universal level support and initial early support (conversations with a trained practitioner - level 2), providing or connecting to moderate support (structured support from a trained practitioner - level 3) where required, whether this is on or off site. This support is available to parents who are together, separating or separated

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub can connect parents to moderate support (structured support from a trained practitioner - level 3)

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

- Universal support available virtually e.g. information, apps, videos, and practitioners are available to offer early and moderate support virtually

Go further

Service available face to face at a family hub:

- Staff in the family hub are able to connect parents to specialist interventions (level 4) whether on or off site
- Separate advice and support is available for young people whose parents are experiencing conflict

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub can connect parents to specialist interventions (level 4)

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

- Specialist intensive support is available virtually in Reducing Parental Conflict funded LAs, where this works for parents

19. SEND support and services (inclusive of the Start for Life period)

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub, including Start for Life staff, are knowledgeable about SEND services and the requirements set out in the SEND Code of Practice. They can connect families to appropriate support and services
- SEND information advice and support (SENDIAS) (mandatory service) may be physically located within the hub buildings. Staff can make referrals to appropriate services within the hub network, such as portage and SEND-appropriate parenting programmes
- Staff understand how they relate to professionals in education settings (including early years and further education), Start for Life services and those within statutory services (health and social care), and can support families in interactions with these professionals
- Staff in the family hub can inform parents of their rights to request a social care assessment or carers' assessment, or make a referral on their behalf, where appropriate
- Staff in the family hub can make families aware of Education Health and Care (EHC) request procedure, where appropriate and necessary, and can explain the process and the effect of having an EHC plan on their child's support
- Information is available in an accessible format and addresses wider accessibility needs for parents of SEND children e.g. the need to make reasonable adjustments
- Services such as the 0-19 Healthy Child Programme should be fully involved in the additional needs/SEND notification process to the LA/Designated Clinical Officer

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub can connect families to SEND services within the family hub network. Services should align closely with both the SEND local offer and the support ordinarily available to those with SEND in nursery and early education settings, as well as schools and further education. Wider services within the family hub may include SEND-appropriate parenting support delivered by partners, peer support groups for parents, respite provision, support for siblings, specialist health services (via appropriate local referral pathways)
- Families are able to access services provided by local partners including health in line with the statutory requirements on those services

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

- Online family hub presence offers universal materials and information about how to book onto services
- SEND Local Offer is available online (statutory requirement) via the family hub online presence
- Online information is available in an accessible format and addresses wider accessibility needs for parents of SEND children e.g. the need to make reasonable adjustments

Go further

Service available face to face at a family hub:

- Parent-carer forum (different from the Start for Life Parent and Carer Panel) is located at the family hub, if appropriate (this needs to be a decision taken by the parent-carer forum)
- Parent-carer informal peer support groups are located in the family hub where they choose to be
- Respite provision is available for SEND families at the family hub, where appropriate and if the building is suitable
- Staff in the family hub can support parents in applying for an EHC assessment and complete the forms if necessary. Staff in the family hub can liaise with school on behalf of families (either directly or via SENDIAS team) to ensure support is being delivered in accordance with the Code of Practice and that parents understand how support is organised for their child

Service available through the family hub but received elsewhere in the network:

- There is a dynamic process of maintaining the SEND local offer which captures and details all relevant services via the family hub network, so that families experience a single point of contact which provides comprehensive information on all services available to them and their child in relation to their SEND needs
- The family hub connects to a wide range of partners and relevant services, including those co-produced by parents, carers and families themselves, so that families receive services from all partners via the hub network, which are dynamic and responsive to their needs

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

- Online virtual programme on offer, accessible via the family hub
- Services made available through the virtual hub are fed into the Local Offer and feedback is reported through the Local Offer mechanism to commissioners,

creating a dynamic process where services are shaped by and respond to local need, as identified by parents, carers and families themselves

20. Stop smoking support

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub know what stop smoking services are provided locally, where these are available, and can connect families to these services
- For families attending a first healthcare appointment at the family hub, staff will ask individuals about their smoking status and that of others in the household
- Staff in the family hub are trained in delivering Very Brief Advice on smoking to parents identified as smokers

Service available through the family hub but received elsewhere in the network:

1. Staff in the family hub are able to connect families to appropriate local stop smoking support, including signposting to information on specialist services

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

2. Online family hub presence offers universal materials and information about how to access stop smoking services

Go further

Service available face to face at a family hub:

- Drop-in opportunities with trained stop smoking advisers are available
- Stop smoking support and services provided by trained smoking advisers are available on site in the family hub, including individual, group and family-based treatment programmes
- Specialist smoking in pregnancy advisers available on site at designated times of the week, with links to midwifery services

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online/remote (e.g. telephone or video call) stop smoking support available, accessible via the family hub

21. Substance (alcohol/drug) misuse support

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are trained to have an awareness in identifying parental substance misuse and young people's substance misuse and know who the right agencies are to connect children, young people and families to
- Staff in the family hub can provide information, online and in-person, about substance misuse, the effects of parental substance misuse upon children, harm reduction information, and types of support available to the individual/family
- There is a staff member in the family hub that supports families affected by parental substance misuse and/or young people that are using substances in accessing the full range of services to meet their needs (this would not necessarily have to be a substance misuse specific worker)

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub have an understanding of substance misuse issues and are able to connect to appropriate support within the network

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

- Online Family Hub presence offers universal materials and information about substance misuse, the effects of parental substance misuse upon children, harm reduction information, types of support available to the individual/family, how to book onto services, how to contact local drug and alcohol services commissioned by their local authority, and who to contact in an emergency

Go further

Service available face to face at a family hub:

- A substance misuse practitioner working from the family hub (not necessarily full-time), so people can access treatment in a non-stigmatising and discreet environment, feel safe to bring young children to appointments and can attend whole-family interventions which can be delivered from the hubs
- A young people’s substance misuse practitioner working from the family hub (not necessarily full-time), recognising that targeted and specialist substances misuse interventions for young people are different to that for adults - related to factors such as age-appropriateness of the support offered, identification, and the patterns of, substance use problems

- Substance misuse treatment workers based full time in the family hub who are trained in delivering whole-family substance misuse interventions and reducing parental conflict to deliver permanent whole-family substance misuse support from the hub, working holistically with all relevant agencies operating within the hub network

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme/support on offer, accessible via the family hub

22. Support for separating and separated parents

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub understand the impact of parental separation and relationship breakdown on children, and can connect parents to appropriate services and support to ensure outcomes for their children are front and centre when agreeing child arrangements
- Staff in the family hub can connect parents to mediation (including the current voucher scheme), to separated parents information programmes (SPIPs) and other services, where safe and appropriate, to help avoid the cost and potential trauma associated with going through the court process

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub can connect parents to mediation (including the current voucher scheme), to separated parents information programmes (SPIPs) and other local or virtual services, where safe and appropriate, to help parents avoid the cost and trauma associated with going through the court process

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

- Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face to face at a family hub:

- The family hub to develop strong working links with local family courts and mediation providers to explore the possibility of providing hub-based mediation or other services in support of separating parents, such as shared parenting programmes

Service available through the family hub but received elsewhere in the network:

- N/A

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

- Online virtual programme on offer, accessible via the family hub

23. Youth justice services

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub or linked to the hub, regardless of specialism, know how to ask questions to explore the risk factors which may contribute to the potential offending behaviour and how to connect children and their families to the right support for their needs

Service available through the family hub but received elsewhere in the network:

- Targeted youth support services are accessible through the family hub, where eligibility criteria is met, including youth focused early intervention initiatives

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

- N/A

Go further

Service available face to face at a family hub:

- Targeted youth support services are strongly associated with, or co-located in, the family hub, and use the family hub for direct work where this is best for the family

Service available through the family hub but received elsewhere in the network:

- N/A

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

- N/A

24. Youth services - universal and targeted

Minimum expectations

Service available face to face at a family hub:

- Staff in the family hub are aware of and able to refer young people to universal youth services, such as youth clubs, sports and other specific activity clubs, homework clubs and Uniformed Youth Groups (scouts/guides)
- Where appropriate, staff in family hubs should connect families to available targeted youth services such as prevention sessions or support for Not in Education, Employment or Training (NEET) young people or specialist support for young people at risk of abuse or exploitation

Service available through the family hub but received elsewhere in the network:

- Staff in the family hub are able to refer to appropriate youth services within the network

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

- Online family hub presence offers universal materials and information about how to book onto services

Go further

Service available face to face at a family hub:

- Qualified youth workers are co-located in family hubs and able to provide immediate and specialist intervention, as well as signposting to positive activities/youth services in the community

Service available through the family hub but received elsewhere in the network:

- New facilities funded through the Youth Investment Fund could provide a site within the family hub network for the delivery of a range of family hub services, tailored to ensure relevance and accessibility to the local community

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

- Online virtual programme on offer, accessible via the family hub

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Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Laura Chadwick, Head of Transformation/Principal Social Worker
Date of meeting:	21 September 2023

FAMILY SAFEGUARDING MODEL

1.0 Purpose of the report

1.1 To provide an overview to the Scrutiny Board around the proposals for developing multi agency teams within Children's Services. The DfE have awarded Blackpool £764,610 pounds in order to develop multi agency teams, where practitioners work with families to address their needs and to enable more children to remain within their family networks.

2.0 Recommendation(s)

2.1 To consider the work to develop Multi agency teams starting with the Strengthening and Supporting Families Team.

2.2 To review the work to date to build upon the Blackpool Families Rock Approach by utilising and adopting the Family Safeguarding Model which is proven to work in terms of reducing the number of children in our care system. The model focuses on a multi-disciplinary approach to families, offering the right support to parents/carers promptly and addressing the needs which impact upon their parenting.

3.0 Reason for recommendation(s)

3.1 To ensure robust scrutiny of Children's Services.

3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered

4.1 None.

5.0 Council priority

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience

6.0 Background and key information

6.1 Children's Social Care was rated 'Inadequate' in 2018, after four monitoring visits and an ILACS inspection in December 2022 Ofsted rated Blackpool Children's Social Care Services overall as 'Requires Improvement' with 'Good' for children in care and care leavers. There are four recommendations within the report which are:

- The multi-agency response to children suffering domestic abuse or long-term neglect, and to those children with complex needs.
- Work with partners to strengthen their contribution to early help and neglect.
- Sufficient placements to meet children's assessed needs.
- The timeliness of meeting children's dental and emotional needs.

6.2 There are two significant areas for consideration from the Ofsted report additionally relevant to this model:

1. The practice model needs to be *strengthened* in order to better support families where domestic abuse, neglect and mental health issues are present.
2. The practice model needs to clarify the expectations and role of partners with a shared narrative.

6.3 Blackpool has the highest rate of children in care in the country at 188 per 10,000 (down from 210 per 10,000 just over 1 year ago), this has been the case for the best part of a decade and there are a range of factors that contribute to this. Considerable work has been undertaken during the last two years particularly to change the direction of travel and the foundations are well laid to implement family safeguarding . A key strength noted by Ofsted and other inspectorate bodies working with Blackpool has been the emerging collaborative approach evident from 'Blackpool Families Rock'. Working alongside families, parents, children and young people has revolutionised how we work to identify the need for, and support change in families to make the environment safer for children. Blackpool Families Rock will remain as our overarching set of principles and values co-produced with families, Family safeguarding will enable a solid offer to families within this framework.

6.4 Blackpool is in a strong position to implement work with the whole family, with adult practitioners embedded in the work of Children's Social Care and Early Help. Our workforce is stable with under 15% agency (as a proportion of qualified Social Workers across Children's Social Care, August 2023). Our Leadership Team is established and we have just successfully recruited a Head of Transformation/Principal Social Worker who was a Senior Manager within Family Safeguarding in a neighbouring authority. Ofsted commented that *"core foundations are now in place, and this is supporting sustainable improvements."*

6.5 Our values, vision and beliefs align strongly with a whole family approach. Blackpool

Families Rock is our co-designed approach to practice which we developed in 2019 with children, families, carers and partner agencies. At its core it is a social pedagogical and restorative approach – it is trauma informed using motivational interviewing. The DCS and other practice leaders within Blackpool have already implemented Family Safeguarding in a neighbouring authority and understand, and passionately promote the core values and practice approach.

6.6 What does success look like?

Working with partners to develop a whole family, multi-disciplinary approach to safeguarding children has been proven to achieve better outcomes for children and their families. The impact of implementation of whole family working will be significant. It will:

- Transform the support offer provided to families in Blackpool particularly in relation to neglect and domestic abuse.
- Drive culture change and further improve social work practice to reduce the long-standing challenges with numbers of children being placed on child protection plans and becoming Looked After.
- Support the next phase of our improvement journey to 'Outstanding'.

6.7 Our main aim is to deliver better, sustainable outcomes for children and families, but we also expect (in times of high intervention and placement costs) that it will have a significant impact on cost avoidance. In terms of successful delivery of the model, Blackpool Children's Services in partnership with the Centre for Family Safeguarding Practice plan to deliver the following key work between September 2023 and April 2024:

- Recruitment for the multi-disciplinary teams (launch once 75% of Adult Specialist Workers have been recruited).
- We have already delivered Trauma Informed and Motivational Interviewing training across the service, however we would need to deliver targeted Motivational Interviewing as well as change workshops (launch once 75% of Strengthening and Supporting Families team members have attended targeted workshops).
- Set up of the FS Workbook (Workbook is an assessment tool for multi-disciplinary practitioners).
- Adopt the FS group supervision method. (Involving all practitioners as opposed to Childrens Staff alone)
- Ensure clear governance and accountability is set up across the new teams.

6.8 In terms of successful adoption and benefit realisation, the following outcomes, outputs, and measurable objectives have been identified and will form the basis of monitoring what success will look like as part of FS adoption for Blackpool.

6.9 FS Team Structures:

One of the key elements of the Family Safeguarding Model is having a whole family

approach to working with children and families, by creating and using a multi-agency specialists. The team itself will consist of:
Team Manager – responsible for the management of the FS team and holds responsibility for the decision making for the families they support.

Senior Social workers – responsible for a small caseload, whilst also overseeing the Adult Workers within the team.

Child and Family Social Workers – Their key role is to coordinate the progress of the child's multi-disciplinary plan. They will complete the family programme with the family and will utilize Motivational Interviewing tools to create change for children.

Child and family practitioner – they will work collaboratively with the social worker and will undertake direct work with children and families.

Recovery workers – working directly with parents who are experiencing challenges with drugs and/or alcohol. They are focused on undertaking direct work, consultations and assessments with the parents in order to motivate parents to change their behaviours.

Domestic abuse practitioners- their role is to support parents to break the cycle of abusive relationships. They undertake direct work with the victims of domestic abuse and deliver training which will encourage self-esteem and consider. This can be in the form of group work or one to one sessions.

Domestic abuse officers – their role is to undertake an assessment of the person who may pose a risk to their partner, or their family as a whole. They can undertake direct work whether that be in a group setting or in a one to one session in order to support the individual to devise strategies to help them reduce stress, anxiety and any other factors which impact upon their behaviors.

Mental Health Practitioners – providing timely support to parents/carers who are suffering from mental ill-health. They will also provide evidence based assessments, interventions in order to reduce the issues associated with the mental ill-health.

Business support officer – they will provide effective and timely support and overall business administration for the team. Key to their role will be capturing the reflective discussions which take place within group supervisions where key decisions are made by the team manager having explored the family situation with all the adult specialists and the social workers. They will significantly contribute to data management alongside the team manager.

6.10 Key features of Family Safeguarding are that all staff should be trained in Motivational Interviewing, within Blackpool a significant percentage of the workforce have been trained in this, however there are to be a further three cohorts commencing the training

in October through to December. Further to this, Practice Development Leaders will continue to revisit the use of MI in everyday practice in order to embed and develop the workforce.

Expected Outputs	Expected Outcomes
Recruitment to adult specialist roles. Delivery of Motivational Interviewing and change training to Strengthening and Supporting Families teams that set the values and practice standards and expectations for staff. Delivery of other targeting training and embedded/alongside development work to support practice development. Establishment of multi-disciplinary teams, including adult specialist roles, to create whole family plans of protection, help, and support. Development work, culture and practice workshops with partner agencies to support them to be a positive part of a whole system approach. This will include clear partnership agreements to set expectations around support and commitment to whole system ways of working with families from Early Help through to children who are Looked After. Consistent use of the FS group supervision model. Individual and group work programmes to support parents and carers who are struggling poor mental health, substance use, and relationship problems. Multi-disciplinary working with families to secure a holistic whole family approach. Family based direct work, recording, analysis, and evidence-based decision-making. Delivery of Motivational Interviewing and change training to wider teams to support culture change across the organisation.	Cohesive, positive multi-agency teams that share values, approach and support each other in a whole family approach that meaningfully combines Blackpool Families Rock and Family Safeguarding. Group supervision that supports deeper analyses that better identify the root causes for families issues and lead to more impactful plans that better address those root causes for families difficulties. Families receive the right help at the right time and are not subjected to inappropriate statutory intervention, with Children's Social Care and partner agencies applying statutory thresholds in an accurate way. More families receive the help they need to safely care for their children, leading to fewer children needing to become the subject of a Child Protection Plan or to come into care. A whole system of support for children and their families across Blackpool with a shared vision of keeping families together where it is safe to do so. Empowering parents, children, and young people to make sustainable changes through a restorative strengths based approach that uses MI skills. Measurable reduction on levels of domestic abuse, substance and alcohol use and mental health episodes for the families we have worked with in multi-agency teams. Improved wellbeing and retention of staff across Blackpool Children's Services.

KPI's:

Objective	Measurable by
Families remain together at home where it is safe to do so.	Reduction in number of children moving into care proceedings (Public Health Indicator)
	Reduced number of looked after children
	Reduced amount of time children and young people spend in care
	Increase in number of children who have been returned home to live with parents or relatives

Families receive the right level of support, when they need it, for the right amount of time.	Reduction in the number of children and young people re-referred to Children's Social Care
	Reduction in time taken for a child or young person to receive statutory services when it is right for them
	Reduced time taken for families to receive specialist interventions and assessments when it is right for them
Fewer families experience issues relating to vulnerabilities and receive better support (Domestic Violence, Mental Health, Substance Misuse).	Reduced numbers of CiN
	Reduced numbers of CiN showing abuse or neglect as the primary case of need
	Reduced number of children negatively affected by substance and alcohol misuse
	Reduced number of children negatively affected by parental mental health issues
	Reduced number of absent parents
Children have been effectively protected and supported within the system at the right level	Reduced re-referral rates to Early Help
	Reduced referrals and assessments that lead to no further action
	Increased recording of consent in audited cases
	Reduced rate of section 47 enquiries and strategy meetings
Compliance on need for statutory partners to be involved in strategy discussions/decisions	Increased % of strategy meeting where all 3 statutory partners are involved in discussions and decision-making
	Increased number/percentage Workbooks opened in relevant teams
Effective support from professionals and staff retention	Reduced number of changes of allocated Social Worker for children
	Reduced % of practitioner turnover and vacancy levels
	Reduced rate of practitioner sickness absence
	Increase in positive outcomes in staff surveys
	Increased % of staff satisfied with learning and development offer
Partnership working	Increased core group attendance rates from partners
	Increased CiN meeting attendance rates from partners
	Increased % of children and young people attending core groups
	Increased % of parents/carers attending core groups
	Increased % of children and young people attending CiN meeting
	Increased % of parents/carers attending CiN meetings
Education, employment, and training for FS cohort	Increased education attendance for children and young people open to Children's Social Care
	Increased parental employment or training

6.11 A bid was submitted to the DfE for the implementation of the Family safeguarding model to support key elements of the improvement plan within Children's Social Care, £764,000 was awarded with a view to an anticipated "go live" date of April 2024.
Family Safeguarding is a whole family approach to working with children and families that supports parents to create sustained change for themselves and for their family.

6.12 This approach is entirely congruent with the Blackpool Families Rock approach and sits within the funding agreement and the terms and conditions of the Grant Letter agreed with the DfE. This model will form part of the Blackpool Children's Services'

Transformation work that includes delivery of Family Hubs and a revised Early Help system. The purpose of this work is to help address the long-standing high levels of demand for statutory services within Blackpool by embedding domestic abuse, substance and alcohol misuse, and mental health specialists within children's social work teams to work with adults, stimulating better frontline practice and cultural change. Blackpool Council view embedding the Family Safeguarding Model (FSM) within Blackpool Children's Social Care as a key element of the continuous improvement journey we are on. Embedding Family Safeguarding will not only contribute to the outcomes of children, young people, and families in Blackpool, it will also contribute to the council becoming a more resilient and sustainable going forward.

6.13 Does the information submitted include any exempt information? No

7.0 List of appendices

7.1 None.

8.0 Financial considerations

8.1 Funding has been received from the DfE.

9.0 Legal considerations

9.1 None associated with this report.

10.0 Risk management considerations

10.1 None associated with this report.

11.0 Equalities considerations and the impact of this decision for our children and young people

11.1 Impact on children and young people detailed within the report.

12.0 Sustainability, climate change and environmental considerations

12.1 None associated with this report.

13.0 Internal/external consultation undertaken

13.1 None associated with this report.

14.0 Background papers

14.1 None.

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Report to:	**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting:	21 September 2023

SCRUTINY COMMITTEE WORKPLAN

1.0 Purpose of the report:

1.1 To confirm the workplan for the 2023/2024 Municipal Year and consider the update to previous Committee recommendations.

2.0 Recommendations:

2.1 To confirm the workplan for the 2023/2024 Municipal Year.

2.2 To monitor the implementation of the Committee's recommendations/actions.

3.0 Reasons for recommendations:

3.1 To ensure the Workplan is robust and fit for purpose.

3.2	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.3	Is the recommendation in accordance with the Council's approved budget?	Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

6.1 **Scrutiny Workplan**

The Committee's Scrutiny Workplanning Workshop was held on 18 July 2023 and considered items for inclusion on the Committee's workplan for the 2023/2024 Municipal Year. The workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and Committee meetings.

Committee Members are also invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist. The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny outside of the workplanning workshop.

6.2 **Implementation of Recommendations/Actions**

The table attached at Appendix 9(a) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

Members are requested to consider the updates provided in the table and ask follow-up questions as appropriate to ensure that all recommendations are implemented. The table includes the work and recommendations of the 2022/23 Municipal Year.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 9(a) - Implementation of Recommendations/Actions.
Appendix 9(b)- Scrutiny Selection Checklist

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations and the impact of this decision for our children and young people:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	09.12.21	That further consideration be given by the Committee to the findings of the 'Child of the North' report and the potential impact on Blackpool.	TBC	Vicky Gent	Vicky has requested that Members revisit this action due to the wide ranging nature of the Child of the North report. To be discussed at the next Committee meeting.	TBC
2	08.12.2022	To include an item on the work programme to look at the resource capacity of the Young Inspectors Team.	April 2024		To be added to workplan during consideration of Municipal Year 2023/24.	Ongoing
3	08.12.2022	To invite the Head of Library Service to a future meeting to provide a report on the services provided within the community in respect of the Literacy Strategy.	TBC	Vicky Clarke	Considered in the June 2023 meeting.	Completed.
4	02.02.2023	If developed that proposals for a Family Safeguarding approach be brought to a future meeting of the Committee.	November	Kara Haskayne	A special meeting has been established to brief members on the new approach to safeguarding.	Ongoing.
5	22.06.2023	The Committee agreed to request a presentation from the health provider on the issues regarding waiting times and access to services in relation to EHCPs, speech and	January 2024		Added to workplan for 2024.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		language therapy and any other service for special educational needs.				

Children and Young People's Scrutiny Committee - Work Plan 2023/2024	
21 September 2023	1. **Children's Social Care Update** on the improvement plan. 2. **Early Help Work with Families** – To receive a report outlining the work being undertaken by Early Help to support families in Blackpool with a focus on partnership working and the family hubs. 3. **Family Safeguarding Model** – more detailed information on the proposed safeguarding model.
9 November 2023	1. **Children's Social Care Update** including improvement, transformation and key subject areas such as neglect, permanency of placement, family hubs, financial performance of the service against the MTFS 2. **Children's Safeguarding Assurance Partnership Annual Report** 3. **Better Start –** to receive an annual update on the work of Better Start. Additional two years funding, links to the family hubs, creating sustainability. 4. **Youth Justice Service Update** looking at all aspects of youth justice with a focus on partnership working 5. **Educational Attainment –** an overview of attainment for 22/23 also including the referral from the SLB due to concerns raised on attainment in particular around GCSE Maths and English 6. **Children's Services Performance data –** update on performance against the Council Plan Key Performance Indicators
25 January 2024	1. **Children's Social Care Update** including improvement, transformation and key subject areas such as neglect, permanency of placement, family hubs, financial performance of the service against the MTFS 2. **Corporate Parent Panel Annual Report** 3. **Education, Health and Care Plans** – raised at the July 23 Committee meeting – a presentation by the health provider on wait times and access 4. **SEND Progress –** implementation of the strategy and to consider the response to the recommendations made to the Council and NHS in the Ofsted inspection in 2022. 5. **Children's Medium Term Financial Strategy** to consider the detail of the strategy
14 March 2024	1. **Children's Social Care Update** including improvement, transformation and key subject areas such as neglect, permanency of placement, family hubs, financial performance of the service against the MTFS 2. **Young Inspectors Team update** including detail of the resources allocated to the team 3. **Blackpool Families Rock –** how the money has been spent and what has been achieved, how to ensure sustainability
June/July TBC	1. **Children's Services Performance data –** update on performance against the Council Plan Key Performance Indicators

Scrutiny Review Work

2 October 2023	**Children, Young People and Families Plan** To consider and input into the development of the plan.
21 November 2023	**Place Based Safeguarding Approach** To receive information on the new approach to the Children's Safeguarding Assurance Partnership. To then review the effectiveness of the approach in a further 12 months.
TBC December 2023	**Effectiveness of Partnership working across services** To hold a general meeting with all partners to discuss partnership working, whilst also considering the issue of partnership working through individual issues at Committee meetings such as Early Help and Youth Justice.
TBC January 2023	**Placement Stability for Foster Carers** To consider the specific issue of placements stability and the impact on children, families and foster carers.
TBC February 2023	**Looked After Children in Blackpool – Children's Homes** Consideration of the viability of Council-run children's homes.
TBC	**Young People Classed as Not in Education, Employment or Training (NEET)** To review the progress and impact of the work outlined at the NEET Review Panel held 26 September 2022. To also include **Young People Aged 16-18** referral from the SLB, to look at what the law says, the options for young people at this age and what support is provided to those that are NEET by the Council.
TBC	**Mental Health and Wellbeing in Schools** To review the provisions within schools to support the mental health and wellbeing of pupils. Potential link to SEND target of: *'Children and young people with SEND to enjoy good physical and mental health and wellbeing emotional health.'*
TBC	**Community Engagement in Schools –** To consider work to engage with local communities in schools (Referred by 15 September 2022 Audit Committee)

CYP Scrutiny Training	
TBC September 2023	Journey of the Child
18 September 2023 (at the start of the pre Committee briefing)	15 minute briefing on: Legislation in Education
6 November 2023 (at the start of the pre Committee briefing)	15 minute briefing on: the role of the LADO
23 January 2024 (at the start of the pre Committee briefing)	15 minute briefing on: TBC

12 March 2024 (at the start of the pre Committee briefing)	15 minute briefing on: TBC

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