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Best Start for Life and Family Hubs Transcript

Julia Mayes - 00:00:03

Good morning everyone, welcome and thank you so much for joining us for this webinar on Best Start for Life and Family Hubs. It's so brilliant to see so many of you here this morning.

I'm Julia Mayes I'm the programme manager here at the National Centre for Family Hubs here at the Anna Freud Centre. So just briefly, for anyone who's joining us today for the first time, the National Centre for Family Hubs is an online resource and learning network which has been funded by the Department for Education and is being led by the Anna Freud Centre, the UK's leading evidence-based children and families' mental health charity.

The National Centre is designed to support the development of family hubs and to spread best practice across England. Taking into account what families say they want and need, what providers tell us about best practice, and what we know from evidence about what works. Today's webinar is part of a rolling programme of learning events hosted by the National Centre, and recordings and resources from all of our previous events are available on our website. Today's event will be exploring how family hubs can support the delivery of effective Start for Life services during the critical 1001 days and is being delivered in partnership with colleagues at the Department of Health and Social Care Start for Life Unit. We have events also scheduled for February on youth and family hubs and then a busy March with three events taking place on service design and commissioning, using behavioural insights to increase the reach and uptake of family hub services and exploring how family hubs can improve the lives of children and young people with special educational needs and disability.

You can book your place at any of these events via our website, and we'll share a link to the booking page in the chat now. You can also join our Family Hubs in Mind learning network to receive our newsletter where we will share details on all future learning events and resources. Supporting the early years of a child's life with particular attention to the first 1001 days is crucial to the family hubs model prioritising an open and accessible environment of support that helps parents and carers through the antenatal period to their first interaction with their baby or infant is crucial.

And we know just how important these earliest experiences are for later life chances. We're joined by a brilliant line-up of speakers this morning to explore this topic. We're going to start with an update on the work of the Start for Life unit from Dame Andrea Leadsom. Colleagues from the Early Intervention Foundation, who are our evidence partner here at the National Centre for Family Hubs, will then provide an overview of the

evidence on the importance of the first 1001 days to child development and what we know about delivering integrated maternity and early years services.

We'll then move on to a panel session to explore some of the learning from local areas, developing family hubs with colleagues from Blackpool, Doncaster, Isle of Wight and Westminster. And we're then going to attempt a bit of an interactive collaboration exercise led by the Start for Life unit to explore the services within the Universal offer as envisaged by the Best Start for Life vision for the 1001 critical days and what could be delivered through family hubs and how. If you have any questions or comments, please do put them into the Q&A and we'll try to bring these into the discussions where possible. But anything that we don't get to today, we'll be collating as a list of frequently asked questions which we'll make available on our website. And we'll be building it into the further development of our Best Start for Life and Family Hubs module in our implementation toolkit. You can also get in touch with us via email with any questions or comments.

It's a pleasure to now introduce Dame Andrea Leadsom. Dame Andrea has been the Conservative MP for South Northamptonshire since 2010. Between 2014 and 2020, Andrea served in several government roles, including as Economic Secretary to the Treasury, Minister of State at the Department of Energy and Climate Change, Secretary of State for Environment, Food and Rural Affairs. Leader of the House of Commons and Lord President of the Privy Council. And a Secretary of State for Business, Energy, and Industrial Strategy. Andrea has championed the importance of the 1001 critical days for over 20 years. She was the chair of the Oxford Parent-Infant Project from the late 1990s and founded the national charity PIP UK in 2012. In Parliament, she has established the All-Party Parliamentary Group for conception to age two and the 1001 days critical manifesto. And whilst the Leader of the House, she chaired the inter-ministerial group on the early years

She is currently chairman of the Early Years Health and Development review appointed by the prime minister in July 2020. The review launched the vision for the 1001 critical days in March 2021, with its recommendations to make sure that every child gets the best start for life. Andrea, welcome back to the National Centre for Family Hubs. Thank you so much for taking the time to join us today.

Dame Andrea Leadsom - 00:05:10

- It's great to be here. Thanks so much, Julia and welcome everybody. This is such an exciting project and it's been fantastic to work with the Anna Freud Centre so far on trying to articulate what the Family Hub model should really look like, but very specifically, what incredible support family hubs could provide to make sure that every baby gets the best start for life. So just to set a bit of context, if I could have the first slide, please. What we all know, what is absolutely irrefutable is that the period from conception to age two the first 1001 critical days are vital for an infant's development. It's during that period that human beings learn to regulate their own emotions, to be competent, to feel that the world is a good place, to be interested in the world around them. It's a time when families bond. It's also, conversely, a time where quite often, up to 30% of domestic violence starts during pregnancy, where parents might really struggle with postnatal depression or with breastfeeding or with health related issues, or just generally the pressures of being a

new parent. So, the 1001 critical days are a vital time, not just for babies, but for those who care for them too.

It's a chance if we get it right to really improve our society for the better. And as you can see, on the top left hand side, the Best Start for Life, that beautiful document full of wonderful parents and carer and baby pictures, worth looking through, just for those that actually sets out the work that the Start for Life unit did between July 2020 and March 2021, culminating in this new government policy around the Best Start for Life, the vision for the thousand one critical days. As you can see, we had a huge amount of engagement, mainly with parents and carers, but also deep dives into what kind of services work, what evidence there is.

We took lots of advice from academics on how you could best measure the impact on the social and emotional development of babies to improve the services that we provide for them to give every baby the best start for life. And really fundamentally, is that what is at the heart of all the Best Start for Life work is putting the baby at the centre of everything, not the convenience of the workforce, not even the health and wellbeing of the parents and carers but putting the baby at the centre of everything. So, we came up with six key action areas that are now government policy. The first three action areas are around how the system is going to support families much better. So, what families will see that is different for them. The second three action areas are how to make things work better for parents and carers. So, if I could have the next slide, please? Action Area number one is absolutely what every parent and carer told us, and that is that the support they get is not joined up. They don't know how to access it. It's often not available when they need it. So, Action Area number one is about providing seamless support for new families.

What we want to see is that every single family that's expecting a baby or adopting or fostering a baby receives a set of seamless offers of services and those universal services should include midwifery, breastfeeding, mental health support, health visiting support, safeguarding, disability support and parenting support. And those universal services must be available for every new family.

But in addition, of course, there are so many other services that families need, ranging from debt advice to couples counselling to smoking cessation, domestic violence reduction, all of the kinds of extra services that local authorities and public health departments offer so well. And yet, at the moment, the feedback from parents and carers is that they're not joined up, so we're working with lots of different government departments and with the voluntary and the charity sector to make sure that every local area will provide that joined up set of Start for Life services for families in the future.

That means printing a page so that every person who goes to their GP or their midwife or to their family hub can be shown here is the Start for Life set of services, and here's how to access them. So, the next slide, please.

Action Area two is all about what we're talking about today, and that's the welcoming hub for the family. The family hubs, yes, physical spaces, but also a Family Hub model. And this is absolutely intrinsic to the Best Start for Life. And what we're saying is that every family hub of any size must offer the Best Start for Life services within its four walls and not just within its four walls physically, but also virtually and through outreach. Now we know that what parents and carers want is for every family hub to be open access.

So, any family with a child can go there and universal, so open to everybody. You don't have to be waiting for an invitation. You don't have to have an appointment. You can just drop in, and in that family hub, what we really want to see is the Start for Life services

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available so that you can go there from birth registration to seeing your midwife to talking to your health visitor, to having a cup of coffee, talking to other parents, accessing a parenting programme, perhaps on the television with a group of other parents facilitated by a midwife or a health visitor. So, a welcoming hub for families. Very importantly, a physical space, a virtual space and an outreach space.

So that's Action Area number two, while Action Area number three, next slide, please, is all about information for families when they need it, how they need it. We've met with lots of fantastic charitable apps that provide support to families. We've met some fantastic web chats that are provided by local authorities or by charities to provide 24-7 support for families when they've got a question, or they're worried about something. We know NHS 1-1-1 does some great work with the perinatal period, but it can be even more improved.

And very importantly, we're also working with colleagues in NHS X to look at a digital version of the red book. Say that plastic red book that everybody gets for their baby at the moment, and then most of us lose in the fullness of time.

But actually, something digital that enables families to keep a record of their baby's development goals and very importantly, enables early years professionals to also be able to provide joined up services to families. So that's Action Area number three.

Next slide, please.

Number four is all about workforce. We hear from the workforce, that they would like to receive more training. They feel very under pressure. Their caseload is too high. What we're looking at through a trial is mixed skill workforces, new routes into the workforce, perhaps with apprenticeship nurses, breastfeeding support workers and early years practitioners, but working very closely with key stakeholders to make sure that families can receive a key contact so somebody will be their go to person to help them to find their way through the services that they need.

So, Action Area number four is a longer term piece of work working closely with the area's workforce.

Next slide, please.

Action Area number five is about outcomes measurement. If you don't measure it, you don't care about it. We know that some of the data in the early years is not very well recorded, and therefore it doesn't enable local authorities to be able to continuously improve Best Start for Life. So, what we want to do here is to make sure that we are measuring what counts, that we're measuring attainment, development goals, breastfeeding initiation and continuation rates, the statistics around couple breakdown and so on so that we can actually put in place a plan for continuous improvement. And we're also looking at inspection and regulation, light touch and working with local authorities to discuss what could be done, but also engaging with local authorities to look at a new innovation which is parent and carer councils, i.e., TripAdvisor style feedback from parents and carers on what went well for them, what didn't go so well, what they would like to see differently.

So, actually continuously improving the Best Start for Life offer and then Action Area number six, incredibly important and that is leadership for change. So, at a national level, the Prime Minister has said that he will appoint a cabinet member with oversight for the Start for Life. I continue to chair this work, until the end of April. But at that point, we expect to have a cabinet member who will champion this work at the national level,

Best Start for Life unit will continue to work from the health department. A team of 25 brilliant, committed civil servants with a huge range of skills and experience. And then at the local level, again, we're working with different stakeholders to identify the most appropriate local leader, a single, accountable leader who can work in their local area to bring the health and the local government services, together with volunteers and charities, to provide the Best Start for Life offer, and of course, vitally in Action Area Six, we're also working flat out to prove what works to make sure that we can secure further spending commitments from government to continue to transform the Start for Life services.

So, those are our six key action areas. There are 29 individual actions within that, but I thought I would just finish up with a quick update on what this means for family hubs. So, as you will all know, next slide, please the family hubs are designed to be universal and open access from a Start for Life perspective. Maybe not for older age children. That's where the Anna Freud Centre are doing sterling work in articulating the life-long family hub.

So, for children from conception to the age of 19 or 25, where there are disabilities. But our focus is on what should it look like in that critical 1001 days? And what we have articulated is, as well as being universal and open access, families want a place that they can go to that will welcome them, that will provide them with the services and the support they need from birth registration to antenatal checks to meeting their health visitor.

But in addition, what we heard from parents and carers in the Covid lockdown is that actually they found these virtual services to be incredibly important. So particularly dads have told us that they would much rather talk about their own mental health problems online than face to face.

We know that for some parents are actually getting up, getting a toddler and a baby out the door showered, breakfasted, down to the family hub is very tricky. They would prefer to go online for a parenting class or to talk to the health visitor, so those virtual services are very important, but also outreach. Health visitors always go to people's homes to check them out, to talk to parents and carers, find out how they're feeling.

And many other volunteers, from breastfeeding support workers to family centre workers, will go to people's homes. So physical, virtual and outreach services are all a key part of our vision for the best start for life, for every single baby putting the needs of the baby at the heart of everything we do.

Thank you very much for listening.

Julia Mayes - 00:17:33

Thank you so much and a lovely note to end on, and it's great to hear how the work is progressing, there's certainly lots going on. I'm going to hand over now to Dr Kirsten Asmussen, Head of What Works Child Development and Ben Lewing, Assistant Director Policy and Practice at the Early Intervention Foundation to take us through the evidence. The Early Intervention Foundation are our evidence partner here at the National Centre. We're really looking forward to hearing your talks this morning, Kirsten and Ben, over to you.

Dr Kirsten Asmussen - 00:18:03

- Great. So, I'd just like to start out and say how excited I am to be presenting at this webinar and how excited I am to have been asked to participate in this very exciting initiative. And also, just to talk about how important the first 1001 days are. But before we go into that, I'm just going to give you a quick overview about the Early Intervention Foundation and what it is that we do and why this period is so important for us as an organisation.

First, to just start saying that we are one of a growing number of What Works centres in the UK that are part funded by the UK government to really critically examine the evidence underpinning what works for various services. For the Early Intervention Foundation, this means doing what we have now, a growing series and numbers of reports that have critically examined the evidence in specific areas of children's development.

I've got six reports up here on the screen, but it feels like we are adding to these reports certainly monthly, if not now weekly. So please check out our website to see what we have. The six that are here are particularly relevant for the topics that we have today, but also I should say that we don't stop with reports.

We are working continually, as Ben will describe to disseminate the findings of these reports so that they can be used particularly by commissioners of children's services and practitioners in local areas, as well as policymakers and other stakeholders with an interest in children's early development. But one of the things that we do is we critically examine the evidence to make sure that what we are reporting on is the most robust evidence. And I think that we have become more appreciative about how important good evidence is in the wake of the coronavirus because we want to make sure that we're getting the vaccines. This is true of the interventions that we offer children and families as well. So, we go through a very technically difficult but also rigorous process to determine how strong the evidence is underpinning the messages that we share with our audiences. When it comes to early intervention, what is it that we mean? Well, of course, today it's quite clear that the earlier, the better right from the very start of conception.

But more broadly, we'd like to consider it as any point in a child's development, both as a form of prevention, but also from keeping problems from becoming worse. So, we're talking we can be talking about the youngest child and, but we could also be talking about older children. Children of all ages, early intervention is important. And this is because studies consistently show that when you provide the right support at the right time, you can provide important benefits in four essential domains of children's development. I should emphasise here that these domains are highly overlapping, but we consider them conceptually different. And so, for example, support in the physical domain will help children avoid obesity in adulthood and increase their physical health support. In the early, early support, the cognitive domain will prepare children for school and also, in the longer term, help them enter the workforce. Support in early, self-regulatory or behavioural skills can help reduce their involvement in crime and anti-social behaviour during adolescence, and support in for social emotional development should help with their mental health and wellbeing throughout their lifespan. So, why are the first 1001 days critical and important? You know, it's funny, I was thinking about this question and it's, for many it's quite it feels very obvious when you look what's happening here.

We have, at the point of conception, we're talking about a handful of cells that develop into a child at the age of two, at their second birthday, who is very much an individual who can walk and talk, who can communicate their needs and form positive relationships

with others when everything goes right. It is an absolutely astounding process that we take for granted. That is a robust process, but it also needs assistance from the child's parents and also society more generally.

I think it is fair to say that development is at its fastest during the first 1001 days. And also, what happens during this period in a child's development lays the foundation for our future development. Basically, during the antenatal period, many processes appear to take place quite automatically. Of course, there needs to be some antenatal process support in place through the mother's nutrition and the lack of stress to make sure that this takes place as it should. But it is more or less an automatic process under the right conditions that provides the child with a set of capabilities, perceptual capabilities and reflexes that really form the building blocks for all future learning, as well as developing positive relationships with others, acquiring language, and learning how to regulate behaviour.

Some of you may have seen slides like this before. These are dendrites in the brain. The first 1001 days are a period of what we call intense neuroplasticity. So, here you see on the left side the neurones that are in the brain and relatively crude dendritic branches. These are the best analogies, perhaps a tree, but quite rapidly, these neurones grow. They duplicate and they form connections with each other and affect a child during the first 1001 days has more neurones at the end of that period than an adult does. You can see that they're growing and they're developing, and they're connecting with each other. So, by 24 months, you have quite a few connections there.

But you also can start to see on the far right side how they are supporting each other and what happens then after the first 1001 days is that those connections become much, much stronger.

And quite often this this plasticity is automatic, but it is shaped, fundamentally shaped, by the child's environment. So, we could talk about processes that we refer to as biologically primary that happen with little support from the family. But what's so important is the biologically secondary processes that are shaped by the parents and the child's community, and the broader society. So, I'm going to give as a point of analogy, the idea of a child learning how to tie the shoe. And in fact, this would not happen with during the first 1001 days, but you're preparing the child for that. As a personal note, I recently became a grandmother. And yesterday, as I was preparing these slides, my son got in touch to tell me that he was so excited that his eight week year old child, our grandson, can pinch. and pinching is actually a reflex that children have.

It comes from the grasping reflex. It comes very early. That is a biologically primary process. But of course, children need to learn how to use that pinching reflex to help with learning things like tying their shoes and tying issues is actually a very cultural dependent process. If you look here, you can see that the mother is helping the toddler tie her shoes in a way that is appropriate for the circumstances that she's living in. Obviously, the wearing of shoes is different in other cultures, and this is really where parents in the first instance and certainly during the first 1001 days shape how those primary processes are used. Most parents are very good at this or at least good enough. And I think what I find amazing is that by and large, they don't need an instruction manual. They know how to do many of these things naturally. But some parents need extra help, and I think it's fair to say that all parents will need help at some point or another in their child's development.

So, it's very important that help is available when parents need it and as they need it. And when that help is not available, gaps can emerge in children's development very early

on and persist. So, it's important to get this correct right from the start. Otherwise, it's much, much more difficult to rectify that situation.

So, this is why family hubs are so important for making this help available. Parents should not have to go it alone. And I know that during the pandemic, many parents have felt that they have had to go it alone, and that makes it particularly difficult not only when you need that extra help, but you don't know where to find it and who to turn to. And when you do so, you feel stigmatised or alienated. This is just a handful of the services that we know are important for. Children and families during this period of development, health care, including both midwives and health visitors. And I've highlighted family hubs here because not only will it be an important service in its own right for these families, but the fact that it will be a nexus for all of these other services is really quite exciting. It was also very happy to hear Andrea highlight how these services will not only be physical but also virtual. I think one of the maybe silver linings of the pandemic is we can think of it that way is that it's highlighted the uses of virtual environments and how important they can be. And I think that the research evidence, although it is a bit preliminary, is showing that virtual is the new normal and it is also less stigmatising than some of previous services and much, much more accessible.

And so, this is a very exciting time for family hubs to be making use of these new technologies that can really help families support the needs of their young child. Finally, I just want to end by saying that family hubs will really achieve what they are intended to achieve with ongoing policies and having universal offers as part of that.

So, I've highlighted these this year as all the other sorts of societal certain issues that do make a difference. So once again, thank you for inviting me to talk, and I will now hand over to my colleague Ben Lewing.

Ben Lewing - 00:29:30

- Right, so hello, everybody. As Kirsten has said, my name is Ben Lewing, I'm an assistant director at the Early Intervention Foundation and I lead our portfolios on early years reducing parental conflict, and I also have a particular interest in multi-agency working. I'm really pleased to be here today. Sustaining a focus on the first 1001 days within family hubs is hugely important. And Best Start for Life is the ideal vehicle for doing this. My job today is to talk to you about how the EIF's review in 2020 offers insights into how early childhood services can develop as part of the Family Hubs agenda.

So, for context, briefly, the review looked at contemporary local practice and existing research on children's centres and hubs. We worked with 14 local areas across England and conducted a rapid evidence review. The broad headline findings were a lack of evidence on delivery and effectiveness, a lack of consistent ways for specifying and evaluating different approaches, increasing links between early childhood services and a wider network of whole family services and a growing focus on more targeted support. And we also found that local areas are ahead of the curve as far as evidence is concerned, so they are experimenting and innovating and getting ahead of some of the more robust evidence.

And finally, we found that progress in using evidence based programmes seem to be at risk due to financial pressures and also a lack of local evaluation. But actually, I don't want to talk about the key headlines that came from that report, I want to talk to you about what sits beneath them, which directly relates to how local areas deliver early childhood services as part of family hubs. And I'm going to look at four things. First, the

approach of specifying early childhood services within family hubs. And then the learning, which is relevant to the three pillars or delivery areas that the Department for Education use to define the National Family Hubs model. So that's 'Access', 'Connection' and 'Relationship'.

So first of all, the spec, or specifying the local approach. The review set out how the most robust interventions and approaches are underpinned by a clear rationale supported by evidence for why they are needed, how they will work and what they're intended to achieve. Essentially a theory of change. If we are to understand the effectiveness of different approaches to delivering early childhood services, then we need to be able to specify what they're for and how we will measure both delivery and impact.

Some of the local areas in our study had a defined approach that was driving their local planning and delivery of early childhood services. But that wasn't the case for all. In fact, local areas that we spoke to describe a variety of local approaches, but often without a common language to clearly explain what they were trying to achieve. And they didn't have consistent metrics to measure its effectiveness, either. Local stakeholders did talk about different kinds of approaches, different purposes for what they were doing that ranged from saving money to matching community needs and a whole range of things in between.

Some suggested that family hubs were likely to offer benefits to school aged children and young people, but at the cost of a diluted perinatal and early years offer. Now this may be a risk, but it isn't necessarily the case because there were plenty of other areas that identified real benefits, such as whole family working, more efficient use of physical buildings, and a positive sense of revival that was brought by having children of all ages using children's centres and hubs, helping the local area to move on from a narrative of funding cuts and service restructuring.

So, a positive sense of revival. The principle of clearly specifying the local approach now underpins the new Family Hubs development process, which you may have seen. Its three stages involve engaging stakeholders with the data and evidence, building a local theory of change and planning for implementation. Now in particular, it starts with a local system assessment to show how well services are working together in the local area.

Using tools like the Early Help Systems Guide or Maturity Matrix, or indeed the planning tool for reducing parental conflict. It also includes population needs assessment and an analysis of other existing local and national evidence and research. You can find out more about the development process on the National Centre for Family Hub's website.

Now, I want to draw out some of the messages that relate to the DFE's three pillars, starting with Access. The review helps to answer three main questions, which I'm going to work through in turn.

The first is when we're talking about access, who are we talking about? The local areas in the review stressed the particular importance of making children's centres and hubs available to all in the perinatal period important for building relationships, screening vulnerable families, and building on family strengths.

Open access was seen as a key facilitator of this. The emphasis was on establishing trusted relationships, which were key also to reaching those who are most affected by inequality and sustaining involvement for those who could benefit from more targeted support programmes, so that important balance between universal and targeted. Local areas described how the contacts needed to be meaningful if it is to establish the right kinds of relationships, so avoiding limited, superficial, or selective interactions. Again, a

focus on relationships rather than transactions. Local areas also talked about the importance of prioritising investments in evidence-based targeted interventions, particularly those that had a demonstrable impact on preventing family breakdown and statutory intervention.

In fact, the overall message coming from across areas was consistent with Marmot's principle of proportional universalism, which still seems to be influential in the thinking of many local areas. The second question is what facilitates access? Children's centres research suggested that engaging families is done most successfully when understanding access not as a one off, but more as a sustained continuum of access. Again, a relationship rather than a transaction. This continuum includes building awareness, good first contact, sustained engagement with parents and connecting parents to the wider context so that they can get involved in other services. Other key messages from the review, which are relevant, relates to facilitating access, which responds to how parents see the world understanding their perceptions, concerns and motivations, and having explicit approaches which focus on access by those most affected by inequality.

So, understanding the different population groups that are served by a family hub or a children's centre, including those for whom English is not the first language in minority communities and reaching out to vulnerable groups in a way that supports their engagement. The final question on access that the review helps us to consider is access to what? Local areas described the importance to joined up early childhood services of three things, and you'll start to see the themes coming through the presentations that you've heard already. So, the first point they made was retaining some physical estate as a focal point.

Buildings as a focal point while recognising that locating physical centres in disadvantaged areas did not necessarily mean that they were used in an inclusive way. So, they're not the answer to everything, but they do have an important role to play. The second was designing support around families rather than agencies, so making sure that services were available when families needed them at evenings, at weekends and community venues, and clustering the delivery of services where families go rather than expecting families to come to the service.

The key thing here was focusing on the relationship rather than the venue and thinking about where families could best receive services. We've heard already talk about digital delivery and outreach. These were important messages from local areas in this review to delivering support in the home and making good use of modern technologies, including social media.

So, a blend of different approaches which suit families with different requirements. The second DFE pillar is Connection, which covers how services and professionals work together in joined up or integrated ways to improve the service experience for families. Now, the review found widely varying local arrangements for integrated working from one end, a high degree to another end, not part of what is done. There was rich learning, which is relevant to early childhood services in family hubs. Local areas talked about the following is key to greater connexion. Developing multi-agency support pathways and child journey maps to improve access and reduce service handoffs, layer protocols for data sharing, taking time and building relationships, and building this sense of a shared workforce culture through joint training and continuing professional development.

Although co-location was described by some as helping, it was generally seen as not an essential ingredient more suited to some physical locations than others and less important to integrated working than delivering interventions together and sharing family data.

We found that research has a lot to say about the ingredients of integration, but little about the impact of integration. It did suggest that key readiness features, including those identified by local areas, but there were others too, such as a history of previous effective partnerships and collaborative arrangements.

Leadership, which transcends traditional professional boundaries. Being clear about the aims, objectives, and outcomes. And interestingly, processes to manage ambiguity and conflict. Promoting trust and containing anxiety between partners. This isn't a simple process as you move from one approach to another. So, recognising ambiguity and conflict is seen as an important part.

Julia Mayes - 00:41:12

- Sorry to interrupt, just one more minute, thank you.

Ben Lewing - 00:41:15

- The final pillar, then, for relationships is Relationships. I've touched already on the importance of a combined universal and targeted offer for building trusted relationships and how learning on family hubs can play a role in supporting healthy parental relationships for another time. But the review did have some messages about the kind of workforce development which builds relational approaches, which includes matching workforce skills and experiences to population needs, strategic oversight for workforce planning, and shared learning and training across agencies. The majority of local areas talked about the importance of relational practice, and a people-focused culture.

So, there is much to learn and apply from the experience of delivering children's centres and hubs, which is both specific to early childhood services, but also crucial to the wider development of family hubs. In fact, the success of family hubs depends on this learning and experience. Thank you.

Julia Mayes - 00:42:19

- Thank you so much, Kirsten and Ben, and congratulations, Kirsten, on becoming a grandmother. Excellent presentations, which I think take us nicely into our next session, where we're going to explore some of the learning from local areas developing family hubs.

So, I just wanted to welcome our panel members. Vicki Walker, Development Manager at Blackpool Better Start. Sue Davies, Early Days Team Manager in Doncaster. Carly Bain, Service Manager in the Isle of Wight, and the regional lead for Family Hubs for the South East, and Holly Holmes, Strategic Transformation Lead in Westminster.

Thank you all so much for joining us. I'm going to ask first about access, and I wanted to ask how do you facilitate engagement of families with your local family hub as early as possible? And how does this help promote the principle of universality of family hubs and prevent stigma?

Can we go to you first, Carly?

Carly Bain – 00:43:12

- Yes of course, so on the Isle of Wight, we introduced what is now our Family Hub model in 2015, and a real focus was around health provision so our midwives and health visitors. And so, since the implementation of the hubs, we've had those health professionals working out of our hub buildings. So expectant parents at around 6 to 8 weeks pregnant attend the hub buildings at the earliest possible point so that they get used to the building itself, the setting, the surroundings, the opportunities, the things that they can access as parents. So those initial appointments and then the subsequent appointments take place within the buildings as they come in, they meet volunteers and family support workers. They can see all of the diverse opportunities and groups going on. So that was crucial for us. It was about making sure that our health services right from that initial midwifery appointment were taking place within our hubs.

Julia Mayes – 00:44:09

- Thanks, Carly. What if we can go to you next Sue?

Sue Davies – 00:44:17

- Good morning, everybody. I think similar to what Carly was saying, Doncaster family hubs have been developing for quite some time now, over about the last five years, and midwives have worked in our homes consistently over that time. So pretty much the same really. Rarely families get used to coming to the hub for a universal service that we know the majority of families do actually access. The team that I'm managing at the moment

We're just testing out a pilot project where we've got some, we've got key workers that work alongside the midwives, our midwives, and our health visitors. And when families attend for their midwifery appointment booking and then they are allocated a main key worker so that key worker supports some of that seamless transition, I think as well to all the other services. Postnatal checks are done in the hubs as well. So as Carly said, you know, families are used to coming along to get an opportunity to meet our staff or other staff and to find out about the services that are available.

Julia Mayes – 00:45:22

- Thanks, Sue. And Vicki, how about in Blackpool?

Vicki Walker – 00:45:27

- Just to kind of echo what Carly and Sue have said really about those opportunities within those early days. They can capitalise on that period and kind of that perinatal offer. And it really supports parents to access it. So, in Blackpool, our antenatal programme Baby Steps, concentrates on that dual partnership within pregnancy and then afterwards as Andrea discussed earlier in her commentary, those birth registrations within the family hubs as opposed to being in the centre of town really support that engagement in those early days so when parents want the opportunity to talk about breastfeeding or feeding, for example, they've got those health services around them already, that midwifery and health visitor offer.

But then, in addition, there's other members that are within those family hubs that can offer messages about health. In Blackpool, as you know, Julia, we have got an army of outreach workers called Community Connected, and they're kind of the driving force at going into all the communities and spaces that bring the parents to the family hub says they might be doctors' surgeries and supermarkets and parks, churches, any other external community places. And just inform the community about what the family offer looks like so that they can offer them services and other services at the earliest opportunity.

Julia Mayes – 00:47:05

- Thanks, Vicky. And I wanted to ask next about multidisciplinary service delivery and how you maximise the opportunity of family hubs to enable integration and multidisciplinary teams, and how you foster a sharing of skills and knowledge and information between multidisciplinary teams. Now I wonder if we can come back to you Sue?

Sue Davies – 00:47:28

- I mean, I think for us within the family hubs, we've got an open door policy not just for children and families, but also for other professionals. We're quite fortunate, in Doncaster, we've got twelve family hubs, designated buildings and we've got a number of outreach buildings that we can also work out of. I think there's been lots of talk about relationships earlier in the morning, and building relationships is kind of at the core of our business.

So, building the relationships, those open door policies. We have regular meetings with our partners and the wider partnership, not just health and midwifery, but all the other services that deliver children's services. And we have spaces in our hubs where all the professionals can come in, either just for lunch and, you know, a coffee or come to work as well. And we work in other buildings as well. So, I think that relationship and that open door policy, I think it feeds down to, you know, if we're building relationships with each other as practitioners and professionals, then we're going to model that down to work with families and children as well.

Julia Mayes – 00:48:45

- And Carly, how about in the Isle of Wight?

Carly Bain – 00:48:48

- Yeah, absolutely. Much like building on everything that Sue said, we do similar on the island. We have a weekly multidisciplinary panel actually that attends the hub buildings. So that includes the local authority, Barnardo's as a commission service to deliver family support. We have health, education, DWP, so they all come together to have a look at how we can meet the needs of these families, presenting in our hubs and dealing with that through with early help, and I think hubs by the very nature and as they've developed have naturally brought services together. It's about physical and virtual spaces for people to collaborate and share skills. So, I think it's quite organic in terms of how that has developed through our hub model, and I'm sure it was the case for other

authorities. In 2015, we commissioned out of Parenting Support Service to Barnardo's, and as a national children's charity, it brought with it a wealth of skills and experience, which was fantastic. And lots of joint workshops take place within the hubs and also virtually such as breastfeeding workshops that take place with health visitors, midwives and also family support workers. So yeah, that's some of the things that we do.

Julia Mayes – 00:50:02

- Thank you and I want to bring you in here, Holly. How about in Westminster?

Holly Holmes – 00:50:07

- Thank you. I guess I cover Westminster and also Kensington and Chelsea and they are quite interesting. So, it's quite different stages of their journey, so in Westminster we've had family hubs for quite a long time, whereas in Kensington it's a newer process, so it's been really sort of helpful to learn from some of the things that we've already done in Westminster, which there's definitely a lot of learning, as you would expect.

I think some of the things I was planning saying are very similar to what Sue and Carl have just said. But I think having an element of co-location does really help. It absolutely isn't everything like Ben said, but it doesn't need to be. It doesn't need to mean the hubs are everyone's base. But having some time in the physical buildings each week does make a huge difference. And if that can also involve sessions, that are jointly delivered so joint clinics and things like that.

That's incredibly effective. And because we do know that families will often come in for something, but actually it's a load of different things are picked up through that appointment, so it's really valuable. I think where it's possible, we've not managed it yet, to have shared information, and recording systems massively helps. It's one of the things when we speak to practitioners, they always want it. It's always kind of causing barriers so that if people are at early stages and there's opportunities to do that, I think that's really, really valuable.

We also have a similar kind of multidisciplinary panel for any of the services, so any of the services can bring cases for discussion and referral of words that happens on every fortnight. And also, an integrated leadership team within each of the family hubs. So, there's one lead for each family hub and that's from different organisations. But then there's an integrated leadership team that sit with them, with members from all of the different services, including our voluntary sector, that contribute to the hub and they kind of make key decisions and decide the direction of that hub. I think that's very important for all organisations to have ownership.

And I think last thing is just trying to get the team as a group together as much as possible and sort of across the different organisations are having away days and things like that across the hub and beyond each individual's organisation. But to make sure that everyone really does feel that partnership and ownership as a real group.

Julia Mayes – 00:52:41

- Well, I wanted to ask you next about leadership and what you've talked a bit about up there, about what you think effectively local leadership of Best Start for Life as part of Family Hubs looks like.

Holly Holmes – 00:52:53

- So, I guess again, I guess continuing on to some of the things I was just saying, I think it is really important to have a clear lead for each family hub and for that person to be a local leader and to have real buy-in into the hub concept and the whole partnership concept. But making sure that that also comes with an integrated leadership team that connects into all the different individual organisations that are involved.

And I think there needs to be kind of buy-in and support at very senior levels for all the individual organisations, particularly health ones, because they are such big organisations and it leaves the kind of service managers on the ground, always balancing priorities a little bit between the commitment to the hub, which they generally always have and then their organisational commitments and priorities.

So, I think, the more senior buy-in there is, the better. And I think probably an issue we have in Westminster, Kensington and Chelsea which maybe wouldn't be the same in all areas, is we're often dealing with several health trusts because we'll have a lot of say, maternity trusts that our residents will be going to because they'll be going all over London.

So, it's how to kind of balance those things with also it being a local service. And that's really key. I think sort of having that partnership sign up to the family hub strategies. And if there's a kind of wider early help strategy that sits behind that with real commitments for each of the commitments that are in that strategy. So really understanding for each individual organisation, so what does that mean for them and what's their commitment to that?

And I think like, you know, especially if we're thinking about this as a 0 to 19 and sort of that whole family way of working again for there to be a real partnership commitment to whole family working, regardless of the age focus of the practitioner. And I would say that's something I think if we're honest, is mixed in our family hubs. Some practitioners absolutely embody that, and some are still quite focussed on this is what they're bringing to the table.

And so, I think there's definitely for us further work that can be done on that. And I think it's a really interesting area because we know the whole family working is the most effective.

Julia Mayes – 00:55:18

- Thank you, Holly. I wanted to come over to you next Vicki, and ask you to what extent your model currently incorporates community ownership?

Vicki Walker – 00:55:28

- We heard Andrea talking before about the importance really within the Best Start for Life of those parent forums, those parent and carer panels. So, in Blackpool, that co-production element having that community ownership is something that we really strived to try and get right, and we're certainly not at the end of our journey with that and enhancing the offer within family hubs.

And just to kind of give people an understanding of what that could look like if they're starting with their journey, in their areas, some of the things that they might consider. So, our widest offer of co-production, and I'd suggest this is a new concept to some people to look at the report. Because there are some really good models referenced in there and ways of working and people might be able to start thinking about. Is the community able to register?

So, we've got 1300 community members that are registered, and Andrea discussed earlier about this opportunity that has been brought around digital access. And so those 1300 members engage in our wider offer of co-production. So, they send regular updates via Facebook or email text messaging that talks to them about local campaigns most recently, things like poverty and opportunities to be involved in design for the local park, for example, and surveys or any consultation that we do. I guess in addition to that, a large proportion of the community that unfortunately don't have that digital access.

So, this is where our Community Connected come back into the mix. And they certainly over that period of lockdown they were visiting all new parents that gave consent to join to have conversations about services available within the family hubs whether that be virtual or in person, and then in addition to that, about how actually they can be a member of our community voice and how they can give influence to delivering design and services.

So, we then got a smaller set of groups within the community, that offer a panelling process to any work that we do, and as I kind of mentioned, Better Start enhances the local authorities lead on family hubs. So, any of the work that is conceptualised for our conceptions, it must be approved by the community before we take any further.

And I guess for those people that are listening, that are familiar with overviews and scrutiny that sits within local authorities and in our health services, actually the communities are our most critical friend in this situation and it's a tough group to go to and present to sometimes, but absolutely valuable and key to make sure that we're getting this right and they're leading some of the services. And what's attached to that is a simple model actually and because Better Start comes with a pot of funding, that's given us the opportunity to actually give money to the community to spend on services and universal engagement services, so they come in through those panels, through the digital access and through the Community Connected, what services they think might work. And there's a quality within a range of community professionals, and hub staff to try and put those services on so that my cooking classes, or walking groups, or libraries for example.

The next level of ownership is that we've been working to scale, and that completely gives the full award of cash and ownership to the community. So, over the last three years, community members have been awarded 28 amounts of a thousand pounds and completely in cash, in a bank account, a debit card to go and spend on, resources that they might need for these community groups, and we've really been surprised about what

the community can do when you put that complete trust and ownership into the delivery services.

So, a recent one, has been a group of local men acknowledged physical and mental need that's maybe come out of the period of the pandemic. They used the thousand pounds to buy equipment and promote and start a local football initiative. And they've now got 80 men meeting on a regular basis. They're taking part in exercise and their local social get togethers that is being completely led and delivered by the community.

They just basically come back and told us what they've done and asked us to promote it. So it's just a really good testament. And I remind you, that if we put that trust in the community, they can offer services that, actually, we probably wouldn't be able to.

Julia Mayes – 01:00:41

- Thank you so much, Vicky, and we've only got a few minutes left, so I just wanted to come back to finally Sue, Carly and Holly and just briefly, we talked a bit earlier a bit about whole family working, and I wondered if you could say briefly a bit about what you see as some of the opportunities and challenges of working with this extended age range in the family hub.

Carly Bain – 01:01:04

- Something quickly. So, it's certainly a challenge, it's certainly something that we had to consider very carefully and I'm sure other authorities have. When we founded our hubs, we were fortunate we had our supporting families programme, which is 0 to 19, our Barnardo's and some independent nurseries that focused on early years the 0 to five, as well as the five to 19 parenting team.

So actually, as they merged, we realised we have really strong skill sets for 0 to 19. One of the things that one of the hub managers mentioned to me recently was they said that some people had been working in the early years for so long they'd almost forgotten their previous work.

So, a skills audit for all of that cohort of staff and volunteers was crucial because actually people have been youth workers before adult mental health workers, lots of transferable skills or relatable skills to the whole family approach. Another key thing for us was evidence-based parenting. So, we used the Family Links programme as that is 0 to 19. And also, investment in leadership was really important.

So, our leaders were trained to be clear on the vision that we wanted to create. They again, completed the skills audits themselves and attended training around management of the hub models. And that was really successful actually. It was just about the skills audits and the competence mainly.

Sue Davies – 01:02:24

- Have I got a couple of minutes just to kind of follow on from Carly? So, some of what we do in Doncaster we've got a localities model now, so that is a group of all the children's services providers across Doncaster, our stronger families teams, social care teams, parenting and family support, including the family hubs and the private and voluntary sector representatives as well.

And I think that's how we bring that skill mix together. So, we have regular meetings where we can kind of share the work out really so that each agency can focus on what their specialism is. So, family hubs might work with some of the younger children and families.

But we might have a stronger families, troubled families, staff work with older children or with adults.

So, we bring that skill mix together and then share our resources and our staffing resources included to find the best person to work with that family. That will bring that all back together as a collective in our localities meetings. And we found that's the best way to work, really, so that my team, particularly we focus on the first 1001 days. So we would work with parents and the new baby in the family. But where older children are in the family, we would draw on our partners to support with that work as well.

Julia Mayes – 01:03:56

- Thanks, Sue. And finally, Holly for some closing comments.

Holly Holmes – 01:03:59

- Thank you. Yeah, I think I agree with most of the things that have just been said before. I think we really follow a lead professional model in hubs here. So having that one professional who kind of owns the family's needs, regardless of whether they're young children or older children, it doesn't mean that they're the only one that works with the children within those families.

But they are the lead for all the children, regardless of if that's their expertise. And we know that works really, really well. And it's what families like but isn't what happens across the board. One of the things we're introducing at the moment is that we're really kind of in the thick of learning about is a new health visiting intensive support programme that will sit across our health visiting and early help teams.

So, something that is very integrated and will require, sort of, for example, health visitors to sort of own the needs for older children as well. And like Carly was saying, a lot of those health visitors will have previous skills of working with older children. It's just often that they haven't used them for a very long time.

Actually, in the process of setting up the team, it is something that's new and we're putting in place quite a lot of training because actually we need to be realistic that they're going to need they're going to need that training to sort of get up to date again with those skills and the specific interventions that the evidence is now showing us we should be using.

And also, we're putting them jointly together with our targeted early help team. So, where that expertise in the older children is, so that actually sort of it allows kind of both ways because our early help practitioners who tended again and it's just happened like this, it shouldn't have been, to take the older children can learn from the health visitors and vice versa. And just having realistic expectations that although we're putting this new service in place and there's an expectation that each of them will be able to take any family, we're going to have to be realistic with how quickly that can happen and just make

sure that they're able to support each other in doing that at the beginning. And so it might be if, say, a health visitor sort of takes on a family that has a 14 and a 16 year old, they're going to have to lean on that targeted early help practitioner support more over the first year or so whilst they develop those skills and go through the training.

But actually, it's something that people are really excited about because it is so clearly what our families have told us that they want and they don't want to be kind of telling the same story to multiple different practitioners. So even if it relates to a different child.

Julia Mayes – 01:06:54

- Thank you so much and thank you all for sharing your insight with us. Some lots of brilliant work going on and so much learning which can hopefully feed nicely into our next session. I'm going to hand over to Start for Life unit colleagues now. Molly Hogan, Family Hubs Policy Lead and Phil Dawkins, Start for Life Offers Policy Lead, who is going to lead us through an interactive session focused on the universal Start for Life offer.

Molly Hogan – 01:07:12

- Thank you very much, Julia. And I think some slides are on the way and but for now, I'll say, good morning, everybody. It's such a pleasure to be at this session today and to know that there are so many of you on this webinar, and it really is fantastic news for us.

And I should say at this point, thank you very much for all the questions that you've been posting. And just to let you know that we've been collating these as we go. And we'll get back to you as soon as we can with the answers to those. So, to introduce myself, I'm Molly and I'm the Family Hubs Policy Lead within the Start for Life unit at the Department of Health and Social Care. I lead on implementation of the second action area in the Best Start for Life vision, which is the welcoming family hubs focusing on the 1001 critical days.

Phil Dawkins – 01:07:59

- Good morning, I'm Phil. I also work in the Start for Life unit. I lead on Start for Life offers, which is about implementing our vision for a universal offer for every family and a universal plus offer to meet the needs of specific local communities. I hope this is going to work if I say next slide Paul, channelling Chris Whitty, thank you. Here's our proposed structure for this session.

I'm not going to read all of this out, but in a nutshell, we want to use the last part of this webinar today to run an interactive session to explore the delivery of Start for Life offers in three family hubs.

So, this is an important part of feeding into the wider work of the Department for Education on family hubs, and we are working very closely with them as we develop our thinking. So, we have 25 minutes today. I hope over time we really hope this to be for this to be a useful but also enjoyable interactive session with you.

And obviously, we want you all to be a big part of designing this work with us. And as we can't be in a big room full of post-it notes and nice snacks, we are doing the next best

thing with an interactive session, so we'll have virtual post-it notes a bit later. But sadly, you will have to provide your own biscuits. Next slide, please, Paul.

Molly Hogan – 01:09:14

- Thank you, Paul. So, without further ado, Dame Andrea already updated us on the exciting progress made by the early years review and the Start for Life unit, but we did want to briefly reiterate here that as Andrea made clear, at the heart of all that we do as the Start for Life unit is the desire to improve the experience and outcomes of babies, parents and carers and the six action areas and 29 actions that you've been taken through are all designed to make this happen. And this slide just has some examples of that. We found that the best way to achieve our aim is to put the baby and the family at the centre of our work and try and see everything through their eyes. So, the session today is about finding the best way that we can do this. through family hubs, in other words, how we can deliver the baby-centred transformational Start for Life vision through the Family Hub Network.

Next slide, please.

Phil Dawkins – 01:10:09

- Thank you so. So, this slide is the overall ambition of Start for Life unit. And this day is all about working together, and we want this to be as collaborative as possible with the sector. But we thought to start off, it'd be helpful and useful for us in the Start for Life unit to talk about our position and how we want to help you on your journey.

So again, not going to read everything on this slide, but the key message here is that we fully appreciate that people have different starting points on their own transformational journeys. We want to support that work as much as possible. We recognise that the pandemic has had a massive effect on how local authorities and their partners deliver services. And we also recognise that the effects on parents, carers and babies has been substantial and is ongoing, and we can see that local authorities and their partners have been amazing. And we don't want to lose the valuable lessons in the innovative new ways of working that have arisen. And ultimately, this is about listening to you, the expert.

We want to know about your local decision making. We want to tap into your knowledge and your understanding of your population that will allow us all to focus on needs. By doing so, ensure that we put the baby and the family at the centre of everything that we do.

Next slide, please, Paul.

Molly Hogan – 01:11:26

- Perfect. So first off, at this point, it's important to say here that what's on the slide doesn't represent government policy as such. This is rather presented as an illustrative example to stimulate thinking for the interactive session that we'll run in a moment.

And this is because we need to be thinking about what all of this looks like in reality, moving from words on a page to actions on the ground, exactly as we've just heard from Carly, Holly, Sue and Vicki. And we really want your help in bringing this to life. The Start for Life unit believes that Start for Life service provision will progress as you go through

your journey. And again, the excellent panel members just now spoke about this in the Q&A. I won't read the whole slide but will leave this up as we undertake the interactive exercise, and this will be up on the Zoom screen as you move into our interactive board.

Essentially, we want to know if it's possible for us to map out what that journey looks like for local areas and their partners. This slide uses infant feeding as an example, infant feeding support is one of the six universal Start for Life services identified in the vision is something that every single baby and family should receive. To help, we think it's important to think in terms of what a Start for Life offer could look like at three different places in a journey and what the service offer would look like in terms of physical, virtual and outreach formats. So, to look more closely at the example provided here for physical services. You might see a progression of starting out with leaflets and brochures easily accessible in the hub, and the hub has a designated breastfeeding space. Then, as this develops, family hubs provide a welcoming, safe and secure space for mothers to breastfeed and share and learn from other breastfeeding parents and drop in support groups are accessible to anyone who wants to join. And then finally, this can be strengthened as parents and carers have access to timely, regular, and flexible one to one professional support through the family hub and as a clear suite of breastfeeding drop-in supporting formation and direct advice from parents' nominated midwife or health visitor.

So, this was just an example of that particular element of the service progressing. Enhancing as one might go through a transformation journey. The next slide, please.

Phil Dawkins – 01:13:34

- Thank you. Using this concept we've just introduced, what are we here for? Well, we need your help. So, you can see that we're actually already in the white board space. So, this is going to be the most amazing we hope, interactive tours that you'll find useful.

We want your help with mapping service provision against using virtual post-it notes and whiteboards. You'll see, in a second, we've set up four tables for four services, and those will include three example progression stages and the headings for physical, virtual and outreach.

And we'll run through these in a second so you can get familiar with them. Briefly, first, I want to say that you've already heard Start for Life offer should include six universal services. Today, we've chosen not to focus on safeguarding and SEND services. We believe a baby and family centred integrated approach will benefit both safeguarding and SEND. And they are both vital components of the Start for Life offer, but it is not as necessary to map a service progression in this way. Next slide, please.

Molly Hogan – 01:14:49

- So, this was just to say, finally, before we move to the exercise, we want to obviously say a huge thank you in anticipation. We're hoping that we might have some time to come back to you at the end, but we're a little bit behind time so if we don't, we'd like to give you the opportunity to engage with the evolution of our work. And if this is something that would be of interest to you, please do send your name and details to the chat function.

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So, without further, further ado, we'll start going through the board, and I believe a link should now be appearing in your Zoom chat, which, if you could click on that would be brilliant and we'll start to take you through a demonstration. So, what's up on the screen at the moment?

Hopefully, you're all able to get into the board as easily as possible but Paul is just demonstrating what it is that you should be seeing here.

So, to get you familiar with the actual format of the Miro board. We've got a quick icebreaker for you here, so you can see a map of the UK and then a lot of post-it notes on the side of it. The colours don't mean anything as such, but obviously you can choose your favourite one.

And we're hoping that you might be able to write what your role is in family help and move it to the correct place on the map. I should also say that you most likely will be seeing everybody's guest names on the cursor. So, if you can see on the screen here Paul's just showing you which button to press in order to remove these names.

So, I think within your chat now, you should have links to one of four of these boards. And because there's so many of you, this is all the same boat that we've just split them up. And so obviously you can pick whichever number you like and then start to use this icebreaker session to get used to Miro.

Phil Dawkins – 01:16:45

- I'm going to get my stopwatch on. Let's have one minute to do this.

Molly Hogan – 01:16:54

- Yeah, that sounds fine. And so, as you input your post-it, we'll just give a bit of demonstration about how to use the rest of the board in the remaining time that we've got. So, at the bottom of your map, you should see links to four different Miro boards so whichever of these links you click on, I think they'll be a demonstration and it will take you to a table. Which we should be able to see on the screen at the moment. Thank you, Paul.

So, this will take you through an example of one of the services, as Phil previously outlined, so this one being maternity. And here you can input your examples of physical, virtual and outreach formats of the service and through what you would see as being possible to deliver in a starting out, developing, and a strengthened hub. And you can move between the different boards and based on these links at the bottom, which you should see with Paul demonstrating at the moment. And or if you are very tech savvy, you can zoom out but

I am not tech savvy, so this is the way that I would be doing it. Fantastic to see some people already populating this is really helpful, and we've included some examples in the corner there just to stimulate thinking again. We're absolutely not precious on these being conclusive positioning on the boards where we're just so keen for your ideas to go down, please don't worry about them being exactly right.

Having these insights from you is incredibly helpful.

Phil Dawkins – 01:18:40

- This is really cool to see. So, I'm conscious of time. Oh, look at that. That's really clever. Someone doing that. Let's kick off. Put something in the chart, if you are struggling, and you can't work it out, we'll come back to you. We'll leave this up as a bit of an example. But really, it's all about hearing your thoughts. We'll have, let's say, six or seven minutes on this and we will actually be able to keep these boards up for the rest of the day. So, you'll have some chance to come in through the day if you have some free time and add some further thoughts as they come to you during the day.

So, I'm going to start my stop watch now. We did think about having some background music but thought that might be off putting so you'll have a bit of silence and we'll come back to you in about five or six minutes. Thank you.

Right. I think this is amazing. I want to keep going all day, but I'm not allowed. We're going to wrap up in a second. Please keep going while I'm talking. As I said, for the rest of the day. Let's see if Molly can come back on screen.

So, both of us want to say a massive, massive thank you. This has been brilliant; the tech has worked. And this is kind of completely outdone my expectations about how it would work.

So, thank you. We thought we might summarise the themes, but if you're seeing what I'm seeing, it all went a bit crazy and there's so much happening here, it's going to be quite hard. So, it's something for us to go away and digest. We can say, actually, that does seem to be a theme about really being clear that this isn't about discrete services, but about how the whole system integrates. And that is just amazing because that's exactly what we want to get across.

These aren't discrete services and Start for Life vision is all about integration and about everyone working together in the interest of the baby and the family. So thank you. Just a reminder, please put your name and details in chat if you want to carry on being part of this conversation and this work. So, I'll just end now, And Molly will come back in, I think. Thank you from all of the staff of the last unit. Thank you and goodbye. Have a lovely rest of your day and the rest of your week. Are you saying goodbye, Molly?

Molly Hogan – 01:21:06

- Thank you so much everyone. As Phil says, this has just been fantastic, a wealth of information which is really going to help us to develop our thinking, and in the interest of time I will pass back to Julia. Thank you very much.

Julia Mayes – 01:21:16

- Thank you so much, Molly and Phil. That was great and thank you everyone for participating in that and sharing all of your insight. Thank you to all of our speakers from earlier this morning and to Jo and Rachel, and our amazing training team I hear in the background making everything happen and the lovely Paul who's been navigating us through that Miro experience.

Please do head over to our website if you want to book on any of the future learning events, Youth and Family Hubs on 10th February, Service Design and Commissioning on

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3rd of March, Behavioural Insights on the 10th of March and Supporting the Lives of Children and Young People with Special Educational Needs on the 29th of March.

And we hope to see you here again soon. Thank you.