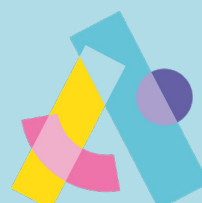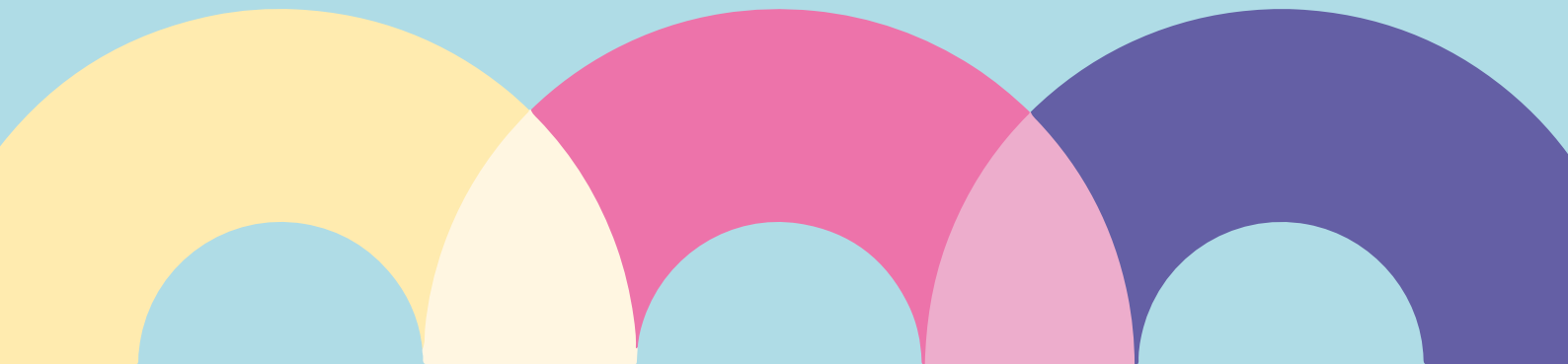# National Centre for Family Hubs

Summary guide for designing and implementing family hubs in England

Anna Freud
building the mental
wellbeing of the
next generation

Acknowledgements

With special thanks to our Participation team for its work with the National Centre for Family Hubs (NCFH) and the toolkit modules described in this booklet. It is crucial that the family hub model is rooted in families' experiences and we are very grateful for their important insights.

Thank you also to our evidence partner, What Works for Early Intervention and Children's Social Care (WWEICSC), and to local authorities for their input. As well as being founded on research evidence, it is crucial that the family hub model is rooted in local practice and is accessible to all.
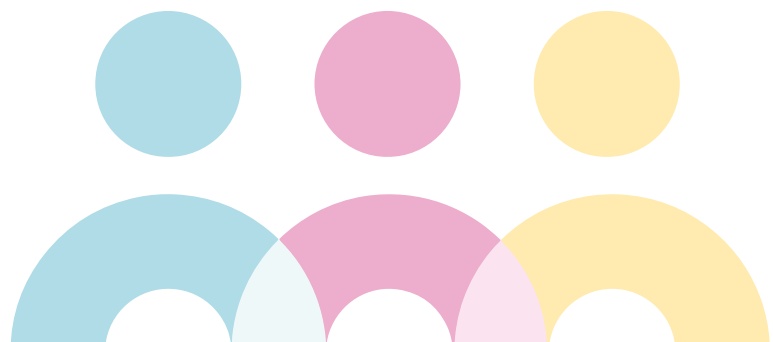
NCFH has been funded by the Department of Education and we are grateful for its support in disseminating guidance and good practice regionally as well as nationally.

About Anna Freud

Our vision is a world where all children and young people are able to achieve their full potential. A world in which they and their families get support that is designed with their input, available at the right time, and meets their needs, so that they can develop their emotional and mental health.

Our mission is to close the gap in wellbeing and mental health by advancing, translating, delivering and sharing the best science and practice with everyone who impacts the lives of children and families. We will achieve this by closing the gaps in science, implementation and knowledge. This means recognising structural inequalities and playing our part in tackling the social injustice which leaves the vulnerable and marginalised behind.

The Early Years and Prevention Department

We champion the formation and maintenance of secure relationships for children in the early years to ensure a foundation for positive social and emotional development. We do this by working in partnership with children, young people, caregivers, the workforce, funders and decision makers. This enables us to innovate, deliver, evaluate and disseminate approaches that work for children and families facing high levels of challenge and marginalisation. Our focus for intervention is early in the life of the child (antenatal to five years) and early in the life of the problem for prevention work.

As part of Anna Freud's Clinical Division, our work is informed by mentalization, a concept rooted in attachment theory. Mentalizing is the human capacity for making sense of oneself and others by imagining what might be going on for someone underneath the behaviours we see on the surface. We can mentalize at an individual level as well as a systemic level. This means that as well as informing our direct work with families, mentalization is helpful in supporting multi-agency teams to work together in complex networks. A core component of mentalizing is cultivating trust through relationships so that individuals and teams can create cultures of reflection, learning and adaptation. This is particularly valuable in a complex policy and practice landscape when the workforce may be struggling with 'initiative fatigue' and burnout despite their motivation to support families.

You can read more about the application of mentalization at a systemic level on our [Adaptive Mentalization Based Integrative Treatment](#)
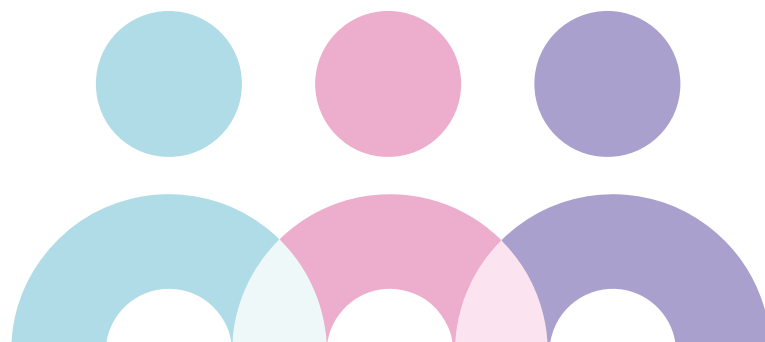
The National Centre for Family Hubs (NCFH)

NCFH is hosted at Anna Freud's Early Years and Prevention Department. We are a national learning platform which supports local areas in England to design and develop family hubs so that babies, children and their families can access the joined-up, whole family and inclusive support they need to thrive. We are funded by the Department for Education and our evidence partner is What Works for Early Intervention and Children's Social Care (WWEICSC).

Our work is informed by three areas of insight which we triangulate so we can develop and disseminate helpful learning about family hub implementation and situate this learning in the wider socio-cultural context:

- **Evidence informed** – we use a mixed-methods approach to evidence and policy synthesis and work closely with our evidence partner, the WWEICSC, to generate and test new evidence and best practice.

- **Practice based** – we work with local authorities, regional communities and other stakeholders to ensure our learning is informed by local practice and case study development. This complements our regional support work, which draws on the application of mentalization to practice.

- **Participation led** – our work is underpinned by the Lundy model – a rights-based participation model. Our paid participation advisors are involved in national forums and work with local authorities to gather insights into on participation so we can share this learning with the family hubs community.

Contents

Forward

NCFH is incorporating current evidence, existing examples of best practice and inclusive participation-based methods into a model that will provide families with an integrated approach to mental and physical health care.

> *As the mother of two children with complex needs, the family hubs model gives me hope. I envision welcoming, multifunctional places in which some families might just pop in to get some advice or to meet other parents and carers, while others visit often to get support for their more complex needs. The family hubs approach will represent an orchestrated effort, involving many different players and with families at the centre, to help families who need support and healthcare. I hope that the model will encourage professionals to not just cooperate and keep each other informed, but to truly collaborate and take a holistic approach. I am aware that those are high hopes. However, I am certain family hubs are step in the right direction.*
>
> **Dina Koschorreck, Parent Participation Worker - National Centre for Family Hubs**

1. Introduction
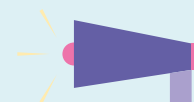
Purpose

The purpose of this guide is to summarise the resources, learning and guidance available via the NCFH. This is so we can better support local authorities and family hub providers to design, implement and transform family hubs.

Audience

This guide is aimed at local area leaders and their key strategic partners, the workforce and commissioners involved in family support systems. It is relevant to health partners, voluntary, community and faith organisations, MPs and local councillors, academics, schools and early years providers. The guide is for all

local areas across England interested in providing a high-quality integrated family offer, regardless of family hub funding status.

Policy and practice context

England has a rich and impressive history of a competent and skilled workforce who work incredibly hard to improve outcomes for babies, children, young people and families. Various policy and practice initiatives, such as Sure Start Centres, have been a pivotal part of early intervention and implementing early childhood services. We have also seen regional structures evolve, with the integrated care systems (ICSs) model now in place as local authorities move into a more integrated model of working. ICSs offer an important opportunity to improve population health through genuine partnership working between the NHS, local government, the voluntary and community sector (VCS) and local communities. While all local authorities are developing integrated services in a variety of ways, the 2022 Family Hubs and Start for Life programme guide reflects a specific policy investment for 87 local authorities which aims to improve access to early help, through an integrated and accessible local partnership offer. Please see family hub funding explained for more information.

Needs and solutions

We are living in the challenging context of: increasing child poverty and mental health problems; unaffordable childcare costs; staff shortages across health, social care and education leading to reduced provision; staff burnout; increased developmental delays due to coronavirus lockdowns; increased rates of social care referrals; and inequalities in the wider healthcare system as well as prenatal and perinatal healthcare for birthing people and women from minoritised groups, particularly those who are Black.

There is evidence that children from lower socio-economic backgrounds or whose families experience exclusion on the basis of being from a minoritised group are more likely to have poorer outcomes across four key domains of child development from conception to 19 years, compared to their same-age peers.

Theses four domains are:

1. physical development
2. behavioural development
3. cognitive development
4. social and emotional development

The research finds that children who experience early life adversity have measurable adverse outcomes across all of these developmental domains as early as two years of age, and that these developmental delays or difficulties are sustained into their teenage years and beyond.

Family hubs build on existing good practice, joining up locally, bringing together existing services across physical and mental health and social care, as well as VCS and education settings, to provide a single point of access. Services range from perinatal, early years and youth services to targeted support, such as support for parents and carers. The integration of services into a family hub model may involve changes to the structure of local service provision and may also involve a shift in how support is offered to families.

The principles of the family hub model have been developed based on existing evidence relating to the following aspects of integrated 'hub' models:

- providing support early in life
- providing integrated family support across health, social care, VCS services and education
- providing a service that is accessible to all families
- taking a whole-family approach
- taking a relational approach

This is to enable every family to receive the support they need, when they need it, so they can care for and interact positively with their babies and children while looking after their own wellbeing.
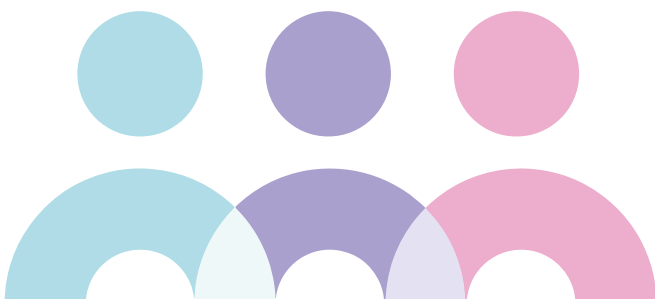
2. How to use this guide

NCFH's existing toolkit modules sit under the below four sections. NCFH are also developing new modules in conjunction with local areas and families.

1. Background information
2. Strategic 'golden threads'
3. Practice approach
4. Ingredients for successful implementation

In our toolkit, you will be signposted to our case study library where you can find practice examples from different localities in relation to specific implementation areas.

We have provided this summary so that you can build on each of the above four sections, starting with the background information and gradually becoming more and more specific in terms of implementation. We recognise that local areas will be in different positions, and you might find it useful to focus on specific sections depending on your current need.

Background information

Family hubs and early help: an overview	Start for Life and other policy and practice initiatives	Family hubs funding explained

Strategic 'golden threads'

Leadership	Governance	Family hub development process	Theory of change	Evaluation	Access of inclusion	Participation service design and communication

Practice approach

Integration and relational practice	Special educational needs or disability	Youth	Children's social care	Schools	Voluntary and community and faith

Ingredients for successful implementation

Data sharing	Spaces and colocation	Virtual and digital delivery	The workforce	Peer support

3. Implementation support

In addition to the toolkit, you can access other types of support with family hub design and development:

- **National webinars:** book onto upcoming webinars and access previous event recordings and accompanying resources.
- **Regional support:** contact our Regional Advisory team who will be able to provide you with support or signpost you to someone else. We facilitate a number of communities of practice, one-to-one support and other spaces to share learning such as 'lunch and learns'.
- **Family hubs online network:** join our Microsoft Teams space to share knowledge and resources and to network with other local authorities. Please email ncfhenquiries@annafreud.org to sign up.
- **Consultancy and training offer:** if you would like to draw on Anna Freud's expertise for more in-depth support – not only with family hub development, but also with wider local authority transformation –we can create a bespoke support package for you. We recommend that this takes place in person but we can provide online delivery too.

Please email ncfhenquiries@annafreud.org for more information.
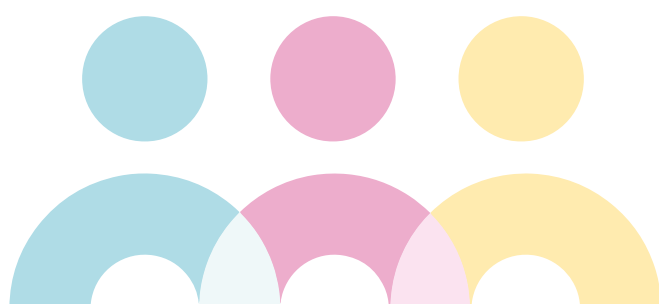
4. Background information

What are family hubs?

Family hubs are a way to deliver integrated early help to local communities. They provide an opportunity to offer a strengthened and more connected universal and targeted offer for families. This ensures that the identification of early need is more systematic so that families get the support they need as early as possible. By doing this, family hubs support health and educational outcomes for all children but crucially play a part in closing the gap in poorer outcomes related to deprivation.

Family hubs are grounded in local communities, responding to their specific needs and working with the strengths of each community. As such, they have a key role in building connections and capacity within communities.

The Department for Education, in its recent Family Hubs and Start for Life programme guide, states that family hubs are a place-based way of joining up locally in the planning and delivery of family services. Family hubs 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 to those with children of all ages (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.

NCFH at Anna Freud summarises family hubs as a system-wide model of providing high-quality, whole-family, joined up, family support services.

The term 'integration' is used throughout this summary and a more in-depth exploration of how we are applying it to family hubs can be found in our integration and relational practice module.
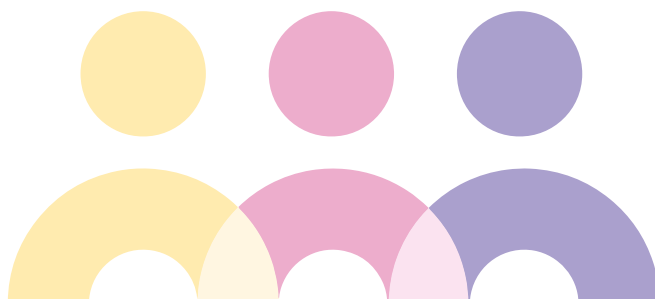
How do family hubs connect to early help?

Early Help provides the framework. Family hubs is the approach, the way Early Help is delivered to local communities. Family hubs enable all the strands of government early help policy – Start for Life, Supporting Families, Reducing Parental Conflict and youth provision (see below) – to be integrated under one governance structure and at the point of delivery. The approach also feeds into the children's social care implementation strategy and commitments around 'family help', which you can read more about in the 2023 report Stable homes, built on love: implementation strategy and consultation.

Put simply, Early Help is about identifying needs within families early and providing coordinated support before problems become complex. An increasing number of local authorities, like Westminster, are already delivering their early help offer through a family hub approach. This means that families experience a more joined-up offer of support, whether this is by going to their physical family hub, through outreach as a part of the family hub offer or by accessing early help support through online family hub resources.

Crucially, in the family hub model, the views and wishes of the family are front and centre in the support they receive. It is a partnership with parents and carers, and family plans are co-constructed. By finding out what is working well for families and what areas they are worried about, the family hub can help to build on families' strengths and identify areas where further support might be needed. Organisations work together to provide this early help offer: local authority children's services, health visiting, school health, child and adolescent mental health services, housing, maternity services and the VCS. All are equal partners in this family hub relationship.

Depending on what is most helpful for the family and their needs, the Early Help offer is adapted for each family's needs and the outcomes map across the government initiatives covered in the next section.

Read our Family hubs and early help: an overview module for more information.

How do family hubs connect to other areas of policy and practice?

Early intervention initiatives
Developing a fully integrated Start for Life offer is one of the most essential ingredients of the family hub model, and its success will reflect the maturity of the local integration. The Start for Life offer should be available to parents and carers from when they first 'book' their pregnancy and it should be available in different formats (e.g., online, paper and via QR code).

The aim of providing this information is to ensure that parents and carers have eas¬y access to help, particularly in the weeks following the birth, that will support infant feeding and reduce natural anxieties. It is hoped that this will allow parents to start to build a relationship with their new baby free of the need to search out help, which can only serve to increase worries. This Start for Life offer will include how to access preparation for birth classes and how to get support with infant feeding and emotional health and wellbeing. The Department for Education's 2022 Family Hubs and Start for Life programme guide provides further background detail about the Start for Life offer, and you can read more about it in our module – The Best Start for Life and policy and practice initiatives.

Alongside this key offer, family hubs provide an excellent opportunity to support children and young people. Youth Review: summary findings and government response, published in 2022 by the Department for Digital, Culture, Media and Sport, emphasises that young people must be at the centre of the country's recovery from the coronavirus pandemic. The review's findings provide the direction for how this will be achieved – by investing to develop the skills, creativity and energy of the country's young people to 'build back better'. This can complement Start for Life work and is an integral part of the family hub offer.
To develop whole-family support, we can draw on helpful learning from a number of early intervention family-based initiatives.

The Best Start for Life, a vision for the 1,001 critical days is a report published by the Department for Health and Social Care in March 2021, following the Early Years Healthy Development Review. Drawing on the science of brain development and attachment theory, it recognises that the period between conception and the age of two are critical in setting up babies to maximise their potential for lifelong emotional and physical wellbeing.

The Family Hub and Start for Life programme guide is centred around the important impact that the love, care and nurture a baby experiences in this period can have. Family hubs have the potential to bring together critical services for every new family: midwifery, health visiting, mental health support and infant feeding advice with specialist breastfeeding support.

What works to enhance the interparental relationships and improve outcomes for children? is a report written by the Early Intervention Foundation (EIF) and commissioned by the Department for Work and Pensions that provides an assessment of programmes that relate to reducing parental conflict (RPC). The report led to the creation the RPC programme which helped local authorities integrate support to reduce parental conflict. With their funding continuing until 2025, family hubs provide an opportunity to deliver aspects of the RPC model to caregivers that can help reduce risks for children and improve their long-term health and life chances.

This includes:

- level one support, such as online information
- level two support, such as conversations with trained practitioners
- level three support, consisting of more structured practitioner input
- level four support, including high intensity expert provision.

The evolution of the Supporting Families programme represents the need to support families with acute needs as well as dealing with emerging concerns through early help using a whole-family approach that prevents children from entering the care system, reduces the likelihood of involvement in crime and helps families into work. This is a multi-agency approach that is most effective when built on strong partnerships with voluntary, community and faith sectors and with family participation. As set out in the Early help system guide, family hubs are one way through which to deliver effective partnership working and support the whole family, including babies, children, young people and caregivers.

Although the Independent Review of Children's Social Care is about the upper end of targeted support, it's important to consider how family hubs work can coordinate with children's social care in a preventative way. You can read more about the government's response on children's social care implementation strategy and its commitments around 'family help' in the 2023 report Stable homes, built on love: implementation strategy and consultation.

Transformation initiatives
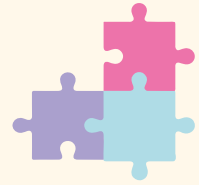
Family hubs need to dovetail with other transformation initiatives to maximise the opportunities for children, young people and families.

ICSs are the centrepiece of the reforms introduced through the 2022 Health and Care Act and are part of a fundamental shift in the way the English health and care system is organised. Previously the emphasis was on organisational autonomy, competition and the separation of commissioners and providers. ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement, as do family hubs.

ICSs are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. There are 42 ICSs across England, covering populations of around 500,000 to three million people. Integrated care boards (ICBs) are statutory bodies that are responsible for planning and funding most NHS services in the area. Integrated care partnerships (ICPs) are statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector [VCSE], NHS organisations and others) to develop a health and care strategy for the area.

Working through their ICB and ICP, ICSs have four key aims:

1. improving outcomes in population health and health care
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. helping the NHS to support broader social and economic development.

All of these national support initiatives require a coherent strategic approach, rooted in the context of the local area and the needs of families themselves. The next section gives an overview of these strategic 'golden threads' and puts family hubs in the wider context of equity, diversity and inclusion, recognising the impact that wider inequality and disadvantage can have on family outcomes.

5. Strategic 'golden threads'

How do we develop effective leadership?

Integrated governance and co-production of family hubs needs to be sustained through effective local integrated leadership arrangements such as an integrated leadership team (ILT) set up to oversee the local delivery of a family hub. It is essential that leadership arrangements include local VCS and faith partners who are active in the area. Local areas should consider how to nurture and strengthen such integrated leadership arrangements through workforce development and supervision.

How do we incorporate effective governance structures?

As with ICSs, developing family hubs involves significant transformation and systems change, requiring collaboration and commitment from across the children's early help system and the local community. Effective, integrated early help governance is therefore an important starting point. It begins the process of partners collaborating in building a vision and committing to a shared approach and outcomes, which can be recorded in a co-produced early help strategy.

An overarching Early Help partnership board can provide a framework for family hub governance and will ensure that learning from all of the government's early intervention initiatives is pulled together into this integrated delivery approach.

Governance structures must enable different agencies to take collective responsibility, share risks and jointly invest in family hubs, as well as representing the views of parents, carers and young people.

It is vital that this board:

- has formalised links with its local ICB, SEND transformation and the local health and wellbeing board
- includes the strategic VCS partner, who leads the local children and young people's forum

- consults regularly with local faith leaders is underpinned by safeguarding
- involves co-design and the involvement of caregivers and families
- feeds into any local data governance board
- has active oversight from the director of children's services and links into a wider integrated children's governance structure including the local safeguarding partnership.

Consideration should be given to the chairing of the board. Sharing the chairing responsibilities (e.g., between the local authority and a VCS partner or a health partner) can be more inclusive. What is appropriate will vary according to local need and context.

How do we plan effective family hub implementation?

An integrated governance structure is the best starting point for the family hub development process as it creates the environment for shared ownership and responsibility for the process from the outset.

The family hub development process is a three-stage systematic process to build the strategic case for family hubs locally, secure partner commitment to that change and develop a robust implementation process. These three steps ensure that the development of a local family hub model will have a sound evidence base and will be clearly defined and robustly implemented and evaluated. Each of the three stages involve workshops with a variety of partners. There is more detail on these steps later in this guide.

The three stages of the family hub development process are:

1. building a consensus on the need for change
2. specifying a family hub approach
3. planning implementation

The first two stages are underpinned by a theory of change approach which encapsulates why the change to a family hub model is necessary and the outcomes it aims to achieve. The final stage explores the extent to which the stakeholders are ready to make that change and develops a robust approach to implementation and evaluation against defined outcomes (focused on four areas of

early intervention covering four key domains of child development: physical development, behavioural development, cognitive development, and social and emotional development).

Moving through this process will provide much of the content for a local Early Help strategy, which should capture local needs and what a local family hub approach will address along with agreed shared priorities and the shared practice framework.

How can we ensure improving outcomes for families is at the centre of our work?

The use of evidence and evaluation is critical to ensuring improved outcomes for families. The family hub development process starts this work with its use of local data and the creation of a shared theory of change. Both provide a helpful baseline from which to measure progress and impact.

Some key considerations:

- Identify a senior leader who can lead and drive forward evidence and evaluation through a working group that feeds into the governance board.
- There is an opportunity to map local measurable priorities against the national Supporting Families programme outcomes.
- You can read more about the practicalities of evaluation and the theory of change model in the NCFH toolkit.

How do we create accessible and inclusive family hubs?

Family hubs have a key role to play in closing the gap in the health and educational outcomes of babies, children and young people. It is well recognised that deprivation has a significant impact on these outcomes, sadly also resulting in higher rates of infant mortality. Family hubs can address the factors that can change these outcomes by, for instance, facilitating access to services, improving communication and information sharing, addressing unsafe sleeping arrangements, providing enhanced support during the antenatal and postnatal period, addressing domestic abuse and substance misuse, promoting healthy lifestyles and supporting mental health.

To do this effectively, leaders need to understand the demographics of their local family hub communities, the barriers that communities experience in accessing services and the specific needs of the local community. This will enable leaders to set meaningful targets to improve outcomes and deliver appropriate services that are respectful of cultural needs. Revisiting this data regularly through a quality assurance process, owned by the partnership governance board, is vital. New targets should be agreed as part of an annual governance process.

Outreach can be an important tool in this area of work. Consider creating dedicated roles or a dedicated team to reach out to families and to act as the first point of contact.

See the NCFH [access and inclusion toolkit](#) for considerations in overcoming some of the barriers families face in accessing services.

How do we do meaningful participation and co-production?

A key part of equality and inclusion in family hubs is meaningful [participation](#), which can include design and co-production. This describes a way of working together in which support providers and those in need of support are recognised as equal stakeholders and are part of the same decision-making process. Working with families is a way of understanding whether integrated care meets people's needs.

I was first drawn to participation work by wanting to make a change in how young people with mental health difficulties were treated and how services can help us better. Over the years I have felt empowered to use my voice to have open and honest discussions about mental health and to spread awareness by talking about my lived experience. With Anna Freud, I have been able to draw upon my lived experience to help advise how I believe family hubs should be shaped and ensure the voice of the young person is listened to and their perspective is at the forefront. Using the information mentioned in this summary, I am hopeful the concept of family hubs comes to fruition and that it can have a positive impact in the lives of young people.

Nasreen Siddique, Youth Participation Worker - National Centre for Family Hubs

6. Practice approach

How can we sustain the positive change developed through integration?

Integrated systems are needed to underpin the family hub approach. This means moving away from traditional single agency responses and organisational systems to ensure that the integration achieved through the family hub development process is sustained. depending on your current need.

Some key considerations:

- **Meeting structures**
  the need for some form of local ILT has been mentioned earlier in this guide. Similarly, practitioners need to come together in new meeting structures such as reshaped team meetings, panels where families can be discussed and wider network meetings.

- **Including the wider network of partners**
  consideration should be given to a wider network meeting that meets less frequently but can bring together a wider group of partners from across the locality to keep their involvement, and awareness of the family hub alive.

- **A shared family hub induction**
  there should be an induction programme for each family hub and time given to staff adjusting to the new integrated way of working. Managers from all the key organisations –this includes the VCS – will be part of leading the induction.

Relational practice is also key for sustaining positive change because it puts people at the heart of the work. Relational Practice is not just about work with families or individuals, but is also about the work that happens within and between teams and organisations. At the heart of relational practice is trust and the experience of feeling understood. You can read about this in the Anna Freud's AMBIT manual and a Research in Practice resource about relationship-base social work.
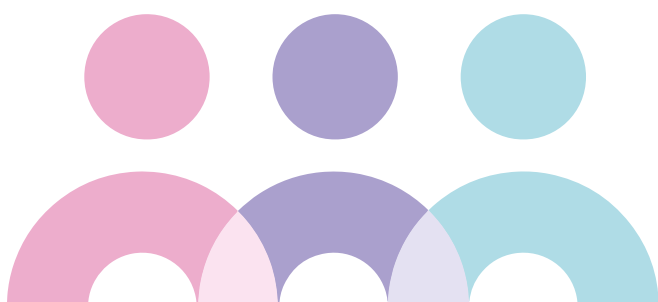
What does effective commissioning in family hubs look like?

The role of commissioning in the transformation to family hubs will vary from area to area depending on local context and leadership arrangements. Some local authorities may 'commission out' the core delivery functions of their family hubs with commissioners developing the service redesign and specification with a range of partners. In other areas, the transformation may be led by the partnership board with the transformation consisting of a range of in-house and commissioned services like health visiting. Whichever approach is taken, it should be carried out with the participation of families. This will mitigate the common risk that commissioning and service design is seen as separate to participation and actually undermines it. You can read more about this in our participation, service design and commissioning module.

In a review carried out by EIF, joint commissioning of services was seen by those developing family hubs as key to enabling multi-agency working. This is consistent with practice findings from a range of studies of multi-agency systems which suggest that joint funding and commissioning arrangements are associated with better joined-up systems of support.

With a complex array of providers involved in each local family hub network, joint commissioning bridges the gaps between organisations and provides clearer pathways for families to journey through the network of services. Through joint commissioning, local partners can execute their vision and strategy for integration within their family hubs approach.

Joint commissioning means organisations collaborating and sharing responsibility for family hub services and their outcomes. To facilitate effective joint commissioning there should be a joint commissioning plan between the local authority and partners, such as health commissioners, for the services accessed through the family hub network. Leaders will need to decide whether to pool budgets or align services and budgets. Pooled budgets combine funds from different organisations to enable them to fund truly integrated services. A well-developed family hubs approach will involve the pooling together of budgets from a range of funding sources such as the local authority, health commissioners and potentially other public sector, voluntary, community and faith sector (VCFS) and/or philanthropic partners.

The Social Care Institute for Excellence has developed a checklist for pooling budgets.

What does the SEND review mean for our practice approach?

The Special Educational Needs and Disabilities (SEND) review (March 2022) sets out the government's proposals for a system that offers children and young people the opportunity to thrive, with access to the right support, in the right place and at the right time, so they can fulfil their potential and lead happy, healthy and productive adult lives. This represents a significant change in the way children and young people with SEND are supported. See more details on how to integrate SEND as a practice approach.

How can we engage with statutory services such as schools, young people's services, children's social care and GP practices?

It is important that all schools and GP practices feel a part of their local family hub and see the family hub as a place they can get wraparound early support for the families they are in contact with, as well as being supported to act as the lead professional when they have the closest relationship with the family.

School and GP staff should be offered the relational family hub training, seen as an integral part of the integrated workforce and invited to be a part of local integrated meeting structures.

Integrating youth provision into the family hub offer is easier if a strategic lead can be identified for young people's services. This lead can then be the 'voice' for the youth sector and represent it at the governance board. In some areas, this lead is being taken by the emerging young people foundations and this local leadership can bring greater financial stability and enhanced collaboration between the different services.

In developing work with young people, keep these considerations in mind:

- Ensure that work is informed by a robust needs analysis that has involved young people asking other young people about their needs, and that services are planned around these needs and what the data is saying.
- Mapping youth services to each family hub area.
- Agree who should represent the sector on any local family hub leadership arrangements.
- It is essential that services are working together at all levels from leadership to delivery so that young people with additional needs can be supported seamlessly.
- Sites from which services are delivered may be 'networked' to any main family hub building but this will vary from area to area depending on context.
- Maintaining the youth voice in the development of services is vital and each area will need to agree how this is achieved.

Read more in our [modules on children's social care, schools and youth.](#)

How can we engage with VCS and faith organisations?

VCS and faith organisations need to be at the heart of local integrated governance arrangements. Some families are highly engaged in VCS and faith organisations and focusing on existing trusted relationships will be a solid foundation to build on in refining the unique support that families need and are entitled to. Working at this community level is also a way to reduce the stigma that can be associated with some statutory support. **[Read more in our VCS and faith module.](#)**
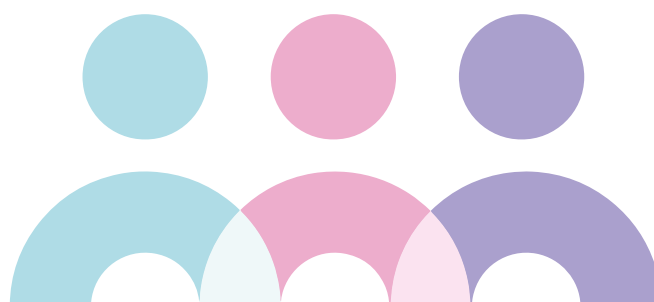
7. Ingredients for successful implementation

How can we support the workforce?

The workforce is built on relationships, and role modelling the way we work with families in the workforce is key. With 'relationship' and 'connection' as two of the three key pillars of family hubs, it is critical that local areas embed relational practice into their whole family hub approach – from planning, to governance, to commissioning, to management, to frontline delivery. Some practical methods for approaching this include the following:

- Case reflections – there is an opportunity to introduce case reflections for the new integrated team so that learning and development about practice can be shared. This can be done through a supervisory model or through peer support groups.

- Workforce development – transformation will begin to happen when staff are clear and excited about the vision for family hubs. This should be underpinned by a workforce development strategy outlining a core training programme for all staff as well as options
  for some staff to develop expertise in certain areas. This workforce development approach needs to be embedded and revised each year.

- A shared approach to practice – agreeing a shared practice approach for your family hubs will connect staff beyond the activities or interventions, they are delivering, so that families experience the same behaviours from staff across the area regardless of organisational barriers. The chosen approach should
  be strengths-based, relational and focus on the whole family. Some areas will have already agreed a practice framework in social care – for example systemic, trauma informed or restorative practice. This framework could be a starting point and could be supported by AMBIT, which is suited to family hubs and designed to help people who have multiple needs and a workforce with competing priorities.

Read more in our integration and relational practice, workforce and peer support modules.

How can we make support accessible through colocation?

Colocation of staff can play an important part in facilitating increased cooperation and collaboration between services, which can have many benefits for families. However, co-location will not create integration, and more streamlined service delivery, on its own; it needs to be prioritised alongside shared professional development and new ways of sharing information. Combining colocation and integrated working will ensure that families experience improved access to services rather than services operating in the same building independently of each other.

Read more in our [integration and relational practice and spaces and colocation modules.](#)

How can we share information safely?
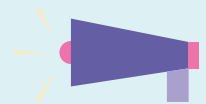
Sharing information safely is always a challenge but is a key part of developing integrated teams.

Consideration should be given to:

- engagement with information governance leads in key health partner agencies as well as those responsible in VCS organisations.
- joint briefings of staff as part of family hub implementation, with information governance leads in attendance
- the completion of key documentation – data protection impact assessments and fair processing/privacy notices
- the completion of information sharing agreements and data security training
- longer term, working towards sharing and matching data on cohorts of families.

The following provide opportunities in this area of work:

- Use of the NHS Data Security and Protection Tool (DSPT) can provide assurance on measures put in place by partner agencies.
- Ongoing consideration of the use of the Digital Economy Act 'public service delivery power' to share and match data around families with multiple needs, one objective of which is:

Identifying individuals or households who face multiple disadvantages and enabling the improvement or targeting of public services to such individuals or households and providing for the monitoring and evaluation of programmes and initiatives.

**Learn more in our data sharing module.**

How can we make support accessible through virtual and digital delivery?

Although you can find out about some practical ways of doing virtual and digital delivery in our toolkit modules and case studies, what lies at the heart of effective delivery is participation. Being led by family needs and the accessibility of the services on offer should inform the decisions being made and whether delivery is best online or in person.

EIF's rapid review on virtual digital delivery is a helpful resource for understanding the evidence, challenges and risks.

Read more in our virtual and digital delivery module.
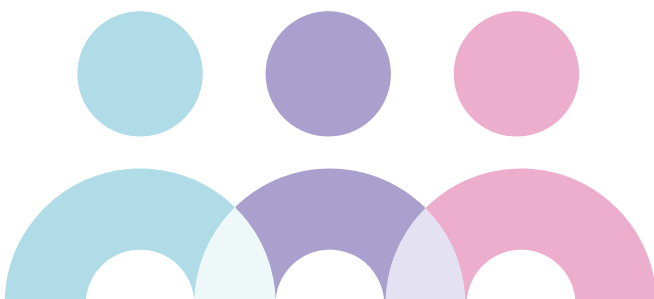
4. Resources

Adaptive Mentalization Based Integrative Treatment

- AMBIT

Participation

- Lundy model for participation and co-production

Parents and carers

- Information for parents and carers

Evidence and evaluation

- What Works for Early Intervention and Children's Social Care

Supporting children and young people

- Information about early years
- National Breastfeeding Helpline
- Better Health: Start for Life's Breastfeeding Friend
- Supporting Families Early Help system guide
- Early language identification measure
- Local speech and language service
- Early Intervention Foundation on integrated early childhood service delivery models

- Information for young people
- Supporting public health: children, young people and families
- Healthy Child Programme and accompanying service specification and commissioning guidance
- Reducing Parental Conflict programme
- Reducing Parental Conflict planning tool

Maternity services

- National Maternity Review: 'Better births –improving outcomes of maternity services in England
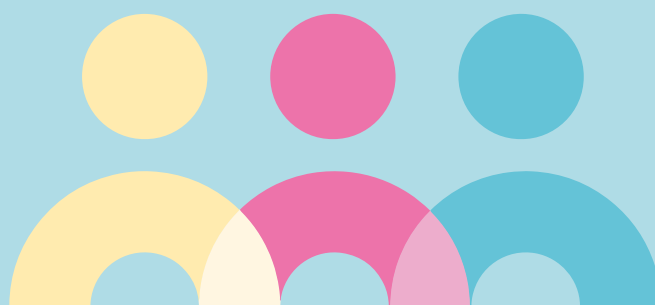- Early Intervention Foundation maternity and early years matrix
- NHS long term plan

Trauma

- UK Trauma Council

About Anna Freud

Our vision is a world where all children and young people are able to achieve their full potential. A world in which they and their families get support that is designed with their input, available at the right time, and meets their needs, so that they can develop their emotional and mental health.

Our mission is to close the gap in wellbeing and mental health by advancing, translating, delivering and sharing the best science and practice with everyone who impacts the lives of children and families. We will achieve this by closing the gaps in science, implementation and knowledge. This means recognising structural inequalities and playing our part in tackling the social injustice which leaves the vulnerable and marginalised behind.

Our Patron:

Her Royal Highness The Princess of Wales

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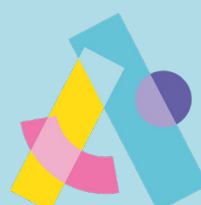**Registered address**

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Anna Freud
building the mental
wellbeing of the
next generation