

ESTABLISHING THE FAMILY HUBS IN MIDDLESBROUGH:

INSIGHTS FROM THE
PERSPECTIVES OF LOCAL
FAMILIES
AND FAMILY HUB MANAGERS

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November 2024

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HOW TO CITE THIS PAPER

Tarrant, A. and Harle, E.C (2024) title, A Following Young Fathers Further Report

Following Young Fathers Further is funded by a UKRI Future Leaders Fellowship and led by Professor Anna Tarrant, Director of the Centre for Innovation in Fatherhood and Family Research, University of Lincoln

KEY FINDINGS

- Family Hubs are a network of **vital place- and community-based support** that facilitate the delivery of multi-agency services, parenting skills and education, and family health and well-being. These are especially valuable for communities experiencing high levels of deprivation and discrimination,
- The local needs assessment indicates that there may be value in exploring **provision of services that are tailored to teenage parenthood, domestic abuse and co-parenting support, and mental health**, as well as the existing health, SEND and early years development offers provided,
- **Commissioned services on offer are being used** by local families and referrals are being made from professionals in the wider community, indicating early evidence of **effective partnership working, established referral pathways and integration** between the Family Hubs offer and wider health and social services that are already provided in Middlesbrough,
- Local families in Middlesbrough **value the use of the Family Hub buildings**, which provide opportunities for them to receive professional advice about their children's learning and development but would benefit from more dedicated space and time for social, peer and community-based support,
- **A strong offer for parents with children 0-2 years has been established** in the first three years of the programme. There is scope to explore and **establish a stronger social offer for parents with children aged 2 and over**. These offers might be best tailored in co-production with parent/carers with older children as part of the Parent/Carer Champion panel,
- **Establishing effective communications about what the Family Hubs are and what they offer is key** to increasing alignment between the community's perception of them and the wider workforce and agencies.
- Considerations of **responsibility and service sustainability** must remain core to future strategic planning. There is a lack of clarity currently about who is responsible for the continued commissioning of services and where funding will come from,
- Despite efforts to **foster a relational culture** in Middlesbrough, opportunities for the Family Hubs to benefit from parent and child involvement in developing services with professionals via the Parent and Carer Champion programme are constrained by funding and top-down impact and outcome measurements and requirements as set by the Department for Education.

INTRODUCTION

This report presents findings from a consultation provided by the University of Lincoln to the Middlesbrough City Council Participation team, reporting on the first year of establishing their offers and creating parent/carer panels for their local Family Hubs. The report provides insights as part of a formative evaluation process involving Family Hub Managers and local families to determine what is working well in providing services that are relevant and meaningful to families in Middlesbrough, as well as insights into some of the tensions and challenges created in the process of delivering new Family Hubs models. The project was called the Community Research on Inclusive Support Project and involved a partnership between the

Middlesbrough Council Participation Team, Middlesbrough Children's Services, the MVDA charity and the University of Lincoln.

Following the decrease of funding for Sure Starts between 2010 and 2022, the Family Hubs were re-established in 2022 as part of the Conservative governments' [Start for Life Programme](#). Middlesbrough was one of 75 local authority areas to receive funding in England to develop the programme. The objectives of the Hubs are to meet the commitments outlined in "Best Start for Life: a vision for the 1001 critical days" strategy published as government policy in March 2021 (HM Government, 2021).

The objectives of the Family Hubs are to:

1. Provide support to parents and carers so they can nurture their babies and children, improving health and education outcomes for all,
2. Contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it,
3. Build the evidence base for 'what works' when it comes to improving health and education outcomes for babies, children and families in different delivery contexts. (Gov.uk, 2024).

FAMILY HUBS IN MIDDLESBROUGH

Middlesbrough has six Family Hubs that are more concentrated in the areas of highest deprivation and need. These are:

- Abingdon
- Hemlington
- North Ormesby
- Park End
- Thorntree
- West Middlesbrough

The Hubs provide access to a range of services, support and professionals all under one accessible umbrella and have been established nationally to offer a network of support that is hosted and accessible to families in a range of places (Middlesbrough Family Hubs, 2024). Children's Centres, GPs, schools, and other civic buildings have been used to host Family Hubs support whilst others are hosted virtually.

Parents can use the Hubs for guidance and advice, including help to access childcare (Family Service Directory & Local Offer, 2024). They provide family support throughout pregnancy, until a child reaches 19 years old, or 25 years old for SEND young people (Family Service Directory & Local Offer, 2024). Support is focused on the early years, particularly antenatal-two years old and includes space for parents to build strong relationships with their babies (the Hubs offer classes on infant feeding and parenting, access to midwives and health visitors, and mental health support to parents) (Family Service Directory & Local Offer, 2024).

With funding from the Department for Education (DfE), the University of Lincoln

was commissioned to explore the place-based needs of families in Middlesbrough and support the Councils Participation Team with their objective of identifying and engaging potential members of the Parent Carer Panels. These are forums where parents and carers work together with local service commissioners to co-design and evaluate services. The Parent and Carer Panels are made up of representatives from local families who have decided to call themselves 'Community Champions'. The community champions meet with the Family Hubs Managers on a regular basis to share views as 'experts by experience', providing valuable insights about what life is like as a parent in Middlesbrough and what support the Family Hubs need to provide.

As well as supporting this process, the University of Lincoln team engaged in several activities including: 1) a local needs assessment and population profile for Middlesbrough to capture the diversity of local families in Middlesbrough, and 2) interviews with local Family Hubs Managers to capture their insights about local need and the process of establishing the Family Hub offer. Local VCSE organisation [MDVA](#) also conducted community conversations with 14 local community groups to gain early insights into local community needs from local service providers and beneficiaries in Middlesbrough and as a mechanism for identifying volunteers for the Family Hub. This evidence has been generated to support identification of parent/carer champions and inform future Family Hub development in the area.

METHODOLOGY

A desk-based local needs assessment was carried out to understand the socioeconomic and demographic context of Middlesbrough, including levels and areas of deprivation and the impact of these conditions on the health and wellbeing of families. A focus group was then conducted with Family Hubs Managers to explore 'what works' within the Family Hubs, as well as challenges or areas for improvement. The focus group supported a semi-structured conversation with the Family Hubs Managers in Middlesbrough where they could share their views and experiences of what families need, and the challenges associated with managing Family Hubs. Five Family Hub Managers took part in the focus group, with a range of roles and experiences in relation to the delivery of the Middlesbrough Hubs. This includes a Family Hub development Manager, an early years and Family Hub parenting lead, an early years and Family

Hubs early language and home learning environment lead, a volunteer co-ordinator from a local voluntary sector organisation, and the council's voice and influence Manager. The small group size ensured that all participants had space to share their ideas and learn from one another.

Replicating the participatory approach of the Family Hub model, 'community conversations' were also conducted with local parent/ family groups in Middlesbrough by MDVA. This served two functions; 1) building partnerships locally and raising awareness of the Family Hubs offer and 2) capturing insights from diverse communities of parents in Middlesbrough to support consideration of the design and inclusivity of the Hubs, including its approaches to outreach and support.

The conversations were conducted between July and September 2024 and centred around four main questions:

1. What is it like to be a parent in Middlesbrough?
2. What services do you already access and your experience?
3. What services are you aware of but don't use?
4. What would a perfect hub look like?

An overview of local services and groups consulted in Middlesbrough are provided in Figure 1.

FIGURE 1: TABLE OF PARTICIPATING SUPPORT GROUPS AND FAMILIES

Group description	People involved
NHS support group for breastfeeding mothers	6 mothers 9 children
NHS support group for breastfeeding mothers	7 mothers 9 children
Group for women from a refugee and asylum-seeking background	45 mothers and grandmothers
Social meeting for Arabic speaking mothers	12 mothers
Social group for local families, with a playgroup for children under 3 years old	3 mothers 2 fathers 1 grandmother 18 children
Support group to help young fathers play a meaningful role in the lives of their children	5 fathers
Reading group for parents and children hosted by the library	18 families (including mothers, fathers, carers and grandparents)
Reading group for parents and children hosted by the library	7 mothers 1 father 1 grandmother 16 children
Reading group for parents and children hosted by the library	5 mothers 1 father 11 children
Community parents and toddler group	10 mothers 1 foster parent 1 grandmother 1 childminder
Group supporting local parents and toddlers in a play and learn environment	15 mothers and grandmothers 2 mothers-to-be
Helps to support parents and caregivers to nurture close relationships with children	14 mothers 3 fathers
Helps to support children who are autistic, neurodivergent, have learning disabilities or complex needs	6 mothers
Group supporting local parents and families in a play and learn environment	4 mothers 3 fathers

The data from all focus groups were analysed thematically to identify what matters to local families and professionals in Middlesbrough and to support insights for the future of the Family Hub offer in Middlesbrough (Clarke and Braun, 2017).

This project received ethical approval from the University Research Integrity and Ethics Committee (URIEC) at the University of Lincoln.



LOCAL NEEDS IN MIDDLESBROUGH: AN OVERVIEW

The local needs assessment confirms that in comparison to national averages, Middlesbrough has:

- Higher levels of deprivation,
- Higher levels of health inequalities,
- Poorer health and wellbeing outcomes for children and families, and
- Higher numbers of teenage parents and young families.

Middlesbrough is therefore an area with many families who would benefit from Family Hub support. The data presented identifies key population, as well as health and developmental concerns that the Family Hubs team ought to target.



DEPRIVATION IN MIDDLESBROUGH

People living in Middlesbrough face higher rates of poverty and deprivation compared to national averages. Headlines include:

- In 2015, the English Indices of Deprivation ranked Middlesbrough as **the sixth most deprived local authority (LA) in England** and in 2019, the LA was still ranked as within the top 20% most deprived (Middlesbrough Council, 2018; Public Health England, 2019).
- According to evaluations conducted as part of the 2021 census, 57.8% of households in Middlesbrough

experience at least one dimension of poverty (Office for National Statistics, 2021). Within Middlesbrough, **49% of neighbourhoods are “highly deprived”** according to the Index of Multiple Deprivation (IMD) (Middlesbrough Council, 2018). 10 neighbourhoods in the town are in the top 1% most deprived areas in the country and half of neighbourhoods in the town are in the top 10% most deprived areas in the country (Middlesbrough Moving Forward, 2019).

- Of the wards in Middlesbrough, **six (30%) are in the top 1% most deprived wards** in England (North Ormesby, Brambles and Thorntree, Berwick Hills and Pallister, Newport, Park End and Beckfield, and Longlands and Beechwood) (Middlesbrough Moving Forward, 2019).
- In Middlesbrough, **income deprivation impacts 25.1% of households, almost twice the England average of 12.9%** (Office for National Statistics, 2021). Employment rates amongst individuals aged 16-64 are also significantly worse than the England average (Public Health England, 2019). From 2016-17, 2,269 food bank vouchers were given to and used by people in Middlesbrough (Middlesbrough Council, 2018).
- **Over half of Middlesbrough's children (63%) live in the top 20% most deprived wards** (Middlesbrough Moving Forward, 2019). 32.7% of children in Middlesbrough live in poverty, in comparison to a national average of 17.1%, and 63% of children live in a deprived neighbourhood (Middlesbrough Council, 2018; Office for Health Improvement and Disparities, 2021).
- **31.8% of children in Middlesbrough live in low-income families** (Public Health England, 2019). 7.84% of households with dependent children do not have any adults in employment, whereas nationally, 4.2% of households with

dependent children had no employed adults (Middlesbrough Council, 2018). Income deprivation impacting children varies by area, mostly impacting the East and North (Middlesbrough Council, 2018).

- Groups of people in Middlesbrough identified as particularly vulnerable, include (Middlesbrough Council, 2018):

- Learning disabilities
- Autism (content in learning disabilities topic for Middlesbrough and Stockton)
- Physical disabilities
- Sensory disabilities
- Sexual violence survivors
- Domestic violence survivors
- Carers
- End of life care
- Ex-forces personnel
- Migrants
- Travellers
- Offenders



ADULT HEALTH AND WELLBEING

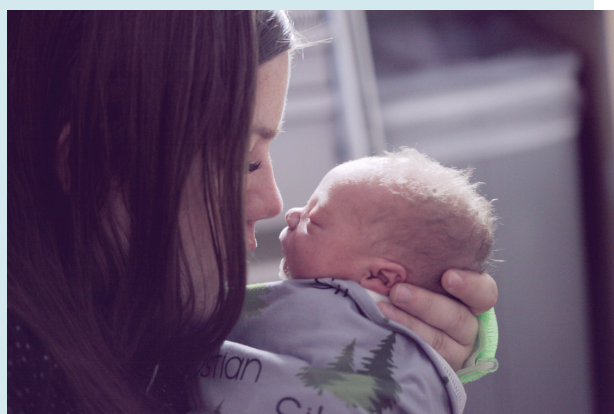
- Adults in Middlesbrough experience worse health and wellbeing outcomes than national averages.
- **The life expectancy for adults in Middlesbrough is lower than the national average** (Public Health England, 2019). In the most deprived areas within Middlesbrough, the life expectancy is lower (12.6 lower for men and 12 years lower for women) than in the least deprived areas (Public Health England, 2019).
- Compared to the England average, the mortality rate for under 75s from cancer and cardiovascular diseases is higher in Middlesbrough (Public Health England, 2019). **Adult alcohol-related hospital admissions, and numbers hospitalised for self-harm are also higher than the England average** (Public Health England, 2019). Middlesbrough also has higher rates of smoking amongst adults and lower rates of physical activity (Public Health England, 2019).
- There are also significant inequalities in reproductive and maternal health in Middlesbrough. **The region has a higher-than-average birth rate** and a “Standardised Fertility Rate (SFR) 13.5% above the average for England” (Middlesbrough Council, 2018).
- **Amongst women aged 16-24 in Middlesbrough, lower than England average numbers accessed contraceptive services** (Public Health England, 2020). Provision of long-acting reversible contraception (LARC) is also significantly lower at 15.1/1000 women, compared to the England average of 49.5/1000 women (Public Health England, 2020).
- Middlesbrough appears to have lower rates of sexually transmitted infections (STIs); however, rates of screening are also significantly lower. It “is likely therefore that **STIs may be under-reported in Middlesbrough, and when diagnosed, diagnosed later**” (Middlesbrough Council, 2018).



TEENAGE PREGNANCY IN MIDDLESBROUGH

The teenage pregnancy rate is disproportionately high in Middlesbrough with girls under the age of eighteen are more likely to become pregnant than national, regional and statistical comparators (Public Health England, 2020).

- From 2016-20, **1.8% of deliveries in Middlesbrough were to teenage mothers, compared to an England average of 0.7%** (Public Health England, 2020; Office for Health Improvement and Disparities, 2021). The conception rate per 1000 women aged 15-17 was 6.7% from 2017-9, the rate across England was 2.5% for the same group in the same period (Public Health England, 2020).
- Although **more girls under the age of 18 become pregnant in Middlesbrough, they were less likely to access abortion:** “31.9% of under-18 conceptions lead to an abortion, which is significantly lower than the regional rate of 40.1% and the national rate of 51.1%” (Middlesbrough Council, 2018).



CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELL-BEING

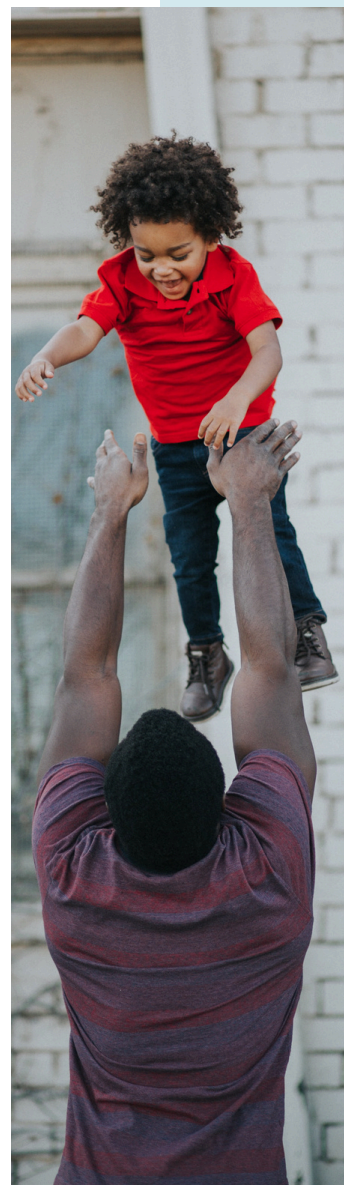
Growing up in poverty has a negative impact on the lifetime health of children. There are markers of worse health amongst babies and infants born in Middlesbrough compared to other areas in England. Children and young people also face higher rates of wellbeing concerns compared to national averages.

- In 2015, **3.8% of babies were born with low birth rate, higher than the 2.8% national average** (Middlesbrough Council, 2018). The average life expectancy at birth is lower for children (12 years lower for boys and 8 years lower for girls) born to mothers in the most deprived areas in Middlesbrough (Middlesbrough Council, 2018).
- **Children are also more likely to be admitted to hospital than the national average** (Middlesbrough Council, 2018). Oral disease rates amongst five-year-old children in Middlesbrough are the worst in the North East region (Middlesbrough Council, 2018). In addition, childhood obesity rates are higher than the England average (Middlesbrough Council, 2018).
- In 2016, 120 per 1000 under 18s were looked after by the council, which is double the national average (Middlesbrough Council, 2018).

Middlesbrough has a higher-than-average Child Protection Plan referral rate. In 2016, referrals occurred at a rate of 755.5 per 10,000 under 18s, compared to an England average of 532/10,000 (Middlesbrough Council, 2018). There were also almost double as many children in need than the England average (Middlesbrough Council, 2018).

- In 2016, the highest category of need for looked after children was abuse or neglect, and the second highest category of need was family dysfunction (Middlesbrough Council, 2018). **Middlesbrough has one of the highest domestic abuse incident rates in England, and a high rate of children witnessing these incidents** (Middlesbrough Council, 2018). Furthermore, alongside poor mental health and domestic abuse, substance abuse can be a significant factor in child protection cases; “in 2016/17 24% of drug and alcohol treatment service users had children living with them”(Middlesbrough Council, 2018).
- Deprivation and wellbeing issues amongst children in Middlesbrough also impacted their education. Children in Middlesbrough are more likely than the national average to be absent from school or to be excluded (Middlesbrough Council, 2018).

At the year 1-2 phonetics screening, and key stages 1,2 and 4, children in Middlesbrough are more likely to perform at lower standards for maths, reading and writing (Middlesbrough Council, 2018). As a result, in the 2021 census, 23.9% of people aged 16 and over had left school with no qualifications (Office for National Statistics, 2021)



FOCUS GROUP AND COMMUNITY CONVERSATIONS: FINDINGS

Our discussions with Family Hubs Managers in Middlesbrough produced five key findings which summarise the priorities and challenges of managing and delivering effective and consistent offers for the diverse families of Middlesbrough. Core concerns include juggling the different and sometimes conflicting needs of the commissioners, staff and local communities, as well as ensuring families are aware of the Hubs, can access them, are referred clearly and are supported to sustain their engagement over time.

1. Balancing Consistency and Place-Based Needs in The Family Hubs Offer

The Family Hubs in Middlesbrough, and elsewhere, function as a network of professionals and services operating under one umbrella. Where most services offered are delivered from a designated building, which used to be Children's Centres, some are also delivered out in the community through outreach. While offering some flexibility in terms of service offer and delivery, a core concern for the Family Hubs Managers has been balancing the delivery of a consistent offer of support for communities across Middlesbrough, and then exploring how local resources can be drawn upon to meet specific community needs.

As the Early years and Family Hub Parenting Lead explains:

“

So our area of work is very consistent across, because we want to ensure that the families... get the same key messages, so that's why kind of some of what we deliver is scripted and we have specific interventions, but then on top of that, the different commissioned services... might be kind of needs led for that particular area... So at the moment, Park End has a youth club...but not every Family Hub does because there's not necessarily a need, or they might have another kind of place.

”

(Early Years and Family Hubs Early Language and Home Learning Environment Lead)

Service offers are also informed by local needs assessments and the demographics of the areas served. One observed that: “Hemlington's predominantly white British but then Manager's area's got a transient population, Eastern Europeans, a large Asian community”, while the Family Hubs development Manager noted that: “in the needs assessment North Ormsby was one of the wards that came out as having one

of the highest breastfeeding rates in the borough...but it is due to the high diversity in that ward". In response to this evidence, the Hub in that area offers additional breastfeeding support.

More specialist support established for ethnic minority groups, faith groups, international parent and young parents, catered to the needs of these specific groups in the community was also highlighted as best practice. The North East Young Dads and Lads, for example, provide a stay and play group for young fathers, bringing local expertise into the centres to enhance support for this often over-looked and under-served group and Sakena, offer a stay and play session for black and minority ethnic ladies in the area who are suffering with poor emotional and mental health.

The Managers also demonstrated a keen awareness of the histories of their communities as well as their changing dynamics, adapting approaches to ensure needs were addressed and to build relationships with them:

“

I know North Ormsby, I think some, a lot of places where they were placing families, they were kind of creating their own communities... sometimes we then had to go out to those families or work closely with, like, the E-MAT team or the, are they called strategic cohesion team, to make sure that those families knew that if we were going and knocking on their door, we weren't going to take the children off them, we were going to offer a service and support, but that might not have happened, that wouldn't have been the norm in their country, so it was kind of

breaking down those barriers. There's more language barriers in North Ormsby, West Middlesbrough, Abingdon, but Manager's team are, kind of they're used to that and they probably do more door knocking than say my team would in Hemlington, because of the poor communication between the two not understanding each other over the telephone necessarily. But, and we don't always have finances of course for translators.

”

(Early Years and Family Hubs Early Language and Home Learning Environment Lead)

It was noted that surveys do little to capture the needs of those families who do not currently engage with the Hubs:

“

we do try and do quarterly 'tell us what you think' surveys, but of course that's only reaching those families that are accessing our services, not the ones that aren't, that we need to know why they aren't.

”

(Early Years and Family Hubs Early Language and Home Learning Environment Lead)



However, reflecting on their efforts to provide a consistent provision across the six Family Hubs, while also being responsive to the needs of the wards they serve and are most accessible too, the Managers noted the value of their consultations with local Parent and Carer Panels and Community Champions, saying that:

“ultimately it’s about capturing what parent and carers in those communities and wider are saying about what’s working well and what they’d like to see developed going forward.”

(Voice and Influence Manager)

A key challenge in engaging with local families is around responsibility and sustainability. Given that many of the services on offer are commissioned and funded by external agencies, concerns were raised about who should continue to commission the services and what would happen should funding run out.

“When the funding runs out and there’s no longer the North East Young Lads and Dads, how do we keep that sustainable? And when Family Action, who are doing a really good befriending role ... who’s going to do that? And if that’s what families are telling us they want then somebody needs to be looking at that sort of now to have that exit strategy from those services.”

(Early Years and Family Hub Parenting Lead)

2. Balancing Community Needs with DfE Requirements

The Managers identified a tension between community needs and the external strategy and guidelines provided by the Department for Education (DfE), which Family Hubs Managers are required to adhere to. According to guidelines, the Family Hubs should be easily accessible spaces in local communities, that provide children and young people aged 0-19 (up to 25 if there are special educational needs and disabilities) early help to overcome difficulties and build stronger relationships. The Managers in Middlesbrough explained though that even though the DfE are open to dialogue about doing things to meet local needs, funding constraints have led to the prioritisation of the 0-2s over the wider programme of family support:

“a hell of a lot of the money went for nought to twos, so if maybe we were just given the money without those guidelines, we probably would’ve spread it across the nought to nineteen service better.”

(Family Hub Development Manager)



Other Managers felt that the Family Hubs offers would be better guided by “experts” rather than imposed from the top-down. Current guidelines feel “very prescriptive”, which “put us down a particular road that we probably wouldn’t have gone down”. This has also led to tensions around balancing the guidelines with community needs, especially where they feel at odds with each other.

Set measures of “impact and outcome” also influence how services are designed and delivered with the result that when staffing and funding is limited, the Hubs feel pushed to deliver on the “targeted stuff” they are “getting measured on”. In this context, other areas of support, like peer support, have less priority placing constraint on the ability to be responsive to community need. Where a service could be highly beneficial, but only to a small group, this may be given less priority than a programme which has a larger, measurable, community impact. It can be difficult, but as was noted by the Participation and Inclusion Manager, someone “has to make a decision about whether it will be delivered or not and who by”.

3. Meeting the Needs of Local Families

The community conversations with local families indicated that families in Middlesbrough would benefit from easy to access and free spaces for peer support and community activity. Several of the parents noted that many areas of town, such as the parks or shops, can feel very unsafe, describing experiences of discrimination, especially racism, as a common experience.

Many feel isolated and alone; despite the offer of numerous support services and activities for families in Middlesbrough, not all are considered accessible, affordable and inclusive. In this context, access to affordable and community-based support groups, sessions and activities facilitated by the Family Hubs could be a vital lifeline for community support and belonging. The Family Hubs Managers are aware of these issues but also facing their own challenges:

“

it seems that they don't like a formal session. If it was like the old-fashioned free for all parent and toddler group, sit, talk to other mums....they are much more amenable to that social peer support, but unfortunately that's something our service can't afford to offer because we've got highly trained staff who are there to share key messages and support the family to understand how they can be part of their children's learning and development, not for that peer support.

”

(Early Years and Family Hub Parenting Lead)



Other requests from the families included the provision of a safe space, a room, where parents could meet, socialise and let their children play. It was observed that weigh-in sessions for babies were once popular among families, most likely for their social aspect. Now that weigh-ins are appointment based, there is less scope to provide social support:

“

With health, they, a lot of the families are so used to if they're second/third time child around, they would always go to a baby weigh-in clinic that was a drop-in, and they would go every single week. Well now it's appointment only and if families came and said, 'Well, this is what we want,' health wouldn't actually be able to provide that because of capacity. However, if the families would understand why they couldn't do that or that it wasn't beneficial to get your baby weighed every week, I think that's where we need to communicate that to the families that we're gonna be working with.

”

(Early Years and Family Hubs Early Language and Home Learning Environment Lead)

“

Yeah, and I suppose it's getting understanding of why, not why do you want the baby weighed, but you don't need your baby weighed every week but actually it might be because they're quite isolated and that meant that they could leave the house and they're going somewhere and they're doing something and that was potentially helping it. So it's the other benefits that that service, it probably wasn't anything about weighing the baby, it was about...

”

(Family Hub Development Manager)

Families also suggested that drop-in sessions or last-minute childcare (such as a drop in creche) would be exceptionally useful, so they could use the Hubs as and when it was needed, rather than needing to commit to set times in advance.

This evidence suggests that for the value of Family Hubs to be fully realised for communities there would be value in a multi-use space where both professional and community-based support, including peer support, is offered. Currently, the Middlesbrough Hubs are signposting to external organisations who already provide this kind of support, but the local community would like this option in one convenient space. Another challenge that the Managers noted here is that measuring the value of these spaces is much harder to do.



4. Ensuring Clarity for Families About the Family Hubs Offer

As well as refining a consistent yet bespoke place-based offer, the Managers expressed concern about managing and challenging the perception amongst families that the Hubs are just a building, a view that renders the services on offer outside the building as invisible. Challenges post the Covid-19 pandemic were also highlighted, that have influenced what is possible to offer:

“our model of delivery has dramatically changed since Covid and since, the same as every local authority, funding has reduced, staffing’s reduced, so what you’re able to provide looks very different now. And that’s difficult for the community to understand and for partners to understand when they’re looking for places to refer families to. Like, what have you got going on in the hub? Well, we haven’t got a lot going on in the hub, but under the umbrella of the hub we’ve got lots of specialist services, but we’ve chosen in Middlesbrough that those specialist services are for under twos.



(Early Years and Family Hub Parenting Lead)

The Early Years and Family Hub Parenting Lead also commented: “it’s wider than a building, but I don’t think that’s been communicated with families”. To counter this view, a “proactive approach” to outreach and referral has been established with local partners in healthcare where we will have regular contact with families to share key messages on how they can support their children and their baby’s learning and development. Potentially, the Family Hubs Managers could utilise their Community Champions, as key representatives of local families using the hubs, to assist with outreach. When Managers have limited capacity to go out into the community to advertise the hubs, the Champions could take on this role of liaison between the family hubs and their communities to help share information about the offer and its benefits.

Local practitioners are proactive in registering families on their “pathway” of support for the early years. Where a family is not registered in the antenatal period, there are other points of notification where they can do outreach, including the baby’s registration, or when a health visitor goes out to see the new baby. Local healthcare professionals provide a document that outlines the full Family Hubs offer to enable information sharing. This informs families of available services, eligibility to attend and the intended benefits to the family to encourage engagement.



5. Retaining Families and Sustaining Their Participation in Deprived Localities

As with outreach, the Hubs staff are proactive when it comes to creating strategies to ensure retention. If a family disengages, this is flagged, and a staff member reaches out to them directly to discuss the importance and benefits of the intervention and to encourage them to come back. In one example, a speech intervention, a drop-in has been created where families can ask questions and “get that peer support from parents”. By encouraging community between families engaging with the intervention, retention of parents is increased.

Given high levels of deprivation in Middlesbrough, sustaining interest in the Family Hubs can be challenging. The Managers utilise quarterly surveys to assess who is accessing the service and who is not and to identify areas where retention rates are poorest. Families in East Middlesbrough, an area the with highest levels of deprivation and need for support, were identified as “generally more difficult to engage with...they may register with you to tick a box and then may not want any further involvement”. In these areas, families tend to be more “suspicious”, worried or frightened about professionals, so they prefer to engage with more community-based and peer support. As noted earlier, constraints on funding and impact measurement mean that these offers are not always possible to provide, meaning efforts to provide routes to access to professional support via social support are lost.

In the community conversations, it was apparent that local parents are aware of the wide range of support and sessions on offer by the Family Hubs, and they appreciate the variety offered. However,

expense associated with the cost of the sessions, the requirement to pre-book in bulk, and/or the cost of travel, were described as prohibitive. These challenges are exacerbated where events are held in different locations, meaning that families need to make multiple trips if they want to attend multiple sessions in the same day. The community conversations confirmed that Family Hub sessions will be more accessible when they are all hosted in the same space (the Hub building), providing a physical safe space where parents only need to make one journey to access a range of information, support and engagement with other families.

The timings of sessions are also important for ensuring accessibility. Where sessions are mostly held during the day, working parents are prevented from attending. The lack of sessions during school holidays was also frustrating for parents, a time when they are most in need of safe places to take their children.

The inclusivity of services was also noted as significant. The predominant focus on mums means that dads, grandparents and other carers often feel excluded. Where sessions have strict requirements around the ages of, or the number of, children allowed to attend per adult, this could also be off putting. One parent with triplets explained that she was prevented from attending sessions that limited the number of children attending to one adult and no more than two children.

CONCLUSIONS

Our findings confirm that the early establishment of the Family Hubs offer in Middlesbrough is valued by local families and great effort has been made to understand the community and to respond to the diversity of need accordingly. Local families would value a Family Hubs model that functions like the SureStart model; a single building that is a safe place to parent, socialise and engage in peer support, as well as to access ad-hoc professional support as and when it is needed.

Local professionals are doing important work in conversation with families and representatives of the community to understand what support is required and how that support might be best delivered. However, managers are required to deliver services as outlined by the DfE, who allocate funding for specific services and interventions for specific demographics. Presently, managers are navigating tensions between the needs and expectations of commissioners, decision-makers and the community leading to feelings of disempowerment. A less prescriptive approach to the allocation of funding, will empower managers to address community needs more effectively.



BIBLIOGRAPHY

Clarke, V. & Braun, V. 2017, "Thematic analysis", The journal of positive psychology, vol. 12, no. 3, pp. 297–298.

Family Service Directory & Local Offer. 2024, Middlesbrough Family Hubs.

HM Government. 2021, The Best Start for Life A Vision for the 1,001 Critical Days.

Middlesbrough Council. 2018, Middlesbrough's Joint Strategic Needs Assessment Children and Young People.

Middlesbrough Moving Forward. 2019, Index of Multiple Deprivation 2019. Available: <https://www.middlesbrough.gov.uk/open-data-and-foi/local-statistics-and-data/index-of-multiple-deprivation-2019/>.

Office for Health Improvement and Disparities. 2021, Study area Middlesbrough (LTLA 2021) compared with England .

Office for National Statistics. 2021, Census Maps Middlesbrough. Available: <https://www.ons.gov.uk/census/maps/choropleth/population/household-deprivation/hh-deprivation/household-is-not-deprived-in-any-dimension?lad=E06000002>.

Public Health England. 2020, State of the North East 2020: Reproductive health.

Public Health England. 2019, Local Authority Health Profile 2019 – Middlesbrough. Available: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e06000002.html?area-name=middlesbrough>



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