



All-Party Parliamentary Group on Family Hubs
Chaired by Tom Collins, MP for Worcester

Key Speakers

APPG on Family Hubs Meeting

Tuesday 3 June 2025, 3-4:40pm

Room S, Portcullis House

Topic: Family Hubs and the return on investment

We had a full house for our June meeting of the APPG on Family Hubs, including representatives from House of Commons, House of Lords, MoJ, DfE and DHSC, local authorities, VCS and the private sector. This document presents the content given by the three key speakers:

1. **A Fresh Start for Children and Family Support: delivering joined-up place-based support through Family Hubs**, by Connie Mutton, Head of Policy, Centre for Young Lives – page 3
2. **Family Hubs in Action: Delivering Outcomes that Matter – The Essex Family Hub Approach**, by Katie Polhill, Strategic Lead for Health Improvement, HCRG Care Group – page 7
3. **Luton Family Hubs: 2 years on a Public Health Approach**, by Michelle Bailey, Public Health Principal, Children & Families and Family Hubs, Luton Council – page 15

For further information, please contact Sophie Earl at Spurgeons, the secretariat for the APPG on Family Hubs: searl@spurgeons.org

A Fresh Start for Children and Family Support: delivering joined-up place based support through Family Hubs.

Connie Muttock, Head of Policy, Centre for Young Lives

Connie used slides to present the Executive Summary. The text here is taken from the Executive Summary of the report (published April 2025).

The benefits of place-based children and family support are well evidenced. The last Labour Government rolled out Sure Start across the early 2000s to deliver over 3,000 children's centres – one in every community. During the 2010s, national policy direction and funding cuts have resulted in the decline in place-based children and family support. The recent investment into Family Hubs since 2021 has been welcome, and there is a positive commitment from across government departments to build on this programme and maximise its impact for families in need of support.

Drawing on new data obtained from local authorities, this briefing takes stock of the current provision of children's centres and Family Hubs to understand the availability of place-based children and family support provided by local authorities across England. In the context of rising child poverty, widening inequality, record high severe absence, and a growing number of children arriving at school not ready to learn, this report makes the case for upscaling investment in local, joined-up support for many more children and families, and in turn addressing many of this government's most fundamental opportunity milestones and mission.

Key Findings

- **The landscape of children's centres has been left decimated and threadbare after more than a decade of cuts, whilst Family Hubs are of very limited scale and in their infancy. In 2023/24, spending on children's centres and Family Hubs by local authorities was less than a quarter of what was spent annually on children's centres in 2009/10.** This spending is funded through a mixture of non-ring-fenced funding from local authority finance settlements, the pooling of other local budgets in some places, and some welcome additional funding from the government's Family Hubs and Start for Life programme in 75 local authorities.
- **The number of centres has fallen and their volume and depth of services and support has also decreased.** There are now an estimated total of 2,100 hubs and centres across England, at an average spend of £275,000 per hub, just over half of the average spend per hub under Sure Start.
- **The funding that does exist is precarious and at high risk. 49% of local authorities reported cuts to their budgets for children's centres and Family Hubs** between 2023/24 and 2024/25. Local authorities in the Yorkshire and Humber region reported reducing their budgets on average by 10% reduction.

One local authority is cutting its budget by 81%, which is likely to leave many children and families with nowhere to turn for support.

Key Recommendations

Securing the stock of existing provision will be vital in any Children and Family Hubs expansion programme. To secure the future of joined-up family support and meet the needs of more children and families, we recommend the government protect current funding for this provision for local authorities, before expanding provision to reach more families in need over the period of the Spending Review and beyond.

Securing and scaling up investment for place-based, joined-up children and family support:

- **The Government should secure the future of existing joined-up children and family support.** The Department for Education and Department of Health and Social Care should fund a ring-fenced grant to local authorities to fill the current gap in local authority funding and secure the future of existing family support.
- **The Government should scale up investment through a ring-fenced grant to deliver joined-up family support to more children and families across England.** We recommend a phased and iterative approach to scaling up funding to children and family support, building over time to reach 2 million children in year nine.
 - o Phase 1, costing £1.2bn over the Spending Review period, would sure up existing local authority budgets and scale up investment first to reach 200,000 and then 500,000 children in the final year of the Spending Review period.
 - o Phase 2 calls for scaling up investment further over the following five years to reach 2 million children with £2.26bn of investment in year nine.

Recommendations for policy direction:

This briefing also sets out further recommendations to drive best practice in joined-up children and family support. We want to see the Department for Education issuing new guidance on the core provision of children's centres and Family Hubs, as was the norm during the 2000s. We recommend the Cabinet Office lead a cross-departmental taskforce to maximise the role of Family Hubs and children's centres as a springboard for a wide range of government policy. This should be supported by cross-departmental guidance encouraging the delivery of a range of new services from high needs to universal through children's centres and Family Hubs.

Finally, every local authority we engaged with in this first phase of research emphasised the benefits of greater integration with health at a local level. Local authorities and health services should work together towards stronger integration, including data

sharing, co-locating services and pooling budgets. We also recommend that additional investment in the Family Hubs budget continue to be jointly funded by both Department for Education and the Department of Health and Social Care.

Local Authorities are best placed to identify and respond to local need. The next phase of this research will include further engagement with Local Authorities across England to better understand the different models of provision and service delivery, to explore how future investment into children and family support budgets for local authorities could be best spent to deliver better interventions and outcomes for children and families in every community to deliver the Opportunity Mission for all children.

A note on joined-up family support

This report refers to joined-up (or integrated), place-based children and family support, by which we mean support delivered through either local children's centres or Family Hubs. In our Freedom of Information (FoI) request, we asked about the provision of both children's centres and Family Hubs, in recognition that both services are being delivered in different parts of the country with some similar overall aims and potential outcomes. Many local authorities continue to call their joined-up family support "children's centres", in part due to the need for continued recognition within the local community. Others have rebranded in line with Family Hubs policy from the government which has been in place since 2021. Some have both children's centres and Family Hubs.

Some Family Hubs offer very similar provision to that which was provided through children's centres, others are offering a much less developed provision for children aged 0-19 with an emphasis on the first months of life. This paper does not make recommendations about the relative benefits of children's centres as they compare to Family Hubs beyond the scale of funding and reach and recognises that some children's centres have converted into Family Hubs. Rather, we see them, broadly speaking, as under the same category of joined-up, local family support. In the section below we make the case for upscaling investment into joined-up children and family support through a costed model - we are referring to investment into both existing children's centres and Family Hubs, using the umbrella term 'Family Hubs' to capture all current provision of joined-up, local family support.

Family Hubs in Action: Delivering Outcomes that Matter – The Essex Family Hub Approach

Katie Polhill, Strategic Lead for Health Improvement, HCRG Care Group

Katie's presentation and some of her key slides are given below.

I want to begin with a question. Think of someone you have come across that might need support. Maybe a young mum, overwhelmed and alone struggling to balance working and looking after her young family. A teenager facing exclusion. A family struggling with a child's new diagnosis. You've met them — we all have. Keep them in your mind. Now imagine if there were one trusted place they could all go. Where support is joined up. Where they feel seen. Where they don't have to keep repeating their story. Not passed between agencies — but genuinely helped.

We're the Essex Child and Family Wellbeing Service. Commissioned in partnership between Essex County Council and the NHS, delivered by Barnardo's and HCRG Care Group. Together, we've embedded a Family Hub model at scale, without funding.

So — what is our Family Hub Model?

It's not just a building. It's a way of working — bringing together support for children, young people, and their families, in one place, through one system, with one aim: to give every child the best start in life.

From the beginning, our service was shaped not only by commissioners but by the voices of families. Built on a co-produced specification, it integrates the Healthy Child Programme and family support into one accessible offer — not as separate services (10!), but as a single system of care with a shared commitment to families.

A vision for change



Look first at families' strengths
especially those of parents and time to understand their needs fully



Focus on preventing problems
before they occur and offer flexible, responsive support when/where its required



Build the resilience of parent, families and communities
to support each other



Work together across the whole system aligning our resources so we can best support families and 'do what needs to be done when it needs to be done'



Base all we do on evidence
of both what need and of what works, and be brave enough to stop things that aren't working



Be clear and consistent about the outcomes
we expect and judge what we against them

We will know our system is successful if it delivers these outcomes:



Children...

- Are physical and emotionally healthy
- Are resilient and able to learn well
- Are supported by their families, their community and when necessary professionals to thrive and be successful
- Live in environments that are safe and support their learning and development



Parents...

- Are supporting one another in their communities
- Know where to get help if they need it
- Have trusted relationships with practitioners, neighbours and others
- Are well informed about how best to help their children develop and be motivated to make great choices



Communities...

- See it as their collective responsibility to support parents and children
- Are providing sustainable support through individuals, communities, business and voluntary organisations
- Are seen, understood and valued by practitioners as being 'part of the solutions'



Practitioners...

- Focus first on families and their strengths
- Work closely with families to understand what they need and build trusting relationships
- Have a shared vision and understanding of outcomes and success
- Are skilled, knowledgeable and are co-creating and co-delivering approaches that work

care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

Today, that vision lives through 37 Family Hubs and Delivery Sites across Essex — reflecting the diversity, strengths, and needs of local communities. But the hubs are not just locations — they're a service without walls, a mindset rooted in collaboration and trust. This model brings together health, early years, education, social care and the voluntary sector, creating a culture of co-production and relational practice.

Our approach goes beyond national policy compliance. It redesigns the system around the child and family, offering coordinated, compassionate support focused on long-term wellbeing — not short-term fixes.

CHANGING THE RULES

To begin our journey in Essex eight years ago, we had to start with something that can't be overstated: brave commissioning.

From this came some simple but radical shifts:

We committed to a model where families should only need to tell their story once, building trust and cutting duplication.

We moved from counting outputs — like how many visits happened, how many people attended — to focusing on outcomes: Do families feel safer? More connected? More confident?

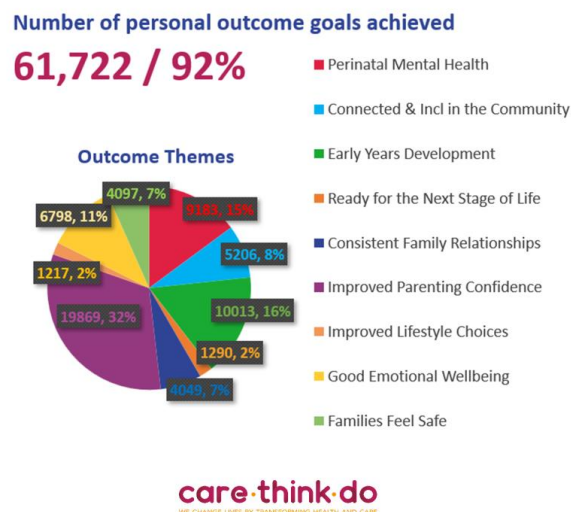
Instead of siloed services, we aligned under a Common Outcomes Framework — jointly accountable across health, education, social care, and the Voluntary sector.

This whole-system shift was underpinned by the Family Hub model — integrating services into one seamless offer, grounded in evidence-based interventions and trauma reducing practice. **Referral forms have been replaced with relationships.**

OUTCOMES



Changing the rules to change outcomes



The results speak for themselves:

- Over 60,000 measurable improvements in health and wellbeing.

Our outcomes sit across the wider determinants of health, for all ages and focus on what families need to thrive. This is about understanding that life creates all sorts of barriers to stop us being happy and healthy.

Our outcomes model is designed to support CYP and Families to identify WHAT it is they need to support with and HOW they access that support or intervention.

That might be simple things like supporting self-esteem to access green space or joining a gym, that might be navigating the complex SEND system. Sometimes it's just about finding hope.

PARTNERSHIPS IN PRACTICE

At the heart of our model is a single point of access building a culture of support, not a series of transactions — but the real impact comes from our practitioners acting as care navigators or trusted partners who walk alongside families and do not refer them. This has built our underlying commitment of

If not us—then who?

Our model is place-based and needs-led, making sure families can access help that is local, joined-up, and meaningful. We work across three key service areas:

- ✓ Delivery of the HCP and Early Years offer, built through co-located skill mix teams
- ✓ School-aged health and wellbeing – Family Healthy Lifestyles, Affinity, Getting Help CAMHS
- ✓ Specialist health services – community nursing, SEND therapies, S&L

The Family Hub model connects all our systems — enabling early identification, meaningful intervention, and holistic care.

But more importantly is how we embed across wider system bringing additional VCSE to our core:

EG Integration support working with our migrant communities

Youth enquiry service working with our teenage parents

Multi-schools' council ensuring a voice for children who may not normally have one,

Parent/carers forums – navigating the complexity of education health and social care for children with additional need

They know the communities they represent better than any of us – and collaboratively we ensure families are provided the right support and the right time by the right people.

AN INTEGRATED RECORD

An Integrated Record

One Story, Shared Responsibly

- ✓ Helps us spot early need, act quickly, and track outcomes across services.
- ✓ Health and social care integration enables shared care plans and reduces fragmentation.
- ✓ Families face fewer duplicated assessments and smoother service navigation.
- ✓ It's ethical – families don't have to relive trauma by retelling their story.
- ✓ Digital integration builds trust faster and allows us to intervene earlier.
- ✓ Enables coordinated, multi-disciplinary assessments and reduces multiple referrals.
- ✓ Leads to faster diagnosis and support, minimising delays in care.



We work as if we have a single record - even when we don't

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One of the most powerful enablers of delivering this early support is how we handle information in a complex system – through our shared digital record.

When practitioners build on a shared story — rather than start from scratch — we spot needs earlier, intervene faster, and track outcomes in real time. Families shouldn't have to repeat their story, especially when trauma is involved.

Integrated digital working has made a tangible difference — shared care plans, smoother transitions, and fewer repeated assessments.

When operating a true family hub model with a complexity of system providers you would be very fortunate to have one record. Where we don't, our integrated workforce allows us to act as though we do have one, our NN having digital accessibility, our teams working collaboratively to share information.

THE POWER OF LANGUAGE

I can't talk to you today about the Essex model without referencing language.

Language isn't just words — it's connection. It shapes how people feel, how they engage, how they heal.

We've learned that the language we use can empower or alienate. It can help people feel safe... or make them shut down. And this isn't just about those for whom English is an additional language — it's about recognising that language itself can be a barrier.

Sometimes, the wrong words can even re-traumatise — reopening wounds rather than supporting recovery. Language can exclude our families from their communities – schools, health, social care.

That’s why language runs through everything we do — in partnerships, in shared care plans, and in how we talk about outcomes. Through our **Common Language Framework for emotional health** we help professionals & families reflect on how their words land.

For example, rather than saying a child is ‘*attention-seeking*’, we describe them as ‘*connection-needing*’ — because they’re often showing us they want to feel safe and valued. Instead of calling a child ‘*naughty*’, we say they’re showing ‘*communicating behaviour*’ — because all behaviour is communication, especially in children.

This isn’t about policing language — it’s about compassion. We support each other to shift habits and walk with families, not talk about them.

RETURN ON INVESTMENT

Impact Headlines



- ✓ Free Early Education Funding for 2-year-olds: uptake **10% above** national average.



- ✓ Referrals to targeted weight management services: up from 250 to over **700+ in 3** years.



- ✓ CAMHS collaboration has helped reduce Initial Assessment waiting times for ‘Getting Help’ Mental Health Support



- ✓ Exclusions due to emotional dysregulation: **first decline in years** thanks to “Alliance of Hope” attendance strategy.



- ✓ **Increased engagement** from families with complex needs, including EAL and migrant backgrounds

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But – so what? Individual families can report shifts in outcomes, but what else is the value?

We have significantly improved engagement with families who may find services difficult to access. The service has seen rising acuity in mental health, neurodiversity and lifestyle needs. Family hubs are the core infrastructure to facilitate engagement to address these and many needs.

✓ Early years investment is paying off

Uptake of Free Early Education Funding for 2-year-olds is 10% above the national average — giving more children the best start in life.

✓ Prevention is working

Referrals to targeted weight management services have nearly tripled in 3 years — from 250 to over 700 — showing improved early identification and joined-up referral pathways.

✓ Mental health access is improving

Closer working with CAMHS is helping to reduce Initial Assessment waiting times for children needing 'Getting Help' mental health support.

✓ Behavioural exclusions are falling

For the first time in years, we've seen a decline in exclusions due to emotional dysregulation — linked to our "Alliance of Hope" attendance and emotional wellbeing strategy.

Systemic influences are just as important as individual ones.

CASE STUDY

But the individual ones count too....

Like, a mother and her son moved to a new area in north Essex with limited support, facing financial instability and housing difficulties. Initially disengaging with health services, the mother engaged through a parent's social group offered within the family hub, which facilitated access to a range of services.

By attending the Youth Enquiry Service, Stay, Play & Learn, the mother built a support network and most importantly built relationships with Family Hub colleagues and her confidence to ask for help.

She received targeted support including support for her own mental health. Her son was identified as having speech and behavioural difficulties, and interventions such as Talk Together and speech strategies were provided.

Interventions led to significant improvements in the child's communication and behaviour. The mother gained confidence in her parenting skills and continued to seek support when needed.

She engaged with family services, accessed housing support, and participated in community events, which helped mitigate financial hardship.

Family Hubs provide solutions at every layer of family life.

THE ASK

So, come back to that person you thought of at the start.

What if they were able to access a service...

- ✓ **Focussing on outcomes** for that young mother rather than counting her as a figure in footfall and reach
- ✓ Putting **relationships at the centre** for the child that is at risk of exclusion, and that was out intervention. Relationships at home, with education, with their peers, their school nurse
- ✓ Change the way we **all use language** to support the child with Autism and allow them and their family to feel connected to their community or restore and repair at difficult times
- ✓ Create **MD teams** that work on partnership with the **V&C sector** and think of Creative ways to **operate one record** to simplify system navigation for all of them?

A Family Hub might not have erased their challenges. But **these solutions** could have changed the outcome.

Esses has proven this can work at scale, through transformation and a shared commitment to the Family Hub framework.

But there is still so much work to do. For all of us. Because in the end — if not us, then who?

Luton Family Hubs: 2 years on a Public Health Approach

Michelle Bailey, Public Health Principal, Children & Families and Family Hubs, Luton Council

Michelle's presentation and some of her key slides are given below.

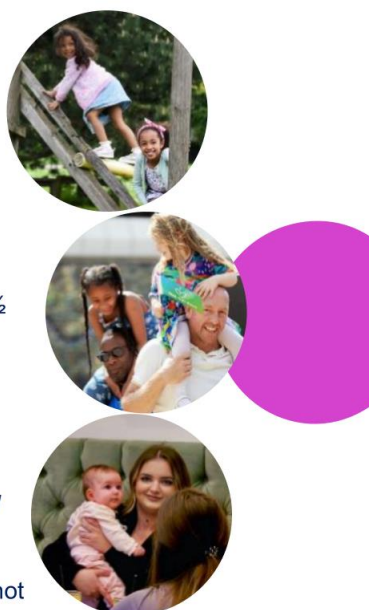
Context – This is Luton

Context – This is Luton

- Luton is super diverse
- Over 100 different languages spoken
- Transient population
- Young population
- Areas of high deprivation and high need
- High levels of dental decay in 5-year-olds
- Higher than average levels of obesity at Year 6
- Maternal obesity
- Above average of good levels of development at 2 ½ years
- Low uptake of 2 ½ mandated development review
- Below average good levels of development at EYFS/Reception
- Strong communities and voluntary sector partners
- Bold ambitious Luton 2040 vision; *a healthy, fair and sustainable town, where everyone can thrive, and no one has to live in poverty.*
- We have lots of services and support but they are not connected, and families don't know how to access



<https://familyhubs.luton.gov.uk/>



Luton

Thank you for the opportunity and privilege to speak with you today and share Luton's Family Hub journey

Before I delve into the work we have done, it's important to understand some of the challenges we face locally which have shaped our priorities and approach.

Luton is an incredibly diverse town with over 100 different languages spoken. This diversity brings richness to our communities but complexity in service delivery. We have a highly transient population which presents challenges - particularly for children and young people who may not complete all their education in the town.

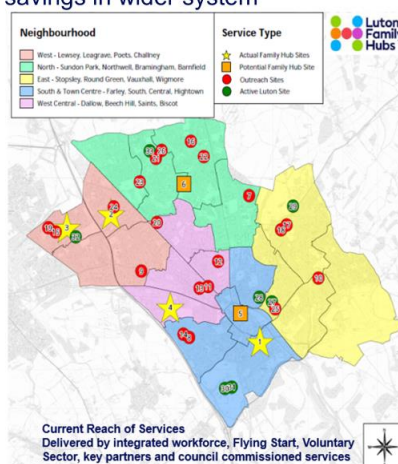
Luton has a very young population and many of our neighbourhoods face high levels deprivation. This contributes to significant health inequalities, which we are committed to addressing.

But with these challenges come real strengths and opportunities. We have a strong VCSE and dedicated partners and stakeholders who form the backbone of the Luton Family Hub network.

Public Health approach and partnerships

- Family Hub funding has strengthened partnerships and relationships
- Public Health approach is focused on early intervention and prevention and improving health and wellbeing of families and children
- Whole family holistic approach
- Improving outcomes for children
- Transformation with focus on efficiencies and savings in wider system
- Can only do this by working together and building sustainable partnerships

Family Hubs Partners



We are all working towards a shared vision - Luton 2040 - a townwide commitment where no one lives in poverty and Luton becomes a truly Child Friendly Town.

The Family Hub funding has played a vital role in helping us to realise this vision. It has enabled us to connect services through digital transformation and strengthen collaboration across our partnerships making it easier for families to access the right support at the right time.

Public Health approach

Our approach is firmly rooted in PH principles - early intervention, prevention and reducing health inequalities. It's about improving health and wellbeing of children and families from the very start.

Luton is proud to be a Marmot or Health Equity Town committed to the key principles laid out in the Marmot Review. One of the key recommendations was the importance of giving every child the best start in life. This aligns perfectly with the goals of the Family Hub and Start for Life programme.

Using a whole family, holistic approach looking not just at individual services and departments but thinking about transformation and sustainable savings across the entire system.

Impact report

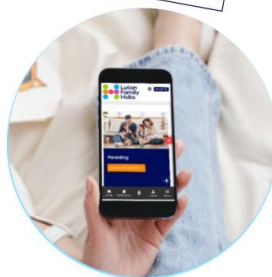
2 years on

Luton Family Hub impact report

Shows difference we have made to children and families

Highlights:

- Hub, spoke and outreach model
- Widened reach by 150% for 0-5's
- Collaborative partnerships developed FH network
- Family Hub website and app
- Start for life offer and roadmap
- Parents are reporting an increase in confidence and resilience and improved relationships and attachment
- Gradual increase in expected levels of communication in 2/2.5-year-olds and end of reception



<https://familyhubs.luton.gov.uk/>

Luton

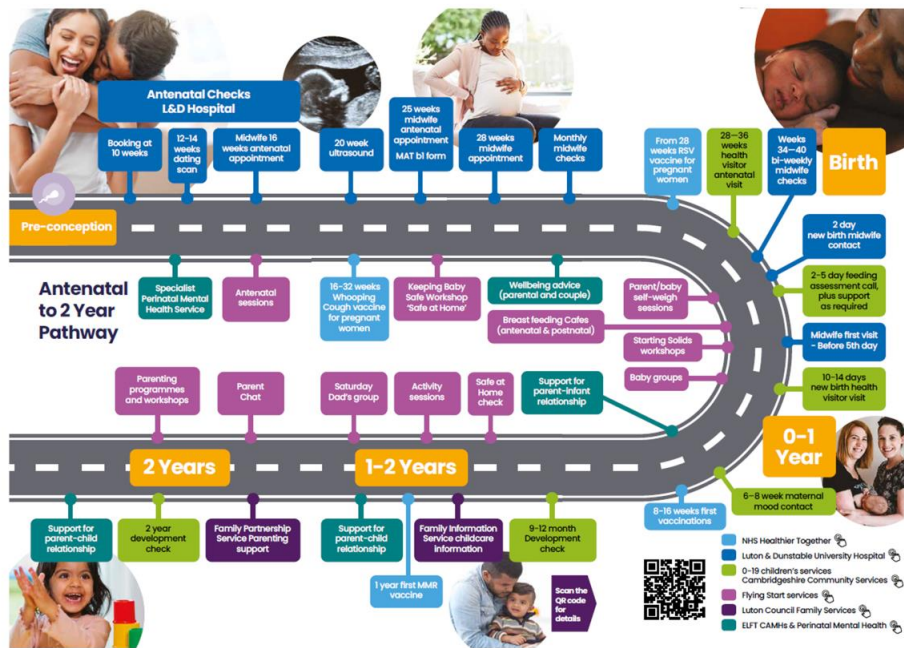
Naturally we wanted to understand the real difference the Family Hub Programme and funding has made to our families, so we created and published an **impact report** – available on our FH app and website.

Today I wanted to highlight a few key findings to demonstrate the wider impact and value of this work.

I want to focus on 4 specific areas that capture what we've achieved together and how collaborative working across our Family Hub Network is making a meaningful difference

Start for Life

Start for Life Offer



Start for Life, road map – covers every appointment and service in the first 1001 days and supports journey into parenthood and includes vaccinations for mother and baby

Start for Life - translated into different languages to reflect top 10 languages spoken in the town and improve access and connection for all families.

Infant Feeding

Infant Feeding

- Collaborative Infant Feeding Strategy – ‘*Making Bedfordshire Breast Feeding Friendly*’
- Key recommendations linked to Public Health priorities
- Highly commended Stage 2 UNICEF Baby Friendly Initiative Accreditation
- Infant feeding peer supporters working across hospital and community
- 4 breast feeding support and social groups
- All staff trained in breast feeding and understand benefits for mother and baby
- Strong antenatal education – Bumps Birth and Babies
- Free to Feed campaign, normalise and promote breast feeding in public
- Breast feeding equipment available

Impact and value:

- Breast feeding rates increase to over 80%
- Reduction in readmission rates
- Longer term – improved oral health and healthy weight



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Luton

One of the things I am most proud of is our Infant feeding strategy 'Making Bedfordshire Breast Feeding Friendly' a collaborative approach across Luton, Central Beds and Bedford including our two hospitals and 0-19 service.

The strategy is closely aligned with PH and FH priorities particularly around giving every child the best start in life.

We've focussed on promoting breast feeding as a key protective factor with far reaching implications for both short- and long-term health.

From reducing infections in infancy to lowering the risk of obesity and diabetes in later life – breastfeeding really is a public health intervention and will provide long term return on investment for the community and entire system.

We are proud to say we've been highly commended at Stage 2 of UNICEF BFI accreditation, showing our commitment to evidence-based practice. This means our systems, training and community support structures are working in harmony to give parents the support they need.

Our trained infant feeding peer supporters operate across both the hospital and community bridging the gap between discharge from hospital and settling into life at home

We have 4 (soon to be 5) breastfeeding support and social groups, creating a safe, welcoming space where parents can connect, share and receive guidance.

Our antenatal education programme, Bumps, Births and Babies plays a crucial role in preparing families and empowering parents with knowledge needed.

Our Free to Feed campaign tackles stigma and promotes breastfeeding in public. By normalising breastfeeding and making it visible we are shifting the cultural conversation making it easier for all families to make informed feeding choices without judgement.

Breast feeding equipment and resources are available at our hubs.

The results are speaking for themselves already, our breastfeeding rates have risen to over 80% which is well above national average.

We have seen a reduction in readmission rates for infants particularly for issues relating to feeding or not gaining weight and jaundice.

Long term benefits include improved oral health, reduced childhood obesity and fewer GP and hospital visits.

Investing in infant feeding support through the FH model delivers incredible value, reducing the strain in the health system, improving health inequalities contributing to healthier outcomes across a child's life course.

Oral Health

Oral Health

Linking in with Family Hubs and partners to raise awareness, educate parents and promote good oral health

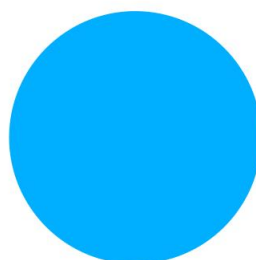
Solution and initiatives

- Dental pop-up clinics
- Toothy Tales
- Free toothbrush pack
- Top tips leaflets
- Videos and information on website and social media
- Enhancing existing services, supervised toothbrushing in schools and early years settings
- Link to infant feeding
- New birth folder

Aim and impact

Improved access to fluoride

Reduce hospital admissions and days off school



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Luton

One of the wider FH workstreams and a priority in Luton is oral health as we have high levels of dental decay in 5-year-olds.

Using the Family Hub programme and partners to raise awareness, educate parents and promote good oral health.

Solution and initiatives

- Dental pop-up clinics at Family Hubs– we had one last week at our new Central Family Hub, over 150 children came, they learnt what foods had high levels of sugar and how it could damage teeth, had their teeth checked and fluoride varnish along with activities around OH improvement. 7 children were sent to the dentist the same day.
- Family Hub link workers deliver Toothy Tales in FH's and early years settings
- Free toothbrush packs are available at FH's and given out at community events by FH/PH staff and Healthwatch and by school nurses and health visitors
- Top tips leaflets given out at every intervention, with QR code and link to FH app, to layer and expand information available
- Videos and information on website and social media
- Enhancing existing services, supervised toothbrushing in schools and early years settings
- Link to infant feeding and starting solids and IF strategy

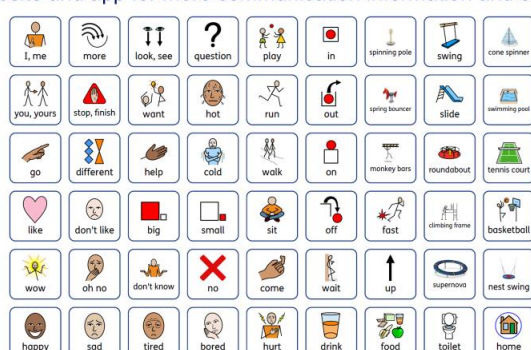
- New birth folder, includes gum massager and OH information and QR code to FH app and website

Aim and impact: Improved access to fluoride and reduce hospital admissions and children missing school for tooth ache or in pain.

Speech language and communication

Speech, Language & Communication Boards

Augmented communication boards in 6 parks across the town to aid communication, positioned within Play areas for optimum use. In collaboration with parks speech and language teams, Flying Start, Widgit and Family Hubs. QR code to access Family hub website and app for more communication information and support



Communication boards facilitate and encourage communication for children - often used in nursery playgrounds etc. encouraging: **Inclusivity, Social Interaction, Language Development, Promoting Empathy, Encouraging Play and Physical Activity.**



<https://familyhubs.luton.gov.uk/>

Luton

Communication boards in parks: Through relationships with parks, Flying Start, speech and language team and Widgit we have augmented communication boards in 6 parks across the town. The boards have the QR code to FH app which connects families with more information, support and advice on SLC.

The boards facilitate and encourage communication not just child to parent/adult but child to child/peer to peer. Support all children whatever their level of communication. They have helped to make parks and outdoor spaces more inclusive and accessible.

Challenges and future

Challenges and future

Funding;

- difficult to plan,
- commission services,
- recruit and retain staff
- Sustainability

2025 and beyond

- 3rd Family Hub in Luton Central Library
- Multi agency one stop shop
- Healthier Wealthier Families
- Explore Library and Family Hub model further
- Further integration with partners
- More capacity to support families and children with emerging needs
- Integration with Families First and Family Help



<https://familyhubs.luton.gov.uk/>

Luton

Funding challenges of non-recurrent funding: Difficult to plan. Commissioning and procuring services take time and mobilising and implementing services at pace is challenging. Recruiting and retaining staff on fixed term contracts. Not attractive for staff and staff leave when longer term funding not available or confirmed.

... and beyond

- 3rd Family Hub in Luton Central Library will be a true multi agency one stop shop, with staff and services co-located
- Healthier Wealthier Families, brings together CAB, welfare support, housing and mental health services
- Explore Library and Family Hub model further
- Further integration with partners
- More capacity to support families and children with emerging needs, focus on SEND
- Integration with Families First for Children pathfinder and Family Help
- Develop and enhance partnerships and integrate services for 10-19 year olds, work with Youth Council and YPS and community sector.