



BUILDING FAMILIES, BUILDING FUTURES:

**THE CASE FOR FAMILY HUBS IN
EVERY COMMUNITY**

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BARNARDOS

Changing childhoods.
Changing lives.

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Foreword

“Without the centre I would be back to crying on the school run and having outbursts of ‘I can’t cope’. It felt like no one was going through the same thing as me... I would be lost.”

These are the powerful words of a mother who we supported through one of our family hubs - and it's a story that I know will resonate with so many other parents who walk through the doors of a children's centre or family hub every year.

While raising children has never been easy, recent years have been particularly tough for many parents up and down the country. The Covid pandemic brought a wave of new challenges – from home schooling to raising babies whilst being physically isolated from relatives and friends. It was especially difficult for those already facing additional challenges, and this has since been compounded by the cost-of-living crisis, which has seen prices rise, and continued uncertainty for many families.

The most recent official statistics show that almost a third (31%) of all children in the UK live in poverty, an increase of 4% since 2020/21.¹ That's 4.5 million children, or three times the entire population of Birmingham.² At Barnardo's, our frontline workers are supporting children who are sleeping on a mouldy mattress or not in a bed at all; who are not eating enough nutritious food to focus at school; and who are coming back to a cold home.

Poverty has a huge impact on the experience of childhood, and its consequences stay with you all your life.

Meanwhile, the pressure on families continues to mount. We are seeing rising numbers of children with mental health disorders³, more children arriving at school without the necessary skills to manage in the classroom⁴ and more children entering the care system.⁵

This just can't be right, and as a society I believe we must do more to turn the tide.

The current government came to power in July 2024 with a mission to break down the barriers to opportunity,⁶ but to achieve this, we need a fundamental shift in how we support children, young people, and parents. We welcome recent actions, including the extension of free school meals to all children whose families receive Universal Credit, but the Prime Minister is right to call this a 'down payment', and we need a much more comprehensive set of policies in order to achieve a fundamental step change in this Parliament.

This report makes the case for a family hub in every community, which we believe can play a key role in supporting children and families to thrive. Evolving from the Sure Start children's centres of the early 2000s, hubs are a vital part of the puzzle. Working alongside other universal services like health and schools, hubs provide community-based, non-stigmatising support for families, when and where they need it – with a range of workers who can work alongside parents of children from pregnancy to age 19 (or 25 in the case of children with special educational needs and disabilities (SEND)).

At their best, these centres offer a 'nerve centre' – where parents can come for a 'stay and play' session, and in the same familiar and welcoming environment, receive help with breastfeeding, talk to a health visitor, receive support with speech and language, attend a parenting course, and even access highly specialist help with issues such as domestic abuse and substance abuse, for those who need it. These services can be a lifeline for families and evidence shows they can also deliver significant long-term benefits. The Institute for Fiscal Studies⁷ recently found that access to a Sure Start centre for children under five improved educational achievement, reduced child hospitalisation rates and reduced the likelihood of committing a crime in adulthood.

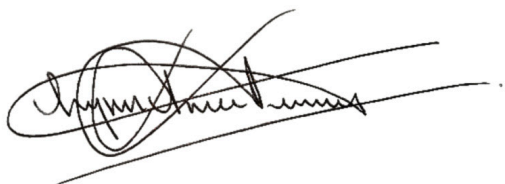
At Barnardo's we have a long history of providing effective family support, and in 2023/24 we ran 75 Family Centres or Hubs across England⁸. We see this work as key in helping us achieve our purpose as a charity to make sure children are safer, happier, healthier and more hopeful.

In recent years, successive governments have recognised the benefits of these services, through limited investment in the Family Hub and Start for Life programmes. However, political support and positive rhetoric has not translated into consistent support in communities. With councils under increasing pressure to meet the needs of children who have already experienced significant harm, spending on support like family centres reduced by almost £1.4bn between 2010/11 and 2023/24⁹ and there have been no signs this trend is reversing. Recent analysis from the Centre for Young Lives found 49% of local authorities reduced their children's centres and family hubs budgets between 2023/24 and 2024/25 – with an average reduction in spending of 11.5%¹⁰.

We believe that in order to achieve its Opportunity Mission, the current government should now reimagine the role of family hubs as a core public service.

We must build on the learning from the Sure Start centres that were opened in communities up and down the country in the late 90s/early 2000¹¹, and create a service equipped to support families with the challenges they face in the 2020s and beyond. These including reduced vaccination rates¹², school readiness¹³ and attendance¹⁴, and the increased challenges facing children's mental health¹⁵ and their safety online¹⁶, as well as the growing number of children coming into local authority care.¹⁷

Investment in a family hub in every community is a significant ask at a time when funding is in short supply, and while the government's recent spending review recognized the importance of these services it did not pledge any additional funds for their development. However, by investing strategically in effective early intervention and prevention, we believe the government can achieve better outcomes for children today – including on key metrics such as school readiness – and a healthier generation in the future, whilst delivering cost-savings for the taxpayer in years to come.



Lynn Perry MBE
Chief Executive, Barnardo's



Recommendations



1. A family hub in every community

The government should set out plans to develop an ambitious national programme of family hubs – with one in every community – backed by sufficient ring-fenced funding. The aim should be to create a comprehensive network of around 3,500 hubs across the country with a central government investment of around £2.7bn.¹⁸



2. Legislation to establish family hubs as a core public service

Family hubs should be embedded in legislation with specific obligations on local authorities and other local partners to provide sufficient services in their community. There should be an obligation for hubs to provide universal and targeted health and social care support for local families from pregnancy up to the age of 18 (or 25 in the case of SEND).



3. Measuring, reporting and improving outcomes for children

The government should develop a common outcomes framework to establish a shared understanding of what family hubs need to achieve and enable the sharing of best practice in the provision of support for families.



4. Joining-up family hubs with the government's neighbourhood health agenda

Family support workers providing outreach from – and back into – family hubs should be central to the government's agenda to shift health services from hospitals to communities. They should be embedded in acute and community health settings, to provide a link into the local family hub and enabling continued support for families to address underlying social issues that contribute to poor health, such as housing and nutrition.

Chapter One:

Introduction to Family Hubs

1.1 What are Family Hubs?

Family Hubs are a community-based resource providing a range of support services for families with children from pregnancy through to age 19 (or 25 for young people with SEND). They are designed to be a central point of access where families can get the help they need. Hub services include universal provision open to all families in the area as well as specific targeted support for parents and children who need extra help. Hubs typically focus on providing support for parents facing social or economic challenges.

Family Hubs differ in how they provide services. Some are traditional stand-alone centres, some are part of clusters, while others operate a “hub and spoke” model with a central “flagship” site working alongside several outreach sites (‘or spokes’) such as community centres, village halls, and schools. While there are common features between hubs there is significant variation in how they operate. This variation can be seen in the services they provide, the outreach strategies they pursue, and their use of outcomes frameworks.

1.2 Barnardo’s Family Hubs

Barnardo’s runs family hubs and children’s centres in partnership with local authorities, health bodies and other organisations across England. In 2023-24, we supported 223,867 children, young people, and families through our 75 family centres.¹⁹ Barnardo’s family hubs are inclusive, friendly and safe. They provide a space for parents, parents-to-be, carers, and children to learn, develop, and find the right support at the right time.

1.3 About this research

For this report we sought to gather evidence in relation to family hubs to better understand the impact of these services. This including developing a picture of how current family hubs operate, the services they provide, and the experiences of the families who use them. We also wanted to understand more about the reach of the family hubs model and how this has evolved over time. To do this we gathered information from a range of different sources including:

- interviews with parents who have been supported by Barnardo’s family hubs
- interviews with Barnardo’s practitioners working in family hubs
- an analysis of the outcomes data for two specific services offered through hubs and the costs and benefits associated with these.
- a Freedom of Information request to local authorities on the extent of their past and current provision.

1.4 Terminology

In this report, we use the term ‘family hub’ to refer to all relevant physical locations providing universal and targeted support services to families. In practice, many of these hubs are better known as children’s centres or family centres and could also be known as Sure Start Centres. Some may focus on a specific age range, usually 0-5, whilst others are pre-birth to 19. Some are partly funded through the central government Family Hubs/Start for Life programmes, whilst others are not.

Chapter Two: From Sure Start to Family Hubs, A History of Place-Based Family Support

Providing places for families to go where they can access a range of support – particularly in the early years – has been part of the local infrastructure in England for over a quarter of a century. Successive governments have developed different programmes aimed at providing safe and welcoming places – although these have varied in their reach and focus. The family hubs that exist in many local authorities today have their origins in the Sure Start centres that were developed in the late 90s and early 2000s. The following provides a brief overview of how these programmes have developed over time.

2.1 Local Sure Start Programme²⁰

Place-based family support has its roots in the late 1990s. The Sure Start Local programme began in 1998 when the then Labour government announced funding for 250 local programmes focused on the 20% most deprived boroughs. The programme was expanded to create 500 Sure Start programmes by 2003/04 – the aim being to reach a third of all disadvantaged children. These programmes were delivered in partnership between health, education, social services, and the voluntary sector. They aimed to create a ‘one-stop shop’ for local families with children under the age of five. Partnerships differed in what they offered and there was no statutory requirement on what centres needed to provide. Instead, the focus was on the outcomes partnerships were expected to achieve. However, guidance emphasised the importance of services such as home visits; childcare; primary and community healthcare; advice and support with child development; parental health; and support for children and parents with special needs.

2.2 Sure Start Children’s Centres²¹

Following the publication of Every Child Matters in 2003 and the 10-year Childcare Plan in 2004, the government announced an extension of the Sure Start Programme, committing to “create a children’s centre in every community” by 2010. This programme had three waves

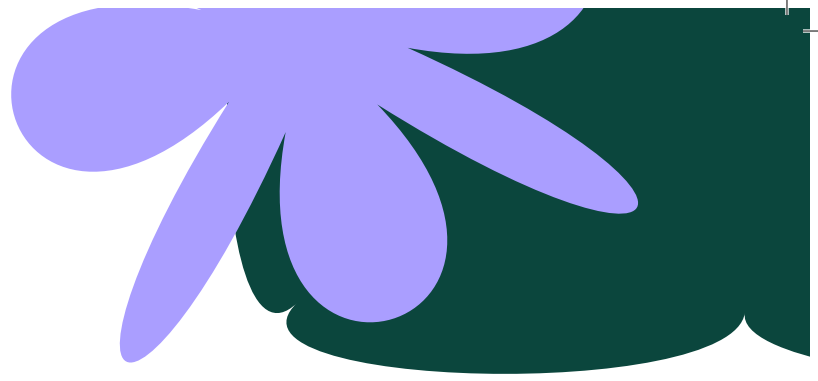
based on the level of deprivation within areas. Phase one prioritized the 20% most deprived wards, phase two expanded to the 30% most deprived wards, and phase three further expanded the programme to all but the 30% of least deprived wards. There was a core offer all centres needed to provide, which included health services and family support and outreach as well as an expectation that centres would also work in partnership with other organisations, such as Job Centre Plus, to provide further services for families. The programme was accompanied by capital funding, although this was focused on phase one and two centres, while those in phase three were expected to be created by refurbishing or converting existing facilities. Despite these differences, there was still an expectation that all centres would have a focal point identifiable as a children’s centre, with some form of activity for children and families on site.

As the programme was developed it was underpinned by legislation including a specific duty on local authorities to create “sufficient provision of children’s centres to meet local need”.²² By 2010 there were over 3,600 centres²³ and it was estimated that 83% of four-year-olds in 2010 lived within 2.5 km of a centre.²⁴ In total £2.5bn was invested in the Sure Start programme by its peak in 2010.²⁵

2.3 The Development of Family Hubs

The ring-fenced budget for children’s centres was removed in 2010 and in September 2015 the requirement on Ofsted to inspect children’s centres was ended.²⁶ This, combined with reductions in local authority budgets, resulted in a significant decline in the number of centres from 2015 onwards as local authorities chose to focus provision on targeted support for families who needed extra help rather than universal provision.

Following a decade of reduced provision, the concept of centres was revisited in a manifesto commitment from the Conservative party in advance of the 2019 general election which pledged to “champion family hubs to serve



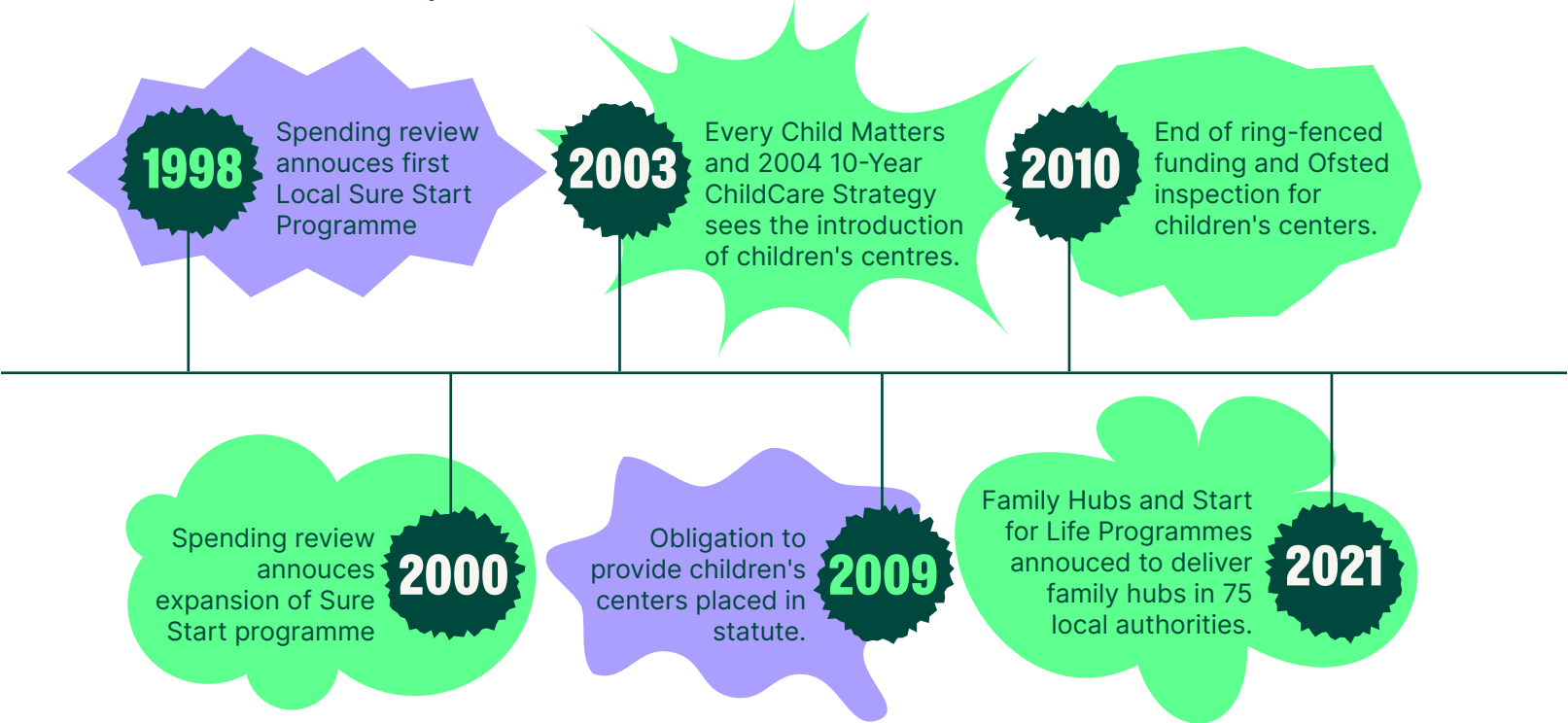
vulnerable families". Following the election, funding was subsequently announced for new national Family Hub and Start for Life programmes in March 2021.²⁷ These programmes were jointly administered by the Department for Health and Social Care and the Department for Education. They provided initial funding of £301.75m over three financial years with the aim of developing family hubs in the 75 local authorities with the highest levels of deprivation. The programme was followed by a subsequent announcement in November 2021 of a £12m Family Hubs Transformation Fund to support 12 local authorities in England to transform their existing services into family hubs.

The programmes aimed to develop family hubs in the chosen areas that would provide services for families from pregnancy to 19 (or 25 in the case of SEND). The programmes resulted in the establishment of 388 hubs in 88 local authorities across England.

In 2024 the new government showed commitment to these programmes and announced a further £69 million in the Autumn budget to fund the Family Hubs Programme (along with a further £57 million for the Start for Life Programme announced in January 2025). In December 2024, the Cabinet also announced a £100 million "test and learn" fund, to look in part at how family hubs can increase the number of disadvantaged families they reach.

While this investment in family hubs is welcome and has helped to re-focus service provision on providing more integrated help for families, the funding provided is modest compared to the early Sure Start and children's centre programmes. This means that despite these changes the number of centres remains far below the number open in 2010 and has resulted in a postcode lottery of support for families, where whether or not you receive support is entirely dependent on where you live.

A Timeline for the Development of Centres and Hubs



2.4 A Comparison Between the Sure Start Local Programme, Sure Start Children's Centres and the Family Hubs/Start for Life Programmes

	Sure Start Local Programme	Sure Start Children's Centres	Family Hubs and Start for Life Programmes
Number of centres/ programmes	Approx. 500 by 2003	Approx. 3,600 by 2010	Approx. 400 in 2025
Funding	£1.02bn per annum in 2003 (in 2022/23 prices)	£2.7bn per annum in 2010 (in 2022/23 prices)	£301.75m for three years (2022-2025)
Inspection	No	Subject to Ofsted inspection (between 2006 and 2015)	No
Location	Selected areas in the 20% most deprived wards.	Aim to create a centre in every community	Funding provided to 75 local authorities primarily in areas of high deprivation.
Services	Working with families with children under five. Services were expected to provide support for families and parents (including outreach), primary and community health care and support for people with SEND.	Working with families of children under five. They were expected to provide a core offer of services including children and family health services, family support and outreach, and links with Job Centre Plus as well as other services in response to local need. Those centres in the most deprived communities were required to have childcare places for a minimum of five days a week, 10 hours a day, 48 weeks a year.	Working with families from pregnancy through to the age of 19 (or 25 in the case of SEND). There are 24 services listed that hubs are supposed to offer (although this can include signposting and partnership). Services include everything from birth registration to youth services.

Chapter Three: How Do Family Hubs Support Parents and Children?

When the government announced the local areas which would receive Family Hub and Start for Life funding it issued non-statutory guidance outlining the expectations of what services the newly set up hubs should offer. The guidance contains a list of 24 services (listed in box 1 below)²⁸ and includes support in pregnancy and the early years, support with health including mental health, and support with underlying problems such as debt and housing. The list also includes several mentions of what targeted assistance hubs should offer, such as support for domestic abuse and substance misuse.

Services delivered through family hubs include:

- activities for children aged 0-5
- birth registration
- debt and welfare advice
- domestic abuse support
- early language and the home learning environment
- early childhood education and care and financial support
- health visiting 0-5
- housing
- infant feeding support
- targeted whole family support
- local authority 0-19 public health services
- mental health services
- midwifery, maternity and neonatal
- nutrition and weight management
- oral health improvement
- parent-infant relationships and perinatal mental health support
- parenting support
- reducing parental conflict
- SEND support and services
- stopping smoking
- substance misuse support
- support for separating and separated parents
- youth justice services
- youth services – universal and targeted

Barnardo's experience of delivering hubs across England is that with the right funding it is possible to develop comprehensive local offers, where a wide range of support is delivered both directly and alongside a range of local partners. These includes services which provide support to all members of the family including mums, dads, babies and older teenagers. Both practitioners and families who have accessed our services talked about the benefits of having an integrated approach to providing services:

"Hubs give parents support, some people don't have family and friends so its somewhere to go where you can play with your children, meet other mums, and get advice with queries or problems. I think it's really essential."

Parent who now volunteers through a Barnardo's family hub

"It's a safe place where the children get to know other children, the parents get to know other parents and it means that people go through things together. It's really vital in those early stages that families have access to Family Hubs"

Service manager of a Barnardo's family hub

While all hubs are different and have been developed in response to local need, there are a number of key principles that underline this model of family support.



3.1 Family Hubs Bring Together Universal Support Services for Families.

Hubs provide a central location for families to go to access support within the community. The expectation is not only that hubs provide additional services for families, but also work as a catalyst to make existing services more accessible. Universal services which are offered through Barnardo's hubs include:

- healthy baby clinics and six-week checks
- regular developmental checks at nine months and two years
- weaning and breastfeeding support
- stay and play groups.


The best hubs also create a seamless transition between these services. Offering a range of provision under one roof makes it easier for families to find out what support is available as their needs change. This helps to improve engagement.

I have been coming since before my daughter was born. I did anti-natal and then through [the worker] I found out about other classes for when the baby was here – I started with baby massage. Having it all in one place meant I knew where to come after I had her.

Parent of seven-month-old baby, supported by Barnardo's

3.2 Hubs Develop Targeted Interventions Which Complement Their Universal Offer.

The integrated nature of family hubs means it is possible to add specialist support onto a universal offer if and when a particular issue is identified. This means that families can access a graduated service, moving seamlessly without referral or assessment into the more intensive or specialist elements of the service as soon as a need is identified.



For example, Barnardo's Isle of Wight family hub has developed a speech and language pathway. This encompasses both universal support which is open to all parents and includes "toddler talk" workshops and an Early Language Identification tool, but also specialist "language builder" courses and the option of referral to bespoke speech and language services when a speech delay is identified. Parents welcome the opportunity to understand more about how they can support children's speech and as well as being able to access the universal and specialist support that the centre provides:

"[it's] a really great opportunity for parents to understand how children learn speech and language skills through play [it] has helped me to understand the best way to use toy/books/games etc to further my son's speech"

Parent who has accessed the speech and language pathway through Barnardo's hub

3.3 Hubs are Inclusive and Aim to Reach Families from Across the Community.

A key success of the hubs programme is that it's a service developed with the community, not imposed upon it. Good hubs tailor their services to the local community and achieve this by recruiting staff and volunteers who have links to the community and who understand the local population, including speaking community languages. Hubs also undertake a variety of consultation exercises and sometimes seek to co-design services in partnership with the local community – helping them to remain responsive to the needs of local parents.

Practitioners we spoke to described how this enables the hub to establish itself as a trusted local service. Parents frequently say they had found out about the hub by "word of mouth" and come to the service because they know that their friend, family or neighbour got support there.

"There is a diversity of experience and that includes volunteers. Our volunteers bring their life skills as well so when they are talking to parents and carers about their issues sometimes when you have gone through it - it's the best advice to give!"

Practitioner who works in Barnardo's family hub

"It helps parents to have a diverse range of people you can approach from different backgrounds. It makes it accessible to everyone rather than just one particular group. There are parents who come to me if there is a language barrier for example so I can communicate for them I think that is a vital skill that volunteers bring to the centres."

Parent volunteer at a Barnardo's family hub

Outreach work is also a vital part of hubs and key in ensuring they reach all parents within the community including those who may have traditionally not engaged with services. Hubs run many programmes where workers go out into the spaces and places parents go rather than wait for parents to come to them. This includes working directly with parents in their own homes as well as going out and co-delivering services in locations such as schools, health settings, and youth clubs.

"We are part of the meet and greet team so this is what we do we go out into health visitor sessions and the maternity hubs and try to get as much information out there as we can because it's amazing how many parents don't know about stuff like this".

Practitioner who provides early years support in a Barnardo's family hub

Families who are referred to our services through schools or social work may not always feel comfortable coming into a hub – and may face a number of practical barriers to doing so. Therefore a key part of the work of our hubs is going out into family homes to build connections and trust – often working to bring families back into the hub over time.

"The home visits were so good, I felt like she was connected to our family. I felt like she took the time for us. Ask[ing] her for advice to help navigate difficult situations was so valuable and from there going on to the parenting course."

Parent who has worked with a family support work through a Barnardo's family hub.



3.4 Hubs use Digital Tools as Well as Face-to-Face Support to Support Families

To further improve inclusivity, family hubs are increasingly developing an online offer to complement what they provide in person. Some families will join a virtual class or get information online when it simply wouldn't be possible for them to come in person. For example, parents may be able to access breastfeeding support more easily in the comfort of their own home and after older children are in bed - without needing childcare.

"As an expecting mum for the first time I was really nervous about joining any online groups, however I felt really welcomed and relax... [worker] was able to demonstrate how to hold the baby whilst breast feeding and different ways of holding baby"

Parent who accessed one of Barnardo's hubs online breastfeeding support groups

Virtual services enhance, but do not replace, in person services, and can often act as a gateway to a parent who may otherwise feel nervous about attending their first group or reaching out to hub staff. To help develop our own digital offer Barnardo's has designed and developed a digital Family Space. This is a nationally available, online resource which offers information, advice, and guidance across a range of topics including child and family safety, oral health, and healthy eating. This information has been developed and adapted to make it accessible to different communities. For example, we have partnered with the Institute of Health Visiting to create a short film about the MMR vaccine to make it accessible to diverse communities.²⁹ In the film, parents Radhika and Manish share their experience of making the decision to vaccinate their son, Kabeer.

Chapter Four: Family Hubs Role in Tackling Social Issues.

The role of family hubs within communities, means they can play a key role in helping with some of the underlying challenges facing parents and children today. Investment in family hubs is therefore an enabler for the successful delivery of several key government priorities, including the NHS 10-Year Plan, the Child Poverty Strategy and the drive to improve both school readiness and school attendance.

4.1 Family Hubs Improve Health Outcomes by Facilitating Public Health Messaging and Earlier Intervention, and Helping to Move Health Services from Hospitals to Communities.

Babies under the age of one have the highest rate of Emergency Department attendance compared to any other age group, and the rate of under fours attending emergency departments has increased by 42% in the last 10 years³⁰. Research suggests that the rate of potentially avoidable emergency department attendances is much higher in babies and young children. Overall, over half of attendance by children under five has been classed as non-urgent, suggesting that many of these issues could and should be managed in other settings.

A key plank of the government's vision for the NHS is to deliver more services in community settings, with primary care and community services at its heart. This is expected to be central to the forthcoming 10-Year NHS Plan. The government has recognised that Family Hubs could have a key role to play in helping to deliver health services within communities and family hubs are cited as a good existing example which should help inform the development of the new neighbourhood health model in local areas³¹.

Providing the right health support for parents in community settings ensures health resources are focussed where they are most effective, and family hubs provide an ideal place to deliver this. For example, in our Isle of Wight service, the Start for Life programme has enabled us to deliver a variety of health services for babies and expectant mothers through the hub. Many parents now have their first community midwifery

appointment there and a health visitor also attends the hub regularly to provide a drop-in service for parents (making it easier to access this service for those who struggle to make and keep appointments). Hub staff are also present at the drop-in service, allowing parents to receive joined-up health and social care advice depending on their needs.

Access to health professionals within a hub means parents can receive advice on a wide range of public health issues, which can lead to action that helps prevent more serious health problems developing later. Parents we spoke to explained how invaluable it has been getting advice on baby development and how this had helped them adapt the way they cared for their baby.

"I have learnt many useful things like about child development and things like tummy time, eating tips and how to play with a baby. This is from the workers but also from other parents. Before joining I didn't know that tummy time was useful for a baby so that is why my baby started sitting late because I didn't know what I needed to do"

Parent of nine-month-old, supported by Barnardo's





Example of Effective Health and Social Care Integration – Dental Care Through Family Hubs

One example of effective integration of health and social care support is Barnardo's experience of working with partners to deliver integrated dental hygiene support through family hubs in Hertfordshire.

Nearly a quarter (23.7%) of five-year-old children in England experienced tooth decay in 2022 and there is nearly threefold higher prevalence of tooth decay in children living in the most deprived communities when compared to those living in the more affluent communities. Early intervention can therefore be critical to reach families in the earliest years and develop good habits for those who may otherwise struggle to access appropriate dental care.

Barnardo's has been involved in trialling a partnership between the family centres and Hertfordshire Community Trust (HCT). This involves providing dental care in family hubs through "pop up clinics" which provide screening for dental disease and personalised one-to-one oral health advice provided by a dentist and dental nurses. Dental staff also deliver key messaging to family centre staff so they can reinforce oral health messages on an ongoing basis.

The clinics have been successful, with 599 children seen in 70 pop up clinics within an 18-month period. Families have been very positive about the scheme highlighting the advantages of providing this support on a flexible basis – with a no appointment system – and in a safe familiar space which provides a relaxed environment for learning.

As well as hubs providing a place to offer health services, family support staff linked to hubs also work alongside health professionals in health settings. By providing access to family support workers in health settings professionals can take a holistic approach to offering support. This includes providing the clinical interventions needed but also providing long term support with any underlying social issues which may be the cause of or contribute to poor health including poor quality housing and nutrition.

Family Support Workers Working in Emergency Departments

Barnardo's was commissioned by NHS England to provide family support workers in seven emergency departments in England. These workers worked alongside clinical staff to provide three tiers of support for families who needed it including:

- practical on the spot advice and information about e.g. accident prevention and five ways of wellbeing
- signposting to services – 23.8% were signposted to family hubs
- in-depth home risk assessments and follow up work.

The pilot demonstrated positive outcomes for both families and local health services. Between April 2024-March 2025, the family support workers supported 1844 children, with under two's being the biggest age group. 100% of the families supported have said they felt supported to access and identify services in their local community, with 93% said their knowledge of other health services has improved. 90% of families felt more confident about what to do if their child had the same condition in the future.

Those families who received the more intensive levels of support reported a 75% increase in their confidence and resilience to health and a 75% improvement in their own mental health and wellbeing. 82% of NHS clinical staff feel the service has reduced pressures on their Emergency Department. 74% of NHS clinical staff feel the service has increased capacity in their role.

A cost benefit analysis indicated that a benefit of £2.69 was generated for every £1 spent on tier three interventions.

4.2 The Role of Family Hubs in Tackling Child Poverty

The most recent official statistics for 2023/24 show that almost a third (31%) of all children in the UK live in poverty, a rise of 4% since 2020/21, and in February 2025³², the Resolution Foundation forecast that child poverty would reach 33% by 2029-30.³³ The government has committed to tackling this problem through the publication of a Child Poverty Strategy, expected later in 2025. This strategy will aim both to reduce child poverty and to mitigate its effects.

Family hubs can play a key role in helping support children on low incomes by mitigating some of the impacts of living in poverty. It is much harder to raise children on a low income. Living in poor quality or overcrowded housing can limit children's ability to access important opportunities for play and development and parents on a low income can struggle to afford many valuable social activities such as baby groups, sensory

sessions and soft play if these are only available on a paid for basis. Local authority representatives interviewed for our recent report on children's service spending³⁴ (published in partnership with Pro-Bono economics) highlighted how centres can help low-income families access activities which would not otherwise be available to them.

"with Sure Start] you [could] take your baby to the sensory things and... the [play] groups, and you would form good attachment and your child's brain would develop in the way that it ought to. [Since Sure Start was cut] poorer people couldn't do that because there weren't the free things anymore... the gap between the rich and the poor became much bigger, not just in terms of monetary wealth, but in terms of educational opportunities [and] in terms of social opportunities"

Local authority head of children's services



The value of free services was highlighted during our interviews with parents who explained how it gave their children access to a range of toys and activities that they would otherwise struggle to afford.

“Toys are expensive not everyone can afford things for their children. When we come to the stay and play sessions or soft play sessions it means things are there that [my children] don’t have at home - it’s really important”

Parent who accesses services through a Barnardo’s family hub

“It’s about just having a safe space to come when you need it when you have children running riot and you don’t have anywhere you can afford to take them, you just need somewhere to come - the groups I have come to have been amazing”.

Mum of child aged 3, who accesses services through a Barnardo’s family hub

As part of a trusted service at the heart of the community, Barnardo’s staff are often seen as people parents can confide in during difficult times – such as when they’re facing debt or struggling to afford essentials.

This means that hub staff also have a role in supporting families to access crisis support including food vouchers or to make applications to their local authority for financial help and assistance. At Barnardo’s we have also established our own Child Poverty Fund which family hub staff frequently make referrals to when they discover a family is struggling. Between September and April 2025, we received 456 applications to the crisis fund from staff who work within our hubs requesting support for low-income families with issues including accessing suitable clothing, furniture and other essentials.



Sharon's story

Sharon is a mum who was accessing support through Barnardo's Plymouth family hub. Sharon explained to her worker that she was a recently single parent and that following social care involvement she had left her abusive partner. Sharon had had to swap to Universal Credit from the old benefit system, due to removing her partner and claiming as a single parent now but had had to wait up to six weeks for her first Universal Credit to come though. The family's cooker had also broken. The worker accessed funding from Barnardo's crisis support to enable her to cook warm meals for herself and her four children.

Family Hubs also play a role in helping families maximise their income. This includes helping families access benefits and to understand their entitlements. They also provide support with employment including volunteer opportunities that can be a useful route into work for a parent with little experience of paid employment. Several of Barnardo's hubs provide welfare advice – often offered in partnership with local charities.

4.3 Family Hubs' Role in Supporting School Readiness and Ensuring Children Can Succeed When They Start School

Following the pandemic a growing number of children are arriving at school without the physical and social skills that support formal learning. Teachers are reporting that as many as a quarter of children are starting reception not potty trained, and 38% are struggling with issues such as playing and sharing with other children.³⁵ Not being ready for school is associated with a range of poor long-term outcomes for children including lower academic performance at the end of key stages two and three and higher likelihood of persistent absence³⁶. Ensuring more children are considered "school ready" by the end of reception has therefore become a key focus of the government's Opportunity

Mission which has set a target of getting 75% of five-year-olds reaching a good level of development by 2028 (an increase from 67.7% currently)³⁷. This would mean an additional 40,000 to 45,000 children a year hitting this goal by the end of this Parliament³⁸.

Given their vital role in providing support in the early years, family hubs have a key role to play in supporting with child development. This was reflected in the conversations with both parents and practitioners who explained how the support that family hubs provide with issues ranging from potty training to speech and language has been helpful in ensuring their child is ready to start school or nursery.

"A lot of children who come to primary school they haven't got scissor skills, they haven't got the strength in their fingers to do stuff. In stay and play session you have dough and stuff and arts and crafts and things and it helps"

Parent who now volunteers through a Barnardo's family hub.

"Going to a nursery is quite daunting isn't it? This helps them get into that environment, it boosts their confidence and puts them in a place where listen to other adults. She now knows she need to sit on the floor for singing time, knows she needs to share – it helps ensure that the basic skills are there"

Parent who had accessed support through a Barnardo's family hub

While lots of the activities provided through hubs support school readiness, several hubs have also undertaken bespoke work in this area. This involves a partnership between school, parents, and children, helping to get children ready for school but also ensuring that schools are well prepared for the needs of the children who are starting. Family hubs are well placed to facilitate this partnership, given their role within communities and their understanding of the specific needs of the parents and children they support, as well as their relationships with local education providers.



Developing School Readiness Sessions in Partnership with Local Schools.

In our Sandwell family hub, we have worked with local schools to deliver a set of bespoke “school readiness” sessions. We delivered these in 16 local schools during June/July 2024. Invites are sent to the parents of all children due to start school or nursery the following September. The sessions are run as a block of five over two weeks working directly with parents and children to help develop the skills that they need to successfully start nursery or reception. Sessions have been adapted to consider the different needs of different schools, for example some are delivered on school sites whereas others use hub buildings, some work just with parents and children before entry into reception, while others work with parents and children who are due to enter the school nursery at aged three. However, in all cases the sessions are co-delivered between hub and school staff and include topics such as:

- dressing skills
- toilet training
- routines
- healthy lunchboxes

The sessions have been very successful in helping children feel more prepared for school:

- 85% of children who attended school readiness sessions in June/July wearing nappies started school in September toilet trained.
- 27 children screened Amber or Red from Wellcomm Screenings (for speech and language delay). This enabled support to be put in place for parents and carers to support their children’s language development over the summer with 78% of these children accessing additional support through the hub during this period.

Schools that have run the sessions report very positive outcomes when the children start school.

“The impact has been positive. The children that attended settled in quicker. The school environment is familiar to them. They recognised the staff that had been in the sessions... One child in particular who was more reluctant to join in the school readiness sessions is now fully engaging in activities due to being in a familiar environment”

Headteacher who had accessed the school readiness programme

4.4 The Role of Family Hubs in Supporting Teenagers and Helping Divert Older Children away from Youth Crime

Teenagers in England are facing a range of challenges. The percentage of 16 to 24 years old who are not in education, employment or training is at an 11-year high, 23.3% of 16- to 19-year-olds have a probable mental health disorder (up from 10% in 2017) and the online world continues to place new pressures on youngsters – 70% of teenagers report having seen real-life violence on social media.³⁹

A key component of family hubs is that they can offer support for parents, not just in the early years, but also as children grow up and develop into teenagers. This means that hubs can adopt a ‘whole family’ approach when designing services, recognising that to improve overall outcomes for a family it is important to provide support for all family members.

While the need for specific services that support both teenagers and their parents has never been greater, there have been significant reductions in funding for youth services in England in recent years. Research by Pro Bono Economics on behalf of Barnardo's and the other leading children's charities demonstrates that spending on services for young people fell by nearly £1.2bn between 2010/11 and 2023/24. This amounts to a reduction of over 70%.⁴⁰ As a result, an estimated 750 youth clubs have closed in England since 2010/11.⁴¹ Access to youth workers can be a critical protective factor when seeking to support older children, including to help keep them safe from exploitation. Research with children and young people supported by Barnardo's has found they want and are asking for access to safe, supervised places outside of school.⁴²

“the children mainly tell us that they want somewhere safe, warm, and where they can play music and spend time”

Barnardo's practitioner who supports child victims of child criminal exploitation.

Family hubs have provided an opportunity to explore what is available for teenagers locally and develop new provision in response to that need. Such opportunities are often not delivered in hub buildings, but services have been able to work with community spaces and other local partners to develop much needed provision. Youth work provision offered through hubs has the advantage of enabling services to dovetail so that support can be offered directly to teenagers in tandem with support for parents. This helps to ensure a joined-up, holistic and whole family approach.

The important role that hubs can play in supporting teenagers was also raised by practitioners in interviews. They emphasised the role of family hubs in filling gaps in provision and could help support parents to safeguard children who are at risk.

“Family Hubs give us a greater opportunity to have a watchful eye and to safeguard our vulnerable children. Recently we had a call where a doctor had sent a parent to Barnardo's because their child was self-harming, and she didn't know what to do - so the doctor advised her to come to the hub”

Practitioner who works at a Barnardo's family hub

Barnardo's Family Hub in Plymouth – Developing an Offer for Young People.

Our Plymouth family hub has developed a range of services specifically aimed at supporting young people to fill gaps in provision that previously existed in the city. These include:

- An open youth space with separate sessions for children aged 7-10, 11-14 and 15-19 to accommodate different needs.
- Youth boxing sessions offered in partnership with a local boxing gym. These are offered to young people aged 14-16 and include cooking sessions after the boxing.
- Takeaway Tuesdays scheme. This involves young people cooking surplus food that they can take home to their families – this helps to tackle food poverty and food waste as well as building connections and teaching life skills.

4.5 The Role of Family Hubs in Helping to Prevent the Need for Entry into Care.

Local authority children social care services are under extreme pressure. The number of children in care in England has increased substantially in recent years - there are currently over 80,000 children in care, an increase of 28% since 2010-11. There are also nearly 400,000 children identified as 'in need' under s.17 of the Children's Act 1989⁴³.

To reduce the number of children in care, families need to be able to access the right support early, and before they reach crisis point. However, accessing this support can often be challenging. Currently, if a child is judged as "not likely to achieve a good level of development without support", they are entitled to support under s.17 of the Children's Act 1989. However, while this is defined in legislation, what it means in practice is open to interpretation, leading to inconsistency between different local authorities. This was confirmed by a recent survey of Directors of Children's Services which found that "the application and interpretation of thresholds and the management of risk..., varies between authorities".⁴⁴ Half of respondents also reported that thresholds had changed in their local authority in the last two years.

A key finding of the Independent Review of Children's Social Care in England⁴⁵ was that early support should be reformed to provide a more consistent, comprehensive offer for families. The review found the current system resulted in families being continually assessed but often not receiving an adequate offer of support. It recommended the establishment of multiagency family support teams in all local authorities made up of professionals such as family support workers, domestic abuse workers, and mental health practitioners and stated that these teams should be based in community settings specifically referencing family hubs. Following the review there has been an investment in a national Families First Partnership (FFP) programme⁴⁶ which is piloting these teams in 10 local authorities – this is with an expectation that the model will subsequently be rolled out to all local authorities across England. Multi-year funding to help develop these teams was confirmed as part of the spending review in June 2025.

A network of family hubs would be well placed to provide the physical infrastructure to deliver this programme on a national scale. In fact, many family hubs already offer a similar model including delivering the Supporting Families Programme (a similar programme where families are given a key worker who works with them to address multiple issues and bring together a range of services around the family).⁴⁷ Parents we spoke to recognise the benefit of hubs in bringing together a range of support services – including those aimed at supporting parents for example with issues such as benefits and housing as well as services which are targeted at the children.

“It’s not just as a parent but general support for myself as well – the things that I struggle with. Not just with my son but sorting out getting help with my finances and filling out forms, I can find that difficult and I have had support with doing that. If I need something I can just ask my family support worker if she can help me.”

Mum of two children aged six and three.

Having access to a single worker who acts as the key point of contact for the family means that they can build a full picture of the parent and their needs.

This prevents families having to tell their story multiple times to multiple different professionals. These workers aim to build a trusting relationship with the families they support, many of whom have previously had nowhere to turn when they have faced difficulties.

“My family support worker was a wonderful woman. She helped with everything, G.P, food, social network – without her I would be in a bad situation”

Parent supported by a Barnardo’s family support worker.

Providing intensive family support through hubs has several benefits. Since hubs have a range of universal and targeted provision immediately available, hub staff can often provide some assistance while assessments are ongoing, for example, where there is an obvious and critical problem such as issues with claiming benefits or receiving advice on housing. Hubs also report that they are more easily able to offer families a “step down” from targeted support with many continuing to stay in touch with the service after the intervention has ended, helping them to stay connected with their community. Staying in touch also allows workers to keep an eye on a family and be instantly available should their needs change, with the ability to put extra support in place quickly.



Supporting a Family with Multiple needs – A Practical Example.

A mum referred herself to Barnardo's early help service offered through a local family hub. During an initial assessment the following issues were identified:

- Mum has PTSD as a result of a history of child sexual abuse and was a recovering alcoholic.
- Family had recently fled the family home as a result of domestic abuse.
- They were living in temporary accommodation in a 2-bedroom caravan park and were struggling to access local services.
- Eldest child was 16, not in education, employment or training and had severe mental health issues including a history of self-harm. The youngest child was 15 and had chronic health issues which required a wheelchair and crutches, but these had been left behind when the family fled the domestic abuse.

A Barnardo's practitioner worked with the family to build a relationship and offer direct emotional support as well as practical advice on things such as setting up a cleaning rota for household chores. They were also able to draw on the hubs network of local services to build the following support package around the family.

- Supported mum to register at a GP surgery.
- Liaised with housing support services to support with issues such as rent arrears as well as finding permanent accommodation.
- Provided a talking teen parenting course, offered through the hub, to help the mum support her two children.
- Helped facilitate an occupational health referral to get the youngest child the equipment they needed
- Supported a CAHMS referral for the oldest child
- Helped the family access benefits including support applying for Universal Credit and DLA/PIP.
- Referral and support to access local Storeroom to source furniture and local food bank and food pantry

As a result of the intervention and package of support the family's circumstance are now much improved. The mum is seeing a mental health nurse regularly and is staying sober. She is receiving PIP and all rent arrears are paid off. The family will shortly be moving into a three-bed flat. As a result of the parenting support the children are in more consistent routines, the eldest child has access to CAMHS and is beginning to make inquiries about engaging in voluntary work while the youngest child now has access to all the health support services they need and attends a SEND school.

Chapter Five:

The Financial Benefits of Family Hubs

As highlighted in the previous chapters, hubs provide support to families on a range of issues. Increased investment in these services would therefore benefit communities and help the government to achieve its missions including delivering an NHS fit for the future, breaking down barriers to opportunity and delivering safer streets.

There is also an economic case for investment in these services. Currently, funding for children's social care is heavily weighted toward high-cost, late-stage interventions – councils currently spend around 11 times more on late intervention than early help.⁴⁸ Late intervention services are of course vital for safeguarding and addressing immediate risks. However, relying too much on crisis responses creates a cycle where costly last interventions drains resources, leaving less funding for early support. As a result, yet more families end up in crisis.

Investing in early intervention is the key to reducing this reliance on high-cost late intervention services. We know that the sooner children and families receive support, the better their outcomes are likely to be. By investing in family hubs, the government therefore has the potential to both **achieve better outcomes for children and families and realise substantial cost-savings for the taxpayer.**

Barnardo's has undertaken analysis of the potential savings from three interventions offered through our hubs. A full breakdown that explains these services and how these calculations were achieved can be seen in Annex 1 of this report. These calculations estimate the short-term savings to the state that we anticipate in the year following the intervention – in the longer term we anticipate that the savings could be much greater, particularly if the child's outcomes are improved because of the improved parenting they receive.

5.1 Cost Benefit Analysis of the Welcome to Parenthood Course (Triple P for Baby).

This is a programme for parents delivered through our Sandwell family hubs. It is an eight-week programme which supports with setting boundaries, routines and to become a calmer parent/carer. It is offered on a universal basis with the only eligibility criteria being the child's age (antenatal to the first year). The course is delivered on a rolling basis and is popular with local parents – it was delivered to 30 parents/carers between November 2023 and October 2024.

Service users report many benefits, including feeling it has helped with perinatal depression and with understanding how to be responsive to their baby.

"I feel this course has come at the right time as I was suffering with postnatal depression ... coming to the session each week really helped to identify triggers, and the techniques learned were applied helping me to better understand how to deal with the different emotions my child was experiencing"

Given the potential to improve parental mental health and reduce the risk of social service involvement, we have been able to estimate cost savings this course achieves in the year after the intervention. Our calculations suggest that the Welcome to Parenthood service delivers £2.44 in benefits for every £1 spent or £3,624 per course participant.

5.2 Cost Benefit Analysis of the Cygnet Course (for parents of children with a diagnosis of or suspected autism)

This is a support programme for parents and carers of children and young people, aged 5-18, who are autistic. The programme gives parents and carers an opportunity to develop their understanding of autism and consider ways to support their child, while also providing the opportunity to meet other people in a similar position and exchange experiences in an informal but supportive atmosphere. The course is available to parents of any child on the diagnosis pathway for autism or who has received a diagnosis.

The core Cygnet programme is delivered over seven two-and-a-half-to-three-hour sessions which include:

- introductory session
- an overview of autism with parent and carer experience
- thinking & sensory
- social interaction & communication
- understanding and supporting behaviour
- analysing behaviour
- group choice

Parents who have accessed the course report that it has helped them improve their relationships with their children by improving their understanding of how to respond in difficult situations, such as when a child becomes aggressive, agitated, or distressed. Parents report that this has helped increase their confidence and their overall sense of well-being. As one parent who has completed the course explained:

"It has made me understand my son better and helped me see where I was going wrong in raising my voice or feeling stressed, I now stay calm and control the situation"

Parent who accessed the Cygnet course

Given the improvement seen through the programme and the benefits that higher life satisfaction has been calculated to provide we have been able to estimate the Cygnet parenting programme delivers benefits of around £3.89 for every £1 spent in the year following completion. This amounts to an average of £3,030 per course participant.

5.3 Cost Benefit Analysis of Barnardo's Intensive Family Support Service Run in our Isle of Wight Family Hub⁴⁹

Barnardo's delivers an intensive family support service through its Isle of Wight family hub. Families who are referred to this service usually have a range of complex needs and need support with issues including parental mental health, substance abuse and entering employment or training. Families are risk assessed against criteria on a one to five scale before and after the intervention with families typically leaving with a risk score at least one point lower than when they started.

Helping families reduce their risks in these areas is estimated to reduce the need for families reliance on other more costly statutory services. As such, for every £1 invested in the service, the saving in costs to the state is £2.60.

Chapter Six: The Change in Provision of Children's Centres and Family Hubs Over Time

While there is growing evidence of the benefits hubs provide to communities, evidence shows that investment in these services has varied significantly over time. This is in part driven by the increased pressures being placed on local authority budgets and the limited capacity many have to invest in these services.

6.1 Overall Trends in Local Authority Spending on Early Intervention Services

Working alongside other children's charities and Pro Bono economics, Barnardo's has been tracking spending on children's services for the last 10 years. This analysis uses publicly available data on local authority spending plans to establish how much different councils are spending on children's services and where that funding is being spent. This work reveals that there were significant reductions in spending on children's services from 2010 onwards with early intervention services such as children's centres and family hubs particularly hard hit. In more recent years, spending has increased significantly but most of that extra funding has gone on late intervention services for children in care or youth

justice. Also, while there have been some increases in spending on early intervention, this has mainly been directed toward targeted family support work such as the Supporting Families Programme rather than on universal services such as family hubs.

Findings from our Spending Analysis

- Spending on early intervention services has increased by over £300 million since 2020 but is still 42% lower than it was in 2010/11.
- The majority of this funding has however been spent on specialist family support services. Spending on these services grew by more than half a billion pounds between 2010/11 and 2023/24, an increase of 43%.
- In contrast between 2010/11 and 2023/24, councils reduced spending on centres by £1.4bn- and there has been no significant increase in investment in these services in recent years.
- Council spending on late intervention services amounts to nearly £9bn which equates to more than four-fifths (81%) of all spending on children's services.



6.2 The Impact of Reduced Spending on the Number of Children’s Centres or Family Hubs.

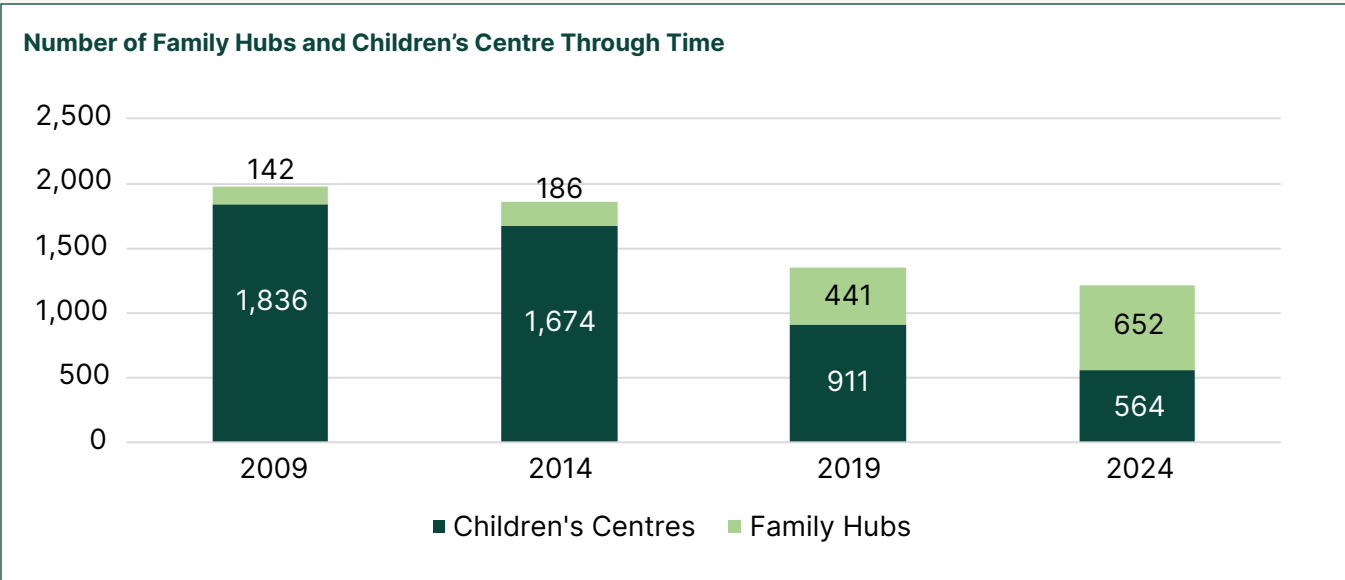
To understand the impact of reduced spending on local provision, Barnardo’s submitted a Freedom of Information request to all local authorities in England - a copy of the questions and full details of the methods of analysis used can be found in Annex 2 of this report.

Based on responses from 108 local authorities, the results show that, in these areas, the number of family hubs and children’s centres in operation reduced by 37% between 2009 and 2024.

The most significant change observed is between 2014 and 2019. 69 out of the 108 local authorities (64%) told us that the number of family hubs and children’s centres reduced during that period. In those 69 local authorities, the average reduction was -10.9 centres between 2014 and 2019, with 25 local authorities reporting a reduction more than 50%.

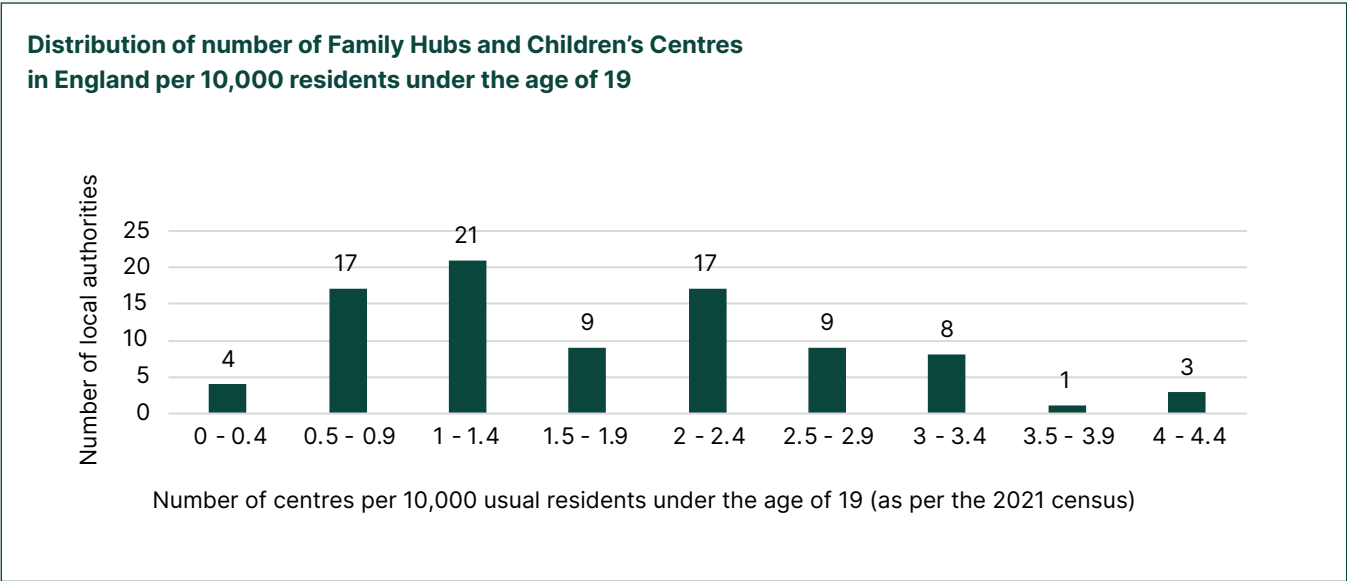
6.3 The Move from Children’s Centres to Family Hubs

Where local authorities were able to provide us with data, we wanted to understand the impact of the Family Hub and Start for Life programmes, combined with the general trend towards developing centres that catered for families 0-19 rather than 0-5. 88 local authorities gave us this information. From this we can demonstrate that while the extra funding and policy changes in this area has resulted in more centres offering the wider family hub offer, it has not resulted in any significant increase in the amount of provision available. Therefore, while over 50% of the centres in this sample were now family hubs rather than children’s centres, overall the number of centres was actually slightly lower in 2024 than in 2019.



6.4 Coverage of Family Centres and Family Hubs

We used census data to compare the combined number of family hubs and children’s centres in 88 local authorities with the population aged under 19 in 2021. This enabled us to get an idea of how many centres there were per head of population. This showed a great variety across England. We found that 23% of areas had less than one hub per 10,000 residents under the age of 19, while 13% of areas had at least three hubs per 10,000 residents under the age of 19.



Chapter Seven:

The Outlook for Family Hubs; What is Needed to Secure Their Future?

Practitioners and parents alike believe family hubs are an important community asset. However, despite the modest investment in these services in recent years, provision remains significantly less than it was during the 2010s. Given the benefits of family hubs Barnardo's is calling on the government to commit to a significant programme of investment and reform which would grow the number of centres so that there will ultimately be a family hub in every community.

7.1 A Family Hub in Every Community

The government should set out plans to develop a more ambitious national Family Hubs Programme – backed by sufficient ring-fenced funding. The aim should be to create a comprehensive network of around 3500 hubs across the country backed by central government investment of around £2.7bn.

This new programme should provide the funding necessary to ensure both that local authorities can maintain and nurture their current service base as well as enabling the development of family hubs in areas of the country which currently have very limited provision.

We estimate that this would require an overall investment of £2.7bn which would be used ensure that there is a sustainable network of 3,500 hubs across the country. This is based on calculations of what was achieved by the previous government's investment in the Family Hub and Start for Life programmes – which invested £301.75m over three years, resulting in 388 hubs. The first stage of this plan should be a commitment to continue investment in those areas that already receive funding – to ensure that current provision is sustained. This should be followed by a subsequent step-up in investment to allow the programme to be rolled out at a significantly greater scale – starting with those areas which have the highest levels of deprivation.

7.2: Legislation to Establish Family Hubs as a Core Public Service

Family hubs should be embedded in legislation with specific obligations on local authorities and other local partners, to provide sufficient services in their community. There should be an obligation for centres to provide universal and targeted health and social care support for local families from pregnancy up to the age of 18 (or 25 in the case of SEND).

The current legal framework for providing early support for families puts a patchwork of obligations on local authorities to provide services. It is, however, out of date since current provisions were developed to provide statutory recognition of the original Sure Start children's centres and therefore are focused on the provision of early years services (specifically designed as services for parents of children aged five or under). This includes the provisions contained in s.5A of the Child Care Act 2005 which places an obligation on local authorities to make arrangements for the sufficient provision of children's centres. Children's centres are also referenced in Schedule 2A of the Children's Act 1989 which defines the need for local authorities to provide services for children assessed as "in need". Given the lack of clear obligations on local authorities to provide hubs, this puts these services at a particular risk when funding is tight. The legislation should therefore be amended to put a clear and unambiguous obligation on local authorities to work with other local partners (including Integrated Care Boards) to develop sufficient family hubs in their area aimed at providing universal and targeted family support to families with children of all ages.

7.3 Measuring, Reporting and Improving Outcomes for Children

There is currently no central government produced outcomes framework for the Family Hubs Programme. The lack of a prescribed set of activities has enabled flexibility in the services hubs can offer, so they can work with their local community to design programmes that are responsive to local needs. However, in the absence of any shared understanding of outcomes it can be difficult to demonstrate the value of the Family Hubs Programme and to share learning between different areas. This gap was specifically highlighted in the Centre for Social Justice's interim review of family hubs published in 2024.⁵⁰

The development of an outcomes' framework should take place in consultation with all current providers of family hubs and local authorities and build on existing best practice work to develop outcomes frameworks in this area – including in the London area.⁵¹ It should aim to achieve a common understanding of “what” hubs should be seeking to achieve in relation to their local population while given them the maximum flexibility when considering how to achieve it. As a starting point the Children's Commissioner has suggested some possible measures, which could be used to help understand the success of the programme. Barnardo's would like to see an outcomes framework which include a range of measure such as the following:⁵²

- school readiness (as measured by the number of children achieving a good level of development at the end of the early years foundation stage)
- school attendance
- reduced family conflict
- referrals to children's services
- rates of child attendance at emergency departments
- levels of childhood obesity
- rates of child tooth decay

7.4 Joining-up Family Hubs with the Government's Neighbourhood Health Reforms.

The Labour Party Manifesto contained a promise to reform' primary care by trialling 'neighbourhood health centres' which would have GPs and other community health staff 'under one roof'. A plan for taking this forward was outlined in NHS England's guidelines issued in January 2025⁵³ which included a focus on creating healthier communities by integrating health and social care services at a local level. This should involve strengthening community-based services, improving coordination between different providers, and addressing the needs of individuals and communities more proactively.

The guidance includes a specific reference to the need to apply learning from existing neighbourhood health models including family hubs. Family hubs play an essential role in delivering health services and have a long history of working to strengthen community-based services including through the co-location of services in a single place and integrating clinical support with a wider programme of family support. In some areas of the country there are examples of pooled budgets where health and social care have been able to work together to fund and deliver a hub programme encompassing both elements.

Given the long track record of hubs in providing access to community health services we believe that the government should seek to develop and expand the family hubs network as part of its ambition to deliver improved neighbourhood health. This includes considering both how hubs can provide a location for the delivery of community health services such as health visiting and midwifery but also considering how family support workers, working through family hubs, could be embedded in acute and community health settings. By doing this it is possible to provide continued support for families following clinical intervention, helping to address underlying social issues that may be contributing to poor health, such as housing and nutrition, and ensure a more seamless connection between health and social care services.

Annex One:

Cost Benefit Analysis – Methodology.



Introduction

This annex assesses the outcomes and financial savings achieved by two programmes delivered by Barnardo's as part of the Sandwell family hubs offering: **Welcome to Parenthood** (Triple P for Baby) and **Cygnnet**. Note information on the third cost benefit analysis included in this report Barnardo's intensive family support service can be found in our previously published report – It Takes a Village: The Case for Family Support in Every Community.⁵⁴

We conclude that both programmes achieve positive outcomes for many of the participants and pay for themselves, delivering financial benefits that exceed the costs of delivery.

Our calculations suggest that the **Welcome to Parenthood** parenting programme delivered benefits of around **£2.44 for every £1 spent** or **£3,624 per course participant**.

Our calculations also suggest that the **Cygnnet** parenting programme delivered benefits of around **£3.82 for every £1 spent**, or **£3,030 per course participant**.

We believe these are conservative assessments and that the benefits to the state and the wider economy could extend considerably beyond this.

The rest of this annex provides more details on each of these services and on our impact assessments.

Section 1 – Welcome to Parenthood (Triple P for Baby)

Introduction

Welcome to Parenthood (Triple P for Baby) is an 8-week program designed for parents and carers seeking support in learning new strategies to help navigate the challenges they face with their infant. This programme supports with setting boundaries, routines and to become a calmer parent/carers. This is a universal service available to all, with the only eligibility criteria being the child's age (antenatal to the first year).

Outcomes

Welcome to Parenthood service users are asked to complete a parent/carers self-report questionnaire that gathers parental perceptions about the child, and the parent-infant relationship, using the Mother Object Relation object Scale (MoRS). Users are assessed across two scales:

- **Warmth** – This assesses a parent/carers perception of how warm their infant is towards them.
 - Scores range from 0 to 35, with the average around 29. The tool's guidance is that a score lower than 20 may indicate grounds for possible concern. 11 or less indicates concern.
- **Invasion** – this assesses the extent to which a parent/carers feels a sense of unwelcome invasion or control by their infant.
 - Scores range from 0 to 35, with the average around 10. Higher than 12 may indicate grounds for possible concern. 17 or more indicates concern.

Paired outcomes (i.e. scores recorded before and after the 8-week treatment) were collected for 30 parents/carers who used the service over 12-months commencing in November 2023/24.

Figure 1 below reports the results. It shows how all users' outcomes were rated as normal, of possible concern or of concern across both scales, pre- and post-treatment. As can be seen:

- Most users registered scores that either increased, decreased or were unchanged after support, but stayed within the normal range.

- One user (user 24), who fell into the possible concern range from the normal range, regressed.
- Two users (1 & 17) registered pre-treatment scores that indicated concern. But both fell into the normal range post-treatment.
- a further eight users recorded pretreatment scores that indicated possible concern but of these six fell back into the normal range after support with the other two remaining in the possible concern range.

Overall, positive outcomes were achieved by a significant proportion (eight of the 30) of users.

Figure 1 – MoRS paired outcomes

User	Warmth		Invasion	
	Pre	Post	Pre	Post
1	Normal	Normal	Normal	Normal
2	Normal	Normal	Normal	Normal
3	Possible concern	Possible concern	Normal	Normal
4	Normal	Normal	Normal	Normal
5	Normal	Normal	Normal	Normal
6	Normal	Normal	Normal	Normal
7	Normal	Normal	Normal	Normal
8	Possible concern	Normal	Normal	Normal
9	Possible concern	Normal	Normal	Normal
10	Normal	Normal	Normal	Normal
11	Normal	Normal	Normal	Normal
12	Possible concern	Normal	Normal	Normal
13	Normal	Normal	Normal	Normal
14	Normal	Normal	Normal	Normal
15	Normal	Normal	Normal	Normal
16	Normal	Normal	Normal	Normal
17	Concern	Normal	Concern	Normal
18	Normal	Normal	Normal	Normal
19	Normal	Normal	Normal	Normal
20	Normal	Normal	Possible concern	Possible concern
24	Normal	Normal	Normal	Possible concern
25	Normal	Normal	Possible concern	Normal
26	Possible concern	Normal	Normal	Possible concern
27	Normal	Normal	Normal	Normal
28	Normal	Normal	Normal	Normal
29	Normal	Normal	Normal	Normal
30	Possible concern	Normal	Normal	Normal

Normal
Possible concern
Concern

Cost Savings

A difference-in-difference approach has been adopted to estimate the financial impact of the Barnardo's Welcome to Parenthood service. This considers the costs of two scenarios:

- I. The factual scenario: the costs associated with running the service.
- II. The counterfactual scenario: the fiscal, economic and social costs that would have been incurred by service users in the absence of the service. These can be interpreted as cost savings³.

To calculate the costs of scenario II we have used the unit cost database produced by The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy). The database brings together more than 600 cost estimates in a single place, most of which are derived from Government reports and academic studies.

The database provides estimates of costs that are incurred by the state for a family facing the highest level of risk for a particular outcome, such as social services or poor parental mental health. For example, the database assesses what the cost would be of needing to provide long term mental health support or to place a child on a child protection plan.

Based on the descriptions of the costs in the database, user feedback and advice from service practitioners, we have matched these with the relevant outcomes captured by the service. We consider this the best estimate/approach possible given the lack of peer-reviewed studies on the outcomes of such programmes. In this exercise, we assume cost savings are only realised by those users who transitioned from the possible concern or concern ranges pre-treatment to the normal range post-treatment.

For the two users who indicated concern pre-treatment, we assume two cost saving streams:

1. Social Services

- Service practitioners advised that the users who fell into this category may have been at risk of being put on a social care statutory plan in the absence of the service. Following the programme however, they were not⁴.

- Given the slightly different risk profiles for the two users, we assume one would have required a Child in Need plan and the other a Child Protection plan. The estimated cost savings for the latter are considerably higher (see **Figure 2** below).
- Since both users registered post-treatment scores in the normal zone, we attribute 100% of these social service-related cost saving to the service.
- Note, these cost savings are per child. In total, there were 44 children across the 30 users, which translates to 1.5 children on average per user. This is the figure we have used to apply these cost savings per user, where applicable.

1. Mental Health

- We also allocate a mental health cost saving, this time proportional to the average improvement made by these users comparing start and end MoRS scores. That was c50% for this group – see **Figure 3**.
- Post-treatment user feedback heavily centred around a sense of improved happiness and positivity because of the programme. These range from a sense of greater confidence and better relationships to an improved ability to independently regulate emotions and stressful situations. **Figure 4** below details positive outcomes experienced by some of the programme users.
- Service practitioners noted that poor mental health and wellbeing (impacted child/parent relationship, anxiety, lack of parental confidence) would likely to have resulted if the treatment had not taken place. This would have led to the users needing support from wellbeing services and/or increased contacts from health professionals.

For the users who indicated possible concern pre-treatment, we assume only savings associated with **mental health**. Again, this are assessed in proportion with this group's average improvement in MoRS scores. That was c15% for this group – see **Figure 3**).

For all other 19 users we assume no cost savings were generated, even if improvements were registered, as they did not fall into either of these two pre-treatment categories.

Figure 2 – Cost Savings

		Cost Saving		
		Social Services	Health	
Risk Profile	User Count	Child Protection (per child)	Child in Need (per child)	Mental Health (per user)
Concern (1)	1	£37,423	-	£6,792
Concern (2)	1	-	£3,890	£6,792
Possible Concern	6	-	-	£2,085
Normal	17	-	-	-

Source: Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy)

Figure 3 – Average MoRS improvements

User Type	Count	Warmth - Avg Change	Invasion - Avg Change	% Improvement
Possible Concern	2	8	4	16%
Concern	6	24	13	53%

Figure 4 – Examples of User Feedback

“ I feel this course has come at the right time as I was suffering with postnatal depression ... coming to the session each week really helped to identify triggers, and the techniques learned were applied helping me to better understand how to deal with the different emotions my child was experiencing”

“ Understanding baby better and how to manage his moods better without becoming stressed”

“ More confidence, tips with sleeping, crying, bonding has helped. Relationship and communication have increased with partner, so a happier routine and environment”

“ Learnt coping statements around contact to use when experiencing high intense emotions/stressful situations. Feel like we play, praise, and talk more now we've completed the course. Learnt new settling techniques to meet A's needs”

“ Coming to these sessions has made me feel much more confident and has helped me to let go of negative thoughts and emotions”

“ Spending lots of time together, playing and going out together”

“ Making it easier to deal with different situations”

“ Understanding his emotions and my confidence and skills are improving more”

We assume that in the absence of intervention a family would stay at the same outcome risk level they would have been assessed at had they entered the service (this is a conservative assumption as in reality without intervention many families could end up at increased risk).

We have also made some assumptions regarding the non-staff/resource costs, associated with running the service. These are mainly service charges, utility and other miscellaneous property costs but not rent as the local authority is responsible for this under the programme contract. We have estimated these costs by assuming they are akin to those at another Barnardo's family hub in Worcestershire, that offers a similar range of services, and which has similar contractual arrangements to Sandwell. We therefore believe this to be a reasonable proxy.

We use the cost estimates and average reduction in risk scores to produce an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families did not receive any intervention.

Using the above approach, our calculations suggest that the Welcome to Parenthood service delivers benefits of around £2.44 for every £1 spent or £3,624 on average per participant.

The benefits to the state and the wider economy could extend beyond this, as we have not been able to quantify any improvements associated with the users' children beyond the social services ones specified (i.e. related to their mental health, wellbeing and prospects). We also believe the treatment is likely to provide additional savings for these families in subsequent years.

Section 2 – Cygnet

Introduction

Cygnet is a support programme for parents and carers of children and young people, aged 5-18, who are autistic. The support programme gives parents and carers an opportunity to develop their understanding of autism and consider ways to support their child, while also providing the opportunity to meet other people in a similar position and exchange experiences in an informal but supportive atmosphere. This is also a universal service, available to those with a child on the pathway or diagnosed with autism.

The core Cygnet programme is delivered over seven two-and-a-half-to-three-hour sessions which include:

- introductory session
- an overview of autism with parent and carer experience
- thinking & Sensory
- social Interaction & Communication
- understanding and supporting behaviour
- analysing behaviour
- group choice

Outcomes

Under Cygnet, service users use a self-report questionnaire to assess their own confidence in managing different aspects of the relationship with their child. The questionnaire contains 12 questions with users able to select a response anywhere from 0 (none) to 5 (completely confident).

56 users were supported between April and December 2024. Responses to these questions were recorded pre- and post-course (see **Figure 5**).

Improvements were seen across all twelve questions, by a magnitude of 1.7 points on average – or by 31% relative to the tool's 5-point scale – and demonstrates the positive impact of the programme on participants.



Figure 5 – Cygnet outcomes

Question	How much confidence do you have...	Before Cygnet (Avg)	After Cygnet (Avg)	Improvement (Avg)
1	When your child becomes agitated or distressed by certain sounds, light, smells etc (sensory impact)?	2.0	3.9	1.9
2	With eating, sleeping or toileting?	1.8	3.4	1.6
3	When your child follows routines rigidly?	2.2	3.8	1.6
4	When your child is trying to communicate with you?	2.5	4.0	1.5
5	With using communication resources (e.g. visual supports)?	1.7	3.7	2.0
6	When your child becomes distressed by change?	1.8	3.6	1.8
7	When your child becomes aggressive with you or others?	1.7	3.2	1.5
8	When your child finds it hard to understand the feelings of others?	1.6	3.3	1.7
9	When your child interrupts conversations?	2.0	3.7	1.7
10	When your child talks excessively about a particular topic?	2.7	4.1	1.4
11	When your child spends an excessive amount of time engaged in a particular interest or activity?	2.7	4.1	1.4
12	When your child finds it hard to see that there may be another way of completing a task?	2.0	3.8	1.8
Overall (avg)		2.1	3.7	1.7

n = 56

Cost Savings

We adopt the same difference-in-difference framework that we used in Section 1 for the Welcome to Parenting programme to estimate the impact of the Cygnet service.

We assume this programme will only generate cost savings due to improvements in wellbeing:

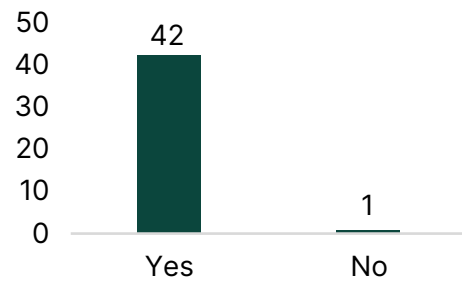
- We have identified several benefits associated with the use of support services like Cygnet for parents and carers:
 - Positive impacts from group support/support from friends.
 - Improvements in parenting self-efficacy by taking part in certain support interventions, alongside an improvement in parent set goals.
 - Improvements in parenting competency and reducing parenting stress by taking part in support.
 - Improvement in child outcomes such as understanding of language and severity of autism characteristics because of interventions delivered by parents.vi
- Though limited, there are also specific studies that point to the benefits of the Cygnet programme itself.
 - One such study found a statistically significant (at .05 level) positive correlation in the Intervention Group scores between perceived competency and wellbeing and perceived wellbeing and child behaviour. Put differently, the Cygnet intervention was found to boost parent/carer-perceived competency and parent/carer wellbeing relative to a situation where support was absent.
- The above together with the user feedback from the service (see Figures 6 and 7) suggest it is reasonable to attribute an improvement in parent/carer wellbeing to participation on the programme.



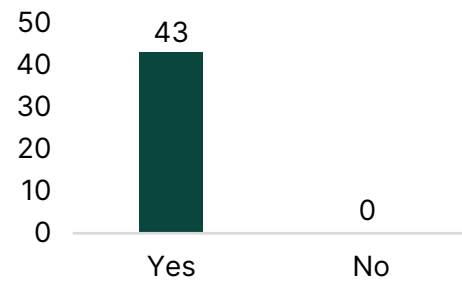


Figure 6 – End of Programme User Reflections

Do you think your knowledge of Autism has increased? (n=43)



Do you feel you have a greater understanding of your child's behaviour? (n=43)



Do you feel more confident in managing your child's needs? (n=45)

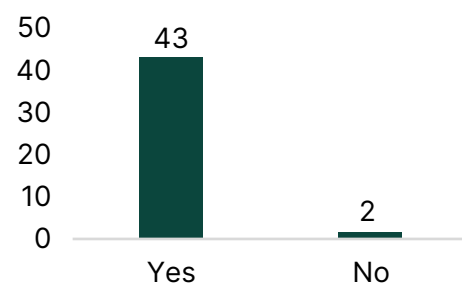


Table 7 – Examples of User Feedback

- “ It has made me understand my son better and helped me see where I was going wrong in raising my voice or feeling stressed, I now stay calm and control the situation”
- “ I am able to better support my child and help regulate them. Finding out why they are overwhelmed and then inputting the correct methods to help or if they have a sensory overload”
- “ I have more tools and feel more confident. Course was great and leaders was amazing”
- “ I now feel that I am not on my own”
- “ I can see things before they happen, understand triggers and better understand with communication styles”
- “ The programme has given me the tools to help manage my child’s needs. I feel a lot more confident. The course has given me the confidence to help and support my child more especially in school. They gave me extra contacts to help me in my child’s journey into school”

To assess cost savings, we use the Treasury’s estimate of a one-point increase in life satisfaction and scale this by each individual user’s average improvement (i.e. if a user made an average 1-point improvement across questions, this would translate to a cost saving of £2,9564 – 20% of the full £14,781 cost saving

This then provides an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families had not participated in the course.

So as not to overstate the benefits we only include those users who made improvements across at least 75% (i.e. 9 of 12 questions asked: 27 of the 56 participants).

Again, we assume that in the absence intervention a family would stay at the same outcome risk level they would have been assessed at had they entered the service.

Using the above approach, our calculations suggest that the Cygnet parenting programme delivers benefits of around £3.82 for every £1 spent, or £3,030 on average per participant. For the same reasons given in Section 1 for the Welcome to Parenting programme, we again believe that the benefits to the state and the wider economy could extend considerably beyond this.

Annex Two:

Freedom of Information Request.

FOI questions to all upper tier local authorities in England

1. How many children's centres which solely provide support for parents of children under the age of six were in operation in the local authority of [...] on each of the following dates:
 - 31 March 2009
 - 31 March 2014
 - 31 March 2019
 - 31 March 2024
2. How many children's centre which provide services for parents of children from pre-birth up to the age of 18 (often referred to as "family hubs") were in operation in the local area of [...] on each of the following dates:
 - 31 March 2009
 - 31 March 2014
 - 31 March 2019
 - 31 March 2024

Response

The FOI Request was sent to 156 Local authorities in England. It was sent on 23 December 2024, and the analysis only includes responses received up to 28 February 2025.

Data on the Overall Number of Centres and How This has Changed over Time.

136 local authorities provided data in response to the request. However, we had to remove 17 of these responses from our analysis as some LAs were unable to provide data for all years and a couple provided data that we found to be inaccurate when checked against other sources. A further 20 local authorities appeared to have interpreted the questions differently to what we intended, and we have therefore also filtered these responses out of certain parts of the analysis.

To check for bias, we also re-ran the analysis including the data from the excluded 17 or 20 local authorities. This made little difference to the overall trends in the number and distribution of family hubs and children's centres. We are therefore confident that our results are a reasonable reflection of the change in the landscape for providing general children's support services since 2009. We also note that these overarching trends are consistent with those identified by Pro Bono Economics in their recent report *A Long Road to Recovery*.⁵⁵

Data on the Distribution of Centres Between Children's Centres and Family Hubs

When looking to gain an understanding of the distribution between family hubs and children's centres 88 local authorities provided information which we considered sufficiently reliable to inform us about the different trends for family hubs as opposed to children's centres over the period 2009 to 2024.

We then utilised census data to compare the combined number of family hubs and children's centres in the 88 local authorities analysed above against the population aged under 19 in 2021. We note that this and the previous analyses do not take account of several factors that might explain some of the differences between Local Authorities. For example, it does not reflect differences in geography - the distance from a resident to a family hub or children's centre may vary considerably. Further it does not account for any differences in the capacity of family hubs and children's centres.

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About Barnardo's

At Barnardo's, our purpose is clear - changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful. Last year, we provided essential support to over 356,200 children, young people, parents and carers through 760 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

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