
 Brent  North West London	Brent Health and Wellbeing Board 28 October 2024
	Report from the Corporate Director, Children and Young People
	Lead Cabinet Member: Cllr Gwen Grahl
Update on the Family Hubs and Start for Life Programme	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	4 (these can be found at the end of the report) Appendix A – Home Start Case Study Appendix B – PAFT Case Study Appendix C – Early Talk Boost Case Study Appendix D - Start for life pathway sample communication materials
Background Papers:	0
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk Sasi Srinivasan Early Years Manager Sasi.srinivasan@brent.gov.uk

1.0 Executive Summary:

1.1 This report provides the Board with an update on delivery of the DfE/DoH funded 'Best Start for Life' programme, aimed at improving outcomes for infants and young children under the age of three.

2.0 Recommendations

That the Health and Wellbeing Board:

2.1 Notes the contents of this report, which provides a summary update of progress made against the programmes expected outcomes.

2.2 Provides feedback on progress to date and guidance on any further actions to be taken.

3.0 Detail

3.1 The Family Hubs and Start for Life programme was created in response to gaps reflected in the findings of 'The best start for life, a vision for the 1001 critical days' review by Andrea Leadsom MP, the 'Independent Review of Children's Social Care' published in May 2022 and 'Ofsted's thematic inspection of early help services'.

3.2 These reports identified the complex landscape that families, and in particular those most vulnerable and disadvantaged, are negotiating when trying to access services and the absence of a single, non-stigmatising point of access which could aid and ease this navigation process. The programme was designed to improve how local services share information and work together to provide holistic support to families, to move away from what it deems is a current system focused on crisis intervention to a system that identifies risks early and prevents problems from escalating in order to deliver better long-term outcomes.

3.3 The programme identified 6 key strands of work for which eligible LAs would be allocated funding. The programme guide set out 'minimum' requirements that had to be met by the end of the programme as well 'go further' requirements that participating LAs had to work towards relating to the strands below:

- Family Hubs transformation funding
- Parenting support
- Parent–infant relationships and perinatal mental health support
- Early language and the Home Learning Environment
- Infant feeding strand
- Parent and carer panels; and publishing the Start for Life offer

3.4 Brent Council was identified as one of 75 local authorities eligible to be part of this three-year programme (2022 – 2025) which brings through the Family Hubs and Start for Life guide, detailed guidance both on programme objectives as well as expectations of participating LAs.

3.5 Following completion of a delivery plan in Spring 2023, the programme was rolled out across Brent. The Infant Feeding support and Perinatal mental health and parent / infant relationships strands are being led by Public Health and the remaining 4 strands are being led by the Early Help Service within CYP. Multi-agency and multi-disciplinary working groups were set up for each strand during the development and implementation phases.

3.6 The Family Hubs and Start for Life steering group is the forum where proposals are discussed and progressed between agencies. The steering group has representation from the following, with consistent attendees highlighted in yellow. Other council teams such as Communications and Performance teams have attended as needed for specific agenda items and membership continues to evolve:

Maternity services, Imperial College Healthcare NHS Trust	Maternity services, London North West University Healthcare NHS Trust
0 – 19 services, Central London Community Healthcare NHS Trust	Speech and Language Therapy Services, Central London Community Healthcare NHS Trust
Oral health team, Whittington Health NHS Trust	GP Clinical Lead for Brent
Perinatal Mental Health Team and 0-5 parent and infant mental health team - Central and North West London NHS Team	London North West ICB
Brent Council Public Health Team	Brent Council Inclusion Service
Brent Council Early Help Service	Brent Council Library Service
Brent Council CYP performance team	Brent Council Performance, Insight and Improvement team
Barnardo's	Salisbury Primary School
Brentfield Primary School	

3.7 While there is now representation from a number of trusts, GPs and the London North West ICB on the steering group, continued engagement with some partners has been a challenge due to recruitment and capacity issues. This is being monitored and efforts continue to strengthen existing and newly developed relationships with partners, emphasising the mutual benefits for families and for Start for Life teams of engagement with the programme.

3.8 The programme has a number of scheduled reporting requirements to the Start for Life unit, which comprises staff from the Department of Education and the Department of Health and Social Care, including updates to the delivery plan, progress updates, twice annual management information returns and financial returns. There are also monthly meetings with the allocated Regional Delivery Lead (RDL) from the Start for Life unit, to ensure adherence to programme requirements and monitor progress on delivery and spend.

3.9 While the programme is a 3-year programme which began in April 2022, the first tranche of funding was only received in March 2023 and much of 2023 /2024 was the set-up phase, in terms of developing new programmes, commissioning providers and recruiting staff. Delivery of new programmes began in earnest towards the end of 2023 and some strands such as the perinatal mental health and parent/infant relationship strand saw further delays that impacted roll out of some planned activities. The RDL has been kept

informed of any delays. Section 4.0 sets out activity carried out to date and the progress made.

4.0 Progress update against individual strands

4.1 Family hub transformation

4.1.1 As Brent had already moved to the family hub model in 2020 and had 8 Family Wellbeing Centres (FWCs) in place, this programme and the additional funding provided an opportunity to extend services with new elements such as a weekend offer, but also to strengthen existing service delivery and sustained funding for activities for older age CYP over the duration of the programme. The funding has also supported families with cost of living and mental health and wellbeing related issues. The most recent, September 2024 progress update to the DfE has been submitted and they were satisfied with the strong progress Brent had made. The main query has related to the ability to spend the funding allocation within the programme window, particularly before the confirmation of carry over referred to in Section 5, paragraph 5.5 below.

4.1.2 A number of strategies are in place across FWCs meeting minimum requirements set in the programme guide, promoting Hub services across Brent's diverse communities, which include:

- a communications plan, publicity in different formats, including social media, partners promoting Hub registration and service take-up,
- parent champions/ volunteers,
- specialist asylum/ refugee triage officer,
- strong Community Voluntary Faith Sector (CVFS) engagement,
- parent/ carer/ children co-production of services to help improve access,
- engaging with the Parent/ Carer SEND forum,
- employing staff that reflect local communities and that are multi-lingual, using parent peer-to-peer support and involvement with service delivery, feedback from surveys and community engagement work.

4.1.3 Examples of FWC services that meet the Start for Life programme's 'go further' requirements are detailed below. Brent introducing the Family Hub model in 2020 has left the council well placed through existing services, not funded through the Start for Life programme, to meet a range of these requirements:

- Parenting support aimed at reducing family conflict with staff in the FWCs can connect parents to specialist interventions i.e. Triple P Family Transitions, staff are trained in family mediation techniques and can provide specialist intensive support to Reduce Parental Conflict as needed
- Separate advice and support is available for young people whose parents are experiencing conflict
- 0-19 Health Services are well embedded at the FWCs with Health

Visitors integrated within FWCs and deliver a range of services and support, including drop-in/ child health clinics

- There are stay and play, speech and language therapy groups, psychological support for specific groups (to support sensitive and responsive caregiving)
- There is online/ blended access to expertise available to support the families' needs with strong multi-professional early warning processes and risk assessments of cases to prioritise families with higher needs.
- Debt and welfare advice support services are well embedded at the FWCs including Supporting Families Employment Advisor and Citizens Advice Brent (CAB) co-located at the Hub who can provide employment and welfare advice and signpost to national and local debt services
- Domestic Abuse support includes IDVA specialist workers co-located at FWCs identifying, risk assessing and supporting victims, a perpetrator programme for perpetrators of domestic abuse and counselling support is available for children/ parents impacted by Domestic Abuse
- Children and Families information and outreach officers are co-located across the FWC network delivering information sessions and providing 1-to-1 advice on free entitlement funding to help and guide parents regarding childcare choices. They also outreach to the local community, promoting the FWC services.

4.2 Parenting support

- 4.2.1 A Fathers' worker was appointed through a contract with Barnardo's in November 2023 but they have been unable to deliver on the requirements of role. Recruitment of this post has now been brought back in house and the post is out to advert for a fixed term contract to ensure that a specific offer is rolled out as soon as possible.
- 4.2.2 Facilitators have been trained and the Solihull programme is being delivered at multiple sites across the borough. We are hoping to be able to offer a further round of training for practitioners in health to expand the facilitator pool further – capacity continues to be an issue for this group and we are working with Health partners to support them in releasing practitioners for training and delivery.
- 4.2.3 Delivery of Solihull continues with 19 parents completing the Solihull programme across the Spring and Summer terms 2024.
- 4.2.4 Staff development days are regularly held to support all members of the family hubs and start for life workforce to understand and communicate the parenting offer to families. Work is progressing with the wider Children and Young Peoples Directorate to promote the parenting offer and increase engagement from families.

- 4.2.5 Recruitment to key posts has been completed with the parenting practitioner post filled.
- 4.2.6 Evidence-based parenting interventions are provided directly to families in the hub building. Parenting training is provided as professional development to local early years and /or health practitioners.
- 4.2.7 Staff in the family hubs are able to connect parents to specialist interventions (level 4) whether on or off site – this includes a face-to-face parenting offer and a range of online programmes. These are delivered directly through family wellbeing centre staff teams but are also co-facilitated by the wider early help, LA, health and partner teams. Regular reducing parental conflict training is available to multi-agencies and a programme of targeted roll out to schools is underway.
- 4.2.8 The programme is delivering peer to peer support through the parent champion programme and this group has access to reducing parental conflict training. Increasing take-up in parenting programme training from EY and health providers continues to be a priority as take-up from these practitioners has been lower due to capacity issues. Expanding the network of trained facilitators continues to be a priority. Parent champions continue to support the family hubs and start for life programme and are an integral part of the programme's training and delivery model.

4.3 Parent–infant relationships and perinatal mental health support

- 4.3.1 To support the successful delivery of this strand of the Family Hubs and Start for Life programme, Perinatal Infant Mental Health (PIMH) steering group, led by colleagues from Public Health, agreed to include peer support for families with mild to moderate perinatal mental health and parent-infant relationship concerns as part of the suite of services delivered to Brent residents by the programme.
- 4.3.2 Appropriate providers were sought for this service through engaging with other service providers in the family hubs programme space as well as a Start for Life programme delivery consultant from the Parent Infant Foundation.
- 4.3.3 The contract was awarded to Home Start Barnet, Brent, Enfield, and Harrow. Home Start already have an infrastructure for delivery of peer support in Brent as they had already delivered an 18-month peer support project in Brent up until June 2023 in partnership with the Central North-West London (CNWL) NHS Foundation Trust

- 4.3.4 Home Start have recruited 12 voluntary peer support workers and have already started working with 4 mothers. Appendix A provides an example of successful support provided by Home Start.
- 4.3.5 The PIMH steering group also agreed to develop a multidisciplinary team to serve as the vanguard for parent and infant mental health delivery and to provide supervisory and consultative support in upskilling the wider workforce in the organisations that interface with young families. The team cover the needs of women and children with mild to moderate symptoms. As the Central and North West London NHS Foundation Trust (“CNWL”) work across Brent, they were involved from the onset.
- 4.3.6 CNWL are the only mental health trust that work in Brent. As they already have teams to work with families under 5, with moderate to high need, officers consider that awarding a contract to CNWL to develop a new team to provide Perinatal Mental Health services would provide a seamless service and continuity of care.
- 4.3.7 CNWL are currently in the process of recruiting and interviewing staff. It is proposed that the team will be in place by the beginning of November.
- 4.3.8 Baby Buddy mobile application and WhatsApp chatbot – Best Beginnings is commissioned to provide a virtual service for the delivery of perinatal mental health and parent-infant relationship support to residents as part of the Family Hubs and Start for Life programme. The service offers signposting to other relevant local services for pregnant women and families in the perinatal period who might be at risk of mild to moderate perinatal mental health and parent-infant relationship concerns. It also provides answers to common questions families might have around parent and infant mental health via a chatbot on WhatsApp.
- 4.3.9 Training – the Family Hubs and Start for Life programme provided pre-commissioned training offers for Brent practitioners who interface with pregnant women and families in the perinatal period. 14 practitioners from Health Visiting, Early Years and Looked After Children’s teams have been trained in the Triple P for Baby programme and are currently delivering sessions. 6 health visitors and community nurses have been trained in Video Interactive Guidance and are yet to commence delivery of the programme.
- 4.3.10 Officers commissioned the delivery of additional training on perinatal mental health and parent infant relationships. Born to Bond were commissioned to provide seven parent and infant relationship training sessions over the past 12 months. 73 practitioners attended the sessions. The Institute of Health Visiting delivered two awareness training sessions for perinatal mental health, attended by 32 Brent practitioners and The Wave Trust delivered two Trauma-

Informed training sessions to 42 practitioners from various agencies and team in Brent. The longer-term impact of this training will be monitored in the months to come.

- 4.3.11 The Institute of Health Visiting are delivering an additional “champions” level fathers/coparents & LGBTQ perinatal mental health training for the multidisciplinary PIMH team and experienced health visitors & midwives who might have already received the awareness training.

4.4 Infant feeding

- 4.4.1 Several elements have been commissioned through this strand. They include:

1. The Breastfeeding Network
2. Anya app
3. Ana Wizz

- 4.4.2 The Breastfeeding Network (BfN) is an independent organisation aiming to empower mothers and parents to breastfeed for as long as they choose. The BfN is a well- established team which focuses on increasing diversity in the peer support workforce. The proposal will increase capacity and engagement in parts of the community that may not necessarily engage with formal services. The BfN has experience of doing this across the UK with a tried and tested model for recruiting, training and supervising volunteers. The programme aims to:

- Provide support to women who wish to breastfeed with the intention that women receive support from ‘someone like themselves’.
- Peer supporters will work alongside health professionals and family wellbeing centre teams to support and promote breastfeeding as well as providing emotional and practical support to breastfeeding mothers.
- Promote local services and improve accessibility to universal and specialist services so that families can be supported for longer.

- 4.4.3 Anya Health is an app, which provides specialist support using interactive 3D breastfeeding animations, supported by a virtual AI chat bot, with content written specifically by lactation consultants and provides a wealth of knowledge in the form of webinars, seminars and live communities. There are no other apps on the market providing this level of support for breastfeeding. Premium access to this app has been made available to all Brent residents.

- 4.4.4 Anya Health will provide universal out-of-hours support service for nursing parents, those who are thinking about returning to breastfeeding and supporting parenting in the early years for 2 years. The app will also provide premium access to health professionals who may be supporting families to meet their infant feeding goals. The app will also signpost Brent users to local infant feeding services.

- 4.4.5 Ana Wiz is a breast pump loan company. A breast pump gives the parent the flexibility to feed their baby breast milk whilst also fulfilling their other responsibilities. For example, parents can return to work and pump during working hours. Feedback from residents who have engaged with the communications officers and community infant feeding team have expressed that parents are often bottle feeding with formula or mixed feeding by day 1 or 2 after being discharged from hospital. Unfortunately, the current offer for Breast pumps on loan is limited and only available through the local hospitals on specialist cases such as babies who have been admitted to the NICU.
- 4.4.6 The cost of renting an electronic breast pump can be high, meaning it is not accessible to all parents. The Brent rental pilot scheme intends to remove this financial barrier through providing the service free of charge, making it accessible to all Brent mothers. The project will link into existing infant feeding clinics and has been endorsed by the local service. Delivery of this project will meet the delivery plan submitted as part of the Start for Life funding.
- 4.4.7 A lactation consultant (1 day a week) and 3 breast feeding per support workers have also been recruited to provide more specialised care and support in the evenings and on Saturday morning. These posts are not in place as yet but should be starting by the middle of October.
- 4.4.8 Communications for the different services have been advertised through Brent Magazine, JC Decaux and also through media channels. Education and conversation around breastfeeding and tackling breastfeeding myths have also been carried out through 2 radio podcasts and 2 breastfeeding webinars. These have been delivered in partnership with local specialist services. Breastfeeding figures in Brent are above the national average and it is hoped that this activity will further sustain high breastfeeding rates in the borough.
- 4.4.9 This strand has also supported the current workforce by providing additional training to primary care such as practice nurses and GPs to aid the support they provide around infant feeding. Additional specialist breastfeeding equipment has been provided to strengthen the advice and guidance given by breastfeeding support.

4.5 Early language and the Home Learning Environment (HLE)

- 4.5.1 Interventions implemented under this strand had to be evidence-based programmes as set out by the Early Invention Foundation guide. Following review and consultation with stakeholders in the Family Hubs and Start for Life Steering Group, three programmes (Parents as First Teachers - PAFT, Raising Achievement through Early Literacy – REAL and Early Talk Boost).

- 4.5.2 PAFT practitioners have worked with 78 families since January 2024. 20 families have completed the full 8 session intervention with an additional 10 families requiring fewer sessions. This programme is supporting both 1-1 intervention and increased access to group sessions in family wellbeing centres. The support being offered is varied dependent on parental needed and has included play and learning in the home environment, boundary setting, support with accessing to universal support through library sessions. Engagement with PAFT has been strong and is helping to address issues with waiting lists for key worker support in FWCs and enabling families to be stepped down to universal provision in FWCs. Appendix B provides a sample case study from a family who have benefited from this intervention.
- 4.5.3 There is some risk to ongoing outcomes for the PAFT strand of the offer as one practitioner left the post in September due to personal circumstances. Recruitment is underway with the potential that two practitioners will be recruited to for 6 months fixed term in order to enable targets to be met/exceeded and so that more families can benefit from the programme.
- 4.5.4 The Early Talk Boost programme is continuing well with 59 settings have attended training, 33 settings of these are rolling out the programme and a further 26 settings are expected to start in September. A total of 82 practitioners have already been trained and this number is expected to grow in the Autumn term. Practitioners are overwhelmingly positive regarding the Early Talk Boost resources and the impact of the intervention, even as they feedback challenges in implementing and embedding the programme on a day-to-day basis. Appendix C provides a sample case study from a setting and child who have benefited from this intervention.
- 4.5.5 For the Making it REAL intervention, 37 settings have participated (including FWC and libraries). 47 practitioners have completed training the 2-day programme with 6 completing only 1 day. Fifty-nine children have received targeted interventions. In addition we have also worked with the National Children's Bureau (NCB) on delivery of the Special Approach to Making it REAL and are exploring direct support to individual settings by the NCB, in acknowledgment of the fact that direct work in the case of PAFT and Early Talk Boost has provided good results.
- 4.5.6 Where appropriate, evidence-based HLE interventions are being provided directly to families of pre-schoolers in the hub – this includes PAFT as above.
- 4.5.7 A speech and language therapist co-located in the Hub can support early identification of Speech Language Communication Needs (SLCN) and connect families to HLE interventions. This is delivered through Let's Talk groups delivered in each centre with onward referrals to onsite speech and language therapy appointments.

4.6 Publishing a Start for Life offer and Parent / Carer panels

- 4.6.1 Our start for life offer is published at www.brent.gov.uk/startforlife. Usage of the site is increasing with 300+ hits on average per month.
- 4.6.2 Hard copies of the offer are available in antenatal clinics/ family wellbeing centres (where midwifery appointments take place) and are sent out as part of the communication from the 0-19 universal children's services team hard copy communications to expectant families. The offer has also been promoted through social media and local JC Decaux campaigns. Appendix D provides a sample of some of the resources that have been used to communicate the pathway (and specific interventions within it) to families.
- 4.6.3 As part of the requirements of the programme, a parent carer panel has been established. The group is representative of the diversity of the communities of Brent and includes parents of children the youngest children and those with older children and parents of children with SEND. Parents also form part of the family wellbeing centre local steering groups. The groups do not yet include expectant parents but do include those who have used centres and start for life services.
- 4.6.4 Insights from this group are being used to shape services. This has included the design of the start for life pathway and website and more recently their feedback is shaping how the out of hours and weekend offer can best meet parental need. Key areas of feedback utilised so far includes input into the toy library resources, suggestions for engagement with school families via existent communication channels, input on Healthy Start scheme promotion, feedback and suggestions for breastfeeding support. The group offers support and challenge around breadth of offer and accessibility for families.
- 4.6.5 Continuing to expand the parent carer parent. Using support via the grant to embed parental involvement in the local steering groups in family wellbeing centres and ensuring robust systems for feeding input from these groups into the wider parent voice forum.

4.7 Risks and mitigations

- 4.7.1 The previous Family Hubs and Start for Life update report to OCSLT set out risks and mitigations set out in the delivery plan in February 2023. The Covid risk line has now been removed and the other risks identified at the time have remained the same, notwithstanding the column showing significant progress made.

- 4.7.2 Concerns around recruitment issues across agencies, both health partners and EY settings, remain. This has impacted the ability of one maternity trust (Northwick Park) in particular to engage and the ability of some settings to release staff to engage with programmes such as REAL (Raising Early Achievement in Literacy). Efforts continue to encourage partnership working with Northwick Park and the National Children's Bureau have been commissioned to deliver 1:1 support to settings where they are unable to release staff.
- 4.7.3 The table overleaf provides an update on progress against risks identified and includes risks emerging since the previous report:

Risk Descriptor	Impact	Probability	Progress made
Weak governance arrangements	Medium	Green/Amber	Strong partnership working arrangements are already in place with key delivery partners. Partners need to be inducted into governance arrangements and training is in place to support. Governance arrangements are established and evolving.
Poor engagement by families	High	Green	Many families are keen to engage with family hubs, particularly after the pandemic and where many families were socially isolated, they are keen for face-to-face support. A FWC communications plan is established and the number of families registering with families has increased by 16% compared to the same time last year.
Lack of partnership engagement impacting service delivery	High	Amber	In general partners have responded proactively, both with regard to engaging with the wider family hub delivery model and with the planning for the roll out of the Family Hubs and Start for Life programme, as it helps partners to achieve service area intended outcomes and access to families.
There is a lack of data sharing that limits needs analysis and monitoring of progress	Medium	Amber	A data sharing protocol is in place with key delivery partners. However, not all data is being shared could be used to target families to take-up provision. Data sharing will be addressed through FWC governance arrangements, partnership agreements and contracts.
Delays in the procurement of new services to support the family hub delivery model	Low	Amber	Capacity within the Early Help service is limited to procure new services to support the hub delivery model. This will be addressed through governance arrangements. Key delivery partners and contracts are already in place.
Recruitment issues with Brent & partner agencies, affecting service delivery	High	Amber	Recruiting new staff is a challenge at present with some delivery partners, for example the 0-19 and midwifery services carrying vacancies of up to 50%. Partners are working to address staffing shortages but it is challenging given the current employment context.
Cost of Living Crisis/ staff retention	Medium	Amber	This risk links to recruitment and retention as families are impacted by cost-of-living issues it means living in London is not financially viable for many who may relocate outside of the city. There has been a high turnover of staff in some of the family support teams and it has been difficult to recruit new staff in some areas.

Staffing	Medium	Amber	Uncertainty about funding for the programme post March 2025 means that some practitioners may consider moving and this will limit programme delivery in the final phase of the funding period.
Funding	Medium	Amber	The ability to spend within the given timelines due to procurement and staffing delays resulting in possible risk of reduction of Year 3 funding allocation. Work is underway to commission remaining programmes and to extend staffing contracts where possible following the funding confirmation on 19 September 2024.
Sustainability	High	Red	Concerns remain about the ability to continue and embed the services implemented as part of this programme if funding ends in March 2025.

5.0 Financial Implications

5.1 A total of £4,209,172 has been allocated to Brent across the three years of the programme as set out below:

2022/2023	2023/2024	2024/2025	Total
£896,072	£1,809,600	£1,503,500	£4,209,172

5.2 The table below shows expected distribution of the funding across the programme strands:

Strand	%	Funding range over the life of the programme
Family Hubs programme spend	18.6	£777,480 – £814,680
Family Hubs capital spend	4.7	£196,460 – £205,860
Perinatal mental health and parent-infant relationships	31.6	£1,320,880 – £1,384,080
Parenting support	16.8	£702,240 – £735,840
Infant feeding support	15.5	£647,900 – £678,900
Home learning environment services	9.6	£401,280 – £420,480
Start for life offer and Parent Carer panels	3.1	£129,580 – £135,780

5.3 LAs were expected to spend each annual allocation within the financial year. However, it was acknowledged that given the late confirmation and payment of funding, particularly in Year 1, that this was not possible. The underspend for 2022/23 was carried over to the next financial year and the cumulative underspend across the 2 years has been used in Year 3.

5.4 Statements of Grant usage alongside other regular progress updates on actual, committed and planned spend have been provided to the Start for Life unit. The programme was scheduled to end in March 2025 and this posed a risk of a clawback in grant funding as spend was slower than anticipated due to delays highlighted in the risks section above.

5.5 In acknowledgment that local authorities needed some certainty in order to manage budgets and service delivery of this programme, the Start for Life unit confirmed on 19 September 2024 that the grant funding may be used to deliver FH/SfL programme activities beyond 31 March 2025 and that the amount being carried forward to 2025/26 should be detailed within the council's next statement of grant usage (due to be commissioned in September 2024).

6.0 Legal Implications

6.1 N/A

7.0 Equality, Diversity and Inclusion Implications

7.1 These are covered within the content of the report above.

8.0 Climate Change and Environmental Considerations

8.1 N/A

9.0 Human Resources/ Property Implications

9.1 N/A

10.0 Communication considerations

10.1 These have been covered within the content of the report above.

Report sign off:

Nigel Chapman
Corporate Director
Children and Young People

Appendix A – Home Start case study

Family ID	8938
Service	Perinatal Mental Health
Provider	Home-Start
Referral Source <i>(E.g. Social Care, FWC Key Worker, FWC Triage Officer)</i>	Health Visitor
Coordinator Name	AS

Family Composition
Mother 45 and 5-week-old baby
History
<p>Single mum, with a 5-week-old baby, is in the early stages of her parenting journey and is struggling with low confidence. These challenges are exacerbated by ADHD, which makes organising her thoughts and social interactions difficult, especially after periods of isolation. Additionally, mum suffers from anxiety, leading to apprehension about caring for her child and venturing out alone. The mother reported not leaving the house for days and felt unsure about breastfeeding in public, worrying about disturbing others. She also hesitated to participate in parenting groups.</p> <p>Moreover, she feels isolated as she doesn't live near friends with children, and she has strained relationships with her own family stemming from conflict during her mother's illness and subsequent passing. Despite her attempts to reach out, her father and brother have not yet expressed interest in meeting the baby, which has made her very upset.</p> <p>After giving birth, the mother had to stay a few extra days in the hospital because the baby was not feeding well. This experience had heightened her worries about caring for the baby on her own, especially given her limited knowledge.</p>
What were the concerns
<p>There were three main concerns:</p> <p>Mum was feeling low as well as anxious due to caring for a baby on her own and not having support from anyone</p> <p>Mum reported not leaving the house for long periods of time as she felt anxious about breastfeeding in public and disturbing other people with a crying newborn baby, increasing her feeling of isolation.</p> <p>Mum expressed she felt quite anxious about her parenting abilities, how to care for the baby (breastfeeding, preparing formula, possible cradle cap, sleeping routines) and worried if she was providing the baby with enough stimulation to aid his development, despite her attempts to prepare for motherhood.</p>
What needed to happen next

Support mum emotionally to improve her mood and gain confidence in her parenting abilities, reducing her anxiety.

Support mum to successfully navigate public spaces with her baby, including feeling comfortable breastfeeding in public.

Help mum to look for and attend local mother and baby groups, aiming to provide her with a supportive network, reducing her feelings of isolation and integrating the local community.

Assist mum to successfully engage with local services for further support such as local parenting classes/perinatal workshop and support groups for new mothers.

What is working well

Every week, the volunteer dedicated three hours to visit the mother, offering both emotional and practical support. They established a strong rapport, creating a space where the mother felt at ease to discuss her concerns and challenges. The volunteer's guidance on baby care and establishing a routine was invaluable, allowing the mother to rest more effectively and manage the demands of raising a baby on her own. As a result, mum's confidence blossomed.

Other professionals involved

Health visitor

Support from Home-Start

A decision was made to assign a Home-Start volunteer to support the family, for 3 hours a week, for 8 weeks, to provide mum with emotional support to reduce her feelings of isolation and help mum gain confidence in her abilities to care for her newborn baby.

In addition, to support mum in finding and joining local mother and baby groups to foster a supportive network, which can help alleviate feelings of isolation and promote integration within the community. Also guide her in connecting with local services that offer further support, such as parenting classes, perinatal workshops, and support groups for new mothers, to enhance her engagement and well-being.

Outcomes and impact

Mum looked forward to the volunteer's visit every week where she felt she had someone to interact with, offload her worries and be listened to. Mum's wellbeing improved and she felt more confident in looking after her baby and identifying his needs as the weeks went by, and alleviating anxiety.

By going out with the volunteer, mum felt more confident in navigating public spaces with her child, including breastfeeding in public. Additionally, the volunteer helped the mother connect with local family wellbeing centre, research and attend mother and baby groups (baby swimming, baby yoga, mother and baby groups) fostering a supportive community network, diminishing feelings of isolation, and promoting integration into the community.

As mum's confidence grew, she also initiated a local WhatsApp group for mothers, creating a platform for advice exchange, support, and sharing of local area knowledge on baby and family-related matters. This effectively established a supportive community, which is helping mum to overcome feelings of isolation and significantly improved her overall wellbeing. Mum also felt

very proud that her idea, knowing her innovative idea had the potential to assist other mothers in navigating the often challenging and solitary journey of welcoming a new baby.

Client feedback

Mum stated that she was 'very happy and thankful for all the support from Home-Start and the volunteer. I will miss the volunteer coming every week.

Appendix B – PAFT Case Study

Child's age	3 years, 5 months
Focus of intervention (based on parental request)	<p><u>Child Safety</u> - I wanted advice regarding child home safety equipment because she felt that her home was not child home safety proof, despite having stair gates and cupboard locks in the kitchen. She said that she also needed guidance on how to deal with A not being aware of danger or risks in the outside environment i.e., wanting to run off without holding her hand.</p> <p><u>Home Safety</u> - I wanted support to contact her housing team for an assessment to be done in her home. she pointed out safety hazards which were due to fixtures requiring to be repaired by her housing teams departments.</p> <p><u>Speech Therapy Appointment</u> - I wanted support for A's speech and language appointment sessions to be followed up. She expressed concerns that A had been on the Speech and Language Therapy waiting list for close to 1 year and wanted him to start his sessions.</p> <p><u>Speech and Language (communication)</u> - I wanted support and help to know what she could do to encourage A's speech and language because she said that he had limited vocabulary. She said that he was using around 5-10 single words. She said that she felt that some of A's behaviour (tantrums) could have been because he was frustrated and was not able to fully communicate his wants and needs clearly, due to him having a limited vocabulary.</p> <p><u>Social emotional development</u> - I wanted support to know how she could encourage A to have more concentration. She had noticed that his attention span was very short, around 3-4 minutes and he was easily distracted. She also wanted support with what she could do to encourage A to make more eye contact with her and other people because he was not displaying much eye contact. She also wanted to know how she could support A to interact more with her and other children when he was at nursery. She said although A attended nursery part time there was not much interaction between him and the other children. She said he was playing alongside them.</p> <p><u>Cognitive development</u> - I wanted strategies that she could implement to encourage A's learning/understanding. She said that she was not sure how much A was learning/ understanding.</p> <p><u>Setting boundaries for behaviours</u> - I wanted support to know how to set boundaries for behaviour. She said that A was displaying frustrating behaviour through temper tantrums, biting, not listening or following instructions.</p>

	<p>Personalised sessions – the following 1-1 sessions were delivered by PAFT practitioner in the family home.</p> <p>Session 1: Initial Visit Session 2: Child Development Session 3: Parenting Behaviours Session 4: Developmental Topics Session 5: Brain Development Session 6: Family Cultural Perspectives Session 7: Family Support Session 8: Planning and Partners</p>
<p>Interventions and support received</p>	<p>Speech and Language Therapy – The speech Therapy Team contacted by PAFT Practitioner A was able to start and attend and complete his speech therapy sessions at the Willesden Green medical center.</p> <p>Speech and Language - A can now communicate simple needs i.e., “Give me this” , “Give me that” and he can also say more words joint together such as “bye bye see you later”. 25 to 30 words had been added to his vocabulary.</p> <p>Cygnnet Parenting Programme – A referral made (by PAFT Practitioner) to the Cygnnet Programme and I attended the sessions and completed the course. She found it very useful and said she would not have attended if she did not receive support through PAFT intervention.</p> <p>Social emotional development - A's eye contact improved, he can look adults in the eyes and fixate on their face. He can engage with parent-child interactive activities for longer time spans 5 – 10 minutes. A began to have small interaction with particular children at nursery.</p> <p>Cognitive development - A can now follow two step simple instructions i.e. “can you get your shoes and put them on your feet” and his concentration has improved to around 5 – 10 minutes.</p> <p>Behaviors /Boundaries – I is helping A to understand the difference between right and wrong. She understands that consistency is the key to maintaining discipline and is now using positive discipline, positive reinforcement, and praise for A's good behaviors.</p> <p>Home Safety – I's Housing officer contacted PAFT Practitioner home safety assessed by the housing team's department.</p> <p>Child Safety - PAFT Practitioner explored door locks with I for the rooms that I did not want A to enter in their home. The Housing team were contacted by for locks to be fitted on the room doors. PAFT Practitioner explored safety body or wrist rains with I to invest in when outdoors with A especially near busy roads when A does not want to hold her hand or an adult's hand. I said she had been able to reiterate and consistently explain the importance to A about holding an adult's hands when outside on busy roads.</p> <p>DLA – PAFT Practitioner made a referral to the Three Tree's FWC for I to be supported to fill in the DLA form for A to receive DLA payments.</p>

Parent's feedback	Parental quote: <i>"I did not know what to expect, When I heard the name S – I thought who is she will she take my children away, but I have learnt a lot, thank you for all your support. we will miss you a lot"</i> .
-------------------	--

Appendix C – Early Talk Boost Case study

School/setting name	PVI nursery setting
Child name	ER
Date of case study	July 2024
Age/ NYC year/ M or F	3 years 8 months

About the school/setting.

The setting is a sessional day care that has 28 children on roll. It operates from 8am to 2:30pm during term time. There are 5 members of staff, all of whom hold relevant early years qualifications. There are some children with speech and languages difficulties who are awaiting speech therapy.

1. Case Overview / Summary / Chronology of Involvement

- Brief background information about the child and family including other agencies and services.
- Identified learning needs or difficulties

Background: The child joined the setting in March 2023 at 26 months and parents were concerned about speech delay. The setting referred the child to speech and language services and the child was waiting for an initial consultation.

2. What impact did Early Talk Boost intervention have on the child?

Evidence of impact:

Before the intervention the child was reluctant to sit at circle time and said “no” to any adult led activities. After the intervention the child has started to enjoy circle time and will willingly sit and engage in all adult led activities.

Scores using the assessment tracker: Attention and Listening

Before intervention 9/20

After intervention 20/20

Language: Understanding words and sentences Before intervention 10/20

After intervention 15/20

Language: Speaking

Before intervention 9/20

After intervention 15/20

Communication: Personal Social and Emotional Before intervention 9/20

After intervention 17/20

6. What has worked well? What needs to happen next?

- Partnership working with parents and professionals and good sharing of information.
- The child is very confident now and enjoys circle time. Parents are very happy with the intervention and have enjoyed the workshop at the setting and reading to their child when the book was brought home. Child became interested in stories and now also enjoys story time at home and at the setting.
- To continue to engage the child using puppets and stories as the child has become more school ready and confident.

Appendix D Start for life pathway sample communication materials

Start for life pathway

Family wellbeing centres

Perinatal mental health

Parents as First Teachers

Universal home learning messages.