

Summary of the Family Hub Transformation Delivery Plan and outline of existing current services which will also form part of the ongoing transformation and development of the Family Hub Model in Kent.

Introduction

1. This document represents a work in progress outlining initial thinking of how KCC can deliver a Family Hub Model in Kent.
2. It reflects certain approaches expected in any Family Hub model delivered by a Local Authority, in line with the Government Policy on Start for Life and Statutory Guidance for relevant children and young people services, along with potential arrangements which may be appropriate as part of any transformation delivered through implementation of a Family Hub Model.
3. Government was advised, when the Delivery Plan was submitted, that all implementation of the Family Hub approach and the wider model would be subject to further decision-making by the Council, in accordance with its Executive Decision-making arrangements and related regulations
4. In May 2022, the Ofsted ILACS inspection recognised Kent's children's services as Outstanding. Stating that children and their families have access to a good range of early help support services.
5. Ofsted highlighted effective communication with other professionals, the use of strength-based interventions, and having a structured framework of moving forward plans providing our families with guidance and information to continue to help themselves.
6. KCC, Police and Kent and Medway ICB are the 3 core partners of Kent's Safeguarding Children's Multiagency Partnership (KSCMP). The KSCMP facilitates and oversees the priority areas of safeguarding practice and policy, particularly to ensure strong join-up between services to safeguard children and young people. The Kent statutory Director of Children's Services (DCS) is the current Chair of the KSCMP.

Current Landscape

7. Kent's Open Access services already provide a strong foundation upon which to develop a Family Hub model. Key partners such as Public Health, Health Visiting and Midwifery services operate many of their statutory functions from KCC children's centres.
8. As part of the Family Hub transformation development in Kent, we want to build on this partnership working to develop a culture of integrated working including the development of shared assessments and interventions with health colleagues.
9. There is no statutory framework for youth provision, however Kent has maintained a robust funded offer of support which has been developed over a number of years to meet the needs of young people in Kent.
10. Youth Services in Kent provide a rich mix of positive activity, support and advice for all young people through open access hubs in every district alongside targeted additional support for young people who require individual interventions.
11. The KCC offer has two main elements, 1. An in-house, youth offer, where each district has a KCC-run youth hub, offering a mixture of universal, additional and targeted support for young people with additional support needs. And 2, an externally provided, open access

commissioned youth offer. Youth provision will continue to provide a valuable contribution in the wider development of family hubs.

12. KCC also operate a network of children's centres, these are in place to improve outcomes for young children and their families and reduce inequalities, particularly for those families in greatest need of support. The core purpose of a children's centre is to enhance child development and school readiness, to support parenting aspirations and parenting skills; and to promote child and family health and life chances.
13. This is achieved by providing early childhood services in an integrated manner to facilitate access and maximize benefits to young children and their parents including early education, training, antenatal classes, baby clinics, support with breastfeeding, support with parenting and speech and language, drop-in sessions for parents and children, services for children with special needs and disabilities.
14. KCC's network of children's centres also provide opportunities for families to get involved with volunteering within services.
15. The development of Children's Centres and improved joint working and collaboration with NHS Health Services will be key to the transformation to improve outcomes and life chances for all young children; specifically, to close the gap between the outcomes for the most disadvantaged and others, through the development of Family Hubs
16. Early Help assessment and whole family intervention for families with multiple or complex needs takes place in Early Help Units (EHU). Kent's EH model is bound by the principles of Working Together 2018 and is well established across the internal and multiagency partnership, including across all health services. The programme ensures an integrated, whole family approach when working with families.
17. Midwifery Services are currently delivered through 4 NHS Trusts. Aspects of antenatal care are delivered in existing Children's Centres, and through a digital offer online antenatal courses are offered.
18. Kent's Health Visiting Services (HVS) and School Health services are commissioned by Public Health and delivered by Kent Community Health NHS Foundation Trust (KCHFT) through a collaborative partnership, working with children aged 0-19. They work with all families in Kent with children aged 0-5 years to deliver the Healthy Child Programme.
19. Kent's HVS are delivered in the community, including delivery in Children Centres, where they operate support sessions/clinics as part of the core offer. HVS use family health needs assessments to identify and respond to need. There are well established referral pathways in place to ICS and other specialist services if required. The HVS have recently developed a website Kent Baby, providing online support for parents and their baby before and after birth right up until their child starts school.

Transformation opportunities

20. Kent has a wide range of communities including deprived urban and rural coastal communities, seldom heard rural communities and densely populated urban communities. The needs of our communities are often very complex and specific, with local challenges requiring local solutions. The Family Hub will develop a model of co-production with children, families and communities to help ensure that services are in the right place and offer the right support at the right time.

Schools and school readiness

21. Schools are often at the heart of Kent's communities, particularly in rural areas, and play a wider role in bringing communities together, Family Hubs will therefore work closely with schools and communities to ensure a joined-up approach to support.

Deprivation and child poverty

22. Child poverty is not evenly distributed in Kent, with children from coastal areas more likely to live in poverty. Although some areas in West Kent are predominately affluent, there are small pockets of communities that require additional support from services, the Family Hub model will help to ensure that services are relevant to the communities that they serve through improved levels of outreach into deprived communities.

Infant and child health

23. Encouraging and supporting women to breast feed is valuable, starting with the infants first feed. Monitoring the proportion who receive a first feed of breast milk, maternal or donor breast milk helps to understand breast feeding support which may be required. Analysis of the most recent figures published suggests that the first feed of breast milk in 2021/22 in Kent and Medway was 62%. Across the four maternity trusts this ranged from 58% - 67.7%. We want to ensure that families are offered the support they need to continue to breast feed and that partners feel included in the early weeks whilst feeding is established. Preparing antenatally and learning about what could help and what may inhibit breastfeeding has the potential to support more woman to breastfeed.
24. Supporting Infant Feeding is an ongoing priority in Kent and KCC Children's Centres work in partnership with the Kent Health Visiting Service to ensure the implementation of the UNICEF Baby Friendly Initiative across the county and have already been successful in achieving level 3 accreditation with further assessments being undertaken early 2023 as we work to achieve sustainability. The Specialist Infant Feeding Service (SIFS) is delivered by KCHFT as part of the Health Visiting Service and has links across Kent's Midwifery, Health Visiting and Children's Centre services. Breast feeding services form part of the Children's Centre core offer. Professionals can refer directly to the Infant Feeding Service (IFS) for support from specialist IFS leads.

Mental health of families

25. The mental health and wellbeing of the under 5-year-olds is largely unknown but recent studies indicate a correlation between early infant sleep problems and specific behavioural and emotional health and wellbeing problems at 2 years. For those children (under 18 years) requiring hospital admission for mental health conditions, the numbers from Kent are similar to the England admissions.
26. Perinatal mental illness can occur during pregnancy or in the first year following the birth of a child. 10-20% of women experience mental health problems during pregnancy or in the first year after having a baby. 5-10% of fathers are reported to suffer from depression during their partners pregnancy and following birth.

27. Poor mental health can impact a parent's ability to bond with their baby, to develop invaluable attachment and have the capacity to nurture them. This highlights the importance of identifying and meeting the needs of parents and carers, so they are better prepared to support their infant. It is recognised that the ways in which infants develop and build relationships is important for brain development including emotional, social, intellectual and psychological development. Without this development infants can feel insecure and become anxious.

Core additional components of a family Hub

28. The Department for Education have made a number of stipulations about Family Hubs. While there is inevitable room for national variations based on size, geography and resource, they have outlined a blueprint, which states that

29. A Family Hub is a system-wide, multi-agency model, providing high-quality, whole-family, joined up family support services and is centred around 3 key principles:

a. Access:

- i. There is a clear, simple way for families to access help and support through a hub building and spoke approach. This includes an offer across physical and virtual spaces.
- ii. Connectivity: There are services working together for families with a universal 'front door', shared outcomes and effective governance.
- iii. There are professionals working together, through co-location, data sharing and a common approach to their work.
- iv. Families only have to tell their story once, the service is more efficient, and families get more effective support.
- v. Statutory services, the community, charities, and faith sector partners are working together to get families the help they need.

b. Relationships:

- i. The Family Hub prioritises strengthening relationships and builds on family strengths.
- ii. Relationships are at the heart of everything that is delivered in Family Hubs.

30. Family Hubs should be designed to deliver family support services from pregnancy, through the child's early years and later childhood, adolescence and into early adulthood until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities).

31. KCC has a strong history of working with our partners in the public, private, voluntary and community sector, and this has been strengthened through our response to the Covid pandemic. This has allowed a stronger joint focus on the impact of covid on mental health and support required. The negative impact on different ethnic populations in terms of health outcomes has been an area of focus for the wider health and multiagency network.

Building on and developing the Family Hub Opportunities

32. Public health services are already provided through outreach locations throughout Kent and as part of extending the Family Hub network we will build on use of these existing locations. A review of what community venues are working best will inform decision making as part of the Family Hub programme development.

33. Kent has a wide range of support for those with mental health and wellbeing needs. This includes regular campaigns to support residents access help, such as Release the Pressure. A comprehensive digital platform, (Kent Resilience Hub) which supports navigation to online resources or services across a range of need.
34. Perinatal mental health difficulties can affect prospective parents, new parents/partners/carers. Early identification and support are paramount to support parents and infants develop their relationships. Kent has developed a specialist perinatal mental health community team and the new specialist service, Thrive, the Maternal Mental Health service for those who have experienced birth trauma or perinatal loss.
35. We are With You – a substance misuse support service for young people aged between 10-18 providing brief interventions, and specialist treatment and adult support services via change Grow Live and Forward Trust
36. Kent Resilience Hub is an online resource to enable parents, practitioners, schools and young people to find local support for young people. It includes Youth Voice, the Try Angle Awards and Youth Charter. It also includes extensive training opportunities. Mood Spark is an online website (Moodspark.org.uk) developed by young people in Kent that provides information to young people to support their wider emotional health.
37. Kent is also implementing training for the wider workforce to support parents with children with Autism to ensure that at a first contact a parent is offer consistent support and strategies across multiagency partners. Family Hub teams will be an important part of this network to ensure families receive support early on.
38. Kent has demonstrated its ability to co-produce service with families through the new parenting support offer for parents with neurodiverse children on the pathway to a diagnosis. Together with parents offers a good example of working with families with lived experience.
39. Kent's partners deliver a wide range of evidence-based parenting programmes, which are tailored to meet a continuum of needs between 0-25yrs. Programmes are delivered face to face and virtually and are enhanced by digital information. KCHFT's Health Visiting and Kent School Health Services provide online parenting programmes through Solihull which are free to access to all Kent residents and provide a range of virtual courses. Parenting information and support is also provided through the Health Visiting website and on the Born to Move App. There is a county-wide integrated parenting offer with CC and HVS for introducing solid foods which are co-delivered virtually and in person enhanced by the websites digital offer. The partnership regularly reviews the offer to ensure it meets local needs.
40. Kent parenting programmes are supported by bespoke 1:1 parenting support where a programme does not meet the specific needs of a family, or they are struggling to engage in group work.
41. Kent is embedding the "Balanced System" approach to speech, language and communication needs. This is a 5-year programme to initiate the implementation of a single Balanced System outcomes-based offer for children and young people in Kent 0-15 years. This will include a universal offer for children and families where they can have easy access to speech, language and communication advice via community venues such as Family Hubs.
42. The award-winning Enhanced Family Involvement in Children's Learning (EFICL) programme is being delivered in Kent already and an extended and targeted offer of support will enhance the Home Learning offer from Family Hubs.
43. The Health Visiting Service carry out the Healthy Child Programme, Health and Development review of the child aged 2-2 ½ years.

44. In line with recommendations from Ofsted and Care Quality Commission, KCC, The Education People and Kent Community Health Foundation Trust (KCHFT) have worked together to develop an 'Integrated Review at Two' process for Kent. The 'Integrated Review at Two' process brings together the Healthy Child Programme Health and Development Review at age two to two and a half and the EYFS Progress Check at age two.
45. The integrated review at 2 process was fully implemented, across Kent in March 2021. The Family Hub staff will look to further support those identified in the 2-year review with additional home learning support connecting with Portage where required and offering future outreach support using Portage skills.

Steps already taken by KCC to transform towards a family hub mode

46. The Lead Member for Integrated Children's Services took a formal Key Decision for KCC to become a Family Hub Authority on the 13 October 2022 - [Decision - 22/00094 - Family Hubs Transformation](#).
47. This was endorsed by the Children Young People and Education Cabinet Committee and considered at Scrutiny Committee. The delivery plan will form part of an iterative and continuously developing workstream outlining transformation opportunities, potential areas of focus and options for service redesign with the involvement of key partners and service user feedback.
48. The ongoing formal implementation of the Family Hub approach in Kent remains subject to further formal decision-making at Executive Member level.
49. Updates will be provided to DfE, in addition to any stages required under the MOU, as this issue progresses through KCC's formal governance process.
50. To create a seamless offer across 0-25 years, we are working on the development of a single assessment building upon the midwifery and health visiting pathway.
51. 'One front door' approach, working with partners to ensure referrals to children's social care are efficiently and consistently managed to provide the child or family with the right help at the right time.
52. Early Co-production discussions have commenced through liaison with existing multi-agency parent/carer panels including those facilitated by the Maternity Voices Partnership, KCHFT Public Health Services 0-19 years Parent and Carer Forum and the well-established Member-led Local Children's Partnership Groups.
53. The Health Visiting Service is delivering a one-year pilot offering a Tongue-Tie Co-ordination Service which offers a single point of access for babies requiring a tongue-tie division and offers families pre and post procedure support. The pilot is jointly funded between KCC Public Health and the Kent and Medway Integrated Care Board. We are currently developing a campaign on infant feeding from birth to 18 months.
54. KCC are partners in PATH, an EU-funded project on low mild to moderate perinatal mental health. This has led to the development of resources and increased awareness for families and carers of the impacts of poor mental health on families. The PATH and Kent resilience hub websites present a range of resources and advice for families and professionals. KCC have helped develop, and deliver PATH training to health, non-health professionals and families. We have supported the development of parental workplace wellbeing recommendations through local focus groups, and partner workshops. KCC will work with partners to embrace and embed them.
55. We are exploring the opportunities to have parenting groups organised by the Disabled Children teams hosted in the Family Hubs, and having increased sensory environments

within our Family Hubs, working closely with SEND and Disabled Children's Services expertise.

56. Playground sessions are currently delivered by artists from our libraries, children centres and community venues, They focus on families in general but have also engaged with specific targeted groups. Due to the sensory aspect, we are keen to look how it might support with SEND Needs and if/how we can continue the delivery in Family Hubs.
57. We have initiated first meeting with faith communities and service personnel representative for Kent with information sharing principles established. Kent has a strong Interfaith network that will help Family Hubs connect more widely to the diverse faith communities in Kent.
58. A literature review of parenting programmes was undertaken by Kent Public Health observatory in 2020, available: <https://www.kpho.org.uk> .
59. Thrive, the new specialist Maternal Mental Health Service (part of the NHS Long Term Plan) which focuses on moderate to severe perinatal mental health difficulties associated with perinatal loss and birth trauma is currently being rolled out across Kent and Medway and will be available in 2023/2024.
60. The development of the Family Hub Framework Model will help to ensure that the start for life offer is integrated and consistent across the county with the development of a shared brand, understanding and language between agencies.
61. KCC has a wide range of digital platforms and interfaces, however, these are not integrated or joined up across the agencies. The Family Hub Framework Model gives KCC the opportunity to ensure that a coordinated digital strategy is in place to support and enhance the user experience across digital and virtual platforms under a single, Family Hub online offer.
62. Post Covid use of buildings has reduced the interconnected working of Open Access services in Early Help Units and Children's Social Work Services where co-location has reduced to create safer building spaces for delivery of services. This has had an impact on seamless whole family working to help sustain positive changes achieved through interventions, connections are now being rebuilt to pre-covid levels, however, some communities are using centres less frequently and have told us that they want a more digital interface and increased outreach opportunities to improve their access to services.
63. Family Hub development will work with Kent Digital Transformation team to prioritise development opportunities to support Kent's Family Hubs framework with specialist support to develop a significantly enhanced Digital offer focused on service user accessibility with new features to be embedded into the offer based on service user feedback and need.
64. Ofsted recognised Kent's excellent record of co-production and participation into all aspects of Children's Services. Family Hubs will grow those existing opportunities for successful co-production and service user voice. Health Visiting and Midwifery are also committed to co-production with a number of parent carer forums in existence across Kent for particular service areas.
65. KCC enjoys a wide range of well-established partnership groups including a joint maternity and health visiting steering group with representatives on from KCC and integrated commissioning groups. There is commitment to the Family Hub offer which is viewed as the next stage in developing an ambitious programme of integrated multiagency working with shared principles already discussed about the service design and requirements.
66. KCC is in a formal partnership with KCHFT who deliver health visiting services with a strong track record of delivering transformation.

67. Our Children's Centre network are leaders in early years practice, ensuring that Early Years principles are continuously developed. The experience of practitioners enabled the service to develop a Child Development training package for our Children's Social Work and Early Help teams which has subsequently been mandated across Integrated Children's Services.
68. In KCC the Open Access Children's Centre and Youth Hub offer forms part of our Integrated Children's Service. All Social Work and Early Help services are integrated, and family support is offered at a community level through the Children's Centre estate and both universal and targeted outreach. KCC's model is underpinned by a whole family 0-25 offer across the continuum of need
69. Kent has worked with health partners to develop the Kent and Medway Care Record which brings together health and social care records and is now embedded into Health and Children's systems. The learning from this development will help us further develop our Family Hub data sharing and joint assessment plans.

Goals for Family Hubs

70. Following robust data and IMD deprivation analysis we aim to ensure that Family Hubs deliver the right services in the right places and at the right time.
71. Kent's vision is for children, young people and families to have easy and timely access to the right services for their needs and to be able to receive support across a range of services and networks which promote positive changes, improve resilience, and help to achieve healthy and successful futures.

Partnership goals

72. To know families in Kent have received the support they need to be confident to help themselves and be positive in their parenting
73. To have a supported, capable workforce who demonstrate they are confident to listen to and hear the voices of families and help them to know about locally available support.
74. To improve access and use of information provision to enable parents, children and young people to develop greater agency and resilience within their communities
75. To build a system where a family is met with understanding and empathy when they tell their story and is responded with a coordinated solution that addresses their needs.
76. To see significant improvements in the public health outcomes for deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps.
77. To target populations that are seldom engaged by growing neighbourhood and place-based solutions and innovations outside of (but connected to) specialist services.
78. To address some of the challenges children and families face at a time of transition by implementing needs led and outcome-based systems.

Milestones to be developed

79. To improve the Start or Life offer, by joining up our start for life digital services
80. To develop Family Hub spaces that are accessible to all families
81. To collate our websites and develop a distinct digital offer which brings the information for families into one place is easily accessible and supports the self-efficacy of young people and families
82. Increased engagement from the local communities, including the seldom heard, to integrate and be a part of the family hub workforce.

83. To ensure Inclusive parenting is promoted by all agencies and fathers are engaged meaningfully from conception and beyond.
84. Increase in the proportion of infants having a first feed of breast milk
85. Increase in the proportion of infants breastfeeding at the 6-8 week health and wellbeing review
86. Increased awareness of the interdependencies between relationships, mental wellbeing and infant feeding
87. To improve the public health outcomes for families in deprived communities in coastal areas
88. We will focus on raising awareness and helping families, workforces, parents/partners to know and understand more about perinatal mental health and conditions such as perinatal anxiety.
 - a. We will do this because we know that perinatal mental illness can occur during pregnancy or in the first year following the birth of a child and can impact women, fathers and partners.
 - b. We will take the opportunities to access nationally procured tiered training provision (levels 1-3) to support parent infant relationships. Practitioners from Kent will have the opportunity to access training to deliver evidence-based interventions that promote parent–infant relationships. The interventions are likely to include video-feedback and a targeted intervention to promote parent–infant relationships, which could be delivered in a group or one-to one.
 - c. Kent will have the opportunity to access practitioners who will be able to supervise those supporting parent–infant relationships.
89. We will have a highly skilled and confident workforce, ensuring the delivery of service and advice provided is accurate, helpful and consistent which is inclusive to volunteers/peer mentors and CVS representatives and delivered in an integrated manner.
 - a. We will achieve this through integrated training opportunities to help maximise the delivery of consistent messaging.
 - b. We will create opportunities for timely support and the space for people to come together.
 - c. We will use our community outreach to reach vulnerable children, young people and families and to improve links to local partnerships.
 - d. Reinforce and strengthen partnership working to improve our presence as a point of access for support across a range of needs and ages, e.g. through co-location
 - e. Work in partnership with Kent families to co-design and develop the Family Hub offer
90. How experiences for families will improve:
 - a. Families will see a more joined up offer between agencies
 - b. Families will have the offer of increased access to information through the family hubs, outreach and digital offers.
 - c. Families will not feel uncomfortable or hide that they may be struggling with their mental health and wellbeing during pregnancy or postnatally
 - d. Families will experience being more than a recipient of services but will be a resource and contribute to the needs of others as they engage in group work for example
 - e. Families should feel seen, heard and enabled to ask for help and to feel confident to help themselves.
 - f. Families will feel better prepared for labour, birth and early parenthood
 - g. Fathers will recognise their role in parenting and support available to them.

91. Measuring change:
 - a. We have an ambition to commission an academic systematic evaluation – across the family hub transformation period.
 - b. Families will report high awareness and communications about family hubs.
 - c. KCC family hubs and KCHFT health visiting will have achieved UNICEF BFI gold accreditation in 2024
92. Through delivery of the Family Hub framework, we will:
 - a. Use our community outreach to reach vulnerable children, young people and families and to improve links to local partnerships
 - b. Develop a targeted approach to reduce risk, vulnerability and escalation and provide additionality to cases held within intensive and specialist services
 - c. Reinforce and strengthen partnership working to improve our presence as a point of access for support across a range of needs and ages, e.g. through co-location
 - d. Build a digital offer, which is easily accessible and supports the self-efficacy of young people and families
 - e. Work in partnership with Kent families to co-design and develop the Family Hub offer.
93. This will contribute to reaching our long-term goals:
 - a. Help support reduction in inequalities in health and education outcomes for children, young people and families across Kent
 - b. Improved experience for families of navigating services and reduced need for families to “tell their story” more than once
 - c. Increased efficiency for professionals and services due to effective collaboration, leading to improved support for families
 - d. Improve early years foundation stage educational outcomes
 - e. Improved access and use of information provision to enable parents, children and young people to develop greater agency and resilience within their communities
94. Strand-specific MI - Breastfeeding:
 - a. Increase in the annual breastfeeding prevalence at 6-8 weeks after birth in Kent (compared to baseline 50.1% at 2021/22) in 2023/24 and 2024/25.
 - b. Decrease in the proportion of women [90% baseline 2022] who report that they stopped in the first weeks were not ready to do as collected through the regular audit process in the specialist infant feeding service in Kent 2023 and 2024
 - c. Numbers of mothers and partners accessing infant feeding support services
95. Parent & Carer Panels
 - a. Recording whether a Parent and Carer Panel has been established
 - b. Parent and Carer Panel Information- including frequency of meetings, demographics of panel members
96. Parent-infant relationships and perinatal mental health
 - a. Pre and post intervention assessments of perinatal mental health and parent-infant relationships by:
 - b. Increased reporting by pregnant and postnatal women that they have had conversations about their mental health as seen in access to PMH family coaches, parent infant relationship groups or 1:1 activity
 - c. Increased reporting by partners to be and postnatal partners that they have engaged in conversations about their mental health as seen in access to PMH family coaches, parent infant relationship groups or 1:1 activity

Programme Delivery Outcomes

See Appendix A

Family Hub Opening Milestone

97. Through the family hubs transformation funding, DfE have asked Local Authorities to open family hubs as quickly as possible to support families, within the first half of 2023.
98. DfE recognise that we will not necessarily meet all minimum expectations at the point of opening your family hubs, but you will be expected to do so by the end of the three-year programme funding period (end of 2024-25).
99. A Family hub site is a physical place a family can visit and speak to a trained staff member, face-to-face, who will provide them with straightforward information or advice on a wide range of family issues spanning the 0-19 (25 with SEND) age range and connect them appropriately to further services across the 0-19 (25 with SEND) age range if they need more targeted or specialist support.
100. The Parent and Carer Panels will be established under the Family Hubs Programme, we are currently engaging with all stakeholders and mapping the panels that are already exist. We anticipate the parent carer panels to be set up in February in 2023. This forum will work closely with the programme and local commissioners and the programme steering group to co-design services, and shape and develop our Start for Life offer. To date, we have had some engagement with lead health services that already have existing parent and carer panels (e.g., Maternity Voices Partnership). As these forums already exist and have evidence of working well, health are keen that we work with these.
101. We are working with Dads Unlimited to reach Dads and gain feedback from their existing groups. We are also exploring other communities such as military families through our KCC Covenant link. We are planning to link with interfaith forum to increase our reach to BAME and other communities where there is low engagement with services.
102. There are 12 Local Children's Partnership Groups (LGCPs) across Kent, one per district, which are member-led. These groups ensure that partnership working and the needs of children are high on the corporate agenda within KCC. The chairs of these groups are all elected members and meet on a quarterly basis to ensure there is a consistent approach to delivering locality-based outcomes across all districts.
103. The Family Hub Partnership Board that is to be established will play a key role in strengthening engagement from partners into the programme by sharing and developing opportunities for greater integration and joint working via the existing forums and the Parents and Carer Panel once established.

What	Approx. deadline
Kent Public Health Needs Assessment published Nov 2022.	Nov '22 - completed
First Parent Carer Panel	February 2023
Publish Kent Start for Life Offer and develop a Family Hub online presence	Before April 2023
Maximisation of county resources to promote the offer across various media including radio, social media networks	Marketing Strategy in place by April 2023.
Completion of assessment of community building use by partners	May 2023

Identify options and develop opportunities for co-location for Family Hubs	Start summer 2023 co-location on all locations completed by 31 st Dec 2023
We will work alongside our district council partners to promote awareness of family hubs through their community programmes which will help support early engagement and will explore further opportunities for delivery of family hub activity such as leisure facilities.	Target Sept 2023

Appendices

- Programme Delivery Outcomes – updated February 2023

