

# NSPCC



## It Takes a Place:

**Multi-Agency Safeguarding  
in Family Hubs**

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May 2026

**EVERY CHILDHOOD IS WORTH FIGHTING FOR**

# Key terms

## Family Hubs

Family Hubs are local, community-based centres providing integrated, one-stop support for families with children aged 0–19 (or 25 with special educational needs). They offer a ‘whole-family’ approach, combining services like parenting advice, infant feeding, mental health support, and housing or debt advice in one place.

## Best Start Family Hubs

The national model for Family Hubs set out under the Best Start in Life strategy. Best Start Family Hubs are being rolled out in every local authority, offering consistent, evidence based early years and family support in place-based centres in England. They aim to provide joined-up, holistic support for families from pregnancy to age 19, streamlining access to services and focusing on early years health and education services, and support to families in disadvantaged areas.

## Hub and Spoke Model

A service configuration in which a central Family Hub (the ‘hub’) is supported by satellite locations or outreach services (the ‘spokes’). Evidence on the safeguarding effectiveness of this model is still limited.

## Best Start in Life (BSIL) Strategy

The Best Start in Life (BSIL) strategy is a UK Government initiative aimed at improving early years support from pregnancy to age 5. It focuses on enabling children to thrive by strengthening family support, enhancing early education, and rolling out ‘Best Start Family Hubs’ to every local area to provide integrated health and education services.

## Family Help

As defined by the UK Government’s Families First for Children (FFC) reforms, Family Help is a targeted, multi-disciplinary approach aimed at providing seamless support to families as soon as problems emerge, preventing them from escalating. It is designed to replace and bridge the gap between ‘targeted early help’ and ‘child in need’ provision, offering a single, cohesive service aimed at helping families overcome challenges, stay together, and thrive.

## Families First Partnership Programme

The Families First Partnership (FFP) Programme is a UK Government-led initiative designed to reform children’s social care by strengthening family support and child protection through multi-agency collaboration. It focuses on earlier intervention via ‘Family Help’ teams, reducing system fragmentation, and increasing support for family networks.

## Multi-Agency Child Protection Teams (MACPTs)

Multi-Agency Child Protection Teams (MACPTs) are specialised, integrated teams established in England to improve the safeguarding of children at risk of significant harm. Introduced as part of the Families First Partnership programme and the Children’s Wellbeing and Schools Act 2026, MACPTs will bring key safeguarding partners together into a coordinated team to strengthen decision making, planning and outcomes for children at risk of significant harm.

## Multi-Agency Safeguarding Hub (MASH)

A Multi-Agency Safeguarding Hub (MASH) is defined as a collaborative arrangement where key organisations – like local authority children’s social care, police, health, and education – work together in a shared location to improve the safeguarding response for children and vulnerable adults by sharing information, running triage sessions, and making joint decisions on action.

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# Foreword

Safeguarding babies and very young children is one of the most important responsibilities we hold as professionals working in the child protection system. The earliest months and years of life are a period of rapid development but also heightened vulnerability, when children are least able to express their needs and most reliant on the adults around them. It is in these early years that families are most likely to be in contact with universal and early-help services, giving us crucial opportunities to identify emerging risks and intervene before concerns escalate. Too often, however, the early signs of harm – particularly in relation to parental stress, neglect, and domestic abuse – are visible but not acted upon swiftly or confidently enough. This report shines a light on those gaps, and on what more we must do to ensure babies receive the protection and support they need.

Family Hubs present one of the most promising avenues for strengthening early identification and safeguarding. When delivered well, they create spaces where families can build trusting relationships with practitioners, where professionals can work side by side, and where information can flow more effectively between services. Yet the picture across the country remains varied. Differences in local models and practice mean families do not always experience the same level of integrated support, and staff do not always have access to the same clarity of pathways or expectations. The rollout of Best Start Family Hubs represents a timely and valuable opportunity to address this variation and embed consistent foundations for safeguarding from pregnancy through the first years of life.

Parents' perspectives within this report are particularly compelling. Many describe not knowing what Family Hubs offer or how to access help. Some speak of navigating a confusing landscape of services, where the right support is available but hard to find. These insights remind us that even the strongest safeguarding system must also be simple, visible, and approachable for the families it is designed to serve.

This report highlights clear examples of what good looks like and what is already making a difference. Integrated models that bring professionals together regularly enable quicker, more coordinated decisions. Co-locating or linking Children's Social Care with Family Hubs strengthens trust, improves the quality of referrals, and ensures concerns are addressed earlier. Shared training and opportunities for practitioners to shadow each other build understanding and confidence across professional boundaries – key ingredients of effective safeguarding.

But there is more to do. We need stronger national clarity on the safeguarding role of Family Hubs, better alignment between Children's Social Care, Family Help, and early years services, and greater public awareness so that families know where to turn. We must also ensure that evaluation frameworks reflect what families themselves say matters: trusting relationships, clear communication, and support that feels joined-up.

As we continue to reform and strengthen early years provision, the opportunity – and the imperative is clear. By embedding consistent safeguarding expectations, investing in integrated practice, and keeping babies and families at the centre of our decisions, we can build a system that identifies need earlier, responds more effectively, and gives every child the safe start they deserve.

**Tracey Holdsworth**  
**Chief Social Worker & Director of Organisational Safeguarding, NSPCC**



# Executive Summary

This research report examines safeguarding practices within place-based family support settings, such as Family Hubs, asking how multi-agency working can operate most effectively to keep children safe. With a focus on early years, our research collates learning from these settings to inform the national rollout of Best Start Family Hubs.

The publication of the *Best Start in Life (BSIL)* strategy marked a significant moment for early years policy, with plans to expand Family Hubs across England. Guidance to local authorities has focused on improving child development and health outcomes through evidence-based services.<sup>1</sup> To accompany this, Government should recognise the unique role Family Hubs can play in safeguarding.

Our research examined how professionals working in Family Hubs identify and respond to concerns, and how well information is shared across agencies. We focus particularly on the early years and whether current systems support early and effective safeguarding for our youngest children. Findings draw on interviews, focus groups, analysis of serious case reviews, and polling commissioned from YouGov.

To deliver timely and effective support, the Government's two flagship family support reform programmes – Family Hubs and Family Help – must work in an integrated way. Only a joined-up system can ensure that early concerns are identified, shared and responded to consistently, rather than falling between fragmented pathways.

Our findings suggest that awareness and reach of Family Hubs remain limited. Although most early years parents report at least some awareness of family support services, detailed knowledge is uneven: 56 per cent of parents know nothing about or are unaware of Family Hubs. Less than a third of parents think Family Hubs operate in their local area. This suggests a visibility gap, even where services exist.

Parents' confidence navigating local services is similarly mixed. Just under half (46 per cent) feel confident in understanding what is available locally, while 51 per cent are not very or not at all confident. This shows clearer signposting and a more consistent 'front door' into support is needed.

Safeguarding failures in early years settings do not primarily stem from weak individual practice, but from a system built around crisis-driven statutory thresholds rather than the preventative, relational and continuous nature of work needed with babies, infants and families. Findings from our research highlight these systemic issues.

Across the full dataset, five interconnected themes emerged:

### **1. Information sharing: culturally valued, structurally constrained**

Practitioners emphasised that effective information sharing is central to safeguarding, but they face technical, procedural, and cultural barriers. System incompatibility, unclear consent rules, and access restrictions prevent timely exchange of information. Parents' trust echoes these system weaknesses: 80 per cent of parents trust GPs, 72 per cent trust midwives, and 70 per cent trust health visitors to share information appropriately. However, trust is far lower for social workers and police<sup>2</sup> and reasons for distrust mirror practice barriers: inconsistent advice, worries about information shared without consent, feeling judged, and negative past experiences.<sup>3</sup>

### **2. Threshold ambiguity and system misalignment in early years safeguarding**

Safeguarding systems designed around crisis intervention often do not fit the preventative, relational nature of early years work. Practitioners – particularly health visitors – reported holding disproportionate responsibility for early identification because current frameworks are poorly aligned with early help and early years pathways. Families frequently fall into a grey zone; their needs sit below statutory thresholds yet still present risks that require coordinated multi-agency support.

Across agencies, thresholds are applied inconsistently. Early help is often contingent on parental consent rather than need. Follow-through varies widely, with some families receiving timely contact and others having to chase or receiving no response. Parents' experiences illustrate practitioner reports of unclear thresholds and fragmented support pathways; for the 16 per cent of parents that recall being offered additional support, follow-through was highly inconsistent. These patterns highlight systems that were not designed with early years in mind – creating ambiguity, disjointed care, and unresolved risk.

### **3. Relationships drive safeguarding**

Trusting, consistent relationships underpin early identification. Parents' comfort levels reflect this dynamic; they feel most at ease approaching GPs (79 per cent), health visitors (72 per cent), nursery/education staff (71 per cent), and midwives (65 per cent), but far less comfortable with social workers (28 per cent) and police (38 per cent). Two-thirds (66 per cent) say they would accept extra support in the future, reinforcing the sense that help-seeking is relational, shaped by who makes the offer and how it is followed through.<sup>4</sup>

### **4. Professional confidence and strong leadership shape safeguarding effectiveness**

Variation in leadership structures, unclear roles, and siloed communication weaken safeguarding practice. These systemic issues directly influence practitioner confidence and competence. Practitioners report that safeguarding responsibilities are often ambiguously distributed across agencies, leading to inconsistent expectations and limited accountability. This lack of structural clarity intersects with gaps in training; where training is generic rather than context specific or multi-agency, practitioners feel less confident in identifying need, making referrals, and navigating thresholds is more difficult.

Parents' experiences reinforce these system-side weaknesses. Just under half (46 per cent) feel confident they understand local support, while 51 per cent lack confidence, reflecting unclear offers and inconsistent follow-through. These patterns are similar to practitioner accounts of fragmented leadership, varied local practice, and limited shared processes. Disparities in training quality compound this variation, contributing to inconsistent referral pathways, poorer-quality information sharing, and uneven practitioner confidence. Together, leadership ambiguity and training gaps create a safeguarding environment where practice quality depends heavily on local structures rather than shared national standards, reinforcing inequity in family experience and professional capacity.

### **5. Awareness of Family Hubs and variation in delivery generates inequity**

Currently, Family Hubs operate inconsistently across England; some offer multidisciplinary support, others primarily signpost to other support systems. Awareness is uneven; 32 per cent of parents have not heard of Family Hubs and 24 per cent have not heard of Children's Centres. Perceived local availability is also unclear; 23 per cent do not know what family services operate locally and 11% were not aware of any of the listed services. Health professionals offer strong potential for spreading awareness as parents hear about services through health visitors (52 per cent), midwives (27 per cent) and GPs (11 per cent).<sup>5</sup>



## Recommendations

These findings point to clear opportunities for how strengthening safeguarding systems both within Family Hubs, and between Hubs and other agencies, would bolster the wider family support system. The recommendations below outline the key actions needed to ensure Family Hubs can play a consistent, trusted role in safeguarding and early support.

### **1. The Government should provide clear national direction on the role Best Start Family Hubs play within the wider safeguarding ecosystem by:**

- Developing multi-agency good practice examples in partnership with the National Centre for Family Hubs, supported by clear criteria for what constitutes 'good practice'.
- Producing visual system interface maps and process diagrams to show how Family Hubs connect with Family Help, MACPTs, health, education and early years services. This map should provide clarity on where and how Family Hubs sit alongside existing statutory safeguarding responsibilities, without transferring accountability away from statutory agencies.

By clarifying the role of Family Hubs within local safeguarding systems, Family Hubs can complement statutory safeguarding arrangements by strengthening information flow, aligning pathways, and supporting consistent multi-agency practice.

### **2. The Government should strengthen the link between Best Start Family Hubs and Children's Social Care by:**

- Ensuring every Best Start Family Hub has a clearly identified direct link into children's social care, responsible for providing safeguarding advice and relationship-based consultation to Family Hub practitioners, enabling timely and confident referral processes when concerns arise.
- Setting clear national expectations within the new upcoming information sharing duty guidance on multi-agency information sharing and feedback loops, including between Best Start Family Hubs and children's social care.

These spaces must remain non stigmatising and welcoming, while including an appropriate presence of children's social care. Family Help practitioners are likely to be best placed to work in these settings. Strong links between Best Start Family Hubs and children's social care is crucial to ensure effective referral pathways, information sharing and shared safeguarding language and culture. Best practice models show that safeguarding improves with strong links rather than working in silos.

## Recommendations



### **3. The Government should ensure that all professionals working with, and within, Best Start Family Hubs should have a shared approach to safeguarding by:**

- Working with professional bodies and safeguarding partners to establish a shared multi agency safeguarding training framework, coordinated through local Multi Agency Safeguarding Arrangements (MASAs). This should set out a consistent baseline of safeguarding knowledge, skills and shared practice expectations across health, children's social care, policing, education, early years and Best Start Family Hubs, while allowing local flexibility in delivery.
- Expecting Family Hubs to host regular, flexible multi agency practice coordination forums with local safeguarding partners, drawing on evidence from models like the Speech, Language and Communication Triage Panel (which shows that routine, trust based coordination improves early decision making and reduces unnecessary escalation).

Consistent safeguarding practice depends on shared understanding, language and relationships across agencies. Joint training and regular coordination provide the foundation for effective, proportionate responses to need and risk.

### **4. The Government should ensure Best Start in Life evaluations measure what matters by:**

- Developing a safeguarding evaluation framework for Best Start Family Hubs that is aligned with the data collection principles set out in the Best Start guidance and integrated with local authority and health data systems. The framework should support local evaluation, and delivery assurance, and include safeguarding indicators covering:
  - Multi agency effectiveness, including early identification of need through Family Hubs and joint working (such as multi agency triage and joint discussions), and the quality and timeliness of information sharing between Family Hubs, Children's Social Care and partners.
  - Parent and carer experience of working with safeguarding professionals (including levels of trust and understanding of service offers) captured through existing feedback mechanisms.
  - Workforce confidence in thresholds, escalation routes, and collaborative safeguarding practices.

It is vital that Family Hubs evaluation frameworks include indicators that reflect what families value most: trust, accessibility, relational practice, and clarity of the local offer to support continuous improvement and coherence with wider safeguarding and domestic abuse reforms. This means that safeguarding models within Family Hubs should prioritise transparency with families about concerns, decision-making and escalation, to preserve trust while meeting safeguarding duties. This framework should draw on learning and principles from other models that have been shown to be effective for monitoring multi-agency effectiveness, such as the Joint Targeted Area Inspection (JTAI).

## Recommendations



### 5. The Government should bolster the Best Start in Life campaign by:

- Supporting every Best Start Family Hub to have access to at least one professional or volunteer family navigator who connects the hub to the wider community, deployed through outreach plans led by local authorities.
- Investing in dedicated Family Hub communications capacity in every local area, enabling unified messaging across health, early years settings, and Best Start Family Hubs. Health Visitors, nursery workers, and other early years practitioners should be positioned as trusted messengers within this shared communications approach, reflecting their reach and the public trust they hold.

The Government should resource a national Best Start Family Hub awareness campaign, aligned with local authority information and outreach strategies, to deliver consistent, non-duplicative messaging that positions Family Hubs as universal, non-stigmatising sources of early support for all families.





# Introduction

The early years of a child's life is a critical period for development and attachment that lays the foundation for future health and wellbeing. As babies are entirely dependent on parental care to keep them safe and unable to verbally communicate their needs in the same way as older children, this is a period of heightened vulnerability. Raising babies and young children can be challenging for parents, particularly those experiencing difficulties, such as poverty, perinatal mental health problems, and domestic abuse, and they may struggle to meet their child's physical, emotional and developmental needs.

However, with the right support, parents can build healthy relationships with their babies. Early childhood services are often the only source of professional support a family receives for their child before they reach school, meaning coordinated, preventative early years services can play a pivotal role in promoting development, wellbeing, and keeping children safe.<sup>6</sup>

Place-based family support settings, such as Family Hubs, are key support mechanisms to enable the delivery of these services. When working well, they can buttress the practitioner workforce to support families in a coordinated, joined up way with a shared vision for giving all children the best start.

Place-based approaches to child and family support aim to organise services so they are accessible, coordinated, and responsive to local need. In England, these approaches include Family Hubs and Children's Centres, which aim to bring together professionals from social care, health, education, and the voluntary sector to work collaboratively in supporting families.

The evolving landscape of early intervention children's services offers renewed hope that families will receive the right support at the right time. The Government's two flagship family support reform programmes – Best Start Family Hubs and Family Help – are intended to operate as a joined-up system, with Family Hubs working closely with other local children's services to safeguard children and help families facing complex problems, particularly those supported by a dedicated Family Help lead practitioner (who may be a social worker).<sup>7</sup> This ambition is reinforced in the *Families First Partnership Programme Guide* (FFPG) for 2026 to 2027, which emphasises integration between Family Hubs and Family Help to create a seamless system of help, support and protection.<sup>8</sup> Although some Family First areas have begun piloting co-location of Family Help teams within hubs, deeper and more consistent integration is required. Family Hubs should act as a clear and consistent gateway into support, enabling smooth transitions between universal, targeted and specialist services. Without this whole-system approach, families will continue to face fragmented pathways and risk falling through gaps.

The Best Start in Life strategy places a strong emphasis on child development and health. Alongside this, the updated FFPG sets out delivery expectations for statutory safeguarding partners to strengthen Family Help and multi-agency child protection, including the establishment of Multi-Agency Child Protection Teams (MACPTs).<sup>9</sup> Together, these reforms create an opportunity to better align early years support with safeguarding. However, without explicit, practical direction from Government on how Best Start Family Hubs interface with Family Help, children's social care and wider safeguarding arrangements, gaps in protection, practice and accountability will remain.

## Context and evidence



## Where we are now

The development of family help and multi-agency working in England over the past few decades reflects a sustained effort to improve how services identify, support and protect vulnerable children. In recent years, policy reforms have focused on integrating targeted early help and child in need support, as well as changes to the child protection landscape. The Independent Review of Children's Social Care called for systemic reform, advocating investment in preventative services and multi-disciplinary Family Help teams that would bring together targeted early help and child in need under one offer of support.<sup>10</sup> In 2024, the Labour Government adopted these recommendations, sustaining and developing proposals for family help services in every area. In 2025, the Government published the *Families First Partnership Programme Guide*,<sup>11</sup> outlining plans for multi-agency child protection teams (MACPTs), as set out in the Children's Wellbeing and Schools Bill.

By July 2025, the Best Start in Life Strategy reinforced a national commitment to early years intervention, aiming to reduce inequalities and embed family support within every community.<sup>12</sup>

Given evidence highlights both the progress and persistent challenges with safeguarding in place-based family support settings, the national rollout of Best Start Family Hubs must address the lessons from existing evaluations. Family Hubs and MASHs have strengthened collaboration, yet gaps in consistency, accountability, and evaluation persist.<sup>13</sup> Stronger leadership and clear policy are needed to make safeguarding a core function of Family Hubs. Existing guidance does not consistently set out how safeguarding should operate across Family Hubs, nor how safeguarding functions connect different parts of the children's services system. As a result, safeguarding is not always experienced as a coherent, coordinated thread.

The success of individual policy reform programmes will depend on effective implementation and alignment across the family support and safeguarding landscape, including Best Start Family Hubs, Family Help, children's social care, health services, and multi agency child protection arrangements. Without a whole system approach – where universal, targeted, and specialist services operate through clearly aligned pathways – families risk falling through the cracks.

## Building a future system with safeguarding at the heart

The findings in this research highlight that safeguarding in the early years is structurally misaligned with the realities of Family Hub practice. They indicate that safeguarding failures in early years settings do not primarily stem from weak individual practice, but from a system designed around crisis-driven statutory thresholds rather than the preventative, relational, and continuous nature of work with babies, infants, and families.<sup>14</sup> Family Hubs inhabit a space that the current safeguarding system relevant to the early years does not adequately recognise: they are neither purely universal services nor formal statutory safeguarding actors, yet they are often the first to identify emerging concerns, hold risk, and coordinate multi-agency conversations.

This mismatch creates three systemic tensions in how safeguarding functions across early years settings.

- First, information-sharing arrangements and IT systems were built for high-risk statutory cases, not for the routine, relational safeguarding that defines early years work. As a result, practitioners face unnecessary barriers to sharing information in a timely, proportionate way and families experience inconsistency and mixed messages.
- Second, thresholds and pathways are not designed for the early years. Relational disclosure, fluctuating risk, and the developmental vulnerability of babies do not fit easily into binary statutory thresholds.<sup>15</sup> Practitioners regularly operate in a grey zone below child in need or child protection levels, yet above what universal services can sustain. In this space, responsibility becomes blurred, and families often experience fragmented or delayed support.
- Third, leadership, governance, and workforce structures do not consistently reflect the unique safeguarding demands of the early years.<sup>16</sup> Variability in training, supervision, co location, professional roles, and local integration means safeguarding quality depends heavily on geography rather than need. This produces inequitable experiences for children and families and strains a workforce already operating beyond its intended remit.

Taken together, these factors create a system where Family Hubs often absorb safeguarding risk without the clarity, authority, or infrastructure to respond effectively. The consequence is not only inefficiency but heightened vulnerability: babies and very young children rely on early identification and rapid multi-agency coordination, precisely the areas where the system is most fragmented.

To address these systemic issues going forward, Family Hubs must be positioned as an integral part of local safeguarding arrangements, with clear roles, strong governance, interoperable systems, and the workforce capacity to deliver early and effective intervention. This requires national policy clarity on safeguarding roles across programmes, consistent local implementation, and investment in training and integration – not to turn Family Hubs into statutory safeguarding bodies, but to ensure they can confidently and safely operate as the coordinated multi-agency front door for families.

Only by aligning safeguarding policy, thresholds, workforce structures, and information sharing systems with the relational nature of early years work can Family Hubs fulfil their potential to keep babies and young children safe. Rather than highlighting isolated changes, this report's findings and recommendations point to the need for a broader necessary shift in safeguarding: away from crisis driven responses and towards a preventative, relationship based, multi agency approach that better reflects the realities of early childhood.



# Research Methods

This report used a mixed methods design combining interviews and focus groups with a rapid evidence review, analysis of Case Reviews, and nationally representative polling of parents. The goal was to understand how multi-agency safeguarding currently operates within Family Hubs and similar early years settings, and to identify opportunities for strengthening practice.

A full description of the methodology, including analysis, participant details and analytical limitations, is provided in the [Appendix](#).

## Rapid evidence review

The NSPCC Research and Evidence Team was commissioned to produce a rapid evidence review of the existing literature at the beginning of this project. These exercises enabled refinement of the thematic areas of focus and informed the development of the research methods.

## Qualitative interviews and focus groups

A purposive sampling strategy<sup>17</sup> was used to ensure that participants had direct experience of safeguarding within Family Hubs, Children's Centres, or comparable multi-agency early years services. Although a range of models was sought, the final sample comprised professionals working within Family Hubs or family centre type provision (both funded and non funded), alongside two multidisciplinary professionals working in partnership with Family Hubs. Nine semi-structured interviews and three focus groups were conducted across different regions of England. The sample included practitioners working at different levels of responsibility, including frontline roles as well as managerial, service leadership, and strategic roles, and spanning a range of professional backgrounds including health early years, family support, therapeutic, and specialist services. This enabled a broad understanding of safeguarding practice across disciplines and organisational contexts.

All quotes in this report are from practitioners who took part in our interviews and focus groups. Quotes have been anonymised and lightly edited to remove any potentially identifying factors and to increase readability (for example, removing filler words or correcting minor grammar), without altering practitioners' meaning, tone, or intent. No quotes have been paraphrased or substantively changed.

### **Case Review analysis**

This report contains a review of all Case Reviews published between 2018–2025 (15 Case Reviews) involving Family Hubs, Children's Centres, and Sure Start.<sup>18</sup> Cases were selected for their relevance to early years multi-agency practice. Case Reviews varied in format and depth, which was recognised as a limitation of the evidence base during analysis. Findings were interpreted with this variability in mind. They were synthesised to identify recurring multi-agency safeguarding challenges, particularly relating to thresholds, information sharing, and early identification.<sup>1</sup>

### **Polling of early years parents**

YouGov polling was conducted in January 2026 with a nationally representative sample of 2,084 parents of children aged 0–5 living in England. Participants were recruited from across all regions and reflected a spread of parental ages and socio economic groups.<sup>19</sup> The poll explored awareness of early years services, trust in different professionals, how comfortable parents felt in seeking help, and experiences of being offered additional support.

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<sup>1</sup> This report uses the term 'Case Reviews' to describe statutory learning reviews relating to child harm, including Rapid Reviews, Local Child Safeguarding Practice Reviews (LCSPRs), and relevant historic Serious Case Reviews. While terminology and review processes have changed over time, the learning themes across Rapid Reviews, LCSPRs and earlier Serious Case Reviews remain highly consistent, particularly in relation to information sharing, thresholds and professional oversight.



# Findings

This research explores how Family Hubs safeguard children and young people. References to ‘Family Hubs’ in this report reflect a range of Family Hub and family centre type models, including multi agency early years arrangements that perform similar functions. This reflects both the scope of the research and the way practitioners described their own settings.

Drawing on interviews and focus groups with practitioners, polling data of parents commissioned from YouGov, and an analysis of serious case reviews, the findings reveal both the promise and the complexity of delivering safeguarding in Family Hubs, considering the preventative and relationship-based context.

Polling results reinforce this picture of complexity. While most early years parents report at least some awareness of major family support services, detailed knowledge is uneven: 66 per cent have heard of Family Hubs, compared with 73 per cent for Children’s Centres and 74 per cent for Local Parenting Support Groups. Although only 16 per cent of parents have ever used a Family Hub, this low figure highlights a gap between awareness and engagement, while also warranting caution in interpretation as it may reflect differing levels of need or preference for support rather than a lack of interest. The figure should, however, be interpreted with caution, as it may also reflect varying levels of need or preference for support. This reach underscores the importance of clearer public information, especially given the safeguarding role Family Hubs are expected to play.

Across the focus groups and interviews, with polling designed to explore and contextualise emerging patterns, five interconnected themes emerged:

- 1. Information sharing: culturally valued, structurally constrained**
- 2. Threshold ambiguity and system misalignment in early years safeguarding**
- 3. Relationships drive safeguarding, between practitioners and with families**
- 4. Professional confidence and strong leadership shape safeguarding effectiveness**
- 5. Awareness of Family Hubs and variation in delivery generates inequity**

Together, these themes point to a system that is developing and under strain, where local innovation is often used to fill gaps left by unclear guidance, inconsistent expectations across agencies, and limited clarity about safeguarding roles. As a result, practitioners are left to navigate ethical, emotional and procedural tensions daily as they work to keep children safe.

### **1. Information sharing: culturally valued, structurally constrained**

#### *Perspectives on Information Sharing*

Across interviews and focus groups, information sharing was consistently described as a core and well understood safeguarding function within Family Hubs. Practitioners expressed a strong cultural commitment to “working together,” closely aligned with the principles set out in *Working Together to Safeguard Children* (2026),<sup>20</sup> including its expectations about partnership working across universal services and early help. Timely and effective information exchange was seen as foundational to safeguarding practice.

**“ We always want to prioritise children and young people’s safety. A big part of that is working with others to ensure we’re aware of all information and communicating with others where consent is given or where there is risk.”**

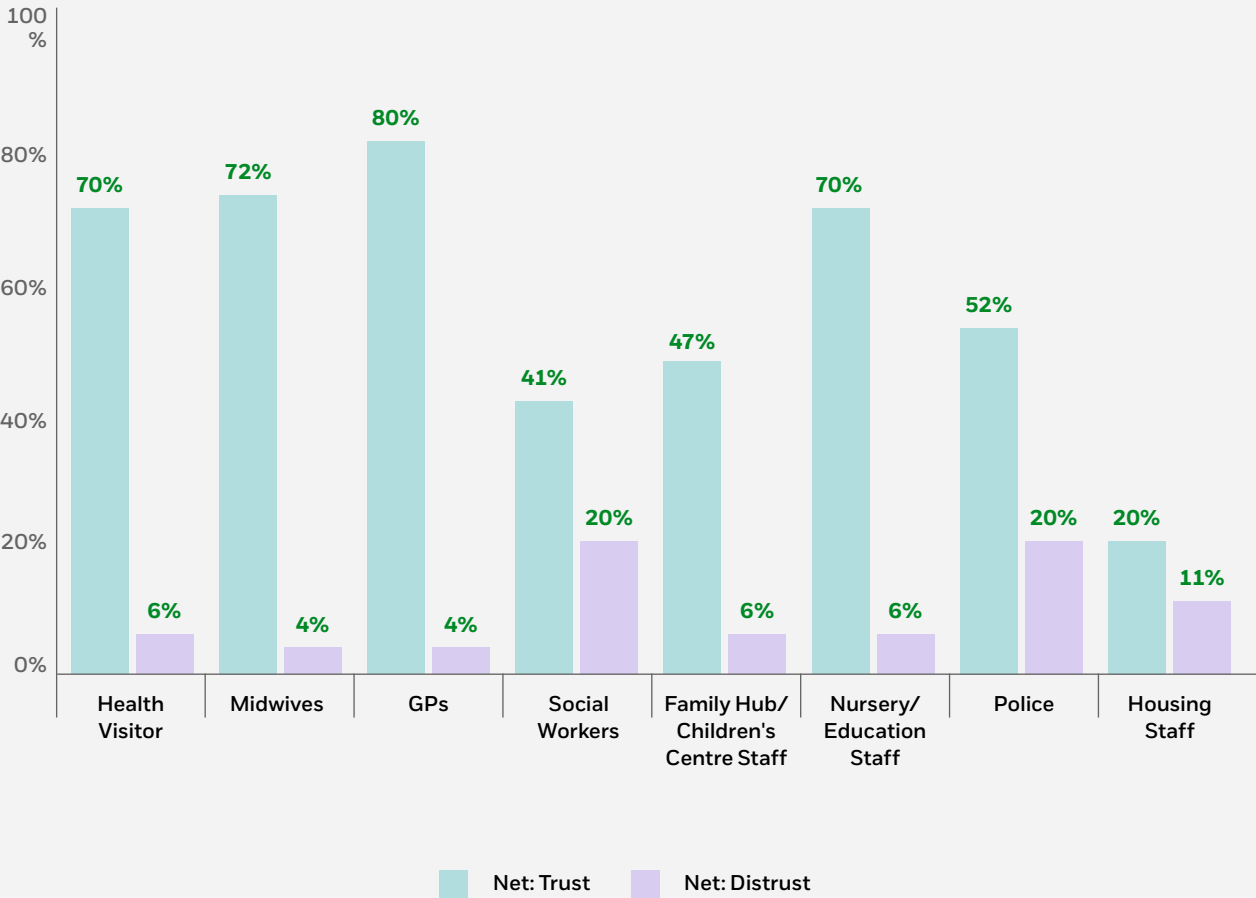
*Primary Care Lead*

Consistent with previous research, information sharing barriers remain a longstanding challenge. Practitioners spoke to us about significant structural barriers. Challenges included incompatible IT systems, limited access to partner data – particularly health records – and uncertainty around data protection obligations. These constraints often led to delays or gaps in safeguarding responses.

**“ So many mistakes happen because we don’t have the right information, or because people are overly cautious about sharing it.”**  
*Health Liaison Officer*

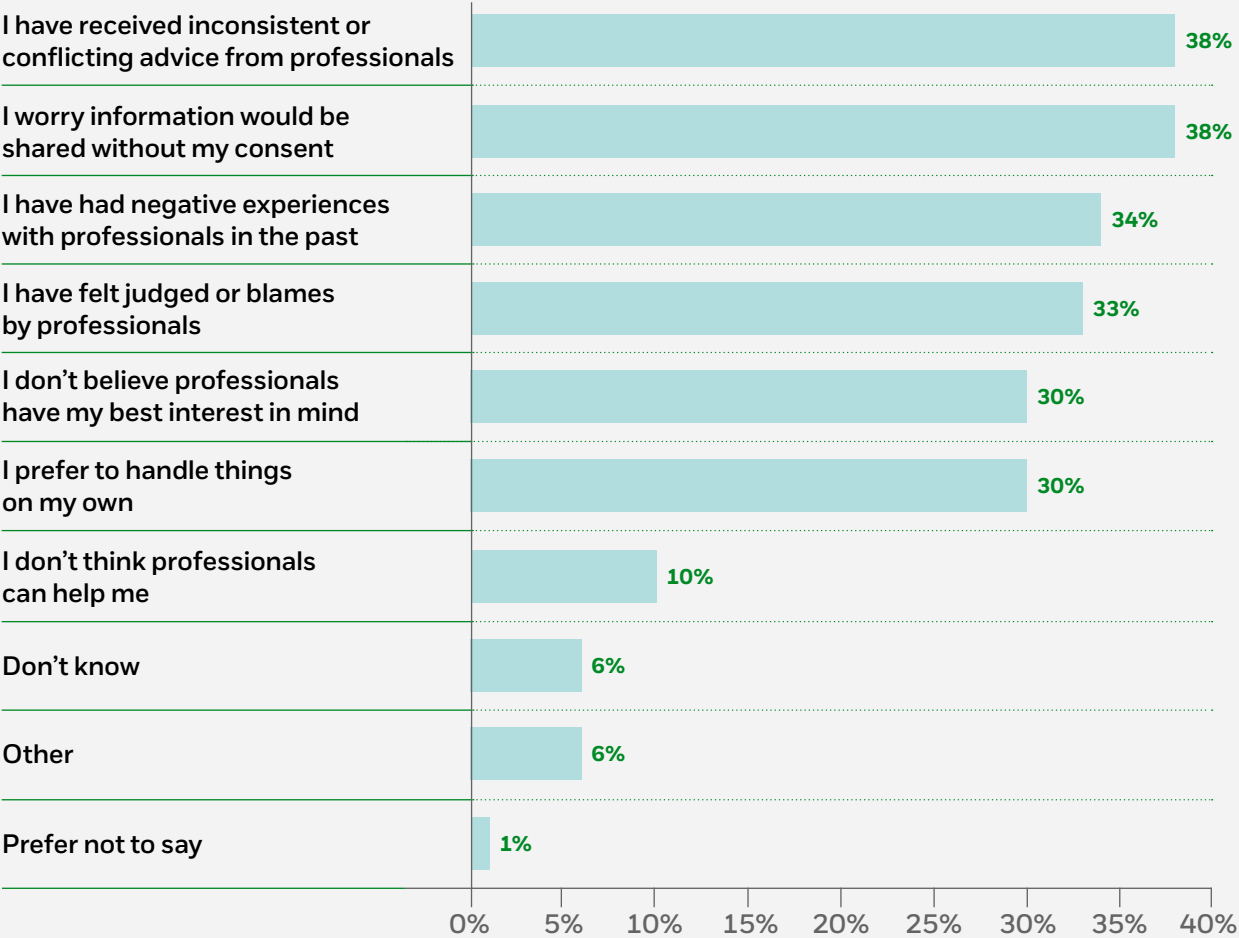
Among parents we polled, health professionals emerged as the most trusted to share information appropriately. Polling evidence shows clear differences in levels of trust across professionals (Figure 1). For example, only 6 per cent of parents distrust Health Visitors, compared with 20 per cent who distrust social workers and 20 per cent who distrust the police. Alternatively, when looking at trust rather than distrust, 70 per cent of parents trust Health Visitors, compared with just 41 per cent who trust social workers.

**Figure 1.**  
*Parents’ trust in professionals to share information*



As seen in Figure 2, parents surveyed indicated a number of different reasons for why they distrust professionals to share information appropriately, including inconsistency, poor communication and lack of transparency. This reinforces the importance of clear explanations about when and why information is shared, consistent application of guidance across agencies, and relational, trauma-informed practice. Addressing these issues is essential if Family Hubs are to act as trusted, accessible front doors for families seeking support.

**Figure 2.**  
*Parents’ reasons for distrusting professionals to share information appropriately*



*Challenges and Gaps in Information Sharing*

Practitioners reported that information sharing across agencies remained uneven. Challenges were described in relation to cross system working with health partners, where differences in organisational structures, data sharing protocols and professional thresholds sometimes resulted in overly cautious or delayed information flows.

## 2. Threshold ambiguity and system misalignment in early years safeguarding

A dominant theme across the data was the challenge of operating within the grey zone between universal services and statutory safeguarding thresholds. Family Hubs are designed to provide universal services and early help, yet practitioners frequently described working with families whose needs were complex but did not meet statutory thresholds for intervention.

**“It’s the ones that are not on a child protection plan or a child in need, the ones that are just below that threshold. That becomes a little bit trickier to give them the support that you want to, because they’ve got to agree – the families have got to agree to it.”**

*Family Support Practitioner*

Practitioners expressed frustration with how safeguarding thresholds were interpreted and applied differently across agencies, a finding echoed in serious case reviews and national studies, which repeatedly identify misalignment professional judgement about risk as a risk factor in safeguarding failures.<sup>21</sup>

Interview and focus group practitioners described how some Family Hub staff remained closely involved with families over long periods and continued to manage concerns informally, while lacking clarity about when responsibility for safeguarding should be formally handed over to children’s social care or other statutory services. This created emotional and professional strain, with practitioners describing anxiety about “holding too much” without escalation, versus escalating too early and damaging relationships.

A core tension underpinning this risk holding was the centrality of trust. Practitioners described how the trusted and non statutory nature of Family Hubs encouraged families to share sensitive information, but also created challenges when deciding whether and how to pass concerns on to other services:

**“Sometimes [parents] tell us things that they might not necessarily tell a social worker or other professionals, and that can lead you in that position where actually we do need to safeguard and we will have to share that information, but then you risk losing that trust.”**

*Family Hub Manager*

This heightened sense of responsibility for identifying, monitoring, and managing safeguarding concerns was compounded by wider workforce pressures and shrinking capacity across early years services. Practitioners repeatedly described the reality of operating in stretched teams where demand outstrips resource, and where safeguarding activity must be balanced alongside high caseloads, statutory deadlines, and increasing levels of family complexity. These pressures are reflected in the national picture: health visiting numbers have fallen substantially over the past decade and early years services report high work demands and retention challenges.<sup>22</sup> Against this backdrop, Family Hub staff often find themselves holding risk for longer, or trying to coordinate support between agencies that are themselves overstretched.

**“ We are busy. We are here and they are busy as well. There’s a lot to do and it’s hard to find the right time.”**

*Family Support Worker*

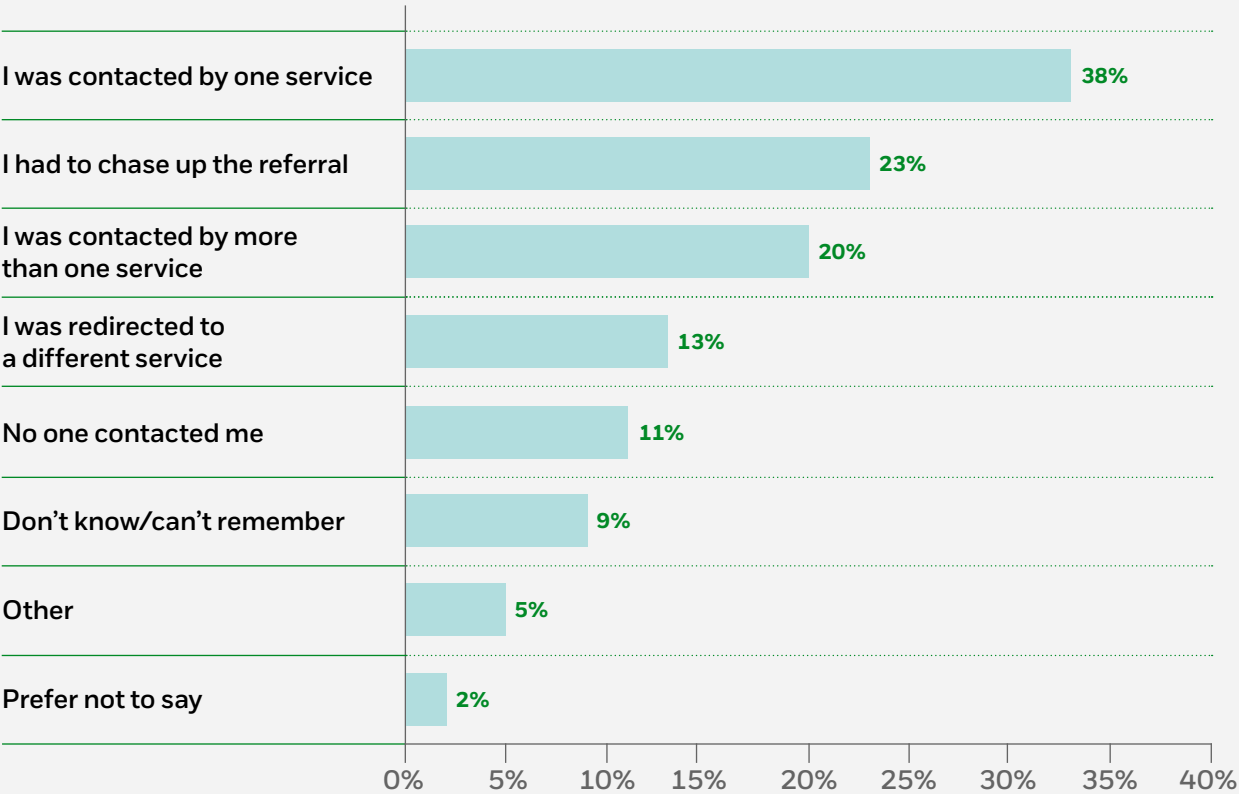
For many practitioners, the cumulative effect of unclear expectations about when and how to escalate safeguarding concerns, limited follow-through from other services, and ongoing workforce pressures is a feeling of carrying disproportionate responsibility for families whose needs sit below statutory thresholds but are still complex and require sustained, skilled engagement. Limited capacity across partner agencies can delay responses, blur accountability, and heighten the emotional labour of decision making. In this context, the ambiguity of the responsibility becomes more acute: practitioners know intervention is needed, but finding the time, partners, and service pathways to act early becomes increasingly challenging.

These pressures are made worse by wider workforce shortages, especially in health visiting, where falling staff numbers mean early years professionals are often the only ones regularly seeing babies and young children. Without renewed investment through the NHS Workforce Plan and efforts to rebuild key workforces like health visiting, future reforms to Family Help and Best Start services are unlikely to achieve their full impact. Evidence from the Nuffield Foundation also highlights that long-term pay erosion, “pay drag,” and the narrowing pay differential between health visitors and other nursing roles have contributed significantly to declining recruitment and retention, accelerating the fall in workforce numbers.<sup>23</sup>

Among parents who were offered additional support beyond routine appointments (for example, extra visits, parenting support programmes, or Early Help services), 76 per cent said it was clear what the support involved, but a notable minority reported that it was not (19 per cent) – reflecting uneven communication and understanding at the point of referral (Figure 3).<sup>24</sup> What followed also varied, but not all variation should be interpreted as negative: in some cases, being contacted by more than one service or being redirected may reflect an appropriate multi-agency response designed to meet a family’s needs. The outcomes that clearly

indicate system weakness are those where parents had to chase the referral themselves (23 per cent) or received no contact at all (11 per cent), signalling gaps in follow-through and reliability within local pathways.

**Figure 3.**  
*Parents' experiences after additional support was offered*



These fragmented pathways reflect what practitioners described: families whose needs fall below formal thresholds, unclear routes for raising concerns, and responsibilities being passed between services, leaving concerns unresolved. Among parents reluctant to accept future support, reasons of reluctance centred on uncertainty and fit – from not feeling the support was needed, to doubts about its usefulness, to discomfort with the professional involved or uncertainty about what the support entailed. These findings reinforce the importance of Family Help reforms and the need for Family Hubs to be clearly linked into those pathways, so that families whose needs sit above universal services, but below statutory intervention, receive timely, coordinated support. The future system will only succeed if Family Hubs and Family Help are consistently aligned, with clear referral routes, shared expectations, and consistent follow through. NSPCC research on practitioner confidence in local service responses to neglect in 2024 also spotlighted how families often fall through the gaps when concerns do not reach the threshold for statutory interventions. Multi-agency practitioners told us neglect was a common concern that practitioners felt confident in identifying, but that families were often left unsupported due to a lack of available services.<sup>25</sup>

### *Domestic Abuse as a Key Safeguarding Concern*

Domestic abuse emerged as a prominent safeguarding risk across interviews, focus groups and the serious case review analysis. Practitioners consistently described domestic abuse as a frequent concern shaping early help, escalation decisions, risk-holding and multi-agency collaboration. Serious case review findings confirm that domestic abuse remains one of the most persistent factors in child harm, often compounded by weak information-sharing, unclear thresholds, and missed opportunities for coordinated intervention.<sup>26</sup>

Evidence also tells us that the early years of a child's life can be a particularly vulnerable time for exposure to domestic abuse. Polling by For Baby's Sake showed that 40 per cent of parents who experienced domestic abuse said it occurred during pregnancy or before their baby's second birthday.<sup>27</sup>

Family Hubs are uniquely positioned to identify domestic abuse earlier through regular contact with parents and their ability to see concerns emerging across different services working with the same family. However, our research shows variation in how confidently and consistently hubs identify, record and respond to domestic abuse, particularly when cases fall within the 'grey zone' below statutory thresholds.

**“Link workers are so important. With domestic abuse, having a named person makes it much easier for families to reach out or get support when they need it.”**

*Services Manager*

### *Safeguarding Systems Do Not Always Fit the Early Years Context*

Our research highlights a systemic misalignment between safeguarding frameworks designed around crisis intervention and the realities of early years, relationship-based work. Family Hubs operate in a preventative space, yet safeguarding systems are often set up around fixed cut off points and one off decisions. Practitioners said this mismatch made it harder to respond in ways that were proportionate, coordinated, and suited to families' ongoing needs, and limited their ability to respond collaboratively.

Procedures designed for statutory safeguarding do not always translate well into early years practice. Professionals noted that thresholds for babies and young children are often unclear, applied differently by different services, or too fixed to respond to changing or emerging needs.

**“There isn't enough focus on antenatal safeguarding or risks in utero. Services feel fragmented, and there's less continuity in maternity care.”**

*Health Liaison Officer*

This lack of clarity creates uncertainty and delays, particularly when practitioners are trying to act early to prevent harm.

Fear of repercussions or “getting it wrong” further impedes timely action, while practitioners who feel they are the only professionals with eyes on a child – such as health visitors – often experience a sense of hyper-responsibility. This can lead to premature escalation before thresholds are met, or conversely, hesitation that delays support.

**“ People don’t always think about the lowest safe level of intervention. As a health visitor, you’re often the only professional who sees the child, which makes you feel like you’re holding all the risk. That can lead to referrals being made too early, even when early help might have been enough.”**

*Health Visitor*

Serious case review analysis reinforces these concerns, showing that early indicators of harm are frequently present but not acted upon within universal services.<sup>28</sup> This suggests a need for policy reform that better integrates safeguarding with early help and family support, rather than treating them as parallel systems.

### **3. Relationships drive safeguarding, between practitioners and with families**

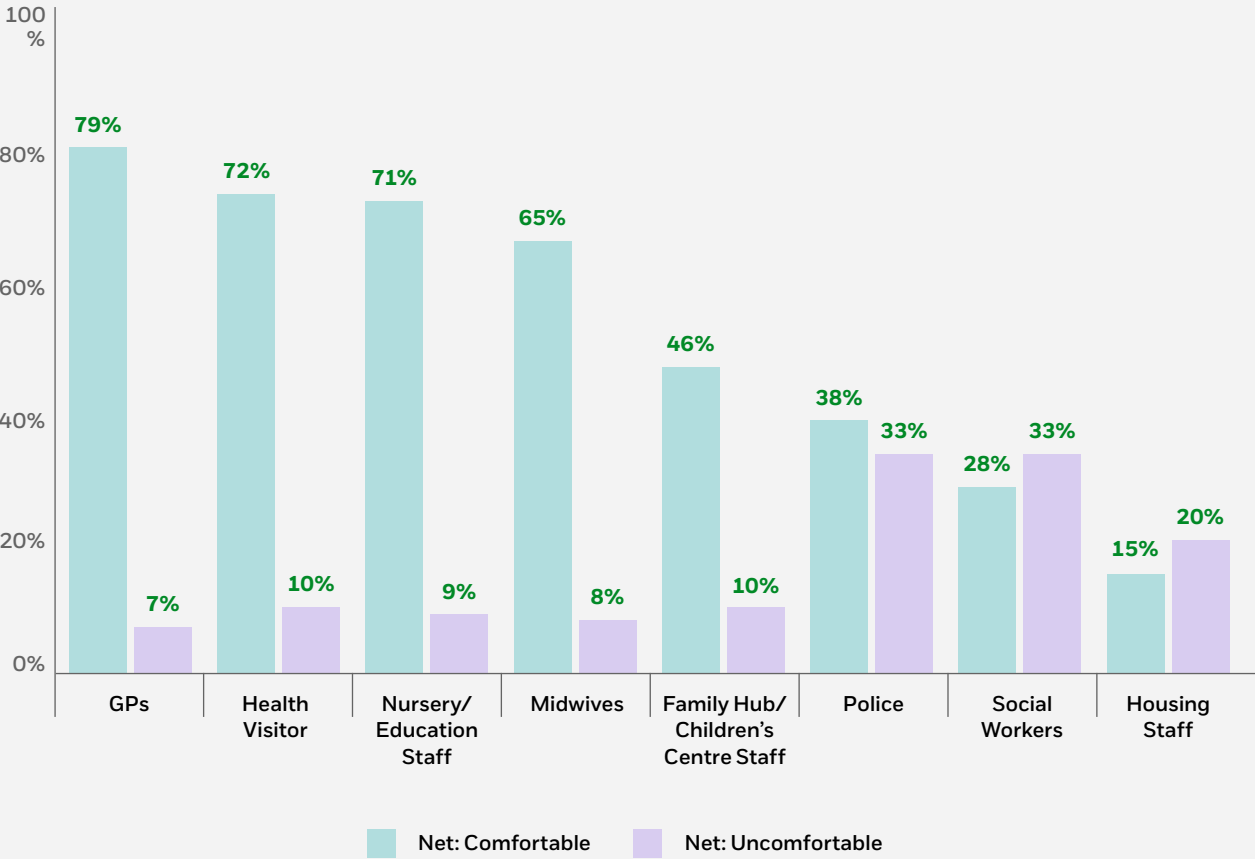
Practitioners consistently emphasised that relationships are central to safeguarding within Family Hubs. They described how strong working relationships between professionals build trust, support constructive challenge, and enable shared decision making, while trusted relationships with families help to identify risks early and support engagement with help. Practitioners consistently reported that families disclose sensitive information to Family Hub staff that they would not share with statutory professionals. This relational proximity is widely regarded as a strength, but it also introduces safeguarding tensions. Staff must navigate the ethical and emotional complexity of balancing confidentiality, trust, and statutory duties – particularly when sharing information could lead to social care involvement.

**“ Our relational approach really helps break down barriers, and since moving from safeguarding into early help, I’ve seen just how effective early help can be.”**

*Family Help Worker*

Practitioners highlight that trusted relationships can lead to earlier identification of concerns, yet polling shows that parents place differing levels of comfort and trust in different professionals. Displayed in [Figure 4](#), parents are more likely to feel comfortable approaching GPs (79 per cent), health visitors (72 per cent), nursery and early years staff (71 per cent) and midwives (65 per cent) – professionals they routinely see through universal services, which likely strengthens familiarity and trust. Comfort levels are lower for Family Hub and Children’s Centre staff (46 per cent), and far lower still for social workers (33 per cent) and police (33 per cent). While polling does not explore the reasons for these differences, they may reflect factors like lower levels of routine contact or perceptions associated with statutory or enforcement-led roles.

**Figure 4.**  
*Parents’ comfort in asking for help from different professionals*



When safeguarding relies heavily on relational trust, practitioners can feel constrained about escalating worries for fear of damaging that rapport, particularly in cases sitting within the grey zone below statutory thresholds.

Fear of damaging parental trust sometimes delays disclosure, echoing findings from serious case reviews where concerns were known but not escalated due to relationship preservation.<sup>29</sup> Practitioners described a structural tension: the same

trusting relationships that help practitioners identify concerns early can also make it harder to raise those concerns formally, particularly where staff lack clear supervision and organisational backing. They pointed to power imbalances between professionals and parents – alongside parents’ fear of being judged or facing statutory intervention – as ongoing barriers. Practitioners also noted that parents’ trust in early help can be fragile, underlining the importance of proactive engagement and clear ways for families to share their experiences and views of support.

**“ When a family is well known, thresholds can shift – people can become less curious. You have to consciously recalibrate your ‘curious lens’.”**

*Therapeutic Practitioner*

These qualitative insights are consistent with polling findings showing that some parents feel uneasy about information sharing or involvement of statutory services, suggesting that trust, while essential, can also shape how and when concerns are disclosed and addressed.

#### *Co-location and Training Strengthen Relationships*

Physical presence and co-location emerged as critical enablers of safeguarding. When professionals, such as social care, health, police and education, are visible or co-located within hubs, safeguarding becomes faster, more conversational, and less bureaucratic. Informal ‘corridor conversations’ and real-time sense-checking often prevent issues from escalating unnecessarily. However, these benefits are highly contingent on staffing stability and funding; they can disappear quickly when services withdraw or staff move on. Normalising multi-agency presence within hubs not only strengthens professional collaboration but also reduces stigma for families, making it easier for them to access support.

Evidence from recent Case Reviews syntheses indicates that physical presence and co-location of professionals (such as children’s social care, health, education, housing) within hubs materially enhances safeguarding practice.<sup>30</sup>

In the Case Review of Family E (Bolton), co-location of a Children’s Centre with a nursery and primary school was explicitly credited with building strong inter-professional relationships, improving day-to-day communication, and lowering barriers for parents who engaged because support was available ‘on site’; when the centre later moved, these informal communication channels weakened, demonstrating how benefits are contingent on sustained presence and stability.<sup>31</sup> Related patterns appear in Baby KK (Surrey), where routinely co-located staff (Children’s Centre and housing) offered rich, real-time observations that were crucial for assessing neglect – illustrating how visibility and proximity improve professional judgement – even though this input was undervalued in formal multi-agency meetings.<sup>32</sup> In Baby D’s case (Hull), regular in-person contact at the Children’s Centre enabled easy access to informal support and timely supervision,

again showing how every day, face to face contact can help problems come to light that formal systems might overlook.<sup>33</sup> Together, these cases support the proposition that normalising multi-agency presence within hubs both strengthens collaboration and reduces stigma for families, while also cautioning that these gains can diminish quickly when staffing changes or services withdraw.

Historical best practice shows how a named or embedded children's social worker in a centre normalises everyday professional contact – the 'corridor conversations', conversations to test concerns and joint visits that keep concerns proportionate and stop risk from drifting. Sure Start sites that trialled social care link/liaison roles reported better multi-agency visibility, quicker referral turnarounds and fewer hand-offs, because practitioners could convene decisions in person rather than via emails and callbacks.<sup>34</sup> These centre based roles were highlighted in sector reporting in the late 2000s and early 2010s as allowing social workers to contribute to universal, open access services without parents feeling labelled or singled out for statutory intervention, while still providing a clear route to escalation when needed – precisely the relational function interview and focus group practitioners say Family Hubs need today.<sup>35</sup>

Training and workforce development are equally vital. Practitioners highlighted the value of programmes that build confidence in communicating with parents and raising concerns effectively. For example, one focus group found a three-day course centred on how to talk with families and instigate change particularly impactful. Such training helps practitioners manage the delicate balance between maintaining trust and fulfilling safeguarding responsibilities, while also reinforcing the relational ethos that underpins Family Hub practice.

**“ I think it's three days of training which is all about how you talk with families, how you raise issues, you know and how you... How you instigate change for families.”**

*Family Help Worker*

The Best Start in Life and Healthy Babies guidance rightly emphasises a skilled early years workforce and expectations around safeguarding training. However, our findings suggest safeguarding and training need strengthening with more context-specific, practice-based and multi-agency examples of what 'good' looks like. This should include training that directly reflects real safeguarding scenarios in hubs, supports relational practice, and is grounded in best practice insights that go beyond the baseline set out in national guidance. Relationships between professionals and families are central to safeguarding but need to be handled with care and support. They enable early help and holistic support but, without supervision and adequate training on relational practice, the complexity can overload professionals. Strengthening professional confidence, shared training, and robust governance is, therefore, essential to make sure trust becomes a facilitator of safeguarding rather than a barrier.

#### 4. Professional confidence and strong leadership Shape Safeguarding Effectiveness

Across settings, practitioners described fragmented accountability within multi agency safeguarding arrangements. Responsibility for risk was often defined negatively, through statements such as “we don’t do that” or “my manager handles that”, resulting in decisions being passed on rather than jointly owned.

**“Some social workers say an issue doesn’t need action, while others want it escalated. The inconsistency makes it difficult to know what the expected threshold is.”**

*Family Hub Practitioner*

Case Reviews also highlight a lack of professional curiosity as a recurring learning point, reinforcing how separate procedures and tightly defined roles can prevent practitioners from probing further when concerns are unclear or emerging.

Similarly, practitioners reported that siloed protocols and reluctance to go beyond defined roles created gaps in safeguarding responses:

**“I feel they have their own work and do in their own protocol. And I’d have my own protocol because some in our team are working specifically with our protocol too. I see it in our team... Nobody is willing at the moment to go above and beyond the role of the job.”**

*Family Hub Manager*

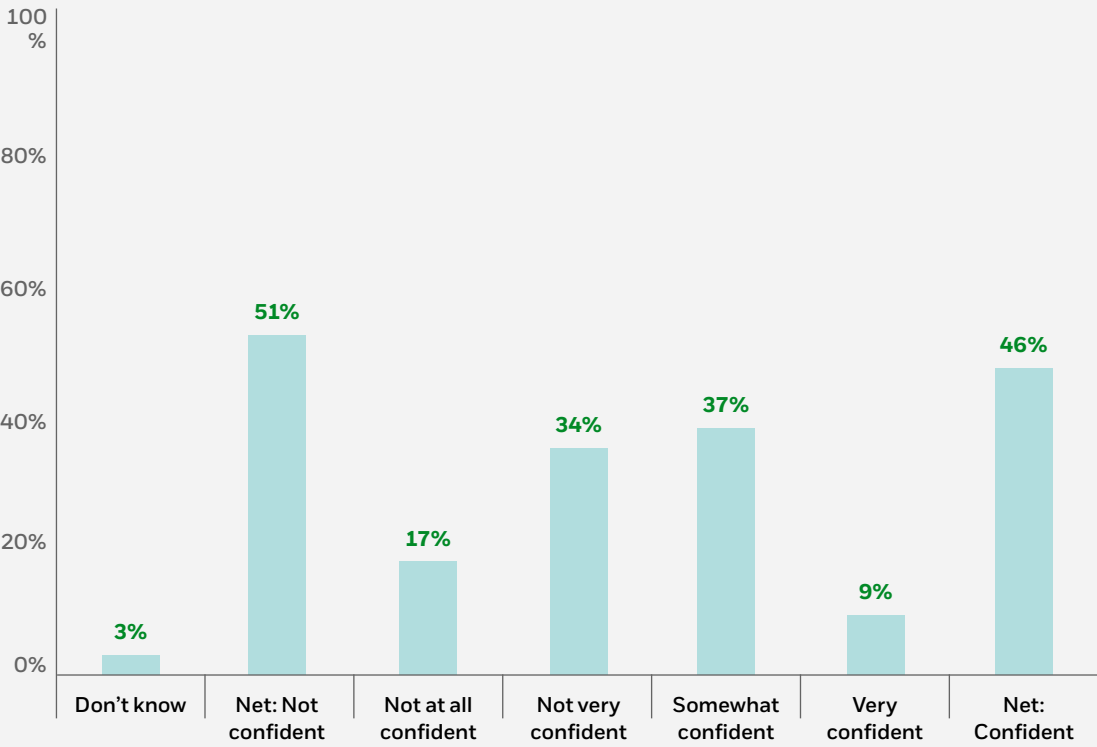
This emphasis on rigid role boundaries left uncertainty about who was responsible for progressing concerns once they crossed service lines. Practitioners expressed frustration at having to rely on email for escalation, with no assurance that concerns were being acted upon:

**“This is just what we do. Don’t get involved in that. You’ve passed it on now, but I’ve passed it on through an email and I don’t feel reassured that it’s being actioned until that email’s picked up, and sometimes you know you never get a response, not from health visitors. Blank, just no response.”**

*Family Support Worker*

Figure 5 reveals these concerns from the parents’ perspective. A slight majority of parents (51 per cent) say they are not very or not at all confident in understanding local service provision, compared with 46 per cent who feel confident. This lack of clarity about who does what, and where to go for support, reinforces the need for a clearer and more consistent ‘front door’ into local services, including Family Hubs, if families are to navigate early help pathways effectively.

**Figure 5.**  
*Parents’ confidence in understanding local services*



*Leadership and governance*

Leadership also played a role in how clearly safeguarding processes operated. In some areas, staff described changes that made it harder to resolve concerns or seek timely advice:

**“ At one time in my role, I could ring duty in my area if I had a safeguarding issue and speak to the line manager of the health visitors, a team leader, that’s changing. Now, we can’t just ring up. Got to go through email.”**

*Mental Health Practitioner*

Role ambiguity also created confusion about responsibilities:

**“ Sometimes I feel like other professionals think that we cover certain areas, or they don’t feel that we cover certain areas. So, then they don’t share it with us or they’ll cc in everybody but us. And then we have to play catch up of certain things.”**

*Family Hubs Practitioner*

Where clear governance arrangements existed, including named safeguarding leads, defined escalation routes, and joint supervision, practitioners reported greater confidence and consistency in safeguarding protocols. This finding aligns with our analysis of Case Reviews,<sup>36</sup> suggesting that clarity of roles and accountability is a key determinant of safeguarding effectiveness. Without it, responsibility becomes unclear, increasing the risk that concerns fall between services.

*Effective Training and supervision build Confidence and Competence*

Our interviews and focus groups suggest safeguarding confidence within Family Hubs is strongly linked to the quality and relevance of training and supervision. Practitioners consistently emphasised the importance of safeguarding training that is tailored to the early years context, rather than generic safeguarding. Context-specific training that draws on case studies and is interactive helps staff navigate nuanced situations and assert their professional judgement effectively:

**“ [Training] helps you recognise local differences but also gives you the confidence to assert your professional views when it matters.”**

*Family Health Practitioner*

In areas with bespoke, interactive training, Family Hub staff reported feeling more assured in safeguarding structures. Conversely, generic online training was seen as a barrier to effective inter-agency working. Shared training across agencies helped practitioners understand each other’s roles and perspectives, strengthening relationships:

**“ They offered us training in an area we’re not experts in, and it really strengthened our understanding. It showed how learning from each other can tighten our practice.”**

*Family Health Manager*

Reflective supervision enables practitioners to process and embed the skills they have learnt in training. Some practitioners reported uncertainty around thresholds, information sharing, and escalation. This lack of clarity can lead to hesitation in safeguarding or over-escalation, both of which carry risks for families and practitioners. Where reflective supervision was embedded, practitioners felt more confident exercising professional judgement and managing safeguarding concerns appropriately.

These findings reinforce existing evidence<sup>37</sup> that workforce development is a critical enabler of effective early help and safeguarding, particularly in integrated settings. Investment in high-quality, context-specific training and supervision not only builds practitioner confidence but also strengthens the relational foundations of Family Hubs, ensuring that safeguarding and early help operate as complementary systems rather than competing ones.<sup>38</sup>

## **5. Awareness of Family Hubs and Variation in Delivery Generates Inequity**

While the value of Family Hubs was widely recognised by practitioners across our interviews and focus groups, significant variation in delivery models, staffing, and integration was evident. Families’ experiences of safeguarding and early help, therefore, depended heavily on geography, creating uneven access to support.

Behavioural science evidence shows that inconsistent branding, accessibility, and referral practices have left many parents unclear about what Family Hubs are, what services they offer, and how to access them, meaning experiences of safeguarding and early help depend heavily on geography.<sup>39</sup> Polling evidence shows that although most parents of young children have heard of major family support services, detailed knowledge is uneven.<sup>40</sup> Uneven awareness and low reported use suggest that public understanding and reach are likely to be inconsistent, potentially compounding existing geographic disparities.

### *Variation in Hub Models and Levels of Integration*

Some hubs operated as fully integrated systems, embedding health, early years, and safeguarding with regular multi-agency meetings and touchpoints for practitioners to ask questions, check understanding and share information. These hubs demonstrated stronger referral pathways, often supported by regular triage sessions and multi-agency safeguarding meetings. Practitioners described how these structures enabled collaborative decision-making and timely action:

**“ We have weekly multi-disciplinary team meetings. We discuss with the team our concerns and what our actions have been and will be.”**

*Primary Mental Health Practitioner*

In contrast, other hubs functioned primarily as signposting services with limited focus on facilitating or coordinating professionals to safeguard in a multi-agency way. This lighter-touch model often lacked the depth of integration needed for proactive risk management, leaving families reliant on unclear and disconnected routes to support.

Evidence from the Speech, Language and Communication (SLC) Triage Panel (Better Start, Blackpool) demonstrates the effectiveness of regular, non statutory multi agency coordination forums in supporting joined up practice without duplicating formal safeguarding functions.<sup>41</sup> The SLC Triage Panel brings together NHS, local authority, voluntary sector, and commissioned providers on a regular basis to agree proportionate support pathways for children and families. The forum focuses on practice coordination and service alignment, with higher risk or complex cases appropriately escalated into specialist or statutory safeguarding services, rather than replacing established MASH or child protection processes. Over five years, the panel has discussed more than 5,400 children, allocating appropriate support in 94 per cent of cases and significantly reducing onward referrals following intervention (1.7 per cent), indicating improved early alignment and system efficiency. Practitioners identified regular contact, trust, and flexibility in delivery – rather than rigidly prescribed meeting frequencies – as key to sustaining effective joint working.

This evidence supports expectations that Family Hubs should convene regular multi agency practice coordination forums to strengthen collaboration and early decision making, while remaining distinct from statutory safeguarding decision making structures and adaptable to local context.

#### *The Role of Local Professional Networks*

Networking and local forums were highlighted as important mechanisms for collaboration, though participation varied widely. Some practitioners described successful neighbourhood groups that brought together diverse professionals, including police, early years staff, and, occasionally, health partners:

**“ We have neighbourhood groups...where professionals from across the area meet termly. Police attended for the first time recently, which was really positive, and it’s a great chance to build relationships and share information. Attendance varies, though; we rarely get GPs.”**

*Family Hub Practitioner*

However, these examples were not universal. Where hubs lacked structured forums or consistent multi-agency engagement, safeguarding responses were slower and less coordinated. This situation reinforces concerns raised by the Centre for Young Lives<sup>42</sup> and others that without sustainable funding and minimum standards, Family Hubs may exacerbate rather than reduce inequality. Ensuring consistency in integration, governance, and workforce capacity is, therefore, critical to achieving the programme's aims. The Best Start in Life strategy and guidance offer an important foundation for strengthening this consistency, but our findings indicate the need to build on these commitments with clearer expectations, stronger minimum standards, and practical examples of effective multi-agency coordination.

#### *A lack of awareness and distrust affect parents' engagement*

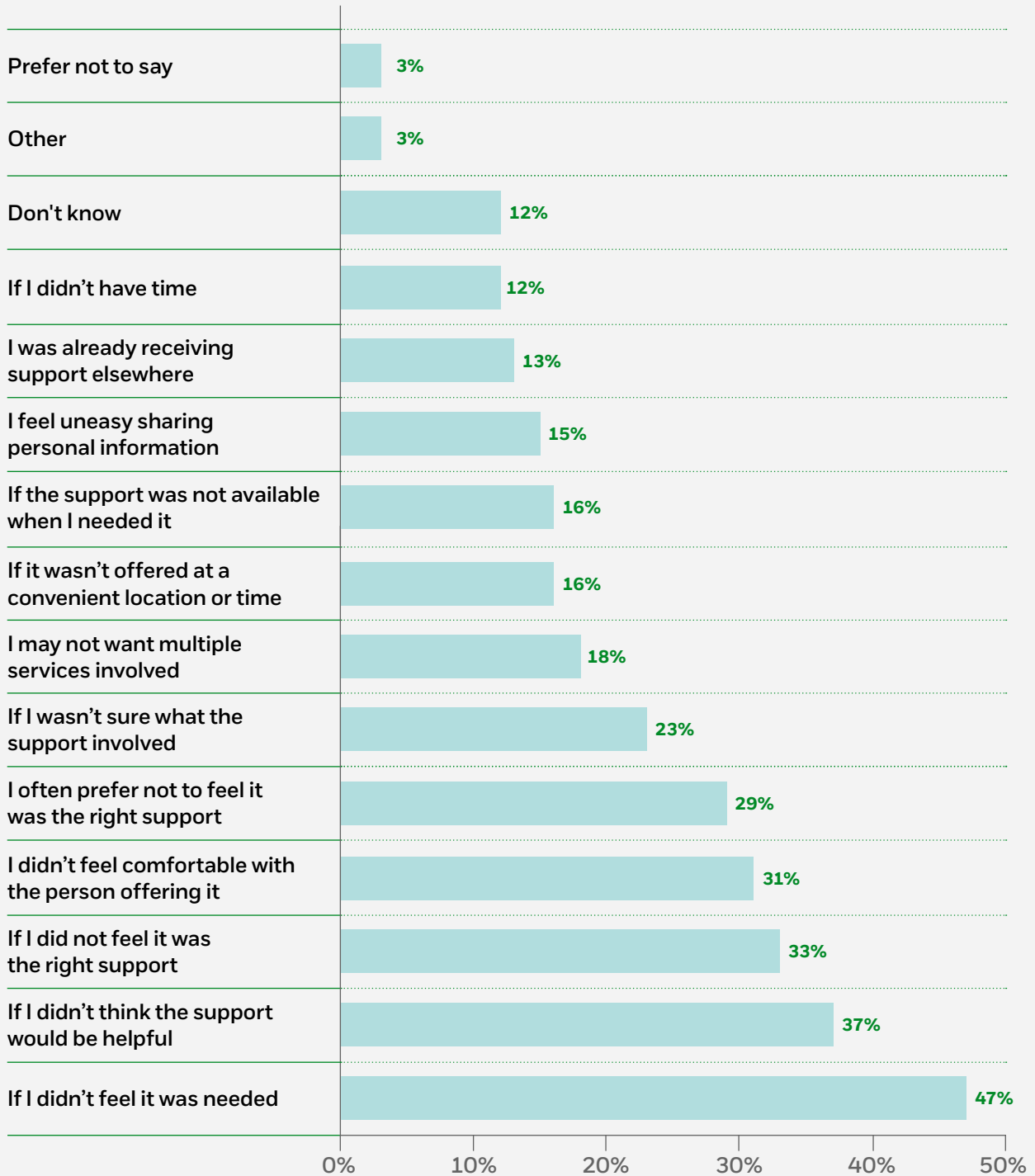
Polling shows limited awareness of Family Hubs and a gap between national awareness and local recognition, with many parents unsure whether services operate in their area.

Parents' confidence in navigating local support mirrors this uncertainty. Just under half (46 per cent) feel confident in understanding what support is available, while 51 per cent are not very or not at all confident, suggesting that many families struggle to identify what help exists and how to access it. Where parents do find out about services, this is often through trusted universal professionals – particularly Health Visitors and midwives – rather than from consistent or visible public information.

Alongside limited awareness, a minority of parents (16 per cent) report ever being offered additional support beyond routine appointments. This is not unexpected, given that additional support is not intended to be universal, but it underscores the importance of ensuring offers are timely, clearly explained, and aligned with families' circumstances. While most of these parents (76 per cent) said the offer was clear, the follow-through varied: some were contacted by one or more services, but 23 per cent had to chase the referral themselves and 11 per cent received no contact. These outcomes point to inconsistent communication and reinforce the broader picture of a system that is not always visible, navigable or easy for families to engage with.

Polling also provides insight into factors that may influence whether parents would accept additional support if it were suggested in the future ([Figure 6](#)). Among parents who said they would be unsure or unlikely to take up extra support in the future, the most common reasons were if they felt the support was not needed (47 per cent), if they believed it would not be helpful (37 per cent), or if they felt it was not the right support (33 per cent). Other barriers – such as not feeling comfortable with the professional offering support (31 per cent), preferring to manage alone (29 per cent), or not being sure what the support involved (23% per cent) – suggest that uptake is shaped not only by perceived need but by how clearly support is explained, how relevant it feels, who offers it, and how it fits within families' circumstances. Practical steps could help pre-empt hesitation, such as clearer explanations of what support involves, upfront communication about purpose and benefits, reassurance about information-sharing, and consistent messaging about early help and the role of Family Hubs before support is offered.

**Figure 6.**  
*Parents' reasons unlikely to accept support*



These findings demonstrate a national picture of low visibility, unclear local messaging and inconsistent follow-through, all of which reduce families' confidence in seeking help early. A coordinated national awareness campaign – aligned with local outreach and fronted by trusted messengers like health visitors – could ensure that families know what Family Hubs are, where they are located, and how they can support babies, young children and parents.



# Conclusions and Recommendations

Family Hubs are at a critical juncture. The practitioners who took part in this research described how the Family Hub model enabled them to build trust with families, foster multi-agency collaboration, and provide space for preventative work. Overall, Family Hubs have significant potential to strengthen safeguarding through early intervention, relational practice, and integrated service delivery.

However, this potential is constrained by systemic challenges and variation in delivery, which creates a postcode lottery. Fragmented information-sharing systems, inconsistent thresholds, blurred accountability, and widespread workforce pressures persist as major challenges. For the roll out of Best Start Family Hubs to be a success, these issues need to be addressed by Government.

Our findings, alongside the wider evidence base, show that when Family Hubs operate at the periphery of statutory safeguarding systems, their influence is weakened and their long-term sustainability is jeopardised. They risk becoming isolated early help outposts rather than central coordinating anchors for safeguarding that provide timely support for children and families.

To realise the ambition of Family Hubs, national policy must address these structural gaps. Family Hubs must be positioned as core components of local safeguarding arrangements, while remaining universally accessible, non-stigmatising spaces. Family Hubs should be fully integrated within the wider safeguarding ecosystem, alongside Family Help, MASH, and MACPT structures, health, education and early years services. Clearer governance frameworks, sustainable funding, and investment in workforce development are essential. In addition, training tailored to early years, co-location of services, and shared supervision can help practitioners

manage the delicate balance between building trust with families and upholding their statutory duties. Safeguarding systems must also evolve beyond rigid, binary thresholds to embrace a more flexible, relationship-based approach that aligns with the preventative ethos of Family Hubs. Without these reforms, hubs risk taking on responsibility for safeguarding concerns without adequate authority or support, undermining their capacity to protect the most vulnerable children and families.

The current Best Start in Life Family Hubs rollout presents a unique opportunity to act on these findings. With clear national direction, and dedicated resource and implementation support, Family Hubs could become vital coordinating hubs for multi-agency safeguarding, using place-based co-location to improve visibility, communication and collective decision-making. Making safeguarding a more explicit and consistent part of the national programme is crucial if Family Hubs are to grow from patchy local initiatives into a reliable system of support for all families, wherever they live.

## Recommendations



### **1. The Government should provide clear national direction on the role Best Start Family Hubs play within the wider safeguarding ecosystem by:**

- Developing multi-agency good practice examples in partnership with the National Centre for Family Hubs, supported by clear criteria for what constitutes 'good practice'.
- Producing visual system interface maps and process diagrams to show how Family Hubs connect with Family Help, MACPTs, health, education and early years services. This map should provide clarity on where and how Family Hubs sit alongside existing statutory safeguarding responsibilities, without transferring accountability away from statutory agencies.

By clarifying the role of Family Hubs within local safeguarding systems, Family Hubs can complement statutory safeguarding arrangements by strengthening information flow, aligning pathways, and supporting consistent multi-agency practice.

### **2. The Government should strengthen the link between Best Start Family Hubs and Children's Social Care by:**

- Ensuring every Best Start Family Hub has a clearly identified direct link into children's social care, responsible for providing safeguarding advice and relationship-based consultation to Family Hub practitioners, enabling timely and confident referral processes when concerns arise.
- Setting clear national expectations within the new upcoming information sharing duty guidance on multi-agency information sharing and feedback loops, including between Best Start Family Hubs and children's social care.

These spaces must remain non stigmatising and welcoming, while including an appropriate presence of children's social care. Family Help practitioners are likely to be best placed to work in these settings. Strong links between Best Start Family Hubs and children's social care is crucial to ensure effective referral pathways, information sharing and shared safeguarding language and culture. Best practice models show that safeguarding improves with strong links rather than working in silos.

**3. The Government should ensure that all professionals working with, and within, Best Start Family Hubs should have a shared approach to safeguarding by:**

- Working with professional bodies and safeguarding partners to establish a shared multi agency safeguarding training framework, coordinated through local Multi Agency Safeguarding Arrangements (MASAs). This should set out a consistent baseline of safeguarding knowledge, skills and shared practice expectations across health, children's social care, policing, education, early years and Best Start Family Hubs, while allowing local flexibility in delivery.
- Expecting Family Hubs to host regular, flexible multi agency practice coordination forums with local safeguarding partners, drawing on evidence from models like the Speech, Language and Communication Triage Panel (which shows that routine, trust based coordination improves early decision making and reduces unnecessary escalation).

Consistent safeguarding practice depends on shared understanding, language and relationships across agencies. Joint training and regular coordination provide the foundation for effective, proportionate responses to need and risk.

**4. The Government should ensure Best Start in Life evaluations measure what matters by:**

- Developing a safeguarding evaluation framework for Best Start Family Hubs that is aligned with the data collection principles set out in the Best Start guidance and integrated with local authority and health data systems. The framework should support local evaluation, and delivery assurance, and include safeguarding indicators covering:
  - Multi agency effectiveness, including early identification of need through Family Hubs and joint working (such as multi agency triage and joint discussions), and the quality and timeliness of information sharing between Family Hubs, Children's Social Care and partners.
  - Parent and carer experience of working with safeguarding professionals (including levels of trust and understanding of service offers) captured through existing feedback mechanisms.
  - Workforce confidence in thresholds, escalation routes, and collaborative safeguarding practices.

It is vital that Family Hubs evaluation frameworks include indicators that reflect what families value most: trust, accessibility, relational practice, and clarity of the local offer to support continuous improvement and coherence with wider safeguarding and domestic abuse reforms. This means that safeguarding models within Family Hubs should prioritise transparency with families about concerns, decision-making and escalation, to preserve trust while meeting safeguarding duties. This framework should draw on learning and principles from other models that have been shown to be effective for monitoring multi-agency effectiveness, such as the Joint Targeted Area Inspection (JTAI).

**5. The Government should bolster the Best Start in Life campaign by:**

- Supporting every Best Start Family Hub to have access to at least one professional or volunteer family navigator who connects the hub to the wider community, deployed through outreach plans led by local authorities.
- Investing in dedicated Family Hub communications capacity in every local area, enabling unified messaging across health, early years settings, and Best Start Family Hubs. Health Visitors, nursery workers, and other early years practitioners should be positioned as trusted messengers within this shared communications approach, reflecting their reach and the public trust they hold.

The Government should resource a national Best Start Family Hub awareness campaign, aligned with local authority information and outreach strategies, to deliver consistent, non-duplicative messaging that positions Family Hubs as universal, non-stigmatising sources of early support for all families.



# Appendices

## Methodology

This report used a mixed-methods design combining quantitative polling with qualitative research. The approach was intended to explore perceptions, experiences, and decision-making, rather than to assess service outcomes.

### *Rapid evidence review*

The NSPCC Research and Evidence Team conducted a rapid evidence review to identify existing literature on safeguarding, early intervention, and multi-agency working in Family Hubs and related settings. This informed the report's design and thematic framing and supported triangulation with primary data. In designing this research, we drew upon existing evidence. The scoping phase began with a series of informal discussions with key stakeholders, including individuals with expertise in safeguarding, government policy officials, practitioners, and academics.

### *Interviews and Focus Groups*

Interviews and focus groups explored:

- practitioners' safeguarding roles in early years settings
- experiences of multi-agency working
- enablers and barriers to effective practice
- information-sharing processes
- escalation decisions and threshold navigation
- use of guidance and supervision

All sessions were audio recorded with consent, transcribed, and anonymised. Ethical procedures included secure data handling, removal of identifiable details, and clear explanation of confidentiality boundaries, particularly in relation to child protection concerns.

**Who took part in our interviews and focus groups?**

Category	Unique Role Titles	Total Individuals
Leadership & Strategic Management	12	13
Family Hub Core Workforce	7	7
Health & Early Years Practitioners	9	10
Therapeutic & Specialist Support	2	4

*Polling of parents*

To inform question design, polling questions were developed after analysis of focus groups and interviews. Polling findings were used to incorporate parents’ responses to structured questions into the qualitative analysis, helping contextualise practitioner insights with evidence from parents. The polling measures perceptions rather than objective service delivery and, therefore, serves as an indicator of public understanding and trust rather than a performance metric.

*Approach to analysis*

A thematic analysis approach was used.<sup>43</sup> Coding combined inductive and deductive elements: initial codes were generated from the data, then refined against the study’s research questions and emerging cross-case patterns. Coding was reviewed collaboratively to enhance consistency and reduce interpretive bias. Themes were triangulated across interview, focus group, polling, and Case Reviews data to strengthen validity.

**Limitations**

While this research provides important insights into multi-agency safeguarding within Family Hubs and similar early years settings, several limitations should be acknowledged to support transparency and appropriate interpretation of its findings.

*Sample size and scope*

The qualitative component consisted of nine interviews and three focus groups across a limited number of local areas. Although participants were purposively selected for their direct experience of safeguarding in Family Hubs, the findings cannot be considered representative of every type or model of Family Hub. Some regions, workforce groups, and hub models may, therefore, be under-represented. Additionally, this study focused on face-to-face delivery; it did not systematically examine digital/virtual models, which are increasingly prominent in national guidance.

### *Potential self-selection bias*

Participation was voluntary, which may have resulted in over-representation of individuals with stronger views or more positive or challenging experiences. This may shape the intensity or emphasis of some themes.

### *Variation in Serious Case Review material*

The Case Review analysis drew on 15 cases from 2018 onwards. Case Reviews vary considerably in scope, depth, and analytical quality, which means themes identified should be interpreted as indicative rather than definitive of national patterns.

### *Polling limitations*

Self-reported data is subject to recall bias, and awareness measures may be influenced by local branding variation.

### *System in transition*

Data collection took place during a period of significant policy change, including the early development of Family Help and MACPT models. Findings reflect a system in flux and may evolve as reforms progress.

### *Interpretive limits of qualitative data*

Thematic analysis aims for depth of insight rather than generalisation. The findings, therefore, illuminate patterns and experiences across settings but do not quantify how common particular challenges are.



# References

- <sup>1</sup> Department for Education & Department for Health and Social Care (2025) *Guidance Best Start Family Hubs and Healthy Babies: guidance for local authorities*. [www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities](https://www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities)
- <sup>2</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.
- <sup>3</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.
- <sup>4</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.
- <sup>5</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.
- <sup>6</sup> Department for Education (2021) *The Best Start for Life: A vision for the 1,001 critical days*. UK Government. [www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days](https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days)
- <sup>7</sup> Department for Education & Department of Health and Social Care (2026) *Best Start Family Hubs and Healthy Babies: Guidance for local authorities (April 2026 to March 2029)*. UK Government. [www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities](https://www.gov.uk/government/publications/best-start-family-hubs-and-healthy-babies-guidance-for-local-authorities)
- <sup>8</sup> Department for Education (2026) *The Families First Partnership (FFP) Programme Guide: Delivery expectations for statutory safeguarding partners in England: Year 2 (2026 to 2027)*. UK Government. [www.assets.publishing.service.gov.uk/media/69c508d7471d520038d0f682/Families\\_first\\_partnership\\_programme\\_guide\\_for\\_2026\\_to\\_2027.pdf](https://www.assets.publishing.service.gov.uk/media/69c508d7471d520038d0f682/Families_first_partnership_programme_guide_for_2026_to_2027.pdf) (see p.9 on integration of Family Hubs and Family Help).
- <sup>9</sup> Department for Education (2026) *The Families First Partnership (FFP) Programme Guide: Delivery expectations for statutory safeguarding partners in England: Year 2 (2026 to 2027)*. UK Government. [www.assets.publishing.service.gov.uk/media/69de5281b0b0b93055e04f92/Families\\_first\\_partnership\\_programme\\_guide\\_year\\_2.pdf](https://www.assets.publishing.service.gov.uk/media/69de5281b0b0b93055e04f92/Families_first_partnership_programme_guide_year_2.pdf)
- <sup>10</sup> MacAlister, J. (2022) *Independent Review of Children’s Social Care*. UK Government. [www.webarchive.nationalarchives.gov.uk/ukgwa/20230308122449/https://childrensocialcare.independent-review.uk/final-report/](https://www.webarchive.nationalarchives.gov.uk/ukgwa/20230308122449/https://childrensocialcare.independent-review.uk/final-report/)
- <sup>11</sup> Department for Education (2025) *The Families First Partnership Programme Guide*. UK Government. [www.assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The\\_families\\_first\\_partnership\\_programme\\_guide.pdf](https://www.assets.publishing.service.gov.uk/media/6825b992a60aeba5ab34e006/The_families_first_partnership_programme_guide.pdf)

<sup>12</sup> Department for Education (2025) *Giving every child the best start in life*. UK Government. [www.gov.uk/government/publications/giving-every-child-the-best-start-in-life](https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life)

<sup>13</sup> Ofsted (2023) *The multi agency response to children and families who need help*. [www.gov.uk/government/publications/the-multi-agency-response-to-children-and-families-who-need-help/the-multi-agency-response-to-children-and-families-who-need-help#executive-summary](https://www.gov.uk/government/publications/the-multi-agency-response-to-children-and-families-who-need-help/the-multi-agency-response-to-children-and-families-who-need-help#executive-summary)

<sup>14</sup> Child Safeguarding Practice Review Panel (2022) *Annual report 2021: Patterns in practice, key messages and 2022 work programme*. [www.assets.publishing.service.gov.uk/media/63989c7cd3bf7f3f86e8df22/Child\\_Safeguarding\\_Practice\\_Review\\_Panel\\_2021\\_-\\_annual\\_report.pdf](https://www.assets.publishing.service.gov.uk/media/63989c7cd3bf7f3f86e8df22/Child_Safeguarding_Practice_Review_Panel_2021_-_annual_report.pdf)

<sup>15</sup> NSPCC (2026) *Analysis of Serious Case Reviews*. NSPCC.

<sup>16</sup> Ofsted (2024) *Maintaining quality early years provision in the face of workforce challenges*. Ofsted: early years. [www.earlyyears.blog.gov.uk/2024/05/13/maintaining-quality-early-years-provision-in-the-face-of-workforce-challenges/](https://www.earlyyears.blog.gov.uk/2024/05/13/maintaining-quality-early-years-provision-in-the-face-of-workforce-challenges/)

<sup>17</sup> Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N., & Hoagwood, K. (2015) *Purposeful sampling for qualitative data collection and analysis in mixed method implementation research*. *Administration and Policy in Mental Health*, 42(5), pp533–544.

<sup>18</sup> Barnsley Safeguarding Children Board (2018) Child R: Serious Case Review.

Hull Safeguarding Children Board (2018) Baby D: Serious Case Review.

Walsall Safeguarding Children Board (2018) Child W8: Serious Case Review.

Wolverhampton Safeguarding Children Board (2018) Child G: Serious Case Review.

Bolton Safeguarding Children Board (2019) Family E: Serious Case Review.

Greenwich Safeguarding Children Board (2019) Child U: Serious Case Review.

Oxfordshire Safeguarding Children Board (2019) Child M: Serious Case Review.

East Riding Safeguarding Children Partnership (2020) Baby B: Serious Case Review.

Surrey Safeguarding Children Partnership (2020) Baby KK: Serious Case Review.

Anonymous Local Authority (2020) Child E: Child Safeguarding Practice Review.

Bury Safeguarding Children Partnership (2021) Joshua: Child Safeguarding Practice Review.

Hertfordshire Safeguarding Children Partnership (2021) Child L: Child Safeguarding Practice Review.

Merton Safeguarding Children Partnership (2021) Baby Grace: Child Safeguarding Practice Review.

Anonymous Local Authority (2021) *Child P1: Child Safeguarding Practice Review*.

Hampshire Safeguarding Children Partnership (2022) *Baby Sally: Local Learning Review*.

<sup>19</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*. YouGov.

<sup>20</sup> Department for Education (2026) *Working together to safeguard children 2026: A guide to multi-agency working to help, protect and promote the welfare of children*. UK Government. [https://assets.publishing.service.gov.uk/media/69c2c4ce380a2a73a7cf9df4/Working\\_together\\_to\\_safeguard\\_children\\_2026.pdf](https://assets.publishing.service.gov.uk/media/69c2c4ce380a2a73a7cf9df4/Working_together_to_safeguard_children_2026.pdf) (see para 127, p.48).

<sup>21</sup> NSPCC (2026) *Analysis of Serious Case Reviews*.

<sup>22</sup> Social Mobility Commission (2020) *The stability of the early years workforce in England*. [www.assets.publishing.service.gov.uk/media/68f78243f038caddfad11a80/The\\_stability\\_of\\_the\\_early\\_years\\_workforce\\_in\\_England\\_updated\\_Oct2025.pdf](http://www.assets.publishing.service.gov.uk/media/68f78243f038caddfad11a80/The_stability_of_the_early_years_workforce_in_England_updated_Oct2025.pdf)

<sup>23</sup> Nuffield Foundation (2024) *Health visiting workforce trends: pay, retention and service capacity*. London: Nuffield Foundation.

<sup>24</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.

<sup>25</sup> McKay, E. (2024) *Too little, too late: the multi-agency response to identifying and tackling neglect*. NSPCC. [www.learning.nspcc.org.uk/research-resources/2024/too-little-too-late-identifying-and-tackling-neglect](http://www.learning.nspcc.org.uk/research-resources/2024/too-little-too-late-identifying-and-tackling-neglect)

<sup>26</sup> NSPCC (2026) *Analysis of Serious Case Reviews*.

<sup>27</sup> For Baby's Sake (2021) *Campaign for parents wanting to break the cycle of domestic abuse*. [www.forbabysake.org.uk/news/2021/03/11/powerful-new-radio-campaign-for-parents-wanting-to-break-the-cycle-of-domestic-abuse-and-give-their-babies-the-best-start-in-life/](http://www.forbabysake.org.uk/news/2021/03/11/powerful-new-radio-campaign-for-parents-wanting-to-break-the-cycle-of-domestic-abuse-and-give-their-babies-the-best-start-in-life/)

<sup>28</sup> NSPCC (2026) *Analysis of Serious Case Reviews*.

<sup>29</sup> NSPCC (2025) *Practitioner interview*, November 2025.

<sup>30</sup> NSPCC (2026) *Analysis of Serious Case Reviews*.

<sup>31</sup> Bolton Safeguarding Children Partnership (2019) *Family E: Serious Case Review*. Bolton: BSCP.

<sup>32</sup> Surrey Safeguarding Children Partnership (2021) *Report of the Serious Case Review regarding Baby KK*. Authors: Fiona Johnson and June Hopkins. Surrey: SSCP. [www.surreyscp.org.uk/wp-content/uploads/2021/04/SCR-Report-KK-Final.pdf](http://www.surreyscp.org.uk/wp-content/uploads/2021/04/SCR-Report-KK-Final.pdf)

<sup>33</sup> Hull Safeguarding Children Board (2018) *Baby D: Serious Case Review Overview Report*. Hull: HSCB.

- <sup>34</sup> Hunt, L. (2010) *A Fresh Start for Sure Start*. Community Care. [www.communitycare.co.uk/content/news/a-fresh-start-for-sure-start](http://www.communitycare.co.uk/content/news/a-fresh-start-for-sure-start)
- <sup>35</sup> XML RCP (2007) *Research: Children's centre pilot link worker post*. Community Care. [www.communitycare.co.uk/content/news/research-childrens-centre-pilot-link-worker-post](http://www.communitycare.co.uk/content/news/research-childrens-centre-pilot-link-worker-post)
- <sup>36</sup> NSPCC (2026) *Analysis of Serious Case Reviews*.
- <sup>37</sup> Edwards, A. et al (2021) *Supporting and strengthening families through provision of early help: A Rapid Review of Evidence*. National Children's Bureau. [www.ncb.org.uk/sites/default/files/uploads/attachments/20210513\\_Rapid%20Review\\_Full%20Report%20-%20FINAL.pdf](http://www.ncb.org.uk/sites/default/files/uploads/attachments/20210513_Rapid%20Review_Full%20Report%20-%20FINAL.pdf)
- <sup>38</sup> Early Intervention Foundation (2023) *Supporting families: Rapid evidence review (appendices)*. [www.eif.org.uk/files/pdf/supporting-families-rapid-evidence-review-appendices.pdf](http://www.eif.org.uk/files/pdf/supporting-families-rapid-evidence-review-appendices.pdf)
- <sup>39</sup> Department for Education (2024) *Behavioural science: Increasing uptake of family hub services*. Research report RR1465. London: DfE. Behavioural science: Increasing uptake of family hub services
- <sup>40</sup> YouGov (2026) *Polling of parents with children aged 0–5 commissioned by the NSPCC*.
- <sup>41</sup> Better Start, *The Speech, Language and Communication Triage Panel: Development and Implementation – Shared Learning*, Better Start, published 28 October 2025. <https://betterstart.org.uk/wp-content/uploads/SL19-Triage-Panel.pdf>
- <sup>42</sup> Department for Education (2026) *Working together to safeguard children 2026: a guide to multi-agency working to help, protect and promote the welfare of children*. UK Government. [www.assets.publishing.service.gov.uk/media/69c2c4ce380a2a73a7cf9df4/Working\\_together\\_to\\_safeguard\\_children\\_2026.pdf](http://www.assets.publishing.service.gov.uk/media/69c2c4ce380a2a73a7cf9df4/Working_together_to_safeguard_children_2026.pdf) (see para 127, p.48).
- <sup>43</sup> Braun, V. & Clarke, V. (2006) *Using thematic analysis in psychology*. *Qualitative Research in Psychology*, 3(2), pp77–101.

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