Hackney

London Borough of Hackney
Children and Young People Scrutiny Commission
Municipal Year 2025/26
Date of Meeting Monday 13 October 2025

Minutes of the proceedings of the Children and Young People Scrutiny Commission held at Hackney Town Hall, Mare Street, London E8 1EA

Chair	**Councillor Sophie Conway**
Councillors in Attendance	**Cllr Margaret Gordon (Vice-Chair), Cllr Alastair Binnie-Lubbock, Cllr George Gooch, Cllr Patrick Pinkerton, Cllr Lynne Troughton and Cllr Claudia Turbet-Delof**
Apologies:	**Cllr Clayeon McKenzie, Cllr Sheila Suso-Runge. Jahnine Davis and Duval Middleton.**
Co-optees	**Andy English, Lisa Neidich and Hashim Rawat**
In Attendance	• **DM Bramble, Cabinet member for Children Services & Young People** • **Cllr Christopher Kennedy, Cabinet member for Health, Adult Social Care, Voluntary Sector and Culture** • **Jacquie Burke, Group Director Children & Education** • **Diane Benjamin, Director Children's Social Care** • **Carolyn Sharp, Consultant in Public Health;** • **Nicola Donnely, Principal Public Health Specialist** • **Ratidzo Chinyuku, Senior Public Health Specialist** • **Laura Bleaney, Head of Corporate Parenting** • **Lisa Williams, Head of School Performance and Improvement** • **Terry Bryan, Assistant Director, Schools Estate Strategy** • **Breeda McMannus, Chief Nurse** • **Jeanette Barnes, Deputy Chief Nurse** • **Stepanie Coughlan, Chief Partnership & Place Officer, GP City and Hackney** • **Modupe Sorinola, Divisional Operations Director** • **Sara Summersgill, Head of Nursing for Children and Young People (Community)** • **Elizabeth Begley, EHVS Service Manager** • **Tamsin Bicknell, Consultant Midwife for Public Health and Safeguarding.**
Members of the Public	**1**
Meet recording	**https://youtube.com/live/05pMCdFqdNk**

Monday 13 October 2025

Officer Contact: **Martin Bradford (martin.bradford@hackney.gov.uk)**
☎ 020 8356 3315
✉ martin.bradford@hackney.gov.uk

Councillor Sophie Conway in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from:

- Cllr Sheila Suso-Runge;
- Cllr Clayeon McKenzie;
- Jahnine Davis;
- Duval Middleton.

2 Urgent Items / Order of Business

2.1 There were no urgent items of business

3 Declarations of Interest

3.1 Cllr Claudia Turbet-Delof declared that she was a governor of the Homerton Hospital Trust.

4 Support for Vulnerable Parents (19.05)

4.1 Following on from its work on the disproportionalities in perinatal mental health, the Commission agreed to scrutinise the support available to young parents (under age of 25) in Hackney at its meeting in March 2023. At this meeting, City & Hackney Public Health presented a report which set out plans to decommission the Family Nurse Partnership programme in Hackney and to replace it with an Enhanced Health Visiting Service (EHVS) operated by the Homerton University Hospital.

4.2 The EHVS provided an additional 5th level of support from Health Visiting services, in which intensive support would be available for vulnerable families with complex needs. Eligibility criteria for the EHVS was wider than the FNP (not restricted by parental age or first born child) and was offered on a step-up-step-down basis appropriate to the changing needs of families.

4.3 The Commission has agreed to review the EHVS together with broader arrangements to support vulnerable (young) parents in Hackney and a report is contained within the agenda pack. To support this, follow up scrutiny, Public Health have also undertaken a needs assessment of vulnerable parents in Hackney and this draft report is also included within the agenda.

City & Hackney Public Health

4.4 Carolyn Sharpe, Consultant in Public Health presented the reports to the Commission, noting that both were a collaborative effort involving Public Health, Integrated Commissioning Team, Children & Family Hubs, and Corporate Parenting and health partners (Homerton Hospital).

4.5 Following the scrutiny discussion in 2023, and the decision to decommission the Family Nurse Partnership (FNP) service and commission an Enhanced Health Visiting Service (EHVS) an extensive needs assessment was carried out over the past year. Key findings from the needs assessment were:

- Declining Cohort: The number of young parents is declining substantially, with under 18 conception rates falling (approx. 44 under-18 conceptions in 2022).

- Extensive Needs Remain: The cohort has significant, extensive needs, including:

    - Mental health concerns.
    - Higher likelihood of pre-term births and antenatal complications.
    - Less likely to book antenatal care on time.
    - Higher rates of current or past substance use histories.
    - Less likely to breastfeed at the point of delivery.

- Intersectionality: Risk factors are even more concentrated among those from black and global majority communities.

- Safeguarding Data: Maternal age is a key risk factor for child protection involvement. A snapshot in May 2025 showed safeguarding proceedings initiated for 13 children involving 16 young parents. Care-experienced young parents (under 18 or care leavers aged 18-25) make up about 8% of the total child protection cohort (563 total).

4.6 The Public Health Service reported that the needs assessment was now complete, and that it would now co-develop recommendations and priorities with partners.

4.7 The Family Nurse Partnership (FNP) model was decommissioned for the following reasons:

- Restrictive Licensing: FNP had limited eligibility (under 24, first child, under 28 weeks pregnant).
- Service Performance: FNP was not meeting targets and KPIs, including low client numbers, low recruitment, and high attrition rates.
- Population Factors: Declining numbers of eligible young parents over time.

4.8 To replace the FNP, the City & Hackney Public Health therefore commissioned the EHVS model which can be summarised as thus:

- Not a direct replacement, but a more flexible model than FNP, needs-led model with flexible eligibility (supports parents on their second, third, or fourth child, and is not age-restricted).
- Delivered by senior, experienced, and highly trained health visitors.
- Two Pathways for Intensive Service:
    - Ruby Pathway: For children up to 13 months, receiving 7-12 hours of additional contact time per month.
    - Emerald Pathway: For children aged 13 months to 2.5 years, receiving 1-6 hours of additional contact time per month.

4.9 City & Hackney Public Health reported that there had been a number of commissioning challenges for the new EHVS.

- Data Accuracy and Completeness: Lack of assurance that the service is being provided as commissioned (i.e., assurance on Ruby and Emerald pathways).
- Activity Levels: Activity (number of visits and additional support time) is not in line with expected pathway standards.
- Outcome Measurement: Challenges in implementing the New Mum's Outcome Star tool, raising concerns about measuring the service's impact.
- Action Taken: An improvement notice has been issued to the provider, who is working collaboratively with the public health team to address the challenges. The commitment remains to make the model work, with flexibility for refinements.

4.10 City & Hackney Public Health reported noted other services which were commissioned locally:

- Pause Service: Works with women who have experienced or are at risk of experiencing multiple children being removed from their care. Hackney was one of the first local authorities to implement it. PA pilot (around 2019) successfully applied the model to younger women (care-experienced care-leavers) who had a single child removed. Hackney continues to offer this adapted service.
- Community-Based Peer Mentoring and Advice Service (Delivered by Henry) is jointly commissioned with the ICB since November 2023. Recruits volunteer peer mentors to support vulnerable pregnant women and new mothers with emotional, informational support, handholding, and befriending. The service has been underperforming, with lower-than-expected numbers of referrals. A joint decision was made with the provider to end the service early due to poor performance. Work is underway to reinvest the funding into more effective ways, exploring current services, the voluntary community sector, and the children and family hubs offer.

Cabinet Member

4.11 Whilst the Pause Programme was clearly successful, there was disappointment that the peer mentoring programme had not been as successful as planned. The evidence to decommission the Family Nurse Partnership was clear in that the programme clearly was not working, and whilst it was hoped that the EHVS would work, preliminary data would suggest that this replacement programme is not without its challenges. The EHVS has a 2 +1+1 +1 contract, and the Council has just recommissioned the first additional year. Whilst the Council clearly wants to see this new service work, unless the operational model and data improves, it is not certain that it will be recommissioned to years 4 and 5.

Homerton Hospital

4.12Jeanette Barnes (JB), Deputy Chief Nurse for Community and Children Services at Homerton Hospital, acknowledged the Commissioners' concerns regarding data accuracy, activity levels, and Outcome Star uptake for the EHVS. This was completely new, and was acknowledged would need to be supported by an iterative programme of reflection and learning to support service development. It was confirmed that the Homerton's leadership team was committed to improving the service and ensuring it meets commissioned requirements. It was noted that the EHVS now has dedicated additional resources, including senior nursing leadership and operational management and improved informatics to help support the service.

4.13 It was believed that the current EHVS model offers a more comprehensive service than the previous FNP model and better fits the needs of the local community. The new service model was able to support a wider range of families including that the service was not restricted to young mothers, and mothers with more than one child are now supported. It was noted that mothers aged over 24 now make up 60% of caseload.

4.14 It was emphasised that the Homerton Hospital Leadership team acknowledged the challenges for the EHVS and would address the challenges set out in the improvement plan. In particular, improvements were planned for data capture through a new intensive data portal and weekly data monitoring and analysis to ensure that the service is capturing the necessary activity and outcome data. It was noted that while additional contact hours have been inconsistent, no patient harm has been identified, and high-risk families continued to receive necessary contacts. The service is confident that at risk families are receiving the right contacts to help keep them safe.

4.15 The Senior Leadership at the Homerton acknowledged the need for improvement and was committed to making the model work. A comprehensive improvement plan with seven key areas, including delivery of commissioned activity and increased engagement with the outcome tool, has been developed and is reviewed bi-weekly with commissioning colleagues

Children's Social Care

4.16 It was noted that a small number of care leavers overall were parents, with very few aged under 18. The majority of care-experienced parents were generally successful, with little to no Children's Social Care involvement in their children's lives. Whilst all young parents face barriers and fears in accessing mainstream services due to fear of being judged, Care-experienced parents have an additional layer of fear and mistrust of services, making them less likely to engage with mainstream support. Services need to "wrap around them and understand their context" when providing support.

4.17 Approximately half of the care-experienced parents reside in Hackney. Recent changes to the housing register (allowing care leavers to register at age 18) have been very successful, leading to more care leavers, including parents, successfully bidding for permanent housing in Hackney. Housing stability is a significant concern for all care leavers, but particularly for parents, as temporary moves introduce a "whole new system of professionals" around them and their children each time they move. The department is pleased to see more care-experienced parents settling into long-term, affordable, and stable housing within the borough.

4.18 When the children of care leavers are involved in safeguarding systems, the team often advocates for Hackney colleagues at the "front end" to lead the case. This approach is maintained even if the family is living temporarily in another borough, as it prevents confusion for care leavers who might otherwise be handed between different social care systems. It ensures a more coordinated and effective planning process for the young people and their children.

4.19 The Bocking Street care leavers hub, located at the bottom of London Fields, is now open. The team is actively working with care-leaver parents to determine what specific services can be offered at the hub. There is a strong focus on increasing social events and creating more opportunities for parents and their children to come together, access peer support, and spend time in a safe space with familiar and trusted professionals.

Questions from the Commission

4.20 Cllr Conway asked what is distinct about the enhanced health visiting service trying to achieve and how is it distinct from other services?

- (CS) Health visiting is a universal service, one of the few that sees all new families. This is important as it provides a crucial opportunity to give all families information to support their child's best start (e.g., on keeping them well, sleeping, feeding), signpost to extensive support, and identify potential concerns and safeguarding risks. The rationale for the intensive service is linked to the standard health visiting service to ensure a seamless transition. When additional needs are identified in universal families, which could present in various ways like domestic violence or difficulty coping with stress, the intensive service steps in. The primary aim is to reduce inequalities by providing more support to the most vulnerable. This means offering more frequent, more intensive support, and more "handholding." This includes giving more information and supporting families by going with them to appointments or other services to help them engage. A really important part of the service is to prevent needs from escalating. It is explicitly stated that this is not a social care service; it is extended health visiting. Therefore, it should not overlap with social care but should prevent some families from needing that support later on. It's about supporting parents and families to access support and manage their own concerns, while also identifying children's health concerns and equipping families with knowledge and confidence.

4.21 Cllr Conway asked what is the level of experience of the health visitors working in this intensive service? What are practitioners' experience of working with young people with complex needs?

- (JB) The health visitors are described as the most senior and experienced within the service. They do have some existing experience with complex needs, as universal services encounter a variety of issues. Due to the in-depth nature and high level of need in the intensive service, a program of education was implemented for the team to develop enhanced skills. This training focused on specific areas of need and included techniques like motivational interviewing. The team uses the Outcome Star, a "very particular tool which is only used in the intensive service, to engage and empower families.
- (SS) The initial training was loosely based on activities from the Family Nurse Partnership (FNP), and a Family Nurse is part of the education team to bring that specialised experience.

4.22 The Chair noted that a key question for the Commission was to determine 'why are health visitors the right people for this job compared to other professionals like family support workers?' Why is this health care professional needed for a role focused on supporting and signposting, especially when considering other professionals whose expertise is working with vulnerable families? There was a sense that the enhanced service may have attempted to replicate the FNP model.

- Jackie Burke, Group Director for Children and Education (JB1), stated that the concern is being taken seriously at the most senior level, and there is a real commitment to review what's the problem we're trying to solve and who's the right person to do this. Lead officers from the Homerton, PH and the children's social care were meeting in the coming weeks to review progress and future plans.

4.23 Cllr Binnie-Lubbock: The report notes the high proportion of young mothers from the Charedi Community in Hackney, how are these supported by the EHVS? Were there details about the Gypsy Roma Traveller (GRT) community and their outcomes?

- (CS) Specific outcomes data for the GRT community was not included in the report and not available to hand. The service is aware that outcomes for the GRT community are generally poorer, which is why a High Impact Lead Role exists for inclusion health groups, including the GRT community. This very senior health visitor champions the needs of this community.

4.24 Cllr Turbet-Delof: How does the service reach out to diverse communities (including non-English speakers), and what do "contact hours" mean - as this seems very low in the data reports.

- (JB) The reported low contact numbers (178 contacts with 149 families) are only for face-to-face contacts in the patient's home. The service does not routinely report on non-face-to-face contacts (e.g., telephone, attendance at safeguarding or multi-disciplinary team meetings), which are considered valuable. Face to face contacts were challenging as parents often declined these forms of contacts. They recognise that 20% of all attempted contacts are declined by parents. They are exploring whether this is the "right kind of engagement" and if families would prefer to meet in children's hubs instead of their home, as the service is offered to families and not a statutory requirement.
- (SS)The service struggles to engage in particular points with the Charedi community, though new birth visits have good compliance. For the universal service, HVs work with Charedi contacts in women's groups, children's centres, and family hubs. High numbers of young mothers from the Charedi were initially referred into the EHVS, yet after triage, were often assessed not to need this service. High Impact Area links in with different community groups, specifically mentioning refuges, refugees in hotels, the Hackney Playbus, and the Turkish Mini Cardin.

4.25 The Chair asked when a mother has a child locally and receives their statutory HV visit, is it likely that this will be the same HV that will be the main contact for ongoing

support? Where is the disengagement occurring: at initial HV contact or at point of EHVS support?

- (SS) THE EHVS has a specific caseload and once referred to this service every effort is made to ensure that this contact remains the same for families. It's not always possible (sick leave or maternity leave). They will not be seen by HVs in the generic services, but will only see HV from the EHVS as they have the skills and training.
- (SS) Disengagement can occur at both statutory and EHVS level. There is a very high new contact rate for new births which is a core contact for all new families. Most families engage at the new birth visit, but disengagement or "life conflict" can happen at any point in the pathway.

4.26 Cllr Gordon asked how the enhanced health visitors work, what are their caseloads, and how are they organised geographically?

- (SS) There are 11 high impact HVs and 9 of which are intensive health visitors and they work together as a team. They cross the borough and are not linked to specific neighbourhoods in a formal way, though some may be geographically placed based on their high-impact area (e.g., the homelessness specialist around Kenworthy Road). They are also utilised for training and education across the service. The service is contracted to have between 130 to 150 families on the intensive case load at any one time. This is roughly divided among the nine staff (approximately 16-20 clients each). New families are assigned based on who is the most appropriate specialist, which is often in relation to the family's specific vulnerability criteria.

4.27 Cllr Gordon asked if the service was co-designed with service users, especially those with complex, care-experienced backgrounds, to address their potential resistance to working with multiple professionals?

- (JB) Co-design has not yet been done, but it is seen as the next critical step and a key part of the improvement plan due to low activity and engagement issues. The plan is to work with both families who have engaged and those who have not to inform the service design and acknowledge the complex needs and resistance often felt by care-experienced individuals.
- (CS) Added that plans for co-design work with young parents have already started. The team is also planning to benchmark against other intensive health visiting models (e.g., FMP, Mesh) and speak to partners working with the cohort.

4.28 Cllr Binnie-Lubbock asked what the service is doing about low awareness of Children and Family Hubs offer, and concerns around smoking/alcohol use in pregnancy as a risk factor (FASD)? Also noted the lack of data and outcomes in the report for some communities such as Charedi?

- (CS) There are real problems, both locally and nationally, in collecting consistent and accurate ethnicity data as contacts can be reluctant to provide or disclose this information. Geographical data can be used as a proxy in some circumstances as it was known that some of these communities (Charedi and GRT) resided in specific wards in the borough. The low awareness of Children & Family Hubs came from a very small, self-reported survey (less than 20 young parents). The service promotes the Hubs and focuses on this as a key referral area. In relation to smoking and Alcohol/FASD, Hackney has been leading the way in this, and the service screens universally for both smoking and alcohol use during pregnancy using a validated assessment tool. Hackney has been leading work on Foetal Alcohol Spectrum Disorder (FASD), including funding training for professionals (maternity, health visiting, family hubs) to recognise signs and symptoms. Health visitors provide holistic support for families with food poverty by helping them access Healthy Start/Alexander Rose vouchers and information about local food banks.
- (TB) A Specialist Midwife role handles intensive case-loads for women with alcohol or substance use problems. To support smoking cessation, they offer

carbon monoxide monitoring, an in-house referral service, and support families to access a national incentive scheme which can provide up to £400 in vouchers across the perinatal pathway for staying quit.

4.29 The Chair asked about what is the distinction between families who are engaging and those who are not, and what are the details of the Ruby and Emerald pathways?

- (SS) The service cannot currently provide a deep dive on the distinction between engaging and non-engaging families but plans to do so. It is presumed that the 178 contacts are with a smaller number of the 149 families. The Ruby Pathway is the higher level of care, currently defined as having a child under 13 months (based on evidence that this age group is most vulnerable). The Emerald Pathway is the slightly lower level of care for children over 13 months. The service is currently reviewing the age-based criteria with commissioners, as they recognise that the child's age may not always be the right determinant for the level of need. The core contacts for these families are not currently included in the reported figures, which is a major data problem they are looking to resolve. The difficulty in extrapolating what a "contact" is (e.g., is it a telephone call, an MDT meeting, a home visit) makes accurate reporting challenging.

4.30 Cllr Gordon asked what is the overall aspiration for this service?

- (SS) The overall aspiration is to create complete, resilient families where parents and children are together, and to avoid, as much as possible, the stresses that we know put families under pressure. Key Performance Indicators (KPIs) and service details are meant to fit under this overarching aim.

4.31 Cllr Gordon asked what is the policy for families who struggle to engage with the service?

- (SS) The service follows a policy centred on safeguarding. This includes repeatedly attempting to contact the family and, if engagement is difficult, contacting their GP and the in-house safeguarding team to ensure nothing has been missed. All such cases are also discussed in safeguarding supervision with health visitors to get an external view and ensure a safety net is in place.

4.32 The Chair asked about what specific disparities in the needs assessments in the need and outcomes for parents aged under 18 compared to those aged 18 to 24. Furthermore, data showed that black women and young parents are more likely to have postnatal depression but less likely to access or be offered support, which is a concern as these families may later interact with the care system. How does the service ensure it can address the specific and differing needs of various demographic groups, particularly for perinatal mental health?

- (SS) All incoming service users are assessed for perinatal mental health as part of their triage. The service has a specialist high-impact health visitor, and a perinatal mental health midwife works closely with them, including during the anti-natal period when concerns are picked up in maternity.
- (TB) They use validated tools for assessment, such as the GAD 7 and PHQ9 for anti-natal and postnatal depression and anxiety scoring. There were a range of services to support these needs from perinatal mental health service for high levels of need. It was recognised that there was a need for culturally safe and tailored services. Examples include targeted anti-natal classes run at Homerton by the Equity and Inclusion Midwife, aimed at black women or mixed black mixed heritage women. They are actively working with external organisations that successfully engage with specific communities (e.g., Birth Companions, Mommy's Day Out, Happy Baby community for refugee’s/asylum seekers) to gather feedback and co-design services. The recognition is that services need to be tailored for factors beyond just ethnicity, including age, religion, and LGBTQI families.

4.33 Cllr Gordon asked what relationship does the service have with education and youth services for young parents?

- (SS) Cannot directly answer this at this stage, but the service will go away and look at this.
- (TB) Direct links for the health visiting team with education for this specific age group are complex. For families with children under school age, the Multi-disciplinary Team (MAT team) is understood to be the link, providing preventative support like family support and other interventions, especially where needs don't meet a social care threshold. For older, school-age parents, especially those with more complex needs, a larger group of professionals, including schools, will be involved in holistic meetings when the family is under the social care team.

4.34 The Chair thanked everyone for attending the meeting and discussing this issue so openly and candidly. A main takeaway from the session is the need to truly co-produce the future direction of the service. This co-production must involve not just the families themselves but also other services, like PAUSE, that have a strong track record of effectively reaching and engaging with challenging families. The challenge was also about how universal services interact with specialist services also.

5 Hackney Education Strategy 2025-2028 (20.25)

5.1 Hackney Education has developed a draft three-year education Strategic Plan (2025-2028) which sets out 5 education priority areas for development within Hackney. A 12-week consultation was held on the plan which closed on the 22nd September 2025. The draft plan was presented together with a summary of the key issues to arise from the public consultation where the Commission was invited to review and comment on the draft ahead of the planned finalisation of the plan at Cabinet in December 2025.

Hackney Education

5.2 The draft strategy sets out five education priority areas and followed a 12-week public consultation closing on September 22, 2025, with finalisation planned for Cabinet in December 2025.Key Commitments and Five Priorities of the Strategy.

- The core commitments underpinning the strategy are:
- Focusing on anti-racism as a key commitment.
- Fostering strong partnerships with schools, settings, parents, and carers.
- Supporting the mental health and well-being of young people (an addition based on consultation feedback).

5.3 There are 5 priorities in the strategy which were detailed by officers:

- SEND Provision: Ensuring that Special Educational Needs and Disabilities (SEND) provision across the borough meets the diverse needs of young people, with a focus on early intervention. (A separate SEND strategy has also recently been launched).

- Inclusion and HEALS: Developing the HEALS (Hackney Education Alternative Learning Service) to ensure children are in appropriate settings and receive support. This is focused on tackling the exclusion rate and fostering an experience of inclusion and a sense of belonging in schools.

- Strong and Sustainable Education Settings: Addressing the challenge of a changing and reducing pupil demographic by ensuring education settings are financially viable. This includes the development of a Workforce Development Strategy as part of this priority to address staff recruitment and retention, particularly in the context of school organizational change.

- School Improvement Programme: Ensuring provisions are able to improve and grow through the school improvement program.

- Equity for Children & Families Engaging and working effectively with communities in their localities.

Questions from the Commission

5.4 The Chair noted that the Hackney Education Strategy (2025-2028) sets out an area-based planning model for local schools and education services to improve long term sustainability of settings. Such a move will require significant changes in the way that Hackney Education works not just with schools and other educational settings, but also in how it engages and works with other local stakeholders and community interests. What will this model look like in practice? What preparatory work will take place to enable the a) organisation and b) staff to move toward a more area based approach to education planning and delivery?

- (TB) The model is a necessary response to the significant projected decline in primary and secondary pupil numbers, which means the current school organisation is not financially sustainable. Areas based planning is a partnership model focused on what is required for groups of schools within their community, potentially structured around the borough's four neighbourhood areas. It is not about remodelling existing academies or federations but about collaboration for a shared purpose for groups of schools in the community. Considerable preparatory work involves establishing the partnership model and inviting school leaders to engage. The model will foster (i) Local collaboration to develop bespoke solutions for the specific challenges schools face in their locality (ii) A system of shared responsibility and accountability, giving all schools in the area (faith, academy, maintained) an equal voice (iii) Resource sharing to reduce overheads or make better use of any surplus accommodation. Legislation is not restrictive regarding this type of cross-organisational collaboration. (iv) Community needs will be the focus and driving force behind the collaboration.

5.5 Cllr Gordon welcomed the ambition of the strategy but noted the persistent and stubborn low attainment disparities for specific groups, specifically Turkish and Afro-Caribbean boys, which have not moved significantly in over 10 years. How will the strategy address inequities?

- (LW) The locality-based model will drive school leaders to work more closely together. It moves beyond previous initiatives by making the needs of the local area and its vulnerable communities the forefront of school leaders' thinking. It ensures that every school leader is tracking and monitoring carefully the achievement, progress, and attainment of every vulnerable group. High-achieving and other schools will be expected to work together, sharing best practice and pooling resources to ensure the right provision and meaningful engagement with families to address barriers to learning. The area based model will drive schools to work together cooperatively. This won't be the only approach the LA will use.

5.6 Cllr Pinkerton asked what additional powers will the Children Education and Wellbeing Bill give to local authorities to help it manage, direct and oversee local school place planning, particularly in relation to academies here in Hackney?

- (TB) The question addressed potential additional powers from the proposed Children Education and Well-being Act to help local authorities oversee place planning with academies. It was confirmed that all settings, including academies, already have a common responsibility to ensure sufficient high-quality provision in the area, which the local authority leads. This is normally part of the academy's funding agreement. In terms of levers for co-operation, where an academy is unwilling to participate in local place planning, the local authority can work with the Regional Director (responsible for academies through the Department for Education) to ensure the system is joined up and collaboration works. It was acknowledged that the system was fragmented, but there were

opportunities for improved collaboration and would wait on the Bills final format for any additional powers for LA's.

5.7 The voluntary and community sector is expected to play a new and growing role in supporting schools, parents and children in the delivery of an effective local education system (e.g. through HEALS). How were local VCS engaged and supported to contribute to the consultation? What were the VCS responses to the HE Strategy?

- (TB) The strategy was developed through a process of extensive and effective engagement with a wide range of stakeholders, including pupils, students, parents, carers, school leaders, governors, community organisations, faith groups, and elected members.
- (DM Bramble) Reported back from a round table at the Houses of Parliament with local MPs. It was important to utilise the relationships that local CVS organisations have with children and family and further support them in their education.
- (TB) General Consultation Themes that emerged included
    - The need for greater collaboration with wider partners, specifically the voluntary sector and CAMHS mental health services.
    - The need for alignment with wider services, particularly housing and health services.
    - Stronger emphasis on the anti-racist commitment, including addressing systemic racism and developing trauma-informed practice.
    - More meaningful engagement with parents and the wider community, built on a relationship of trust and accountability, and incorporating parents' lived experience and expertise into policy development.

5.8 How will the new strategy ensure that there is progress in closing the attainment gap, especially when almost all secondary schools are academies and are not locally accountable? How will the Local Authority work with academies to achieve these goals?

- (TB) Ultimately the LA is responsible for all children in its area, that applies to all schools. In terms of how schools are run and the influence the LA has over different schools does vary. What systems are developed are done in partnership with all providers. It was emphasised that the strategy was a plan for all schools within the borough, and was built around all school leaders coming together.
- (DM Bramble) There is a difference between the primary and secondary systems in relation to maintained and academy provision, which should be acknowledged. It was noted that all secondary heads had been willing to 'get around the table' on this issue, showing a shared understanding of the importance of cooperative working and identifying local solutions. It was right to question how the strategy will improve the outcomes for the underserved children in the community. Are children failing or is the system failing them, this was an important question for the strategy.

5.9 Cllr Turbet-Delof noted that Working with parents and 'getting parents on board' is key to achieving the ambitions and outcomes set out in the Hackney Education Strategy 2025-2028. The consultation revealed however, a strong desire for greater parental engagement and for them to be recognised as 'partners'. How will the Hackney Education Strategy ensure that parents are seen and recognised as key partners in the planning and delivery of high quality education services? Is there sufficient local infrastructure to listen to the views of parents and ensure that this is reflected in decision making? What is the nature of best practice for parental engagement in local schools and how is this being shared across the wider education system?

- (LW) Parents are partners in the area based model and systems must be developed to ensure that there is a system for facilitating a collective voice of the community.

5.10 Lisa Neidich, as a governor for 25 years and notes that there have been area plans that have been trialled before and did not work because different areas in Hackney have different communities and different needs. How is this going to be different?

- (TB) Previous area based models for school place planning existed in a very different context 12 years ago. It was noted that that the area-based model is not intended to prevent school closures but rather to strengthen the system by ensuring decisions about schools are made in collaboration with all stakeholders, including parents and community leaders, promoting localised knowledge and shared responsibility It was noted that this approach from past area-based models by stating that the current strategy focuses on sustaining high-quality education for all schools, particularly protecting vulnerable populations by adapting to the diverse needs of different communities across the borough.
- (DM Bramble) noted that this model builds upon existing area models, rather than starting from scratch, aiming to strengthen the system and improve referral pathways for head teachers to access timely support.

5.11 Andy English noted that the biggest challenges facing schools are high levels of SEND and falling school rolls, how can the area based model prevent or mitigate these challenges and costs?

- (LW) The area based model is however more efficient as it allows for more aligned decision making based on local needs. If decisions such as school closures need to be made, then the area based model ensures that all stakeholders have an equal voice in the decision making.

5.12 The Chair noted that it was important to bear in mind that whilst the Council has its defined areas, the community itself has its own defined geographical boundaries and areas which they belong and participate within. Parental choice plays a significant role in creating and maintaining disparities in local education, for example, parents in affluent areas of the borough are more likely to send their children to schools which generally serve affluent families.

5.13 The Chair thanked officers for attending and agreed that it would submit a short response to the strategy with any suggestions arising from the discussion at this meeting.

6 Contraceptive & Sexual Health Services for Young People (21.20)

6.1 In September 2023, the Commission reviewed sexual and reproductive health services for young people. City and Hackney Public Health department produced a report which focused on two specific areas of interest to the Commission:

- The decommissioning of CHIPS (the dedicated sexual and reproductive health service for young people in Hackney; and,
- The draft Sexual and Reproductive Health Strategy.

6.2 Following this meeting, the Commission produced a response to the relevant Cabinet members in February 2024. The response highlighted a number of key issues including:

- Variability of young people's local experiences of sexual health and relationship education in schools;
- The need for further integration and further partnerships in delivery of sexual and reproductive health services;
- Concerns around provisions for U16's and U18's in the absence of CHIPS.

6.3 The Commission followed up on these issues at its meeting in June 2025 and produced a short response with some further suggestions. The Commission noted the response.

7 Work Programme

7.1 The work programme for the remainder of the municipal year 2025/26 was noted by the Commission.

7.2 There were no further updates.

8 Minutes of the last meeting

8.1 Members of the Commission noted and agreed minutes of the last meeting held on 15th September 2025.

Agreed: Minutes of the 15th September were agreed by the Commission.

9 Any Other Business

9.1 There was no other business.

9.2 The next meeting of the Commission is to be held on the 10th December 2025.

Duration of the meeting: 2 hours 45min

This page is intentionally left blank