

Deputy Mayor Bramble
**Cabinet member for Children's Services and
Young People**

Cllr Chris Kennedy
**Cabinet member for Health, Adult Social Care,
Voluntary Sector and Culture**

London Borough of Hackney
Hackney Town Hall
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28 April 2026

Dear Cllr Conway and Cllr Gordon

Support for Young Parents in Hackney: Enhanced Health Visiting Service

We are writing in response to your letter following the Children & Young People Scrutiny Commission discussion on the Enhanced Health Visiting Service (EHVS) and the support for vulnerable young parents.

We are grateful to the Commission for their comprehensive comments and suggestions following this discussion. We appreciate the Commission's interest in this topic and have responded to all the recommendations in the table below.

The EHVS was commissioned in 2023, with a new intensive level of support for the most vulnerable families. Since inception the intensive service has faced issues with performance and data reporting. Following the discussion at the Children & Young People Scrutiny Commission, the council has worked alongside the Homerton Healthcare NHS Foundation Trust (HHFT) to:

- Improve data and performance reporting;
- Refresh our understanding of the available evidence for intensive health visiting and models of support for vulnerable families;
- Collect service user feedback; and
- Carry out benchmarking to refresh our understanding of alternative models in use by other local authorities.



Suggestion	Response
<p data-bbox="177 232 611 300"><i>1 - Service Model and Workforce Review</i></p> <p data-bbox="177 340 692 555">The Commission would suggest a high-level review of the EHVS model to further clarify the gap the service is trying to address and the skills, expertise and knowledge of those work roles aiming to deliver it.</p> <p data-bbox="177 595 699 949">Commissioners and providers should also have a clear understanding of how the EHVS work connects to, but remains distinct from, other local support services. This review should be considered in the broader context of the proposed changes to family support changes and extended early help offer being implemented as part of the Families First Programme</p>	<p data-bbox="719 232 1417 555">The Enhanced Health Visiting Service (EHVS) was commissioned in September 2023 following a decision to decommission the Family Nurse Partnership (FNP) Service. FNP was restricted to young and first time parents, a small and shrinking cohort in City and Hackney, which excluded some of the highest need families from support. Due to the licensed nature of FNP, service eligibility could not be widened.</p> <p data-bbox="719 595 1420 770">The intensive level of the EHVS is an early intervention programme designed to support high risk families with complex needs residing in City and Hackney, from the antenatal stage up to two years of age.</p> <p data-bbox="719 810 1410 1128">Eligibility for the service is determined by a range of vulnerabilities outlined in the Rainbow Criteria. Rainbow Criteria is a set of vulnerability markers used to determine a family's eligibility for the intensive service. The criteria identifies high risk needs across areas such as mental health, social care involvement, domestic abuse and parental history. When a family meets several of the identified markers they are eligible for the Intensive service.</p> <p data-bbox="719 1169 1410 1344">Referrals involving parents and carers under the age of 25, for example, who are either currently Looked After Children (LAC) or have experienced the care system, and clients aged 18 and under are automatically eligible for the intensive service level.</p> <p data-bbox="719 1384 1410 1666">This intensive service level is delivered by High Impact Area Leads who hold specific expertise and training (examples include, Transition to Parenthood, Substance Use, and Domestic Abuse). In addition to their specialist expertise, High Impact Area Leads hold reduced caseloads (15-20 for intensive Health Visitors). This allows for more intensive support and case management of vulnerable families.</p> <p data-bbox="719 1706 1420 1774">Given the poor service performance, a service review is under way, comprising the following workstreams:</p> <ul data-bbox="772 1778 1267 1917" style="list-style-type: none"> ● Evaluation of the intensive service ● Benchmarking exercise ● Service user engagement ● Stakeholder consultation <p data-bbox="719 1957 1394 2024">This review has enabled a clearer understanding of how the intensive service level supports improved</p>

	<p>outcomes for vulnerable families. Service user engagement revealed positive feedback and our refreshed benchmarking exercise shows the service model in alignment with the established evidence base for early intervention, intensive family support, and targeted health visiting.</p>
<p><i>2 - Implementation of Co-Production Model</i></p> <p>The Commission would suggest that future development of the EHVS is underpinned by a more explicit process of coproduction with vulnerable (young) parents. This will not only help to drive and refine service development and improvement, but also ensure that subsequent service iterations are both accessible and acceptable to service users. Co-production should include those families who currently engage with the EHVS and those who do not, and include partner agencies which have a strong engagement track record with this cohort (e.g. Pause)</p>	<p>In partnership with the City and Hackney Public Health Team, the provider has developed and is actively implementing a comprehensive service user engagement plan.</p> <p>Key progress and ongoing actions include:</p> <ul style="list-style-type: none"> ● Capturing service user voice: A recent survey yielded a strong response rate and overwhelmingly positive feedback from families. To build on these insights, we are currently scheduling focus groups and one-to-one interviews with respondents who expressed a desire to be more deeply involved in shaping the service. ● Understanding non-engagement: To ensure our service is equitable and accessible, targeted engagement work is planned in collaboration with Hackney Children’s Social Care. This initiative specifically aims to gather feedback from families who have previously declined or struggled to engage with the intensive service offer, helping us identify and remove barriers. ● Specialist staff development: To further support families facing complex challenges, staff working within the intensive service have completed targeted training delivered by Hackney’s PAUSE Team. This training equipped practitioners with advanced strategies for supporting hard-to-reach service users, proactively managing and mitigating missed appointments (DNAs), and building effective therapeutic relationships with complex families.
<p><i>3 - Robust and accurate data to support performance management</i></p> <p>A significant commissioning challenge includes a lack of assurance that the EHVS being provided is to the commissioned specifications and outcomes. At present it is not clear who the service works with (and does not),</p>	<p>A performance notice was issued to the provider due to very poor data quality which limited the Council’s ability to understand and monitor service performance.</p> <p>A performance improvement plan was developed which committed the provider to bi-weekly meetings and monthly data returns to inject pace into the</p>

<p>what happens when contacts are made and how interventions are monitored and evaluated. The implementation of the new intensive data portal and weekly data monitoring to ensure accurate and complete activity and outcome data should be a priority, particularly as this will inform future commissioning decisions.</p>	<p>performance improvement process. Alongside this the provider has shared detailed pathway documents and case studies to exemplify how the service supports improved outcomes for vulnerable families.</p> <p>Consequently, there has been significant improvements in data collection, particularly relating to recording additional contacts with families and demographic information, which has enabled a better understanding of service performance.</p>
<p><i>4 - Sharper focus on addressing local inequalities</i></p> <p>Partly as result of the paucity of data collection for this service, the Commission would welcome further clarity as to how the EHVS will actively target young parents who are likely to experience poorer health outcomes. In particular further details as to how it will engage and gain the trust and support of those parents who may be reluctant to connect with statutory services (e.g. Black & global majority families, care experienced parents) or take up this voluntary service offer.</p>	<p>All mothers under 18 and all mothers with previous care experience under 25 are eligible for the intensive service level. Due to the individualised nature of the service, the respective health visitors are able to cater to and advocate for the specific needs of young parents. This advocacy improves engagement with families as it removes the need for the family to repeat their story multiple times.</p> <p>Through the training delivered by the Pause team, the EHVS has focused on improving how they engage and build relationships with vulnerable families, including young parents. The service also employs a health visitor who was previously a FNP nurse to help champion the needs of young parents across the service.</p> <p>The health visiting team also engages with training on anti-racist and trauma informed practice to support their engagement with Black and global majority groups.</p> <p>While demographic data was not previously collected to a sufficient level this has been improved upon with the provider now collecting accurate demographic data for all patients on the Intensive service. A key next step is to work with the provider to define better outcome metrics to enable the monitoring of outcomes for families on the intensive service by demographic characteristics.</p>
<p><i>5 - Enhanced Communication and Engagement Strategy</i></p> <p>To increase face to face contact and improve overall uptake of EHVS, the Commission suggests that a targeted, culturally appropriate and flexible engagement strategy is developed and implemented. The new strategy should</p>	<p>The provider is actively developing and implementing a comprehensive engagement strategy. By focusing on areas of greatest need, the strategy aims to reduce health inequalities and ensure our services are accessible, equitable, and effective.</p> <p>Key elements of the strategy include:</p>

<p>specifically address known engagement challenges and issues that particular communities face, and explore alternatives to home visits (e.g., meeting in Children and Family Hubs, Children’s Centres). This communication strategy should also address how potentially complex care pathways across multiple providers are presented to young parents to support effective service navigation.</p>	<ul style="list-style-type: none"> ● Targeted and culturally responsive outreach: Tailoring engagement for communities with historically lower uptake. This includes using trauma-informed, relationship-based practices, leveraging interpreters, and utilising modern communication channels (like social media) to ensure information is accessible to young parents. ● Flexible delivery and alternative venues: To increase face-to-face contact, the provider is moving beyond a reliance on home visiting. Families will be offered greater choice and flexibility, including the option to meet in trusted community settings such as Children and Family Hubs and Children’s Centres. ● Addressing engagement barriers: Proactively tackling known challenges, such as missed appointments (DNAs), through supportive, non-punitive follow-ups and prioritising continuity of care with practitioners to build trust. ● Simplified navigation of care pathways: Reviewing and simplifying our communication materials so that complex, multi-agency pathways are easy to understand. Health visitors will provide active support to help young parents navigate these services, rather than relying solely on signposting. ● Co-production with families: Ongoing parent surveys, focus groups, and one-to-one interviews are being utilised to gather qualitative feedback. This direct input will continuously refine our communication materials and service delivery. <p>Expected Outcomes:</p> <p>Ultimately, this flexible approach is designed to increase service uptake among under-served communities, improve face-to-face engagement, build trust, and enable the earlier identification of needs across the Best Start in Life priorities.</p>
<p><i>6 - Completion of Benchmarking Exercise</i></p> <p>To ensure the service is utilising best practice from similar intensive health</p>	<p>Benchmarking work was carried out prior to the service being commissioned. At that time, there were limited examples of bespoke intensive home visiting models in operation.</p>

visiting models across the sector and inform future refinements to the service, the Commission would welcome the completion of the benchmarking of EHVS against other intensive health visiting models (e.g., FNP, MECSH).

A refreshed benchmarking exercise across 22 Local Authorities in London and England has been completed to evaluate the EHVS against other intensive models.

The exercise confirmed that City and Hackney's EHVS is robust, evidence-based, and closely aligned with the core principles of established intensive home visiting models (such as FNP and MECSH).

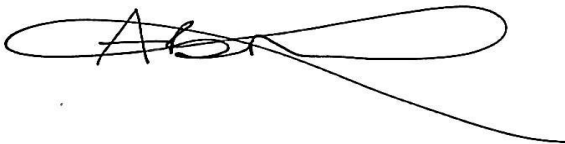
However, our service is purposefully adapted to meet the specific, high-level needs of our local population.

Key findings from the benchmarking exercise include:

- **Alignment with best practice:** While there is no single universally mandated model for enhanced support outside of licensed programs, our EHVS strongly aligns with the established evidence base for early intervention, intensive family support, and targeted health visiting.
- **Targeted intensity for vulnerable families:** The data highlights that City and Hackney's bespoke model supports a significantly more vulnerable and complex caseload than many other services. Consequently, our model operates with a higher frequency of intensive visits to ensure families receive an appropriate and safe level of support.

We hope that this response is helpful.

Yours sincerely



Antoinette Bramble

Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care



Cllr Chris Kennedy

Cabinet member for Health, Adult Social Care, Voluntary Sector and Culture