

# Best Start in Life

Supporting Evidence and Delivery Framework

2026–2029



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## **Accessibility statement**

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# Summary

This document provides the supporting detail for Hackney's Best Start in Life Local Plan 2026–2029 and should be read alongside the main plan, which sets out Hackney's strategic priorities for improving early childhood outcomes, reducing inequalities and supporting more children to achieve a good level of development by age five.

It brings together the evidence, engagement, Theory of Change, delivery arrangements and performance measures that underpin the plan, including how progress will be monitored through local priorities and the Family Hubs Outcomes Framework.



# System enablers

Hackney enters the Best Start in Life phase from a position of maturity, with an established Children and Family Hub partnership, strong maternity and health visiting pathways, strong early years settings, and a range of evidence-based programmes supporting parents and young children.

## Service integration and Best Start Family Hubs

We will ensure Best Start Family Hubs offer a welcoming one-stop shop to access a range of useful services. Through strong partnership and multiagency working, we will improve residents' experiences of early years services by joining up our support around children and families.

The borough's strategic approach focuses on strengthening and scaling existing provision, ensuring that high-quality services reach families most at risk of inequality in outcomes.

### Priority families include:

- families experiencing poverty and income deprivation.
- families in temporary accommodation or overcrowded housing.
- families affected by domestic abuse, ill-health and discrimination.
- single-parent households under economic pressure.
- children at risk of speech and language delay.
- communities where engagement with preventative services is low.
- fathers and non-resident parents whose engagement remains uneven.

### Priority actions

- Prioritise targeted outreach of our underserved communities and children at risk of inequalities in outcomes, including Turkish, Kurdish and Cypriot, Charedi, Black-African, Caribbean, and Bangladeshi communities.
- Prioritise targeted outreach for families at risk of health inequalities, debt, and housing instability
- Embed operational alignment between Children and Family Hubs Parenting Plus Teams, and Families First Teams to enhance and streamline early intervention and targeted support to help families.
- Strengthen integration, co-location and partnership working across health, early years settings, SEND, voluntary and community sector organisations and family help services
- Continue to align maternity, health visiting, settings, SEND, and family support services, around shared outcomes for children and families.
- Strengthen data completeness, data sharing, and system-wide accountability, aligned to the Family Hubs Outcomes Framework (FHOF), to support more effective targeting, monitoring and continuous improvement
- Deliver integrated support across health, education, and family services, ensuring services are accessible, inclusive, and culturally responsive.

### Measures of progress

- Increase the engagement rate of unique families from all identified priority cohorts (BSFH\_S02, BSFH\_C01), including Black/Global Majority, Charedi, and families in temporary accommodation or experiencing homelessness (BSFH\_S01), accessing multi-session Children and Family Hub services by 15 % year-on-year.
- Achieve 100 % operational co-location and joint working protocols, including referral pathways, shared plans and data-sharing agreements) between the Children and Family Hubs Partnership (BSFH\_S05) in all four neighbourhood pairings by March 2027.



- Achieve 95 % data completeness for the Single Unique Identifier (NHS Number) (BSFH\_S06) across all commissioned Best Start services by March 2028, enabling end-to-end family tracking and effective targeting.
- Achieve a minimum 85 % positive family satisfaction rating (BSFH\_I01) on the quality and join-up of support received within the Children and Family Hub Partnership.

- Demonstrate measurable contribution from integrated Children and Family Hub services to achieving the overall GLD target of 78.2 % (BSFH\_L01) and narrowing the free school meal attainment gap to 74.6 % (BSFH\_L02) by 2028.

# Family involvement

Meaningful family involvement and co-production are essential to ensuring our Best Start services are accessible, culturally responsive, and effective. We are committed to embedding parent and carer voices at every level of the system, from the design and governance of Family Hubs to the auditing of service delivery.

By proactively removing barriers to participation and establishing robust structural integration and transparent feedback loops, we will ensure the lived experience of our diverse communities drives continuous service design and improvement, moving beyond consultation to full collaboration.

## Priority actions

- Proactively address obstacles to participation by providing childcare or crèche facilities during meetings, covering travel expenses, and offering translation services.
  - Use family navigators to recruit parents who do not typically engage with services, ensuring the panel isn't just composed of the usual voices.
  - Recognise the value of parents' time through vouchers or other appropriate forms of remuneration.
  - Create a direct line of reporting from the Parent Carer Panel to the Family Hub Neighbourhood Partnership Board.
  - Offer a mix of face-to-face meetings within the physical Hub buildings and digital participation to accommodate working parents and those with newborns.
- Enable 'secret shoppers' or parent-led walk-throughs of Children and Family Hubs to assess accessibility and how welcoming the environment feels for new parents.
  - Task the parent carer panel with reviewing information, including leaflets, digital apps, signage, to ensure it is jargon-free and culturally sensitive.
  - Publish regular Impact Reports, or 'You Said, We Did' posters in the Children and Family Hub reception areas to show how panel input has changed service hours, locations, or types of support.

## Measures of progress

- Increase the representation of families in temporary accommodation, underserved communities (BSFH\_S01) and fathers (BSFH\_S02) on the Parent Carer Panel by 20 % by March 2029, demonstrating successful targeted outreach.
- Achieve 100 % formal parent representation on the Children and Family Hubs Children's Neighbourhood Partnership Board (BSFH\_S05) by July 2027, embedding lived experience at the highest level of governance.
- Ensure commissioning decisions for Children and Family Hub programmes include documented feedback from the Parent Carer Panel as evidence of co-design, tracked via impact measures (BSFH\_I01).
- Publish a minimum of four 'You Said, We Did' impact posters annually across the Family Hub network, demonstrating and publicising the direct influence of parent feedback on service delivery changes (BSFH\_I01).
- Achieve a minimum 85 % positive rating from Parent Carer Panel members on the accessibility, inclusivity, and support provided for their participation (e.g., childcare, hybrid access, and recognition of time).



# Monitoring, evaluation and learning

Robust monitoring, evaluation and learning (MEL) will ensure that Hackney delivers measurable improvements for babies, children and families, reduces inequalities, and continuously adapts in response to data, evidence and lived experience.

Our approach is aligned to the Family Hubs Outcomes Framework (safe, healthy, happy, learning, engaged) and operationalised through the Children and Family Hubs Data, Insight and Impact Workstream. Our ambition is to achieve full alignment by moving wider children and family services, commissioning activity, and health services to consistently use this shared outcomes framework.

## Priority actions

- Maintain a shared multi-agency outcomes framework aligned to the Family Hubs Outcomes Framework and Hackney's Theory of Change.
- Operate a unified performance dashboard integrating Local Authority, Health, ICS, and VCS datasets.
- Standardise outcome definitions, demographic fields, and equity indicators across all commissioned services.
- Embed validated PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience Measures) across PMH, PIR, Infant Feeding, Parenting, and Early Language services.
- Strengthen quarterly inequalities analysis (IMD, ethnicity, SEND, EAL, locality, and father involvement).
- Formalise data sharing agreements across health partners to ensure lawful, secure, and proportionate information exchange and ensure safe transfer of information through secure systems compliant with GDPR, safeguarding, and NHS information governance standards.
- Implement structured insight, action and review cycles across workstreams.
- Revise our current impact and satisfaction surveys to align with the Outcomes Framework
- Link commissioning decisions explicitly to outcome performance and equity trends.

## Measures of progress

- Formalise a Data Sharing Agreement (DSA) with the Homerton and commissioned services (related to BSFH\_S06) by March 2027, ensuring robust governance is embedded.
- Achieve 95 % data completeness for the Single Unique Identifier (NHS Number) (BSFH\_S06) across all commissioned Best Start services by March 2029, enabling end-to-end family tracking and effective targeting.
- Conduct and present quarterly inequalities analysis (covering demographics such as IMD, ethnicity, and gender, linked to (BSFH\_S02, BSFH\_C01) to the Steering Group, demonstrating evidence of continuous service redesign decisions informed by these monitoring insights.
- Embed systematic parent and practitioner feedback loops (BSFH\_I01) and validated PROMs/PREMs across evidence-based parenting programmes by March 2027.
- Ensure 100 % of new commissioning decisions for targeted services are explicitly linked to and justified by performance against BSFH outcome indicators (BSFH\_L01, BSFH\_L02, BSFH\_H02, etc.) and equity trends.

# Accountability and governance

The delivery of Hackney's Best Start in Life local plan is built on a multi-agency ownership model. It leverages existing Hackney structures, ranging from Best Start Strategic Board to Children's Neighbourhood Partnership Boards and Parent Carer Panels to ensure shared responsibility and accountability.

The framework is designed to bridge the gap between high-level strategy and operational delivery, ensuring that data, performance, and parent voices directly inform decision-making.

## Priority actions

- Revise the current governance structure in line with the new Best Start in Life guidance.
  - Utilise the Children's Neighbourhood Partnership Boards as the primary vehicle for community-led co-design, specifically targeting health inequalities and underserved families.
  - Ensure resources are aligned with Neighbourhood needs and distributed as part of the partnership.
  - Maintain monthly Workstream Groups, including Infant Feeding, Early Language, Parenting Support, to ensure specialised focus on the 1,001 critical days and progress against the Best Start in Life delivery plan.
  - Convene the Quarterly Family Hubs Steering Group to review progress across all workstreams and unblock systemic barriers to integration.
- Work with the integrated commissioning and procurement teams to enforce strict contractual requirements for all providers regarding demographic reporting, outcome data, and compliance with GDPR and NHS IG frameworks.
  - Formalise the role of the Partners Reference Board to act as a bridge between the voluntary sector, parents, and strategic decision-makers.

## Measures of progress

- Review and formalise the revised Best Start governance structure (including the Best Start Strategic Board and reporting lines across the governance structure and secure sign-off by June 2027).
- Ensure multi-agency representation at the Partners Reference Board (including Health, Education, and the Voluntary and Community Sector), to act as a bridge between partners, parents, and strategic decision-makers.
- Achieve a minimum of 85 % attendance at Children's Neighbourhood Partnership Boards by designated parent and VCS representatives from GLD priority cohorts (BSFH\_S02, BSFH\_C01) for all quarterly meetings.
- Annually review and demonstrate alignment of targeted activity against the highest areas of need, including IDACI Decile 1–2 areas and high 0–5 population concentration, identified in the Needs Assessment (linked to BSFH\_S01/BSFH\_S02).
- Ensure 100 % of newly commissioned Best Start service contracts explicitly enforce compliance with data-sharing, demographic reporting, and Single Unique Identifier, where possible (NHS Number) usage (BSFH\_S06) by March 2028.

# About the Best Start in Life Local Plan

The development of the Best Start in Life Local Plan has been informed by engagement with:

- Parents and carers through First 1,001 Days surveys
- Early years settings
- Health partners including maternity and health visiting services
- Voluntary and community sector organisations
- Local stakeholders across the Children and Family Hubs Partnership
- Families First Reforms
- Poverty Reduction
- Families Living in Temporary Accommodation Steering Group

- The Best Start in Life Local Plan has been developed using a comprehensive evidence base including:
- 2025–2026 Maturity Self-Assessment (MSA)
- Hackney Early Years Needs Assessment (2025)
- Hackney Infant Feeding Strategy (2026)
- Hackney Perinatal Mental Health and Parent-Infant Relationship Strategy (2026)
- Fathers' PMH and PIR Needs Assessment (2025)
- Young Parents Needs Assessment (2025).
- Childcare Sufficiency Assessment
- Hackney SEND & Inclusion 3-year Strategy (2026–29)

## Report authors

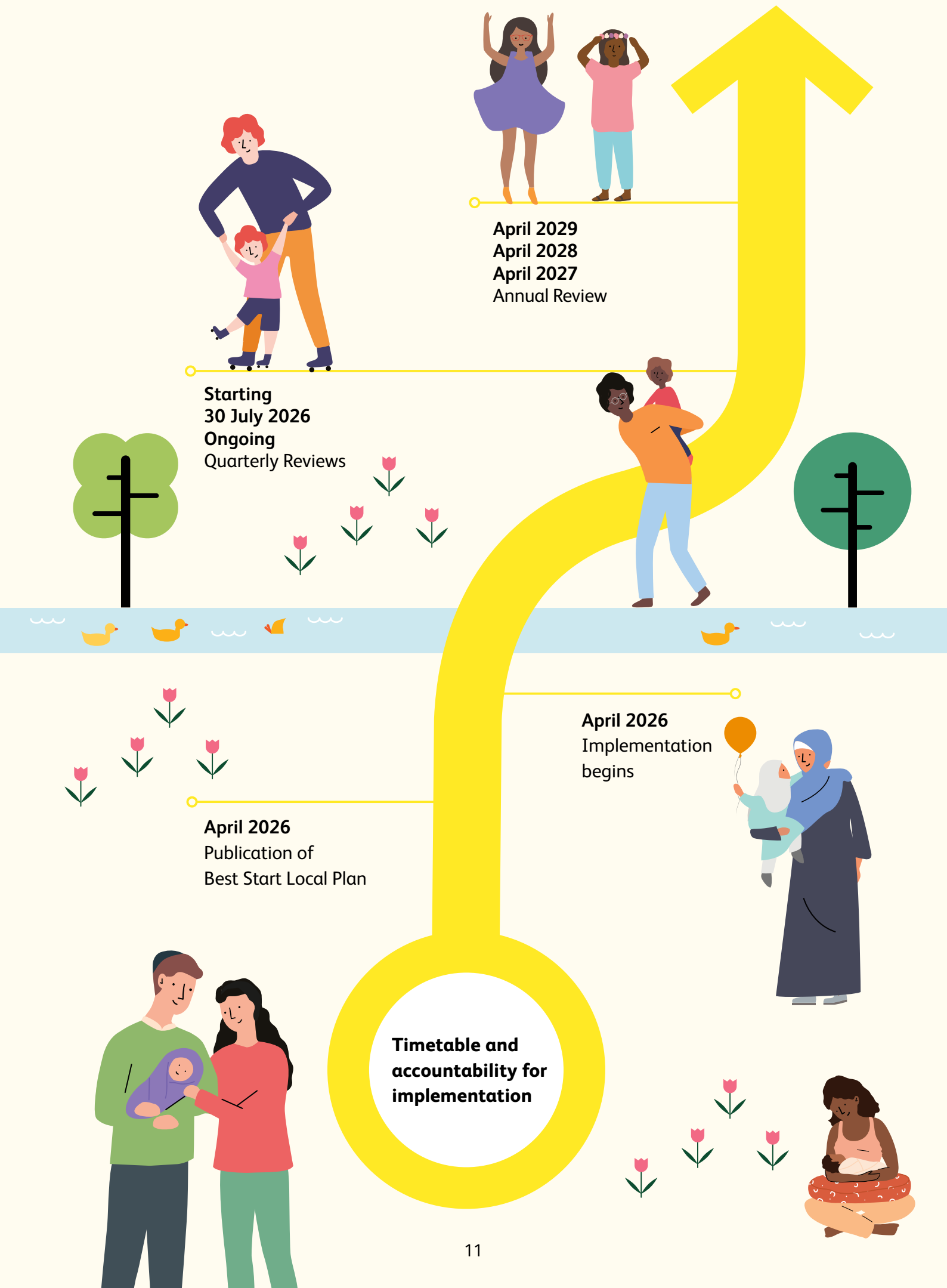
- Sarah Bromfield, Head of Children and Family Hubs & Early Help Systems
- Angela Birch, Project Manager and Health Lead
- Cimone Brown, Early Years Strategy Manager

## Report contributors

- Stuart Bottomley, Early Years Systems & Data Analyst
- Luisa Dornelas, Family Hub Implementation Lead
- Gemma Vare, Senior Quality Improvement Partner
- Mark Mapstone, Family Hubs Project Manager and Outcomes Lead

## Delegated Sign Off

- Donna Thomas, Assistant Director of Early Years, Early Help and Wellbeing
- Jason Marantz, Director of Education and Inclusion
- Jacquie Burke, Group Director Children and Education



# References

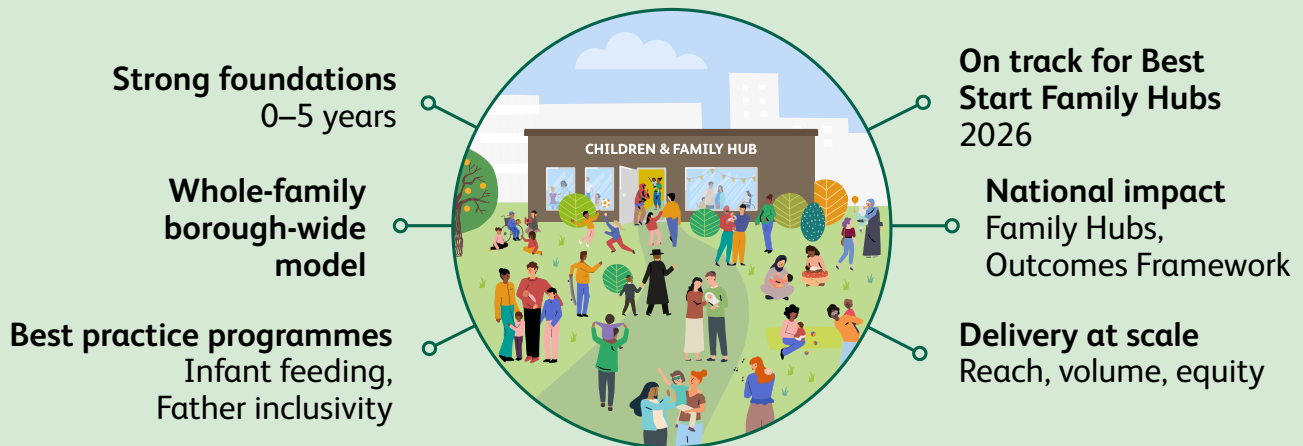
## Background papers

- Draft Hackney Early Years Needs Assessment (2025)
- Hackney Early Years Strategy – Happy, Healthy and Ready to Learn (2021–2026)
- Hackney Infant Feeding Strategy (2026)
- Hackney Perinatal Mental Health and Parent-Infant Relationship Strategy (2026)
- Fathers' Perinatal Mental Health and Parent-Infant Relationship Needs Assessment (2025)
- Draft Young Parents Needs Assessment (2025)
- Children and Family Hubs Impact Report (2024–2025)



# Appendix 1: Theory of Change model

## Hackney Children & Family Hubs – a model to be proud of Theory of Change shapes strategy



**Hackney is not only implementing system change – we are shaping it**

### Theory of Change model for Hackney Children and Family Hubs

Note: To be revised alongside the Best Start Family Hubs Guidance, April 2026

This Theory of Change (ToC) has been updated with feedback from the ToC workshop, noting possible revisions (e.g. to multi-agency steering groups, performance frameworks, outcomes aligned to Good Level of Development (GLD), obesity, exclusions, and care entries, in line with the new Best Start Family Hubs policy which comes into effect locally in April 2026. Preparation for this has been included in the One Year Outcomes.

July 2025

#### LONG-TERM IMPACT (FIVE YEARS)

To be revised in line with the Best Start Guidance and Appendix 2: Outcome Framework, local measures.

#### All babies, children and young people:

- Are and feel physically and emotionally safe at home, at school and in their communities (SAFE)
- Have their emotional, social and personal needs met (HAPPY)
- Are physically healthy and make positive health choices (HEALTHY)
- Are learning and developing from birth (LEARNING)
- Have their voices heard and acted upon (ENGAGED)

### **Parents and carers:**

- Provide a safe and secure family home
- Have their mental health and emotional wellbeing needs met
- Build strong parent-infant attachments
- Parents (are supported to) make positive health choices for themselves and their child(ren)

### **Family Hub/Best Start Performance:**

- Improved data sharing; data linkage and integrated data systems

### **MEDIUM-TERM OUTCOMES (THREE YEARS)**

- Innovation Pilots exploring sustainable and integrated workforce models for 0–5 delivery
- Children and Family Hubs offer access to the full suite of 24 Family Hub services, with workforce alignment in place to support integrated working
- Improved uptake of whole-family interventions that support parental relationships (Signs of Safety, Team Around the Child, Reducing Parental Conflict, Strengthening Families, Strengthening Communities)
- Increased early identification of low-level perinatal mental health and parent infant relationship challenges
- Year-on-year improvement in the uptake and outcomes of Start for Life programmes, leading to reduced escalation of need and increased family resilience
- Families know where, how and when to access support and have confidence navigating digital and in-person services
- Improved perinatal mental health outcomes – reduced levels of anxiety and depression
- Increased proportion of children achieving a Good Level of Development (GLD) to 78 % (Target)
- Increased proportion of children achieving a Good Level of Development (GLD) from under achieving groups of children – boys from Black Caribbean, Black African, Bangladeshi, Turkish/ Kurdish and Charedi communities.
- Increased parental warmth, responsiveness and overall relationship quality towards their children (PIR)

- Increased engagement from fathers, carers, and underrepresented groups
- Stronger co-production and feedback loops embedded in service delivery to ensure services are flexible and accessible to all groups
- Improved household financial security through increased take-up of eligible benefits and financial advice, contributing to a reduction in child poverty rates
- Shared workforce development plan for all agencies working with families that include cross-sector training, relational practice, and trauma-informed care (0–5yrs)
- Professionals report confidence in working collaboratively, relationally, and in trauma-informed ways.

### **SHORT-TERM OUTCOMES (ONE YEAR)**

- Governance and programme delivery strengthened, with improved systems and processes to enhance efficiency and coordination
- System readiness assessed for Best Start implementation (MSA)
- Children and Family Hubs governance and delivery model refreshed to provide clear oversight of Start for Life delivery, in line with national Best Start guidance (TBC)
- Strategic delivery systems aligned (Families First, CYP Health MDT)
- Foundations for integrated commissioning established to ensure continuity and alignment of Start for Life delivery post-March 2026
- Workforce Development Plans evaluation metrics for workforce training uptake and confidence (e.g. surveys, attendance rates)
- Co-produced principles of relational working embedded across all delivery teams working with families to include STAR – Systemic, Trauma Informed, Systemic and Relational
- Development Plan for increasing GLD to 78 %
- Year-on-year improvement in the uptake and outcomes of Start for Life programmes, leading to increased family resilience
- Vulnerable families access integrated Family Help support via Hubs, reducing escalation to statutory services



- Families can access the full suite of 24 Family Hub services, with appropriate referral pathways, and delivery setting
- Improved community resilience – families and local residents are more able to access the skills and confidence to support themselves, their families, and others in their community
- An increase in culturally tailored communications and culturally competent services
- Engagement from fathers, carers, and underrepresented groups improved
- Family financial security, benefits and the uptake of the free entitlement improved
- MOU's/Improved Partnerships – shared alignments and shared resources, supported by multi-agency working satisfaction scores among staff
- Information Sharing Agreement in place with Health

#### WHAT WE WILL DO

- Embed and deliver the full 24 Family Hub service areas across all localities, integrating Start for Life services within universal and targeted offers.
- Develop and deliver integrated Start for Life Pathways – Perinatal Mental Health, Parent-Infant Relationships, Infant Feeding, and Early Language & Home Learning – ensuring joined-up access through digital, in-person, and outreach models.
- Strengthen whole-family working and relational practice through the rollout of evidence-based models (e.g. Signs of Safety, Reducing Parental Conflict, Strengthening Families) and alignment with Families First principles.
- Enhance workforce capacity and capability by embedding a shared workforce development plan focused on trauma-informed (TIC), Systemic, and Trauma-Informed and Anti-Racist (STAR), culturally responsive, and digitally inclusive practice.
- Strengthen cross-sector collaboration and co-location across health, education, early help, and voluntary sector services to improve early identification, referral pathways, and support coordination.

- Use community-based spokes and culturally trusted venues to deliver services and increase engagement with underrepresented groups, particularly Black and Global Majority families.
- Embed co-production and lived experience within planning, delivery, and governance to shape accessible, inclusive, and responsive services.
- Implement a local Start for Life communication strategy, aligned with national campaigns, to promote access, health literacy, and awareness of Family Hub services.
- Build the infrastructure for sustainability by preparing for integrated commissioning, aligning strategic delivery systems, and embedding Start for Life into the long-term Best Start model.
- Embed shared supervision models and joint training across Family Hub professionals.
- Develop step-up/step-down protocols between early help and statutory services.

### INPUTS (RESOURCES REQUIRED)

- Local Authority leadership, Family Hubs governance
- NHS, Public Health, and Start for Life funding streams, staffing
- Community and Voluntary Sector (CVS) partnerships
- National frameworks: 10-Year Health Plan, Family Hubs Programme guidance/Best Start for Life Family Hubs, Healthy Child Programme,
- Early Years Foundation Stage (EYFS) Statutory Framework, Family First National Framework, BFI accreditation

### ASSUMPTIONS

- Continued funding for Family Hubs and Start for Life programme/Best Start Family Hubs
- Policy continuity at national level (e.g., NHS Long-Term Plan implementation)
- Cross-sector commitment to integrated working and information sharing
- Ability to adapt delivery models in response to co-production, data, and changing needs (e.g. inequalities)

### CHALLENGES AND ENABLERS

- Sufficient resourcing and sustained leadership commitment
- Services work in collaboration
- Data-sharing and integration are achievable across partners - data-sharing gaps may prevent effective tracking of family journeys across, early identification and targeting
- Families trust and use Children and Family Hubs when services are accessible and inclusive
- Multi-agency collaboration is prioritised and embedded
- The need for early intervention, joined-up working, and community-led solutions in response to ongoing reductions in local authority and partner budgets



## EXTERNAL FACTORS

- **Policy and System Change** – National reforms including: Families First Programme, Integrated Care System (ICS) transformation, Children’s Social Care Reforms, SEND and alternative provision review, changes to government funding allocations or priorities
- **Socioeconomic Conditions** – Cost-of-living crisis: increasing pressures on family finances, mental health, and service demand, Housing shortages and overcrowding: compounding stress on vulnerable families, Employment insecurity and welfare reforms
- **Demographic Shifts** – Falling birth rates overall with rising birth rates in the Charedi community, migration, and population churn, increasing complexity of family need (mental health, safeguarding, domestic abuse)
- **Digital and Technological Access** – Variable digital inclusion, particularly for low-income families, national and local developments in data integration systems
- **Workforce Pressures** – Health visiting, midwifery, and early years staff shortages and burnout risk across education, health, and voluntary sector, Ongoing workforce development and upskilling

## SITUATION (CHALLENGES, NEEDS, PROBLEMS) – data insight

### Equity of access to services:

47 % of the Hackney population come from Black and Global Majority groups; 21.1 % ‘Black’, 10.4 % ‘Asian’, 6.7 % ‘Mixed’ and 8.7 % identify within the ‘Other ethnic group’ category ([Hackney Council](#))

Hackney has one the largest groups of Charedi Jewish people in Europe and represents almost 7 % of the borough’s overall population. Just over 3 % of Hackney’s residents were born in Turkey and live throughout the borough ([Hackney Council](#))

In 2021 there were 3971 live births in the City and Hackney. The general fertility rate (GFR) across England is declining, Hackney had 54 live births per 1,000 women aged 15 to 44 compared to 56 in 1000 for London/England ([Hackney Council](#))

In contrast the [2018 Charedi Hackney Health Needs Assessment](#) estimated 20–30 births per week in the Charedi community (Stamford Hill), between 6–7 children per couple, a recent <sup>1</sup>study suggests that the 2021 Census may have significantly undercounted births in the community by up to 35 % . <sup>2</sup> Locally agreed as 28.6 % .

### Hackney Children’s Health

**2022–23:** Although improving 17.1 % of children under 16yrs in Hackney live in **absolute poverty** and 23 % live in **relative poverty**

**2022–23:** Households with dependent children **owed a duty under the Homeless Reduction Act** is 23.6, above national and regional levels

**2021–22:** 36.5 % of primary school children were claiming **free school meals**, well above the national figure of 23.1 % and London level of 24 %

**2023–24:** **immunisation rates** were the lowest in the country and well below the national target of 95 % : MMR for one dose 67.7 % , and 72.4 % had received the Dtap/IPV/Hib immunisation by the age of 2

**2023–24:** 12.2 % of children in reception (4–5yr olds) are **obese/severely obese** this is second highest in London behind Barking & Dagenham, this rises to 27.1 % by Year 6 (10–11yr olds)

1. Graham, D. (2023, July). Assessment of the 2021 Census data on Haredi (Strictly Orthodox) Jewish children in England. Institute for Jewish Policy Research. <https://www.jpr.org.uk/publication?id=53965>
2. Hackney Population Health, April 2024
3. <https://explore-education-statistics.service.gov.uk/data-tables/permalink/350fca95-1104-4d01-45f4-08ddcde57a4c>



### Good Level Of Development

GLD<sup>3</sup> is part of the Early Years Foundation Stage Profile (EYFSP), which is completed when a child finishes Reception (age 4–5). 69 % of children in Hackney schools and settings achieved a Good Level of Development (GLD) in 2024, below the London level (70 %), but above the national level (67.7 %). The 2023 gap between free school meal and non-free school meal pupils in Hackney was 6 percentage points; this has widened to 14 percentage points in 2024, however this remains well below the national gap of 20 percentage points.

In 2024, the gap between state-funded schools and private, voluntary and independent settings increased from 33 percentage point gap (2023) to 37 percentage points (2024), with the percentage of children achieving a good level of development in private, voluntary and independent settings decreasing from 41 % to 38 %.

The gap between pupils who speak English as a second language (EAL) and non-EAL pupils in Hackney has increased from 5 percentage points in 2023 to 8 percentage points in 2024, slightly above the national gap of 6 percentage points.

Locally children from African, Caribbean, Bangladeshi and Turkish/Cypriot and Charedi groups have lower levels of good development across the prime areas of learning goals.

### SITUATION (CHALLENGES, NEEDS, PROBLEMS) – stakeholders, partners and staff

- Better information sharing and communication among service providers and with local residents
- Ensuring services are accessible and welcoming to all, regardless of background, circumstances, or needs for example families in hostels and, those in temporary accommodation
- Further integration and collaboration with all agencies
- Staff have the skills, training, and support needed to effectively deliver services to meet the diverse needs of the community
- Services are flexible and centered around individual families' changing needs instead of forcing families to fit into existing services
- Data and feedback is used to continuously improve and plan future services
- Broaden the scope of services to 0–19 (25yrs)
- Actively involve parents in services, addressing their needs, and creating supportive environments for families
- Ensure communication is effective – provide clear information, train staff to signpost services, and ensure that professionals are well-informed
- Timely advertising to support awareness and uptake of services

## **SITUATION (CHALLENGES, NEEDS, PROBLEMS) – parent/carer feedback**

- Low awareness of Start for Life Services; improve centralised information – including childcare/ marketing/navigation systems
- Improve outreach and engagement to reach families who most need them
- Provide flexible opening hours, (early mornings/ evenings, weekends), improve scheduling and increase frequency of popular services
- Improve physical access of buildings for parents of multiples
- Increase inclusivity for diverse family structures – particularly same-sex parent families, non-resident fathers/fathers
- Practical support with accessing services for the first time i.e. form filling, to build confidence
- Need to streamline assessment and early identification procedures to avoid repetition of their ‘story’
- Service gaps – improving parents physical health and wellbeing, support for specific groups i.e. parents of twins, fathers, anger/stress management, support around bonding
- Facilitate opportunities to improve social connections and community building

## **THEORY OF CHANGE EVIDENCE SUMMARY – ALIGNED SOURCE DOCUMENTS**

1. Theory of Change Away Day 12.6.25 Report, Know Knowledge
2. First 1001 Days Parent & Carer Survey, LBH June 2025
3. First 1001 Days Stakeholders, Partners & Staff Survey, LBH 2025
4. NEL Maternity & Neonatal Case for Change (Engagement Report), 2023
5. NEL Maternity & Neonatal Demand & Capacity Report, July 2025
6. Hackney Children Centres Needs Assessment, July 2025
7. Hackney Digital Access Strategy (Phase 1), March 2025
8. Healthwatch, Hackney Fathers PMH & PIR Needs Assessment (DRAFT), June 2025
9. HCVS Start for Life Hackney Engagement Strategy (DRAFT), July 2025

# Appendix 2: Best Start in Life data set

## Children and Family Hubs outcome framework

Outcomes	No.	Metric code	Metric definition
<b>Safe</b>	<b>1</b>	BSFH_S01	Reaching Households with children in temporary accommodation.
	<b>2</b>	BSFH_S02	Reaching families in Bed & Breakfast for more than 6 weeks.
	<b>3</b>	BSFH_S03	Reaching families who are homeless.
	<b>4</b>	BSFH_S04	Reaching CIN with persistent absence at school.
	<b>5</b>	BSFH_S05	Reaching families with child protection plans that are second or subsequent plans.
	<b>6</b>	BSFH_H01	% of infants receiving the New Birth Visit within 14 days.
<b>Healthy</b>	<b>7</b>	BSFH_H02	% of infants sustaining breastfeeding at 6-8 weeks.
	<b>8</b>	BSFH_H03	% of 2–2.5 year reviews completed using ASQ-3.
	<b>9</b>	BSFH_H04	% of children meeting expected development at 2–2.5 years.
	<b>10</b>	BSFH_H05	Coverage of perinatal mental health universal screening.
	<b>11</b>	BSFH_H06	Healthy birth weight.
	<b>12</b>	BSFH_H07	Healthy weight at reception.
	<b>13</b>	BSFH_H08	Prevalence of obesity in Year 6 pupils.
	<b>14</b>	BSFH_H09	% of 5-year-olds with no visually obvious dental decay.
	<b>15</b>	TBC	Metric to be confirmed by the government.
<b>Happy</b>	<b>16</b>	BSFH_E01	Reach of young people (16–17) not in education, employment (NEET) E.g. take up of Youth Offer and HAF.
<b>Engaged</b>	<b>17</b>	BSFH_E02	Reach of care leavers (19–21) in education or training (EET).
	<b>18</b>	BSFH_L01	% of children achieving GLD at age 5 (EYFS Profile).

## Children and Family Hubs outcome framework

Outcomes	No.	Metric code	Metric definition
<b>Learning</b>	<b>19</b>	BSFH_L02	GLD % for children eligible for Free School Meals (FSM).
	<b>20</b>	BSFH_L03	Take-up of funded 15-hour childcare for 2-year-olds.
	<b>21</b>	BSFH_L04	Take-up of universal 15/30-hour offer for 3–4 year olds.
	<b>22</b>	BSFH_L05	Persistent absence rate in primary schools (attendance <90 %).
	<b>23</b>	BSFH_L06	Persistent absence rate in reception (attendance <90 %).
	<b>24</b>	BSFH_L07	No. of SEND under 5 years of age linked to Family Hubs services.
	<b>25</b>	BSFH_S01	Parental engagement rate (reach into target cohorts).
<b>System wide</b>	<b>26</b>	BSFH_S02	Parent/ Carer engagement rate by protected characteristics (IDACI, Gender, Fathers, Ethnicity) from hub services.
	<b>27</b>	BSFH_S03	% of practitioners trained in evidence-based HLE interventions.
	<b>28</b>	BSFH_S04	% of practitioners trained in evidence-based parenting programmes.
	<b>29</b>	BSFH_S05	% of hubs with co-located midwives and health visitors.
	<b>30</b>	BSFH_S06	Effective implementation of Single Unique Identifier (NHS No).
	<b>31</b>	BSFH_R01	The number of families supported to begin evidence-based interventions both in person and online including completion rates.
<b>Reach and engagement</b>	<b>32</b>	BSFH_C01	Extent specific cohorts are reached, including disadvantaged families and those with historically lower levels of engagement, subject to data availability.
<b>Coverage</b>	<b>33</b>	BSFH_S01	Reaching Households with children in temporary accommodation.
<b>Impact</b>	<b>34</b>	BSFH_I01	Evidence of change, such as the number of parents reporting improvements in parenting confidence, child development outcomes or other relevant measures.

