

Community Hubs and the Health Visiting Workforce: How Babyzone Supports Families When Statutory Services Are Under Strain

A response to The State of Health Visiting in England: Workforce Composition, Caseloads and Service Delivery (Conti et al., March 2026)

Introduction

The UCL report *The State of Health Visiting in England* (Conti et al., March 2026) provides the most comprehensive picture to date of a workforce and service under sustained pressure. Its findings confirm what many families, practitioners and community organisations already experience on the ground: fewer health visitors, rising caseloads, shrinking budgets and widening gaps in the infrastructure that supports children in their earliest and most critical years.

The evidence is stark. Between 2016 and 2021, the number of qualified health visitors in England fell by over a fifth. Around three-quarters of local authorities now exceed the recommended caseload of 250 children per practitioner, with some exceeding 1,000. Real-terms spending on mandated health visiting services has fallen by nearly 20%. The report estimates that restoring caseloads to safe levels would require approximately 3,100 additional staff and around £120 million per year in additional wages.

Babyzone welcomes this research. We share the authors' view that rebuilding the health visiting workforce and securing sustainable investment are urgent priorities. But, we also recognise that these structural challenges will not be resolved overnight and that families cannot wait for a workforce pipeline that may take years to restore.

This briefing sets out how Babyzone's community hub model is already complementing and extending the reach of health visiting teams across England and why community-based infrastructure must be part of the policy response to the crisis documented in this report.

Executive Summary

The UCL report documents a health visiting system in crisis: a 21% fall in qualified health visitors since 2016, three-quarters of local authorities exceeding recommended caseloads and real-terms spending down nearly 20%. The pressures fall hardest on the most deprived communities - the same communities where early intervention delivers the greatest return.

Babyzone's community hub model is already operating in the gap. Our hubs provide free, open-access, barrier-free early years provision in areas of high deprivation, serving as trusted spaces where health visitors can deliver clinics and mandated contacts alongside play, learning and co-located partner services. We are not a substitute for statutory health visiting. We are the infrastructure that makes it more effective.

Three things this briefing demonstrates:

- 1. Community hubs extend health visiting reach where it is most needed.** Babyzone hubs host health visitor clinics, infant feeding support and act as a front door to statutory services for families who face emotional, logistical, or systemic barriers to access. 74% of our families come from the four most deprived IDACI deciles.
- 2. The model delivers at a fraction of the cost of statutory alternatives.** A full Babyzone hub costs £130,000 per year to run - equivalent to £8 per person per visit. At that cost, the entire Babyzone network of 20 hubs operates for less than 0.5% of the £120 million the UCL report estimates would be needed annually to restore health visiting caseloads to safe levels.
- 3. The Government's Best Start Family Hubs investment creates a ready-made opportunity.** The £500 million+ commitment to Best Start Family Hubs should be aligned with community-based delivery models that are already reaching families in the places and in the ways that the evidence shows work.



Venues like these show that families engage with services delivered with trust and compassion. As the government rolls out its Best Start Family Hubs, they should look to organisations like Babyzone as an example of an integrated, community-led model of support that is working so well.

Dame Rachel de Souza, Children's Commissioner for England



What the Evidence Tells Us

The UCL report identifies several structural challenges that are directly relevant to the communities Babyzone serves:

21%	Fall in qualified health visitors between 2016 and 2021
74%	Of local authorities exceed the recommended 250-child caseload
£240.70	Per-child spending on mandated services in 2024-25, down from £294.70 in 2016-17
54%	Of local authorities saw HVs replaced by lower-band skill mix staff
3,100	Additional staff needed to restore caseloads to recommended levels

These are not abstract figures. They describe a system where families are less likely to receive the mandated health and development reviews they are entitled to, where practitioners are stretched thin and where the communities facing the greatest disadvantage are often those with the least capacity to absorb further cuts.

The report's inequality analysis is particularly relevant to our work. While more deprived local authorities spend more per child on health visiting, the downward trajectory of spending has been system-wide. The most deprived areas have seen slower growth in clinical skill mix staff, even as health visitor numbers have declined. For the families Babyzone exists to support, the gap between need and provision is widening.

This matters because the evidence on early years investment is unambiguous. James Heckman's landmark research demonstrates a 13% annual rate of return on comprehensive birth-to-five programmes for disadvantaged children. The Institute for Fiscal Studies' 2025 evaluation of Sure Start found that children near centres performed 0.8 GCSE grades higher, with every £1 spent generating £2.05 in long-term benefits. When community-based early years infrastructure disappears - as over 1,000 children's centres have - the costs compound across a generation.





How Babyzone Hubs Support Health Visiting Teams

Babyzone operates free, open-access community hubs where families with babies and young children can access play, learning, peer support and co-located partner services without referral, appointment, or income check. Our hubs are deliberately located in the areas of highest need, guided by IDACI deprivation data: over 70% of the 17,651 family visits recorded between August 2025 and February 2026 came from families in the four most deprived IDACI deciles.

Across our hub network, we host and support health visiting services in several ways:

Health visitor clinics and drop-ins

Several Babyzone hubs host regular health visitor clinics, providing families with an accessible, relaxed environment in which to access baby weighing, health and development reviews and one-to-one consultations. At Babyzone Wigan, the Friday health visitor drop-in has become one of the busiest elements of the hub offer, with demand growing so rapidly that a ticketing system has been introduced. Parents consistently describe the value of having play, early years expertise and health support available in one place, reducing the need to travel between appointments and making it easier to raise questions they might otherwise have kept to themselves.

Infant feeding and nutrition support

Our hubs host specialist infant feeding drop-ins and Introduction to Solids workshops delivered by partners such as HENRY. At Babyzone Blackburn, a mother attended with her 13-month-old baby who had been diagnosed with low iron levels and was not eating well. The HENRY practitioner discussed the baby's eating patterns and contacted the health visitor directly to ensure nutritional monitoring would be in place. The joined-up response between Babyzone, HENRY, Home-Start and the health visiting team meant the family received coordinated support rather than being passed between services.

A trusted front door to statutory services

For many families - particularly those experiencing post-natal mental health difficulties, isolation, or the complexity of navigating unfamiliar systems - the barrier to accessing support is emotional rather than logistical. Babyzone provides a first point of contact that connects families to the services they need.

At Babyzone Blackburn, a single mother who had recently been relocated as an asylum seeker attended with her two children, including a four-year-old with Down's Syndrome. She had not been able to register with a GP or secure a school place. Our hub leader contacted the health visiting team and school admissions directly, ensuring the family received the support they needed without having to navigate unfamiliar systems alone.

Extending reach in areas of high deprivation

The UCL report documents that the most deprived local authorities face compounding pressures: smaller workforces, slower skill mix growth and rising caseloads. Babyzone hubs are specifically designed to operate in these communities. Our data-driven approach uses IDACI analysis to ensure every hub location serves families in the greatest need. In Barking and Dagenham, over 80% of attending families come from IDACI deciles 1-3. In Barnet, the figure is 70%. In Hammersmith and Fulham, 68%.

When health visitors are stretched, our hubs provide an additional point of contact where concerns can be identified early, families can be connected to clinical services and mandated health visiting contacts can be delivered in an environment that families already trust and attend regularly.

Generating evidence alongside delivery

Babyzone hubs don't just deliver services - they contribute to the research that improves them. On 19 March 2026, our Croydon hub hosted a parent and carer workshop led by researchers from UCL's NIHR Children and Families Policy Research Unit (CPRU) and the University of Oxford's Department of Social Policy and Intervention. Parents and carers took part in an informal guided discussion to help the research team interpret data on health visitor contact rates, with a particular focus on why some families refuse or cancel appointments.

The project, led by Dr Diane Stoianov at CPRU with Dr Michael Fanner at Oxford, is investigating how many families in England are actually receiving the health visiting contacts they are entitled to - a question at the heart of the Conti et al. findings. That this research is taking place inside a Babyzone hub reflects the trust families place in these spaces and the role community infrastructure can play in strengthening the evidence base, not just acting on it.

Outcomes that travel home

Our independently designed parent surveys (developed with NPC) show that 91% of parents report improved parenting confidence and 88% report taking Babyzone learning home. 95% of parents rate classes as positive for their child's development and 83% report building community connections and friendships that reduce isolation. We are developing the Parent Confidence Index (PCI), a validated measure of parenting self-efficacy designed to track the behaviour change that the evidence says matters most.

Babyzone in Numbers

61,737	Total visits across hubs in 2024–25 (+30% year-on-year)
27,106	Family visits recorded
260+	Partner organisations co-located across hubs
62%	Of families from the three most deprived IDACI deciles
£130,000	Annual cost to run a full Babyzone hub
£8	Cost per person per visit

The UCL report estimates that restoring health visiting caseloads to recommended levels across England would require approximately 3,100 additional staff and around £120 million per year in additional wages alone. Babyzone supports that investment. But while the workforce pipeline is rebuilt - a process that will take years - community hubs offer a complementary model that extends reach immediately, at a fraction of the cost.

What We Are Calling For

The UCL report concludes with two clear priorities: **long-term funding** to rebuild the health visiting workforce and a **unified data system** to enable consistent monitoring. Babyzone supports both recommendations and would add the following:

- **Recognise community hubs as essential infrastructure for early years health.** Babyzone hubs are not a substitute for health visiting; they are the infrastructure that makes health visiting more effective. When health visitors can deliver clinics in spaces families already trust and attend, take-up increases and early identification improves.
- **Align Best Start Family Hubs investment with community-based delivery.** The Government's commitment of over £500 million to Best Start Family Hubs presents an opportunity to embed health visiting within accessible community settings. Our experience shows that co-location drives engagement, particularly among families who face the greatest barriers to accessing traditional services.
- **Include community reach data in workforce planning.** The report rightly highlights the absence of standardised data. Babyzone tracks every family visit by IDACI decile, IMD domain and ACORN segmentation. Integrating this data with local authority workforce planning would give commissioners a more complete picture of where families are being reached and where gaps remain.
- **Protect and expand provision in the most deprived areas.** The UCL report's finding that spending cuts have been system-wide, affecting the most deprived areas alongside the least, reinforces the case for targeted investment. Babyzone's expansion strategy prioritises exactly these communities, with planned new hubs in areas including Swansea, Glasgow and Bristol.

“We are very lucky to have
Babyzone in Warrington”

Specialist Health Visitor, Warrington

We aim to open 20 early years hubs
across the UK by 2028



Conclusion

The UCL report paints a picture of a statutory service under sustained strain. Fewer health visitors, higher caseloads, less funding and a workforce that is being reshaped by necessity rather than design. These pressures are felt most acutely by the families who need support the most.

Babyzone does not claim to solve this crisis. Rebuilding the health visiting workforce is a matter of national investment and political will. But we do demonstrate, every week across our hubs, that community-based provision can extend the reach of health visiting, connect families to clinical services at the point of need and catch concerns early in the environments where families feel most comfortable.

The evidence is clear: the earliest years deliver the highest return in social policy. The question is whether we choose to invest in the infrastructure that makes that return possible. Babyzone is ready to be part of the answer.

Babyzone is already partnering with UCL's CPRU and the University of Oxford on research into health visitor contact rates, hosting parent workshops at our Croydon hub that help researchers understand why families disengage from statutory services. We would welcome expanding this collaboration to support future research on the relationship between community-based infrastructure and health visiting effectiveness.

References

Conti, G., Weber Costa, G., D'Mello, D.C. and Yu, Y. (2026). The State of Health Visiting in England: Workforce Composition, Caseloads and Service Delivery. Department of Economics, University College London / London Business School, 27 March 2026.

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A woman wearing a grey hijab and a light-colored long-sleeved top is smiling broadly while holding a young child. The child, wearing a pink long-sleeved shirt and pink pants, is laughing joyfully. The background is a blurred wall with colorful geometric patterns in shades of blue, green, and yellow. The entire image has a soft, blue-tinted overlay.

The First Years Last Forever



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