

A Better Start

Supporting child development
in the early years

Foreword

It is difficult to exaggerate the importance to babies and young children of getting off to a healthy start. What happens to them from before they are even born through to when they start at school, and particularly before the age of three, will have a huge impact on the rest of their lives. And some inequalities they may be born into might affect (and afflict) them throughout their lives – unless something effective is done to avoid that.

Following the transfer of public health responsibilities to local government (in October 2015 for 0-5s), councils are busy investigating, planning, trialling and implementing a wide range of policies, initiatives and interventions around early years provision. In a context of major financial cuts, all are looking to secure more efficient and effective use of diminishing resources. Some are focused on preventative programmes, with early identification of children and families in need of additional support and intervention to meet those needs as early as possible; others on better integration of health, care and education provision for early years, improving families' experience of service users as well as outcomes for their children. And some are looking to do both, with plans reflecting their individual circumstances.

Councils are responsible for commissioning the Healthy Child Programme for under-fives. The delivery of this universal prevention and early intervention programme (led by health visitors) is integral to supporting good development of all children in the early years. The five development reviews carried out by health visitors are a key mechanism for assessing each child's progress, and identifying early those who may need additional support. After a review in 2017 by Public Health England to determine if the

mandate on councils to deliver these reviews should be lifted, Ministers decided that the five development reviews are to remain mandatory.

The government has also announced that the Early Years Foundation Stage Profile (the measure for children achieving a good level of development or "school readiness") will remain in place in the 17/18 academic year. This assessment, at the end of reception year, provides a vital baseline measure against which to understand future progress of children as they go through school; it also provides us with an insight into the effectiveness of programmes in local areas, designed to support child development in the first few years of life, preparing children for school but also building solid foundations for their life.

Whilst there has been steady growth in the proportion of children reaching a 'good level of development' in the Early Years Foundation Stages profile inequalities persist: in 2016, 54 per cent of children eligible for free school meals achieved a good level of development compared with 72 per cent of other children. This gap has barely changed in five years. This is a clear indication of the task we are still face in tackling inequality.

But there is good news too: the recent rapid expansion of our knowledge about what good development in the early years looks like, and its long-term significance is leading to innovative improvement in the way services are commissioned and delivered by local councils working with their partners. This publication highlights a number of examples to illustrate the different initiatives underway in local areas.

Councillor Ian Hudspeth
Chair Community Wellbeing Board

Contents

| | |
|--|----|
| Introduction | 4 |
| What do we know about child development in the early years? | 5 |
| The cost benefits of early intervention | 9 |
| What role can councils play? | 10 |
| 10 Key Questions to ask on early years services | 13 |
| Case studies | 14 |
| ‘Five to Thrive’, an approach to positive parenting: various locations | 14 |
| Hertfordshire County Council: My Baby’s Brain | 14 |
| Luton Council: Flying Start | 15 |
| Essex County Council: Smarter data, smarter commissioning | 16 |
| Derbyshire County Council: engaging parents and professionals in getting children school ready | 17 |
| South Gloucestershire: Improving early years development in Gypsy and Traveller communities | 19 |
| Islington First 21 Months Project (IF21M) | 20 |
| Greater Manchester Early Years Delivery Model | 22 |
| London borough of Tower Hamlets: targeting support through using school readiness as an early indicator of neglect | 24 |
| Resources | 26 |

Introduction

Over the past decade or so, there has been an enormous increase in scientific knowledge and understanding of the extent to which the experiences of the very early years – from pregnancy to age three – not only influence, but significantly determine a range of outcomes that potentially affect the course of people’s lives: our health, our behaviours, our education and our social and economic wellbeing. In particular, far more is known about the development of the infant brain, and the crucial importance of the relationship with the infant’s primary carer (usually the mother). We also know more about the impact of environmental factors, from exposure to toxins to opportunities (or the lack of them) to develop social, emotional and cognitive skills.

In fact, we now have a widely agreed ‘model’ of what is required for a young child to flourish, and a good idea of the potential consequences when key elements are missing. We also understand more about the interaction of these elements and, increasingly, about how much harder (and usually less successful) it is to put things right later in life than to identify and rectify problems early, before they escalate.

There is general agreement about the need to tackle the marked inequalities in child health and development, which follow a clear social gradient. For example, the ‘Social Mobility Commission’s 2016 State of the Nation’ report highlights the correlation between socioeconomic status and all of the following: cognitive outcomes at ages three and five, breastfeeding, postnatal depression, birth-weight, home learning environment and mother-child relationships.

The gap in cognitive outcomes is greater at age five than at age three. “By the time that students receive their GCSE results, around 32 per cent of the variation in performance can be predicted on the basis of indicators observed at or before age five”.¹

This guide sets out concisely the reasons that the early years are so essential to future outcomes and wellbeing; the measures being taken by local authorities to bring together health, social care and early education services to create a more holistic approach to identifying and meeting the needs of young children and their families – making provision more efficient and effective; and an idea of the increasing range of interventions available to address particular issues early, before they escalate into more damaging (and expensive) problems.

The case studies also highlight the importance of evidence-based practice, and of local authorities and area partnerships making sure that they commission provision and implement changes which fully reflect the particular local needs and priorities of their communities.

Finally, the resources section lists the publications referred to in the text, with links, which offer a wealth of further reading and information.

¹ Social Mobility Commission: State of the Nation report, 2016

What do we know about child development in the early years?

“Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences. Later interventions, although important, are considerably less effective if they have not had good early foundations.”

Fair Society, Healthy Lives, the Marmot Review, 2010

The ‘Marmot review’ identified persistent, socioeconomic class-related differences in a wide range of health outcomes, from low birth weight to life expectancy. Drawing on a number of sources for evidence, it set out how a child’s experiences during the early years lay down a foundation for the whole of their life. The ‘Marmot review’ strongly advocated greater priority on ensuring expenditure early in the developmental life cycle (children below the age of five); that it is invested in interventions that are known to be effective; and that it should be focused proportionately across the social gradient to ensure effective support to parents from pregnancy to the child’s transition to primary school – including quality early education and childcare.

More recently, ‘A Better Start’ (a Big Lottery Fund ‘test and learn’ programme investing in five local area partnerships to work on three key development areas: social and emotional development; communication and language development; and nutrition) has published ‘The science within: what matters for child outcomes in the early years’, which outlines the scientific evidence underlying current thinking and practice.

This policy area continues to be a priority for the government – with the recent announcements of the ministerial group looking at ‘family support from conception to the age of two’ and the Health and Social Care committee inquiry into the ‘First 1000 days of life’, which is looking at the barriers to investment and local provision and how this can be better co-ordinated.

Factors impacting on childhood development

Child development and maternal health:

- development begins well before birth, when the health of the baby is crucially affected by the health and well-being of their mother²
- the physical health of mothers can affect the development of the foetus and is important in preventing a child being born prematurely and/or with a low birth weight. Important aspects include general health, nutrition, exercise and exposure of the foetus to toxins (eg tobacco, alcohol and other drugs)³
- a mother's mental health is affected by a range of factors, such as whether the pregnancy was planned, unresolved trauma, domestic violence and alcohol/substance misuse⁴
- up to 20 per cent of women develop a mental health problem during pregnancy or within a year of giving birth. This can affect the activity growth and brain development of the foetus and lead to disordered attachment with long term consequences for mother and baby⁵
- smoking is the main modifiable risk factor in pregnancy and varies in England ranging from two per cent to 26 per cent in local areas⁶
- complications around birth can lead to consequences such as isolation from partner and family, difficulties with breastfeeding and impaired bonding with the baby.⁷

2 Fair Society, Healthy Lives, Marmot Review 2010

3 The Science Within: What Matters for Child Outcomes in the Early Years, The Social Research Unit at Dartington

4 The Science Within: What Matters for Child Outcomes in the Early Years, The Social Research Unit at Dartington

5 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

6 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

7 The Science Within: What Matters for Child Outcomes in the Early Years, The Social Research Unit at Dartington

Child development and health in the early years:

- a child's brain doubles in size in the first year and by age three it will have reached 80 per cent of its adult volume⁸
- cognitive skills (memory, problem solving and reasoning) develop more in the early years than at any other time in our lives and There is good evidence to show that
- if children fall behind in early cognitive development, they are more likely to fall further behind at subsequent educational stages⁹
- the early years are also important for the development of non-cognitive skills such as application, self-regulation and empathy – which are emotional and social capabilities that enable children to make and sustain positive relationships and succeed both at school and in later life¹⁰
- breastfeeding is the optimal method of feeding babies because it aids bonding, protects against a range of later problems (eg asthma and obesity) and is associated with higher IQ¹¹
- 25 per cent of children have tooth decay at age five years, however most dental disease is preventable¹²
- parental feeding in infancy and toddlerhood influences later eating patterns, and family activity influences later child activity levels¹³
- children who are overweight are at an increased risk of health complications, such as asthma, emotional and behavioural problems, sleeping problems, musculoskeletal problems and type two diabetes in childhood. They are also more likely to suffer from cardiovascular disease and diabetes in later life¹⁴
- seven per cent of children around five years of age have speech, language and

8 Early Years, Ofsted, 2015

9 Fair Society, Healthy Lives Marmot Review, 2010

10 Marmot Review, 2010

11 The Science Within, Social Research Unit at Dartington

12 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

13 The Science Within, Social Research Unit at Dartington

14 Action for Children, Fair by Five Briefing

communication needs (SLCN)¹⁵

Child development parenting and the home environment :

- human babies are born very immature, so are highly dependent on their care-givers and a supportive physical and emotional environment¹⁶
- ‘positive stress’ can help children develop healthy stress response systems; ‘toxic stress’ leads to changed brain architecture and reduced thresholds for stress, with potentially harmful consequences¹⁷
- household chaos can affect children’s language ability at 36 months, which can have a long-term impact on cognitive development and the child’s ability to interact positively with peers¹⁸
- the emotional bond between parent and child is known as attachment. Children’s social and emotional skills are formed in large part by their attachment with their parents¹⁹
- attachment security is associated with better learning outcomes; play which involves verbal exchanges is important for later verbal interaction, and engagement and verbal stimulation with toddlers contribute to language development²⁰
- good parent–child relationships help build children’s self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles.²¹

Child development and inequalities:

- research has found that children with strong cognitive skills, measured through things such as drawing and vocabulary, had higher incomes at age 30 than children with lower cognitive scores²²

- low birth-weight in particular is associated with poorer long-term health and educational outcomes – and disadvantaged mothers are more likely to have low birth weight babies²³
- pregnancies in areas of highest social deprivation are 50 per cent more likely to end in stillbirth or neonatal death²⁴
- young parents are one third less likely to breastfeed, three times more likely to smoke and three times as likely to have poor mental health²⁵
- in 2016, 54 per cent of children eligible for free school meals achieved a good level of development compared with 72 per cent of other children; this gap has barely changed in 5 years²⁶
- by the time that students receive their GCSE results, around 32 per cent of the variation in performance can be predicted on the basis of indicators observed at or before age five²⁷
- almost all children (94 per cent) who achieve a good level of development at age five go on to achieve expected levels for reading at age seven – the end of Key Stage 1. The impact carries on through primary and secondary school; over half (55 per cent) of children who are at the bottom of attainment at age seven remain there when they take their GCSEs. This is important because a student who achieves five A*-C GCSE grades will earn on average £80,000 more over their lifetime.²⁸

Taking these points together sets out a vision for what a better start for children looks like.

15 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

16 The Science Within, Social Research Unit at Dartington

17 The Science Within, Social Research Unit at Dartington

18 The Science Within, Social Research Unit at Dartington

19 An Equal Start: Improving outcomes in Children’s Centres, The Evidence Review. London: UCL Institute of Health Equity 2012

20 The Science Within, Social Research Unit at Dartington

21 Healthy Lives, Healthy People: Our strategy for public health in England. London: HM Government 2010

22 Action for Children, Fair by Five Briefing

23 Marmot Review 2010

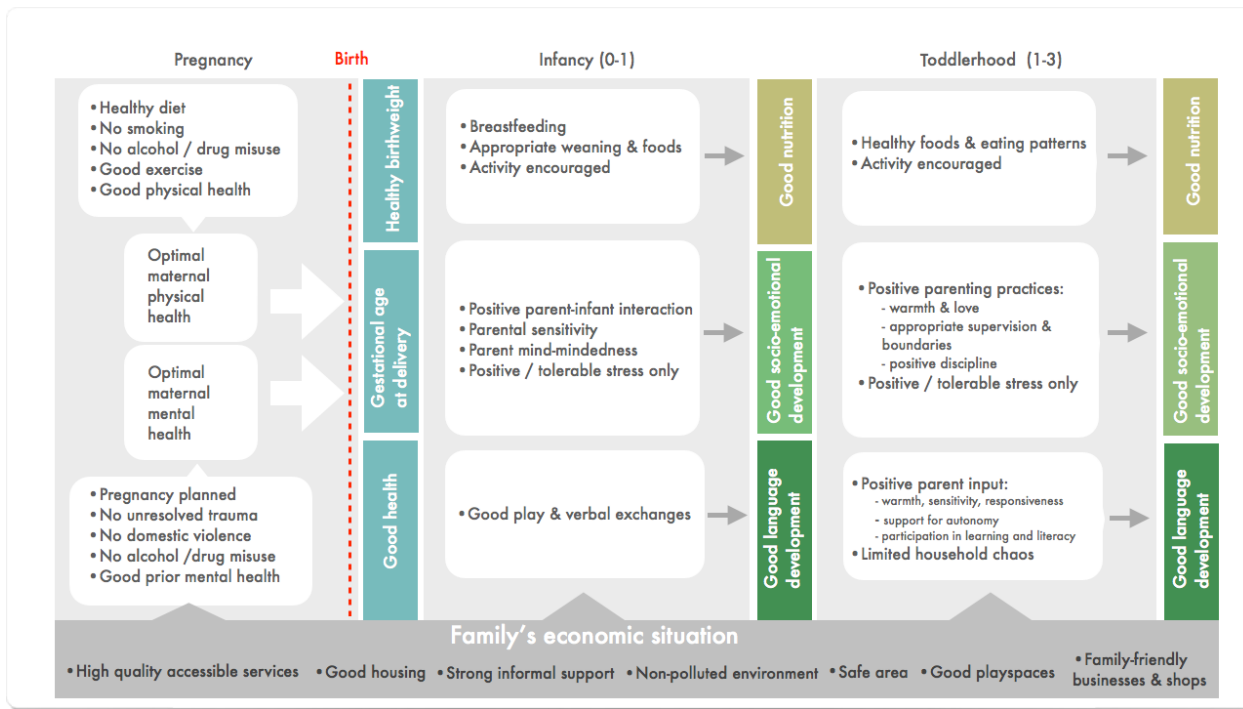
24 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

25 Giving Every Child the Best Start in Life, Alison Burton, PHE LGA Early Years Conference 2017

26 State of the Nation 2016: Social Mobility in Great Britain, Social Mobility Commission November 2016

27 Helping Parents to Parent, Social Mobility Commission February 2017

28 Action for Children, Fair by Five Briefing



A better start for children²⁹

The case studies in this publication, point towards existing initiatives by councils to support good childhood development; these are largely concerned with early intervention and prevention, and the integration of services to better support children and families in the early years (or both). The initiatives are either evidence-based (meaning they have been tested and found effective), or science-based (referring to innovations that are rooted in the best available evidence, but are not yet fully evaluated for quality and impact).

²⁹ Social Research Unit, Dartington, Better Evidence for A Better Start

The cost benefits of early intervention

“We estimate that in England and Wales we are spending nearly £17 billion per year on addressing the damaging problems that affect children and young people such as mental health problems, unemployment and youth crime. This is only the immediate fiscal cost in a single year and although it is substantial, it does not capture the longer term impact of these poor outcomes (which can last into adult life and sometimes into the next generation), nor the wider social and economic costs... Effective and timely early intervention should at least put a dent in the need for late intervention, and in doing so free up space in services that are under unprecedented pressure. It can change the life chances of those children and young people in a way which is better for public services and the economy, generating long term savings as well as improved lives.”

Spending on Late Intervention: How we can do better for less, Early Intervention Foundation, 2015 (updated 2016)

Of the £17 billion that the Early Intervention Foundation (EIF) – an independent charity and part of the government’s ‘What Works Centre’ network – estimates is spent annually on late intervention, local authorities bear the largest share: £6.5 billion, with £3.7 billion spent by the NHS and £2.7 billion by Department for Work and Pensions. The largest individual costs are £5.3 billion spent on looked after children, £5.2 billion associated with cases of domestic violence and abuse, and £2.7 billion on benefits for young people who are not in education, employment or training. £23 billion per year is the cost of failing to deal adequately with perinatal mental health problems and child maltreatment

A number of organisations have published figures for the estimated or potential returns, through long-term savings, from investment in early intervention. For example, the Wave Trust/Department for Education report ‘Conception to age two – the age of opportunity’ includes a 30-page annex on the economics of early years investment, which includes three UK predictive studies with returns from £2.42 to £11.44 for each £1 invested; the highest predicted return was from an early years preventative strategy with a particular focus on preparation for parenthood.

A Public Health England (PHE) report, ‘Improving school readiness: creating a better start for London’ (2015), suggests that for every £1 invested in quality early care and education saves up to £13 in future costs, and targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested – with early years interventions having a higher rate of return than later interventions.

What role can councils play?

The 0-5 Healthy Child Programme

The transfer of responsibility for children's public health to local authorities in 2015 created an opportunity to dramatically improve the co-ordination, or move to full integration, of the services provided for young children and their families – and many local authority areas are seizing that chance.

The greater coherence of a more holistic approach to families with young children benefits all, but beyond the core of maternity, health visiting and early years services, the involvement of services including social care, primary health care, adult mental health, housing, police, and local voluntary services offers the prospect of making far more effective provision for families with more complex needs.

Six early years high impact areas

PHE has developed the six early years high impact areas to support the transition of commissioning for 0-5 to local authorities. The six areas are:

- transition to parenthood and the early weeks
- maternal mental health
- breastfeeding (initiation and duration)
- healthy weight, healthy nutrition (to include physical activity)
- managing minor illnesses and reducing hospital attendance/admissions
- health, wellbeing and development of the child aged two: Two year-old review

(integrated review) and support to be 'ready for school'.

Guides on each of these areas are available on the PHE website.

A focus on supporting parenting and relationships

Many children have a difficult start in life, lacking the conditions necessary for the successful early development that will enable them to flourish through their childhood and on into adult life. This can lead to considerable, and sometimes lifelong, personal, social and economic costs. Whilst more than ever before is now being done to remedy this, with a wide range of interventions available and in use, there is still a very long way to go before such practice is universal.

The paramount importance of pregnancy itself and the very early relationship between infant and parent (especially mother), means that it is essential that public policy (and practice) is heavily focused on this period, and on the families of young babies (especially those new to parenthood).

The EIF and the Wave Trust (an educational charity) are two organisations that make significant contributions to the research, development and dissemination of evidence to support effective preventative interventions in this area of work. Lessons from this for councils include:

- Prioritising earlier identification of need, and provision of support, for children and their families during this phase.

- Developing new approaches through health visitors to better support the poorest 20 per cent of families to develop strong parent-child relationships, including ante- and post-natal support for all pregnant mothers and partners focused on the quality of parent-child interaction.
- Making better use of programmes and practice with a strong evidence base (many interventions have little evidence of effectiveness and there is little monitoring of outcomes).
- Clear and consistent messaging about the importance of sensitive, attuned and face to face parental interactions with their children from birth onwards (many parents don't know how to improve the quality of such interaction).

Integrating support around the needs of the child and family

“Young children and their families have regular contact with a number of different services such as midwifery, health visiting, childcare and early education provision... Service coordination or integration is likely to improve families’ experiences, enable those needing support to be identified more quickly and increase the likelihood of families receiving the help they might need...”

Getting it right for families, EIF, 2014

The EIF ‘Getting it Right’ report looks in some detail at the main aspects of integration, and draws out a number of key considerations. There are different degrees of integration, from better co-ordination of services around

the individual to large scale commissioning for a population. Some key considerations set out below.

Local leadership to develop a shared vision

Effective leadership through the Health and Wellbeing Board, is important in making the case for change and setting the vision. Local areas which have made an early start on the integration process report that this partnership works best for early years when there is a sub-group dedicated specifically to children and young people. Central to this work is developing a common understanding of priorities across partners to drive improvements.

Joint commissioning between the council and other local partners to establish common systems and processes are important components of a delivering to a shared vision and outcomes.

Translating the shared vision into shared systems and processes

Increasing consistency in the systems and processes used by different sections of the workforce (across health, children’s services and education) can help co-ordinate services; use of a common assessment process is especially beneficial, and joint training and information sharing can greatly increase practitioners’ shared language and understanding of each other’s roles.

Team structures that best support integrated working vary widely, reflecting local circumstances, but locality-based teams (virtual or co-located in the same premises, such as a children’s centre) is a common model – with some areas developing a ‘Single Point of Access’ for professionals to make referrals or seek advice.

Importance of understanding local communities

It is of course, vital that changes made and provision commissioned fully reflect the particular characteristics and circumstances of the local community, and that decisions are informed by the views both of service users and the workforce.

Importance of understanding impact

And, as always, evaluation is important – and given the lack of robust evidence on the outcomes that can be achieved through integrating services, there is a particular need for robust, quantitative, long-term evaluation of aspects of integrated services.

10 key questions to ask on early years services

1. Does the health and wellbeing board have a sufficient focus on early years and early identification of needs?
2. Have partners agreed a joint vision of how early years support is commissioned and delivered in the local area?
3. How are vulnerable families who require additional support identified?
4. What is the evidence base for early years interventions used in your area?
5. How are intervention programmes and support services evaluated to ensure they are contributing to improving outcomes?
6. What practical guidance and support is offered to parents, especially new parents, about the importance of their role and the difference that they make?
7. How does the council and its partners ensure services avoid duplication and provide a 'seamless' experience for children and families?
8. Do practitioners from different professions share a common understanding of issues, and use the same language and terminology in their interactions with children and families?
9. Do systems allow for information sharing across agencies and is information shared on a routine basis?
10. What are the views of children and families on the early years support services provided? How are these views used to ensure services meet local needs effectively?

Case studies

‘Five to Thrive’, an approach to positive parenting: various locations

Background

In 2011 Hertfordshire County Council commissioned Kate Cairns Associates (KCA) to develop a programme based on attachment and brain development in response to the Graham Allen report on early intervention. In Hertfordshire this programme is known as ‘My Baby’s Brain’; it was adapted to use nationally and became known as Five to Thrive.

‘Five to Thrive’ (FTT) is a flexible, attachment-based approach to positive parenting focused around five key activities (the ‘building blocks for a healthy brain’): Respond, Cuddle, Relax, Play and Talk. These activities are based on research into the key processes of attachment and attunement that forge bonds between young children and their carers; practitioners are taught about the neuroscience underpinning the approach, and are encouraged to embed the principles in their work with families.

FTT has been adopted and adapted by more than 20 local authority areas and organisations to meet the needs in their local communities. Those that are using the approach include Barnardo’s (which trained over 1,500 members of its staff across the UK in 2014/15) and Luton’s Flying Start programme (see below).

Contact

contact@kca.training

Hertfordshire County Council: ‘My Baby’s Brain’

‘My Baby’s Brain’ was developed in 2011 by Hertfordshire County Council’s Childhood Support Services alongside KCA. It continues to evolve and develop to meet professionals’ and families’ needs. The initiative was ‘conceived in order to convey in simple, accessible language, to parents of very young children, the principles of attachment and the direct impact they have on a baby’s brain development’.

The approach

At its core, ‘My Baby’s Brain’ enables practitioners to communicate five key messages, thought to increase attachment security, into their daily interactions with families. It recommends that parents focus on five ‘building blocks for a healthy brain’ when interacting with young babies: Respond, Cuddle, Relax, Play and Talk. These five principles are based in scientific evidence about their importance for positive child development and secure and healthy relationships, as well as their relationship with optimal brain development in the early years.

The initiative is currently delivered as an ‘embedded’ practice, integral to practitioners’ (eg children’s centre workers, health visitors, social workers and early years staff) daily work with families. In the past, ‘My Baby’s Brain’ has also been delivered in a more structured way, through planned activities (eg discussion groups) offered to parents and children. Hertfordshire County Council is currently working alongside University of Hertfordshire and University of Kent to develop and pilot an antenatal programme

of 'My Baby's Brain'. In addition, 'My Baby's Brain': vulnerability, trauma and recovery' is also now delivered to practitioners who work with higher need families and where there are possible attachment concerns.

Assessing the impact

The impact and implementation of the one-day structured course delivered to practitioners by KCA trainers was evaluated by Warwick Medical School and Colebrooke Centre for evidence and implementation. (More than 2,000 staff in Hertfordshire have so far been trained in the use of this approach).

The evaluation report (February 2014) highlighted key features of the multi-agency approach, and the outcomes it achieved for practitioners.

Key features:

- the multi-agency approach ensures that all practitioners are aware of and use the same language and messages when working with local parents
- two styles of delivery have evolved: 'embedded' (low-key, naturalistic use of messages and resources during routine work with parents) and 'structured' (planned activities and sessions, with more explicit styles of delivery of the messages and resources); both are widely used in universal and targeted settings by workers from different professional backgrounds.

Outcomes for practitioners:

- practitioners from a range of agencies reported statistically significant positive changes in knowledge and attitudes, which persisted at follow up (three to four months later); 79 per cent expected to change the way they worked with parents and 71 per cent expected their practice to improve
- in creatively extending the original universal design of the programme to use with targeted groups of families, practitioners were extracting considerable additional value: in a universal setting, the impact was largely to reassure, reinforce and amplify responsive parenting that was

already present; in targeted groups, it served to normalise and explain the value of responsive parenting, and highlight for struggling parents how they make positive changes – parents were able to understand and retain messages passed on by practitioners, gaining confidence and modifying their behaviour.

Contact

Lucy.Sims@hertfordshire.gov.uk

Luton Council: Flying Start

'Flying Start' is Luton's prevention and early intervention strategy and aims to improve outcomes for children from pregnancy to their fifth birthday as a foundation to a healthy future. Working as an integrated partnership it links strategically with a number of other local key strategies and plans. It takes a life course approach, working at three key touchstones: during pregnancy, with families and their children during the first five years of life, and with future parents. Key outcome areas of focus include working with parents to improve young children's communication skills; supporting healthy bonding with babies and young children; and encouraging healthy lifestyles for babies, young children and their families. All 19 wards in Luton benefit, but those with the poorest child outcomes are the focus for testing specific evidence- or science-based interventions.

'Flying Start' was originally conceived and developed as part of the Big Lottery: A Better Start funding bid and was built on a strong partnership approach, looking at a whole system change, to improve outcomes for children living in Luton. Whilst the lottery bid was not successful as a funding stream it did create a shared vision and a passion across agencies and partner organisations. This has been further harnessed and developed to embed 'Flying Start' as Luton's prevention and early intervention strategy for children from pregnancy to their fifth birthday.

The approach

The health and well-being of the child is held at the centre of 'Flying Start'. The delivery model is designed to advance the Healthy Child Programme 0-5, working not only with the parents of today but influencing the parents of tomorrow through close work with secondary schools and public health to change the Personal Social and Health Education curriculum to empower young people to understand healthy relationships, parenting and other life skills.

'Flying Start' Children's Centres are key to the delivery of 'Flying Start' interventions and parenting programmes, however other partners include early years' childcare and education providers alongside Voluntary and Charitable Organisations (VCO's). Luton's maintained nurseries offer universal and targeted childcare places, education, family support and specialist provision for children with special educational needs.

Training staff across organisations to deliver evidence informed interventions

'Flying Start' has invested in training staff to implement and deliver a portfolio of evidence and science-based interventions. This includes a range of parenting programmes, offered across Luton, and delivered to fidelity to ensure the capture of impact data. 'Five to Thrive' is used as the overarching framework to support brain development and the use of consistent messages across workforces. Building the capacity of the workforce through evidence-based training (including Five to Thrive) is a priority, delivered through a co-ordinated approach in a similar manner to local multiagency safeguarding training.

'Five to Thrive' is an embedded part of 'Flying Start'. It was implemented as a whole system approach to ensure the workforce had a sound knowledge of the approach, and to ensure consistency of messages from professionals to parents. Over 800 practitioners have been trained to date, across agencies who have direct contact with families from the antenatal period to five years old. Health visitors have embraced the approach, and the key words and pictorial

building blocks are used on an insert in children's personal health records (Red Book) and are worn on lanyards by the Health Visiting team, allowing for spontaneous discussions with parents and carers.

Contact

Christine.rogers@pre-school.org.uk

Essex County Council: Tackling issues earlier through smarter use of data

The idea

Whilst digging deeply into information and data held in different locations, ahead of re-commissioning early help services, officers at Essex County Council recognised the potential benefit of combining and analysing a more granular level of data on one platform for predicting a range of risk and need more accurately. This would, in theory enable a different kind of planning and commissioning that was more targeted to those at risk from a problem before it became an issue. Partners in the county secured £3.3 million funding from the then Department of Communities and Local Government Transformation Challenge Award to develop this work – which has the potential for very widespread application.

The approach

That idea is now becoming reality: in the Essex Data (ED) prototype project 'New Generations' ED is being trialled in a single ward, where its viability is being tested through the development of risk models or profiles from the analysis of data focused on prospective parents and parents of children under five; this will then be used to inform a commissioning plan to help ensure that children in that community are school ready and enjoy the best start in life.

Another key aspect of the programme is 'Insight for innovation' (to deepen community understanding and improve commissioning), comprising ethnographic research through a range of interaction with families and the wider community in the prototype ward to

gain an understanding of how people live, what they do and what they need; insight from stakeholders, commissioners, providers and the community members; and a community assets register of existing provision, facilities and resources (eg children's centres).

This knowledge will be combined with the predictive risk data to develop a commissioning and delivery plan, co-produced with communities and wider stakeholders, which will include workforce development and a range of parental and community resources –including the potential trialling of family budgets.

What's so special?

The approach in Essex is different because of the range of household data to be analysed (all anonymised at source) from across the whole public service system, to ethically predict need (in practice, down to street level). The ambition in Essex is that all public services will have access to the data sharing platform in order to change the way data is shared and used to improve outcomes for local people.

Scaling up

Learning from the prototype will influence future use of ED which has the potential to be applied to a range of all-age thematic issues and up-scaled across Essex and in other areas. Further prototypes have been developed to predict risk in other system wide areas of challenge such as gang and youth violence and domestic abuse.

Timescale

The first risk profiles have resulted in a local delivery plan which is being delivered by local practitioners and parents resulting in a number of activities and resources that are helping to improve outcomes as well as arrange of workforce developments that are tailored with and for local parents. been developed and are being used in combination with the community insight findings to inform a plan for change which will be developed with the community and delivered against starting from Autumn 2017 with The first impact review will be due autumn 2019 twelve months later.

Contact

essex.partners@essex.gov.uk or visit www.essexfuture.com or Clare Burrell, Head of Commissioning, Vulnerable People, Email Clare.burrell@essex.gov.uk

<https://protect-eu.mimecast.com/s/QWytC3lJVI1jBjigz7VN>

Derbyshire County Council: engaging parents and professionals in getting children school ready

Background

A number of councils have explored the issue of school readiness, sometimes offering guidance to parents aimed at helping them to support their children to be school ready, but Derbyshire CC has done so particularly thoroughly. A 'Ready for school in Derbyshire' web-page is just two 'clicks' from the Council's home page, and offers (in plain, jargon-free English) a short guide for parents to what it means for children to be ready for school, with encouragement to ask for help and advice and five links to further online resources offering information.

The approach

In the absence of an agreed national definition of 'school ready', the council commissioned a survey to help create one for Derbyshire, that would help parents and professionals feel confident about developing the right skills and attitudes in young children to set them off on a happy and successful path of learning. The survey was also a mechanism for engaging with parents and practitioners, and ensuring their views were heard.

Participation was encouraged through an extensive media campaign, and over 1,800 forms were completed by parents (54 per cent) and professionals (38 per cent) from all types of setting right across the county. The survey comprised four sets of themed multiple statements, to be rated from 'not important' to 'very important' (personal, social and emotional development; physical

development; communication and language; and early literacy and maths); an open question seeking respondents' top five priorities; and space for further comments.

A clear set of local priorities

The results (analysed in a detailed report) showed strong similarities between the views of all groups of respondents, and provided a very clear set of priorities – synthesised into 'The 10 keys to unlocking school readiness':

- I can settle happily without my parent/carer.
- I can tell friends and grown-ups what I need.
- I can take turns and share when I am playing.
- I can go to the toilet on my own and wash my hands.
- I can put on my own coat and shoes and feed myself.
- I can tell a grown-up if I am happy, sad or cross.
- I know that what I do and say can make others happy or unhappy.
- I am curious and want to learn and play.
- I can stop what I am doing, listen and follow simple instructions.
- I enjoy sharing books with grown-ups.

The top six broad categories of response for Priority One were: toilet trained and hygiene aware; able to settle without parent/carer; communicates needs, feelings, ideas and issues; comfortable/happy in school environment; has social, play and sharing skills; listens, follows instructions and able to focus.

A shared plan of action

A number of recommendations arising from the survey findings have been built into strategic planning for Health, Education and Children's Centre services:

- All services will work together to ensure there is a consistent approach to school readiness and that it is a top priority for service development.

- Parents will be supported to develop a secure attachment to their infants and young children and to respond appropriately to their needs to promote development.
- Families and early years settings will be supported through the 'Every Child a Talker' programme so that typically developing children start school in Derbyshire with age appropriate language skills.
- Professionals have agreed appropriate shared milestones for toilet training and are now looking at how best to support parents to develop toilet training and other self-help skills at an appropriate time for their child.
- All schools are being encouraged to work in partnership with early years settings to implement best practice transition approaches.
- Schools will be supported to operate flexible admissions practice that best meets the needs of every child and family.
- All Derbyshire schools and early years settings are striving to deliver 0-5 education that is of the highest quality and child-centred so that children are ready for school. Schools are being encouraged to make learning exciting and developmentally appropriate for young children.

Measuring impact

The county council established a data baseline with schools and the NHS in autumn 2016 which will be used to measure the impact of its 'Ready for School' programme. The first results will be available in autumn 2017.

Contact

sue.ricketts@derbyshire.gov.uk
or visit www.derbyshire.gov.uk/readyforschool
for further resources and guidance.

South Gloucestershire: Improving early years development in Gypsy and Traveller communities

Background

The Gypsy and Traveller community is one of the most excluded minority groups, with considerably worse health outcomes than almost all others – exacerbated by lower use of health services and the detrimental impact of health determinants such as education and poor environmental factors. This includes outcomes for babies and young children, from higher rates of neonatal death and lower rates of breastfeeding to poorer early cognitive and language development. It is not an easy community to reach into, requiring cultural sensitivity to gain trust, but there is a responsibility to do so for all disadvantaged minorities in order to reduce inequalities.

The approach – a tailored offer of support

One area in which progress is being made is South Gloucestershire, where a specialist health visitor for Gypsy and Traveller families has been successfully tapping into mothers' traditional approaches to enlist their engagement in activities to extend the range of developmental opportunities available to their babies and pre-school children. The aim was to provide fortnightly 'stay and play' sessions on the Travellers' site, in partnership with the local children's centre engagement workers, to maximise play opportunities and to deliver health messages to the families through encouragement, praise and positive role modelling. The idea for the stay and play sessions arose from the health visitor's observations on starting in the post that the pre-school children appeared to have limited opportunities for development through play, and the home environment was usually immaculately clean and tidy, with few toys present.

The health visitor observed that the non-mobile children appeared to spend a lot of time in space-restricted caravans, which could limit their development in areas such as gross and fine motor skills, speech and

language, and socialisation with peers. The idea for the sessions was to maximise the developmental opportunities for pre-school children and babies whilst delivering health messages such as weaning guidance, speech and language promotion, dental health, fire safety and accident reduction to their parents. In light of early experience, the delivery of a formalised health promotion topic running alongside the play activities was changed to informal opportunistic health promotion during weighing of babies and children – which was proving a major incentive to attendance, and seemed a more relevant time for health discussions.

Involving parents and family

There was encouragement for fathers and extended family to attend, as well as mothers, and they know who the health visitor is – which leads to some opportunistic conversations.

Positive role modelling and parental inclusion was an important focus (joining in, not sitting and watching), and mothers were asked for ideas for sessions. There was an emphasis on using play to encourage speech and language and fine motor skills (which are highlighted in the developmental reviews, in which Traveller children often score comparatively poorly), and on dental decay and speech difficulties potentially caused by extended bottle feeding; nursery rhymes were sung at the sessions, with pictorial printouts of the rhymes (to help with low literacy levels or English as an additional language) given to the mothers, along with dental promotion and tooth brushing packs.

Mothers talked between themselves about local children's events, and discussed their children's health and development, creating the opportunity for general discussions on issues such as weaning, eczema management, immunisations, positive emotional health and healthy relationships.

Observation of the interaction between mothers and babies offered an opportunity to identify potential undisclosed post-natal depression and, occasionally, other personal issues were raised in private by individual mothers.

Evaluating progress

A three-month trial period was evaluated through a mixture of reflective observation, client feedback and a register of attendees; it was observed that Travellers are very receptive to advice and support if it is provided respectfully. There is a clear need for provision to address the unique needs of this group, and their health inequalities, through services which are accessible and culturally appropriate. Collaboration between health services, children's centres, early education and (later) schools can support significantly better – and potentially cross-generational – improvements in outcomes for both health and education.

The positive client feedback provided the evidence to continue the sessions beyond the trial. The work reported in this case study has since been extended to a second site in South Gloucestershire, and there is an equivalent specialist health visitor post in neighbouring Bristol.

Contact

Miranda.Thrift@cchp.nhs.uk

(The evaluation, by Miranda Thrift (Specialist Health Visitor for the Gypsy and Traveller families, South Gloucestershire), was the main information source for this case study).

Islington First 21 Months Project (IF21M)

Background

Following the final report of the 'Islington Fairness Commission' in 2011, the First 21 Months Project (IF21M) arose from the local priority "ensuring that every child has the best start in life".

Its aim is to provide better support for children and families through pregnancy and up to the first birthday, through:

- improved coordination between primary care, maternity, health visiting, early years, universal and targeted services
- delivering prevention and early intervention services in the community
- empowering local people to support themselves and each other better.

Approach

IF21M is a very collaborative partnership project, overseen by Islington's Health and Wellbeing Board, which engaged stakeholders through a variety of methods, and enjoyed strong clinical leadership from the Clinical Commissioning Group (CCG). The IF21M programme was developed as a multiagency programme, building on existing work towards service integration through developing a 'seamless model of care', beginning in early pregnancy. The programme funded a number of work-streams:

- improving ICT access for health staff in children's centres
- improving health rooms in children's centres in order to meet a minimum set of standards
- conducting a review of Islington's information sharing arrangements
- four learning pilots to drive the integration agenda.

Four children's centre clusters (out of the seven clusters in the borough) received funding to deliver a pilot, each with its own focus:

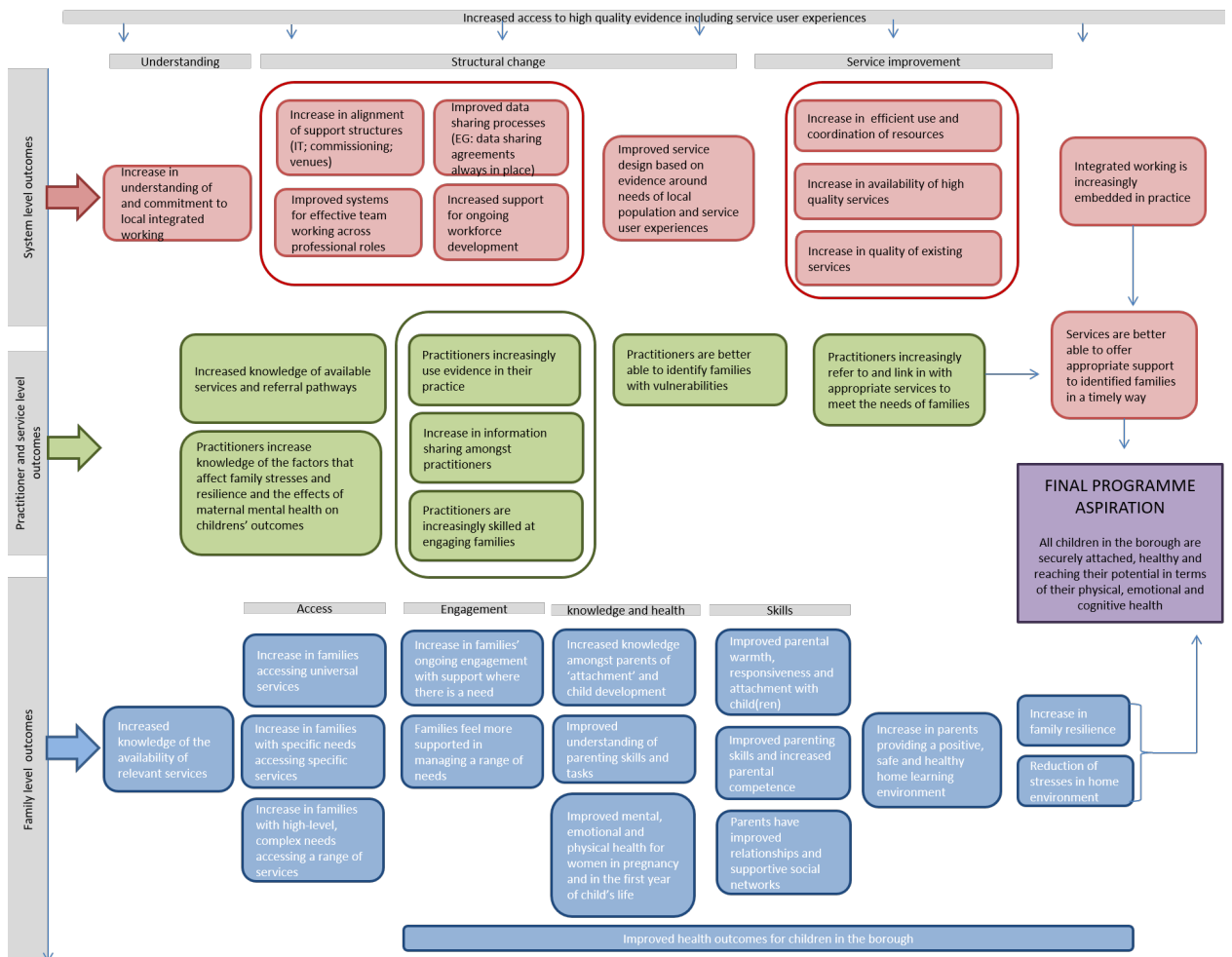
- improve identification and support to families with mental health issues
- facilitate peer support for breast-feeding on a local estate
- conduct peer research, using parent interviewers to consult with parents and parents-to-be to improve engagement and service provision

- increase provision of ante-natal home visits and parenting classes.

The rationale for service integration within children's centre clusters was arrived at through a process of workshops and discussion, starting with stakeholders' aspiration for early years' services – 'All children in the borough are securely attached, healthy and reaching their potential in terms of their physical, emotional and cognitive health' – and all outcomes set out for the programme are expected to contribute to achieving this vision.

A 'logic model' was developed for the programme, with outcomes arranged into three pathways: system and structural level outcomes, practitioner and service level outcomes, and family level outcomes. Alongside this, a matrix of indicators described what success would look like for each outcome.

Islington F21M Logic Model



Evaluation

A formative evaluation of IF21M was undertaken by NatCen, whose report (published in 2016) provides an early assessment of the extent to which stated outcomes have been achieved. It found that co-location of healthcare and early years professionals in children's centres supported the provision of universal services in ways that service users and professionals found useful; it facilitated access to services which families may not otherwise have taken up and brought professionals together – between whom communication was felt to have improved.

Research participants (mostly professionals) made suggestions including:

- a strategic discussion on the type/nature of service integration would help decision makers to plan for the next steps
- professionals need to understand what is expected of them and how service integration goals can be achieved (embedding co-location and improving IT systems and data sharing processes would be important first steps)
- multi-agency meetings are an important forum for knowledge exchange
- guidance on data sharing across professional boundaries and ways to seek informed consent from service users would strengthen practice
- review engagement activities to identify overlaps, gaps and 'what works', and increase face-to-face communication by staff about available services to complement printed materials
- joint training opportunities for healthcare, early years and family support staff to build working relationships and increase shared understanding of integrated working.

The evaluation concluded that, co-location within clusters presents a promising model of service integration to support families during pregnancy and through the first year of a child's life. It is important to remember that progress towards achieving outcomes

takes time. A realistic consideration of when outcomes are likely to be achieved will help to conduct appropriate and timely assessments, and manage communications on the successes and challenges of this type of integrated service provision."

The 'First 21 Months' programme and evaluation are now informing a transformation of Islington's early years services to launch a fully integrated model across the borough, building on the insights that have emerged and the relationships that have been built in recent years.

Contact

Jason Strelitz, Assistant Director, Public Health
Jason.Strelitz@islington.gov.uk

Greater Manchester Early Years Delivery Model

Background

Considerable time and research went into developing Greater Manchester's Early Years delivery model (EYDM) for early years services. A Greater Manchester (GM) 'Start Well' strategy was endorsed by the GM Strategic Partnership Board in June 2016, and recently 'Start Well' has been included as an integral part of the Population Health Plan 2017/21 approved by the Greater Manchester Health and Social Care Partnership Board in January 2017.

On the way, the underlying business case was picked out in EIF's 'Getting it right for families' 2014 report on integrated systems and promising practice in the early years:

“Leadership to develop a robust business case to integrate services is also a critical step in the commissioning process. The business case... is a means to debate the rationale, explore the options available, identify and secure financial commitment against a cost-

benefit analysis. We found only limited examples of well-developed business cases specifically for early years, with the notable exception of the one produced by Greater Manchester.”

Getting it right for families’, EIF 2014

The business case

The business case highlighted the fact that 40 per cent of GM children starting school (in 2012) were considered not to be school ready, and described the overall objective as, to make best use of resources to improve outcomes for all children in their early years and close the gap in performance for the Early Years Foundation Stage Profile between all children and the bottom 20 per cent. It outlined a set of related and measurable short, medium and long-term outcomes and sub-outcomes, all contributing to the overall aim of children being ready to learn and it set out the following clear chain of causal and correlative events:

- a child’s experience in its early years, particularly in terms of secure attachment and the home learning environment, has a significant impact on parent-child relationships which is linked to whether that child is ‘school ready’
- attainment at Early Years Foundation Stage Profile (EYFSP) is an indicator of attainment at Key Stage 1
- attainment at Key Stage 2 is a reliable indicator of attainment at Key Stage 3 and onwards to GCSE level
- attainment aged 16 is a reliable indicator of likely future educational achievement, levels of economic activity and income, and chronic health conditions in later life.

It estimated the total spend on early years services across the ten GM local authority areas as almost £300 million, with an additional ‘cost of failure’ estimated at more than £320 million for a range of interventions

and services required to respond to needs which could have been prevented by early identification and intervention. It makes a strong argument that the current pattern of service provision, and public sector spending, does not align with the critical period of development between late pregnancy and two years of age, and should be re-focused.

Work done with parents and service users identified three other key causes which contribute to the failure of the current model:

- a generalised failure of frontline staff to engage in partnership with parents, and to be perceived as meeting their needs
- a lack of integration between services and of information sharing, communication and integrated care planning around a shared assessment of need
- a failure to tackle – or support parents, families and communities in tackling – the wider determinants of health, wellbeing and attainment which mitigate against good outcomes.

The Greater Manchester Early Years Delivery Model (EYDM)

A key objective was to improve parents’ and service users’ experience, whilst improving the outcomes for their children. The EYDM builds on existing government policy and guidelines, and implements recommendations for better outcomes from a series of independent expert reports. It is designed to ‘both ensure that best practice is implemented fully and at scale across GM, and also break new ground with the focus on best evidence, prevention and early intervention within an integrated system that takes a “whole family” approach.’ It is acknowledged that, while there will be significant short-term gain, the principal impact of savings will be realised up to 10 years after the early years period, and the organisations that stand to benefit most are not those that traditionally fund the services – but Manchester’s devolution arrangements provide an opportunity to address this.

The EYDM is comprised of four key components:

- effective universal services
- an 8-stage assessment pathway
- a range of multi-agency pathways
- a suite of evidence based assessment tools and targeted interventions.

GM intends to ensure that children are ready to start school by prioritising prevention and early intervention to address health, education and social inequalities. This will be achieved by a commitment to:

- utilising the strength of universal and targeted services to deliver prevention and early intervention.
- acoherent approach: strengthening Early Years partnerships and reducing duplication.
- co-production of a 'place-based' and integrated approach to commissioning and service delivery.
- helping children, families and communities to secure outcomes themselves
- breaking cycles of poverty, inequality and poor outcomes in the early years.
- improving the quality of and access to early education.
- putting quality at the heart of service delivery.

The EYDM is now being incrementally implemented across all localities in GM having recently been included in the GM Population Health Plan 2017-2021.

Contact

Martin Ashton, Head of Public Health Operations martinashton@nhs.net

London Borough of Tower Hamlets: Targeting support through using school readiness as an early indicator of neglect

The rationale for the project

There were two drivers for the school readiness-early neglect pilot identified in early 2016 in Tower Hamlets:

- consistent message from primary heads that many children were not school ready taking up valuable resources to get children to the required baseline for learning
- despite the levels of deprivation in the borough and a refreshed neglect strategy, there remained a low number of referrals to children social care services.

The project-'school readiness and early neglect'- was created in 2016 to test the hypothesis that a focus on school readiness would:

- support the identification of families where there may be signs of low level neglect, families who normally would not meet the threshold for social care and are unlikely to engage with early help services without persistent outreach
- by offering a bespoke intervention within a universal service (education) there would be improved school attendance and improved partnership work between the school and the parent
- the intervention if effective would lessen the impact of neglect and this could be measured through a number of outcomes
- that early identification and effective intervention would reduce demand on statutory service or would identify the need for statutory involvement at an earlier stage.

Why identification of neglect as early as possible in a child's life is important.

There is now a considerable body of research which demonstrates the damage to young children living in situations of

neglect; this includes the impact of a lack of stimulation, resulting in delayed speech and language, and the development of insecure attachments. The pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is also well documented. National research in analysis of serious case reviews highlight that neglect is a feature in 60 per cent of cases indicating a focus on early identification of children is of real value.

Engaging schools in the pilot

Six primary schools where children have low levels of attendance in nursery and reception classes were invited to take part in the pilot. The work was delivered by a parenting practitioner (from the Parental Engagement Service) working with school staff in the school.

The delivery plan for the project included a programme of educational / information sessions and workshops, parenting programmes, targeted individual family support, home visiting and peer support focussing on key messages, key areas of child development and parent / child relationships. The delivery model / content was flexible and included:

- getting children off to the best start in the early years – the benefits of regular school attendance / impact of non-attendance
- the impact of a rich home – learning environment
- how to manage common childhood illnesses
- the importance of modelling a positive approach to school (parent to child)
- managing behaviour: use of positive parenting strategies to increase confidence in parenting and developing parents' capacity to meet the needs of their children across all areas
- Discussion Group, with one off topics to include, developing good bedtime routines, encouraging positive behaviour, developing good bedtime routines and encouraging positive behaviour.

One of the aims of this pilot project was to facilitate co-working with other professionals, with practitioners modelling a 'whole family' approach alongside school staff and building capacity within the school to take the work forward beyond the pilot.

Measuring success

The pilot has collected data on the following measurable outcomes:

- numbers of families successfully engaged in interventions
- improvements in school attendance
- improvements in parental engagement with schools and in their capacity/confidence in supporting their child
- improvements in parental confidence to respond to their child's needs including emotional, basic care, managing behaviour and keeping them safe
- increased confidence of school staff to build relationships with parents, identify and respond to issues
- development of improved relationship between participating schools and provision of early help
- increased awareness and confidence of parents to access help and support from local services.

Early findings to date

Although work is still in the early phase, there has been an average of seven per cent increase in attendance of the children highlighted for one to one support and schools have reported better engagement with parents as a result of the pilot.

Next Steps

Tower Hamlets will continue with another small scale pilot but within an Outcomes Based Accountability framework led by Dr Tony Munton with a newly created performance dashboard ready for 17/18. This will provide a robust evidence base for wider roll out.

Contact

Jill.McGinley@towerhamlets.gov.uk

Resources

Social Mobility Commission report, State of the Nation 2016

www.gov.uk/government/publications/state-of-the-nation-2016

Fair Society, Healthy Lives (The Marmot Review), 2010

www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

A Better Start: a Big Lottery Fund 'test and learn' programme on development issues

www.biglotteryfund.org.uk/betterstart

Fair by Five Briefing, Action for Children

www.actionforchildren.org.uk/media/6543/fair_by_five_campaign_briefing.pdf

The 'science within' outlines the scientific evidence underlying early development

www.abetterstart.org.uk/sites/default/files/The-Science-Within2.pdf

Spending on late intervention, Early Intervention Foundation, 2015

www.eif.org.uk/publication/spending-on-late-intervention-how-we-can-do-better-for-less/

Conception to age 2 – the age of opportunity, Wave Trust/DfE, 2013

www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity

Getting it right for families, Early Intervention Foundation, 2014

www.eif.org.uk/publication/getting-it-right-for-families/

Other EIF publications:

The cost of late intervention, Early Intervention Fund, 2016

www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/

The best start at home, Early Intervention Foundation, 2015

www.eif.org.uk/publication/the-best-start-at-home/

Foundations for life: what works to support parent child interaction in the early years, Early intervention Foundation, 2016

www.eif.org.uk/publication/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years/

Early Intervention Foundation interactive online guidebook for commissioners)

<http://guidebook.eif.org.uk/>

Making an early intervention business case, Early Intervention Foundation, 2014

www.eif.org.uk/wp-content/uploads/2014/03/4bc-checklistandrecsforcba.pdf

Other publications:

Improving school readiness: creating a better start for London, PHE, 2015

www.gov.uk/government/publications/improving-school-readiness-creating-a-better-start-for-london

Supporting documents for 'high impact areas' in early years and school aged years, Public Health England, 2014

www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

Five to Thrive, Kate Cairns Associates

www.kca.training/?carousel=main

Derbyshire County Council guide to toilet training

www.derbyshire.gov.uk/education/early_years_childcare/ready-for-school/toilet-training/default.asp

Foundation Years website, What to expect, when? A parents' guide

www.foundationyears.org.uk/2015/03/what-to-expect-when-a-parents-guide/

Home Start website, Big Hopes, Big Future – preparing for the first day at school

www.home-start.org.uk/Pages/Category/big-hopes-big-future

Best beginnings – supports parents in giving their children the best start in life through a range of evidence-based resources, including Baby Buddy App and Baby Express

www.bestbeginnings.org.uk



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, November 2018

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 15.51