

# BEST START IN LIFE

**Local plan – Manchester**



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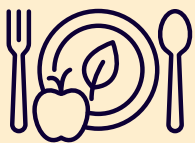
# Contents

Vision .....	3
Targets .....	3
Current state .....	4
Existing services .....	7
Core Best Start in Life service aims.....	11
Early Childhood Education and Care access and quality.....	13
Transition to school and reception year.....	14
SEND support.....	15
Maternal and early years health services .....	16
System enablers.....	18
Workforce capacity and capabilities .....	20
Family involvement .....	21
Monitoring, evaluation and learning .....	22
Accountability and governance .....	23
Funding.....	24
Best Start in Life Family Hubs .....	25

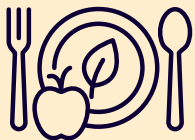
# Vision

Our vision is for every child in Manchester to have the very best start in life and to grow up safe, healthy and happy. We want to create the conditions where every child (including those with SEND) can learn, play, develop strong relationships and reach their full potential.

# Targets



By **2028**, **68.6%** of children – and **62%** of children **accessing free school meals** – reach a **Good level of development**. This equates to **753 more** children than today.



By **2030**, **70%** of children – and **64%** of children **accessing free school meals** – reach a **Good level of development**.



In addition, our ambition is that **84.8%** of eligible **disadvantaged children** take up their **early years entitlements** by **2028**.

Children are defined as having reached a good level of development (GLD) at the end of their Reception year if they have achieved the expected level in each of the prime areas of learning, which are:

- Communication and language
- Personal, social and emotional development
- Physical development
- plus specific areas of mathematics and literacy.

GLD is not a measure of a child's entire experience, but a summary of readiness for the next stage of education.

# Current state

## Demographic data

At the time of the October 2025 school census, 44% of children had English as an additional language, and 158 languages were being spoken across the city. 66% of the school population are from a minority ethnic background. 48% of our school population are eligible for free school meals. 54% of children live in the top 10% most deprived areas in England based on data outlined in the Index of Multiple Deprivation (IMD). Almost 75% live in the top 20% most deprived areas.

## Good Level of Development (GLD)/Baseline

In 2024/25, 60.3% (3,935) of all assessed children in Manchester achieved a GLD in their reception year and 53.1% (1,342) of children eligible for free school meals (FSM) achieved a GLD.

GLD outcomes reduced significantly in 2022 (post-Covid) but have steadily improved every year since then, exceeding national increases. However, the trajectory has started to tail off. Prior to the pandemic, approximately 66% of children in Manchester achieved a GLD (61% FSM), so there is still some way to go to return to this level. A more targeted approach is needed, informed by a more intelligent dataset, to accelerate progress.

Children in receipt of FSM achieve well in Manchester compared to their national counterparts. The gap between them and non-FSM pupils is currently -12.2%. Nationally, the gap is -20.4%. Despite this, there is still ground to gain with this group, especially as a growing number of children in Manchester are not only becoming eligible for FSM but also experiencing multi-layered disadvantage.

Children with English as an additional language (EAL) achieve lower outcomes in the early years. It appears as though a greater proportion of children with EAL do not access early childhood education prior to starting school compared with other children (28% compared to 19% of those whose home language is English). Of the children with EAL in the 2025 cohort who are believed to have stayed at home prior to starting school, only 24% of them went on to achieve a GLD.

The weakest areas of learning within EYFS outcomes are Communication and Language, Literacy, Mathematics, and Understanding the World. Physical Development has the highest proportion of children working at the expected level (78.6% in 2025); this has been the case for the past four years.

Baseline data collected from schools involved with our Flying Start initiative has identified some target wards, where children are entering school at a much lower starting point. These include: Cheetham, Longsight, Clayton & Openshaw, Gorton & Abbey Hey (across most measures), and Miles Platting & Newton Health (for physical development). Collection of citywide data will provide a more complete picture and enable us to offer more responsive, place-based support.

There is currently a discrepancy in outcomes based on the type of nursery provision that children attend in Manchester. Children who attend a school-based nursery provision achieve better outcomes. This is applicable for all vulnerable groups, including EAL, SEND, Boys and Summer-born. In 2025, 64.4% of children who attended a school-based nursery achieved a GLD compared with 61.6% of children in a private, voluntary or independent setting (PVI) or with a childminder, and 45% of children where access to provision is unknown.

## **Ages and Stages Questionnaire (ASQ)**

At the 2 to 2.5-year health review, 82.4% of children in Manchester were at or above the expected level in all five areas of development (communication, gross motor, fine motor, problem-solving, and personal-social skills). This is 1% above the national average of 81.4%. However, this data is not transferring into GLD outcomes.

An explanation for this could be due to the methods used to carry out the assessment. An alternative approach is needed to improve early identification so that support can be tailored to those who need it most.

## **Take-up of early education and childcare**

64.9% of children in Manchester who are eligible for 2-year-old early learning funding take up this entitlement. This is broadly in line with the national figure but falls short of the minimum expectation set for Manchester by the Department for Education (DfE).

78.1% of 3-year-olds and 93.4% of 4-year-olds take up their entitlements compared with 90.6% and 95.6% respectively; 3-year-old access has been declining for the past three years.

Of the past three Reception cohorts, only 75% of children attended any kind of early education provision. Wythenshawe has the highest percentage of children attending nursery, Central district being the lowest.

A priority must be to better promote the value of early education among our families (particularly those with English as an additional language), while also respecting the choice they make for their children. Where families elect not to access entitlements, a comprehensive offer needs to be available to them in their local community to support early learning and development.

## Attendance

In academic year 2024/25, overall attendance for Reception-aged children was 91.3%. In school-based nurseries, this figure was 91.2%. Both are significantly lower than local and national averages for primary schools. Although attendance below the age of 5 is non-statutory, there is more that needs to be done to establish stronger foundations for attendance in the early years, particularly in a PVI setting, where the expectation appears significantly lower than in schools.

## Health and development

73.7% of 4 to 5-year-olds in Manchester are a healthy weight (1.2% below national and broadly static). MMR vaccination rates at ages 2 and 5 are 81.2% and 74.5% respectively (approximately 8-9% below the national figures and lower than recent years). 38.2% of children experience dental decay by the age of 5, but this has steadily improved since 2021/22. 64.6% of new mums are still breastfeeding at 6 to 8 weeks, which is the highest rate it has been in Manchester since pre-2016/17.

56% of women have their booking appointment with a midwife within one completed week of pregnancy (England average = 63.5%. Rank 121 out of 150). 80.3% of new birth visits are completed within 14 days (England average = 83%. Rank 110 out of 143). 74.9% of children receive their 2

to 2.5-year health visitor review (England average = 78.4%. Rank 102 out of 143).

However, an increasing number of children are starting school without the ability to use the toilet independently. Some are also unable to feed and/or dress themselves. There is a disconnect between parental and practitioner understanding of what school readiness means from a developmental perspective.

## Special Educational Needs and/or Disabilities (SEND)

In the 2024/25 academic year, 20,689 pupils in Manchester were identified as having Special Educational Needs and Disabilities. Of these, Speech, Language and Communications needs is the most common primary need (6,751 pupils), most noticeably for children in the early years.

When analysing internal data for children with an Education, Health and Care Plan (EHCP) aged 0-5 years accessing early childhood education and childcare (ECEC) in 2025, it was found that 82.2% were claiming their full 15 or 30-hours entitlement, 4.5% lower than the general under-5 cohort. These families report that their child's setting is only able to provide a reduced offer due to staffing levels and difficulties responding to more significant and complex needs.

# Existing services

## Strengths

- Well-established identification pathways and cross-sector partnerships.
- Effective training and support for childcare providers and schools (irrespective of type) – strong quality assurance (QA) offer.
- Free access to Dingley’s Promise Inclusive Practice training via Comic Relief funding (until July 2026). Manchester is the top-performing local authority of the 32 participating authorities based on learner engagement and course completions.
- Multidisciplinary team-led Physical Development Champions Training delivered and undertaken by schools, PVI professionals, childminders, Family Hub and health colleagues across the city.
- High percentage of PVI provision graded as Good or Outstanding by Ofsted (96%).
- Sufficient ECEC available – 113 settings, 3 school-based nurseries, 305 childminders, 139 schools with a Reception-year and 131 schools with a nursery class.
- Four Family Hubs are established across four targeted locations: Cheetham, Crossacres, Longsight and Gorton. The Best Start in Life Family Hub programme will develop a further eight Family Hubs and nine Family Centres across the city, providing accessible inclusive services in each neighbourhood.
- Family Hubs provide a clear, simple point of access to a wide range of services for families. They involve co-location of services and professionals working together and building on family strengths to ensure all families receive the help and support they need when they need it.
- Each Hub has a core offer of face-to-face and virtual services focused on the holistic needs of children, families and communities.



- Manchester has maintained a strong early years offer through its 26 Sure Start Children’s Centres, providing early education, school readiness support, child and family health services, and parenting support for families with children under five. This offer will remain as part of the scale-up of Family Hubs
- Early Years Outreach Workers based in every Family Hub and Children’s Centre are experienced in the delivery of high-quality universal and targeted interventions, and have significant reach into underserved communities.
- Manchester has an embedded Early Years Delivery Model, delivered in partnership with the VCSE sector across the city. Early years services are delivered thematically across health and wellbeing, parenting aspirations and skills, school readiness, family support and SEND.
- Parenting and Communication and Language pathways are commissioned with Child and Adolescent Mental Health Service (CAMHS) and Speech and Language Therapy (SALT). The core offer includes a range of services, including Early Years Outreach, Universal Play, Stay and Learn sessions, antenatal provision, child developmental reviews, parenting programmes and WellComm screenings.
- Our Early Years teams provide a comprehensive and impactful programme of Home Learning Environment interventions, including First Words Together, REAL, WellComm and Incredible Years across the city:
  - **REAL (Raising Early Achievement in Literacy):** Aims to strengthen parents’ knowledge and confidence so they can actively support their children’s reading and writing. The programme helps families build a rich early home-learning environment, giving children the best possible foundation to achieve their full potential. The programme is accessible to children over 2 through local Family Hubs and Children’s Centres and some schools.
  - **WellComm:** Gives parents confidence their child’s language is developing as expected and supports the early identification of children who may have speech and language development issues early on, making sure they get the support they need when it matters most. No referral criteria; parents can request a screen through local Family Hubs and Children’s Centres and most daycare provision; they are also offered through health visiting services. Children who show delay are supported with activities in settings; where they are not in settings, parents are engaged in activities to enable them to support their child’s development.

- **Incredible Years parenting groups:** Parents can self-refer or a referral can be made by a professional. An assessment is undertaken to ensure the family are provided with the right group to meet their needs. Through these evidence-based groups, children with significant behaviour difficulties show clear improvement by the end of the programme, both in the behaviours parents report and in how problematic parents perceive those behaviours to be.
- **First Words Together:** Parents can self-refer. This group aims to provide universal communication and language support for children before the age of 2. It also aims to strengthen parent-infant bonds, as parents spend good-quality time with their children. The group is easily accessible and parent-friendly. Small groups of families with under-2s attend weekly (for approximately 45 minutes) for five weeks.

## Gaps

- Services across the new Best Start Family Hub programme need to be developed further to ensure that underserved communities across the city are consistently reached. There also need to be more opportunities for early intervention, including early identification of needs, holistic family services, evidence-based interventions and Early Childhood Education and Care (ECEC) access.
- Children with SEND are not always able to access their full ECEC entitlements.
- There is variability between settings and schools regarding what constitutes 'good attendance', resulting in inconsistent parental expectations.
- Transition information between settings and schools is inconsistent and does not always provide receiving schools with the knowledge they need to effectively support children and families.
- Alternative and culturally sensitive opportunities for families need to be developed for those families that do not access funded entitlements.
- There is generally poor take-up of training, particularly PVI practitioners (linked to recruitment/retention challenges).



- The percentage of schools with Early Years Foundation Stage (EYFS) provision graded as Good/Expected or above by Ofsted is not high enough – 89.3%. There is significant variation in overall quality, which is likely to be one of the reasons why 58 of the 137 Manchester primary schools are achieving a lower than predicted GLD (using DFE Contextual GLD calculation).
- Existing engagement between schools, settings, Family Hubs and Family Centres needs to be strengthened to ensure a consistent joined-up approach across the city.
- The quality of Stay & Play groups across the Family Hub network needs to be more consistent and respond to the priority areas of the Early Years Foundation Stage.
- Alternative opportunities for early identification through existing or new developmental review processes need to be explored.
- Learning from the 1001 Days programme for children aged 0-2 needs to be built upon to provide a range of interventions and services that specifically focus on 3 to 4-year-olds.



# Core Best Start in Life service aims

## Home learning environment and parenting interventions

### Aim

We will ensure that support is available for everyone in the right place at the right time, including targeted help for those who need it. All families and children will feel included and able to access services that are welcoming and understanding, including children with SEND, looked after children, families seeking asylum, refugees, families and children from ethnic minority backgrounds, and those facing poverty.

### Priority actions

Develop the potential for a school-readiness check at age 3, understanding how this interacts with the Ages and Stages Questionnaire (ASQ) Developmental Reviews to ensure that children's needs are identified at the earliest opportunity.

1. Develop a programme that provides information, advice, guidance and support for parents, to increase knowledge and awareness of child development milestones. Employ multiple communication methods, including digital, virtual, and face-to-face in community locations to increase accessibility and inclusion.
2. Ensure delivery of high-quality Stay & Play groups, which incorporate home-learning activities that parents and carers can replicate. These include EYFS areas of learning to ensure a comprehensive offer is available across the city that supports our children to be school-ready.
3. Increase delivery of universal and targeted interventions for 3 to 4-year-olds in partnership with schools and settings supporting the home-learning environment, helping parents to understand their impact on their child's learning.
4. Work in partnership with the Cabinet Office to test new ways of working and the impact of interventions and services, to inform the delivery of the Best Start in Life Family Hub programme.
5. Proactively reach out to underserved communities and priority groups to improve accessibility and inclusion, increasing the number of children that are school-ready.
6. Provide a broad range of evidence-based parenting programmes across the city, including group, individual, home-based and virtual interventions, as well as advice and guidance, to increase parental confidence.

## Measures of progress

- Increased access of Family Hub services, including parenting and peer support, with a focus on specific demographics and community needs.
- 10% increase in children operating within age-related milestones on entry to Reception.
- Sustained retention and engagement within parenting intervention delivery, measured through improvements in parental clinical anxiety and depression, and a reduction in behavioural difficulties.
- Decrease in the number of children identified with communication and language delay requiring specialist services.
- Evidence of increased reach into underserved communities across the city, including neighbourhood-specific groups based on need, and communities experiencing racial inequality.
- Qualitative feedback on impact of Stay & Play groups, alongside quantitative data, will highlight impact of interventions.



# Early Childhood Education and Care access and quality

## Aim

We will ensure that all children, regardless of background and/or need, have full access to high-quality early education and childcare in their local community.

## Priority actions

1. Develop a communication campaign to promote the benefits of ECEC in targeted communities.
2. Deliver an introduction to EYFS programme to reassure parents who are reluctant to access ECEC.
3. Continue to expand provision where additional places are needed (link to annual Child Sufficiency Assessment (CSA) and support the expansion of school-based nursery provision.
4. Introduce clear policies and procedures regarding attendance in EY settings. Collect attendance data from settings so that vulnerable children can be identified and support provided.
5. Deliver an intensive training programme to settings where quality needs to improve (focus on provision for CLL, Literacy and Maths). Provide follow-up support to aid implementation, working closely with the regional Stronger Practice Hub.
6. Train practitioners across the full early years sector on key priority areas, including a focus on mainstream inclusive practice – building on the Dingley's Promise modules.

## Measures of progress

- 84.4% take-up of funded ECEC for 2 year olds and 94% take-up of 3/4-year-old universal early years (EY) entitlements.
- 98% of childminders/settings graded as Good/Expected or above by 2028.
- Sufficient ECEC places available across the city to meet demand, including for children with SEND.
- Consistent expectations in place across all early years providers in relation to attendance.

# Transition to school and reception year

## Aim

We will ensure that early years providers and schools have the tools, training and support they need to deliver high-quality provision and meet every child's needs. We will support settings so that inclusive practice is fully embedded at all phases so that children get off to the best possible start when they enter school.

## Priority actions

1. Introduce an online transition platform, standardising how information about a child's strengths and needs is shared between feeder settings and schools.
2. Deliver a targeted support programme to the 58 schools with lower than predicted GLD (identified through the View Your Own Education Data (VYED) platform).
3. Deliver evidence-informed programmes and training to target early language/literacy and maths, working closely with specialist teachers in the regional Stronger Practice hub, as well as the Maths/English hubs and Manchester Research school.
4. Group schools with similar contexts to share effective practice. Host half-termly networks/planning sessions/showcases.

5. Facilitate sessions to support accuracy and consistency of Early Years Foundation Stage Profile (EYFSP) assessment.
6. Refine the Flying Start model, involving additional schools/settings where possible. Expand the team to include early years advisory teachers and specialists in 0-5 social, emotional and mental health.

## Measures of progress

- 92% of early years provision in schools graded as Good/Expected or above by 2028.
- Increase in the number of schools achieving in line with or above their predicted GLD.
- Increase in the number of pupils achieving a GLD in all identified groups.
- Reduction in part-time timetables for Reception-aged children.
- Reduction in suspensions/exclusions for Reception-aged children.

# SEND support

## Aim

We will ensure that early identification of need is facilitated by strong information sharing between families, family support services, health services, ECEC settings and schools. Families will be able to easily find and access digestible, sensitive information when they need support for their child with suspected or confirmed SEND. Dedicated SEND specialists will be in post and the wider workforce will be well trained in SEND inclusive best practices. There will be clear, manageable referral pathways between services and settings, and a strong culture of collaboration.

## Priority actions

1. Recruit specialist SEND practitioners for every Best Start Family Hub and deliver workshops, activities and consultations for parents and practitioners.
2. Establish clear referral routes to wider community health, education and wellbeing support for those identified during early detection screenings.
3. Refine Section 23 process.
4. Deliver an alternative early education offer in Family Hubs/Children's Centres for children with SEND who are not in a setting.
5. Continue to refine the Special Educational Needs Inclusion Funding (SENIF) process and ensure that this is leading to improved outcomes.

## Measures of progress

- Families have access to support with or without a diagnosis.
- Increased percentage of children with SEND accessing their full entitlement, in respect of ECEC.
- Inclusion funding results in clear and measurable impact.



# Maternal and early years health services

## Aim

We will continue to ensure strong alignment across health and family services through the scale up of the Family Hub network across the city at both strategic and operational leadership levels, including shared priorities, outcomes and targets. Families will be able to access a range of health services, including midwifery, in Best Start Family Hubs and appropriate community settings. This approach will ensure that families have information and are aware of services at the earliest opportunities.

## Priority actions

1. Provide more opportunities for co-location and integrated services through the development of the Best Start in Life Family Hub Network across the city, reducing health inequalities and providing inclusive support.
2. Scale up the Family Hub programme, ensuring families are supported at the earliest opportunity as practitioners seek to identify and address any needs through every family contact.
3. Develop a communication strategy and skill up the partnership workforce alongside an increased number of Parent Champions to promote the Best Start in Life and Healthy Babies Programme. Provide high-quality information, advice and guidance for all families, including those from underserved communities.
4. Raise awareness of the importance of vaccinations by engaging Parent Champions and the voluntary sector in this work in targeted communities.
5. Increase the take-up of antenatal services through the delivery of universal parenting interventions and support this approach through increased connectivity with maternity services.



## Measures of progress

- Early Help Assessments registered evidence of early identification of need and sustainable outcomes, 80% of needs being met, contributing to improved outcomes for children and families.
- Increased number of referrals from midwifery for antenatal parenting interventions across the city, resulting in sustained engagement.
- Increased take-up of health services through Best Start in Life programme at Family Hubs, Family Centres and through community delivery.
- Increased parental confidence/ skills and improved health, wellbeing, attachment and bonding.
- Increased uptake of two-year health development review to be in line with Manchester's target of 86%.
- 5% Increase in vaccination rates for children by their first, second and fifth birthdays.



# System enablers

## Service integration and Best Start Family Hubs

### Aim

We will implement the Manchester Best Start in Life Family Hub programme, in which we will establish a network of Family Hubs, Family Centres and Community Asset delivery across the city. We will establish strong partnerships and work with the VCSE sector to deliver a simplistic, seamless offer of support. In this way, families can access the help they need, when they need it, in the place where they live. This approach will ensure that there is an offer within each neighbourhood across the city, providing culturally proficient, responsive services that meet the individual diverse needs of neighbourhoods and communities.

### Priority actions

1. Enhance our Best Start for Life Offer across parenting, parent infant mental health, home learning environment, through universal and targeted interventions, including a peer support offer.
2. Deliver a one-stop resource for families, providing a wide range of services, with a single point of access that reduces transitions and the need for multiple referrals.
3. Through the development of parent/ carer panels, provide opportunities for consultation engagement and feedback to help tailor the delivery of services to meet the needs of the community.
4. Provide bespoke support to meet the diverse needs of families, including those from different cultural backgrounds and those with specific health or social care needs, to increase accessibility and inclusivity.
5. Build on existing partnerships and develop new ones with the VCSE to extend capacity, strengthen our offer and expand the reach into underserved communities, including priority groups.
6. Bring services together to ensure there is the capacity to meet not only emerging needs but also the delivery of high-quality specialist services in partnership, including health services.



## Measures of progress

- Family Hub Development Plan in place across each neighbourhood, with individual objectives and evidence of activity to meet community needs and locally set targets.
- Each Family Hub has an established Parent Carer Panel that is representative of the neighbourhood and is supporting co-design/production and engagement, ensuring feedback informs and influences the offer.
- Increased access to universal and targeted provision delivered through the Family Hub Network, including evidence that service provision meets the needs of children and families.
- Increase in the number of Early Help Assessments, providing evidence of positive sustainable outcomes, with over 80% of needs met at closure.
- Partnership/Governance Board in place across each neighbourhood area that is diverse and is responsive to emerging community priorities.
- Embedded Performance and Quality Assurance Framework, provides evidence of progress towards targets and a quality offer across the city.



# Workforce capacity and capabilities

## Aim

We will focus on ensuring sufficient capacity in universal and targeted Best Start services. We will build a workforce with the right skills to support families in the early years and promote consistency, continuity and high-quality practice across services.

## Priority actions

1. Work with partners to strengthen recruitment and retention in key services.
2. Deliver a co-ordinated programme of professional development that promotes shared understanding of Best Start priorities and ways of working, strengthens skills, and supports leadership development.
3. Support integrated working through shared learning opportunities, clarifying roles and responsibilities across services, and embedding a strength-based, family-centred approach across the workforce.
4. Regularly review workforce capacity, skills and wellbeing through Best Start governance arrangements. Data on recruitment, retention, training uptake and staff feedback will inform continual improvement and future workforce planning.

## Measures of progress

- BSIL Family Hub Performance Dashboard is in place, which measures the effectiveness of services delivered against key performance indicators.
- Feedback from families provides assurance that practitioners are using relational practice and evidence-based interventions to meet needs and secure good outcomes for children.
- Quality Assurance Framework evidences the quality of practice through a cycle of auditing, observation, feedback and outcomes.
- Evidence of engaged and expert workforce with stable workloads through low turnover, vacancy rates and sickness absence.



# Family involvement

## Aim

We will expand our current methods of family involvement and commit to regular, diverse methods of eliciting parents' views and preferences. We will recruit Parent Champions across the city and continue to work with voluntary and community sector organisations and other partners to ensure that families influence and shape our approach.

## Priority actions

1. Expand our current Parent Carer Panels across the city and ensure that parent views are present in decision-making forums and that parents have the opportunity to co-design services and feedback on their efficacy.
2. Increase Parent Champion opportunities in each neighbourhood, providing training and information to enhance their skills and lived experience to increase reach into underserved communities.
3. Ensure that we provide opportunities for feedback from all parents that use services and those that don't through mixed media methods, including digital and community engagement.
4. Increase parental awareness of the Family Hub offer across communities through increased take-up of services and self-referrals.

## Measures of progress

- Parent Carer Panels are established in all neighbourhoods and there is evidence of voice and influence.
- Parent Champions represent the diversity within our neighbourhoods and raise awareness of the Family Hub offer, wider services, and share information within their own community.
- Increasing number of parents engaging with universal and targeted interventions, increased traffic to digital offer and parental requests for support.



# Monitoring, evaluation and learning

## Aim

Robust monitoring, evaluation and learning will ensure that we deliver meaningful improvements for children and families, and continue to evolve in response to evidence and lived experience.

## Priority actions

1. Develop Family Hub Outcomes Framework across services to provide a unified performance dashboard.
2. Standardise information sharing across health visiting, Family Hubs, early education settings and schools.
3. Continue to use participation and engagement to collect and share parent and practitioner feedback regularly. Use this to provide a thematic analysis of the effectiveness of services and influence change.
4. Build on our learning from evaluation to ensure that we continue to deliver high-quality services that meet the holistic needs of families and support our children to thrive.



## Measures of progress

- Key performance indicators and service targets are exceeded consistently.
- Cross-sector data-sharing protocols are in place and data-sharing is effective in influencing service provision.
- Performance Research and Information undertake evaluation activity in line with DfE targets.

# Accountability and governance

## Aim

We will expand our current governance and accountability arrangements to ensure the high-quality delivery of our Best Start in Life local plan, focusing on multi-agency ownership, co-ordination, shared responsibility and improvement.

## Priority actions

1. Utilise the Best Start in Life Family Hubs and Healthy Babies Board to provide accountability and oversight for the delivery and effectiveness of the plan.
2. Strategic governance will be in place through the Children and Young People's Board, including clear alignment to wider organisational priorities.
3. Building on the current leadership and governance arrangements, each neighbourhood will have a Family Hub Strategic Partnership supported by relevant subgroups. The Family Hub strategic partnership will feed into the Best Start in Life Family Hub and Healthy Babies Board to ensure connectivity to the locality and to drive the partnership subgroups.

## Measures of progress

- Strong partnership representation at all governance levels, with defined roles and responsibilities, including a shared accountability framework.
- Multi-agency/Partnership decision-making is informed by the voices of children and parents, which drives performance, the quality of practice, and outcomes for children.



# Funding

## Aim

We will ensure that our decisions on how to spend funds and resources are aligned with our priorities for improvement and the child outcomes we most want to shift. Over the first year of delivery, we will fully explore the potential of pooling budgets and joint commissioning across services and reflect this in the second year of delivery.

## Priority actions

1. Develop a clear funding narrative that aligns with our priorities and ensures the sustainability of service delivery.
2. Consider the compatibility of all commissioned services with our priorities and develop a plan for if and when service recommissioning of existing and new services will happen.
3. Explore the potentials of pooled funding and joint commissioning, facilitated by our governance and partnership boards.

## Measures of progress

- Evidence that joint commissioning and pooling of funding provide best value and the delivery of high-quality accessible services.
- Contract monitoring framework will support performance and accountability against key indicators.
- Continual monitoring against Best Start in Life Family Hub Outcomes Framework and outcomes for children.



# Best Start in Life Family Hubs

Family Hubs will provide a range of services in each neighbourhood.

## Pregnancy and Maternity

- Infant feeding
- Midwives
- Antenatal support, eg. Bump to Baby

## Young People

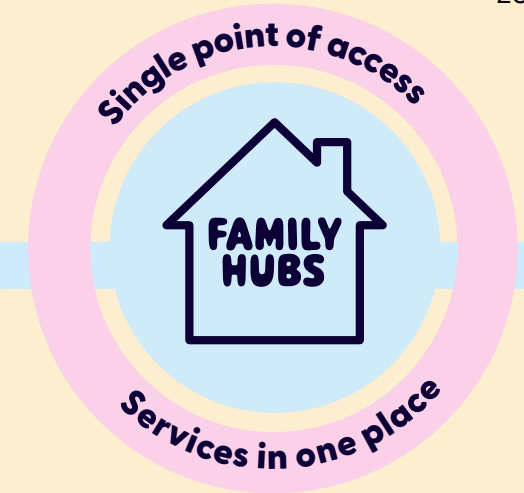
- Youth services (inc. youth centres, career advice, sports provision)
- Youth justice (inc. self-help and youth forums)
- Nutrition and weight Management

## Child Development

- School readiness (inc. Stay, Play and Learn sessions, communication and language support)
- Early language
- Home learning Support
- Ready for School packs
- Activities (inc. storytime and baby signing)

## Family Centres

(services align with individual sites)



## Family Support

A community Family Help 0-19 (25 SEND/ care leavers) offer that is available to all families and provides a range of early and ongoing support.

## Special Educational Needs and Disabilities

Start for Life (SEND) (inc. access to specialist advice, SEND services and EHCP support) language screening

## Health and Wellbeing

### Children

- Health visiting
- Immunisations
- Oral health
- Healthy weight
- Childhood Measurement programme

### Parents

- Stop smoking and substance misuse
- Self-help services

## Parents and Carers

### Support

- Parental mental health support (inc. baby bonding)
- Links to organisations and peer support opportunities

### Skills

- Children and Parents Service (CAPS)
- Incredible Years
- Parent Education classes

### Opportunities

- Personal development (eg. ESOL, volunteering)
- Parent Carer panels (inc. supporting the design of services)
- Parent separation and conflict support

