



Improving early childhoods in the face of deepening uncertainty: learning from A Better Start

Report from the annual learning event

March 2023



About A Better Start

[A Better Start](#) (ABS) is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund (TNLCF), the largest funder of community activity in the UK. Five A Better Start partnerships based in [Blackpool](#), [Bradford](#), [Lambeth](#), [Nottingham](#) and [Southend](#) are supporting families to give their babies and very young children the best possible start in life.

Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

A Better Start is place-based and enabling system's change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services that aim to make people's lives healthier and happier.

[The National Children's Bureau](#) (NCB) is delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

We aim to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.



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Introduction

Giving children the best possible start in life is at the heart of the 10-year A Better Start (ABS) programme. The ABS partnerships have demonstrated how through improving systems of support, they are improving outcomes for babies and young children, and reducing inequalities in early childhood.

The National Children's Bureau, on behalf of The National Lottery Community Fund (TNLCF) and the five A Better Start partnerships, was delighted to host this virtual conference on Thursday 16th March 2023. The event showcased how A Better Start partnerships are working to change and integrate systems and are influencing policy and practice at a local level and more widely.

The event was attended by more than 500 stakeholders from across the country (see appendix 3 for full details of organisations represented), including commissioners, policymakers, practitioners, academics and parents; and aimed to raise awareness of and improve knowledge of the innovative work that is going on across ABS.

Through a mix of presentations and a keynote discussion facilitated by [Kate Silverton](#), journalist and children's mental health advocate, attendees heard directly from ABS directors, practitioners, and parents. Each shared their expertise on supporting families and improving outcomes during increasingly uncertain and complex times, across the following three key areas of development:

- Speech, language and communication,
- Diet and nutrition, and
- Social and emotional development

The full agenda for the event is included in Appendix 1. This report provides a summary of the presentations, and the questions and answers covered during the keynote discussion.

Recordings of the event are available:

[Parents' experiences during uncertain times](#)

[Keynote conversation with ABS Directors](#)

[Improving early childhoods: diet and nutrition](#)

[Improving early childhoods: speech, language and communication](#)

[Improving early childhoods: social and emotional development](#)



Welcome and purpose of the day

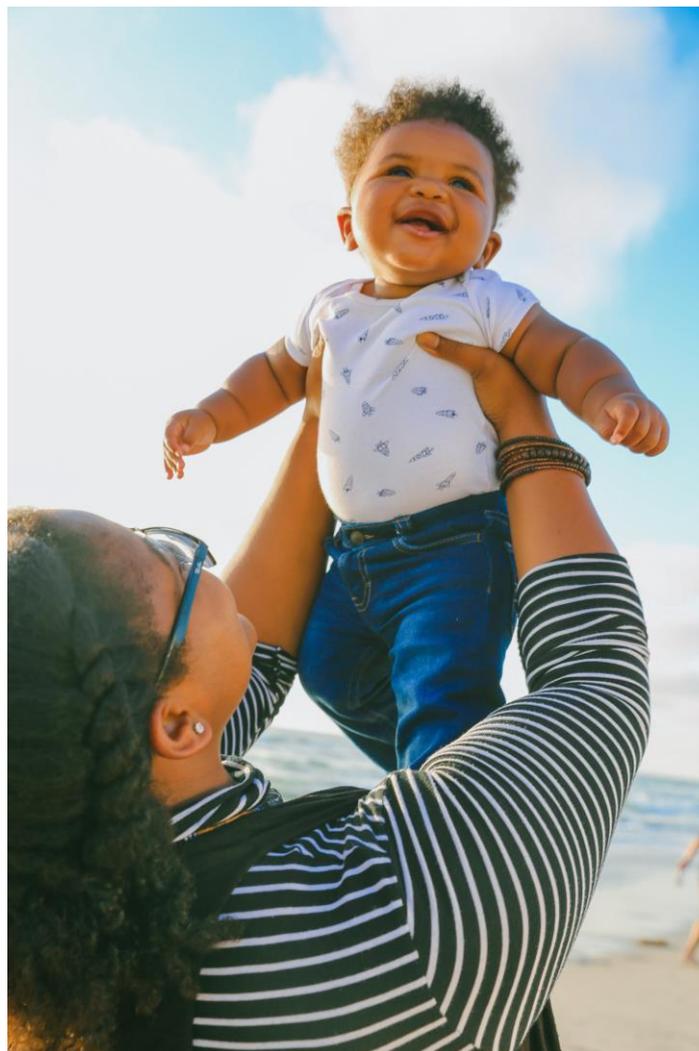
Frances Lyons, Head of Research and Evidence

National Children's Bureau

Frances welcomed delegates to the third ABS annual Shared Learning Event, *'Improving Early Childhoods in the Face of Deepening Uncertainty - Learning from A Better Start'*, sharing the ground-breaking work ongoing across the five ABS partnerships to improve outcomes in early childhood. This is a topical subject following the recent budget announcement, and whilst the government's commitment to investment in childcare and early education is welcomed, Frances noted the need to do more to ensure that all young children benefit from high quality, inclusive, early education experiences.

Frances reflected on the breadth of conference delegates in terms of roles, backgrounds, and geographical locations, with over 740 registered from across central and local government, the voluntary and community sector, and representatives from across ABS teams and their partners.

To set the event in context, Frances welcomed David Knott, CEO The National Lottery Community Fund (TNLCF), to provide an overview of the ABS programme.



Overview of A Better Start

David Knott, Chief Executive Officer

The National Lottery Community Fund

David opened the event by providing an overview of the ambitions, scale, complexity, opportunities and work of [The National Lottery Community Fund](#) and [A Better Start](#) (ABS).

[The National Lottery Community Fund](#) is the largest funder of community activity in the UK, working closely with governments and other partners to distribute grants and funding. Funding is open to everyone and last year nearly half a billion pounds of funding was awarded to 15,000 projects across England, Scotland, Wales, and Northern Ireland, working with small local groups right up to UK wide charities.

The key goal is to demonstrate the impact on people's lives in different areas, e.g., children and young people, cost of living, loneliness, mental health, and net zero goals set within UK. The National Lottery Community Fund has a mix of responsive funding, meeting immediate needs in communities, and more strategic longer-term projects such as A Better Start. All the activities are generating a wealth of knowledge, learning and insight, which can be shared widely across partners and stakeholders.

David reflected that during the current cost-of-living crisis, funding is under a lot of demand. The National Lottery Community Fund has been very flexible and adaptive in its approach, open to varying existing grants to allow additional National Lottery awards for grant-holders and partners, and making new funding available, committing at least £75 million through Autumn 2022 and to the end of this financial year. More information can be found on the National Lottery Community Fund website.

David noted that [A Better Start](#) is one of the National Lottery Community Fund's long-term strategic investments, with a ten-year £215 million pound investment.

The funding is:

- being used to improve services in antenatal and early years provision
- firmly grounded in scientific evidence and research
- place-based and enabling systems change
- aiming to improve the way organisations work together
- shifting attitudes towards spending in early intervention and prevention

A Better Start uses Professor Sir Michael Marmot's principle of [proportionate universalism](#), which promotes the delivery of universal services across a whole local population, with a scale and intensity proportionate to need. In practice this means:

- an inequalities focus
- partnerships working collaboratively across a system
- services that are targeted for families

The National Lottery Community Fund recognises that systems change requires patient, long-term investment, with challenges, learning and insight gained over time. To date, across the ABS areas this commitment and long-term investment has enabled:



The ABS programme will run until 2025 and The National Lottery Community Fund is actively looking at strategies to sustain the best parts of the programmes for communities and families beyond the ten-year funding period, and to share emerging learning. NCB has been commissioned to help share learning from ABS, while a national evaluation led by [NatCen](#) has been commissioned, with a series of evidence findings coming later this year.

There is a strong synergy between ABS and the wider national policy agenda for children and families such as Family Hubs and Start for Life programme. There have been some great connections with government departments and officials, such as with the DfE Family help team, and through contribution to the parliamentary health and social care committee enquiry into prevention. The National Lottery Community Fund is committed to playing its part to work closely with stakeholders towards the shared goal of improving lives for young children and families.

David concluded by thanking all those involved in the work of A Better Start and introduced a short video to allow attendees to hear directly from parents on some of the challenges and experiences they have faced in recent years, and how ABS has supported them.

You can watch the parents' video [here](#).



Setting the scene: the complexities of poverty when supporting young children and families

Keynote conversation with ABS Directors

Led by Kate Silverton, journalist, and children's mental health advocate, author of [‘There's no such thing as naughty’](#)

Panel: Clare Law, Director, [Blackpool Better Start](#)

Alex Spragg, Director, [Better Start Bradford](#)

Sophie Woodhead, Assistant Director, [Lambeth Early Action Partnership](#) (LEAP)

Karla Capstick, Director, [Small Steps Big Changes](#) (SSBC) Nottingham

Tara Poore, Director, [A Better Start Southend](#) (ABSS)

[Kate Silverton](#) chaired a panel discussion with the five ABS Directors where they shared their experience of the needs and challenges facing families, now and over the course of the ABS programme, and how partnerships are working to support families. The discussion also touched on the evidence-base that tells us the significant importance of the early years in shaping children's brains, how they develop, their physical and mental health, and how that is being affected by the challenges so many are currently facing.

Directors reflected on the support given by the ABS partnerships in terms of prevention and early intervention and set the context to the work of the partnerships which will be further expanded on in the later ABS breakout sessions focusing on diet and nutrition, speech, language and communication, and social and emotional development.

A summary of the questions and discussion is presented below.

Introduction: Kate opened the session by reflecting on the parents' video as a powerful reminder of the human stories behind the headlines and the important work of ABS in helping to raise awareness of the critical importance of children's earliest years. Kate shared two key messages she drew from the video - the power of community in coming together and the value of human relationships - which are demonstrated so powerfully through the work of the ABS partnerships.

[We know we have to raise more awareness around what's needed for good infant mental health and baby brain development, traditionally it hasn't been given priority but with the recent Royal Foundation \[Shaping Us campaign\]\(#\) and your excellent work in the field, are we now seeing a shift in the mainstream public health agenda? Can we hope for that?](#)

This is the hope across ABS, and partnerships are starting to see a shift in policy, for example, through the [Start for Life](#) agenda and the priority this has put on parent-infant relationships and infant mental health. Evidence and learning from work across ABS demonstrate the following elements are driving this shift change locally and influencing at a national level:

Raising awareness and understanding of infant mental health and the parent-infant relationship. Understanding at policy level is important, but equally it's important to really embed understanding within the workforce and with parents and families through national

and local campaigns, using these to raise awareness and understanding of infant mental health and parent-infant relationship. Examples include:

- National campaigns such as [Shaping us](#) and NSPCC '[Look, say, sing, play](#)'
- [Big Little Moments](#) Campaign across ABS which provided videos and visuals for practitioners to share and use directly with families.
- In Bradford, [Little Minds Matter](#) developed [Moments that Matter](#), a series of videos filmed by parents demonstrating some of the interactions that happen between parents and their children that contribute to, and play such an important part in, babies' brain development.

Making scientific concepts accessible to families and the workforce. ABS partnerships are taking the complex scientific concepts about early child development and making them accessible to communities and to the workforce, developing a common language approach with the aim of making babies' brain development something that is accessible to all, not just the work of specialists, for example:

- Blackpool Better Start is bringing the messages to communities through simple tools such as the [Brain Game](#), through which the complex messages about brain architecture are woven into a really fun and simple game played in family hubs and children's centres, The workforce are also all taught the Brain Game in their training on early child development so that the messages are integrated into antenatal education and health visiting, for example.

The importance of having a joined-up service offer to support infant mental health and parent-infant relationships. Having a wellbeing-based approach really enables greater outcomes and engages with different members of the workforce to support a broad understanding and uptake of what it means to deliver infant mental health and parent-infant relationship services, for example:

- In Lambeth, the work through [PAIRS \(Parent-Infant Relationship Service\)](#) has shown the importance of a joined-up service offer, so that the clinical offer doesn't exist in isolation. This involves having a universal and preventative offer for all parents and caregivers which promotes secure attachment and responsive caregiving, whilst also simultaneously offering the opportunity for peer support mechanisms. This universal offer is also linked to a specialised clinical offer which provides a more intensive support to parents and caregivers in the early stages of parenthood and infancy.

What are the most pressing issues you think families are currently facing?

There are many obvious challenges and issues families are facing today, and it is important to shine a light on some of the less spoken about things parents are currently reporting:

Feelings of stigma and shame caused by lived experiences of the cost of living crisis or being placed within the context of poverty. This is definitely something families feel and experience; too often poverty is linked with neglect yet for the majority that's not the case. Professionals often try to over-complicate solutions to families' problems. ABS works alongside communities to respond quickly, to try and diversify the available offer and build upon the work that's already taking place in relation to poverty-aware practice.

Form filling, red tape, and barriers. Parents either don't understand what they are entitled to so are missing out, or they try, but find the application process too difficult so give up. ABS does not aim to fill the system with extra services creating more potential for families to fall through the gaps. Rather, ABS is working to get families access to the support they are

entitled to and help them to understand that better, for example:

- Blackpool Better Start is universally promoting available services so those accessing them don't feel like they're 'different', rather they feel like everyone's getting the same support. They are using social media to share really short videos explaining, showing, and guiding people through the process - it's the simple stuff that makes the difference.

Things are getting worse for many families. A Better Start was set up in areas that were already facing a high level of need in terms of some of the barriers for children to reach their full potential. There is a current cost-of-living crisis, but for some families there is a feeling that things have got worse; the cost of living crisis has really amplified and exacerbated existing challenges and ABS is continuing to support through innovative means, for example:

- In Nottingham the [Family Mentor service](#) has seen a real increase in referrals to food banks, debt advice, housing advice, and benefit support. Families are having to make decisions on whether they heat their home or feed their children, and this can lead to a sense of stigma and feeling that they will be judged. Family Mentors are a paid peer workforce developed by SSBC. Mentors are from the community and local research has shown families are more willing to talk to family mentors because they trust them and know that they understand what it's like to walk in their shoes.

Language as a barrier. ABS works in very diverse communities and supports families who have English as an additional language. Partnerships have done a lot of work around translation, making it simple for families to understand, providing short, accessible information. In Nottingham, one team of Family Mentors has 14 different languages across a team of 30 staff, which enables them to connect with families in their area.

[When money is tight, how do you creatively meet the needs of vulnerable children and families?](#)

Being informed by parents and communities working with ABS is what makes the difference. As a programme, ABS is continuing to work alongside parents, listening to them, using the various platforms and contacts built to really ensure that messages are getting through to policy makers, and can continue to inform local decisions, as well as regional and national policy.

Go to where families are. There is a greater need to go to the places where families are, rather than constantly expecting families to come to services, which can reduce costs attached to delivering a service or activity, for example:

- A Better Start Southend provides a flexible offer, taking services to the spaces already being used by families. It's about staff and volunteers really understanding what exists in the locality, building those relationships and coming together as a community of practitioners and families.

Social media and online access to information. ABS partnerships are using social media to get messages out to families and the community, but are also aware that some families don't have this access so are ensuring a balance between that and alternative methods of communication.

Focus activities seasonally and get the maximum out of what's available locally. ABS partnerships regularly think about what can be used within the local area to bring families together, for example, using outdoor space such as beaches and parks during the summer months.

How do you continue providing the high-quality services amid the current staffing crisis and other challenges?

Developing innovative ways of working with families and communities. The benefit of the National Lottery Community Fund funding has been investment at a time when there's been disinvestment in services supporting families and children, for example, the closure of children's centres. This has created challenge for the delivery models previously used, for example, all partnerships were established with a children's centre model that has since been impacted by closures. The settings ABS works with are facing significant challenges, and across the five partnerships the closure of early education and childcare settings is evident. ABS is developing innovative ways of working with families and communities to enable services to continue, for example:

- In Better Start Bradford the [Happy Early Years Fund](#) is available for parents and grandparents to be able to set up activities themselves to support children's development. It is building capacity from the grassroots rather than relying on statutory funded provision, enabling the community to provide what they want and need. The individuals who are awarded funding are supported to access training and develop skills which will help them to sustain the provision and their personal development.

Building the future workforce. ABS partnerships have seen a reduction in the number of professionals across health and social care through some of the austerity measures that have been taken and wider recruitment and retention issues. ABS is considering how to build a future workforce so that quality continues to be a significant strand in whatever offer is available in the early years.

Investment is needed in the earliest years. The message is clear - you can't improve outcomes for vulnerable children and provide high-quality services without investment in the early years, which includes investing in communities, buildings, services, and the workforce. ABS has developed innovative approaches and models in both workforce development and service delivery, for example:

- In Nottingham, SSBC is working with Nottingham University Hospital Maternity Trust on an apprenticeship project to train [maternity support workers](#) to undertake the roles that don't specifically require midwives, such as public health messaging, and some of the work direct with families. SSBC has also looked at empty spaces in the city and considered how these can be used, developing '[Room to play](#)' which brings people into an empty shop space and provides services from there. It's an early innovation but has been a real success and built capacity into the high street as well as providing services for families.

Can you tell us about the opportunities and challenges in terms of engaging policy developments such as Family Hubs and how ABS supports that?

Influencing thinking. There are now many opportunities for ABS to bring babies, children and families into policy thinking locally, for example:

- The [Better Place](#) project in Bradford is a capital programme funding improvements in local parks and public spaces to make them more young children and family friendly. There have been big investments in parks, but also initiatives such creating playful routes into nursery and school provision to increase opportunities for families to engage in active travel. Consideration is also being given to reducing pollution levels and the impact this has, particularly on women during pregnancy and young children

and there has been investment in improving air quality through initiatives such as tree planting. This has really made a difference to how young children and their families are considered in planning locally, and more widely as the project was invited to share the learning at the National Trust Future Parks conference to support their thinking in relation to future delivery in urban areas.

Start for Life initiative and developments. A Better Start has been hugely influential in the development of the Start for Life work, helping to ensure the 75 eligible local authorities benefit from the investment from the National Lottery Community Fund and really building on the work ABS has done. This is a huge opportunity to capitalise on the learning generated. One of the challenges that remains is that Start for Life is also a relatively short-term funding pot and it is unclear what will happen beyond 2025. Any funding and new investment in the early years is welcome, but it does take time to measure impact and to measure outcomes, particularly of prevention and early intervention. It is critical that longer term tracking of outcomes is built into policy development to build on Sure Start and the work of A Better Start and take the learning forward in terms of how evidence and impact is generated.

Focusing on sustainability. It's encouraging to see how all the ABS partnerships were consulted in the development phase of the Start for Life guidance and how that learning is reflected in many key areas of work such as the focus on perinatal mental health and parent-infant relationships. Through Start for Life, there is the opportunity to scale and embed some of those services at a local level whilst simultaneously being able to continue influencing and continuing to support the Start for Life teams at a central level.

How can you make sure the learning from A Better Start continues after the programme comes to an end?

Influence local system leaders and decision makers. ABS teams are considering how to influence local system leaders, decision makers and commissioners to embed what is being done, and also how it has been done, in terms of services and our approaches, into future plans, for example:

- SSBC Nottingham is working with colleagues in the Integrated Care Board and Partnership to embed co-production into their new model. This has informed their strategy going forward, incorporating co-production based on the NHS guidance for integrated care systems, and the NICE guidance around shared decision making. The Integrated Care Partnership strategy 'A Best Start for Life' aim is shared across the city council, the county council, the Integrated Care Board and all the provider collaboratives in that area.

Relevant messaging to bring change. ABS partnerships are engaging with big public health campaigns and with local businesses, and thinking about how to package messaging up in different ways to really drive through change. They are also able to share good practice on how it is presented to different audiences, using really good data and evidence, case studies, examples, and practical steps as to how it might be embedded.

Prioritising sustainability beyond 2025. Each of the partnerships are determined that 2025 is not the end of the ABS journey and are looking at different ways locally to sustain and continue the work, for example:

- In Southend, a community interest company has recently been established that is tasked with taking forward elements of the legacy of the programme. Currently it is working alongside ABS Southend to develop relationships, ensure that there are some strong mechanisms to secure succession funding and to continue building

partnerships. It is the partnerships and specifically partnerships with the community that make this successful.

All policy development and activity across all sectors should be made through a childhood or childhood development lens. Everything undertaken at ABS has that focus. There has got to be proper investment made locally, regionally and nationally, and not just investment but attention given to early years from maternity to nursery provision. This is the only way to really ensure that there is fair and universal access to support, advice and services, which paves the way for cost reductions later down the line.

Kate thanked panel members for sharing their insights into supporting children and families. She highlighted her key 'takeaways' from the discussion:

- Involve parents
- Keep it simple
- Remember the importance of peer support
- Remove the stigma
- Listen to parents
- Be flexible in service offering
- Do everything with a child development lens - for both policy makers and those working in the field.

Kate concluded by affirming there is hope, and whilst there are challenges, it is people coming together and partnerships working together, bringing innovative approaches that makes the real difference.

You can watch the keynote conversation with ABS Directors [here](#)



Learning from A Better Start

Child development outcomes - what difference is ABS making?

There are three childhood development outcome areas within A Better Start:

- **Improving young children's diet and nutrition** - to help support healthy physical development and protect against illness later in life.
- **Developing young children's language and communication** - to help children engage with the world around them.
- **Developing young children's social and emotional skills** - to help children develop positive relationships and cope with difficult situations.

Through a series of breakout presentations, the ABS partnerships collectively shared learning from their experience and expertise on improving early childhood outcomes across these three child development outcome areas.

All five partnerships have examples to share that demonstrate each of the themes in practice, with the examples provided at the event just a snapshot of the innovative work ongoing across ABS.

Following each of the presentations, delegates were invited to put questions to panelists representing each of the five ABS partnerships.

A summary of content for each of the sessions, along with links to the recording of each session, are presented below.

A Programme Insight report '[A Better Start through improving childhood development outcomes](#)' was published in March 2023 which has further insight and case studies from across the ABS partnerships.



Improving early childhoods: diet and nutrition

A Better Start partnerships

Introduction

Good nutrition during pregnancy and the earliest years of life is vitally important for a child's growth, development and long-term health. It plays an enormous role in child development, impacting cognitive, behavioural and physical development, as well as performance in school and ability to concentrate.

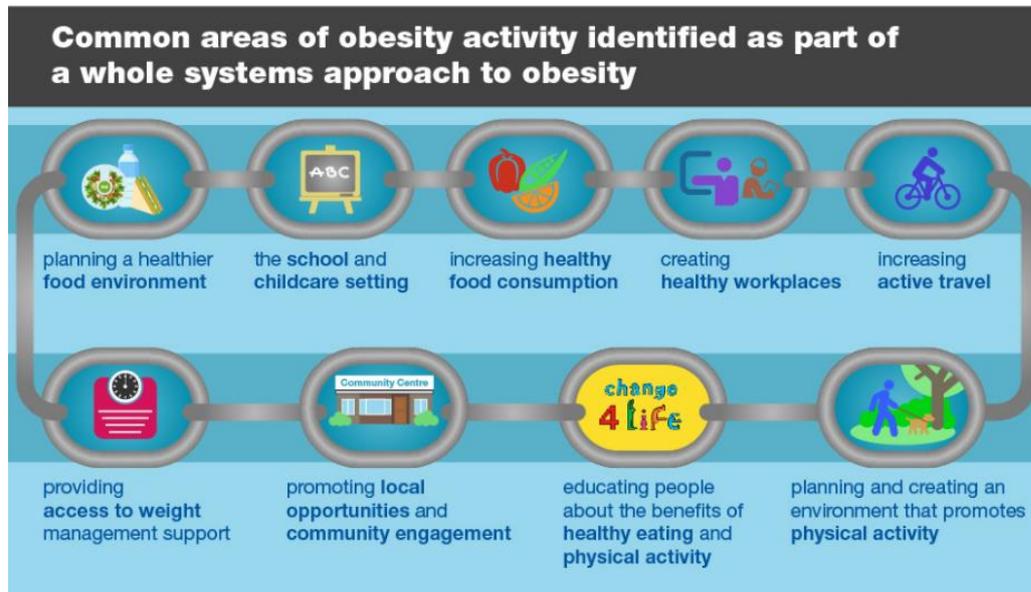
As the cost-of-living crisis deepens, it is increasingly evident that more families are unable to buy enough food, impacting on their ability to provide children with a healthy and nutritious diet:

- Around 4 in 10 families with children are spending less on food for their children ([Joseph Rowntree Foundation, November 2023](#))
- A Food Foundation survey conducted in September 2022 found that:
 - 1 in 4 households with children experienced food insecurity in the preceding month.
 - food insecurity had increased more in households with children than those without.
 - many families who are struggling to afford food are cutting back on buying healthy foods such as fruit and vegetables ([Food Foundation, September 2022](#))

Being overweight or obese in childhood has both immediate and long-term health outcomes and there is wide spread recognition that this is one of the biggest health issues of the twenty-first century, with data showing in England 10.1% of reception age children (age 4-5) were obese in 2021/22, with a further 12.1% overweight ([NHS Digital, 2022](#)). Furthermore, there is a strong link between children living with obesity and deprivation; during 2021-22 reception-aged children in the most deprived areas of England (13.6%) were more than twice as likely to be obese than those in the least deprived areas (6.2%) ([NHS Digital, 2022](#)).

The causes of being overweight or obese are complex and multifactorial; the consequence of an interplay between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, set within a social, cultural and environmental landscape. Therefore, there is no single solution to tackling such an ingrained and complex problem. Rather than single interventions on their own, a collaborative whole-systems approach is needed to promote healthy weight in children, young people and families, tailored to local needs and working across the life-course.

Evidence suggests that place-based approaches to promoting healthy weight in children, young people and families will lead to future health benefits ([PHE, 2018](#)). This is the model that ABS partnerships have adopted.



[PHE 'Health matters: whole systems approach to obesity', 2021](#)

ABS ambitions around diet and nutrition

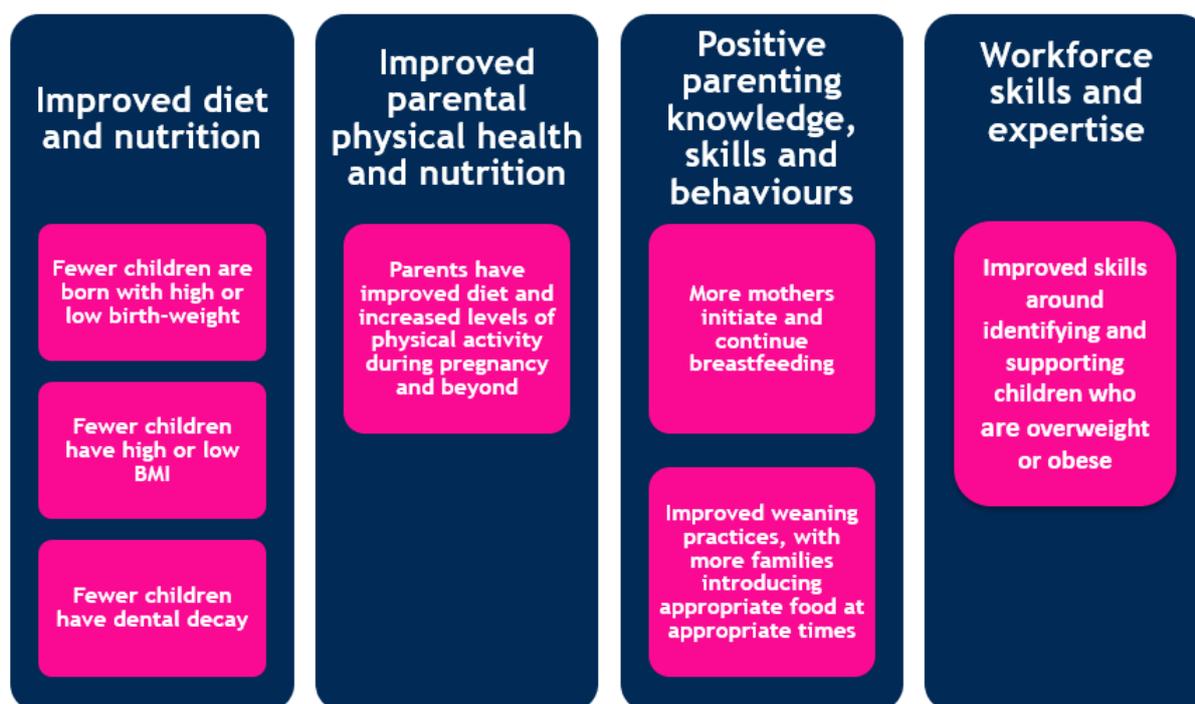
A Better Start's work in diet and nutrition is guided by and aligns with a variety of national policies which aims to improve the health of children and families:

- Healthy Child Programme: Pregnancy and the First 5 years of Life ([DHSC](#))
- Health Matters: Giving every child the best start in life ([PHE](#))
- The Best Start in Life: a vision for the 1,001 critical days ([DHSC](#))
- Health Matters: Whole Systems Approach to Obesity ([PHE](#))
- NHS Long Term Plan ([NHS](#))

The ambition of ABS is to improve the diet and nutrition for children and families by supporting parents to make healthier choices in pregnancy and beyond, to breastfeed for longer, introduce solid food at appropriate times and look after their children's teeth. Other aims include making it easier for families to access affordable, healthy food, cook together, exercise together and support each other as a community.



Key outcomes the ABS partnership are aiming to achieve are:



To achieve these outcomes A Better Start provides a range of interventions from pregnancy up to a child's 4th birthday. The portfolio of services supporting diet and nutrition across ABS is vast and all partnerships have examples and case studies to share. Two particular areas of focus, plus supporting examples, were shared in depth at the annual event: **supporting infant feeding choices and supporting families to access healthy food**

Supporting parents with infant feeding choices

Breastfeeding

The benefits of breastfeeding are widely recognised and there is commitment in national policy to supporting breastfeeding:

- The [World Health Organisation](#) (WHO) recommends exclusive breastfeeding for 6 months and receiving breastmilk for 2 years.
- Breastfeeding can cut the chances of a child becoming obese by up to 25%. ([UNICEF, 2019](#))
- Breastfeeding can contribute to a reduction in health inequalities ([Victoria, 2016](#))
- [NHS long term plan](#) commitment, "All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20" (England NHS 2019, 49)
- This is a key element of [Family Hubs](#), with £50 million being provided to establish infant feeding support services, with essential and go further breast/chest feeding activity that will deliver a multicomponent strategy.

Despite this, statistics show that breastfeeding is not as prevalent in practice, for example, 80% of parents finish feeding before they wish to ([Infant Feeding Survey 2010](#)); 74% of babies

receive any breastmilk at birth and 46.2% at 6-8 weeks (Public Health Fingertips, 2016/17). Furthermore, increasing deprivation is associated with decreased breastfeeding initiation (McAndrew, 2012).

It is clear that families need support with breastfeeding, and evidence shows effective support should be offered as standard by trained personnel during antenatal or postnatal care. This should be ongoing and tailored to the setting and the needs of the population ([McFadden et al 2017](#)).

What has ABS found that supports breastfeeding?

Breastfeeding support is a key part of the ABS offer across the five partnerships and the following elements have been found to support families:

- **Antenatal support and education**, as well as postnatal, for example
 - [Southend 1:1 service](#) offers antenatal support and education, postnatal home visits and provides support on the ward in Southend Hospital.
 - [Baby Steps](#) antenatal classes in Blackpool.
 - [Small Steps at Home](#) peer service in Nottingham.
- **Support** can be offered by well-trained peer supporters or professionals, either alone or in combination and can be in a 1:1 session or a group, for example, peer supporters in Lambeth.
- **Inclusion** - breastfeeding is not a decision made in isolation and support from partners and community can affect initiation and continuation, for example, the inclusion of breastfeeding information in the [SSBC Dads' Pack resource](#).
- **Normalising breastfeeding and baby behaviours** - all partnerships offer evidence-based information and normalise baby behaviours, for example, [Holding Time Bradford](#) uses creativity to overcome cultural barriers and support a more breastfeeding-friendly environment.

Responsive infant feeding

It is evident from work across ABS that when it comes to breastfeeding, an all or nothing attitude is not helpful. All parents deserve evidence-based information about how to feed their baby and support should be offered without bias to ensure safe responsive feeding. The inclusion of responsive bottle-feeding information can support parents to follow their baby's feeding cues and avoid over feeding.



Feed your way, Small Steps Big Changes, Nottingham

Small Steps Big Changes (SSBC) commissioned a bespoke breast/chestfeeding public health campaign for Nottingham City. This was coproduced with local residents and involved a stakeholder group including midwives, infant feeding leads, health visitors, peer supporters, and families.



Parents reported:

- Unrealistic expectations of breastfeeding
- They did not feel prepared for the realities of breast/chestfeeding
- That health messaging was not working and felt controlling
- Feeding in public was a concern for many parents
- Partners wanted to know how they could support breastfeeding

Many women said that they would have breastfed for longer if they had more support, felt more confident to do so, if public perception of breastfeeding was better, and if they had more information about the challenges of breastfeeding.

For women who breastfed for longer, autonomy (it is my choice), feeling of connectedness to baby, and awareness of the potential challenges were identified as the main facilitators.

These concepts were woven throughout the campaign and the campaign features local women who shared their stories.

[Feed Your Way](#) launched in October 2022 with out of home advertising, paid social media and Google ads, and community-based pop-up events. Feed Your Way is accessible as a website and on social media. Branded digital materials are available for the workforce to download and share.

Feed Your Way is built on coproduction; phase one has been a conversation with families and to some extent the communities around them. Further phases will include conversations with businesses, highlighting the value of supporting breastfeeding families both as customers and employees, facilitated by a refreshed stakeholder group.

The aim is for Nottingham to become a breast/chest feeding friendly city.

To find out more, contact Jill Smith jill.smith48@nhs.net



Supporting families to access healthy foods in a cost-of-living crisis

Healthy Start

The [Healthy Start scheme](#) is a benefit to support families who are pregnant or who have children under the age of 4 to buy healthy food, milk (cow and formula) and vitamins. During the current cost-of-living crisis, it is more important than ever to maximise income for families and ensure those who are eligible apply and receive the money available to them.

The Healthy Start scheme is now via a pre-paid Mastercard rather than paper vouchers. During the transition from vouchers to the card, it was noted that a number of parents were having difficulties re-applying to the scheme, such as not being accepted despite meeting the criteria and having access to the previous voucher scheme.

Blackpool Healthy Start scheme, Blackpool Better Start



In 2021, the take-up of the Healthy Start paper vouchers with eligible families in Blackpool was 62%. When this moved to a pre-paid Mastercard in March 2022, uptake dropped to 33%.

Blackpool Better Start needed to better understand the barriers families face accessing this benefit, and from research it was established that the forms were difficult to fill in, and any errors meant families' applications were rejected. There was also a lack of general awareness about the scheme, which meant some families did not realise they could apply.

A campaign was launched in March 2022 to increase awareness of the scheme and increase the uptake by local families. Weekly 'Cost-of-Living Drop-Ins' launched in the community, allowing the Community Connector team to speak to families, advise them on their benefit entitlement, and help them complete forms. At the same time videos were launched on social media to signpost parents to the scheme's website and address commonly asked questions. A targeted email was also sent to 1600 eligible families to help raise awareness of the scheme.

The communications campaign can be found on the website and there is also a dedicated [cost of living](#) page.

In February 2023 [England uptake data](#) was published and showed a 10% increase in uptake of the scheme, with 72% of eligible families now accessing Healthy Start. This put Blackpool as the fourth highest area of uptake in England.

The success of the increase has given Blackpool opportunities to share good practice via articles and blogs published by organisations such as Sustain and Food Active. The story also got picked up by local print and broadcast media, and the team has been invited to present the findings to the Office for Health Improvements and Disparities.

Full details of the strategy and results can be found in this [Shared Learning Report](#) and anyone looking for further information can contact betterstart.cecd@nsppc.org.uk

HENRY

[HENRY](#) is a national programme which delivers interventions to improve nutrition, emotional wellbeing, parenting skills, breastfeeding and activity levels, directly to families, as well as professionals.

HENRY provides a wide range of support for families from pregnancy to age 12 including workshops, programmes, resources and online help. HENRY also works with NHS trusts, local authorities and wider partners to ensure that preventative measures are adopted to reduce rates of tooth decay, obesity and associated diseases.

HENRY, Better Start Bradford

Better Start Bradford currently commissions HENRY to deliver the Healthy Families programme, an 8-week intervention for parents and carers of babies and young children to support the whole family to develop healthier ways of living.



Alongside the Healthy Families programme, Bradford also offers starting solids workshops and cooking for a better start which gives families the skills and knowledge they need to cook straightforward, healthy food at home. It has been designed to use a minimum of equipment and for each meal to be cost effective.

The [HENRY lasting impact report](#) has previously demonstrated the impact of HENRY and the [evaluation](#) by the Better Start Bradford Innovation Hub found families described significant improvements in:

- Parent confidence
- Boundary setting, particularly at mealtimes and snack times, around TV and computer games, active play and bedtimes
- How much time parents described as having for themselves, how supported they felt, their happiness levels, and their feeling less isolated
- How often families sat down together for a meal
- Reduction in how often the TV was on at mealtimes

Better Start Bradford is supporting HENRY to embed their service offer within the Start for Life family hubs model. Currently the district wide offer for HENRY is small and struggles to receive enough referrals to run a successful programme.

Bradford Better Start is using the [Behavioural insights team](#) 'EAST' framework which considers how making an intervention easy, timely, social and attractive can encourage behaviour change, and this information is being shared to improve the service offer across the wider district.

'EAST' framework

Make it easy

- Location
- Easy referral process including self-referral

Make it attractive

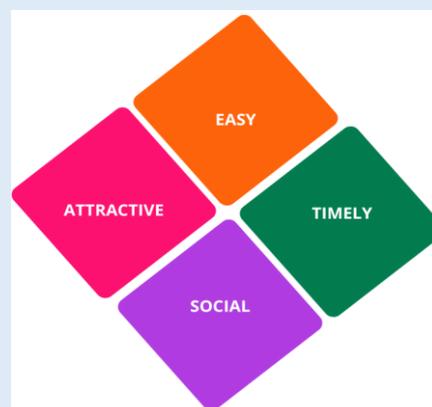
- Simple, attractive communications
- Highlight benefits of attending

Make it social

- Face-to-face programmes
- Encourage attendees to share information about the service with their peers
- Community Partnerships Officer role

Make it timely

- Prompt people to attend when they are most receptive
- Text message reminders



To find out more, contact claire.gilbert@betterstartbradford.org.uk

Call to action

What happens in pregnancy and the earliest years of life has a significant impact on immediate and later outcomes in adult life. It is vital that the learning and evidence from across ABS is used to inform work in this area to make a difference for children and families:

We need to help create a supportive, enabling environment for breastfeeding

Infant feeding education is paramount and timely interventions for those offering advice to families, should have accurate and unbiased information

A collaborative whole systems approach is needed to promote healthy weight in children

Q&A

What are your top tips for increasing uptake in the Healthy Start scheme?

The answer is three-fold:

- Speak to the community and gain an understanding if they have applied, if they have, what difficulties did they have and if they haven't, try to understand why not. Take a non-judgmental approach and don't make assumptions, try to support on an individual basis.
- Have really good partnerships with your workforce across different services.
- Think about who else might be interested in this e.g. work with local grocers, market stalls, providers who can share information around the Healthy Start scheme and increase uptake, which will also benefit them too.

How are families prioritised following their health and development reviews through the Healthy Child programme for schemes like HENRY?

HENRY is a universal service, which means there isn't specific criteria that families need to meet. Within Bradford, anyone living in the Better Start area is eligible to join the HENRY programme so parents and children don't need to meet a specific criteria. There is work ongoing between the Better Start HENRY team and the wider Bradford district HENRY team to ensure that any referrals that come to the Better Start team that are not applicable because the family does not live within one of the three eligible wards, are shared with the wider district so they can be picked up and offered HENRY.

In Nottingham, do you have a breastfeeding welcome scheme in place or are you developing one? If you've not joined a national scheme e.g. the NCT programme, why is that?

Nottingham are developing their own breastfeeding welcome scheme and will seek advice from the major partners, but are looking for something that's tailored for Nottingham. They are looking at a welcome scheme that gets involved in looking at training for workforce, understanding the role of an employer in supporting infant feeding and looking at digital online resources that can be used to support that as well. A key element is ensuring the scheme is sustainable beyond the ABS funding.

Can the Feed Your Way videos be used in other areas as part of their programmes?

Yes, provided they are not adapted or altered in any way and Feed Your Way is referenced, with links. Feed Your Way's strength comes from conversations with local people and representing their stories and their experiences. People are welcome to use them but consider is this relevant to your location and what people there are telling you. Please contact Jill Smith, SSBC, jill.smith48@nhs.net for brand guidelines and further information.

Watch the recording of the diet and nutrition session [here](#)

Improving early childhoods: speech, language, and communication

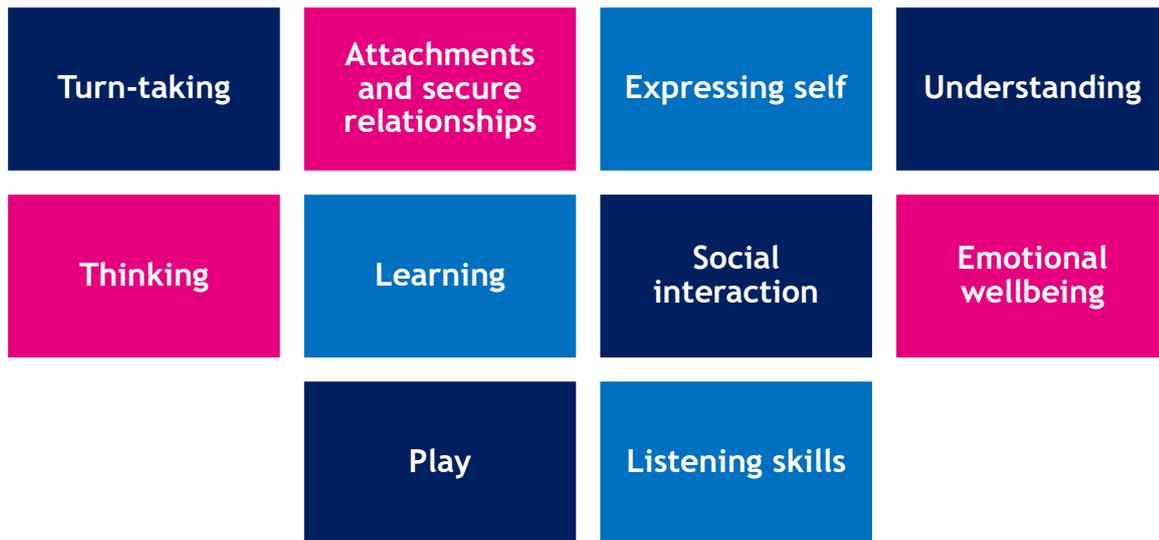
A Better Start partnerships

Introduction

Speech, language, and communication is a priority, with many reports highlighting the importance of speech, language and communication and why it matters:

- A [report](#) published by the Royal College of Speech and Language Therapists identified:
 - children with primary language difficulties are at higher risk of developing social and emotional difficulties, which can increase the risk of their exclusion from school, and in the most extreme cases, can lead to young people entering the criminal justice system. As many as 60% of young offenders are believed to have a Speech Language and Communication need.
 - Improving language development in the early years is an important tool through which educational and social inequality between social classes can be tackled.
- A [report](#) by Speech and Language UK (formerly ICAN) identifies that by the time children get to school 1 in 10 have a language difficulty and in areas of deprivation children are twice as likely to have language difficulties. 50% of children start school without the language they need and in primary school more children have a language difficulty than any other SEND.
- The [impact of poverty](#) in early childhood on a child's speech, language and communication development can have huge implications for later outcomes in all areas of their development including their literacy skills:
 - Up to 50% of children living in areas of poverty within the UK will have delayed communication skills.
 - Up to 90% of those children with persistent language struggles will go on to have reading difficulties.
 - Children from lower income families fall behind by up to a year on entry to school in their vocabulary range compared to other children from middle income families.
- The COVID-19 pandemic further exacerbated speech, language and communication needs (SLCN); [76% of schools reported](#) children starting school in 2020 needed more support than previous cohorts, including with their communication and language skills.

Although this presents challenges around speech, language and communication, the good news is that through early intervention and focusing on supporting babies and young children, things can improve. Speech, language and communication contribute to many areas of young children's development, and if the right support is put in at the right time it can have huge impact on a child's outcomes, as summarised below:



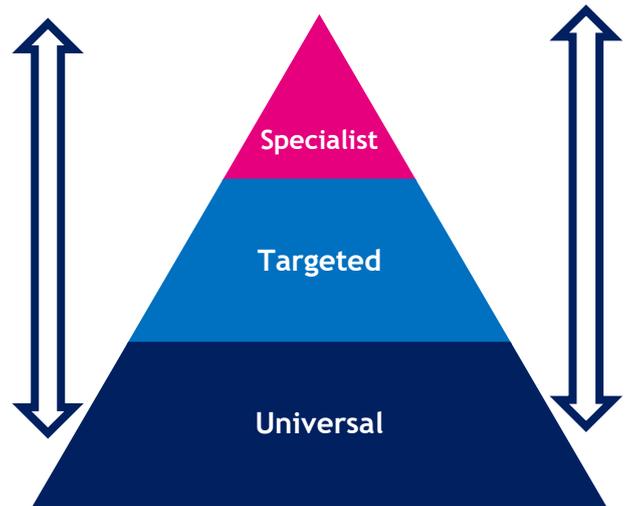
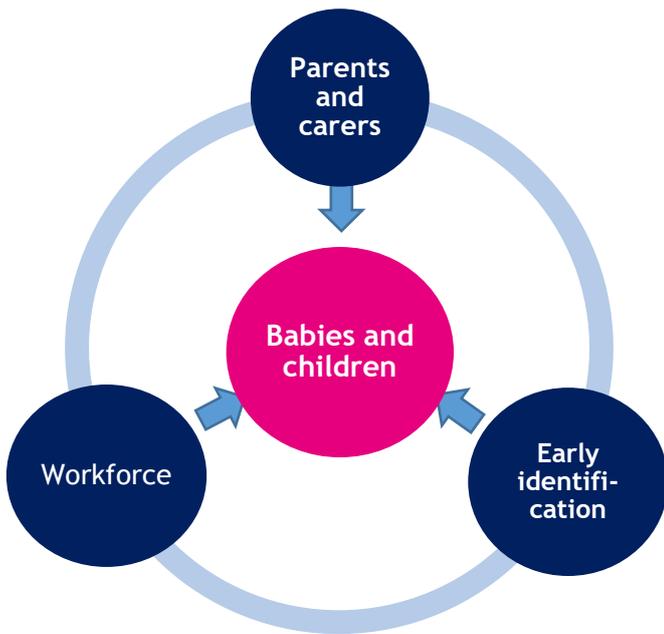
One of the key messages from [Bercow: Ten Years On](#), which was commissioned to review the reality of support for children and young people with SLCN in 2018, is that **everyone has a part to play** in supporting children, their families and the professionals working with them and this is the approach taken by A Better Start to support speech, language and communication across the programme.

A Better Start's approach to speech, language and communication

Speech, language, and communication is a common thread running through the whole of A Better Start with communication and language being everybody's business, not just specifically addressed in the direct speech and language interventions offered by the partnerships.

ABS offers a holistic, whole-systems approach, prioritising early identification, providing support pathways for children and families, as well as supporting and developing the skills and knowledge of the workforce.

Parents and practitioners working in partnership is key to improving babies and young children's language and communication skills, alongside recognising that families should have access to services from universal to specialist, with smooth transitions between these, both up and down as required.



A Better Start is demonstrating that this approach is making a difference for babies, children and families across the five partnerships. Although each partnership is unique, with its own diverse demographic and needs, key messages and common themes can be drawn from ABS' work in supporting babies and children, parents and carers, and the workforce. These key messages were shared, alongside case studies examples.

**Partnership work and early identification,
Blackpool Better Start**



In Blackpool, evidence emerging from the Ages and Stages Questionnaire (ASQ) and the Early Years Foundation Stage Profile (EYFSP) resulted in the need to identify a common SLCN assessment tool which could be used across the partnership.

WellComm was identified, and the need for a single referral system and multi-agency panel.

Assessment and early identification

Assessment starts with the use of WellComm, and children with a red or amber rating are referred into the post WellComm panel using a single-entry referral form.

Health Visiting teams have access to the toolkit and carry these out along with the ASQ at the 9-12 month, 27 month and 3-4 years Healthy Child Development Checks. Early Years practitioners assess all of the pre-school cohort and any other children they are concerned about through the universal cycle of observation and assessment.

The panel includes:

- Early Years Senior Manager (Centre for Early Child Development / Blackpool Council Early Years - Chair)
- Quality and Inclusion Team Manager (Blackpool Council)
- Speech and Language Therapist (NHS)

- Speech and Language Therapist (Communicate CIC Commissioned Service),
- Literacy Advisory Teacher
- Community Connector / Coordinator (Centre for Early Child Development)
- Speech and Language Practitioner - Community (Centre for Early Child Development)
- Speech and Language Practitioner - Home (Centre for Early Child Development)
- Triage Panel Administrator (Centre for Early Child Development)

Pre-triage work

To ensure a holistic view of the family, the aim is to gather as much information as possible about the child and their family before the panel meets. This is done by triangulating data gathered from the Community Connector having conversations with parents, and talking to Early Years settings to see if they have concerns regarding SLCN, along with the clinical information presented on the referral. The early years setting is invited to a WellComm assessment and the child is tracked back to where their score is green; the setting is then supported to use the WellComm Big Book of ideas to start supporting that child's needs before they are even discussed at the panel.

Triage panel

1395 children under 5 and their families have been discussed at the triage panel since February 2020. Children and their families discussed at the panel are offered one or more interventions (depending on their WellComm score, clinical information contained in their referral and information gathered from Better Start Connector conversation with the family) at a universal plus, targeted and / or specialist level. These interventions are evidenced-based and take place where the children are and involve coaching for the adults who spend the most time with children, most importantly parents, but also the early years workforce who see children in their settings.

Interventions include:

- SLC Home Visiting Service which uses Hanen SPARK strategies
- Hanen It Takes Two to Talk and Target Work
- Support for Children in their early years settings using ICan Early Talk and Early Talk Boost
- NHS Clinical Speech and Language Therapy

Post intervention

Once children reach the end of their intervention, they are 'returned' to triage by the provider of that intervention and their next steps are discussed. This can include escalation from targeted to specialist, de-escalation from specialist to targeted, or for them to be discharged as they have made good progress and their WellComm score is green for their chronological age.

To find out more, contact EarlyYearsSLC@blackpool.gov.uk

Supporting babies and children

Across ABS there is commitment to ensure that babies and children from all backgrounds are provided with the opportunities and support they need to develop their communication and language skills. Learning from ABS demonstrates the following key messages to supporting babies and young children:

- Ensuring **early intervention pathways** are paramount within all local authorities with a shared pathway between health and education.
- Making **communication and language everyone's business** and having **clear and consistent health promotion messaging**, such as the [Big Little Moments](#) campaign
- Delivering **evidence-based interventions** that are appropriate for the target age group
- Creating a **knowledgeable workforce**
- Supporting a culture of **strong attachments** with babies and children
- Tuning into the **child's voice** - observing and paying attention to what young children are telling us about their needs
- Working with children and their families within their **own environments**, including childcare settings and the home environment



Supporting Babies' Next Steps - LEAP

Supporting Babies' Next Steps (SBNS) is an evidence-based programme, developed from the materials of NCB's Making it REAL, (Raising Early Achievement in Literacy) programme.

LEAP recognised there was a gap for the 0-12 months age group regarding communication and language development and wanted to reach babies and their parents as early as possible, given that early intervention is key to children's outcomes.

The programme was developed through multi-agency working and consultation with another LEAP programme, Baby Steps, run by midwives for parents during pregnancy until babies are around 4 months. Parents said that they wanted to learn more about their babies' next steps and so SBNS was developed to provide this support.

SBNS has the following key elements:

- **Awareness of the child's environment both physically and emotionally** - ensure the emotional environment and physical environment is comfortable for both parents and babies, facilitating their routine needs and making it as comfortable as possible so that babies have room to explore.
- **Tuning into babies, giving them a voice** - parents are encouraged to observe their babies during interactive activities to see what their behaviours are showing them.
- **Opportunities for building relationships** - parents have time to network and babies socialise with each other, whilst building strong bonds with their parents.
- **Support at a critical time** - most of the parents are first time parents and are keen to hear what they can be doing to support their baby's development.
- **Deliver key messages** - key messages are delivered through the sessions such as speech and language teams '[Talk and play everyday](#)' material and 'Keep your home language alive', as many Lambeth families speak more than one language.
- **Resources provided to families** - the ORIM framework is introduced, which gives parents a framework of ways to engage with their children; a resource pack is provided to parents with activities to continue at home, which are always low cost or free so that all families can benefit from ideas, whatever their income.

SBNS gives parents the time to interact and play with their babies, whilst thinking about the importance of what they are doing and how it supports their child's development.

The programme has had a positive impact on parents' knowledge, skills and confidence in supporting their babies' communication and language development.

To find out more, contact Jacqui McDermid
JMcDermid@lambeth.gov.uk



I feel more confident in the role I can play in supporting my babies' communication and language skills and literacy.

Supporting parents and carers

Across the ABS partnerships there is a commitment to ensure that families from diverse backgrounds are provided with the opportunities and support to develop their children's language skills. ABS aims to build the skills and knowledge of all families by:

- Providing **language-rich, communication friendly environments** for everyone
- Delivering **more accessible services and resources** for families from diverse backgrounds - leaflets have been translated into Arabic, Urdu, Polish and Romanian to support families with 'how to maintain their child's 1st language' and to support with age-appropriate speech, language and communication development.
- **Empowering families** to develop the capabilities and the confidence to support key language skills, to ensure that they are building the blocks for their child's well-being, school readiness and lifelong prosperity.
- **Valuing home language** to ensure parents are confident to speak to their child in their home language rather than tentative English. This ensures the child hears a rich and full language model, regardless of what the language, to boost their chances of successful learning.

Let's Talk with Under 5's, SSBC, Nottingham

[Let's Talk with Under 5's](#) is delivered by a qualified speech and language therapist and consists of 6 weekly group sessions of 2 hours within a community setting.

Parents are offered the opportunity to gain a Level 1 accredited qualification upon completion of the course, the workbook, and homework tasks. Parents whose first language is not English are offered further home support to complete the workbook by the facilitator utilising an interpreter and the work completed is transcribed into English.

Parents learn about how play can support children's language and communication development, strategies to support adult-child interaction, understanding of how language develops and the 'serve and return approach' and the importance of two-way back and forth conversations.

Following consultation and co-production with parents, SSBC identified a need to improve accessibility to the course amongst Nottingham's diverse populations. SSBC utilised a test and learn approach and offered the course for Arabic-speaking families with an Arabic interpreter. The course was promoted and advertised in the local vicinity via other speech and language therapy teams, local partners and on social media, including [flyers](#) written in Arabic.



Let's Talk Under 5's, SSBC, Nottingham

One parent's experience - Zainab

Zainab was increasingly concerned about her 4-year-old son's spoken language skills and felt that they were not appropriate for his age. Zainab speaks conversational English and finds reading and writing in English difficult. Zainab was concerned about her child's language being delayed in English and the home language.



Zainab participated in the Let's Talk sessions through discussions with other families in the group and everyone shared ideas tried out at home. Supporting Zainab to complete her workbook in English and finding alternative ways for Zainab to develop her knowledge on speech & language development without reliance on using English enabled her to try new ideas out at home in her home language.

Zainab was also keen to gain the Level 1 accreditation as this could lead to other educational opportunities and as a result increase her confidence.

Following on from the sessions Zainab focussed on supporting her children's language and communication more confidently by:

- increasing **face to face play** times at home
- supporting her child's communication at home by **speaking to him in her home language**
- **commenting** during play and everyday routines
- passing on correct **advice to nursery about bilingualism**

Having trialled the course in Arabic, SSBC now plans to offer it in other popular languages to further reduce language barriers.

To find out more, contact Natalia Wroblewska - n.wroblewska@nhs.net



Supporting the workforce

The Early Years workforce is often referred to as one group, however it is important to recognise the breadth of the workforce when considering all who can support young children's communication and language development. This includes:

- Pre-school and day nursery practitioners, childminders, early years teachers & early years professionals
- Speech and language therapists, SLTAs
- Health visitors, GPs, family centre/children's centre teams
- Midwives, SEND teams, paediatricians
- Social care teams
- Police, fire fighters
- Librarians
- Museum and art gallery curators
- Parents and carers

Across ABS it is apparent that the success of support for young children's communication and language development only occurs when all parties collaborate, communicate and have a shared understanding of the important role all play.

In the current time of uncertainty and cost-of-living crisis, for an increasing number of parents and carers their children's communication and language skills may not be a priority. This makes the workforce role of ensuring that communication and language remains a focus even more important.

Across all ABS partnerships, four aspects have been identified as being key to ensuring that the workforce is knowledgeable and confident when supporting children's communication and language development.

The workforce needs opportunities to:

- Share information
- Work collaboratively
- Receive training and ongoing continued professional development
- Develop a shared/common language

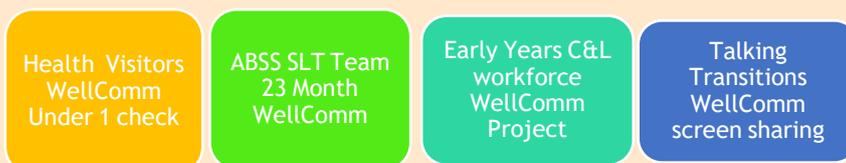


Supporting the workforce, A Better Start Southend



Southend have embedded information sharing, working collaboratively, training, and development of a shared language through ensuring the workforce, from both health and education, all use the same communication and language screening tool WellComm at different touch points in the children's lives.

The aim is to ensure that no child slips through the WellComm journey gap.



At the beginning of the journey Health Visitors have been trained to use the WellComm screen at the under 1's check. This is effective as there is a high take up from families for this visit (which currently stands at over 90%) and having this so early on ensures that families are reminded of the importance of their children's communication and language development.

Families are reminded of the importance of communication and language again when the speech and language therapy team offer a WellComm screen when their child is 23 months.

As a child's journey continues, the ABSS Specialist Teachers have trained the early years providers (childminders, settings and schools) to carry out the WellComm screens themselves, focusing on children they are concerned about and knowing the relevant pathways to follow if a child needs further support.

Finally, WellComm screening is a crucial element of Talking Transitions, which brings early years providers, (child minders, pre-schools, day nurseries, school nurseries) and the schools the children will be transitioning to together, a whole year before the children actually transition. As children transition from early years provider to school, their WellComm screen outcomes and the support that best fits that child and their family, are discussed, and shared with their new school's team.

To find out more, contact Sian Ansell sian.ansell@eyalliance.org.uk or Lynsey Weston lynsey.weston@eyalliance.org.uk

Talking Transitions, A Better Start Southend



Talking Transitions brings the early years workforce together and has three main elements:

- Learning Together
- Working Together
- Being Together

The 'Learning Together' element of the Talking Transitions project, specifically ensures that the early years providers and schools train together in [ELKLAN's speech and language](#) course. This training is also offered to a range of other professionals from Family Centres, Southend City Childminder Leads, Southend's SEND Team's ASD Family Support Workers, ABSS Crèche workers, representatives from SAVS (a local volunteer organisation in Southend) and representatives from the ABSS YourFamily Team) - making young children's communication and language 'everyone's business'.

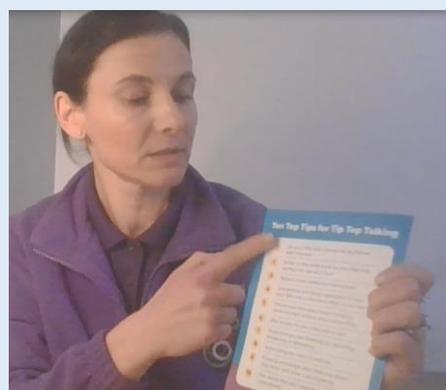
Now in its fourth year, 74 learners have been trained on this level 3 accredited 10-week programme.

Talking Heads, A Better Start Southend

A series of parent friendly communication and language tips on chatting, singing, playing, and reading were co-produced through consultation with the early years workforce. These are then shared and promoted by the workforce in a variety of ways, such as through the Talking Heads project.

Talking Heads was created in response to the diverse communities within Southend. The early years workforce came together and decided that key communication and language messages needed to be 'translated', into a range of families' home languages and shared with them in video form.

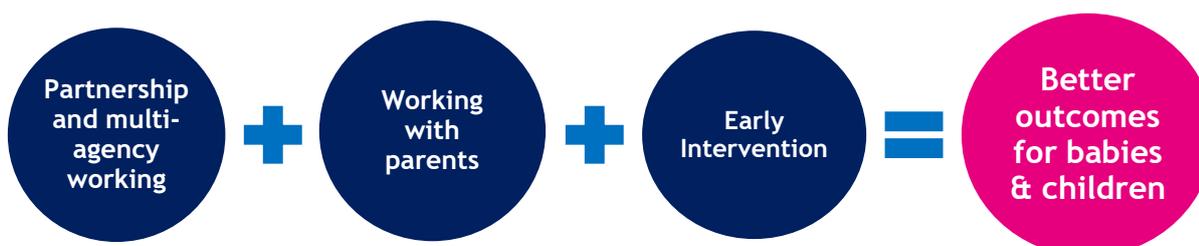
Parents and carers, early years practitioners and community volunteers have offered to represent their community and participate in the videos e.g. ABBS's creche team have shared Southend's 'Chat as we Grow' tips in Romanian, for Romanian families.



To find out more, contact Sian Ansell sian.ansell@eyalliance.org.uk or Lynsey Weston lynsey.weston@eyalliance.org.uk

Call to action

The work across ABS has shown that the best way to support babies and children with their speech, communication and language needs is to take a holistic approach, involving the babies and children, the parents and families, and the workforce, including everyone who is involved in children's lives. ABS has demonstrated the value of partnership and multi-agency working, developing triage panels and integrated pathways.



The key message is **talking is everybody's business** and this involves:

- Supporting parents to talk, to play and to read with their babies and children.
- Supporting practitioners to understand how much speech, language and communication is so crucial to a baby's and child's development
- Linking everyone together through joint working, through partnerships and through pathways.

The call to action is that the wealth of learning from the work of A Better Start and the 0-5 pathway is used to inform and drive the 0-19 pathway for speech, language, and communication.

Q&A

Can the multi-language videos and leaflets be widely shared?

Resources available:

- [Talk and Play resource](#) used in Lambeth is on the Evelina website
- Language Talks website on the Nottingham Healthcare Trust
- Small Steps, Big Changes [Speech and language support](#)
- [Look what I can do](#) in alternative languages (Nottingham) - NHT translated leaflets for families, in Romanian, Urdu, Arabic and Polish.
- [Home Talk](#) - information about Home Talk for parents with children 2 - 2 and a half in SSBC wards.
- [Tiny Steps to Talking](#) - groups for 12 - 23 month olds in SSBC wards in Nottingham
- [SPLATT](#) - a home visiting service for children aged 9 months - 15 months in SSBC wards who require additional support in their language development

Do any of the partnerships work with any other community groups outside of A Better Start groups?

Yes, the essence of the partnership is that it includes third sector partners and voluntary groups, within and beyond ABS.

Once the ABS funding ends, what is the plan to sustain these services?

In Nottingham, SSBC are in regular contact with future commissioners to look at which services would be most sustainable post SSBC and we are currently looking at appropriate evaluation to inform this piece of work. Commissioners were also invited to a presentation evening for Let's Talk with Under 5's and handed out certificates to families and discussed their experiences of accessing the Let's Talk with Under 5's programme.

Watch the recording of the speech, language and communication session [here](#)



Improving early childhoods: social and emotional development

A Better Start partnerships

Introduction

The aim of A Better Start is to create approaches, relationships and services that better support people and communities to thrive, with the ambition to ensure care and support that is trauma-informed and has a whole family approach, as ultimately then the children benefit. This is important in this outcome area as children's social and emotional development is understood to be dependent on parents' wellbeing, both before and after birth.

The evidence is clear that the building blocks for good lifelong physical and emotional health are laid from conception to age two, with the World Health Organisation (2018) identifying responsive caregiving as the most important factor for children to survive and thrive. Therefore, investment and support in those early months and years is key.

Setting the scene: the ABS context

Emerging findings from the A Better Start Evaluation suggest that:

- **Social and emotional development is a 'building block' for other child-level outcomes, without which gaps in social inequalities would not be reduced.** For example, communication and language is understood as dependent on social and emotional development.
- **Poverty and deprivation are known to be barriers to achieving social and emotional development outcomes.** Living in poverty can impact on how parents care and support their children. For example, lack of access to quality housing and services is considered a key reason that parents were less likely to have the opportunity to access the appropriate services or provisions, compared to other parents who do not face similar housing-related challenges. A report from Oppenheim & Milton (2021) also identified that a third of families with young children were living in relative poverty in 2019/20.
- **There has been an increase in the prevalence of development delays in children since the COVID-19 pandemic, disproportionately affecting children in the most deprived areas** (Tracey et al., 2022). For example, an estimated 2 in 5 children are not meeting expected levels of development at age 4/5 years. This statistic represents children meeting at least a good level of development for all five of the learning areas. Those reaching good levels of development in personal, social and emotional development are 77.7% post covid, compared to 84.8 % pre covid.

Policy drivers

It is useful to outline some of the drivers for the A Better Start work in relation to social and emotional development. Some of these drivers are illustrated on this slide. Of particular interest is the **Family Hub & Start for Life programme**, with several of the ABS partnerships

being identified as Start for Life sites. The strand of the Start for Life programme with the largest portion of investment is **perinatal mental health and parent-infant relationship support** with an emphasis on the importance of sensitive and attuned caregiving and promoting positive early relationships. This drive to increase awareness of the crucial importance of early childhood has also been demonstrated by the Royal Foundation's **Shaping Us** public awareness-raising campaign. Both the **Start for Life programme** and the **Health & Social Care Bill** place emphasis on promoting more joined-up, integrated working. All the A Better Start partnerships demonstrate good practice examples of the benefits of joined-up working for families and the workforce, enabling a shared understanding and enabling more informed decision making for practitioners.

ABS programmes and approaches

It is evident that providing early intervention and having a range of services for pregnant people and families is a crucial way to prioritise the negative impacts of inequality. Across the ABS partnerships, a range of trauma-informed, evidence-based approaches are being offered to support social and emotional development, many of which offer support during pregnancy such as For Baby's Sake, Small Steps at Home and the Doula Service to name a few. These are highlighted in the word cloud:



Common approaches

There is a clear commitment across the ABS partnerships to supporting families who are affected by different and multiple forms of disadvantage/inequalities. A variety of evidence is embedded throughout the work of ABS, at programme, partnership and service level, and while there have been challenges along the way, there have also been many opportunities for learning as partnerships have developed their approaches. Two common approaches are shared below; these include:

- **Addressing the baby blindspot - parent-infant relationship support**
- **Partnership working - support for parental mental health and wellbeing**

Addressing the baby blindspot - the parent infant relationship

How do babies communicate with us? If asked how babies communicate, the most common answer is often 'crying'. Yet babies communicate with us in so many more ways, such as moving their arms/legs, arching their back, rubbing their eyes, raising their head, looking away, hiccupping, just to name a few. Many of these are not commonly recognised as communication tools. What is it about babies that makes their communication easy to miss/ignore/misinterpret? The term 'Baby Blindspot' refers to babies oftentimes going unnoticed, or actively excluded, by professional networks around them, their families and social systems, and indeed within society as a whole. By shedding light on this Baby Blindspot, the aim is to encourage and support people to notice babies, think about their needs, and understand why the first 1001 days of a baby's life, from the point of conception, are so critical.

Recognising and addressing this baby blindspot influences and impacts the work of A Better Star partnerships, in particular when supporting parent-infant relationships. Looking ahead, we must continue to prioritise overcoming the baby blindspot through new funding opportunities and service developments. Start for Life presents one such opportunity to raise awareness of parent-infant relationships and the need for access to universal, targeted and specialist support. There is also a need for a strong voice for specialist parent-infant services in the context of overwhelming pressures on CAMHS.

What is infant mental health?

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. Awareness around infant mental health is increasing. However, it can still be an unfamiliar concept to families and members of the children's workforce and decision-makers.

Early relationships influence babies' brains, including during pregnancy, as the womb is an interactive and relational space. There is a growing body of evidence demonstrating the importance of early relationships for life outcomes, and the value of early intervention.

By sharing the science around baby brain development, practitioners can be equipped to identify and respond to families' needs, and so empower parents to support their children's development through day-to-day interactions. Practitioners play an important role in sharing practical tips that feel manageable to fit into families' lives despite the many pressures they might be facing; and showing parents what they are already doing well. A common language and understanding of key concepts help to make complex scientific ideas more widely accessible and build a shared understanding of how babies' brains develop.

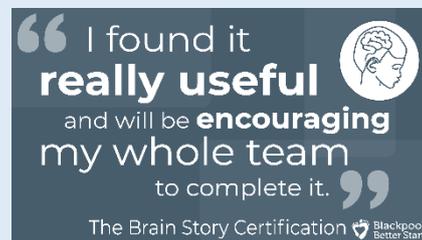
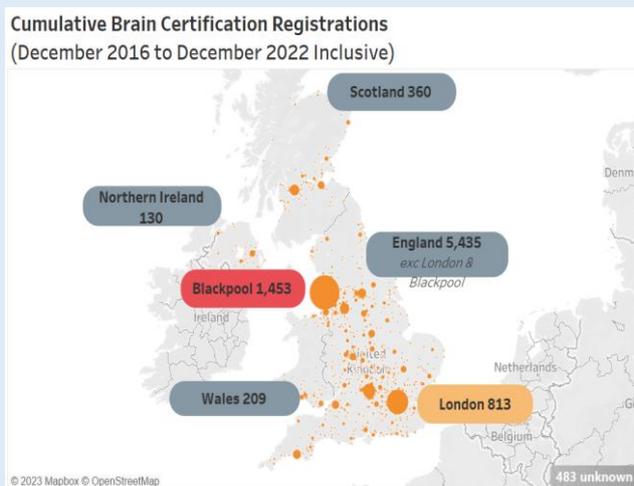
One example of this is the idea of '[serve and return](#)' which describes the back-and-forth exchanges in which a child reaches out for interaction, using eye contact, facial expressions, gestures, babbling, or touch, and their caregiver 'returns the serve' by offering acknowledgement, comfort or help; engaging in play; following the child's focus of attention; or naming what the child is seeing, doing or feeling. The caregiver allows the child time to respond and the two take turns. These exchanges help build neural connections which are the foundation of children's social skills and emotional health, as well as communication and language development.

Brain Story certificate, Blackpool Better Start



Blackpool Better Start is using the [Brain Story Certification](#) from the Alberta Family Wellness Initiative in its efforts to develop a trauma-informed approach.

This is an online programme with 19 modules covering the science of brain development and its importance for lifelong health. In Blackpool, over 1450 people across the early years workforce have registered - more registrations than from any other area of the UK. In fact, 68% of those completing Brain Story Certification in England have been from the Blackpool workforce.



Brain Story Certification is used as part of a broader package which also includes other resources and bespoke sessions for individual services. It is delivered by dedicated trainers and Senior Leadership is committed to supporting the workforce to take part. These aspects have been key to Blackpool’s success in establishing a shared understanding and language around infant mental health.

To find out more, contact Brain Story certification contact - Annette Algie annette.cecd@nspcc.org.uk

Parent-Infant Relationship Service (PAIRS) - Lambeth Early Action Partnership

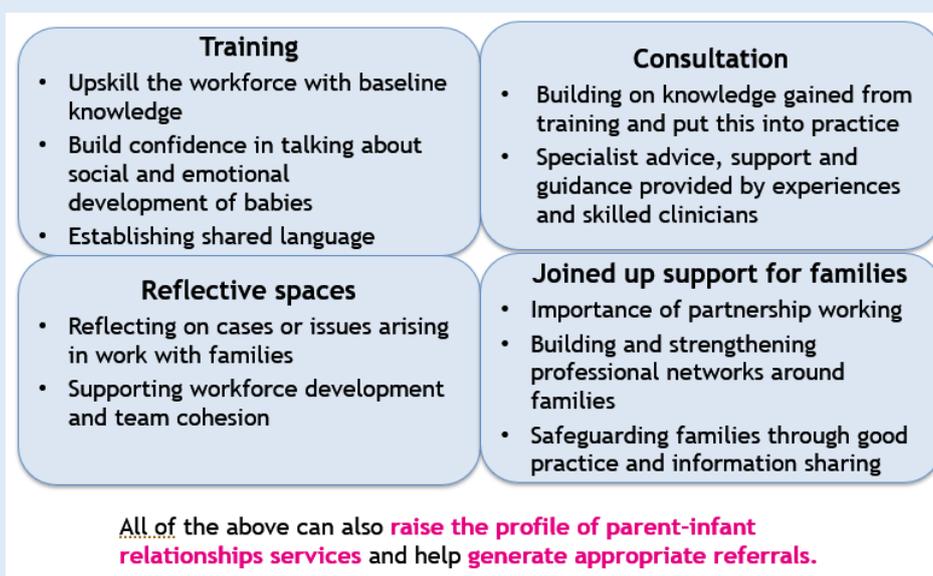


The [PAIRS](#) service in LEAP actively supports positive parent-infant relationships, working one-to-one with a parent or carer and their child, or with an expectant parent before birth. Group programmes are also offered for parents, while for practitioners, the offer includes training, reflective spaces, consultation and webinars.

Watch [this video](#) to learn more.

This outward-looking approach is common to parent-infant teams. The Parent-Infant Foundation has defined what a parent-infant team is and does and has identified workforce development and support as an integral component. Parent-infant teams are described as 'experts and champions'. They use their expertise to help the local workforce to understand and support all parent-infant relationships to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

This happens across ABS partnerships in various way, as summarised below.



PAIRS has trialled several training approaches and now has a three-session package which a local midwife has been involved in designing and delivering. PAIRS also have an offer for local practitioners which includes:

- Regular reflective spaces for certain practitioners, especially those delivering [Circle of Security Parenting](#) and Baby Steps in Lambeth.
- Case discussion which can be one-off or ongoing. This can include thinking about challenging behaviours or developmental milestones and how they might link with attachment or relationship difficulties; advice on connecting to networks that can support parents with infant mental health, and signposting families; finding and holding the baby or infant's voice and communicating their needs to other agencies; and supporting formulation of care planning, treatment and possible referral to other services including PAIRS.

The idea is to create a loop whereby practitioners are supported to keep parent-infant relationships in mind in their own work, which supports their practice and enables them to identify needs and make appropriate referrals to their local parent-infant team for more

specialist support, increasing the reach of those teams. In Lambeth this has been most successful with LEAP's Caseload Midwifery team which has become a significant source of referrals to PAIRS, enabling families to access parent-infant psychotherapy during pregnancy.

To find out more, contact PAIRS_Lambeth@slam.nhs.uk or Emily Hamblin at ehamblin@ncb.org.uk

Listening to the voice of the child

Listening to other adults who speak on behalf of the child is a recurrent message in Serious Case Reviews. [Lessons learnt](#) shows that it is vital to capture the voice of the child in work with families and the case recording that follows. Sometimes practitioners can be overly reliant on what parents say or their needs. Sadly, this underrepresentation of someone's lived experience is all the more relevant when it comes to babies - who are some of the potentially most vulnerable members of society. Allowing the child to have a voice is stated as a basic right by the UN Convention of Rights.

[Little Minds Matter](#) in Bradford has been working closely with the local workforce to address the Baby Blindspot. Below, a case study demonstrates how the wider workforce has been supported around infant mental health, and the significantly positive impact this can have on a baby's life.



Little Minds Matter, Bradford Better Start

Following a Reflective Discussion with practitioners from 0-19 service, the [Little Minds Matter](#) clinicians wrote a statement from the Voice of the Child, summarised below.



- I hear lots of loud voices, my Mum shouts and I don't understand what is going on. Have I done something wrong? This is very scary.
- Where has my dad gone and why does he spend time with my brother and not me? I don't seem to have any other family that comes to see me and my Mum.
- I am not sure who is going to look after me today? Who is my main carer, is this why I don't want to let go of my Mum? Am I scared that I would have to get to know someone else? Can I trust these people to help me?

(Someone commented that he seems to have been loaned out like a library book)

- When I am cared for by someone new, they must learn my cues. Will they know what I need, as I can't yet talk to tell people what I want and how I am feeling.
- Will my working model of relationships be the same as my Mum's?
- I like it when my Mum sits with me and looks at me. I like it when she is calm and available to help me with my needs. This provides me with 'Being With' and does not push me to feel ok. She did this recently when Sharon was here. My Mum stroked my face, and I felt calmer. Maybe it was the oxytocin that was released when she did this. I wish this would happen more often and more consistently.

Creating this voice of the child statement, and sharing it within the professional network, influenced the next steps in the way that the professional network understood the baby's needs and supported the baby and whole family. For the clinician, taking part in such reflective discussions reduces professional stress and increases confidence in having done the best job for the child.

As well as being fed back to the Care Quality Commission, this case is being used as an example of good practice in a thematic review into children who have suffered physical harm. Highlighting the baby blindspot for this baby was crucial and will be used to safeguard and support the social and emotional development of many babies to come.

To find out more, contact LittleMindsMatter@bdct.nhs.uk

Support for families

Babies exist in the context of the relationships that they are in and are wholly dependent on these relationships for their survival. These primary relationships are as important to a baby as the oxygen they breathe, and they cannot survive without these relationships being responsive, reciprocal and nurturing. This is why it is so important to understand a family's needs and offer trauma informed, evidence-based support in an accessible way such as in the home, with the support of an interpreter or at a flexible time to ensure the support is accessible to the key people in that baby's life. This support needs to be at the earliest possibility and can be anywhere from prevention/early intervention support, to targeted and specialist level therapeutic support. A Better Start services work on the ground, directly in the communities to tackle inequalities and overcoming barriers to ensure that babies are prioritised.

All A Better Start sites work closely with partner organisations to ensure well considered, clear and seamless support for families, with babies always being held at the centre of the thinking. During the early days of A Better Start service development, partnerships worked closely with our community to understand what they already know about infants, the importance of infant mental health, what they wanted to know and how to best support both families and the wider community in terms of infant mental health. Together, four key messages were identified:

- Parent-Infant relationships matter
- Babies are born ready to relate
- Babies can't wait
- Support networks matter

Holding these in mind, and helping others to do the same, should result in babies being held in mind, or even in the spotlight that they deserve, therefore addressing the Baby Blindspot.

Moments that Matter, Better Start Bradford

The [Moments that Matter](#) campaign was designed and developed along with local families in Bradford, and shares the importance of relating to and engaging with babies.



The campaign was developed for use through social media and digital platforms to connect with families who might not otherwise be reached, or who may not hear key ABS messages. The campaign went live during the challenging times of the pandemic, where families were facing increased isolation and limited contact with services and wider support. This was sadly a time where many babies were in this ever-increasing blindspot. We are addressing and aiming to overcome the baby blindspot in collaboration with our local community who we serve.

[Click here](#) to watch one of the Moments that Matter videos

To find out more, contact LittleMindsMatter@bdct.nhs.uk or follow @littlemindsmatterbdcft on Instagram or @LMM_BDCFT on Twitter



Engaging and working collaboratively with local families and communities as stakeholders is critical. A Better Start work has been fortunate to benefit from rich cultural information and insight to help guide service development and delivery. This ensures that babies are at the centre of thinking and planning to continually challenge and break down the Baby Blindspot.

Partnership working - support for parental mental health and wellbeing

The second common approach across ABS partnerships is that of partnership working; this has been particularly impactful in supporting parents' mental health and wellbeing. Improving social and emotional development for children involves **supporting parents and other family members**. Evidence shows that children's social and emotional development is impacted by parents' wellbeing, both before and after birth. Caring for children can create challenges for parents, especially if they lack resources and support, which can have a negative effect on a parent's mental health. Parents and children may also experience shared risks, such as inherited vulnerabilities, living in unsafe environments, and facing discrimination or deprivation.

National statistics show that perinatal mental health problems affect up to 20% of new and expectant mums, and dads are at increased risk of mental health problems during this time also. Research has shown that one in 10 new fathers suffers from postnatal depression and higher numbers develop anxiety. It is estimated that 24-50% of fathers with depressed partners experience depression themselves. Therefore, the system must recognise and support fathers' mental health.

Paternal depression in the postnatal period is strongly associated with an increased risk of adverse behavioural and emotional outcomes and psychiatric problems in the child. However, the importance of a father's mental health during the perinatal period is often overlooked. There is a commitment to father inclusive practice across the ABS partnership. SSBC Nottingham conducted a consultation in 2020 with 89 fathers to understand their needs and experiences. Only 10% of respondents had been asked about or offered support with their mental health since becoming a father, and 91% said it would have been useful to receive information about their own health or mental health. It is important that support is available for all parents as when primary caregivers experience problems it can have long term impact on their children.

ABS evidence-based programmes & approaches

Across the partnerships, ABS services are supporting parents to develop the practical and emotional skills needed to raise children, for example through services for parental mental health, parenting toddlers, positive home learning environments and supporting families who are affected by domestic abuse. All these programmes have in common the fact that they focus on **building early and strong relationships with families and they work in partnership**.

The Perinatal Mental Health Service, A Better Start Southend



The Specialist Health Visitor Perinatal Mental Health Support Service works alongside the existing health visiting service to offer care for parents facing significant anxieties arising from their current circumstances. It was developed in response to the gap in support for women with lower levels of perinatal mental health concerns. The service is an example of partnership working across agencies to promote the health and wellbeing of families. Specialist health visitors work holistically with families through one-to-one work, group-based work, or a combination of both to ensure best outcomes for children. The focus is on the early intervention and promotion of positive mental health and the promotion of positive relationships between parents and their infants.

The service also helps families to connect with and build initial relationships with other key services, so they can continue to receive ongoing support once discharged from the Perinatal Mental Health Service.

Since the pandemic the numbers of parents experiencing anxiety has risen, with the expectation that more will be affected as the situation of deepening uncertainty and cost-of-living crisis continues. The pandemic caused increased anxieties and isolation amongst expectant parents as restrictions meant that formal perinatal and maternal support was detrimentally impacted. Due to the identified need for wider perinatal mental health support, in the Autumn of 2020, the service in Southend was expanded borough wide and alongside the increase in request for support for mothers, this service is continuing to see the numbers grow for fathers and partners who require support too.

Service impact

Of the 16 parents who completed a University of Essex survey or interview, all either strongly agreed or agreed to the following statements in relation to their experience of the perinatal mental health support service:

- Better equipped to cope with their thoughts and feelings
- Felt less stressed or anxious
- Felt more confident in observing and interacting with their baby
- Felt that their knowledge and understanding of adjustment to parenthood had changed and were better able to utilise coping strategies.

A case study from the service reported on the impacts of the service on the client's life. The outcomes and benefits included:

- Improved parent-infant relationship, increased confidence as a parent, and improved understanding of the roots of mental health distress
- Better able to apply skills learnt in Cognitive Behavioural Therapy to the perinatal period
- De-stigmatisation of support being sought for mental health issues
- Smooth transition to more specialist care, following ongoing relationship building with the PMH team

To find out more, contact absspmo@eyalliance.org.uk



Key messages

There are many examples of good practice across the ABS partnerships in providing an early intervention, family centred approach to supporting good social and emotional development in baby's and young children. Common lessons include:

- The need to build strong foundations in the parent infant relationship and enable responsive parenting.
- Good social and emotional development begin in pregnancy and continue through the first years of life.
- Services must be actively conscious of the Baby Blindspot and ensure the needs of babies are considered at the centre.
- Parental support enables a positive early relationship. Parents will have different support needs at different times and a system needs to be responsive to this.
- Greater benefits come from working in partnership with parents and across agencies to increase parents' capacity and capability.
- A well-trained workforce is key, as evidenced by the examples above. Having dedicated staff supporting training is beneficial.

Call to action

- Good social and emotional development in the early years lays the foundation for later development. Now, more than ever, with the impacts of covid still being felt and the layering on top of the cost-of-living crisis, with associated additional challenges for families, **we need to get this right.**
- It is important we **collectively challenge the baby blindspot** within and across services and communities, recognising and responding to the needs of babies and ensuring their voice is heard.
- It is positive to see investment in parent and infant relationships prioritised in Start for Life policy. Alongside this, there is a need to continue to invest in training for the family support workforce; invest in services that can intervene **early**, when families are experiencing challenges; and for national policies to actively work towards reducing known structural stresses for families.
- Collectively these will allow parents to give **care responsively and support happy and healthy children.**

Watch the recording of the Social and emotional development session [here](#)

Q&A

Can you tell us more about ABS work supporting fathers' mental health?

Supporting fathers' mental health is a priority across ABS partnerships. Local examples include:

Nottingham

- Have produced a [one-stop information pack for dads](#), which covers all aspects of becoming a new parent, including signposting to local mental health services.
- Run a training programme for the children's workforce called '[Think Dads](#)', which helps build staff confidence around engaging with dads as part of the interactions they are having.
- Are at the very early stage of developing a public health messaging campaign targeted at the workforce using local dads, raising the importance of making sure they are included in discussions with professionals.

Blackpool

- There's a big focus for the Start for Life programme in the perinatal and parent-infant relationship support that will be building on and strengthening the peer support for dads in that perinatal period along with support around infant-parent relationship.
- Developing creative ways and arts-based activities to support parent-infant relationships.

Midwifery is key to reducing the Baby Blindspot. Can you talk about support for families starting early in pregnancy and antenatal education?

This work is a key early intervention, and a lot of the ABS programmes start in pregnancy. All the ABS partnerships have parent infant relationship services, and this really shows that investment in the earliest years and the services offer support in the pregnancy period, to build those relationships for families right from the very start.

How have you linked in the reducing parent conflict agenda into this work?

Reducing Parental Conflict interventions and training are offered through the local authority as part of the authority-wide parenting offer. All the ABS partnership approaches are focused on supporting positive relationships so are aligned to the reducing parental conflict agenda both directly and indirectly.

How can we support parents' wellbeing to enable them to be more present and available to their child?

ABS partnerships are able to support parental wellbeing either by working directly with families or through consultation, supporting others in their work with families, to ensure that baby's experiences are held at the centre of thinking. All the ABS partnerships understand the key role of connecting parents to their community as this supports social connection, reduces isolation and promotes positive parental wellbeing. The following links are examples from across the partnership of this:

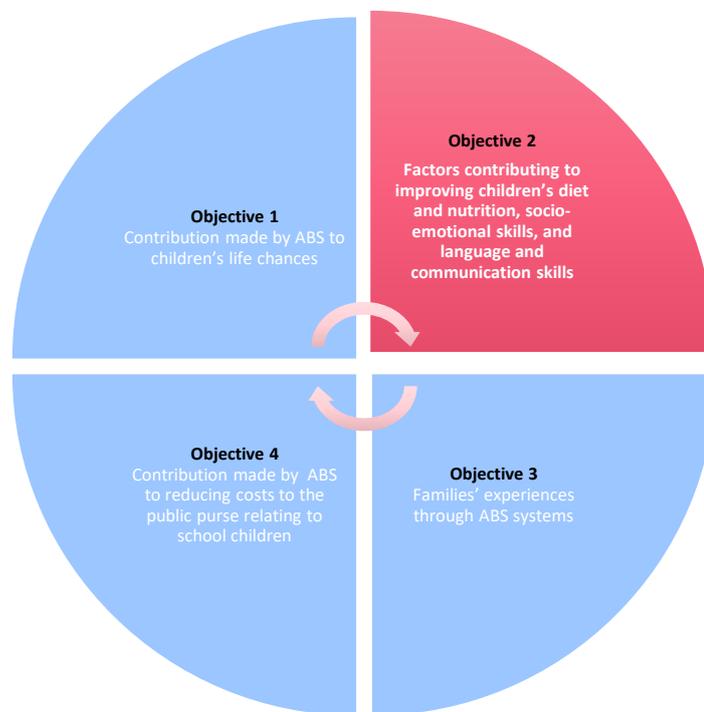
- [Community Connectors - Blackpool Better Start](#)
- [Q&A: The Family Mentor service | SSBC \(smallstepsbigchanges.org.uk\)](#)

A Better Start national evaluation: emerging evidence relating to child outcomes

Gayle Munro, NatCen and Emilie Smeaton, The National Lottery Community Fund

As part of the national evaluation, there are four evaluation objectives each with a distinct focus. To address these four objectives, the evaluation will include a range of research activities, to build a mosaic of evidence to help tell the story of the impact of ABS.

The evidence presented by NatCen relates to objective 2: **to identify the factors contributing to improving children’s diet and nutrition, socio-emotional skills, and language and communication skills.** This evidence was gathered across three waves of fieldwork that took place in 2022 and included data from 73 interviews with professionals from across ABS partnerships, non-ABS areas, and The Fund.



Diet and nutrition outcome: emerging evidence

Across ABS partnerships, services often focus on two aspects relating to diet and nutrition:

1. Pre-natal diet
2. Lifestyle choices for expectant mothers and improving breastfeeding rates

For example, one partnership stated that they aim to reduce smoking, alcohol consumption and substance abuse during pregnancy. Another partnership uses nutritionists to support expectant mothers with their food choices, with the aim of ensuring babies are born at a healthy weight. While approaches differ between partnerships, all note that the purpose of these interventions is preventative, intended to reduce negative health impacts on infants and improve their development.

Additional aims of diet and nutrition services include oral health and obesity as there is evidence that some ABS areas have a higher-than-average proportion of challenges in these areas.

Effective messaging is another key aim of ABS work, which includes:

- getting key messages out to families
- ensuring professional bodies are consistent in their messaging
- countering harmful or inaccurate messages, including those that could be established as part of families' beliefs, values and practices
- ensuring that families have the skills to engage with messaging (in recognition that communicating messages to families is not enough to create change - families must also be supported to enact messaging)

Diet and nutrition outcome: what's working well

Improving accessibility of services is working particularly well. ABS partnerships have improved access in the following ways:

- **Establishing an infant feeding helpline** to enable parents to access advice via telephone
- **Using local public spaces** (e.g. the library) to host drop-in sessions with practitioners, thus creating more opportunities for direct contact with practitioners in an easy and convenient form for families
- **Using breastfeeding peer supporters** to create closer links between practitioners and parents on a one-to-one basis, enabling practitioners to offer tailored support
- **Delivering services in different languages** used by their communities, enabling greater involvement in ABS services

Diet and nutrition outcome: challenges

Reaching some parents:

- Formula feeders can feel alienated by 'breast is best' messaging, so engaging with them to support with bottle feeding is difficult. One partnership has created a specific volunteer service to improve messaging to this group.
- There is also a perceived challenge in reaching fathers. Fathers want to access services and support on diet and nutrition, but the primarily female environments can be intimidating to fathers. Tailored services for fathers are necessary to successfully reach and engage them.

Poverty and deprivation:

- Families within ABS partnerships are living in some of the most deprived wards within the UK. Therefore, they face challenges in terms of their financial ability to make 'healthy choices' in relation to food. There can be a 'hierarchy of needs', where healthy and nutritious food competes against other costs and bills. Within one partnership, a social enterprise has been established to give people access to low-cost food and promote the uptake of Healthy Start vouchers.

Communication and language outcome: emerging evidence

ABS respondents and representatives from The Fund outlined three key aims and priorities of

the communication and language outcome:

1. Creating environments enabling children to develop their communication and language skills
2. Improving children's communication and language
3. Enabling appropriate referrals for children who need more specialist support

As part of these aims, the following are key:

- **Preventing poor communication and language development.** There is particular concern about the impact of unidentified communication and language issues upon children as they grow older. It is therefore important for communication and language needs to be identified early in a child's life. With this approach in mind, ABS services aim to support children to be 'school ready'. This is in recognition that, if communication skills are not strong before children start school, children are likely to have difficulty engaging in school. To prevent this, parents should be supported to provide children with a language-rich environment in the early years leading up to starting school.
- **Improvements to services and delivery.** This includes improving identification of children with less developed communication and language skills, while also reducing the high demand on statutory speech and language services by enriching children's environments. These two steps will help tailor speech and language services to families who need them most. Such improvements will mean that minor issues could be addressed effectively at an earlier stage and prevent those children from needing specialist support.

Two environments that enable children to develop their communication and language skills are viewed as particularly important:

1. **The home setting.** Parents and home environments play a vital part in children's development. Parents' language skills and their ability to communicate with their children is sometimes poorer than those delivering services expect to see. Parents do not always understand the important role they play in their children's communication and language development. Parents are also unsure of how they can best shape and positively influence their child's communication skills. ABS services work with parents to raise their awareness and understanding around the parent role and help them support their children. In conversations with parents about the home environment, there is a focus on using what families already have, rather than having to buy additional resources.
2. **Early years setting.** Offering training and support to nurseries and early years settings is viewed as one way to improve children's communication and language skills. ABS partnerships are working with early years settings to facilitate development of the resources and skills they need to make the right speech and language referrals. ABS practitioners are also working with colleges, as the main provider of nursery training, to provide additional skills training for practitioners relating to developing children's communication and language skills through nursery provision. For example, supporting children with speech and language needs by coaching early years practitioners to make adaptations to the child's environment to support their learning in areas where they are struggling or by using small group interventions with children.

Improving communication and language skills is viewed as particularly important for children from low socio-economic backgrounds. Children in families who experience deprivation can be more isolated due to a lack of economic resources needed to pay for social activities. This, in turn, can have negative consequences for children.

Communication and language outcome: what's working well

There are a range of factors that have worked well to support this outcome:

- **Differing tailored support and training to early years.** This is seen as a positive way to support the workforce and their development. Early years settings are becoming better at identifying children at risk of speech and language delays because of a [WellComm](#) screening toolkit which ABS staff train early years setting staff to use. This improvement is indicated through increased referrals. Being able to offer a free training service makes this easier to engage settings.
- **Building trust with settings / recipients of support.** ABS staff have built relationships virtually and Settings particularly valued having support during COVID-19 (expressed through feedback to staff within ABS settings).
- **Increased engagement of families.** All respondents reported that programmes related to communication and language had increased in popularity since pre-pandemic, especially programmes aimed at the youngest children (aged 0 - 12 months).
- **Impact on the nature of referrals related to speech and language.** The support offered in terms of visits to children's centres, training in early years settings and their programmes with parents means that some children who may have previously been referred for specialist speech and language therapy are now experiencing a different kind of 'communication environment' either at home or within a setting.
- **Increase in universal demand for communication and language drop-in sessions for babies.** Since COVID-19 and the return to face-to-face engagement, families who had previously been isolated have been seeking greater levels of interaction for themselves and their children.
- **COVID-19 'shining a light' on the importance of speech and the communication and language outcome.**

Communication and language outcome: challenges

Emerging evidence has highlighted challenges to meeting the communication and language outcome. These challenges include the following:

- **Pressures on services and staffing.** Some partnerships have had to run projects at 50 per cent staffing levels due to COVID-19 related staff absence which has taken its toll on service delivery. Capacity issues can also negatively affect buy-in for projects as lack of staff can mean less enthusiasm for delivery of new projects where more staff capacity is needed. This has been particularly important for tailored and need-specific projects reliant on dedicated staff with specific skills. It has been challenging to establish programmes in some early years settings because staff are overworked and struggle to find the time for even basic new programmes suggested by communication and language professionals.
- **Workload and pressure on 'the system' in terms of accessing specialist support.** Although there is success in identifying children with difficulties, there is a lack of capacity within the system to address these difficulties. As a result, children have to

wait a long time for services.

- **Data management.** When a service needs to interact with partners or organisations using different data management systems (some of which are paper-based), these systems ‘do not always speak to each other’. This can have a significant impact in terms of the administration time required to carry out the triage process, complete referrals, and manage the risk of either double-counting referrals or some falling through the gap.
- **Support with evaluation activities.** While ABS staff appear enthusiastic about the prospect of having evidence demonstrating the impact of their service, challenges with staffing capacity mean there is less time for project staff to carry out or provide support with evaluation activities. This support is sometimes seen as a ‘nice to have’ when direct delivery work needs to take priority.
- **Concerns about cost and future viability of some services.** Reflections included: the value for money of some of the ABS interventions offered as part of the communication and language domain; how sustainable these may be in the longer-term; and whether or not they will fit within what is likely to be a commissioning environment based on high levels of need.

Social and emotional development outcome: emerging evidence

Social and emotional development is perceived to be the ‘**building block**’ for other child-level outcomes, without which social inequalities will not be reduced. For example, communication and language is understood as dependent on social and emotional development. Improving social and emotional development for children involves supporting parents and other family members. While this is a key element of ABS across all outcome areas, respondents specifically discussed this in the context of this outcome domain. Children’s social and emotional development is understood to be dependent on parents’ wellbeing both before and after birth. There is a focus on:

- perinatal care (pregnancy and one year after birth)
- parental mental and physical health
- building a positive home environment
- supporting families affected by domestic abuse

‘Helping the parent to help the child’ also includes empowering parents with new skills and providing support for parents to access financial resources to help counter money-related stress. The rationale is that through supporting the whole family, children ultimately benefit.

Support is also provided to children with special educational needs and disabilities (SEND) and their families through a range of opportunities for parents to volunteer or support other families who have children with SEND. ABS helps to provide a network of support for the SEND community and to remove stigma some parents can feel when discussing raising a child with additional support needs.

To tackle isolation and use of community areas, ABS services provide training to parents to support them to gain access to the workplace and also offer opportunities to socialise with other families. Several volunteer programmes are aimed at supporting those parents who may have been out of the workplace for some time to regain access to the workplace. Through its range of activities, ABS can fulfil the role of a wider social network, especially for parents experiencing loneliness or who are at risk of social isolation.

Social and emotional development outcome: what's working well

- **Building early and strong relationships with families.** Caseload midwifery is one way to build a consistent and sustained relationship with a family, alongside being a gateway through which to provide access to other services via signposting. One ABS partnership offers caseload midwifery at a children's centre, and midwives are more able to manage their own time and spend additional time with parents if needed. This allows more personalised support. Early and strong relationships with families are seen as leading to several benefits including: i) ensuring more sustained engagement from families and a good starting point for families to access other support services in the future; ii) staff becoming more responsive to families' needs; and iii) increased parental involvement.
- As social and emotional development is understood as a building block for other ABS outcome areas, **partnership working is considered vital to enable valuable referrals within and between services addressing other outcome domains.** This not only expands the number of referrals but also ensures families are referred to the right services to receive the support they need.
- **Community engagement.** The role of family mentors is attributed to increasing attendance at services in the social and emotional development domain as they are present in the community and news about services can be spread by word of mouth.
- **Sharing examples of good practice with the wider area.** The work of one ABS partnership relating to their perinatal mental health offer is seen as 'leading the conversation' around what works well in the perinatal mental health field. Learning from the programme has been implemented in other parts of the local area to try and ensure that the offer district-wide is as 'close as possible' to what is being delivered within ABS wards.
- **Encouraging families to feel entitled to support** in managing their emotional responses to stress and managing the social and emotional dynamic within their family. This is highlighted as both a challenge that ABS staff are grappling with and as something highlighted by ABS respondents as working well. The ABS focus on destigmatising the narrative around the need for social and emotional support continues to be one of the successes across multiple ABS partnership areas. Parents are empowered to feel the support they are being offered responds to a legitimate support need which can change over time in response to life circumstances.

Social and emotional development outcome: challenges

- **Living in poverty**, particularly when entrenched across generations, can impact upon how parents are able to care for, and support, their children. For example, lack of access to quality housing and services is considered a key reason that parents are less likely to have the opportunity to access appropriate services or provisions. There is also a recognised impact upon parenting when adults in families are dealing with multiple stresses, especially those relating to financial difficulties including the rising cost of living.
- **Working with families who experience abuse and neglect** can make implementing services and achieving outcomes more difficult. These family dynamics are thought to be highly prevalent in ABS wards and, in many cases, intergenerational. This intergenerational nature of dysfunctional and/or abusive family dynamics means that some behaviours are more difficult to change, and potentially limit the impact of ABS. Closely linked to this is the role of ABS in helping to shift generational mindsets

of how parenting ‘should be’. It is acknowledged that it can be very difficult for someone who has themselves experienced challenging parenting as a child to both develop effective communication skills with their young children and develop emotional awareness of how their parenting affects their children. Shifting generational mindsets therefore forms a challenging context in which ABS family workers are operating.

- **Workforce and capacity** are key challenges for maintaining services relating to social and emotional development. Recruitment and retention of staff has been difficult for some services. This has left them with reduced capacity and unable to consistently offer the high-quality services they strive to provide. Similarly, capacity issues mean that staff often have high workloads and therefore do not always have the time or mental space to be reflective about their work. Learning and implementing new ways of working, such as exploring parent-child relationships and interactions, becomes challenging without this time for reflection.

Emerging evidence: key themes across ABS partnerships

- High levels of transience in some ABS areas, linked to low-quality housing and unstable living conditions, makes it difficult for families to fully engage with services: *“We’re not reaching all of those people ... and that’s a group of people who we would most want to help and support.”*
- Meeting community needs through place-based working and tailoring services has created a sense of trust: *“Making it individualised...it’s not one-size-fits-all. I think it has the impact that [families] feel valued and they feel listened to. Then they come back to more services.”*
- What differentiates interventions in ABS areas to non-ABS areas is the wider infrastructure around projects: *“The way that they’re done is unique with engagement, neighbourhoods teams, the marketing and the communications that comes around it, and a programme team to run it.... Having that capacity to do that...is like a dream to a district.”*

Further information about the ABS national evaluation can be found on NatCen’s website [here](#). This includes the following:

- Detailed information about the ABS national evaluation can be found in the ABS national evaluation study protocol
- An update of progress to-date can be found in the first annual [podcast](#) (October 2022)
- A summary of ABS Emerging Evaluation Findings (January 2023)

The national evaluation team will also shortly be publishing its 2022 Annual Report, with an accompanying webinar and blog.

Contact details for the ABS National Evaluation team: ABS@natcen.ac.uk



Final reflections

Scott Hignett, Head of Funding

The National Lottery Community Fund

Scott Hignett thanked attendees for their enthusiastic input, questions which were submitted prior to the event that formed the basis of the Q&A facilitated by Kate Silverton, and for their engagement during the interactive sessions. Scott also thanked the presenters and those involved in delivering the annual event for their hard work in pulling together the content to share learning on ABS work across the partnerships.

Scott highlighted the idea that change ‘starts with hope’, picking up on comments about the funding that is provided to ABS, where the main driver for change is the collective ‘want’ to do it, which is reflected in the content of the sessions. The ABS Annual Events are intended to allow the richness of learning to be shared beyond the partnerships and provide an opportunity to make connections to develop an ongoing network and focus on early years services and practice. Challenges will always remain, so it is important to tune into the new challenges that emerge and develop practice and services that reflect those experienced by young children and their families in the current climate. The sessions during the event provided examples of current issues faced, such as the rising costs of living, and emphasised that poverty, from this perspective, may not be as visible which presents challenges in identifying and addressing issues for affected families. The help that is available may not be accessible which presents challenges in reaching families in need. A Better Start can be part of the solution with the wider support that is offered through ABS services. The ‘people helping people’ ethos is a defining feature that helps to embed the ABS ethos and ways of working within communities and supports community cohesion.

Scott highlighted the 3 key outcome areas that form the basis of ABS programmes and the challenges that have been presented in supporting families within the current context. Joined up working is paramount to this messaging and in addressing the complex needs of families in ABS wards and beyond. Meeting families where they are and providing flexible offers will help extend the reach of support although, only through longer term tracking will the benefits for families be apparent.

Co-production is an important feature of the ways of working within ABS services and ensures families are listened to. The importance of partnership working was highlighted in all the presentations on outcome areas as there is no one intervention that can work alone to support young children and families. The child’s voice and the basic rights of every child should be protected. Scott provided an example heard during one of the sessions that a child felt like they had been ‘lent out like a library book’ by intervention services whose aim was to protect the child. Only through children being provided opportunities to share their experiences can these issues be addressed on a wider scale.

When looking at social and emotional development, diet and nutrition, and speech, language and communication it is clear that these interventions are making a difference, not only to our youngest beneficiaries, but also to the local community and the wider environment. It is great to hear how some of the partnerships are utilising funding to improve outdoor resources for the benefit of the children and local communities. Throughout the programme, ABS continue to build key relationships, shared learning and debate through the relationship with the National Children’s Bureau, and develop evaluative understanding and key programme insights through the work of the lead evaluator NatCen. We look forward to

continuing and developing these relationships in the final years of the programme.

Currently in year 8 of the 10 year programme, ABS is reaching maturity which is enabling the National Lottery Community Fund and ABS partners to build and add to a stronger learning legacy for babies and very young children. ABS is a catalyst for evidence based learning within the early years sector, and has helped us to learn a great deal about early years intervention, but there is still much to learn in the final years.

Find out more on the A Better Start websites:

[The National Lottery Community Fund: A Better Start Programme](#)

[A Better Start Southend](#)

[Small Steps Big Changes, Nottingham](#)

[Lambeth Early Action Partnership](#)

[Better Start Bradford](#)

[Blackpool Better Start](#)



Appendix 1: Agenda

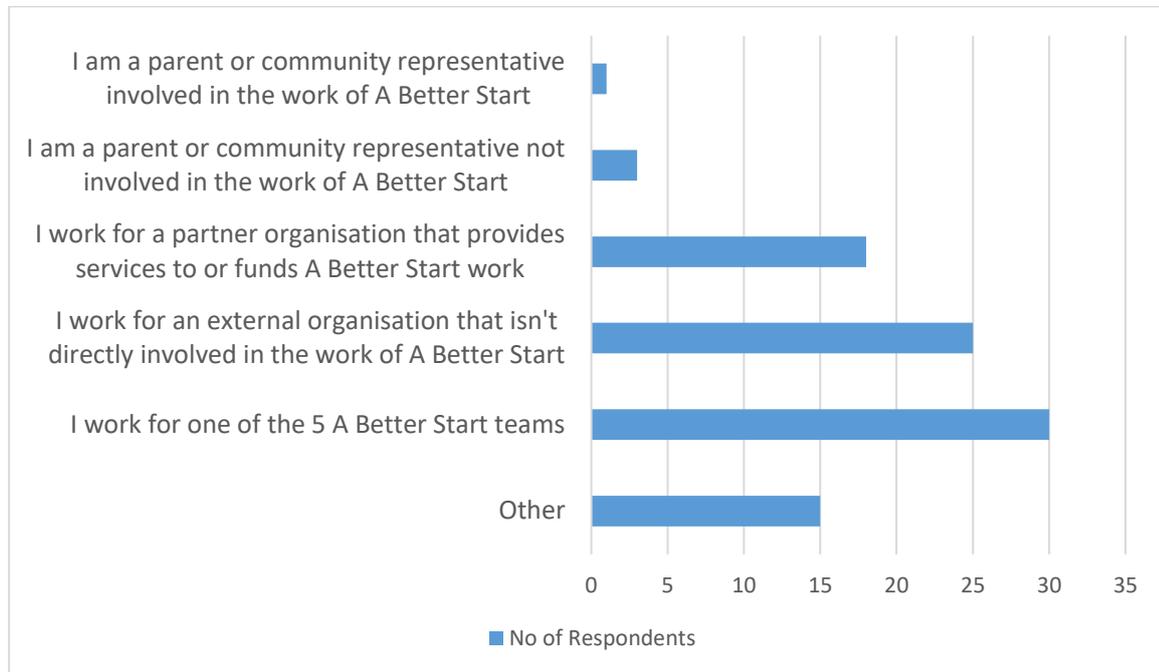
9:30am	<p>Welcome and purpose of the day</p> <p>Introduction from The National Lottery Community Fund</p>	<p>Frances Lyons, Head of Research & Evidence, NCB</p> <p>David Knott, Chief Executive, The National Lottery Community Fund</p>
9:50am	<p>Setting the scene: The complexities of poverty when supporting young children and families</p> <p>Keynote conversation - Kate Silverton will invite ABS Directors to reflect on their local context, the impact of poverty & the ongoing cost of living crisis on child development and on families, challenges faced and how ABS work is supporting this.</p>	<p>Sophie Woodhead, Lambeth</p> <p>Tara Poore, Southend</p> <p>Alex Spragg, Bradford</p> <p>Clare Law, Blackpool</p> <p>Karla Capstick, Nottingham</p> <p>Facilitated by Kate Silverton</p>
<p>Learning from A Better Start</p>		
10:35am	<p>Child development outcomes - what difference is ABS making in the following areas?</p> <ul style="list-style-type: none"> • Diet and Nutrition • Social and Emotional development • Speech, Language and Communication 	<p>Representatives from the 5 ABS partnerships will lead 3 concurrent sessions on supporting families in 3 key developmental areas.</p>
11:25am	<p>Break (15 mins)</p>	
11:40am	<p>Child development outcomes - what difference is ABS making?</p> <ol style="list-style-type: none"> 1. Diet and Nutrition 2. Social and Emotional development 3. Speech, Language and Communication 	<p>Representatives from the five ABS partnerships will lead three concurrent sessions on supporting families in three key developmental areas.</p>
12:30pm	<p>A Better Start national evaluation: emerging evidence relating to child outcomes</p>	<p>Gayle Munro, NatCen</p> <p>Emilie Smeaton, Evaluation Manager, The National Lottery Community Fund</p>
12:50pm	<p>Reflections on the day & closing remarks</p>	<p>Scott Hignett, Head of Funding, The National Lottery Community Fund</p>

Child Development Outcomes Sessions	ABS Teams
<p align="center">Diet & nutrition</p>	<p>Vicki Morgan, Blackpool</p> <p>Chloe Stevenson, Bradford</p> <p>Angharad Lewis, Lambeth</p> <p>Jill Smith, Nottingham</p>
<p align="center">Communication & language</p>	<p>Kathryn Morris, Blackpool</p> <p>Helen Rush, Bradford</p> <p>Jacqui McDermid, Lambeth</p> <p>Natalia Wroblewska, Nottingham</p> <p>Sian Ansell, Southend</p> <p>Lynsey Weston, Southend</p> <p>Isobel Wratishlaw, Southend</p>
<p align="center">Social & emotional development</p>	<p>Melanie Farman, Blackpool</p> <p>Helen Vincent, Bradford</p> <p>Emily Hamblin, Lambeth</p> <p>Amy McDonald, Nottingham</p>

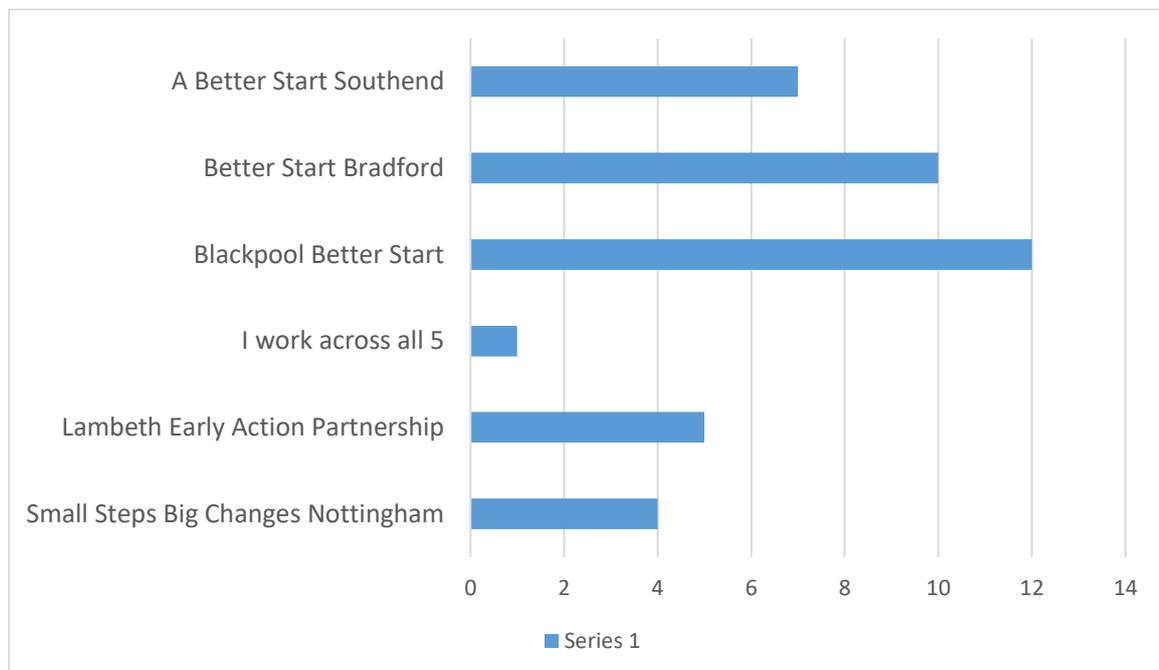
Appendix 2: Summary of evaluation findings

Evaluation survey results - 93 responses

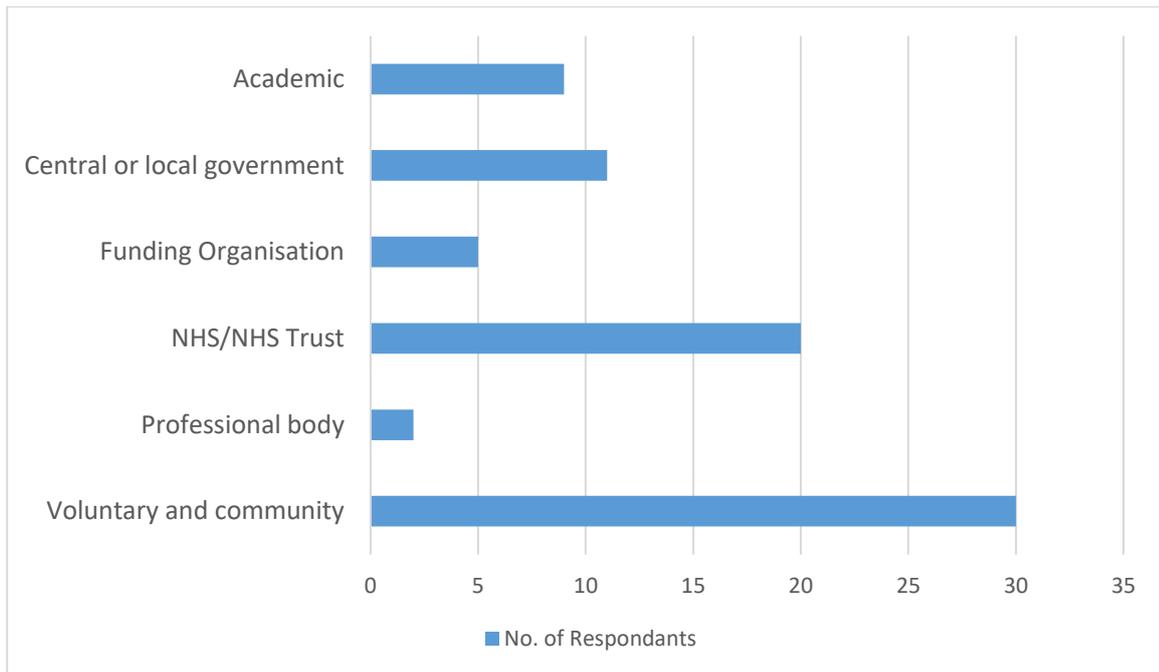
Which of these best describes your role?



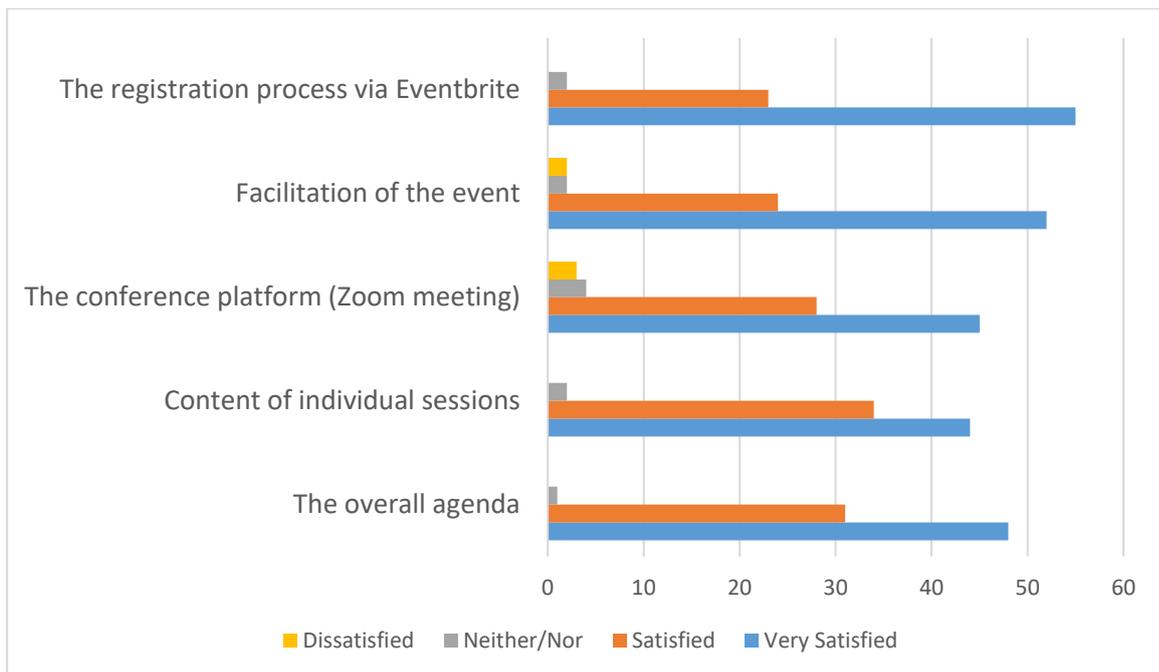
If you work with, or for, A Better Start partnership or core team, please indicate which below:



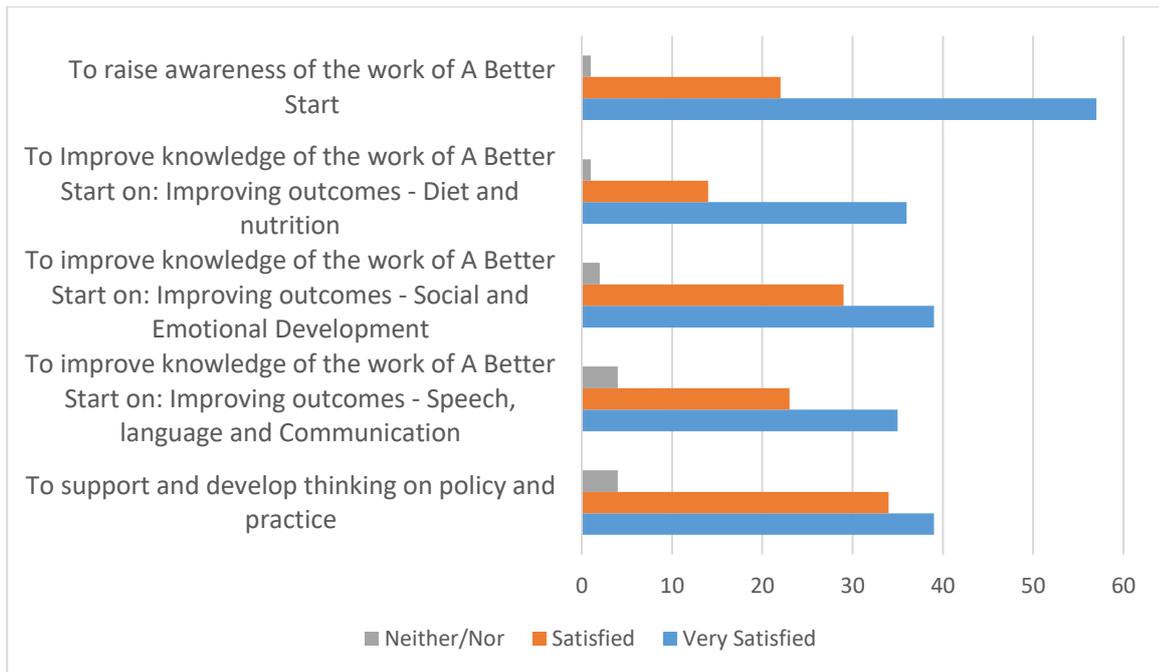
Please select the option that best describes the sector you work in.



Please rate how satisfied you were with the following aspects of the event



How satisfied were you that the aims below were met?



Appendix 3: Organisations represented by registrants

0-19 Children's services Health visiting team	Best Start Partnership - Jersey
254	Betsi Cadwaladr Health Board
50 Things to do Before You're Five	BFCCT
ABBEY SureStart	BHT Early Education and Training
ABSS Work Skills - Southend City Council	Birmingham City Council
Acorn Early Years Foundation	Blackburn with Darwen Public Health
Action for Children	Blackpool and the Fylde College
Action for com limited	Blackpool Coastal Housing
Anglesey Local Authority	Blackpool Council
Anna Freud	Blackpool Fylde college
ARC South London	Blackpool Teaching Hospitals NHS Foundation Trust
B and FC	Blackpool teaching hospitals NHS trust
Bangor Sure Start	Blackpool University Centre. Blackpool and the Fylde College
Barnardo's	Blackpool Wyre and Fylde NHS Foundation Trust
Barnardo's Cymru	Born in Bradford
Barnardo's IOW Family Centres	Borth Community Hub
Barnardo's Parent and Infant project	Bracknell Forest
BCP Council	Bradford Academy
BD4 Community Trust	Bradford council
BD4 Family	Bradford Council Public Health
Bedford Borough Council	Bradford District Care NHS Foundation Trust
Begin2sports group academy C.I.C	Bradford health and care partnership
Bradford Institute for Health Research	CECD (NSPCC)
Bradford Metropolitan District Council	CECD Blackpool
Bradford Trident Limited	CEI
Brent Council	Central and North West London NHS
Brighter Futures for Children	Central North West London
Brighton and Hove	Central Northwest NHS Trust
Brighton and Sussex Medical School	Centre for Early Child Development
British Psychological Society	Ceredigion County Council
BUFA	Charles Gordon Foundation
Bufa	Chicken shed
Building Resilience in Communities (BRIC)	Child Minding
Buttle UK	City Bridge Trust
Calderdale Council	City of London Corporation
Calderdale MBC	City of York Council
Cambridge Community NHS Trust	CityCare
Canterbury Imagine	CLEAR
CARIS Families	CNWL
Carmarthenshire County Council	Cognus
Cattanach	Collaborate Out Loud CIC
CCC	Communicate SLT CIC

Community	Early Years Cocoon CIC
Cumbria County Council	Early Years SEND Service, Somerset County Council
CVAA	East Riding of Yorkshire Council
CYC	Eastwood Community Playgroup Association
Dartington Service Design Lab	Education Development Trust
DEE EYCS	Education Policy Institute
Department for Education	Education North Tyneside
Department for Health and Social Care	EPUT
Department of Health and Social Care	Escape Intervention Services Ltd
Derby City Council	Essex Child and Family Wellbeing Service
Derbyshire Catering Service	Essex County Council
Derbyshire County Council	Essex Partnership University NHS Foundation Trust
Devon County Council	Evergreen Early Years
DHSC	EY SEND Team; Enfield
Didcot Community Partnership	EYA
Dingley's Promise	EYIT
Doorstep Library	Families
Dorset Council	Families Together Suffolk
Dudley MBC	Family Action
Early Years and Childcare, Devon County Council	Family Action
Family Action - Perinatal Support Service (Bradford)	Hartlepool Borough Council
Family Hubs Network	HCRG Care group
Fitzwilliam Museum	HCVS
Flying Start - Luton	Health Care - NHS
Forge Community Partnership	health visiting
Foundation Years Trust	Healthworks
Framework	Healthy Living Platform
Framework Housing Association	HENRY
Freelance	Henry
Gateshead LA	HENRY Blackpool
Glory Days	Hertfordshire County Council
Government of Jersey	Hillingdon LA
Grass Roots Day Nursery	HITCHINHOUSE
GSTT and SLAM	Home maker
Hackney Council	Home Start East Antrim
Hackney Education	HomeStart Kernow
Halifax Opportunities Trust	Home-Start Blackpool Fylde and Wyre
Hammersmith and Fulham	Home-Start Bradford District
Happy Hands Day Nursery	Home-Start Butser
Harrow Council	Home-Start Central Lancashire
Home-Start East Surrey	KB EY training
Home-Start Exeter, East and Mid Devon	Kings College London
Home-Start Horizons	Kirklees Council
Home-Start HOST	Knowsley Council
Home-Start Kirklees	KPMG Foundation
Home-Start Knowsley	Lambeth Council
Home-Start Lambeth	Lampeter Family Centre
Home-Start London	Lancashire County Council

Home-Start Nottingham	LA-York
Home-Start Royston, Buntingford and S Cambs	Layton Pre-School
Home-Start UK	LB Harrow
Houghton Community Nursery and Mill Hill Nursery School	LB Lambeth
HRCH	LBBD
Hywel Dda Health Board	Leeds trinity
Hywel Dda University Health Board	Leicestershire County Council
ICB	LGA
IES	Lincolnshire County Council
Impact on Urban Health	Literacy Volunteers
Jubilee Children Centre	Lizard CHILD Trust
Kate Freeman Associates	Local Government Association
Locala CIC	NHS & Blackpool Council
Locala Community Partnerships	NHS Lancashire & South Cumbria Integrated Care Board (Prev Fylde and Wyre CCG)
London Borough of Havering Early Help Service	NHS Lancashire and South Cumbria Integrated Care Board
London Borough of Hillingdon	NICS
London Borough of Lambeth	NLT
London Borough of Redbridge	North East and North Cumbria ICB
London Borough of Tower Hamlets	Northumberland County Council
Manchester Metropolitan	Nottingham City Care Partnership
Matchmothers.org	Nottingham City Council
McMillan Nursery School	Nottingham City Council - Healthy Little Minds
MensCraft	Nottingham City Council- Early Help
Michele Robinson	Nottingham City Libraries
National Centre for Social Research (NatCen)	Nottingham CityCare Partnership
National Deaf Children's Society	Nottingham Trent University
National Literacy Trust	Nottingham University Hospitals (Maternity)
NCC	Nottingham/Nottinghamshire ICB
Ncfe	Nottinghamshire Healthcare NHS Trust
NCFE	Nottinghamshire YMCA
NDCS	NSPCC
NHFT	NSPCC - Blackpool Centre for Early Child Development
NTU	Roberttown Community Centre Pre-school
NUH NHS trust	Rooted Consulting
NW SEND regional network	RSM UK
NYCC	Saol Úr Sure Start
OHID	Save the Children UK
Open Book	Sefton MBC
Parent	Sherwood Forest Hospitals NHS Foundation Trust
Park Foster Care	SMBC
PEDAL centre	Solent NHS trust
Pembrokeshire County Council	Solent NHS Trust / Southampton City Council joint role
Penhaligon's Friends	Solihull Metropolitan Borough Council
Peterborough City Council	Somerset County Council
Public Health	South Yorkshire ICB
Public Health: Birmingham City Council	Southampton City Council

RCSLT	Southend City Council
Rdash	Southend hospital
Reach Children's Hub	Southend YMCA
Reach Foundation	Southend-on-Sea City Council
Read On Nottingham/National Literacy Trust	Spark (Burntwood) CIO
Refuge	Special School Nursing - Solent NHS
Speech and Language UK	Thrive at Five
Spurgeons - Children Centre	Thurrock Council
St John's Foundation	TNLCF
St Michael's Fellowship	Top Church Training
St Richards CE Preschool	Torbay NHS
Stepping Stones Preschool	TPHC
Stick'n'Step	Triple P UK & Ireland
Stockport Council	Triskele Solutions
Stockport NHS Foundation Trust	Ubuntu Education
Surbiton Hill Nursery school	UCLAN
Sure Star Strabane , Barnardo's	UK Languages Solution
The Academy of Medical Sciences	University of Birmingham
The AIM Foundation	University of Cambridge
The Early Years Team, Oxfordshire County Council	University of Derby / SSBC and CityCare
The For Baby's Sake Trust	University of East London
The garden	University of Essex
The Sutton Trust	University of Huddersfield
The Tiny Lives Trust	University of Sussex
The Toy Library	University of York
Thrive at Fie	Village Storytelling
Wakefield council	West Yorkshire ICB - Bradford place
Wallsend Children's Community	Westminster City Council
Warrington BC	What About the Children?
Warrington Borough Council	Whittington Health
Welcome to the UK	Whittington NHS
West Berkshire	Wiltshire Council
West Sussex County Council	WMDC

A Better Start

A Better Start is a ten-year programme set up by The National Lottery Community Fund. Five 'A Better Start' partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life.

For more information visit tnlcommunityfund.org.uk

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