



Reducing inequality for children and families

Insights from The National Lottery Community Fund's
A Better Start Programme

August 2022



About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, 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 systems 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 which 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.

Our aim is 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

These Programme Insights aim to collate and share the learning emerging from A Better Start (ABS) on a range of key programme outcome areas in order to inform the work of others in improving outcomes for young children.

This issue is number six in the series, and provides a summary of emerging evidence in the area of childhood inequalities. Below, we also share learning on how ABS partnerships have embedded an awareness of the impact of childhood inequalities within their work, and are targeting the impact of inequalities in early childhood and family life within and outside of their partnerships.

A life course perspective is a helpful way of explaining how inequalities impact early child development:

“In ecological life course perspectives, what happens to a child at each developmental stage is shaped and influenced by what has happened in all earlier stages... with progress in one period being shaped by influences and events in preceding periods. In addition, an integrated ecological life course approach implies that intervention efforts should be different for different populations, determined by the unique combinations of risk and protective factors to which they are currently, and have previously been, exposed.” [\(BMJ, 2021\)](#).

As will be clear in the sections that follow, there is a strong link between inequalities and life adversity, with children living with multiple

inequalities (e.g. poverty and disability) more likely to experience negative outcomes, and adults living in poverty more likely to have experienced childhood adversity themselves.

The five ABS partnerships are established in areas of increased need, based on data on deprivation and child and maternal health outcomes. Therefore, families living in ABS areas are more likely to experience the effects of inequality in comparison to the general population. Studies and policy responses have identified the negative impact of the pandemic and the significant adverse effect on children aged 0-3. This has exacerbated the educational, socioeconomic and health inequalities that existed before.

ABS programmes and services have a key role to play, both in addressing inequalities and bridging the gaps between families, and they have the potential to make a lasting difference. The remainder of this Programme Insight is structured as follows:

- The role of ABS in addressing inequalities and supporting positive outcomes for all infants and their families.
- The impact of inequalities on the life course.
- Current policy developments which target inequality.
- Case studies from across ABS partnerships, demonstrating how each is addressing inequality within their local communities.

Targeting inequality: the role of A Better Start

Reducing inequalities has been the central priority of A Better Start since inception. The five ABS partnerships were established in areas of increased need, based on data on deprivation and child and maternal health outcomes. The partnerships were chosen because they have a strong shared local vision. They have existing resources to contribute and forward-thinking approaches to improving outcomes for children. As a result, A Better Start has been implemented where:

- there is both deprivation,
- high level of need, and
- real local strengths and commitment to change with parents and caregivers supporting all aspects of the programme.

Families living in ABS areas faced disproportionate risk in terms of the impact of Covid-19, and all partnerships report an increase in families that are struggling to access benefits, afford basic amenities or cope with higher shopping bills. More information on how the partnerships responded to Covid-19 can be read in the previous Insight Report [here](#).

Within ABS ward areas, there are families from many different community backgrounds, including many for whom English is not their first language. The ABS mission has been to ensure that all children born in ABS wards have equal and equitable access to resources and opportunities which children in other areas have, and that parents have the necessary support, skills and capacity to maximise child

outcomes. Service delivery is grounded in progressive universalism, identifying and prioritising those most in need of support to lessen inequalities. While priority outcome areas for ABS families include diet and nutrition, speech, language and communication, and social and emotional development, services provide a full range of support, reflecting the specific needs of families in each area. At the core of ABS services and key to addressing inequality are several key principles:

- Empowering parents and communities to codesign services. This brings benefits for both service user and service, ensuring that services are tailored to the specific needs of local communities.
- Making use of all available data through the development of data-sharing agreements, and building a strong evidence for ‘what works’ to support local families and communities.
- Working in partnership to provide integrated, person and community-centred services which can work together to support positive outcomes for all.

Specific examples of how ABS partnerships are addressing inequalities are provided later in the report.

The impact of inequalities on the life course

Where you are born and who your parents are can help predict a number of outcomes in pregnancy, childhood and beyond. Inequalities in pregnancy and the early years have a significant impact on the human experience, and

this is more pronounced in societies with the biggest gaps between the wealthy and the poor ([UNICEF, 2015](#)). Structural inequalities, including those linked to ethnicity, disability, gender, socioeconomic status, and access to health and early education services, all contribute to the likelihood of experiencing adverse outcomes.

Fair Society, Healthy Lives ([The Marmot Review](#)) (2010) identified a direct link between living in areas of higher deprivation and reduced life expectancy. The [follow up report](#) (Health Equity in England, 2020) highlighted how life expectancy had stalled for the first time, and people living in poor areas spent longer in poor health than the previous report found. These changes can both be attributed to societal inequalities (Institute of Health Equity, 2020). There is a strong moral case for intervening now to reduce inequalities in society and ensure the next generation can live long and healthy lives regardless of the circumstances they were born into.

In reality, family lives are often impacted by more than one source of inequality. Kimberlé Crenshaw first coined the term “intersectionality” to describe the combined impact of the inequality faced by women from Black communities in the USA who experienced the intertwined discrimination of being both Black and a woman. Today, the term is used to describe the combined impact of various structural inequalities on individuals and groups.

The next section identifies common areas of inequality experienced by children and families, and the impact these may have. Inequality is

experienced in different ways by individuals and communities; however, engaging an intersectional lens provides a framework for considering how these combined inequalities can impact on individuals across the life course.

Services supporting families play a crucial role in reducing the negative impact of experiencing one or more form of inequality, and must also take an intersectional view to ensure they are meeting the full range of needs of a family. They also have an important role to play in drawing policymakers’ attention to the range of solutions local areas are putting in place to combat issues caused by inequality.



Covid-19 pandemic and the cost-of-living crisis

The Covid-19 pandemic exacerbated inequalities and pushed more families into precarious situations. Families from minority ethnic backgrounds were more likely to experience the worst impact of the pandemic and those in low paid jobs were more likely to be furloughed or lose work ([The Health Foundation, 2020](#)).

Families living in poverty were more likely to be stuck in overcrowded homes without access to outside space, while their more fortunate

contemporaries may have had very different lockdown experiences. Young children age 0-4 from minority ethnic backgrounds and living in lower socioeconomic areas are less likely to be enrolled in early education and care settings in comparison to prior to the pandemic ([Coram, 2022](#)). This means that children are missing out on much needed socialisation opportunities, critical for healthy social and emotional development and for the development of speech, language and communication skills.

Reports of domestic violence also [increased during lockdowns](#) which means more babies and young children

are likely to have witnessed abuse (Office for National Statistics, 2021). Since the Domestic Abuse Act 2021 was implemented, children have been considered victims in their own right when they witness domestic abuse which recognises the distinct impact it can have on children's wellbeing, including on their social and emotional development.

People living in deprived areas were twice as likely to die from Covid-19; this means families living in poverty are more likely to have experienced the loss of a loved one during the pandemic ([Local Government Association](#), 2020). Parental mental health and wellbeing has also been impacted, which can negatively impact infant wellbeing.

As we move on from the pandemic, society has been faced with a cost-of-living crisis which is stretching families even further. The poorest quarter of households are set to see their real incomes drop by 6% in 2022/23. This will see a further 1.3 million people fall into absolute poverty next year, including half a million children - the first time this has happened in the UK outside of a recession ([Resolution Foundation](#), 2022).

Poverty

Children are more likely to be living in poverty compared to the population as a whole. In 2019/20 31% of children were living in poverty, compared to 22% of the general population. It is even more stark for families with children under five, with 36% living in poverty. The rate of poverty for families with a youngest child under five and at least one adult in

employment has increased by 16% over the past 20 years ([Nuffield Foundation](#), 2021). There are also increased risks for families who have three or more children. In 2019/20 over half of families with three children, including at least one under five, were living in poverty. Changes to the welfare system are thought to be a significant contributory factor, including the limit of two children for receiving Universal Credit and Child Tax Credit, unless meeting specific [exceptions](#).

The cost of living crisis will compound problems for families with young children. Rising financial insecurity, debt, homelessness and hunger is not the context in which families can be strengthened and children kept safe. The increasing strain on family budgets will undoubtedly push more families into precarious situations. For example, there are significant numbers of families accessing foodbanks. The Trussell Trust reported an increase of 81% since 2016 (Trussell Trust, 2022). This is likely to have a negative impact on children's diet and nutrition as families are struggling to access fresh healthy food.

In November 2021, 3.6 million children were in families relying on universal credit, and while it increased by 3.1% in April 2022, household bills and supermarket prices are expected to have increased twice that much, with inflation at 9.4% (June 22). The relative value of Universal Credit will reduce by approximately £570 a year ([Child Poverty Action Group](#), 2022). Families are faced with difficult decisions over whether to prioritise heating, food or electricity. Additionally, [recent research](#) has

demonstrated an increased risk to children of abuse, neglect or harm when families experience such increased pressures (Bywaters and Skinner, 2022). Child abuse and neglect increases the likelihood of negative outcomes across all ABS priority areas: diet and nutrition, social and emotional development, and speech and language development.

We can also not ignore the impact of ten years of austerity budgets and the significant numbers of families under strain prior to the current cost of living crisis. Services to support families are under financial pressure, with recent findings showing that in the most deprived neighbourhoods spending has been cut by over 80% for preventative and early help services ([Children's Services Funding Alliance, 2021](#)). This means children already predisposed to experience the negative effects of inequality are less likely to receive preventative services than children in higher socioeconomic areas, missing important opportunities to intervene early. It is therefore imperative that services based in areas of high deprivation receive additional funding for family support and early help services.

[Research](#) has identified that a rich home learning environment can improve children's cognitive development across all socioeconomic circumstances, and services can play an important role in supporting the development of this for families living in poverty (Growing Up Scotland and Scottish Government, 2015).

The link between the socioeconomic circumstances of families and children's early language development

has been proven by multiple studies. A poor quality home learning environment and the impact of stress on family life as a result of living in poverty contribute to the increased likelihood of language delay in the early years. This is not to say that all children experiencing deprivation will have speech and language delays, however it is a recognised risk factor.

Children's communication charity [I CAN](#) notes that approximately 10% of children in the UK have long term Speech, Language and Communication Needs (SLCN). In some of the most disadvantaged areas of the country half of children start school without the level of language development needed to engage in learning. At five years old, 75% of children who experienced constant poverty in the early years are below average in language development, compared to 35% of children who never experienced poverty ([I CAN and The Communications Trust, 2013](#)).

Research has found that opportunities to identify early difficulties with children's language development are often missed. There is a crucial role for community-based services in identifying and supporting children and families in the early years with early speech and language development.

Ethnicity and systemic racism

As already discussed, minority ethnic communities are more likely to live in poverty, and have been disproportionately impacted by the pandemic. Previous research based on census data identified poorer health and employment outcomes for people in the UK speaking little or no English.

They may be unable to access the services they need and struggle to understand how services operate (Office for National Statistics, 2015). The [Child Poverty Action Group](#) (2021) identified difficulties for non-English-speaking families when applying for Universal Credit, who are often not provided with an interpreter.

Migrant or asylum-seeking families, and those with No Recourse to Public Funds (NRPF), are likely to experience some of the worst outcomes due to their increased likelihood of living in poverty and unsuitable housing. The Migration Observatory has estimated that there are nearly 180,000 children living in families with NRPF ([House of Commons Committees, 2022](#)).

A report from the [Early Intervention Foundation](#) (2022) explored the experiences of minority ethnic families in accessing and receiving family support services. Participants in the research shared experiences of racism and discrimination from support providers. This included when trying to access services and during the receiving of family support services. Forty percent of survey respondents also said the support they then received made no difference or made things worse.

Additional challenges identified were:

- A lack of cultural sensitivity, with service providers often not representative of the local communities they served.
- Meeting barriers at the first point of contact from providers when actively seeking support from

services, including negative interactions and long waiting lists.

- Feeling judged by practitioners and not feeling heard or validated.

The report recommended a number of changes to improve the experiences of minority ethnic families in accessing support services, including improved training and awareness within the workforce, as well as prioritising a workforce which reflects the populations they serve.

For young children with English as an additional language, it is [important that professionals acknowledge](#) the benefits of speaking multiple languages and ensure their home language and culture is celebrated (Parentzone Scotland, 2022). Professionals should also understand the demographics and cultures within their local communities.

Making an explicit commitment to antiracism and antiracist practice is a route which service providers and professionals can take to counteract systemic racism. Liz Pemberton, an anti-racism trainer for early years settings, has [four principles for embedding anti-racism in early years settings \(NESTA, 2022\)](#):

- Embrace the racial, cultural and religious backgrounds of all children.
- Embed a culture of value and belonging amongst nursery practitioners and children.
- Ensure that practice is sensitive to culture and that we see the child as the expert regarding their identity.
- Extend the child's learning opportunities by showing interest,

discussing and using a wide range of resources.

Maternal inequalities

Building on the discussion of systemic racism, and closely linked, are inequalities in maternal outcomes. The antenatal period provides a wealth of opportunities for supporting pregnant people to have better outcomes for themselves and their babies. However, a growing evidence base has identified ethnicity and socioeconomic status as indicators of poorer maternity outcomes ([National Maternity Review, 2016](#)). Again, an intersectional lens is helpful to consider how identity characteristics mediate experiences of pregnancy and childbirth.

Black women have four times the risk of dying in pregnancy compared to white women, while women of mixed ethnicity and Asian women have twice the risk. Women living in the most deprived areas are twice as likely to die during pregnancy than those who live in the most affluent areas ([MBRRACE-UK, 2021](#)). Further research indicates that socioeconomic and ethnic inequalities are responsible for worse maternity outcomes (stillbirths, preterm births, births with foetal growth restriction) in England. [Research](#) on the impact of Covid-19 on pregnancy identified pregnant people from Black or minority ethnic backgrounds were more likely to die from an infection.

Research commissioned by stillbirth charity Sands highlighted the specific links between inequalities and increased risks of still births, and the link to ethnicity and socioeconomic status ([Kingdon et al., 2019](#)). They also

highlighted the lack of research in this area despite it being a significant risk factor for still births.

A study into the deaths of women who died during childbirth identified bias and microaggressions towards women prior to their deaths, most notably for women from Black ethnic groups ([MBRRACE-UK, 2021](#)).

The [Better Births review](#) called for safer, more personalised maternity services in England with the needs of the woman at the heart of care. Having a consistent professional throughout pregnancy has been [identified](#) as an important protective factor against adverse outcomes.

NHS England and Improvement aims to ensure that, by 2024, 75% of Black and Asian women, and a similar proportion of those women who live in the most deprived areas, will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.

Digital exclusion

1.5 million households do not have home internet access, and during the pandemic, 20% of children had limited access to a device to participate in online learning ([OFCOM, 2021](#)).

In March 2020, half of households earning between £6,000 to £10,000 had home internet access, compared with 99 per cent of households with an income over £40,000 (Local Government Association, 2021). Digital exclusion is therefore an important issue for families and addressing it will be a key part of addressing inequality for families in today's society.

During lockdown, many family support

services were adapted to use an online model of delivery. While these innovations allowed much-needed services to continue when face to face interaction was not possible, many of the most vulnerable families were excluded due to lack of appropriate resources (digital devices and access to internet connection) and digital skills ([Local Government Association, 2021](#)). This has wide-ranging implications for parent and child wellbeing. Furthermore, families with English as an additional language were less likely to be able to engage online. Again, the intersectionality and compound effect of inequalities is clear. Looking ahead as services consider the options for hybrid models of delivery, addressing digital inequality must be a priority to maximise opportunity for engagement from all families who need support.

Special Educational Needs and Disability (SEND)

Households where someone has a disability are significantly more likely to be living in poverty, and recent research highlighted half of households in poverty had at least one family member with a disability ([Joseph Rowntree Foundation, 2021](#)).

Children in the early years are considered to have a special educational need or disability if their development is affected in any of the following areas:

- communication and interaction;
- cognition and learning;
- social, emotional and mental health, and;
- sensory and/or physical needs

Children may have a special educational need (SEN), be disabled, or have special educational needs and disability (SEND).

Children with Special Educational Needs are more likely to be eligible for free school meals than the general population. The percentage of pupils in England with SEN support who were eligible for free school meals in 2019/20 was 29.9%, nearly double that for pupils with no SEN (14.9%) ([Mencap, 2022](#)).

The percentage of 2-year olds with SEN in nursery settings increased from 3.2% to 3.5% between 2010 and 2020, and for 3-4-year olds the rates increased from 6.3% to 6.6% ([UCL, 2022](#)).

Early intervention has been proven to make a positive impact on children in the early years and there is a role for community-based services for providing this support to families. Families of young children with SEN/D have reported a number of barriers in accessing support, including:

- Parents struggling to have their child's needs identified.
- Lack of information about what is available to support.
- Practitioners not having the knowledge or skill set to provide required support.
- Issues with multiagency working.

[Mencap](#) recommends a number of ways services can improve support for families where a child has SEN/D. This includes a strong focus on early identification of needs and provision of services. Support should also be provided to the whole family, identifying their needs and providing

them with information about how to best support their child.

Current policy developments which target inequality

The government has a significant focus on reducing inequalities through the Levelling-Up agenda and wider policy programmes. The [levelling-up agenda](#) aims to give people the same opportunities in all parts of the UK. The government has acknowledged the UK as one of the most unequal countries in the world and has introduced the Levelling-Up agenda to address this. The specific initiatives are described further below.

Implementation and Evaluation of Family Hubs and Start for Life programme

Family Hubs are an emerging area of service delivery that will offer families, babies, children, and young people access to a range of support services in a single place. This includes early education and childcare, mental health support, meetings with health visitors or attending parenting classes, and advice for victims of domestic abuse. Supporting the earliest years will form a crucial part of the Family Hub offer. Funding for the expansion of the Family Hubs programme was announced at the 2021 Spending Review.

The 75 areas for Family Hubs have been announced [here](#). The local authorities will be obligated to prioritise infant mental health and were selected based on a consideration of deprivation levels across local areas as part of the government's levelling-

up agenda ([Departments for Education and Health and Social Care, 2022](#)). The levelling-up agenda aims to reduce disparities across the UK. Four of the five ABS sites sit in a local authority with Family Hub funding.

Implementation of Integrated Care Systems

The Health and Care Act (2022) replaced Clinical Commissioning Groups with [Integrated Care Systems](#) (ICS). These partnerships of organisations come together to plan and deliver joined-up health and care services, and aim to improve the lives of people who live and work in their area. 42 ICSs were established across England on a statutory basis on 1 July 2022. They will play a key role in the commissioning of community- and health-based services for pregnant people, babies, and young children.

The Act introduced a statutory duty to reduce inequality and each ICS will be required to set out clear plans for how they are going to achieve the goal. The government will produce bespoke guidance for Integrated Care Systems on meeting the needs of babies, children and young people.

As part of Integrated Care Systems, [Integrated Care Boards](#) (ICBs) have been established and they are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs will be required to set out the steps they will take to address the needs of those aged 0-25 in their five-year forward plans.

NHS England will issue statutory guidance, stating that each ICB must nominate an executive children's lead, ensuring much-needed leadership for babies, children and young people on every ICB.

Evidence from the ABS partnerships can contribute to the development of the new structures and processes.

Department for Health and Social Care's mental health and wellbeing plan: discussion paper and call for evidence

The government has committed to develop a new cross-government, 10-year plan for mental health and wellbeing for England, also as part of the Levelling-Up agenda. The new plan aims to specifically improve mental health and wellbeing outcomes for those who are disadvantaged.

They have undertaken a consultation process including a call for evidence, asking respondents how society as a whole can improve mental health and wellbeing. This closed on the 7th of July and the plan will be published following analysis of the responses.

Health Disparities White Paper

Former Health and Social Care Secretary, Sajid Javid, said: "*Where someone is born, their background, their gender, or the colour of their skin should not impact their health outcomes.*" ([Department of Health and Social Care, 2022](#)) and he committed to a Health Disparities White Paper. This will aim to reduce health disparities which exist across society and address the gap in life expectancy. It will set out the ways in which the government

will address the impact of disadvantage and level up the chances of living a healthy life ([UK Parliament, 2022](#)).

Implementation of the Review of Children's Social Care

Following the 2019 election, the government appointed Josh MacAlister to lead the [Independent Review of Children's Social Care](#), which began in January 2021. The review aimed to take a "bold and broad" look at the children's social care system, identifying where improvements could be made.

The review published its [final set of recommendations in May 2022](#) and the Department for Education is now formulating its response, including the establishment of an [implementation board](#). A key strand of the review is improving access to and provision of preventative services under the "family help" umbrella, delivered by multidisciplinary teams, embedded in neighbourhoods and communities.

The review recommends the new approach should include a clear national framework and significant financial investment. The refreshed approach to supporting families be flexible and non-stigmatising and should ensure early help is provided to a wider group of families.

Improved data and information sharing and a consistent child identifier

Following the collective efforts of the children's sector as the Health and Care Bill progressed through Parliament, led by the [Children and Young People's Health Policy](#)

[Influencing Group](#), and a number of Peers in the House of Lords, the government acknowledged **serious and distinct challenges** with sharing relevant information about children.

As a result, the Health and Care Act committed to laying a report before Parliament within a year setting out *“the government’s policy in relation to the sharing of information by or with public authorities in the exercise of relevant functions of those authorities, for purposes relating to—*

- a) children’s health or social care, or*
- b) the safeguarding or promotion of the welfare of children.”*

The [Health and Care Act, 2022](#) is now in the process of being implemented

and work has begun on the report setting out the government’s policy on information sharing.

Improving data sharing across children’s health and care would facilitate smoother transitions and timely support for children as they move between services; support effective early intervention; underpin responsive health commissioning; and enable services to develop a clearer picture of children’s overlapping risk factors.

This is an area where ABS Partnerships have much learning to share, as summarised in [Programme Insight 5: Data-informed decision-making](#).

Summary and next steps

- Acknowledging and addressing systemic poverty and inequality is necessary to begin reducing the inequalities present across all health indicators from conception through the early years.
- Intersectionality provides a helpful framework, given that many families experience multiple disadvantages which exacerbates poor outcomes.
- The UK has a high incidence of inequalities, and there is a strong moral case for intervening now to break the cycle of intergenerational poverty and inequality. The government's Levelling Up Agenda sets out a number of priorities to address this issue.
- The three ABS outcome areas are all impacted by inequality, and families across the five partnership areas experience one or more forms of deprivation. Indeed, funding was allocated due to the identified inequalities for infants and families in local ABS areas.
- There are multiple ways in which services supporting families can address some of the negative impacts of inequality, and this includes responding to local needs and having a sound understanding of the communities they serve.
- The specific impact of the pandemic on families already experiencing one or more forms of disadvantage should be acknowledged by service providers and policymakers.
- Services and professionals supporting families should have a clear understanding of intersectionality and how different forms of inequality mediate experiences.
- It is critical that progression of the Levelling-Up agenda continues regardless of ongoing government changes. The UK remains vastly unequal and babies and young children need support now to give them the best possible start in life.



Inequalities within A Better Start: Case studies

The following section provides case studies from each ABS partnership, demonstrating some of the innovative ways in which they are targeting inequalities and achieving positive outcomes for the children and families they support. If you would like to find out more about any of these services, contact details are provided at the end of each case study.

Lambeth Early Action Partnership (LEAP): Reducing inequalities in maternity care



The evidence on inequalities in maternal outcomes is strongly relevant for the LEAP programme, as a greater proportion of women most at risk of poorer outcomes reside in the LEAP area, compared to the national average. 43% of LEAP neighbourhoods (called ‘lower super output areas’--LSOAs) are in the most deprived quintile and 77% of pregnant women from the LEAP area report their ethnicity as not White British. Of these, 40% report their ethnicity as Black or Mixed Black (Local maternity data, 2021/22). Other social risk factors have been identified for LEAP women too, including housing concerns, previous experience of domestic abuse, female genital mutilation and individuals who require an interpreter for appointments.

Pregnancy is at the very start of the [Best Start in Life](#) journey, and LEAP commissioned a Midwifery Continuity of Care (MCoC) team (referred to as the ‘caseload’ team) to deliver maternity care to LEAP women having their babies at Guy’s and St Thomas’ (GSTT) Hospital in South London. GSTT employs other MCoC teams but the addition of a dedicated LEAP MCoC team allows more LEAP women to receive MCoC, the ‘[gold standard](#)’ model of maternity care, per year, which fits well with the overall aim of addressing inequalities across the entire LEAP programme. In line with the LEAP programme theory of change, the long-term outcomes hoped to achieve with the caseload service include improved obstetric outcomes for women and baby, improved wellbeing and a higher likelihood of breastfeeding being initiated and sustained.

What works? Lessons learned.

The service is reaching those who need it, and providing enhanced care. 90% of LEAP caseload women live in the two most deprived quintiles; 38% live in the most deprived quintile and 52% live in the next most deprived quintile. LEAP caseload women reported their ethnicity as: 38% Black; 38% White; 8% mixed race; 6% Asian; 9% other.

LEAP’s caseload team provides full continuity of care in the antenatal, intrapartum and postnatal periods, including for homebirths. The team consists of six full time midwives and one full time maternity support worker; care is provided at their clinic

which is located within a LEAP-area children's centre, or at women's homes. Women typically receive at least 10 antenatal appointments, the frequency and length of which are determined by the needs of each woman. When fully staffed, the team has capacity to provide truly personalised care for 200 LEAP women per year; more holistic support is possible via the enhanced portfolio of LEAP services available during pregnancy.

Women are allocated to the LEAP caseload team if they live in the LEAP area and fulfil eligibility criteria, based on information contained within the referral form. Eligibility criteria are related to social factors and include living in poverty or deprivation, Black or other non-White ethnicity, refugee/asylum seeker status, social isolation, non-native English speaker, having disabilities, safeguarding concerns and victims of abuse. The lead caseload midwife participates in the process of reviewing referrals and allocating pregnant women to teams, ensuring even more LEAP women are correctly identified as eligible to receive LEAP care.

What difference is it making for children and families?

421 babies have been born since the LEAP caseload service started in 2018. To date the team has achieved the following positive obstetric outcomes:

- 94% of babies born at term
- 71% vaginal birth (of these, 59% unassisted vaginal delivery); 29% caesarean birth
- 86% of babies born with normal birth weight
- 95% of babies partially or fully fed breastmilk as first feed¹

A [study](#) about the LEAP caseload team identified a significant reduction in preterm birth rates and caesarean section births in women allocated to caseload midwifery when compared with women who received traditional midwifery care. This suggests that MCoC has a greater impact than traditional midwifery care in terms of addressing birth inequalities when delivered to women who live in more deprived quintiles and women of diverse ethnicity.

Feedback from service users has been overwhelmingly positive. One person said: “... *I have been nurtured all the way through my pregnancy and the LEAP midwives have stepped up at every stage. Any concerns were handled and answered with care, consideration and knowledge. The closer to birth, the more reassurance I required, the care came to meet my needs.*”

How is ABS adding value to the wider system?

LEAP's MCoC team is addressing inequalities in maternity outcomes at an *individual*

¹ [Data from caseload dataset, covers Q2 2018/19 – Q4 2021/22]

level. There is a strong [national](#) drive in England for women from deprived and Black, Asian and minority ethnic backgrounds to receive MCoC, and LEAP has been steadily working to provide this for over three years.

LEAP has also developed the Maternity Vulnerability Assessment Tool (MatVAT). This tool was developed by midwives, for midwives, to help support more consistent identification of social risk factors in pregnant women. Earlier identification and support can result in fewer inequalities and greater health equity for pregnant women and their babies. The tool is in the final stages of a small pilot and plans are being made for it to be available to the maternity sector across the UK via the Royal College of Midwives. Widespread use of this tool, beyond Lambeth, would represent systems change in relation to addressing maternity inequalities at the *population* level.

Future priorities for addressing inequalities across the partnership

Because of an ever-growing evidence base which demonstrates better maternity outcomes for women who receive MCoC, there are national targets for the implementation and delivery of this model of care to more women from diverse ethnic backgrounds and women who live in areas of higher deprivation. Given the outcomes LEAP is already achieving, there is hope that MCoC will continue to be provided to LEAP women in greater numbers once the programme closes.

There is national interest in the MatVAT; given the absence of a tool like this within the maternity sector, LEAP is optimistic that the widespread availability and implementation of this tool will bring earlier and more robust identification of social risk factors in pregnant women. Future research will be needed to quantify the impact the tool makes on maternity outcomes.

LEAP is working closely with an academic partner to better understand the longer-term impacts for LEAP women who receive caseload care. These findings will complement their obstetric findings and will be invaluable to the midwifery evidence base.

For more information, please contact Carla Stanke, Public Health Specialist, Lambeth Early Action Partnership (LEAP), cstanke@ncb.org.uk

Better Start Bradford: Supporting language development



There is significant evidence nationally and locally in Bradford, showing inequalities in early language development between children from more affluent and poorer areas. During the development of Better Start Bradford, inequalities in early language development were highlighted as a particular need in the area.

Better Start Bradford therefore included several interventions aimed at addressing the language gap, for example, ICAN (to improve early years practitioner skills), Better Start Imagine (Dolly Parton's Imagination Library), and Talking Together - a locally developed, early language support intervention delivered in the child's home. Enhanced wrap-around activities were also provided to encourage early book sharing.

Talking Together was first developed in Holme Wood, a deprived and mostly White British area which differs demographically to the local communities within the Better Start Bradford footprint. The delivery team consulted local parents and communities and thought the programme could also work well in the Better Start Bradford area. The area is very diverse, with around 60% of 0-3s from Pakistani origin families, 25% white British and a wide range of other ethnicities.

The intervention begins with a universally offered language assessment at age two. The children's details are shared by health visitors and the families are contacted and offered the assessment. There is high uptake of the assessment - around 65% of parents contacted. The assessment takes place in the home (virtually during lockdown) using validated measures, and is conducted in the child's home language if that is how the family communicate with their child. Overall, 42% of children assessed in Bradford are referred into the Talking Together project, which is higher than in the original area of Holme Wood (35%). This reflects the higher level of need in Bradford.

The Language Development workers are highly trained, experienced and able to identify children whose language delay meets the intervention threshold. Children who need more specialist help are referred appropriately, primarily to speech and language services but also, because many of the families are facing multiple challenges, to family support, advice services and other Better Start Bradford projects. Children who are below the threshold are signposted to 'Play and Learn', early years settings and similar groups which promote communication development.

The intervention consists of 6 weekly visits to the child's home, working with their main carer to develop and improve interactions between child and carer to support language development. The child is assessed at the start and end of the intervention. They may be referred to other services or signposted to groups/settings where the improvements can be built on. In some circumstances the family is offered a further six weeks after an interval to help consolidate learning.

What works? Lessons learned

Talking Together started early in the Better Start Bradford programme and a good evidence base has been built for its effectiveness. A Randomised Control Trial (RCT) is expected to take place before the end of the programme to measure the effectiveness of the intervention.

The Covid-19 pandemic has been the main challenge faced to date; although the project continued to deliver throughout, the numbers of engaged families were affected. Better Start Bradford continued to reach out to families and encourage engagement.

There has been a regular issue with data sharing from the health visiting service affecting the project's ability to reach children at the right age. Good relationships with the health visiting team have facilitated a solution whereby the data team now routinely share details of eligible children when they are 22 months old, enabling the Talking Together team to contact parents in good time to offer an assessment at two years.

The service has also worked with the 0-19 service to ensure the project can still deliver in the area following the introduction of the health visitor-led language assessment - Early Language Identification and Intervention (ELIM).

One of the lessons from Talking Together is the importance of the universality of the assessment, meaning parents don't feel stigmatised or singled out. The in-home element means parent and child are in a familiar and safe environment, allowing them to fully engage in the project. This enables the language practitioners to help the family create a good home learning environment. Having consistent support from a known individual helps to build a good trusted relationship so parents feel they are working as a team to help their child. Parents are happier to try out other services as a result.

What difference is it making for children and families?

Talking Together has reached more than 2,600 children in the Better Start Bradford area. Although the focus is on early language it is very much a parent/carer and child intervention. Parents report improvements both in the children's language and in their relationships and interactions. The service has also helped families to connect with other Better Start Bradford projects and with other activities and support for parents across the area. It has also been able to identify children needing targeted support with their development across all areas.

Pre-pandemic, children in the three wards were showing improvements in their Good Level of Development (GLD) scores for communication and language compared to other wards in the city with similar demographics. GLD scores are a way learning and development is assessed through the curriculum for 0-5 year olds, as part of the [Early Years Foundation Stage \(EYFS\)](#). This will be followed up once data becomes available again.

How is ABS adding value to the wider system?

The Talking Together language programme is being used as a model for a Covid-19 recovery contract, led by Children's Services and the 0 to 19 Public Health Service, aimed at addressing the impact of the pandemic on early language across the district. Talking Together will inform commissioning, and may lead to expansion of the programme.

A Feasibility Study has been carried out, funded by the Nuffield Foundation, which demonstrated good signs of effectiveness and there are plans to conduct a local RCT to provide more detailed evidence. This can then be used as a model to be shared more widely. The local evaluation will also show the impact of parents attending more than one of the Better Start Bradford projects. This will demonstrate how outcome improvements can be consolidated if parents can access the right services at the right time.

Future priorities for addressing inequalities across the partnership

The partnership objective is to build prevention and early intervention for 0-3s into 'business as usual', with a focus on progressive universalism. This includes both service design and implementation, ensuring children with the greatest need are reached effectively.

All Talking Together projects are now focused on sustainability and a key focus is to encourage the development of service planning and commissioning plans based on learning from the programme. This will allow the evidence base and outcome improvements demonstrated by the evaluation to be used to embed positive changes in the long term in the Better Start Bradford wards.

For further information, please contact Gill Thornton, Head of Programme, Better Start Bradford, Gill.Thornton@betterstartbradford.org.uk

A Better Start Southend: Providing early intervention support for Special Educational Needs and Disabilities (SEND)



Reducing inequalities is at the heart of ABSS and a key aim is to improve the life chances of children born in some of the most disadvantaged communities in Southend. Equipping parents with the knowledge, skills and confidence to provide the best possible start for their children supports improved outcomes for children and families affected by inequalities. Inequality is often multigenerational; and improving outcomes for children early can contribute to addressing future inequalities.

Parents are at the heart of ABSS and they guide and shape the work. Parents identified a need to support children with Special Educational Needs or Disability (SEND) with their language and communication skills, and also to support the families of those children. Being a parent of a child with SEND can be particularly challenging and is frequently an isolating experience. Parents wanted safe spaces where the families of children with SEND could come together to enjoy activities that supported their children while also building connections and sharing experiences. Parents also wanted to increase the opportunities for peer support to tackle some of the social inequalities arising from having a child with SEND.

What works? Lessons learned

The focus of ABSS is on early intervention, supporting universal services which can have a marked impact on children's development. Intervening early, when concerns first arise around speech development, communication and imaginary play can have a significant positive impact on outcomes. This can make a real difference for children and reduce the need for more specialist or intensive interventions later on.

'Let's Talk' provides universal preventative speech and language services with a suite of provision addressing different stages of children's development from babies through to four years old. This includes 'Attention ABS', aimed specifically at young children with speech, language and communication needs. This fun-filled, practical intervention, based on the [Curiosity Programme](#) developed by speech therapist Gina Davies, works towards functional communication skills. Each session includes stages to encourage the child to connect with activities, take part using rhymes and songs and develop curiosity about new ideas.

Parents also identified that families waiting for formal assessment, or whose children had a recent diagnosis of Autism Spectrum Disorder (ASD), were also in need of support. This can be a difficult time for families as they start to understand their child's needs and what this might mean into the future. The Family Support Workers for Social Communication Needs (FSW SCN) provide peer support and signposting. Feedback highlights the value of supporting the wider family, with parents reporting an increase in their confidence and knowledge, and awareness of opportunities available to them.

Chaos and Calm, an independent community-led group, receives funding from ABSS. Chaos and Calm was set up by volunteers with experience of supporting the parents of children with complex needs, to address a gap in existing statutory support in Southend. The group's sessions are open to any Southend parent who has a child under five with a disability, and half of those who attend come from ABSS wards. Practitioners support parents to develop skills to communicate with their children, and provide a safe space to come together, share activities and experiences. ABSS funding supports the group's Sparkles Sensory Storytime sessions, which feature interactive sensory activities and explore different types of communication, such as Makaton, symbols, and Switches.

Speech and language activities such as 'Let's Talk' are part of the core offer that ABSS developed early in its journey. Connections with groups such as Chaos and Calm have grown from relationships with local parents and community-led groups to a point where ABSS can work alongside them as a trusted partner. This model of support puts families at the centre, and is well-placed to identify and tackle some of the inequalities faced by the families of children with SEND.

What difference is it making for children and families?

Early intervention is making a real difference to children's speech and language development. Offering a range of services to support early communication and language development, in partnership with community-led initiatives, means ABSS has a comprehensive offer to support different levels of need. Parents reported increased confidence and knowledge in helping their children with communication. Peer support and signposting to other services reduces the sense of isolation experienced by families of children with SEND.

Findings from a meta thematic analysis of qualitative data from interviews carried out by ABSS's Formative Evaluation partner, the University of Essex, found positive outcomes from communication and language projects sustained over time.

Parents described how the knowledge and skills gained from accessing a 'Let's Talk' course is retained and used with subsequent children. Families also reported wider benefits, such as the development of soft outcomes (increased confidence, self-esteem, social interaction and resilience). Outcomes were directly related to the strengths-based, person-centered approach taken by 'Let's Talk' facilitators. Families felt valued and respected by project staff and this supported parents to learn new skills and meet other families.

"Oh, I think they've been brilliantly welcoming, incredibly friendly and supportive. I've never felt judged [...] you know what it's like being a mum [...] you can feel under scrutiny. I've never been made to feel like I haven't done the right thing or like there's something wrong with me because I'm accessing those services."

"I'm going to use what I've learned with my baby as well, he's six months old now, but when he's older, I know how to do it now. I know how to communicate properly."

How is ABS adding value to the wider system?

Early intervention work by projects such as ‘Let’s Talk’ has reduced demand for clinical speech and language therapy services in Southend because early intervention is contributing to improvements in children’s speech and language development. The process for referrals to services has also markedly improved. These changes have enabled targeted and intensive speech and language therapy services to be delivered to children with higher levels of need. Children in ABSS’ most deprived wards now have similar or better outcomes to the rest of Southend across a range of measures.

By supporting services addressing the whole family’s needs, including peer support and community led groups, ABSS is supporting the development of resilient communities. The sustainability of the model is based on maximising resources for specialist services while also supporting peer-led services and groups informed by lived experience that are relevant and suited to the needs of parents and families. Community resilience is an important area of focus for ABSS, and is central to the ongoing legacy and sustainability of advances made in language and communication.

Future priorities for addressing inequalities across the partnership

ABSS aims to ensure that key programmes supporting communication and language development are sustained beyond 2025, weaving them into the fabric of the identification and support tapestry in Southend whilst building the case for wider expansion across Essex.

As part of the ABSS legacy, a new, self-sustaining social enterprise is in development, provisionally titled ‘City Family Community Interest Company’ (CIC), to take forward work tackling health inequalities and placing communities at the centre of decision-making. The CIC’s flagship programme will be ‘YourFamily’ which will continue to develop over coming years alongside a host of community-led initiatives. The CIC will also include a Centre for Excellence for early years, which will inspire local, national and international interest in the approach developed by ABSS.

For further information, please contact Clare Littleford, Research and Evaluation Manager ABSS, clare.littleford@eyalliance.org.uk

Small Steps Big Changes (SSBC) Nottingham: Supporting engagement of minority ethnic groups in services



For minority ethnic groups, inequalities in access to, experiences of and outcomes in healthcare and education are longstanding problems. For families who speak little or no English, navigating support services can be especially challenging.

The work undertaken by Small Steps Big Changes (SSBC) to engage minority ethnic communities developed in response to the Black Lives Matter movement and existing inequalities in health outcomes amongst minority ethnic groups. These inequalities were further exposed by the Covid-19 pandemic.

The SSBC programme is offered universally within four diverse wards in Nottingham, with the aim of addressing early health, social and education disparities and improving outcomes amongst families, using a ‘test and learn’ approach.

SSBC has committed to improving access and experiences for families for whom English is not the main language spoken, including a growing number of families seeking asylum or with refugee status. Across the SSBC wards, 133 families with children between the age of 0-4 are listed as needing an interpreter to access services; this is approximately 13% of the 1021 families who access services.

What works? Lessons learned

Raising awareness of service(s): This is an important factor in families being able to access services but cannot be viewed in isolation; good partnership working with grassroots community organisations is also key.

Increased use of translated materials: SSBC introduced a translation function on the new website which enables translation of parent targeted pages into five main languages spoken in the wards currently: Polish, Urdu, Arabic, Romanian and Kurdish. The translation tool chosen ([Weglot](#)) intelligently selects translation tools which pick the best fit for the language being translated.

SSBC has content reviewed by community partners to reduce translation “misses” due to colloquialisms and more difficult to translate phraseology. For instance, the metaphors used as part of the Big Little Moments campaign caused some translation issues.

To promote the website, local community groups were informed and a translated postcard was developed and shared with community partners. Over the past year 1,100 translation requests have been handled with the highest usage amongst Urdu (31.43%) and Arabic (26.47%) speakers. SSBC also recognised a need for translated materials to be available for families in community hubs.

Data suggested lower uptake of SSBC commissioned services such as Small Steps at Home and SSBC groups amongst non-English speaking families. Material that promotes SSBC service designed groups and Small Steps at Home have been translated into 10 different languages.

The translation work has been efficiently facilitated by working with an external creative agency, who provide a quality assured process, combined with design expertise. For example, languages which read from right to left require a different approach to image positioning and design layout.

Having a workforce that reflects the community it serves: This can also be a powerful tool to increase awareness of, access to, and experiences of services. The Family Mentor paid peer workforce reflects the communities they work with, and matches culturally and ethnically diverse mentors with families from similar backgrounds (particularly where language may be a barrier to communication and access). They also provide access to interpreters when needed.

SSBC also funds the Read-on Nottingham Hub of the National Literacy Trust. Part of the work of the local hub involves voluntary Literacy Champions who work in their communities. During the pandemic they worked digitally to promote children's early literacy skills. The Literacy Champions team reflect their local communities and speak a variety of languages. This has supported reach and has enabled the creation of content for sharing on social media platforms in a number of languages.

Building and growing partnership working with community providers: SSBC worked in partnership with health and community providers as part of a Primary Care Network project. The project aimed to understand the barriers for families for whom English was not their first language in accessing healthcare and early education services.

Commissioning an established community provider 'Sisters of Noor' to lead on the project enabled significant reach into communities. An initial consultation, available in Arabic, Czech, Urdu and Tigrinya, yielded responses from 100 families. The findings from this and follow-on work is being used to address identified access and information needs through co-production with these communities.

Funding was made available to a local community organisation 'Belong' as part of the 'SSBC Ideas Fund' to develop a befriending service between English speaking parents and parents learning English. Families were supported to visit community-based groups and venues, suitable for babies and toddlers. Despite being impacted by Covid-19, the project enabled 48 community members, both adults and children, to make valuable connections.

The learning from this was then used to inform a further successful application to run a 3-year 'Ideas Fund'. This project will endeavor to address the disparities in maternal outcomes for migrant and ethnic minority families. The project aims to work with pregnant women to increase their confidence in talking to health care professionals about their health and pregnancy concerns, make families with new babies aware of relevant services, and support community integration.

What difference is it making for children and families?

Currently 69.4% of families who live within SSBC wards, and require an interpreter for appointments, benefit from one or more of the SSBC core offers. SSBC aims to

increase the number of families who engage with the offer but also increase the number of services each family engages with.

As a result of the work with the Primary Care Network, more diverse voices are now being heard in service and strategy development, which will hopefully lead to more inclusive services. This learning is also being shared with the Place Based Partnership (previously called the Integrated Care Partnership) and will help inform actions linked to the refreshed Health and Wellbeing Strategy locally.

How is ABS adding value to the wider system?

ABS Funding is enabling a “test and learn” approach to identify what works for improving access amongst families who do not speak English or are learning English as an additional language. The SSBC team is committed to sharing this learning with partners as part of the programme legacy.

The SSBC team regularly brings together community and voluntary sector partners with health and statutory services to build stronger working relationships. The learning from their work, particularly in relation to co-production with non-English speaking families, is valued across the Primary Care Network and the Place Based Partnership.

Future priorities for reducing inequalities across the partnership

The local Place Based Partnership has a priority to reduce health inequalities within minority ethnic communities. As part of the sustainability and legacy phase of the programme, SSBC will share key aspects of their work that have improved access or experiences for families. This will enable good practice to be embedded and replicated across the system.

SSBC will use learning from the Family Mentor paid peer workforce to support wider workforce transformation across midwifery and 0-19 services in the city, and will produce and implement a plan of work to build trust with ethnic minority groups and voluntary, community and social enterprises. It is hoped that improving people from ethnic minorities’ trust in the NHS and early education services will improve outcomes.

For further information, please contact Amy McDonald, Research and Learning Officer, amy.mcdonald1@nhs.net

Blackpool Better Start: Supporting those in poverty

Over the past two years, innovative measures have been introduced in Blackpool to reach families living in poverty.



When Covid-19 restrictions limited any opportunities for face-to-face engagement, it became increasingly difficult to identify the families who needed support. It was critical for the Community Connector team to establish and maintain relationships within the community but without in person drop-in sessions and events during lockdown, this became more challenging.

Schemes such as New Parent Packs, Toddler Packs and Starting School Packs were launched on social media to encourage parents to sign up for free age-appropriate resources to support them. Part of the sign-up process included the option to request a phone conversation with a member of the Connector team and through this contact, many meaningful conversations occurred, leading to signposting to services and other forms of support the family needed.

Following these conversations, the Connector team reported an increase in the number of families struggling with food and fuel poverty. This was supported by a survey of local early years workforce conducted in October 2021, when nearly three quarters of those asked cited food and fuel poverty as the biggest challenge Blackpool families face.

What works? Lessons learned

These findings and the stories from the community helped shape the developing strategy for community engagement around poverty, ensuring that the team were delivering consistent messages and support. Signposting to foodbanks, community kitchens, fuel grants, Baby Rover clothing bank and Healthy Start vouchers became increasingly important. This was underpinned by the creation of a dedicated Money Saving Connector role, who ensured the latest national and local guidance was communicated through the whole connector team.

Through these meaningful contacts, the Connector team also heard stories from families that have experienced trauma, which is known to impact long-term health, wellbeing, educational and life chances. Blackpool Better Start champions a trauma-informed approach and as such, the Connectors can signpost to services that understand the impact of poverty, such as the infant feeding services. Blackpool also offers an increased number of health visitor contacts which helps support and signpost families to services such as perinatal mental health services, with health visitors asking specific questions about the impact of adversity.

The signposting and sharing of food and fuel advocacy was a key aim for the Christmas campaign in December 2021. Local families were invited to apply for a free, personalised letter from Father Christmas for their child(ren), and they were also offered a phone call contact from a Community Connector. There were in total 1137 letter applications and from these, 112 families requested phone contact.

Over a week in December, families were also invited to attend free grottos in key

ABS locations with an offer to meet Father Christmas and receive a gift of a book. Throughout the week, 232 families attended one of the ten sessions and Community Connectors were able to offer additional support signposting families towards appropriate services. This led to 77 food hampers being delivered by the team to families in need, as well as 187 gifts for children.

The grottos provided information to all attendees on Community Pantry offers, and postcards were produced to support the families struggling with food poverty and seeking to reduce the stigma around using such schemes.

Local mum Jayde took her two-year old daughter to the event at Mereside and commented:

“A big thank you and a Merry Christmas to all the Better Start team of elves and, of course, to Santa Claus himself. [my daughter] had such good fun and it was made magical by all the team interacting with all the children so nobody felt left out. It really was like a Christmas Wonderland and Santa made it special by not rushing anyone.”

Another local mum Linz said:

“Thank you to you all for all the time and effort each one of you made to make all our little ones have an amazing time.”

To help reach the families who didn't attend the grotto events, short information films were created to inform families of services and support available over the winter. These were posted on social media platforms and were viewed 723 times.

What difference is it making for children and families?

Many families feel stigmatised by using food banks and clothing schemes, and this is a barrier for them accessing the support they need. The Community Connector schemes offer peer-to-peer support, and through meaningful conversations with families who have requested contact, they help to remove the stigma of accessing support. This was achieved by taking a universal approach to promotion of the services with all parents and using case studies to highlight that the impact of poverty is wide reaching across the town.

In addition to the Christmas campaign, over October half term BBS supported town-wide Holiday Hunger schemes, with 50 early years families, including 72 children aged 0-4, receiving food vouchers. Again, those that requested the support had conversations with the Connector team and this led to 47 referrals to other agencies for further support, and 18 individuals signing up to receive their vitamin entitlement.

How is ABS adding value to the wider system?

Thanks to the Blackpool Better Start community engagement team and through marketing communications, there is a greater awareness of the services that are available to families in Blackpool. The Blackpool Better Start website is becoming a trusted source of information on available support, free activities for children and

families and there is now a contact form for parents to request community connector support. This has led to greater community awareness of the organisations which can support families in relation to poverty and the associated impact of poverty, such as mental health and wellbeing.

Blackpool Better Start is a partnership organisation, and through collaborative working relationships, a joined-up approach is being adopted to highlight the impact of poverty and develop town wide structures to support. This was evident at Christmas with Family Hubs and other charitable organisations working together to identify families who required children's gifts or food hampers and ensuring that those most in need were provided with the support required.

Future priorities for addressing inequalities across the partnership

The Healthy Start voucher scheme offers pregnant women and families with children under the age of 4 a weekly amount to spend on milk and healthy food choices. In Blackpool, the uptake of the scheme is below the national average, and many families in need are not accessing this benefit. A concerted push to help families sign up to this scheme is underway. In May, videos were launched on social media to signpost parents to the scheme website and address commonly asked questions. A targeted email was also sent to 1600 eligible families, while Community Connectors have been using the webpage to answer parent questions and walk them through the quick eligibility checker.

Roadshows to look at tackling the cost-of-living crisis are due to start in autumn 2022 and lead up until Christmas, and events are planned for the summer for Community Connectors to help families fill out the online application forms, including taking technology to community venues to help combat the barrier of digital poverty.

Additionally, Dad's4Life supported by the Early Years Volunteer Academy is launching a new initiative later this year - the 'Borrow it Blackpool' hire scheme. This service has been conceived by parents and will be delivered by volunteers to help local families access household appliances and equipment for a nominal hire fee. Families will be able to get access to equipment they would normally be unable to afford to buy, by renting donated items such as food processors, bikes, lawnmowers and DIY tools.

For further information, please contact Hannah Connell, Senior Communications Officer, Better Start Blackpool, Hannah.Connell@NSPCC.org.uk

Lessons from A Better Start

ABS partnerships were established in areas where outcomes for children and families were consistently below the national average, and where inequalities were already clear. The case studies above provide only a small snapshot of the systemic inequalities faced by local families, and the innovative ways in which the ABS partnerships are adapting and developing their services to meet the ever-changing needs of local communities, and address inequalities. Looking at the evidence from ABS implementation to date, it is clear that addressing the negative outcomes of systemic inequalities is high on partnership agendas, and now more than ever, as families and communities struggle to cope with the lasting impact of the pandemic, the commitment and messaging in emerging government policy around reducing inequalities is welcome and timely.

While each ABS partnership has reflected a slightly different approach or aspect of inequality, there is a clear commitment to supporting families who are affected by different and multiple forms of disadvantage. 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. Common lessons are summarised below.

1. Early intervention and universal services

It is evident that providing early intervention and universal services for pregnant people and families is a crucial avenue to target the negative impacts of inequality. Across the ABS partnerships a range of innovative approaches are being offered which aim to provide support at the right time; this helps to reduce the need for more intensive interventions further down the line, when it can be more difficult to resolve issues. As discussed earlier, the implementation of the review of children's social care will be aiming to establish family help teams in local neighbourhoods, and learning from the ABS partnerships contributes to the evidence base for the need to provide early intervention in communities.

2. Services led by the communities they serve

The ABS partnerships are integrating the voices of parents and carers into the development and delivery of services. Parents and carers have had a say in what services are offered to families, based on what they need. This ensures service providers reflect the communities they serve, which can help families from minority communities feel safe and included. ABS partnerships recognise the importance of positive relationships between the workforce and families, and they prioritise continuity. This includes innovative work such as parent mentors and outreach.

3. Awareness of systemic racism and an anti-racist approach

The ABS partnerships have a strong awareness of the impact of systemic racism on family life, and are committed to addressing its impact. Minority ethnic groups are overrepresented in areas of high deprivation and ABS partnerships have put clear approaches in place, including ensuring materials are accessible (in a variety of languages), increasing representation among practitioners, and developing new approaches to identifying risk in pregnancy.

4. Effective data and information sharing across multiagency teams

Collecting data about the demographics of families within local communities provides an important avenue for understanding local need and ensuring the necessary services are commissioned. ABS partnerships collaborate with a variety of multiagency teams and have developed innovative ways of sharing data which enables services to be better targeted and delivered. If it goes ahead, the development of a Single Unique Identifier for children will help to streamline this approach further, and again, learning from ABS will be critical.



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A Better Start

A Better Start is a programme set up by The National Lottery Fund Community Fund, the largest funder of community activity in the UK. A Better Start works with families so they play an active part in deciding on and designing the services and support they get so they can give their babies and very young children the best possible start in life. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

For more information visit: www.tnlcommunityfund.org.uk

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