



A Better Start through workforce innovation: supporting the early years workforce of the future

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

September 2023



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.

Learning and evidence from A Better Start enables The National Lottery Community Fund to present evidence to inform local and national policy and practice initiatives addressing early childhood development.

The National Children's Bureau (NCB) is designing and 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.

<https://www.tnlcommunityfund.org.uk/funding/strategic-investments/a-better-start>

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Introduction

A Better Start (ABS) Program Insights aim to collate and share learning emerging from a range of key outcomes in order to inform others' work to improve babies and young children's outcomes.

This issue is number eight in the series. It provides a summary of emerging evidence highlighting the learning from workforce innovation across the ABS partnerships, and shares the learning on how ABS partnerships have and continue to contribute to a skilled and knowledgeable early years workforce of the future.

This insight report will focus on the wider early years workforce, including midwives, health visitors, early years professionals in early years settings, parent and/or infant mental health workers, speech, language and communication therapists, peer support workers and family support workers/early help practitioners.

The early years workforce has faced a difficult few years, with many challenges stemming from the Covid-19 pandemic. The ongoing significant workforce shortages across the NHS and in early years provision have been well-documented. Yet, as key workers, the early years workforce continued to deliver support to families throughout the period of lockdown and since. During the first 1001 days, early years practitioners are frontline workers, very often best placed to identify and meet early needs for children and their families, and are key to ensuring that early intervention and prevention support is timely and effective.

[Historically](#), early years careers have

been undervalued by society, and the sector has long experienced exceedingly [high turnover rates](#). The field of gender studies has highlighted how jobs typically associated with traditional gender roles ascribed to women are more likely to be undervalued and underpaid, because it is viewed as a vocation, and not recognised for the highly skilled work necessary to lead to positive outcomes for babies and children. For example, [research has shown](#) how a valued, highly trained, and well-paid early years workforce is fundamental, and this should be prioritised by policymakers in the long term to ensure the best outcomes for babies and young children. This research is specific to early years educators, however, other early years professions also contribute to significant positive outcomes for babies and young children.

This report therefore celebrates the key role, and impact, that the early years workforce has on babies, children and families, while acknowledging the challenges that they face in doing so.

The early years workforce in ABS

Since 2015, the five ABS partnerships have had a combined workforce of:

- 506 paid staff in post (including both full and part-time staff)
- 322 FTE paid staff
- 385 volunteers in post

These staff and volunteers work across the full range of ABS programmes and services, including directly with children and families, and in management, administrative and

support roles. Each staff member has a critical role in ensuring families receive appropriate support.

A core aim of ABS is to:

Bring about ‘systems change’; that is to change, for the better, the way that local health, public services and the voluntary and community sector work together with parents to improve outcomes for children.

A well-resourced and skilled workforce is a crucial element of realising this goal. Workforce training and capacity building, for both paid staff and volunteers, has been a priority since inception. Since 2015, ABS programmes have delivered:

- 2,753 workforce development events or courses, to 12,804 unique attendees
- 967 volunteer development events or courses, to 2,711 attendees

Systems change relies on a skilled, well-resourced, and motivated early years workforce. If a workforce is stretched to the limit, they will struggle to prioritise innovation in their ways of working and to make positive changes.

To best support infants and families, a holistic approach with the child at the centre is key. The ABS partnerships were established with this **multi-agency, holistic approach** at the heart. Improving child development outcomes across speech, language and communication; social and emotional development; and diet and nutrition, requires effective multiagency and multidisciplinary working, with shared goals and positive communication

approaches. [Research evidence](#) has shown that high-quality early years provision can have a positive influence on outcomes, both immediate and longer term. Families who experience cumulative forms of disadvantage are likely to require greater levels of support. This requires practitioners to be sensitive and culturally aware in order to identify and engage with families in need of additional help. The case studies in this report demonstrate some of the innovative models ABS partnerships have developed to support the early years workforce, across different professions and organisations, to work together towards positive child development outcomes. Examples include:

- Working with universities to influence the curriculum, and support nursing and midwifery practice
- Training parent champions
- Building a peer-led Family Mentor programme
- Building bespoke training, supervision and mentoring programmes to enhance expertise
- Providing a flexible and free training offer to professionals across the local area

Early years workforce policy in England

There are several key policy drivers and developments relevant to the early years workforce; these are summarised below.

The early years workforce strategy

This key strategy, published by the Department for Education in 2017, sets out commitments from the Department on how it will support the early years sector to attract, retain and develop the workforce. Key commitments and recommendations are summarised below.

- The strategy recognises the challenges of recruiting and retaining the required level 2 and 3 qualified early years educators¹. It eased some of the requirements regarding English and mathematics qualifications for staff to be counted within ratios. Previously, they were required to hold GCSEs in both, however, this was amended to include level 2 functional skills qualifications within eligibility.
- It is similarly difficult to recruit and retain graduates within the sector, and the strategy committed to researching how to improve the status of early years teachers and offer more opportunities for development, alongside prioritising graduates in disadvantaged areas.
- The strategy recommended improved partnerships between employers and schools and colleges, to provide information about career opportunities. The Department for Work and Pensions also committed to promoting childcare as an employment option.

- A further commitment is made to conducting a training needs analysis of early years tutors to improve practice and identify challenges.
- The strategy also recommended increasing diversity of early years staff, including recruiting more men into the sector.

NHS Long-term Workforce Plan

The plan was published in June 2023 and was the first of its kind in the NHS's 75 years of existence. The NHS has evolved and adapted since its inception, and is facing ever increasing challenges with the workforce, therefore the plan was created to provide a clear approach for making improvements to the system. There are three clear objectives of the strategy, which are:

- **Train:** the plans aims to increase education and training across the workforce and create more roles which meet the changing needs of the population. It also commits to the creation of additional apprenticeships and new routes into professions within the NHS.
- **Retain:** another important aspect of the strategy is a focus on retaining existing staff within the NHS. Commitments include increased availability of support, improving working culture and increasing flexible ways of

¹ NVQ Level 3 qualification is equivalent to A-Levels; NVQ level 2 qualification is equivalent to five A* - C grade GCSEs

working.

- **Reform:** the plan aims to increase productivity within the workforce by developing new approaches to training and education. It also aims to create more teams with diverse skills to enable greater flexibility to meet service-user needs more effectively.

The Early Years Foundation Stage (EYFS)

The EYFS provides the policy framework for early years settings and childminders regarding staff qualification and training requirements. All early years providers must follow the staff to child ratio requirements set out within the framework to be within the law, and ensure they employ staff meeting at least the minimum qualification levels. The Department for Education (DfE) defines the qualifications that staff must hold to count towards the required EYFS staff:child ratios as follows:

- For under two year olds, there must be one staff member for every 3 children. One member of staff must hold a level 3 qualification and half of the others should hold level 2 qualifications. There are no qualification requirements for the remaining staff.
- For two year olds, there must be one member of staff for every

five children. One member of staff must hold a level 3 qualification, and half should hold level 2 qualifications.

- For children aged three and over the ratio and qualification requirements vary depending on the type of setting. In addition, where there is a member of staff holding a teaching level qualification, the required ratio is one staff member to 13 children, whereas a setting with only a level three practitioner requires one staff member for each eight children. [More details are available here.](#)

The Government recently held a consultation on the childcare ratios and staff qualification requirements in early years settings within the EYFS framework, with the planned changes coming into effect in September 2023. This has been received with challenge by organisations representing the early years sector, with concerns over the prioritisation of money saving over the quality of care.

However, rising costs have resulted in 90% of settings reporting that they have reduced their staff in the last year², creating additional pressure on remaining staff, and the DfE proposed the EYFS staffing requirements as a way to combat the staffing crisis.

A key early years policy in England that will have an impact on the capacity of early years practitioners is the [early](#)

² Coram, (2022) Annual Childcare Survey
<https://www.coram.org.uk/resource/resource-coram-family-and-childcare-survey-2022/>

[years childcare funding entitlements.](#)

All 3-4 year olds are entitled to 15 hours of free early years education at a registered provider (nursery or childminder) and parents who work more than 16 hours a week and earn less than £100,000 are entitled to 30 hours free. Children, aged 2-3 years old, from disadvantaged backgrounds can access 15 hours of free early education. The free hours are term-time only and parents may have to pay additional costs, such as for meals, trips or nappies.

The [government recently announced](#) the expansion of the funded hours initiative to all babies and young children over 9 months with working parent/s. This scheme will be rolled out at different stages over the next few years with the goal being full roll out to all those entitled by September 2025. The scheme will also be term time only for 38 weeks of the year. Both these schemes, while of great benefit for families and children, will add increased pressure to the early years workforce given the rise in demand they will drive.

The early years workforce: scale, capacity and challenges

The early years workforce is a broad and diverse collection of professions, working with babies and their families from before birth until children begin school at five years of age. Early years practitioners span health, education, and social care, and statutory, voluntary and community services. While not an exhaustive list, by the age of five, children may have encountered

midwives, health visitors, specialist nurses, obstetricians, paediatricians, dietitians, childcare and early education providers, and specialist practitioners such as speech and language therapists, parent-infant therapists, special educational needs coordinators, and many others. Prevention and Early Help is not a specific service, but a collaborative approach across all agencies to improve the outcomes for babies, children, young people, and families.

The latest available data gives some idea of the size and scale of the early years workforce across England.

Midwives: The latest figures report [22,391 full-time midwives](#) working for the NHS in England. This was down by 331 compared to November 2020.

Health Visitors: The current total combined [published health visitor workforce](#) data for 2022 shows there were 7,030 Health Visitors. Numbers reached a record low in 2022 and the [Institute for Health Visitors](#) reported this to be a significant crisis which requires urgent action.

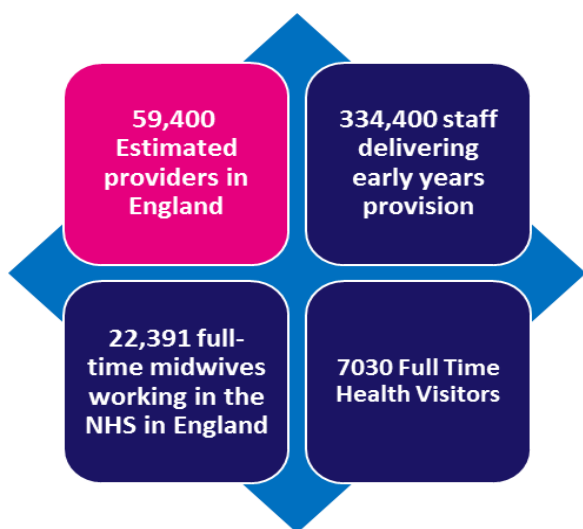
[The Royal College of Midwives \(RCM\)](#) reports a gap of 2,500 midwives in England, and the workforce is increasingly stretched to deliver the high level of support required to individuals. Recent findings also show a shortage of at least [5,000 health visitors](#) across England. The NHS Long Term Workforce Plan was published in July 2023 and sets out ambitions to recruit and train enough midwives to fill the gap by 2027/28. It also aims to double the number of qualifying health visitors by 2031.

Childcare and early education

providers: In 2021, the total estimated childcare and education **providers** in England with at least one child aged 0-4 registered with them was 59,400, with an estimated 62,000 registered providers overall.

The total number of **staff** delivering early years provision was 334,400 in 2022. This compares to an estimated 328,500 staff in 2021 and is distributed across the following groups:

- 248,200 staff in group-based provision
- 52,300 staff in school-based provision
- 33,900 childminders and assistants



Some further consideration of the specific roles and responsibilities of each sector, and the challenges facing the workforce, are highlighted below.

Midwives and health visitors

Midwives provide care and support to women and their families while pregnant, throughout labour and during the period after a baby's birth. The midwifery model of care is embedded within the structures of the NHS, with

midwives providing most of the care to expectant parents in the weeks before and after birth. In other countries, such as the US, midwifery models of care are less common. A growing body of evidence shows the [benefits of midwifery](#) as the primary model of care, and the optimum outcomes are found when continuity of care is provided to expectant parents, with one consistent midwife throughout. The [continuity of care model has a range of benefits](#), due to the positive relationships which can be developed between parents and midwives over time. This builds trust and helps pregnant people feel safer throughout pregnancy and birth. [Research](#) has found improved outcomes for babies whose parents received the continuity of care model.

Health visitors are specialist community public health nurses, (SCPHN) registered midwives or nurses. They specialise in working with families with a child aged 0 to five to identify health needs as early as possible and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities. They also lead the delivery of the [Healthy Child Programme \(HCP\)](#), a universal programme of support provided to families with young children in England and covers immunisations, health information, developmental reviews, and access to a range of community services and resources.

A [report](#) from NSPCC notes that between 2021-2022, 100,000 new-born babies did not receive their first health visit within the 14 first days, as recommended by the HCP. Health visitors are reporting they are unable

to do their job sufficiently, and ensure adequate safeguarding of babies and young children, because of capacity constraints. Many babies and very young children are missing out on important development checks and opportunities to identify those in need of additional support. Health visitors are intended to be the main professional contact point during the first two years of life, which makes their development checks particularly important.

[A survey](#) by the Institute for Health Visiting (iHV) identified that half of health visitors in England were holding caseloads of over 500 babies and young children, and a quarter were holding caseloads of over 750. This is a concern, given that the Institute currently recommends a maximum of 1 health visitor to 250 children to deliver a safe service. This data highlights the challenging circumstances under which health visitors are delivering this critical service.

Perinatal mental health services

Pregnancy and the first years of parenthood are particularly high risk for adverse mental health challenges. There is a growing understanding of the need for specialist perinatal mental health services provided by skilled professionals. [Suicide is the leading cause of death](#) in the two years following giving birth, and it is vital that there are services in place to identify parents who are experiencing poor mental health, and therapeutic services for them to be referred to. Perinatal mental illness is the most common health complication during

pregnancy and following having a baby. [The RCM](#) highlights that physical health is better provided for by services in comparison to mental health, despite the overwhelming need in the population. The economic cost of adverse perinatal mental health problems is £8.1 billion in the UK.

The RCM recommends all midwives receive specialist perinatal mental health training, and each service should have a specialist in perinatal mental health. In addition, perinatal mental health training should be embedded within continuing professional development.

Wellbeing of the early years workforce

To effectively support babies, infants and families, the wellbeing of early years practitioners must be a priority. Multiple studies have identified a negative impact on the workforce wellbeing as a direct result of the pandemic, contributing to difficulties with staff retention. [One large-scale survey of NHS staff](#) identified high rates of diagnosable mental health conditions:

- 36% had likely cases of post-traumatic stress disorder (PTSD)
- Half had at least one mental health disorder
- 1/5 were misusing alcohol

Whilst stress and burnout have always been an issue within the NHS, the Covid-19 pandemic has exacerbated this. [The Royal College of Midwives](#) reported that even pre-pandemic, maternity units were understaffed, and midwives were overworked. Their

surveys of midwives found they were not able to access sufficient personal protective equipment (PPE). Midwives from minority ethnic backgrounds were most likely to experience poor working conditions, with requests for PPE more likely to be turned down.

[The Nursing and Midwifery Council \(NMC\)](#) is the independent statutory regulator of nurses and midwives in the UK. It maintains a register of all qualified midwives and nurses in the UK. There is an additional layer of regulation for midwives, one of which requires professional supervision to be mandatory. Supervisors provide support and advice to midwives and a key aim is to safeguard babies and families. Supervision for professionals in emotionally challenging roles [has been found to](#) improve wellbeing and decrease chances of burnout. Exploring the use of supervision across the early years workforce more widely has been suggested as a useful approach to supporting wellbeing.

The Royal College of Midwives recommend that the key factor in improving staff retention of midwives is to enable flexible working, which in turn will enable them to plan their schedules more effectively. In many cases, midwives leave their role due to the pressures of working in an understaffed environment, therefore perpetuating the difficulties. Creating a more positive working environment with fully resourced teams would help to improve staff retention, as would better pay incentives, as recommended by the RCM.

[NHS England has published guidance](#) for improving midwife retention. They suggest a combination of approaches

should be effective for maintaining a more consistent workforce, including offering mentoring schemes, ensuring staff attend pension seminars and developing a menopause policy.

Staff in early years settings also faced significant challenges resulting from the pandemic. [The National Centre for Social Research and Frontier Economics](#) reported that the post-pandemic reality has led to it being the most challenging time to run an early years setting. Three quarters of settings lost staff, and 60% of those who left had gone onto different professions. These findings are not purely due to the pandemic, with chronic workforce issues already apparent alongside serious issues related to funding.

Recent findings from the [Trades Union Congress](#) (TUC) highlighted 95% of local areas are facing a recruitment crisis for their early years' settings. Low pay and long hours were identified as leading factors for the workforce shortages. The TUC has called for a new early years strategy which includes a focus on the development of wellbeing policies and improving remuneration and development opportunities for practitioners.

[The Anna Freud Centre](#) has developed, based on their large survey of practitioners, specific materials for early years settings focused on improving the wellbeing of the workforce. There are four key areas they recommend focusing on:

- Supporting each other
- Supportive management
- The physical environment
- Outside support

Approaches to developing the early years workforce

Workforce training and Continued Professional Development (CPD)

Evidence shows that one of the key ways to ensure the delivery of quality and effective early years services is to invest in continued professional development for the workforce.

The [Early Years Education COVID-19 Recovery Package](#) is offered by the government as part of the Covid Recovery Programme, and includes training and development opportunities for practitioners. The package, which includes up to £180 million for the early years sector, aims to help address the impact of the pandemic on babies and young children and strengthen the workforce.

The Stronger Practice Hubs programme launched in November 2022 is also part of the package, aiming to support settings by sharing effective practice and building lasting local networks. The Hubs will support other early years settings to improve outcomes for children in their local area across the scope of the EYFS. However, there is also a specific focus on areas of development that have been most impacted by COVID-19, including personal social and emotional development (PSED); communication and language, and early literacy and maths. Support is made up of three strands:

1. New and universally accessible online training to upskill practitioners and improve their

knowledge of child development, so they are better able to support the development of children in their care.

2. Access to mentoring support for early years practitioners in settings most in need of support to help strengthen children's learning and development, along with bespoke whole-setting and leadership support.
3. A network of Stronger Practice Hubs to encourage evidence-based practice improvements via local networks.

Trauma-informed practice training

There is growing recognition in policy and practice of the importance of trauma-informed practice and awareness of Adverse Childhood Experiences (ACEs). Trauma-informed practice recognises the impact on the body and brain of experiencing a traumatic event/s. Traumatic incidents can affect babies and young children's development, both immediate and longer term. It is also important to have a trauma informed approach when working with parents. In practice, being trauma-informed requires professionals to consider the multitude of effects which may result from experiencing trauma.

In upskilling and supporting the early years workforce, training in trauma-informed practice is universally applicable and a strong focus of current practice. A [scoping review](#) identified the importance of a whole system approach to trauma-informed practice in the early years, with

ongoing rather than one-off training, to lead to the best possible outcomes and change in culture long term.

Involving parents in the workforce

A growing number of organisations involve parents as mentors or parent champions. These programmes recruit and train parents to work within local communities, recognising parents as the experts in their own lives. This enables greater engagement of parents from marginalised groups, particularly when the parent champions are from similar cultural backgrounds and/or share a language. It also benefits the parents themselves, with [research finding](#) that engaging in parent mentor training and delivery can have a positive impact on parents' confidence and be a steppingstone towards further training courses or employment. Other benefits include increased participation in community-based courses and increased uptake of early years provision. Some programmes provided training linked to accreditation or qualifications, which can have long-term positive impacts on the individuals taking part.

The impact of the early years workforce for child development outcomes

[Evidence from Ofsted](#) shows nursery settings with higher qualified and more experienced staff are more likely to be graded “outstanding” during inspections, in comparison to those with lower qualified staff. A higher qualified early years workforce was a particular priority for the last Labour

government, which introduced the Early Years Professional Status (EYPS), a graduate-level qualification comparable to teaching. The qualification aimed to increase the number of graduates working in early years settings. Research from other countries has shown direct correlations between the quality of settings and having higher qualified staff. For example, the [Nordic countries have some of the highest quality early years settings](#), and the majority of staff have degrees.

[Studies](#) have evaluated the impact of attending early years settings on child development outcomes and they have shown for the most disadvantaged children, attending high quality early years settings can contribute to improved outcomes. Furthermore, it can contribute to closing the attainment gap between children from different socioeconomic backgrounds.

There are significant barriers to children with SEN and disabilities accessing high quality early years provision. In a [recent survey](#), only 21% of local authorities reported having sufficient childcare for disabled children in their area. This is a major factor in the higher unemployment and poverty rates experienced by families with disabled children.

With under-funded settings and an under-qualified workforce, there are major barriers to the inclusion of children with SEN and disabilities which may come with additional costs and require more skilled practitioners. While all professionals working with young children should have the training to support children with SEN and disabilities, currently too few do or

have the capacity to acquire it. Only through integrated local strategies can settings be provided the additional support and specialist training they require. Evidence from [NCB's EYSEND programme](#) shows that this can make a demonstrable impact on inclusion, but that capacity and competing local priorities remain a barrier.

A full health visiting service as set out in the HCP contributes to improved outcomes for babies and young children across the ABS child development outcome areas. For example, health visitors spending time visiting infants in their homes will be able to assess the home learning environment and witness parent/child interaction. [ICAN](#) identified that often parents are not aware of the importance of encouraging babbling as a form of early two-way communication, and if a positive relationship is developed between parents and the health visitor, they are likely to be more receptive to advice and guidance. In cases such as these, delayed language development may be prevented, reducing the need for specialised interventions later on.

Building community capacity to enhance the workforce

Community capacity building refers to the process of supporting individuals, groups or organisations to act collectively and build strong communities. The World Health Organization (WHO) views building community capacity as an important element of universal health promotion and services. [The WHO states:](#)

'community engagement enables changes in behaviour, environments, policies, programmes and practices within communities.' Effective community engagement relies on a number of enabling factors including building trust and creating effective partnerships.

[Community building can help address inequalities](#) and redistribute power to be more inclusive of those who experience cumulative forms of disadvantage. This approach is strengths based, building on the local community and individuals as agents of change. It is an emerging area of research, and a lack of evidence has been a barrier to the implementation of community capacity building and community-led models, which can be a barrier to accessing funding. However, there is growing recognition of the importance of community-based initiatives, and [developing the workforce in this area is key](#), enabling them to work alongside the communities they serve. Best practice includes practitioners actively listening to local communities and ensuring those with lived experience can have influence at a strategic level.

Effective capacity building leads to ['making a positive difference to the capacity and skills of the members of the community in question because they participate with other members of that community in activities directed towards meeting their needs in some way.'](#) This requires a workforce who can effectively facilitate this, empowering community members to engage in community work and collaboration.

Summary

- The period from conception through the early years is the most critical period for development, and provision of the right support from a skilled and knowledgeable workforce has significant benefit.
- Given the critical role that the early years workforce plays in supporting families, evidence suggests the workforce has been historically undervalued.
- There are chronic staff shortages across the NHS and early years settings which require urgent prioritisation from the government. The Covid-19 pandemic further put pressure on the early years workforce, exacerbated inequalities and increased the likelihood of practitioners experiencing mental health challenges.
- The expansion of free funded hours for babies from nine months means demand for settings is likely to increase. For the wellbeing of babies, young children, families and practitioners, investment in quality provision and training must be prioritised.
- The A Better Start workforce works in a multidisciplinary way to deliver a wide range of services for infants and their families and is supported by a strong team of volunteers.
- A focus on continued professional development for the early years workforce keeps skills fresh, equips practitioners for changing needs, and demonstrates the value placed on the early years workforce. Among such professional development opportunities, training in the use of trauma informed practice helps practitioners expand their learning and practice, which can be helpful when working with vulnerable families.
- Community engagement and capacity building initiatives can also have a positive impact on local communities, increasing local capacity and cohesion and bolstering the workforce with volunteers and community champions.



Workforce innovation within A Better Start: case studies

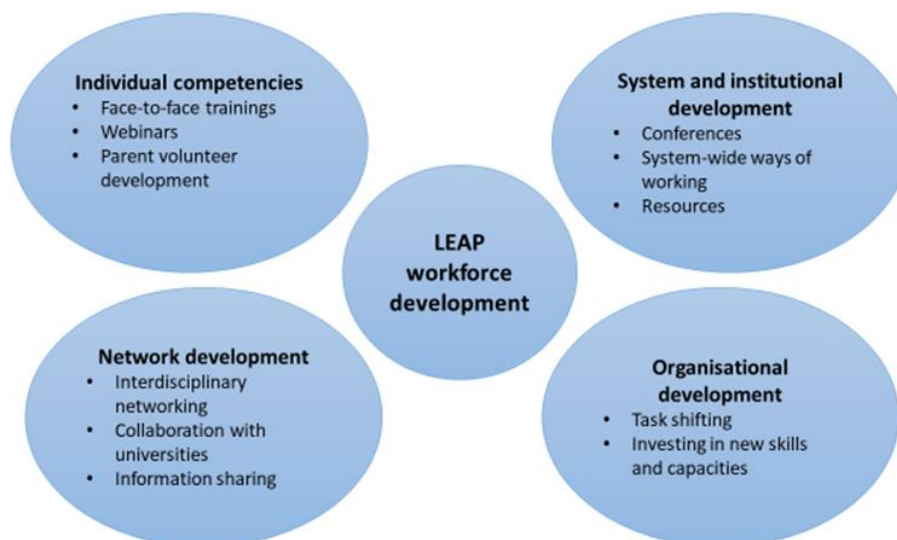
The following case studies highlight a range of innovative approaches the partnerships have been employing to develop the workforce and create lasting systems change to support child development outcomes.

Lambeth Early Action Partnership (LEAP)



Workforce development is a key focus of LEAP's system change activity. The Workforce Development strategy aims to upskill the local early years workforce and embed a shared vision and common framework for working with families. Workforce development is embedded within LEAP's theory of change as well as each service's theory of change'.

The early years workforce in Lambeth is vast and includes practitioners such as health visitors, midwives, GPs, speech and language therapists, children's centre practitioners, childcare providers, early help and social care practitioners, housing officers and the wider voluntary and community sector (VCS). There are significant differences in the learning needs of different practitioners in relation to early childhood development, and in capacity to attend training events. LEAP have provided a blended capacity building offer, tailored to a range of needs. The image below summarises the range of approaches:



LEAP training focuses on a broad range of topics, including healthy eating, oral health, infant feeding, trauma-informed practice, domestic abuse, housing, infant mental health, race and inequality, food and fuel poverty and outdoor learning. These have been delivered through a variety of approaches, including face-to-face training, webinars and parent volunteer development.

The benefit of providing training to a wide range of professionals is the ability to establish a common language and shared vision for working with families. Wider system workforce development has been achieved through holding and presenting at conferences (such as the Lambeth Infant Feeding Study Day and Lambeth's Safeguarding Board conference), providing training to national stakeholders (for example, training on the Community Activity and Nutrition service for the Office of Health Improvement and Disparities), establishing system wide ways of working and developing tailored resources for the wider workforce, including booklets and guides.

What works? Lessons learned.

Workforce capacity to attend training has been the main challenge. Practitioners often work in very demanding roles, with high caseloads, mandatory training requirements and very little capacity to attend anything additional. To enable participation, LEAP offer training online, in the evening, or during lunch breaks.

Lessons learned:

- Training needs to differ according to the specific workforce. For example, healthcare providers have clearly defined remits that differ from children's centre workers, therefore the breadth of training offered has been varied in order to add value for practitioners.
- Bringing together different professionals for informal networking has been useful for raising awareness of different services and developing/supporting referral pathways.
- Based on feedback from providers, LEAP have learned that their free training, along with dedicated training budgets, make it much easier for providers to engage, in contrast to training with costs attached offered elsewhere.
- Online training reaches a significantly higher number of professionals as they require less time commitment.
- LEAP aim for all training events to be Continuing Professional Development (CPD) accredited as there is an increasing expectation for professionals from many sectors to undertake CPD courses. These accreditations enable LEAP trainings to be benchmarked against best practice and build their reputation as a quality training provider.
- Inter-disciplinary approaches to training (e.g., LEAP midwives training health visitors to perform heel prick tests, or reflective supervision provided by the parent-infant psychotherapy team) are effective and can be scaled.
- Following up with providers in the longer term would be a useful way to better gauge the impact of training.
- Practitioners appreciate being signposted to different training opportunities.

How have families and communities supported the work?

LEAP's 'People in the Lead' (PiL) sessions offer a participation space where parents and carers are encouraged and supported to share their opinions, experiences, and

ideas. Early years professionals use this insight to support and inform decisions, processes and service design. Examples of impact include improved recruitment practices and updated policies.

Bespoke training, regular supervision and periodic recognition are key aspects of LEAP's volunteering programme. The programme sees parents trained up across four distinct volunteering roles, including Befrienders, Digital Champions, Parent Representatives and Core Volunteers. A broad package of support works well to both support and retain parent volunteers, including quality assured community listening and confidence with speaking courses delivered by local adult education partners. One-to-one support and coaching are also offered to volunteers, which includes support with employment and career development opportunities.

What difference is it making for children and families?

LEAP have provided over 200 training sessions which have reached nearly 1,300 different practitioners. Feedback has been overwhelmingly positive: 97% highly recommended the training, and 99% thought the trainers were knowledgeable, had a positive experience, and felt they had learnt something new.

Participants report various benefits from LEAP training including:

- Understanding key public health messages
- Developing practical skills and knowledge
- Understanding services and access criteria
- Knowing there's someone they can contact

As a result of a Speech and Language Therapy (SLT) programme, practitioners reported improvements in the day-to-day support they offer around children's speech, language and communication (SLC) development, as well as their practice around identifying and referring children who need additional support.

LEAP introduced the [WellComm tool](#) within its SLT service, paying for the tool and initial training that was then rolled out in different childcare settings. This led to a three-fold increase in identification of children with SLC needs. Local health visitors are now being trained to use the tool as part of their mandated health checks; results will be integrated within local data collection systems and will enable earlier intervention for children with delayed communication and language skills.

How is ABS adding value to the wider system?

Investing in the workforce is an essential, upstream way of helping children to have a better start in life. During the Covid-19 pandemic, the negative effects of a significantly altered workforce (e.g., health visitor redeployment, children's centre closures, lack of support for children with SEND) were well-evidenced, and the importance of 'essential workers' came to the fore.

Through offering a variety of training opportunities, LEAP have enabled the wider workforce to diversify their skills and improve their understanding of different topics

relevant for early years providers, and feedback has been positive. Furthermore, LEAP's investment in the workforce has brought new expertise into the borough. For example, the specialised parent-infant relationship workforce has been delivering an innovative service which not only supports improved infant mental health but also improves organisational development more broadly in the local area.

Future priorities across the partnership

LEAP is shifting focus to embedding services within local systems so they can continue to be available to families with young children in Lambeth. Support from LEAP to build capacity across the partnership and enhance local networks means local partners can take forward most services with a strong and competent workforce.

LEAP will continue to focus on strengthening local networks. Convening them will be of particular importance as the service portfolio transitions to local partners, meaning potential modifications to referral pathways or signposting. LEAP will focus on building institutional capacity locally to support the workforce through supporting the roll out of Start for Life. LEAP will continue to build organisational capacity of VCS organisations as critical actors in the early years space through the building of a formalised consortium of small-scale organisations.

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Better Start Bradford



Workforce development has always been a key priority for Better Start Bradford. Over the past year they have been further developing their offer by proactively developing and delivering a training programme to the future workforce (midwifery and nursing students) to shine a spotlight on prevention within early years and the importance of the first 1,001 days. This encourages the emerging workforce to embed this into all areas of their practice as they pursue their careers. Better Start Bradford were also keen to help students better understand the programme, and to benefit from the wealth of early years expertise offered by project teams.

Students on placement with the programme, and who attended Better Start Bradford workforce events, acknowledged there was little opportunity to explore the importance of the first 1,001 days, or the nursing and midwifery role, in preventing and reducing health inequalities. For the majority of students, placements are in an acute hospital trust focused on developing direct clinical care skills. Opportunities for professional development beyond mandatory training requirements post-qualification have also reduced due to capacity issues within the field. This further influenced the need to embed opportunities for undergraduate students to explore public health issues and their role within the community in the prevention and reduction of health inequalities.

The University of Bradford acknowledged the need to review the current midwifery curriculum and were happy to work with Better Start Bradford to shape a broader placement offer for both midwifery and nursing students.

A bespoke training offer was developed and implemented in collaboration with the University of Bradford, the programme, and the Better Start Bradford Projects. This was developed to ensure Bradford's future midwifery and nursing workforce has a clear understanding of how critical their role is within the first 1,001 days. The placements give an understanding of the Better Start Bradford programme, the local voluntary and community sector and how collectively they all contribute to the prevention and early intervention agenda for babies, children, young people and families.

Better Start Bradford developed a creative and responsive offer where every first-year midwifery student would rotate into the programme for 24 hours, delivered over a single week. This includes an induction by a Nursing and Midwifery Council (NMC) registered member of the Better Start Bradford team highlighting what the programme does and how it relates to the student's future role. It also includes time spent with various projects so they can experience the wealth of expertise that the programme has to offer.

The nursing students come for a longer placement of between 4-8 weeks at a time. This extended placement gives students the opportunity to shadow staff in a variety of roles, and more time for reflective practice and joining in meetings, in addition to visiting and working with projects.

What works, lessons learned

The requirements of the midwifery curriculum, including the requirement for students to experience 'specialist placement weeks' amongst their clinical learning, paired with the number of first year students requiring placement experience created a logistical challenge. The high volume of students, Better Start Bradford's lack of previous experience in hosting midwifery students, and capacity of NMC registrants within the programme team all created challenges.

The response required a team effort across the Better Start Bradford programme and project teams with a wide range of individuals committing to supporting students to get the greatest possible benefit from the placement.

Ensuring that students were provided with enough context to understand why this placement and the prevention agenda is so important was a further challenge. Many of the students placed initially questioned whether the placement was relevant to them and were keen to return to delivering clinical care, however, by the end of the placement students reflected on how valuable it was to consider the bigger picture.

The need for a structured timetable was identified following feedback from the projects supporting the placements. The timetable incorporated the following themes and was one of the key successes of the programme:

- an induction to the Better Start Bradford programme and themes.

- helping students to make the connection between midwifery and nursing practice and the need to adapt care to meet the needs of a changing population.
- the need to address health inequalities and ensure access to good quality care, which can improve outcomes of parents and children's health

How have families and communities supported the work?

Families have shared their experiences of parenting, their encounters with medical professionals and the knowledge and understanding they have developed through the Better Start Bradford projects with students, giving them an insight into the impact all of these things have on children's outcomes.

The students work with a wide range of families who are pregnant or have children under 4 through supporting projects such as Better Place which delivers sessions in local parks to encourage families to be more active and engage with the outdoors; Baby Steps which is a group-based programme that supports expectant parents to navigate their emotional and physical transition into parenthood; and Little Minds Matter who provide specialist support to families where there are concerns or challenges with the parent-infant relationship.

How is Better Start Bradford adding value and improving the wider system?

Better Start Bradford has been integral to the development of high-quality learning experiences for midwifery and nursing students which will enhance them as practitioners. The learning from this initiative has been fed back into the Children, Young People and Families Health and Care Partnership Board who are supporting the Best 1,001 days charter for Bradford and Airedale Maternity services.

What difference is this making for children and families?

The longer-term impact of the placement scheme will be felt further down the line once the midwives and nurses have qualified and can put the positive learning into practice. It is evident from the student feedback below that the placement scheme is successful at delivering the message of the importance of the first 1,001 days and engaging with the local community. Prior to the scheme, trainee midwives and nurses would not have benefitted from non-clinical placements within the local community, and this is a unique innovation that Better Start Bradford has delivered.

Some feedback from students:

"I enjoyed the Better Place Bradford project; it was lovely to engage with the community and see how people benefitted from it. I also enjoyed the trauma training and feel I benefitted a lot from it."

[What advice would you give to another student starting placement at Better Start Bradford?] - "Come here with a willingness to learn, that midwifery doesn't stop at that 10-day discharge"

"Be enthusiastic - There's a lot to be learnt! ask lots of questions and be mindful of the things you can take back to improve outcomes and make a difference."

"I enjoyed learning about the importance of the first 1,001 days of life and how family relationships etc can impact on this."

In mid-August, the final two of the 64 first-year midwifery students hosted by the programme within this academic year completed their placements. This equated to a total of 1,536 placement hours facilitated. This tailored offer has added value to a clinically focused curriculum through their complementary voluntary and community sector placements, providing a unique learning experience previously unavailable.

Seven nursing students have also been facilitated in the Better Start Bradford 4 to 8-week training placement and the programme has delivered over 2,000 hours of placement experience for pre-registration nursing students within the last academic year.

It has offered a deeper understanding of the importance of the first 1,001 days via an integrated system approach, influencing future practice to ensure babies and their families receive responsive and early support in their transition to parenthood and start in early life.

Future priorities across the partnership regarding workforce development

This innovation has been undertaken amidst national recruitment and retention pressures, and Better Start Bradford has undoubtedly added value to the system during a challenging time. Within this next academic year, the programme has committed to being an industrial partner as part of the Ambition Hub with Bradford College. The Ambition Hub is exclusively available at Bradford College and is a new approach to learning in the early years, involving a range of other partners to create learning opportunities. This again will offer an opportunity to broaden the programme's influence on the curriculum for all Level 2 and 3 Early Years Practitioner students. The details of this relationship will be finalised later this year.

The Better Start Bradford suite of available support for the midwifery, nursing and early years workforce continues to grow against a backdrop of research and evidence-based practice. Future priorities across the partnership in this regard must continue to utilise the breadth of expertise within its wider partnership and invest in local professional development that may not take a traditional route of clinical placement experience. The next intake of nursing students will commence from September and midwifery students from October 2023.

In addition to the training placements, Better Start Bradford offers those who can't undertake a placement the opportunity to join students and workforce in Better Start Bradford's Virtual live learning offer. Practitioners host 1.5-2-hour sessions and speak on a particular topic. These happen over 4-8 weeks and run multiple times a year. These sessions are a great opportunity to hear about the Better Start Bradford programme from our broad range of projects, staff and partners, and apply this

learning to the 'Babies, Children and Young Peoples Prevention' agenda.

Examples of some of the Virtual learning sessions include:

- The Better Start Bradford Programme: Why prevention and early intervention is central to everything we do,
- ESOL (English for speakers of other languages) for Pregnancy and ESOL with Infants
- Perinatal Support - We put mums in the centre
- Breastfeeding and Peer Support in Better Start Bradford
- Baby Steps - The importance of antenatal education as a prevention.

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A Better Start Southend (ABSS)



ABSS “workforce thinking” has been influenced by their parent champions and what they have learnt from them over time. Their partners and commissioned projects offer learning opportunities to parents to increase their confidence and knowledge, which leads to parents developing aspirations for their future, and they can then be supported by the ABSS Partnership.

What works? Lessons learned

ABSS work with ‘parents as partners’ is well established. It all started with the voluntary parent champion role. Parent champions represent the communities living in ABSS wards and bring a wealth of experience in terms of their lived experiences and local intelligence. Some parent champions are working and bring their knowledge of the world of work to the discussion, providing peer support to others looking to return to or enter the labour market.

Some parents have reported low self-esteem and confidence. They have been supported by Southend Association of Voluntary Services (SAVS), who nurture and provide training for them to step into their new champion role.

Parent champions are involved in co-production, some have been involved in service design and many have supported ABSS through the tendering process. They are equal partners throughout the co-production cycle and bring the voice of their lived experiences and that of their local community to all co-production meetings.

More recently, ABSS has been able to involve parents using ABSS services, both commissioned and direct delivery, in co-production and consultation events, bringing wider parent voice input. Their recent ante-natal offer consultation involved parent champions, new parents and parents accessing the local family centres to identify the most appropriate delivery time, content and length of the course.

How have families and communities supported the work?

As parent champion confidence increases, they take part in governance meetings at all levels. They work to hold the partnership to account through participating in governance meetings. All group Terms of Reference have a stated number of parents that must be present at each meeting to reach quorum. The Parent's Group and ABSS YourFamily Partnership Board are chaired by parent champions. YourFamily is a family support service and one of their direct delivery projects).

The Parent Group provides a platform and opportunity for parent champions to have a space to discuss special projects, engagement ideas, and receive updates from the ABSS office. They also utilise the forum to speak openly about topics they feel are beneficial to the ABSS programme to explore. Parent champion views and experiences have a direct impact on decisions made by ABSS.

A parent champion who is now in paid work said:

“Attending governance meetings really helped to increase my confidence and helped me to understand how a business works and has given me the skills to develop plans for running my own business in the future. I had never been to any meetings like that before, so it helped me in so many ways.”

“Having a good creche available gave me so many opportunities to learn and increase my skills for work.”

“Planning engagement events and volunteering roles within ABSS really built my confidence and skills. I was encouraged to use Trello software which helped me get the paid role I have now.”

“Attending the hub helped my boys gain confidence. Having a place to go and making friends really helped all of our mental and emotional wellbeing”.

What difference is it making for children and families?

SAVS has provided support to parent champions as they have moved into employment or other voluntary roles. Now ABSS is nearing the end of the ABS funding they are dedicating time to each of the 35 active parent champions to understand their future aspirations and supporting them to gain experience or training to meet their ambitions. ABSS has seen many parent champions go on to take up paid roles with ABSS partners.

ABSS commissioned the Peer Support for Social and Communication Needs project, which is unique, as the team of peer support workers are all parents who have a child with a social communication need and are supporting others through their own lived experiences. The project has been running since 2018 and new members of the team are parents who accessed the service in the past and now want to offer other parents the support they gained through the project. They also share their own personal experience of going through the assessment and diagnosis process.

A quote from a parent who attends the ABSS Community Hub twice a week (not a

Parent Champion):

“I moved from London 11 months ago. Since I moved to Southend, I have had so much support from ABSS and feel so different about myself and my little boy. I am supported by Chaos and Calm, Peer support from Kelly and YourFamily. They have all helped me so much. It made a big difference being able to put my boy in a creche while I learnt about his needs. I wrote down everything they needed to know about him. They really took care of him, and he did so well with them. It made me realise he was ready for nursery, and he would be ok. All the support has helped me have more confidence. I now speak to other adults even outside the groups I come to at the hub. I have passed my driving theory test and am going to learn to drive now. I am starting to volunteer working with families and then hope to get paid work doing that.”

The Work Skills project offers learning opportunities to support parents into work. The project offers sessions within organisations e.g. hospitality and more recently has offered training courses on setting up your own business. This has seen a few parents start their own business and for others it has given them the skills and confidence to consider seeking employment.

How is ABS adding value to the wider system?

There are several volunteer opportunities for parents which will be developed over the coming 18 months; YourFamily offers a wide range of experiences for parents who wish to support families and possibly move into paid employment in the field later in their learning and work journey.

Parent champions who have experienced governance roles will be ideal candidates for school governor or charity trustee roles and continue to bring their lived experiences to planning and decision making.

Co-production and involving parents in focus groups is now well established within Southend City Council, who have an ambition to hear parents’ voices in their service design and monitoring.

Future priorities across the partnership

City Family Community Interest Company was established in 2022 as the legacy vehicle for the A Better Start Southend Programme and is tasked with driving forward key elements of delivery, learning and partnership. Although City Family is still in its infancy, huge steps have been made to develop the purpose and mission of the organisation, remaining embedded in the community and ensuring that lived experience shapes the organisation and the work it undertakes. Creating opportunities for parents and the community is the golden thread running through City Family and as such, following an open recruitment process, two ABSS Parent Champions and another local parent have been appointed as Non-Executive Directors, alongside health, business and safeguarding practitioners.

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Small Steps Big Changes (SSBC) Nottingham



Family Mentors (FMs) are a paid peer workforce of local parents and grandparents. The service was developed in 2015 following conversations with families living in SSBC funded wards in Nottingham.

To inform the design of the Family Mentor programme, SSBC consulted with over 1000 parents. Parents said the existing statutory service offer was well liked, but they felt there was 'not enough of it' and that they were not treated as equal partners or their family's individual circumstances were not always understood. Parents asked for additional personal support, in a 'language' they understood, by people who understood them. A need for a peer-led workforce was identified to work alongside parents as equals, supporting and guiding them to parent without judgement.

FMs support children's development through the delivery of the locally designed Small Steps at Home (SSAH) Programme, alongside early intervention groups and activities. SSAH is a manualised home visiting programme of child development, preventative health approaches and support. The service begins with two home visits in pregnancy, followed by weekly visits for the first two months of a baby's life, fortnightly visit from two to six months and monthly visits thereafter. The visits provide evidence-based information including health, care, and positive parenting messages, incorporating guidance from the Department of Health, NICE, ROSPA and UNICEF.

What works? Lessons learned

One challenge of introducing a new workforce has been that it has taken time to know and understand roles within the system. FMs have been asked questions by parents that are not relevant to their role and when it would not be appropriate for them to offer advice. SSBC has provided additional training to FMs, around providing appropriate advice and signposting to partnership organisations.

Prior to starting work with families, FMs undertake a programme of extensive, essential training. SSBC has commissioned Nottingham Trent University (NTU) as the external evaluator of the local Programme, including the FM service. The evaluation has found that training delivered to FMs was essential to the delivery of Small Steps at Home and activities delivered in the community.

To support sustainability of the approach and in recognition of the significant professional development, knowledge and skills gained by the FMs, SSBC has committed to formally recognising and externally accrediting the training. This will also support FM staff as they move onto other opportunities within the system. To achieve this, SSBC commissioned AIM (formerly Open College Network) to accredit the FM training programme. Accreditation refers to the process of an external organisation or authority evaluating and recognising the quality and standards of a training programme. This evaluation ensures that the training meets certain criteria

and industry standards, which validates the legitimacy and effectiveness of the training.

NTU recommended that SSBC make a strong case to government officials, Local Authorities and other policy makers to advocate for the support needs of parents and children aged 0-4 being partially met through a trusted and non-judgmental peer mentoring service, with SSBC Family Mentors an example of good practice. The same evaluation found that, ‘100% of parents would recommend the FM service to an eligible friend or family member’ (NTU Evaluation Report 2022³).

What difference is it making for children and families?

Since the FM service was launched, 3,639 children have used the service and the FMs have delivered a range of community groups to over 113,700 recipients. Small Steps at Home currently has 40.5% of the under four population in SSBC wards signed up.

In addition, the NTU evaluations* have highlighted that:

- Parents reported improvements in wellbeing and confidence, children eating healthier food options, improvements in sleeping routines and behaviours.
- There was a statistically significant difference in mean vocabulary scores between SSBC children and non-SSBC children. This finding suggests that overall engagement with the SSBC programme is linked to better vocabulary scores.
- An increase in SSAH visits leads to improved communication and language and gross motor skills at 12 months and improves fine motor scores at 24 months.

Sustained engagement levels of the FM service with families who are often identified as harder to engage or underserved, are also positive. A further study commissioned in 2021 by the Primary Care Network (PCN) in Sneinton and St Ann’s, highlighted FMs as a workforce that parents with English as an additional language were most likely to turn to for advice and support, ‘Of those that have accessed services, SSBC Family Mentors were experienced as easiest to access’ (PCN 6 Report, 2022).

The trusting relationship with families enables FMs to signpost effectively to other services at the right time. FMs have referred 1,153 families to other services for relevant additional support including housing support, food and clothing banks and mental health services.

How is ABS adding value to the wider system?

The FM service is adding value and improving the wider system by:

- Building trust between families and services
- Encouraging uptake of services

³ All SSBC Evaluations and summaries can be accessed via the [SSBC Knowledge Hub website](#)

- Creating new entry level living wage employment opportunities and upskilling the workforce
- Offering a complementary model of service delivery alongside statutory services which may be particularly beneficial in the context of Midwife and Health Visitor shortages

In addition, the FM service may contribute to NHS cost savings. NHS national costing data shows that 1:1 community services for children and their families costs the NHS approximately £129 per visit.

Building on the success and the learning from the FM service, SSBC has commissioned Pregnancy Mentors to work within community midwifery services. This apprentice programme includes funded places on a Foundation Degree. Pregnancy Mentors work alongside midwives and maternity support workers as part of the hospital maternity units, children's centres, health centres and clinics.

Future priorities across the partnership

Future priorities include:

- Continued roll out of the accreditation of the FM training.
- An evaluation is planned on the wider social value of the FM service. Part of the evaluation will focus on qualifications and employability of the FMs in order to add to the evidence base.
- SSBC is committed to sharing learning from the unique way the FM service operates.
- The FM workforce model will be part of a further 'test and learn' process funded by the Integrated Care Board locally.
- SSBC is also developing a toolkit detailing how to set up a FM service in order to support sustainability.
- Pregnancy Mentors as a model are being explored with additional investment from the Local Maternity and Neonatal Transformation System to support capacity in community midwifery services.

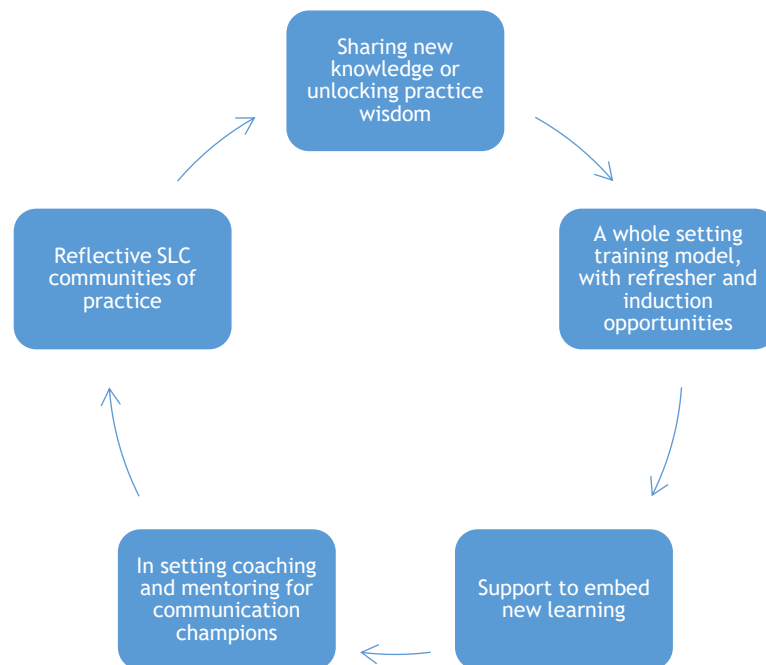
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Blackpool Better Start



There are 123 Early Years Settings across Blackpool (66 Nurseries and 57 Childminders) with 2,623 children aged 0-4 in attendance. In Year 8, 65% of nurseries received direct support from ABS that ranged from engagement from the Community Connector team; provision of resources, training, and development; individual consultation support or support with universal early years health promotion.

Since the pandemic, early years settings have been overwhelmed by the additional needs of children. This has been compounded by a shortage of skilled staff to deliver the best support to the town's youngest children. One key area where settings have requested more support is the early identification of speech and language (SLC) delays. The Blackpool Better Start approach to workforce development to support children's speech language and communication needs revolves around a continual cycle of support and development.



Early years practitioners are encouraged to attend free training on how to identify SLC needs using the [WellComm Assessment](#). This training also includes information on how to refer to the SLC targeted and specialist pathway, what to include in the referral, and the types of intervention available.

Training is also offered on the universal use of Early Talk strategies, a course aimed at early years/pre-school practitioners who want to increase their knowledge of the approaches and tools used in settings to universally support the development of speech, language and communication in children aged 0-3.

This training is offered to whole settings, with refresher sessions available to those returning to the workforce, and induction events for those who are new to the sector. Additionally, Early Talk Boost training is provided to nominated practitioners to enable settings to offer targeted group support to children who need more

support. [Early Talk Boost](#) is a targeted intervention aimed at 3-4-year-old children who need help with talking and understanding words, helping to boost their language skills to narrow the gap between them and their peers.

In addition to training, support is offered to embed new learning. Each setting is assigned an external Speech Language Therapy (SLT) assistant whose role is to support practitioners to set targets and monitor progress for those children with identified need and referring to additional support when appropriate. The SLT assistant also provides critical friendship to settings in terms of implementing Early Talk strategies as well as supporting practitioners to engage with parents and deliver Early Talk Boost sessions with children.

Every early years setting in Blackpool has an identified Communication Champion. Setting Champions are supported in their work through coaching and mentoring by the SLT assistant who visits the setting monthly to discuss whole setting targets on universal strategies, cohort tracking and progress through the Early Years Speech, Language, Communication and Literacy audit tool leading to the [Early Years Commitment \(Speech and Language UK\)](#).

Since June 2018, Blackpool Better Start has offered workforce development training opportunities through Blackpool and the Fylde College to the early years workforce of the future. 110 teaching staff in early years, higher education, further education and apprentice courses have accessed training on child development and trauma informed practice. Through working with curriculum leads, this has then been included within student learning.

What works? Lessons learned

Over 500 Blackpool and Fylde College students have accessed the new curriculum which contains messages on child development and the impact of adverse childhood experiences. This will contribute to a trauma-informed workforce in the future.

Blackpool Better Start's ambition is that 50% of staff in each early years setting will access SLC training programmes. In a recent inspection, Little George's Nursery was graded "Good" with the report highlighting how: *"Staff expertly support the communication of all children. They introduce new words to children and engage them in conversations as they play. Leaders use the knowledge of speech and language professionals to provide staff with the training they need to be able to effectively support children's language skills. All children are making significant progress in their language and communication."*

Feedback from practitioners for SLC training includes:

"This has been the most useful and practical support for communication and language that we have ever had."

"[Staff] feel more confident in how they are supporting all of our children, particularly those with additional needs."

What difference is it making for children and families?

Earlier this year Blackpool Better Start came together as a workforce community to look at the Early Talk offer and decide the six most important strategies to focus on in Blackpool. Over 100 different strategies from evidence-based programmes were discussed and agreed through a negotiation exercise involving Speech and Language Therapists, Assistants, Teachers and Practitioners. From this, six strategies were identified.

Blackpool library staff have also been keen to develop their understanding of the important role they play in supporting the SLC work, and 15 front line library staff as well as two early years library engagement workers have now been trained in these strategies.

Working with settings to support practitioners to understand the strategies which will support all children's SLC development ensures that across the town all settings provide enhanced experiences and environments for children. The additional training has supported practitioners within settings to identify children as requiring additional support early and as highlighted by the SLT assistants working in settings:

“Services (NHS SLT) are so stretched with long wait times at the moment that it's difficult to get support that our children need. Communicate (Setting Support) is the best support that we have at the moment. It's an invaluable service to the setting.”

The multiagency SLC triage panel receives referrals from across the partnership for children who require additional support. From this, practitioners then work closely with the panel to provide settings with support and monitor progress. This early support has additionally reduced the need for some children to access more specialist services through the NHS.

How is ABS adding value to the wider system?

Settings who have accessed SLC training also have access to the wider workforce development offer including the Blackpool Better Start annual conference and a timetable of learning events. These provide further development in a wide range of topics from Father Inclusive Practice, Infant feeding and Weaning, Community Engagement, Public Health updates and the impact of poverty on local families.

Blackpool Better Start Early Years Senior Manager, Kathryn Morris, is working with GL Assessment (a provider of assessments across the UK) in the development of a new online version of WellComm as well as the Balance System Review work across Lancashire and South Cumbria.

Future priorities across the partnership

Next steps involve training and supporting the Family Hub, Family Time, and Early Help Teams in Early Talk, including the six identified key strategies. This will position Blackpool as a unique Local Authority, where health, education and children's social care teams are all trained in using one SLC identification tool, and then universally employ the same six clearly defined strategies.

For further information, please contact Hannah Connell

Lessons from ABS

ABS partnerships were established with four overarching aims, one of which is to drive local system change. Over the years, the partnerships have responded to local need and developed innovative approaches to support the local workforce and improve outcomes for babies, young children and their families. The case studies above provide further context for the range of approaches ABS partnerships are implementing, to drive those changes. The workforce is a critical driving factor for delivering the aims of the ABS programme.

The ABS partnerships have been supporting the workforce during a particularly challenging time, with chronic staff shortages and turnover a prevalent issue. This combined with the covid-19 pandemic has created a challenging situation for workforce innovation. Nonetheless, the case studies presented in this insight report demonstrate a range of successful approaches for workforce innovation, which lead to better outcomes. Common lessons are summarised below, with both local and national recommendations for policymakers and local decision makers.

Recommendations and learning at a local level:

1. Providing a high-quality accessible training offer across the local area to the full range of early years professionals

The ABS partnerships have been able to provide a variety of high-quality training programmes to professionals, free of charge. Affordability of training can be a barrier for participation, and this means more practitioners have been able to access professional development opportunities as a result of being in an ABS partnership area. The partnerships have also understood the training needs of the local area and been responsive to provide courses which meet the local need. ABS partnerships have also demonstrated innovative practice to support relevant further and higher education courses, giving training and professional development opportunities to students who will be the workforce of the future.

2. Coproduction with parents at the centre

The partnerships have developed a range of innovative approaches for involving parents in coproduction and delivery in a valuable way, with strong examples of both volunteer and paid-peer workforces. Parent champions, family mentors and having parents holding strategic level roles have significant benefits, both for the parent volunteers and for the local community. The power of an individuals' lived experience can encourage others to become involved, removing some of the difficulties of power imbalances between professionals and parents. It also benefits the parents who take up these roles, as they can build new skills and confidence to take forwards into the future as they take up further opportunities and/or

employment.

Recommendations and learning at a national level:

- 3. Urgent need for government investment in the NHS early years' workforce, to enable every expectant parent to receive midwifery continuity of care and every baby and young child to receive the full Healthy Child Programme**

The NHS Long Term Workforce Plan was published in July 2023 with plans to combat staff shortages for midwives and health visitors over the coming years. However urgent action is needed to increase staff recruitment, training and retention now. The lack of staff presents significant challenges for effectively safeguarding babies and young children from harm, as opportunities for identification are missed. High caseloads mean it is hard for the development of trusting relationships over time. Research has proven the benefits of continuity of care during pregnancy and birth, in particular for reducing maternal inequalities. The government needs to act now to ensure the first 1001 days are prioritised.

- 4. The government must work towards a long-term early years workforce strategy that supports skilled and passionate practitioners and provides accessible routes into the profession with improving children's outcomes at the centre.**

The early years workforce touches every aspect of a young child's life and has the opportunity to significantly influence positive outcomes for the future. Supporting this workforce, both in terms of skills and knowledge, and in their own well-being, is therefore essential. Examples of priorities may include:

- Guaranteeing that every non-qualified practitioner recruited can commence training towards a level 2 qualification within a minimum timespan.
- Incentivise graduates into the early years workforce and work towards having a graduate led early years' workforce.
- Develop a large recruitment campaign for early educators - specifically focusing on language such as 'early education' and 'early educators' - to attract and retain a quality workforce.

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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.

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