Local Government Association

interface transforming lives

Achieving the best start in life

Research to support a plan for partners

Report

Contents

Executive summary

In July 2025, the government launched its Giving Every Child the Best Start in Life Strategy. The report sets out the government's strategy for improving child development and meeting its target of 75 per cent of five-year-olds having a good level of development (GLD) by 2028. The strategy centers on three main pillars: Better family support; affordable and accessible early education and high-quality early years education. It will ensure that all children develop well, learning to communicate, building relationships, managing their emotions, playing, and learning.

Children are defined as having a good level of development and ready for school if they are at the expected level in five of the early learning goal categories in the Early Years Foundation Stage (EYFS). This is assessed in the summer term after a child turns five.

Research background and method

In March 2025, the Leaders Council agreed to the Local Government Association's (LGA) proposal to co-convene and co-chair a joint, time-limited taskforce to address key policy and delivery issues for Best Start in Life. The purpose of the task force is to actively tackle challenges faced by local areas and provide practical solutions to support them. This includes bringing together good practice examples, engaging in policy discussions, and addressing key evidence gaps. This research aims to support the Best Start in Life Taskforce by identifying effective local authority and partner strategies, alongside solutions to key barriers impacting progress toward the national GLD target. The insights will inform priority areas for both local partners and national government, aligned with the direction set out in the Best Start in Life Strategy.

Interface Enterprises was commissioned in September 2025 to conduct the research for completion by end of November 2025. The method included a rapid literature review, the development of eight case studies, ten multi-agency workforce workshops, two parent workshops, and individual interviews. In total, 117 multi-agency workforce stakeholders and 20 parents were engaged in the research, from across 60 local areas.

Key findings

The rapid literature review identified a range of structural and systemic barriers to achieving GLD, including having English as an additional language, deprivation and poverty, adverse childhood experiences, accessibility and quality of early years education and childcare, challenges with early identification, access to information and support, workforce capacity and fragmented services. The evidence review also identified effective approaches in addressing these which align with the direction of national and local government policy. Local areas are working to overcome the identified challenges through approaches focused on:

- **Strategic leadership and alignment** across health, education and family support, enabling a shared focus on early years outcomes.
- **Early intervention**, particularly focusing on system wide use of Healthy Child Programme (HCP) developmental checks and providing early attachment, speech, language and SEND support.
- Early years **recruitment and retention** particularly focused on 'growing your own' strategies for health visitors and early years entry level roles.
- **Workforce development**, where multi-sector partners come together formally and informally for training and peer support.
- Better use of data from health and education services, to identify where families are not accessing support and to target services effectively, including childcare places.
- **Community and parent engagement**, developed through partnerships with universal services, voluntary sector providers and parents.

At a local system level, stakeholders commonly cite that integration and collaboration is key to improving outcomes. The research identified a range of associated enablers including strong and effective leadership focused on shared outcomes, a clear and shared long-term local vision, shared data, dedicated time for investing in building relationships, equitable sharing of power across sectors, multi-agency workforce development, and an on-going commitment to reflection and improvement in partnership with families. Areas are developing their solutions based on local context and assets in order to build on what works locally and meet local needs. They are drawing on evidence and expertise from national organisations and commissioning independent support and challenge to strengthen and innovate locally.

Parents in this research perceived that the biggest impact on their child's development would come through reliable, consistent information about parenting and how to support child development; informal, accessible support and peer connection; improved support for children with SEND, particularly those who are neurodivergent; and more play based opportunities for their children – ideally stay and play drop-in groups without cost or pressure to participate in more structured activities. Parents also emphasised that being treated with respect, kindness and compassion enables

them to work in partnership with professionals to support their child's development. Affordability of childcare, paternity pay and access to professionals were cited as key challenges. Parents want to be involved in design and improvement of services and suggest making it as easy as possible for them to participate in co-production and giving feedback, including engaging with families in places where they already are.

Parents and professionals shared a number of consistent messages, which are important to consider when prioritising local and national policy development to improve outcomes for families. Key messages include:

- **focus on the whole 0-5 system**, not just 3 and 4 yr olds, to ensure foundational support is received at the earliest time, to achieve GLD outcomes.
- **build workforce capacity and capability** to support the growing levels and complexity of children with SEND, particularly in relation to neurodiversity.
- **explore opportunities for an additional integrated Health Child Programme (HCP) contact** beyond the 2-2 ½ year review, to provide support where needed prior to starting school.
- **value and elevate the early years profession** to secure quality of provision and workforce retention, by taking action to emphasise its importance and profile as a sector.
- **commit to sustained, long-term investment,** enabling continuity and the embedding of practice needed to consistently improve GLD outcomes.

Interface would like to thank all those who generously contributed their time, insights and expertise to this research.

Background and methodology

In July 2025, the government launched its Giving Every Child the Best Start in Life Strategy. The report sets out the government's strategy for improving child development and meeting its target of 75 per cent of five-year-olds achieving a good level of development by 2028. It focuses on ensuring that a child's background does not determine their future success, so that all children develop well, learning to communicate, building relationships, managing their emotions, playing and learning. The strategy centres on three main pillars:

1. Better family support

- launching Best Start Family Hubs, integrating health, education, and parenting services in one place, particularly in disadvantaged areas
- strengthening health visiting and maternity services, improving vaccination access, and tackling childhood tooth decay
- introducing a digital parenting hub linked to the NHS app, offering trusted advice and simplifying access to funded childcare.

2. Affordable and accessible early education

- eligible working parents will receive 30 hours of funded childcare for 38 weeks from the term after their child turns nine months, saving families up to £7,500 annually
- funding for the Early Years Pupil Premium will rise to £570 per child, supporting disadvantaged families
- reforms to simplify the childcare system and improve inclusion for children with SEND.

3. High-quality early education

- increasing the number of qualified early years teachers, with incentives for those working in deprived areas
- focusing on early language and mathematics skills.

Children are defined as having a good level of development and ready for school if they are at the expected level in five of the early learning goal categories: communication and language; personal, social and emotional development; physical development; literacy; and mathematics. The assessment is conducted at the end of the Early Years Foundation Stage (EYFS), in the summer term after a child turns five.

The strategy will be supported by £1.5 billion of funding over the next three years representing the first steps in what the government describes as a decade of renewal for early childhood support.

Background to the research

In March 2025, the Leaders Council agreed to the Local Government Association's (LGA) proposal to co-convene and co-chair a joint, time-limited taskforce to address key policy and delivery issues for Best Start in Life. The purpose of the taskforce is to actively tackle challenges faced by local areas and provide practical solutions to support them. This will include bringing together good practice examples, engaging in policy discussions, and addressing key evidence gaps.

The aim of this research is to support the Best Start in Life Taskforce by:

- identifying effective local authority and partner strategies and solutions to blockers that help achieve the national target of 75 per cent of children reaching a good level of development (GLD) by age five
- supporting the identification of priority areas of focus for local partners and national government within the direction of travel set out in the Best Start in Life Strategy.

Interface Enterprises was commissioned in September 2025 to conduct the research for completion by end of November 2025.

Research method

The research method included the following components:

- Rapid literature review to identify key barriers and effective approaches using literature identified by the LGA, a systematic internet search and literature provided by those participating in workshops.
- Ten online multi-agency workforce workshops aimed at those fulfilling different roles within the workforce (sector organisations, strategic leaders, service managers, health visitors and Healthy Child Programme (HCP) practitioners, SENCOs/SLTs, early years setting managers and practitioners). Participants were recruited nationally through LGA and Interface contacts resulting in engagement of 117 people from over 60 local areas.
- Two online parent workshops, with parents recruited via practitioners attending the workforce workshops, supplemented by additional individual parent interviews and feedback from parents recruited from local networks. A total of 20 parents were engaged, 18 mothers and two fathers.

- Liaison with local areas to develop eight case studies to provide deeper insight into diverse examples of approaches shared at workforce workshops.

Further methodological detail is provided in Annex A.

Annex B contains the bibliography associated with the rapid literature review.

Rapid literature review

This review examines key literature that supports councils and their partners to work collaboratively together to achieve the national target of 75 per cent of children reaching a good level of development by age five. Aligned with the overall research aims, the review identifies key blockers to achieving a good level of development (GLD) and highlights effective solutions that can be scaled to meet national ambitions.

Barriers to achieving a GLD identified within the literature

The literature highlights a number of recognised barriers to achieving GLD by age five. The evidence shows these barriers are interconnected and cumulative, with early disadvantages often leading to widening gaps as children progress through the education system. Barriers identified include having English as an additional language, deprivation and poverty, adverse childhood experiences, accessibility and quality of early years education and childcare, challenges with early identification, access to information and support, workforce capacity and fragmented services.

Deprivation and poverty

Deprivation and poverty are the strongest predictors of poor early development outcomes. As the cost-of-living crisis gets worse this can have a disproportionate impact on vulnerable children. According to the policy report by Cooper and McNulty (2024) on behalf of Barnardo's, more than one in four of all children in the UK now live in poverty. Children in the most deprived areas are significantly less likely to reach GLD compared to those in affluent areas. (UNICEF, 2025; Social Mobility Commission, 2024; Gibson, cited in Early Years Alliance, 2025).

There is a clear link between attainment and deprivation. Nine out of the 10 local authorities with the least children reaching a good level of development are in the most deprived areas of the country. Young children living in areas of higher deprivation and child poverty have poorer outcomes – including higher chances of obesity, severe dental decay and higher rates of A&E attendance (UNICEF, 2025).

The report by the Social Mobility Commission (2024) highlights that only 52 per cent of children eligible for free school meals achieve a good level of development at age five, compared with 72 per cent of children from better-off families (2022-2023 school year).

The evidence shows that poverty creates a significant and measurable gap in GLD achievement that begins in the earliest years and compounds over time, with lasting consequences for educational attainment and life chances (Giving every child the best start in life, 2025). Health visitors report seeing a 91 per cent increase in poverty issues among families they visit (University of Exeter, 2024).

Adverse childhood experiences (ACEs)

Adverse childhood experiences or ACEs are potentially traumatic events that occur in childhood and includes abuse, whether emotional, physical, sexual abuse or neglect or living with a parent with mental illness or witnessing domestic violence.

Research shows that the more ACEs a child experiences, the higher their risk of developmental delay and behavioural challenges in early childhood. Even a single ACE can increase the likelihood of delay, and the risk grows with additional adverse experiences. While buffering factors like breastfeeding and daily reading have benefits, they do not fully negate the risks associated with ACEs. However, positive relationships are a protective factor (Maternal Child Health Journal, 2023).

Kasnia et al (2021) found that children exposed to ACEs are more frequently diagnosed with conditions such as ADHD, autism or learning disabilities. This highlights the importance of distinguishing relational or trauma-based behaviours from neurodevelopmental conditions. The authors found that abuse and neglect at the age of three years might be related to impairments of attention, learning and working memory.

Long-term UK data collected from the UK Child Development Centre (CDC) database indicate a shift in referral patterns over recent decades. There are fewer referrals solely for 'developmental delay' and more for social communication and behavioural concerns attributed to increased awareness of neurodevelopmental difficulties and changing diagnostic criteria (Williams et al, 2018).

Lack of access to high quality early years education and childcare

The quality of early years provision has a lasting positive impact on child outcomes and narrows the gap between disadvantaged and non-disadvantaged children. Perception of quality is also a key factor for parents choosing a childcare provider (Nutbrown, 2012).

Lack of places for children under age three is reported as a significant issue by families, with only 13 per cent of children under age one year and 25 per cent of children under age two years enrolled in centre-based care in 2016 (Department for Education, 2025). Over 80 per cent of parents report struggling to access early years services. Childcare is too often unaffordable, or not available at all (Department for Education, 2025).

Disadvantaged children and children who speak English as an additional language are less likely to take up the full duration of funded early years provision than their peers and therefore miss out on the benefits of attending (Ofsted, 2024).

Parents of children with SEND struggle to access childcare for their children due to a lack of suitable places, insufficient funding for providers to offer adequate support, providers not having the confidence to provide the support and confusion over eligibility criteria. A childcare survey undertaken by Coram (2020) found that children with SEND access far less of their free entitlements than any other children, and only 18 per cent of local authorities report they had enough provision for children with SEND in the early years. The survey identified that the outcomes for children with SEND were worse than for other children, and the gap between them and their peers was growing. The 'Too Little Too Late' report from The Early Years Alliance (2022) found that 28 per cent of settings reported that they had declined a place to a child because of their SEND.

According to the findings of the research report into early years provision for children with SEND and living in deprived areas (Government Social Research, 2024) there is a growing need for providers to be able to adequately care for children with increasing complex needs. The research found that:

- For children with SEND to fully benefit from the entitlement expansion, providers need greater access to sufficiently trained staff and greater support from SENCOs.
- Providers also want more support completing paperwork (which they found daunting and saw as another non-paid task), shorter timeframes to identify children with SEND so that funding is received more quickly, and help working with parents to ensure that any child eligible for funding receives it to help reduce stigma.
- Childminders could offer environments more suitable for children with SEND due to being quieter and with less turnover of children and staff but would need additional support as they have less experience in this field and currently less access to SENCOs.

Workforce capacity

The early years workforce is large, varied and complex and ranges from unqualified staff and volunteers to experienced professionals with degree/teacher level qualifications, making it challenging to create guidance that serves everyone. The scope and provider landscape of the Early Years Foundation stage means that practitioners can work as individual childminders, in community-based preschools, full daycare nurseries and in nursery settings and schools.

The workforce has been described as poorly paid and undervalued, which affects recruitment and retention of skilled staff. High staff turnover rates could impact negatively on the relationship between staff and children if it means the staff don't know the children well and there is less continuity of support (Ofsted, 2024).

Traditional divides between 'education' and 'childcare' have resulted in differential qualifications, status and pay across the early years workforce, affecting service quality (Black et al., 2019). There is a strong relationship between the level of staff

qualifications and the quality of early childhood education and care, but qualification levels still vary across the sector (Nuffield Foundation, 2021).

The Department for Education (DfE) estimated a need for an extra 40,000 workers by September 2025 to support childcare expansion, which the National Audit Office described as "ambitious given the workforce only increased by five per cent between 2018 and 2023" (House of Commons Library, 2025). In 2024, 87 per cent of local authorities identified the childcare workforce as a barrier to expanding free childcare (House of Commons Library, 2025).

In addition, it is estimated that there is a national shortage of around 5,000 health visitors in England and the Institute of Health Visiting (IHV) has stated that families face a postcode lottery of support. There are also not enough student health visitor places to maintain workforce supply need. IHV have stated that cutting health visiting services is a false economy and has a knock-on consequence for other services (Institute Health Visiting, 2024).

Analysis from the LGA (2025) finds that the public health grant has reduced by £858 million in real terms. Health visitors are under particular pressures due to issues with recruitment and retention and/or high workloads (Institute Health Visiting, 2025).

Early identification challenges

Health visiting services promote the health and wellbeing of families with babies and young children. The national Healthy Child Programme (HCP) comprises a universal offer, which includes five mandated health visiting checks: antenatal contact, new birth visit (10-14 days), 6–8-week review, 1-year review, and 2-2½ year review, alongside additional contacts based on assessed need. These reviews typically cover physical health, growth, development, feeding, safety and parental wellbeing (Office for Health Improvement & Disparities, 2023).

Since the transfer of the children's public health, including health visiting, to local authorities in October 2015, there has been an overall improvement in the proportion of children achieving a good level of development (Social Mobility Commission, 2024). However, nearly one-third of children are still not deemed school-ready by the time they reach five years of age. Many children are growing up in families experiencing challenges such as parental conflict, substance misuse, or poor mental health (ADCS, 2025).

Data from the Office for Health Improvement and Disparities (OHID) has found that the coverage of all post-birth universal health visitor reviews has increased in 2024-2025 when compared to the previous year, but also highlights a significant rise in demand for support with families with complex needs, including those related to child behaviour and developmental concerns. Despite the increase in service availability, there is a clear and growing gap between the demand and capacity of the health visiting workforce.

A study by Bunting et al (2024) conducted in ten local authorities found that younger mothers (<24 years) were slightly less likely to receive all three mandated contacts in their child's first year than those aged 30 plus, thereby missing out on the universal contacts where any potential delay in a child's emotional or physical development, including delay with speech and language development, would normally be identified. In addition, children recorded as being from Black ethnic groups were less likely than white children to receive all three mandated contacts in the first year, with Asian children less likely to receive additional contacts. Bunting suggests policy makers and commissioners should consider how health visiting services can be expanded and targeted more effectively to ensure families receive the support they need.

The study also found that first time mothers with a history of mental health were more likely to receive both mandated and additional contacts than mothers who had previously given birth, as well as children in the most vulnerable circumstances (living in deprived areas, with young mothers and/or exposed to maternal adversity) in the child's first year.

The 2-2½ year review is the final universal mandated contact between families and the health visiting team before a child starts school at age four. A key part of the 2-2½ year review is an assessment of child development to identify any additional support that a child may need to be ready for school entry (Office for Health Improvement & Disparities, 2023). If this is missed, concerns may not be identified, and the opportunity is lost to promote eligibility for free education and childcare for 2-year-olds if the parent receives certain benefits such as Universal Credit.

A lack of early identification of speech delays can have significant long-term consequences for children, including academic difficulties, social-emotional challenges such as low self-esteem and persistent communication problems. These issues occur because language skills are foundational for success in school (QMU, 2023). Without timely intervention, children may struggle with reading, writing, and comprehension, leading to frustration and disengagement. Early intervention and targeted support are essential to build confidence, strengthen language skills and reduce the risk of negative outcomes.

Access to information and support

The Parenting Through Adversity Practice Guide (Foundations, 2025) highlights the lack of awareness of available support and how to access it amongst multi-agency professionals, leading to delays in providing the right support to parents at the right time. They found some minoritised communities are underserved; there is stigma in terms of fathers attending parenting programmes; and language is a key barrier for minority parents engaging in support. Furthermore, gaps in information sharing between GPs and local authority children's services mean that parental mental health needs are not always identified or understood at a multi-agency level, impacting child support plans.

Fragmented services

There are a number of common challenges across both health and education that make it difficult to integrate services across the early years system. The Beyond Boundaries report (Isos Partnership, 2022) highlighted mis-matched IT systems, inflexibility around the use of ring-fenced budgets and lack of strategic workforce capacity as barriers to integrated working. This report also found that GPs and maternity services were found to be the least integrated with other services. This message was echoed by the parents who contributed to this research, who said that the advice and signposting from GPs was not well aligned with other sources of support to ensure no child or family falls through the net.

According to Hobbs (2025), staff operating in fragmented systems are under increasing pressure and have limited capacity to deliver the joined-up support that families need, affecting their ability to turn the national Best Start in Life Strategy into meaningful action with the pace and rigour needed.

Effective approaches to improving Good Level of Development (GLD) identified within the literature

The literature highlights a range of effective strategic and operational approaches for improving early years outcomes including:

- early intervention
- building effective strategic partnerships
- developing the workforce
- drawing on local data and insight.

Early intervention

The argument for the benefits of early intervention is convincing. There are strong economic benefits, improved academic outcomes and better long-term life outcomes. For every £1 invested in quality early years care and education, saves the taxpayer £7 in later interventions across the education system and other public services (Early Education and Childcare Coalition, 2024). Securing a successful start for children, particularly those from disadvantaged backgrounds can mean the difference in achieving good GCSE grades and higher earning potential as an adult (DfE, 2025).

High quality early years education, with a strong focus on communication is good for every child and especially positive for disadvantaged children (DfE, 2023). Therefore, access to high quality early learning experiences, together with a positive learning environment at home, is a vital combination to ensure that children are ready for school (DfE, 2025).

Children's personal, social and emotional development is crucial for children to lead healthy and happy lives and is fundamental to their cognitive development. Having strong, warm and supportive relationships with adults enables children to learn how to understand their own feelings and those of others. Having positive friendships with others also helps to reduce the risk of depression and other mental health outcomes. These foundations are laid in the early years (Coram Family and Childcare, 2024; Odeh, K & Lach,L, 2024; DfE, 2025).

Health and early years professionals use standardised developmental screening tools as well as collaborating with parents by reviewing records like the personal Health Record (red book) and the Early Years Foundation Stage (EYFS) profile, along with their own professional judgement and knowledge to identify potential areas where a child may need additional support (DfE, 2021).

Health professionals can use the Ages and Stages Questionnaire (ASQ) as both a developmental assessment and an intervention tool. Both parents and health visitors want a measure of child development at 2-2½ years to be a springboard for a 'warm conversation' about what's going on – covering child, sibling and parent wellbeing, instead of the tool being used as just a tick box exercise. The study by Fraser et al (2022) found that any tool that is used to support the assessment of child development and wellbeing must be used as part of a holistic assessment to support professional's observation, parental report and clinical decision-making – not to replace it. Their study found an urgent need to improve the quality of national health visiting data as the Community Services dataset (CSDS) codes do not capture everything health visitors identify or deliver.

There is a plethora of tools being by professionals to identify speech delays in children under five years including WellComm (Speech and Language UK, 2025); the government's Early Language Identification Measure (ELIM) tool and Teddy Talk Test (2025) to screen children from six months to six years to identify areas where they may need extra support. These tools can help early years staff and parents identify potential delays early on.

Simple interactive strategies such as parents talking and listening to their children, singing songs and rhymes, reading together and playing games help to build vocabulary and make communication a part of normal daily life (Kinderzimmer Uk, 2024; Speech and Language UK, 2025). Speech and language development is a fundamental part of the home learning environment and widely recognised as critical in early years policy and practice. Research shows that good interactions between adults and children make a big difference to how well communication and language skills develop (University of Reading, 2025).

Building effective strategic partnerships

The building of effective early years partnerships is not new. Early Years Development and Childcare Partnerships were first introduced in 1997 to ensure the availability of pre-school provision within a local area. Between 2004 and 2010, Government policy focused on reducing child poverty, partly through the expansion of Sure Start Centres. Since 2010, funding cuts led to the collapse of early years partnerships and the closure of many children's centres. Some areas maintained or adapted their partnership structures to improve early years outcomes. Consequently, local areas are at very different stages of development in terms of building effective strategic partnerships.

Current government guidance requires local authorities to take a multi-agency system focus by securing strong local partnerships, including education, health and social care services (Early Education, 2021).

According to Hobbs (2025) local authorities need to dismantle barriers to effective partnership working and not reinforce them. This requires leaders who must be willing to listen, work differently and share power. Building effective partnerships through co-production takes time and sustained input from the most senior levels.

Successful partnership working is based on shared values, trust and mutual respect, with realistic agreed targets and objectives and open two-way communication existing between practitioners (Coram Family and Childcare, 2024).

Integrated working at a local level is needed to support delivery of the interconnecting policy areas such as delivery of the Healthy Child Programme and high impact areas, maternity transformation, childhood obesity and speech and communication. An improvement in effective outcomes relies on strong partnership working with local authorities, early years services, and voluntary sector services (Office for Health Improvement & Disparities, 2023).

According to Healey (2024) local champions are needed to help establish partnerships and achieve the necessary cultural change needed to plan and deliver joint action. In addition, teachers need more support, including time off to participate in partnership working.

The Practice Guide Parenting Through Adversity (2025) recommends better coordination between agencies in providing and commissioning parenting support to strengthen families. It suggests that senior-level support and a dedicated project lead are essential to developing an effective parenting strategy.

At an operational level, Connect Childcare (2024) found that building strong partnerships with parents and carers in the early years is essential as they play a vital role in their children's outcomes. Their guidance suggests practical ways to strengthen these relationships, such as making parents feel welcome in settings, regularly updating parents on their child's progress, recognising and celebrating their child's achievements and above all listening to parents.

Developing the workforce

Health visitors play a particularly influential role across all UK countries in supporting child development in the early years, with extended contact linked to benefits for the most vulnerable families (Black et al, 2019). Councils have developed new ways of working, integrating health visiting with other early years services, including in some cases recruiting specialist posts for vulnerable groups such as targeted, intensive health visiting support for families accessing drug or alcohol treatment (Local Government Association, 2024).

Drawing on local data and insight

The literature consistently emphasises that effective use of local data requires not just better systems but also cultural change, strategic leadership, adequate resourcing for data infrastructure, and genuine partnership working across organisational boundaries. The literature sets out several key principles for using local data and insight:

Data-driven targeting

The Department for Education provides schools and local authorities with GLD data reports that give insight into Early Years Foundation Stage Profile (EYFSP) data compared to local, regional and national averages, which can help identify specific areas of child development needing attention and specific groups of pupils developing well or less well (House of Commons Library, 2025). Using granular local data can help to identify vulnerable families and areas with the poorest outcomes (DfE, 2024).

As part of the Best Start in Life strategy, the DfE has launched a new GLD data tool on the 'View Your Education Data' platform to support maintained schools in understanding EYFSP outcomes, exploring pupil group trends, and identifying areas for improvement (Early Years Alliance, 2025).

Multi-agency integration

More work is needed to improve the completeness of data in the Community Services Dataset (Office for Health Improvement & Disparities, 2025) and the ASQ at 27 months standardised and validated within the UK if it is to be used to get a better understanding of child development across the country and as an indicator for school readiness (Jung et al, 2024).

Contextual understanding

Joint Strategic Needs Assessments (JSNAs) are statutory evidence-based documents that assess current and future health and wellbeing needs of local populations, including measuring school readiness at the end of reception year and developmental

outcomes (Department of Health, 2013). JSNAs should drive the commissioning process, highlighting areas of concern for review and identifying priorities, ensuring health organisations and local authorities have a better understanding of their local populations and the challenges they face in tackling health inequalities (Department of Health, 2013).

Continuous improvement

It is important to treat data collection and sharing as an ongoing process which requires investment in systems and partnerships (DfE, 2025) to enable effective monitoring of improvements being made.

Other learning for consideration from the literature review

Integrated services are key for improving outcomes for children under age five, years as evidenced by Sure Start. The study by Carneiro (2025) found that Sure Start benefited children and young people's health and education and the impacts were remarkably long lasting. Where Sure Start was most effective was in improving school readiness, particularly in relation to communication and language and problem-solving dimensions and that these early benefits made the acquisition of later skills easier, leading to the effects on test scores through primary and secondary school. Health benefits were demonstrated by less hospitalisations. The evaluation also suggests that integrated early years services can be an effective and cost-effective way to improve children's outcomes, in a range of areas, with long-lasting benefits and that focusing on family services could be a good place to start.

In terms of children achieving a GLD at the end of Reception, Hobbs (2025) summarises four key ingredients to enable the Best Start in life strategy to achieve its goals. The first ingredient is a clear focus on equity, looking at inequalities in income, housing, health and structural barriers to accessing services that all shape children's early experiences. Hobbs believes that without a focus on equity, strategies could hit the proportion of 75 per cent of children achieving a 'good' level of development at the end of reception year by 2028, but they would do so by focusing on those closest to threshold who are more likely to be more privileged and therefore inadvertently widen the inequalities gap. The second ingredient is true co-design with partners across the early years system, including parents. The third ingredient is using evidence, drawing on research evaluation, local data and insight, while recognising that where evidence is limited – innovation is needed. Hobbs states that strategies grounded in robust evidence are more likely to attract support. Finally, strategies need to be grounded in local context with a clear understanding of the local asset base, relationships and strengths of local communities.

Local approaches to address barriers and sticky issues

One hundred and seventeen participants from varied roles across the workforce participated in one-hour online research workshops. Participants were drawn from voluntary sector organisations, health services, local council services and early years settings. Participants from these workshops identified a range of approaches to achieving Good Level of Development (GLD) outcomes for children. The system solutions adopted in local areas can be grouped as follows, and these align with effective approaches found within the literature review:

- strategic planning and system alignment
- early identification and intervention
- workforce development and capacity building
- accessibility, community and parent engagement
- data sharing and analysis
- targeted support and evidence-based programmes.

Strategic planning, integrated and collaborative approaches

Research participants highlighted the effectiveness of whole-system approaches where services are well aligned through shared leadership, governance and accountability. Successful collaborative approaches, or efforts to establish them, have been driven by several key enabling factors: strong and effective leadership; well-established relationships; a clear and shared vision; shared outcome frameworks; dedicated time invested in building relationships; equitable sharing of power; and an ongoing commitment to reflection and improvement.

> "To make it happen, having that strategic commitment from leadership within the local authority and health partners was really important."
> (Voluntary sector provider)

Local approaches identified by workforce participants include:

Strategic leadership, governance and accountability

- Building integrated leadership teams and strategic cross-sector partnerships to enable joint governance and shared accountability, such as Early Years Strategic Boards aligning with Best Start in Life strategy.

- Communicating clear political commitment to voluntary sector collaboration and co-production, for example as agreed strategic principles.

In Derbyshire the multi-agency Early Years Strategic Board is part of wider Best Start in Life governance. It has five workstreams that have been running for over a year and is responsible for:

- coordinating multi-agency efforts to deliver the draft Early Years 0-7 strategy
- engaging families and communities through consultation and lived experience
- monitoring progress and aligning local plans with national targets, including their GLD target.

Whole-system integration and multi-agency collaboration

Whole-system mapping and multi-agency approaches (where different services are working together to support young children and their families), such as maternity, health visiting, early years, social care, family help, public health, libraries, and mental health services, for example in family hubs or multi-agency early intervention panels operating 'below threshold' to support whole-family responses.

- Broadening the scope of multi-disciplinary teams within 0–19/25 integrated services combining early help, youth, early years and health visiting.
- Co-location of multi-agency staff in family hubs, for example health visitors, mental health teams, and speech and language therapists.
- Use of the i-thrive model (a needs-led, person-centred, multiagency approach with five support levels) applied to public health nursing and early years checks National i-THRIVE Programme | i-THRIVE.
- Developing integrated pathways to streamline early access to services and make better use of resources across services, for example for parents of multiple births.

> "At that strategic level, it's working because we've now got our services linked around family hubs – we have got health visiting and midwifery working in there. But that is due to strategic 'buy in' at the top."
> (Early Years Lead, Local Authority, North West)

Strategic alignment of GLD and early years priorities

- Raising the profile of GLD as a strategic priority within wider health and inequality frameworks, aligned with Marmot's health equity principles.
- GLD is integrated with safeguarding and stepped interventions, enabling early identification and effective support.
- Integration of school readiness strategies across early years and health services to unify messaging to families.
- Development of GLD action plans aligned with Best Start in Life strategies, family hub delivery plans, public health and SEND strategies.

Commissioning and resource alignment

- Using joint commissioning or aligned service specifications, for example across public health and family hub services creating a shared approach.

Pen picture: Joint commissioning

In one area, commissioners are working together across children and family services, family health services and public health nursing services. They have worked to align specifications, ensuring they are interrelated and connected to support integrated working. Staff are not co-located, but they are working in an integrated way and health staff go in and out of family hubs. "This is key for us in terms of how we're taking it forward collaboratively, the Best Start in Life plan." At director level it was agreed that there will be key people in the local authority who will work together to bring partners around the table – across commissioning, public health and early years.

Early identification and early intervention approaches

A consistent theme emerging across the workforce insight is the critical importance of early identification of whole-family needs across the 0–5 age range. Early identification was considered the most effective opportunity to influence Good Level of Development outcomes – which were described as "the end of the chapter" in a child's early development journey. Areas of focus that were consistently highlighted include early identification and early support of:

- parent-infant mental health needs
- language and communication difficulties
- special educational needs and disabilities (SEND).

These areas align with the evidence base, identifying them as foundational building blocks, and potential risk factors, for achieving positive GLD outcomes. Effective local approaches include:

Building early identification capacity in universal services

- Specialist teams training staff in universal and targeted support.
- Embedding simplified or evidence-based screening tools into universal services to ensure consistent identification and messaging.
- Focusing on parenting and the home learning environment (HLE) through parenting courses, information on activities to do at home, literacy campaigns, and antenatal messaging.

> "We have a speech and language pathway where we would expect any child in a setting or school – as soon as they're identified as having a language need – would have a WellComm screening as part of the universal offer. The early

years offer should be that any child who's identified with a need has a WellComm assessment. This is not specialist work; this is good practice for practitioners." (Teaching and Learning Consultant North East)

Emotional wellbeing and parent-infant relationships

- Prioritising and emphasising emotional and developmental wellbeing within early identification strategies.
- Embedding nationally available resources such as:
  - Parent Infant Foundation expertise
  - 'Happy Parent, Happy Child' resources south glos life | happy parent, happy child
  - My Happy Mind resources https://myhappymind.org/
- Developing new local services to support parent-infant relationships.

Pen Picture: My Happy Mind resources

We use a resource called My Happy Mind – an excellent, NHS-backed toolkit designed to support children's mental health and wellbeing, helping them build resilience from an early age. The programme helps children and parents understand key concepts such as happiness, gratitude, and how the brain works – both their own and others'. It is particularly effective for children with low-level or emerging needs and has significantly strengthened our early intervention efforts, especially around communication and emotional regulation. For example, some children join our nursery settings at age two without knowing how to play or interact with others. My Happy Mind provides the tools and support needed to navigate social environments, build emotional strength, and begin to understand the behaviours of their peers. Importantly, the toolkit is accessible to parents, enabling them to reinforce these concepts at home. It also supports staff wellbeing, making it a truly holistic approach. "My Happy Mind has been transformative. Currently, 20 nursery settings and several schools are using it, and we're about to onboard another 20 nurseries."

Effective use of developmental contacts and data

- Increasing face-to-face developmental reviews in the home.
- Re-establishing and embedding integrated 2-2½ year reviews, with health visitors and early years education settings working together, and using the contact opportunity to offer information on parenting and early education.
- Planning additional targeted reviews between 2- 2½ year review and the start of school to catch unmet needs.
- Using the ages and stages questionnaire (ASQ) reviews at 27 months to identify children at risk of not reaching developmental outcomes, to inform an appropriate early intervention.

- Sharing health visitor data and insights across the system (for example 2–2½ year review data) to target support prior to children arriving in school.
- Integrated use of data across health and early education to support systematic early identification and school readiness.

> "We're taking a collaborative approach. So, for example, we are trying to integrate our 2-2½ year review so that we assess a good level of development not just from an education lens but from a health lens." (Consultant in public health, London)

> "We prefer to do the ASQ in the home, so we see children doing those practical skills." (Early Education Service Manager North East)

Examples of local early identification and support approaches for children with emerging needs and SEND

- Termly developmental tracking from 9 months to target resources and SEN funding more effectively.
- Early signs tracking and consistent strategies, for example settings identifying neurodivergent needs from 10 months and applying consistent strategies with parents across the area.
- Development of assessment resources to help practitioners identify and assess the extent of developmental issues, for example St Helens Early Years Assessment Resource.
- Early Education, Health and Care Plan (EHCP) application with EHCPs completed before reception.
- Focusing on smooth transitions – for example, PVI-school transition clusters to align expectations and improve continuity between early years and schools.
- WellComm Screening to support Special Educational Needs Inclusion Fund applications and increase inclusivity in settings.
- Integration of Portage services and outreach from SEND teams to support early years.

Examples of early identification and support approaches to develop speech, language and communication

- Implementation of speech, language and communication pathways using screening and embedding tools such as WellComm and Early Talk Boost to identify needs early within universal services.
- Deploying outreach workers and additional speech and language support to meet needs before thresholds are met, such as specialists working within early years settings to model approaches and boost workforce capacity.
- Language for Life Programme – whole-team training using WellComm Toolkit resulting in strong outcomes for children receiving free school meals (FSM).
- Early communication toolkit used as part of place-based planning to engage schools and improve early language outcomes.
- Working with BookTrust to integrate resources with the 27-month developmental check and with family hubs Bookstart | BookTrust.
- Embedding National Literacy Trust evidence-based resources for families and practitioners into development checks, such as Early Words Together and First Words to support early language development from age two.
- Using the EasyPeasy App – a digital home learning app that supports both parents and practitioners and has facilitated local parent engagement.

Workforce development and capacity building approaches

Approaches identified by the research participants to tackle challenges in developing a sustainable, quality early education workforce focused largely on facilitating the sharing of expertise within the workforce and flexible approaches to recruitment. Examples from local areas include:

Upskilling and capacity building within the workforce

- Upskilling staff to deliver targeted interventions within universal support, focusing on parenting programmes, home learning environment and attachment-based interventions.
- Training in screening tools and communication strategies for early years practitioners, childminders, and family hub staff. For example, family health advisors are using WellComm as part of Early Language Support for Every Child (ELSEC) in one pilot area.
- Specialist teams providing on-the-job training and reflective supervision, for example speech and language therapists embedded in settings to build practitioner capacity.
- Bespoke multi-agency family hub integrated leadership and practitioner training and development programmes, building integration and relational approaches.

- Multi-agency 'bite-size' training to build consistent messaging across parenting support and education about sleep, toileting, emotional regulation and home learning.
- Directing SEND and English as an Additional Language (EAL) workforce training to high-need settings.
- Tiered support for childminders with training and incentives based on flexibility and availability of SEND support.
- Linking health visitor data to school nurse planning to inform future workforce needs.

Pen picture: Integrating specialist speech and language support into settings

- A successful model in early education and childcare involved integrating speech and language therapists directly into early years settings. Benefits and learning included:
- The proximity between specialists and practitioners helped to build strong, sustainable relationships with clinical staff.
- Practitioners gained confidence and skills to work directly with children, improving outcomes.
- The approach is considered adaptable to other service areas, such as mental health, to strengthen links between practitioners and specialist staff and model effective practice.

Recruitment and retention

'Growing your own' strategies:

- recruiting based on values and potential, not just qualifications, in early years settings
- employment of apprenticeships in early years settings and band 4 nursery nurses progressing through apprenticeship to qualified health visitor roles
- engaging parents into early years employment
- use of retired children's centre teachers to support early years development
- long-standing teams providing in-house mentoring and onboarding support, for example in early years settings
- childminder collaborations to reduce isolation and promote child socialisation.

Peer support and professional networks

- Continued moderation of the EYFS profile assessment and associated peer support for reception teachers despite non-statutory status of moderation.
- Shift from one-off training to whole staff meeting-based Continuous Professional Development (CPD).
- Peer networks and professional support, such as early years network meetings

for teachers across all sectors. Some areas are focusing on relationship building approaches with multi-academy trusts (MATs) to engage the reception and school nursery workforce in sector-wide training and workforce development. One area has over 90 per cent schools that are part of MATs and has worked hard to build relationships to engage this workforce into peer networks.

Pen picture: Early Years Network

One local area spans a diverse range of schools, from small rural primaries to larger schools with three or four forms of entry. Meeting workforce development needs across such varied contexts has been challenging. Leaders recognise that early years can feel isolating for teachers, particularly those new to the phase or early in their careers. Many headteachers have never taught reception and may lack confidence in providing high-quality support.

To address this, the council works with headteachers to define what effective early years practice looks like – covering developmentally appropriate provision, accountability, and expectations for reception and nursery classes. The introduction of two-year-olds into school nurseries is relatively new, and while some headteachers have embraced this as the right approach for their communities, others need support to adapt. Teachers moving from upper primary (eg Year 6) into early years also require tailored guidance.

To build confidence and consistency, the council runs multi-sector Early Years Network meetings. These sessions ensure cohesive messaging on national guidance, provide a space for sharing ideas and offer peer support. As one participant explained: "It's a relational approach. We support each other, share ideas, and act as a listening ear – raising outcomes for children together."

Accessibility, parent and community engagement approaches

Participants in workforce workshops highlighted that engaging with families improves the accessibility and design of support that underpins achieving GLD. Identified enablers included partnerships with trusted community organisations, investment in time to build relationships, access to resources for home learning, developing facilitation,listening skills and being open to doing things differently within outcomes-focused approaches. Examples include:

Co-production and community-led approaches

- Co-production, community conversations, and lived experience to inform commissioning and service design through parent carer forums (as part of family hubs and wider) and using local voluntary sector expertise, such as working with Home-Start to seek family feedback to shape services.

- Parent champion, volunteer-led, and peer support approaches to reach families missing from support, for example, peer support for parents of children with SEND, parent champions for Ukrainian refugees and traveller communities.

Partnerships with trusted community organisations and venues

- Partnerships with libraries, voluntary, community and faith organisations to share early years messages at community toddler and faith groups.
- Engagement with housing providers to provide on-site health checks and immunisations.
- Partnering with Home-Start UK's Big Hopes Big Future school readiness programme.

Pen picture: Collaboration with faith sector

In one local area, the health visiting service has partnered with local churches who created a Welcome Hub – a community space designed to support families, particularly refugees whose first language is not English. The hub provides social connection, free English classes, befriending services, and practical support, such as attending toddler groups. It is inclusive of all beliefs and aims to help families integrate into the local community. Through this partnership, health visitors ensure that families facing language barriers can access healthcare information in a way they understand, reducing risks associated with a lack of access and improving long-term outcomes.

Place-based approaches

- Place-based approaches and local asset mapping to tailor services to specific communities, such as ward level analysis and hyperlocal events.
- Specific navigator and community connector roles to connect families with reliable information and appropriate support.
- Setting-led parent workshops run by nurseries and schools to share parenting strategies.
- Developing early education settings in areas of deprivation through direct engagement with providers.

> "We are running our baby hubs out in the rural areas once a month, making sure people can get to them, and also we are getting to know our local partners as well so we can better work together in those areas."
> (Professional Lead for Health Visiting, South West)

Inclusive and accessible communication

- Use of accessible language, text and phone lines to increase access to information and support.
- Personalised text messages to families to boost uptake of childcare entitlements.

- Use of digital platforms and tools to engage and support parents.
- Use of visual and multimedia resources, for example cbeebies parenting videos and tools Tiny Happy People.

> "Our research showed that personalised text messages increased the take up of the 2-year-old childcare entitlement." (Voluntary sector organisation)

Promoting inclusive approaches within home learning and parenting support

- Valuing everyday learning through activities like matching socks, making toast.
- Developing and disseminating writing-focused home learning packs and speech and language tools.
- Communicating key messages through multi-agency parenting courses, literacy campaigns, and antenatal messaging.
- Shifting from targeted to universal services to normalise participation and increase uptake, such as antenatal and parenting classes.
- Outreach working in homes, modelling boundary setting and supporting routines.
- Building early relationships with whole families, such as father-inclusive parenting support starting in pregnancy.

Pen picture: Community outreach

In this local initiative, community nursery nurses and school staff nurses offer a drop-in "marketplace" for parents of children aged 2 to 8 years. The marketplace provides informal, accessible support on common early childhood concerns such as sleep, behaviour, toilet training, and school readiness. Take-up in family hubs can be variable, and in response, the marketplace is also being offered in school settings where the school has identified a need for the support. Key features include:

- Drop-in format: Held monthly, typically from 9am to 12pm, and promoted via schools, websites and social media.
- Open access: Parents can attend without referral for advice on a wide range of developmental and behavioural topics.
- Responsive delivery: Sessions are held in schools where specific needs are identified.

Approaches to data sharing and use of data

Local areas are using a variety of data sources in different ways to gain a deeper understanding of needs and to more effectively target interventions to improve GLD outcomes. Key facilitators were perceived to include strong multi-agency leadership, data sharing agreements, good operational relationships through, for example, Family

Hub workstream groups, technical solutions and workforce capabilities and skills. Effective approaches include:

Strategic data sharing and integration

- Improved strategic and service data sharing between health and education to identify at-risk families, track progress, and identify gaps.
- Use of integrated case management systems such as System One.
- Linking multiple datasets to correlate EYFSP outcomes with parental questionnaires and health data.
- Combining health, education, and speech and language data to identify children not accessing services.
- Combining data sources to build clearer child profiles.

Monitoring and evaluation for service improvement

- Using anonymous child screening data from a language and communication programme to monitor strategic impact of the programme and to upskill staff in settings to address emerging trends to improve outcomes.
- Mapping children's journeys from the 2-year-old entitlement to GLD outcomes.
- Exploring the gap between the 27-month ASQ and EYFS outcomes to support consideration of a 42-month review.

Pen picture: Effective use and sharing of data

A local council and health trust found that effective data sharing is essential for identifying and supporting children at risk of poor developmental outcomes. An analysis of children who did not meet the expected level of development at reception age revealed that many had missed their one and two-year reviews and were eligible for free school meals, highlighting a need for earlier intervention. To address this, the team focused on improving attendance at two-year reviews, which currently reach around 85 per cent of children. However, about 15 per cent remain unseen. Understanding who these children are and why they are not engaging is now a priority. With funding support from the Workforce Pilot (additional funding from the Department of Health and Social Care), community engagement workers have been employed to connect with families and explore barriers to participation.

Targeted support and evidence-based programmes

Areas are building on existing targeted approaches through relationships with community organisations, focusing on transition periods, home learning environment and drilling down further into data to target support more effectively. Some are using evidence-based interventions although some council officers highlighted that these can be expensive and rigid. Effective approaches include:

Targeting at-risk and disadvantaged children

- 'Mind the Gap' strategies to shift focus from children at expected levels to those at risk of falling behind.
- Strategic emphasis on supporting disadvantaged two-year-olds to improve long-term outcomes.
- Identifying children 'missing' from services (health, childcare entitlement) and targeting these families with outreach support.
- Working with voluntary sector or faith groups to reach identified families, for example health visiting teams and Home-Start providing targeted speech and language assistance, as well as specialised programmes designed to strengthen father-child relationships and improve outcomes.
- Commissioning evidence-based programmes such as the Family Nurse Partnership.

Data-driven decision making

- Using GLD data to support place-based approaches and tailor interventions, for example one area is focusing on two localities where GLD is lower, aiming to improve outcomes by concentrating on writing and literacy. Another area uses GLD data to direct specific training offers to settings with higher proportions of children at risk of not meeting GLD.
- Analysing GLD outcomes based on nursery attendance to target support.
- Identifying low-performing wards and developing tailored interventions such as SEND stay-and-play, forest school.

> "When children arrive in reception, the biggest issues are toilet training, communication issues, behaviour issues and speech and language. We are thinking back upstream, looking at our evidence-based parenting programmes and interventions through libraries and activities that go on, but also data that health visiting has for 2-2½ year checks. We're trying to find a way of scrutinising that data and then targeting some of those families." (Education Service, London)

Enhancing transitions

- Speed dating events where schools and settings meet to discuss individual children and transition needs.
- Using a digital tool called the 'transitions portal' to flag and share children needing enhanced transitions.

Pen picture: Parent engagement

The local council partnered with the Integrated Care Board to recruit several health navigators using targeted health funding. These navigators – former community nurses from the health visiting team – brought valuable knowledge of the health system and System One. Their role focused on improving family engagement with health services.

Using GP data on missed appointments for health checks and immunisations, the navigators contacted parents directly to understand barriers and offer support. These conversations also provided an opportunity to promote family hubs and local activities, encouraging families to reconnect with wider services. As a result, uptake of health appointments and engagement with other services increased significantly.

Although the initiative was initially time-limited, it was extended temporarily through the Supporting Families budget. However, sustainability remains a challenge and will require longer-term funding solutions.

Parent insight

Twenty parents of children aged 0–five contributed their perspectives to the research. Consistent themes emerged across the key question areas, which focused on:

- What helps parents most in understanding and supporting their child's development?
- What additional support would make the biggest difference?
- What should services do differently?
- How can parents be more involved in designing services?

What helped parents most to understand and support their child's development?

Quality of professional support

Parents expressed that they want to do the best by their child, and they worry about whether they are doing things right or not. Parents felt that relationships with professionals were critical in understanding how they can best support their child. Contacts from the health visiting team were found important to support with infant feeding and sleep in the early months. Later developmental checks, attendance at stay and play groups and childcare professionals were found to help some parents understand developmental milestones, identify concerns early and obtain tips about parenting.

As children entered early years settings and school, trusting relationships with individual room leads, teachers or other workers made a significant difference. Continuity of staff across transitions (for example, nursery to reception) helped children feel secure. Some felt that staff in early years settings and nurseries needed more training in how to support children with neurodivergence and create a more supportive environment.

> "We go to different stay and play groups, and the leaders of these groups are great. We pick up lots of ideas there such as how to use toys to support development like building towers with bricks, as well as ideas for arts and crafts we can do at home."

> "Detailed reports, learning cafes and parent evenings all helped [his development]."

Flexible, child-centred approaches were highly valued by parents to support children's unique needs. Effective support included gradual transitions, phased starts, and flexibility in attendance. Involving parents in the classroom helped build trust and reduced anxiety. Parents valued receiving and providing information to support meeting their child's needs in partnership with the setting.

> "The stay and play sessions at the Family Hub specifically run for children with SEND are a great help to me. My child loves going to these sessions as he doesn't get so overwhelmed. I go every week as I really trust the advice and support from the SEND worker who runs the sessions. It also gets me out of the house so I'm not so isolated."

Personal knowledge and confidence

Parents actively sought knowledge and advocated for their children, which they felt was important for their child's development. Parents with children with SEND felt this had been particularly important because they were not always confident that professionals had the appropriate knowledge. Some felt they weren't always listened to by professionals and felt their views were "pushed aside" which made them feel under-valued. Some were able to research conditions affecting their children, tracked progress, and challenged professionals when needed. Having prior knowledge of child development and education helped one parent to recognise concerns early and seek support confidently. Others developed confidence through lived experience, researching their concerns and joining online communities. The NHS was considered a trusted source of information, as were specific Tik Tok influencers and peer groups.

Supportive networks

Having access to peers, friends and family provided valuable emotional and practical support. Parents of young children particularly valued informal peer support opportunities where incidental conversations helped them to identify concerns, share parenting ideas and feel less isolated.

> "When I had my first child, we went to baby groups twice a week run by the health visiting service. I instantly had a group of friends which made a huge difference and helped me with my confidence and gave me reassurance."

> "Baby groups, such as bounce and rhyme, stay and play sessions held by the local community, TikTok advice videos and creators like Ms Rachel, having a lot of family support, the local library services [all helped me to develop my child]."

Support that would make the biggest difference

Parents in this research perceive the support that would make the biggest difference to child development would come from:

- reliable, consistent information about parenting and how to support child development
- informal, accessible support and peer connection
- improved support for children with SEND, particularly neurodiversity
- more play-based opportunities for their children – ideally stay and play drop-in groups without cost or pressure to participate in more structured activities.

Parents would like opportunities to be provided within a safe, non-judgmental space. They want to talk freely about concerns and receive supportive, reliable and practical advice, not just get "empty reassurances".

> "Being able to openly talk about what's worrying us or what we are struggling with. No one wants to admit it to others unless it feels supportive."

Specific additional support that would make a difference to the parents involved in this research included:

- free parenting courses at all stages of development
- run more sessions for parents to support, for example cooking weaning, feeding, toilet training, reading
- more support for managing children's behaviour, for example with biting and kicking before they start school
- better maternity pay and lower nursery costs
- services reaching out to families without strong support networks
- more support for parents of multiple births, especially those already with older children.

> "My second child was born at 33 weeks and in a specialist neonatal unit for several weeks. My health visitor came to see me once when we got home. I thought I may have had more contact and support with what to expect in terms of her development."

> "I get support and advice with my child's speech and language development at the stay and play session in the hub… I go twice a week and wish I could go more."

> "I got asked not to come to more than one session a week because the baby groups are oversubscribed."

What services should do differently

Listen to, respect and build relationships with parents

Parents want services to recognise that they are experts in their own children and that professionals should take seriously any concerns raised or solutions suggested by parents. When parents are worried about something they want to be heard and supported with kindness and compassion. Parents want to be involved in decision-making about their child and feel that their knowledge is often underused when considering what might work for their child. Parents want professionals to be sure about the advice they offer, and communication should be clear and honest.

> "The SENCO was lovely – she listened to me and helped me understand what I could do to help [my child]."

Improve accessibility and peer support opportunities

Parents want easier access to healthcare professionals and feel there should be more local parent/baby groups and stay and plays (including at local libraries) and activities like baby massage or baby walks for new parents to meet other new parents. These need to be cheaper so that all families can access help regardless of income. Parents need more opportunities for infant feeding support and more access to good information about parenting stages and how best to support their child to develop. More information is needed about childcare options, which parents felt need to be simpler and cheaper. Parents also felt that holding stay and play sessions at different times of the day or weekends would make them more accessible.

> "No-one listened to me when I was struggling with breastfeeding. The advisor just told me to carry on, and it would be ok. It wasn't until the health visitor realised my baby was losing weight and had jaundice that it was taken seriously. I'm really sad and a bit angry about it."

Being flexible and responsive

Parents thought that early year's settings could be more flexible in their systems. They want them to be able to adapt to individual children's needs with phased transitions, flexible attendance, and personalised support. Examples of what they felt worked. Parents felt that small changes can make a difference and would like to see more continuity of staff to support smooth transitions between different rooms and when moving in to reception year. One parent felt that their child had settled better in reception because

> "They started off doing half an hour to an hour… breaking it down."

Ensure co-ordination

Parents would like to see better coordination between services (health, education, social care) to speed up support and get a better outcome. Parents would like staff to communicate with each other, so they do not need to repeat information to every new professional, especially where it is complex and traumatic.

Focus on strengths

Parents felt that services should celebrate what children can do, not just what they struggle with. Small rewards (stickers, praise) and recognition of child's strengths were seen by some parents as motivating and affirming.

> "He [may not have been able to do other things] but he had an IQ of an 8-year-old at three years old when it came to structural things. But it was about what he couldn't do."

How parents should be involved in designing support

Although parents are busy, they want to be involved in giving their views and helping to improve local support. Parents felt that they bring useful real-life experiences of navigating services and offer valuable insights into what works and does not work for them. Parents felt that:

- Not all parents want the same level of involvement, but all should be given the opportunity to contribute. "It can be in small ways – like taking time to build a relationship and asking what could be better every now and then."
- Some parents lack confidence and need to be encouraged and supported.
- More community spaces for families would help parents connect and share ideas about what support is needed.
- Some like short, focused surveys focused on a specific activity or theme.
- Parents feel it would be efficient to talk to parents where they are, for example tagging a parent forum onto the end of a stay and play session.
- Opportunities to be parent champions would be welcome.

National and local policy priorities to support achieving the GLD target

The workforce workshops explored what the priority focus should be for national and local policy, to support achievement of the GLD target. A summary of policy suggestions raised by stakeholders is provided below.

National level

Cross-government coordination

- Participants called for better alignment between health, education and social care policy. They felt that the Best Start in Life agenda could be better connected at a national level with other major reforms (such as Social Care, NHS neighbourhoods, housing) and the timing and volume of policy change could be better coordinated.
- A national strategy is required for integrated data systems and unique child identifiers, to enable better data sharing and tracking of children's progress across, for example health, education, social care, and DWP services and settings to support early identification and joined-up support.

> "My plea is that government really makes it clear that a good level of development isn't solely an education focus. Education is a wider determinant of health. Demonstrating the join up between health, social care, education, housing is critically important." (Public Health, South East)

Access and equity

- Address inequalities in access to early education by expanding childcare funding to all children, regardless of parental work status, to reduce the entitlement gap.
- Reduce complexity in accessing early education and childcare entitlements.
- Enable automatic identification of eligible families to FRAS (Families Receiving Additional Support) entitlement to avoid stigma and missed opportunities.
- Introduce free meals for preschool children in poverty.
- Address provider capacity issues that prevent children with SEND from accessing entitlements.
- Promote parity in funding and policy across provider types (PVIs, childminders, school-based nurseries) to avoid market distortion and maintain diversity of provision.
- Invest in community-based hubs and outreach to improve access for families facing

challenges, such as language barriers, poor housing, low confidence, or digital exclusion (including access to interpreters and culturally sensitive outreach).

- Launch a national campaign to reduce stigma and promote family hub access and the importance of home learning environments. Ensure national messaging is co-designed with local practitioners for relevance and sensitivity.

> "It doesn't matter whether you're a childminder, whether you're a PVI or a charity nursery or a school nursery. We are all there to provide that high level quality service and it feels as if the government is sending the message that perhaps school nurseries are better than others and that's divisive."
> (PVI, London)

> "A concern that we have is the entitlement gap of children that are not accessing the full expansion because of their parents working status – those children that aren't in a setting, that aren't reached. They're probably not accessing the family hubs either. We need universal access to the funding offer."
> (Voluntary sector organisation)

Workforce strategy and development

- Shift national language and messaging to emphasise early childhood education rather than childcare, recognising the professional and developmental importance of the sector.
- Develop a national workforce strategy for early years professionals, including pay, career pathways, and training. Expand apprenticeship pathways and provide stable funding for training and career progression.
- Consider flexibility within apprenticeship pathways:
  - allow childcare qualifications to be completed independently of maths/English
  - provide alternative routes for those with learning needs or delayed academic qualifications.
- Invest in health visiting and early years support roles and support "grow your own" models for health visitors and nursery nurses.

Funding, investment and timescales

- Provide multi-year funding with early announcements to avoid disruption and staff loss. Short-term grants (such as Start for Life) were seen as helpful but unsustainable and overly prescriptive.
- Allow flexibility in how local areas use funding to meet specific community needs. and reflect local variation in demographics, rurality and service models. Trust local authorities to tailor interventions to their populations.
- Increase early years pupil premium and review disadvantaged 2-year-old funding criteria.
- Ensure capital grants are available to all providers, not just school-based settings.
  - Recognition that it takes time to bring about change.

"We have some really good programmes. But they tend to be short term funded and they take time to embed. It takes time for things to get into the public consciousness for parents to realise they're there, to build trust and then to actually go, particularly in hidden disability or in complex family situations where parents are maybe being moved around from temporary housing."
(Voluntary sector organisation)

"Excellent aspirations from government but often limited time for implementation which conflicts with desire for genuine co creation and co production."
(Public Health, North West)

Data and data reliability

- Align ASQ (Ages & Stages Questionnaire) with EYFS (Early Years Foundation Stage).
- Reinstate local authority moderation duties for EYFSP to ensure data quality and accountability.
  - Strengthen reliability of FSM data in the early years (to improve national target setting and attract local funding).

"I know they have made changes to the accountability measures for the EYFSP, but to bring back that moderation duty for local authorities would be my ask. It is a really good way of making sure that we are getting children where we want them to be and not just have a data set that doesn't have reliability behind it."
(Education service, South West)

Early identification and holistic development

- Avoid overemphasis on Good Level of Development (GLD) as an attainment measure. There are concerns about the GLD target being too narrow and potentially distorting priorities away from 0–2-year-olds. Stakeholders suggest a policy shift toward reducing inequalities and focusing on children furthest from the target (the lowest 25 per cent), rather than those closest to achieving it.
- Track developmental progress from birth, not just at age 5 and join up assessment and child review points across health and early education.
- Policy should prioritise earlier contacts, such as the 6-week or 1-year review, where interventions can have greater impact on development and parenting confidence. Current emphasis on the 2–2 ½ year check is too late without earlier checks.
- Recognise social, emotional, and relational development as foundational to learning and achieving GLD.

Specialist support

- Long term investment in specialist parent-infant relationship services and routine measurement of infant social-emotional development.
- Ensure parity between perinatal mental health and early years emotional wellbeing which is less recognised in policy and focus.
  - Embed SLT and therapeutic support within family hubs and early years settings.

- Fund/support outreach and early intervention for children with SEND, including for those not meeting thresholds for formal support.

Nutrition and dental health

- Promote early dental registration and healthy eating education.
- Improve access to NHS dental care.
- Regulate misleading baby food marketing.

Emerging messages – local area policy and practice

Integrated leadership and system collaboration

- Develop cross-sector integrated leadership teams to co-create local offers and coordinate services and promote multi-agency collaboration across health, public health, education, social care, and voluntary sectors.
- Recognise and support local council early years teams as key delivery partners within wider range of local strategies.
- Encourage all schools, including academies, to participate in early years outcome improvement efforts.
- Focus on early identification and strengthen requirements for the 2 to 2½ year health review and how it is used to ensure it is a consistent and meaningful assessment.
- Facilitate an operational data sharing environment through multi-agency data sharing agreements and setting expectations for better data sharing across health and education.

Place-based planning

- Use local population needs assessment such as JSNAs and mapping to inform service design, ensuring that offerings are tailored to reflect and address community diversity.
- Promote co-location as a method to strengthen integrated and collaborative place-based working, recognising that available assets are not always appropriate due to size and layout.

Parenting support and engagement

- Establish relationships with isolated families who aren't accessing mainstream services through community outreach and peer engagement.
- Embed home learning environment support across hubs, nurseries, and schools to promote everyday learning activities, such as reading and cooking.
- Normalise parenting programmes by embedding them in schools or antenatal settings.
- Offer trauma-informed, relational support tailored to family needs to enable working in partnership with families.
- Adapt delivery models to accommodate working parents, including flexible timings and locations.

Support for transitions

- Focus on facilitating smoother transitions between rooms, settings, and into school, allowing flexibility to individual needs through, for example phased starts or working with parents to agree a transition plan.
- Recognise the importance of transitions for all children, not just those with SEND.

Professional development

- Provide accessible, locally relevant training, focus on multi-agency training where possible/appropriate.
- Support peer networks and relationship building as valid workforce development.
- Address barriers to training (for example, staffing ratios, release time, funding).
- Expand knowledge and use of evidence based and effective tools like 'My Happy Mind', WellComm, and others to support early support.
- Develop a shared language and glossary across sectors to improve collaboration.
- Build co-production capacity and capability.

Conclusions

The Best Start in Life strategy aligns strongly with evidence-based principles of prevention, integrated services and family support. A range of common barriers exist in relation to achieving GLD targets associated with Best Start in Life policy. Local areas are committed and working hard to resolve these issues and overcome barriers. They are taking a range of approaches at a system level, innovating through multi-agency collaboration, integration and targeted interventions, drawing from the evidence base and effective practice.

Approaches focus on:

- strategic leadership bringing alignment across health, education and family support
- early intervention, particularly focusing on system use of HCP developmental checks and providing early attachment, speech, language and SEND support
- early years recruitment and retention particularly focused on 'growing your own' strategies for health visitors and early years entry level roles
- multi-agency workforce development, bringing partners together formally and informally for shared training, learning and peer support
- improved use of data from health and education services, to understand where families are not accessing services and where services need to be targeted, including childcare places
- community and parent engagement, through partnerships with universal services, voluntary sector providers and parents.

At the local system level, stakeholders commonly cite that integration and collaboration are key to improving outcomes. The research identified a range of associated enablers, including strong and effective leadership focused on shared outcomes, a clear and shared long-term local vision, sharing data, dedicated time for investing in building relationships, equitable sharing of power across sectors, multi-agency workforce development, and an ongoing commitment to reflection and improvement in partnership with families. Areas are developing their solutions based on local context and assets in order to build on what works locally and meet local needs. They are drawing on evidence and expertise from national organisations and commissioning independent support and challenge to strengthen and innovate locally.

Parents and professionals raised consistent messages which provide a helpful steer for prioritising future local and national policy development to improve outcomes for children and families. These include the need to:

- focus on the whole 0-5 system, not only 3 and 4-year-olds, to ensure foundational support is received at the earliest time, to achieve GLD outcomes
- build workforce capacity and capability to support the growing levels and complexity of children with SEND, particularly in relation to neurodiversity
- explore opportunities for an additional HCP contact beyond the 27-month developmental review to provide support where needed prior to starting school
- value the early years profession to secure quality of provision and workforce retention, by taking action to emphasise its importance and profile as a sector
- commit to continued investment and long-term focus to enable commitment and continuity to embed and sustain approaches to achieving GLD outcomes.

Interface would like to thank all parents and professionals who generously contributed their time to this research.

Annex A: Methodology

The key elements of the methodology are set out below. The research project took place between October 2025 to November 2025.

Rapid literature review

- The purpose of the rapid literature review was to synthesise the relevant policy context, identify the blockers to achieving a good level of development (GLD) and highlight existing effective solutions. The time and resources available to the project limited the scope of the review. The review drew from a range of documents sourced using the internet and online library searches, using search phrases including good level of development; effective early years education; school readiness; home learning environment and parent infant relationships; barriers to achieving early years outcomes; effective approaches in the early years. Literature was limited to the UK and was published in the last 10 years. The literature review was supplemented by documents provided by the LGA and by stakeholders attending workforce workshops.

Ten workforce workshops (October

- Invites and booking links were sent to contacts in national sector organisations, local councils and health authorities for wider dissemination to local stakeholders within the early years system. Participants self-booked onto one of 10 one-hour online workshops, which were targeted at particular roles within the early years system. The pattern of workshops comprised:
- sector organisations (one workshop)
- strategic leaders in local areas (two workshops)
- service managers across early years, health and voluntary sector providers (two workshops)
- early years setting managers and practitioners (three workshops)
- Health visitors and other HCP practitioners (one workshop)
- SENCOs and SLTs (one workshop).

A total of 117 stakeholders from across the early years system were engaged, drawn from over 60 local areas. Following a brief presentation of the key barriers identified from the literature, participants discussed three key questions in the workshops:

- What collaborative approaches are working in your areas to overcome the identified barriers/blockers?
- What should local government (and partners) prioritise and do to support improving GLD outcomes?
- What should national government do and prioritise to support reaching the GLD target?

Parent engagement

Local areas were asked to support recruitment to two parent workshops. Due to low engagement, these were supplemented by individual telephone interviews with parents recruited through local health and local authority parent networks. Twenty parents were engaged overall and were asked:

- What has helped you the most to understand and develop your child's learning? By this we mean things like their communication, language, social development, physical development.
- What extra support do you think would make the biggest difference for families locally?
- What else should local services do differently to help children thrive?
- How do you think parents are best involved in designing local support for parents with babies and toddlers?

Case studies

At the workforce workshops, participants were asked if they would offer to participate in case study research, to share their effective approaches in greater detail. From the selection identified, eleven were selected in order to achieve the target of eight case studies. These were selected on the basis of theme, geographical location, size and local government political composition. Stakeholders were offered a choice of an online discussion, following which Interface drafted the case study for their approval, or areas drafted an initial case study using the LGA template, which was then agreed over a Teams call or via email. Several areas that hoped to be involved were unable to participate due to capacity within the compressed timescales.

Analysis and reporting

Systematic analysis of the workforce workshop transcripts was enabled via process of coding and theming, and specific examples and approaches were analysed using Excel. Parent interview workforce transcripts and interview notes were similarly coded and themed. Pen pictures were developed from the original transcripts. Consent was gained through the workshops and interviews to report verbatim quotes anonymously.

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