



A Better Start through improving child development outcomes

Insights from The National Lottery Community Fund's

A Better Start Programme

March 2023



Blackpool
Better Start



About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication.

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

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

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

Our aim is to amplify the impact of these programmes by:

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

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

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Introduction

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

This issue is number seven in the series. It provides a summary of emerging evidence across the three child development outcome areas which are a core focus for ABS services. These are:

- Improving young children's diet and nutrition;
- Developing young children's social and emotional skills; and
- Developing young children's language and communication skills.

This Programme Insight shares the learning on how ABS partnerships have supported infant and early childhood development within their work, from the beginning of the programme, and through the challenging times of the past few years.

As will be clear in the sections that follow, there is a strong link across the different child development outcome areas, with positive outcomes in one leading to benefits across others. ABS programmes and services have a key role to play in supporting infant and early childhood development and have the potential to make a lasting difference through their work.

The remainder of this Programme Insight is structured as follows:

- Supporting child development outcomes across ABS
- Evidence of need - within ABS

- partnerships and beyond
- Challenges and barriers to supporting early child development
- Relevant government policy developments, including:
 - Start for Life and family hubs.
 - Implementation of the review of children's social care (family help policy and family support services).
 - Select committee inquiry into support for childcare and the early years.
 - Prevention Inquiry.
- Case studies from the five ABS partnerships highlighting their work to support child development across the three outcome areas.

We hope you find the information presented useful!

Supporting child development outcomes across ABS

There is now widespread recognition that a [life course perspective](#) is helpful for understanding how experiences during pregnancy and childhood impact health outcomes in later life.

Therefore, the importance of having effective services in place to provide support during pregnancy and early years is essential for promoting positive outcomes in both the short- and long-term. Recent government policy developments have prioritised early intervention and investment in early years services. However, the pandemic and the ongoing cost-of-living crisis are having a significant impact on families and the services which support them. The context within which ABS partnerships operate has therefore changed significantly since the start of funding, and services have had to adapt to meet continually changing needs.

Despite this, ABS partnerships continue to deliver a range of services aiming to improve child development outcomes across diet and nutrition, social and emotional skills and speech, language and communication. These outcome areas are summarised below.

Improving young children's diet and nutrition

Healthy diet and nutrition in the early years not only supports physical development but contributes to much wider health and wellbeing outcomes for children across the life course. Healthy nutrition should be a priority, not only in the early years, but from

pregnancy and even before conception.

It has been shown that poor diet and nutrition in the early years has a long-lasting impact. [Childhood obesity](#) has been linked to long term conditions such as asthma and type 2 diabetes, as well as later life conditions, for example, cardiovascular disease. Emerging research also demonstrates a complex relationship between obesity and social and emotional wellbeing in the early years.

[The World Health Organization reports](#) that children who were never breastfed are 22% more likely to be obese; this is particularly important given that we know breastfeeding rates are lower in areas of high deprivation. In addition, the [evidence strongly](#) shows that children from lower socioeconomic backgrounds are more likely to be obese, with the gap emerging in the early years and widening over time. This is in part related to the factors and behaviours identified above, and a key consideration in the wider discussion on the need to improve outcomes for those in more deprived areas.

In supporting improved diet and nutrition, breastfeeding promotion and targeted support is a universal priority, given that the protective factors of breastmilk are well evidenced. There are also several other common areas of focus:

- **Education and knowledge:** Parental skills and knowledge of what constitutes a healthy diet will play a key role in early child development, as will educational policies in terms of healthy food and exercise which

inform behaviours within early education settings.

- **Commercial determinants:** the cost and availability of healthy food versus fast food, as well as marketing campaigns aimed at parents and children, all impact food choices.
- **The environment and social factors:** the built environment in which a child lives, including facilities and access to green spaces, will impact their levels of physical activity, as will availability of transport and local cultural factors.

Within the ABS Partnerships, there are examples of work across each of these areas. Programmes and services include helping parents to make healthy choices in pregnancy; promoting and supporting breastfeeding; supporting good oral health; and increasing parents' skills and knowledge regarding appropriate nutrition and physical activity for young children. In addition, ABS partnerships refer parents to foodbanks within the community, with demand for this kind of provision growing.

Interventions are delivered via a range of methods, including information and communication campaigns, peer support, one to one and group work, practitioner training, and practical activities for both parent and child. Examples of these approaches are included in the case studies later in this publication.

Developing young children's social and emotional skills

Healthy social and emotional

development in the early years provides a child with the necessary building blocks to engage with the world around them and contributes to a wide range of positive longer-term outcomes. [Evidence from the clinical and social science fields](#) shows that the areas of the brain controlling social and emotional development are most active during the first three years of a child's life (and particularly active in the early months).

Attachment theory emphasizes how the relationship between parent/carer and baby provides the foundation for how an individual builds and experiences social relationships throughout their life. A secure attachment has been found to [increase positive outcomes](#) across a number of measures of healthy functioning.

The development of a positive attachment relies on the baby's main caregivers [being responsive](#) to their social and emotional cues consistently. Without this, the baby may develop an insecure attachment style which has been associated with difficulties forming relationships and increased chances of poor mental health in adult life. Careful nurturing of a child's social and emotional health at this early stage is vital to provide them with the skills necessary to form relationships throughout their lives.

[Research](#) has found that positive social and emotional development in the early years can be promoted through Social and Emotional Learning. Improved outcomes include boosting attainment, lifelong wellbeing and reduction of the attainment gap. The [Education Policy Institute](#) recommends weaving social and emotional learning

into the curriculum for the maximum benefit to children, and for it to start at an early age.

Emerging evidence continues to recognise and build on the knowledge that social and emotional wellbeing is strongly associated with sensitive and responsive care-giving. Current evidence also recognises the influence that parents' own mental health and wellbeing, and the wider context in which the family lives, can have. In their report '[Realising the potential of early intervention](#)', the Early Intervention foundation (2018) review risk factors which contribute to poor attachment, including stress, poor attachment of parents in their own childhood, and mental health difficulties.

Attending early years settings' is key to children's social and emotional development. However, the quality of the early years setting is a major variable in terms of young children's outcomes. [Research from the Sutton Trust](#) found low quality but high quantity was associated with poorer socio-emotional outcomes compared with low quantity and low quality - specifically with externalising and internalising behaviour. The report explains that a positive home learning environment has a significant positive impact on social and emotional development and behaviour. Quality interaction and relationships with adults is thought to mediate these outcomes. Therefore, high quality early years provision must be high on the agenda to ensure young children have the best possible outcomes.

Evidence has demonstrated several ways in which positive social and

emotional development can be nurtured. This includes:

- Encouraging physical contact e.g. through baby massage, kangaroo care, and of course breast/chest-feeding;
- Education and awareness raising, for parents, wider family members and all those who support infants and their families
- Specialist parent-infant dyad support where concerns have been identified.

Approaches taken across the A Better Start partnerships reflect this evidence, focusing on strengthening the parent-infant relationship and attachment in a number of ways, including through outreach and delivery of 1-2-1 support or group classes.

Developing young children's speech, language and communication skills

The importance of early language development and the home learning environment has been well documented. It is viewed by theorists as a "critical period" for [development](#), as neural pathways are formed within the brain which pave the way for successful speech, language and communication development throughout childhood.

We know that babies can hear the [rhythm and sound of their mother's voice](#) while in the womb, and they are primed and ready for communication from birth. In the early days and weeks, babies communicate through cries, babbles and facial expressions,

and by turning their heads towards sounds that attract them. As communication skills develop, infants learn to respond to simple instructions, to communicate their needs, and eventually to take part in simple conversations.

The [UK Millennium Cohort Study, plus numerous other global studies](#), show a 'word gap' for children in the most disadvantaged areas; deprivation and socioeconomic status negatively impact children's core language skills before they start school. Early language difficulties are also considered predictors of difficulties later in life, including academic achievement and employability, while emerging evidence considers the link between language difficulties and social, emotional and behavioural difficulties, with research showing increased disruptive behaviour in children with communication delays. Early language skills are therefore now considered a key indicator of child wellbeing.

[Research shows](#) that activities such as face to face time, talking directly to them and being responsive to their communication attempts all contribute, as does reading books to babies and then alongside them as they get older. [Interventions such as "Talking Together"](#) employed by ABS partnerships can be effective at improving early language development. The programme is delivered at home by professionals with two year olds at risk of language delay. Many parents reported that they felt the intervention had a positive impact on themselves, their child, or both. Additionally, the intervention was considered to be well received and accepted by this

population.

In supporting strong speech, language and communication skills, several areas of practice are common.

- Caregiver education on the importance of infant-directed speech which is developmentally appropriate and responsive to children's needs should be prioritised.
- The importance of a [positive home learning environment](#) has been shown to support the development of early language skills. Parents should be supported to enrich the home learning environment and to engage with their child in meaningful ways including having access to books.
- Screening and assessment processes are critical to ensure that language difficulties or delays are identified early and interventions can be made in a timely manner.

The ABS partnerships have put in place a range of different approaches to support early language development. They deliver many activities and effective interventions to help parents support the development of strong communication skills, while also prioritising early identification of potential issues through screening and assessment tools and processes.

Evidence of need within the current context

In selecting the areas in which ABS partnerships would be based, several criteria were identified which demonstrated a level of need for

families beyond the national average. This included data on deprivation, child and maternal health outcomes, child development and a range of other local indicators. Against the measures used, families in the chosen ABS partnership areas had a starting point which was generally lower than the national average. However, each of the five areas also showed that they had a strong shared local vision, existing resources to contribute and innovative and forward-thinking approaches to improving outcomes for children. ABS sites were therefore chosen both for the demonstrable level of deprivation and need across a range of outcomes, and also where there were obvious local strengths and a commitment to working towards positive change.

At a national level, statistics show that outcomes across the three key child development outcome areas leave room for improvement, and as already noted, there is strong evidence that overall, outcomes are worse for those in areas of deprivation. The covid-19 pandemic has also left a lasting impact on families and on communities, and the ongoing cost of living crisis has required partnerships to adapt their approach to and priorities for working with families. For many services supporting families, the priority has been to prevent situations worsening, rather than to proactively support improvements.

Diet and nutrition

As already noted, [poor nutrition and an unhealthy weight are strongly correlated to societal inequalities](#). Accessing healthy foods is a common need for families, more so now than

before. Healthy foods are more expensive and access to affordable shops with fresh produce is linked to geography, especially in more rural areas and cities. The number of families using foodbanks has increased significantly over recent years, with [the Trussell Trust](#) reporting that since 2016 need for foodbanks has increased by 81%. Research by [YouGov](#) found 41% of parents with an income of £25,000 or less struggle to afford to feed their children outside of term time and parents will forgo eating themselves to be able to provide enough for their children. The current cost of living crisis is likely to have exacerbated this.

[Recent research](#) highlights a large proportion of young children are not eating enough vegetables. Two million children in the UK under four years old have two or fewer portions of vegetables a day, and almost 116,000 children consume no vegetables at all. During the years [2021/2022](#), 10% of 4-5 year olds were obese and an additional 12% were overweight.

During lockdown, this [peaked at 14%](#) but has since returned to pre-pandemic rates. For children in the most deprived areas, this is 13.6%, compared to 6.2% in least deprived areas, which is a notable difference.

[The World Health Organisation](#) recommends breastfeeding until a child's second birthday for the maximum positive health benefits. They also recommend exclusive breastfeeding for the first six months followed by the initiation of weaning onto complementary foods alongside continued breastfeeding.

Data on breastfeeding rates at 6-8

weeks shows overall, 49.3% of infants are totally or partially breastfed. However, this ranges across the country between 24.9% and 79.6%, with evidence showing this is lower in areas of higher deprivation.

[Evidence of the impact of the covid-19 pandemic](#) on breastfeeding initiation and continuation has identified reduced numbers of babies being breastfed. Initiation of breastfeeding was affected by a lack of direct contact with health care professionals after birth and significant reduction in face to face services. Even prior to the pandemic, the UK had one of the [lowest rates](#) of breastfeeding in Europe. The [key recommendation](#) from UNICEF in this area is to ensure parents are supported to breastfeed from the beginning, from skilled practitioners.

Social and emotional development

Social and emotional development can be harder to measure than other aspects of child development, however the [EYFS national results](#) show overall score of 83% of children reaching the expected stage of personal, social and emotional development at the end of reception year.

Recent evidence shows increased concerns for young children in this area since the pandemic. Half of parents surveyed by the [Sutton Trust](#) thought their preschool aged children's social and emotional development had been negatively affected by the pandemic. Attachments are forming during a baby's first year of life and child development theorists have acknowledged the impact of parental stress on the development of secure

attachments. This is due to the fact secure attachments are dependent on the parent or carer's ability to be responsive to the baby's cues and needs. The pandemic caused increased challenges for families through increased insecurity, difficulties with accessing essential items, balancing work and family commitments and increased financial hardship. Recent evidence highlights the impact of the [Covid-19 pandemic on infant mental health](#). As pregnancy and the first three years of life are a critical period for social and emotional development, the additional stress their parents/carers may have been under during the pandemic is likely to have contributed to increased risks to infant mental health outcomes.

[The Parent Infant Foundation's Babies in Lockdown Report](#) identified a range of issues for babies and their families born during the pandemic. They missed out on crucial socialisation opportunities, including exposure to a range of environments, including access to childcare settings where they would have the chance to mix with other infants and adults and become used to separation from their parents/carers. A quarter of parents surveyed had concerns about their relationship with their baby and one third wanted support with this. Families from Black and minority ethnic groups and younger parents were more likely to have experienced negative effects from the pandemic.

Speech, language and communication

Children from low-income families are more likely to [have language skills](#)

[below](#) the expected level of development when they start school for reception year. This can have a negative impact on their ability to engage in learning.

Strikingly, [76% of schools reported](#) children starting school in 2020 needed more support than previous cohorts, including with their communication and language skills. Furthermore, [inequalities in home learning environments were widened](#) during the pandemic, with families from lower socioeconomic backgrounds more likely to be dealing with economic insecurity, impacting on their ability to engage their children's development.

Overall [scores for communication and language](#) at the end of the EYFS during the year 2021/22 were on average 79.5%, with variations across the country.

Challenges and barriers to supporting early child development

There are a range of challenges facing all those supporting families with their children's development and wellbeing.

Workforce and challenges for settings: Low pay and long hours contribute to staff retention issues in the early years sector. [Research](#) has found that 15% of workers in the early years sector leave their jobs within a year. Furthermore, 11% of early years practitioners [report](#) working more than 42 hours per week. The pandemic has exacerbated these issues, with a further depleted workforce. Alongside this, services are supporting children with increased need in comparison to

prior to the pandemic. Overall, [demand for services](#) has increased substantially due to the backlog and escalation of need caused by the pandemic.

Increased costs to childcare providers since the pandemic have contributed to [reductions](#) in the number of staff employed by settings. This has repercussions for the quality of provision provided.

Childcare providers are also feeling the effects of the cost-of-living crisis and inflation. Costs to settings are expected to [grow by 16% between](#) 2021/22 and 2024/25. This is more than overall inflation which will be around 14%.

Throughout the pandemic, settings have faced [significant challenges](#) working within the confines of government guidance regarding social distancing and closures. Services to support babies and young children with their development across the three outcomes areas have been stretched to the limit. The wider workforce is at an increased risk of having experienced trauma while working throughout the pandemic on the frontline. It is therefore important to recognise how services continue to support child development outcomes within challenging conditions.

Barriers faced by parents/carers: It is already well-documented that parents of young children have experienced unprecedented challenges over the past years, through the height of the pandemic and now as the cost of living crisis deepens. In these challenging times, access to quality services is essential. While families are entitled to

15 hours of free childcare (30 for working parents) from the term after their child's third birthday, anything outside of this can be prohibitively expensive for families. [Three in ten](#) parents rated the affordability of local childcare as very or fairly poor. This aligns with findings that childcare providers have taken steps to [increase prices](#) to parents since the pandemic as costs have increased.

Lack of provision itself is also a barrier, with [30% of parents](#) reporting there are not enough childcare places. This is backed up by the views of local authorities who [reported](#) there is not adequate provision to meet the demand for early years children. Specific issues are insufficiency of hours available, location of the setting or quality of provision.

ABS partnerships provide local services to parents and communities most in need, and as already noted, have been an ongoing support to parents, where families outside of these areas may have struggled.

Relevant government policy developments

The work of A Better Start partnerships continues to provide evidence of good practice which has important lessons for policy and practice development. Most recent key policy developments impacting children and families are summarised below.

Implementation and Evaluation of Family Hubs and Start for Life programme

[Family Hubs](#) are an area of service delivery that offer families, babies,

children and young people access to a range of support services in a single place up to 19 years old. This includes early education and childcare, mental health support, meetings with health visitors or attending parenting classes, and advice for victims of domestic abuse. Supporting the earliest years will form a crucial part of the Family Hub offer through the Start for Life Offer for under two-year-olds.

The Start for Life offer recognises the importance of the first 1001 days for early child development across all three ABS key outcome areas, and provides funding for local authorities to commission services to support these.

Funding for the expansion of the Family Hubs programme was announced at the 2021 Spending Review. The 75 local authority areas that are eligible to receive a share of the £301.75 million Family Hubs and Start for Life programme funding package for the period 2022-2025 include four of the five ABS partnerships.

A programme guide for Family Hubs and Start for Life was published in August 2022 by the [Department for Education and Department of Health and Social Care](#). The guide sets out some key aims of the offer:

- Family hubs should offer universal services which enable the identification of need for more targeted support.
- Promotion of multi-agency working across different agencies and professionals supporting families is a priority.
- Strong recognition about the importance of the first 1001

days for early child development, and the critical importance of prevention and early intervention.

Five case studies from the ABS partnerships have been included in draft guidance on Parent Carer Panels for the Family Hubs programme. There should also be future opportunities for ABS partnerships to influence policy development and evaluation as the family hubs and start for life programme continues to be rolled out across local communities.

Implementation of the Review of Children’s Social Care

The Department for Education’s [social care reform implementation strategy](#) was published in January 2023. This was in response to the recommendations made by the Independent Review of Children’s Social Care published in May 2022.

Particularly relevant to the ABS partnerships is the development of the new family help policy. The plan includes a new “pathfinder” whereby select local areas will trial family help approaches. This will be funded by £45 million under the Families First for Children pathfinder. The key aims of the new approach to family help are:

- To deliver a single intensive and integrated service
- To build a multi-disciplinary workforce with the time and skills to help families
- To be based within local communities, meeting the needs of families that live in them
- To ensure that families feel

welcomed and non-stigmatised

- To bring simple and flexible funding

The new approach to family help will give local authorities and partners freedom to commission and offer a range of preventive and early intervention services for babies and young children to support development across ABS outcome areas.

As part of the implementation plan the Department for Education is consulting on a [Children’s Social Care National Framework and Data Dashboard](#) for local authorities and partner agencies. This consultation is live until the 11th May 2023 and evidence from ABS partnerships could contribute significant insight into both, through their extensive experience working with families and their innovative approaches to data.

Select committee inquiry into support for childcare and the early years

In December 2022 the [Education Select Committee launched an inquiry into childcare in the early years](#). While a key avenue of the inquiry is to look into cost, they will also be exploring how early years settings prepare young children for starting school. The inquiry will also consider the current workforce issues faced by early years practitioners, and the extent to which the Covid-19 pandemic may have worsened existing workforce challenges. Additionally, it will review proposed changes to ratios for 2-year-olds in childcare settings. As referenced earlier in this insight report, recent findings have

highlighted the importance of high quality early years provision for supporting children’s development, particularly social and emotional outcomes. Any reduction in staff to child ratios could further contribute to worse outcomes for young children. The call for evidence closed in January 2023 and the inquiry is ongoing.

Prevention inquiry

In January 2023, [the Health and Social Care Committee](#) has launched a major new inquiry into prevention. The first part of the inquiry is a call for evidence with suggestions of areas for focus. The ABS partnerships have contributed a joint letter to the inquiry calling for the inquiry to focus on pregnancy, babies and young children. The ABS outcome areas are particularly relevant for the prevention inquiry as the prevention across speech, language, and communication, social and emotional development, and diet and nutrition can make all the difference for children both in the short term and the long term.

Families have continued to face the fallout from the Covid-19 pandemic and the current cost of living crisis. Inequalities have increased the gap between the most marginalised in society and those from higher socioeconomic backgrounds. Family support services have faced significant cuts to funding despite ever increasing need. This makes it a vital moment for the Committee to consider this issue now; it is a unique period in history, and we are unlikely to understand the full impact for some time.

Some key asks of the inquiry from the partnerships are:

- Ensuring a clear understanding and definition of prevention which encompasses pregnancy and early years.
- Joined up working across public health commissioned services, primary care, the voluntary sector and local communities.
- Ensuring ringfenced funding and resources are available to focus on prevention and public health services, especially in areas of widening inequalities and across ABS child development outcome areas.

Summary

- Child development between conception to age five is a time of critical importance and has an impact throughout the life course.
- The ABS partnerships play a crucial role in their communities by supporting child development outcomes across speech, language and communication, diet and nutrition, and social and emotional development.
- The full impact of the covid-19 pandemic and the current cost of living crisis are not yet known, although early research findings suggest young children's outcomes have been negatively affected.
- Services supporting families face several challenges, including the impact of inflation and issues within the children's workforce.
- The policy landscape in this area is fast moving and several new initiatives are in place. This includes Family Hubs and the Start for Life offer, which will provide a significant funding boost for the 75 local authorities who are included.
- Commissioning, development and delivery of early intervention and universal services to support child development across social and emotional development, speech and language development and diet and nutrition is more important than ever in the face of pandemic recovery and the cost-of-living crisis.

Child development outcomes within A Better Start: Case studies

While the key outcome areas of focus are common across all ABS partnerships, the way in which partnerships approach them differ, with services developed to meet the needs of local infants, families and communities. The following case studies will demonstrate how the ABS partnerships are supporting speech, language and communication; social and emotional development; and diet and nutrition through a variety of innovative approaches.

Speech, language and communication

Below, you can read about some of the innovative ways in which ABS partnerships are supporting speech, language and communication development through enhanced assessment, referral pathways and targeted interventions.

Home Talk

In four ethnically diverse wards in Nottingham, Small Steps Big Changes (SSBC) aims to develop parents' capability and capacity to support their child's development. Promoting early language skills is an important objective of the SSBC programme. Income-related language gaps are present already by 18 months and become entrenched by the age of three (Asmussen *et al.*, 2018), with gaps increasing as children grow older (Eisenstadt and Oppenheim, 2019).



External evaluation evidences that the SSBC programme in general improves children's receptive vocabulary (wood *et al.*, 2022). Standardised British Picture Vocabulary Scale (BPVS) scores at school entry were compared between children who participated in the SSBC programme and other children entering reception class in the same schools. Children who participated in SSBC scored statistically significantly higher than children who did not.

Part of the SSBC programme consists of [SLC services for children from nine months to four years old](#), run by the Early Intervention Speech and Language Team at the Nottinghamshire Healthcare Trust. Some services are offered universally, whereas others target children at increased risk of speech, language and communication needs (SLCNs).

One example is Home Talk, a nationally recognised evidence-based service for two- to two-and-a-half-year-olds with expressive language delay. A locally devised language assessment as part of the two-year developmental review supports referrals to Home Talk. Trained therapy assistants, supervised by specialist early years speech and language therapists, deliver Home Talk in up to six home visits. Interpreters are used to support sessions with multilingual children. Based on each family's needs,

specific aims are agreed with the family. Home Talk is flexible in its approach and might involve trying out new play ideas or strategies at home. During the programme, families receive help to access community resources and services, or specialist support if needed. A 3-month review is offered at home.

What works? Challenges & successes, and lessons learned

A small-scale study of Home Talk is the first published study that investigates early language intervention delivered by trained therapy assistants rather than clinicians (McDonald *et al.*, 2019). Preliminary findings show that:

- Some two-year-olds with expressive language delay caught up to the typical range of language use following intervention.
- Home Talk may help identify two-year-olds with previously undetected wider SLCNs, and therefore facilitate early access to specialist support.

This suggests that Home Talk is a promising intervention option that would benefit from further research to establish its evidence base.

How have families and communities supported the work?

SSBC consultations with parents in 2020 showed a need for more play and language activities to do at home, especially for children under 2 years old. This motivated the commissioning of the Early Intervention Speech and Language Team services, which Parent Champions, who are parent volunteers who represent parent voice across the SSBC programme, helped set up. Parent Champions sat on interview panels for roles in the Home Talk team and contributed to the Home Talk Learning Journey design, so that the guide about the service for families is clearer and more useful.

What difference is this making for children and families?

A Home Talk evaluation from June 2022 shows that more than 90% of parents/carers reported:

- Their child had improved their talking, listening or understanding skills after taking part in Home Talk.
- They had learnt and used new ways to support their child's development at home.

Family feedback illustrates the difference that Home Talk makes:

“It’s great the service delivers one to one support in the home, especially as I have mental health needs and having it in the home makes me feel at ease. When you have complex needs- whether that’s myself as a parent or my child- it makes you both feel more at ease and comfortable being in your own surroundings.”

“My child’s speech has improved so much that she is able to talk to us...her tantrums have stopped! Our home is much happier.”

How is ABS adding value and improving the wider system?

A [national survey](#) highlighted that training for health visitors is a missed opportunity for supporting children’s speech, language and communication (SLC) development. Most health visitors received little or no SLC development or SLCNs in their current role (The Communication Trust, 2017). To address this gap, the SSBC-commissioned early intervention speech and language team designed and delivered training and briefings for the Children’s 0-19 Public Health Nursing team (Health Visiting Team) and other early years practitioners, such as Nottingham City Council early years teams, childminders, early years settings, and schools. A feedback survey showed that a high percentage of practitioners reported learning a lot, particularly about services and resources to help children’s language development (70% of practitioners) and about bilingual language development (78%).

Future priorities across the partnership in this regard

The BPVS external evaluation is being repeated across the four SSBC wards to further build the evidence base around early interventions.

SSBC is working with its commissioned providers to explore any additional opportunities to build the evidence base to support onward commissioning of early speech language and communication interventions across the wider partnership, embedding good practice as part of the programme legacy.

For further information, please contact jill.smith48@nhs.net

Home Visiting Service and Triage Panel

Blackpool Better Start is using a single point of entry referral system with health and education colleagues to identify Speech, Language and Communication needs (SLC). Using the same assessment tool, children who need support with their speech and language development are referred into the Post WellComm Speech, Language and Communication Triage Panel. This system - which can also include referrals from GPs and Paediatricians - ensures that many children aged 0-4 in Blackpool are getting the help that they need.



The aim of the triage panel is to identify the right intervention for each child according to their identified need. The panel meets every two weeks to discuss new referrals who are then offered one or more evidence-based intervention. Discussions also include children who have reached the end of their intervention and what the next steps for that child may be.

What works? Lessons learned

The following case study demonstrates how the service works for infants: in August 2021 Edward was referred to the service by his Health Visitor as his “developmental milestones raise concerns. His communication is delayed - scoring zero on the ASQ

assessment. Family have attempted to engage Edward but he's reluctant to spend time focussing on activities.”

Through the home visiting intervention, the home visitor coached Edward's mum and dad on strategies to support Edward's speech, language and communication development. These strategies included getting down to Edward's level, letting him lead interactions through observing, waiting and listening, and taking turns to keep interactions going through imitating and interpreting his cues.

The intervention was strength-based and focussed on all the positive ways Edward was communicating even though he was not yet using many words. As a result of these strategies, interactions became more positive, Edward was able to better communicate, and his behaviour was more regulated.

Edward has made huge progress and his parents report that he is much less frustrated and is better able to communicate, and they are able to recognise his cues and respond to them. Edward started to attend 'Little Explorers' group with the home visitor which has also helped to develop his confidence around people he doesn't know and has allowed his parents to meet new people and to build supportive relationships with other parents that attend. Since joining the group, Edward's mum “has changed my mind about him attending nursery - I think he will do really well there.” Edward now attends nursery for 15 hours a week.

The impact of the pandemic made delivering the service incredibly challenging, and for a time home visits were restricted to doorstep interactions, before moving to 15-minute visits when the government guidelines were loosened. This meant that the impact of the intervention was compromised.

How have families and communities supported the work?

Prior to the triage panel, information about the children that have been referred for support is shared with a Connector Co-ordinator who then allocates a Community Connector to contact the family. This peer support approach has proved to be very successful as parents appreciate having the opportunity to have an informal chat and ask questions about the SLC service. It encourages and enables parents to be open and honest about their circumstances and helps to capture the parent's voice in terms of what interventions would work best for their family. For instance, there is little point in the triage panel recommending a six-week online therapist-led intervention if the family does not have access to devices or the internet.

What difference is it making for children and families?

The home visiting service began in June 2020 with doorstep visits, and since then there have been 150 referrals into the service with 99 families completing, 12 in progress and 13 not started yet. Data shows that parent's confidence and understanding about playing with their child increased 91%, as did knowing what their child enjoys doing, and understanding their child's needs.

Data regarding children's outcomes (using the Hanen Framework) indicate 25% of children progressed one step, 33% of children progressed two steps and 42% of

children progressed three steps.

How is ABS adding value to the wider system?

The aims of this work are to deliver a partnership and systems response to improving early identification and a partnership response for children under five with a speech, language, and communication need. We achieve this by providing a single point of entry referral process where professionals use the same assessment tool kit and that leads to multiple pathways for children and their families ranging from universal to specialist, and that these take place where the children are.

Future priorities across the partnership

The Blackpool Better Start Executive Board agreed to the recommendation from the SEND Partnership Board to commission the next stage in the Marie Gascoigne Balanced System approach, which is to provide recommendations to address the issues identified in the ‘understand’ phase of the review. The Balanced System is an outcomes-based framework aimed at meeting the needs of children and young people with speech, language and communication needs (SLCN). The review will look at examples of work happening in the early years and share best practice across the sector.

For further information, please contact hannah.connell@nspcc.org.uk

Baby Week Bradford

Speech, Communication and Language Needs (SCLN) are supported through a holistic offer from Better Start Bradford alongside complementary specialist services for children and their families when needed. They ensure that support for SCLN is embedded within the whole programme and supporting speech and communication is a shared responsibility across the partnership.



Baby Week Bradford 2022 was titled “Bradford Babies Talking - it’s more than just words” and highlighted the importance of speech, language and communication in children’s development. It provided Better Start Bradford an opportunity to share the positive outcomes being achieved in this area for babies and children and work with partners from across the Bradford District to further develop knowledge understanding and practice in this area. The aim of the week was to demonstrate that parents, practitioners and all involved in babies and children’s lives have a part to play in supporting the development of speech, language and communication skills. It provided an opportunity to showcase the work of Better Start Bradford projects and partners and demonstrate how speech, communication and language is a core thread that contributes to wider children’s outcomes.

You can learn more about baby week in this [video](#).

What works? Challenges & successes, and lessons learned

Baby Week highlighted how the different services provided to babies, children and families work together to improve outcomes. It was able to showcase the diverse services available, not only directly from Better Start Bradford but for the whole district. Partners worked together to facilitate Baby Week activities including a parent facing showcase event and a shared learning opportunity for the local workforce.

The partnership approach to facilitating the events led to increased engagement and built relationships. The parent focused event enabled a collaborative approach to parental engagement and was used to gather their views about what they would like from services, individually and as a whole. Baby Week provided a catalyst for parent and practitioner input into the development of a speech, language and communication pathway which will be further developed by the partners who came together.

During Baby Week everyone had the opportunity to learn more about the services offered and how they work together to support speech, language, and communication outcomes for babies and children. The collaborative approach is to be further developed for the forthcoming years Baby Week which will focus on diet and nutrition outcomes.

How have families and communities supported the work?

Over 100 children and families attended events during Baby Week across the whole Bradford district. It was their opportunity to participate and experience many diverse experiences and opportunities, all centred around the key message of supporting speech, language and communication.

Families and communities have shaped Baby Week Bradford since it began 5 years ago. Their participation in the activities and feedback help to shape future events and a number of organisations who participated used the opportunity to engage with parents and their children about key aspects of service delivery.

What difference is this making for children and families?

Baby Week enabled families to understand how they support their children's speech, language and communication development through their daily lives and provided them with additional information and tips to expand on this. It also provided them with the opportunity to explore the full breadth of support available to them locally. A key message of Baby Week was that parents and carers are a child's first teacher and the role they play in their development is important and valued. This is part of Better Start Bradford's wider work which aims to empower parents to recognise their qualities and skills.

How is ABS adding value and improving the wider system?

Better Start Bradford has launched their strategic platform for the Integrated Pathway for speech, language, and communication. This has facilitated networking

locally including sharing good practice both within Bradford and nationally. Engagement with parents has been key to this so their views are embedded within the development of services for speech, language and communication in Bradford in the longer term.

Future priorities across the partnership in this regard

Baby Week is a key part of Better Start Bradford, and they have actively been considering its future and next steps. A key aim was to develop a sustainable model to ensure an annual focus on babies across the district in the long term. Alongside this, the message of the 2022 event that communication is everyone's business will continue to be shared by the programme and partners.

They aim to continue to provide support for babies, children and their families with their speech, language and communication needs. This will be through direct interventions and through their whole systems work. They also plan to continue to work in partnership with parents, families, strategic partners and the whole workforce.

[The Bercow report, 10 Years on](#) found there is still a significant way to go to improve health inequalities and social mobility in the UK. Baby Week Bradford aimed to target some of these inequalities, recognising that if the appropriate support is provided to babies, children and families for speech, language and communication, this will increase the chances of narrowing the gaps and improve social mobility, health inequalities and employment in the long term.

For further information, please contact helen.rush@betterstartbradford.org.uk

Talking Transitions

Talking Transitions is a Communication & Language based project that aims to improve children's speech, language and communication skills ready for their transition into school. The project brings schools and early years providers together to create a framework to ease the transition process when a child moves from an early years setting to primary school. It promotes collaborative working and respectful relationships between schools, their linked early years providers and families by creating satellites of SLC expertise. Within these satellites, participants experience three main themes; Learning Together, Working Together and finally, Being Together.



What works? Lessons learned

This collaborative project successfully involves several partner organisations, including key health partners Essex Partnership University NHS Foundation Trust (EPUT), Southend City Council's Family Centres, 49 early years schools and settings, and 1867 children and families.

Talking Transitions is based on a ‘test and learn’ approach, meaning that any challenges experienced by settings and schools can be addressed. For example, several settings gave feedback that a lot of focus was felt to be on starting school and not on children leaving settings, so a ‘Chatter Challenge’ was created. This is a set challenge which encourages children and their families to participate in a daily ‘talking’ activity and was focused on the theme of leaving settings.

They also delivered a 10-week [Elklan](#) accredited communication and language course designed for practitioners and parents. The delivery of Elklan Training has proven to be hugely impactful on learner’s daily practice and provision although demanding on their time and continues to be a challenge due to the ever-shifting turbulence of staff retention and capacity. By creating satellite networks combined with the shared Elklan learning experiences, trust and collaborative practice were re-established in places where respectful relationships had broken down between schools and feeder settings.

How have families and communities supported the work?



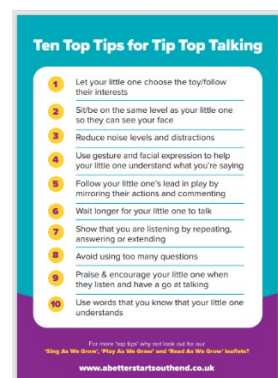
‘On our way to school’
...Environmental lotto

Through locality-based satellites the participants in the project meet to discuss the emotional and SLC needs of the individual children, their families, (Thrive Time) and their communities.

From this, community focused SLC events/resources were created based on identified SLC issues. For example, a day nursery created an environmental lotto game using local landmarks to help children practice routes to their new schools over the summer holidays.

Two primary schools hosted several transition events in which families were introduced to SLC initiatives; for example, ABSS’s ‘Chat As We Grow’, the ‘Let’s Talk’ Team, the ABSS Specialist Teachers leading the Talking Transitions project and the Talking Transitions participants.

Another example is the Summer ‘Chatter Challenge’ which encourages children and their families to participate in a daily ‘talking’ activity throughout August. This was given out to all 1007 leavers in the Summer of 2022.



What difference is this making for children and families?

As Talking Transitions is part of the formative evaluation of the ABSS programme the University of Essex regularly evaluate it:

‘Evidence from analysis of survey and interview data suggest that Talking

Transitions is meeting its primary aim to improve the transition process children and their families experience when a child moves from an early years setting to primary school..... (Talking Transitions Formative Evaluation, January 2022)

One parent described how their little one carries the magnet (which has a picture of their new teacher) around everywhere and tells everyone “This is my teacher in my new big school where I have to wear uniform”.

Practitioners and other key partners have said:

“As well as making the transition easier for children, it has helped support the parents as they have now got resources to support them in preparing their child for school.”

How is ABS adding value and improving the wider system?

Talking Transitions has been successful at bringing together the Early Years settings with the primary schools, improving their relationships to increase the integration of the way they work to support language development as children prepare to move into school.

This has a wider impact on the systems of support for children’s development beyond speech and language. They enable conversations between professionals that can cover wider ways of working, including families in the process to give them confidence to support their children.

The success of the project has encouraged more settings to participate, extending beyond ABSS wards to the rest of Southend. They are looking to increase this reach to other areas of Essex and beyond.

Future priorities across the partnership

Recent National research highlights the negative impact that COVID -19 has had on children’s SLC and Personal, Social and Emotional Development (PSED) needs, aligning with local feedback from schools and settings in the project. The demand for this type of project and approach has never been higher.

Talking Transitions recently won the ‘Children And Young People Now, Early Years Award’, so the Project Leads hope that this will ensure that other Southend early years settings and schools will continue to join the project and drive it from strength to strength.

For further information, please contact clare.littleford@eyalliance.org.uk

Social and emotional development

Below, you can read about how ABS partnerships are supporting positive social and emotional development through intensive parent infant support and enhanced support work for domestic abuse.

Video Interaction Guidance (VIG)

The overarching approaches to improving social and emotional development are early intervention and building relationships with families; using evidence-based approaches; training workforce in early child development and sharing the science of brain development.



A whole family approach is critical in improving social and emotional development as it is often dependent on parents' wellbeing. The evidence shows that at least one secure, responsive relationship with a consistent adult is a vital ingredient in babies healthy brain development (Parent Infant Foundation, 2019).

Video Interaction Guidance (VIG) is a strengths-based, brief intervention that is delivered over 8-12 weeks. It supports families who have been identified as being at risk of emotional neglect and are struggling with parent-child interactions. It uses video recorded interactions between parent and child, and then a trained practitioner gives feedback by focussing on the parental strengths in the film, highlighting attachment and attunement between parent and child.

What works? Lessons learned

Recruitment and retention of staff across services has been challenging, and due to capacity, learning and implementing new ways of working - such as VIG - has been difficult. This is being addressed through working closely with partners, and by providing guidance and support for practitioners so they can see the impact programmes like VIG have on empowering local families. This approach has led to practitioners really valuing the service and becoming advocates for others to experience it too. By embedding the approach across Early Help, practitioners have an evidence-based tool within the practice kit that they can use with families on their caseload.

How have families and communities supported the work?

The importance of social and emotional development has been highlighted to local

families through delivering sessions of the Brain Game, which helps to demonstrate brain science in an easy-to-understand way. Community Connectors - a peer-to-peer service - are also trained to deliver messages about the importance of social and emotional development, and signpost families to services such as 'Being a Parent' course.

What difference is it making for children and families?

The A Better Start investment has significantly strengthened the early years offer across Health and Early Help and ensures that families in Blackpool continue to be supported by evidence-based programmes that best meet their needs.

Success of the service can be illustrated through the case study of a mother who, after attending VIG, felt, "more confident, organised and happy". She described her baby as, "happy, curious and funny" and felt her relationship was, "bonded, good and a lot better". The emotional warmth and attuned relationship supported baby's development and the mother was able to reflect on the baby's emotional and physical needs.

In addition to the baby's emotional well-being and development, the mother's mental health also improved and was demonstrated through reduction in her PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalised Anxiety Disorder Assessment). Before the intervention, the mother scored *moderate-severe* in the depression and anxiety scale, and this was reduced to *mild* in both areas post VIG. The mother had previously been on a waiting list for support from a specialist perinatal community mental health team but was discharged following the VIG intervention as she felt she no longer needed mental health support.

The reach of VIG can be measured through the number of children and families that have benefitted from the service:

- Across Blackpool, 142 Children aged 0-3 have accessed the service, as have 153 mothers and 28 fathers.

The impact of other evidence-based programmes across Blackpool is as follows:

- Survivor Mums' Companion - 58 Pregnant Women since start across Blackpool.
- Safe Care - 159 Children aged 0-3 since start across Blackpool (with 158 mothers and 26 fathers as the secondary beneficiaries).

How is ABS adding value to the wider system?

Blackpool Better Start is a partnership organisation and uses collaborative working relationships to offer a joined-up approach. This approach is adopted with the provision of evidence-based programmes that support social and emotional development.

Blackpool Better Start offer local workforce training in social and emotional development, including the Brain Certification, which is a free course available to anyone working in the early years. The skilling up of the workforce is significantly

contributing to improving the wider system. Practitioner confidence has also been strengthened through regular supervision, communities of practice and clinical skills sessions where appropriate.

Future priorities across the partnership

Blackpool is one of 75 local authorities identified to receive investment through the Family Hub and Start for Life programme. The ambitious programme of work sets to transform how families are supported to ensure they receive the very best support throughout the 1001 critical days and maximise all babies' potential for lifelong emotional and physical well-being.

Since its inception in 2015, the Blackpool Better Start partnership has been committed to developing a comprehensive offer of universal, enhanced and specialist pathways that support social and emotional development. A future priority is to strengthen this further through the Start for Life programme and continue to ensure babies, young children, parents and carers in Blackpool receive the right support to build positive early relationships and good mental wellbeing.

For further information, please contact hannah.connell@nspcc.org.uk

Enhanced Casework for Domestic Abuse

The devastating impact of domestic abuse on victims and survivors, children, communities, and our entire society is known. Abuse often begins and gets worse during pregnancy: it is estimated that four to nine in every 100 pregnant women are abused during their pregnancy or soon after the birth.



When designing their portfolio of services to support the social and emotional development of young children, it became clear that LEAP should address domestic abuse. Data available at the time showed that the prevalence of domestic abuse in the LEAP area was higher than in the rest of Lambeth, and above the London average.

People who are pregnant or have young children may be at an early stage of domestic abuse, unsure if they are experiencing abuse or may not be ready to act. Yet during a child's early years, brains develop rapidly, and foundations are laid for the future. Early intervention to reduce exposure to, and the impact of, domestic abuse is vital.

LEAP Enhanced Casework is a bespoke service for parents who are experiencing, or at risk of, domestic abuse during pregnancy or in their child's early years. A small team of caseworkers provide practical and emotional support for clients. The team is based at The Gaia Centre, Lambeth's community-based support service for residents affected by gender-based violence. The Gaia Centre is commissioned by the council and run by Refuge.

Support is holistic and non-time-limited, taking place virtually or in safe venues. Unlike in traditional risk-led services, the team proactively finds potential clients who may not see themselves as victims and survivors of domestic abuse. Workers offer general advice surgeries and run women's wellbeing sessions in children's centres, build relationships with practitioners and take part in community activities.

The ultimate aim is for clients to have improved wellbeing and feel they are safe and moving in a positive direction, and for their children to have a better environment in which to grow and thrive.

What works? Challenges & successes, and lessons learned.

LEAP supports parents at the earliest stage of domestic abuse and works with them throughout all stages of change, including maintaining separation from perpetrators where clients choose this.

The team use the Safe Lives Domestic Abuse, Stalking and Honour-Based Violence (DASH) checklist to assess the risks clients face. A score of 14 or above represents 'visible high risk'. For 90 clients for whom full data is available since April 2020, the average final risk score decreased from 9.1 at intake to 4.6 at exit. The service effectively engaged women before abuse became high risk, and casework support further reduced this risk. The engagement rate for the service consistently exceeds targets. There is a pool of parents who need and want support at an early stage, if only domestic abuse services can be sufficiently reachable and open.

A key challenge has been identifying potential clients in the community. The outreach component of the service has been strengthened over time and requires dedicated capacity and creativity. Co-locations in children's centres and other venues have been key, as has relationship-building with the professionals who come into frequent contact with families and can facilitate their access to the service.

Offering group activities, delivered by the same workers who support clients individually, has helped address the social isolation often experienced by victims and survivors of domestic abuse and enabled those who no longer require intensive individual casework to continue accessing light-touch support.

The service has consistently high reach with LEAP's target groups: parents living in deprived neighbourhoods and those from Black, Asian and Mixed Ethnicity backgrounds. However, in common with other domestic abuse services, LEAP Enhanced Caseworkers have less contact with certain other groups. For example, it can be challenging to promote support for male victims without raising male perpetrators' awareness of services.

[Refuge](#) has recently reported on how the cost-of-living crisis has also exacerbated the stresses faced by victims and survivors. Children and non-abusive parents are having to live with perpetrators for longer because they risk destitution if they flee. Perpetrators can also take advantage of the cost-of-living crisis to increase economic abuse and control. The LEAP team have noticed an increase in the need for emergency food and financial support.

How have families and communities supported the work?

The service was designed in conjunction with the local workforce and Gaia Centre service users. It has evolved in response to data, community insights and feedback from clients. In December 2022, LEAP held a co-production session with a general group of LEAP parents to explore how the service could better reach potential clients.

What difference is this making for children and families?

The service consistently achieves positive outcomes and receives glowing feedback from clients. In addition to reductions in risk faced by victims and survivors, the service has also seen significant improvements in clients' wellbeing. Of 91 clients whose cases have been closed since April 2020, 69% reported mild to severe psychological distress when they entered the service compared with only 12% at exit.

One client, whose story is described in [this case study](#), said: "I will never forget you ... It would have been very hard if it wasn't for you ... The children really suffered before, now they are free. I can see they are happier."

How is ABS adding value and improving the wider system?

LEAP Enhanced Casework supports families at a critical point: when domestic abuse may begin or escalate and when children and parents are particularly vulnerable. In addition to reducing the risk in relation to abuse, and the need for intervention later, it connects isolated families with other services and the wider community. It also builds capacity in the local early years workforce to identify and respond to domestic abuse.

Future priorities across the partnership in this regard

LEAP is contributing to national research by What Works for Early Intervention and Children's Social Care, to address a lack of evidence on what works best to support children and families affected by domestic abuse. This is an opportunity for LEAP to highlight the need for early intervention with families affected by domestic abuse, and the value of focusing on pregnancy and the early years.

Each ABS partnership supports parents with stresses they may face, from domestic abuse, through financial hardship and unemployment, to parental mental health difficulties and adjustment to parenthood. Services and activities have been designed in response to local need, aim to add value to local contexts and systems, and continue to be embedded and improved.

For further information, please contact ehamblin@ncb.org.uk

Diet and nutrition

Below, you can read about how ABS partnerships are supporting healthy diet and nutrition by increasing access to healthy foods and building skills and confidence to prepare healthy meals, providing non-judgemental support with breastfeeding

FOOD Club

Family Action's Food On Our Doorstep (FOOD) Club aims to provide good-quality food at a low cost, while reducing food waste, therefore supporting families' access to healthy, nutritious food and enabling them to save money. Families pay £1 a year and are then able to purchase a bag of food every week worth approximately £10-15 for £3.50.



This is a response to the stigma families have reported in attending traditional food banks and aims to encourage families to access the wraparound support offered. The wraparound sessions are delivered in person across three settings and families are identified by FOOD Club staff. The FOOD Club sessions include a focus on life skills alongside cooking and food preparation. This makes the FOOD Club model significantly different to more traditional food banks.

The project contributes to ABSS' outcomes, namely reducing childhood obesity, by encouraging families to cook nutritious foods, rather than relying on cheaper supermarket foods or food bank parcels, which can often be less nutritious and less varied.

What works? Lessons learned

By focusing on reducing food waste and promoting healthy eating, families are less likely to feel stigma; this is a key area of success for the project. As well as reducing food insecurity, families who might otherwise be dropping in and out of food poverty are able to regulate some of their spending due to consistent access to affordable food. Enabling families to prepare meals from a wide range of ingredients can reduce food waste by leading to greater use of ingredients and leftovers.

Running costs for the FOOD Club have increased significantly over the past year. At the same time families' need for support feeding their children has also grown. This highlights the need for provision of this sort, as food available to families from sources such as food banks is not always as healthy and can make preparing healthy meals more challenging for families.

How have families and communities supported the work?

Families that are part of FOOD Club share ideas and recipes with each other via social media, as well as taking part in a survey to identify the impact of the project and what they would like to focus on over the next months.

Several community organisations have supported FOOD Club by attending the

wraparound sessions including Book Start, CAB Energy, Southend Energy Service, Brook, Active Life, Volunteering Matters, Trust Links, Work Skills, Citizens Advice and ABSS's YourFamily service. During ABSS's Festival of Conversations, FOOD Club hosted an event alongside Welcome to the UK, introducing the project and its wraparound support. The event was aimed at families recently arrived in the UK, particularly those from Ukraine.

What difference is it making for children and families?

FOOD Club conducted a survey to identify the impact it had on the families it supported. Two areas were identified as having the greatest impact: saving money and trying new foods/recipes. Saving money is particularly important in the current cost-of-living crisis. The support and guidance offered has influenced a change in shopping habits, by providing wider options for creating meals that are both affordable and healthy and in turn eliminating unnecessary expenditure.

The wraparound support offered to families gives them opportunities to access support that they may not previously have known about, that they did not feel comfortable accessing or that they did not know they were eligible for. This is particularly important for families who have not previously accessed support services.

How is ABS adding value to the wider system?

ABSS supported FOOD Club to develop the wraparound sessions, aimed at developing a level of community resilience as well as supporting families. Support from ABSS has given the FOOD Club team the space to identify further sources of support, improving the project's future prospects. FOOD Club have found additional funding enabling them to host a summer holiday Brunch Club, a Big Day Out to Southend Pier, and Life Skills sessions.

Members of the FOOD Club team have also been contributing to the Food Alliance and are members of Southend City Council's Tackling Food Poverty Steering Group. This means that their understanding of the challenges families face can inform wider actions around access to healthy food in Southend.

Future priorities across the partnership

The development of the Food Alliance and Southend City Council's Tackling Poverty Steering Group creates opportunities for partnership working across Southend around issues of food insecurity and poverty. ABSS and its strategic partners are looking for ways that organisations and community groups can work together to support families and individuals experiencing food insecurity and extend support to more communities across Southend.

The FOOD Club is also part of the ABSS partnership's wider work around diet and nutrition, which includes support for breastfeeding and infant feeding. The aim is to provide comprehensive support along with the tools and knowledge to enable

families to make healthy choices around diet and nutrition.

For further information, please contact clare.littleford@eyalliance.org.uk

Feed Your Way

Small Steps Big Changes commissioned a social marketing firm to develop a breastfeeding public health campaign for Nottingham. The 'Feed Your Way' campaign aims to make Nottingham a breastfeeding-friendly city and supports local families to achieve their breastfeeding goals and empowers them to 'feed their way', for as long as they want to, with the support of healthcare professionals and their local community.



What works? Lessons learned

Feed Your Way builds on lessons learned from academic research:

- The current delivery of Baby Friendly Initiative-compliant care in the UK sets women up with unrealistic expectations of breastfeeding, causes unmet individual needs and fostered negative emotional experiences (Fallon *et al.*, 2019). Families need realistic breastfeeding education, particularly around breastfeeding challenges.
- Breastfeeding promotion should focus on improving community and societal attitudes and support around breastfeeding (Hauck *et al.*, 2021). Negative attitudes towards public breastfeeding are commonplace (Grant, 2016; Morris *et al.*, 2016) and a barrier to breastfeeding. Promoting breastfeeding as a public health issue may prove more cost-effective than interventions aimed solely at women (Scott and Mostyn, 2003).

How have families and communities supported the work?

Nottingham families and residents, health professionals, community groups and business owners have been involved from concept to delivery of Feed Your Way by means of consultations, a multidisciplinary project group, which went on to become the Feed Your Way stakeholder body, focus groups and surveys. The Big Nottingham Breastfeeding Survey received 1,800 responses and those stories formed the heart of the campaign.

They learned that breastfeeding families wanted:

- to feel empowered to feed their way - however they want, for as long as they want.
- to be able to have honest and open conversations about the realities of breastfeeding.
- to understand the challenges and have access to tailored support.

They also found that the friends and family members who are supporting breastfeeding women wanted:

- clear and easy ways to show their support.
- information on where to find evidence-based answers to their questions about breastfeeding.

The use of risk reduction health messaging as an external motivator was perceived as controlling by families and their stories highlighted the importance of intrinsic motivation to breastfeed. Self-determination theory (Ryan and Deci, 2017) provides a framework to promote intrinsic motivation. The campaign thus moves away from controlling messaging around breastfeeding and focuses on three psychological needs that facilitate and sustain intrinsic motivation: Autonomy (breastfeeding is choice), relatedness (this is a collective issue and there is support available), and competence (every attempt is a success).

The campaign presents the real, lived experiences of six local families. Videos, photos, and interviews with these families show a realistic image of their very different breastfeeding experiences and expectations, including both the challenges and the positives. Feed Your Way empowers families to make and own their decision about how to feed their babies.

What difference is it making for children and families?

The campaign has been well received by target audiences and stakeholders. The website has had over 1300 unique users and 2500 page views in the last quarter; men are engaging with advertising, if not necessarily actively seeking out information. Paid for-media has met and exceeded targets, people are engaging on social media, and many are doing so consistently. Detailed evaluation will explore what this means for families, pregnant people, business and workforce colleagues in the future.

How is ABS adding value to the wider system?

SSBC has been uniquely placed to bring together a range of voices including parents to ensure a meaningful campaign that has addressed the priorities of families. The campaign is valued by partners, reflects the needs of parents, and has highlighted the value of talking about infant feeding without risk-based messaging. The future phases of the campaign will continue to influence partners and shape the conversation.

Future priorities across the partnership

Feed Your Way will have a midpoint evaluation in late spring. This will inform subsequent work and allow refinement of the message. There is a shared ambition across the system, SSBC, Public Health and other partners to make Nottingham a breast and chest feeding friendly city.

Whilst continuing to speak to parents, further phases will also include conversations with businesses, to highlight the value of supporting breastfeeding families both as customers and employees. The delivery of an enhanced breastfeeding welcome scheme will include employer training and be supported by marketing that complements the existing Feed Your Way suite of materials.

For further information, please contact jill.smith48@nhs.net

Healthy Living Platform Pantries

What children eat in their early years has a direct impact on their health and ability to learn and achieve in the longer term. Good nutrition during pregnancy and in the early years of life plays an enormous role in child development, impacting cognitive, behavioural, and physical development, as well as performance in school. Being overweight or obese in childhood has both immediate and long-term health outcomes. Nutritional deficiencies in early childhood can result in a range of health issues, including poor oral health and anaemia.



Lambeth Early Action Partnership (LEAP) supports parents to make healthier choices in pregnancy and beyond and enables families with young children to access healthy food. LEAP's partner, [Healthy Living Platform \(HLP\)](#), inspires families to include more vegetables in their cooking, and provides ideas on how to cook healthily on a budget and be more physically active.

As the cost-of-living crisis deepens, more families are unable to buy enough food. The Joseph Rowntree Foundation (November 2023) found that around 4 in 10 families with children are spending less on food for their children, while a Food Foundation survey conducted in September 2022 found that one in four households with children experienced food insecurity in the preceding month, and that food insecurity had increased more in households with children than those without (Food Foundation, September 2022a). The survey also found that many families who are struggling to afford food are cutting back on buying healthy foods such as fruit and vegetables (Food Foundation, September 2022b). Indeed, the high cost of fruit and vegetables is contributing to the health gap between rich and poor. In the year to October 2022, the price of fruit rose by more than 10% and vegetables by more than 15%, making fruit and vegetables too expensive for many people to buy (Food Foundation, 2023). In this current context, it is vital that families are supported to access affordable, healthy foods.

What works? Challenges & successes, and lessons learned

HLP runs weekly community pantries in local children's centres and community centres where families can access healthy food for a weekly pay-as-you-go price. For £5 families can choose 10 fresh fruits and vegetables plus up to 10 additional donated items such as tinned goods, nappies and toiletries, provided as surplus produce from supermarkets and other suppliers. The pantries aim to reduce food shopping bills, offer a diverse range of fresh fruit, vegetables and healthy food and offer more choice than a food bank whilst creating a sense of community and solidarity.

Each week more and more families are using HLP's pantries due to the cost-of-living crisis; one pantry saw a nearly four-fold increase in attendees in the period before Christmas. There has been an increase in requests for items such as nappies, meat, fish and dairy products, as these items are more expensive in traditional shops. Having pantries located in community settings or alongside services familiar to local families (such as breastfeeding groups or play sessions) has been key to their success. When services are co-located it is easier to signpost and refer families. It is also

important to break down the stigma around using pantries; for some families, it helps to emphasise that pantries are not handouts and that by paying £5 to use the pantry they are helping the service reach more people.

As demand increases, some pantries have been running out of food. This is partly because less surplus food is available as supermarkets are removing 'best before' dates. Furthermore, volunteer numbers are not increasing with demand, so some pantries now offer on-site childcare so that volunteers can bring their children.

How have families and communities supported the work?

HLP's pantries are community-led and run by volunteers from the same communities which they serve. They work with a pool of around 60 active volunteers who provide in-kind hours at their various community projects each week, including the pantries. Without the support of this large volunteer pool, HLP's ever-growing impact in the community would not be possible.

The development of each new pantry includes consultations with local families and the community about new locations. Parent engagement helps encourage promotion of pantries by individuals and Parent Teacher Associations in surrounding schools. Volunteer training is also co-created.

The close relationships formed with regular pantry members means that many individuals act as ambassadors for their pantries and are particularly willing to provide feedback for HLP to continually develop their services.

What difference is this making for children and families?

580 families have attended the pantries since they began, totalling 21,000 attendances over 600 pantry sessions. Families have commented on how the pantries are cost-effective and enable them and their children to eat more healthily, including more fruit and vegetables in their diets.

The choice of provisions is very cost-effective.

The range of offers are always great... it has been a wonderful way to get my toddler trying new foods.

It has encouraged me to eat healthy. And the vegetables and fruits are fresh. It is very helpful to us.

Professionals working with local families have suggested volunteering at the pantries to some isolated parents as a way of connecting them to the wider community. Many parents have fed back that through volunteering at the pantries they gained confidence, learnt new skills, and made new friends.

It feels so satisfying that the managers trust us to make decisions and run the pantry together

I enjoyed working with different people and learning new things

How is ABS adding value and improving the wider system?

Through the LEAP funded pantries, HLP demonstrated the positive impact of providing low-cost pantries in community settings. This has enabled HLP to source

match funding from statutory organisations to set up more pantries with the view to embedding this support across the borough after the LEAP programme ends.

Future priorities across the partnership in this regard

HLP has helped deliver a variety of events which bring the community together through food. For example, LEAP's Warm Hub events for households who may be experiencing fuel poverty. Upon securing further funding, HLP hopes to launch a new community café at one of their current pantry locations, to offer low-cost, nutritious meals to the community 7 days a week and provide a welcoming environment.

For further information, please contact ALewis@ncb.org.uk

HENRY (Health, Exercise and Nutrition for the Really Young) Healthy Families Programme

Better Start Bradford commissions HENRY (Health, Exercise and Nutrition for the Really Young) to deliver the HENRY Healthy Families



Programme, alongside Cooking for a Better Start and Starting Solids workshops. The aim is to deliver key messages to local families around healthier habits, nutrition, eating behaviours and parenting. By commissioning HENRY to provide these services in a non-judgemental, easily accessible format, Better Start Bradford aims to contribute to reductions in the number of overweight/obese children in the Better Start Bradford area at age 2, 5 and 11. The project aims to reduce the health inequalities experienced by many families in the area, as well as upskilling local workforce to feel confident to deliver key messages around the importance of early intervention and adequate nutrition.

Since January 2022 HENRY has employed a Community Partnerships Officer to develop and build awareness of HENRY services to both practitioners and parents and increase HENRY's reach in the three Better Start Bradford wards and the surrounding area. As a direct result of the Community Partnerships Officer's passion for supporting families to access services and ability to build collaborative relationships with community partners, HENRY has received an increase of 313 direct referrals into the programme to date.

What works? Challenges & successes, and lessons learned

The Community Partnerships Officer consulted the existing HENRY team to establish how the programme had been delivered pre-pandemic and develop a strategy to increase referrals through 'warm contacts' who were likely to have previously engaged with either promoting or facilitating HENRY. These conversations formed the basis for a mapping exercise to establish local community groups, health centres, schools and nurseries and build a 'visiting timetable' which covered all three Better Start Bradford wards and took advantage of the fact that families were already

attending these venues and were well placed to receive key messages around the HENRY offer.

By building relationships with community champions, parent involvement workers and volunteers, the Community Partnerships Officer has established themselves as the 'face of HENRY' in the community, attending fun days and district-wide events in order to promote the HENRY programme more widely. This coincides with ongoing work to attend smaller groups, chatting to parents on a 1:1 basis, delivering story time sessions and offering activities.

As well as utilising links within the voluntary and community sector, the Community Partnerships Officer strives to engage with often overstretched statutory services. Health visitors, midwives, GP's, practice nurses, dieticians and social prescribers are able to receive and distribute information about HENRY. They have learnt that meeting clinicians at their GP surgeries or clinics and at training sessions appears to be the best way to connect and explain the HENRY offer.

How have families and communities supported the work?

A community asset approach is at the heart of HENRY's work to promote healthier and more active families and communities. The Community Partnerships Officer works with local communities, parents and volunteers to help them identify priorities for their community as well as strategies that will work locally to help them achieve those goals. Parents are universally positive about the mutual peer support they experience from partaking in the programme and are often keen to become parent champions. This provides them with access to training and a DBS check which enables them to support outreach activities, share testimonies about their personal experience of the HENRY programme and support group delivery.

What difference is this making for children and families?

By drawing from and building the capacity of local communities, HENRY are able to reach lesser-heard populations who often struggle to access statutory services and practitioner support. The Community Partnerships Officer role is unique in that it focuses on building connections between vulnerable and sometimes marginalised families. These families may find statutory services difficult to navigate, but will trust and accept support from a local volunteer, particularly where they share common language, culture or experiences.

The Community Partnerships Officer describes the role as a pleasure and relishes the ability to guide a family's journey. Families are keen to provide feedback on how the HENRY programme has made a difference to their lives: "The groups get you out and if I hadn't have gone I would still be staring at the four walls and so would he (nodded at her son). It helps to stop you feeling isolated and like you can do something with your life, it helps you feel more confident. I've now trained to be a parent volunteer so I can tell other people about it. I've done training which I enjoyed as well. It's all really good now."

How is ABS adding value and improving the wider system?

HENRY is already established within the Bradford district and has been a recognised part of the Family Hubs service delivery since 2015. However, the enhanced HENRY model that funding from Better Start Bradford has provided within its three wards, exemplifies the possibility of increased referral, engagement and satisfaction for both community and practitioner. Bradford district is in receipt of government Start for Life funding and Better Start Bradford are currently working closely with the local authority to embed the learning and explore how the HENRY model will enhance Bradford's Start for Life offer.

Future priorities across the partnership in this regard

Work is currently ongoing to map existing service provision within the district with a focus on tackling childhood obesity. Delivery of the HENRY model remains the universal offer in this regard, supported by targeted and specialised services where appropriate. An appetite amongst key partners to improve childhood obesity rates is evident and Better Start Bradford continues to add capacity to this with a focus on prevention and early intervention.

For further information, please contact
chloe.stevenson@betterstartbradford.org.uk

Lessons from ABS

ABS partnerships were established in areas where outcomes for children and families were consistently below the national average, and where inequalities in child development outcomes were identified. The case studies above provide further context for the range of approaches ABS partnerships are implementing to support children and their families with their development.

The case studies in this report have highlighted a range of approaches ABS partnerships have employed to support child outcomes across diet and nutrition, social and emotional development and speech, language and communication. A variety of evidence is embedded throughout the work of ABS, at programme, partnership and service level, and while there have been challenges along the way, there have also been many opportunities for learning as partnerships have developed their approaches. Common lessons are summarised below.

1. Investment in family support services is vital in the face of pandemic recovery and the cost-of-living crisis.

While the current government policy focus of investment and expansion of family hubs and family help services is very much welcomed, it will be important that it is sustained over time and services are commissioned based on local need within communities. These services are vital for unborn babies, children and families in the wake of pandemic recovery and the cost-of-living crisis. As demonstrated across the case studies in this insight report, the range of approaches and interventions employed by ABS partnerships showcase how important family help services are in supporting child development outcomes, and in turn, later life chances.

2. Continually adapting to meet changing needs

The ABS partnerships are adapting and developing their services to meet the ever-changing needs of local communities. They have had to face unexpected challenges and continued to deliver frontline support services throughout the Covid-19 pandemic, which has ongoing consequences for children and families. They are now also providing support during a significant cost of living crisis. The flexibility and creativity to adapt services and develop new approaches to supporting families as needs change is an important element of the success of ABS partnerships.

3. Involving the voices of families

The ABS partnerships have worked with local families in their communities and integrated them within service delivery, for example as parent champions. Effective parent engagement ensures that approaches are coproduced with families themselves, increasing the chances of reach and engagement, and staying in touch with ever-changing needs.

4. Early intervention makes a significant difference for child development outcomes

The evidence from the case studies clearly show that early intervention makes an incredible difference for children's development across diet and nutrition, social and emotional development and speech and language. The outcomes captured by ABS partnerships show significant and measured improvements as a result of the various interventions which have been delivered, as well as a significant preventative factor in the worsening wider context of Covid-19 and the cost of living crisis.

5. Multi-agency working

ABS partnerships work closely with other agencies and professionals to deliver services to support families. They have successfully embedded approaches for multi-agency working which contribute to the positive outcomes for unborn babies, children and families. This is a notably challenging area to do well in practice and ABS partnerships have been skilled at achieving effective ways for working across agencies. These effective multi-agency partnerships are also one way in which the legacy of the programme will continue beyond the scope of the funding.

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A Better Start

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

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

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