

Better Start

Building Systems for Early Childhood Development

Chris Cuthbert and Clare Law

Acknowledgements

Funded by:  **COMMUNITY**
FUND

With thanks to the Blackpool Better Start Partnership:



Thanks is also given to the Blackpool community and organisations that have supported the Blackpool Better Start Partnership to achieve intergenerational change for babies, young children and families.

Better Start is now sharing and transferring its learning from delivery in Blackpool and is supporting more babies, young children and families.

www.betterstart.org.uk

First Published: November 2024 © November 2024 Better Start

Contents

Introduction	05
The relational web of child development	06
An integrated early life course approach	06
Building systems for early childhood development	07
The traits and habits of systems builders	08
Better Start's guiding principles	09
The Better Start Framework for Systems Building	11
Collective vision & purpose	12
Collective analysis & sensemaking	12
Collective strategy	13
Committed leadership	14
Committed families & community	15
Committed workforce	16
The engine room	17
Useful sources	22



Introduction

The opportunity of early childhood

Pregnancy and early childhood are critical to health and wellbeing across the life course. In recent decades, there has been a convergence across multiple academic disciplines recognising pregnancy and the first two years of life as a unique window of opportunity, laying the foundations for children's long-term health, learning and wider social and emotional development. With the right support from the start, all babies and infants can thrive and go on to fulfil their potential.

The challenge of fragmented systems

Current 'systems' are failing to provide young children and their families with the foundations they need. Despite compelling arguments about the crucial first 1000 days of life, all too often this rhetoric fails to translate into the focussed local leadership, seamless support and sustained investment that is needed. Many of the services that touch the lives of young families were developed decades ago and have failed to keep up with modern family life. All too often, services are fragmented and siloed, leaving families falling between the cracks. There is a chasm between early health services and the start of school, with piecemeal provision in between. Parents can be left feeling isolated, struggling to cope with the pressures of new parenthood and overwhelmed by other challenges in their lives. Without timely support, problems can accelerate and escalate. The consequence of this, as well as poorer experiences of early childhood, is wasted potential for individual children and lost talent and contributions for wider society.

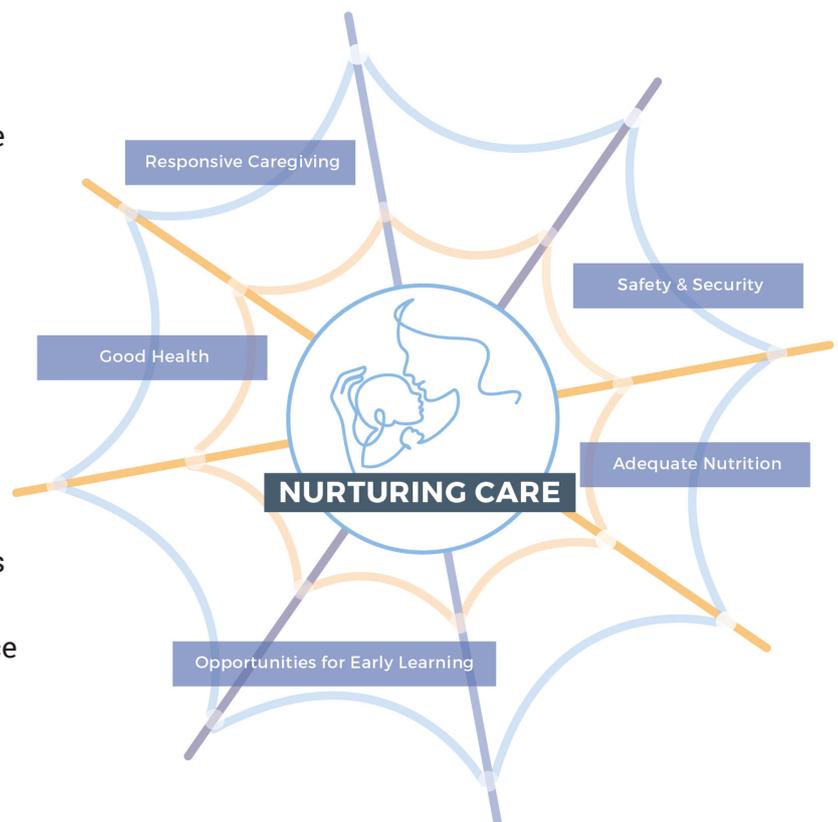
The Better Start approach

Blackpool Better Start is an integrated place-based approach focussed on pregnancy and early childhood. It harnesses the strengths of public services and the assets of local communities. The Model of Change is based on action to reduce the barriers families face; and action to ensure they have the support and capabilities they need to thrive. It has drawn on the latest research evidence about what makes most difference to promote children's wellbeing and development. Putting research into practice requires 'systems thinking' and a meticulous process of application of evidence to local context. This collective approach with shared goals and integrated working across agencies; as well as the active participation of professionals and community members in co-designing and embedding new ways of working, has transformed systems for children and families.

Drawing on a decade's experience of service innovation, implementation of evidence-based practice, co-production and leading collective change in one of the UK's most deprived local areas, this paper shares the innovative **Better Start approach to systems building**.

The relational web of child development

Child development unfolds in an intricate web of relationships. Early childhood development is multi-faceted, dynamic and occurs in the context of a rich ecology of influences from the most intimate caregiving relationships in the home; through social support and neighbourhood opportunities for play, learning and health; to more structural factors such as employment, housing and income. The capacities of caregivers and the quality of children's caregiving environments can make a huge difference to the wellbeing and development of babies and young children.



An integrated early life course approach

Since child development is influenced by multiple factors at multiple levels, it follows that no single intervention can ever provide a 'magic bullet' solution; and that no one agency alone can provide all the answers families might need. What is required is an integrated early life course approach where all join forces to create the conditions for families to thrive. When local families, public, voluntary and private services come together as a community and actively work together to shape the environment and opportunities for new families it can have a dramatic effect. The Better Start approach is a collective place-based approach which aims to mobilise local assets and resources around the family and strip away the barriers that stand in parents' way.

This integrated early life course approach is aligned with the WHO/UNICEF Nurturing Care Framework which advocates for coordinated action across the domains of: child and family health; nutrition; early learning; responsive caregiving; and safety and security. It recognises the need to 'think family' if we want children to prosper. Parents and carers have the greatest influence on babies' and young children's development and, when services support adults as parents, they also help children. This approach also appreciates that structural factors – what Professor Michael Marmot calls 'wider social determinants' – such as employment, income and housing can have a big influence on child wellbeing. Whilst national government holds power and responsibility for many of these factors, local areas can also play a part in ensuring families have access to good employment, affordable housing and safe neighbourhoods.

Building systems for early childhood development

Systems are made up of formal structures (such as organisations, programmes and policies) and informal relationships and connections between social actors both inside those agencies and from outside interest groups.

The mission to improve Early Childhood Development (ECD) transcends the divide between adults' and children's services; and it cuts across traditional organisational boundaries such as maternity; early childhood education; childcare; early help and child protection. Discrete programmes and policies often only implicitly promote the goal of ECD or only partially address its different dimensions. The frequently invoked concept of 'systems change' implies a fully-formed system already in place that simply needs to be improved or fine-tuned in some way. In the case of ECD, an integrated early life course approach and the more radical mindset of 'systems building' is warranted to fully realise the opportunity of the first 1000 days.

Systems Building for ECD refers to:

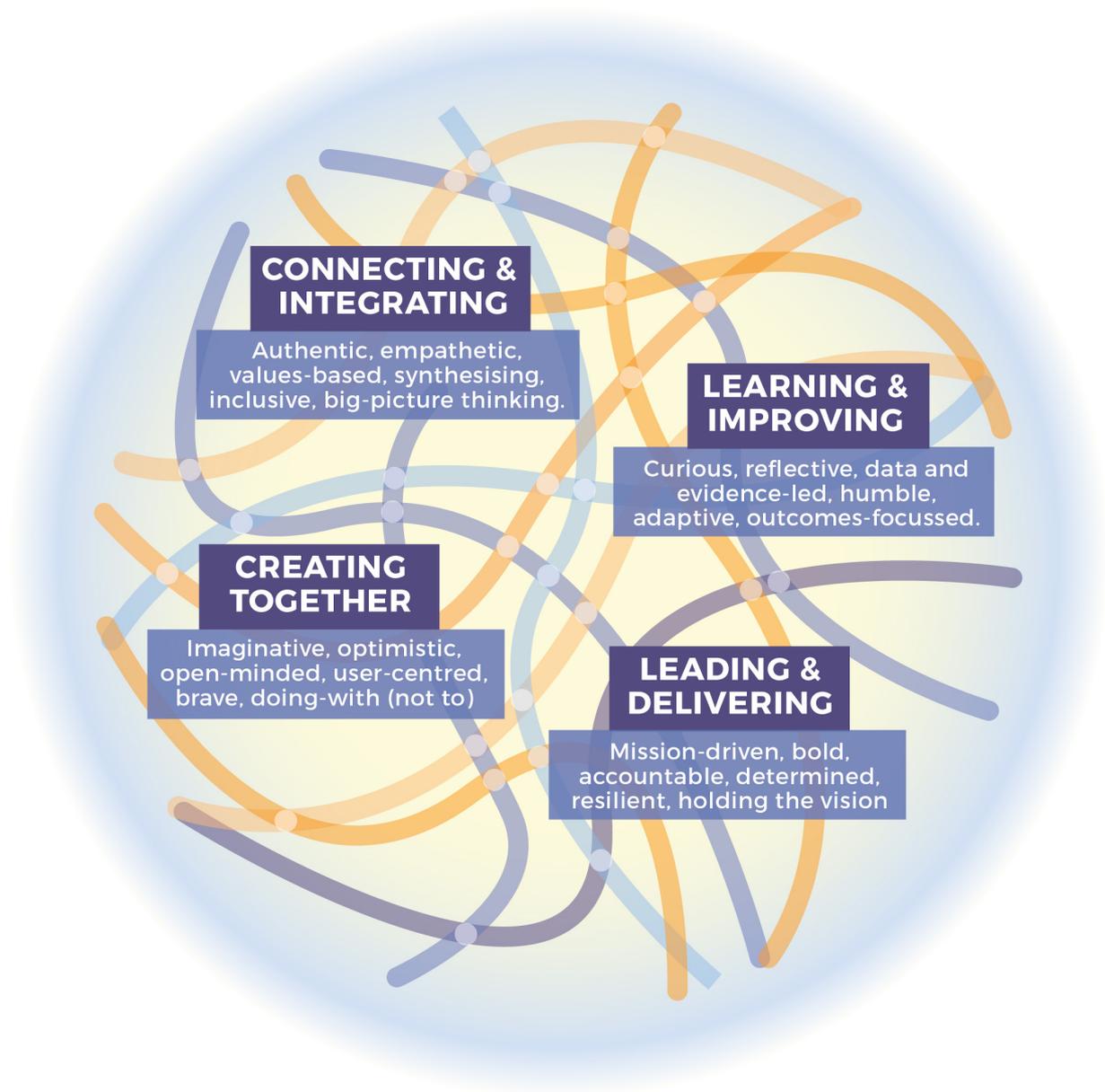
How social actors mobilise in a local context to address the shared goal of improving ECD; how they collectively organise, govern and resource the mission into a cohesive and sustainable whole; and how strategies, policies and services are designed, implemented and adapted to achieve improved and more equitable outcomes.

The point of systems building is to enable collective action with shared purpose. It involves identifying and mobilising all actors, assets, institutions and resources that can make a difference to babies, children's and families' lives during pregnancy and early childhood. It requires development of a common vision and strategy, founded on an honest, rigorous and joint analysis of what is currently holding children back and what more could be done to improve outcomes. Effective leadership champions the cause, challenges unhelpful ways of working, forges connections and creates the space for innovation and learning. Effective governance ensures inclusive and transparent decision-making and collective accountability for results.

Strategy provides an integrated plan of action, prioritising resources for activities that contribute towards the overall vision. This is about more than piloting short-term service interventions. It is a sustained and integrated approach, focussed sharply on child outcomes and relentlessly learning and improving. It requires integrated systems and processes across agencies, ensuring seamless, timely, high quality and appropriate services designed around families. Most important of all, it requires the commitment of families, volunteers, practitioners and managers as active agents in the change. Shifting entrenched modes of thinking and generating belief in change is a subtle, skilful and essential component of the process.

The traits and habits of systems builders

Systems are dynamic and interactive, not mechanistic and linear. This is a fundamental weakness of static logic models which specify service or policy 'inputs' and expect to automatically deliver results. The systems around children and families are highly complex and require a different mindset and different ways of working. The model below illustrates the sorts of traits and habits we have found are conducive to systems building.



Better Start's guiding principles

The Better Start approach is guided by a set of 5 core principles:

1

Place-based collective action

- Putting local families and communities at the centre through meaningful involvement at all levels and by building on local strengths and assets.
- Working together across all agencies and sectors to achieve shared goals, with clear roles and accountabilities.
- Locally relevant services, tailored to population needs and co-designed with local families and practitioners.
- Committing for the long-term, recognising that generational change takes sustained effort. Systems building is a continuous process, not a one-off event or short-term initiative.

2

Prevention

- Investing in families during pregnancy and early childhood to set the foundations for future learning, health and positive social and economic contributions.
- Acting now to avoid the future social and economic costs of adversity, inequality and wasted human potential.
- Using the touchpoints of universal services such as midwifery and health visiting effectively to identify needs early and ensure families receive timely and high-quality support before problems escalate.

3

Child rights and equity

- Securing children's rights and wellbeing in accordance with the UN Convention on the Rights of the Child.
- Ensuring no child is left behind and all children are supported to fulfil their potential. No child should be held back by the circumstances of their family.
- Providing a framework of 'progressive universalism', ensuring all families receive quality services in pregnancy and early childhood, with seamless access to 'early help' and 'specialist' services for those who need additional support.
- Achieving equitable child development requires action to address underlying economic and social determinants alongside strategies to build individual capabilities.

4

Tailoring support and 'thinking family'

- Recognising that child development is multi-faceted and spans traditional service boundaries.
- Delivering coordinated and tailored support, especially for families with additional and complex needs.
- No wrong door - ensuring contact with any service offers an open door into a broader system of joined-up support.
- Adult services such as housing, mental health, drug and alcohol treatment, criminal justice and jobcentres think about their 'clients' in the context of family and ensure they are supported in their roles and responsibilities as parents.

5

Evidence, innovation & improvement

- Applying evidence from the science of Early Childhood Development to real-world delivery. This means tailoring existing evidence-based interventions to the local context whilst carefully preserving the features that drive quality and impact.
- Where there are gaps in the current evidence base, co-designing and testing innovative solutions in partnership between academics, practitioners and families.
- Continuously improving through local monitoring, evaluation and learning.



The Better Start Framework for Systems Building

Theory and research on systems can sometimes appear quite abstract and academic, so the Better Start Framework for Systems Building is deliberately designed as a practical guide to the building blocks of a system for ECD, based on real-world experience in Blackpool. Our journey is far from over. There is still a long road ahead. But we hope that sharing our approach might provide useful guidance and inspiration for other local areas as they seek to build their own systems and fulfil the extraordinary opportunity of the first thousand days.



The literature on systems change in areas like the health service or education often focusses on identifying 'causal loops' and technical fixes to failings in established public services and systems. Whilst these approaches are highly valuable for addressing weaknesses in existing systems and processes, our aim is broader and reflects the fragmented nature of provision for families during pregnancy and early childhood. The goal of this Framework is building a cohesive and sustainable system focussed on supporting families and giving babies and children a better start in life. Building this new system requires a collective approach, as well as deep and sustained commitment.

Part of what distinguishes a system from a short-term initiative or programme is its durability and scope. It is about harnessing collective will and all available resources to build something enduring and to channel all efforts and energies consistently towards a shared goal. It is about more than finding a single intervention or testing a particular model of co-located delivery. Rather, it is about forging an integrated early life course approach that brings together services into a cohesive whole, tailored around the needs of families. It is about building a culture of continuous learning and improvement, motivated by the shared commitment to give all children the best start in life.

Collective vision & purpose

Collective action requires collective vision - or finding a 'guiding star'. Spending time defining what you collectively want to achieve for babies, young children and their families drives a sense of shared purpose and can help transcend traditional service remits, political cycles and short-term thinking. Being inclusive in the process of vision-setting gives people a stake, a sense of ownership and a reason to contribute. It also increases the legitimacy of the venture and its likelihood of success. It is important to talk not only about where you want to get to, but also about *how* you want to get there. Sharing values and establishing guiding principles can help to foster trust and deepen relationships in ways that might not ordinarily happen in everyday conversations.

"Setting the collective vision for Blackpool Better Start enabled all agencies to see how their own work could make a difference for families with young children. It also led us to realise what a critical contribution Better Start could make to our wider ambitions for regeneration and renewal of Blackpool. When we invest in early childhood, we are investing in the future of our town."

Neil Jack, Chief Executive,
Blackpool Council.

Collective analysis & sensemaking

Collective analysis is about building up a shared understanding of current patterns of child and family outcomes. It requires an honest account of strengths and challenges and must draw on multiple sources and diverse perspectives. Official sources such as NHS Fingertips provide rich descriptive statistics on socio-demographics as well as on child and family outcomes and inequalities. They also offer the ability to observe trends over time and to draw comparisons with other areas. These data should be brought together with more granular local information from across different agencies on population needs, services and child and family outcomes. Qualitative research and insights from practitioners and families are also important for understanding what is working well and where things need to improve. Participative activities such as mapping service pathways can help to illuminate strengths and weaknesses in existing systems, as well as opportunities for improvement.

Collective sensemaking involves stakeholders coming together to review and interrogate the data and explore what it really means. This helps to build a shared understanding of the problem and of its root causes. It helps build consensus about key points of leverage and priority areas for action. This collective sensemaking and framing of the problem is an essential prerequisite for coherent and focussed strategy.

Collective strategy

Collective strategy is about defining a course and determining how you intend to get from where you currently are to where you ultimately want to be. It requires careful focus on the problem analysis and the prioritisation and planning of activities to overcome obstacles and make decisive progress towards the vision. It requires long-term thinking as well as sustained focus and investment. Strategy development should also draw upon learning from outside of the local area and careful examination of evidence about effective and promising policies and practices that could improve outcomes locally.

Blackpool Better Start is based on a simple Model of Change which focusses all energies relentlessly on i) building parent's own capabilities; and ii) reducing the pressures families face.

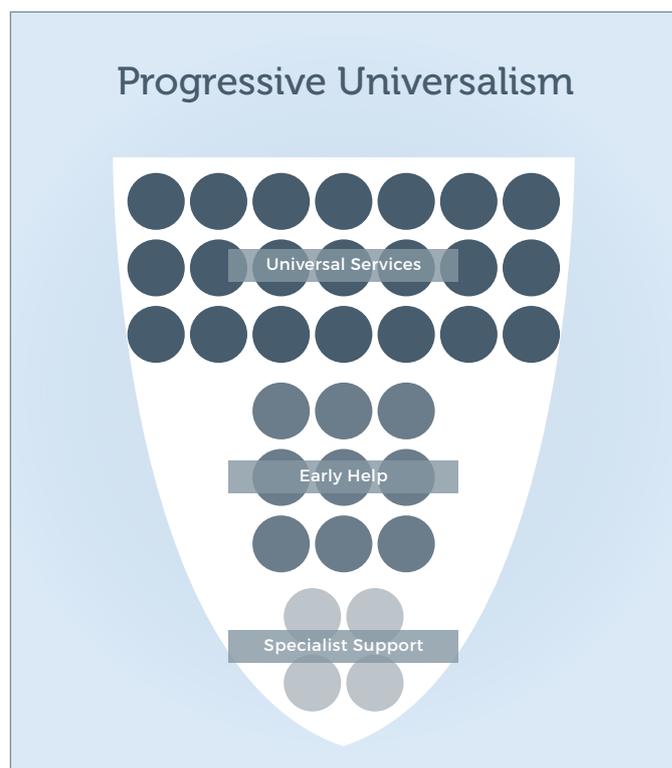
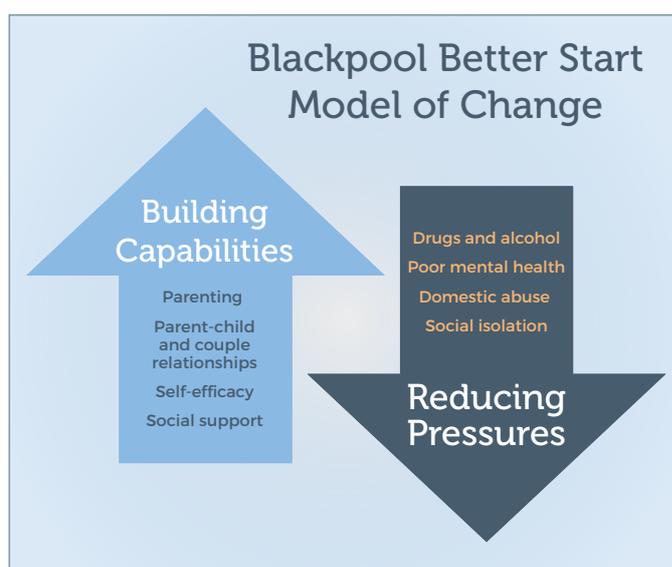
It breaks down the barriers between public services and communities through more effective and meaningful **community involvement** and more accessible delivery.

Support has been designed according to the principle of **progressive universalism**, ensuring a tiered portfolio of services. It is deliberately weighted towards universal services to enable prevention and early identification of need for early help or specialist support.

Pathways of support have been co-designed to optimise progress towards the **three outcome domains** of physical; socio-emotional and cognitive development. They build on the foundations of universal services such as midwifery and health visiting, addressing gaps and enhancing support where needed.

The portfolio of science and **evidence-based services** brings together cutting-edge practices and is regularly refined and adapted based on continuous monitoring, evaluation and learning.

Local co-design and evaluation of new services alongside leading experts, families and practitioners plays a key role in addressing priority gaps in the evidence.



Committed leadership

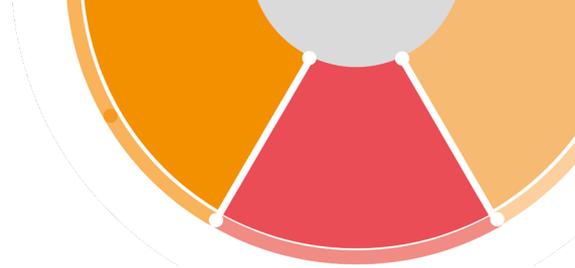
Building systems for ECD requires visible and determined leadership. Amidst the noise and jostle of competing priorities it is important to keep a focus on the vision and strategy for ECD. It helps to cultivate a mantra or 'shared script' about the importance of ECD and how it contributes to other local strategic priorities. Having senior champions who demonstrate commitment, challenge the status quo and model desirable new behaviours sends powerful signals through the system. Equally important is nurturing leaders and champions at all levels and across all agencies. The adage that 'culture eats strategy for breakfast' is very apt and distributed leadership is essential to shifting culture and behaviours towards more integrated and family-focused ways of working.

Establishing formal multi-agency governance structures for ECD provides a dedicated forum for collective leadership and decision-making. It keeps Early Childhood high on the agenda of senior leaders and encourages collective accountability for delivery of the shared strategy. Inclusion of senior leaders from different agencies can break down silos and create opportunities for more integrated working such as data sharing; joint commissioning; pooling of skills and resources; integrated models of delivery and practice; and embedding innovation into routine service pathways.

The Blackpool Better Start Executive Board

The Blackpool Better Start Executive Board was established as the dedicated forum for all policies and services in Blackpool relating to pregnancy and the first 3 years of life. It is chaired by the Chief Executive of the NSPCC and its membership includes the Chief Executive of the Local Authority, Director of Public Health, Director of Resources of the Local Authority, the Chair of the Integrated Care Board and Senior Leaders from the Hospital Trust, the Police, Better Start and local Elected Members.

The Executive Board oversees the work of the cross-sector Finance Board and Sustainability Board, both chaired by the Director of Resources for the Local Authority. The Executive Board is an important component of the broader governance structures in Blackpool including the Health and Wellbeing Board and the Children and Families Partnership Board, providing clear lines of accountability and strong alignment with wider strategic priorities across the town.



Committed families & community

Family involvement underpins system building at three main levels. First and most fundamentally, empowering parents and fostering social support networks creates strength and resilience and is therefore at the heart of the preventative approach. The Blackpool Better Start philosophy is about getting behind families and stripping away the barriers that get in their way; and it's also about equipping parents with the knowledge, skills and confidence to provide nurturing care for their babies and young children.

Secondly, parental engagement is essential for service improvement and reducing inequalities. Co-design of services with meaningful involvement of families increases acceptability, take-up and likelihood of effectiveness. Parents are sometimes mistrustful of public services and often those with the greatest needs are the most reluctant to access support. Therefore, a crucial part of systems building, is about overcoming barriers to meaningful involvement and building trust (see Community Connectors box below). Thirdly, active inclusion of local families and community members in shaping the vision and strategy increases the legitimacy, appropriateness, acceptability and potentially also the sustainability of the new system. Committed local champions and broad public support can help to weather the storms and hold the course for the long term.

Community Connectors

Community Connectors have become an essential part of the fabric of Early Years support in Blackpool. Even the best suite of evidence-based interventions will not improve outcomes for babies and children if people are not accessing them. The Connectors aim to increase parents' awareness and take-up of community resources and increase the quantity and quality of their social interactions. The Community Connector role was designed by the community, for the community. It is a peer-led model that works through community outreach and centre-based activities to build positive relationships with local families. Parents have developed trust in the Connectors because they understand the challenges local families face and they are not part of statutory services. Connectors do not case hold, but signpost and ensure the right people are getting the right help, in the right way, at the right time for them.

The Connectors have a particular focus on health outcomes and each Connector is trained to deliver key messages about early child health and development. Crucially, knowledge is shared in a way that resonates with parents - building on strengths and reducing stigma and shame. Connectors support families to access antenatal education and dentistry, and they also play a key role distributing vitamins and promoting take-up of the Healthy Start scheme. In addition, Connectors work with local services to ensure they better understand family contexts, and to challenge the barriers which prevent families benefiting from services. Our experience has shown the Connectors can have substantial positive impacts on service take-up and attrition.

Committed workforce

The 'ECD workforce' spans public, voluntary and private sectors and its makeup is diverse. People tend to think of practitioners such as midwives, health visitors, social workers, GPs, parent-infant psychologists, childcare workers, children's centre staff and others who are highly specialised in working with expectant parents and families with young children. But the ECD workforce also includes people such as housing officers, police, citizens advice, employment advisors and others whose work is less focussed on this particular life-stage, but who nonetheless can make a big difference to the lives of families with babies and young children.

Workforce engagement starts with sharing knowledge about the science of early childhood development and the opportunity of the first thousand days of life. This foundational knowledge not only motivates practitioners, but helps bind colleagues together with a common language and shared sense of purpose. Interagency training and common skills in areas such as effective engagement and trauma informed care support quality and consistency in practice. For those practitioners with more specialist roles, training and development in new practices and interventions helps them to achieve improved outcomes with the families they serve. Opportunities for practitioners to be part of the co-design of new services and pathways enhances the quality of those services and the likelihood of successful implementation. In a similar way, practitioner engagement in wider strategic development activities brings crucial perspectives and original insights to the table, enhances the quality of thinking and widens the base of support.

Workforce development

Blackpool Better Start has always had an ambitious vision of shared understanding across the whole early years workforce about the importance of the first 1000 days, the developing brain, the importance of resilience, the role of dads, and the impact of negative early experiences on long term outcomes. Ensuring the workforce has consistent training in these key areas supports a cultural shift towards recognition of the needs of babies, young children and their families. What is more, Better Start promotes the relationship skills and the adoption of evidence-based practices which are so important for working effectively with families and helping babies and young children to thrive.

Workforce development is based on a stepped approach, with a core offer of awareness raising and essential knowledge and skills for all; and then a range of additional learning opportunities, including access to latest evidence and learning in diet and nutrition, social and emotional development and speech, language, and communication. Each stage builds on previous knowledge and delivery is offered through a mixture of face-to-face, online, and self-study options, which supports flexibility and take-up. Collaboration with local Further Education providers has led to specialist ECD knowledge and skills being successfully embedded into curricula for new practitioners.

The engine room

The engine room has four core functions:

Firstly, shaping strategy and working with the Board and partner agencies to translate the vision into a feasible, impactful and sustainable plan of action.

Secondly, overseeing delivery of the various strands of that strategy such as implementing evidence-based services, workforce development or community engagement activities. Keeping delivery on track and adjusting course where necessary.

Thirdly, leading co-design of new interventions, campaigns and service pathways alongside service users, practitioners and subject experts.

And fourthly, leading local monitoring, evaluation and learning to enable continuous improvement and accountability for results.



Strategy

Building the system for ECD requires executive capacity to drive strategy, delivery, innovation and learning. In the literature on collective impact, this is sometimes referred to as a 'backbone organisation'. Whilst it is essential to have a dedicated team to mobilise the strategy and ensure its implementation, it isn't necessary to constitute a distinct organisation for this purpose. Indeed, it can be advantageous to embed this function within a partner agency such as the Local Authority or the Health Trust, providing it serves the whole system, not just the host organisation. This team needs a mix of skills and backgrounds:

- Strategic thinking to set a course informed by data and insight; the ability to negotiate and influence and bring people together around a shared mission.
- Experience of practice and service delivery and understanding of the local context to effectively co-design and implement sustainable services; an ability to work effectively and authentically with communities.
- Specialist subject expertise in Early Childhood Development; the thirst for new knowledge and innovative practice; and the technical skills to capture learning and nurture a culture of continuous improvement.

Delivery

Implementing evidence based interventions (EBIs)

This has been a key feature of the Blackpool Better Start approach. Existing EBIs were identified to address priority needs in Blackpool and selection was based on an assessment of the quality of intervention design and evaluation in other contexts and populations facing similar needs to our own families. Blackpool Better Start initially 'incubated' services such as Video Interaction Guidance and SafeCare on a small scale with small caseloads, delivered by an independent children's charity. There was a clear focus on quality and paying attention to the small details. This 'incubation' phase allowed us to understand if the services could be delivered successfully in the local community and improve outcomes for local children and families.

The next phase – and an even tougher test - was to understand whether the services could be embedded in routine practice and scaled-up to reach all eligible beneficiaries in the area. Embedding EBIs in public services where practitioners are faced with high caseloads and constantly changing pressures, is often where quality and impact start to fade. Therefore, great care and attention was paid to working with the practitioners and managers in Early Help, Health Visiting and the specialist Parent Infant Relationship Team, enabling them to understand the services, the components of quality delivery and the need for monitoring, evaluation and learning. The programmes had to add value to the practitioners' toolkit, not further burden. Key to successfully embedding these services at scale was attentive listening, picking up on challenges swiftly and drawing on practitioners' expertise to find solutions. Thanks to this close collaboration and careful attention to implementation, Blackpool Better Start has demonstrated that evidence-based interventions can be successfully embedded and delivered at scale across the town.

Innovation



Enhanced Health Visiting Pathway

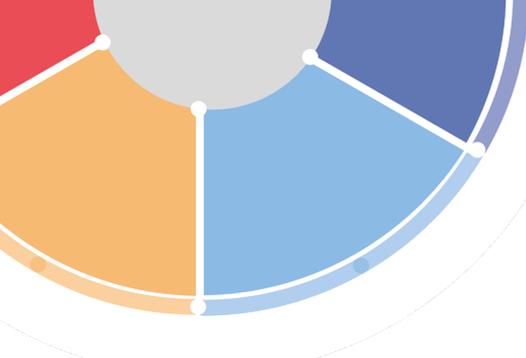
Blackpool's Enhanced Health Visiting Pathway was developed through an extensive service review and redesign process to ensure the offer is responsive to families' needs and delivering cutting-edge practice. The process was facilitated by an independent expert, working together with practitioners and parents and creating space for bold thinking and innovation. The service now incorporates eight mandatory visits starting from 28 weeks' gestation, with a final integrated review (between health and education) when children are 3.5 years old. The enhanced pathway equips Health Visitors with additional evidence-based tools and resources, enabling them to deliver effective support - whether in the home, clinical or group settings - but always in the context of a trusted relationship.

Baby Steps

Baby Steps, a 9-session preparation for parenthood programme developed by the NSPCC and Warwick University, has been fully embedded into the new Pathway as a universal offer. Baby Steps is a group-based programme offered to all pregnant mums and their partners and goes beyond the traditional medical focus of antenatal education to cover important topics such as the couple relationship; practical care and safety; infant feeding; and bonding with the new baby. Just as importantly, Baby Steps helps expectant parents to build up social support networks and combat the isolation experienced by many new parents. Positive outcomes from piloting Baby Steps, including increased breastfeeding rates among participating mums, convinced commissioners of its value and now all expectant parents are automatically enrolled as part of the standard maternity and health visiting offer.

Behavioural Activation

Behavioural Activation as an approach for Health Visitors to address post-natal depression is another innovation in the Pathway. This started from a pilot study with Oxford University, where a small number of Health Visitors were trained to support mums with a baby aged up to 12 months old who, through routine screening, were believed to be at risk of mild to moderate depression. Delivered over 6-8 weeks, in the mothers' own homes, each session looks at different problem-solving skills to support women to address issues which may be affecting their mood. The pilot showed reductions in low mood and anxiety symptoms and improved parent-infant interactions. Behavioural Activation is now embedded in the Enhanced Health Visiting Pathway and within the Blackpool NHS Parent-Infant Relationship Service and is reducing the need for referrals from Health Visiting to more specialist services.



Learning

Monitoring, evaluation and learning is an essential function of the ‘engine room’. Blackpool Better Start works with data specialists across partner agencies to monitor needs across the population. This ensures strategy, support pathways and service innovation are responsive to emerging needs and trends. Monitoring of official data is complemented with periodic community and practitioner consultation exercises, as well as focused research studies to gain deeper insights into issues of concern such as alcohol in pregnancy, children ‘born into care’ and oral health. All new services have an evaluation and learning plan to capture process and impact data and learning. This learning is used by the partnership to support decisions about the implementation and effectiveness of particular services, including which services aren’t a good fit or aren’t delivering the outcomes intended.

Children’s oral health

Children’s oral health was identified as an urgent concern in Blackpool. Data showed one in five three-year-olds were affected by tooth decay – almost double the national level. And a third of children admitted to hospital for tooth extraction were under age five. These findings prompted a multi-component strategy to tackle the issue. The first step was a discovery phase, carrying out local research to better understand parents’ experiences, attitudes and behaviours, as well as exploring the strengths and limitations of current local services. The team drew upon published research and guidance about what works in other contexts and Blackpool Better Start also took part in a pilot scheme with NHS England. All of these different sources of learning were used to inform and shape the ultimate strategy. The strategy involved:

- Developing new models of engagement through the Community Connectors to identify health needs earlier and support families to attend dental appointments.
- Providing evidence-based oral health training to community and dental practitioners.
- Working with dental practitioners to promote oral health messages and deliver early intervention from community settings.
- Providing an effective pathway into NHS dental care and ensuring dental health care providers are aware of, and tackle, the social barriers families face that prevent them engaging.
- Using new flexible commissioning arrangements to contract a dental practice to provide a dedicated half day per week to treat identified children under 5 not currently registered with a dentist.

Between 2015 and 2021 there has been a 11.3% decrease in the number of 5 year olds with dental decay in Blackpool. Nationally there has been a 1% increase.



Towards an integrated early life course approach

Over recent decades, experts from diverse fields have converged in recognising the life-long significance of pregnancy and early childhood. Consensus has broken out across the political divide. Early childhood offers an exceptional opportunity to break the cycle of disadvantage and lay the foundations for children's future success. Yet, fulfilling the potential of this opportunity is much easier said than done.

Learning from Blackpool Better Start demonstrates it is possible to begin to build a more integrated and cohesive system for the early life course. There is still much to learn and a long road ahead. But the vision, strategic thinking, innovation and sheer determination of the local partnership has enabled Better Start to forge a new path.

We hope this framework, drawing as it does on a decade of experience in Blackpool, will be a useful guide for other local areas as they embark on their own journeys and seek to build systems for Early Childhood Development elsewhere. Ultimately, we hope that by sharing our learning, it will mean more babies, young children and families benefit from the cohesive support they need to thrive now and throughout their lives.

Useful sources

- Attanasio, O., Cattan, S. and Meghir, C. (2022) 'Early Childhood Development, human capital, and poverty', *Annual review of economics*, 14(1), pp. 853–892. Available at: <https://doi.org/10.1146/annurev-economics-092821-053234>.
- Britto, P.R. et al. (2014) 'Strengthening systems for integrated Early Childhood Development services: a cross-national analysis of governance', *Annals of the New York Academy of Sciences*, 1308(1), pp. 245–255. Available at: <https://doi.org/10.1111/nyas.12365>.
- Britto, P.R., PhD et al. (2016) 'Nurturing care: promoting Early Childhood Development', *The Lancet (British edition)*, 389(10064), pp. 91–102. Available at: [https://doi.org/10.1016/S0140-6736\(16\)31390-3](https://doi.org/10.1016/S0140-6736(16)31390-3).
- Carneiro, P., Cattan, S. and Ridpath, N. (2024) 'The short- and medium-term impacts of Sure Start on educational outcomes'.
- Cattan, S. et al. (2022) Early childhood inequalities. The IFS. Available at: <https://doi.org/10.1920/re.ifs.2022.0214>.
- Cuthbert, C. (2018a) 'A Better Start: tackling inequity through community-wide action on Early Childhood Development', *Early Childhood Matters* [Bernard Van Leer Foundation].
- Cuthbert, C. (2018b) 'Stacked odds. How social background can stifle early child potential.', in Penelope Leach (ed.) *Transforming infant wellbeing. Research, policy and practice for the first 1,001 critical days*. Abingdon: Routledge.
- Eisenstadt, N. (2011) *Providing a Sure Start. How government discovered early childhood*. Bristol: Bristol University Press.
- Gates, E.F. et al. (2021) 'Introducing systems and complexity-informed evaluation', *New Directions for Evaluation*, 2021(170), pp. 13–25. Available at: <https://doi.org/10.1002/ev.20466>.
- Gluckman, P.D., Hanson, M.A. and Buklijas, T. (2010) 'A conceptual framework for the developmental origins of health and disease', *Journal of developmental origins of health and disease*, 1(1), pp. 6–18. Available at: <https://doi.org/10.1017/S2040174409990171>.
- Goldfeld, S. et al. (2015) 'Neighbourhood effects influencing early childhood development: conceptual model and trial measurement methodologies from the kids in communities study', *Social indicators research*, 120(1), pp. 197–212. Available at: <https://doi.org/10.1007/s11205-014-0578-x>.
- Green, F. et al. (2024) *10 years on. An evaluation of Lambeth Early Action Partnership*. Dartington: Dartington Service Design Lab.
- Halle, T., Metz, A. and Martinez-Beck, I. (2013) *applying implementation science in early childhood programs and systems*. Baltimore: Paul H Brookes Publishing.
- HM Government (2022) *Family Hubs and Start for Life programme guide*. London: HM Government.
- Kania, J., Kramer, M. and Senge, P. (2018) *The water of systems change*. FSG.
- Koorts, H. and Rutter, H. (2021) 'A systems approach to scale-up for population health improvement', *Health Research Policy and Systems*, 19(1), p. 27. Available at: <https://doi.org/10.1186/s12961-021-00679-0>.
- Leach, P. (2018) *Transforming infant wellbeing. Research, policy and practice for the first 1001 critical days*. Abingdon: Routledge.
- Lewing, B., Stanford, M. and Redmond, T. (2020) *Planning early childhood services in 2020: Learning from practice and research on children's centres and family hubs*. London: Early Intervention Foundation.
- Moore, T.G. et al. (2015) 'Early childhood Development and the social determinants of health inequities', *Health Promotion International*, 30, pp. ii102–ii115. Available at: <https://doi.org/10.1093/heapro/dav031>.
- Neuman, M. and Devercelli, A. (2013) *systems analysis for better education results. What matters most for Early Childhood Development: a framework paper*. 5. World Bank.
- Richter, L.M., Prof et al. (2016) 'Investing in the foundation of sustainable development: pathways to scale up for Early Childhood Development', *The Lancet (British edition)*, 389(10064), pp. 103–118. Available at: [https://doi.org/10.1016/S0140-6736\(16\)31698-1](https://doi.org/10.1016/S0140-6736(16)31698-1).
- Shonkoff, J.P. (2010) 'Building a new bio-developmental framework to guide the future of early childhood policy', *Child Development*, 81(1), pp. 357–367.
- WHO, UNICEF and World Bank Group (2018) *Nurturing care for Early Childhood Development: a framework for helping children survive and thrive to transform health and human potential*. WHO.
- Yoshikawa, H. and Hsueh, J. (2001) 'Child Development and public policy: toward a dynamic systems perspective', *Child Development*, 72(6), pp. 1887–1903.



www.betterstart.org.uk