APPENDIX B
(Halton Best Start in Life Strategy)

Best Start in Life Delivery Plan

Halton Borough Council

Produced April 2026

FamilyHub
Together for all in Halton

OneHalton
Working better together

NHS

BEST START IN LIFE

UK Government

OVERVIEW

Appendix B provides the operational detail for each workstream and shows how they will deliver the priorities within each pillar through measurable actions, target cohorts and shared performance measures.

Partnership principles

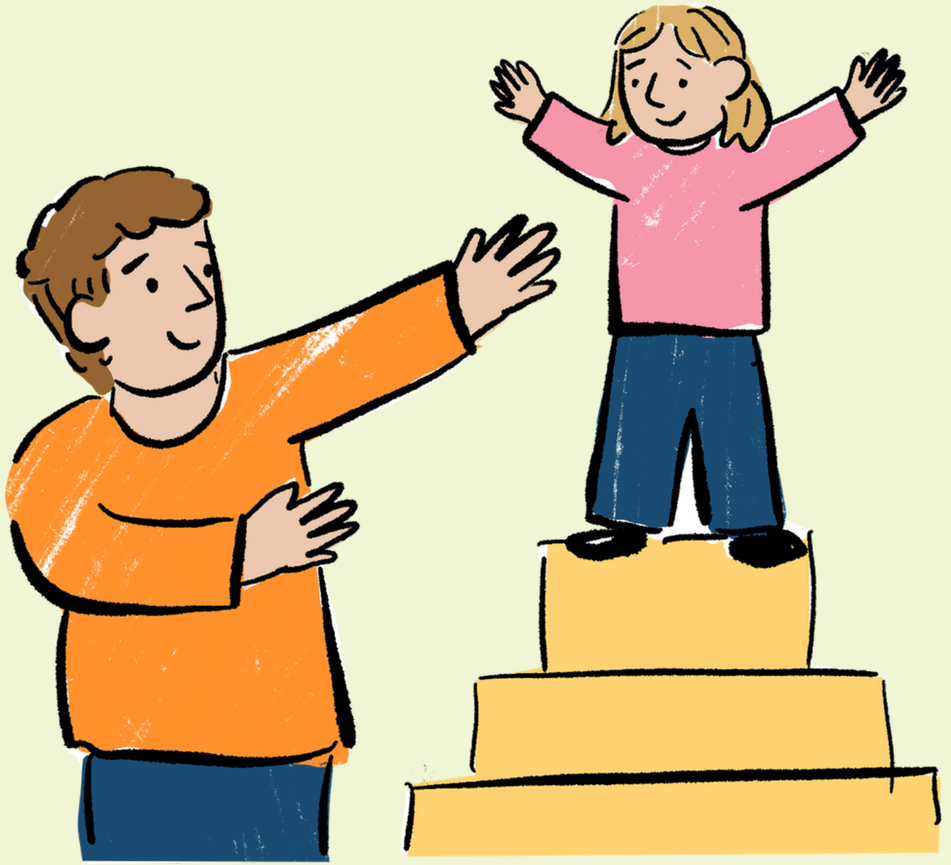
This Delivery Plan is underpinned by Halton's multi-agency partnership principles, which were co-produced by practitioners and partners to define how we work together across the early years system.

These principles - Communication, Positive Relationships, Shared Purpose and Objectives, and Kindness and Respect - set the expectations for day-to-day practice across every workstream and form the foundation for integrated delivery.

They are not standalone concepts; they guide how we share information, make decisions, coordinate pathways, and ensure families experience a seamless, joined-up offer.

Every action, priority, and outcome in this Delivery Plan should reflect these principles in practice. Whether the work relates to parenting, the home learning environment, SEND, data and performance, or infant feeding, the partnership principles act as a common thread that binds the system together.

By embedding them into each workstream's actions, we ensure that delivery is consistent across services, aligned to pillars, and contributes to our shared ambition of improving early development and increasing the proportion of children achieving a Good Level of Development in Halton.



COMMUNICATION

Strategic Intent	Actions	Impact Measures
Ensure clear, consistent, and transparent communication across all partners and with families.	• Develop shared digital platforms for updates, decisions, and feedback. • Provide regular briefings, newsletters, and staff updates. • Encourage open dialogue through multi-agency forums and stakeholder networks.	• Partner feedback on communication effectiveness. • Frequency and reach of updates across channels. • Engagement with digital communication platforms.

POSITIVE RELATIONSHIPS

Strategic Intent	Actions	Impact Measures
Strengthen respectful and trusting relationships across all sectors and with families.	• Facilitate joint training, networking spaces, and peer support. • Recognise contributions across roles, sectors, and organisations. • Promote collaborative behaviours and mutual support throughout the system.	• Partner and workforce feedback on collaboration. • Participation in joint training and cross sector activities. • Recruitment, retention, and engagement of parent champions.

SHARED PURPOSE AND OBJECTIVES

Strategic Intent	Actions	Impact Measures
Create a unified direction across the multi-agency system by aligning partners around a shared vision; jointly agreed priorities, and clear, collective responsibility for improving outcomes for children and families.	• Co-develop strategic goals, shared messaging, and system-wide objectives. • Produce joint action plans and shared KPIs that reinforce the agreed vision. • Embed collective accountability through governance, shared evaluation frameworks, and joint decision-making. • Facilitate cross-agency problem solving to ensure programmes and pathways remain aligned to the shared purpose.	• Consistency of partner plans and delivery activity with the agreed strategic priorities. • Number, quality, and effectiveness of jointly developed plans and shared KPIs. • Evidence of alignment in messaging across agencies. • Demonstrated impact through shared evaluation frameworks. • Observable improvements in multi-agency working groups and collaborative decision-making.

KINDNESS AND RESPECT

Strategic Intent	Actions	Impact Measures
Embed empathy, dignity, and inclusion in every interaction and service offer.	• Promote trauma-informed and inclusive practice across services. • Use respectful, accessible, and inclusive language in all communications. • Provide training in relational and emotionally intelligent leadership.	• Family feedback on their service experience. • Uptake and completion of trauma-informed training. • Observed behaviours within multi-agency meetings and practice settings.

INTRODUCING THE THREE STRATEGIC PILLARS

The delivery plans in this appendix are organised around the three strategic pillars of the Best Start in Life Strategy. These pillars: Better support for families; More accessible early education and childcare; and Improving quality in early years - provide the overarching framework for how partners across Halton work together to improve early outcomes. Each pillar sets out a focused area of change, informed by local need and national priorities, and together they create a coherent system-wide approach to supporting families from pregnancy to five.

Pillar 1 - Better support for families

Priority	Action
Align and understand the Voluntary, Community and Social Enterprise (VCSE) offer	• Strengthen collaboration with the Voluntary, Community, and Social Enterprise (VCSE) sector to ensure services are aligned with the Starting Well and Family Hub models, creating a more coherent and accessible community offer.
Improve engagement across Family Hubs, cchools, and early years settings	• Support families to navigate early years services, and embed Family Hub pathways within education settings to ensure early, seamless, and coordinated support.
Strengthen integrated pathways across health, social care and universal services	• Improve coordination between GPs, maternity services, and the Healthy Child Programme to reduce fragmentation and build a more joined-up early years health system. • Work collaboratively with health, social care, and statutory partners to ensure all children - especially those under five who are open to statutory services - can access seamless, integrated pathways into universal and targeted Family Hub provision.
Strengthen digital access and inclusion	• Address digital exclusion by improving access to devices, connectivity, digital confidence, and the visibility of digital pathways across communities.
Ensure every Best Start Family Hub has a dedicated SEND practitioner	• SEND practitioners will help parents understand their child's development, identify emerging needs sooner, and support vital join-up between early years settings, health visitors and SEND teams.
Strengthen the awareness and the access to the universal offer	• Highlight the awareness of the universal offer so it is comprehensive, accessible, and inclusive. • Strengthen staff wellbeing and workforce capacity to support sustainable delivery. • Build stronger links with housing and wider community services. • Prioritise the identification and support of children who may otherwise remain unseen.

Pillar 2 - More accessible early education and childcare

Priority	Action
Increase uptake of funded early year entitlements hours across all age groups 9 months – 4 years	• Secure sufficient childcare places across Halton by aligning provision with early years demand and supply mapping, prioritising areas that protect and expand provision for the most vulnerable children. • Increase take-up of the 2-year-old early learning for families receiving additional support by strengthening outreach and delivering targeted engagement with families who are not currently accessing their entitlement.
Develop school-based nurseries in disadvantaged areas	• Increase the number of school-based nurseries using DfE Capital Grant funding to expand access to high-quality provision in disadvantaged areas, aligned with Early Years sufficiency needs and school place planning.
Strengthen inclusive practice and SEND support	• Strengthen early identification through increased use of Section 23 Early Health Notifications and streamlined access to SENIF funding, supported by enhanced engagement from SEND Outreach Officers who will provide advice, guidance, and targeted training to early years providers on the graduated approach and inclusive practice.

Pillar 3 - Improving quality in early years including reception

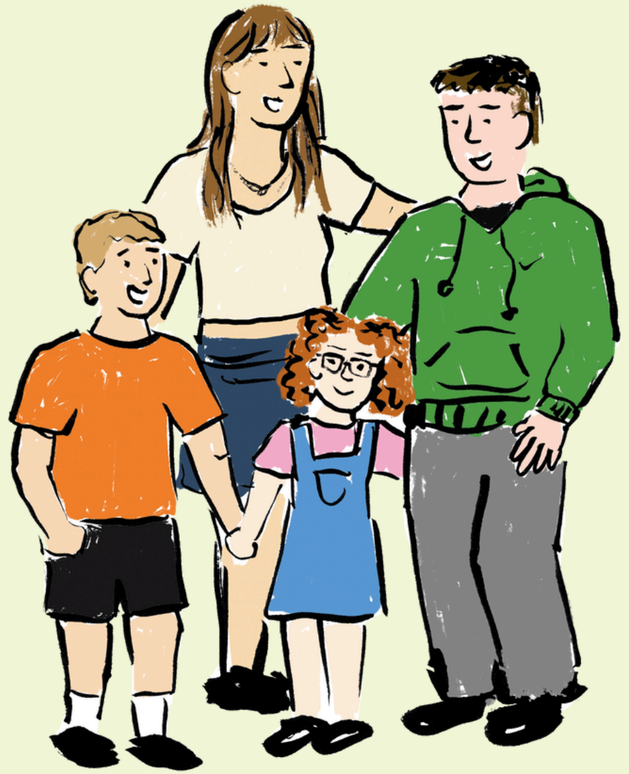
Priority	Action
Extend support to reception	• By working with school leadership teams, we will promote high-quality early years practice and ensure rigorous monitoring of pupil progress towards the early learning goals.
Target support using GLD performance data	• Identify pupil groups with the greatest need and prioritise schools and feeder early years settings with the lowest GLD outcomes, ensuring support is targeted where it will have the greatest impact.
Embed evidence-based practice	• Strengthen the quality of early years provision through targeted projects and tailored support, promoting proven approaches and evidence-based interventions to improve outcomes—focussing on communication and language, early literacy, and boys' engagement.
Invest in workforce development	• We will provide targeted training and professional development opportunities for early years practitioners and reception teachers, ensuring they have the skills and confidence to deliver high-quality teaching and care.
Promote inclusive teaching methods and early identification	• By promoting inclusive practice through agreed Ordinarily Available provision and strengthening early identification of additional needs, we will ensure every child receives the support they need to thrive from the earliest stage.

INTRODUCING THE WORKSTREAMS

Our workstreams are the way we organise and coordinate the activity that sits underneath the Best Start in Life Strategy. They bring partners together around the areas where joined-up working can make the biggest difference for children and families - for example parenting support, the home learning environment, data and performance, infant feeding, and SEND and inclusion.

Each workstream has its own delivery plan, developed with partners and families, setting out what we will do, who is involved, and how we will track progress.

These workstreams are not intended to run as isolated projects. They sit alongside one another and support the wider priorities within the three strategic pillars, ensuring the work happening across the system connects well and gives families a consistent offer. As the strategy develops, we expect that additional workstreams may be introduced where new needs emerge or where extra focus is needed. This allows the partnership to stay flexible and responsive while keeping everything aligned to our shared ambitions for Halton's children.



Parenting support workstream

Purpose:
To strengthen the support available to parents and carers, promoting positive parenting practices and family wellbeing.

Key Focus Areas:
- Development and delivery of parenting programmes
- Early intervention and targeted support for vulnerable families
- Workforce training and consistency in parenting approaches

Reporting:
Reports progress and challenges to the Best Start Steering Group every 6 weeks.

Priority	Outcome Metric	Actions	Target Cohort
Increase attendance at developmental reviews for children under 5 across Halton.	Increase % of children attending developmental reviews from [current baseline]% → target % by March 2027. Increase % of children benefitting from targeted interventions through referral routes.	• Establish monthly MDT meetings focused on “missing children” and those with identified developmental concerns. • Create a live dashboard to track missed developmental reviews by ward. • Develop targeted outreach plan for families who missed reviews. • Link developmental review outcomes to referral pathways for evidence-based interventions.	• Children under 5 who have missed developmental reviews or achieved below expected progress in their milestones across all wards in Halton.
Establish clear roles and responsibilities across Halton’s parenting and family hub services to reduce duplication and improve consistency.	Reduction in duplicated activities across providers. 100% of services aware of the shared offer and referral pathways by Dec 2026.	• Streamline Family Hub timetables into a Halton Offer. • Map current provision and identify duplication. • Create and publish a shared directory of services and referral routes. • Deliver partnership briefing sessions to embed consistency.	• All services and providers delivering parenting and family hubs support in Halton.
Develop a shared, system-wide approach to data and insight to target resources effectively and inform evidence-based parenting interventions.	Establish integrated data-sharing protocol across all partners by Sept 2026. Produce ward-level heatmaps and profiles by July 2026. Increase use of shared dashboards by partners.	• Agree and implement a data-sharing protocol across agencies with an emphasis and focus on North Cheshire and Mersey NHS Foundation Trust. • Develop ward-level heatmaps and profiles to identify need. • Create a shared dashboard for Best Start in Life indicators. • Train partners on using data for targeted interventions. • Establish a data and intelligence Best Start Partnership group that meets on a regular basis. • Embed data review into quarterly partnership and steering group meetings.	• All Best Start in Life partners across Halton. • Focus on wards with highest need and lowest uptake.

Priority	Outcome Metric	Actions	Target Cohort
Improve accessibility for families to access evidence-based parenting interventions.	Increase engagement of families from isolated communities with evidence-based parenting interventions.	• Identify priority areas for pop-up hubs using local data and partner insight. • Develop outreach calendar for pop-up Family Hubs. • Partner with VCS organisations to co-host outreach events. • Provide flexible delivery options (evening/weekend sessions) at pop-up hubs. • Created targeted comms campaign to raise awareness of pop-up hubs and interventions.	• Families in rural or isolated areas across Halton. • Communities with low Family Hub engagement.
Increase father engagement and inclusion in evidence-based parenting interventions across Halton.	Increase % of fathers participating in parenting programmes. Measure effectiveness of service for dads using feedback and measures scores if relevant to service e.g. CORE10 and face-to-face feedback of service users. Measure staff understanding of policies and processes via continuous improvement, training opportunities and feedback i.e. measure existing levels of understanding vs levels of understanding following training or refreshers.	• Develop father-focused outreach campaign. • Create father-friendly comms assets (testimonials, myth-busting). • Ensure fatherhood inclusivity forms part of the onboarding process for new staff and continuous training provision for existing staff to embed policies into practice i.e. Dad Matters training, Fatherhood Champions cascading training into their team, always ensuring there is a Fatherhood Champion active within the team.	• Fathers and male caregivers across Halton, especially in IMD 1–3 areas and isolated communities.

Home learning environment workstream

Purpose:
To improve the quality of the home learning environment and support parents as their child's first educators.

Key Focus Areas:
- Promotion of early language and communication development
- Access to resources and guidance for families
- Collaboration with early years settings and libraries

Reporting:
Provides updates to the Steering Group on engagement levels and impact measures.

Priority	Outcome Metric	Actions	Target Cohort
Create a more connected and integrated early years offer that enhances the home learning environment and aligns outreach and peer support for families with children 0–5.	% of families with children aged 0–5 participating in at least one HLE-focused session per term across Family Hubs, libraries, VCSE partners, and early years settings. Improvement in ASQ-3 Communication scores (or WellComm assessments) for children attending HLE-related sessions over a 6–12 month period.	• Create a single, shared outreach plan that brings together Stay & Play sessions, HLE groups, library rhyme times, peer-support offers, and targeted home-learning activity so families experience one connected offer rather than separate services. • Co-produce simple, practical resources—digital and print—that include everyday home-learning ideas, speech and language strategies, book-sharing routines, and guidance on play. Make sure the same messages and approaches are used across all services so families receive consistent support wherever they go. • Use ASQ-3, ward-level data, and Family Hub insight to identify families who may benefit from additional encouragement or hands-on support. Offer tailored packages such as home-learning kits, guided small-group sessions, peer mentors, or linked interventions like PEEP or Early Talk Boost.	• Children aged 0–5 who would benefit most from additional support to strengthen their home learning environment and early communication skills.

Priority	Outcome Metric	Actions	Target Cohort
Build early learning foundations by developing a coherent 0–5 family journey that helps families nurture key developmental skills through daily play and interactions.	↑ percentage of children showing expected or improved ASQ-3 Communication scores (or WellComm) over a 6–12 month period. ↑ percentage of parents/carers reporting greater confidence in supporting early language, social-emotional skills and early literacy through everyday interactions.	Create a single, shared 0–5 family journey map used across all Family Hubs, health visiting, libraries, early years settings, and VCSE partners. This would set out: • what families can expect at different ages and stages • the early learning messages and play-based interactions linked to each stage • how and when families will be supported by different services • This ensures every professional is giving families the same simple, consistent messages about early learning, play and development. Embed a consistent set of play-based learning routines into universal sessions across the early years system. This could include a shared structure for: • story, song and rhyme routines • early maths through play • language-rich interactions • simple turn-taking and social-emotional games • Family Hubs, libraries and early years settings would use the same routines to help families see how everyday play builds early learning. Offer targeted “play and learn at home” support for families who would benefit from extra help building developmental skills. This might include: • small-group modelling sessions (e.g., Early Talk Boost, PEEP) • home learning kits with simple play ideas • video clips or QR-linked demonstrations • peer-support opportunities for families to share ideas and build confidence • These supports help families turn daily routines—mealtimes, bath time, walks, bedtime—into opportunities for communication, early literacy, problem-solving, and emotional development.	• Children with in monitoring or below expected ASQ-3 or WellComm scores in communication, language, personal–social or cognitive development. • Children flagged through health visiting reviews, early years assessments or Family Hub engagement. • Children with emerging or identified SEND, especially speech, language and communication needs. • Boys and summer-born children, who are more likely to need additional support with early developmental skills. • Children eligible for FSM or living in IDACI 1–3 neighbourhoods. • Children from minority ethnic families, particularly where language barriers or limited access to services may affect early learning.

Priority	Outcome Metric	Actions	Target Cohort
Strengthen system-wide consistency by enhancing early years workforce skills through shared professional development on evidence-based home learning environment practice.	↑ percentage of practitioners reporting improved confidence and consistency in delivering evidence-based HLE support, measured through pre- and post-training surveys or observed practice audits.	• Develop and deliver a shared professional development programme focused on evidence-based home learning environment (HLE) practice. • This would include joint training sessions for Family Hub staff, early years practitioners, health visitors, library teams and VCSE partners so everyone is using the same approaches. The focus would be on practical, evidence-based techniques for supporting early communication, early literacy, play routines, modelling interactions, and supporting parents to embed learning at home. • Introduce a set of shared HLE practice standards that all early years practitioners use when supporting families. • These standards would outline what good HLE support looks like across the system - for example, how to model language-rich play, how to support shared book-reading, how to encourage early maths in daily routines, and how to coach parents during sessions. This ensures families experience the same high-quality messages and methods wherever they go.	• Early years workforce across Halton who support families with children aged 0–5.
Enhance early years support by embedding evidence-based interventions, such as PEEP & Early Talk Boost, system-wide to enhance quality, consistency, and developmental outcomes for children aged 0–5.	↑ percentage of children showing improved ASQ-3 Communication scores (or WellComm outcomes) after completing PEEP, Early Talk Boost, or similar evidence-based programmes.	• Establish a consistent training and accreditation programme so all relevant early years practitioners can confidently deliver PEEP, Early Talk Boost, and other evidence-based interventions. • This includes creating a shared training calendar, ensuring new staff are trained as part of induction, and supporting settings and Family Hubs to maintain fidelity to programme standards. This helps ensure the same high-quality practice is offered across Halton. • Embed evidence-based interventions into core Family Hub and early years timetables, supported by clear referral pathways and consistent messaging across partners. • This means building PEEP groups, Early Talk Boost cycles, and similar interventions into routine delivery—making them part of the universal and targeted offer rather than ad-hoc sessions. Clear pathways help families and practitioners understand when, why, and how to access them.	• Children aged 0–5 who are most likely to benefit from evidence-based programmes that strengthen early communication, language, and wider developmental skills.

Data and Performance Workstream

Purpose:
To ensure robust data collection, analysis, and reporting to inform decision-making and measure outcomes.

Key Focus Areas:
- Development of shared data dashboards
- Monitoring of key performance indicators
- Evaluation of programme effectiveness and impact

Reporting:
Produces regular performance reports for the Steering Group and contributes to annual strategy reviews.

Priority	Actions

Early Identification of Children at Risk of Poor Outcomes	• Develop a shared early risk identification framework using:
	  ◦ ASQ-3 developmental outcomes (especially communication and personal-social domains).
	  ◦ Health visiting developmental reviews.
	  ◦ Early Help and SEND indicators.
	  ◦ FSM status (in Reception), gender, and term of birth.
	  ◦ IDACI 1-3 as a proxy for poverty.
	• Establish early warning indicators for children and cohorts at risk of not achieving GLD.
	• Ensure Family Hubs, early years settings, and health partners use the same thresholds and language.
	• Establish data and information sharing processes to feed into newly formed multi-disciplinary team that meets on a monthly basis.

Ward-Level Intelligence and KPI Report Cards	• Produce ward-level KPI report cards, refreshed at least termly, including: • ASQ-3 outcomes (0–2½). • Early Years attendance and engagement. • Family Hub registration and participation. • Early education uptake (hours and funded entitlement). • Identify hot-spot wards where multiple indicators show underperformance. • Use ward profiles to inform targeted outreach and commissioning decisions.

Priority	Actions
Measuring progress incrementally before GLD	• Define a school readiness outcomes pathway with measurable milestones before Reception, including: • ASQ-3 progress • Communication and language screening (e.g. WellComm) • Engagement in early education and Family Hub activity • Monitor cohort-level progress termly to identify whether children are on-track or off-track. • Use this data to trigger early system response where progress is stalling.

Access, engagement and reach	• Track access and engagement data across Family Hubs, early years settings, and interventions by:
	  ◦ Ward
	  ◦ FSM status
	  ◦ SEND
	  ◦ Gender
	• Identify groups with low engagement but high need.
	• Use data to support outreach planning and communication priorities.

Impact and evaluation of evidence-based interventions	• Embed simple, proportionate evaluation frameworks for evidence-based interventions (e.g. PEEP, Nurture, early communication programmes).
	• Measure:
	  ◦ Pre- and post Intervention outcomes
	  ◦ Engagement and completion
	  ◦ Differential impact for priority groups as outlined in the strategy
	• Share learning across the system to inform scaling or adaptation.

System-wide performance oversight	• Develop shared Best Start performance dashboards accessible to partners.
	• Use data routinely within governance and workstreams to:
	  ◦ Challenge underperformance
	  ◦ Celebrate improvement
	  ◦ Inform joint action
	• Ensure performance discussions focus on learning and improvement

Infant feeding workstream

Purpose:
To promote and support breastfeeding and healthy infant feeding practices across the community.

Key Focus Areas:
- Implementation of Baby Friendly Initiative standards
- Support for breastfeeding-friendly environments
- Training and guidance for professionals and volunteers

Reporting:
Submits progress reports to the Steering Group and shares best practice across workstreams.

Priority	Outcome metric	Actions	Target cohort
To provide consistent, high-quality entenatal education	% of expectant parents attending at least one antenatal education session. % of expectant parents completing a full antenatal programme. % of fathers/partners attending antenatal education. Increase in attendance from IMD 1–3 areas / vulnerable groups.	• Collect and analyse antenatal education attendance data from all hospital trusts on a quarterly basis. • Establish a standardised reporting template to ensure consistent data quality across partners. • Share insights and trends with the partnership to inform service improvement. • Review current antenatal education formats to identify barriers to access. • Implement evening online antenatal education sessions to support working families and those with childcare constraints. • Ensure all antenatal education materials meet accessibility standards (language, literacy, disability access). • Collaborate with commissioned providers (e.g., Dad Matters, Parents in Mind) to strengthen father-inclusive antenatal content. • Promote targeted opportunities for fathers to attend tailored sessions and peer support groups. • Develop father-focused communication materials to raise awareness of available antenatal education support. • Co-design an integrated pathway of support with fostering teams to ensure foster carers receive timely antenatal-relevant information. • Provide access to infant feeding training for foster carers, ensuring alignment with current evidence-based guidance. • Integrate core antenatal messages into existing community-based offers such as baby showers, early help groups, and family hubs. • Provide resources/toolkits for practitioners to deliver consistent and evidence-informed antenatal messages. • Monitor take-up and reach of antenatal messaging through these existing touchpoints.	• Expectant parents across Halton — especially fathers/partners, first-time and younger parents, and families in IMD 1–3 or vulnerable groups who are less likely to engage with antenatal education.

Priority	Outcome metric	Actions	Target cohort
Provide targeted, 1:1 breastfeeding support for younger, first-time, and vulnerable parents across Halton by offering timely and accessible personalised support, and ensuring practitioners deliver consistent, confidence-building guidance that promotes early bonding and improves long-term child development outcomes.	% of targeted parents who initiate breastfeeding at birth. % of targeted parents breastfeeding at 10–14 days. % of targeted parents breastfeeding at 6–8 weeks. Number and proportion of targeted parents receiving 1:1 breastfeeding support. Timeliness of support, e.g., % receiving contact within 48 hours of referral or birth.	• Design a multi-agency breastfeeding pathway for younger, first-time, and vulnerable parents, outlining identification points, referral routes, and levels of support. • Integrate the pathway into midwifery, health visiting, Early Help, Family Hubs, safeguarding, and neonatal services. • Ensure the pathway includes clear triggers for referral, handovers, and follow-up support within 48 hours. • Co-produce the pathway with parents with lived experience, including young parents and foster carers. • Provide targeted parents with free access to the Anya app as part of the support offer. • Train practitioners to embed Anya app use into antenatal and postnatal contacts. • Provide intensive, personalised support for younger, first-time, and vulnerable parents from pregnancy through the early postnatal period. • Develop adapted breastfeeding resources for parents with learning disabilities, autism, sensory needs, or communication barriers. • Promote peer support groups and services appropriate for younger parents and those lacking social support. • Offer evening and digital support options to increase accessibility.	• Young parents – Under 25 • Parents declining Family Nurse Partnership • First time parents – parents with no previous breastfeeding experience • Foster carers • Vulnerable parents • Social care involvement / Early Help support • Living in areas of deprivation • Mental health challenges • Domestic abuse • Substance misuse • Low social support or social isolation • Additional learning needs • Refugee or migrant status • Young fathers/partners with low engagement • Parents with neurodiverse needs • Care experienced
Proactively deliver tailored breastfeeding support to families who are less likely to engage with universal services by increasing outreach across community settings, reducing barriers to participation, and providing personalised 1:1 guidance that improves breastfeeding initiation and continuation, strengthens parental confidence, and ensures families access the right support at the right time.	Increase in breastfeeding initiation rates among families identified as less likely to engage. Increase in 10–14 day breastfeeding rates for the targeted cohort. Increase in 6–8 week breastfeeding continuation. Increase in the number of local businesses signed up to the Breastfeeding Friendly Scheme. Increase in the number of businesses receiving or utilising grants to support breastfeeding-friendly changes (e.g., seating, signage, staff training).	• Develop a targeted volunteer recruitment campaign, focusing on young parents, families from diverse communities, and parents with lived experience. • Create a business engagement plan targeting priority neighbourhoods with low breastfeeding rates. • Actively promote available Breastfeeding Friendly grants to small businesses, cafés, libraries, leisure centres, and workplaces. • Train Family Hub Navigators in infant feeding basics, cultural sensitivities, and how to identify and support vulnerable parents. • Equip navigators with quick referral tools and scripts for linking families to local peer support, voluntary groups, and targeted breastfeeding support. • Use navigators to connect families with VCS organisations, faith settings, community groups, and pop-up hubs. • Offer drop-ins, parent groups, or mini workshops within trusted community spaces.	• Young parents • First time parents • Families not attending universal services • Families not attending antenatal classes

Priority	Outcome Metric	Actions	Target Cohort
Ensure all parents across hospital wards, Family Hubs, and community settings receive timely, consistent, high-quality one-to-one support for breastfeeding, responsive feeding, and early parent–infant relationship building.	Increase in breastfeeding initiation rates for all parents receiving one-to-one support. Increase in breastfeeding continuation at 10–14 days. Increase in breastfeeding at 6–8 weeks. Increase in parents reporting confidence in responsive feeding. Increase in parents reporting stronger early bonding/connection with their baby following support.	• Ensure daily/regular availability of trained staff or volunteers to provide 1:1 breastfeeding and responsive-feeding support on postnatal wards. • Implement a continuity handover so every parent leaving hospital gets linked to community support within 24–48 hours. • Deliver 1:1 support within Family Hubs, home visits, community clinics, and pop-up hub sessions. • Use audit findings to identify gaps and develop joint improvement actions. • Partner with VCS organisations to widen reach into community and faith spaces. Recruit, train, and supervise peer support volunteers to provide: • awareness messaging about importance of breastfeeding • practical 1:1 help (positioning, attachment, expressing) • emotional support around bonding and responsive feeding and deploy appropriately Develop short parent experience surveys capturing: • satisfaction with 1:1 support • confidence in feeding • bonding and attachment experiences • cultural and practical barriers	• New parents in hospital settings • Parents accessing family hubs • Parents defined as vulnerable previously • Families in community settings

Communication and marketing workstream

Getting the right school readiness messages to the right families, at the right time.

Effective communication is critical to improving school readiness in Halton. Our approach focuses on ensuring that clear, consistent, and practical messages reach families who need them most, using trusted routes, familiar settings, and relationship-based engagement. Communication will be targeted, inclusive, and strengths-based, supporting families to understand what school readiness means, why it matters, and how they can support their child.

Who are we targeting?	What we will communicate?	Where will messages be seen?
Our communication activity will prioritise families and communities where the greatest impact can be achieved, including: • Families with children aged 0–5, with a focus on the first 1,001 days. • FSM-eligible families and those living in the most deprived neighbourhoods. • Parents of boys, particularly summer-born children. • Families with children with emerging or identified SEND, especially SLCN. • Families with lower engagement in early education or Family Hub activity. • Parents experiencing poverty, mental ill health, housing instability, or social isolation. • Fathers, non-resident parents, and wider carers who may be less visible to services. This targeted approach ensures resources are focused where they will make the greatest difference to early development and school readiness outcomes.	Messages will be simple, consistent, and practical, avoiding jargon and focusing on everyday actions families can take. Key messages will include: • What school readiness really means – focusing on communication, emotional regulation, independence, play, and relationships, not just academic skills. • Why the early years matter, especially from pregnancy to age five. • How parents can support readiness at home, through talking, reading, playing, routines, and responsive interaction. • Where families can get help, highlighting Family Hubs as the trusted front door. • Reassurance and encouragement, reducing anxiety about “getting it right” and reinforcing that small steps make a difference. Messages will be strengths-based, culturally sensitive, and inclusive, reinforcing that school readiness is a shared responsibility between families, communities, and services.	To maximise reach and trust, communication will be delivered through places families already use and trust, including: • Best Start Family Hubs and outreach sites • Early years settings, childminders, schools, and school-based nurseries • Health contacts: midwifery, health visiting, baby weighing clinics, development reviews • Libraries, community venues, faith and voluntary sector settings • Housing services, food banks, and community support networks • Digital platforms used locally, including Family Hub online, social media, and messaging apps. Push notifications and automated digital pathways

Early Years Education Workstream

Purpose:
To improve accessibility to childcare places and quality of education across the sector.

Key Focus Areas:
- Early Identification and support for SEND in early years
- Raising attainment and Good Level of Development in collaboration with Family Hubs and Health 0-19
- Secure the sufficiency of childcare places for children to access their Funded Early Years Entitlements

Reporting:
Submits progress reports to the Steering Group and shares best practice across workstreams.

Priority	Outcome Metric	Actions	Target Cohort
Early identification of children's needs so children receive timely referrals with fewer children deferring school places or starting school without any support in place.	Increased % Early Health notifications received. Increased % Special Educational needs Inclusion funding (SENIF) applications. Improved timeliness of referrals.	• Early Years SEND officers will offer advice and guidance for children with SEND, help providers to embed the graduated approach, complete paperwork, and make timely referrals. • Promote process of Early Health notifications with a range of health professionals so as to increase number received and enable a pathway of support for children and planning for SEND sufficiency. • Streamline process for applying for Special Educational Needs Inclusion Funding (SENIF), to enable more children to access education. Linking to support from Early Years SEND outreach officer to support effective use of funding. • Improve consistency in assessing and tracking vulnerable children through use of high-quality, tools such as Wellcomm and the Halton Developmental Tracker. • Develop toolkits, training, and networking opportunities in partnership with maintained nursery schools and strong inclusive PVI providers to build capacity and support improvement across the wider Early Years sector. • Strengthen partnership working with Health 0–19 and Family Hubs to enhance delivery of the integrated review at two years old. • Embed effective transition processes to ensure children with SEND and their families are well supported as they move to the next stage of their education.	• Children aged 0-5 with identified development needs and SEND to access their Funded Early Years Entitlements, receive support and timely referrals.

Priority	Outcome Metric	Actions	Target Cohort
Raise Good Level of Development (GLD) outcomes and narrow inequalities.	Raise % children achieving GLD to reach 2028 target (70.2%) and 62.5% for disadvantaged children. Increased % children with improved attainment following targeted intervention. Raised % uptake 2- year-olds FRAS.	• Increase take-up of 2-year-old Funded Early Years Entitlement for families receiving additional support (FRAS), by strengthening outreach, and delivering targeted engagement with families who are not currently accessing their entitlement. • As part of the development of Halton's Early Language Pathway - embed a strong universal offer across schools and Early Years settings, through a consistent use of early interventions such as Wellcomm, Early Talk Boost, and approaches from Hanen and Elklan. • Provide tailored support to schools and Early Years providers with identified needs to raise GLD outcomes, with a particular focus on communication and language, early literacy, and improving boys' engagement in learning. • Provide support for parents to promote effective home learning strategies appropriate for the Early Years. • Extend both strategic and operational support into reception classes and strengthen collaboration in the sector through enhanced networking opportunities.	• Children 0-5 in early years Settings and reception classes. Parents supporting home learning experiences. • Disadvantaged children (FSM).
Ensure the sufficiency of childcare places in line with the national childcare expansion, safeguarding provision for vulnerable children and those with SEND.	Increase % uptake of Funded Early Years Entitlements for children 9 months – 4 years. Increased number of school based nurseries created. Increased number of new childminders/childcare businesses.	• Undertake regular sufficiency surveys with providers and parents to monitor the provision of placements and continued alignment to Early Years and school place planning. • Develop a local authority school based nursery proposal for the further development over the next 3 years, to provide placement in disadvantaged areas. • Coordinate promotion of DFE communication campaigns to increase the number of early years workforce and childminder enquiries into the sector. • Brokerage service within the Family Information Service to support placement of children with SEND and early learning for 2-year-olds from families receiving additional support.	• Children 0-5 access their early years education through their Funded Early Years Entitlements. • Parents requiring childcare. • Early years providers entering the sector.