

Walsall Best Start in Life Plan: 2026-2040

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Executive Summary

Our Walsall partnership ambition:

Walsall will be a child friendly borough, where every baby, child and family is supported to thrive from pregnancy through early childhood and beyond. By acting as one system and investing early, we will ensure that all children are safe, healthy, confident and ready to learn, with inequalities reduced and life chances no longer determined by where a child grows up.

The We are Walsall 2040 Children and Young People Strategy (2040¹) sets out four long-term priorities shaped by understanding local need and what children, young people and families have told us matters most. 'Best Start in Life' provides the early years foundation for all four priorities set out in the strategy, ensuring that progress made later in childhood and adolescence is built on strong developmental, relational and community roots.

Best Start in Life contributes by:

- Strengthening early health, wellbeing and development interventions, reducing avoidable inequalities before they widen.
- Building confidence, communication and emotional security, so children arrive at school ready to learn and engage.
- Supporting family stability and aspiration, enabling parents and carers to support learning, wellbeing and participation.
- Embedding voice, trust and inclusion from the earliest years, ensuring children and families experience services as relational, respectful and responsive.

Supporting a 'Good Level of Development' in Walsall: Our Best Start in Life Plan Milestone

As a critical milestone on this journey, by 2028 at least 74.7% of all Walsall children, and 62.9% of children eligible for free school meals will reach a Good Level of Development (GLD) at the end of reception, demonstrating that the system is successfully enabling children to be ready to learn - with the fastest improvement for those affected by deprivation.

The 'all children' figure represents at least an additional **294 children**, and a further **84 children** eligible for free school meals needing to achieve a Good Level of Development to meet the overall target. These figures are based on the 2025 cohort.

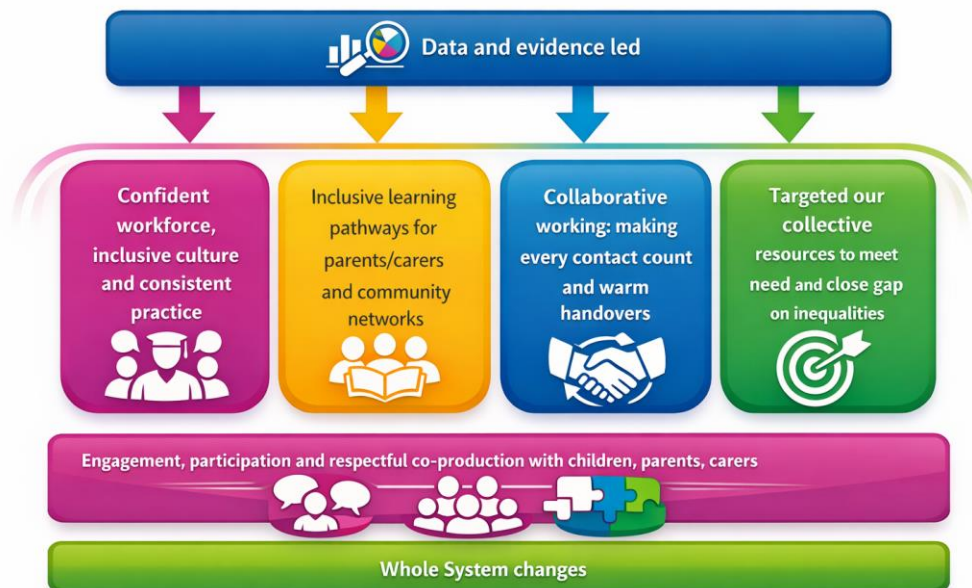
¹ [Walsall Children and Young People's Strategy 2024 2026 0.pdf](#)

Pillars to Success - building on our strong foundations

Over the past three years, Walsall has undertaken significant transformation in developing a high-quality Family Hubs network, establishing a strong foundation of locality based, multi-agency support for families from pregnancy through to age five. This work has included strengthening integrated pathways, embedding partnership delivery, improving accessibility, and aligning Family Hubs with wider prevention and early help offers across the borough. Building on these foundations, the Best Start in Life Plan sets out the next phase of our ambition - fully aligning Walsall's model to the national Best Start in Life Family Hubs guidance and its core elements of delivery:

This plan covers babies and children from pre-birth to age five and sets out how Walsall will strengthen early child development, school readiness, and family support. It aligns with other strategies such as: Walsall Right 4 Children (WR4C), We are Walsall 2040 ambitions, the Neighbourhood Health Plan and the Best Start Family Hubs programme. Importantly, this is a whole-system approach that recognises the need for strong partnership delivery across agencies, organisations, and communities, including health services, early years providers, schools, Family Hubs, SEND services and the voluntary, community and faith sector, to achieve the best outcomes for children and families.

To deliver this ambition, we will organise our partnership action through Walsall's Pillars to Success:



PART 1: Strategic drivers for change

Legal Requirements

The Childcare Act provides the statutory framework for delivery across three key areas:

- improving early years outcomes,
- the provision of early years services,
- and fulfilling sufficiency and information duties.

Local Authorities are required to ensure there is sufficient childcare provision, and that clear, accessible information is available for children and families. These duties underpin the Best Start in Life Plan, with a particular focus on supporting children to achieve a Good Level of Development.

Statutory Responsibility

Local Authorities in England have a statutory responsibility to commission and deliver key elements of the Healthy Child Programme (HCP), particularly for children aged 0–5. This requirement mandates provision of core public health services such as health and development reviews, screening, immunisations, and parental support delivered through health visiting teams. These mandated elements ensure that all families receive a universal public health offer, with additional targeted support where needed, forming part of Local Authorities' wider statutory public health duties.

Strategic Context

National context (DfE, September 2025 update):

- A renewed focus on child development and an ambition that 75% of 5-year-olds in England reach Good Level Development by 2028.
- Learning from Sure Start, Family Hubs and Start for Life to create “Best Start Family Hubs”.
- Best Start Family Hubs expanding to all local authorities with clearer guidance and investment.

SEND reform and White paper

The Government's SEND and Alternative Provision (AP) Improvement Plan and associated reforms set a clear national direction for transforming outcomes for children and young people with Special Educational Needs and Disabilities, with a strong emphasis on earlier identification, inclusive universal services and reduced escalation. The reforms recognise that too many children's needs are identified late, leading to poorer outcomes, greater pressure on specialist services and widening inequalities.

A central theme of SEND reform is that the early years are critical. Evidence underpinning the White Paper highlights that unmet or unrecognised need in the first five years—particularly relating to communication and language, social interaction, sensory processing and emotional regulation—significantly increases the likelihood of later SEND identification, exclusion from learning, and reliance on specialist provision. The national direction is therefore to shift the system upstream, strengthening what children and families experience before difficulties become entrenched.

Key national proposed reforms that shape Walsall's Best Start in Life approach include:

- Early identification and intervention
- Stronger universal inclusion
- Reduction variation and inequality
- Clearer pathways and better system join-up

10 Year Health Plan

The 10-Year Health Plan outlines a major NHS reform programme focused on shifting care from hospitals to communities, from analogue to digital, and from treating sickness to preventing it. Following Lord Darzi's 2024 review, which found the NHS in critical condition, the plan proposes a "neighbourhood NHS" designed to deliver more personalised, preventative care closer to home, improve access and outcomes, and tackle health inequalities. Children's services—already working across key determinants such as education, family support, and early intervention—are central to this model, particularly for children with complex needs. Integrated Neighbourhood Teams (INTs) will bring together the NHS, local authorities, social care, and community partners, with opportunities to build on Family Hubs to coordinate physical, mental, and social care around children and families.

School Based Nurseries Programme

The school-based nurseries programme is a national initiative to expand high-quality early years provision by creating and growing nursery places on school sites, particularly in disadvantaged areas. Phase 1 funded 300 schools to create up to 6,000 new nursery places, and Phase 2 continues this expansion by enabling primary schools to apply for up to £150,000 to establish or extend nursery provision, improving access to affordable childcare and supporting school readiness. Phase 3 of the programme—running from 2027 to 2030—provides capital grants for local authorities to create or expand nursery places in eligible primary schools, maintained nursery schools, and Best Start Family Hubs, with a strong focus on supporting disadvantaged communities, improving school readiness, and increasing access for children with SEND through inclusive, high-quality environments.

Early Learning for 2s

In Walsall, we need to increase take-up of Early Learning for 2-year-olds (EL2), particularly among disadvantaged families and children with SEND, to support our Best Start in Life and GLD targets. The Department for Education has introduced new minimum expectations for EL2 participation—77.9% with a stretching goal of 88.9%. As part of this, a review of local barriers to take-up will be undertaken whilst making use of the enhanced DWP data to identify families eligible for both the working parent entitlement and EL2.

Attendance

The national focus on school attendance is centred on driving absence back to— and beyond—pre-pandemic levels through stronger accountability, clearer expectations, and targeted support for families. The Government has introduced Attendance Baseline Improvement Expectations (ABIEs), giving every school a minimum attendance improvement target and using AI-powered data to match schools with high-performing peers for support. Updated statutory guidance reinforces the need for a whole-school culture that values attendance, early identification of barriers, and multi-agency collaboration for pupils at risk of persistent or severe absence. Alongside this, national policy continues to emphasise the importance of the early years as a foundation for later attendance, recognising that strong early engagement with education—through high-quality early years provision and consistent attendance in the EYFS—supports children’s routines, readiness for school, and long-term engagement in learning.

Learning from SEND Inspections

Walsall received a Local Area Partnership SEND inspection in December 2025.

The Area SEND inspection found that while children and young people with SEND in Walsall experience inconsistent outcomes, there has been significant improvement since the previous inspection, with a clear ambition across the partnership to improve services. The findings strongly align with the Best Start in Life priority of early identification, early intervention, and integrated family support.

Inspectors highlighted strong early years practice, with children's SEND needs identified quickly and supported by an effective local authority early years SEND team. Early years settings are increasingly well trained, and Education, Health and Care (EHC) plans for young children are completed promptly and within statutory timescales, supporting smoother transitions into education. The embedding of speech and language therapists, health visitors (0–19), and SEND practitioners within family hubs was identified as a strength, enabling earlier advice, support, and multi-disciplinary working.

The inspection also identified significant challenges impacting children's early development and wellbeing, particularly long waits for specialist health services such as speech and language therapy, neurodevelopmental assessments, dietetics, dysphagia services, and CAMHS. These delays were found to negatively affect children's communication, emotional wellbeing, and health, increasing the risk of widening inequalities from an early age.

Inspectors noted that while partnership working has improved, joint commissioning and data sharing remain underdeveloped, limiting the system's ability to consistently meet need and track impact. Strengthening integrated commissioning, improving information sharing, and increasing clinical capacity were identified as essential to ensuring children with SEND receive the right support at the right time, particularly in the early years.

Learning from recent published research

In Walsall, we regularly undertake horizon scanning and actively draw on opportunities from national research and reviews to inform and enhance our Best Start in Life Plan. This ensures that our approach remains evidence-based, responsive to emerging trends, and aligned with best practice across the sector.

The Best Start in Life (BSiL) Plan has particularly reflected on insights from two recent publications to inform its development and direction.

The Institute for Government report *Starting behind, staying behind* shows that:
Key findings (evidence base)³

³ [Staying-behind-left-behind-boys-low-income.pdf](#)

- Boys from low-income families are the least likely group to be “school ready” at age 5 and the gap opens before school and then widens over time
- The issue is not a single factor, but a combination of:
 - lower exposure to language and communication rich interactions at home
 - family stress and poverty related pressures
 - inconsistent access to high quality early years provision
 - missed opportunities for early identification, especially for Special Educational Needs Development and Speech Language Communication Needs
- Policy has often focused on entitlement expansion (e.g. childcare hours) without equal focus on child development, relationships and quality
- Systems tend to respond too late, once children are already struggling, rather than shifting support earlier and more intentionally
- Unconscious bias, delayed recognition, and variability in practice are also important factors to consider.

Core recommendations (relevant to local areas)

The report calls for:

- Earlier, more intentional support before age 2
- A strong focus on communication, language and self-regulation
- Targeted approaches within universal services, not separate systems
- Better use of local data and insight to identify who is being missed
- Stronger join up across health, early years, family support and education

National evidence highlights that mental health challenges increasingly emerge early in life, shaped by family stress, poverty, trauma and access to support. The *Future Minds* report (2026) reinforces that prevention and early intervention in the early years —⁴through trusted, community-based support — offers the greatest opportunity to improve lifelong mental health outcomes.

Best Start in Life responds to this evidence by embedding emotional wellbeing, relational support and early identification across universal early years services, ensuring mental health is everyone’s business from pregnancy onwards.

Future mind report⁵ was published in January 2026 and sets out a roadmap to transform children and young people’s mental health by 2035. The report directly reinforces the five strategic implications for early years which have been considered as part of the Best Start in Life plan:

⁴ [Future Minds Report 2026](#)

1. ⁵ Future Mind Report (January 2026). A strategic roadmap for transforming children and young people’s mental health by 2035. [Future Minds Report](#)

1. **Scale up early attachment and emotional wellbeing support** for babies and young children at every universal touchpoint (health visiting, midwifery, hubs, early years settings).
2. **Integrate mental health with anti-poverty for families, parent and carers** — not treating emotional wellbeing in isolation.
3. **Actively reach “silent communities”** through peer connectors, trusted voices, and blended (digital + in-person) models.
4. **Implement digital tools safely**, ensuring alternatives for families facing exclusion.
5. **Invest in workforce capability** in emotional wellbeing, Special Educational Needs Disabilities /Speech Language Communication Needs, early identification, and digital skills.

PART 2: Local Insight Shaping a Whole System Response

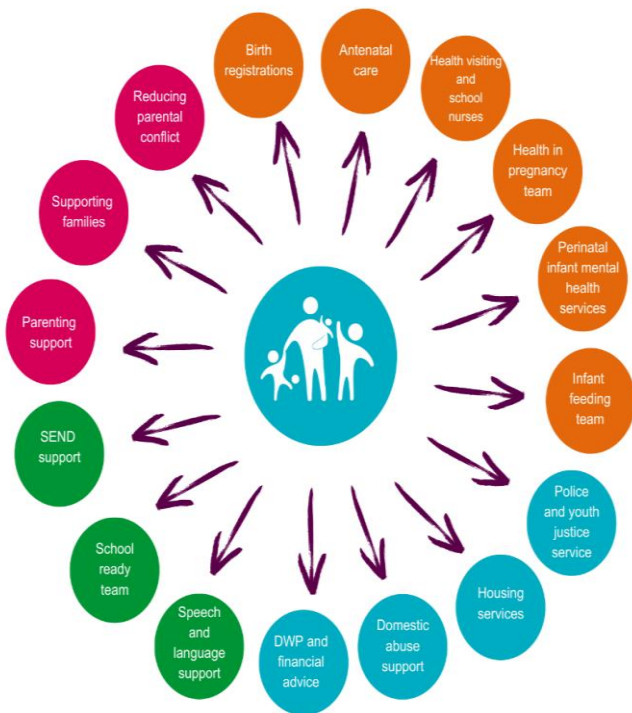
2.1 Building on the foundations of Family Hub - Phase 1 Delivery

In February 2023, Walsall was confirmed as one of 75 local authorities nationally to receive Family Hubs and Start for Life funding for a three-year programme (2022–2025), with a further year of funding confirmed for 2025/26.

The first phase of delivery focused on establishing accessible places, trusted relationships and strong partnerships, particularly for families with children aged 0–2 and those impacted by the Covid-19 pandemic period.

Family Hubs are welcoming, friendly places where all children and young people aged 0–19, (up to age 25 for those with additional needs), along with new and expectant families, can come for help, advice and support when they need it most. The hubs are based in the heart of local communities, bringing services together so families have one trusted place to turn to and someone to talk to in a safe, supportive environment about things that may be worrying them.

Family Hubs are about more than just buildings. Support is also offered across Walsall through a network of local spoke centres, helping us reach families closer to where they live and making support easier to access. In addition, the Family Hubs act as a one-stop shop, allowing families to access a wide range of services—from health and emotional wellbeing to parenting advice and practical assistance—all under one roof or through connected community spokes. This integrated approach ensures that families can easily find the help they need, when they need it, without having to navigate multiple agencies or locations. Alongside this, we offer a strong digital service, including the Walsall Family Hubs website⁶, where parents can find clear, up-to-date information all in one place. We have also commissioned digital apps that give parents access to 24/7 advice and guidance, whether they are becoming a new parent or looking for extra parenting support.



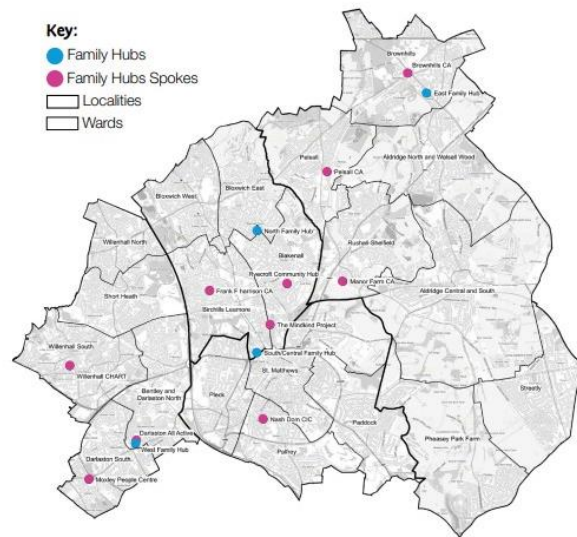
⁶ <https://www.walsallfamilyhubs.co.uk/>

By March 2025, Walsall had established a strong and sustainable Family Hubs infrastructure:

Places and Access

Four integrated Family Hub buildings, offering warm, safe and welcoming co-located spaces, including clinical rooms, birth registration facilities and family support areas.

A commissioned network of Voluntary Community Sector community spokes and community shops, extending the Family Hub offer into neighbourhoods and trusted local settings.



Family Hub Partnerships and Development of the Workforce

Our Family Hub network focuses on helping families with infant feeding, parenting, parent–infant relationships, learning at home, and emotional wellbeing during pregnancy and after birth. All partners work together with a shared aim of giving children and families the Best Start in Life.

We also provide targeted support within local communities, including peer support for parents and carers, extra help for children’s speech and language development, counselling to support parent–infant relationships, and a specialist midwife to support parents who have experienced birth trauma or loss. Professionals are supported with shared resources and guidance, so families receive consistent, high-quality support at the right time.

Digital and Information

The Family Hubs website is a simple, one-stop place where families can find clear, up-to-date information about local services and support, available in over 100 languages.

Parents and carers can access helpful resources such as the *Best Start for Life* and *Supporting Your Child's Learning* guides, while professionals use shared tools to easily navigate and connect families to the right support.

Support for Families

Walsall Family Hubs support families from pregnancy through the early years, helping parents feel confident, connected and supported every step of the way. The Family Hub Network offers friendly, evidence-based parenting support, both in groups and one-to-one, along with activities that support children's development, play and wellbeing. Families can also access extra help while waiting for specialist services, receive free care packages when needed, and enjoy fun programmes that support children as they grow and get ready for school. A quarterly timetable of activities makes it easy to see what's on across Walsall, including baby massage, PEEP sessions, Tiny Rangers and family events, as well as clear information about learning pathways and how to get additional support if needed.

Early Development, identification of needs and Infant Feeding

Family Hubs play an important role in spotting children's needs early and providing the right support as soon as possible, helping every child get the best start in life. They support children's development in a joined-up way, including infant feeding, speech and language, and early learning, so families don't have to wait until difficulties escalate.

Speech and Language Therapy capacity has increased including regular drop-in sessions, which has helped reduce waiting times from up to 12 months to around 4 months, meaning children and families get help much sooner. Family Hubs have achieved BFI Friendly accreditation (Level 1) and follow a clear infant feeding pathway, giving professionals confidence to offer consistent advice and support. Infant feeding support has also been strengthened through expanded peer-led support, delivered in partnership with voluntary and community sector organisations, alongside a growing network of over 50 Walsall Welcomes Breastfeeding Friendly venues across the borough. Together, this approach helps families feel supported early, listened to, and confident in accessing the right help at the right time.

Community Voice and Volunteering



An established Parent and Carer Panel plays a vital role in shaping Family Hub services, ensuring lived experience directly informs service design, delivery and ongoing improvement. Parents and carers have influenced a wide range of developments, including the creation of the Best Start in Life booklet, improvements to the Family Hubs website, and participation in audits of Family Hub provision. This has also included

involvement in a recent regional peer-to-peer review of Family Hubs, helping to share learning and strengthen practice.

Alongside this, the Shaping My Tomorrow project and other approaches help us hear from families in different ways, including at events, through feedback forms, peer reviews and activities, ensuring a wide range of voices are listened to and valued. This commitment to listening and learning from families supports services to continually improve and better meet local needs.

This work is complemented by a redesigned Walsall Right for Children (WR4C) Volunteer Service, providing a universal, community-based offer that strengthens engagement, builds connections and improves access to early help for families across Walsall.

Family Hubs has delivered measurable improvements across key areas:

 <p>Improved access to help and support at the earliest opportunity, parenting support and preventative services</p>	 <p>Reduced waiting times and improved parental confidence in supporting children's communication</p>
 <p>Increased engagement through trusted community-based provision</p>	 <p>Positive qualitative feedback from families and professionals, highlighting trust, accessibility and relationship-based support</p>

What do we know about our 0-5 population in Walsall?

2.2 Borough-wide insight

In November 2025, we conducted a comprehensive early years needs assessment⁷, drawing on the most recent datasets provided by the local authority, Public Health, and NHS partners. This analysis offered valuable insights into current trends and challenges, highlighting areas for improvement in early years provision and identifying groups at risk of poorer outcomes. The findings have informed our ongoing strategy to strengthen early identification, support, and accessibility across Walsall.

2.2.1 Walsall 0–5 Population: Key Themes and Insights

Demographics and Diversity⁸

- Total population: 295,678; children under 5: 18,597 (6.29%)
- Birthplace: 1 in 7 residents were born outside the UK
- Ethnic diversity: 40% of children and young people under 15 are from non-white ethnic backgrounds.
- Poverty and deprivation: 41% of children live in poverty after housing costs, making Walsall the 12th most deprived local authority in England; severe deprivation is concentrated in the west (Blakenall, Birchills-Leamore), while the east (Aldridge, Streetly) is more affluent, creating an east–west divide that affects access to services and outcomes for children.

Health and Development Challenges

- Low birthweight: Rates have been consistently higher in Walsall than the national average since 2006, although rates have improved in recent years. Low birthweight is associated with the risk of childhood mortality, developmental problems, and poorer health outcomes later in life
- Childhood obesity: Approximately 24.5% of children in Reception are overweight or obese, higher than national rates. This can be attributed to both poor nutrition and lack of opportunity for physical activity.
- Oral Health: 27% of 5 year olds in Walsall experience dental decay, higher than the national average of 22.4%. Poor oral health can contribute to speech, language and communication skills, and time spent in hospital resulting in lost opportunity for learning and development.

Educational Outcomes

- Good Level of Development: Walsall’s overall GLD is 66.5% (54.1% for children eligible for Free School Meals); improvement is steady but not on track for 2028 targets.⁹

⁷ [LINK TO DEEP DIVE](#)

⁸ [JSNA - Walsall Insight](#)

⁹ The GLD measure incorporates all children, including those with Special Educational Needs and Disabilities (SEND)

- Gender gap: Girls are more likely to achieve GLD than boys; literacy is the area with the lowest achievement
- Vulnerable groups: Children eligible for Free School Meals, summer-born children, and certain localities have lower outcomes
- Boys from low-income families: More likely to experience delayed communication and language development, and less likely to be ready for school
- Speech, language, and communication needs: Prominent and closely linked to deprivation Improving outcomes for these groups is central to achieving Walsall's Good Level of Development ambition, with national evidence highlighting early language development, strong relationships and access to high quality early education as key drivers

Access and Uptake of Early Years Services

- Gaps in registration/uptake: Persistent gaps exist in early years provision, Family Hub activities, and statutory health checks
- Deprivation link: The lower uptake wards do contain some of the most deprived LSOAs, particularly in Blakenall, Birchills, and Leamore. However, deprivation alone doesn't fully explain take up patterns. For example, Blakenall—despite high deprivation and low levels of working parents—recorded a strong EL2 take up rate of **78.4%**, which is actually higher than the borough average of **72.4%**. This shows that take up does not neatly mirror deprivation levels.
- Statutory development health check attendance: Walsall average for 2-2.5-year reviews December 2025 was 88% and on an improving trend - latest figure from service: 92%.
- Underrepresented groups: 48.4% of children born in Walsall are 'White British' the next highest ethnicity is Pakistani (11.4%) and then Indian (10.5%) - 40% of white British children, 33% of Pakistani children and 35.5% of Indian children take up a place. The lowest take up is from Caribbean and 'Any Other' categories.
- Special Educational Needs (SEN) identification: National data shows variation across ethnic groups, with risks of under- and late identification within some communities; Walsall aims to use this insight for targeted, culturally responsive outreach, early identification of need in line with national SEND reforms

Changing Eligibility and Access to Funded Early Education

- Decline in targeted 2-year-old places: Fewer children eligible for funded early education due to unchanged national earnings threshold, not reduced need
- Low-income working families: Increasingly miss out on eligibility despite financial insecurity, risking delayed or missed early learning
- Equity implications: Reduced access at age two may widen developmental gaps before school entry. Ensuring children living in poverty access early education earlier is critical.

Childcare Market and Sufficiency¹⁰

- Market diversity: Broad and diverse, but sufficiency varies by location, age, and provision type
- Key challenges: Expansion of entitlements, rising demand for flexible childcare, and high-quality provision for under-twos and children with SEND
- Accessibility: Some areas face pressure on places due to demographic changes, workforce shortages, and affordability issues
- Parental access: Cost, wraparound care availability, and provider expansion trends impact families' ability to work and access early education
- Strategic need: Coordinated response for sufficiency, market development, targeted provider support, and locality-based planning

2.2.2 Going where the silence is

Across all four localities, the evidence shows a cohort of children and families who remain persistently unreached by universal and preventative services.

It is important to acknowledge that some families actively make informed and positive decisions regarding their engagement with early education and services, reflecting their unique circumstances and preferences and doing what they feel is right for their children.

However, some families may not attend early education, Family Hubs or statutory health checks due to language and communication barriers, cultural mistrust, digital exclusion, social mobility linked to poverty and access to transport, fear of services or lower-level needs that do not meet referral thresholds.

This can lead to children not being noticed by the system (silent) until they start school, by which time their needs may have grown and early opportunity to support has been missed. There is a group of children who arrive unprepared and behind. Missed chances include routine check-ins, where issues are not always spotted or acted on.

Going into silent communities requires a more proactive, place based and relational approach using following principles:

- Strengthening outreach through community connectors and champions to build trust and bridge access gaps so families can access support earlier
- Flexible, culturally responsive services delivered in familiar community settings
- Stronger data sharing and warm handovers across organisations
- Using locality intelligence alongside quantitative data to target support earlier

¹⁰ Childcare sufficiency strategy and Appendix Early Years Access, Eligibility and SEND Supporting Evid

2.2 Locality insight – understanding difference across Walsall

Children’s early experiences in Walsall vary significantly by place. Drawing on the Joint Strategic Needs Assessment (JSNA), early years deep dive analysis and Family Hub locality insight, this section summarises the distinct early years context across Walsall’s four localities. It highlights how population, deprivation, health need and childcare sufficiency shape children’s opportunities — and where Best Start in Life must focus effort to reduce inequalities and improve outcomes.

2.2.1 North Walsall¹¹

0–5 population, ethnicity and deprivation

North Walsall has a younger population profile with high concentrations of children aged 0–5 living in some of the most deprived neighbourhoods in the borough. Ethnic diversity is increasing, and a higher proportion of families experience poverty, housing instability and complex social pressures. JSNA analysis shows entrenched intergenerational disadvantage and lower healthy life expectancy compared to borough averages.

Key early years priorities

- Reaching children and families least likely to engage with universal services
- Earlier identification of developmental delay, SEND and speech, language and communication needs
- Building trust with families who have anxiety or mistrust of statutory services

Health needs

JSNA Healthy Start indicators highlight higher infant mortality, lower vaccination uptake, higher smoking rates in pregnancy and poorer maternal health outcomes in this locality. These factors increase early developmental risk and reinforce the importance of strong early attachment, infant mental health and consistent health visiting contact.

Sufficiency and access

North Walsall faces the highest levels of pressure on childcare sufficiency, especially for children under the age of two, as very few settings offer places for this age group.

The area includes three maintained nurseries, seven PVI, and fifteen schools providing early years places. Take-up of Early Learning for 2-year-olds (EL2) in Autumn 2025 reached 77.5%, which is significantly above the borough average of 72.4%. In addition, there has been an encouraging rise in take-up among working parents since Summer 2024.

However, workforce shortages, transport challenges, and limited flexibility among providers may restrict access for families without private transport.

¹¹ Information of this is informed by JSNA, EY deep dive and the neighbourhood/family hub workshops held in October 2025

2.2.2 West Walsall

0–5 population, ethnicity and deprivation

West Walsall has one of the highest concentrations of children under five in the borough and includes several neighbourhoods with high deprivation alongside rapid population growth. Communities are ethnically diverse, with a significant number of families experiencing economic insecurity and poor health outcomes.

Key early years priorities

- Improving engagement with early years services and developmental checks
- Supporting families experiencing parental mental health challenges
- Ensure children’s development is monitored and supported through coordinated health, early years and Family Hub services

Health needs

JSNA evidence points to persistent health inequalities, including maternal mental health challenges and lower uptake of preventative health services. Missed appointments and inconsistent engagement contribute to children arriving at school with unmet needs.

Sufficiency and access

West Walsall is experiencing a shortage of accessible childcare places, particularly in neighbourhoods with low car ownership where limited transport options create additional barriers.

There are also significant gaps in provision for some working parents, and the proximity to the Wolverhampton border means that a number of families choose to use childcare providers outside the borough.

Within the area, there are two maintained nurseries, nine PVIs, and seventeen schools offering early years places. Take-up of Early Learning for 2-year-olds (EL2) in Autumn 2025 was 57.3%, which is considerably lower than the borough average of 72.4%. Since Summer 2024, there has also been a modest increase in take-up among working parents.

However, workforce shortages, transport challenges, and limited flexibility among providers may restrict access for families without private transport.

2.2.3 East Walsall

0–5 population, ethnicity and deprivation

East Walsall is often perceived as more affluent, but the JSNA highlights pockets of hidden deprivation and unmet need. While overall outcomes are stronger, some families — including those affected by neurodiversity, mental health challenges or social isolation — experience barriers that are less visible.

Key early years priorities

- Strengthen early identification of additional needs so support can be provided before children enter school
- Supporting families who may not meet thresholds for targeted services but still require help
- Improving inclusion and SEND responsiveness within a mixed childcare market

Health needs

Health outcomes are generally better than in the North and West, but emerging needs can be masked. Families may delay seeking support, leading to later identification of developmental or emotional wellbeing concerns.

Sufficiency and access

East Walsall offers the widest range of childcare provision in the borough, with one maintained nursery, eighteen PVI's and twenty-five schools delivering early years places. Take-up of Early Learning for 2-year-olds (EL2) in Autumn 2025 was 69.3%, slightly below the borough average of 72.4%. However, the area records the highest uptake of places among working parents, likely reflecting the higher proportion of working families living in this locality.

2.2.4 Central and South Walsall

0–5 population, ethnicity and deprivation

Central and South Walsall are characterised by high ethnic diversity, with many families where English is not the first language. Birth rates are relatively high, and there are marked inequalities within communities, linked to poverty, housing pressure and migration related anxieties.

Key early years priorities

- Addressing language, communication and cultural barriers
- Improve early access to communication and language support to strengthen school readiness
- Improving engagement with health checks, early education and immunisations
- Supporting families to navigate services confidently and without fear or stigma

Health needs

JSNA evidence shows lower uptake of immunisations, health reviews and early

education, despite significant levels of need. Concerns relating to immigration status, benefits and trust in services affect engagement and access.

Sufficiency and access

South and Central Walsall provide a strong and varied early years offer, supported by a mix of providers including two maintained nurseries, eighteen PVI's and eleven school-based nursery classes. Take-up of Early Learning for 2-year-olds (EL2) generally aligns with borough-wide patterns (77.4%), with engagement influenced by the diverse mix of families living in these areas.

Uptake among working parents remains positive, reflecting good access to providers and the availability of funded childcare options across Walsall.

This locality analysis and the "Going where the silence is" approach establish a clear evidence base for delivering Best Start in Life differently across Walsall. They guide targeted efforts to help children least likely to reach a Good Level of Development, ensuring support is timely, proportionate and matched to need, while also strengthening universal provision.

2.3 Insights from Shaping our Tomorrow family discussions

To complement quantitative data and locality analysis, Walsall undertakes annual conversations with 17 families with babies born in 2023, capturing their lived experience, aspirations and challenges over the course of their children growing up. This section draws on conversations with these families, using insight from updated family profiles and child-centred narratives to understand what early childhood looks and feels like in Walsall today. This will ensure that our BSiL plan is informed and shaped by services are shaped by the voices and experiences of families themselves

2.3.1 Strong family bonds and pride in place

This group of families consistently describe strong relationships, stability and love as central to their children's lives. Everyday moments — birthdays, milestones, first words and first steps — are deeply valued and often described as sources of pride and resilience. Where families speak positively about raising their children in Walsall they highlight a strong sense of belonging within their community, multi-generational roots, and attachment to neighbourhoods and an good support network where extended family networks provide emotional and practical support.

Even where challenges exist, parents demonstrate determination to provide safe, nurturing environments and express optimism about the future, particularly where they feel investment is being made in local areas and services.

2.3.2 Feeling safe and accessing spaces to play

Access to safe green spaces and parks features prominently in family profiles, with outdoor play recognised as important for children's physical development and family

wellbeing. However, families' experiences vary. Some feel confident allowing children to play locally, while others express anxiety linked to safety concerns, media narratives or the condition of local play areas. As a result, some families travel outside their immediate neighbourhood to access spaces they perceive as safer or better maintained.

These experiences echo wider locality insight and reinforce the importance of safe, welcoming community spaces in supporting early development.

2.3.3 Learning, development and being “school ready”

Families describe supporting their child's learning primarily through everyday routines — talking, reading, play, exploration and imitation at home. Parents value early years settings and schools that build trust and communicate clearly, particularly when they feel listened to and understood.

When asked what “school readiness” means, parents emphasise confidence, communication, social skills and emotional security, rather than narrow academic measures. For families of children born in 2023, this reinforces the importance of early identification of speech, language, communication and developmental needs, and clear guidance on how parents can support learning from the earliest stages.

2.3.4 Accessing support and navigating services

Families highlight a range of experiences when accessing help. Community assets such as Family Hubs, libraries, faith settings and trusted local organisations are valued spaces where parents feel welcomed and supported. Where relationships are strong, families describe feeling more confident to ask for help and engage with services over time.

Conversely, some families describe challenges in knowing where to go for advice, understanding what support is available, or feeling hesitant to approach statutory services. These experiences align with wider system learning around families becoming quiet or disengaged, particularly where needs are emerging rather than acute.

2.3.5 Hopes and aspirations for the future

Across all family profiles, parents express consistent aspirations for their children: that they are safe, healthy, happy and confident, and that growing up in Walsall gives them fair opportunities regardless of background. Families want their children to feel secure in who they are, to be supported in their development, and to attend settings and schools that recognise and value diversity.

2.3.6 What this tells us

Learning from families with children born in 2023 reinforces that:

- Early childhood in Walsall is shaped as much by relationships, trust and confidence as by services
- Families value local, relational support that fits around everyday life
- Safety, play, communication and belonging matter deeply to parents

- Clear, accessible pathways and trusted contact points make a real difference to engagement
- Belonging is fostered when families feel rooted in a strong network of support, both within their community and through accessible services

2.4 What we learned from practitioners about supporting children ready to learn

Practitioner insight on improving ready to learn/ Good Level of Development (GLD) was gathered through a workshop in January– GLD session, which engaged with over 100 practitioners from across early years, health, education, family hubs and wider children’s services. Practitioners were asked to reflect on priorities, everyday actions and the support needed to achieve Walsall’s ambition of 75% of children reaching GLD by 2028.

What practitioners see as most important for ensuring children arrive at school ready to learn

- strong and consistent emphasis on early intervention across the 0–5 period, particularly pregnancy to age two and the 2–2½ year developmental check. Early intervention was the most frequently cited theme, alongside improved communication, awareness and clearer pathways into support.
- Practitioners repeatedly linked GLD to family access to Family Hubs and the local early years offer, highlighting the importance of simple, consistent signposting and clear information for both families and professionals. There was a strong view that improving GLD requires families to be supported earlier and more consistently, rather than waiting until school entry.
- Responses also highlighted that SEND, deprivation (FSM) and language and communication development are closely connected and must be addressed together. Practitioners noted particular concern for children from low-income families, those with emerging SEND, children with English as an Additional Language, and boys with delayed language and communication development.

2.4.1 What practitioners say they will do differently to support children arriving at school ready to learn

When asked to identify concrete actions, practitioners committed to a set of practical, everyday behaviours to support GLD target, including:

- Proactively signposting families to Family Hubs, 0–5 activities and digital resources during routine contacts.
- Checking and nudging families to ensure children receive their 2–2½ year developmental check and appropriate Health Visitor contact.
- Sharing simple crib sheets and resources across teams, schools, nurseries and health services.

- Asking targeted questions about early years funding entitlement, attendance at early education, and developmental checks.
- Actively promoting early literacy, reading at home and early years places as foundations for school readiness.
- Practitioners identified an opportunity to package these behaviours into a small number of consistent “everyday actions” that all professionals working with families could confidently apply.

2.4.2 What practitioners say they need to improve GLD outcomes

Practitioners were clear that achieving improved GLD outcomes at scale will require:

- Stronger joined-up working, particularly between health visitors, early years settings, childminders, schools, GPs and Family Hubs.
- Targeted SEND support, including clearer routes for advice and earlier specialist input.
- Workforce capacity and training, with easy to use tools to support confident conversations with families.
- Better data visibility, including ward level and Free School Meal focused insight on uptake of developmental checks and early education places.
- Practical access support, such as help with transport and reducing stigma or anxiety linked to engagement with services.
- Resources targeted towards deprived areas and families least likely to engage.
- Risks and pressure points identified by practitioners
- Practitioners also highlighted risks that could undermine Good Level Development progress if not addressed, including:
 - Ongoing access barriers, particularly transport costs, parental anxiety and stigma associated with statutory services.
 - Information gaps for children living in Walsall but attending schools outside the borough.
 - Workforce capacity pressures, especially in relation to 0–5 support and specialist language and communication provision.
 - Transition points, particularly from Reception into Year 1, where developmental progress can stall without continuity.

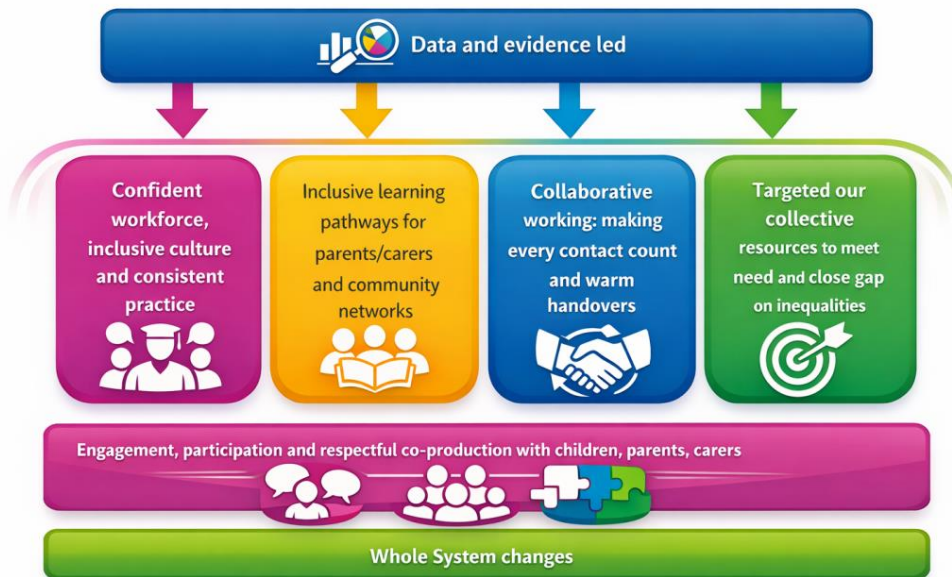
Walsall Reception Cohort: School Readiness Baseline Summary

The report shows that 78.4% of Reception children in Walsall are not school ready on entry, with the highest need concentrated in the East, North and West localities. Across the borough, Literacy, Maths and Communication & Language are the weakest GLD areas, and a group of 12 high-leverage schools—those with both high numbers and high proportions of children below age-related expectations—represent the greatest opportunity to shift overall outcomes. While nursery attendance data is available, outcomes cannot yet be compared by prior attendance. The report recommends focused

support for the highest-need schools, locality-level multi-agency intervention, early re-assessment of targeted pupils within six weeks, improved consistency in baseline judgements, and enhanced future data collection to understand the impact of school nursery participation on school readiness.

PART 3 Walsall's Pillars to Success: Delivery Framework

The Pillars to Success set out in this section have been developed through a clear understanding of where Walsall is on its Best Start in Life journey. They reflect what we have learned from recent delivery, data, practitioner insight and lived experience about what is working well, where progress has been made, and where gaps and variation remain. Building on the strong foundations established through Family Hubs and early system transformation, the Pillars respond directly to the challenges that continue to limit early identification, consistent practice and equitable outcomes for children. Together, they provide a focused, evidence-led framework to guide collective action from 2026–2028, ensuring that future delivery is grounded in our current reality, strengthens what already works, and accelerates improvement for children and families least likely to thrive without early support.



3.1 Pillars of success: Why they matter and what they change in practice

Pillar to Success	Rationale – why this Pillar is needed	What this means in practice
1. Confident workforce, inclusive culture and consistent practice	Practitioner evidence highlights that achieving good levels of development (GLD) relies on confident, consistent information and messages to parents, early identification of developmental needs and strong collaboration between health, early years, VCSE and family support services.	Deliver a unified training programme focused on understanding the importance of strong parent/child attachments from the start, 0–5 development, SEND and language; build workforce confidence to identify concerns, hold quality conversations with families, and ensure consistent action across services. Embed simple, shared tools and guidance setting out minimum expectations for routine checks, signposting and follow-up, reducing reliance on individual judgement or service-specific approaches.
2. Inclusive learning pathways for parents/carers and community networks	We recognise that supporting children means supporting parents and carers too, particularly where adults have experienced unmet need, disadvantage or exclusion, and may need tailored, accessible support to build confidence, skills and aspiration.	In practice, this means professionals taking time to understand parents' own learning, confidence and support needs, offering clear, nonjudgemental guidance, practical help, flexible and evidence based/informed pathways, and adapting how support is delivered so parents who have been persistently left behind are not excluded by language, confidence, digital access or past experiences of services.
3. Collaborative working: making every contact count and warm handovers	System learning shows children are most likely to be missed at key moments—like the 2–2½ year review, early education uptake and nursery/school transitions. Fragmented working diminishes the impact of early support and increases the	Strengthen coordination between health, early years, Family Hubs and schools at critical contact points, ensuring opportunities to identify need and accelerate progress towards GLD are not lost.

	risk that early developmental concerns are missed or identified too late	
4. Targeted our collective resources to meet need and close gap on inequalities	Data shows the widest GLD gaps for children affected by poverty, SEND, language and communication barriers and low engagement. Universal approaches alone are not enough to close these gaps.	Apply proportionate universalism: provide additional outreach, capacity and targeted support for priority children, families and areas, informed by local data and practitioner insight.
Cross-Cutting: Data and Evidence-Led Practice	Practitioners identified data blind spots, fragmented systems and access barriers as limiting early and consistent action. Strong enabling infrastructure is required for sustained improvement.	Improve data sharing, visibility and infrastructure, enabling the system to identify who is missing, reduce duplication, support earlier intervention and allow staff to focus on families rather than navigating complex systems.
Cross-Cutting: Engagement, Participation and respectful Coproduction	Effective solutions require meaningful involvement and co-production with children, parents and carers, ensuring services reflect lived experience and local needs.	Embed approaches that actively and respectfully co-produce with children, parents, and carers, involving them with humility in the design, delivery, and review of services. This collaborative and humble engagement fosters greater trust, ensures support is tailored to real needs, and leads to improved outcomes.
Cross-Cutting: System Change	Fragmented systems and siloed working undermine impact. Coordinated, system-wide change is essential to deliver consistent, high-quality support and close GLD gaps at scale.	Drive operational and cultural change across all agencies, aligning strategies, processes and governance to support integrated, family-centred early years provision.

3.2 What we will deliver – our pillars of success

3.2.1 Delivery pillars

Pillar 1: Confident workforce, inclusive culture and consistent practice

Purpose:

Build a confident, inclusive, multi-agency 0–5 workforce that shares the same understanding, expectations and tools, so children are identified early, families receive consistent messages, and practice does not vary by service, setting or locality.

Early health, attachment and infant mental health

- Strengthen multiagency workforce capability in attachment informed practice, early emotional wellbeing and infant mental health, enabling practitioners to recognise early signs of distress and support secure parent–child relationships from pregnancy onwards.
- Embed consistent approaches to early emotional wellbeing and attachment across maternity, health visiting, early years, Family Hubs, education and VCSE services.
- Promote a shared, safeguarding informed approach to engagement with health appointments, improving trust and reducing “Was Not Brought” rates through consistent follow up and messaging across agencies.
- Improve support for Children in Care, with a focus on attachment, trauma informed practise and transitions.

SEND, inclusion and early identification

- Upskill the workforce to ensure a shared understanding of child development at each stage, with a strong focus on early identification of SEND and Speech, Language and Communication Needs (SLCN).
- Standardise early identification using shared tools and guidance (including ASQ, Development Matters and agreed pathways), reducing variation in thresholds and practice.
- Strengthen the Early Years Inclusion and SEND Pathway so that the graduated response supports strong universal inclusion and avoids unnecessary escalation.
- Improve data sharing and access to relevant information (including EHCPs where appropriate), ensuring professionals have timely insight to support joined up working.
- Build practitioner confidence to support groups at higher risk of delayed development, including boys from low-income families, children from diverse cultural backgrounds and home educated children, using evidence and local data to challenge assumptions and bias.
- Support all early year's settings to become a Communication Friendly Setting¹²

¹² [Communication Friendly Settings - Early Years | Elkklan Training Ltd](#)

Early childhood education and care – access & quality

- Promote consistent, accurate navigation of early education entitlements and the Family Hub offer across the workforce, reducing confusion that leads to partial take up or disengagement.
- Strengthen understanding of inclusive, high quality early years practice across all settings, ensuring children’s needs are supported within universal provision wherever possible.
- Reduce variation in advice and guidance given to families about childcare, funding and access, so families receive the same clear messages regardless of where they engage.

Transitions into school and Reception readiness

- Ensure all professionals understand what **Good Level of Development** and school readiness look like, and how early years practice contributes to smooth transitions into Reception.
- Standardise expectations and practice around transitions, early learning, communication, independence and emotional readiness.
- Improve follow up and information sharing where children are not known to early years services prior to school entry, reducing late identification and “surprises” at Reception.

System enablers: building confidence and consistency

- Delivery of this pillar will be supported by aligned system effort, with workforce development, capacity growth and practice change focused across partners in line with their contribution to early identification, prevention and improved Good Level of Development outcomes.
- Develop a collective, multiagency workforce development pathway across health, early years, education, Family Hubs and the VCSE, including routes into community-based roles.
- Introduce a minimum core training offer for all professionals working with 0–5s, ensuring consistent standards and shared understanding across the system.
- Develop a shared Resource Hub and Continuing Professional Development offer for our collective 0–5 workforce, providing easy access to high-quality information, tools, guidance and training. This will include real-time forums and interactive spaces where practitioners can ask questions, share insights and receive timely support.
- Provide safe, supportive spaces for reflection and learning, including clinical supervision, locality conversations and peer learning, so training translates into improved practice.
- Use dip sampling, audits and reflective reviews to test consistency in practice and continuously improve quality across services.

What difference we going to make

- Children and families will experience more confident, consistent and timely support from every professional they encounter.
- Developmental concerns, SEND indicators and barriers to engagement will be identified earlier and acted on more effectively, reducing missed opportunities.
- Practitioners will share a common understanding of child development, inclusion and school readiness, reducing variation and postcode-based differences.
- Families will receive clearer, more consistent messages about development, early learning and support,

Pillar 2: Learning pathways for Parents, Carers and community network

Building confidence, capability and engagement so families can support children's development early.

Early health, attachment and infant mental health

- Promote consistent messaging on attachment, early relationships and emotional wellbeing.
- Align parenting and early help offers to support parental confidence and caregiver wellbeing.
- Undertake a whole system review and align parenting programmes across our partnership from pregnancy to ensure they are evidence based/informed, accessible and clearly mapped to need.
- Preconception resources are consistent and available for all partners.

SEND, inclusion and early identification

- Provide clear guidance to parents on recognising developmental milestones and early signs of need.
- Ensure families receive timely support when concerns are identified at mandated contact points.
- All partners contribute to the local offer ensuring information on services is current and consistent.
- Workforce being aware of the graduated response including early identification and pathway for support.

Early childhood education and care – access & quality

- Improve understanding by effective communication to support take up of early education entitlements.
- Align learning pathways for parents with evidence based/informed parenting and HLE programmes. Ensuring all parent get good advice and support around how to support their children's development at every change from pregnancy to Adolescents

Transitions into school and Reception readiness

- Embed consistent messages on school readiness, including communication, independence and toileting.
- Support families to engage earlier with early years settings and transition activity.

System enablers

- Develop joined up learning pathways across Family Hubs, health, education and VCSE partners.
- Improve accessibility through flexible delivery, digital options and community based provision.
- Strengthen ESOL and adult skills support to reduce engagement barriers.
- Upscale the Community Champion model by creating paid, skills-building opportunities for parents and carers to deliver peer-to-peer support as part of the Best Start in Life offer. This will include developing structured training, coaching and experience pathways so Community Champions can build confidence, gain

accredited skills and develop employment-enhancing experience, while acting as trusted connectors within their communities. This approach will strengthen cultural competence, widen access for families least likely to engage, and embed lived experience at the heart of early years delivery

What difference we going to make

- Parents and carers will feel more confident, informed and supported to help their children thrive.
- Clear, joined-up learning pathways will mean families receive consistent messages about communication, play, early learning and school readiness—wherever they access support.
- Families facing the greatest barriers will be better reached through flexible, culturally responsive delivery, strengthened ESOL and adult learning, and trusted community settings. This will strengthen the home learning environment, improve engagement with early years services and developmental checks, and help children arrive at school more confident, communicative and ready to learn.

Pillar 3: Collaborative working, making every contact count and warm handovers

Purpose: Use partnership working to intervene earlier and more effectively at key points. This ensures children's needs are identified quickly, support is prompt and consistent, and services are well-aligned. Through standardised identification, clear escalation pathways, and improved follow-up, we provide a strong foundation for all children—especially those who are disadvantaged or have SEND—to thrive and be ready for learning

Early health, attachment and infant mental health

- Strengthen collaboration across maternity, health visiting, Family Hubs and early years, Family First ensuring early attachment, infant mental and physical health and parental wellbeing are addressed consistently at universal contact points.
- Improve continuity of support for families with emerging or complex needs across our multi-agency delivery models including Family Hubs, Young & Thrive and Family Help approaches, reducing fragmentation and escalation.
- Develop children's champions model, there will be different children's champions for example through Walsall Housing Group, to improve breastfeeding uptake and support the transition from hospital to community based care, and a bespoke children's champions model in Pleck.

SEND, inclusion and early identification

- Pilot joint health and early years progress assessments, aligning the 2–2½ year EY’s progress check and ASQ to reduce duplication and missed opportunities.
- Explore the feasibility of a joint 18-month early developmental check, delivered collaboratively by Health Visiting, Speech and Language Therapy and Early Years practitioners, informed by learning from other areas.
- Strengthen early identification pathways so developmental, communication and SEND needs are recognised earlier and acted on consistently.
- Deliver enhanced Speech and Language Therapy support to targeted settings, building practitioner confidence and reducing unnecessary referrals.
- Develop a Joint Early Years Waiting Times Improvement Plan with the ICB (especially for dietetics, Dysphagia and CAMHS services), alongside an enhanced Supported Waiting Offer delivered through Family Hubs.

Early childhood education and care – access & quality

- Review and further develop the Family Hub buildings and commissioned community spokes model, ensuring places, spaces and co-location are aligned to need, deprivation and access — and maximise their role as trusted access points for early years support.
- Embed early education, entitlement guidance and childcare access within Family Hubs and community outreach activity, ensuring families receive joined up support at the earliest opportunity.
- Strengthen collaboration between early years providers, Family Hubs and health services to support inclusive practice and consistent quality across settings.

Transitions into school and Reception readiness

- Establish a Preschool Integrated Information Sharing and Transition Framework, setting out how Health Visitors, early years settings, schools and Family Hubs share information before school entry. This should align with the integrated neighbourhood teams model.
- Embed warm handovers as standard practice so developmental concerns, SEND indicators and family context are known and acted on before children start school.
- Develop ready to learn drop in sessions and targeted transition activity across all localities for children at risk of not achieving a Good Level of Development.
- Integrate Summer Passport / Holiday Activity Food programme early years activity within the Family Hub locality model to support engagement, transitions and readiness for school.

Place based and system enablers

- Prototype a fully integrated Best Start in Life Early Years Team to deliver joint assessments and coordinated interventions for children not attending early years settings. This prototype will bring together health visiting, early years, Family Hubs and SEND practitioners to ensure children who are not in formal provision

- receive timely developmental checks, early identification, and targeted support through a single, joined-up offer.
- Deliver a Cradle to Career programme in Blakenall, providing a coordinated, place based model of support from birth through to adulthood in one of Walsall's most deprived communities, with a strong focus on early years and school readiness.
 - Deliver community champion pilot in Pleck, to build trust, improve engagement and opportunities for early intervention, particularly for families with children aged 0-5 not currently accessing services
 - Strengthen operational integration between Young & Thrive, Family Help and Family Hubs, ensuring families with complex needs experience coordinated, timely and holistic support.
 - Explore and test locality based and Saturday clinic models in areas of lowest uptake, bringing together health, early years, SALT and entitlement support.
 - Use buildings, community spaces and colocation strategically to reduce access barriers, improve engagement and support joinedup delivery.

Develop and embed a Community Champion role, using trusted local people to build sustained relationships with families, provide culturally competent community-based support, promote key health and early years messages (including vaccination, maternity engagement and developmental checks), enable warm handovers into services, and feed community insight back to commissioners and partners to inform continuous service improvement—reflecting learning from Connector meetings on the importance of trust, relationships and local presence.

What difference we going to make

- Every contact with a family will become an opportunity to support development, wellbeing and school readiness.
- Stronger collaboration at key moments—such as the 9-month, 18-month and 2–2½-year checks, Family Hub engagement and transitions into early education and school—will reduce fragmentation and improve continuity.
- Families with multiple or more complex needs will experience warmer handovers, clearer communication and better coordinated support across health, early years and family help. Joint working will reduce delays, improve transitions and ensure no child reaches school with unmet or unidentified needs.

Pillar 4. Collaborate to Target Resources

Focusing collective effort where it will have the greatest impact on children least likely to meet a Good Level of Development.

Early health, attachment and infant mental health

- Target outreach and preventative support in areas with the **lowest uptake of mandated health checks**, breastfeeding and early intervention, informed by birth data and service engagement patterns.
- Align investment with **Healthy Start, perinatal and infant mental health priorities**, ensuring early attachment and emotional wellbeing support reaches families most at risk.
- Use Family Hubs and community-based delivery to reduce barriers linked to trust, access and stigma, particularly for families in “silent communities”.

SEND, inclusion and early identification

- Use data from the “Going where the silence is” deep dive to prioritise early identification and intervention for children least likely to meet GLD, including those affected by poverty, emerging SEND, SLCN and low engagement.
- Invest our collective effort in developing inclusive provision and activities and early SEND support ensuring children are supported through strong universal inclusion and graduated response before escalation. This will include a clear SEND offer as part of each BSiL Family Hub.
- Prioritise inclusion funding, specialist support and SEND-ready expansion in localities with higher proportions of children with SEND.
- Ensure targeting does not create parallel systems, but strengthens universal practice as the foundation, applying proportionate universalism across the system.

Early childhood education and care – access & quality

- Address childcare sufficiency gaps by locality, age and need, using live supply-and-demand data for under-2s, 2-year-olds, 3–4-year-olds and SEND-inclusive provision.
- Target expansion funding to areas of greatest shortfall, particularly North Walsall, including planned nursery and PVI expansions.
- Increase take-up of funded early education through community outreach, culturally competent communication and SEND-accessible provision.
- Expand wraparound childcare (WAC) in partnership with schools, focusing on schools with no current provision and families requiring flexible or irregular hours.
- Introduce locality-specific affordability actions, recognising cost pressures vary across the borough.
- Ensure all expansion plans include **inclusion readiness** (SEND capability, training and space adaptation), not just place numbers.

Transitions into school and Reception readiness

- Target School Readiness Clinics and integrated school-community support models in areas with the lowest GLD and highest proportions of children from silent communities.

- Focus targeted transition support on children not previously known to early years services, summer-born children and those with emerging SEND.
- Align early years, school and community-based interventions so classroom support for children is matched by parent and family support in the community.
- Use locality insight to prioritise early transition activity that closes development gaps before school entry.

System enablers - joint commissioning, data and place-based delivery

- Implement a BSIL Joint Commissioning Framework with the ICB, aligning commissioning intentions, funding streams and outcomes across:
 - speech, language and communication
 - Family Hub provision
 - Young and Thrive
 - perinatal and infant mental health
 - SEND
 - Preconception and maternity services
- Develop Neighbourhood Connector and Enhanced Community Champion models, recruiting trusted bilingual staff to improve access, engagement and feedback from Somali, Polish, Pakistani and other communities.
- Build feedback loops so community insight directly informs commissioning and service redesign, not just engagement activity.
- Target resources geographically using birth data, uptake patterns and locality-level insight, reviewing impact regularly through partnership governance.
- Ensure every contact counts, with all services routinely considering GLD risk factors and opportunities for early intervention.

What difference is this going to make

- Resources will be focused where they have the greatest impact. By using data and locality insight to target investment, the system will more effectively close gaps for children affected by poverty, SEND, language and communication barriers and low engagement.
- Childcare sufficiency, wraparound care and inclusive provision will be strengthened in areas of greatest need, improving access for working families and those previously excluded.
- Proportionate universalism will ensure that targeted action strengthens—not replaces—universal services, helping reduce inequalities while improving outcomes for all children.

3.2.2 Cross cutting pillars

Cross cutting Pillar 1: Data and evidence led

These actions will focus on ensuring we understand need, make decision based on need, understand the collective impact we are making and make decision on local and national best practice ensuring we stay on targeted to ensure every child is thriving. This will enable the partnership to create a live feedback loop, allowing us to course-correct and sustain improvement over time. Our detailed BSiL action plan will make clear how every activity contributes directly to our 2028 milestone for Good Level of Development and our wider 2040 borough ambition.

- Development and implementation of a new best start in life Family Hub portal that enables families to easily register, access services, and provide real-time feedback. This portal will serve as a central platform to collect and analyse data on family engagement and outcomes, ensuring consistent and comprehensive tracking across all Family Hub activities.
- Develop a comprehensive outcome framework to systematically monitor and evaluate the impact of our collective efforts. This framework will set out clear, measurable indicators aligned with our GLD priorities and will be used by all partners to track progress, identify areas for improvement, and demonstrate the difference we are making for children and families.
- Monitor progress for priority cohorts, including FSM, SEND and disadvantaged children.
- Deliver a data-driven approach to early years sufficiency by align its Childcare Sufficiency Duty recommendations with the BSiL framework by introducing the following actions:
 - Develop a Locality-Level Childcare Sufficiency Dashboard, integrating live supply/demand metrics for Under-2s, 2-year-olds, and 3–4 cohort across the East, North, South and West, including the shortfalls identified in North Walsall and specifically the wards of Bloxwich East and Bloxwich West, which show the only ward-level deficits under the age of five.
 - Include wraparound care availability (school-based + PVI) within the Early Years dashboard,
 - Embed quarterly monitoring of sufficiency into the BSiL governance cycle, allowing for rapid identification of shortfalls and emerging pressures.
 - Map SEND prevalence by locality, recognising high numbers or proportions in Birchills-Leamore, Willenhall North, Bloxwich West, and use this to inform SEND inclusion planning.

What difference is this going to make

- Decision-making will be clearer, faster and more accountable. Improved data sharing, dashboards and outcome frameworks will allow partners to understand who is being missed, track progress in real time and adjust action quickly.
- The system will be able to demonstrate impact—linking activity to outcomes such as GLD, early identification, engagement and reduced inequalities—while creating a continuous learning loop that supports improvement over time.

Cross cutting Pillar 2: Engagement, participation and co-production with children, parents, carers.

At the core of our transformation efforts lies a commitment to meaningful engagement and co-production with children, parents, and carers. By actively involving these groups in shaping services and decisions, we ensure that their voices, experiences, and insights drive the changes that matter most. This collaborative approach is essential for creating solutions that are both effective and efficient, fostering a sense of ownership and partnership that strengthens our collective impact and supports every child's right to thrive.

- strengthen our Parent Carer Panel in developing the Best Start for Life Family Hub offer, ensuring ongoing engagement and decision-making reflects diverse perspectives. We will prioritise representation from fathers and other underrepresented groups, so the Family Hub solutions are shaped by a truly inclusive cross-section of our community.
- A refreshed best Start in life Family Hubs Communications and Engagement Strategy will be implemented to ensure all families can access and understand Walsall's Best Start in Life offer. This will include clear, consistent branding across all localities, multi-language materials, targeted outreach to under-represented communities, digital and social media campaigns, and proactive engagement through community connectors and partner agencies.
- Develop a Good Level of Development (GLD) campaign informed and driven by lived experience.. Parents will play a central role in shaping the campaign's messaging and activities, focusing especially on how they can support their children's early development at home and in the community.
- Engage with parents in the ongoing development of the Supported Waiting Programme, ensuring that families receive appropriate support and guidance while waiting for access to specialist health services.
- Develop and strengthen the relationship faith and community provision in areas identified through the 'where the silence is' work, aiming to overcome barriers and design services that effectively engage with these underserved communities. This will involve employing a test and learn methodology to ensure that our strategies are responsive and adaptive to the unique needs of these groups.

- develop peer-to-peer support networks, leveraging the experiences and knowledge within local communities. These networks will provide platforms for parents and carers to connect, share insights, and support one another, fostering resilience and a sense of belonging while amplifying the voices of those who are often underrepresented in service design and delivery.

What difference is this going to make

- Services will be shaped by lived experience, building trust and relevance. Parents, carers and communities—especially those least heard—will have meaningful influence over design, delivery and review of the Best Start in Life offer.
- This will increase confidence in services, improve uptake, and ensure support reflects the realities of families' lives. Stronger relationships and co-production will help create sustainable change, not just short-term engagement.

Cross cutting Pillar 3: System Changes

Actions will focus on addressing the system barriers that prevent early identification, joined-up working and timely support by establishing robust data sharing across partners, enabling earlier identification of needs, and tracking children's journeys effectively. To further drive innovation and continuous improvement, we will adopt a prototype approach that allows us to test and learn new strategies within everyday practice and across our locality delivery models. This approach will help us build a robust evidence base by capturing insights about what works for families, practitioners and partners. By working iteratively—trying new ideas, gathering feedback and refining delivery—we can respond more quickly to emerging needs and scale effective solutions with confidence, supporting meaningful whole-system change.

- Delivery of the Best Start in Life Plan will be supported by aligned investment across the system. This includes commissioned health services (Public Health, ICB and NHS providers), early years providers, Children's services provision, VCSE partners and community infrastructure. Investment decisions will be shaped through the Joint Commissioning Framework, ensuring that capacity growth, workforce development and service redesign are distributed across partners in line with their contribution to early identification, prevention and GLD outcomes.
- In response to the SEND inspection findings we will develop a Multi-Agency Early Years Information Sharing Improvement Plan. This will strengthen the flow of information within health services (neonatal, HV, paediatrics, SALT, CAMHS, maternity) and between health and education, Family Hubs and early years providers. The plan will establish clear protocols, consent processes, interoperability improvements and a standardised mechanism for sharing

- information related to developmental concerns, safeguarding risks and SEND needs.
- Create an integrated 'front door' for universal services, simplifying access for families, reducing delays and ensuring consistent messaging across the partnership.
 - Improve physical access by mapping assets and co-locating Family Hubs and community spaces to match local needs. Use a map of trusted spaces (VCSE and Faith) to connect with 'silent' family groups who may not use mainstream services, increasing accessibility and inclusion for underserved communities.
 - Maximise digital opportunities by developing integrated digital tools and platforms that enable seamless information-sharing, warm handovers, and consistent engagement with families. This includes expanding the Family Hub digital portal, introducing multi-language digital navigation pathways, and using SMS/app-based prompts to support early identification, service access and real-time feedback across the partnership.

What difference is this going to make

- Families will experience a simpler, more joined-up system. Improved information sharing, aligned commissioning and integrated pathways will reduce duplication, delays and confusion.
- Partners across health, education, early years and the community sector will work as one system, with shared priorities, clearer governance and better use of collective resources. This will create the conditions for sustained improvement in early childhood outcomes and school readiness across Walsall.

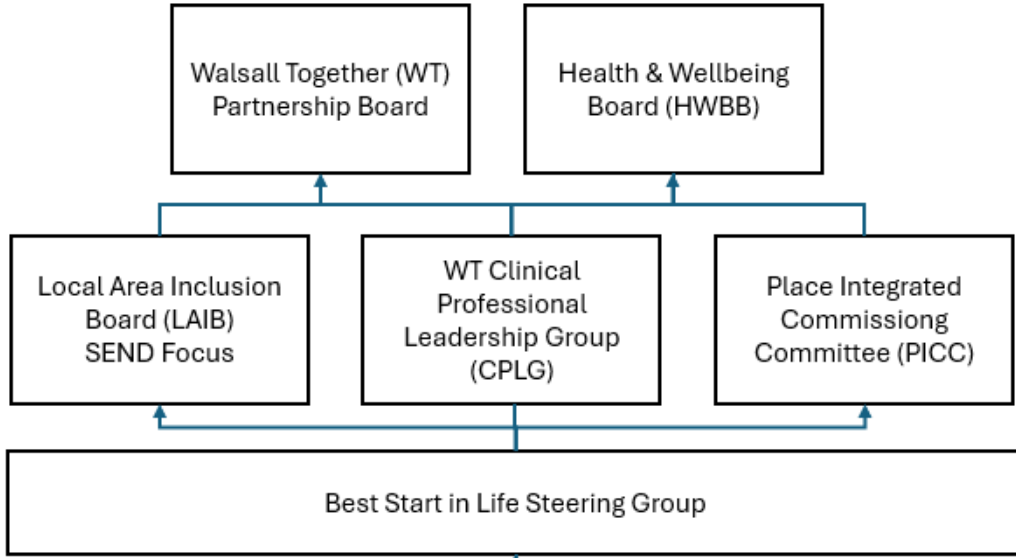
PART 4 Outcomes framework and governance

4.1 Family Hubs Best Start in Life Programme Governance Structure

We have established a Best Start in Life Steering Group, which will be responsible for providing robust oversight and strategic support to the Best Start in Life plan. The Steering Group's key responsibilities include:

- Ensuring integrated, accessible services for families from conception to age 19 (and up to 25 for SEND)
- Focusing on reducing inequalities, improving child health, and supporting school readiness
- Delivering the Best Start for Life offer and contributing to the national target of 75% of 5-year-olds reaching a Good Level of Development (GLD) by 2028
- Aligning local implementation with national policy, funding requirements, and sustainability planning

The Steering Group will feed into key strategic groups, including the Local Area Inclusion Board (SEND focus), Walsall Together Board, Place-Based Integrated Commissioning Board, and Health and Wellbeing Board.



4.2 Development of an Outcomes framework

Walsall will focus on **six system-wide outcomes**:

Outcome 1: Children experience strong early development, particularly in communication and language

Children develop the foundational skills they need to be confident, curious and ready to learn.

Primary measures

- Good Level of Development (GLD) at end of Reception (overall and FSM)
- Early Learning Goals – Communication & Language and Personal, Social and Emotional Development
- ASQ completion and outcomes at 18 months and 2–2½ years (with focus on SLCN)

Equity focus

- FSM
- Boys
- Children with emerging SEND
- Priority localities and “where the silence is” cohorts

Outcome 2: Children are physically healthy and emotionally secure from pregnancy onwards

Children benefit from strong early health, attachment and wellbeing, reducing avoidable harm and escalation later.

Primary measures

- Uptake and timeliness of mandated health reviews (midwifery, new birth, 6–8 weeks, 9–12 months, 2–2½ years)
- Breastfeeding initiation and continuation
- Immunisation uptake (MMR and early childhood schedule)
- Healthy weight at Reception
- Early identification of perinatal and infant mental health needs

Equity focus

- Deprived wards
- Children born prematurely
- Families experiencing poverty, housing instability or parental mental health challenges

Outcome 3: Children are identified early and supported inclusively

Children’s additional needs are identified early and met through **strong universal inclusion**, reducing unnecessary escalation.

Primary measures

- Age at first identification of SEND/SLCN
- Uptake and timeliness of Early Years Inclusion and SEND pathways

- Proportion of children supported through graduated response before specialist referral
- Reduction in unmet need at school entry

Equity focus

- SEND
- EAL
- Boys from low-income families
- Ethnic groups with known under-identification risks

Outcome 4: Parents and carers feel confident, supported and able to help their children thrive

Families experience trusted, consistent support that strengthens the home learning environment and wellbeing.

Primary measures

- Family Hub engagement (reach, repeat engagement, outreach into silent communities)
- Uptake of parenting, HLE and early communication offers
- Parent-reported confidence in supporting development (via surveys / panels)
- Reduced “Was Not Brought” rates for key appointments

Equity focus

- Families least likely to engage with services
- Non-English speaking households
- Young parents and families experiencing digital exclusion

Outcome 5: Children are ready for school, with smoother transitions and fewer late surprises

Children experience continuity and support through early education and into Reception.

Primary measures

- Early education uptake (2-year-old, 3–4 entitlements, including working families)
- Transition information shared before school entry
- Reduction in children starting school with unidentified needs
- Attendance and engagement in school readiness activity

Equity focus

- FSM
- Summer-born children
- Children not previously known to early years services

Outcome 6: Inequalities in early childhood outcomes are narrowing

Improvement is fastest for children and communities currently furthest behind.

Primary measures

- Gap between FSM and non-FSM GLD
- Locality variation in uptake of health checks and early education
- Differential outcomes for SEND, EAL and priority ethnic groups

Equity focus

- 30% most deprived areas
- Wards identified through “Going Where the Silence Is”
- SEND cohort of children

Alongside headline outcome indicators, Walsall will use a combination of dip-sampling, audits and lived-experience feedback to understand whether practice is improving, becoming more consistent, and delivering better experiences for children and families.

Dip samples & audits

Dip samples are not about compliance, they are about:

- Understanding consistency of practice
- Testing whether agreed pathways are being used
- Identifying what’s working and what needs tightening

Family & parent survey feedback

Family and parent feedback will be a core part of the Outcomes Framework, ensuring that improvement is measured through the experiences of those using services.

Walsall will use a combination of:

- light-touch, recurring survey questions to understand trends in confidence, access and experience
- feedback gathered through Family Hubs, partner services and community delivery
- targeted engagement with groups least likely to engage with formal services

Annual Shaping Our Tomorrow conversations

Walsall’s annual *Shaping Our Tomorrow* conversations will provide in-depth qualitative insight into the lived experience of families with babies and young children.

These conversations will:

- capture what early childhood feels like for families in Walsall
- identify what is working well and where families continue to experience barriers
- highlight differences in experience across communities and localities
- inform priorities for service improvement and system change

Attachment 1 Best Start in Life plan KPI's

Walsall Best Start in Life KPI Table (Baselines & Targets)

Domain	Indicator	Baseline (latest stated in documents)	2028 Target	Notes / Source
Early learning & development	GLD – overall	66.5%	74.7%	Current GLD and 2028 target stated in plan. [best start...fe plan v2 Word] , [best start...fe plan v2 Word]
	GLD – FSM	54.1%	62.9%	Current FSM GLD and 2028 target stated in plan. [best start...fe plan v2 Word] , [best start...fe plan v2 Word]
	Additional children to reach GLD (overall)	294 children	—	Stated in plan as the volume associated with target. [best start...fe plan v2 Word]
	Additional children to reach GLD (FSM)	84 children	—	Stated in plan. [best start...fe plan v2 Word]
Health service contacts	2–2½ year review – timely attendance	68% average	<i>Insert target</i> (e.g., ≥ national / ≥80%)	Plan provides current average and notes areas <55%. [best start...fe plan v2 Word]
	2–2½ year review – lowest localities	<55% (e.g., Darlaston South, Palfrey)	<i>Insert locality target</i>	Plan flags locality lows; use for inequality gap

				tracking. [best start...fe plan v2 Word]
Inequalities / reach	% of lowest-uptake wards in bottom 3 deprivation deciles	74%	<i>Reduce year-on-year</i>	In plan needs analysis. [best start...fe plan v2 Word]
Infant mortality	Infant mortality rate	5.4 per 1,000 births (2020–22)	Below national average by 2030	From Infant Mortality Strategy draft referenced in enterprise files. [IM Strategy V3 clean Word]
Access / inclusion	Children from minority/low income underrepresented in early years provision	<i>Insert baseline %</i>	<i>Increase to match population share</i>	Issue described but no numeric baseline in plan extract. [best start...fe plan v2 Word]
Early identification	ASQ completion and outcomes (18m; 2–2½)	<i>Insert baseline</i>	<i>Insert targets</i>	Listed as core measures in plan Outcomes section. [best start...fe plan v2 Word]
Immunisations	MMR / schedule uptake	<i>Insert baseline</i>	<i>Insert target (often ≥95% for herd protection)</i>	Plan includes immunisation uptake as a primary measure but no numeric baseline in the extract. [best start...fe plan v2 Word]
Healthy weight	Healthy weight at Reception	<i>Insert baseline</i>	<i>Insert target</i>	Plan lists as measure; baseline not stated in the extract. [best

				start...fe plan v2 Word]
Breastfeeding / infant feeding	Breastfeeding initiation/continuation	<i>Insert baseline</i>	<i>Insert target</i>	Plan lists breastfeeding metrics as primary measures. [best start...fe plan v2 Word]
Family Hub engagement	Family Hub engagement (reach, repeat, outreach)	<i>Insert baseline (reach & repeat)</i>	<i>Insert target</i>	Listed as primary measure in plan. [best start...fe plan v2 Word]
Was Not Brought	“Was Not Brought” rates for key appointments	<i>Insert baseline</i>	<i>Reduce year-on-year</i>	Plan makes WNB an explicit measure. [best start...fe plan v2 Word]
School readiness / transitions	Early education uptake (2YO; 3–4; working entitlements)	<i>Insert baseline</i>	<i>Insert targets</i>	Listed as primary measures; baseline not stated in the extract. [best start...fe plan v2 Word]
Equity	GLD gap: FSM vs non-FSM	<i>(66.5 – 54.1)=12.4pp</i>	<i>Reduce gap by 2028</i>	Gap derived from two stated baselines; if you’d prefer not to compute, we can leave as “baseline gap to calculate”. [best start...fe plan v2 Word]

Appendix 2 Pillars → Outcomes → Indicators

Pillar	What this Pillar Delivers	Shared Outcome	Key Indicators (examples)
1. Workforce Development	Confident, consistent 0–5 workforce	Children’s needs identified earlier and addressed well	<ul style="list-style-type: none"> • Age of SEND/SLCN identification • ASQ outcomes (18m, 2–2½y) • % workforce completing core training
2. Parent & Carer Learning Pathways	Clear, joined-up support for families	Parents confident to support development at home	<ul style="list-style-type: none"> • Family Hub reach & repeat engagement • Uptake of parenting/HLE offers • Parent confidence feedback
3. Consistent Practice & Guidance	Same expectations, wherever families go	Fewer children missed; less variation	<ul style="list-style-type: none"> • “Was Not Brought” rates • Timely mandated checks • Use of shared pathways
4. Collaborative Working & Warm Handovers	Joined-up support at key moments	Smooth transitions; no late surprises	<ul style="list-style-type: none"> • Joint check coverage • Transition information shared • School entry with needs already known
5. Targeting Resources & Sufficiency	Investment focused where it matters most	Inequalities reduce fastest for those furthest behind	<ul style="list-style-type: none"> • GLD overall & FSM • Early education uptake • Sufficiency gaps by locality

Cross-cutting: Data, Engagement & System Change	Strong infrastructure & feedback loops	System improves over time, not just once	<ul style="list-style-type: none">• Live outcomes dashboard• Quarterly review & action cycles• Changes driven by insight
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Appendix X: Glossary of Terms and Abbreviations

Term	Definition
Best Start in Life (BSiL)	Walsall’s whole-system approach to improving outcomes for children from pregnancy to age five, aligned to Family Hubs, SEND reform and the ambition to improve Good Level of Development (GLD).
Good Level of Development (GLD)	A national measure of children’s development at the end of Reception. A child achieves GLD if they meet the expected standard in the prime areas (Communication and Language; Physical Development; Personal, Social and Emotional Development) and the specific areas of Literacy and Mathematics. GLD includes all children, including those with SEND.
Early Learning Goals (ELGs)	National expectations describing what children should know, understand and be able to do by the end of the Reception year.
FSM (Free School Meals)	An indicator of economic disadvantage used in data and outcomes analysis. FSM is a key equity group within the Best Start in Life Plan.
0–5 Workforce	All professionals and volunteers working with children from pregnancy to age five and their families across health, early years, education, Family Hubs, Children’s Services and the VCSE.
Family Hubs	Welcoming, community-based places that bring together support for families from pregnancy through childhood and adolescence. Family Hubs are a core delivery vehicle for Best Start in Life in Walsall.
Spokes / Community Spokes	Commissioned community-based settings and organisations that extend the Family Hub offer into neighbourhoods, trusted spaces and voluntary sector provision.
Silent Communities / “Going where the silence is”	Children and families who are persistently under-represented in universal and preventative services. This may relate to language barriers, cultural mistrust, poverty, mobility, digital exclusion, fear of services or not meeting thresholds for targeted support. This term does not imply parental disengagement or poor parenting.
Proportionate Universalism	An approach where services are available to all families, with additional outreach, intensity or support provided in proportion to need, without creating parallel systems.

Term	Definition
Mandated Health Reviews / Checks	Statutory child health reviews delivered by Health Visiting services, including the new birth visit, 6–8 week review, 9–12 month review and the 2–2½ year review.
ASQ (Ages and Stages Questionnaire)	A validated developmental screening tool used at key stages (including 18 months and 2–2½ years) to support early identification of developmental delay and SEND.
18-Month Developmental Check	A proposed earlier developmental check delivered jointly across health and early years to identify emerging needs sooner, subject to feasibility, workforce capacity and system readiness.
Infant Mental Health	The emotional wellbeing and mental health of babies and very young children, shaped by early relationships, attachment, parental wellbeing and early experiences.
SEND (Special Educational Needs and Disabilities)	Children whose learning or development differs from what is expected for their age and who may need additional support.
SLCN (Speech, Language and Communication Needs)	Difficulties with speech, understanding language, expressing language or social communication. SLCN may be standalone or part of wider SEND.
Graduated Response	A step-by-step approach to identifying and supporting children’s additional needs within universal services before escalation to specialist provision.
Universal Inclusion	An approach that ensures early years settings and services are equipped to meet most children’s needs through high-quality universal practice.
Early Years Settings	All registered early education and childcare providers for children aged 0–5, including maintained nurseries, school-based nursery classes, childminders and PVI settings.
PVI (Private, Voluntary and Independent)	A collective term for non-maintained early years providers, including nurseries, pre-schools and playgroups.
Early Learning for 2-Year-Olds (EL2)	Targeted funded early education entitlement for eligible 2-year-olds, aimed at supporting early development and reducing inequalities.
Funded Early Education Entitlements	Government-funded childcare places for eligible 2-year-olds and all 3–4-year-olds, including entitlements for working families.

Term	Definition
Sufficiency	The statutory duty on local authorities to ensure there are enough childcare places to meet local need, considering location, affordability, flexibility and inclusion.
Supported Waiting Offer	Support provided to families while waiting for specialist services, ensuring children continue to receive help and do not deteriorate during waiting periods.
Was Not Brought (WNB)	A safeguarding-informed term replacing “Did Not Attend (DNA)”, recognising that children rely on adults to bring them to appointments and emphasising professional responsibility to follow up.
Warm Handover	A planned, relational transfer of information and responsibility between professionals or services, ensuring continuity and reducing the need for families to repeat their story.
Every Contact Counts	An approach recognising every interaction with a family as an opportunity to support development, wellbeing, engagement and early identification.
Multi-Agency	Working across more than one organisation or sector (e.g. health, early years, education, Family Hubs, VCSE) with shared goals and responsibility.
ICB (Integrated Care Board)	The NHS body responsible for planning and commissioning health services across the local system.
VCSE (Voluntary, Community and Social Enterprise)	Local voluntary and community organisations that play a vital role in engagement, delivery and trust-building with families.
Joint Commissioning	A coordinated approach to planning, funding and delivering services across organisations to improve outcomes and reduce duplication.