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CITY OF WOLVERHAMPTON COUNCIL

Best Start Local Plan

Wolverhampton

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The earliest years, particularly the first 1,001 days, play a crucial role in shaping lifelong health, learning, wellbeing, and future outcomes.

Introduction

Wolverhampton is committed to ensuring that every child has the Best Start in Life.

This plan outlines how we will continue to develop as a **Best Start City** by providing support and intervention earlier, collaborating across sectors, and focusing on what matters most to families.

Our shared ambition is for more of our babies, children and young people to grow up safe, healthy, happy, learning and engaged, enabling them to achieve their full potential.

Vision, mission, values and behaviours

Vision (2030)

Wolverhampton will be a Best Start City where every family feels included in their community and can easily get the support they need, when they need it - so that families are safe, healthy, happy, learning and engaged.

Mission

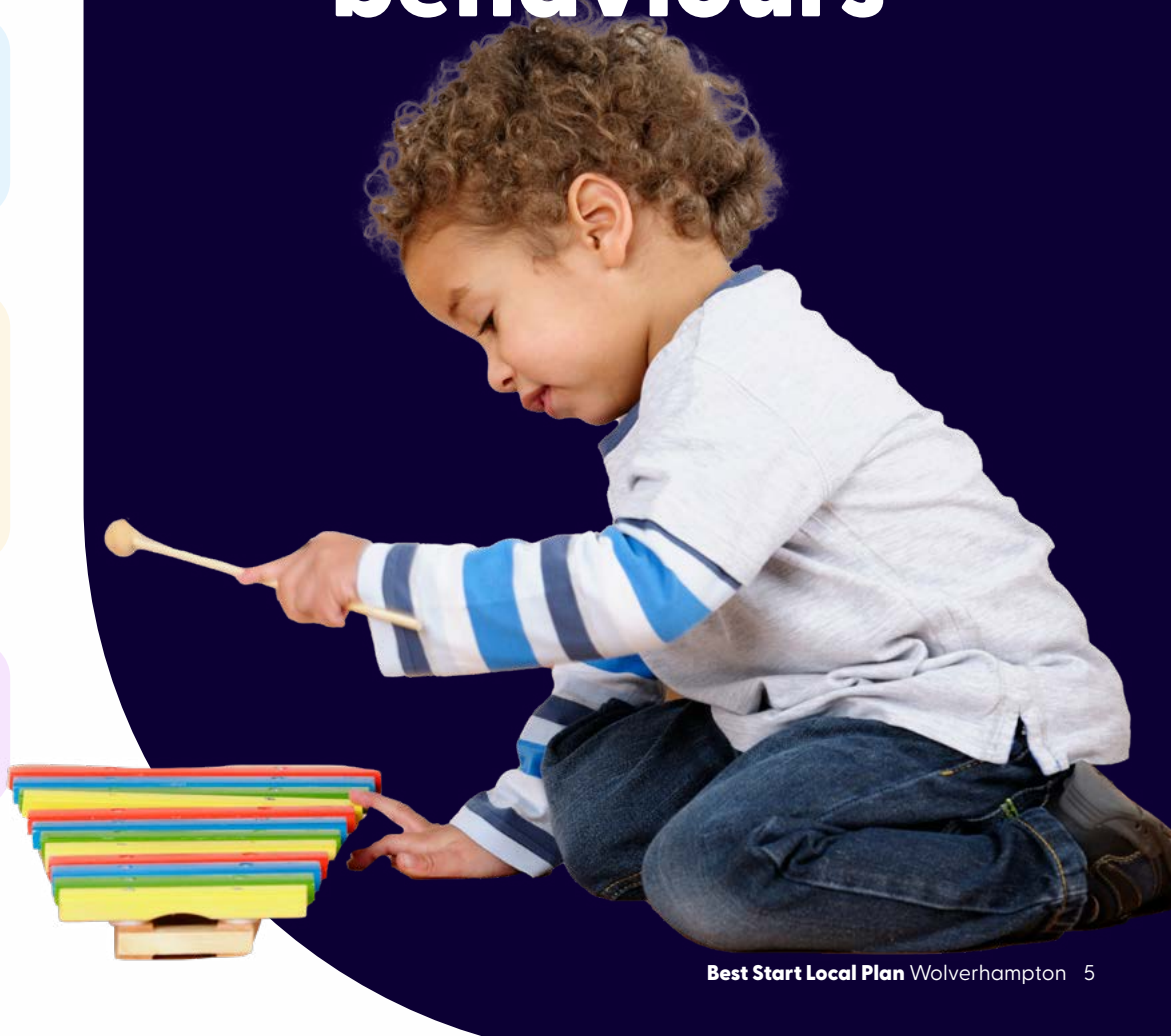
A connected system delivered through Best Start Family Hubs at place (locality), offering timely, relational and proportionate help from pregnancy through school transitions, making every contact count.

Values and guiding principles

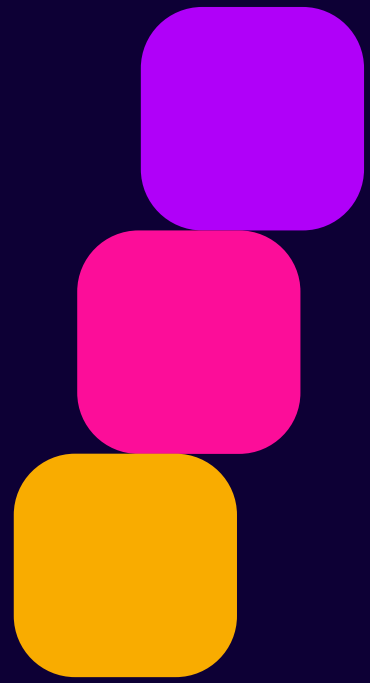
Think Family and strength-based; cultural consciousness and trauma-informed practice; locality-based integration; accessible and consistent communication; targeted where need is greatest; outcomes- and evidence-led; co-produced with families and professionals.

Shared behaviours

Compassionate curiosity; connect quickly; build trust; kindness; everyone a leader; involve families in plans; reflective practice and peer challenge.



Targets



Minimum required target

By 2027/28, **71.8%** of children in Wolverhampton should achieve Good Level of Development (GLD) overall, including **63.3%** of children eligible for Free School Meals (FSM).

This equates to approximately an additional 260 children overall and 107 FSM children compared with 2024/25.

71.8% GLD Target

63.3% FSM

+260 children

+107 FSM children

Healthy

Increase no. of families accessing antenatal services.

93%

Maintain new birth visit rates within 14 days

92%

Maintain 6–8-week review rates

Increase Breastfeeding at 6-8 weeks from 53%.

+1-2% each year

Increase immunisations levels in line with national average.

2024/5 rate **87.4%**

MMR vaccination at age 2.

-1.4% vs England, 80.1%

MMR vaccination at age 5. (2 doses)

-3.5% vs England

Increase the number of children achieving a healthy weight in reception year.

71.1% Healthy weight (ages 4-5)

-3.8% vs England

Reduce dental decay in 5-year-olds.

22.1% (2024 data)

2-3% by 2028

Happy

Increase:

- Number of women screened for Perinatal Mental Health at mandated stages.
- Awareness of the range of Mental Health Support services available.
- Referrals to Perinatal Mental Health support services.

Long term plan to reduce referrals to support services indicating better uptake of universal services.

Child development & learning

Close GLD gap year on year by 2028 for disadvantaged groups.
(e.g. SEND, EAL, GRT, boys)

Increase no. of children who receive a 9-12-month review.

↑ **85%** & maintain

Increase no. of children who receive a 2-2 ½ year development review.

69% → **85%** & maintain

Continue to see a reduction in the number of Education, Health and Care Needs Assessment (EHCNA) Requests made by Special Needs Early Years service from the hiatus in 2023.

Speech, Language & Communication Needs (SLCN)

↓ from **27%***

Reduce number of children under 5 years old referred to Speech and Language Support Services; Reduce the number of children with identified Communication needs.

↓ from **18%**

Reduce the number of children with identified Problem-Solving skills needs.

↓ from **16%***

Reduce the number of children with identified Personal and Social skills needs.

Reduce wait for early advice and support for SLCN, decreasing the likelihood of persistent SLCN and supporting school-readiness/GLD.

Jan 2025 to Dec 2025
922 referrals

Current wait for initial assessment in pre-school
53 weeks

Target wait, with increased resource over the next 12 months
12 weeks

*Estimates are indicative and subject to data quality constraints

Early education entitlement and take-up

Increase no. of eligible 2-year-olds accessing funded places. (TFT)

70.3% → 76.5%

Ensure 3–4-year-olds accessing universal 15 hours.

at least **95%**

Establish a baseline for children with SEND accessing their full childcare entitlement.

Ensure that there are enough high-quality childcare places available to meet demand in the localities across the City.

School readiness

↓ Reduction in deferred entry into reception (no. of starts at compulsory school age) for summer born.

↓ Reduction in deferred entry into reception (no. of starts at compulsory school age) for summer born with SEND.

Establish a baseline for children transitioning from Early Years to Reception, linked to Wolverhampton School Readiness Themes.

↑ Increase awareness of School Readiness Themes and what these mean to every child 0-5 in the City

Engaged

Establish a baseline for Best Start Family Hub access across the City including Equalities Impact Assessment.

↑ Increase no. of families with 0–5s reached by Best Start Services (e.g. parenting groups, stay & plays, online resources).

Establish a baseline for the number of multiagency contacts per family.

↑ Increase uptake of digital Healthy Babies offer (Healthy Child Wolves app)

Maintain parent panels activity in every locality (number of parent/carer panel participants)

Number of service improvements directly influenced by parent voice; meaningful engagement index improves annually

Safe

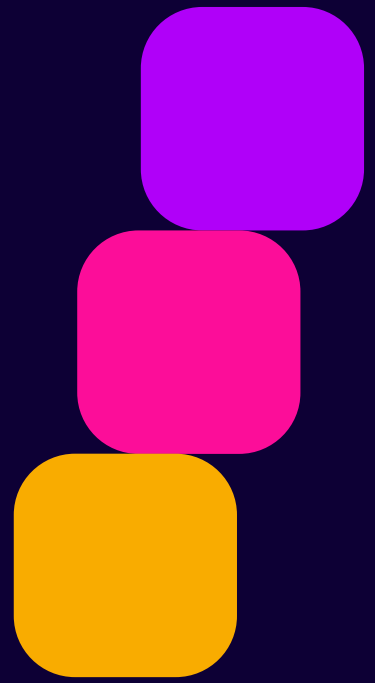
Ensure Safer Sleep and ICON conversations are being completed within 10 days; establish baseline.

↑ 95%	↓ 2% per year
Increase ICON (infant crying) advice coverage.	Reduce A&E attendances for 0–4s.

Increase awareness of impact of domestic abuse exposure in households with under- 5s; esablish baseline.

Wolverhampton is committed to ensuring that every child has the Best Start in Life.

Current state

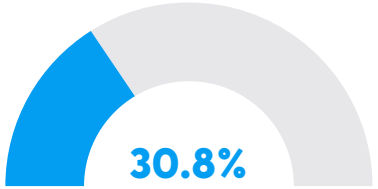


Current state

Wolverhampton is a young and diverse city, home to **67,405 children and young people** aged 0-19, representing around a quarter **(26%)** of the population. Of these, nearly 20,000 are aged 0-5.

The city's population is characterised by significant ethnic diversity, with **56% of children from minority ethnic backgrounds**, and nearly one in three households including at least one adult whose main language is not English. This diversity sits alongside entrenched socioeconomic challenges.

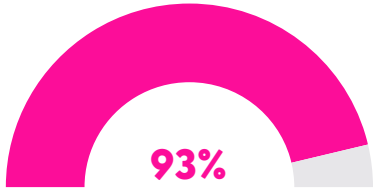
Wolverhampton ranks as the 23rd most deprived local authority in the 2025 Index of Multiple Deprivation, with more than a third of children living in relative low-income families **(35.7%)** and eligible for free school meals **(39.7%)**.



Housing insecurity remains a persistent issue, and in 2025, out of 537 homeless households, almost a third **(30.8%)** included dependent children, including 357 single-parent households.

There is a requirement to embed financial well-being strategy activities at local level; increasing income, opportunities, and financial resilience, ensuring access to entitlement, raising financial awareness, and building financial resilience across neighbourhoods, moving beyond immediate hardship toward long-term financial wellbeing for families.

Early development and school readiness (GLD)



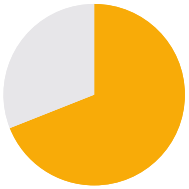
93%

of children recive a new birth visit within 14 days

The City of Wolverhampton Council commissions the Royal Wolverhampton NHS Trust (RWT) to deliver the Healthy Child Programme (HCP). Through the HCP, the large majority of children receive a **new birth visit within 14 days.**

96%

9-12 month developmental review completion



69%

2 year developmental review completion

There is also strong coverage for **developmental review completion at 9-12 months** and **2-years** however a proportion of these are not completed within mandated timeframes.

Around **30%** of children do not meet the expected level of development at the 2-year review, which is significantly more than the national average.

The areas of development where children perform weakest are:

- Communication (**27%** not meeting expected levels of development).
- Problem solving skills (**18%**).
- Personal and social development (**16%**).

Children are comparatively stronger in the areas of:

- Fine motor skills (**12%** not meeting expected levels of development).
- Gross motor skills (**7%**).

School readiness mirrors these challenges – in 2024/25, around only 6 in 10 (**64.2%**) of children met a good level of development (GLD) by the end of Reception. Despite an increase of just over 2 percentage points over the past two years, GLD remains below the national average and far short of the government target of **72%** by 2028.

School readiness among children eligible for free school meals is **52.6%**, and while this aligns with national averages for disadvantaged pupils, it highlights the persistence of inequalities and the significant opportunity gap between the most and least advantaged children.

Speech, Language, and Communication Needs (SLCN)

Speech, language, and communication needs are highly prevalent within Wolverhampton, with speaking outcomes more than six percentage points below the national average. SLCN is a critical driver of early development, as strong speech, language, and communication skills underpin children's ability to:

- Learn.
- Form relationships.
- Achieve GLD.
- Be ready for school.

Indicating a need to prioritise Speech Language and Communication Needs (SLCN) and the home learning environment.

Demand for SEND support continues to rise, with an Education, Health & Care Plan (EHCP) rate of **382 per 10,000** - above national levels- and increasing complexity driven by significant social, emotional and mental health and autism need.

Speech and language outcomes are over six percentage points below the national average, with rising SEND demand.

Access to childcare and family support

In Wolverhampton, the quality of early years and primary provision is high, with **97%** of settings rated 'Good' or 'Outstanding' by Ofsted.

Amalgamation of EY providers and schools at November 2025, predating the revised framework

Childcare costs remain a significant consideration for families, averaging £56.27 per day for day care and £53.90 per day for childminding.

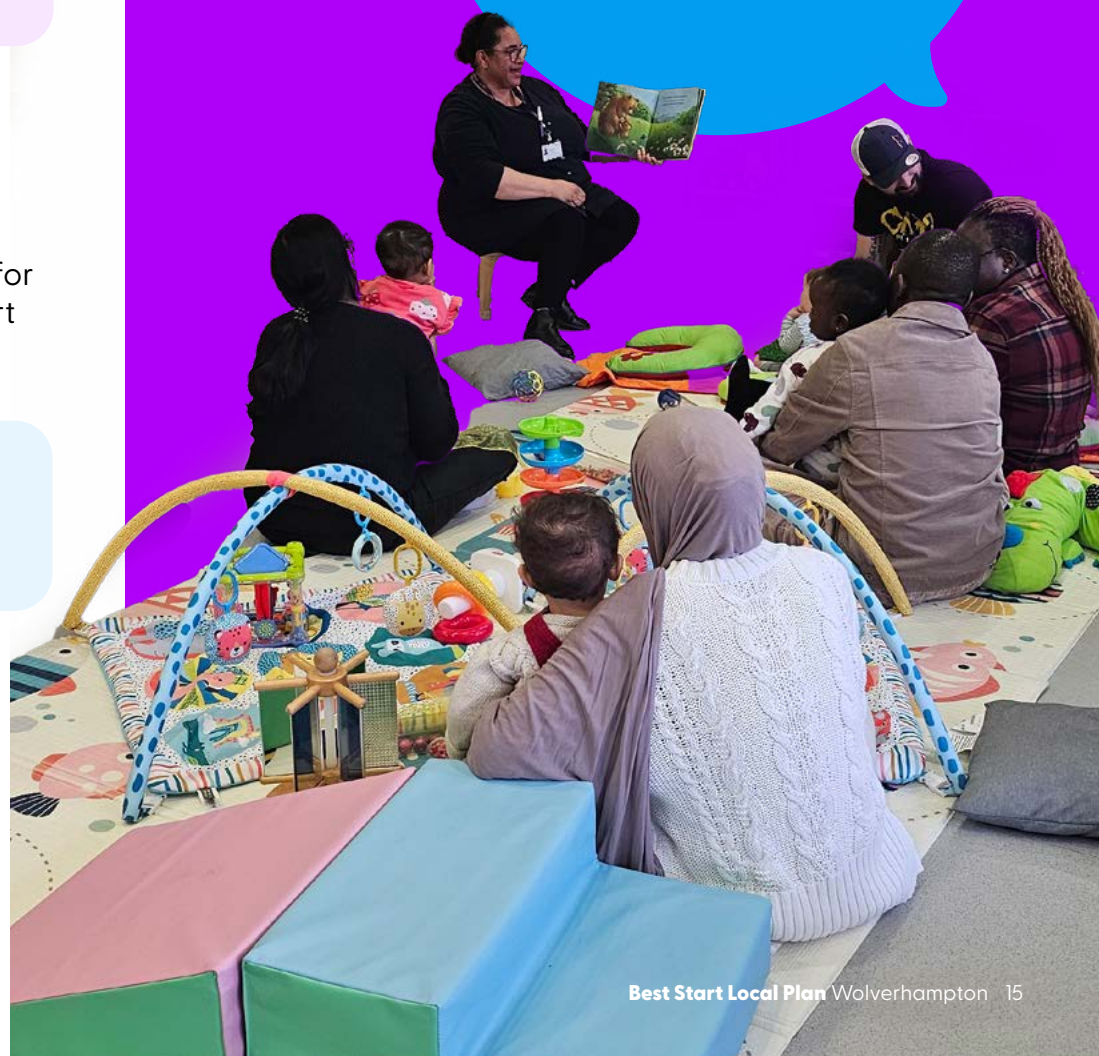
Some families are missing out on their childcare entitlements.

While **92.5%** of eligible families access the universal entitlement for 3-4 year olds, only **62.7%** of Families Receiving Additional Support (FRAS) take up their free childcare entitlement.

This disparity indicates ongoing barriers around awareness, understanding, and accessibility of the offer, highlighting the need for enhanced promotion and targeted support to ensure equitable access.

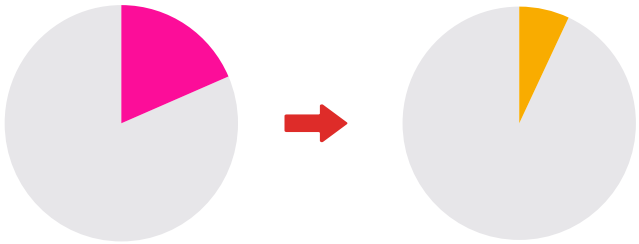
97%

of provision rated 'Good' or 'Outstanding' by Ofsted



Health and wellbeing in early life

Smoking during pregnancy remains one of the most significant preventable risks to infant health and early development. Although significant progress has been made over the past decade with smoking at time of delivery falling from **18.9%** in 2014/15 to **7.1%** in 2024/25, it still remains above national levels and continues to influence poorer birth outcomes, increased developmental vulnerability and higher risk of respiratory illness in infancy.



2014/15 2024/25

Substance misuse among parents has a marked impact where it occurs, contributing to instability, impaired parental capacity, and increased safeguarding risk. These challenges often intersect with domestic abuse, which remains a significant issue within the city. For many families, domestic abuse, substance misuse, and mental health issues coexist, adding complexity to early intervention and requiring coordinated multiagency responses.

Between 2022/23 and 2024/25, there were 34 pregnant women in treatment for substance misuse in Wolverhampton.

Health outcomes across early childhood present further challenges.

More than one in four children are overweight or obese on **entry to Reception**, rising to nearly half by **Year 6**.

Overweight and obesity

A similar pattern emerges with oral health, with around two in ten of **five-year olds** experiencing decayed, missing or filled teeth, and this rising to 4 in 10 by **Year 6**.

Poor oral health

Family focus

We will focus support on families where evidence shows children may face additional barriers, disadvantage or be identified as persistently left behind:

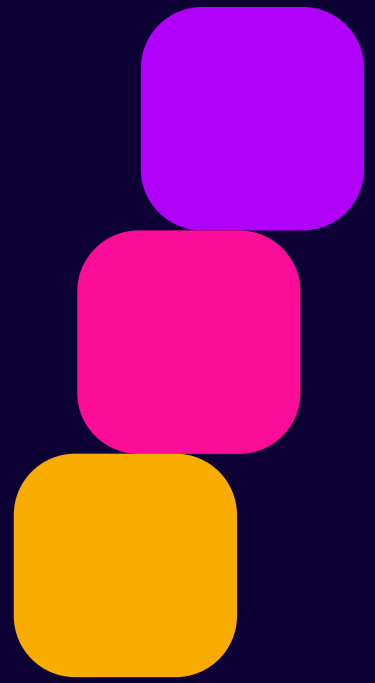
- Young parents.
- Low-income families.
- Families experiencing poverty or housing instability.
- Families with language/interpretation needs.
- Families with children with SEND or suspected SEND.
- Fathers/partners requiring inclusion.
- Families and children who are victims of Domestic Abuse.
- Children with Early Support Plans and Family Help Plans.
- Children with Child Protection Plans.
- Children of migrant families, including those newly arrived or with insecure immigration status.

Place focus

We will strengthen the targeting of need at a neighbourhood level by:

- Strengthening data collection, quality, and sharing across organisations, ensuring that local delivery is rooted in robust data and informed by shared insights. This includes adopting the national Single Unique Identifier from central government to support tracking of a child's journey through services and developing a shared outcomes dashboard to inform service performance.
- Prioritising delivery in high-need localities, focusing on neighborhoods with the poorest developmental and health outcomes.
- Building on existing strengths and community assets, including strong Best Start Family Hubs and good health visiting coverage.
- Addressing system pressures, including rising demand for speech and language therapy, concerns around oral health and healthy weight outcomes, low immunisation uptake in certain areas of the city, and pressures on perinatal mental health support.
- Align local offers through Best Start Family Hubs, Locality Partnership Boards, and links with the emerging NHS neighbourhood model.
- Strengthening outreach and home-visit approaches to improve visibility, reduce barriers, and enhance access for families with additional barriers.

Existing services



System strengths

Wolverhampton has strong foundations on which to build progress. The network of eight Family Hubs offers an established integrated 0-19 (0-25 SEND) model, supported by robust multiagency governance structures such as the Best Start Steering Group, Children & Families Together Board, and the One Wolverhampton partnership. A citywide commitment to inclusion is demonstrated through the All Means All Charter, coproduced with children, young people, and families.

Age-specific approaches

Pre-birth to 5 Years	Focus on maternal health, perinatal mental health, and early child development. Includes First 1001 Days pathway, Infant Feeding Strategy, and multidisciplinary support.
5 to 11 Years	Coordinated parenting offer, family learning programmes, and support for children with SEND. Includes 'I Thrive' mental health model and expanded Family Hub model.
11 to 16 Years	Enrichment opportunities, leisure offers, and funded holiday provision (HAF). Youth engagement strategies and health-related behaviour surveys are embedded into governance structures of strategy and policy development to ensure the voice of the young person and parent/carer and increased young people's involvement in shaping, implementation, and monitoring of services.
16+ Years	Connexions Service for careers guidance, Youth Employment Hub, and targeted youth work. Family Hubs provide open access and targeted support for vulnerable young people.

Equality, inclusion & coproduction

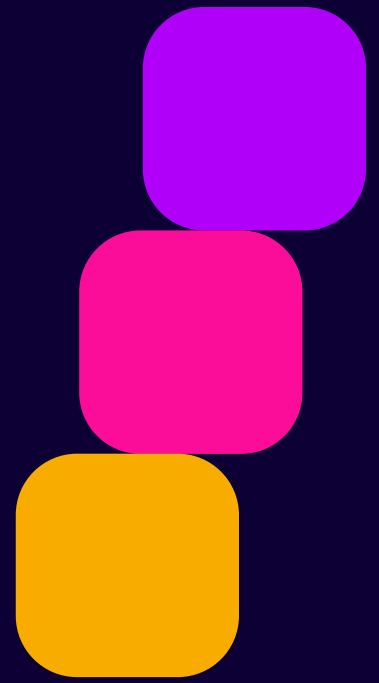
Targeted support ensures accessibility for all. Specialist teams include the Health Inclusion Team and Cherry St SEND & Sensory Hub. Programmes are delivered in multiple languages and tailored to minority communities. Groups include LGBTQ+ Proud Parents and Fathers Group. VCFS organisations are commissioned via the Family Hubs Small Grants Scheme.

Coproduction is embedded through Parent Carer Panels, HY5 SEND Forum, Family OnBoard & Guardians, and the Youth Engagement Strategy (#YES). Family engagement informs service design, branding, and evaluation.

The Health Visiting Service maintains high coverage of early reviews, providing a universal touchpoint for early identification. Early identification of SEND needs is further strengthened through the Cherry St SEND & Sensory Hub and the Child Development Centre's multiagency approach across health, education, and social care.

Support that grows with children and families, from early years through to young adulthood.

Core Best Start in Life service aims



Home learning environment and parenting

Target

Ensure parents/carers understand the importance of their role as their child's 'first educator,' and ensure all practitioners understand and promote that role to parents.

Priority actions

Strengthen home learning environments and school readiness from birth

- Developing strong home learning environments from birth.
- Embedding Wolverhampton's five school readiness themes across Stay & Play and community sessions.
- Providing joint education–health–Family Hub workshops (toileting, feeding, routines, etc.).
- Delivering universal Speech, Language & Communication Needs (SLCN) promotion and strengthened SLCN pathways.
- Producing high quality, multi format resources for parents.
- Expanding targeted home learning support for families requiring extra help.

Expand and enhance evidence-based parenting support

- Commissioning and expanding an evidence-based suite of parenting programmes for ages 0–4.
- Increasing parental choice, accessibility, and relevance of programmes.
- Strengthening workforce skills, knowledge, and competence to deliver support.
- Improving take-up and completion, especially among targeted groups.

Improve access, reach and engagement through outreach and community partnerships

- Using outreach to engage young parents, low-income families, and seldom-heard groups.
- Working with voluntary and community organisations to provide high-quality local learning and play opportunities.
- Using family feedback to improve accessibility and programme completion.
- Ensuring consistent signposting so families always know where and how to access support.

Strengthen integrated pathways across health, education and Family Hubs

- Establishing clear, coordinated pathways across health, education, and Family Hubs.
- Ensuring timely, effective identification and referral of children who need additional support.
- Increasing collaborative working to deliver targeted interventions earlier.
- Aligning SLCN and Early Years pathways for universal and targeted support.

Measures of progress

Home learning & school readiness

- Parents report increased confidence in supporting learning at home.
- Improved early development and communication outcomes.
- Increased participation in school readiness sessions and workshops.
- High engagement with digital and printed learning resources.

Outreach & community engagement

- Increased engagement from seldom heard and priority groups.
- Improved parent awareness of where to access support.
- More families attending community Stay & Play and learning sessions.
- Strong parent voice influencing service design.

Evidence-based parenting support

- Increased choice and number of parenting programmes available.
- Higher programme take-up and completion rates.
- Workforce demonstrates improved skills and confidence.
- Parent feedback shows greater understanding of child development.

Integrated pathways

- Clear referral pathways implemented across agencies.
- Reduced waiting times for targeted support.
- Increased number of joint assessments, referrals, and interventions.
- More children receiving timely SLCN and Early Years support.

Early childhood education and care access and quality

Target

We will ensure that high-quality early childhood education and care is available across the City of Wolverhampton. This includes provision delivered by private providers, school-based settings, and the community and voluntary sector. We will also make sure that all families are well-informed about the early years' options available to them, the benefits of accessing early education, and the financial support they may be entitled to.

Priority actions

Strengthen sufficiency and quality monitoring

- Conduct termly supply and demand mapping to assess the availability, sustainability, sufficiency, and quality of early years provision across all sectors.
- Use data and insights to identify gaps, forecast future need, and prioritise targeted support or expansion.

Voluntary,Community and Faith Sector (VCFS)

- Complete a comprehensive mapping exercise of all community and voluntary early years provision.
- Build structured relationships with VCS providers to strengthen quality, sustainability, and inclusion.

Improve communication and family awareness

- Develop and launch a dedicated Early Years website clearly outlining the City of Wolverhampton's early years offer.
- Work with the Family Information Service (FIS) and partners to ensure information is accurate, consistent, and accessible.
- Use a range of communication methods—including social media, printed materials, and outreach via professionals—to increase family awareness and understanding.
- Ensure all professionals working with families have up to date knowledge of the early years' entitlement, benefits of early education, and financial support.

Increase access for children who may benefit most

- Increase the uptake of early years provision among Families Receiving Additional Support (FRAS).
- Use targeted engagement, professional referrals, and community partnership approaches to remove barriers to access.

Strengthen quality across all sectors

- Provide targeted support for settings requiring improvement or at risk of declining quality.
- Share best practice across private, school based, and Voluntary Community and Faith Sector (VCFS) providers.

Enhance workforce confidence and capability

- Offer continuous professional development (CPD) aligned with Early Years Foundation Stage (EYFS) requirements, speech and language, SEND, and family engagement.
- Improve practitioner confidence in signposting families to support.

Promote financial accessibility

- Increase family understanding of the range of childcare support schemes (e.g., funded hours, Tax-free Childcare, childcare vouchers where applicable, Department for Works & Pensions (DWP) support).
- Support providers to communicate costs and funding transparently.

Measures of progress

Provision and quality

- Termly sufficiency reports completed and showing increasing stability or improved sufficiency in key localities.
- % of providers judged in the expected and strong standard in Ofsted categories.
- Reduction in the number of providers at risk of sustainability concerns.
- Increase in the number of VCFS providers mapped and engaged.

Family awareness and access

- Website analytics: number of visits, repeat users, and time spent on key informational pages.
- Increased family engagement across social media campaigns (click throughs, reach, or shares).
- Number of professionals trained on the early years offer and financial support.

Financial support awareness

- Increase in the number of families accessing Tax Free Childcare or other relevant support schemes.
- Provider feedback indicating improved family understanding of funding options.

Uptake of early years provision

- Increased percentage of eligible 2, 3 and 4 year olds taking up funded places.
- Increase in the number/percentage of FRAS families accessing early years provision.

Inclusion and equity

- Uptake of provision among underrepresented or disadvantaged groups.
- Increase in SEND support within the Early Years.

Transition to school and reception year

Target

To ensure every child in Wolverhampton experiences a seamless, well supported transition into Reception, where their prior experiences are understood, valued and built upon, and where families, early years settings, and schools work in partnership to promote strong school readiness aligned with the Wolverhampton themes.

Priority actions

Establish a consistent, high quality transition pathway across the city, creating a unified approach so all children benefit from continuity of support from early years settings into Reception and then into Year 1.

- Introduce a *citywide Transition Policy* used by all settings and schools.
- Implement *standardised Early Years Passports* (to share each child's strengths, needs, and experiences).
- Strengthen joint planning between feeder settings, schools, and multiagency teams.

Strengthen school readiness understanding among parents and professionals to ensure families and practitioners have a shared, consistent view of what school readiness means within Wolverhampton.

- Promote Wolverhampton's own *School Readiness Themes* across the sector.
- Provide parent facing resources, workshops, and communications on readiness expectations and family responsibilities.
- Build practitioner confidence in engaging families before transition begins.

To strengthen the quality of teaching and learning in Reception through high quality play-based pedagogy, consistent moderation, and effective transition into Year 1, so that more children—especially those from priority groups—achieve a Good Level of Development (GLD).

Strengthen quality of play based teaching and continuous provision to ensure all reception classrooms deliver purposeful, high-quality play that builds on children's prior learning and Wolverhampton's school readiness themes.

- Implement coaching, professional development, and shared practice visits to enhance practitioners' skilsl in interacting, modelling, extending language, and supporting early literacy and maths.
- Align teaching approaches with early years pedagogy so that children experience continuity in expectations and learning experiences.

Evidence base: Reception should build on early years experiences, and provision must be play based and meet the needs of all children.

Strengthen moderation and assessment practice

- Introduce a consistent cycle of internal and citywide moderation focusing on Early Years Foundation Stage Profile (EYFSP) expectations, formative assessment, and accurate understanding of child development.
- Ensure teachers use information gathered through the transition process (e.g. Early Years Passports) to plan high-quality next steps from the start of the year.
- Provide targeted support for schools with lower outcomes or weaker assessment reliability.

Improve transition practice between Reception and Year One

- Embed a developmentally appropriate transition into Year 1 by ensuring continuity of provision, opportunities for play, and learning based on children's current stage.

Measures of success

- Improved parent, setting and school feedback on transition experiences.
- Increase in schools reporting that information received is timely, useful, and actionable.
- Reduction in concerns raised by schools about transition gaps.
- Increased parental confidence and understanding (via surveys and engagement metrics).
- Higher proportion of parents accessing school readiness resources.
- Consistent language and expectations used across settings, demonstrated through audits and practitioner feedback.
- Increase in percentage of children achieving GLD, with accelerated gains for priority groups.
- Reduction in the number of children entering Year 1 below expected levels, due to improved transition and continuity of pedagogy.
- Observation and monitoring show high-quality, purposeful play provision in all Reception classes.
- Accuracy and consistency across schools in GLD assessments.
- Feedback from Reception and Year 1 teachers indicates stronger use of transition information and more confident planning.
- Parents report improved understanding of school readiness and how they can support their child.

SEND support

Target

Support for families from children's earliest days through Best Start Family Hubs and inclusive early years settings, without needing to wait for a diagnosis or an Education, Health & Care Plan (EHCP); Every Hub will have a dedicated offer for children with additional needs, led by a trained professional.

Priority actions

1. Review and refine processes in place to help ensure that families can access high-quality, joined-up care when special educational needs and disabilities are identified.

2. Strengthen sufficiency planning for children with SEND so that families can access the early education and childcare they are entitled to.

3. Placement of specialist Special Needs Early Years (SNEY) practitioners in every Best Start Family Hub to build on existing relationships that promote pre-diagnosis support options for children and young people, and delivers join up across hubs, health and education.

4. Continue to provide safe environments within local communities where early support and services can be accessed easily; this includes peer support from SEND Parent Champions, SEND specific Parenting Programmes and Stay and Play sessions, with clear referral routes from early identification of additional need- graduated support pathways and experts on hand via SEND Early Help Service, SEND Health Visiting Service, SEND Early Identification and Support Service, Information, Advice & Support Service (IASS), Cherry St SEND and Sensory Hub and the GEM Child Development Centre.

5. SEND Wolves parent carer forum and HY5! Young people's forum will strengthen the voice of families and children and young people with special educational needs or disabilities (SEND) and help drive further improvements in SEND services.

Measures of progress

- Take up of the childcare offer; timeliness of support; family feedback on ability to access quality, joined up SEND advice; improved confidence.
- Completion of initial assessments within 6 weeks of allocation from Special Needs Early Years service to remain high at 75%.
- Completion of cycles of assess, plan, do, review within a term (12 weeks) from Special Needs Early Years service to remain high at 80%.

Maternal and early years health services

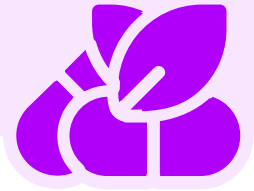
Target

We will strengthen integration between health and family support services to create a needs-led, coordinated and accessible offer for families. This will include improving communication and support pathways that enable timely access to support for feeding and nutrition, immunisation, oral health, and parental and child wellbeing.

Priority actions

Increase access to nutritional support for families

- Promote and increase take-up of NHS Healthy Start Scheme and Healthy Start vitamins.
- Continue work to promote breastfeeding as the first method of infant feeding and support families to breastfeed for as long as they feel comfortable.
- Support families with the introduction of solids at the right time in a child's life, to meet their nutritional needs and set the foundations for healthy eating throughout life.
- Delivery of Henry 'Right from the Start' programme across Family Hubs.



Improve physical and mental wellbeing for parents and children

- Increase physical activity opportunities for families starting from pregnancy.
- Continue to raise awareness of good mental health for parents and to advocate for the important role that dads play in their children's lives.
- To raise awareness of the importance of the parent-infant relationship in supporting the wellbeing and development of the infant, e.g. through the delivery of Parent, Infant and Emotional Wellbeing (PIEW) training to professionals.

Strengthen health protection and health improvement for families

- Work in partnership to increase take-up of pregnancy and childhood vaccines, through system change and information campaigns.
- Provide support to pregnant people and their families to address any concerns relating to social circumstances, mental health, smoking, weight, alcohol/drug consumption or wider health challenges/vulnerabilities.
- Continue to ensure local families have access to dental resources and work with partners to implement supervised toothbrushing programmes for 3–4-year-olds and other identified vulnerable groups.

Prioritise the early identification of developmental, health and family support needs

- Increase take-up of mandated health visiting contacts, particularly for priority families and in underserved communities.
- Pilot and embed an integrated 2-year review process, in partnership with Health and Early Years Settings, to ensure a holistic view of child development is captured, shared appropriately and when additional needs are identified, support is coordinated.
- Develop clear pathways of support to ensure that when additional needs are identified through routine reviews, families receive timely, coordinated and appropriate help, reducing delays and preventing needs from escalating
- Enhance support for children with emerging speech, language and communication needs by developing a clear, graduated pathway that ensures timely identification, targeted intervention and seamless progression to more specialist services where required.

Measures of progress

Increase access to nutritional support for families

- Percentage increase in Healthy Start Schemeregistrations and vitamin uptake.
- Year-on-year increase in breastfeeding initiation and continuation rates (6–8 weeks).
- Number of families attending workshops or receiving support on introducing solids including via digital platforms.
- Number of HENRY programme groups delivered and attendance rates.
- Improvement in parental confidence reported through HENRY evaluation tools.

Improve physical and mental wellbeing for parents and children

- Number of new/expanded physical activity sessions offered through Family Hubs and partner organisations (including attendance levels and demographic reach instead including underserved communities).
- Number of professionals trained in Parent Infant Emotional Wellbeing (PIEW).
- Increased referrals for parent/infant relationship activities and specialist support when needed.
- Parental self-reported improvements in wellbeing through feedback tools or surveys.

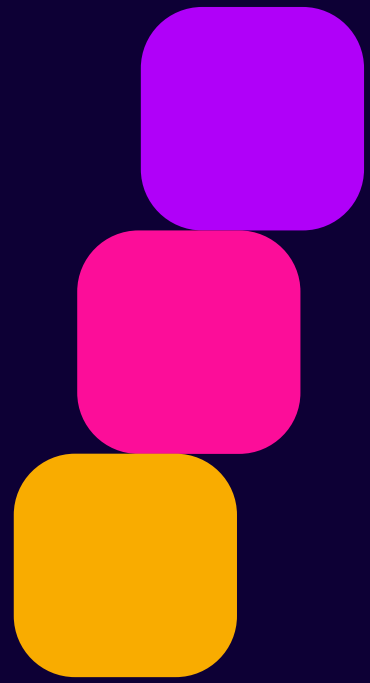
Strengthen health protection and health improvement for families

- Improved uptake rates for antenatal and childhood immunisations, with specific gains in target groups.
- Number of families receiving enhanced midwifery or health visiting support (smoking cessation, weight management, perinatal mental health, etc.).
- Number of early years settings implementing supervised toothbrushing programmes.
- Increase in families accessing dental education materials through Family Hubs and other community settings.

Prioritise the early identification of developmental, health and family support needs

- Increase in completion rates for 6–8 week, 1 year, and 2–2½ year health visiting checks.
- Pilot and embed a risk stratification tool that enables the early identification of children at risk of not achieving GLD.
- Successful implementation and evaluation of the integrated 2 year review, including the proportion completed jointly.
- Reduction in delays or duplication when families move between services (measured through pathway audits).
- Increased early identification of SLCN and uptake of targeted interventions.

System enablers



Service integration & Best Start Family Hubs

Best Start Family Hubs operate as welcoming, accessible one stop shops where families can easily find the information, advice and support they need without navigating multiple services or repeating their story.

Stronger partnership working and integrated delivery across health, early years, education and family support, will continue to ensure that services are better connected, with clearer pathways and more coordinated support wrapped around children and families.

This joined up approach will improve people's experiences of early years services by reducing duplication, ensuring smoother transitions between support, and making it easier for families to access help at the right time. By embedding shared processes, shared information and shared accountability, Best Start Family Hubs will become the central point of a more seamless, responsive and family centred early years system.

Priority actions

1. Maintain a consistent Best Start Family Hub model and strengthen multiagency presence within hubs so families can access health visiting, early years, SEND support, parenting programmes and wider family services in one place.

2. Strengthen the digital presence for Best Start Family Hubs ensuring that practitioners and families can access information on the local support offer.

3. Develop integrated pathways between services that join up support around speech and language, social and emotional development, physical health, and early learning enabling a 'no wrong door' approach.

4. Prioritise outreach, engagement and digital connection for families yet to engage with Family Hubs to ensure families from all backgrounds feel confident accessing hubs and understand the support available.

5. Support and commission VCFS partners to deliver quality services where they are best placed to do so.

6. Expand parent panels and family feedback with a focus on representing the lived experience of underserved communities to shape hub design, improve accessibility and ensure services reflect what families say they need to help their children thrive.

Measures of progress

- Percentage of families accessing Best Start Family Hubs.
- Increase in engagement from families who have not previously accessed early years services, including a growth in participation from priority or underserved communities.
- Improved family confidence in accessing hubs, measured through surveys or feedback.
- Increase in the number of services co-located or regularly delivering from hubs.
- Increase the number of families accessing multiple services in a single visit.
- Increase in visits to the Best Start digital platform and webpages.
- Improved user (family and practitioner) knowledge of and satisfaction with online information (clarity, accessibility, relevance).
- Growth in families accessing support or self-referring through digital routes.
- Increase in the number of high-quality VCS delivered programmes operating from or linked to hubs.
- Expanded parent panels and lived experience insight.
- Increase in the number and diversity of parents participating in panels.
- Representation from underserved communities improving year on year.

A single place where families can find the support they need, without repeating their story.

Workforce capacity and capabilities

A comprehensive workforce development plan supports Family Hubs and the Families First programme, embedding shared practice frameworks. Over 680 staff have been trained in attachment, mental health first aid, restorative practice, trauma-informed practice, and other parenting interventions.

Workforce development, capacity and capabilities will continue to form a critical foundation for delivering a strong Best Start in Life offer. This means investing in continuous professional development, strengthening multiagency training, and building shared competencies across health, early years, education and family support services. It also requires ensuring sufficient capacity within teams, so practitioners have the time and space to build relationships, undertake meaningful assessments, and deliver evidence-based interventions.

By developing a workforce that is knowledgeable, connected and equipped to respond to the diverse needs of families, the system can deliver more consistent, preventative and impactful support across the early years.

Priority actions

1. Deliver against a shared core skills framework embedding common competencies across health, early years, education and family support so all practitioners have a consistent understanding of child development, early identification, safeguarding and family centred practice.

2. Invest in continuous professional development that promotes a shared understanding of Best Start priorities and provides regular opportunities for upskilling in areas such as speech and language development, perinatal mental health, neurodevelopment and trauma informed practice.

3. Deliver multi-agency training programmes that build shared language, shared expectations, clarified roles and responsibilities and stronger collaboration between services.

4. Increase workforce capacity through a review of programmes and interventions, staffing levels and deployment models to ensure practitioners have the time to build relationships, complete high quality assessments and deliver evidence-based interventions.

Measures of progress

- Percentage of 'Best Start' staff completing core skills and multiagency training.
- Improvements in practitioner confidence and competence.
- Uptake of specialist CPD in areas such as speech and language, perinatal mental health or trauma informed practice.
- Evidence of consistent use of shared tools, assessments and pathways across services.
- Recruitment and retention rates in core services, including staff sickness, vacancy and turnover trends.
- Improvements in integrated working between health, early years, SEND and family support.
- Increased use of evidence-based interventions and consistent delivery standards.
- Feedback from families on the quality of interactions and support received.
- Earlier identification of developmental or family support needs and increased referrals to appropriate early help or specialist services at the right time.
- Reduction in escalation to clinical/specialist services due to earlier intervention.

Over 680 staff trained to deliver consistent, high-quality support for families.

Family involvement

Priority actions

1. Expand our current parent panels with a focus on underserved communities, and ensure that parent views are present in decision-making forums.

2. Continue to build peer support, via our established parent champions programme, to fully reflect local communities.

3. In partnership with Adult Education provide opportunities for training, volunteering and work experience within the Best Start Family Hubs network, and beyond, to support citizens who are economically inactive to move closer to economic inclusion.

4. Ensure that VCFS organisations are represented on Best Start Locality Partnership Boards to share knowledge about family needs and priorities.

Measures of progress

- Number of parent panel members recruited, number of parent champions recruited.
- Number of Volunteers recruited.
- Number. of work experience placements provided.
- Retention rates over 12 months.
- Diversity of parent champions compared to local demographics.
- Evidence of service changes in response to parental feedback.
- Parental engagement with services.
- Increased parental awareness of available services and support.

Monitoring, evaluation and learning

Monitoring, evaluation and learning will ensure the partnership understands what children and families need, how well support is working, and where improvements are required. Wolverhampton's Best Start Family Hubs Outcomes Framework has adopted five high-level outcomes—Safe, Healthy, Happy, Learning and Engaged—and a shared language of outcomes - indicators - metrics.

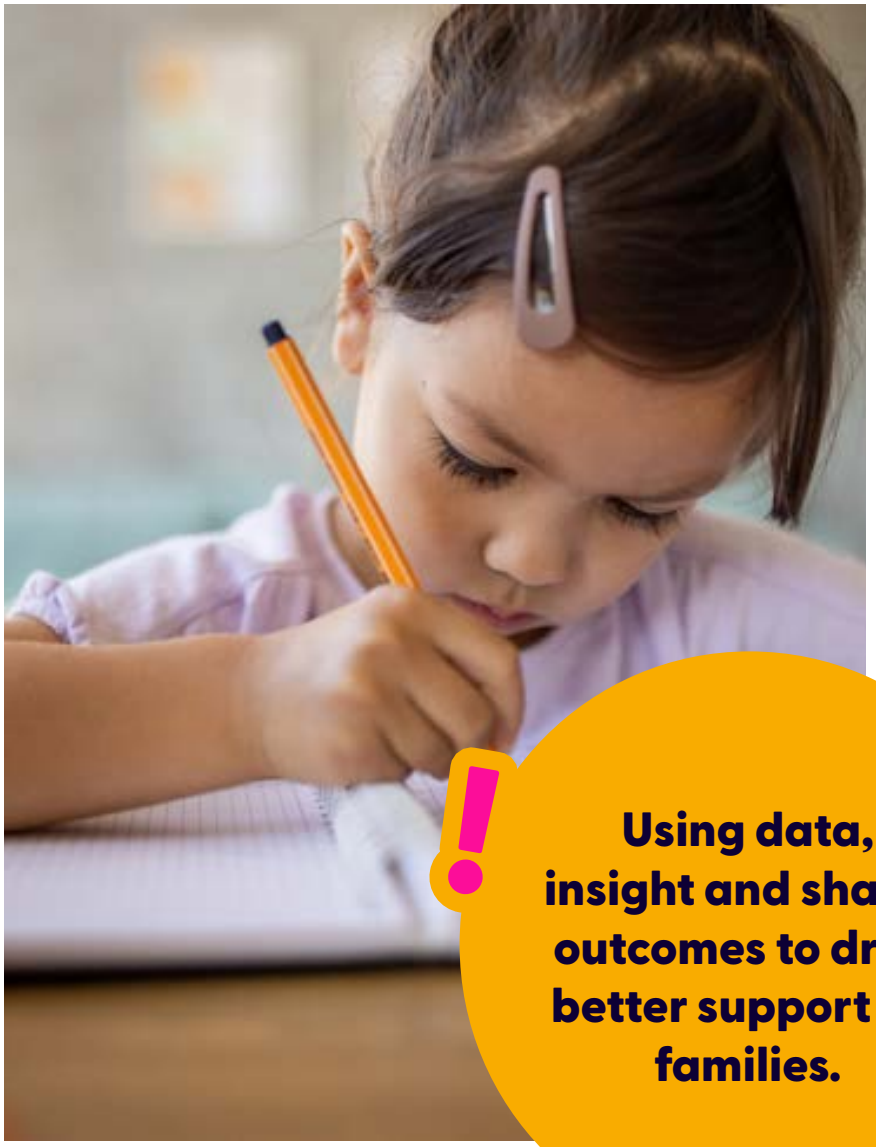
Progress against shared outcomes and impact will be widely understood. By embedding a culture of reflection, evidence informed practice and continuous improvement, our approach will remain responsive, ensuring decisions are grounded in real insight, ensuring support leads to meaningful, measurable improvements for families.

Priority actions

1. Utilise our shared outcomes framework; identify need, track progress and understand impact.
2. Strengthen data collection processes across the Best Start partnership to improve data quality and consistency.
3. Enhance information sharing arrangements to establish secure, timely and practical mechanisms for sharing data, insights and case information across health, early years, education and family support.
4. Create a multiagency performance dashboard to bring together key indicators to provide a shared, real-time view of need, demand, outcomes and inequalities.
5. Embed routine qualitative and quantitative evaluation of programmes, interventions and pathways across all Best Start services to enable an understanding of impact.
6. Embed ways to routinely collect family and practitioner feedback/insight to inform service design and improvement.
7. Use monitoring and evaluation findings to refine delivery models, target resources more effectively and respond quickly to emerging needs or gaps (evidence informed decision-making).

Measures of progress

- Shared outcomes framework developed and formally adopted by all partners.
- Increase in the timeliness, accuracy and completeness of key datasets.
- Information sharing agreements in place for all relevant partners.
- Practitioner feedback demonstrates an improved ability to coordinate multi-agency support for families.
- Multiagency dashboard developed, tested, and used routinely in partnership meetings.
- Evidence of dashboard insights informing decision-making and resource allocation.
- Improved visibility of inequalities, demand patterns, and emerging needs.
- Number of programmes with completed qualitative and quantitative evaluations.
- Evaluation findings used to demonstrate impact, value for money and/or service improvement.
- Family and practitioner feedback embedded across all Best Start services with demonstrable changes made in response to feedback ("you said, we did").
- Improved satisfaction and experience measures from families and practitioners.



Using data, insight and shared outcomes to drive better support for families.

Accountability and governance

Wolverhampton's early help partnership is robust, integrated, and proactive. It aligns with national reforms and the Families First agenda and is progressing towards embedding the Best Start Strategy 2025, expanding preventative support through Best Start Family Hubs and Families First, enhancing data integration and locality commissioning, and strengthening workforce capacity and community engagement. Commitment to equality, inclusion, and co-production as well as data driven decision making, ensures services are accessible and responsive to diverse needs.

Robust project governance will remain in place to support Best Start in Life. Family Hubs and Early Years Steering Groups will amalgamate as a Best Start Steering Group to ensure that improvements in family services and early years education are consolidated within one plan.

The Best Start Steering Group (reporting to the Transforming Childrens Services Programme Board, Children and Families Together Board and One Wolverhampton Board) will oversee implementation, with performance monitored via the dashboard and annual reports.

Parent/Carer Panels and CYP forums will be integral to design and review.

Priority actions

1 Revised governance to include the new scope of Best Start in Life; including all relevant documentation with forward planning to ensure that this is reflective of the project.

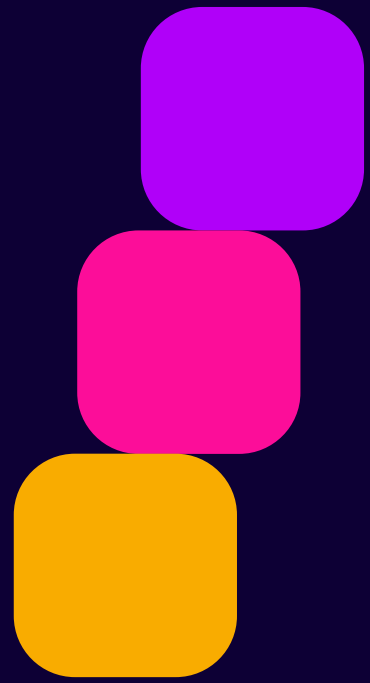
2 Reconfirm commitment from partners to ensure that the right people are involved at the right time.

Bringing services, strategy and delivery together under one Best Start plan.

Measures of progress

- Project documentation completed, approved by partners:
  - Terms of Reference (reviewed yearly).
  - Business case.
- Meetings held as planned, with good attendance.
- Monthly Highlight reports (with the exception of August and December, as per Programme Management Office reporting cycle).
- Evidence that partnership decisions are informed by MEL insights, evidence of multi-agency involvement in governance (attendance, contributions), parent voice formally embedded in governance.

Funding



A fully costed delivery plan will be developed to underpin and ensure delivery of the outcomes. The projects governance will have oversight of the spend ensuring that it aligns with our outcomes and priorities.

Priority actions

1. Develop a clearly costed delivery plan with input from Finance and key partners for Best Start in Life.
2. Align budgets and resources across the partnership to maximise impact and outcomes.
3. Consider the compatibility of all commissioned services with our priorities and develop a plan for when service recommissioning of existing and new services will happen.
4. Explore the potentials of joint funding and joint commissioning, with our local partnership boards (e.g. ICB, Health).

Measures of progress

- Monitoring of cost against both forecast and actual spend.
- Quarterly update to Governance Board and Reporting.
- Service engagement and target child outcomes, availability of pooled funding streams, number, and type of jointly commissioned services.

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