



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



City of Westminster



# Best Start in Life

## STRATEGY

for Westminster City Council  
and the Royal Borough of  
Kensington and Chelsea

Extended Version



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# Overview of our Best Start in Life Vision and Targets

## *i. Our vision: providing trusted, coordinated, and welcoming support for every family.*

- **Family Hubs will feel easy to approach:** friendly, non-judgemental places (and online options) where families can get help quickly.
- **Support will be easy to find:** clear information, simple routes into services, and help available in multiple languages.
- **Services will join up:** health visitors, nurseries, schools, and community organisations will work as one team, so children and families do not get missed.
- **Children will thrive, including children with SEND:** hubs and settings will be inclusive and focused on what helps children develop day to day.
- **Parents will feel confident and connected:** families build skills and connections with others. They will feel heard, understood, and empowered.
- **Staff will feel supported:** staff delivering services can see that it makes a difference to families and prevents problems from escalating.

## *ii. Targets: what we aim to change by 2028 (and beyond)*

Our main goal is to increase the number of children who reach a “good level of development” by the end of Reception. This is a national measure based on children’s development at age 4–5.

- **Westminster:** by 2028, at least **77.1%** of children should reach a good level of development, and at least **68.3%** of children who receive free school meals should reach it. Compared with 2024/25, this means **61 more children** reaching the expected level overall (including **12 more** children receiving free school meals).
- **Kensington and Chelsea:** by 2028, at least **78.7%** of children should reach a good level of development, and at least **70%** of children who receive free school meals should reach it. Compared with 2024/25, this means **83 more children** reaching the expected level overall (including **30 more** children receiving free school meals).
- **By 2030 (for both boroughs):** we also want fewer children not reaching the expected level than current forecasts suggest, and we want the gap to reduce between children overall and children receiving free school meals.

We will also track early signs that we are on the right path, including take-up of the funded childcare offers for 2-, 3- and 4-year-olds, and the take-up of the 2 to 2½ development review carried out by health visitors. We will use local data (by Family Hub area and ward) to focus outreach and support where take-up is lower or where children are more likely to need extra help.

### ***iii. Foundations of Our Early Years Approach and Drivers for Change***

We are continuing our journey to ensure all children have the best possible start in life during their early years. Building on the strong foundations established through our Sure Start Children's Centres, we made a local decision to transition towards a Family Hubs model from 2018 onwards. Since then, five Family Hubs have been developed across the two boroughs—in the North East, North West and South of Westminster, and in the North and South of Kensington and Chelsea. Alongside this, we have strengthened our support for families with young children through a system-wide redesign of the Pre-birth to Five pathway and expanded a broader offer for families with older children through our Family Hub and Youth network.

Across both boroughs, we benefit from mature Early Help Partnership arrangements and shared Early Help Strategies, which together provide the framework and direction for our Best Start in Life strategies.

While our five Family Hubs share a common overarching structure, there are differences in their delivery models that reflect the varied needs of our communities. These will continue as Children's Services move towards an increasingly localised approach to service delivery.

We have met with partners and local parents, and their insight has been invaluable in helping to shape our priorities and plans. Building on this engagement, a detailed analysis of service provision, needs, interventions and outcomes at both Family Hub and ward level across the two boroughs has further informed the development of our strategy.

This data analysis highlights where a more targeted approach is required to improve outcomes within each Family Hub area. It enables us to identify cohorts of children who are less likely to be subject to assessments and reviews, the areas of development where concerns are more prevalent, the interventions and services they may be missing, and variations in outcomes identified at the end of children's Reception year. A high-level summary of this data can be found in appendix a.

### ***iv. Our Core Services for Best Start***

Our strong partnerships and long-established Family Hub programme mean that both boroughs already provide a full range of health services for families with young children from our hubs. These include:

- Health visiting
- Infant feeding
- Parent-infant relationships
- Perinatal mental health
- Mental health (beyond perinatal mental health and parent-infant relationships)
- Midwifery
- Nutrition and weight management

- Oral health
- SEND
- Speech and language
- Substance misuse
- Vaccination
- Social prescribers
- School nursing
- Health literacy

While GP services are not currently delivered directly from our Family Hubs, we maintain strong collaboration with primary care colleagues through the Integrated Neighbourhood Team and Neighbourhood Health Service structures to ensure coordinated support for families.

As part of our wider early years and community offer, libraries across the bi-borough provide a dedicated offer for families with children aged 0–5 through *Little Learners – Building Skills Through Play*. This programme delivers a varied range of play-based and literacy-focused activities that strengthen early learning, communication and parent–child interaction. This offer further enhances our wider Best Start system by providing accessible, community-based opportunities for families with children in the early years to engage in high-quality learning experiences. For further information, please refer to appendix b.

Alongside these services, the bi-borough delivers the Holiday Activities and Food (HAF) Programme, a Department for Education–funded offer providing free, enriching holiday activities and healthy meals for children aged 4–16 who are eligible for benefits-related Free School Meals. The programme includes a wide range of supervised activities, from sports and arts to adventure play, delivered by local organisations across Kensington and Chelsea and Westminster. By ensuring children have access to structured, high-quality provision outside of term time, HAF contributes to our Best Start in Life ambitions by promoting wellbeing, reducing holiday-related inequalities and supporting families who may face additional pressures during school breaks. For further information, please refer to appendix b.

### **Westminster’s Parenting Offer:**

With three Family Hubs in place since 2018 and a long-established Parenting programme, Westminster already offers a rich and diverse range of services for families with children aged 0–5.

In line with the evidence-based Parenting programmes approved by the DfE Best Start in Life programme, Westminster delivers Parent-Child+, Triple P Level 4 Group, Triple P Level 4 Standard and Triple P Standard Stepping Stones + Group. These are complemented by *Keeping Your Child in Mind* and *Circle of Security*, offering specialist support for specific cohorts of parents.

The Parent-Child+, Triple P Level 4 Group and Triple P Stepping Stones programmes will also support parents seeking input and guidance with developing home learning environments.

### **Kensington and Chelsea's Parenting Offer:**

With two Family Hubs established since 2020 and a long-standing Parenting programme, Kensington and Chelsea also provide a strong and comprehensive offer for families with children aged 0–5.

Aligned with the DfE Best Start in Life programme, we offer Parent-Child+, Triple P Level 4 Standard and Triple P Standard Stepping Stones + Group. As in Westminster, *Keeping Your Child in Mind* and *Circle of Security* provide additional targeted support for parents with particular needs.

The Parent-Child+ and Triple P Stepping Stones programmes will also support parents needing input and support with developing Home Learning Environments (HLE). In addition, we offer the PEEP Learning Together Programme as part of our HLE provision.

## **i. Our Best Start in Life service aims**

### **A. Home learning environment and parenting interventions:**

#### **What is working well & what could be improved:**

We have a strong range of parenting and home learning (HLE) programmes and targeted workshops. Our support for parents is enhanced through multi-agency input at Stay and Play sessions in a range of community settings.

We know that schools are not consistently aware of this offer and that hard-to-reach families are not always engaging with it. It may be that parent-child psychotherapy offer could help to engage more families with wider programmes. School staff report parents experiencing practical barriers driving inconsistent toileting/interaction routines - parents may intend to act but struggle to sustain change because of time pressures and other competing priorities.

## **Our Best Start in Life plans:**

We are planning to maximise on the Parent-Child+ offer encouraging more referrals from a wider range of partner agencies. This will build upon the strong record already in place from the provider that delivers the programme to local families. We have analysed referral data and noted the potential to engage more families if we have additional capacity in place for the provider.

We are also planning to commission a digital parenting and HLE app to meet the needs of parents who cannot access Family Hubs or other settings, including those who work during the day. We have noted cohorts of parents who cannot access our service offer and learnt from evaluations of digital programmes that these can meet their needs, particularly out of core hours. Our roll out of digital approaches will be in conjunction with tested Communications strategies including the use of targeted social media.

We will take advantage of the detail about participation in parenting programmes that can now be recorded on case management systems to better understand impact and sustainment of outcomes following completion of such programmes by parents. We will also build more sophisticated tracking of other Family Hub based programmes and services, including those provided by partners, to better understand uptake, completion and impact on our bespoke Family Hub recording system, Plinth.

## **Priority actions:**

- Develop systems to ensure more parents get access to Parenting and HLE programmes where this would be of benefit to them and their children.
- Commission, implement and promote a digital Parenting and HLE platform.
- Consider how to develop informal opportunities for modelling of play, storytelling, and conversation to build home language environment
- Develop systems to better track and evaluate the impact of Parenting and HLE programmes.
- Collaborate with schools to improve awareness of the Family Hub and parenting offer to reduce missed opportunities.
- Build on parent champion approaches to support peer engagement.
- Co-produce with parents clearer, simpler, and more consistent messaging on home learning and attachment.
- Increase engagement with families who are home educating or are less visible to services.
- Improve early school readiness guidance, especially for families of children with additional needs.
- Promote the parent-child psychotherapy offer to meet local need.
- Continue to clarify and promote “the Family Hubs offer” and referral pathways for schools

## Measures of progress:

- Centralised data on the number of parents accessing programmes including measures or outcome and impact.
- A digital platform, tailored to local needs in relation to parenting and home learning environments, is online and available to all residents with uptake data available.
- Case management and recording systems capture outcomes and sustainment of these where parents have attended Parenting and HLE programmes.

## B. Early Childhood Education and Care access and quality:

### What is working well & what could be improved:

Both boroughs have a range of high-quality nursery schools and childcare settings. The nurseries offer inclusive, holistic models closely linked with Family Hubs, providing stable and integrated early years provision for families. Families who use Family Hubs receive good levels of support including access to other services they are entitled to including early childhood education and care. Drop-in sessions led by partners such as Family Lives enhance this. The Family Information Hub is well designed (with input from local parents) and supports parents to navigate childcare and early years options. Some parents with SEND have reported settings do not always offer the full entitlement (in hours) for SEND children. They also report needing more, affordable holiday childcare as well as informal or free play options.

### Our Best Start in Life plans:

- Continue to promote the Early Education Entitlement Funding offers across the wider system to ensure that all children will access high quality early years education as early as possible.
- Work with all agencies to ensure that they have a good understanding of the offers.
- Enhance the Continuous Professional Development Offer across the system to ensure that the workforce will be upskilled across all levels.
- Continue to offer advice, support, and guidance to early years providers across sectors (Private, voluntary and Independent Sector early years settings and schools) to ensure that a flexible, affordable, and high-quality offer is in place in both boroughs.
- Continue to offer advice, support, and guidance to families via the family Information Service and the family Information hub websites.
- Expand our outreach offer to ensure more families and professionals are aware of the early years funding offers.
- Focus on the School-Age Childcare to ensure that the wraparound and HAF programmes will be integrated and fully embedded within the system.
- Work with schools and other providers guided by our Childcare Sufficiency Assessment to ensure that there is sufficient childcare across both boroughs.

## Priority actions:

- Develop Family Hub digital systems to promote local offers and signposting to registered parents. Also introduce simple online booking or registration tools.
- Increase Early Years presence on social media.
- Expand cluster-based working to strengthen collaboration across groups of schools, nurseries, and hubs.
- Strengthen Early Years Advisor links with Family Hubs to support referrals and help families secure nursery places earlier and more smoothly.
- Improve clarity about funding for childcare.

## Measures of progress:

- Increased engagement with digital Family Hub systems, demonstrated by more parents using online booking and registration tools following the introduction of improved digital platforms.
- Improved collaboration across clusters of schools, nurseries and Family Hubs, shown through joint meetings, shared activities, and smoother referral pathways between settings.
- Earlier and smoother access to childcare places for families, supported by stronger links between Early Years Advisors and Family Hubs and reflected in reduced delays in securing nursery places.
- Clearer parental understanding of childcare funding, reflected in fewer queries, improved navigation through the Family Information Hub, and positive parent feedback.

## C. Transition to school and reception year:

### What is working well & what could be improved:

Tools to support transition (such as Comms passports, School and home visits and Ready steady school programmes) are in place and used. There is increasing willingness to share key information across settings to support smoother transitions for children with additional needs. Health screening at times of transition such as for Oral Health, Hearing and vision and the National Child Measurement Programme (NCMP) are embedded. However, there are some gaps regarding information sharing regarding some children who are likely to need more support to settle in to school. Also, early emotional needs are not always identified and addressed before children start school. School staff have advised that many parents interpret “school readiness” as academic (phonics/reading) rather than independence and self-regulation (toileting, feeding, listening, turn-taking). Parents of children with SEND have noted that in Reception, pressures to meet the needs of children who have not been adequately prepared for schools has reduced the capacity of school staff to meet long-term SEND needs. They also advise that parents may delay disclosure about their children’s special needs until a place is secured.

## **Our Best Start in Life plans:**

We are using the Best Start in Life programme as an opportunity to better engage local schools, nurseries, and childcare settings in our established Family Hubs programme. Schools have shared insight regarding the challenge of integrating and supporting children who start reception without the social skills required to settle, thrive, and learn, and school leaders are keen to support better pathways for such children. In schools there is enthusiasm to develop a simple, shared, model focusing on key life skills and related activities or checkpoints captured on a “passport” for parents and children.

## **Priority actions:**

- Build on existing relationships resulting from a school and early years setting who lead two of our three Family Hubs, as well as initial briefings provided for all primary school headteachers to promote Best Start developments and improved transitions to Reception.
- Prioritise children with areas of concern identified in 2- 2½ checks for targeted school readiness interventions.
- Strengthen parental understanding of what school readiness involves in practice.
- Improve identification of children not accessing early years provision.
- Employ qualified teachers in new pilot role of Community Inclusion Teacher to design and deliver high-quality, evidence-based interventions and workshops for parents to enhance the home learning environment and support children’s school readiness (starting reception).
- Expand school readiness programmes in wards or for cohorts of children where higher levels of need have been noted.
- Strengthen partnerships with early years settings to deliver consistent literacy, communication, and other relevant programmes.
- Improve early identification of emotional and mental health needs before school entry.
- Identify best practice and work to remove barriers to consistent and timely information sharing across services.
- Expand transition workshops and offer more flexible transition arrangements where needed.
- Collaborate with schools to better publicise the skills of staff and training they have received regarding meeting the needs of children with SEND to encourage earlier information sharing from parents.
- Collaborate with schools as potential locations to provide Family Hub activities in parts of the borough where families struggle to access established Hub sites.

## **Measures of progress:**

- Evidence of multi-agency support identified and accessed for children for whom there are concerns identified at the 2- 2½ review.

- Specialist role(s) recruited to and reporting levels of engagement, impact, and learning.
- Schools and early years settings are represented on Integrated Leadership Teams.
- Schools report better information sharing and planning for children who may need more support on starting school.
- Evidence of Family Hub services delivered in locations including schools, where data has identified unmet demand.

## **D. SEND support:**

### **What is working well & what could be improved:**

Partners have noted strong SEND infrastructure and example of inclusive practice in the early years, including screening in the Family Hubs. There is also improving expertise available to address speech, language, and communication needs. We know from analysis of GLD data that children attending our two special schools tend not to be assessed as having GLD in reception. However, we are clear that more can be done to identify children who have SEND before they start school to put in place support that will improve outcomes at an earlier point. It is felt that some local processes are “assessment heavy” and then there is a lack of clarity about waiting times for diagnoses or support. There is a rising demand for Education Health and Care Plans. More consideration needs to be given to the significant of parent and child emotional and mental health needs when assessing for potential SEND, including building on initiatives from SEND parent groups providing training and support around parental trauma following diagnosis of their child’s need or condition. We will also review and refine our local processes in line with the 2026 Schools White Paper to ensure our plans align with wider national changes.

### **Our Best Start in Life plans:**

Our engagement with private and voluntary early years and childcare settings will include improving awareness regarding early identification of SEND, provision of specialist advice and appropriate signposting or statutory notification for specialist support where this is needed. School staff have flagged the importance of avoiding over or under identification of SEND and the importance of understanding factors such as bilingual language patterns as opposed to genuine Speech Language and Communication Needs and rising self-regulation concerns which result from a variety of complex factors.

### **Priority actions:**

- Designate a specialist SEND practitioner to link with Best Start Family Hubs.
- Continue to engage with parents of children with SEND to develop understanding of how Best Start Family Hubs can contribute to the local support offer, in a context where Centres for Children and Young People with Disabilities are also available.
- Better understand patterns of referral to specialist assessment and support for children who may have SEND to inform strategies to raise awareness where this does not happen early enough.

- Develop existing links between voluntary sector family workers with existing relationships with parents, and specific Family Hub roles.
- Support parents to better understand emerging needs and engage earlier with support.
- Improve clarity and transparency around waiting lists and post-assessment support.
- Contribute Best Start in Life perspective to considerations of funding and any limitations in targeted SEND support, including SENIF.
- Strengthen transition planning from nursery to school for children with SEND.
- Improve workforce training and whole-system coordination for earlier intervention, including awareness of SEND and local pathways.
- Respond to need to address trauma in parents of children with SEND through expansion of whole school trauma informed approaches to more primary schools, nurseries, and early years settings.

### **Measures of progress:**

- Reduction in any variations of levels of notification and referral for children who may have SEND across localities.
- Increased engagement of children who may have SEND with Family Hubs, where they were not previously accessing other services.
- Strengthened transitions from early years to Reception in high-need wards through locality-based multi-agency planning meetings.

### **E. Maternal and early years health services:**

#### **What is working well & what could be improved:**

Health visitors are based and accessible in the family hubs in both boroughs. 2 - 2 ½ year assessments are offered to all. Link Health Visitors are welcomed by early years settings. Early Years Speech and Language Therapy is delivered in nurseries. We have an established perinatal mental health offer, with a published multi-agency pathway. There are strong preventative offers delivered through Family Hubs and other settings including immunisations and regarding oral health. A 0-5 Child and Adolescent Mental Health offer is embedded in the Family Hubs and in clinics providing a blend of consultation and treatment. Some thresholds make it difficult for families to get the support they need and continuity of care can be impacted by cross-borough mobility. There are sometimes difficulties gaining consent from families to understand which agencies are involved and how this support might be coordinated.

#### **Our Best Start in Life plans:**

We want to ensure that children have the Best Start in Life from birth onwards, rather than solely focusing on older children as they are about to start school. We want to build on existing information sharing arrangements to increase the degree to which parents register with Family Hubs shortly after their children are born. We also want to continually revisit patterns of access to existing Family Hub sites and respond to need in parts of the borough which may find the sites to be too far away.

## Priority actions:

- Promote key messages to parents about early child development and sources of support across the Family Hub partnerships.
- Ensure issues relating to differing levels of take up of services and outcomes in different wards are widely understood with action plans in place to address this.
- Increase take-up of key health visiting contacts, particularly for priority families and in underserved communities.
- Confirm pathways of support, including multi-agency planning and how these are monitored in response to children who do not make expected progress in areas of development.
- Promote and where necessary expand Family Hub panel mechanism to plan multi-agency support for individual children or families. This might include taking the model to school/nursery clusters.
- Continue to review locality data to identify cohorts of children by location or particular characteristics who are at higher risk of not having a Good Level of Development.
- Identify and review any thresholds which are perceived as barriers to families getting the help they need at an earlier point.
- Improve continuity of Health Visiting support for families moving across boroughs.
- Strengthen information-sharing and clarity about which services are involved through shared recording and information sharing.
- Improve coordination between Health, Education and Family Hubs.
- Expand flexible, accessible health offers such as drop-ins and joint visits with a focus on communities who currently do not access these.
- Improve access for working families through extended hours, community-based provision including libraries and digital offers.

## Measures of progress:

- Increased registration of younger children with family hubs
- Improved vaccination rates in localities where this is a concern.
- Increased take-up of 2-2½ reviews in localities where this is a concern.
- Clarity on support offered for families in the early years and take up of this.

## IV. System enablers for delivering our Best Start Offer

### A. Service integration & Best Start Family Hubs:

#### What is working well & what could be improved:

There are some examples of coordinated messaging to parents and professionals about child development and school readiness (e.g. Thrive at Five and Ready Steady Nursery). There is a recognition that many families prefer informal support which is accessible through Family Hub and other settings (e.g. health visitors, speech and

language therapist and child psychotherapists being available at Stay and Play sessions). Schools have suggested that some families are wary of services being colocated with Council Children's Services and for these parents, schools or nurseries may provide a more trusted location. There is a need to integrate a number of pathways to services which sometimes exist in isolation. This might be achieved through increasing participants in shared governance of the Best Start programme.

### **Our Best Start in Life plans:**

We will continue to build on our established Family Hubs model to reflect the requirements of the Best Start programme while also maintaining a wider service for families with children aged up to 19 or 26 if they have special educational needs or disabilities.

A key element of our model is to take a hyper-local approach with services developed by local leaders from relevant partner agencies planning for and responding to local need, as identified by data and the insight of families and practitioners. We will consider how best to engage partners in Bi-borough governance approaches while also promoting planning of local responses via Family Hub Integrated Leadership Teams.

### **Priority actions:**

- Develop existing local plans or each Family Hub locality to reflect insight and action to improve GLD for local children as they start school.
- Informed by analysis, prioritise outreach and engagement for children and cohorts who may need earlier intervention, but who are currently not making use of Family Hubs
- Work with the Communications team to develop a Communications Plan that includes recognisable branding for Best Start Family Hubs as well as a shared vision for what all parents should receive. Co-produce and confirm and publicise consistent messages for parents and professionals about child development (e.g. regarding screen time). Consider how the messages can be shared peer-to-peer amongst parents. Clarify pathways so families and frontline staff can navigate support more easily.
- Ensure communications to families replaces technical jargon with shared "life skills" language used by all partners,
- Work in partnership with agencies which are trusted by particular communities (e.g. SEND parent groups) to amplify the Family Hub offer to more parents.
- Expand the Family Hub panel model into other settings through warm handovers.
- Establish clearer shared governance and accountability across the system, coordinating relationships with Neighbourhood Health Services and Community Hubs to ensure needs are effectively identified and met and that roles and responsibilities to prevent duplication and gaps in support.

- Improve shared data recording and address barriers to data sharing across the partnership to facilitate clearer understanding of need, services, interventions, outcomes, and gaps.
- Where underserved communities and cohorts are identified, consider cases for person identifiable data sharing to make sure children receive the help they need in a timely way, including those not accessing early education.
- Where appropriate, develop shared services and initiatives (such as workforce development) across the Bi-borough area.
- Develop Best Start Family Hubs as part of an “end-to-end” offer for families that coordinates with local Families First developments including Family Help and Family Group Decision Making.

### **Measures of progress:**

- Best Start in Life Plans in place for all Family Hubs which reflect local needs.
- Evidence of engagement of children and families living in underserved communities or areas.
- Evidence of reach from Comms campaigns and follow up where gaps are identified.
- Evidence of Family Hub influence on governance of Integrated Neighbourhood Teams.
- More agencies recording details of access to services and outcomes achieved on Plinth. Data Sharing Agreements in place where a case is made for sharing of person identifiable data to support targeting and outreach.
- Examples of shared services or training programmes with Royal Borough of Kensington and Chelsea to maintain specialist services or service coordination
- Evidence of emerging Families First practice being adopted in Family Hubs.

### **B. Workforce capacity and capabilities:**

#### **What is working well & what could be improved:**

Staff across early years settings benefit from strong professional development opportunities that build confidence and expertise. An established, published programme of training relating to the Early Help system is available to staff from all agencies in both boroughs. Relevant training is also available to staff from all agencies through the Local Safeguarding Children Partnership. While a robust training offer is in place, there may be benefits in coordinating this, so a single offer is available to all.

#### **Our Best Start in Life plans:**

We will focus on continuing to build a workforce with the right skills to support families in the early years, along with the wider Family Hub offer. Planning for the workforce will increasingly take place as a Partnership providing similar support and opportunities for all staff working in the Hubs, regardless of who their employer is.

## Priority actions:

- Build on the existing, coordinated programme of Early Help training and professional development to reflect the needs of staff working in and around Best Start Family Hubs.
- Look for opportunities to share workforce development planning and provision across the two boroughs.
- Promote shared practice models and ways of working; for example, systemic and trauma informed practice or working as a Lead Practitioner.
- Improve professional awareness of key interventions such as parenting and home learning environment programmes so that staff with relationships with families can explain and promote these, including modelling to and coaching parents consistently.
- Review workforce capacity, skills, and wellbeing through Best Start governance arrangements. Data on recruitment, retention, training uptake, and staff feedback will inform continuous improvement and future workforce planning.
- Develop a shared platform to publicise training and development opportunities.
- Provide training, specific to child-parent relationship targeted training for staff across early years, health, and education to improve confidence in identifying and supporting SEND needs (and supporting parents of these children) as well as the significance of child-parent relationships.
- Share the expertise of special schools more proactively—for example, through outreach teams, joint training sessions, modelling inclusive practice, and peer to peer coaching for mainstream staff.

## Measures of progress:

- Vacancy rates are low.
- Staff have been stable low turnover across the family hubs.
- Staff surveys indicate overall satisfaction and commitment to work and council drive to work collaboratively with residents.
- Staff development needs and plans are identified in a consistent way.

## C. Family Involvement:

### What is working well & what could be improved:

There are established Parent Carer Panel structures in both boroughs which review particular themes regarding support provided and identify suggestions for improvement. There are robust and active parent led organisations to promote the needs of children with SEND. Parents increasingly participate in nursery life e.g. as volunteers or in experiential learning opportunities. There is a need to better understand the needs and motivations of families who do not use the current service offer. Insight from schools suggested that there may be feelings of stigma or embarrassment for some parents about attending workshops (e.g. regarding toileting), plus the importance of understanding and meeting any language or cultural need.

Parent feedback across both boroughs highlights the strong foundations of the Family Hubs offer. They describe the Hubs as trusted, welcoming and non-judgemental

spaces, where staff provide timely, holistic and coordinated support that enables parents to feel understood, have their needs clearly and consistently advocated for, and feel confident in services.

Building on these strengths, parents identified opportunities to further enhance the offer by developing clearer and more consistent service pathways, and by deepening multi-agency coordination—particularly with schools and housing services—to ensure support is timely and well-aligned. Parents also emphasised that expanding wellbeing support for caregivers would strengthen engagement even further and contribute to improved outcomes for children and families.

### **Our Best Start in Life plans:**

We will build on our Parent Carer Panels to include more parents and carers and to facilitate greater insight into their views and preferences. We will engage with wider groups and roles including Community and Maternity champions, Community Health and Wellbeing Workers, Local Area Coordinators and SEND Parent Groups, as well as continuing to work with voluntary and community sector organisations to gain insight from families who may not have used Family Hubs to date. This will include designing community specific messaging.

### **Priority Actions:**

- Continue to work with existing Parent Carer Panels, widening membership where required, to reflect the needs of families with children under five and other age groups.
- Build on existing practice to engage Parent and Carer representatives in Integrated Leadership Teams.
- Ensure continued engagement of community and parenting champions and voluntary and community sector organisations in all Family Hubs and Integrated Leadership Teams.
- Consult parents when developing a Communications programme to disseminate key messages regarding child development in the early years and how to get support when needed.
- Relevant school staff to visit Family Hubs, meet staff, and then share service offers to parents. Family Hubs to also increase presence at school and community events to promote the offer.
- Continue to learn from parent led organisations to inform how Family Hubs and wider provision can engage with families with children who have or may have SEND to support child development and transition to Reception.
- Develop visual, parent-friendly pathways/resources to help families navigate support options.
- Create easier ways for parents to engage with hubs digitally including a Family Hub platform with notifications, simple sign-ups for workshops and sessions, social media to widen reach with parent-friendly content.
- Build on “champions” model by introducing peer/parent leadership to model behaviours and reduce stigma, e.g., through parent guest readers at story time.

- Deliver parent-facing workshops in places where parents go including Family Hubs, schools, and nurseries to include school readiness workshops, librarian-led early literacy workshops, and shared reading events.

### **Measures of progress:**

- Parents and carers represented on all Integrated Leadership Teams
- Integrated Leadership teams all include voluntary and community sector representatives.
- Evidence of impact of consultation activity with parents regarding Comms messages and engagement of children with SEND.
- Evidence of engagement with and impact of digital offer.

## **D. Monitoring, evaluation, and learning:**

### **What is working well & what could be improved:**

A bespoke system is in place in both boroughs which tracks registration for Family Hubs and take up of activities and services. The system is flexible and can be adapted to be used by partner agencies, to have bespoke workflows and capture outcomes. Significant analysis has taken place to understand service provision, needs, interventions, and outcomes as they relate to families with children aged under five at both locality and ward level. Locality data is analysed by Family Hub integrated leadership teams to inform annual plans for each area. There is a need to enhance how ILTs identify, plan for, and then track progress of children who appear not to be meeting early developmental milestones. There is a need to continue to push for more child-level data sharing to better target how we address the needs of children who do not receive services that enable early intervention. There are indications that while information sharing around vulnerable children takes place, this is not consistent across the system and that sometimes it is not shared with the most relevant recipients.

### **Our Best Start in Life plans:**

Continue to realise the potential from recording and case management systems available in the Family Hubs to understand trends in registration, and attendance, participation in programmes and services, impact, and outcomes. There are plans to update this analysis including adding additional health data. Use this to inform planning to develop services, communicating or targeting them differently as required. Schools have indicated an appetite for developing a parent-friendly developmental framework, aligned to the Early Years Foundation Stage prime areas which includes milestones, triggers, and a mechanism a mechanism for this to be shared at key stages.

## Priority Actions:

- Confirm and continue to grow and update a common data set for indicators which relate to Best Start in Life. Enable understanding of key metrics and indicators at locality and ward level wherever possible.
- Link data set to metrics included in Common Outcomes Framework.
- Build upon Plinth recording system to enable wider recording of registration, interventions or services received and outcomes achieved.
- Improve system interoperability so platforms can share information effectively.
- Develop existing dashboards to understand at borough and Hub level the reach of Family Hubs, take-up of services and outcomes in real time.
- Improve our tracking of parenting and home learning environment programmes by evaluating progress of parents at the end of such programmes and reviewing the degree to which any impact is sustained.
- Review and identify best practice regarding sharing information as children go through key transitions.
- Consult families who use and do not use Family Hubs to understand customer journeys and options for service improvement.
- Enable families to self-register and book Family Hub activities.
- Work with partners to enable sharing of person identifiable data where it is clear that cohorts of children are not receiving the support needed to reach relevant outcomes.
- Ensure outputs from Plinth and other recording inform planning and strategies at local and borough level.
- Review and where necessary challenge levels of reach, interventions, and outcomes of Best Start in Life in relevant Partnership Boards.

## Measures of progress:

- Increase number of partner agencies who record and report from Plinth system. Plinth also accessible to families who want to register with Family Hub or book activities.
- Local version of Common Outcomes Framework is in place and used to report on outcomes from Best Start in Life and wider Family Hub programmes.
- Evaluation and impact reports available from Parenting and HLE programmes.
- Cases identified for sharing some person identifiable data plus data sharing agreements being developed.
- Best practice models for information sharing identified and disseminated.

## E. Accountability and governance:

### What is working well & what could be improved:

Both boroughs have matured Early Help Partnership arrangements in place with representation from many key agencies. These boards have steered the development of Family Hubs for the past 6-8 years. In addition, there are Integrated Leadership Team

arrangements for each Family Hub with leaders for the services who deliver at the Hubs to share information, identify priorities, and plan localised delivery. There is a need to better involve schools and early years in these bodies, as well as continuing to find ways to include the voices of parents in local planning accountability.

### **Our Best Start in Life plans:**

We will fully embed and extend the Integrated Leadership Team (ILT) with additional strategies to improve attendance and collaboration. We will review and where necessary expand our Early Help Partnership Board, potentially moving towards a Bi-borough model to increase consistency and reduce duplication. We will also build on opportunities to better coordinate with emerging structures in Health e.g. the Integrated Neighbourhood Team Children and Young People Board and Neighbourhood Health Services.

### **Priority actions:**

- Review Family Hub Best Start in Life Integrated Leadership Team arrangements to better coordinate with Schools and Early Years clusters.
- Develop reporting process whereby progress with the Best Start in Life Programme reports to the Integrated Neighbourhood Team Children and Young People Board.
- Review and where required refocus the role and remit of the Early Help Partnership Board as local arrangements to meet Families First Partnership are confirmed.
- Consider how the Best Start Family Hub programme can be governed effectively across two boroughs.
- Set up consistent forums to share information across systems, e.g. regular meetings between early years settings and link health visitor's links, standardising consent models that have been used elsewhere in the system.

### **Measures of progress:**

- Terms of Reference agreed for all Governance bodies.
- Frequent reviews of membership for all Governance bodies.
- Guiding strategy and action plan in place for each Governance body which is informed by data and family and professional insight and regularly reviewed.

## **F. Funding:**

### **What is working well & what could be improved:**

We have carried out a detailed review of Early Help and Family Hub funding sources, grants, and allocations as part of our planning for Best Start in Life. We have also put Service Level Agreements in place for the two-Family Hubs which are not directly managed by Westminster City Council.

### **Our Best Start in Life plans:**

We will ensure that decisions on funding allocation and resources are aligned with our priorities for improvement and the child outcomes we most want to shift.

### **Priority actions:**

- Over the first year of delivery, we will increasingly consider opportunities to share resources and budgets as well as joint commissioning across the two boroughs.
- Consider interdependencies with other Government programmes such as Families First Partnership and SEND reform to ensure targeting of funding available and avoidance of duplication.
- Build on emerging insight from data to link resource allocation more to the needs of and outcomes in specific localities.
- Track take-up, interventions and outcomes from Best Start in Life programmes and specialist services to inform any refinements or recommissioning that may be required.
- Assess impact of emerging SEND reforms on provision mechanisms for children in the early years, including opportunities to identify funding for particular roles or interventions.
- Plan early for potential reductions of external funding, particularly beyond 2028.

### **Measures of progress:**

- Monitoring of core service unit costs against both service engagement and target child outcomes
- Number and type of jointly commissioned services.
- Activity to develop sustainability plans, as required.

# Appendix A – Locality Data

Westminster City Council Locality Data - 2024/2025:

## North East

### Population and Deprivation (Context)

Ward	New Births (pre-consent)	Population of under 5s	IDACI 0%-10%	IDACI 11%-20%	IDACI 21%-30%	FSM eligibility by Resident
Abbey Road	7.5%	6.9%	0.0%	0.0%	0.0%	17.3%
Church Street	5.6%	6.8%	22.3%	31.6%	0.0%	46.9%
Hyde Park	6.3%	4.9%	0.0%	2.5%	13.8%	26.8%
Little Venice	5.6%	5.9%	9.0%	0.0%	0.0%	32.1%
Maida Vale	6.6%	7.7%	5.5%	23.4%	9.4%	29.8%
Marylebone	6.0%	5.0%	0.0%	0.0%	0.0%	10.6%
Regent's Park	6.1%	5.3%	0.0%	0.0%	0.0%	14.9%
<b>Total</b>	<b>43.8% (791)</b>	<b>42.6% (3621)</b>	<b>36.8% (228)</b>	<b>57.6% (91)</b>	<b>23.2% (42)</b>	<b>31.2% (179)</b>

## North East

### Service Engagement & Provision

Ward	Family Hubs registered	Family Hubs attendance	Family Hubs new registrations	SW Referrals	EH Allocations	T2YO take-up against eligibility	3-4YO resident take up against population	SALT referrals	SALT Contacts 0-4	GLD by Resident	GLD by Provision	GLD by FSM
Abbey Road	7.0%	6.4%	8.0%	5.2%	3.4%	50.0%	45.5%	4.5%	4.0%	82.4%	66.7%	33.3%
Church Street	6.3%	8.3%	5.6%	14.8%	12.6%	62.3%	68.6%	13.7%	12.0%	72.0%	76.9%	70.5%
Hyde Park	6.8%	5.2%	6.4%	5.6%	5.9%	34.8%	56.3%	2.9%	2.9%	67.3%	0.0%	44.4%
Little Venice	6.3%	5.6%	5.4%	3.7%	4.2%	45.8%	64.1%	5.7%	5.3%	65.4%	83.8%	57.1%
Maida Vale	8.3%	8.4%	7.1%	4.8%	5.9%	31.8%	59.7%	5.2%	6.0%	72.8%	56.0%	50.0%
Marylebone	6.1%	4.3%	7.0%	3.0%	2.5%	120.0%	61.3%	1.8%	1.1%	82.1%	72.6%	80.0%
Regent's Park	6.5%	5.1%	6.6%	2.2%	2.5%	28.6%	57.3%	3.6%	4.2%	60.5%	63.0%	0.0%
<b>Total</b>	<b>47.3% (3592)</b>	<b>43.2% (1460)</b>	<b>46.1% (936)</b>	<b>39.3% (106)</b>	<b>37.0% (44)</b>	<b>50.0% (71)</b>	<b>58.8% (876)</b>	<b>37.3% (209)</b>	<b>35.5% (1316)</b>	<b>71.4% (270)</b>	<b>72.0% (319)</b>	<b>59.8% (61)</b>

# North East

## Needs & Outcomes

Ward	Children due 2½ year check	2½ year HV check take-up	2-2½ year check – 1+ thresholds not met	EHCP (home ward)	SEN Support (home ward)
Abbey Road	8.0%	44.0%	16.0%	3.8%	3.8%
Church Street	6.2%	66.0%	36.8%	15.1%	16.3%
Hyde Park	6.9%	43.0%	23.9%	1.9%	3.1%
Little Venice	6.3%	50.0%	20.4%	5.7%	3.1%
Maida Vale	6.3%	60.0%	26.3%	7.5%	3.1%
Marylebone	6.6%	34.0%	27.4%	1.9%	1.3%
Regent's Park	6.0%	42.0%	18.8%	3.8%	1.9%
<b>Total</b>	<b>46.2% (833)</b>	<b>48.1% (401)</b>	<b>24.5% (157)</b>	<b>39.6% (21)</b>	<b>32.5% (52)</b>

\* The percentage of children in the 2-2½ year ASQ assessment who did not meet at least one of the expected developmental thresholds.

# North West

## Population & Deprivation (Context)

Ward	New Births (pre-consent)	Population of under 5s	IDACI 0%-10%	IDACI 11%-20%	IDACI 21%-30%	FSM eligibility by Resident
Bayswater	6.1%	6.8%	0.0%	0.0%	0.0%	23.6%
Harrow Road	4.8%	6.3%	11.5%	0.0%	36.5%	39.8%
Lancaster Gate	5.8%	4.7%	3.4%	0.0%	2.2%	31.6%
Queen's Park	7.4%	8.0%	15.5%	18.4%	5.5%	45.3%
Westbourne	5.9%	6.3%	20.2%	0.0%	14.9%	39.5%
<b>Total</b>	<b>30.0% (542)</b>	<b>32.1% (2725)</b>	<b>50.6% (313)</b>	<b>18.4% (29)</b>	<b>59.1% (107)</b>	<b>38.5% (206)</b>

# North West

## Service Engagement & Provision

Ward	Family Hubs registered	Family Hubs attendance	Family Hubs new registrations	SW Referrals	EH Allocations	T2YO take-up against eligibility	3-4YO resident take up against population	SALT referrals	SALT Contacts 0-4	GLD by Resident	GLD by Provision	GLD by FSM
Bayswater	4.8%	4.7%	5.9%	4.4%	5.0%	80.0%	52.6%	3.7%	4.2%	87.2%	64.0%	57.1%
Harrow Road	7.2%	8.4%	5.1%	10.4%	3.4%	93.8%	82.4%	8.0%	8.9%	67.5%	64.5%	74.3%
Lancaster Gate	4.5%	4.0%	5.8%	7.0%	2.5%	68.4%	80.9%	3.4%	2.6%	66.7%	61.3%	61.5%
Queen's Park	8.9%	9.8%	7.3%	7.0%	5.0%	64.5%	71.2%	8.2%	9.2%	75.6%	75.6%	78.7%
Westbourne	6.2%	6.8%	5.3%	10.4%	10.9%	72.5%	94.5%	9.1%	9.8%	68.8%	71.4%	60.0%
<b>Total</b>	<b>31.6% (2402)</b>	<b>33.7% (1137)</b>	<b>29.3% (596)</b>	<b>39.3% (106)</b>	<b>26.9% (32)</b>	<b>75.5% (108)</b>	<b>75.6% (770)</b>	<b>32.4% (182)</b>	<b>34.8% (1289)</b>	<b>71.7% (268)</b>	<b>69.5% (232)</b>	<b>69.1% (105)</b>

# North West

## Needs & Outcomes

Ward	Children due 2½ year check	2½ year HV check take-up	2-2½ year check – 1+ thresholds not met	EHCP (home ward)	SEN Support (home ward)
Bayswater	7.2%	62.0%	15.2%	5.7%	2.5%
Harrow Road	5.3%	71.0%	19.5%	11.3%	16.9%
Lancaster Gate	6.3%	55.0%	20.2%	3.8%	6.3%
Queen's Park	5.9%	73.0%	29.5%	3.8%	11.9%
Westbourne	5.7%	71.0%	26.4%	11.3%	9.4%
<b>Total</b>	<b>30.3% (546)</b>	<b>65.9% (360)</b>	<b>22.6% (132)</b>	<b>35.8% (19)</b>	<b>46.9% (75)</b>

\* The percentage of children in the 2-2½ year ASQ assessment who did not meet at least one of the expected developmental thresholds.

# South

## Population & Deprivation (Context)

Ward	New Births (pre-consent)	Population of under 5s	IDACI 0%-10%	IDACI 11%-20%	IDACI 21%-30%	FSM eligibility by Resident
Knightsbridge & Belgravia	4.9%	5.2%	1.1%	1.3%	1.1%	12.9%
Pimlico North	5.1%	3.5%	1.6%	7.0%	4.4%	18.4%
Pimlico South	3.3%	5.0%	6.0%	8.2%	3.9%	21.3%
St James's	3.9%	3.8%	2.6%	0.0%	0.0%	20.6%
Vincent Square	5.4%	4.2%	1.3%	7.6%	0.0%	14.9%
West End	3.7%	3.7%	0.0%	0.0%	8.3%	33.3%
<b>Total</b>	<b>26.3% (475)</b>	<b>25.3% (2155)</b>	<b>12.6% (78)</b>	<b>24.1% (38)</b>	<b>17.7% (32)</b>	<b>19.6% (54)</b>

# South

## Service Engagement & Provision

Ward	Family Hubs registered	Family Hubs attendance	Family Hubs new registrations	SW Referrals	EH Allocations	T2YO take-up against eligibility	3-4YO resident take up against population	SALT referrals	SALT Contacts 0-4	GLD by Resident	GLD by Provision	GLD by FSM
Knightsbridge & Belgravia	3.0%	3.2%	4.0%	2.2%	3.4%	114.3%	58.7%	3.4%	2.0%	66.7%	73.1%	33.3%
Pimlico North	4.5%	5.7%	5.3%	5.6%	7.6%	92.3%	74.4%	5.7%	4.6%	56.8%	*	60.0%
Pimlico South	4.0%	4.6%	4.3%	5.2%	8.4%	71.4%	62.5%	10.2%	11.0%	75.0%	73.6%	76.9%
St James's	2.6%	2.5%	2.6%	2.6%	5.9%	61.5%	56.0%	3.7%	3.9%	65.5%	74.4%	40.0%
Vincent Square	4.1%	4.6%	5.4%	4.4%	5.0%	60.0%	67.3%	5.0%	4.8%	80.0%	77.0%	85.7%
West End	2.8%	2.5%	3.0%	1.5%	5.9%	83.3%	79.3%	2.3%	3.4%	68.8%	87.2%	100.0%
<b>Total</b>	<b>21.0% (1598)</b>	<b>23.1% (779)</b>	<b>24.6% (499)</b>	<b>21.5% (58)</b>	<b>36.1% (43)</b>	<b>76.6% (59)</b>	<b>65.9% (554)</b>	<b>30.3% (170)</b>	<b>29.8% (1104)</b>	<b>69.9% (153)</b>	<b>77.0% (181)</b>	<b>66.7% (28)</b>

\* Blank tiles indicate that no under-fives met this criterion

# South

## Needs & Outcomes

Ward	Children due 2½ year check	2½ year HV check take-up	2-2½ year check – 1+ thresholds not met	EHCP (home ward)	SEN Support (home ward)
Knightsbridge & Belgravia	5.5%	38.0%	27.3%	1.9%	2.5%
Pimlico North	4.2%	52.0%	16.2%	0.0%	4.4%
Pimlico South	3.3%	75.0%	32.5%	13.2%	5.6%
St James's	3.4%	54.0%	20.8%	1.9%	2.5%
Vincent Square	3.5%	52.0%	24.6%	3.8%	3.8%
West End	3.6%	37.0%	15.6%	3.8%	1.9%
<b>Total</b>	<b>23.5% (424)</b>	<b>49.9% (212)</b>	<b>23.6% (86)</b>	<b>24.5% (13)</b>	<b>20.9% (33)</b>

\* The percentage of children in the 2-2½ year ASQ assessment who did not meet at least one of the expected developmental thresholds.

## Royal Borough of Kensington and Chelsea Locality Data – 2024/2025

# North

## Population & Deprivation (Context)

Ward	New Births (pre-consent)	Population of under 5s	IDAC1 0%-10%	IDAC1 11%-20%	IDAC1 21%-30%	FSM eligibility by Resident
Campden	7.6%	6.5%	0.0%	0.0%	0.0%	2.6%
Colville	5.9%	5.6%	0.0%	10.5%	20.7%	36.3%
Dalgarno	5.7%	6.8%	15.5%	16.4%	32.7%	39.8%
Golborne	6.6%	5.3%	13.8%	40.1%	0.0%	38.0%
Holland	6.3%	7.0%	0.0%	0.0%	8.7%	8.7%
Norland	4.3%	3.9%	0.0%	0.0%	1.3%	21.4%
Notting Dale	5.6%	6.9%	31.9%	24.3%	21.3%	45.4%
Pembridge	3.8%	3.8%	0.0%	0.0%	0.0%	23.1%
St. Helen's	4.1%	4.9%	0.0%	2.0%	2.0%	44.1%
<b>Total</b>	<b>50.0% (627)</b>	<b>50.6% (3118)</b>	<b>61.2% (71)</b>	<b>93.4% (142)</b>	<b>86.7% (130)</b>	<b>34.5% (171)</b>

# North

## Service Engagement & Provision

Ward	Family Hubs registered	Family Hubs attendance	Family Hubs new registrations	SW Referrals	EH Allocations	T2YO take-up against eligibility	3-4YO resident take up against population	SALT referrals	SALT Contacts 0-4	GLD by Resident	GLD by Provision	GLD by FSM
Campden	6.0%	1.9%	6.3%	2.8%	2.1%	133.3%	62.1%	1.1%	0.9%	75.0%	75.9%	25.0%
Colville	6.2%	8.8%	6.8%	7.7%	9.4%	61.5%	90.5%	9.0%	8.5%	60.0%	70.0%	42.9%
Dalgarno	5.7%	10.5%	6.7%	15.1%	12.5%	32.1%	93.4%	12.2%	12.2%	53.2%	44.7%	35.7%
Golborne	6.3%	10.7%	6.3%	14.4%	19.8%	37.0%	124.2%	11.3%	12.5%	63.3%	62.9%	52.2%
Holland	6.2%	3.6%	6.3%	7.0%	5.2%	233.3%	59.2%	4.8%	3.8%	78.3%	73.3%	60.0%
Norland	4.3%	3.2%	3.9%	2.1%	2.1%	100.0%	56.5%	3.4%	4.6%	82.4%	61.7%	66.7%
Notting Dale	6.0%	8.6%	6.6%	11.9%	17.7%	32.0%	106.8%	9.2%	10.0%	51.9%	55.2%	50.0%
Pembridge	4.1%	3.4%	3.4%	1.8%	1.0%	50.0%	74.7%	1.6%	1.7%	73.7%	*	0.0%
St. Helen's	4.8%	7.1%	4.3%	2.5%	5.2%	50.0%	50.8%	4.4%	5.7%	57.1%	62.8%	37.5%
<b>Total</b>	<b>49.7% (2950)</b>	<b>57.7% (859)</b>	<b>50.5% (708)</b>	<b>65.3% (186)</b>	<b>75.0% (72)</b>	<b>53.3% (64)</b>	<b>80.1% (990)</b>	<b>57.0% (248)</b>	<b>60.0% (1525)</b>	<b>64.4% (232)</b>	<b>64.0% (295)</b>	<b>46.2% (49)</b>

\* Blank tiles indicate that no under-fives met this criterion

# North

## Needs & Outcomes

Ward	Children due 2½ year check	2½ year HV check take-up	2-2½ year check – 1+ thresholds not met*	EHCP (home ward)	SEN Support (home ward)
Campden	6.7%	50.0%	25.0%	0.0%	2.2%
Colville	5.5%	61.0%	16.7%	7.1%	8.6%
Dalgarno	6.0%	78.0%	27.5%	7.1%	17.2%
Golborne	6.8%	62.0%	34.7%	14.3%	12.9%
Holland	6.7%	51.0%	19.3%	0.0%	2.2%
Norland	4.7%	39.0%	18.9%	14.3%	4.3%
Notting Dale	5.7%	57.0%	30.2%	28.6%	18.3%
Pembridge	3.4%	44.0%	25.0%	0.0%	3.2%
St. Helen's	4.2%	54.0%	26.2%	14.3%	7.5%
<b>Total</b>	<b>49.5% (594)</b>	<b>56.1% (333)</b>	<b>25.3% (119)</b>	<b>85.7% (12)</b>	<b>76.3% (71)</b>

\* The percentage of children in the 2-2½ year ASQ assessment who did not meet at least one of the expected developmental thresholds.

# South

## Population & Deprivation (Context)

Ward	New Births (pre-consent)	Population of under 5s	IDAC1 0%-10%	IDAC1 11%-20%	IDAC1 21%-30%	FSM eligibility by Resident
Abingdon	5.3%	5.8%	0.0%	0.0%	6.0%	18.2%
Brompton & Hans Town	6.2%	5.8%	4.3%	0.0%	0.0%	3.8%
Chelsea Riverside	3.9%	5.3%	22.4%	6.6%	1.3%	28.9%
Courtfield	6.3%	5.6%	0.0%	0.0%	0.0%	0.0%
Earl's Court	5.4%	6.4%	5.2%	0.0%	0.0%	20.5%
Queen's Gate	4.9%	4.7%	0.0%	0.0%	0.0%	0.0%
Redcliffe	6.7%	6.4%	0.0%	0.0%	0.0%	6.9%
Royal Hospital	4.8%	3.9%	0.0%	0.0%	6.0%	21.4%
Stanley	6.5%	5.4%	6.9%	0.0%	0.0%	20.5%
<b>Total</b>	<b>50.0% (628)</b>	<b>49.4% (3042)</b>	<b>38.8% (45)</b>	<b>6.6% (10)</b>	<b>13.3% (20)</b>	<b>15.0% (46)</b>

# South

## Service Engagement & Provision

Ward	Family Hubs registered	Family Hubs attendance	Family Hubs new registrations	SW Referrals	EH Allocations	T2YO take-up against eligibility	3-4YO resident take up against population	SALT referrals	SALT Contacts 0-4	GLD by Resident	GLD by Provision	GLD by FSM
Abingdon	5.6%	2.7%	5.2%	3.2%	3.1%	233.3%	59.0%	4.4%	3.3%	73.3%	83.9%	75.0%
Brompton & Hans Town	5.3%	3.4%	5.8%	2.8%	0.0%	300.0%	60.6%	3.0%	3.1%	54.2%	84.5%	100.0%
Chelsea Riverside	4.4%	6.2%	4.0%	5.6%	6.3%	55.6%	71.2%	6.7%	8.1%	73.7%	60.9%	64.3%
Courtfield	6.4%	4.3%	6.0%	2.8%	2.1%	133.3%	69.3%	4.8%	3.5%	80.8%	72.2%	100.0%
Earl's Court	6.8%	7.3%	6.8%	4.2%	1.0%	76.9%	60.3%	6.2%	5.7%	85.7%	77.8%	88.9%
Queen's Gate	5.2%	2.0%	5.2%	1.1%	3.1%	100.0%	43.0%	1.8%	1.1%	77.3%	*	*
Redcliffe	6.6%	7.1%	6.1%	2.8%	3.1%	27.3%	77.1%	9.0%	7.9%	68.6%	79.3%	60.0%
Royal Hospital	4.2%	3.6%	4.7%	4.6%	0.0%	133.3%	84.2%	2.3%	2.0%	68.4%	65.9%	75.0%
Stanley	5.8%	5.6%	5.6%	7.7%	6.3%	50.0%	71.9%	4.8%	5.5%	61.5%	64.0%	33.3%
<b>Total</b>	<b>50.3% (2986)</b>	<b>42.3% (629)</b>	<b>49.5% (693)</b>	<b>34.7% (99)</b>	<b>25.0% (24)</b>	<b>65.9% (44)</b>	<b>80.1% (990)</b>	<b>43.0% (187)</b>	<b>40.0% (1018)</b>	<b>72.0% (195)</b>	<b>72.0% (264)</b>	<b>71.1% (32)</b>

\* Blank tiles indicate that no under-fives met this criterion

# South

## Needs & Outcomes

Ward	Children due 2½ year check	2½ year HV check take-up	2-2½ year check – 1+ thresholds not met	EHCP (home ward)	SEN Support (home ward)
Abingdon	5.5%	53.0%	17.6%	0.0%	3.2%
Brompton & Hans Town	6.2%	36.0%	21.2%	7.1%	4.3%
Chelsea Riverside	4.2%	74.0%	9.3%	0.0%	7.5%
Courtfield	8.0%	43.0%	9.6%	7.1%	0.0%
Earl's Court	5.4%	62.0%	14.1%	0.0%	1.1%
Queen's Gate	5.4%	51.0%	9.5%	0.0%	1.1%
Redcliffe	5.3%	57.0%	22.2%	0.0%	2.2%
Royal Hospital	5.2%	60.0%	13.0%	0.0%	1.1%
Stanley	5.3%	55.0%	9.2%	0.0%	3.2%
<b>Total</b>	<b>50.5% (605)</b>	<b>53.2% (322)</b>	<b>13.7% (74)</b>	<b>14.3% (2)</b>	<b>23.7% (22)</b>

\* The percentage of children in the 2-2½ year ASQ assessment who did not meet at least one of the expected developmental thresholds.

## Appendix B – Further Information and Useful Links:

**Library Offer for Under 5s: 'Little Learners - Building Skills Through Play (RBKC) :** [Family Information Hub | Library Offer for Under 5s: 'Little Learners - Building Skills Through Play'](#) (RBKC)

**Library Offer for Under 5s: 'Little Learners - Building Skills Through Play (WCC):** [Family Information Hub | Library Offer for Under 5s: 'Little Learners - Building Skills Through Pla...](#)

**Best Start in Life (pre-birth to 5) - (RBKC):** [Family Information Hub | Best Start in Life \(pre-birth to 5\)](#)

**Best Start in Life (pre-birth to 5) - (WCC):** [Family Information Hub | Best Start in Life \(pre-birth to 5\)](#)

**Holiday Activities and Food Programme (HAF) – (RBKC):** [Family Information Hub | Holiday Activities and Food programme \(HAF\)](#)

**Holiday Activities and Food Programme (HAF) – (WCC):** [Family Information Hub | Holiday Activities and Food Programme \(HAF\)](#)

# Appendix C – Bi-borough CYP Governance Structure Chart:

