



# BEST START IN LIFE: SWINDON LOCAL PLAN

March 2026





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# 1. Why the Best Start in Life is a priority



The earliest years shape lifelong health, learning, and wellbeing. Rapid brain development, nurturing relationships and access to consistent support determine how children grow, thrive and enter school ready to learn. Swindon's Best Start in Life Local Plan aligns with the national Best Start in Life Strategy (2025), which emphasises:

- Early intervention and integrated Family Hubs.
- Affordable childcare.
- High-quality early education.

Locally, families continue to experience post-COVID pressures, cost-of-living challenges and increasing complexity of need. A coherent, intelligence driven system is therefore essential.

A Good Level of Development (GLD) is achieved when a child meets the expected level in all Early

Learning Goals in the Prime Areas of Communication & Language, Personal, Social & Emotional Development (PSED), Physical Development as well as the Specific Areas of Literacy and Maths at the end of their Reception year in school.

The Best Start in Life programme also aligns with the local ambition in Swindon Borough Council to focus on early intervention and prevention which aims to improve long-term wellbeing and reduce reliance on crisis services.

This plan outlines how Swindon will deliver a coherent, whole-system Best Start in Life offer that delivers the national ambitions, strengthens early intervention and support, and ensures measurable improvement in outcomes - particularly Good Level of Development (GLD) at the end of Reception year in Primary School by 2028.



## 1.1 Foundations for a Best Start in Swindon

Children develop well when families have access to:

**A**

### Secure, nurturing early relationships

Warm, responsive relationships underpin brain development and emotional security.

**B**

### Good parental emotional wellbeing

Parents' mental health directly impacts early relationships and children's early learning.

**C**

### Stable, healthy environments

Adequate housing, warm homes, nutritious food, consistent routines.

**D**

### Early learning opportunities

Chat, play, read and learn opportunities in the home and community.

**E**

### Community safety and belonging

Strong community networks, peer groups and trusted services.



## 2. Swindon's Good Level of Development Improvement Target



The statutory target for our local authority will be considered "achieved" if the following two conditions are met by 2028:

The proportion of children in Swindon Borough Council achieving a Good level of development at the end of the 2027/28 academic year is at least

# 76.5%

Disadvantaged children have benefited at least equally from this improvement; that is, that the proportion of children eligible for Free School Meals (FSM) and achieving a Good Level of Development at the end of the 2027/28 academic year is at least

# 60.8%

What this equates to in numbers of children:

By 2027/28

# 215

Additional children achieving GLD to meet target (overall)

By 2027/28

# 17

Additional children achieving GLD to meet target (FSM)

## 3. Vision, Mission and Goals



### Vision

Every child in Swindon thrives in nurturing families and inclusive communities, reaching school age ready to learn, relate and participate.

### Mission

To build an integrated Best Start in Life system that delivers earlier help, equitable access, aligned pathways and measurable improvements in child development.

### Purpose of the Plan

- Deliver against the national target of at least 75% of children achieving GLD by 2028 by meeting the local target for Swindon of 76.5%.
- Describe how Swindon will improve child development outcomes, especially for disadvantaged children.
- Provide a strategic blueprint for redesigning services and aligning local assets.
- Strengthen the early years system through integrated, whole-family support.
- Reduce inequalities in early development, particularly for disadvantaged groups.

Throughout this plan we use the term parent. By parent we mean mums, dads, carers, step-parents, grandparents and all other types of parent.



# 4. Evidence of Local Need

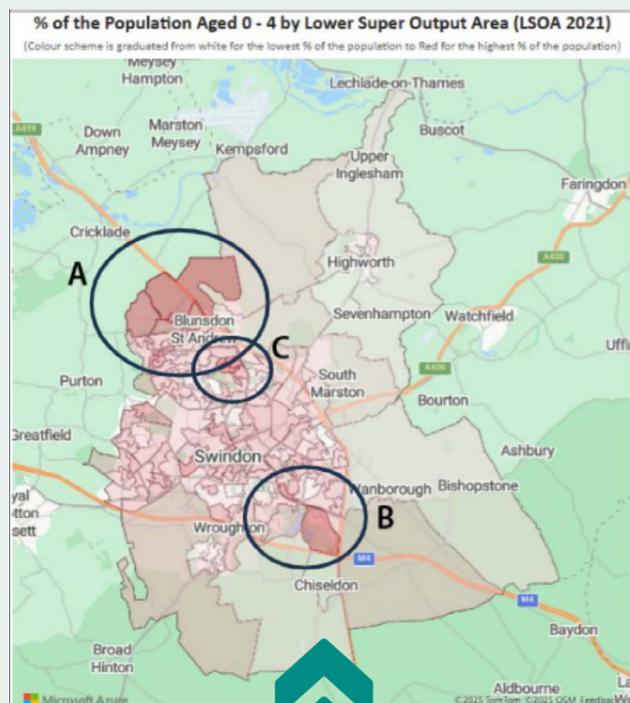


To understand our population need we have drawn on evidence from Swindon Borough Council's Joint Strategic Needs Assessment (JSNA) (2024), Children and Young People's Needs Assessment (2024), The Parenting Needs Assessment (2025), Local Authority Data, and publicly available data.

## 4.1 Population

All children aged 0–5, with targeted focus on priority groups, which have been identified through national and local evidence of who will face the greatest challenges in meeting their child development milestone:

- Families living in neighbourhoods with highest deprivation
- Children experiencing poverty
- Children with SEND
- Boys
- Summer-born children
- Children with English as an additional language
- One-parent households



**13,500**  
The population of children aged 0-5 in Swindon is estimated to be around 13,500 (ONS census data, 2021).



The areas with the highest proportion of under 5s in the local population are the Tadpole Gardens, Blunsdon Hill area (A), Badbury Park (B) and Penhill (C).

There are clustered areas of income deprivation affecting children in the Walcot East and Parks areas (A), and Penhill (B). There are also pockets in Pinehurst West, Dorcan Central, Upper Stratton (south east), Toothill north, Stokesay drive and Moredon West.

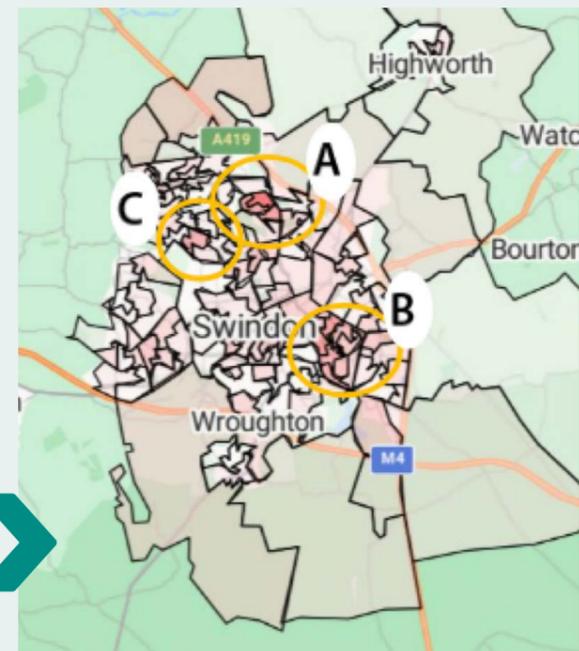
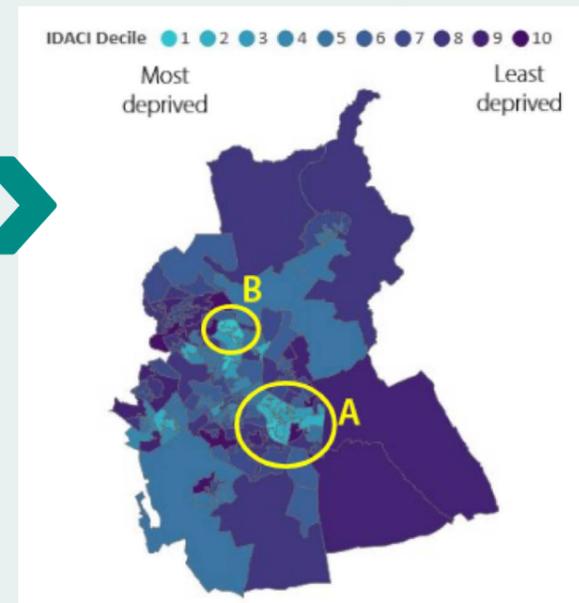
The proportion of children in low income families has risen dramatically in recent years in Penhill & Upper Stratton, Liden, Eldene & Park South, Gorsehill & Pinehurst, Walcot & Park North and Blunsdon & Highworth.

In March 2025 there were 181 children with child protection plans, and 2,893 children under child in need plan, this figure has remained relatively stable over the last 5 years.

The highest clusters of open children's social care cases are in Penhill (A), and Walcot East & the Parks (B), with additional concentrations across the borough in locations such as Moredon(C).

When comparing the geographic locations of the children's social care caseload against the proportion of population who are children, there are some areas with a disproportionate social care support need. In particular these are Penhill, Walcot East and the Parks.

Establishing two priority zones in Penhill (Swindon North) and Walcot East & the Parks (Swindon South) would provide a 'high' proximity of support for 52% of the neighbourhoods with the highest income deprivation affecting children. It would provide a 'good' proximity for 78% of these priority neighbourhoods.



The number of children taking up some or all of their funded entitlement hours to access early years childcare for Autumn 2024 and then Autumn 2025 were as follows:

Academic Year 2024-2025		Academic Year 2025-2026	
Autumn 2024		Autumn 2025	
Age Range	Total	Age Range	Total
9-24 Months	1,055	9-24 Months	1183
2 Years	1,141	2 Years	1605
3&4 Years	2,643	3&4 Years	2576
<b>Grand Total</b>	<b>4,839</b>	<b>Grand Total</b>	<b>5364</b>

91.8% of children have received an MMR vaccination at age 2, 87.1% have received 2 doses by age 5 (better than national average).

Findings from the National Dental Epidemiology Programme (NDEP) survey published in February 2025 show that prevalence of tooth decay amongst 5-year-olds in Swindon is now at 16.5%. This is well below the averages for the South West (19.7%) and England (22.4%). This is a significant improvement from the last NDEP (2021) findings for Swindon where prevalence was 28.9% and was substantially worse than the South West and England averages.

99.2% Ages and Stages Questionnaire (ASQ) completion (better than national average). The Ages and Stages questionnaire is used to measure child development at 2-2.5 years of age.

26.7% of households with dependant children are one-parent households (ONS census data 2021).

The number of children and young people in Swindon with SEND is increasing.

34.6% of pupils with an Education Health Care Plan (EHP) have a primary need of Autism Spectrum Disorder (ASD).

## 4.2 Good Level of Development and Child Outcomes

Latest data (2025) shows:

- 68.2% of children in Swindon achieved GLD (close to national 68.3%).

### Communication & Language

#### Listening, Attention & Understanding

National - 81.7%  
Swindon - 82.1%

#### Speaking

National - 82.8%  
Swindon - 83.5%

### Physical Development

#### Gross Motor Skills

National - 91.6%  
Swindon - 91.6%

#### Fine Motor Skills

National - 85.5%  
Swindon - 85.8%

### Literacy

#### Comprehension

National - 80.4%  
Swindon - 80.5%

#### Word Reading

National - 76.5%  
Swindon - 77.2%

#### Writing

National - 71.8%  
Swindon - 71.1%

### Personal, Social & Emotional Development (PSED)

#### Self Regulation

National - 84.8%  
Swindon - 84.7%

#### Building Relationships

National - 88.1%  
Swindon - 87.1%

#### Managing Self

National - 87%  
Swindon - 85.6%

### Mathematics

#### Number

National - 79.3%  
Swindon - 77.9%

#### Numerical Patterns

National - 78.7%  
Swindon - 77.9%

54.6% of disadvantaged children achieved GLD (above national 51.3%).

Early Years Foundation Stage Profile (EYFSP) outcomes for Children entitled to Free School Meals (FSM) and those not entitled to Free School Meals

Area	FSM LA (%)	FSM LA (%)	FSM Diff (0.5 rounded)	Non-FSM LA (%)	Non-FSM Nat (%)	Non-FSM Diff (0.5 rounded)	LA Gap (Non-FSM - FSM)	National Gap (Non-FSM - FSM)
GLD	54.0	51.4	+2.5	70.6	72.5	-2.0	+16.5	+21.0
COM	73.3	67.2	+6.0	81.6	82.6	-1.0	+8.5	+15.5
PSE	76.1	72.5	+3.5	84.0	85.7	-1.5	+8.0	+13.0
PHY	79.3	74.1	+5.0	85.9	87.2	-1.5	+6.5	+13.0
LIT	55.4	53.3	+2.0	72.4	74.7	-2.5	+17.0	+21.5
MAT	64.9	62.5	+2.5	78.9	81.4	-2.5	+14.0	+19.0

\*Whilst the local figures show a gap which is not as great as the national figures, there is still a significant gap between the attainment of children in Swindon who are entitled to Free School Meals in comparison with their peers who are not. We therefore need to continue to strive to close this gap.

EYFSP outcomes for Boys and Girls Locally and Nationally

Area of Learning	All — National %	All — Local %	Boys — National %	Boys — Local %	Girls — National %	Girls — Local %	Gap between girls & boys National	National Gap (Non-FSM - FSM)
Good Level of Development	68.3%	68.2%	61.6%	61.1%	75.4%	75.5%	13.8%	14.4%
Communication (COM)	79.6%	80.1%	74.2%	74.6%	85.2%	85.7%	+11.0	+11.1
PSE	83.1%	82.9%	77.4%	76.2%	89.0%	89.6%	+11.6	+13.4
Physical (PHY)	84.8%	84.9%	78.6%	78.6%	91.2%	91.4%	+12.6	+12.8
Prime Goals	75.3%	76.2%	68.2%	68.9%	82.7%	83.6%	+14.5	+14.7
Literacy (LIT)	70.5%	69.9%	64.2%	63.3%	77.1%	76.7%	+12.9	+13.4
Maths (MAT)	77.7%	76.7%	74.6%	73.6%	81.0%	79.9%	+6.4	+6.3

The gap between boys and girls attainment is greater in Swindon than the national average, and 28% of mainstream schools have a gap greater than 20% between boys and girls.

EYFSP outcomes comparison for children with English as a first language and children with English as an additional language (EAL)

Area	National (English)	National (EAL)	Swindon (English)	Swindon (EAL)	National Gap	Local Gap
GLD	70	65	70.4	63.3	5	7.1
COM	81.9	73.1	82.9	74.6	8.8	8.3
PSE	83.9	81.8	83.1	82.3	2.1	0.8
PHY	85.1	84.4	85.2	84.4	0.7	0.8
LIT	72.2	66.7	72.2	64.7	5.5	7.5
MAT	79.5	73.3	79.0	72.0	6.2	7.0

EYFSP outcomes comparison for children with English as a first language and children with English as an additional language (EAL). The Gap between children who have English as a first language and children who have an additional language is greater than the national average, particularly for literacy and maths.

Term of birth	Area of learning	National %	Local %	Gap (pp)
Autumn	GLD	75.6	76.5	0.9
Autumn	COM	84.0	85.2	1.2
Autumn	PSE	85.7	85.4	-0.3
Autumn	PHY	88.3	88.2	-0.1
Autumn	Prime Goals	80.6	81.5	0.9
Autumn	LIT	77.7	78.2	0.5
Autumn	MAT	83.6	83.5	-0.1
Spring	GLD	69.2	69.9	0.7
Spring	COM	80.2	79.9	-0.3
Spring	PSE	83.7	83.6	-0.1
Spring	PHY	85.5	85.9	0.4
Spring	Prime Goals	76.1	77.0	0.9
Spring	LIT	71.3	71.4	0.1
Spring	MAT	78.5	77.3	-1.2
Summer	GLD	59.9	58.2	-1.7
Summer	COM	74.3	75.3	1.0
Summer	PSE	79.8	79.6	-0.2
Summer	PHY	80.3	80.7	0.4
Summer	Prime Goals	68.9	70.1	1.2
Summer	LIT	62.2	60.3	-1.9
Summer	MAT	70.7	69.5	-1.2

The attainment gap between autumn born and summer born children persists, especially in Literacy and Maths.

### 4.3. Good Level of Development Improvement Priorities

The focus is based on GLD data above, Ages and Stages Questionnaire (ASQ) data, a parenting needs assessment and practitioner feedback:

#### Curriculum Areas

- Self-regulation
- Managing self
- Building relationships
- Writing
- Number and numerical patterns

- Emotional wellbeing as a foundation for learning

#### Priority Population Groups

- Free School Meal-eligible and deprived-area children
- Boys
- Summer-born children
- English as a second language (EAL)L children

Emotional regulation is a priority across all parenting services and embedded within whole-family approaches.

### 4.4 Children’s Health Needs Assessment (2024)

A comprehensive needs assessment of children’s needs in 2024 identified four priority areas:

1. Social, emotional and mental health
2. Child development and education
3. Access to nutritious food and exercise
4. Oral health

### 4.5 Parenting Needs Assessment (2025)

Priority areas from the parenting needs assessment:

1. Poverty and cost of living support
2. Maternal health and Early Years
3. Mental health support for both parents and young children
4. SEND support
5. Accessibility of services
6. Isolation and lack of peer support
7. Cultural and migrant family needs
8. Childcare and work pressures affecting family life
9. Digital safety and Healthy screen use

### 4.6 Parent and community insights:

- Mental health pressures
- Desire for practical behaviour and emotional regulation support
- Childcare and accessibility barriers
- Need for culturally inclusive support
- Importance of father engagement
- Need for consistent pathways and “no wrong door”
- More support for emerging SEND

### 4.7 Strategic recommendations from data analysis and parent engagement:

These insights led to the following overarching recommendations for the Best Start in Life in Swindon:

1

#### Embed Parent Insights

- Prioritise Evidence Based Interventions (EBIs) that address behaviour, emotional wellbeing and SEND.
- Co-produce hub design with Parent Panels, including Special Educational Needs and Disabilities (SEND) and migrant families.

2

#### Wraparound Support

- Pair EBIs with mental health intervention, financial advice, and childcare solutions.
- Provide evening/weekend delivery and onsite childcare where possible.

3

#### Outreach and Inclusion

- Focus support in Penhill (Swindon North) and Walcot East & the Parks areas
- Target outreach and support for English as a second language (EAL) families, refugee and asylum-seeking communities.
- Ensure culturally tailored sessions and translated materials.

4

#### Special Educational Needs and Disability Integration

- Align Hubs with SEND Navigators and inclusive playgroups.
- Strengthen early identification and multiagency pathways.

5

#### Digital Offer

- Promote national online parenting programmes and develop local webinars.

6

#### Measure What Matters

- Track reach, completion, access equity, parent satisfaction, and developmental impact.

7

#### Workforce Sustainability

- Train staff in trauma-informed, neurodiversity-affirming and culturally competent practice.
- Build peer-led capacity through parent champions and community connectors.



# 5. Values and Delivery Principles



Best Start in Life delivery will be guided by:

- ✓ **Child and family centred co-production**
- ✓ **Proportionate universalism with targeted intensity**
- ✓ **Trauma-informed, neurodiversity- affirming practice**
- ✓ **Early identification and timely support**
- ✓ **Cultural humility**
- ✓ **Prevention first, strengths-based practice**
- ✓ **Integrated system pathways and governance**
- ✓ **Evidence-informed practice and continuous learning**

## 5.1. Coproduction & Inclusion

- **Parent Panel** representing SEND, migrant, and father communities
- **“Think Dad”** commitment embedded across services
- Community connectors and Parent Champions model
- Regular listening events and feedback loops built into governance
- Inclusion framework covering digital access, language, neurodiversity, and location.

## 5.2 Our Best Start in Life System

These people and services work together to support families through the Best Start Family Hub and wider Best Start offer in the community.



# 6. Service Aims and Objectives



## Aim 1 – Good Health and Wellbeing Foundations

- Improve access to maternal health services, such as nutrition support, smoking cessation and perinatal mental health
- Review 0-5 Healthy Child Programme delivery within Health Visiting, prioritising against local needs, including integrating services where possible
- Support all children to register with general practice
- Expand drop-ins and earlier identification of support needs
- Promote healthy screen habits and independent play

## Aim 2 – Improve the SEND Journey

- Improve early identification of SEND
- Embed SEND Navigators in the Best Start Family Hub and provide early support interventions.
- Streamline processes including Section 23 notifications and shared decision-making.

## Aim 3 – A Cohesive, Graduated Parenting Offer

- Commission a parenting offer across all ages and levels of need, with a focus on evidence based interventions that support development for 3 and 4-year olds
- Ensure sequencing from universal - targeted - specialist support
- Implement consistent entry/exit criteria and pathways across services
- Provide flexible delivery to enable parents and carers to access early years support
- Ensure a whole family approach, inclusive of all carers that have a significant influence on children's lives
- Strengthen cultural inclusion and outreach
- Implement test and learn approaches that target local need and utilise local strengths

## Aim 4 – Parent-Infant, Family and Community Relationships

- Promote positive early interaction to create positive infant and parent/carer attachment
- Embed parent-infant mental health pathways
- Strengthen early connections to the Best Start Family Hub
- Build peer networks and group connections
- Build peer mentoring networks and targeted groups.
- Work with communities to co-design services that meet their needs.

## Aim 5 – Early Learning: Chat, Play, Read, Learn:

- Support early speech and language development
- Strengthen home learning environment
- Deliver evidence based interventions for 3-4s
- Build on local strengths to develop boys/dads/male carers specific interventions.

## Aim 6 – System Integration & Improvement

- Work with partners within Best Start to ensure cross-service and multiagency coproduction and delivery
- Develop and embed an Early Child Development Pathway with multi-agency referral routes.
- Implement central digital and physical “front doors”
- Workforce training in core practice
- Review governance and embed monitoring dashboards
- Strengthen integration across health, education, early help and community partners
- Support transition planning from Early Years to School

# 7. Headline Best Start Priorities for Swindon (0-5)



These are the top-tier strategic priorities supported by the combined datasets, needs assessments, and outcomes measures.

## Priority 1 - Reduce inequalities in early child development

- Clear concentration of deprivation and poverty in Penhill, Walcot East & the Parks, Gorsehill & Pinehurst, Liden/Eldene/Park South, and Blunsdon/Highworth
- These neighbourhoods show higher social care involvement, indicating increased need
- Children in these areas face the highest barriers to achieving developmental milestones

## Priority 2 - Improve outcomes for priority population groups

**Based on national/local evidence, these groups are consistently at higher risk of not meeting milestones:**

- Children living in deprivation or poverty
- Disadvantaged children (Free School Meals eligible children)
- SEND children, with rising prevalence and increasing Educational Health Care Plans (EHCP) numbers
- Boys
- Summerborn children
- Children with English as an additional language (EAL)

## Priority 3 - Strengthen family wellbeing & parental capacity

**Needs assessment themes identify:**

- Mental health pressures for parents
- Behaviour and emotional regulation support
- Isolation, childcare pressures, and cost of living impact daily functioning
- Poverty, digital safety, cultural inclusion, SEND navigation
- Importance of father engagement and consistent pathways

## Priority 4 - Improve early social, emotional, and communication development

**Across assessments (GLD, ASQ, parent feedback), the highest need curriculum domains are:**

- Self-regulation
- Managing self
- Building relationships
- Early communication & emotional wellbeing
- Writing, number & numerical patterns

These domains are critical foundations for GLD and readiness for school.

## Priority 5 - Strengthen early identification & access to early support

**Data shows good ASQ coverage (99.2%) and strong immunisation/tooth decay improvements - indicating strong contact points that can be used to:**

- Identify emerging SEND earlier
- Recruit specialist SEND practitioners for the Best Start Family Hub
- Streamline Section 23 notification processes across Health and Early Years
- Strengthen referral pathways into health, education and wellbeing services
- Improve access to parenting and early years support
- Ensure “no wrong door” and easier navigation

## 7.1 Population Priorities (Based on Data)

### Priority Populations (highest need):

- Children in poverty & low-income families
- SEND children
- One-parent households
- FSM-eligible children
- Boys & summer-born children
- EAL children

These groups will be primary targets for outreach, early identification, navigation support, and parenting interventions.

## 7.2 Place-Based Priorities (Geographically Targeted)

The data very clearly identifies two high-need zones, which collectively capture the highest deprivation, highest social care activity, and lowest outcomes.

### Priority Zone 1 – Swindon North: Penhill & Upper Stratton

#### Characteristics:

- Highest deprivation concentrations
- Highest social care caseloads
- Lower GLD and higher SEND prevalence
- High proportions of under5s

### Priority Zone 2 – Swindon South: Walcot East & The Parks

#### Characteristics:

- Among the highest child poverty rates
- High children's social care involvement
- Structural deprivation and lower school readiness

#### Combined, these two zones provide:

- High proximity of support for 52% of neighbourhoods with highest deprivation
- Good coverage for 78% of priority neighbourhoods

**This gives a clear rationale for the first Best Start Family Hub location at The Meadows in Penhill, and a need for outreach work in Swindon South.**

## 7.3 Curriculum Priorities.

From GLD data, ASQ, parenting assessment, and practitioner insight, the clear developmental priorities are:

### Priority Area A - Social & Emotional Development

- Self regulation
- Managing self
- Building relationships
- Emotional wellbeing as a foundation for learning, focusing on the importance of reciprocity, containment and positive boundaries.

### Priority Area B - Early Literacy & Communication

- Writing
- Early communication
- Emotional regulation linked to communication



## Priority Area C - Early Maths Foundations

- Number and numerical patterns

### These areas should be the focus of:

- Parenting programmes and evidence-based interventions
- SEND early support
- Early Years settings support
- Transitions to school
- Workforce training

## 7.4 Health Priorities

### Priority A - Social, emotional & mental health (SEMH)

Strongly reinforced by parent insight and GLD domains.

### Priority B - Child development & education

Including speech, language and communication (SLC), early home learning, early identification.

### Priority C - Nutrition, physical development & exercise

Clear links to deprivation patterns.

### Priority D - Oral health

Massive improvement but still a key public health area for sustained action.

### Positive health exceptions to celebrate (“better than national”):

- MMR at age 2: 91.8% (better than national)
- MMR 2 doses by age 5: 87.1% (better than national)
- Tooth decay prevalence: 16.5% (significantly below England 22.4%)
- ASQ-3 completion: 99.2% (significantly above national)

# 8. Delivery Model



## 8.1 Hub-and-Spoke Model

### A Best Start Family Hub model, centred at The Meadows (Penhill), delivering

- A community base for all families to come together
- Drop in and appointment-based clinics
- Developmental triage and clear referral pathways
- Targeted groups and evidence-based interventions supporting development, emotional regulation and attachment

- Partnership delivery
- Seamless referral from universal - targeted - specialist support
- Outreached services delivered through community assets and spoke locations, meeting residents where they are

## 8.2 Reception Year

### To improve school readiness and early inclusion:

- Identify a focus group of education providers based on GLD data. Work in partnership with them to improve outcomes for children, aiming to close any inequality gaps through the earlier identification of children at risk of not achieving GLD, through reflection upon practice and sharing high impact approaches
- Develop a team of experienced teachers to

- work alongside the Early Years Team to support Reception Teachers in their completion of Foundation Stage Profile assessments
- Expand use of “Starting Reception” resources from age 2.
- Strengthen Health Visiting - Early Year’s settings connections
- Utilise data to target schools appropriately

## 8.3 Maternal and Early Years Health

### Priorities include:

- Improving healthy nutrition and Healthy Start uptake.
- Increasing childhood vaccination rates through community campaigns.

- Supporting pregnant people around smoking, alcohol and health-promoting behaviours.
- Increasing take-up of mandated health visiting contacts.

# 9. System Enablers



## 9.1 Service Integration & Family Hubs

### Actions include:

- Opening the Best Start Family Hub at The Meadows (2026).
- Prioritising outreach to target groups.
- Co-locating specialists, including SEND practitioners.
- Establishing seamless transitions across services (“no wrong door”).

## 9.2 Workforce Capacity & Capability

### Key commitments:

- Strengthen recruitment and retention in priority roles.
- Provide coordinated professional development in trauma-informed and integrated practice.
- Clarify roles, responsibilities and shared expectations across services.
- Review workforce data regularly to inform improvement.

## 9.3 Family Engagement and Co-creation

- Commission a Parent Panel via the voluntary sector.
- Resource ongoing parent engagement in Early Years childcare.
- Align cocreation efforts with Families First to avoid duplication.

## 9.4 Local Strengths & Innovation

### Swindon will scale innovation through:

- A nationally recognised Fathers Service within Public Health Nursing.
- Test and learn initiatives focusing on boys and fathers/male carers.
- Co-commissioned evidence-based interventions with “Dads at their Best”.
- Embedding services in libraries and community assets, supported by parent champions.

# 10. Governance and Accountability



Best Start in Life is governed through Swindon Borough Council's Transformation Programme, where it sits within the Prevention and Early Intervention workstream. This ensures the programme contributes directly to the wider strategic ambition to become a prevention-first Local Authority.

## 10.1 Programme Governance Structure

### Strategic Oversight

Best Start in Life reports into the Transformation Board, providing regular updates on progress, risks, performance metrics and alignment with system-wide priorities. This creates clear accountability across council directorates and partners.

### Best Start in Life Delivery Board

Operational leadership is provided by a multiagency Delivery Board made up of service leads from:

- Public Health
- Early Years
- Early Intervention
- Key delivery partners as required (e.g., SEND, Community Hubs, VCSE)

The Delivery Board oversees implementation, monitors performance and equity of access, drives

problem-solving across the system, and ensures consistent delivery of the Best Start offer.

### Cross Programme Alignment

Best Start in Life is strategically aligned with the Community Hubs Programme and the Families First Programme to ensure:

- joined up pathways
- shared objectives
- reduced duplication
- coordinated outreach into priority communities

Regular cross programme meetings support integration and ensure the Best Start Family Hubs contribute fully to the borough-wide early intervention model.

## 10.2 Continuous Improvement and Data Governance

Governance arrangements include:

- quarterly performance reviews
- use of dashboards and feedback loops
- data sharing agreements across health, education and early help

- iterative refinement based on evaluation and parent insight

This ensures delivery remains agile, evidence informed and responsive to the needs of Swindon's children and families.

# 11. Next Steps and Review Cycle



Milestones for 2026

- Opening of The Meadows Best Start Family Hub
- Delivery of a cohesive parenting offer and targeted EBIs
- Outreach of the Hub into community settings
- Development of Early Child Development Pathway
- Enhanced data systems for reporting and targeting
- Innovative pilots focused on boys and male carers

Swindon will conduct quarterly reviews to ensure agile response to local needs.



