Best Start in Life Strategy

for Reading 2026 - 2028

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Foreword, Councillor Wendy Griffith and Councillor Rachel Eden

(Lead Councillor for Children and Lead Councillor for Education and Public Health, Reading Borough Council)

This strategy reflects Reading's ambition as a town to give all our children the best start in life.

Voluntary groups and public services have worked together in partnership to develop this strategy, which most importantly has involved careful listening and co-design with our local families and communities.

Our strategy recognises that the first 1001 days of a child's life are crucial to ensure that our children grow, develop, learn and thrive in childhood and adulthood. It is the responsibility of us to work together to help Reading's babies and children to have the very best start in life.

In Reading's Best Start in Life Strategy we set out how our town will come together to help Reading's babies and children have the best start in life. This will involve partnerships between midwifery, health visiting, early years, libraries and culture, family support and mental health as well as services that support neurodivergence, special educational needs and disabilities, and care. This offers a wide range of help including support with housing, debt advice, cooking skills, guidance around substance and alcohol dependency, support for mums and dads-to-be and other key carers for our children, and much more.

This strategy is ambitious, but our children deserve nothing less.

The principles of respectful, inclusive, family-centred, trauma-informed, accessible and welcoming environments, shape our approach to early support. We are determined to ensure that enabling a good life and improving outcomes for Reading's residents starts from the earliest moments of life.

Improving what we offer to families in our local communities is something we can be proud of in response to what our children and families most need.

We also want to provide a foundation for integrated neighbourhood support throughout our communities' lifetimes. We believe that the integrated family help set out in this strategy will enable every child in Reading to have equal access to good quality support and help, in the right place, and at the right time.

Reading's children and young people, describe our shared vision in these words:

'Children and Families' voices will be heard, that our children will be supported to prepare for the future, reach their full potential and become the best person they can be'.

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Our Vision

In Reading, we want every baby and child to grow up feeling safe, loved and able to flourish.

Together, we will work as one team in Reading to support our children and young people to live lives free from fear and harm, to help them feel safe, be healthy, achieve their potential and experience a sense of belonging.

Trusting relationships matter. We commit to understanding the specific experiences and identities of our children and their families, shaping our help and support to reflect that.

By working together with families and communities, we will help children from pregnancy through to starting school to:

- feel secure and supported
- be healthy, happy and confident
- develop strong communication and learning skills
- experience a sense of belonging.

Strong, trusting relationships are at the heart of a good start in life. We know that every family is different, and we shape our support around children's individual needs, strengths and identities.

Our Values

The Best start strategy articulates how we, as a network of partners and organisations across Reading, work in more integrated and collaborative way with families that is respectful, inclusive and empowering, particularly at a time of rising child poverty.

We will work alongside families in ways that are:

Respectful and inclusive – grounded in anti-discriminatory practice and cultural humility, recognising and valuing the diverse experiences, identities and strengths of Reading's communities, and ensuring that services are responsive rather than prescriptive.

Family-centred – strengths-based approach and recognising the wider pressures families face, we aim to reduce barriers to support, build resilience, and deliver help that is accessible, equitable and focused on improving outcomes for those most affected by hardship.

Trauma-informed – understanding the impact that adversity, inequality and poverty can have on children and families, and prioritising safety, trust and compassion in all interactions.

Accessible and welcoming – reducing barriers and making support easy to find.

Early and preventative – offering help before problems escalate.

Why the first 1,001 days matter, and what this means for Reading

The first 1,001 days of life, from conception to age two, are a critical period for brain development, physical health, emotional regulation, and attachment. Research shows that experiences during this window have lifelong impacts on learning, wellbeing, and future outcomes. Early intervention has the greatest effect because the brain's capacity for change is highest in the earliest years. Investing in babies, young children and families creates lasting benefits across education, health and society.

The Best Start for Life, A Vision for the 1,001 Critical Days, The Early Years Healthy Development Review Report,

Reading's Director of Public Health Annual Report (2025) sets out the case for change and the importance of investing in a child's early years. We recognise that while the brain remains adaptable throughout life, the ability to influence development decreases with age—making early family help the most effective and efficient way to improve outcomes and reduce future demand on statutory services.

What shapes children's early development

From pregnancy through early childhood, key factors influence outcomes:

Brain and Cognitive Development

- Good nutrition, sleep, and physical health support optimal brain growth
- Chronic illness, malnutrition, or frequent infections affect attention, memory, and learning
- Early health problems can have long-term consequences for school performance.

Physical Development

- Health in infancy underpins growth, motor skills, and coordination
- Illness or poor nutrition can delay important milestones such as walking and fine motor control.

Emotional and Social Development

- Warm, responsive relationships build emotional security and resilience
- Healthy children have more energy to explore, play, and learn social skills

- Stress, poor health, or trauma can lead to anxiety, irritability, or withdrawal.

Immune System and Resilience

- Healthy children miss fewer days in early education, giving them more consistent learning experiences
- Feeling physically well supports confidence, coping skills and successful transitions
- Collectively, this evidence shows that early intervention - before difficulties escalate - is one of the most effective and cost-efficient ways to improve population outcomes. Investment in early years is estimated to return 9–10 times the financial value through improved life chances and reduced need for intensive services later in life.

The Picture in Reading: Key Challenges

While many children in Reading do well, outcomes are not equal. There are a range of early health and social factors that disproportionately affect families in the borough:

Poverty and Inequality

- 24% of children under 16 live in low-income households, including around 2,000 under-fives, with concentrations in the most deprived wards
- Poverty is linked to poorer physical health, delayed language development and emotional difficulties.

Oral Health

32.9% of five-year-olds have tooth decay—well above the national average.

Healthy Weight

- Around 1 in 5 children are overweight or obese at the start of school; 1.9% are underweight—higher than the national average
- Physical activity in early childhood supports motor, cognitive and emotional development, yet not all children have equal access to safe play and green space.

Immunisation

Uptake for under-fives is below the national 95% target and below the minimum 90% standard for several vaccines.

Teenage pregnancy and maternal health

- Reading's under-18 conception rate (18.9 per 1,000) is significantly higher than England's rate (13.1).

- 5.9% of pregnant women smoke, a key risk factor for stillbirth, complications and low birth weight.

Early Trauma and Family Stress

Exposure to domestic abuse, parental mental ill-health and substance misuse in early childhood is linked to lifelong risks across health, education and relationships.

Neurodivergence and SEND

Early identification reduces later mental health difficulties, exclusion and social marginalisation, yet families report inconsistent access to early support.

School Readiness

Reading aims for 75.9% GLD by 2028, but current outcomes show inequalities:

- GLD overall: 68.5%
- GLD FSM: 49.8%
- GLD SEND: 26%

Children facing adversity and children from minority backgrounds are less likely to begin school with the skills they need.

Why this matters for Reading

- The foundations of brain development, attachment, and healthy behaviours, are laid in the early years of a child's life (before school)
- Early inequalities such as poverty, poor housing, low birth weight and delayed communication all impact mental health, educational attainment and long-term employment
- Inclusive early identification of neurodivergence improves opportunities for adjustment of home and community environments, increases inclusion and belonging, reduces crisis, and increases positive long-term outcomes
- Integrated services help families access support earlier, reducing escalation to statutory intervention
- Parents' mental health strongly influences infant development, bonding, and emotional wellbeing.

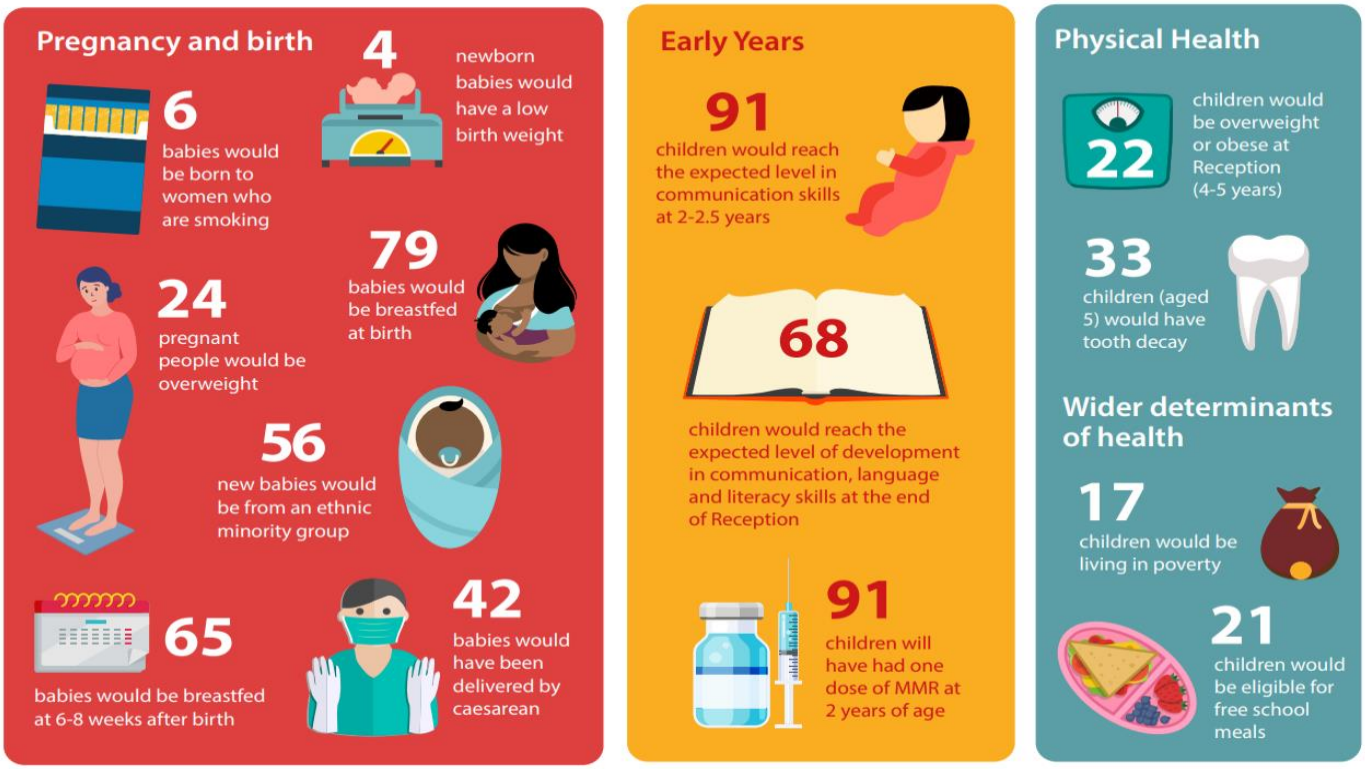
Our Commitment

Reading's Best Start in Life Strategy focuses on early help, joined-up services and removing barriers to support, especially for families who need it most. Strong integrated pathways—midwifery, early years, health visiting, Family Hubs and voluntary or community partners—provide wraparound support from pregnancy to school entry.

Through improved early intervention, targeted support, strengthened early years provision and high-quality Family Hubs, Reading is committed to:

- reducing inequalities
- supporting children's development from birth
- improving GLD outcomes for all children
- ensuring more children thrive by the time they enter Reception
- enabling every child to have the strongest possible start in life

If Reading were a town of 100 children:



Listening to the voice of our children and families

Reading's partners have committed to listening carefully to the voice of local children and families in the design and development of the Best Start in Life (BSIL) Family Hubs and our overall BSIL Strategy for Reading.

Family Hubs act as a universal prevention offer, with additional targeted support that specifically aims to mitigate and reduce exposure to known early life risk factors including poverty, parental mental ill health, domestic abuse and language delay. Family Hubs bring services such as infant feeding advice, parenting classes and perinatal mental health support together in one place to make it easier to get help and advice early, to support children aged 0-18 and up to 25 with SEND, and their families.

Key themes from young people's responses.

Young people said:

Access and atmosphere: Friendly people and having a welcoming vibe are important.

Physical environment: Colourful spaces, variety of activities (games, physical activities, books, art), music, a relaxing sensory space, a quiet area. Soft furnishings are important.

Young people identified that they needed additional help and support with: Mental health, social media safety, job opportunities and career advice support.

Digital engagement: Interest in young person led podcasts interviewing voluntary sector youth support leaders and wider stakeholders with a voice that young people are interested in engaging with apps, and social media with useful content/videos.

Participation: Lots of young people expressed interest in shaping or running parts of Reading's Family Hubs.

In response to Young People's requests, Reading's Family Hubs have been designed to:

Reading's Family Hubs have embraced the theme of 'welcome and belonging'.

Reading's Family Hubs have been designed with artwork chosen by, or created by, our local young people.

Reading's Family Hubs have specific new emotional health and training/work support services embedded in them and Reading has co-designed an innovative emotional health triage support to coordinate our local emotional health service offers and help all of our children who need emotional health support to have greater access to the right help at the right time.

A dedicated digital platform has been designed for Reading's Family Hubs to provide help, support and advice online, for young people and families who prefer to access information or help online.

Quotes from our children:

"Gaming can result in new friendships."

"Access to new opportunities and things to do rather a boring white room with just chairs."

"I would love to be part of running and shaping parts of the Family Hubs."

"It could have a space where you can talk to people about things and just have a safe space for people to be able to just relax after a stressing day."

Parents and carers asked for:

More support: With worklessness, benefits and asked if Citizen's Advice Bureau support could be linked to Family Hubs

Specific help was needed with: Perinatal mental health support, breastfeeding support, access to health visitors, mental health and emotional wellbeing support.

Being able to find out about: Local childcare options, musical and physical play groups, sports for all ages, toddler groups and weekend activities

Specialist support: Support for families with multiple births, for families with English as a second language classes, continuing wraparound care beyond the age of 5, housing advice and local community support.

Levels of Need in Reading – and How We Are Responding

Ensuring every child has the Best Start in Life requires a clear understanding of the pressures faced by families in Reading. While many children thrive, outcomes are not shared equally. Socio-economic disadvantages, health inequalities, and barriers to accessing early support continue to shape a child's early development, school readiness and long-term outcomes. Families, parents, caregivers and young people have told us what they need, and this has directly shaped our design of Reading's Best Start in Life Strategy and Family Hubs.

1. Key Areas of Need in Reading

1.1 Poverty and Early Development

Around 24% of Reading's children under the age of 16 live in poverty. This includes approximately 2,000 children under the age of five who live in low-income households. Poverty increases the risk of:

- delayed speech and language development
- poorer physical and mental health
- emotional and behavioural difficulties
- reduced school readiness

Parents told us they need clearer information, accessible local help with benefits, childcare, housing and employment support.

1.2 Maternal and Infant Health

Reading has the **highest rate of low birth weight in the South East (4.1%)**, which is most commonly linked to smoking in pregnancy, maternal stress, poor nutrition, and substance or alcohol dependency.

Teenage pregnancy also remains above the national average, and families highlighted difficulties accessing perinatal emotional health support.

1.3 Oral Health and Healthy Weight

Children in Reading experience significantly poorer oral health:

- 32.9% of five-year-olds have tooth decay - a level far above the national average.

Weight inequalities begin early, in Reading:

- 1 in 5 Reception age children are overweight or obese
- 1.9% are underweight, which is higher than the national average.

1.4 Housing and Environmental Health

- 10.1% of households are overcrowded, contributing to stress, disrupted sleep, and developmental challenges.
- Emergency admissions for respiratory infections have nearly doubled in five years, with worsening housing conditions a contributing factor.

1.5 Low immunisation uptake

Vaccination coverage for under-fives is below the 90–95% required for population protection. Parents told us they need better reminders, easier booking, and trusted information.

1.6 SEND, neurodivergence and early identification

SEND needs are increasing, with 61% of under-fives with SEND having communication and interaction as their primary need.
In qualitative reviews and co-production conversations, Reading's families said support in the first 1,001 days can be hard to access and that some services can feel unwelcoming or inaccessible.

1.7 Attendance and school readiness

Although school readiness has improved (**GLD 68.4%**, above national), outcomes are not equitable:

- FSM children: **49.8% GLD**
- Non-FSM children: **72.5% GLD**
- SEND children: **26% GLD.**

Persistent absence in Reception particularly affects disadvantaged children and those with SEND.

1.8 Safeguarding pressures

Children later needing child protection services often experience domestic abuse, parental mental health difficulties and substance/alcohol misuse. Parents consistently ask for earlier, easier-to-reach support.

1.9 Cultural and linguistic diversity

Over 30% of Reading's residents are from global majority backgrounds, and many children grow up multilingual. Families said they need ESOL support, culturally humble services and home-language-inclusive early learning.

Our shared priorities (2026–2028): What we will do and why

Based on our analysis of need and what families, parents, young people and professionals told us, Reading will focus on five strategic priorities, delivered through six integrated areas of work (A–F). These reflect the areas where early intervention has the greatest impact, and where inequalities in Reading are most evident.

1. Strengthening Perinatal and Early Health Support

Families asked for more **perinatal mental health support**, help with **breastfeeding**, and clearer early guidance. Many told us they struggled to navigate the system during pregnancy and the first 1,001 days.

In response, we are:

- Expanding smoking cessation, infant feeding and perinatal mental health support through Family Hubs.
- Co-locating midwifery with early years teams to ensure seamless identification of vulnerabilities and early help from pregnancy onwards.
- Delivering weekly outreach support for domestic abuse, substance misuse and parental mental health in communities with the highest levels of need.
- Embedding a stronger focus on healthy pregnancy, attachment, maternal wellbeing and early development.

This work addresses key local needs including high rates of low birth weight, low immunisation uptake, and inequalities linked to maternal health.

2. Earlier identification of neurodivergence and SEND

Parents told us that identifying developmental needs early, and receiving support that is respectful and accessible, is crucial and makes a significant difference to children's outcomes, but they also described significant delays in identification of neurodivergence and SEND in Berkshire.

We are responding by:

- Reading is leading Berkshire's whole system transformation and the introduction of the innovative neurodiversity early-identification needs and strengths tool and co-designing multi-disciplinary training 2,000+ professionals across health visiting, early years and family support.
- Doubling Portage (specialist home visiting educational service for children under 5 with developmental delays or disabilities) capacity (100% expansion), reducing waiting times by 58% and removing the waiting list.
- Creating SEND advice drop-ins and webinars from 2026 to improve parent access to guidance.
- Strengthening specialist partnerships with the Berkshire Sensory Consortium and CYPIT (Children and Young People's Integrated Therapies Team i.e. Speech and language, physiotherapy and occupational health) to support children with hearing, visual and multisensory needs.

This will reduce inequalities in access to assessment, improve school readiness for SEND children, and ensure families receive adjustments that reflect their child's strengths.

3. Stronger home learning and early language support

Parents told us they need more support with early language, routines, and knowing how to help their children learn at home.

We are responding by:

- Launching culturally humble Home Learning Environment outreach for 2- to 4-year-olds who need additional support.
- Introducing the ELKLAN Home-Based Learning Initiative (March 2026) to strengthen early language and literacy skills
- Supporting families to use every day play, stories and conversations to build strong communication foundations.
- Valuing home languages, reducing barriers for multilingual families and supporting inclusive early learning.
- Aligning home-learning support with schools and early years settings to strengthen consistency for Reception entry.

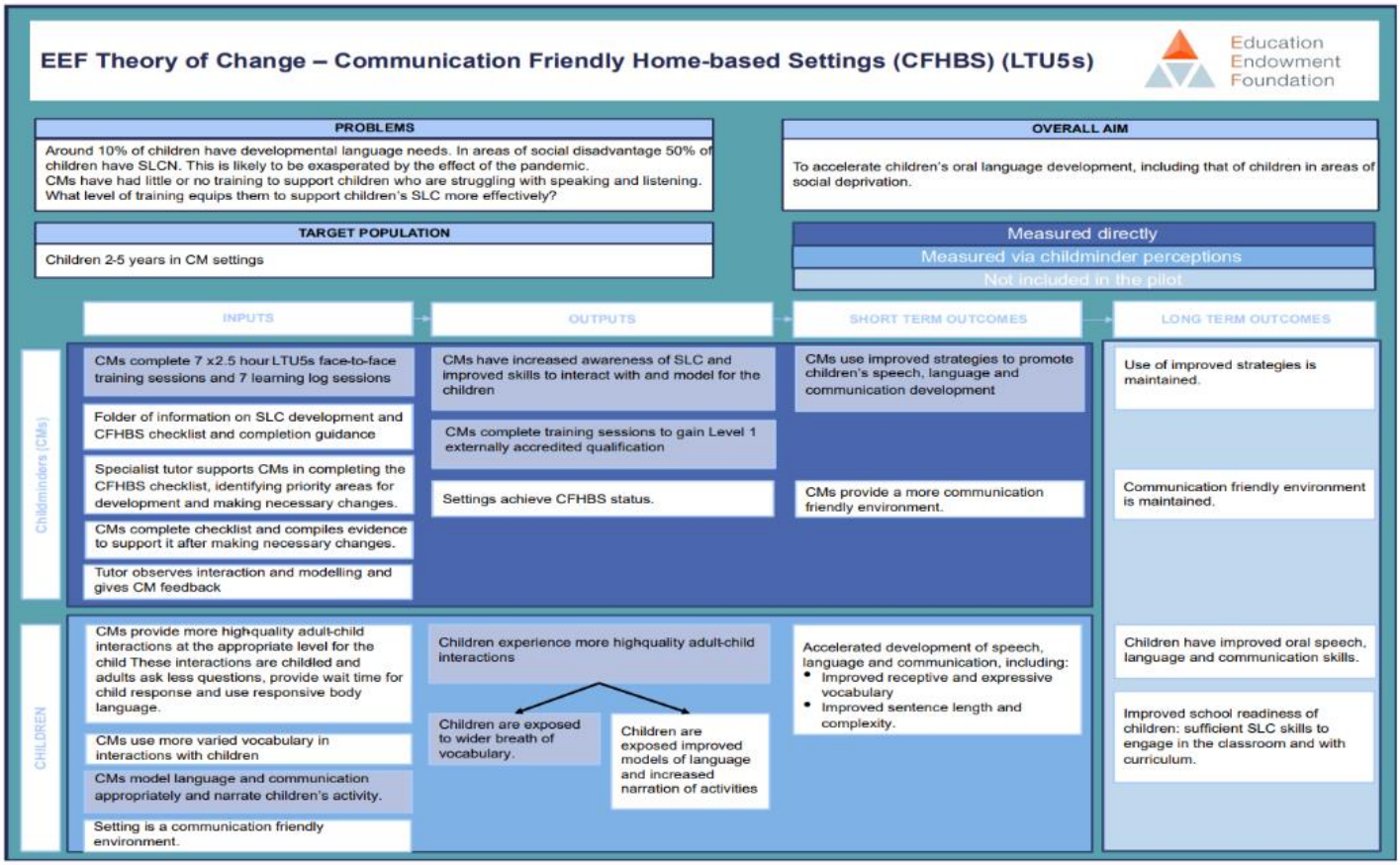
This directly addresses Reading's challenges in language development, literacy, GLD outcomes and preparation for school.

ELKLAN Model

This sets out some additional information on the evidence-based ELKLAN model that will be adopted in the Home Learning Environment outreach for two-, three- and four-year-olds in families who need additional help and support.

Children benefit from increased exposure to high-quality language input and emotionally supportive interactions. The CFHMB pilot study provided evidence-informed mechanisms of change that led to:

- Home carers reported that over a 1/3 noticed improved receptive and expressive language, including vocabulary in their children.
- Over ½ of home carers reported improved sentence structure complexity and length in their children.
- Reported better listening, attention and turn-taking
- Enhanced social communication skills, such as initiating interaction and sharing play
- Improved emotional understanding and self-regulation, supporting positive behaviour



4. Strong early years provision and workforce development

To improve GLD outcomes and reduce inequalities, Reading is strengthening quality across early years settings through:

- Advisory visits, Stronger Practice Hub support and DfE programmes focused on communication and language, self-regulation, emotional wellbeing, physical development and early maths.
- Standardised transition guidance across early years, Family Hubs and schools.
- Workforce development focused on early identification, inclusion and support for diverse needs.
- Targeted projects such as Little Foundations, Mental Health First Aiders, and Enrichment for Twos.
- Improved access to qualifications, leadership development and peer-to-peer networks.

This builds on strong evidence from the PADO programme, which delivered measurable improvements in communication, PSED and physical development, and reduced referrals to specialist services.

5. Family Hubs as Inclusive, Local, Place-Based Support

Families and young people told us they want welcoming spaces, clear information, mental health support, safe places to talk, digital access, and help with ESOL and finances.

We have responded by:

- Establishing four Best Start Family Hubs in communities with the highest levels of need offering a joined-up package of support.
- Creating a digital Family Hub platform for childcare, activities, infant feeding, health visiting and specialist services.
- Designing hub environments with young people to promote belonging, inclusion and emotional safety.
- Extending outreach to families who have previously felt unwelcome in services.

This strengthens early help, reduces crisis escalation, and improves access for families who experience language, cultural or systemic barriers.

Reading benefits from rich cultural, leisure and skills providers who have been consistently passionate about supporting children, young people and families. Thousands of Reading's families engage with the libraries, museums, theatres and leisure providers in Reading, which contribute to our children's early development, parent and caregiver confidence and positive activities for children and young people. Together we have worked hard to link Best Start in Life Family Hubs to our library offers, physically co-locating our services and linking our digital support, whilst also helping to create language-rick home environments, strengthening early literacy, creating multi-lingual outreach and reducing social isolation.

Family Hub locations

Our Best Start in Life Family Hubs are located in our areas of greatest need and provide outreach across Reading:

- **Southcote**
- **Ranikhet**
- **South Reading**
- **East and North Reading**

Reading Family Hub digital platform:

http://www.reading.gov.uk/beststartinlifefamilyhubs

The range of help and support available from the Best Start in Life Family Hubs, includes:

1. Child & Family Health

Amongst other things, our Best Start in Life Family Hubs offer on-site midwives, health visiting, baby groups, developmental reviews, infant-feeding support, health clinics and public-health campaigns.

There is a range of physical advice and online resources that are specifically tailored to the needs of Reading's children and families, to support early development and promote safety and welfare of our children.

2. Early Learning & School Readiness

A range of very specific Early Years Foundation Stage (EYFS) aligned play and learning groups are available in Reading and are linked to our wider Best Start in Life Family Hub offer, including free Ofsted-registered crèche, library access in some hubs, school-readiness activities and preparation for nursery and reception.

3. Family Support & Special Educational Needs & Disabilities (SEND)

Best Start in Life tailored support now includes emotional wellbeing support, SEND and speech-and-language drop-ins, neurodivergence outreach and advisory support, parenting programmes (sleep, behaviour, routines, feeding, safety, emotional wellbeing), help with two-year-old funding and benefits, housing, work, financial guidance and referrals to additional specialist services that some of our services need.

4. Family Help & Safeguarding

Family help for families has been brought together in Reading to work as one team, co-located in Best Start in Life Family Hubs, providing a range of support from universal advisory support, outreach and home visits, and practical support with housing and school issues; to specific tailored help for families working with social care (providing a golden thread for our families receiving multi-agency child protection support). Partnerships with

health, midwifery, and neurodivergent advice or Special Educational Needs and Disabilities (SEND) support enable early risk identification and consistent support for families facing multiple needs and challenges.

5. Parenting Offer

A trauma-informed, early-intervention pathway supports families from pregnancy to age 5. This includes antenatal support, perinatal mental health programmes, Mums in mind, young parent programmes, dad-specific sessions, trauma-informed courses (Mellow Bumps & Babies) and evidence-based toddler programmes such as Incredible Years.

Links to Neighbourhood Health

Reading's Health and WellBeing Board recognised in their workshop co-designing the Best Start in Life Strategy on 10th February 26, the potential of Reading's Best Start Strategy, the careful listening to Reading's communities in the co-design of Reading's offer, and the multi-disciplinary support embedded in Family Hubs, has strong potential to act as a foundation for the new Neighbourhood Health design. The explicit focus on children and young people, and their families, in the draft proposals for local Neighbourhoods is very welcome.

6. Stronger Partnerships and Public Health Nursing

To deliver integrated support, partners across health, education and the voluntary sector are strengthening the 0–19 (up to 25 SEND) Public Health Nursing Service.

This includes:

- A workforce strategy to improve recruitment, retention and training pipelines
- Clearer specialist roles within the service to help support children and families that need safeguarding, or have complex or multiple needs. areas)
- Strengthened links between health visiting and immunisations, nutrition, oral health, smoking cessation and safety
- Improved quality of mandated reviews to enhance early identification
- Better digital systems for data sharing, reporting and risk identification
- Alignment with the national Healthy Child Programme, safer staffing tools and a strengthened quality framework.

This ensures families receive the right support at the right time, and that partners work together around shared goals.

What difference do we hope to make to the outcomes of Reading's children?

Reading has a relentless focus on improving outcomes for our children and a specific sensitivity to children and families facing multiple challenges or disadvantages. We want to see:

"A future where every child grows up safe, nurtured and supported to reach their full potential, regardless of background or circumstance."

By 2028, the Best Start in Life Strategy will deliver measurable improvements in children's health, development and school readiness. We aim to see more babies born healthy, with increased uptake of smoking cessation support and early perinatal mental health help, and improved birthweight outcomes (please see our specific outcomes below).

- Immunisation rates for under-fives will rise towards the 95% national target, childhood obesity at Reception will stabilise, and levels of tooth decay among five-year-olds will reduce.
- More children will be identified earlier for neurodivergent and SEND needs, with faster access to help, advice and support, including Portage and Family Hub support.
- By strengthening home learning, early language and early years provision, we expect a sustained increase in the proportion of children achieving a Good Level of Development, with a narrowing of the gaps for disadvantaged children, children with SEND and those from backgrounds facing marginalisation or multiple disadvantages.
- Persistent absence in Reception will fall, and more children will start school with the independence, communication and self-regulation skills they need to thrive.
- We want:
  - to hear back from families reporting feeling seen, heard and supported
  - to hear that our children and families experience feeling included and have a sense of belonging
  - our children and families to be able to access help early and subsequently see a reduced number of children and families reaching crisis without previous support.

Ultimately, these improvements will contribute to a future where every child in Reading grows up safe, nurtured and able to reach their full potential.

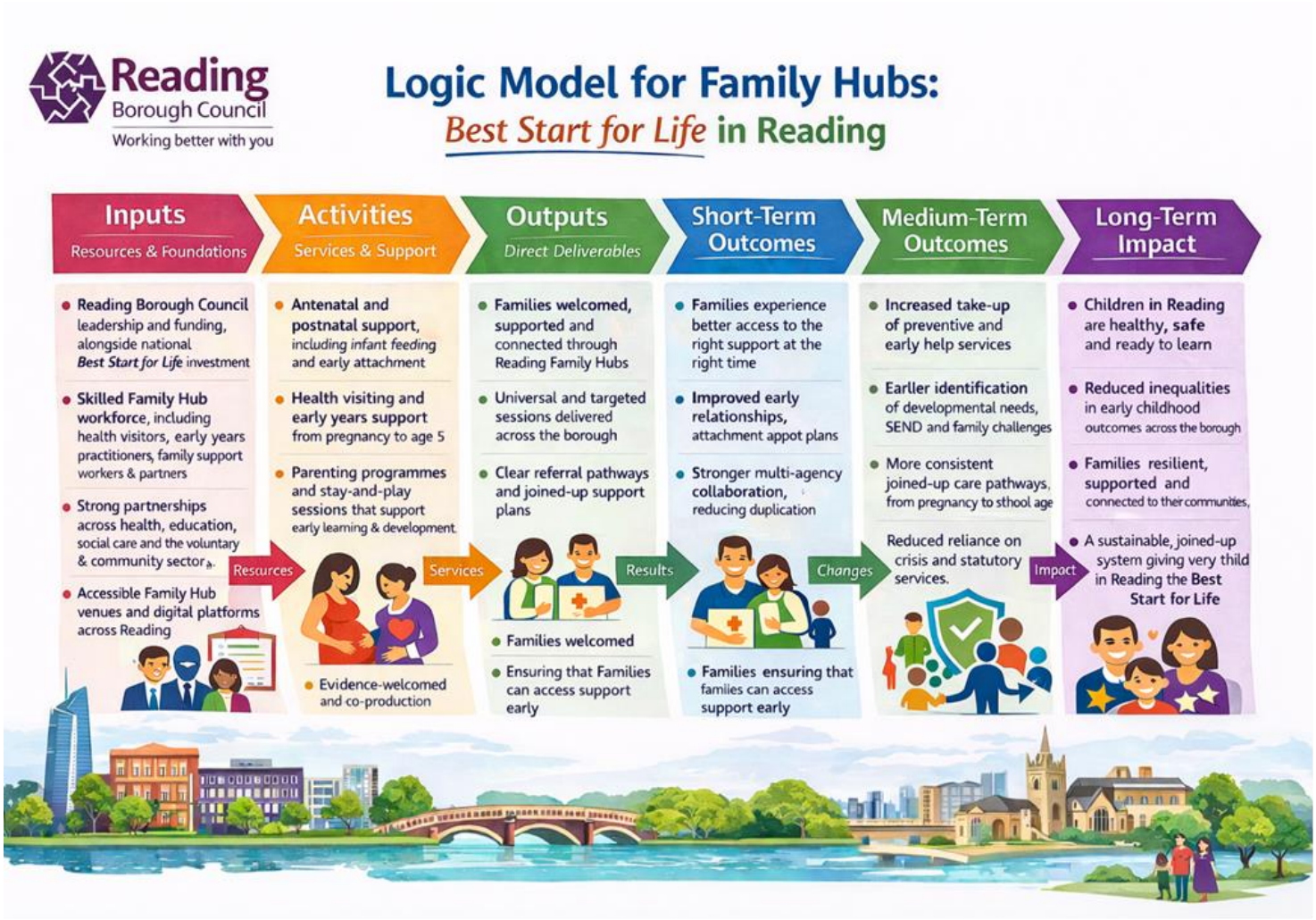
Governance

Given the system-wide response needed by partners and communities to improve outcomes for children, the Best Start in Life Strategy has been overseen by the One Reading Partnership on behalf of the Health and Wellbeing Board and has been proactively discussed at co-design stage by Reading's Health and Well-Being Board members.

'Best Start in Life' has been identified as one of three priorities of the Health and Wellbeing Board for 2026-2028. In practice, this means that the Board will regularly review the progress of the delivery plan and ensure shared accountability across partners. The

Health and Wellbeing Board will also ensure links are made with other key programmes of work such as Neighbourhood Health and we are delighted that children and young people's integrated support through Family Hubs has been identified as a key foundation for Neighbourhood Health development.

Visually, this can be described in the following ways:



RESOURCES	ACTIVITIES	OUTPUTS	SHORT & LONG TERM OUTCOMES	IMPACT PUBLIC HEALTH OUTCOMES
Partnership services responding to levels of need and parental requests for help to be coordinated in Family Hub Offer (e.g., midwifery, health visiting, early years advisory support, family workers, mental health, domestic abuse, substance/ alcohol recover, housing worklessness, smoking cessation, perinatal mental health, speech and language, Portage, etc. 4 Family Hubs to be established in the communities of greatest need. Analysis of evidence-based practice to inform parenting and home learning education support Early years and childcare sufficiency review Early Years SEND outreach to settings and via Family Hubs	One coordinated partnership offer via Family Hubs running weekly in the four communities of greatest need, with outreach. Culturally humble Home Learning Environment home outreach service Increase in childcare sufficiency. Digital resources on childcare, weaning, breastfeeding, child development, parenting, perinatal mental health, speech, and language, etc to be brought together on Family Hub digital platform. Speech and language telephone advisory support to be offered	Support for all parents/ caregivers with nutrition, breastfeeding, mental health and wellbeing, child development, parenting, health literacy, school readiness, good level of development Targeted support for home learning environments specifically supports Good Level of Development, language rich environments. Early identification of neurodivergence and support plans to adjust home, setting and community environments. Earlier targeted emotional and mental health, positive relationships parenting and substance/ alcohol recovery support in local communities	Children and families experience being welcomed and listened to – a sense of belonging. More children achieve a Good Level of Development and are school ready. Neurodiverse and SEND children can understand and describe their diversity, strengths and needs and experience adjustments to their environment to increase inclusion and belonging. Improved emotional well-being and resilience. Reduced substance/ alcohol dependency Increased positive relationships and reduction in harm. Decreased numbers of children escalating to child protection without previous experience of help.	**B02a/b/c/d – School readiness** **B03 – Pupil absence (Reading 7% vs England 7.1%)** **B11 – Domestic abuse related incidents and crimes (Reading 25.1 per 1,000 va England 27.1 per 1,000)** **C08a/b/c – Child development (2 to 2.5 years old)** **C11a/b – Hospital admissions caused by unintentional and deliberate injuries to children.** **C19a/b/c – Successful completion of drug/alcohol treatment (all red for Reading)** **C28 – Self reported wellbeing** **E02 – Percentage of 5-year-olds with experience of visually obvious tooth decay** **C09a – reduction in Reception obesity (gap in outcomes for Reading's children)** **C09b – reduction in Year 6 obesity (gap in outcomes for Reading's children)**

			Reduced potentially avoidable accidents and injuries in under 5s.	**CO2a – Under 18s conception rate** **Rate of immunisations for Reading's children**

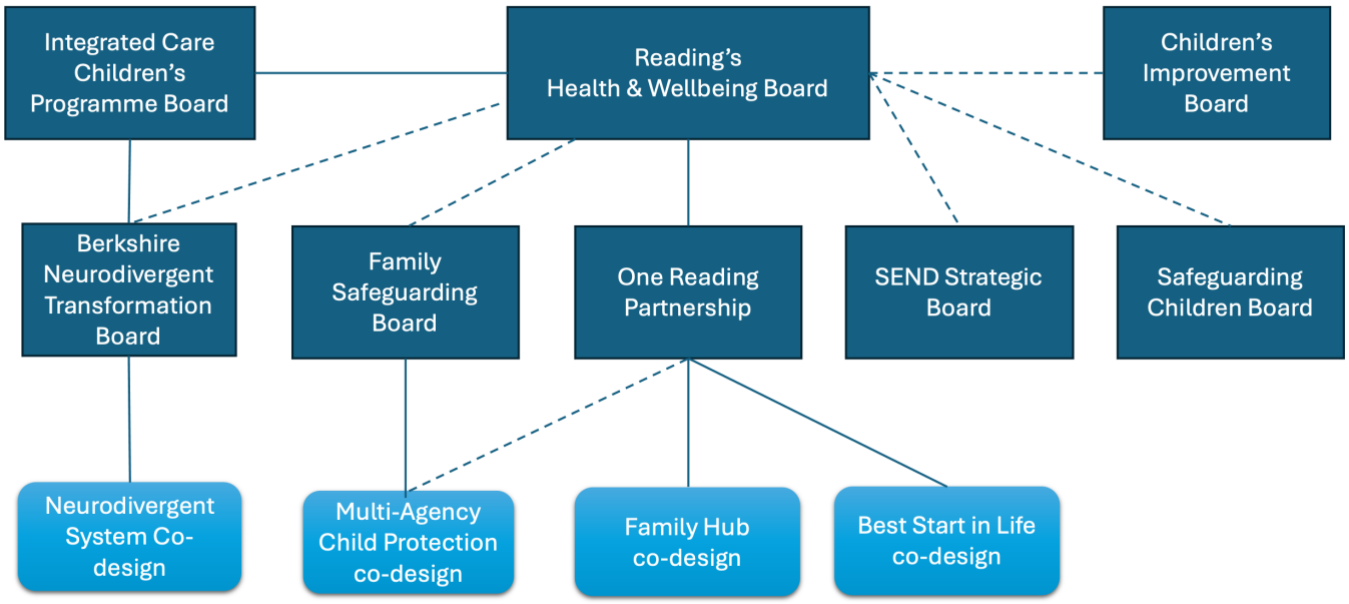


Figure x Diagram showing governance for the Best Start in Life Strategy and Reading's integrated Best Start in Life, Families First and SEND Reform child-centred focus

Reading Borough Council's policy committee and ACE committee will provide local authority statutory oversight and governance of the Best Start in Life Strategy.

Conclusion

Reading's statutory and voluntary partners will work as one team to maximise the very best outcomes for children and young people and provide the very Best Start in Life in Reading. This is a commitment into the medium to long term from Reading's leaders, recognising that strategic change of this nature takes time to embed and will require the shared investment of all our local services in Reading:

'It takes a village to raise a child'

NB. "It takes a village to raise a child" is an African proverb meaning that a child's upbringing is a communal effort, requiring support from extended family, neighbours, professionals, and friends, rather than just parents or caregivers. It emphasizes shared responsibility, where the "village" ensures a safe, nurturing environment to help children thrive.

We leave you with the words of Reading's children, who describe this vision in their own words:

"Your voices will be heard, and you will be supported to prepare for the future, reach your full potential and become the best person you can be"

Appendix

Appendix A - Good Level of Development (GLD) in Reading (at end of reception year)

This visualisation demonstrates the number of Reading children's achieving a Good Level of Development in the period 2022/23 to 2024/25:

	Year	2022-2023	2023-2024	2024-2025
All achieving a good level of development	Achieving a Good Level of Development	63.8%	66.9%	68.4%
	National Average	67%	68%	68%
Boys Achieving a good level of development	Boys	56.3%	59.6%	60.4%
	Boys National Average	61%	61%	62%
Girls Achieving a good level of development	Girls	71%	74.3%	76.4%
	Girls National Average	74%	75%	75%
FSM eligible children achieving GLD	FSM eligible	50.6%	55.3%	49.8%
National FSM eligible children achieving GLD	National FSM eligible	49%	51.6%	52%

Non-FSM eligible children achieving GLD	Non-FSM	68.4%	71.2%	72.5%
National Non-FSM eligible children achieving GLD	National Non-FSM	69%	71.5%	72%
FSM Gap	FSM Gap	17.8%	15.8%	22.7%
	National FSM gap	20%	19.9%	20%
SEN achieving a good level of development	SEN	24%	23%	26%
	SEN National Average	20%	20%	21%
SEN GAP	SEN Gap Reading	40%	44%	43%
	SEN Gap National Average	47%	48%	47%