



Working for babies

Listening to local voices for a better recovery

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We are grateful to the LGA for facilitating the conversations that informed this project.

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Summary

We spoke to local leaders to understand where the experiences of the pandemic leave us in mid-2021, as we try to map a strong recovery for the babies and their families.

- This paper summarises key themes from conversations with 138 professionals and local leaders from across England. It describes the experiences of families and the services that work with them in summer 2021.
- There are still many challenges at this time: need for support has increased, and yet services are still not reaching many families. The picture is also highly variable: support for families is not back to 'normal' in most places, and there are enormous inconsistencies in access to services. The extent to which the first 1001 days are being prioritised and considered in local long-term recovery planning is highly varied by area.

Our conversations revealed the building blocks of a strong first 1001 days offer, which can flex to the changing needs of families and communities.

- Despite the challenges, we have been inspired by positive stories of local systems that have learned and developed over the last 18 months. The crisis forced professionals outside of 'business as usual' and necessitated fast and responsive action to meet families needs. It enabled some local leaders and professionals to step back and think differently about how they support babies and families.
- We saw three valuable elements of local service delivery come to the fore. If marshalled, these could become building blocks for a stronger first 1001 days offer in the future. These are:
 1. **Locality working** – bringing professionals together to respond to the needs of families in a particular place.
 2. **Intelligence and engagement** – improving understanding of needs and service demand.
 3. **Responsive service delivery** – combining centre-based services, outreach and technology to reach families effectively.
- During the pandemic, services were delivered in many different ways. But even if these models

were evaluated – which they rarely were – the learning may be limited because the context in which they were delivered was so unique. Our learning from pandemic service delivery is not so much about the value of particular interventions, buildings, or online offers. **It is about the value of professionals who are enabled and empowered to work together to utilise all of these things, in the appropriate ways, to best meet the needs of the families in their communities.**

This paper captures the need for national and local action to prioritise the first 1001 days and create systems and infrastructure to understand and respond to babies needs.

- Those local areas with strong leadership and a real focus on the first 1001 days can learn from and build on the experiences of the last year. They are well placed to create a place-based, integrated approach, with more sophisticated engagement with families and more innovative and effective modes of delivery. Such approaches are more likely to be effective in raising outcomes and reducing inequalities for babies and their families.
- In other places, this may not happen. Services are stretched, professionals exhausted and systems hampered by silos. Local leaders can change this – learning from those who are forging new ways of working. But National Government must also play a role in prioritising babies, providing resources and enabling joined-up local action.
- This paper shines a spotlight on the value of local flexibility and responsiveness, but this does not rule out the need for national direction. Indeed, national action to prioritise the first 1001 days can support local partners to come together and improve their offer for babies and toddlers.
- £3.1 billion has been allocated by the UK Government for “catch-up” initiatives for school-aged children in the last year. A fraction of this money, wisely invested in system change and service delivery in the first 1001 days, could make an enormous difference.
- It is time to build back better for babies. Action is required that leaves no scope for any locality to fail its youngest citizens.

Introduction

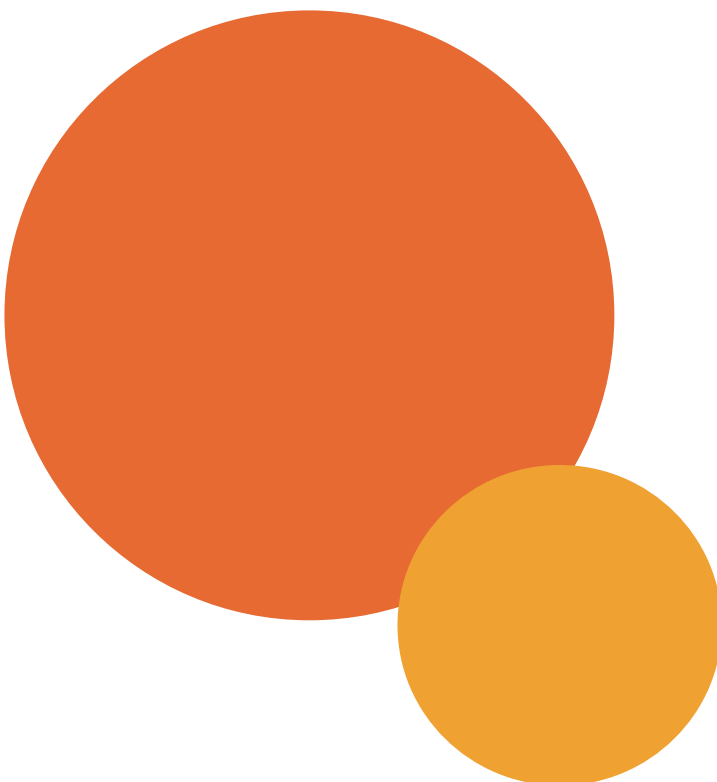
Our first Working for Babies report – **Lockdown Lessons from Local Systems** – shone a light on how many local leaders and professionals took extraordinary steps to adapt, innovate and reach out and support families with babies during the first national lockdown. Despite a ‘baby blindspot’ in the national crisis response, many professionals working in communities understood the particular lockdown risks faced by the very youngest children and their families and put in place strategies and actions to respond.

Families’ lives and needs are continually changing as the pandemic evolves. Attempting to identify or replicate specific ‘best practice’ is therefore too narrow an approach. But there is a clear case to reflect on what enables adaptable partnership working that responds to families’ needs now, and to appreciate how the ways in which support is provided to those families may have shifted. Only through a solid understanding of the new realities can senior local and national decision makers create effective plans for the future.

With this in mind, we returned once more to listen to the voices of local professionals and service leaders across England. Through a webinar and series of four online ‘action learning set’ conversations in May 2021, kindly hosted by the Local Government Association, we engaged 138 professionals and local leaders across 35 local authorities. The groups included a range of managers from local authorities as well as frontline service leaders working in early help, family support, and health – many through existing children’s centres and family hubs. The meetings were a platform for professionals to reflect together on what they had learnt through the lockdowns, exchange ideas and think about future focus and direction. This paper draws on the messages we heard in those sessions. We also used an online tool, Mentimeter, to enable participants to record some written thoughts and reflections. We have included some outputs from those exercises in this paper.

This paper has two parts:

- **Part 1 captures the situation for families and the services that work with them.**
- **Part 2 identifies the building blocks for effective local service delivery.**



Part 1: The situation in mid-2021

Families in first 1001 days: changes in need and perspective

Our first *Working for Babies* report described the negative impact of the pandemic and lockdown measures on many babies and their families. Over time, the adversity facing some babies has accumulated, increasing the risks to their wellbeing, development and future outcomes. **Our conversations reflected increasing need amongst families and, in places, a growing gap between families' needs and the level of support on offer.**

Local leaders told us that as the initial phases of the pandemic pass, services that work with families are experiencing **a greater demand for both practical and emotional help from a larger proportion of families with young children.**

“The latter part of the year the need was quite different that was coming through and it was more about mums, parents, carers feeling quite isolated, feeling quite stressed about trying to provide play and activities and things like that for their children. We had a lot of interactions about things like managing terrible behaviour. That was a definite shift.”

The balance of types of need has also changed.

Professionals are encountering more needs related to financial hardship, parental mental health issues and difficulties managing the behaviour of babies and toddlers. This reflects wider evidence about the impacts of the pandemic on families with the youngest children.

There was also a very widespread (and perhaps unsurprising) sense that many parents of babies and toddlers **desperately want to get out and meet other parents in person** – both for the parental comradery which they have missed out on and to compensate their children for the long period in which a full and rich variety of social contact and interaction has been denied. Many professionals and service leaders said that much of the appetite for virtual services seen during the pandemic had now diminished and the demand for face-to-face and peer support groups with other families with children in this age bracket was particularly great – outstripping what they can provide, especially given the restrictions still in place in May 2021 and the ongoing challenges beyond that time.

“Parents are needing a lot of support in terms of being in the normal world with a baby... all the really small things that seem really normal but for new parents are just a whole new world of learning.”

“We have had to put additional face-to-face sessions since the rules eased. Out of the four targeted programmes we run, we've doubled two of them. And we have a waiting list too. Alongside that we're doing events in the centre gardens. And all the online activity. We'd do more if there was capacity.”

Many services are still not back to usual.

Nationally there will be babies who, at the time of writing, are reaching 16 months old but whose families have never experienced the level of professional support we would want and expect for them in 'normal' times.

Some professionals were concerned that local leaders would not want some face-to-face services to resume, perceiving virtual service delivery as a more cost-effective solution. This has been observed in one local authority which is currently consulting on reducing its health visiting budget and workforce and moving toward more digital service delivery. Its consultation document specifically states “Child health clinics that were delivered before the COVID-19 pandemic, but have been paused, would not be restarted.”

As restrictions lift, not all families are coming forward and asking for help. In the original *Working for Babies* survey over half the professionals said that 'self-isolation' affected many of the families they worked with during the first lockdown (e.g. where parents of babies were unwilling to attend routine appointments or step outside the home).

By May 2021, few families remain fully behind closed doors, but **many professionals report an increased nervousness and reticence to engage with services.** As restrictions lift further we may see increased reticence from some families who are anxious about mixing while the pandemic persists, and therefore may be further excluded from support as more services transition back to face-to-face delivery.

“It’s very much baby steps and building up confidence. We feel like we’re almost starting again as a service... its been difficult, it’s been a challenge.”

“Feedback is people still are very wary of coming out and into centres.”

There has also been a reduction in engagement with childcare and early education. Professionals reported that even beyond the end of lockdown, numbers in childcare settings remain down, and in particular amongst baby and toddler cohorts. This is borne out by national figures which show the number of eligible two-year-olds registered for a funded place with a nursery or childminder fell by 13 per cent from 2020 to 2021 (compared to a drop of five per cent for 3- and 4-year-olds)¹.

It seems likely that a growing proportion of families are choosing to opt-out of formal early years provision, making them less visible to professionals when they are at risk, and more likely to miss out on key early development experiences. Some professionals we spoke to suggested that unspent two-year-old childcare funding might be reallocated to support families in their homes and to build relationships that might lead to later enrolment in a formal setting.

“We’ve got a big rise in home education but it’s not just school-age children. You’re talking about families lacking confidence in things that were givens before. The uptake of childcare has been impacted hugely, and particularly vulnerable 2-year-olds and those younger age groups.”

“A parent with a one-year-old said to me: ‘I’ve never left my baby with anyone, not even for 5 minutes.’”

Alongside increased parental nervousness, there are also signs that reduced engagement with formal services can sometimes be a reflection of positive alternatives. Because of the need to connect with families in new ways through the pandemic, some professionals became more aware of parent-led forums on social media and also observed that **groups of parents and carers of young children were organising themselves more in response to the absence of access to regular formal support and facilitation.**

“I think they [families] have also changed. They’ve found other things to do. Some of them have found other ways of doing things and coming together themselves.”

Recovery support – a patchy and polarised start

Our *Lockdown Lessons for Local Systems* report told the story of **significant differences in the extent to which local systems were responsive to the needs of babies** and their families during the first lockdown. Variations in local interpretation of COVID-19 rules, differences in levels and manner of staff re-deployment, and divergent efforts to maintain and adapt services meant that families across the country experienced very different levels of support at the most challenging of times.

That report also showed how and why **pre-existing variations in local focus and approach on the first 1001 days accounted to a significant extent for differences in how ‘baby positive’ the pandemic response was.** Areas with:

- a history of strong committed leadership
- mature partnerships
- dynamic understanding and of the needs of families, and
- innovative and reflective working cultures

were best equipped to rise to the moment.

A similar polarisation across areas has been in evidence as restrictions have eased and national policy has allowed more local discretion. Mirroring evidence on the uneven return to full access to birth-related care in hospitals, our action learning sessions revealed that access to community services continues to be highly varied by area. By May 2021, in some local authorities, all children’s centres were still fully closed, and/or health visitor services had still not resumed face-to-face contacts. Although even in the most ‘baby positive’ local areas, many families have still not been able to access the spectrum of services they normally would due to restrictions.

“Now we’re at a stage where we’re still really struggling to get the health visitors back in. It has been so slow and I can’t understand why because we’ve all had to do numerous risk assessments...”

1. DfE (2021) Education Provision: children under 5 years of age <https://explore-education-statistics.service.gov.uk/find-statistics/education-provision-children-under-5/2021>

“We’ve got a few groups in at our Children’s Centre but it is very minimal. We can only allow 8 in at a time.”

The extent to which children in the first 1001 days are being considered and prioritised in future plans also reveals wide gaps between areas. We heard how the crisis has enabled some local leaders to better see the potential to deliver more effective support for this age group. In the most exciting examples, leaders appear to be using the pandemic as a jumping-off point to articulate and develop better plans and provision and including more aligned data, funding and strategic planning across services. The London Borough of Camden is one example of this – they have reviewed their approach to the First 1001 days post pandemic and are now launching a new, holistic and trauma-informed universal approach which will see services delivering well beyond minimum requirements to babies.

Often such **opportunities are being taken in areas already noted for being well focused on meeting needs in the first 1001 days – but not exclusively.** One voluntary sector professional, for example, described how leaders in her area had taken time to review practice collectively and started to develop a more strategic cross-agency focus on the back of the crisis.

“From our perspective the strategic joined-up approach wasn’t yet there, wasn’t there during the pandemic, but as a result of the work we did together there was a realisation that we can’t go back from this. We have to move together in a much more organised and effective way that will help families get the services they want and need.”

Yet this kind of drive and ambition is not present everywhere. Attendees at our events were self-selecting, so perhaps already representing areas with more of a focus on the earliest years. Whilst they were generally optimistic about the potential to harness positive change, **many also expressed frustration that the first 1001 days was bottom of a long and growing list of post-pandemic priorities** for local leaders.

“When you look at the strategic plans, they are very adult orientated at the moment, you know, adult care, keeping people out of hospitals ... rather than the sorts of work that we’re talking about here... There is work to get it brought on the agenda at that level.”

Experiences of leadership in lockdown (19 respondents)



Part 2: Building blocks for better offer to families in the first 1001 days

“The jury is out on what our future will be. But certainly we’ve learned a lot of lessons, and we’ve learned that there are possibilities out there and that we can try them. Some of them will work and some of them won’t work, and we won’t need to stick to our normal way of doing things...”

Despite all the challenges, **the crisis has required and enabled some local leaders and professionals to take a step back and think differently about how they support families needs.** ‘Business as usual’ had to stop and for some, this created flexibility to re-connect with families’ needs. Through continuously being presented with new problems, taking managed risks, working with new partners and in different ways, new understandings and perspectives have emerged.

We believe that if there can be a paradigm shift to secure many of these ways of working in all areas they could provide local systems with the building blocks for a stronger first 1001 days offer in the future.

Locality working

Through the many stories told in the action learning sets we heard the value of **close working amongst frontline professionals of different disciplines working to respond to the needs of families in a particular place.**

We heard of the value of children’s centres – not necessarily as physical spaces, although sometimes this was the case – as a mechanism, a **‘relationships-based infrastructure’** which enabled professionals to come together, develop and deliver support for families in their community.

Whilst some professionals found themselves more physically separated from one another, for others **co-location in physical buildings played a central enabling role during lockdown.** We heard examples of midwives and health visitors re-locating (and in some cases re-establishing their presence) in children’s centres as a consequence of hospitals and GPs not being able to accommodate them.

This led them to develop (or strengthen) personal relationships, share information informally with greater ease and even start to align some processes. The impact was felt to be a more holistic approach to families’ needs and improved capacity to identify and reach those requiring support.

“The midwifery partnership [with Children’s Centres] really strengthened a lot because they were really upping the number of antenatal and postnatal appointments they were having in the Children’s Centres because they weren’t able to have them in the hospitals. I was getting lots of very, very grateful emails saying ‘thank god you’re open because I really need that slot.’”

The benefits of close locality working across professionals within a community was a consistent theme in our discussions and the **benefits were realised well beyond co-located models. There were many examples given of where loose collaborations, supported by aligned structures and regular communication across a geographical area had been a real asset in the pandemic.**

In some instances, such structures were pre-existing and came into their own. In other examples multi-professional groups working within an area started to come together regularly for the first time during the pandemic, communicating about the needs of families they were concerned about, sharing wider insights on evolving needs and co-planning adaptations to services.

“Our buildings had to wait many months to be signed off as Covid secure but our Children’s Centre service had already moved away from being centred onto buildings.”

“Partnership is easy to write down on paper but it’s incredibly difficult to actually have it happen in concrete, real terms so that families can feel the, or I guess not feel the difference... The fluidity of families being able to move between services, between organisations, is starting to become a reality...”

It is widely recognised that there are different levels of maturity of partnership working, ranging from ‘communication between’ and ‘co-location of’ services, to more holistic integration. We were interested to hear of the Stockport family model, where children’s centre and health visitor professionals have been brought together into a single service. This level of integration brings a number of benefits, for example removing the need for information sharing agreements, since all professionals access the same systems and information.

“We literally are a fully integrated team. So we have our Start Well coordinators and our health visitors and our early years workers in the same building, working in the same office with the same families. We don’t see the difference any more. It really is one team which works really well.”

There is much debate in policy spheres about whether the Government’s commitment to Family Hubs will require new buildings, and about how many such hubs there might be. **We suggest that the focus of national policy makers needs to remain broader than this, and look at a variety of ways of empowering local partners to deliver accessible, joined-up services to best reflect communities’ needs and wants and assets.** Local leaders and government departments should consider ways they can strengthen local relationship-based infrastructure alongside physical and digital infrastructure.

Intelligence and Engagement

Professionals frequently described how, through the pandemic, **a culture evolved of listening more actively to families and seeking to better understand their needs, motivations and lifestyles.** This is something most are keen to maintain.

Those who were organising services told us how, based on a very practical need to find out what is going on and communicate, they had formed **stronger connections with those who are closest to families, including community groups, parent ambassadors and voluntary and private sector childcare providers.** Similarly, strategic level leaders had engaged their frontline workers more proactively during lockdown to inform decisions and respond to the changing environment.

As a result of those enhanced relationships and insights, in many cases far greater store is now being put on what those voices bring. At its most transformational, this is leading to evolution from tokenistic community engagement to the establishment of genuine channels for ongoing co-production of services and support.

“We’ve joined forces with churches and other community groups... we really diversified from what we normally would do and we kind of have, before the pandemic, been in our own – for want of a better term – ‘bubble’. But now while everybody’s been in bubbles we’ve expanded ours and it’s been refreshing to see that there’s other people out there with the same aims as us and together we can collaboratively support parents and families much better.”

“In the middle of it we established a whole new partnership with a new provider and started delivering BCG immunisations to babies which was fantastic because it gave us a whole new in-road to babies and their families at a time when it was really, really difficult... through that we have picked up with a significant proportion of new families and it has meant that we could engage them with our services... So that’s going to carry on and its got lots of other potential.”

There are signs that professionals are also having **more direct dialogue with parents themselves, facilitated especially by more virtual communication.** Some are engaging with self-organising groups of parents that evolved organically during the crisis – and through this realising the potential benefits of allowing parents themselves to lead the agenda.

“Some of our more proactive parents set up a Facebook group for families in the area who had just had a baby. We approached the parents that had started it and then got involved. And our breastfeeding support staff, baby massage and others had contact through that group. What has been nice about that was it is very much run by the mums so they were asking for what they wanted. Because there’s a bit of a tendency... that we’re doing a bit of “we know best”... and I think it was a really good eye-opener for us that parents were saying to us ‘some of the things you’re offering to us aren’t what we want’...”

What was the best thing about partnership working in lockdown for you? (19 respondents)



We asked "what new approaches have been deployed to enhance understanding of need (amongst babies and their families) in the last 12-14 months". Answers included:

- Baby network virtual meetings for PVI practitioners
- More individual and face-to-face one-to-one support
- Virtual groups with more engagement with fathers
- Council engaging directly with neighbourhood community groups
- Parent survey to find out about lived experience
- Early years parent survey and working groups on needs identified
- New Health Visitor Helpline
- Improved feedback platform
- Introduced early help assessments
- Consulted with families about the impact of Covid
- Introduced an app for parents to get instant confidential professional health advice
- Mapping exercise with service providers
- Introduced 10-week follow-up checks
- Use of Facebook and Instagram
- More regular sharing of information across Children's Centre and Midwives
- Virtual parents forums



Responsive Service Delivery

Concerns about the impact of the pandemic on families; the requirement to move away from 'business as usual', and a more nuanced understandings of families' needs have collectively led to more developed and responsive thinking about the shape and form of services. In some cases, **the constant change over the pandemic has engendered a new culture of service self-reflection and helped embed a cycle of: do, review, adapt.**

"It's putting your toe in, very slowly and seeing what happens and then reflecting and evaluating. And asking where are we going, are we going to change, are we going to evolve into something else? ... It's evaluating and reviewing and consulting with families all the time. It's what do they need? What do they want from us now? Because our target audience has changed in that year."

Many professionals expressed a renewed recognition of the fact that the families who need extra help are not always the ones 'on the list'. Efforts to engage all families during lockdown allowed professionals to identify and respond to the needs of families with babies not previously known to services, and **many would like to see the role of universal and open-to-all services re-invigorated for this reason.** In some areas services are already actively pursuing this, for example making additional health visits (which go beyond the mandatory checks) and bolstering programmes of open-to-all family support groups.

"There's been some interesting learning about what you perceived as being good practice previously... A lot of our courses went online and became more of a universal offer and less targeted. But this turned out to be a good thing because we discovered there was so much anxiety out there and so much need to connect. Returning to an old children's centre agenda with a much more universal offer is I think what's needed... We need more ways of engaging with families in the f1001 days and sometimes you don't know about some of the families in that group."

Yet open-to-all or universal access services seem less likely to be seen as a panacea for reaching all families who may need or want help. We heard a range of examples of where enhanced understandings of families' motivations and lifestyles are informing **more thoughtful approaches to outreach and to re-building trust and confidence in services.** In other instances, professionals and services are **pivoting their focus to enabling parents to have more of the tools they need to help themselves** in recognition of the fact that this is what is wanted.

"We've learnt a lot more about how we can be creative and ensuring that parents are taking more things away to do at home. We've always hoped that we've been empowering parents along the way but I think we've improved on that in the last year. Parents are not able to come back in the centre to keep perpetuating things – they can be more enabled in their own environment."

"There's a lot we can do by getting people active in their communities... targeting families around to support and encourage them to get to know their locality and what you can do with your child. Simple things like that... and if you're doing those sorts of things you can meet up as a group and get support or link to childcare. We just need somebody to be the catalyst for that."

Services also became more responsive to the needs of individual families. Freed from normal ways of working, and driven to reach families and meet their needs, many professionals delivered support in a number of different ways simultaneously to help different families, although some acknowledged that this more resource intensive, tailored approach would not be sustainable once 'business as usual' resumed.

"We had to completely move away from the previous delivery model which was: health visitor referral, waiting list, session.... Workers were creative and parent led more than we ever have been... we went to parents and said 'what works for you' and worked around that... as a result there has been a higher than ever engagement rate."

And, after months of online delivery, **there is a good deal of clear thinking on the ground about what a successful hybrid model of online and in-person family support might look like, and the circumstances in which to most effectively deploy different online tools.** Most professionals and service leaders foresee an expanded role for virtual family support, but also acknowledge that a blanket approach risks excluding some families, or failing to fully identify and respond to their needs. Prior to the pandemic attempts to engage technology in the delivery of children's services often felt aspirational but now professionals understand the possibilities and limits of such tools.

Fairly commonly, children's services are now working with technical experts to develop new virtual strategies and solutions. As outlined above, it has been noticed that parents' desire to engage with online activity has changed and, as lockdown measures lifted, many sought out face-to-face interaction which they and their babies had missed. It will be important for services to monitor how parents needs and preferences change over time.

"We took a lot of our courses online and the thing that we realised about that was the flexibility it provided to do them at different times of the day – so we did a lot more in the evening and we got a lot more dads involved.... "

"Virtual groups worked where it was a really key educational message like weaning alongside a health visitor, lots of families dialled in for that, but universal groups the point was that they want to socialise, they want to meet other parents and they can't do that on a Zoom so it didn't really work."

"We're experimenting with our timetables and the way we deliver in September. There's going to be that mix of virtual and face to face sessions... Its made us reflect on the way we can deliver things."



Building back better for babies: where next?

The babies and toddlers born in and between lockdowns will soon become pre-school age and a new generation of 'post pandemic' babies will arrive. But, as in other walks of life, it seems inconceivable that the dial will turn back to pre-pandemic life. Professionals and services who support families with young children will most likely be faced with increasing levels of need and – unless there is a change in national government policy – continuing pressure on the budgets that fund services for families in the first 1001 days.

Despite significant public funding challenges, those areas and services with strong leadership and a real focus on the first 1001 days are poised to meet the challenge and excel. Armed with their commitment and the learning of the pandemic, many are positioned to begin to implement more place-based and integrated approaches, more sophisticated engagement with families and more innovative and effective modes of delivery. This was reflected in an overall sense of optimism expressed about the opportunity to 'build back better for babies' at our events.

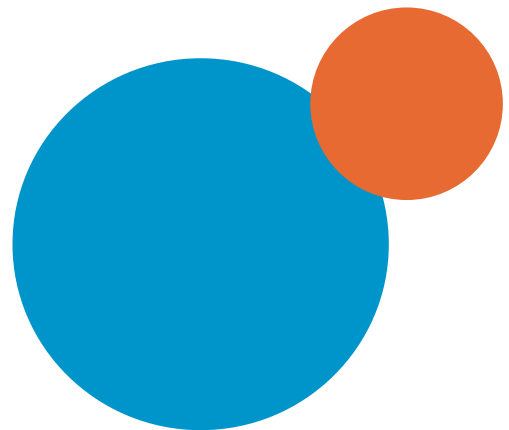
We heard many concrete examples of new relationship-based infrastructure built on the back of the pandemic response, now transitioning from responding to need, to a focus on long-term positive change.

“Everyone came together, and everyone has kept that strength together. So what happened at the beginning stayed with us all the way through and we’ve now developed [a wider first 1001 days network] from that.”

Yet in other areas, there is a real risk of services failing to respond to growing needs – with devastating consequences for many. In some places, babies and toddlers are at the bottom of a long list of priorities, services are stretched, and professionals exhausted. Even if new partnerships have emerged, they may not survive misaligned incentives and governance. Professionals may feel too overwhelmed by the day-to-day demands of the recovery phase to continue their rich dialogue with parents and the community.

Financial pressures may lead to face-to-face family support being run-down in favour of ill-thought-through virtual models, simply they offer short-term cost savings. These are all very real concerns we heard repeatedly expressed in our conversations.

“As much as we want partnership working we are sometimes pulled in different directions by statutory duties, particularly with health colleagues – as much as on the ground we want alignment, we need strategic alignment.”





It is time now for national and consistent local action to build back better and to ensure all babies can benefit from a responsive and effective local service offer. This includes breaking down silos and agency boundaries that can hamper joined-up local approaches focussed on community needs and outcomes.

To a significant degree this is in the hands of local leaders. Those who make the first 1001 days a priority; forge a space to review post-pandemic need and practice in their area, and work with partners to develop systems and infrastructure that can respond to families' needs, have the opportunity to make a difference to a generation.

Those in areas without a history of focusing on the First 1001 Days could begin by looking at the enabling factors and building blocks that we have identified through this project including: committed leadership, mature partnerships, locality working, relationships-based infrastructure; and innovative and responsive services that have a good understanding of the needs of families.

Yet National Government must also act to show leadership in prioritising babies and to ensure there is sufficient resource in the system to deliver the support that families need. Central Government departments must work together to create opportunities and incentives for the relationships-based infrastructure which enables responsive local joined-up action, shaped by families' experiences and focussed on improving their outcomes.

Our work showed the value of local flexibility and responsiveness. This should not be seen as a reason to avoid national direction – the two are not mutually exclusive. Indeed a national drive to prioritise the first 1001 days and improve early outcomes can support local partners to come together and improve their offer for babies and toddlers.

£3.1 billion has been allocated by the UK Government for “catch-up” initiatives for school-aged children in the last year. A fraction of this money, wisely invested on system change and service delivery in the first 1001 days, could support efforts to build back better for babies.

We have an opportunity to reform and modernise public services to make the best use of local assets to provide early and effective support to families.

The support that babies and their families receive in the first 1001 days should not be a lottery determined by where they live. It is imperative that National Government take action to ensure all localities meet the needs of their children, through increased accountability, support and challenge to local leaders. The UK Government's Best Start for Life vision sets out measures that might address this, and it is crucial that these written commitments translate into real change. **It is now time for clear and properly funded long-term national action, which leaves no scope for any locality to fail its youngest citizens.**



The first 1001 days, from pregnancy to age two, are an important period that lays the foundations for life-long health, wellbeing and happiness. During this stage of rapid early development, babies are particularly susceptible to their environment. There is a strong moral, social and economic case for ensuring local services and systems work effectively to support babies and their families during this formative life stage.

The COVID-19 pandemic has had a significant impact on babies, their families and the services that work with them. It also forced local systems to adapt to new restrictions and to react to the growing and changing needs of their communities.

Our goal with this Working for Babies project was to learn lessons that can help us in the future. We do not want to return to normal after the pandemic, because for many babies and their families in the UK, normal was not good enough. Our services were fragmented and depleted, and inequalities in outcomes were growing. We must build back better and fairer, so that more babies have the best chance of a happy and healthy future. We hope that this work can support that goal.