



UK Government

Best Start Family Hubs and Healthy Babies

Guidance for local authorities

April 2026 to March 2029

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Purpose of this document

This non-statutory guidance sets out the vision and delivery expectations for Best Start Family Hubs (BSFH) and Healthy Babies for April 2026 to March 2029, building on learning from Sure Start, Family Hubs and Start for Life. It recognises there are strong foundations in place – including deeply embedded and trusted local partnerships, infrastructure and experience – to deliver integrated services for children and families, across the country.

This document is separated into three sections:

- Part A: Strategic overview
 1. Best Start Family Hubs and Healthy Babies: a new future for family and health support
 2. Best Start Family Hubs: A framework
 3. Achieving the vision
- Part B: Detailed service expectations and delivery, reporting and support
 1. Delivery expectations
 2. Delivery, reporting and support
- Part C: Supplementary guidance and information

Part A is relevant for everyone – senior leaders, stakeholders and those involved with service delivery.

Parts B and C will be most relevant for those commissioning, designing and delivering services and those accountable for funding.

This guidance builds on [Best Start Family Hubs and Healthy Babies – Preparing for implementation in 2026](#), and replaces previous ‘Family hubs and Start for Life’ programme guides. It should be considered alongside wider early years, health and family support documents and publications including:

- Good Level of Development (GLD) targets and Best Start local plans letters (November 2025)
- [Giving Every Child the Best Start in Life strategy](#)
- [The 10 Year Health Plan](#)
- [Healthy Child programme guidance](#)
- [Neighbourhood Health Framework](#) *
- [Our Children, Our Future: Tackling Child Poverty](#)
- [The Families First Partnership programme guide](#)

- [Working Together to Safeguard Children](#)
- [Domestic Abuse: statutory guidance](#)
- [The National Framework for Children's Social Care](#)
- [SEND Reform Consultation: Putting children and young people first](#)

* The Neighbourhood Health Framework sets out the first steps for Integrated Care Boards (ICBs), local authorities and their partners to deliver Neighbourhood Health, including developing locally owned plans. This document does not provide detailed guidance on how BSFHs should deliver Neighbourhood Health, which will be shaped by the knowledge and experience of local authorities and their partners already delivering joined-up services.

Notes:

- Throughout this document, references to 'families' and 'parents' should be read as including carers and other primary caregivers, such as kinship and foster carers and adoptive parents.
- References to 'local authorities' or 'local areas' refer to both Children Services and Public Health who, alongside early years, wider health and other delivery partners, have shared responsibility for improving health, development and education outcomes for babies, children and young people.
- Case studies used in this document have been temporarily anonymised. Local authority names will be added once the pre-election period for May 2026 elections has concluded.

Part A: Strategic overview

This section is intended for senior leaders and others overseeing the strategic planning of Best Start Family Hubs and Healthy Babies services and those responsible for delivery

Section 1: Best Start Family Hubs and Healthy Babies: a new future for family and health support

The case for change

The government is committed to breaking the link between background and success so that every child can achieve and thrive. Our ambition is bold: to raise the healthiest generation of children ever and to ensure every family can give their child the very best start in life, with a record 75% of children reaching a good level of development by the end of reception by 2028 and starting school ready to learn.

Early experiences shape lifelong outcomes. Strong parent-infant relationships and nurturing home environments support children's cognitive, physical and emotional development.¹ High-quality health and family services alongside early education, help parents build the skills, confidence and connections they need. Yet too many families – particularly those who are disadvantaged or who have additional needs – struggle to access timely help and services.²

All new families face pressures that can make parenting harder. Parenthood brings joy but it can feel overwhelming. Rising living costs, insecure or poor-quality housing, poverty or mental health difficulties can all affect a family's ability to provide a stable, nurturing environment.³ The challenges families face rarely occur in isolation and can compound disadvantage over time. Government has a responsibility to stand behind parents and carers, making support easier to find, more joined up and more focussed on improving outcomes for babies and children. We want families to experience holistic support that reflects the realities of their lives, reduces everyday pressures and strengthens the foundations that help children achieve and thrive.

That is why the government published Giving Every Child the Best Start in Life – a landmark strategy uniting early years and family services, alongside the 10-Year Health Plan which sets out a modernised, prevention-first model of healthcare. Local

¹ World Health Organization, UNICEF and World Bank Group. (2018). [Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential](#)

² [Giving every child the best start in life - GOV.UK](#)

³ Hock, E. S., et al. (2024). [Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review](#)

Risi, A., et al., (2021). [The implications of parent mental health and wellbeing for parent-child attachment: A systematic review](#)

Acquah, D., et al. (2017). [Interparental conflict and outcomes for children in the contexts of poverty and economic pressure](#)

Walsh, D., et al. (2019). [Relationship between childhood socioeconomic position and adverse childhood experiences \(ACEs\): a systematic review](#)

authorities, working with their partners, will publish their Best Start in Life local plans, setting out how they will improve early years outcomes and increase the proportion of children reaching a good level of development at end of reception.

BSFHs and Healthy Babies, funded by the Department for Education (DfE) and the Department of Health and Social Care (DHSC), will be central to delivering these ambitions nationally and locally – backed by over £900 million dedicated investment from DHSC and DfE over this spending review period 2026 to 2029.

A vision for transformed family services

We will modernise family support by building on the strengths of Sure Start, Family Hubs and Start for Life, and on the existing services and social infrastructure that already support families. These foundations will be a catalyst for a more connected, ambitious system shaped with and for local communities.

This system will bring high-quality education, health and family services together, reaching more families earlier, from the moment they know they are expecting, and meeting them where they are – in early years settings, in community spaces and online.

From April 2026, more families will be able to access BSFHs as they open across the country with Healthy Babies services at their core. BSFHs will be warm, welcoming, one-stop shops rooted in local communities. Families will be able to connect with others, and easily access universal health support, find trusted information and benefit from spaces where children can play and learn. Hubs will be open to all families but located primarily in disadvantaged communities. They will focus on pregnancy and the early years – including the 1,001 critical days from conception to age 2 – while also welcoming all families with older children up to age 19 (or 25 for young people with SEND).

Every hub will have a clear core offer: supportive parenting advice, stay and play activities, help with children’s learning and development at home, preventative and universal health services – especially for babies and their families – and early support for children with additional needs. Healthy Babies will be at the centre of this system, reflecting evidence from Sure Start that outcomes are strongest where health services are fully integrated – this is fundamental to our vision⁴

Beyond the core offer, hubs will support families holistically by connecting them to wider services. This includes help with health and cost of living, such as debt and welfare support, housing advice and tailored services for families with children of

⁴ Carneiro, P., Cattani, S., Conti, G., Crawford, C., Farquharson, C., and Ridpath, N. (2025). [The short-and medium-term effects of Sure Start on children’s outcomes](#)

different ages or with particular needs. These may include family help, support for young parents including teenage parents and those needing support with teenage pregnancy, support for armed forces families, help for those at risk of, or experiencing, domestic abuse or those with a parent in prison. Services and professionals will work as one team so that families experience support as a single, joined-up journey rather than a maze of different organisations and appointments.

Families will help shape their local offer so that it reflects local strengths, needs and everyday realities. A wider network of outreach, 'network sites' and digital services will extend support far beyond hub buildings, powered by strong partnerships, dedicated outreach workers and family navigators who connect families to the right services at the right time.

Building a more modern, connected system of family support must be a collective endeavour. Local authorities will lead local system transformation by acting as strategic commissioners and convenors. They will bring together health partners, public services, early education and childcare providers, schools, and the private, voluntary, community, and faith sectors to create a coherent local offer that makes best use of local expertise, resources and relationships. The voluntary sector will remain a vital partner, building on the social infrastructure that has stepped in over recent decades and in which many families trust. The wider impact economy, including impact capital, social enterprises, and purpose driven businesses, will be harnessed to complement public investment.

BSFH and Healthy Babies services will also play a central role in wider reforms, strengthening end-to-end family support, embedding prevention in local delivery, improving school readiness and supporting SEND reforms. They will be a cornerstone of the emerging Neighbourhood Health Service, complement Families First Partnerships and support delivery of the Healthy Child Programme.

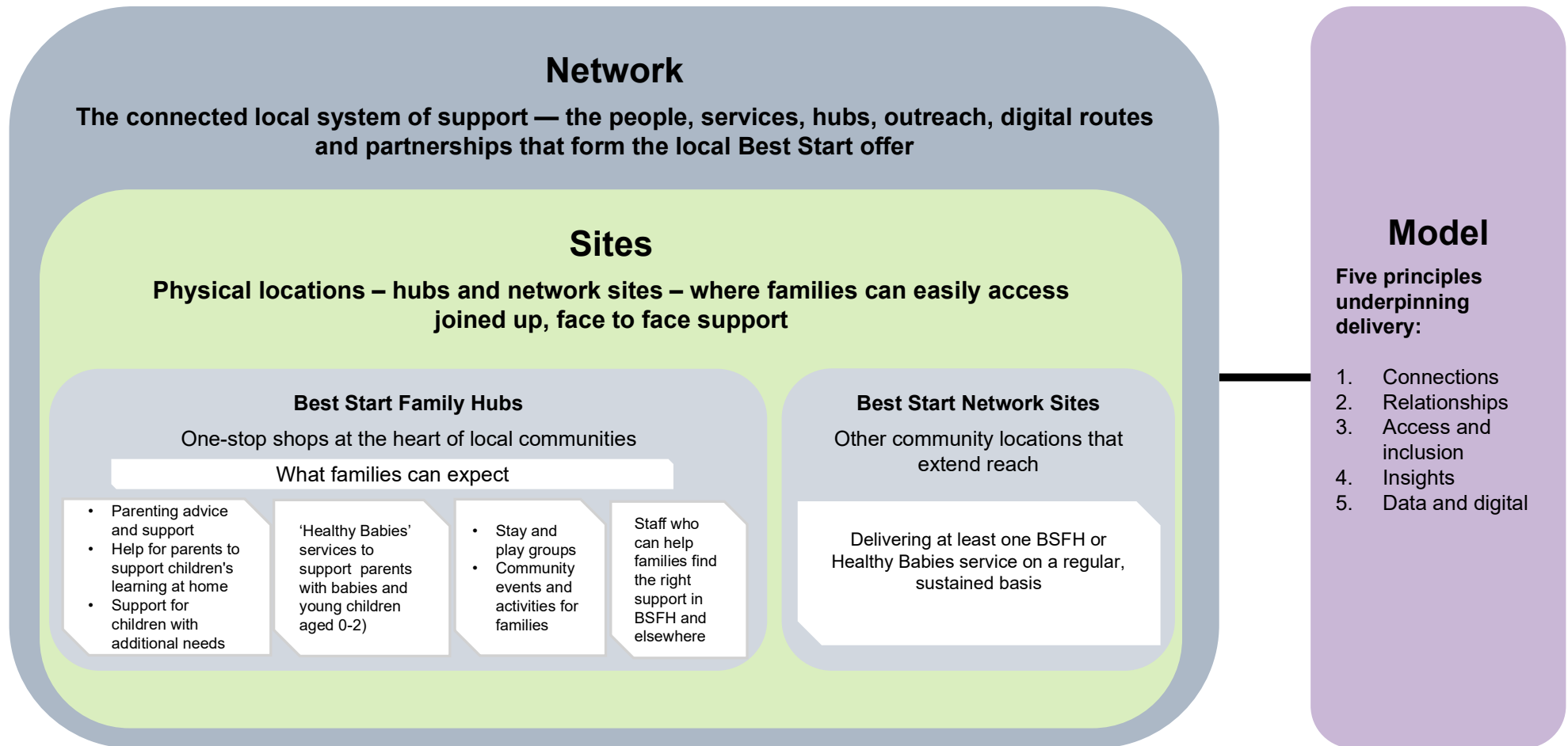
Together, this approach will reach diverse communities, reduce inequalities and ensure more babies, children and families benefit from the support that makes the greatest difference.

Section 2: Best Start Family Hubs – a framework

BSFHs are not about buildings alone. They are about transforming the local early family support system, connecting families, communities and bringing services and professionals together. They will provide networks that reach into family spaces, referring parents back into a joined-up system of support.

This section shows how our vision for reformed family support will work through a connected network of hub sites, community locations and outreach underpinned by five delivery principles. Figure 1 below provides an overview and the following pages set out each of the building blocks that make up this framework.

Figure 1: The Best Start Family Hubs Framework – overview



The Best Start network

- Local authorities should establish a network that brings together health, child development and wider support available to families across a local area. Support should be delivered through a combination of BSFHs, network sites, outreach and digital routes so families can easily find and navigate the help they need.
- This network should be built on a strong understanding of local need, community assets, expertise and resources, and draw on the skills of people across health, education, public services, community groups, faith organisations and the voluntary and private sector. Impact economy partners should also be harnessed to complement public investment.
- Community engagement and family voice should drive design of the network and services.

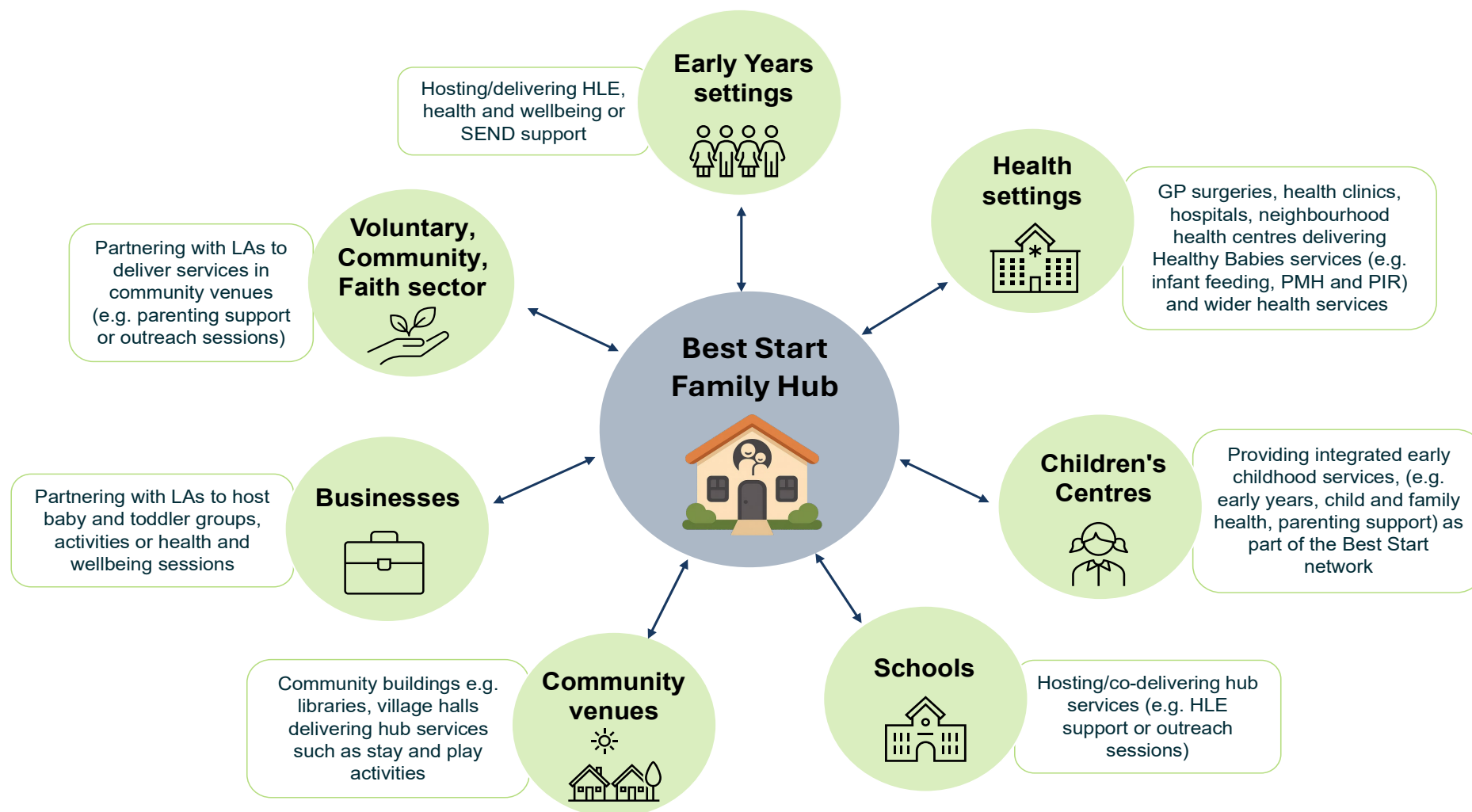
The sites

Local authorities will commission and operate two different kinds of sites:

- BSFHs⁵ will be warm, welcoming, inclusive and play-friendly spaces at the heart of local communities. They will act as one-stop shops where families can drop in, make connections and get trusted information and advice. Nationally we are aiming for 70% of hubs to be located in the 30% most deprived areas.
- Best Start Network Sites will be other, trusted, community locations that extend reach. They will deliver at least one BSFH or Healthy Babies service on a regular, sustained basis – for example, related to health, early years education, parenting, or early SEND support – and can connect families with others. These sites might be early years settings, including specialist settings and schools, libraries, health and faith venues, leisure and recreation centres, and other voluntary, community or faith (VCF) venues, private and public buildings. They should be identified as part of the Best Start network. This is illustrated in Figure 2 and Figure 3 below.

⁵ See the definition and location expectations in [Best Start Family Hubs and Healthy Babies – Preparing for implementation in 2026](#) which is used for management information and sets out what will be officially counted as a BSFH. In this guidance, we also provide a supplementary definition that focuses on what families should experience when they visit a hub. Local authorities should use both definitions when developing BSFH sites. Location expectations apply to BSFH sites only, not the wider network.

Figure 2: Illustrative examples of potential network sites



Case study: Bringing support closer to families who need it most

- For many families, accessing support can be challenging. Distance, transport and busy daily lives often make it difficult to get to services, even when help is urgently needed.
- To make support easier to access, YMCA Plymouth has become a satellite site for Four Woods family hub, run by Barnardo's. This means families can now get help in a place they already know and can reach more easily within the local community.
- As a satellite site, YMCA Plymouth offers parenting support, early years activities and practical workshops, all coordinated by the Four Woods family hub team. Families receive the same level of support they would get at the main hub but in a location that is far easier to reach and closer to home.
- This change has also strengthened collaboration across the city. YMCA Plymouth now works closely with Barnardo's, the local authority, Citizens Advice, and other family hubs to ensure families get the help they need, when they need it.
- For local families, the impact is simple but powerful: fewer barriers, easier access to support and a stronger network of help, in the heart of their community
- From a parent: "YMCA is a great Family Satellite Hub - My children all have additional needs and see YMCA as their safe space to attend knowing that while they are there they will have fun, make new friends and they have all built great relationships with the workers who lead the sessions. The recent introduction of Short Break SEN Sessions has been a godsend, as it also gives me a break from time-to-time. They also attend both the fit and fed sessions. As a family we've been invited to open days and advice sessions, which is far more convenient then looking for information online, or going to my local GP."

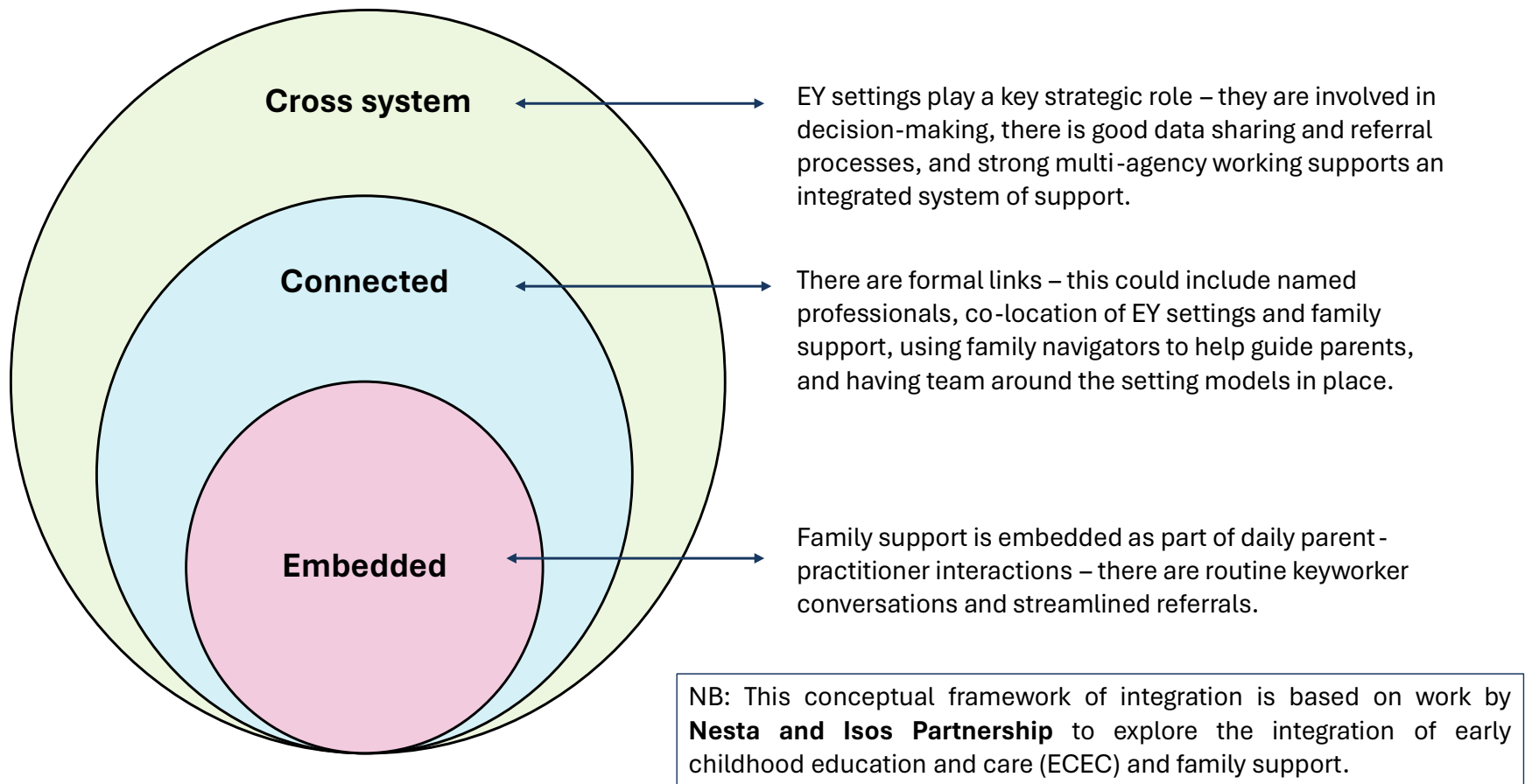
Case study: Trusted voluntary sector partners helping families take the first step toward wider support

- Babyzone works in partnership with family hubs in several local authorities to offer early, preventative support for families with babies in community settings.
- In Babyzone Hammersmith & Fulham, family hub practitioners deliver support for families directly in these familiar spaces including evidence-based parenting programmes such as Triple P and practical one-off workshops on a range of topics such as potty training.
- Babyzone gathers insight from the parents and carers who attend and shares it with family hubs to help shape responsive, needs-led service design and continuous improvement. Both Babyzone and the family hubs actively promote each other's activities, reducing barriers to access, increasing engagement, and helping families receive the right support at the right time.

Case study: Family Hubs and early years settings working as one system for local families

- In Milton Keynes, Family Centre staff carry out door-knocking initiatives to identify and sign up parents for the 'early Learning for 2-year-olds' entitlement, using direct face to face engagement, phone calls, and dedicated early years workers who can spend time with parents who are feeling anxious or who do not have English as their first language, to help families access support early.
- Early Years settings have immediate access to speech and language champions based in every family hub, supported by co-location of nurseries and their teams, and close working relationships to improve integration.
- For example, staff at the school-based nursery next to Conniburrow family hub can walk parents over to the hub so they can access wider support straight away.
- For private, voluntary and independent early years settings that are not on the same site, staff stay in touch by phone or email to coordinate help before accompanying families to the hub in person.
- This simple, joined-up approach means families are identified earlier, help is made easier to reach and early years staff feel connected to the wider network of family support
- In Blackburn with Darwen, eight family hubs and children's centres serve as central points for co-located services, including SEND and inclusion, early years development, speech and language therapy, community paediatrics, family support, social work teams, and health professionals.
- Each site also features an on-site early-years setting that serves as a "Hub of Excellence" for the locality.
- All early years providers in the area have a named lead professional within the family hubs and children's centres. This clear point of contact enables warm introductions and makes it easier to introduce families to activities and support such as stay-and-play groups and sleep clinics. They are the bridge into family hub services.
- The local authority also provides shared workforce development across the whole early childhood sector, helping early years settings stay fully integrated into professional training, feel connected to the wider system and give families consistent messages wherever they go.

Figure 3: Illustrative approaches to integration with EY settings (may vary by local area)



What families can expect:

Each hub will deliver the core offer, including:

- Parenting and home learning environment support, including stay and play sessions.
- Early support for children with additional needs.
- Preventative and universal Healthy Babies services including: infant feeding, perinatal mental health, parent-infant relationships, health visiting, maternity, safeguarding and SEND services.
- Engagement activities designed to build connections and trust, for example coffee mornings and creative or wellbeing activities.
- Connections to wider services including: wider health and wellbeing services; safeguarding, cost of living and other assistance, other family support services, and services for children aged 5+ and young people (set out in [Best Start Family Hubs and Healthy Babies: wider service expectations](#)).
- Help for families to access support – through a family navigator on site and community outreach activity.

Each hub will bring core services together into one place with support tailored to local needs, making it simpler to find the right support at the right time.

Healthy Babies – at the heart of every Best Start Family Hub

The period from conception to age two is a time of remarkable growth and development, where early experiences and care lay the foundations for a baby's physical, emotional and cognitive development.⁶ The arrival of a baby is often a time of immense joy, but becoming a parent can be overwhelming.

It takes a village to raise a child, and everybody needs a helping hand. There are already many services available to families, delivered by highly skilled professionals and dedicated volunteers. 'Healthy Babies Services' encompass the range of existing statutory and non-statutory support that any family and their baby might need during the period from conception to age two. These services include infant feeding, perinatal mental health, parent-infant relationships, health visiting, maternity, safeguarding and SEND. It is important that these existing services are well-integrated into BSFHs across the country so that families understand what support for 0-2s they are entitled to and can access it easily.

⁶ National Scientific Council on the Developing Child (2007) [The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper #5](#)

Harvard University (2025) [Center on the developing Child](#).

Healthy Babies services will sit at the heart of BSFHs and the Best Start network, strengthening delivery and integration across health and wider family services, forming a key part of the Neighbourhood Health architecture.

Case study: Established foundations for more joined-up early health and family support

- Despite not previously receiving programme funding, Warrington delivers early years and family support through a strong, well established multi-agency family hub model.
- At the centre of this coordinated offer is the Living Well Hub, a town centre facility that brings together health, wellbeing, and family support services from key partners, and 7 locality-based family hubs. The hub provides families with integrated, connected support in one accessible location.
- The Living Well Hub provides a rich, multi-agency programme for children and families on Wednesdays and Fridays, offering practical, emotional, and developmental support. Across the two days, families can access Home Start and Dad Matters support for bonding and parenting, Early Help Link Workers for guidance with family needs, Early Years Childcare Team for free childcare funding advice, Health services including maternity, health visiting, regular Baby Weigh-in clinics, infant feeding support groups, oral health support, and 0–5 SEND Stay and Play sessions.
- There is also wider support including safeguarding and domestic abuse, mental health peer support, finance, and employment support, ensuring families can access timely help, community connection, and specialist support tailored to a range of needs.
- The 7 family hubs offer a similar multi-agency programme of services for families centred around early learning and child development, parenting and family support, specialist health advice and guidance, SEND and inclusion support. Family hub and family support practitioners also offer targeted support in the home and other community venues.

Core funded services

Alongside the delivery grant which supports the development of BSFH provision, infrastructure, engagement and outreach activity, local authorities will receive

dedicated funding for delivery of core services tied to reform priorities. These are as follows:

Parenting and home learning environment

All local authorities will receive funding to support parents and carers of children aged 0–5 to create safe, stable and nurturing home environments. Families will have access to high quality stay and play activities through BSFH or network sites, and a clear, consistent and evidence informed service offer supported by DfE’s Home Learning Environment (HLE) and Parenting Evidence-based intervention (EBI) menus ([Best Start Family Hubs and Healthy Babies: parenting and home learning environment menu of interventions](#)) and the EBI exemption process. EBIs are not a silver bullet; they should be integrated alongside other types of relational, context specific family support.

Case study: Helping parents build early communication through simple, everyday interactions

- Southwark family hubs partnered with the National Literacy Trust and the 1st Place Family Hub to strengthen the Empowering Parents, Empowering Communities (EPEC) programme, creating a practical, community focused approach to supporting children's early speech, language and communication. The aim was to boost parents' confidence by showing how everyday interactions can nurture early learning.
- Practitioners modelled simple "serve and return" techniques during parenting sessions, helping parents see how routine moments – play, mealtimes, walks – build communication skills. Families were given strengths-based resources, including Walk and Talk cards and National Literacy Trust materials, to make it easy to continue these practices at home.
- Collaboration with the Southwark Parent Forum extended this support into the community through home- learning-focused buggy walks and shared resources across local settings, ensuring parents received consistent messages wherever they engaged.
- Parents reported feeling more aware of how small, daily interactions support early communication and more confident using the strategies. Many said they valued seeing techniques demonstrated in real time and appreciated being reminded of early years approaches, especially those with older children.
- The work highlights the value of modelling within structured programmes, equipping practitioners with high quality tools, and blending universal and targeted support so all families can access help in a comfortable, strengths-based way.

Case study: Bringing play, early learning and community support together

- Seacombe family hub in Wirral offers a wide range of Stay and Play sessions, providing families with opportunities to meet others in a relaxed and welcoming environment while supporting their children's development.
- The hub delivers nine universal Stay and Play sessions and four outreach sessions each week in areas where community need has been identified. Together, these sessions engage approximately 200 families per week. Some sessions are themed, focusing on specific aspects of children's development.
- The family hub also works in partnership with voluntary sector organisations to provide feeding and weaning support during the Bump to Babies Stay and Play session, which includes a Baby Weighing Clinic run by the 0-19 health team. These sessions are consistently well attended, as parents can access a range of support from multiple agencies in one place.
- A Story Play session, aimed at children aged 0–5, encourages a love of reading. Parents are supported to engage their children in early reading activities, with resources and activities themed around the chosen book. Families are also encouraged to use the family hub community library to further support early literacy at home.
- During these sessions, parents and carers often seek additional support around early education funding, speech and language development, breastfeeding, weaning and other aspects of early childhood development.

Early support for children with additional needs and their families

All local authorities will receive funding so that every BSFH can provide early support for children with additional needs and their families. Support will be focused on reaching families of children with developmental ages 0-5 with early, additional, or developing needs; particularly those not accessing early years provision or entitlements and those needing help transitioning to reception. Every hub will have family-facing practitioners called 'Best Start Inclusion Practitioners' (BSIPs) to deliver direct support and strengthen early identification and intervention without relying on diagnosis, complementing existing SEND services.

Case study: Supporting families with SEND

- Doncaster's School Readiness Partnership brings together family hubs, health visiting, early years services and education partners to ensure every child is supported to thrive from conception to age five. Through Doncaster's family hubs, families have universal access to health visitors, early years practitioners and a wide range of services offering developmental guidance, early help and signposting. This joined-up offer means families receive timely support without needing to navigate multiple agencies.
- A key strength of the partnership is the close working between health visitors and family hubs around follow up from the Ages and Stages Questionnaire. By working together, teams identify toileting, behaviour and developmental needs earlier, reducing concerns which would otherwise first emerge at school entry, and helping children start reception more confident and ready to learn. Collaboration is strengthened through regular multidisciplinary meetings, an Early Years Panel and frontline "huddles." These structures help professionals focus on each child's developmental needs rather than service boundaries, ensuring coordinated and responsive support.
- Family hubs also host inclusive early years groups and offer access to speech and language support, parenting programmes and universal SEND resources. Staff have been trained through the Early Years SEND Partnership to promote early inclusion and confidently support children with emerging needs.
- Health visitors report that many families worry about toileting, behaviour and attention. Many children make rapid progress through early reassurance and simple strategies, such as the Easypeasy app, graduated sleep support, early language intervention and universal SEND help such as sensory rooms, accessible sessions, a SEND booklet and connections to wider services.
- Positive family feedback: "I've seen progress in [name] starting these sessions. It's benefitted me because it's made me realise ways to support him at home, I feel more confident to support him at home. It's been easy for me to implement the strategies and advice given. We enjoy singing, I copy all of his sounds and babble and I play with his toys with him now. I wouldn't change anything about the sessions, I've really liked it has been in a 1:1 format. I feel proud of myself for doing this, you have been amazing and so patient and so encouraging with me and [name]."
- From the practitioner supporting the family: "At the start of intervention it was very clear that [name] had limited opportunities to socialise with others and was having excessive screen time due to parental working arrangements. He struggled to engage in any play at the beginning of intervention and would frequently become dysregulated. [Name] has also started nursery mid intervention which has had a positive impact on him and his well-being. [Name] has made lots of small steps of progress over his 8 week block."

Healthy Babies – enhanced support for funded areas

75 local authorities in areas with high levels of deprivation will receive additional Healthy Babies funding to deliver enhanced support and services for babies and their families in these areas:

- A clear, co-ordinated Healthy Babies Offer:
Families need to understand the support available to them from the moment they know a baby is on the way, yet services are not always well connected, making the system challenging for parents to navigate. Drawing on strong local insight, partners will consider the baby and family's journey through pregnancy and early childhood, co-designing multiagency pathways that reflect local needs. Information about the services and support available through this Healthy Babies Offer should be published and made accessible to families.
- Enhanced infant feeding support:
All parents should understand the significant and long-term health benefits of breastfeeding for both mother and baby and be supported to have a successful experience.⁷ However parents decide to feed their baby, they all need the knowledge and skills to do so safely and responsively and should feel supported to make informed feeding decisions that are right for them. Families should have timely, accessible, high-quality and non-judgemental support to help them meet their feeding goals. Fathers and co-parents also play an important role in feeding and bonding with their baby and so need to be informed and supported by services.

⁷ Grummer-Strawn, L.M. and Rollins, N. (2015). [Summarising the health effects of breastfeeding](#)
Victoria, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., et al.
(2016). [Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect - PubMed](#)
Masi, A.C. and Stewart, C.J. (2024). [Role of breastfeeding in disease prevention - PMC](#)

Case study: Bringing specialist infant feeding support into the heart of the community

- The frenotomy (tongue tie) service was established through collaboration between Leicester City Council, Leicestershire Partnership NHS Trust (LPT), and members of the Integrated Care Board (ICB).
- The LPT Infant Feeding Team has introduced a weekly Frenotomy Clinic in the family hub. Infant Feeding Specialists provide oral assessments and the frenotomy procedure, with an Infant Feeding Practitioner on-hand to offer post-frenotomy feeding support and advice. Follow-up calls are made to review progress and assess further support required.
- This holistic and comprehensive integrated model reduces reliance on hospital-based or out-of-area referrals and improves timely access for infants experiencing feeding difficulties.
- 137 infants have been seen in the 6 months since the clinic first opened. Impact has been immediate; families previously waiting 8-12 weeks are now seen in the community within one week of referral. Early data shows immediate and continued improvement in feeding efficiency, improvement in maternal pain, improved weight gain, continuation of breast feeding, and transitioning from bottle or combined feeding to exclusive breast feeding.
- One mother summed it up beautifully: "That's the best feed he's ever had. He's never looked this relaxed after a feed." Another said "He's normally so unsettled when feeding. Today he was calm for the first time."

Case study: Partnering with families to improve breastfeeding support and awareness

- Redcar and Cleveland and Middlesbrough family hubs have worked together with midwives, health visitors and public health teams, on a bold and creative multi-media campaign spearheaded by new mums from local towns and villages to encourage breastfeeding.
 - 12 breastfeeding ambassadors were chosen from dozens of entrants across both boroughs to be the ‘faces’ of the campaign. Each mother – alongside their partners and other family members – have their own sometimes emotional stories to tell about parenthood and breastfeeding, including overcoming difficulties.
 - Their images have been used on posters, buses and social media right across South Tees. They have also shared their breastfeeding journeys as short social media film clips. Most describe initial struggles to breastfeed and urge others to access the local support available. The clips celebrate and empathise with new mothers, however they feed their babies. The campaign was featured in local BBC TV and radio and more than achieved its aim of getting the community talking about breastfeeding. It formed part of a wider breastfeeding strategy which saw percentage increases of between 14% and 24% in breastfeeding rates at 6–8 weeks across the two boroughs.
-
- Enhanced perinatal mental health and parent-infant relationships support: Loving, responsive relationships with parents, along with good parental mental health, are vital for babies’ wellbeing.⁸ Every new parent and carer should have timely and compassionate mental and emotional health support, if they need it, from the moment they know their baby is on the way. Those local authorities receiving Healthy Babies funding will offer enhanced services for parent-infant relationships, support for mild-to-moderate perinatal mental health difficulties, and perinatal mental health support for fathers and co-parents.

⁸ Fearon, R.P., et al. (2010). [The significance of insecure attachment and disorganization in the development of children's externalizing behaviour: a meta-analytic study](#)

Rasmussen, P.D., et al. (2019). [Attachment as a Core Feature of Resilience: A Systematic Review and Meta-Analysis](#)

Cooke, J.E., et al. (2019). [Parent-child attachment and children's experience and regulation of emotion: A meta-analytic review](#)

Rogers, A., et al. (2020). [Association Between Maternal Perinatal Depression and Anxiety and Child and Adolescent Development: A Meta-analysis](#)

Case study: Supporting parent-infant relationships from neonatal care into the community

- The Family and Baby project supports families with babies in Lincoln and Boston Neonatal Units. A team of three family help practitioners provides early, relationship-based support to improve attachment, infant development and parental wellbeing.
- With a strong focus on perinatal mental health and parent-infant relationships, the project ensures families are connected to local services and receive timely, compassionate and coordinated support.
- The team can also support with relationship matters, applying for finance, knowledge on entitlements and tasters of evidence-based programmes such as Video Interaction Guidance. They provide handholding to ensure continuity of care from hospital to the community-based healthy babies offer.
- Since its launch, the team has consistently reached between 98% and 100% of families on the Neonatal Intensive Care Units, as well as those placed out of county. This high level of engagement demonstrates the effectiveness of the 'connect to support' and outreach process.
- Positive family feedback highlights the value of the support received: "For the first time in our journey, we felt supported and listened to. FAB is an absolute saviour when you are going through your toughest time. FAB helped me believe that I can be the mum I know I could be."

Helping families access wider services

We want families to access joined up holistic support that reflects the realities of their lives, eases everyday pressures and strengthens the foundations that help children achieve and thrive.

In addition to the core funded services, BSFHs will act as a gateway to wider national and local provision for babies, children and families, whether delivered in person at a BSFH, through a network site, a partnership or through online resources. This includes health-related support, cost of living and welfare advice, housing support, family help, domestic abuse support and services tailored to specific needs. While these services will be funded separately from BSFH and Healthy Babies services, BSFHs provide an opportunity to connect and help families navigate the wider range of support and services in an area.

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[Best Start Family Hubs and Healthy Babies: wider service expectations](#) sets out expectations for how BSFH should connect to these wider services. These wider services are summarised in Figure 4 below. All BSFH will be expected to meet the minimum expectations and there are 'go further' options that illustrate examples of good practice.

Local authorities will be funded to appoint dedicated family navigators within BSFHs to help provide a consistent and trusted point of contact, acting as connectors and advocates across local networks – coordinating multi-agency involvement, helping families engage with services and improving their overall experience.

Figure 4: Summary of wider services BSFH and Healthy Babies should connect to



Wider services

Services for children aged 5+ and young people

- Youth services – universal and targeted
- Youth justice services
- School attendance
- Holiday Activities and Food

Health and Wellbeing

- Health visiting (0-5)
- Public health (0-19)
- Mental health
- Maternity, midwifery and neonatal
- Nutrition and healthy growth
- Oral health improvement
- Screen time
- Smoking cessation
- Substance misuse support
- Vaccinations

Financial and other assistance

- Birth registration
- Debt advice, money and welfare advice
- Food support
- Fuel poverty
- Housing
- Parental leave and pay
- Social welfare advice services

Wider family support services

- Armed forces families
- Children affected by parental imprisonment
- Reducing parental conflict
- Support for adoptive, kinship and foster families
- Support for separated and separating parents/carers
- Targeted family support- family help

Safeguarding

- Domestic abuse
- Tackling child sexual abuse and exploitation

Case study: Connecting families to wider support through joined-up family hubs

- Seacombe family hub in Wirral opened in August 2023 and provides an accessible community-based space where families can receive coordinated financial advice and practical support. Located in one of the most deprived areas of the borough, the hub helps remove barriers by offering a welcoming drop-in environment where families can seek help without stigma.
- A key focus is making financial support part of everyday family activity, so parents who come in for play sessions or health appointments can also access advice discreetly.
- The hub partners with several agencies to deliver comprehensive financial assistance. Citizens Advice offers twice weekly drop-in sessions, recently expanded to support families with children of any age. They provide guidance on welfare benefits, debt, housing issues and wider financial challenges. Healthy Homes, another key partner, helps families access grants such as insulation or boiler replacement funding, resolve fuel debt, and address unsafe housing conditions. They also carry out joint home visits with family hub staff advocating for families and helping secure temporary accommodation when needed.
- Early feedback shows that the trusted, informal setting increases uptake of financial support, reduces waiting times and strengthens partnership working. Families benefit from being able to access multiple forms of help in one place, quickly and without judgment.

The model – principles for delivery

The network, site, and core services should be delivered in ways that empower parents, improve health and education outcomes for families and support effective practice across professionals and services, guided by five key principles.

1. Connections:

Families experience support as one seamless, joined-up journey. BSFHs should act as a clear gateway into wider local services, enabled by family navigators, shared practice and consistent referral pathways so partners work together around families rather than families having to navigate the system themselves.

2. Relationships:

Strong, consistent relationships between families and practitioners underpin effective support. Delivery should be rooted in a child-focused whole-family, strengths-based approach, supported by a skilled and confident workforce that works as one team.

3. Access and Inclusion:

BSFHs provide welcoming, stigma-free routes into services ensuring every family, especially those facing barriers, can engage confidently. They should be designed with and for local communities and families. This includes ensuring young parents including teenage parents, fathers, co-parents and families with diverse needs, such as those with SEND experiencing disadvantage and/or health inequalities, can access and take part in the offer.

4. Insight:

Delivery blends evidence-based practice with innovation to improve how families are reached and served supported by continuous learning, testing and refinement.

5. Data and digital:

Accessible integrated digital tools and data foundations help families find information and access support, enabled by shared data standards, interoperable systems and user-centred design. This is described further in Annex A.

Case study: Involving parents and carers in the design of services and community engagement

- Coventry Parent Voice Network was established to strengthen family involvement in shaping local services. Through a co-designed three-tier system, diverse parent champions, digital platforms, and inclusive outreach, this initiative has fostered strong participation, with over 445 mums, dads and carers now involved.
- The Network used targeted outreach strategies to ensure inclusivity. Recruitment of Parent Champions was conducted via schools, faith centres, community centres, existing family hub families, and online platforms. Engagement methods included multilingual communication and flexible participation options, to reach a spectrum of communities. They conducted surveys and feedback on the offer. Recognising the importance of a more collaborative process, they shifted to actively listening to families' needs as part of planning service delivery.
- Families report high levels of satisfaction and engagement. 93% felt more involved in their child's education, and 98% reported satisfaction with the family hub services.
- Enhanced community cohesion: Parents reported feeling more involved and connected, with 95% feeling a strong sense of community.
- Improved access: Parent Champions facilitated better engagement with local services, leading to increased awareness, especially around Youth, SEND and Engaging Fathers services. The network fostered a sense of community, contributing positively to mental health and confidence in navigating services.

Case study: Embedding father-inclusive practice across the system

- Hackney is taking a system-wide approach to embedding father inclusion across BSFHs and Healthy Babies and partner organisations.
- A Needs Assessment of approximately 1,000 fathers representing a range of communities, including Black, Charedi, Turkish and Kurdish fathers, found that while fathers expressed a strong desire to be recognised and supported, many felt overlooked by services. The assessment also established important baselines around paternal mental health and wellbeing and Hackney is now introducing dedicated fathers' wellbeing checks to actively improve outcomes in this area.
- Building on these findings, Hackney co-produced a Father Friendly Charter setting expectations for how services engage with fathers and established a roundtable giving fathers an active role in shaping the design and delivery of family services. Fathers are recognised and rewarded for their involvement, with clear routes into employment.
- This growing programme of father-specific activities includes weekly coffee meet-ups for new dads, Stay and Play, First Aid and Baby Massage sessions, and monthly Fathers Circles. These Circles offer spaces to connect, including creative sessions for self-expression and a dedicated group for fathers of children with SEND.
- By championing the critical role fathers play in their children's development, Hackney is reimagining the delivery of inclusive family services.
- Feedback from a father: "It was empowering to know that our voices were shaping something that would help other fathers like us."

Case study: Data-sharing to establish a needs-informed response for families in their communities

- Torbay's family hubs are located across three towns and use community venues such as schools and libraries to make support easy for families to access help and support.
- By bringing services and the information held on families together in one place, the model creates more coordinated, efficient, and family focused support.
- A large part of this success is improved data sharing between the council, public health, and their partner in delivery, Action for Children. This helps services understand local needs and allow services to work more effectively together to ensure families get timely support.
- Formal data sharing agreements set out clear roles, with the NHS Foundation Trust as data controller and Action for Children and council teams as data processors.
- Having clear roles from the start prevents confusion and makes collaboration easier. Using data to identify what is working, where gaps exist and what communities need supports better planning and service improvement.
- A significant impact has been the reduction in families needing to repeat their stories to multiple services, thanks to integrated systems that allow professionals to access consistent, high-quality information. This has enabled more coordinated and effective support for families. For example, where a family previously had to provide the same information to three different agencies, integrated data sharing now ensures that their details are captured once and used across services, improving both efficiency and experience.

Case study: Using Test and Learn approaches to reach more families

- Manchester and Sheffield set up Test, Learn and Grow accelerators which tested how improvements to outreach and engagement could increase take-up of evidence-based family hub services.
- Over a short period, local and national teams tested a new way of reaching parents and engaging parents such as delivering pop-up outreach in trusted, high-footfall community settings and using live demonstrations of evidence-based services in play drop-in sessions and parent testimonials to build understanding and trust.
- Small, focused tests allowed teams to act quickly, learn what worked for different communities and refine their approach before scaling.
- The pilots showed that structured test-and-learn activity, underpinned by co-design and basic data on engagement and referral sources, can improve access to services and support continuous improvement across the wider family hub system.

Section 3: Achieving the vision

This section explains the core objectives of BSFHs and Healthy Babies and how these shape what we expect local areas to deliver. It summarises the key aims we are working towards for babies, children and families, and the practical goals that should guide activity across the BSFH network.

Our objectives and aims

Our objectives are to:

- Provide support to parents and carers to help them nurture their babies and children, improving health and education outcomes for all.
- Contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those facing multiple disadvantage and those who are seldom heard.
- Build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts.

To achieve this, we aim to:

1) Expand and strengthen the early family support system.

- Create a national network of up to 1,000 BSFH and 2,000 network sites, across England by 2028 – designed with families and embedded in communities.
- Ensure 70% of BSFHs are located in the 30% most deprived areas⁹, with proactive outreach, helping us reach more families and particularly those facing disadvantage.
- Ensure every BSFH has a children and family services professional trained to support parents of children with additional needs.

2) Improve early childhood development and home learning.

- Increase engagement with evidence-based parenting and home learning programmes so more children achieve positive early outcomes – including contributing to raising the proportion of children reaching a Good Level of Development (GLD) to a record 75% by 2028.

3) Improve child and maternal health and wellbeing.

⁹ As defined in [English indices of deprivation 2025 - GOV.UK](#)

- Increase access to preventative health services within the local community, including infant feeding, perinatal mental health and parent-infant relationships as well as wider Healthy Babies services.
- Improve infant feeding outcomes by increasing the proportion of babies that are breastfed.
- Strengthen parent-infant relationships and improve perinatal mental health support.

Funding

We are investing over £900 million over the spending review period 2026 to 2029 to build the capacity of every local authority to bring about system transformation and fundamentally reform and improve the way that 0–5 family and health services are delivered and received locally.

All local authorities will receive grant funding to deliver the system transformation outlined in this document. This will include:

- Developing and implementing Best Start local plans.
- Building networks comprised of BSFH and network sites to deliver an integrated health and early years offer working with a wide range of partners including early years, health, VCS partners and those delivering Healthy Babies services.
- Delivering the core funded services.

The delivery grant will also include a small element of capital funding to adaptations to existing buildings that improve accessibility and enable multi-agency working.

Local authorities will be expected to use the funding to enhance, expand and reshape existing services to ensure families experience an improved and strengthened offer. Investment should ensure all expectations set in Part B are met. It should not be used simply to maintain existing services and should reflect the level of additional investment that has been made available.

The 75 local authorities previously funded through the Family Hubs and Start for Life programme will continue to receive Healthy Babies funding to delivery enhanced support and services for families, including:

- A clear, coordinated Healthy Babies Offer.
- Enhanced infant feeding support.
- Enhanced perinatal mental health and parent-infant relationship support.

Further detail on funding is available in [Best Start Family Hubs and Healthy Babies – Preparing for implementation April 2026](#).

Local authority delivery expectations

Part B of this guidance sets out the detailed delivery expectations that local authorities should meet through the funding provided and against which progress will be assessed. The summary below describes the headline expectations in Part B and the core purposes they are intended to achieve.

Network expectations

These expectations describe how the local system should be organised and led including the structures, partnerships and collective effort needed to provide a coherent offer for families and improve outcomes across an area.

System leadership:

Local authorities should provide strong strategic direction so partners work toward a shared vision for improving outcomes in the early years with clear governance, aligned plans and coordinated investment.

Partnership working:

Local authorities should seek to build a genuinely collaborative local ecosystem across health, early years, education, the VCF sector and impact economy partners. Local authorities are expected to convene partners, shape joint approaches and ensure connected, consistent delivery.

Outreach:

Local authorities should use insight, community relationships and targeted outreach to ensure services actively reach families who need it most or who may face barriers to accessing support. For example, young parents including teenage parents and those needing support for teenage pregnancy.

Site expectations

These expectations set out what families should experience in the places where support is delivered – the hubs, network sites and services that provide practical help, activities and day to day support.

BSFHs and network sites:

Local authorities should maintain a connected network of hubs and network sites that bring core services together and reach families where they are.

Parenting and the home learning environment:

Local authorities should provide high-quality, evidence informed parenting and HLE support, including guidance that helps families create nurturing, language-rich home environments, and access to stay and play activities.

Healthy Babies offer:

Local authorities should coordinate with health partners and voluntary, community and faith sector organisations to design, publish and maintain an accessible Healthy Babies offer. These expectations aim to make the period from conception to age 2 easier for families to navigate by bringing key services into a clear, joined-up local offer.

Infant feeding:

Local authorities should strengthen local provision through commissioning, workforce development and accessible support that enables informed choices and improved outcomes. These expectations aim to ensure families receive consistent, evidence-based infant feeding support that enables informed choices and improved outcomes.

Perinatal mental health and parent-infant relationships:

Local authorities should shape local pathways, build the capacity and capability of the workforce and ensure inclusive access to PMH and PIR support. These expectations aim to strengthen parental wellbeing and early attachment by ensuring families can access timely, compassionate support.

Children with additional needs and their families:

Local authorities should support early identification, develop skilled practitioners and align with wider SEND reforms to ensure children with emerging or additional needs receive timely, inclusive and coordinated help.

Model expectations

These expectations describe the *principles and behaviours* that should underpin the whole system – ensuring support feels seamless, relational, inclusive and continually improving, regardless of where and how families engage.

Connections:

Local authorities should strengthen pathways, navigation and multi-agency coordination so that families experience support as a seamless journey rather than navigating disconnected services.

Relationships:

Local authorities should develop a confident, skilled workforce and enable collaborative practice across agencies grounded in strong, trusting relationships and relational, whole-family working.

Access and inclusion:

Local authorities should create inclusive environments and embed meaningful parent and carer participation so that every family feels welcomed, understood and able to engage with support.

Insights:

Local authorities should use evidence, community insight and iterative testing to build a culture of learning, experimentation and continuous improvement.

Data and digital:

Local authorities are expected to improve data quality, interoperability, design user-centred digital journeys and strengthen digital and data foundations so families can access and navigate information more easily.

Delivery, reporting and support

Local authorities will be expected to have:

- A Best Start in Life local Plan: setting out a local plan for improving early child development and progress toward GLD, with BSFH and Healthy Babies embedded.
- A BSFH and Healthy Babies Delivery Plan: an operational plan for 2026 to 2029 describing how funding will deliver the BSFH and Healthy Babies expectations set out in Part B of this guidance. A delivery plan template and further guidance will follow, including how we will monitor key policy expectations through reporting and data collection.
- A local outreach strategy: a data and community driven plan for reaching families least likely to access services.
- A memorandum of understanding ('MoU'): an agreement with DfE/DHSC outlining shared expectations regarding grant payments. Local authorities should complete a readiness survey and sign their MoU before the first 2026 to 2027 grant payment.

Local authorities will be expected to meet ongoing reporting expectations through a combination of:

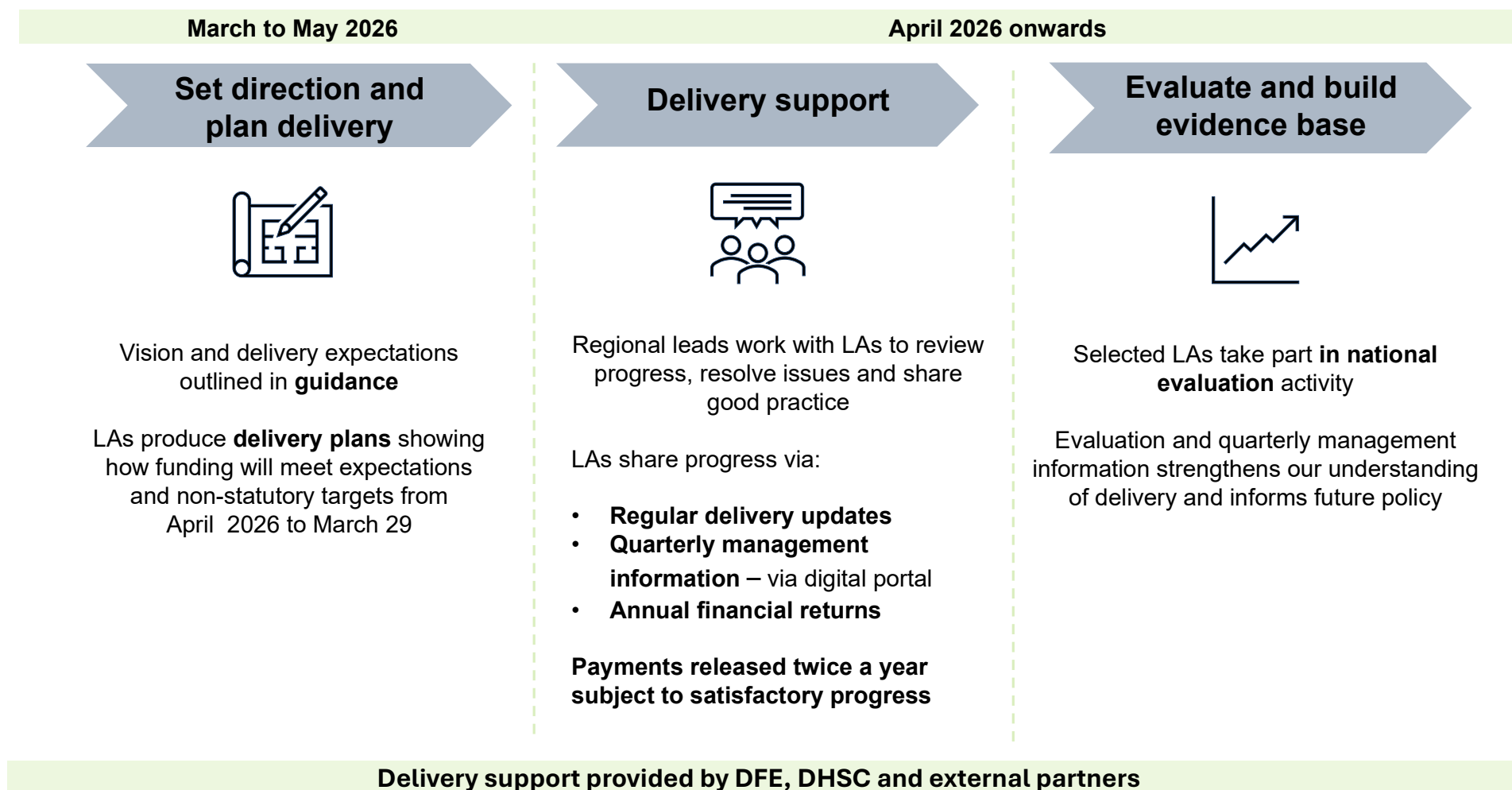
- Quarterly management information: who is being reached, activity delivered, outcomes, and workforce capability.
- Twice yearly delivery returns: linked to funding milestones.
- Annual financial statement: confirming grant use.
- Annual maturity self-assessment: supporting system learning and improvement.
- Participation in the separate national evaluations, if invited to do so: contributing data and connecting evaluation teams with local service users, to build the evidence base for BSFHs and Healthy Babies. From late 2026, some

areas will contribute to in-depth case studies, involving additional data collection, staff engagement and analysis of delivery models and costs, to strengthen the national evidence base.

Where evidence provided does not meet the expected level of assurance, this will prompt further discussions and targeted delivery support.

Delivery and reporting expectations are summarised in Figure 5 below.

Figure 5: summary of delivery and reporting expectations



Support and resources

We will provide local authorities with a comprehensive support offer, including online resources, case studies, communities of practice and access to DfE and DHSC regional advisers to help identify challenges, share best practice and promote effective innovation.

Part B: Detailed service expectations and delivery, reporting and support

This section is intended for those commissioning, designing and delivering services and those accountable for grant funding

Section 1: Delivery expectations

This section will be most relevant to those leading, commissioning and delivering BSFH and Healthy Babies services. The expectations described in this section apply over the full funding period, financial years 2026 to 2029. We expect local authorities to draw on their delivery grant and core services funding to deliver all expectations by March 2029. While we encourage local authorities and partners to be ambitious about what can be achieved, we recognise local areas are starting from different points and have different contexts, and progress may look different from place to place.

Network expectations

System leadership

Summary: Local authorities should work with families, communities, professionals and partners in their areas to set a bold vision for strengthening family support. This should be delivered through strong leadership, joint governance and partnership arrangements, ensuring BSFHs sit at the heart of a universal and accessible network of family services. Through aligned plans, joined up pathways and effective use of funding, areas will deliver improved outcomes for babies, children and families.

Local authorities should:

- A. Set a bold vision for improving child health and development outcomes through BSFHs with local delivery partners, informed by, and coproduced with, families.

Local authorities should establish formal relationships between BSFHs and a wide range of partners, with clear terms of reference defining their partnership. Partnerships will vary by area but are expected to include:

- ICBs and NHS Trusts to ensure alignment and clear pathways across health services commissioned and delivered by different parts of the system.
- Health, education and childcare, family services, Stronger Practice Hubs.
- VCF organisations, from small, hyperlocal groups to large national partners, recognising their vital role in community asset-building, reaching underserved families, and reinvesting social value locally.
- Social investors and philanthropic organisations to help leverage funding and sustain provision beyond initial government investment, contributing to a more blended and resilient early years funding ecosystem.
- Libraries, cultural organisations, and other community venues as accessible places for information, outreach and service delivery, helping extend reach and embed family support in everyday community spaces.

- Local businesses (e.g. supermarkets, leisure centres) to reinforce home learning and public health messages, distribute resources in everyday spaces, or host network sites – strengthening connections between community touchpoints and family wellbeing.
 - Partners who can support families to access wider services as set out in [Best Start Family Hubs and Healthy Babies: wider service expectations](#). This includes health and wellbeing services, services for children aged 5+ and young people – including Young Futures Hubs where they exist – and safeguarding services. It also covers cost-of-living support, help to alleviate child poverty, such as Jobcentre Plus services, benefits and debt advice as well as focused support, such as help for families who are separating, in the armed forces, or affected by imprisonment.
 - All partners should have a shared understanding of and commitment to the outcomes they want to achieve. This should build on local plans, such as Best Start local plans and Neighbourhood Health plans, as well as sector led outcomes frameworks such as the one developed by the Common Outcomes for Children and Young People Collaborative.
 - Babies, children, young people and families should have a clear voice in this partnership, as set out in the model expectations.
- B. Provide clear leadership and strong governance arrangements to drive improved outcomes.

This should include:

- Having a strong understanding of the needs of babies, children and families locally, drawing on local Joint Strategic Needs Assessments, and assessment of the reach and impact of existing local services, and extent and efficacy of partnership working, informed by families and partners.
- Developing a local BSFH delivery plan shaped by partners with:
 - Joined up commissioning plans, particularly with ICBs, and aligned budgets.
 - A plan to leverage local assets, expertise and resources from partners.
 - Alignment to other local strategies including Neighbourhood Health plans, and with multi-agency structures and arrangements, including across health, education (including early years settings), family services, social care and safeguarding.

- C. Create a universal and accessible network of family services with BSFHs at its centre, with simple, joined up pathways from conception through early years and beyond.
- BSFH will prioritise pregnancy to age 5, particularly the 1,001 critical days of a child's early life, while ensuring support for children up to 19 (or 25 for those with additional needs). There should be a universal offer available to all. Targeted support should be available to those who need it most including, for example, those experiencing disadvantage, children least likely to achieve a good level of development, young parents including teenage parents and those with additional needs.
 - The BSFH offer should be set out in your delivery plan. It should be published in an accessible digital format that enables all families to easily find BSFH and Healthy Babies information in one place.
 - The offer should be available in multiple languages, with considerations made for families living in poverty and with poor digital access. Local authorities are responsible for providing this local digital offer. Alongside this, DfE / DHSC will provide information for parents on broader themes (e.g. advice and guidance, information on national programmes etc). Together these two elements make up the Best Start Digital Service (see Annex A).
- D. Use the funding to enhance, expand and reshape existing services to ensure families experience an improved and strengthened offer.
- Investment should ensure all expectations set out here are met. It should not be used to simply maintain existing services and should reflect the level of additional investment that has been made available.
- E. Use the Best Start in Life brand consistently across BSFHs and network sites.
- Branding should create a clear and recognisable identity for families and partners, following guidance in [Best Start Family Hubs and Healthy Babies – Preparing for implementation in 2026](#).

Partnership working

Summary: Local authorities should build strong, purposeful partnerships across the voluntary and community sector, education, particularly early years settings, health and wider services to deliver a coherent network, and aligned delivery with existing programmes, reforms and services to ensure families experience joined up, consistent help wherever they access it.

Local authorities should:

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- A. Work in partnership with VCF organisations to deliver the BSFH network, sites and model.
- VCF organisations can play a vital role in shaping an effective strategy, understanding and reaching communities, leveraging local assets, volunteers, and additional funding, and contributing to the impact economy by reinvesting social value back into local places.
 - Partnership models will vary by area but could include VCF organisations: having a formal role in governance arrangements; being commissioned to deliver services with sufficient funding over a three year period; delivering network sites or outreach services; offering specialist or trusted services to communities that would otherwise not engage, supporting local resilience and system capacity through community-led delivery models that retain value locally.
- B. Work in partnership with early education and childcare providers, schools and trusts to deliver the BSFH network, sites and model.

This should include:

- Establishing strong partnership delivery with early years providers, including with Private, Voluntary and Independent settings (PVI), school-based nurseries, nursery schools and childminders. This is essential to reach families where they are and deliver consistent, high-quality practice across the early years system. These partnerships should operate as part of a coherent local system, drawing on the complementary strengths and needs of each provider and creating a seamless experience for families while ensuring that children from low-income backgrounds and children with SEND receive the focused support they need to build strong foundational skills by the end of the Early Years Foundation Stage (EYFS). Partnerships should also promote the use of the EYFS Profile to identify children not yet at expected levels of development and plan the additional support they will need in Year 1.
- Partnerships will differ by local area and are likely to involve early years settings hosting family support or outreach sessions, acting as BSFH network sites, dedicated stay and play sessions, support and outreach for childminders to access services in BSFHs, or co delivering elements of the BSFH and Healthy Babies services from early years settings. These partnerships should ensure joined up support from early years settings, transitions into school and throughout the Reception year, with RISE teams contributing to this support offer.

- BSFH staff will help families understand their entitlements including eligibility for childcare entitlements and the Healthy Start Scheme, supporting parents and carers with their application processes, particularly those eligible for Early Learning for 2-year-olds. Where appropriate, BSFH staff should advocate for families by liaising with nurseries and EY providers, including childminders, to support them through the process of taking up a childcare place, with a childcare specialist available on site where appropriate. This approach ensures that families are supported consistently across touchpoints, reduces barriers created by organisational boundaries, and strengthens the overall capacity of the local early-years system to meet need effectively.
- Exploring opportunities to align with other DfE initiatives to improve school-readiness and child outcomes, including to:
 - Link BSFHs with phase 3 of the expansion of school-based nurseries and with partnerships between early years settings (including schools), where they exist, to create seamless early years pathways that operate as part of a joined-up local system and support transition to school.¹⁰
 - Promote joint professional development with early years setting leaders and educators, including through Early Years Stronger Practice Hubs and Reception Networks where available. This supports a shared system language, aligned pedagogical practice, and a stronger, connected workforce.
 - Deliver joint training between education settings and BSFHs to help build collective capability across the local early-years system and support more consistent quality and expectations for children and families.
 - Convene and collaborate with schools and EY settings to strengthen the EYFS Profile (EYFSP) assessment at age 5 and promote consistent practice. From summer 2026, facilitate three EYFSP assessment support sessions per academic year for practitioners completing the assessment (usually reception teachers).

C. Work in partnership with health leaders and services to ensure joined up support across health and wider family services.

This should include:

- Establishing strong relationships with providers of Healthy Babies services, and other health services for 0-5s and their families. This includes services set out in [Best Start Family Hubs and Healthy Babies: wider service](#)

¹⁰ [School-based Nursery Capital Grant 2027 to 2030 - GOV.UK](#)

[expectations](#), such as health visiting, public health, mental health, midwifery/maternity and neonatal, nutrition, healthy growth and lifestyles, oral health improvement, stop smoking support, substance (alcohol/drug) misuse support, and vaccinations.

- Exploring opportunities for health professionals who engage with most families, such as maternity and health visiting professionals, to share data and signpost families to appropriate support available through BSFHs and the Best Start network.
 - Connecting with primary care, including GPs and pharmacies, Neighbourhood Health Centres where available locally.
 - Connecting with [neighbourhood multi-disciplinary teams for children and young people](#), where appropriate, to ensure joined-up support across different levels of care – from prevention and early intervention to primary and secondary care.
 - Establishing strong relationships with ICBs and Health and Wellbeing Boards to ensure local priorities and plans for babies, children and their families are aligned.
- D. Ensure system alignment with the Families First Partnerships programme, to help families experience a coherent, end-to-end offer.
- E. Ensure alignment with statutory SEND governance and services.
- Local authorities should ensure BSFHs complement rather than duplicate SEND services, avoid creating new thresholds, and enable earlier identification, coordinated navigation and timely support including during the transition to a reformed SEND system.

Outreach

Summary: Local authorities should lead a targeted, evidence informed outreach approach to identify and engage families who are most likely to need support and least likely to access it, including those experiencing inequalities. Working with partners and communities and delivered through dedicated outreach workers and/or volunteers, they should build trusted relationships, reduce barriers, and ensure families can access the full Best Start offer. Outreach should be inclusive, proactive and aligned with core service goals.

Local authorities should:

- A. Develop a data-driven, evidence and community-informed outreach strategy that targets families facing barriers to accessing services – including those who are least likely to engage, reach GLD or at risk of poor outcomes, including those experiencing the greatest health inequalities.

The strategy should include:

- A clear plan to reach groups facing specific barriers to accessing services, such as fathers, LGBT+ parents, families of children with emerging SEND, young parents including teenage parents, those experiencing health inequalities, and families who may face other barriers to accessing services.
- Joint development with health partners, VCF organisations, early years settings, parent champions and hyperlocal groups to identify disadvantaged families and those with additional needs, build trust, reduce barriers, increase take-up and reduce inequalities.
- A workforce plan, including dedicated capacity and training so staff understand the needs of priority groups and can engage effectively.
- An outreach delivery plan using inclusive community settings beyond hub buildings – such as early years settings, schools, libraries, youth centres, health settings and VCF spaces – supported by pop-ups, mobile provision (e.g. stay-and-play sessions), and flexible timings to widen reach.
- Alignment with core service goals:
 - Parenting and HLE: increasing uptake, and completion of EBIs as part of a coherent 0-5 offer, while enabling parents to build strong daily habits – such as chatting at mealtimes, sharing stories, and playing together – that nurture children’s language, confidence, and connection.
 - Healthy Babies offer: supporting families to navigate support by joining-up and raising awareness of the services available locally that support families during the period from conception to age 2, through digital, social, printed and in-person outreach.
 - Infant feeding: promoting breastfeeding and infant feeding support, using community venues and peer networks, and normalising breastfeeding through campaigns and community partnerships.

- Perinatal mental health and parent-infant relationships: reducing stigma around help-seeking, making use of community venues and peer networks, and ensuring father and coparent inclusive engagement.
- SEND: reaching families of children with emerging, additional or developmental needs, particularly those not engaged in early years provision, not taking up entitlements or during transitions to school.
- The strategy should be regularly reviewed and refined part of the BSIL local plan cycle.
- Dedicated outreach workers and trained community volunteers should be in place to deliver the strategy. Individuals in these roles should understand family's needs and the services available to them, support trusted, relationship based and peer-led engagement, be able to create a seamless service offer with information and referral referrals.

B. Clearly brand all outreach activity as part of the Best Start offer.

Site expectations

Best Start Family Hubs and network sites

Summary: Local authorities should build a coherent network of BSFHs and network sites so families can access support in multiple settings across their communities. By bringing core services together in key places and co-locating with partners wherever possible, the Best Start Family network will reach families where they are and deliver the greatest impact.

Local authorities should:

- A. Place BSFHs within an expanded network of sites, partners and physical, virtual and outreach services so families can access a wide range of support in multiple locations.
- BSFH sites will provide a central point of access to a range of support, with a national ambition for 70% in the 30% most deprived areas.
 - Best Start Network Sites will extend the reach of BSFHs. This should be across a range of venues (e.g. early years and specialist settings, schools, libraries, health and faith venues, leisure and recreation centres, parks and other VCF, private and public buildings). Local authorities should consider commissioning these through partner organisations.

B. Ensure all BSFHs provide access to HLE, Parenting, SEND support and Healthy Babies services and other universal, preventative health services (see [Best Start Family Hubs and Healthy Babies: wider service expectations](#) for details) for children aged 0-5.

- In areas receiving Healthy Babies funding, this should also include access to enhanced infant feeding, perinatal mental health and parent-infant relationships.

C. Co-locate services to enhance delivery of outcomes and joined up services.

Where it is aligned to the strategy to improve quality services and outcomes, Local authorities should aim to:

- Co-locate services within BSFHs, including Healthy Babies services (such as maternity and health visiting), specialist services, family help teams and children's social care, to strengthen joined-up delivery.
- Where appropriate, co-locate a BSFH itself within an early years or health setting to create seamless pathways for families, while ensuring the hub remains clearly identifiable and accessible.
- Offer regular access for visiting specialists within BSFHs, such as speech and language therapists, educational psychologists, portage teams, occupational therapists and birth registrars.
- Where co-location is not possible, ensure staff can confidently navigate and link families to wider local services, particularly Healthy Babies services and wider universal health services (as set out in [Best Start Family Hubs and Healthy Babies: wider service expectations](#)).

Core services

Parenting and the home learning environment

Summary: Local authorities should deliver a high-quality parenting and home learning environment (HLE) offer for families with children aged 0-5, combining face-to-face and digital support, clear guidance on how to support children's development, and targeted evidence-based interventions (EBIs). Local authorities should prioritise and maximise take-up of EBIs but recognise they should be delivered alongside effective relational and context-specific forms of family support. Resources to support planning and commissioning include:

- [Foundations Practice Guides and Foundations Guidebook](#)
- [Family Hubs Planning Framework](#)

- [Best Start Speech and Language Guidance](#)
- [Embedding the home learning environment: evidence, practice and partnerships](#).

Local authorities should:

- A. Deliver a parenting and HLE offer for families with children aged 0 to 5, providing activities for young children including:
 - High quality face-to-face provision and a flexible digital offer, including online courses and virtual sessions aligned with local and national front doors.
 - Information, support and advice to help parents build strong daily interactions and habits to support children's development such as chatting, stories, play, potty training and managing screen time. This should include guidance on screen-time for ages 0-5 and 5-16.
- B. Ensure play and shared reading resources including stay and play sessions are embedded within the HLE and parenting offer, providing parents with evidence-informed practice and opportunities to support language-rich, independent exploration at home and in the community.
- C. Prioritise EBIs selected from DfE's EBI HLE and parenting menus (see [Best Start Family Hubs and Healthy Babies: parenting and home learning environment menu of interventions](#)) or agreed through the EBI menu exemption process (as outlined to local authorities in December 2025).
 - Focus EBIs on families with children in the age range relevant to statutory GLD targets, broadly ages 3-4, which may include children in the reception year during the 2027 to 2028 academic year.
 - EBIs offer tested models for implementation, training, monitoring and evaluation, but cannot be the whole offer. Consider how EBIs, alongside effective relational and context-specific forms of family support, can help to deliver a clear and consistent offering for parents and better outcomes in a local context.
- D. Maximise take up of HLE/parenting services, by working in partnership with VCF partners to proactively reach families and build trust and access.
- E. Ensure staff are equipped to deliver the HLE and parenting offer, such as through training on the use of Speech, Language and Communication screening tools such as the Early Language Identification Measure and Wellcomm.

Department for Education and Department for Health and Social Care

Children with additional needs and their families

Summary: Local authorities should ensure strong, consistent early identification and early SEND support across BSFHs through dedicated Best Start Inclusion Practitioners and a confident, skilled wider workforce. By strengthening inclusive practice and partnership working, areas should deliver coordinated help for families and a clear, accessible local SEND offer from birth to school entry.

Local authorities should:

A. Ensure that every BSFH has access to a Best Start Inclusion Practitioner (BSIP) that:

- Uses the title Best Start Inclusion Practitioner (BSIP) for national consistency.
- Complements, and does not duplicate, existing roles such as Area SENCOs and Designated Social Care Officers (DSCOs).
- Works across hubs, outreach locations and co-located settings, ensuring families can access early SEND support and a BSIP at any hub site. Local authorities are expected to employ at least as many BSIPs as there are hubs in the area. Local authorities are able to deploy their BSIP capacity according to local need but should ensure each BSFH has a BSIP.
- Has at least a Level 3 qualification in early years, education, health, SEND, child development or a related field, with strong understanding of local SEND systems and experience of direct family work and multi-agency practice.
- May offer light touch help to explain local pathways but are not expected to provide ongoing advocacy, coordination or case management.
- Is not responsible for designing, commissioning and maintaining service level partnerships – this rests with local authorities and system partners.

B. Best Start Inclusion Practitioners (BSIP) should provide direct, flexible support to identify and respond to emerging additional needs and strengthen early developmental outcomes, including through:

- Observation and discussions with families, early years practitioners and specialists such as Speech and Language Therapists (SALTs), Health Visiting (HVs) Educational Psychologists (EPs), Occupational Therapists (OTs), DSCOs and Area SENCOs.
- Using professional judgement, in collaboration with others and with consideration of the child's home and developmental context, to

distinguish where possible between those who need more supportive interactions from those who might have a medium to long term need.

- Using evidence-based screening and observation tools — including the Early Language Identification Measure (ELIM), the EYFS progress check at age 2, insights from the 2-2½ year health review.
- Providing practical advice, modelling inclusive practice and short interventions, and running activities such as sensory stay and play, rather than maintaining ongoing caseloads.
- Support and empower families to navigate and access appropriate services, including for complex needs, working alongside family navigators and signposting to trusted VCF organisations, peer networks and local services.
- Promote inclusive practice across the BSFH network, including within HLE, parenting, perinatal mental health, parent-infant relationship, Infant Feeding services and parent carer participation.
- Collaborate at a working level with health, SEND services, early years settings, schools, local parent groups and VCF partners to support joined up help for families and strengthen inclusive practice locally, including during the delivery period of SEND reform.

C. Build workforce capability across the BSFH network to ensure BSFH can confidently identify and respond to additional needs, including by:

- Enabling BSIPs to carry out the expectations set out above in section B.
- Strengthening staff skills – including BSIPs – in inclusive practice, early identification and child development.
- Ensuring sufficient strategic capacity to oversee the BSIP workforce and develop system and service level partnership arrangements.
- Once available, using the National Inclusion Standards including the digital library of high-quality identification tools and provision.

D. Develop and publish a clear BSFH SEND offer for children aged 0-5, aligned with local priorities and included in the local SEND offer.

- The BSFH offer should be focused on developmental ages 0-5; identifying emerging additional needs early (with support not contingent on a formal diagnosis); on supporting those not in EY provision or not taking up full entitlements; and needing help transitioning to reception. Alongside this, the BSFH SEND offer may include support for parents of older children;

any parent with concerns should be able to access help through a BSFH. Support can extend beyond emerging needs where this improves local systems, through joined-up working with other local services.

- Coproduce the offer with parents, carers, VCF partners and system stakeholders, building on existing arrangements.
- Deliver evidence-based or evidence-informed interventions for children and parents, including at least one parenting intervention informed by Foundations – What Works Centre for Children and Families' [Parenting Disabled Children and those with Special Educational Needs Practice Guide](#), the [Foundation's Guidebook](#) or DfE's HLE and parenting EBI menus.
- Use locally designed, child-focused or VCF led approaches and interventions (e.g. Portage) where these meet identified needs, and can use funding to test and refine emerging evidence over time.

E. Strengthen SEND partnership working between BSFH and health, SEND and early years professionals (e.g. HVs, SALTs, EPs, OTs, DSCOs, Area SENCOs).

- Align BSFH and practitioner roles with wider EY/SEND services and early local identification, neurodiversity and speech and language pathways, where established.
- Over time, align BSFH services with the new Experts at Hand offer as part of wider SEND reforms.
- Ensure partnerships support early identification and early intervention within hubs, including direct developmental input.
- Use flexible delivery approaches such as colocation, drop ins, shared interventions, joint commissioning and virtual access.
- Where relevant, share appropriate developmental insight with children's social care and contribute to multi-agency transition planning to support confidence and continuity for families moving into school.

F. Play a wider strategic and system level role in collaborating with early years settings and schools to support children with additional needs and their families, forming part of the BSFH's broader partnership work with the EY sector and underpinned at a working level by the BSIP role.

- Promote access to early education entitlements for families of children with SEND, additional or emerging needs.

- Encourage inclusive practice across early years settings (including childminders) and throughout the Reception year, including drawing on the expertise and networks of local specialist settings and Early Years Stronger Practice Hubs.
- Promote the BSFH SEND offer across the early years system.
- Support effective transitions from early years into school for children with SEND, additional or emerging needs, including sharing information about children's needs where appropriate.

Healthy Babies

The next section sets out ambitions for all local authorities, as well as what is expected from the 75 local authorities receiving Healthy Babies funding.

We know that every local area wants the best for babies and their families during the critical 1,001 days, from pregnancy through to a child's second birthday. Healthy Babies Services' encompass the range of existing statutory and non-statutory support that any family and their baby might need during the period from conception to age two. These services are: infant feeding, perinatal mental health, parent-infant relationships, health visiting, maternity, safeguarding and SEND.

Areas receiving Healthy Babies funding will build on their existing model to help reach more families – especially those who may find services harder to access – while strengthening and improving their existing offer and working towards sustainability.

We encourage areas not receiving Healthy Babies funding to reflect on these additional expectations when considering their local offer for babies and families.

Healthy Babies offer

Summary: Local authorities should make finding the right support during the period from conception to age 2 easier for families by bringing key services into a clear, joined-up local offer. Local authorities receiving Healthy Babies funding should coordinate with health partners and voluntary, community and faith sector organisations to design, publish and maintain an accessible Healthy Babies Offer.

All local authorities should:

- A. Seek to ensure families understand what support for 0-2s they are entitled to and how to access it:

- Convene health and VCF partners to explore how the delivery of Healthy Babies services can be coordinated so they are easy for families to navigate. Joining up and organising services around the needs of babies and their family will help deliver the vision for Neighbourhood Health.
- Support professionals delivering Healthy Babies services to build early relationships with families from pregnancy through to early parenting, utilising the connections established through services such as maternity and health visiting.
- Consider opportunities to strengthen delivery of the Healthy Child Programme through BSFHs, including improving access to the mandated health and development reviews. Where appropriate, hubs may be a venue for delivery of mandated health and development reviews at 12 months and 2-2 ½ years old. The determination of setting should always be based on family context and need, rather than service capacity or convenience.¹¹
- Ensure staff interacting with parents and carers in BSFHs can connect families to the Healthy Babies offer and the wider health system.
- Communicate information about the Healthy Babies offer in ways that are inclusive and responsive to local diversity and health literacy levels.
- Ensure staff are able to direct families to information, advice and support available through the Best Start in Life website.
- Involve parents and families in the design and delivery of the Healthy Babies offer (this should be done in line with the expectations set out for Parent and Carer Participation).

Local authorities receiving Healthy Babies funding should:

- B. Work with partners and families to co-design integrated, multiagency pathways for 0–2s and develop a coherent, joined-up Healthy Babies Offer.
- Ensure the offer includes Healthy Babies services such as midwifery, health visiting, mental health support, infant feeding advice and specialist breastfeeding support, safeguarding and SEND.

¹¹ The first three Health and Development reviews should in almost all circumstances be carried out at home.

- Provide targeted support for families facing health inequalities including, for example, those from disadvantaged groups or those who have required neonatal care.
 - Raise awareness of the local Healthy Babies offer, recognising the needs of the local community, through multi-channel outreach (digital, social, printed and in-person) as set out in the outreach section of this guidance.
- C. Involve parents and carers in developing the Healthy Babies offer and use their insights and feedback to ensure the offer meets its intended objectives.
- Engage a diverse range of parents and carers to reflect local experiences, demographics, diversity and needs.
 - This should be done in line with the expectations set out for Parent and Carer Participation.
- D. Publish the Healthy Babies Offer in a single, accessible online space so that families can easily find out what support is available to them.
- Ensure the information brings together all the relevant services and support.
 - Ensure the offer is engaging, easy to navigate and responsive to community needs, including publishing resources in different languages and formats.
 - Keep the online information accurate, up to date and aligned with the wider Best Start in Life website.
- E. Offer all parents-to-be a hard-copy version of the local Healthy Babies offer prior to birth.
- Ensure hard-copy materials are accessible, culturally appropriate and easy to understand.
 - Make printed resources available through multiple local channels, including BSFH sites, maternity services and community partners.

Infant feeding

Summary: Local authorities should ensure families receive consistent, evidence-based infant feeding support that enables informed choices and improved outcomes. Local authorities receiving Healthy Babies funding are expected to strengthen local provision through commissioning, workforce development and enhancing accessible support that enables informed choices and improved outcomes.

All local authorities should:

A. Ensure infant feeding support is aligned with national guidance and delivered in a consistent, sensitive and responsive way.

- Consider the [Healthy Child Programme's High Impact Area 3 guidance](#) on supporting breastfeeding when establishing the BSFH and Healthy Babies services model.
- Ensure all infant feeding provision is informed by relevant [NICE](#) clinical guidance and [UNICEF UK Baby Friendly Initiative \(BFI\) standards](#).
- Ensure infant feeding support is available through outreach across maternity services, homes and community settings where this meets local needs.

B. Consider co-locating infant feeding support to improve access and integration.

- Explore opportunities to locate services within BSFHs, Neighbourhood Health Centres (where locally available), GPs and other trusted community venues.
- Ensure BSFHs provide a breastfeeding and infant feeding friendly environment for families, which is free of any advertising of breastmilk substitutes.
- Ensure BSFH staff are aware of local infant feeding services and are able to connect families to them.
- Ensure BSFH staff can raise the topic of infant feeding with families, including fathers and co-parents, in an informed and sensitive way and are knowledgeable about:
 - the benefits of breastfeeding for mother and child,
 - safe and responsive feeding more generally, including formula feeding.

C. Build on mature infant feeding offers and systems by expanding reach, increasing service integration or enhancing the quality of support where this is feasible and meets local needs.

Local authorities receiving Healthy Babies funding should:

D. Provide clear, evidence-based information and advice so families can make informed decisions about feeding their baby.

- Ensure all parents have the opportunity to discuss infant feeding during the antenatal period, including the benefits of breastfeeding, potential feeding challenges and the support available.
 - Offer tailored antenatal infant feeding education to disadvantaged, protected and vulnerable groups.
 - Make evidence-based information available that explains the benefits of breastfeeding and supports all infant feeding choices, including guidance on safe formula use and the nutritional equivalence of all first-stage infant formula.
 - Ensure tailored information, advice and/or support is available to fathers and co-parents so that they understand the benefits of breastfeeding and their role in providing encouragement and support.
 - Promote local and national infant feeding services through campaigns and printed and digital materials.
- E. Provide high quality, easily accessible infant feeding support so families can achieve their feeding goals.
- Ensure parents have access to a variety of support options, including one to one support, drop-in sessions and peer support.
 - Make support available face-to-face in a range of health settings (including hospital wards where possible), in the community, in the home and digitally.
 - Go beyond statutory requirements by offering an enhanced service across a range of settings according to local need during pregnancy as well as postnatally.
 - Contact mothers early in the postnatal period and offer face to face support on responsive feeding and relationship building.
 - Make effective equipment, such as breast pumps, available on loan for parents who need it, alongside appropriate advice and ongoing support.
 - Provide targeted and tailored services for families less likely to breastfeed or to access services, helping to reduce inequalities in access to support and breastfeeding outcomes.
 - Ensure all staff across BSFHs are trained to understand and communicate the benefits of breastfeeding and to identify and respond to infant feeding challenges.

- F. Work across the local system to ensure infant feeding support is joined up, embedded and responsive to local needs.
- Work with relevant system partners, including local NHS trusts and ICBs, to commission and deliver coordinated infant feeding services and support that meet local population needs, including for complex challenges such as tongue tie.
 - Develop and implement comprehensive, locally driven strategies for infant feeding, ensuring appropriate leadership and management structures are in place to drive the development of local support.
 - Take a strategic, collaborative approach to developing a skilled and knowledgeable local infant feeding workforce, with appropriate and accredited training at a range of levels, including trained peer supporters.
 - Engage relevant community partners, such as businesses, schools and workplaces, to help normalise breastfeeding locally, as set out in the outreach section of this guidance.

A series of national-level initiatives are available to complement local delivery:

- An e-learning package to raise awareness among the early years and health workforce about the links between breastfeeding and perinatal mental health is freely available. It provides tools and guidance to support early years workers to deliver self-reflective, person-centred care.
- The National Breastfeeding Helpline supports many women to access remote breastfeeding support via a telephone helpline, language lines, webchat and social media. This support and advice is available at all times of the day and night, every day of the year.
- Information to support families to feed their babies is also available on the Best Start in Life website.

Perinatal mental health and parent infant relationships

Summary: Local authorities should aim to strengthen parental wellbeing and early attachment by ensuring families can access timely, compassionate support. Local authorities receiving Healthy Babies funding should shape local pathways, build the capacity and capability of the workforce and ensure inclusive access to Perinatal Mental Health and Parent Infant Relationships support.

All local authorities should:

- A. Ensure BSFHs provide safe, inclusive and supportive environments where parents can discuss their wellbeing and mental health, and where early parent-infant relationships are promoted and supported.
- Ensure staff understand perinatal mental health issues, including early identification and intervention, and are able to offer emotional and wellbeing support in ways that promote positive relationships.
 - Ensure staff understand the importance of parent infant relationships and can support families in ways that strengthen bonds and babies' attachments.
 - Staff understand the importance of early communication between parent and baby in building relationships, attachment and later language skills.
 - Ensure staff can connect individuals to appropriate support and services within the local network.
 - Consider the [Healthy Child Programme's High Impact Area 2](#) guidance on supporting maternal and family mental health when establishing the BSFH and Healthy Babies service model.
- B. Co-locate perinatal mental health and parent-infant relationship support where possible to improve access and integration.
- Explore opportunities to locate services within BSFHs, Neighbourhood Health Centres (where locally available), GPs and other trusted community venues.
 - Ensure support is also available through outreach in accessible community spaces where this meets local needs.
- C. Build on mature perinatal mental health and parent-infant relationship systems by increasing integration or enhancing the quality of support and impact where it is feasible and meets local needs.

Local authorities receiving Healthy Babies funding should:

- D. Provide clear information and advice on perinatal mental health and parent infant relationships to raise awareness of potential difficulties and the support available.
- Offer all expectant parents, including fathers and co-parents, antenatal classes that include advice on mental health and the importance of early parent infant relationships.
 - Make culturally appropriate information available in a range of settings, using leaflets, brochures and similar materials to promote local and national services.

- Provide information online with clear signposting to available support and services.
- E. Provide high quality, evidence-based support so that perinatal mental health and parent infant relationship needs can be identified early and appropriately addressed.
- Ensure parents and carers can access face to face support in BSFHs, delivered through enhanced existing services and new offers where appropriate, increasing reach across communities to ensure families are able to access the right support at the right time.
 - Make remote, virtual and digital support available according to clinical need and family preference. This may include access to a local app or online platform where families can self-refer to support.
 - Ensure one-to-one support is available where possible, delivered through peer support, trained staff or effective signposting to appropriate services.
 - Proactively identify and offer support to families at higher risk of poorer perinatal mental health outcomes, including families from ethnic minority backgrounds.
 - Use outreach and engagement approaches to reduce stigma around seeking help, as set out in the outreach section of this guidance.
 - Proactively offer fathers and coparents tailored support, including opportunities to explore their own mental health needs and their own relationship with their baby.
- F. Build a shared system wide vision for perinatal mental health and parent infant relationships to strengthen coordination, referral pathways and collaborative working.
- Develop and maintain multidisciplinary perinatal mental health and parent infant relationship strategies, underpinned by strong governance and clear referral pathways that connect families to appropriate support.
 - Identify and implement opportunities for joint working across parent-infant teams and community perinatal mental health teams.
 - Encourage community initiatives that destigmatise mental health and promote positive early attachment across diverse communities.
 - Embed father inclusive practice across the system through workforce training, including for maternity and health visiting, and through clear strategic commitments.

G. Empower the workforce by ensuring training and supervision needs are met, so staff can confidently identify and support perinatal mental health and parent-infant relationship needs.

- Ensure frontline professionals, including peer support volunteers, receive appropriate training to understand and identify mild to moderate perinatal mental health difficulties and parent-infant relationship challenges.
- Train staff so they have the knowledge and skills to provide early help and support through evidence-based interventions, which may include video feedback approaches and targeted interventions that promote parent infant relationships.
- Ensure staff can connect and refer babies and their families to the most appropriate support to meet their needs, including support available in alternative venues, community initiatives and the wider community.
- Provide appropriate supervision and support for practitioners to maintain safe, effective and reflective practice with a clear baby focus.

A series of national-level initiatives are available to complement and support local delivery:

- Guidance is available to all LAs to support frontline practitioners to explore a parent or carers' relationship with their baby and to identify parent-infant relationship difficulties.
- The National Centre for Supervision of Parent Infant Relationships provides supervision support for free to those local authorities receiving Healthy Babies funding.
- Information for families on bonding with their baby and perinatal mental health is also available on the Best Start in Life website.

Model expectations

Connections

Summary: Families should experience support as one seamless, joined-up journey across services. BSFHs should act as a clear gateway into wider local services, enabled by family navigators, shared practice and consistent referral pathways so partners work together around families rather than families having to navigate the system themselves.

Local authorities should:

- A. Ensure BSFHs act as a gateway to wider local services beyond their core offer so families experience joined-up and seamless support.
 - This should meet the “minimum expectations” in [Best Start Family Hubs and Healthy Babies: wider service expectations](#) and the “go further” opportunities where possible.
- B. Embed staff such as a family navigator in BSFHs responsible for connecting families to wider services, including those not funded directly through this programme.
 - This role should provide a consistent and trusted point of contact, acting as connectors and advocates across local networks – coordinating multi-agency involvement, helping families engage with services and improving their overall experience.
- C. Bring leaders together across the LA, health, early education and schools, SEND, social care and wider partners to lead joint multi-agency training and shared practice.
- D. Support consistent, integrated practice through formal referral pathways across partners with clear escalation routes, interoperable case management systems, and a consistent multiagency assessment process to enable early identification of need and coordinated responses.

Relationships

Summary: Strong, consistent relationships between families and practitioners and across the workforce and across local systems are central to building community and ensuring effective family support. Delivery should be rooted in a child-focused, whole-family, strengths-based approach, supported by a skilled and confident workforce that works collaboratively as one team.

Local authorities should:

- A. Embed a whole-family, strengths-based approach across all BSFH and Healthy Babies services by prioritising consistent, trusting relationships and using feedback and outcomes data to refine practice and respond to families’ needs.
- B. Embed early identification of additional needs within relationship-focused practice by grounding it in trusted, everyday interactions and using nondeficit, non-medicalised language, ensuring BSFHs support early identification without diagnosing or creating new thresholds.

- C. Develop and maintain a confident and skilled BSFH and Healthy Babies workforce.
- They should ensure the workforce is appropriately qualified and supported through ongoing professional development.
 - Training should equip the workforce to deliver high quality support and early identification of need, including through the use of inclusive, evidence-based tools (e.g. the Early Language Identification Measure and Wellcomm), relationship-focused practice and to understand family transitions and everyday interactions that support early child development.
- D. Strengthen system-wide workforce capability by:
- Building strategic and operational workforce capacity across the BSFH network – including leadership to oversee the BSIP workforce and strong partnership with health services.
 - Providing clear development pathways and enabling multi-agency learning.
 - Working with the Department for Education to develop a collective understanding of effective workforce models including through participation in workforce surveys and wider evidence gathering.
- E. Maintain strong safeguarding practices across BSFHs, supported by cross-agency staff training and clear information-sharing pathways with statutory safeguarding partners.
- This should be read alongside the statutory guidance [Working Together to Safeguard Children](#).

Access and inclusion

Summary: BSFHs should be open, welcoming and stigma free routes into wider services, so every family, especially those facing barriers, can engage confidently with the support they need. They should respond to a range of different needs, and make it easier for parents to access support, for example by providing out of hours and weekend provision.

Local authorities should:

- A. Create a welcoming inclusive environment in all BSFH and Healthy Babies sites and services.

This should ensure that:

- Families from diverse backgrounds and needs feel understood, at ease, and able to forge connections with other families and services.
 - Services are designed to be accessible to a wide range of families and children, including those most in need of services and facing the greatest barriers, disadvantaged families, working parents, and those who are vulnerable or have additional needs.
 - Sites are accessible and inclusive, using capital investment where needed to improve physical, sensory and environmental accessibility, including for families with additional needs.
- B. There are clear, inclusive and diverse routes for parent and carer participation to shape how BSFHs and Healthy Babies services are designed, delivered and improved. Local authorities will do this differently in collaboration with local families. This should include:
- Capturing feedback through regular engagement with clear feedback loops, ensuring strong representation from parents of children with additional needs, and focusing on conception to 5, with particular attention to conception to age 2.
 - Building on existing mechanisms such as parent carer panels and local parent carer forums. Use flexible approaches to reach under-represented families — including covering expenses, refreshments, vouchers or funded childcare — to enable equitable participation and reach under-represented families including those facing practical, sensory, communication or language barriers. Draw on tools such as the co-design toolkit to support meaningful coproduction.

Insights

Summary: Delivery should blend evidence-based practice with thoughtful innovation to improve how families are reached, supported and served. Continuous learning, testing and refinement should be underpinned by strong local data foundations.

Local authorities should:

- A. Understand what is working well and what needs improvement by using evaluative approaches, including collecting quantitative and qualitative data to assess progress, iterating BSFH and Healthy Babies contributions to Best Start local plans, and holding regular multiagency review points to celebrate success, address challenges and identify opportunities for improvement.

- B. Learn from evidence and promising practice by engaging with regional and national networks and communities of practice, using resources such as the Best Start in Life System Innovation microsite, and checking delivery to ensure evidence-based programmes are implemented with fidelity.
- C. Design, test and refine improvements by setting priority outcomes, codesigning and small-scale testing solutions with families and practitioners, measuring impact, and iterating through multidisciplinary teams — including frontline staff, analysts, user researchers and designers — with strong leadership support.
- D. Contribute to sector learning by documenting what works and what doesn't, engaging academic partners where helpful, and sharing insights through management information, data collections and wider DfE and DHSC learning and support activity.

Data and digital

Summary: Accessible integrated digital tools and data foundations can help families find trusted information and access the right support at the right time. Our vision is that the emerging Best Start Digital Service (BSDS), which is composed of three tiers of support (information for parents, universal support, and targeted support), provides the organising concept for achieving this across national and local government. This is described further in Annex A. Its development will be supported by strong local leadership, shared data standards, and interoperable systems, as well as user centred design and responsible innovation.

Local authorities should:

- A. Identify clear digital and data leadership for BSFHs, even where this sits within wider children's services or corporate teams.

This should include:

- Working towards clear and consistent data governance by clarifying roles and responsibilities, putting effective and up-to-date information and data sharing agreements in place, and supporting practitioner confidence on what can be shared, while recognising that progress will vary by local starting point and capacity.
- Taking a phased, maturity-based approach to strengthening digital and data capability, building staff confidence and skills, and improving systems incrementally in line with local capacity and funding — including using grant funding to enhance digital infrastructure where appropriate.

- Considering moving towards interoperable systems and nationally supported open data standards — such as Open Referral UK and application programming interfaces (APIs). This includes reviewing and improving local systems, reducing duplicate data entry, supporting interoperability in commissioning, and building capacity to capture and deduplicate unique service user data to enable an appropriate single view of families' journeys across services.
- B. Design digital journeys around parental needs and behaviours.
- This includes reviewing how families navigate information across services, simplifying these journeys, using varied digital touchpoints (e.g. websites, texts, emails, notifications and QR codes) to guide them to the right support, and co-producing digital routes with practitioners and families through user research and testing, producing digital routes with practitioners and families through user research and testing.
- C. Work towards systems that allow local authorities and partners to understand how families engage across BSFH services.
- This includes putting in place effective information sharing agreements, developing digital solutions that safely link unique service user data, and strengthening the ability to analyse engagement patterns to improve coordination and support.
- D. Explore emerging technologies, including AI, automation and digital pathways, by testing tools that help families navigate support.
- This includes considering automation that reduces administrative burden, and ensuring all new technology is used ethically, transparently and securely, with strong governance, assurance and a clear user benefit.

Section 2: Delivery, reporting and support

The approach to data

To build the evidence base for what improves outcomes in the early years, local authorities, partners and central government need data that shows:

- What services are delivered, how families move through them, and how these interact with the wider local offer.
- Who is accessing services, which communities engage well and where is more work needed to reach families who would benefit most.

- How funding is being used, including how it delivers additionality.
- The impact of BSFHs and Healthy Babies on children and families, and where improvements and innovation is needed.

Data is central to BSFH and Healthy Babies. Local authorities should build the capability to collect high-quality data, in compliance with data protection requirements, and embed data and data governance into commissioning and design. Robust data on services and service users enable local evaluation, supports responsive delivery and underpins national monitoring and evaluation.

All partners, including health and VCF organisations, need to play an active role in improving data quality and sharing. To support this, local authorities and their partners should work towards systems that capture unique service user data across their BSFH network, for services where this is appropriate. This allows for a more detailed understanding of families' journeys, reach and impact. This may include:

- Implementing registration and/or data matching systems to identify unique users.
- Establishing information sharing agreements with partners to share unique service user data, allowing for de-duplication, supported by Data Protection Impact Assessments and privacy notices.
- Health Trusts sharing live birth data with the local authority to inform population understanding and target outreach.
- Developing the capacity to analyse and present this data to improve local understanding services' reach and impact (i.e. Power BI).
- Data collection expectations should not become a barrier to accessing services. Local authorities should therefore engage parents, carers and families to design proportionate, accessible digital and data solutions.

Delivery assurance and plans

LAs will be required to sign a Memorandum of Understanding (MOU) ahead of the first payment.

Before the second 2026 to 2027 grant award, LAs are expected to complete or update a delivery plan showing how funding will be used to deliver the programme objectives and expectations set out in this guide, and the MOU, for April 2026 to March 2029.

We will provide a delivery plan template, and guidance setting out detail on how we will monitor delivery through reporting and data collection.

Delivery reporting and assurance will focus on (but not be limited to) programme expectations relating to:

- delivery of BSFHs, located in disadvantaged areas, that are delivering the core offer and wider services.
- reach of the BSFH and services offered, particularly for families who are most likely to need support and least likely to access it, including those experiencing disadvantage and/or health inequalities.
- creation of a new integrated model through partnership working and network sites.
- delivery and take up of parenting and Home Learning Environment evidence-based interventions.
- delivery and take up of Perinatal Mental Health and Parent Infant Relationship support (LAs receiving Healthy Babies funding).
- delivery and take up of Infant Feeding support (LAs receiving Healthy Babies funding).
- publication and maintenance of a joined-up, clear and accessible Healthy Babies Offer (LAs receiving Healthy Babies funding).
- implementation of SEND reforms, including access to SEND professionals through hubs.

We will share indicative timelines that set out when we would expect to see progress in these areas to support planning.

Implementation support

Local authorities will receive a combination of support from DfE, DHSC, and external implementation partner(s). The implementation partner(s) will support local authorities to:

- Deliver bold and innovative system leadership of BSiL and BSFHs, mobilising strong partnership models and strategically targeting local resources, assets and expertise.
- Drive improvement and innovation and help local authorities overcome local challenges to deliver ambitious, high-quality services.
- Learn from, develop and intelligently share evidenced-based best practice and insights.

Delivery support for Best Start in Life (non-exhaustive):

- Access to online resources, toolkits and case studies.

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- Newsletter(s), guidance, information and online learning events, including themed webinars and Communities of Practice, driven by data and insights to intelligently share peer learning and best practice.
- Specialist and targeted support to scale-up innovation, drive forward test-and-learn activity and overcome local delivery challenges.
- Support to effectively use data and digital tools to inform delivery and identify local solutions (e.g. to overcome data sharing barriers).
- Peer reviews/learning and partnership support.
- Support from DfE regional teams and DHSC regional delivery support advisors including help to identify challenges, broker peer support and promote ambition and innovation.

Foundations – What Works Centre for Children and Families will shortly publish a first draft of an Implementation Framework for Children’s Services. This framework introduces a structured way of supporting the implementation of evidence-based approaches and wider service transformations into local systems that support children and families. It is expected to be further updated in 2027.

Ongoing reporting

All local authorities will be expected to complete all requested reporting to the best of their ability within the specified timeframes. To support this, local authorities should consider:

- Appointing a dedicated Data Lead / Lead analyst.
- Using funding to procure a dedicated management information system for collecting and processing BSFH and Healthy Babies data.
- Implementing a data strategy covering innovation, reporting and evaluation, informed by a local needs assessment, priority groups, outreach activity and existing data flows. This can draw on a local outcomes framework, linking delivery to outcomes such as PMH/PIR improvements, local breastfeeding rates and measures related to GLD.
- Identifying opportunities for data sharing and integrating BSFH and Healthy Babies data into wider linked data resources to capture unique service user data and strengthen local analysis and understanding of impact.

Key reporting elements

Delivery returns (twice yearly): Local authorities will submit updated progress information twice per financial year. Further detail on format will follow.

Financial Returns (annual): Local authorities will complete at least one financial return in the form of an annual statement of grant usage at the end of the financial year.

Management information (MI) (quarterly): MI returns, submitted via a new digital platform, provide core monitoring data. This covers:

- BSFH and network site locations.
- Service delivery (funded and non-funded services delivered through BSFHs).
- Anonymised service user information, centred around aggregate counts of service use per quarter and demographic breakdowns for high priority demographic groups.
- Standardised outcome scores (anonymised) for service users who have completed an intervention in the period where outcome scores are an appropriate measure of improvement.
- Wider outcome measures (e.g. breastfeeding rates).
- Workforce data including staffing and training.

Over the course of the funding period, our ambition is local authorities will also report on unique service user numbers with key demographic data (sex, age, ethnicity and IDACI decile for the home address) for all funded or partially funded services, where appropriate. To do this local authorities will need the capacity to match and deduplicate service user data that is already collected for MI returns.

This will be optional in early collections while data sharing and digital systems mature. Detailed MI guidance will be available through the online platform.

For HLE and Parenting, we will ask local authorities to collect data on unique users reached with evidence-based interventions selected from the HLE and parenting EBI menus or agreed via the EBI exemption process. Further guidance will set out expectations, including measuring EBI reach, in person and online to ensure consistent reporting.

We recognise not all local authorities will have full data from April 2026. We will work with local authorities to improve data capture and share good practice.

National evaluation

National evaluation will be carried out by independent teams commissioned separately by DfE and DHSC to assess the roll-out of BSFHs and Healthy Babies to understand what works in different contexts and populations. Local authorities should participate if invited.

A small group of local authorities will join in-depth evaluation, which may involve case studies on use of funding, surveys of families and the workforce, analysis of delivery, cost and outcomes and providing detailed data for impact evaluation. DfE and DHSC will work to keep requests proportionate and minimise burden.

We expect that local authorities will be selected to participate in the national evaluation of the programme in late 2026.

Evaluation teams will offer reciprocal benefit to local authorities participating in in-depth evaluation, this could include:

- Training to local authority teams on how to carry out small-scale evaluative activity.
- Providing analysed data, with presentations and reporting, to share findings and provide local authorities with the opportunity to reflect on learnings.
- National publications, webinars and teach-ins, sharing findings more widely.

Our independent evaluation teams will incorporate co-design with advisory and expert groups. This could include working with local authorities to engage with local communities and to consider how evaluation activity can be shaped to meet local needs.

Local evaluation

Alongside national evaluation, local authorities should understand how local services or interventions are implemented and whether they benefit the children and families who most need them. Using multiple evidence sources will help local authorities build a detailed picture of what is working locally.

[Foundations' Evidence Pie](#) outlines the full range of evidence that should inform the commissioning, design and delivery of services. This includes:

- Professional knowledge and expertise – e.g. about families' population needs or/and the effectiveness of interventions and services.

- Population data – including paying attention to those at risk of poor outcomes.
- Organisation data – e.g. on service uptake, workforce skills and capability.
- Lived experience – insight from family experiences.
- Wider scientific research – provides insights into the experiences of children and families and their needs.
- Evaluation of interventions, programmes and services – to understand whether interventions are effective and for whom.

[The Family Hub Planning Framework](#) provides tools to help local authorities analyse their existing evidence base, highlight gaps and use evidence to guide planning and commissioning.

Part C: Supplementary guidance and information

Annex A – Best Start Digital Service

Our vision is for a Best Start Digital Service that gives every parent access to trusted advice and clear pathways to support. Delivering this will need strong collaboration between local and national government, and Figure 6 below sets out our end-state vision.

It is important that government and local areas work together, taking joint leadership, to effectively connect these different levels of provision, for example, through online front doors and [finders](#), online signposting, QR codes in physical hubs, outreach, BSFH navigators etc.

We will keep this model under review and continue to work with local authorities to refine and strengthen it over time.

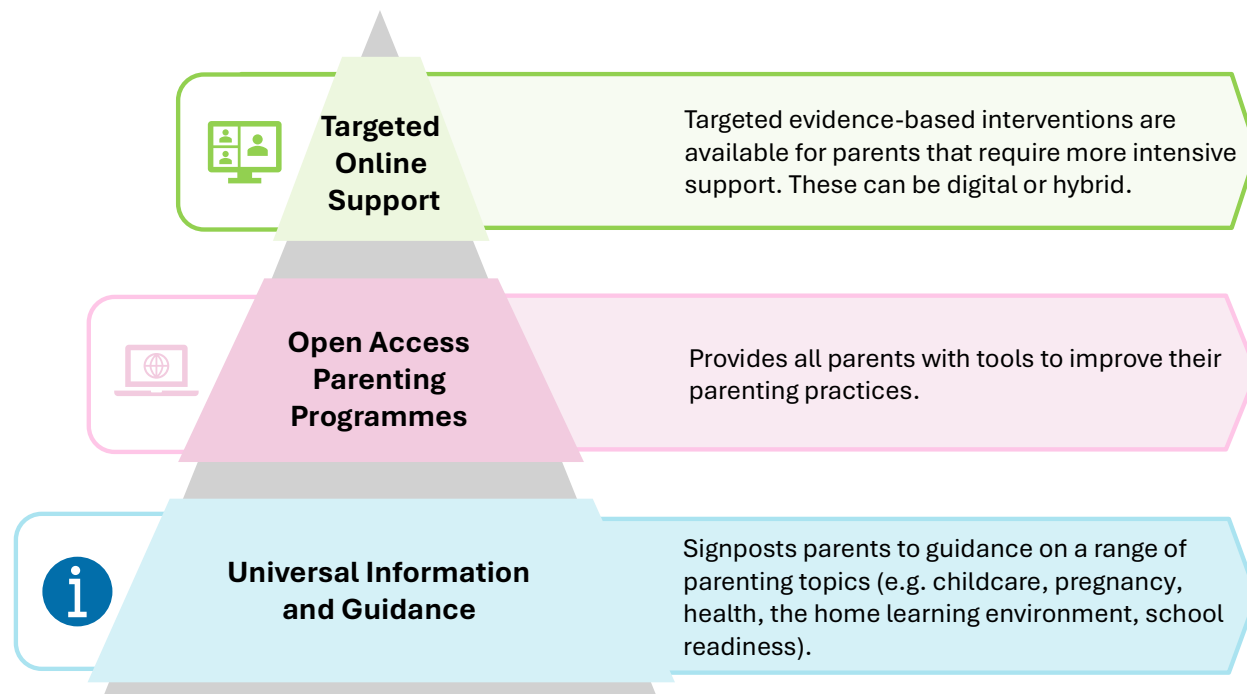
In this framework, locally provided EBIs operate mainly at the targeted support tier. Local digital offers, including virtual sessions open to any parent, will operate at the universal support tier.

The Information for Parents tier is primarily composed of the national [BSIL website](#) and communications campaign, and the website/Family Information Service offer of the local area, including their Healthy Babies Offer and SEND offer. There is also scope for the “My Children” function of the NHS app to play a role.

We published a contract notice on 23 September 2025 exploring the potential central procurement of a digital parenting programme. This work is currently paused and an update will be provided in due course.

Figure 6: End to end vision for Best Start Digital Services

The **Best Start Digital Service** gives parents of under-5s **free, high-quality** and **convenient** online advice and support to help their child thrive.



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