

# St Helens Public Health Annual Report 2023-2024

Give every child the best start in life



ST HELENS  
BOROUGH COUNCIL

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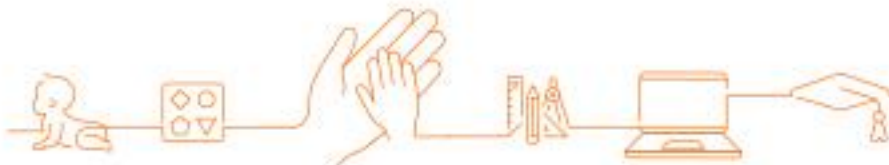
# Foreword

I hope that you will join me in agreeing we want all children living in St Helens to have an even better upbringing and even better opportunities than we had growing up. Sadly, in the UK child poverty has been increasing and poverty is affecting way too many families in St Helens, with over half of 0–5-year-olds living in the 20% more deprived areas of England. Poverty not only affects a range of outcomes for children, but it can also affect how they feel about themselves. Thus, not only do we need to invest in children and families and the communities they live in, but we also need to do things in a way which shows children how valued they are. Therefore, we need to make sure the things we do reduce stigma and promote self-esteem.

Ruth and her team have access to statistics and thus are well able to articulate the needs in the borough. Ruth and her team are good at reviewing the evidence for interventions and we have taken time to hear the voices of children, young people and families. However, we don't always put the same effort into thinking about how we do things. Therefore, in her report Ruth has tried to outline not only the why, the what, the when and the where, but also the how.

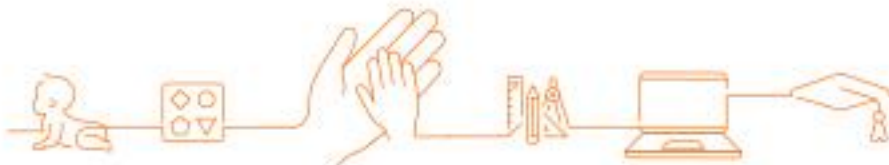
One of the things I am very proud of in St Helens is that when we engage with local people, we are often told what a wonderful sense of community we have here. We therefore have a great opportunity to work together even more to put children at the centre of all we do. That is why giving children the best start in life is the first priority for our borough strategy and we have made a lot of progress in supporting children and families over recent years, as is evidenced in the range of services and developments you can read about in this report.

**Councillor Sue Murphy MBE**  
Cabinet Member – Public Health  
St Helens Borough Council



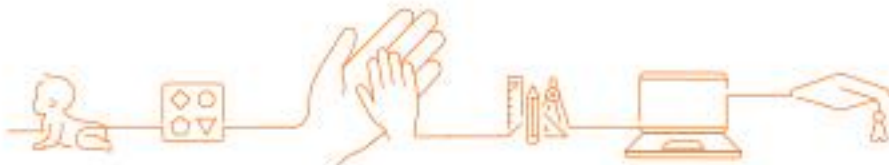
# Summary: Key challenges

- We live in an unnecessary increasingly unfair society which is blighting the lives of too many of our children; this is both unfair and avoidable.
- Some children are particularly disadvantaged; children living in poverty, lone parents, children with special educational needs and disabilities (SEND), some ethnic groups.
- More and more of our children are living in poverty; over half of 0–5-year-olds in St Helens live in the 20% most deprived areas.
- Disadvantage can have lifelong effects; by Key Stage 4, disadvantaged pupils across the sub-region are over 18.8 months behind their peers and the gap is getting worse.
- Too many parents and carers in St Helens are facing additional challenges; suffered adverse childhood experiences themselves, low pay, mental health, risk taking behaviour.



# Summary: What should we do?

- **Why** - because when children and families are supported by evidence based national and local policy, lives improve, and we want our children to thrive. We need to tackle poverty and inequality.
- **What** - we need to provide opportunities, self-esteem and resources; we need to support families, focus on child development and community empowerment.\*
- **Where** - by putting more services in place in the communities that need them more and by making services accessible.
- **When** - we need to continue to invest in the first 1001 days and support to help children to be school ready.
- **How** – do things to reduce stigma, use evidence-based approaches, supporting staff through high quality supervision.



# Introduction

Giving children the best start in life should be the priority of priorities (Marmot, 2010). It is only right and fair that every child ought to be given the opportunity to achieve their potential and the first few months of life, between conception and early years, can have lifelong impacts. This is because during pregnancy and the first few years of life, more than a million new neural connections are formed every second (Harvard University, 2017).

However, some children have the odds stacked against them even before they are born, simply based on the economic circumstances they are born in. For example, a child born in poverty is more likely to have a parent who smokes during the pregnancy, more likely to be born of low birth weight and less likely to be breast fed.

Sadly, we are currently living in a society where child poverty is increasing and the gap between the rich and poor is getting bigger. UNICEF (2023) analysed data from 40 countries and found that although overall, child poverty decreased by 8% from 2012-14 to 2019-20; in the UK child poverty increased by 20% and at a rate that was worse than any other of the 40 nations. This has likely got even worse as ONS (2024) data indicates that the gap in income for those in employment has continued to get wider since the pandemic, with the richest one percent having six times the monthly income of the average person.

Disadvantage affects everything from health, wellbeing, intelligence, job prospects, risk taking behaviour and healthy relationships. For example, several studies have shown that how a child is nurtured can affect how their brain develops and that some children born clever but poor, become comparatively less clever as they get older.

Worse still, this is compounded by how socio-economic circumstances make people feel. The stress of living in a difficult environment can have lasting impacts, for example we know that the more Adverse Childhood Experiences a child has, the more likely they are to struggle with many aspects of life. We also know that stress itself can negatively impact brain development (Harvard University, 2024).

A child who starts school unable to follow a structured day and not sure how to socialise with others can start to feel like they are not as good as other people. Children can get the subliminal message from an early age that they are not as good as others and feel they don't fit in and can suffer stress, stigma and rejection as a result.



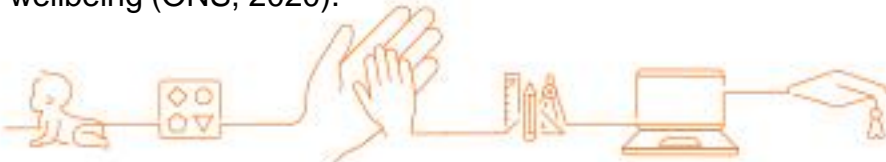
# Introduction

Wilkinson and Pickett (2018) found that when the gap between rich and poor increases, so does the tendency to define and value ourselves and others in terms of superiority and inferiority; so it becomes easier to justify not treating everyone fairly. Thus, not only do some children have an uphill battle to succeed but this is compounded on how we treat them. This can be compounded by stigma meaning people don't access the help that is available or even worse, we can deliver services in a way that compounds stigma.

We are sadly seeing this manifest in the increasing number of children in St Helens suffering from neglect. In St Helens we have significantly more children being taken into care than regional and national averages. Not only is this sad but it is also expensive. A recent report found that local authorities across England increased their spending on children's services by 8% in 2021/22 from the previous year. However, this increase in costs means councils have less funding available for early intervention services, where there has been a 46% drop in the drop in funding in the last 12 years (National Children Bureau, 2023). However, one note of caution - it is important to say that population level data should be used at the individual level as some children not only overcome but thrive despite the negative things they have experienced. It is ecological fallacy to assume what is true for a population can be applied to individuals.

What do we do to reverse these trends and make things better for our children, despite the limited resources? My reading of the first and subsequent Marmot report shows that to thrive children need three things: first to be given the resources they need, second to be able to have and take opportunities to learn and grow, and third to have the self-esteem and/or confidence to take the opportunities that are available. This very much aligns with what we know from behavioural science which sometimes defines this as capacity, opportunity and motivation (Decision Lab, 2024). We also know that money itself is not the solution. I believe that sometimes we focus too much on brilliance as being able to generate wealth, whereas I would like to see us focus more on what makes us happy. Especially as the focus on accumulating wealth is bad for the planet.

A recent survey found that feeling loved and having positive, supportive relationships, particularly with friends and family, including having someone to talk to and rely on, were consistently stated as a top priority for children to have a happy life. Children described the importance of feeling safe as an essential element of their happiness, including safe places to hang out and meet with friends and a sense of safety at home, in their neighbourhoods, at school and online. Children said being able to be themselves and express themselves without being judged by others was crucial to their mental health and wellbeing (ONS, 2020).



# Introduction

Other studies have found that acts of kindness are linked to increased feelings of wellbeing. Helping others can also improve our support networks and encourage us to be more active. This, in turn, can improve our self-esteem. There is some evidence to suggest that when we help others, it can promote changes in the brain that are linked with happiness (Mental Health Foundation, 2024).

One of the problems I believe we experience in modern life is that because of the pressures and busyness of life, it becomes harder to be kind. Thus, we need to do more to support parents and frontline health professionals so that they do not 'get burnt out' and we have and make time to show we care. We also need to do more to focus on the importance of kindness generally and do more to notice and reward kindness, especially when people go out of their way to care and support others. We also need to do more to make sure we deliver services in a way that are more tailored to need and less stigmatising, I am not sure we have ever really implemented what Marmot called 'progressive universalism'.

In this annual report you will see that I have divided it into sections. In the Background section I explain what "Best start in life" means, the meaning of "school readiness", and why this is an important factor – beyond money and wealth – to make a baby's life truly rich. The next section is about what we can do, where I share some of the learning from Sure Start, Child of the North and the impact of child poverty in Cheshire and Merseyside. I then share what actions we can take at each key stage from pre-conception to age five years.

In the next section I share a range of data showing what it is like growing up in St Helens and the challenges some of our children face. The section after explains what we are currently doing in St Helens, showcasing the range of amazing services and activities we are already providing with and for the children of St Helens. This is followed by what children and young people in St Helens say life is like for them and what matters to them. The final section is our conclusions and recommendations.



**Ruth du Plessis**  
Director of Public Health  
St Helens Borough Council



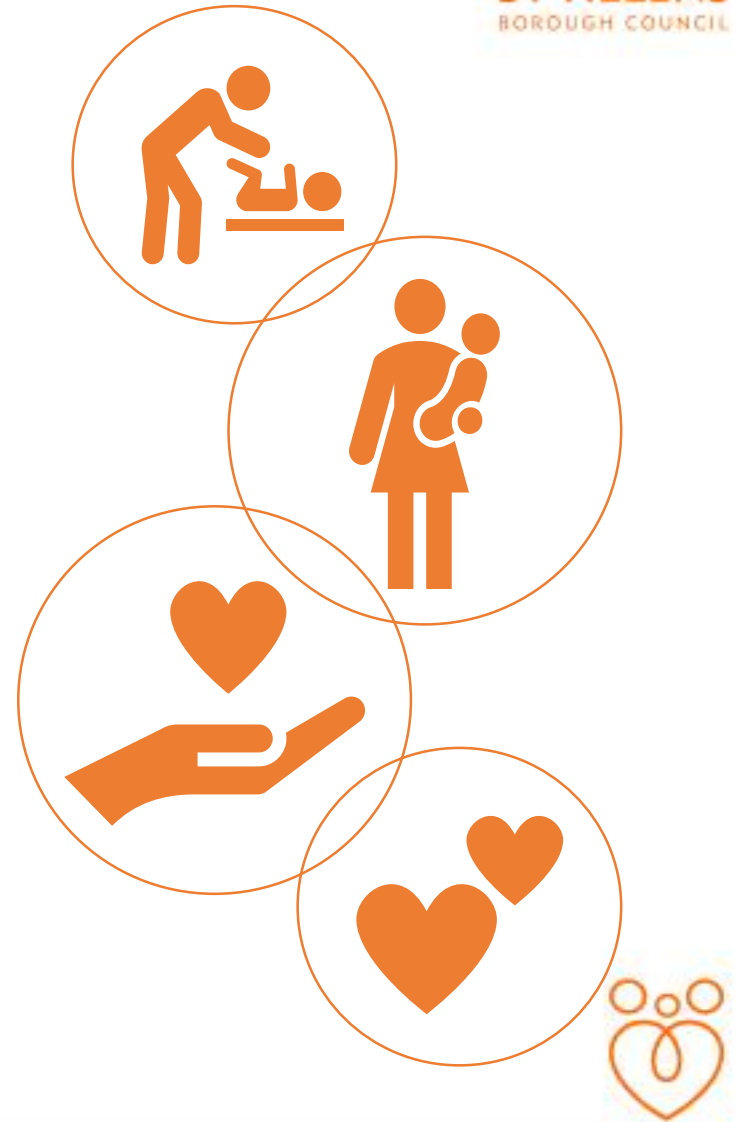


# Background

Importance of best start in life

# Background

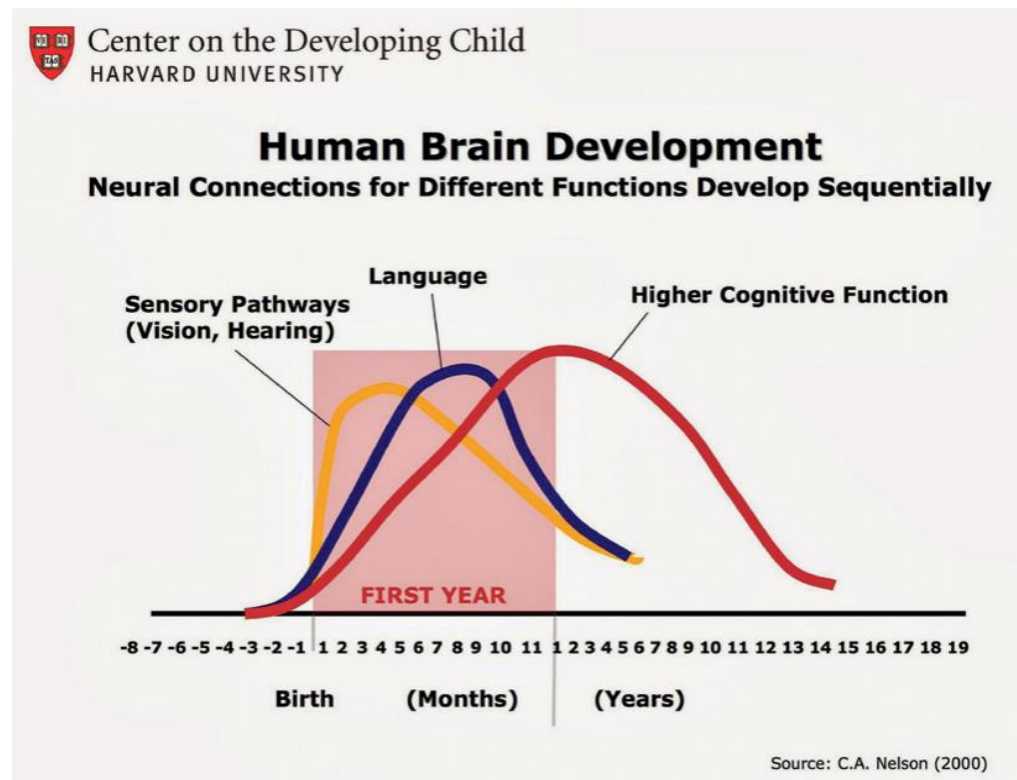
- "Best start in life" means providing children with the resources, environment, love and support that they need to thrive, especially in the first 1001 days from conception to age two years (Marmot, 2010).
- The first 1001 days is from conception to the age of two years
- This section of the report explains how a baby's experiences shape their health and wellbeing throughout this time.
- These experiences include nutrition, play, exposure to conflict and stress, childhood infections and education.
- I explain the meaning of "school readiness" and why this is an important factor to monitor.
- I then consider what factors – beyond money and wealth – make a baby's life truly rich.



# Best start: the first 1001 days

## Why is this important?

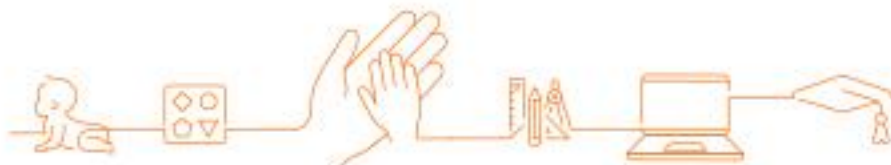
- A great deal of baby's brain development occurs during this period.
- The first 1001 days sets the foundations for their cognitive, emotional and social skills.
- From birth to 18 months, around one million brain connections are made every second. These brain connections are susceptible to being affected by baby's experiences.
- Chronic unrelenting stress in early childhood can negatively affect brain development (Harvard University, 2017).
- Providing safe, nurturing and stimulating experiences during these 1001 days therefore helps to support this brain development.
- We can always support children, adolescents and adults to improve their health and wellbeing, but the more we do at this early stage, the easier it is to ensure success throughout their lives.
- However, all too often we don't prioritise the 1001 when it comes to service delivery.



# Experiences that shape baby's brain

## Healthy pregnancy

- Even in the womb, baby is affected by its mother's environment.
- Mum's weight, and her weight gain during pregnancy, impacts on the development of baby's brain. If she is able to eat healthily and take the right vitamins and nutrients, this has a positive effect (Apostolopoulou et al. 2024).
- Smoking during pregnancy isn't only harmful to mum's health – all the chemicals that mum breathes in get to baby via the placenta. This restricts baby's oxygen and affects their growth and development (UK Gov, 2018).
- Drinking alcohol during pregnancy also affects baby's growth and development of the face and brain. Fetal Alcohol Spectrum Disorder (FASD) can result in learning difficulties and emotional or behavioural disorders, but the type and severity aren't linked to the amount of alcohol that the mother drinks – so the safest thing to do is avoid alcohol altogether (NICE Guidance, 2021).
- Baby is also listening from around 18 weeks - talking to the bump can help baby to learn familiar voices and develop emotional attachments to those voices (NSPCC, 2024).
- When mum feels stressed or distressed, baby experiences it too. A healthy and supported mum can help to ensure a healthy and supported baby.



# Experiences that shape baby's brain

## Healthy start

### Feeding and nutrition

- Providing baby with the right nutrients helps them to grow their body and brain.
- Breastfeeding provides exactly the right type and quantity of nutrients that baby needs to develop well (WHO, 2024).

### Bonding and attachment

- When baby bonds with at least one caregiver, they can feel safe and secure.
- This helps to give them the building blocks to create more social connections and to regulate their emotions.
- Support for caregivers' mental health and wellbeing helps to promote bonding with baby.

### Protection from illness

- Newborns are particularly vulnerable and need protection from illness and infection.
- Breastfeeding and vaccinations both help to strengthen and support baby's immune system (Marshall *et al.* 2021).
- Safe sleeping environments and practices are incredibly important, especially during the first 6 months.



# Experiences that shape baby's brain

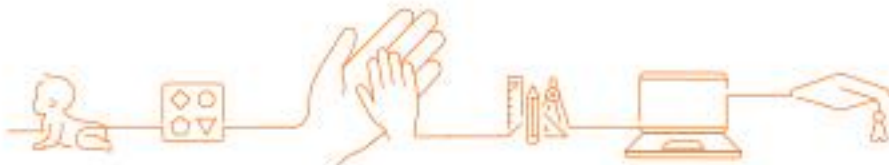
## Healthy start continued

### Adverse Childhood Experiences (ACEs)

- ACEs are traumatic events experienced by babies and children, which can significantly impact on their development.
- This can involve exposure to issues with parental mental health, drug or alcohol abuse, domestic violence, abuse, neglect or parental conflict.
- It is therefore important to support families to create a safe, nurturing environment for their baby to grow in.

### Early Childhood Education and Care (ECEC)

- Attendance with childminders, voluntary/private nurseries and pre-schools can have a positive impact on children's cognitive, emotional and social development.
- This can be particularly beneficial for children who come from more deprived backgrounds.
- ECEC settings give children opportunities to learn, play and interact with other children, helping to get them ready for school (Arnold *et al.* 2007).
- All children are entitled to government funded ECEC hours, but particularly more disadvantaged children.



# School readiness

- School readiness is about ensuring that children are ready to transition into starting nursery and school, schools are ready to support them and is really important (UNICEF, 2012).
- It is linked to better academic achievement throughout the child's school journey, but also positive behavioural and social competencies well into adulthood (Arnold *et al.* 2007).
- It is known that children that come from disadvantaged backgrounds can start school already behind their more advantaged peers. Starting school 'behind' can mean children take on subliminal messages that they are not as clever as their peers (Marmot, 2010).
- Children are born ready to learn. School readiness is about so much more than just learning knowledge!
- It is about equitable access to education – this means that disadvantaged children who are supported more can become equally ready to learn, develop, make friends and grow.
- Disadvantaged children see the most dramatic gains from school readiness interventions and support (Arnold *et al.* 2007).
- Giving children the best start into their schooling has the potential to not only overcome the effects of poverty on a child's development, but also to help lift children out of the poverty cycle, supporting future generations (Marmot, 2010).



## Ready child

### Social and emotional development

Skills	Health	Numeracy
Works well with other children		
Literacy	Attention	Language
Emotional regulation		Creativity
Curiosity	Speech	Knowledge
Fine motor	Appreciating diversity	
Follows direction		Self care
Gross motor	Moral development	

## Ready school

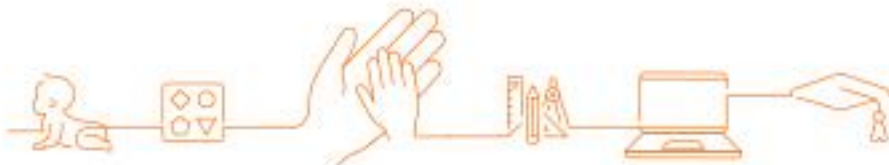
### Learning environment

Healthy	Inclusive
Child-centred	Self care
Responsive	Reflective
Mutually respectful	Safe
Protective	Supportive
Culturally responsive	



## Ready family

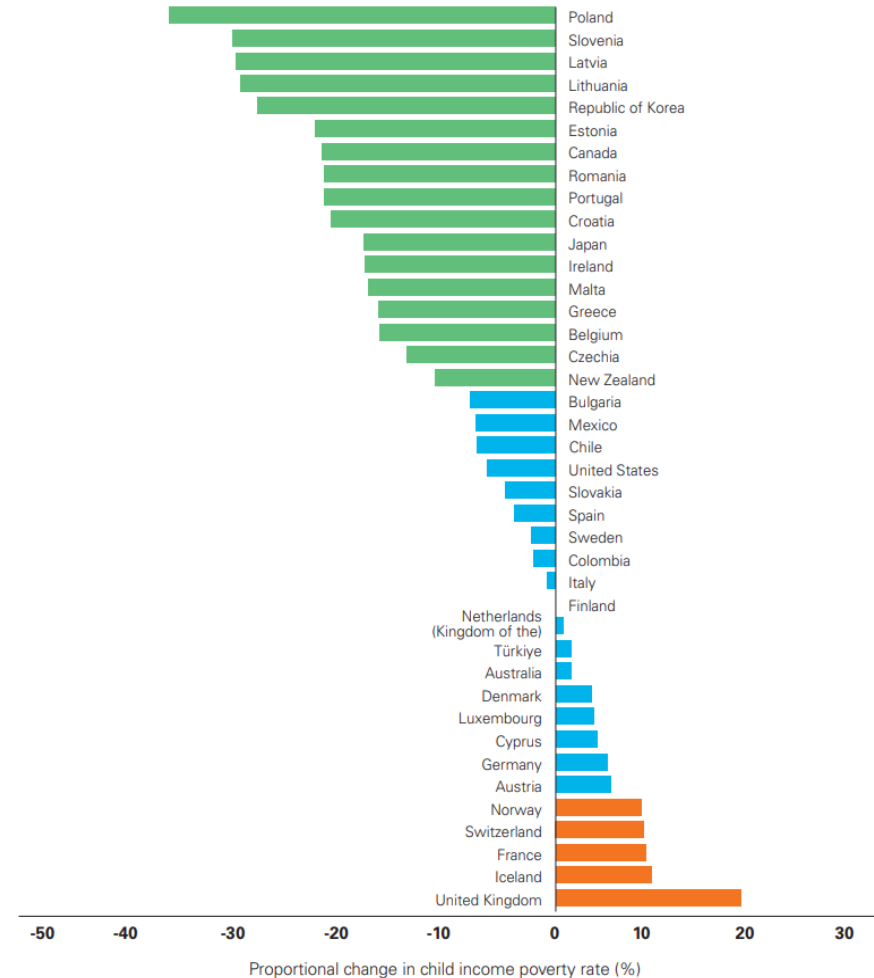
Home learning environment		
Parental responsiveness		
Nurturing	Safe	Stimulating
Singing	Games	
Reading books		
Telling stories		
Expectations		
Aspirations	Nutrition	



# Child poverty in the UK

- A recent report from UNICEF (2023) shows that the UK had the biggest increase in the number of children living in poverty from 2012-14 to 2019-21 of 40 nations.
- Over this period, child poverty in the UK increased by 19.6%.
- This is despite child poverty decreasing overall by 8% between this time across these 40 countries.

Change in child income poverty rates, 2012–2014 to 2019–2021



# Child poverty in Cheshire & Merseyside

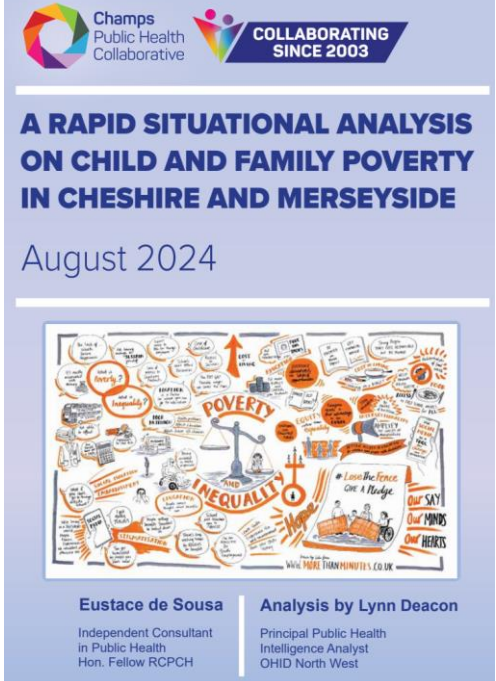
Cheshire and Merseyside's Directors of Public Health and Population Health, work together as the Champs Public Health Collaborative and commissioned a report into child and family poverty in the subregion (CHAMPS Public Health Collaborative, 2024).

Poverty can harm children before they are born, throughout their childhood and into adulthood. If the cycle of deprivation is not broken it affects future generations. The consequences impact on every part of an individual's life, and have a negative impact on society, including the economy, potentially creating an inter-generational cycle of inequalities (Wilkinson and Pickett, 2018).

The findings of this report and others show that previous government policies have been a dominant factor for the rise in child poverty through changes to the welfare system, cuts in funding to local government and arguably the absence of a cross-government strategy on child poverty.

- There are 100,300 children aged under 16 years in Cheshire and Merseyside living in relative low-income families.
- Between 2021/22 and 2022/23, Cheshire and Merseyside's position for this measure moved from being significantly better than the England average to significantly worse.
- Local authority level averages mask very much higher rates of child poverty in smaller local areas within each local authority.
- The distribution of poverty is uneven, with some groups and households having higher than average rates including lone parent families and black and ethnic minority families.
- 6 out of 10 children in Cheshire and Merseyside in low-income households were in a working household.
- The association of poverty impacts on virtually all aspects of a child or young person's life.

Notwithstanding the influence of national policies, there is a great deal that can be done at a local and sub-regional level.



The image shows the cover of a report titled "A Rapid Situational Analysis on Child and Family Poverty in Cheshire and Merseyside" published in August 2024. The cover features the logos for the Champs Public Health Collaborative and St Helens Borough Council. It includes a central infographic with the words "POVERTY" and "INEQUALITY" and various icons representing social issues. The authors are listed as Eustace de Sousa and Lynn Deacon.

Champs Public Health Collaborative COLLABORATING SINCE 2003

**A RAPID SITUATIONAL ANALYSIS ON CHILD AND FAMILY POVERTY IN CHESHIRE AND MERSEYSIDE**

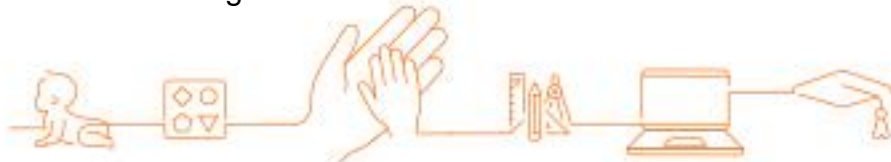
August 2024

**POVERTY AND INEQUALITY**

WAG MORE THAN HUNTERS.CO.UK

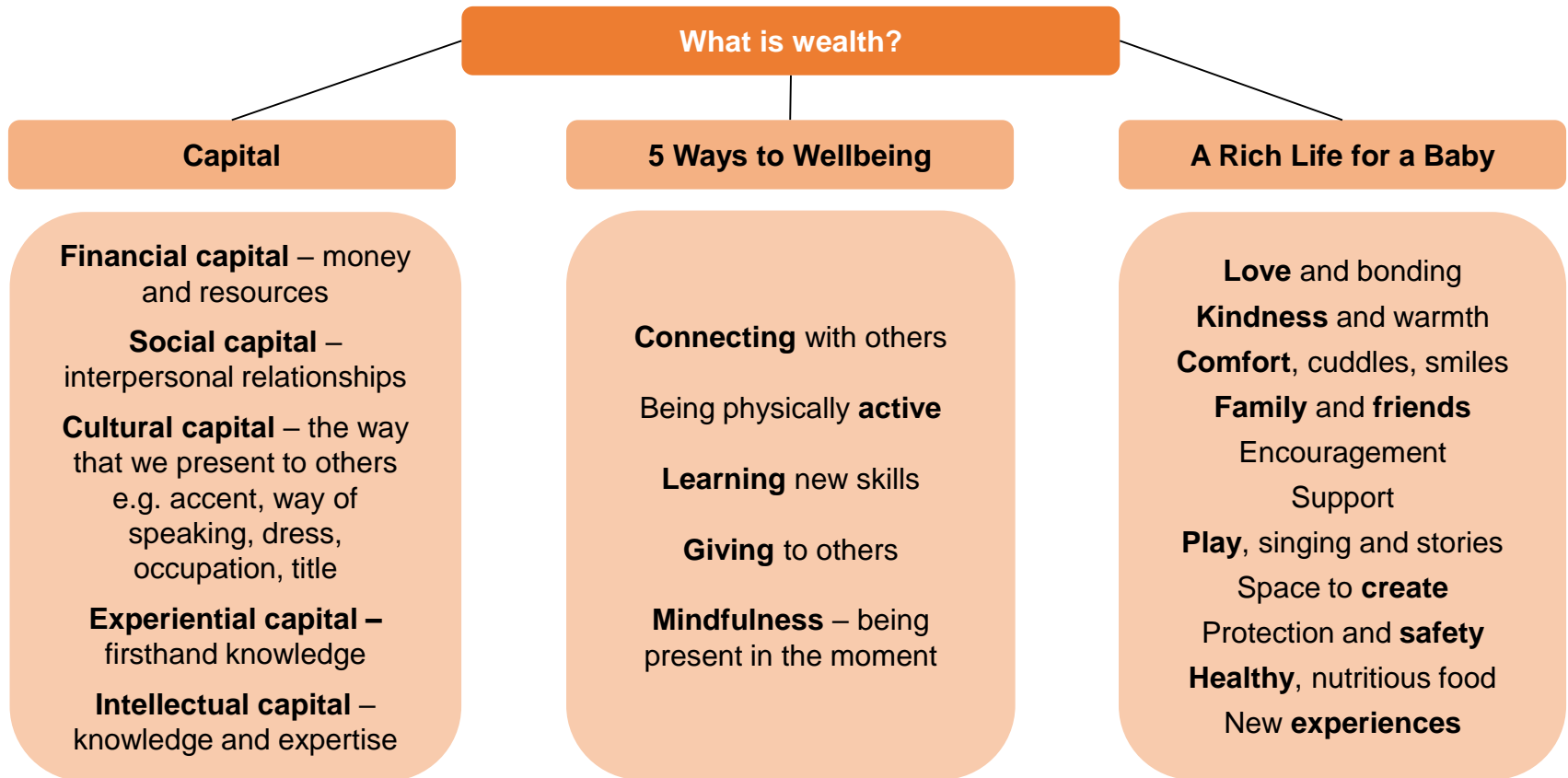
Eustace de Sousa  
Independent Consultant in Public Health  
Hon. Fellow RCPCH

Analysis by Lynn Deacon  
Principal Public Health Intelligence Analyst  
OHID North West



# What is wealth?

Providing the best start for life takes more than just money. Parents who are struggling financially may be able to access support to provide the essentials for their baby, but there are also other ways in which we can support children to be "wealthy" and to lead rich and fulfilling lives. Knowing you are loved is what matters most. Below are three frameworks to help us consider wealth in its wider context; capital, wellbeing and what helps a baby thrive.



**What is wealth?** “Knowing you are loved and that you matter”



What can we do?

Evidence and best practice

# What can we do?

- Having understood the impact of experiences within those first critical years, we can begin to appreciate what children need in order to grow, thrive and have the best start in life.
- Evidence has shown the positive impact that Sure Start programmes had on children's development and educational attainment, and this is something that we can learn from.
- Recent local reports have sought to understand the experiences of the "Child of the North" (Pickett et al. 2021), and the impact of child poverty in Cheshire and Merseyside (CHAMPS Public Health Collaborative, 2024). Each of these has helped our understanding of the challenges faced in areas like St Helens and provided recommendations to mitigate those challenges.
- In this section we will review the evidence base for the causes and impact of child poverty and the experiences which have been shown to have a positive influence on children's health and wellbeing.

Child  
of the  
North



COLLABORATING  
SINCE 2003

**A RAPID SITUATIONAL ANALYSIS  
ON CHILD AND FAMILY POVERTY  
IN CHESHIRE AND MERSEYSIDE**

August 2024



**Sure Start**  
Delivering Sure Start Services



# Evidence and best practice

We know the first 1001 days are vital – so now let's look at the best way to ensure those 1001 days are maximised to give children the best start in life (Department of Health and Social Care, 2021).

## During pregnancy

- Antenatal classes have been shown to support women through early stages of their labour, reducing the risks of a need for interventions during birth. This supports mums and babies to bond immediately after birth, having a positive impact on breastfeeding, perinatal mental health and emotional development (NICE Guidance, 2021).
- Alcohol intake during pregnancy increases the risks of miscarriage, pre-term labour and FASD, and no amount has been shown definitively to be safe. There is evidence that supporting women to abstain before they get pregnant and involving their partners, can increase the likelihood of success (Schölin, 2016).
- Tobacco smoking has negative implications for pregnancy outcomes and the longer-term health of the baby. Smoking in pregnancy is much more common in younger and more disadvantaged women, and so this creates a significant health inequality. Smoking cessation interventions and support have the potential to reduce this inequality (UK Gov, 2018).
- A developing baby needs macro and micro-nutrients to grow healthily. Nutrient-poor foods may fill mum up without providing all of those necessary vitamins and minerals; this is known as "hidden hunger" and can negatively impact on both mum and baby's health, increasing the risks of pregnancy complications such as pre-eclampsia or pre-term birth. Healthy Start vitamin supplements for mum can help to guard against this. Diets which are high in fat and carbohydrate, meanwhile, can result in inflammatory processes in baby's developing brain, increasing the likelihood of depression, anxiety, ADHD, Autism Spectrum Disorder and impaired cognition (Apostolopoulou *et al.* 2024).
- Some parts of mum's immune system are slightly weaker during pregnancy. This means that viruses like flu and COVID can be worse for pregnant mothers; vaccinations against these viruses are safe in pregnancy and important to protect mum's health (Pickett *et al.* 2021). The whooping cough vaccine is also recommended. Antibodies pass across the placenta into the baby, protecting baby from this condition for the first few months of life, until they are old enough to be vaccinated themselves (NICE Guidance, 2021).

# Evidence and best practice

## Infant feeding

- The World Health Organisation recommends that all babies are breastfed exclusively for the first 6 months, and then continue to 2 years and beyond (Harvard University, 2017). This is based on evidence that breastfeeding supports a baby's underdeveloped immune system, promotes bonding with mum and even changes its composition to meet the nutritional needs of the baby as they grow (WHO, 2021).
- That doesn't mean that breastfeeding is easy – there is evidence that timely, skilled breastfeeding support can help women to successfully breastfeed exclusively and for longer (Marshall *et al.* 2021).

## Healthy baby

- The routine childhood vaccinations programme has been developed to support babies' maturing immune systems to fight important infectious diseases. These vaccinations have been shown to be safe and effective and have greatly improved infant health and mortality in the UK. (WHO, 2019)
- Tooth extractions are the leading cause of hospital admissions for children aged 5-9. Support and encouragement for 0-5-year-olds to brush their teeth twice daily with fluoride toothpaste can prevent dental decay.
- Safe sleep practices (as described by the [Lullaby Trust](#)) have been shown to reduce the risk of Sudden Infant Death Syndrome (SIDS).

## Development and education

- Playing games, reading stories and singing songs and nursery rhymes helps babies to learn patterns, build their memory and develop language, motor, social and communication skills (NSPCC, 2024).
- Enrolment of all low-income children in good quality early education programmes could potentially close the gap in educational outcomes by 20-50% (Pickett *et al.* 2021).
- Children who experience persistent disadvantage leave school, on average, 22 months behind their peers (Hutchinson *et al.* 2019). Support for disadvantaged children is therefore vital to try to mitigate this effect.

## Parenting support

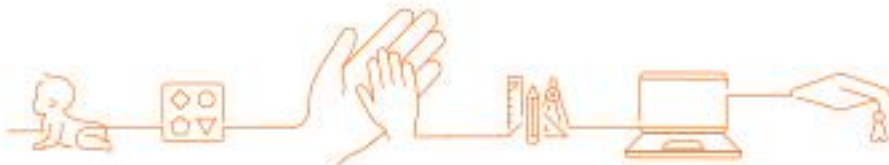
- Evidence shows that loving and secure attachments with caregivers are crucial for a child's behavioural, social and mental wellbeing. Sometimes parents that have experienced trauma, mental health problems, or drug and alcohol dependencies can find it more challenging to bond with their child; support for these parents can make an enormous difference to these families. (NSPCC, 2021). It is incredibly important that this support is inclusive of fathers, whose role in forming attachments is just as beneficial as mothers (Henry *et al.* 2020).

# The impact of Sure Start

The Institute for Fiscal Studies have recently published research in regard to the short and medium-term impacts of Sure Start on educational outcomes; further work is taking place regarding Sure Start's impact on health outcomes (Harvard University, 2017). The review provides a number of key learning points to consider how we deliver services to provide the best start in life for St Helens children.

## Context

- The Sure Start programme, introduced in England in 1999, was designed to provide comprehensive support for families with children under the age of five. This initiative integrated various services including healthcare, parenting support, early education and childcare into accessible local centres.
- Initially targeting the most disadvantaged areas, Sure Start Local Programme expanded to offer universal services (Sure Start Children's Centres) across England.
- Over the years, Sure Start expanded significantly, reaching approximately 3,500 centres by 2010-11. However, post-2010 funding reductions led to the closure of over 1,340 centres. The evolution of the Sure Start programme into Family Hubs, although primarily focused on the first 1001 days, includes a focus to a broader age range of 0-19 (up to 25 for those with special educational needs and disabilities).
- It is however relevant to note current funding levels of Family Hubs is not at the same level as Sure Start Local Programmes and longer-term funding of Family Hubs is yet to be confirmed. The current investment in Family Hubs is thought to be less than 10% of what was invested in Sure Start.



# The impact of Sure Start

## Key Findings

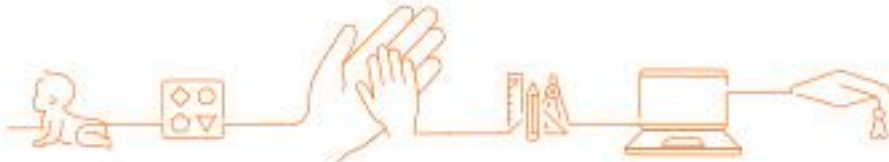
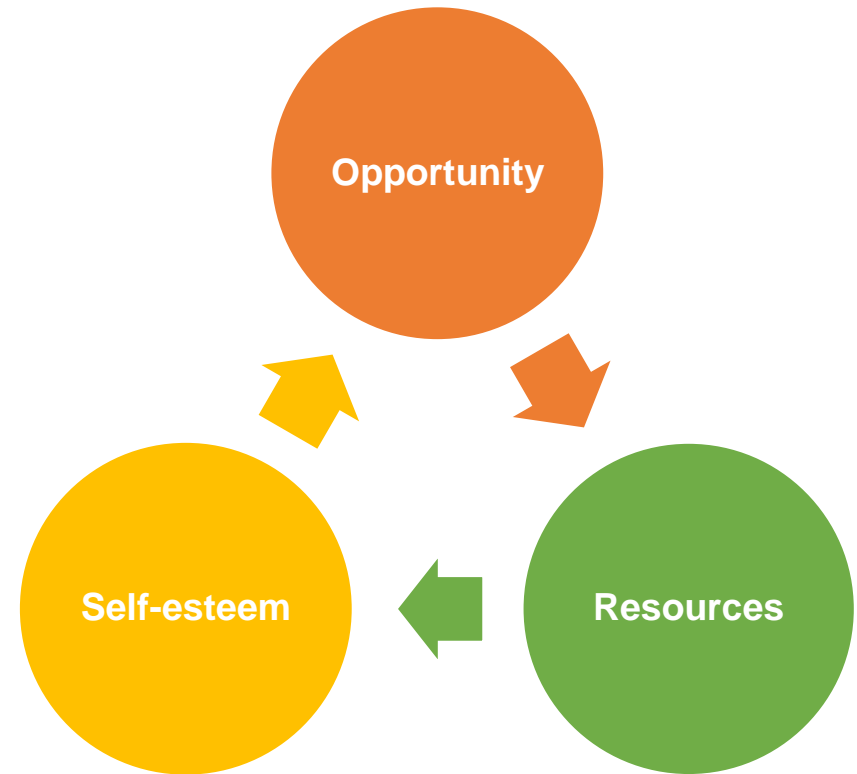
- Access to a Sure Start centre between the ages of 0-5 significantly improved the educational achievement of children, with benefits lasting at least until GCSEs (age 16). Children who lived within a short distance of a Sure Start centre for their first five years performed 0.8 grades better in their GCSEs. These are average impacts across all children living near a centre, regardless of whether those families used the centre.
- There are much larger impacts for those from the poorest backgrounds and those from non-white backgrounds (Fry, 2019). By the time they took their GCSEs, effects were six times higher for those eligible for free school meals than for those not eligible for them. Positive effects for those from the poorest backgrounds were spread across white and non-white children. For those not eligible for free school meals, Sure Start only significantly improved attainment amongst children from ethnic minorities.
- Access to a nearby Sure Start centre at early ages increased the likelihood of children being recorded as having a special educational need or disability (SEND) at age 5, but significantly decreased the proportion of children recorded as having SEND at ages 11 and 16 by 3%. Further analysis suggests that Sure Start likely increased reporting of need for some children while reducing the actual need for support for others.
- The positive outcomes of Sure Start have largely been driven by the Sure Start Local Programmes rather than Sure Start Children's Centres which opened subsequently. Sure Start Local Programmes had significantly more funding and the extra funding was focused on outreach, reaching out to families who were less likely to use and more likely to benefit from Sure Start (Gov.UK, 2024).
- To better understand how area-based joined-up programmes work, the IFS (Institute for Fiscal Studies) identified the need for more systematic data collection on service usage and outcomes, in order to better evaluate the effectiveness of the programme and make informed policy decisions.
- To conclude, the findings of the IFS report; "The short and medium-term impacts of Sure Start on educational outcomes" provides further evidence that intervening early, with a focus on child development and supporting the family as whole, via well designed and adequately funded programmes will have the most significant effect.
- The report concludes that the benefits of Sure Start may actually be underrepresented as the review did not include the wider financial impact i.e. reductions in welfare spending, reductions in hospitalisations and reduced referrals to Children's Social Care as examples.



# What children need to thrive

According to Marmot, children need three things to thrive and reach their potential. This can be framed as opportunity, resources and self-esteem (World Health Organisation, 2024).

- Children need to have the opportunity to learn and develop. For example, if children are not exposed to a good learning environment at home, in school and community, they will fall behind their peers. Not only this, but children who have limited exposure to wider influences, such as spending nearly all their childhood living in the same area and going to the same school and only spending time with the same peers, are more vulnerable to exploitation. It is important that young people can engage in wider social, community and learning activities as well as exposure to learning about different jobs and wider society.
- Children and young people need the resources to be able to access the opportunities that are available, such as being able to afford to travel, afford the clothes (including uniforms) and be able to buy any equipment they need, for example having access to a good quality laptop and phone.
- Children and young people need to have the confidence and self-esteem to access the opportunities that are available, believing that they can succeed and that they are as good as others. Young people may need encouragement to take opportunities as sometimes parents and peers may not appreciate the opportunities that are available.



# Child of the North

- In 2022, the Northern Health Science Alliance and the N8 Research Partnership produced the Child of the North Report, with input from over 40 academics from the North of the country (Pickett *et al.* 2021).
- The report highlighted the inequalities experienced by children growing up in the North of England, compared with those in the South, since the COVID-19 pandemic. The impact of COVID on the inequalities experienced by children has directly led to the development of Family Hubs, to try to mitigate and reverse these.



The Child of the North has a 27% chance of living in poverty, compared with 20% in England as a whole.



Before the pandemic, 10% of North West households had low or very low food security, compared with 8% in England.



10.7% of 5 year olds in the North are living with obesity, compared with 9.6% in England.



More than 1/5 of children in the North are from ethnic minorities. These children are more likely to live in poverty than those in the South.



In 2018/19, at the end of reception 70% of children in the North had a good level of development. For children in England, it was 3% higher.



At the end of March 2020, for every 10,000 children, 97.4 in the North were in care. Across England the figure was 61.8 (NHS, 2023).

- The main driver of these inequalities is child poverty. Child poverty is unfair and is not inevitable, it is something which can be prevented if we choose to do something about it. In St Helens, we are committed to making the right choices to help lift our children out of the cycle of poverty, insecurity and disadvantage, and give them the best start in life.



# Child of the North recommendations

The Child of the North report had seven recommendations:

1. Increase Government investment in welfare, health and social care systems that support children's health, particularly in deprived areas and areas most affected by the COVID-19 pandemic

2. Tackle the negative impacts of the pandemic in the North through rapid, focussed investment in early years services, such as the Health Improvement Fund. This should include health visiting, family hubs and children's centres – as supported in the Leadsom Review – but with investment proportional to need and area-level deprivation adequately accounted for.

3. Commissioners of maternity and early years services must consider the impact of pandemic-related service changes on inequalities in families' and children's experiences and outcomes. This must shape service delivery during the recovery.

4. Take immediate measures to tackle child poverty. Increase child benefit by £10 per child per week. Increase the child element in Universal Credit and increase child tax credits.

5. We must feed our children. Introduce universal free school meals, make the Holiday Activities and Food Programme permanent, and extend to support all low-income families. Promote the provision of Healthy Start vouchers to all children under five and make current Government food standards mandatory in all early year's settings.

6. Government should prioritise support to deprived localities by increasing the spending available to schools serving the most disadvantaged pupils in England. This requires a reversal of the current approach to resource allocation: the new national funding formula will deliver 3-4 percentage points less funding to schools in poorer areas relative to those in more affluent areas.

7. Support educational settings to initiate earlier interventions. Teachers and early years professionals see many of the first indicators of children's risks and vulnerabilities. Prioritising strong pupil and staff relationships and collaboration with parents/carers will ensure a firm foundation for meeting children's needs, and for a return to learning.

What these could mean for St Helens:



Development of Family Hubs, with further focus in areas of deprivation.



Engagement with St Helens families to understand their experiences and design our services to meet their needs.



Efforts to tackle food poverty, particularly supporting children to access healthy foods, including in school holidays.



Promotion of Healthy Start vouchers to all pregnant women and parents of young children.



Strengthening SEND support in early years and school settings, to identify concerns and commence support early.

# Child poverty in Cheshire & Merseyside

To build on the significant assets in the sub-region and in the North West, as well as the support of other areas and national organisations, the report into child poverty proposes four recommendations.

## System leadership and advocacy

- There is a shared and articulated Cheshire and Merseyside ambition on child and family poverty.
- There is a Cheshire and Merseyside plan and capacity to work towards the ambition.

### Pillar 1 priorities

#### Maximising household income

- Families have more income and other support.
- Employers adopt best practices to reduce poverty.
- Families have affordable and quality housing, childcare and transport.
- Households receive help with the cost-of-living crisis.

### Pillar 2 priorities

#### Supporting children, young people and families

- There is targeted support in preconception, early years and school readiness – best start in life.
- There is extra support across school-age particularly attainment and wellbeing.
- There is additional support on transition from school to adult life (work/learning).

### Pillar 3 priorities

#### Building inclusive places

- Families in poverty do not face barriers to access services (poverty proofing).
- Organisations make full use of social value and anchor capabilities.
- The unique role of the voluntary and community sector is supported (St Helens Family Hubs Needs Assessment – Maternity and Early Years, 2024).

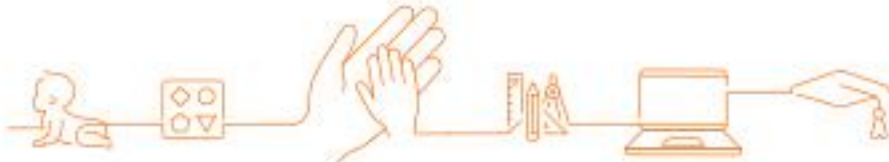
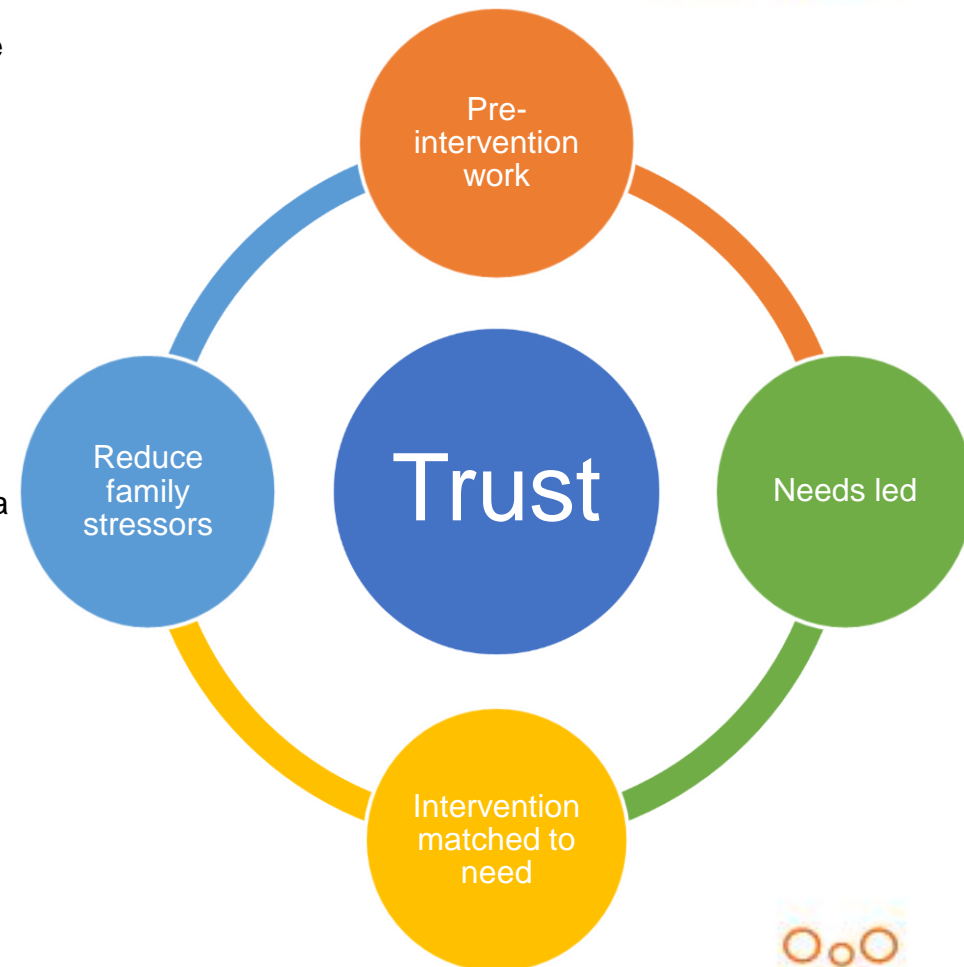


# Intervention theory

Whilst we know that when people access evidence-based behaviour change programmes it works and people are able to make and sustain changes. However, what we also know is that very few people benefit, as often only a small fraction of those who would benefit take part. Some may be put off because of stigma, some because their trust has been broken so they are negative about what is on offer, sometimes the way we deliver things is not culturally appropriate (culture in the sense of not being local enough), sometimes we put up barriers that make interventions hard to access and some because the right intervention is simply not available (Hanson et al, 2021)

Dr Caroline White, Director of Invest in Play, has been supporting us with our implementation of evidence base parenting programmes and has suggested that since relationships matter and to increase engagement there are a few approaches we need to take:

- We need to have outreach roles (such as navigators) with the capacity to visit homes and support and engage parents.
- To better engage with families, we need to meet with families (pre-intervention), find out the families' needs, match the intervention to need and reduce family stressors so families can focus.
- To maintain the fidelity of the evidence-based intervention, we need to properly fund them, ensure staff have high quality supervision and keep refining interventions to keep them relevant through robust engagement and evaluation.



# The impact of stigma

- Stigma can be described as a social phenomenon where people experience negative attitudes or discrimination based on their characteristics (NIMH, 2024).
- Stigma can be experienced, perceived or felt by an individual, or it can be something which is anticipated or feared. People can internalise stigma, feeling badly about themselves because of the attitudes of others. It can also be experienced not just by the stigmatised person but can extend to their friends and/or family members. It can also happen that two people accessing the same service get treated differently.
- All forms of stigma can therefore have a profound effect on people's health and wellbeing, and their ability to access services and opportunities. Stigma can affect everything from people being put off applying for financial benefits, to not wanting to reach out for help or go for health screening or tests or apply for certain jobs.
- We therefore need to ensure we design services in a way which actively reduces stigma, encouraging uptake of the support that we know can benefit the lives of children and their families.

## An example of overcoming stigma

Food banks provide crisis food provision for people experiencing poverty and food insecurity. They usually require a referral for access, which was seen to be stigmatising with some people reporting feeling a sense of shame.

**What we did:** We opened food pantries across the borough which are accessible to all, where people can choose the food items themselves and give back by paying a small amount as well as working with supermarkets to reduce landfill waste.

## Individual stigma

- The thoughts, feelings and behaviours of people who experience discrimination.
- Internalised stigma can affect people's self-esteem, making them feel less able to access services or less deserving of their support.

## Interpersonal stigma

- Discriminatory interactions expressed by one person against another.
- If stigmatised individuals attend services and are met with negative attitudes and behaviour, this can make them feel unwelcome and create barriers to access and engagement.

## Structural stigma

- Cultural norms and institutional policies which constrain the opportunities, resources, and wellbeing of the stigmatised.
- If a conscious effort is not made to be inclusive of marginalised groups, then services may be inappropriate, inaccessible, or culturally insensitive to some, creating barriers to access for people who may need support the most.

# Journey from pre-conception-5

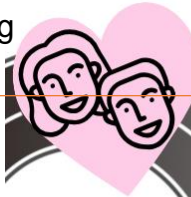
## Pre-pregnancy planning

### What we need

Sexual health services  
**Contraception information and support**  
 Pregnancy planning information

### What we do

Integrated sexual health services at St Helens Hospital, GP, LARC Hubs, Pharmacies  
 Adult ACEs Programme



## Perinatal support

### What we need

Birth support  
**Midwifery**  
 Health visiting  
**Perinatal health**

### What we do

Parents In Mind  
 Enhancing Families Service  
**BABS service**  
 Baby sensory groups

## Pregnancy

### What we need

Antenatal classes  
**Maternal vaccinations**  
 Vitamin and mineral supplements

### What we do

Pregnancy + Beyond antenatal classes  
**Baby Showers**  
 Mellow Parenting  
 Bumps + Mellow  
 Dads to Be  
 Healthy Start



## Infant feeding

### What we need

Breastfeeding support and information  
**Tongue tie clinics**  
 Baby vitamins  
**Peer support**

### What we do

St Helens Wellbeing Service  
**Infant feeding support**  
 Infant Feeding Strategy



# Journey from pre-conception-5

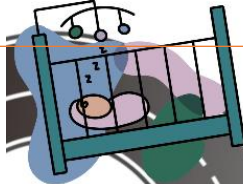
## Safety at home

### What we need

Safe sleep guidance  
Safety in the home information

### What we do

Birth + Beyond info  
Home safety advice



## Early years development

### What we need

Physical development  
Communication skills  
Social development

### What we do

HENRY  
Mini-Chefs  
Parents as First Teachers  
Targeted support from practitioners



## Well Baby

### What we need

Healthy weight  
Vaccinations  
Oral health

### What we do

HENRY  
Mini-Chefs  
0-19 Service  
St Helens Wellbeing Service oral health support



## School readiness

### What we need

Communication  
Social skills  
Self care skills  
Emotional resilience

### What we do

Speech and Language  
Assessment and Pathway  
Big Hopes Big Future



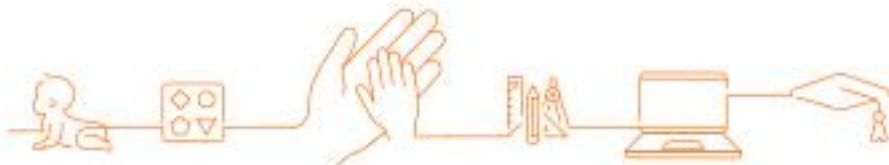
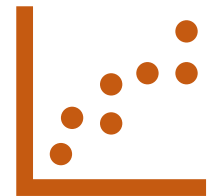
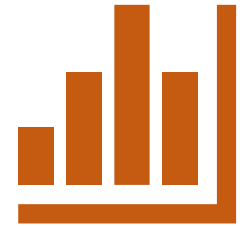


# Key statistics

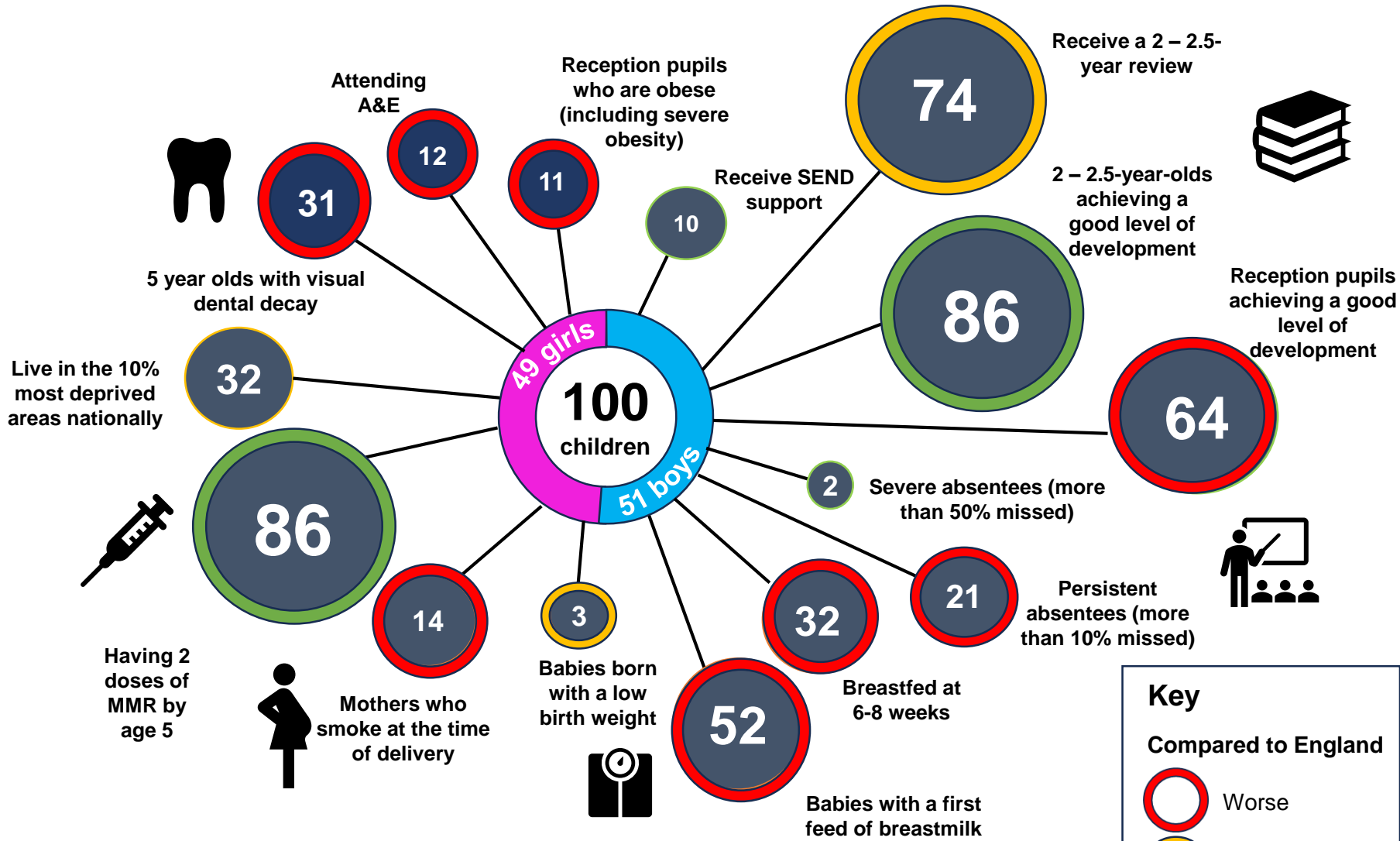
Local picture of maternal and children's health and wellbeing

# Key statistics

- This section brings together key data in relation to maternity and early years, to provide a picture on the needs of children in our community compared to England and the North West.
- St Helens faces challenges in relation to deprivation and is ranked as the 26<sup>th</sup> most deprived local authority in England. Over half of children aged 0-5 years in St Helens live in the most deprived areas. There are also a higher proportion of children living in low-income families compared to England.
- This can make it more challenging for families to access opportunities and healthy resources for their children, which in turn then has an impact on their health and wellbeing.
- Using the data to map the gaps between children in St Helens and those across England, we can develop appropriate services in the areas of greatest need to best support our children to achieve and thrive.
- Further statistics can be found in the [St Helens Family Hubs Joint Strategic Needs Assessment](#) (St Helens Family Hubs Needs Assessment – Maternity and Early Years, 2024).



# If St Helens was made up of 100 children aged 0-5, what would they look like?



**Key**

Compared to England

- Worse
- No Difference
- Better



St Helens is home to **11,680** 0-5 year olds

Data Sources: Census (2021), Fingertips, Department for Education (DfE), Department for Levelling Up, Housing and Communities, National Child Measurement Programme (NCMP), Office for National Statistics (ONS)

# Deprivation in St Helens

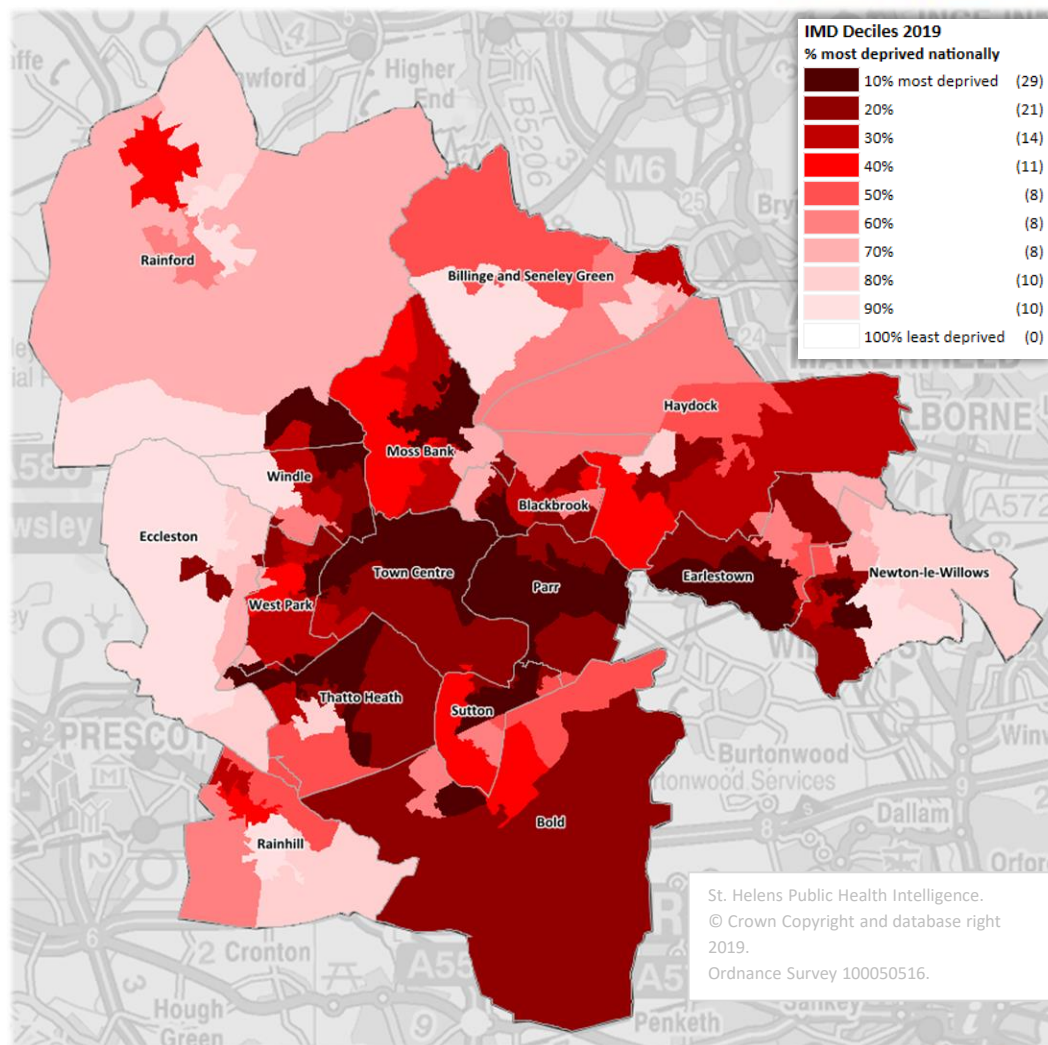
## 2019 Index of Multiple Deprivation (IMD)

The IMD 2019 is an overall relative measure of deprivation constructed by combining seven domains of deprivation according to their respective weights.

The deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups. LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally.

St Helens is ranked as the 26<sup>th</sup> most deprived area nationally.

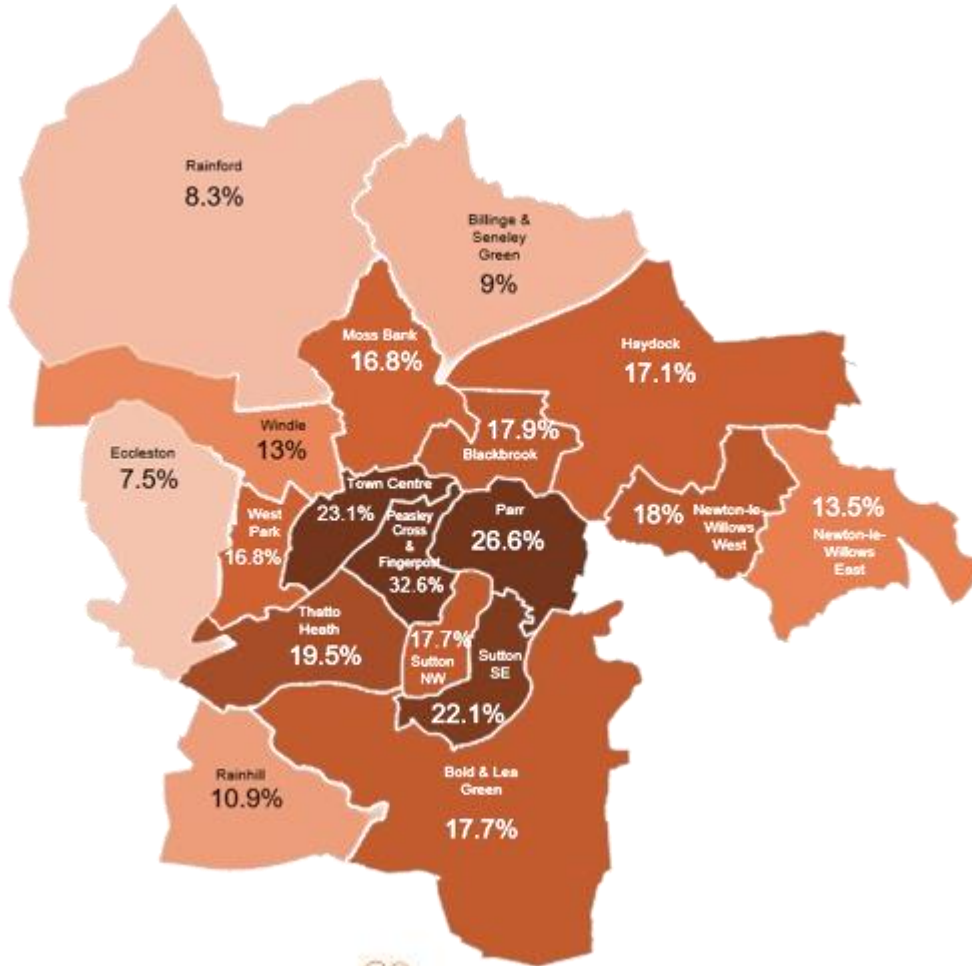
As illustrated in the thematic map, deprivation is widespread across the borough.



Source: Department for Levelling Up, Housing and Communities (2019)



# Children living in absolute low-income families by ward in St Helens



The proportion of children living in absolute low-income families in St Helens varies considerably across the borough (see map).

Areas around the centre of the borough have the highest proportions.



Source: ONS (2024) Children in low-income families: local area statistics



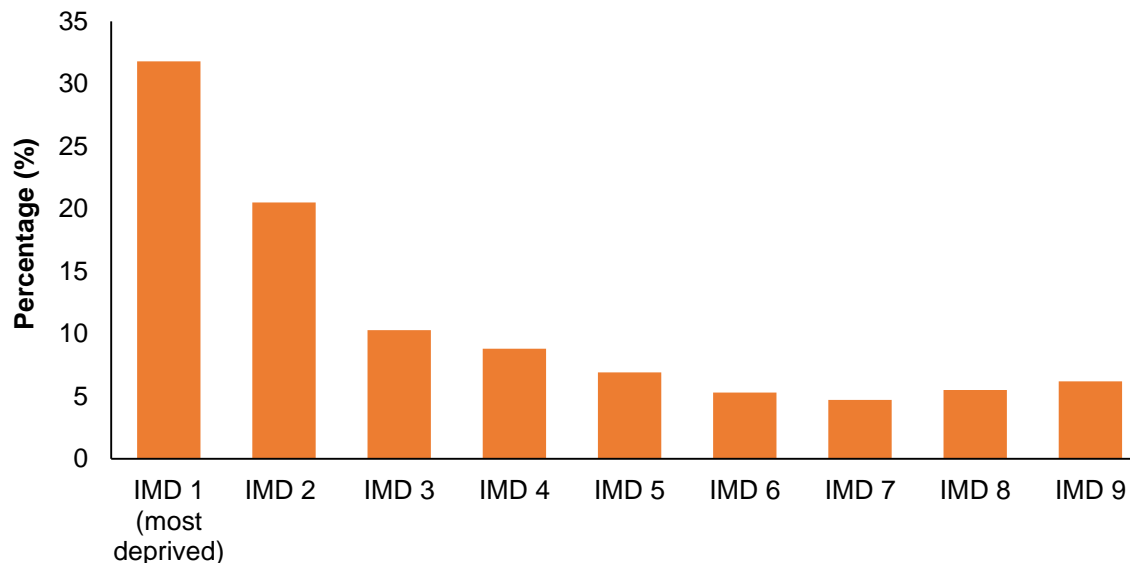
# Children living in deprivation

St Helens faces challenges in relation to deprivation and is ranked as the 26<sup>th</sup> most deprived local authority in England (St Helens Borough Council, 2021).

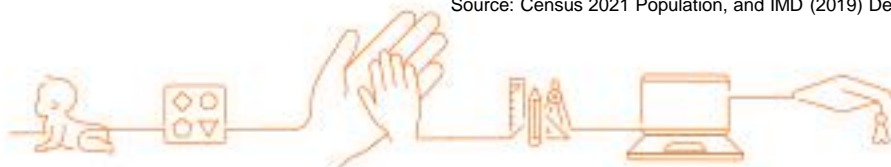
Deprivation in St Helens is widespread, with particularly high levels across the south and east of the borough.

Census data reveals that over half of 0–5-year-olds in St Helens live in the 20% more deprived areas nationally (deciles 1 and 2).

Percentage (%) of 0-5 year olds in St Helens by IMD deprivation decile of residence (2021)



Source: Census 2021 Population, and IMD (2019) Department for Levelling Up, Housing and Communities



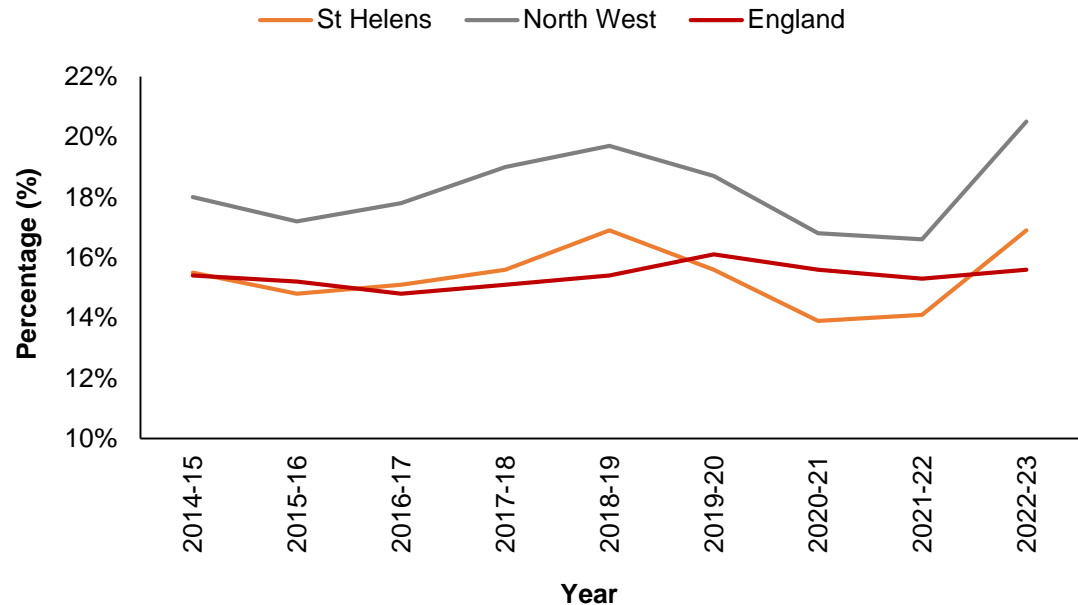
# Children living in absolute low-income families

**Absolute low-income** measures families in low income based on what low income looked like in FYE (financial year end) 2011.

In 2022-23, there were **5,555** children in absolute low-income families in St Helens, a proportion of **16.9%**.

The number of children in absolute low income families in St Helens increased by **21.3%** between 2021-22 and 2022-23 (from 4,581 to 5,555 children).

Trend of percentage (%) of children living in absolute low income families in St Helens, North West and England (2014-15 to 2022-23)



Source: Fingertips, Public Health Profiles



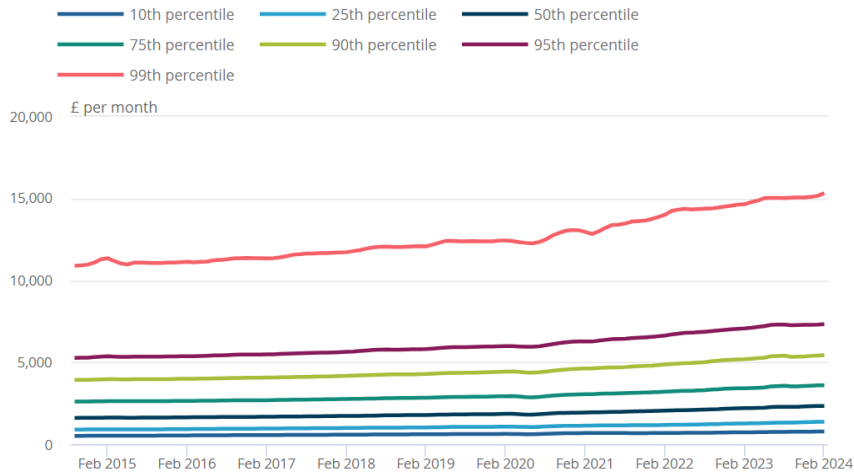
# Income trend

ONS data for 2024 shows that in the UK, despite monthly earnings slowing for the majority, they still increased for the top 99%. This indicates that the gap between rich and poor is continuing to rise.

In the UK, 10% of employees earn less than £777 per month and 90% earn less than £5,431 per month (ONS, 2020).

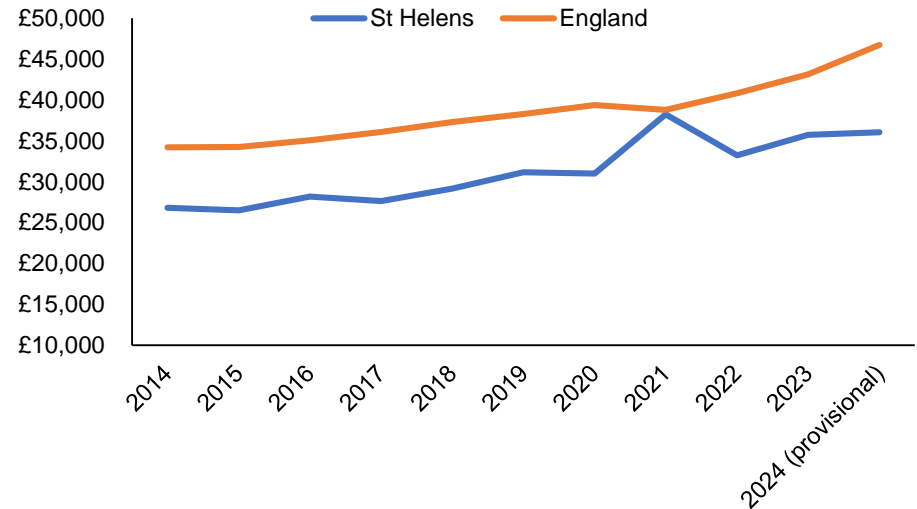
Trend data shows that the gap in mean annual gross pay for full time employee jobs between St Helens and England has grown. In 2024, the gap between St Helens and England was £10,670.

Pay per month, seasonally adjusted, UK, three months to September 2014  
to three months to February 2024



Source: ONS Earnings and Employment

Mean Annual Gross Pay for Full Time Employee Jobs in  
St Helens and England (2014 – 2024)



Source: ONS Annual Survey of Hours and Earnings (ASHE), Annual Pay - Gross



# Inequalities among St Helens children

A St Helens child that is born in one of the most deprived areas nationally (decile 1) will have significantly poorer outcomes compared to those children who are born into less deprived areas, as illustrated in the table below.

Refer to Appendix 1 for a map of St Helens which illustrates areas of deprivation.

Indicator	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9
<b>0–5-year population</b> (Percentage)	31.8	20.5	10.3	8.8	6.9	5.3	4.7	5.5	6.2
<b>Premature birth</b> (Rate per 1,000)	98.8	71.7	65.4	61.4	71.3	35.1	66.7	36.4	59.4
<b>Low birth weight (below 2.5kg)</b> (Percentage)	9.5	6.7	6.7	6.4	6.0	2.1	4.1	3.0	4.3
<b>Babies breastfed at 6-8 weeks</b> (Percentage)	26.4	28.7	33.3	26.2	42.5	37.6	41.3	39.5	42.3
<b>Perinatal mental health admissions</b> (Rate per 100,000)	219.3	103.5	95.4	80.4	126.8	38.9	89	132.9	47.5
<b>Overweight &amp; obese Reception children</b> (Percentage)	31.2	27.6	27.1	26.5	30.1	28.1	29.7	21.0	23.6
<b>A&amp;E attendances of 0–5-year-olds</b> (Rate per 10,000)	8510	8150	7072	7781	8204	7598	6337	6959	6648
<b>Hospital admissions of 0–5-year-olds</b> (Rate per 10,000)	3478	3384	3379	3523	3822	2932	2813	3051	3034
<b>Hospital admissions of 0–5-year-olds for mental health</b> (rate per 10,000)	5.7	3.3	4.7	2.1	4.5	3.2	0.0	5.6	2.9
<b>Children under 6 years receiving an EHCP (Education, Health and Care Plan)</b> (Percentage)	38.4	24.9	10.3	5.9	6.5	4.3	1.6	3.8	4.3

Source: Census 2021 population, National Child Measurement Programme (NCMP), ONS Births Data, Hospital Episode Statistics



# Healthy pregnancy

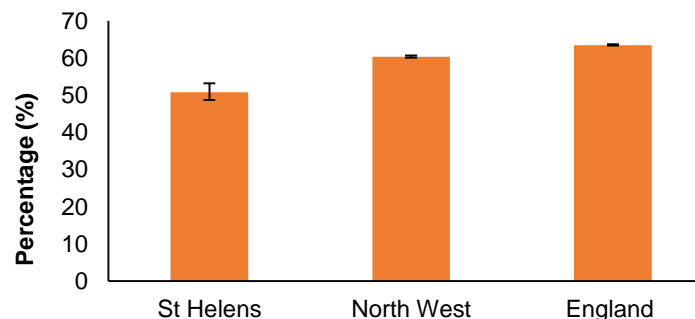
Having a midwife appointment before 10 weeks allows for scheduling of ultrasound scans, identification of women who may need additional care throughout their pregnancy, and identification of risk factors such as smoking and offering support around health and mental health. Folic acid supplements taken before pregnancy are important for the development of a healthy foetus, as it can significantly reduce the risk of neural tube defects such as spina bifida.



**50.8%**

of first appointments with midwife occurring before 10 weeks (2023-24)

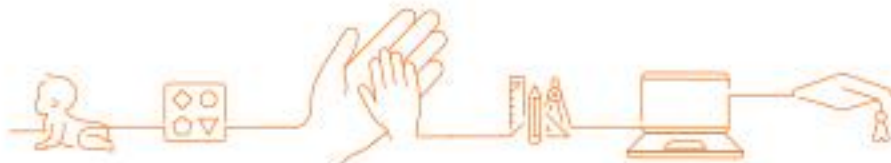
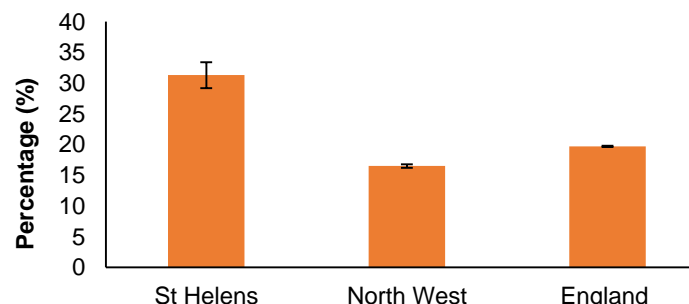
Source: Fingertips, Public Health Profiles



**31.3%**

of women taking folic acid supplements before pregnancy (2023-24)

Source: Fingertips, Public Health Profiles



# Healthy pregnancy

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start in life. Early experiences, starting in the womb, help to shape a baby's brain development. Smoking in pregnancy and maternal obesity carries significant risks for both mother and baby (Apostolopoulou *et al.* 2024).

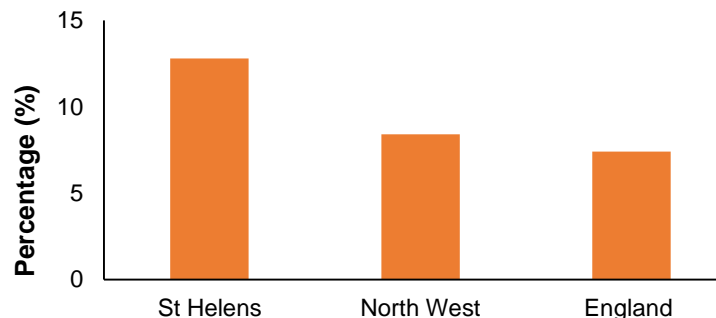
- Smoking in pregnancy in St Helens is decreasing but remains above the national and regional average.
- In 2023-24, St Helens had a higher prevalence of obesity in early pregnancy compared to England and the North West.



**12.8%**

Smoking at time of delivery (2023-24)

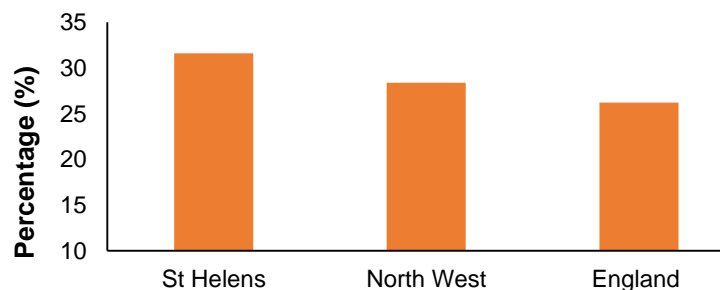
Source: Fingertips, Public Health Profiles



**31.6%**

Obese in early pregnancy (2023-24)

Source: Fingertips, Public Health Profiles



# Infant feeding

Breast milk provides perfectly balanced nutrition and there are many benefits of breastfeeding for both mothers and babies, including protection against infections, reduced incidence of diabetes, obesity and cardiovascular disease, and a reduction in the risk of Sudden Infant Death Syndrome (SIDS).

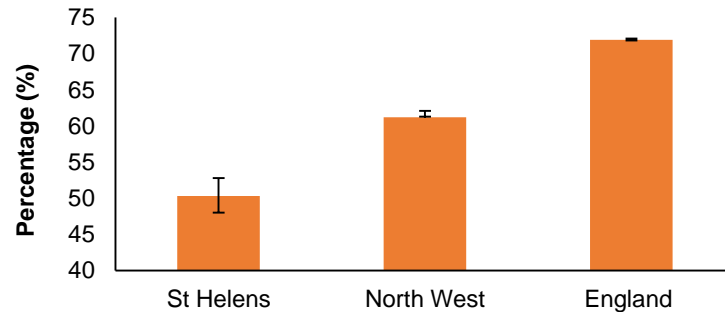
Breastfeeding prevalence in St Helens is improving but large disparities exist across the borough. Breastfeeding prevalence is lower in areas with higher deprivation.



**830**

Babies whose first feed was breastmilk in 2023-24

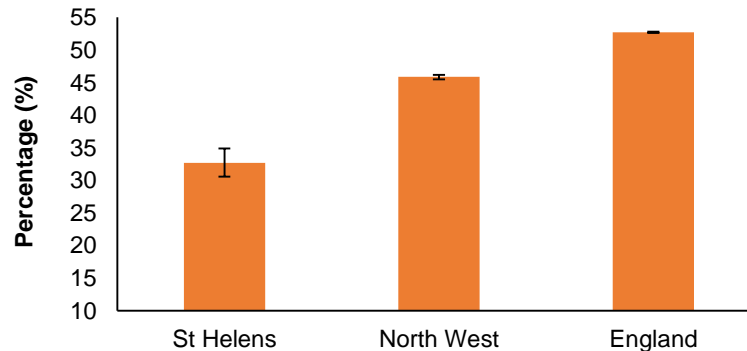
Source: Fingertips, Public Health Profiles



**579**

Babies breastfed at 6-8 weeks in 2023-24

Source: Fingertips, Public Health Profiles



# Speech & language and home learning environment

The home learning environment in the early years is pivotal to school attainment and a positive education and childhood. St Helens has a higher percentage of children achieving the expected level in communication skills and achieving a good level of development at 2-2.5 years compared to England and the North West, and a higher percentage. Proportions are lower in Parr, Blackbrook and Town Centre.

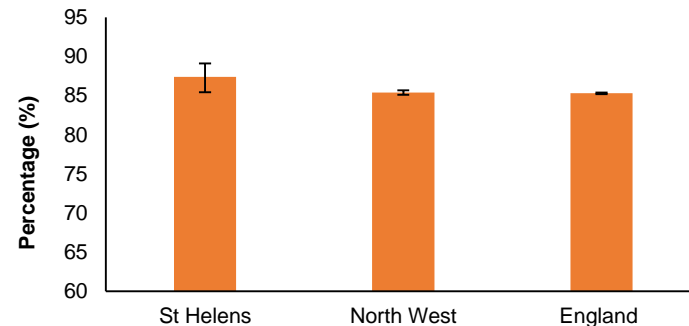
The percentage of boys achieving expected levels of communication is lower than girls (83% vs 90%).



**1,081**

Children achieving the expected level in communication skills at 2-2.5 years in 2022-23

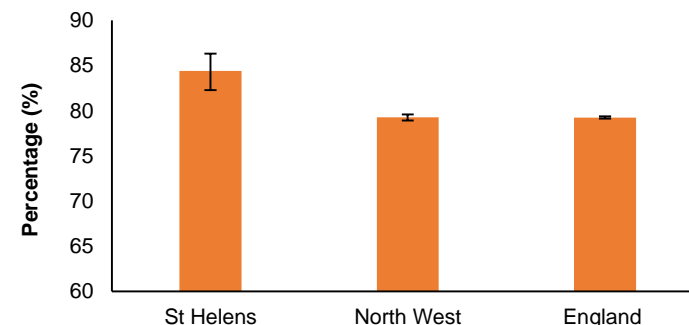
Source: Fingertips, Public Health Profiles



**1,044**

Children achieving a good level of development at 2-2.5 years in 2022-23

Source: Fingertips, Public Health Profiles



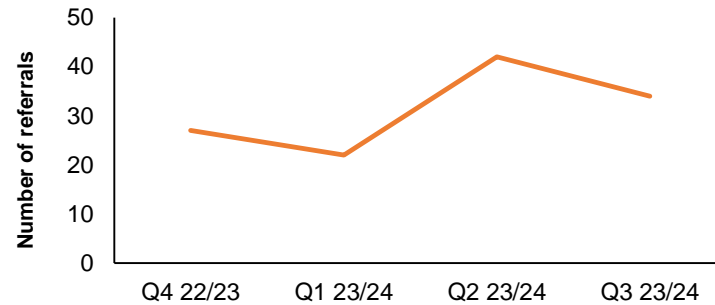
# Perinatal mental health

Mental health problems in the perinatal period are very common, affecting up to 27% (NHS England, 2024) of women. Perinatal mental health problems occur during the period from conception to the child's second birthday. Young mothers up to the age of 25 are at particular risk of poor mental health, up to three years after birth.



125

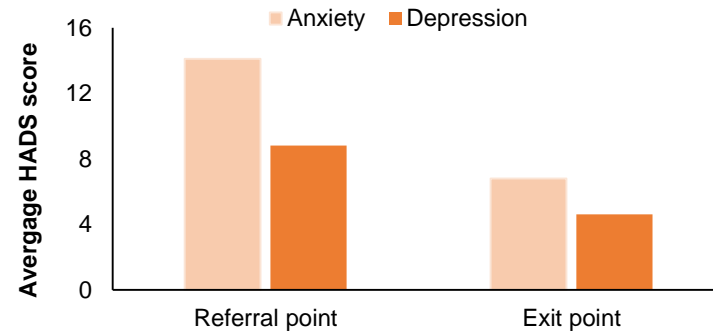
Mums referred to Parents in Mind between Q4 2022/23 and Q3 2023/24



Source: St Helens Core PiM Performance Report

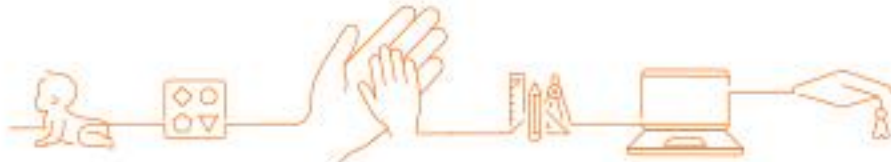


Mums average HADS\* scores at referral point vs exit point (Q3 23/24)



Source: St Helens Core PiM Performance Report

\*HADS = Hospital anxiety and depression scale. Total score is out of 42, with higher scores indicating greater levels of anxiety or depression.



# Child and parent mental health

Family Hubs prioritise supporting relationships within the family. Children who are exposed to parental mental health can have poorer outcomes, in addition to those children experiencing poor mental health themselves.

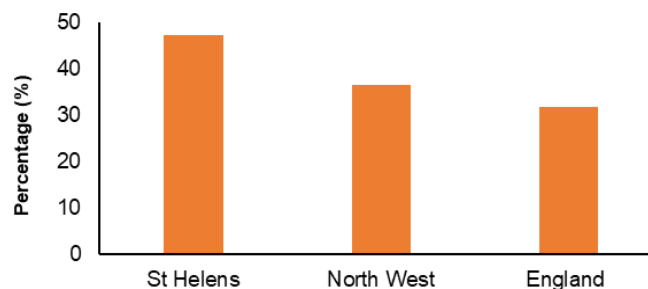
In 2023, almost half of social care assessments had parental mental health as a factor, and 3.4% of primary aged children had social, emotional and mental health needs in 2022/23.



**47.2%**

of social care assessments where parental mental health was identified as a factor in 2023

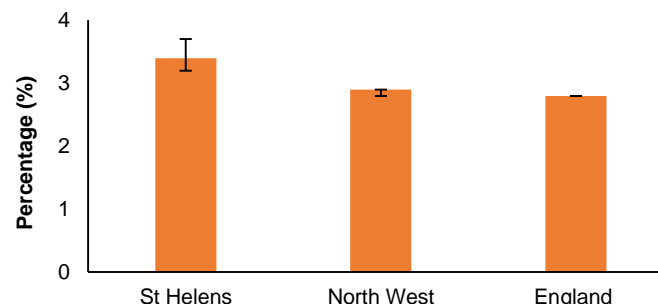
Source: Department for Education



**533**

Primary school pupils with social, emotional and mental health needs in 2022-23

Source: Fingertips, Public Health Profiles



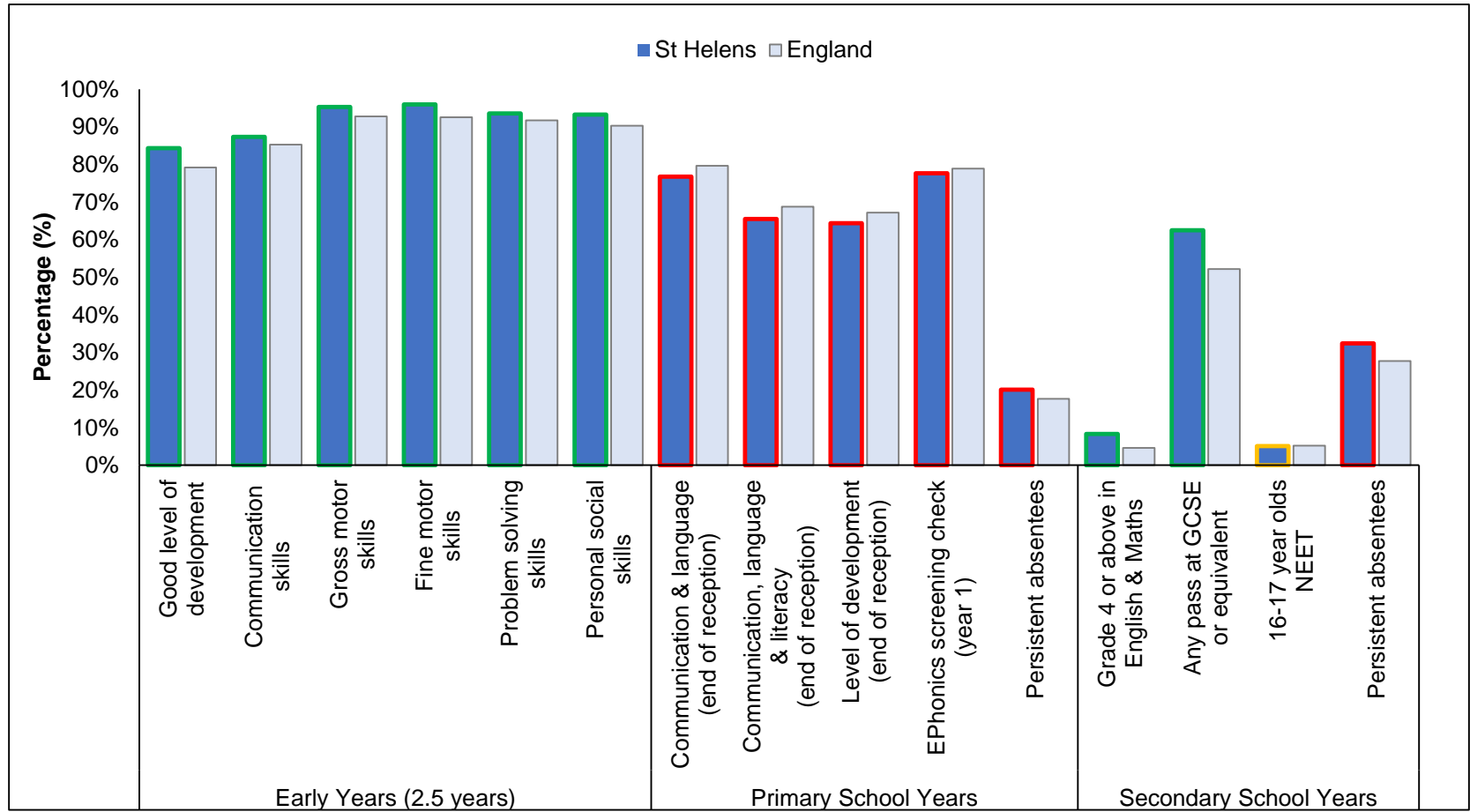
# Educational achievement - from early years to secondary school

- In St Helens, children tend to start out well with their development.
- As illustrated in the next slide, during the early years (aged 2.5 years) children in St Helens are above the national average across all areas of skill development (communication, gross motor skills, fine motor skills, problem solving skills and personal social skills).
- As our children then move into primary school, St Helens falls below the national average for communication, language, literacy, phonics and screening, along with higher levels of absenteeism.
- Higher level of absenteeism in St Helens continues into secondary age children, but the percentage of children achieving Grade 4 and above in English and Maths is higher than England and the percentage of children achieving any pass at GCSE or equivalent is also higher than England.



# Educational achievement - from early years to secondary school

Educational achievement across early years, primary school and secondary school in St Helens and England



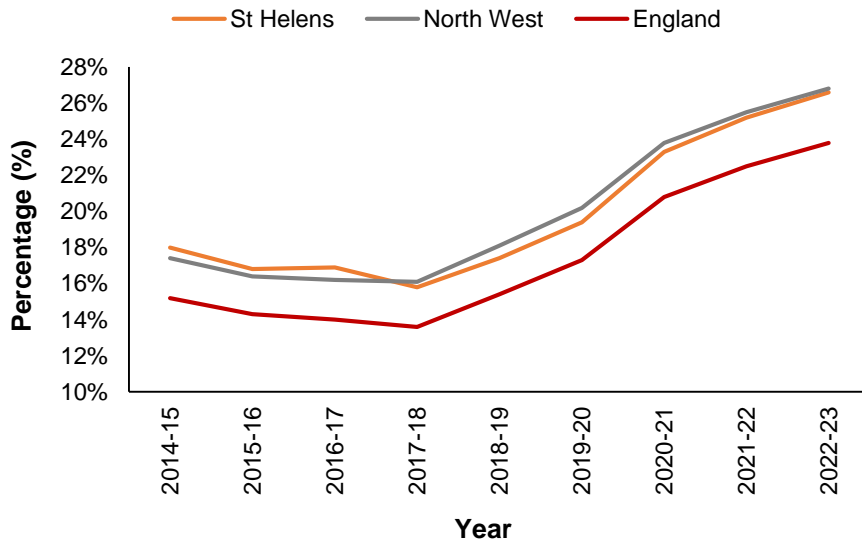
# Disadvantaged pupils

The Education Policy Institute defined a pupil as disadvantaged if they have been eligible for free school meals (FSM) at any point in the preceding six years.

St Helens has a statistically significantly higher proportion of children eligible for FSM compared to England, and the number has increased by 72% since 2017-18. In 2022-23, 26.6% of pupils in St Helens were eligible for FSM.

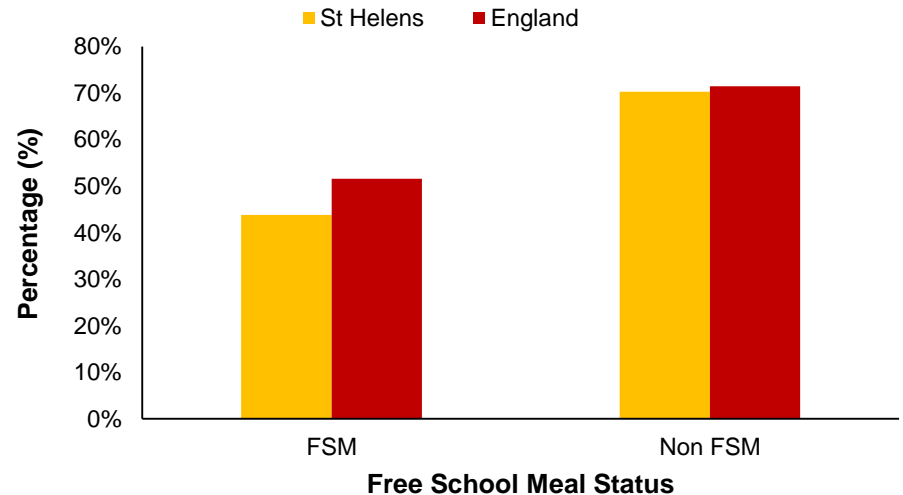
Children on FSM are less likely to achieve a good level of development in early years foundation stage (EYFS) compared to children not on FSM.

Percentage (%) of children eligible for free school meals (2014-15 to 2022-23)



Source: Fingertips, Public Health Profiles

Percentage (%) of pupils achieving a good level of development in EYFS by FSM status (2023)



Source: Department for Education, EYFS profile results

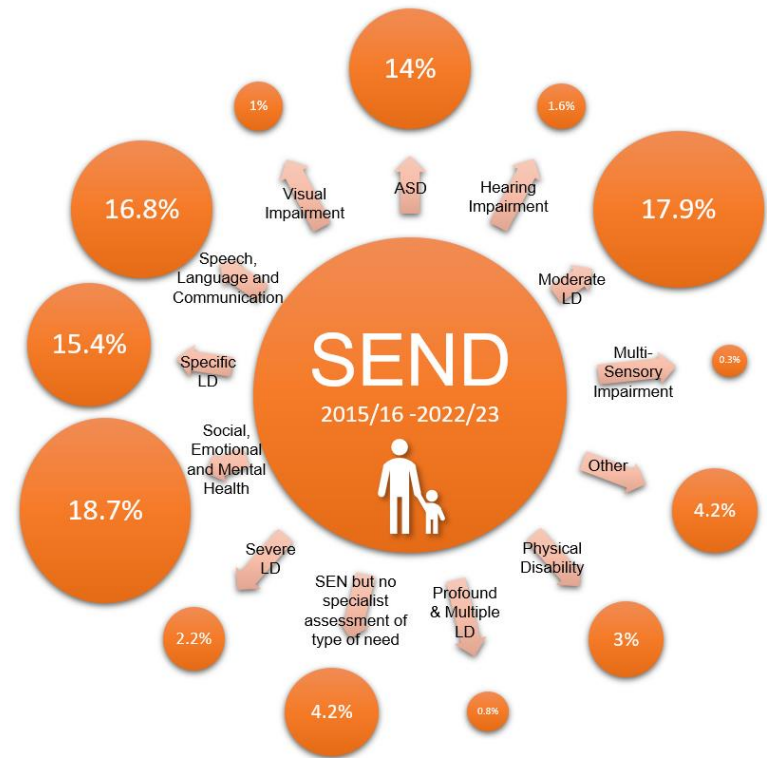
# Children with Special Educational Needs and Disabilities (SEND)

Children and young people with SEND, have learning difficulties and/or disabilities that impact their ability to learn or participate in various aspects of life and require additional support to be able to make progress and lead independent lives.

The proportion of pupils in St Helens with special educational needs (SEN) has increased to 21.3% in 2023-24. The increasing trend is also seen nationally.

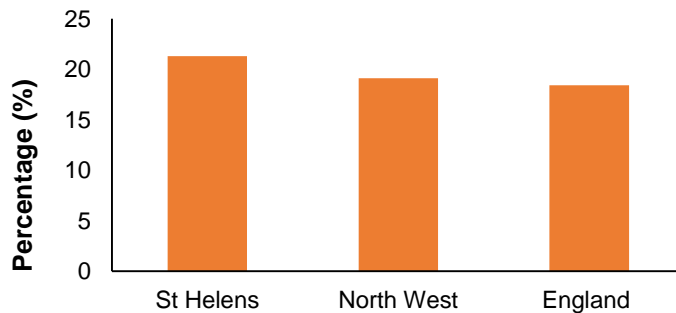
The most common primary need of pupils with SEND in St Helens is 'social, emotional and mental health', followed by 'moderate learning disability' and 'speech, language and communication'.

## Primary need (%) of SEND pupils in St Helens (2015-26 – 2022-23)



Source: Local Government Association

## Percentage (%) of pupils with SEN in St Helens (2023-24)



Source: Fingertips, Public Health Profiles



# Cost impacts

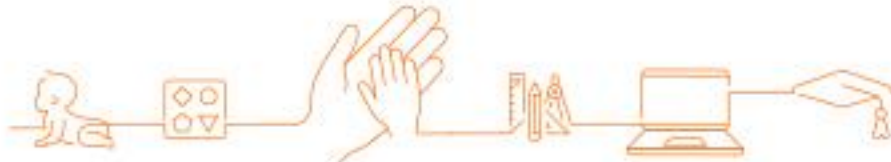
Analysis by Pixel Financial Management (Pixel) for the County Councils Network (CCN) indicates that per person, spending on children's services continues to rise. It rose by 77% over the past decade and now accounts for almost a quarter (23%) of all council expenditure – up from less than one fifth (18%) in 2014 (County Councils Network, 2023).

Recent analysis, conducted by Pro Bono Economics and commissioned by leading children's charities, Action for Children, Barnardo's, The Children's Society, National Children's Bureau and NSPCC, unveils a concerning trend: 81% of the recent increase in spending on children's social care was funnelled into crisis intervention services, a rise from the 67% seen a decade ago. Of this additional spending, £4 in every £5 went on late intervention services. Spiralling number of children in residential care is driving a rise in late intervention spending (National Children Bureau, 2023).

This increase in costs means councils have less funding available for early intervention services, where there has been a 46% drop in the drop in funding in the last 12 years (National Children Bureau, 2023).

Paul Carberry, CEO at Action for Children, said:

*“This research shows once again how central government spending cuts are trapping cash-strapped councils in a “doom loop”, as their costs of children in care spiral and prevention services have to be slashed. For years now, successive governments have forced councils to run children’s services like A&E units, where only those at serious risk of harm get help. Waiting for children to be exposed to harm hurts children and families, and burns a massive hole in council finances.”*



## NEWS

### Children face 'lifetime cost' of council crisis



GETTY IMAGES

Schools, youth services and early help provision have been hard-hit by council cuts





# What we are doing in St Helens

Family Hubs and partners

# What we are doing in St Helens

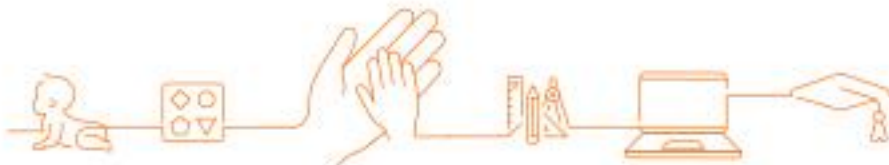
St Helens is one of 75 local authority areas that are eligible to receive a share of the £301.75 million Family Hubs and Start for Life programme funding package for the period 2022–2025 (GOV.UK, 2023). An additional £28.7m has been made available to improve young children's home learning environments (HLE), to help them to recover from the pandemic (Department of Health and Social Care, 2021). This investment has enabled around half of upper-tier local authorities in England to transform their services into a Family Hub model. The programme includes new investment for essential services in the crucial Start for Life period from conception to age two, and services which support parents to care for and interact with their children.

The programme represents a significant step forward in delivering on the Government's commitments as set out in 'The Best Start for Life: A Vision for the 1,001 Critical Days' and builds on delivery of the Healthy Child Programme 0-19 public health services (Harvard University, 2017). It also intended to deliver on the Government's manifesto commitment to champion Family Hubs. Supporting babies, children and families across the country in this way is a crucial part of the Government's ambition to level up (GOV.UK, 2023).

We are also awaiting to hear what further funding may become available as one of the Labour Government's 5 Missions for a Better Britain includes breaking down the barriers to opportunity.

Outlined in this section are some of the services St Helens Family Hubs offer, to support a best start in life. St Helens Family Hub has commissioned a comprehensive needs assessment, co-producing with parents and carers and other interested stakeholders to inform the offer. The offer should address the six Family Hub priority areas; the parent and child relationship, infant feeding, parenting support, home learning and speech and language, engaging families and the transformation of services. In addition to the six priority areas, further wraparound services are provided to support children and families beyond the early years and targeted provision for higher levels of need, for example substance use and domestic abuse services (GOV.UK, 2023).

The provision described in the following chapter is not intended to be an exhaustive list of services, and more detail in respect of the Family Hub offer can be found on the [St Helens Family Hub website](#).



# Family Hubs

- St Helens is one of the 75 local authorities who received funding from the Department for Education and Department of Health, based on deprivation of need.
- Family Hubs in St Helens are seen to be a single point of access. They provide support for parents and carers with children and young people aged 0-19 and up to 25 for children with special educational needs and disabilities.

Family Hubs will:

- Provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all;
- Ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it; and
- Build on the evidence base for what works when it comes to improving health and education outcomes for babies, children and families.

## Where are the Family Hubs?

- There are three Family Hubs in St Helens Borough; they are located in Sutton, Newton-le-Willows and the Town Centre, with a further network of Children's Centres.
- Family Hubs services also include outreach in families' homes and other community settings. Service delivery has been extended to include evenings and weekend support.



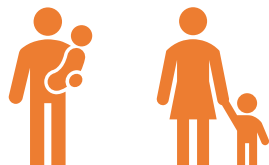
ST HELENS  
BOROUGH COUNCIL



# Family Hubs priorities

Whilst Family Hubs aim to support the family as a whole, [The Best Start for Life, The Early Years Healthy Development Review Report](#), recognised the importance of the first 1001 days in a child's life. With an emphasis on joining up services and making them more accessible. Detailed below and on the next two pages are the six priority areas for Family Hubs and some examples of the St Helens Family Hub response to these (GOV.UK, 2023).

## Parent-infant relationship and perinatal mental health support



- Working together with families and partner agencies to develop a St Helens Perinatal Mental Health Strategy.
- Commissioned services to deliver lower level and specialist perinatal mental health services.
- Delivering parenting groups with a focus on bonding and attachment.
- Building the workforce's understanding of perinatal mental health and the parent and child relationship.

## Infant feeding



- Working together with families and partner agencies to update the St Helens Infant Feeding Strategy.
- Commissioned an enhanced infant feeding offer, to increase breastfeeding rates and work towards BFI (Baby Friendly Initiative) status.
- Building the workforce's understanding of the impact of healthy weight and evidence based interventions.
- Commissioned oral health interventions and supported supervised toothbrushing programmes.



# Family Hubs priorities

## Parenting support



- Support for parents and carers who are pregnant have been developed, providing support early on in their parenting journey.
- Providing advice and support in respect of bonding and attachment, early communication, home safety, infant feeding, emotional wellbeing and more.
- Extending the parenting offer to include a wide range of evidence-based interventions, programmes specifically for male carers and more marginalised groups.
- Providing practical support in toileting, sleep and healthy diet.

## Home learning and speech and language



- Developing pathways for speech and language provision, introducing evidence-based assessment tools and action plans.
- Re-introducing the integrated health check.
- Staff trained in the Parents as First Teachers Programme; enabling and empowering parents and carers to better understand their role in their child's early learning and development.
- Sharing home learning messages in all aspects of delivery, focusing on the importance of the parent's/carer's role in this.



# Family Hubs priorities

## Engaging families in the development and delivery of Family Hub services

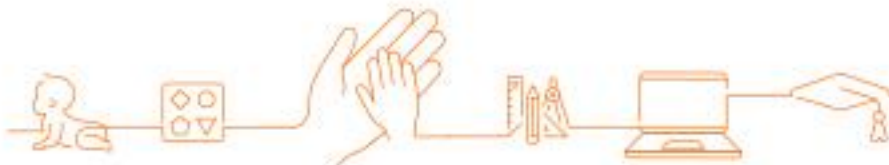


- Developed a Parent and Carer Panel to ensure the voices of children, parents and carers shape the Family Hub offer.
- Supporting the development of parents and carers through training, co-production and volunteering opportunities.
- Consulting a wide range of parents and carers, reaching out to seldom heard groups.
- Family Hubs have committed to acting on the feedback received and checking back in - that we have got it right!

## Transforming



- Working with Family Hubs partners including parents and carers to agree our values, principles and Family Hub priorities.
- Supporting all Family Hub partners to think family, taking a Whole Family approach.
- Ensuring Family Hub services reflect the needs of the borough.
- Providing services in different ways; an enhanced online offer, outreach, delivering from satellites and being proactive in engaging seldom-heard community members.
- Using technology to support delivery and engagement.





## Next steps for Family Hubs

- Continued commitment to co-production and service design with parents, carers, children and young people.
- Continued delivery of high-quality services to fulfil the remaining elements of the grant conditions by March 2025 and planning for future service delivery.
- Refining and continuous improvement of the offer to support families who will benefit the greatest from the support of Family Hubs, using data, evidence and community/parental voices to continue to do this.

# St Helens 0-19+ Service – Enhancing Families Programme

ST HELENS  
BOROUGH COUNCIL

NHS

Wirral Community  
Health and Care  
NHS Foundation Trust

**Aim: To impact child outcomes proactively and positively through supporting parents to:**

- make healthy choices in pregnancy;
- learn and put into practice sensitive, responsive and safe parenting; and
- understand age-appropriate development and the parental choices and actions that impact this.

**How: Holistic, specialist and tailored care and support for families along the parenting and early years journey:**

- For families requiring additional support based on specific criteria.
- A specifically trained Health Visitor is allocated to each family; delivers the Enhancing Families and Healthy Child Programme during regular home visits from pregnancy until the child is two years old.
- Using a trauma informed approach and therapeutic principles.
- Evidence-based parenting programme materials and guidance.
- Support and educate parents to understand their child's brain, emotional and physical development, and their role to support and impact this.
- Developed behavioural change tool 'journey of change', used collaboratively with clients to identify need, plan care and evaluate outcomes along the journey.



# Val's\* story

- Val was referred to the St Helens 0-19+ Service Enhancing Families Programme in the first trimester of pregnancy. This was her fourth pregnancy with her three previous children being removed from her care, due to one child having an unexplained bruise, domestic abuse, drug/alcohol use and mental health.
- Three years had passed since this event and Val is now living with the same partner in a new area away from previous influences and with a good support network around her. Unborn baby was placed on a child protection plan as there were still some concerns around drug use and domestic abuse.
- Val was reluctant to engage initially. Once met, engagement was positive; both her and partner were present for visits and receiving support. Val reported she did not trust professionals due to her previous experiences and was extremely hypervigilant, so trust needed to be built. Both were still using cannabis and accessing support for quitting. The EFHV (Enhancing Families Health Visitor) helped them understand the effect on unborn baby and future parenting.
- Both were keen to learn about having a healthy pregnancy, physically and emotionally, and how they could connect with their developing baby. Both engaged with the programme to prepare for parenthood.
- Val gradually reduced her cannabis use and by the second trimester, was cannabis free and having regular tests. There were no reports of domestic abuse and her partner was in full time employment. After baby was born, Val's EFHV recognised her deteriorating emotional health, with increased anxiety around previous experiences, and worked with her to build confidence to access specialist mental health services and engage in therapy.
- As social care and others completed their work, the EFHV continued to work closely with the family until the baby was two years old, identifying areas of wellbeing to focus on using the Enhancing Families 'journey of change' model. It was clear that past experience had significantly impacted on both parents and they were keen to make and sustain changes.
- After six months, the family closed to children's social care and Enhancing Families remained the only professionals involved until the child was two years old and when the programme completed. The family have continued to do well and sustain change.

*"My previous experience of working with professionals due to the circumstances initially made me not want to trust them or work with them, especially when I was told how many visits Enhancing Families completed. After agreeing to the programme, I found having the same Enhancing Families nurse throughout has been a great support and I have been able to build upon that trust, knowing I have someone there encouraging me to be the best parent I can be. This time around has been a completely different experience for us as a family and I only wish I had been given this support years ago."*



\*name has been changed to maintain confidentiality



## BABS (Building Attachment and Bonds Service)

- Mersey Care's Building Attachment and Bonds Service (BABS) launched on 4th December 2023 at Sutton Family Hub. BABS is delivering a targeted, therapeutic, specialist parent infant mental health service across St Helens. The service has worked in partnership with midwifery services, health visiting, social workers, Early Help and Change Grow Live (CGL). BABS St Helens supports parents with complex needs to build good, secure bonds and attachment relationships, helping them to separate out their own issues/vulnerabilities and past ACEs (Adverse Childhood Experiences), improving both parent and infant mental health.
- BABS continues to work in partnership with services and has supported the ongoing work on health inequalities across St Helens, supporting strategy development on perinatal and parent infant mental health and infant feeding. BABS recognises that working in partnership is the key to supporting families in change. The service offers an integrated, MDT (Multi-Disciplinary Team) and partnership model of care. BABS will be evaluated and contribute to the overall effectiveness of the St Helens Family Hub and Best Start for Life programme.



Mersey Care  
NHS Foundation Trust

Community and Mental Health Services

# BABS – Family case study

- Mum, Dad and unborn baby referred by social worker (25wk antenatal). BABS assessment completed with both parents. The assessment is strengths-based, compassion-focused and trauma informed – parents able to process experiences and understand importance of relationships and parent infant mental health.

**BABS Goal for Mum:** ‘To be a more confident and better mum. Have a good bond.’

**BABS Goal for Dad:** ‘Learn how to manage emotions better and be a good dad.’

## **BABS plan for support intervention:**

- Build trust and relationship with parents and MDT around the family.
- ‘Getting to Know My Baby’ eight session programme to build reflective functioning/head space, bonding and attachment.
- Parent-Infant psychotherapy and psycho-education.
- ACEs recovery toolkit/parenting programme.

## **Outcomes positive to date, with Mum and Dad achieving their goals**

- BABS assessment positive, contributed to MDT assessments.
- Baby in care of parents with system of support from St Helens Social Care.
- Parents engaged really well with BABS, learning how to trust.
- Parents have greater understanding of strengths, struggles, importance of parent infant mental health and relationship with baby.
- Both parents built good bond and attachment with baby.
- Parents’ mental health and confidence improved.
- No concerns regarding historical risks or safeguarding concerns.
- Due to improvements and progress, reduced input from other services.

BABS continued support via VIG (video interactive guidance), ACEs Group and support to the system.



# Right to Succeed



- In June 2023 Right to Succeed, a national charity, started working in the Parr area of the borough.
- Right to Succeed works with communities to define and deliver the change they need and want for their children and young people, ensuring they have the best start in life. We do this because we believe every child deserves the right to succeed, no matter where they live. We bring together residents, professionals and decision makers to co-design a programme that is bespoke to the needs of the local community. We call this way of working 'place based change'.
- Over the past 12 months, we have held monthly steering groups with key local stakeholders who have used the information we have collected to shape the priorities and direction for delivery. Our ambition is to strengthen collective working practices to improve the systems that support children, young people and their families in Parr.

Below sets out the priorities for Parr following consultation with people in the Parr community:

Themes	Delivery priority	Themes	Delivery priority
<b>Youth provision:</b> Lack of youth provision in the area.	Develop a collaborative youth offer.	<b>Literacy:</b> Children in Parr are behind their peers with literacy and communication.	Education and community providers are better equipped to understand child development challenges, and use data to design and deliver effective solutions, to allow all children to engage positively.
<b>Crime:</b> Crime rates are high, with violence, sexual crime, anti-social behaviour and drug crime being the biggest issues.		<b>Inclusive education:</b> There are complex social, emotional and mental health needs.	
<b>Access to services:</b> There are high levels of support needs in the area but there are barriers around access, engagement, trust and transport.	Develop a multi-disciplinary team and embed support into the community.	<b>School readiness:</b> Children are not ready for school based on the UNICEF description of school readiness.	
<b>Community pride:</b> Building on a strong culture of supporting each other and a sense of resilience among community members.	Collaborative working from housing providers, the local authority, community organisations and residents to improve living conditions.	<b>Post-16:</b> Levels of NEET (not in education, employment or training) are twice the national average and rising	Reduce NEET levels through collaboration between secondary education, further education and employers

# Parr Cradle 2 Career Year 1



Family & Services Working Group

Multi-disciplinary team

Family connectors

Next chapter in life

Community voice

Trauma-informed training



Education Working Group

Improving literacy agenda

EET workstream

Inclusive education

CPD for professionals

Community Working Group

Community wellbeing

Community seed funds

Coordinated youth offer

Pride of Place Campaign

Backbone support

Partnership management

Data analysis

Implementation support

Community communications

Fundraising

Governance support



# St Helens Wellbeing Infant Feeding Team

- The St Helens Community Infant Feeding Team is dedicated to supporting parents across St Helens Borough with all aspects of infant feeding, from pregnancy through to the introduction of solid foods and beyond.
- The team collaborates closely with Whiston Hospital, community midwifery services and the 0-19+ Service to provide comprehensive support for new parents and carers. Services operate Monday to Friday from 8am to 8pm and on weekends and Bank Holidays from 10am to 4pm, ensuring that parents have access to support seven days a week, including outside of typical business hours.
- In partnership with the Halton Infant Feeding Team, the enhanced infant feeding offer provides additional support on the postnatal unit during weekdays.
- The service is inclusive, offering support to all parents and carers regardless of their chosen feeding method. Each parent receives individualised support tailored to help them achieve their feeding goals. This personalised approach is reflected in an impressive continued breastfeeding rate at 6-8 weeks, which stands at 62.73%\*, a testament to the holistic and dedicated support provided.
- Daily face-to-face support is offered through various means, including clinics, drop-in groups and a specialist lactation clinic located throughout the borough. Additionally, the team is available for home visits, ensuring that parents and carers can receive support in the comfort of their own homes. A free breast pump loan scheme is also provided, further aiding parents in their infant feeding journey.
- The impact of the service extends beyond immediate feeding support, directly contributing to several key health priorities within St Helens. By promoting and supporting breastfeeding, the team plays a crucial role in reducing childhood obesity rates and improving oral health among children in the community. Breastfeeding has been shown to have numerous long-term health benefits, including lower risks of obesity, diabetes and dental issues, making this work vital for the future wellbeing of the population.



# Infant feeding case study

## Discharge status: Formula-fed

**Initial call:** Parent wanted to breastfeed but baby could not latch.

### Actions taken

- Pumping plan established to protect milk supply
- Breast pump loan provided
- Clinic visit for face to face support
- Positioning and attachment (P&A) support offered

## Follow up

### Next call

- Baby feeding from one side, parent reported lack of confidence to exclusively breastfeed and baby fussy.
- Reassurance given about baby's behaviour
- Encouragement and support provided to the parent

## Additional support

Translator used to ensure effective communication and support, as English was not the parent's first language.

## Final outcome

### Six weeks

- Feeding well on both sides
- Positive breastfeeding experience achieved

02



04



01



03



05



## Challenges and interventions

### Visit 1

- Baby continued to struggle with latching and was upset
- Pumping plan revised to maintain full supply
- Home visit offered for feeding in a comfortable environment
- Encouraged skin-to-skin contact to enhance bonding and milk supply

**Outcome:** Baby achieved a latch and fed well; parent was pain-free and delighted

## Four weeks

- Parent offering the breast at every feed
- Baby started latching on both breasts; initial latch pain managed with P&A support



# HENRY

- The HENRY Healthy Families: Right from the Start programme is for parents and carers of children aged 0-5 years old.
- The programme covers the following five themes:

## Parenting confidence



## Physical activity for little ones



## What children and families eat



## Family lifestyle habits



## Enjoying life as a family



- Each session helps provide a healthy, happy, supportive environment for the whole family.
- The programme is being delivered locally by St Helens Wellbeing, Family Hubs and the St Helens 0-19+ Service. Staff delivering the programme have been trained in the HENRY core offer and as group facilitators to raise awareness and deliver the eight-week, reflective parenting course.
- Three phases of HENRY have been delivered as part of a randomised control trial, where participants have also had access to vouchers and HENRY tools to use at home.

*"I just wanted to let you know that the past eight weeks have been really interesting and informative. It's been good to listen to other experiences and learn about issues I may face in the future. Although the experiences that were shared were difficult for the other mums, a lot of ideas on how to face the day-to-day issues shared by yourself, Sharon and Gina seemed to work for them both. It was good to see this developing over the weeks. Thank you all for sharing your knowledge and advice in a non-judgemental, friendly environment and also being so accommodating. I'm looking forward to taking away what I've learnt and implementing them. All participants have thought about the importance of good role modelling and leading by example, using the pulse chart to relate back how their child could be feeling and what their needs are. Using descriptive praise, outdoor activity, playtime, reading and songs." HENRY participant*

# HENRY – feedback from parents and carers

I have the Eatwell resource at child height on the fridge, so we can talk about our food choices

I have introduced a fruit cupboard and we have fun tasting new foods

Brilliant programme, think all parents should access this to give their child the best start in life and also help them in their parenting journey

Spending time as a family, walking and going outside for activities each weekend



Been nice listening to others and being listened to

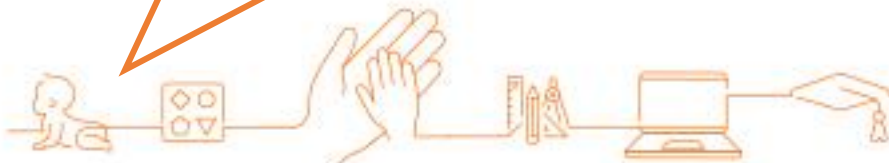
The session really helped me move forward in being more attentive to the children

I learnt from other mums' examples

At family time meetings, I have asked for water and fruit only, this has improved behaviour and think it has helped managed weight

I wanted to increase vegetables, so started to eat vegetables to encourage Hope, I am starting to enjoy them

Engaging my child in the food making process





# Home-Start St Helens



***Vision:*** To support families, children and young people in St Helens to become more resilient

## How do we achieve our vision?

- **Family support (children aged 0-19):** Volunteers provide weekly home visits, offering a variety of practical and emotional support with outcomes defined within a family led plan.
- **School readiness (children aged 2-5 years):** Development through play sessions for parents/carers in the home, to ensure their child is ready for life's next chapter. A trained volunteer delivers individual tailored play sessions that promote engagement. Community links are developed with supported visits to Family Hubs, Children's Centres and local needs led groups.
- **Young people's project (ages 12-19 years):** A volunteer supports the young person both within their own home and community. The focus is defined by the young person who may need support with their emotional wellbeing, school attendance or future focus.
- **Walk & Talk:** Currently delivered from the Family Hubs in Sutton and Newton-le-Willows. Families have the opportunity to get together, have fun, reduce isolation and enjoy local walks.

# School readiness case study

**Initial visit (anonymised):** The family were referred to Home-Start for school readiness to help support Mum with Michael's development needs, whilst encouraging more appropriate peer interaction and play. A pre and post BESSI (Brief Early Skills & Support Index) was completed at the start and end of support to evidence change.

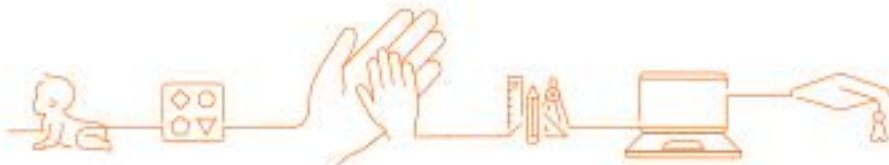
**Plan:** A school ready trained volunteer (Kath) supported the family, delivering weekly play sessions.

## Focus:

- Self-regulation: Partially improved
- Language and cognition: Improved
- Focus and concentration: Improved
- Bedtime routines: Improved

Michael engaged well during the play sessions. Some visits included support to access the local Family Hub to develop Michael's social interactions with peers, as well as future universal support. Play sessions included improved bedtime routines which had a positive impact on Michael's emotional wellbeing, as he was less tired and more ready to focus on the day. At the end of the support, Michael was sitting and concentrating for longer periods and would follow instructions with much less fuss. Referrals were also made to Invest in Play evidence-based parenting programme, to ensure Mum continued to develop strategies for future ages and stages.

*"Thank you so much for everything you have done for our family. Our little boy loves the sessions each week and I think the support, guidance and encouragement was just what we needed." (Mum)*



# Parents in Mind

- Parents in Mind work together with healthcare, maternity and NHS services to bridge the gap between low level mental health support and more intensive interventions parents may need to reduce anxiety, depression, isolation and stigma attached to perinatal mental health.
- Parents in Mind provide safe, sensitive, impactful perinatal mental health peer support, delivered by local parent volunteers. Support is available to expectant parents or those with a child under the age of two.
- Peer supporters have lived experience of the challenges early parenthood can present and are passionate about making sure new parents don't feel alone. Local volunteers undertake accredited training to provide a friendly listening ear, in one-to-one and group settings, online and face-to-face.
- St Helens Family Hubs have increased the Parents in Mind offer to be able to deliver an informal, discussion based psychoeducational course through the Anna Freud reflective parenting programme. This project provides parents with an opportunity to learn more about their child's mind and meaning of behaviour, as well as an inner understanding to improve self-regulating emotions. This project has seen clear evidence in reducing parent-child conflict and an increase in confidence, attachment and bonding.

"Parents in Mind support has helped me look forward to things, helped in not feeling so frightened to reach out or share my worries."

"They have helped during recovery after abuse and made me feel like I have friends - my own little village to help raise my children."

"My volunteer spoke to me not just as a mum, a person which I'd lost, this helped me give myself permission for me time. I've been able to get help that I was avoiding because they believed in me. Every parent struggling with those early, lonely days should be signposted to their nearest Parents in Mind group!"

"Thank you so much, you have gone above and beyond for us. More than anyone else has, I really do appreciate and how quickly you've responded to my frustration and seeing the effect on my mood this was having. There's a reason why you guys do this. I feel like I can be kinder to myself now I'm not alone. I'm on my way out now to meet my volunteer for a walk and I'm definitely feeling less of a failure as a father."





# Change Grow Live – Building Bridges

Change Grow Live St Helens offers non-judgmental, confidential support for families in St Helens affected by parental substance abuse, providing safe and supportive environments for parents to thrive, achieve their goals and improve their parenting skills. The service supports best start in life by offering:

- **Parenting programmes:** to support the development of parenting skills, understand the impact of substance use on children and promote healthy parenting, communication and behaviour.
- **Specialist pregnancy support:** intensive support for pregnant service users and their partners, combining prenatal care and addiction treatment. This includes medical and therapeutic interventions, collaboration with midwifery and BABS (Building Attachment and Bonds Service) and an internal pregnancy clinic offering health and psychological support. Staff are also trained in the delivery of Triple P for Baby.
- **Parent workshops:** resources and workshops to help parents discuss drugs and alcohol with their children, fostering early communication and awareness.
- **Comprehensive support plans:** to address the physical, emotional and social needs of parents with a whole-family approach, focusing on the needs of children.
- **Support networks:** help parents build peer support groups and access community resources to aid recovery and reintegration.
- **Housing assistance:** collaborate with housing services to ensure safe and stable living conditions, free from triggers of substance use.

Change Grow Live St Helens ensures that individuals and families have the resources and support they need for the best start in life, addressing immediate needs and building a foundation for long-term wellbeing and success.

Change Grow Live aims to continue in the development of support for pregnant users and expectant fathers, including creating a practice guide for partner agencies on working with expectant parents dealing with addiction.

# Change Grow Live – case study

## What were we worried about for Mum?

- Has a history of heroin and crack cocaine use for over 10 years.
- Experiencing domestic abuse from father of the baby and had been in a relationship with him for over 10 years, also had previously experienced abuse in past relationships.
- Not engaging with services to address her substance misuse.
- Previous criminality and time in prison.
- Had previous three children removed.
- Reported she was pregnant.

## What did we do for Mum?

- When mum reported she was pregnant, she was transferred to the pregnancy lead to provide more intensive interventions.
- Senior social worker completed a one-to-one to highlight risks and concerns; support plan was completed.
- Supported to engage with confident parenting programme at CGL.
- Pregnancy lead completed joint sessions with midwifery to support mum throughout pregnancy.
- Maternity services adapted support to meet mum's needs.
- Referred to Safe to Speak complex case IDVA (Independent Domestic Violence Advisor) who provided support to access secure accommodation.
- Supported by perinatal mental health service.
- Mum attended After the Storm domestic abuse group.
- Supported to attend Family Hubs for a taster session and awareness raising around support available.
- One-to-one work completed around healthy diet.
- Supported to start a reduction in methadone and transferred to Buvidal Medication Programme.

## What were the outcomes for Mum?

- Able to end relationship with father of the baby and secure safe accommodation.
- Developed confidence and self-esteem.
- Developed understanding of the impact of domestic abuse and substance use on children.
- Engaged with all services throughout pregnancy.
- Able to have a positive and healthy pregnancy.
- Baby was removed from child protection process and is now closed to social care.

The Childcare Sufficiency Assessment provides a current picture of the childcare market in St Helens and will be used to inform planning and to ensure that sufficient childcare is available across the borough.

# EARLY YEARS CHILDCARE SUFFICIENCY

## 2024



### 2 YEAR OLD FUNDING

2 YR OLD'S FUNDING	ELIGIBILITY CH	TAKE UP %
NATIONAL	115852	75%
REGIONAL	19287	79%
ST HELENS	514	81%

**75%**  
OF CHILDREN ARE ACCESSING A TWO YEAR OLD PLACE IN ENGLAND

**81%**  
OF CHILDREN ARE ACCESSING A TWO-YEAR-OLD PLACE IN ST HELENS



### 3 AND 4 YEAR OLD FUNDING

3 AND 4 YR OLD'S FUNDING – 15 HOUR ENTITLEMENT	ELIGIBILITY CH	TAKE UP %
NATIONAL	1169541	95%
REGIONAL	158643	99%
ST HELENS	3659	96%

**95%**  
OF CHILDREN ARE ACCESSING A 3 & 4 YEAR 15-HOUR PLACE IN ENGLAND (NATIONALLY)

**96%**  
OF CHILDREN ARE ACCESSING A 3 & 4 YEAR 15-HOUR PLACE IN ST HELENS

**1324**  
CHILDREN AGED 3 AND 4 ARE ACCESSING THE 30 HOURS ENTITLEMENT



**HEADLINE DATA - ST HELENS**

**514**

CHILDREN ARE ACCESSING A 2YR OLD, FUNDED PLACE.

**3659**

CHILDREN ACCESSING A 3-AND 4-YEAR-OLD 15 HOUR FUNDED PLACE.

**105**

CHILDREN ACCESSING PORTAGE IN ST HELENS, **42** ON THE INFANT AND DEVELOPMENT PROGRAMME, **32** ENGAGING IN A SOCIAL COMMUNICATION PROGRAMME AND **31** ATTENDING THE PORTAGE GROUP.

**39**

CHILDREN HAVE AN EHCP AND **322** HAVE SEN SUPPORT AND ARE ACCESSING 15 HOURS OR FUNDED EDUCATION ACROSS ALL AGE RANGES.

**26**

CHILDREN CURRENTLY RECEIVING DISABILITY ACCESS FUND (DAF)

**562**

CHILDREN CURRENTLY RECEIVING EARLY YEARS PUPIL PREMIUM (EYPP)

**9659**

CHILDREN ARE AGED 0-4 YEARS IN ST HELENS

**28,794**

CHILDREN AGED 5-18 YEARS IN ST HELENS

**AVERAGE PRICE OF CHILDCARE**



- DAY NURSERY - £52.00 PER DAY
- CHILDMINDERS - £37.00 PER DAY
- CHILDMINDER AGENCY - £42.00 PER DAY
- SCHOOL PRE-SCHOOLS - £12.00 PER SESSION
- PRIVATE PRE SCHOOLS - £18.50 PER SESSION
- SCHOOL MAINTAINED NURSERIES - £12.00 PER SESSION
- BREAKFAST CLUBS - £4.20 PER SESSION
- AFTER SCHOOL CLUBS - £7.40 PER SESSION
- HOLIDAY CARE - £38.00 PER DAY

**3&4**  
YEAR OLDS  
**127**

**2**  
YEAR OLDS  
**99**

**UNDER 2**  
YEAR OLDS  
**76**

**PROVIDERS DELIVERING FUNDED PLACES**



**AVERAGE OPENING HOURS**

<b>DAY NURSERY</b> 7.30AM - 6.00PM	<b>CHILDMINDER</b> 8.00AM - 6.00PM	<b>PRE-SCHOOL</b> 8.45AM - 4.00PM
<b>BEFORE/AFTER SCHOOL</b> 7.30AM - 6.00PM	<b>HOLIDAY CLUBS</b> 8.00AM - 6.00PM	<b>SCHOOL</b> 8.45AM - 3.30PM



**ST HELENS**  
BOROUGH COUNCIL



**PLEASE NOTE:** By September 2025, all eligible working parents in England will be able to access 30 hours of funded childcare for 38 weeks per year from when their child is 9 months old to when they start school. This will be rolled out in stages: from April 2024, eligible working parents of 2 year olds can access 15 hours per week; from September 2024, eligible working parents of children aged 9 months up to 3 years old can access 15 hours per week; from September 2025, eligible working parents of children aged 9 months up to 3 years old can access 30 hours free childcare per week. Local authorities are working with the Department for Education to ensure that there is a place available for every child that needs one.

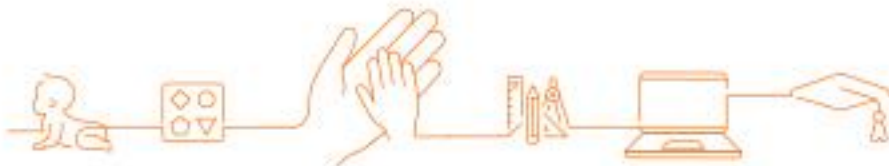
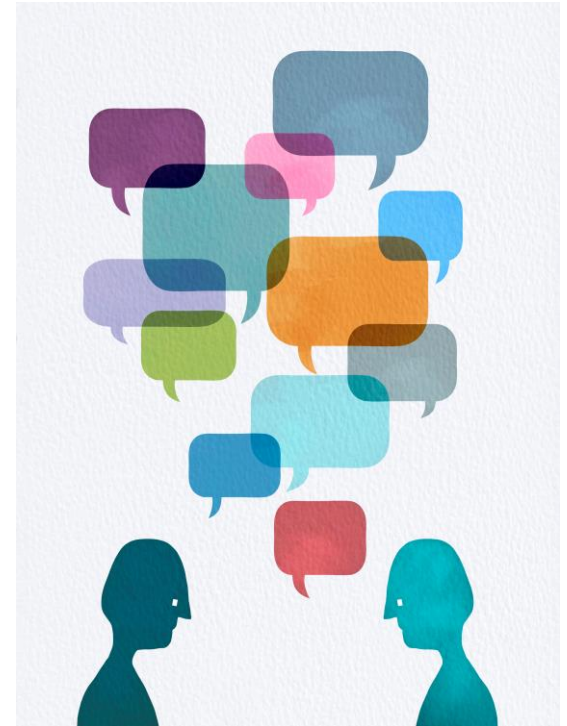


# What we are doing in St Helens

Engagement with children, young people and families

# Engagement with communities

- In order to understand the needs and priorities of St Helens residents, it is essential we listen to and speak to our local communities and know what matters to them. After all, councils are public servants.
- We want families and children to have agency over their lives and their aspirations - this means that we need to respect and act upon their views.
- This section discusses the engagement we have undertaken with children, young people, parents and carers.
- We then demonstrate the impact those conversations have had on the design and delivery of local services, as well as agenda-setting for our wider strategies.



# Children's Declaration

- The St Helens Borough Strategy commits us to working towards being recognised as a UNICEF Child Friendly Borough and the development of the Children's Declaration is the first step on the road to achieving this.
- Worked with Vibe, Big Chat and other partners to engage with over 1000 young people from high schools across the borough, including those from SEND (special educational needs and disabilities) groups, to understand young people's priorities.
- The findings were then presented to the Youth Council who decided on six key priority areas to tackle over the next three years to improve life for young people in St Helens:

**1. Make sure no one goes hungry in St Helens**

**2. Make St Helens safer for young people**

**3. More help with mental health and wellbeing for young people**

**4. More places for young people to go which are affordable and accessible**

**5. Preparing young people for the future and helping them to achieve their ambitions**

**6. Look after our environment and climate and ensure our borough is clean and tidy**



# Children's Declaration: what next?

- The declaration has been developed further and local partners have been engaged so it is owned by the partners and local people and not just the council.
- It is proposed to launch the final declaration and action plan in the New Year.
- A working group will be established to support the delivery of the declaration.
- Progress of the declaration will be monitored by the Youth Partnership (which includes reps from youth organisations, schools and colleges) and monthly updates will be provided to the Youth Council.



# Engagement with young people on aspirations

PARTICIPATING HIGH SCHOOLS

6

CONSULTATION  
SESSIONS HELD

32

8

SOLUTION WORKSHOP  
THEMES

16  
IDENTIFIED BARRIERS

120

DELIVERY HOURS  
FACE TO FACE



YEARS



ICEBREAKERS

1058

YOUNG PEOPLE ENGAGED

7,8+9

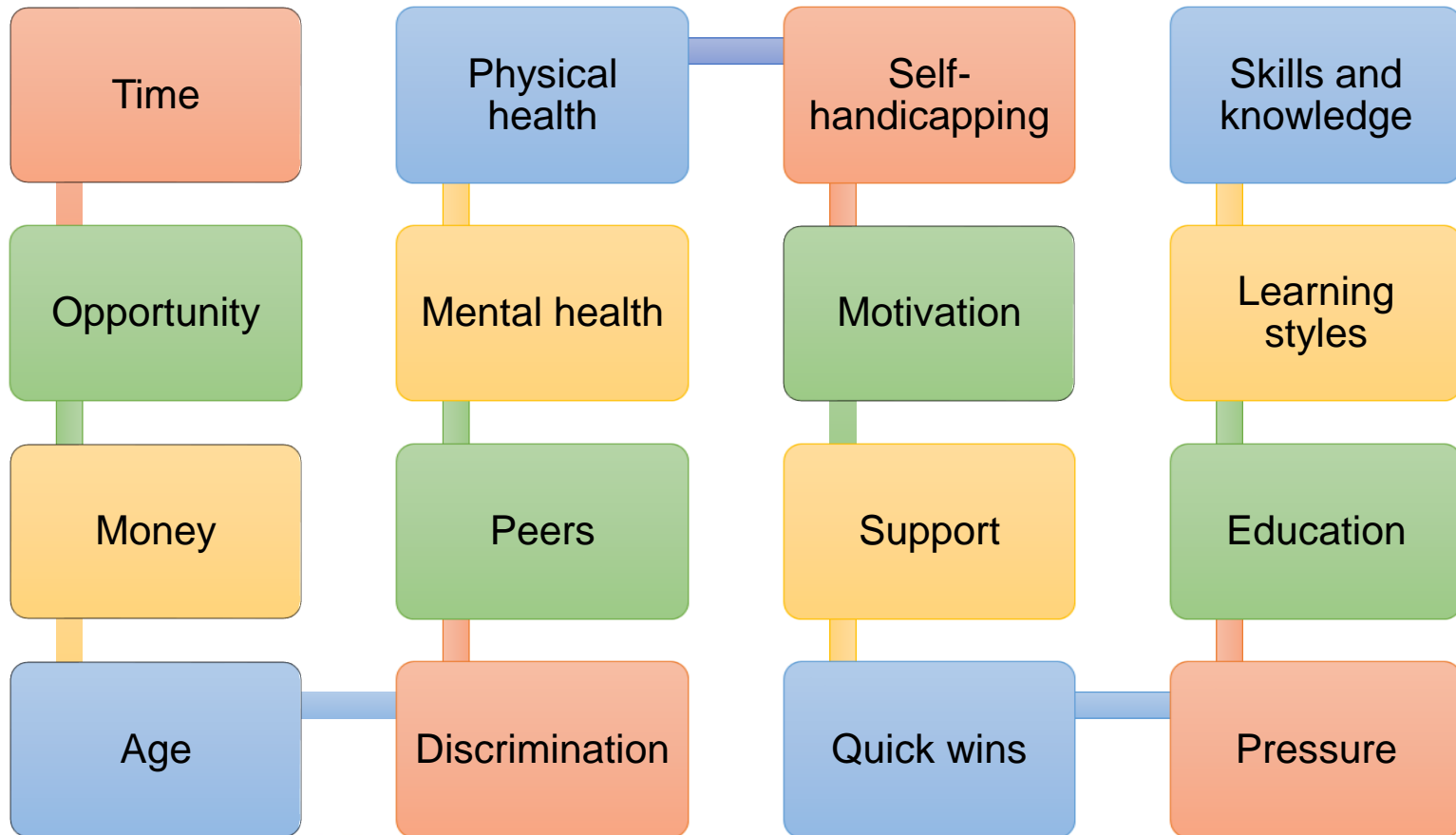
INVOLVED

SEND

REPRESENTATION



# Barriers young people face growing up in St Helens to fulfilling their aspirations



# Key findings from the young people's engagement

Throughout delivery, there were certain patterns in conversation, with some issues being brought up frequently and more in depth discussions were held. The three topics that mattered most align to what Marmot reported way back 2010.

## Top 3 topics

### Mental health

Reported lack of self confidence, low self-esteem, anxiety or depression, poor mental health impacting on a young person's ability to reach their full potential.

#### Solutions

- More/better access to support and services.
- Education around coping mechanisms.
- Better understanding of themselves through skills/self development programmes or learning.
- Peer support groups for young people to meet like minded people and share experiences.
- Free access to activities to support physical health which will in turn support mental health.

### Lack of opportunities

St Helens is lacking youth support, activities, youth centres, things to do, young people on the streets.

#### Solutions

- A better local offer with more free activities for young people to take part in.
- Youth clubs or youth centres as a safe space for young people.
- Access to more options and opportunities to gain experience in a variety of fields.
- More young people engaged, staying off the streets and prevent anti social behaviour.

### Money

Without money, young people felt they were unable to access anything that supported them to better their futures, the cost of living crisis is having a massive impact and they felt poverty in their area is a massive issue.

#### Solutions

- Money support and education for young people around budgeting.
- Understanding finances such as mortgages, loans and accounts etc. added to the curriculum.
- Increased funding for opportunities for young people e.g. free activities/youth clubs.
- More cultural and arts activities commissioned in St Helens such as national theatre tours, exhibitions that we/families can afford to travel to see.



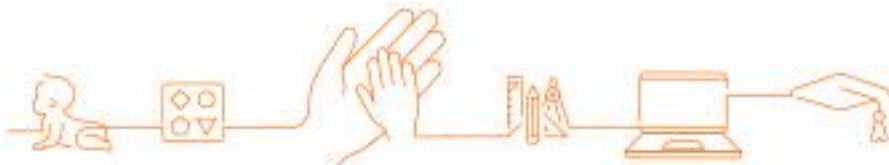
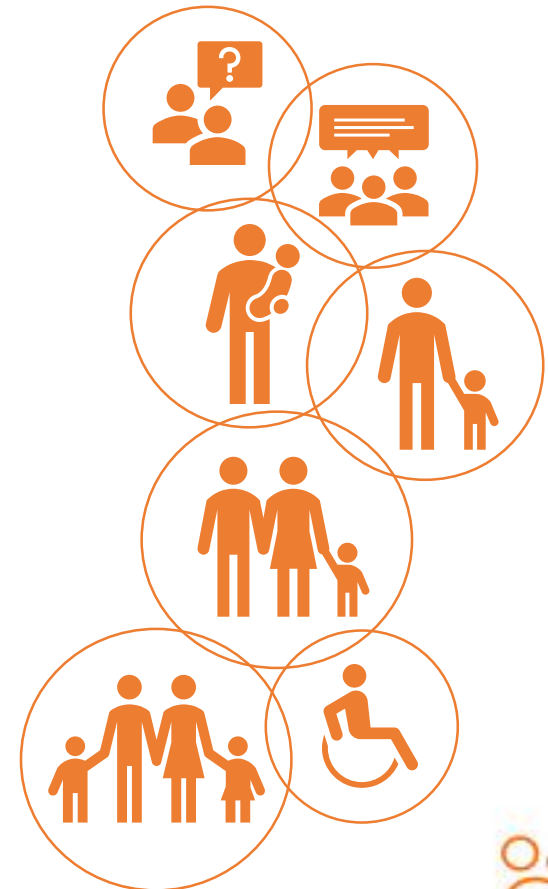
# Family Hub parent and carer consultation

Between November 2023 and January 2024, St Helens Family Hubs completed a wide-ranging parent and carer consultation, with a focus on hearing from parents and carers who access Family Hub services, but also those who are less heard from. Family Hub Engagement Officers met with Parent and Carer Panel members, completed online engagement sessions, engaged with parents and carers at other targeted interventions, including those attending St Helens Carers Centre, St Helens Library Services and substance use services.

Family Hubs asked parents and carers:

- What services they currently access and what is good about these;
- What they would like to see more of;
- What barriers they may experience accessing services; and
- How Family Hubs can engage with more families and from more diverse backgrounds.

A summary of the parent and carer consultation and response to this is detailed on pages 80 to 83. A further shorter consultation has taken place in summer 2024 regarding some of the barriers to accessing services families can experience. The learning from both consultations should not be seen as exclusive to Family Hubs and could be used to inform planning for any services who wish to engage families.



You would like to see activities that **families can do together** for children aged **5-11 after school and at weekends**.

### MENTAL HEALTH AND WELLBEING

Child and adult mental health and wellbeing came out as a top priority of Family Hub outcomes. Support for parenting, healthy eating, and home learning environment are also important.

### DADS AND MALE CARERS

We need more promotion and advertising of M.A.T.C.H and the support available for dads and male carers in different ways to further engage males.

**Schools/Nurseries and Health Visitors** are key agencies in disseminating information.

### SEND PROVISION

Information for families on services available, such as neurodiversity parenting programmes, more SEND specific resources and sensory room hire. Further staff training in SEND.

### SOCIAL MEDIA AND MICROSITE

Is well used and accessible. The survey highlighted further suggestions. Families would also like to see a 'Spotlight' on services to gain a better understanding of what is available.

Reaching out to **groups and communities** who do not traditionally access us. Consider and address the barriers they face.

### HOME LEARNING RESOURCES

More provision of online resources for learning at home for children, young people, parents and carers who work or cannot physically access Family Hubs and Children's Centres.

## PARENT AND CARER CONSULTATION 2024 WHAT YOU TOLD US

### LEARNING FROM THE CONSULTATION

Shorter snappier surveys and polls. Methods for families to feed into and shape the work on Family Hub and Children's Centres. To include understanding of the brand and the offer.

### REACHING FAMILIES

We need to reach families in their **communities** where there is lower provision to **inform** of Family Hubs and Children's Centres and wider services and understand needs in those areas.

### LOCATIONS, BUS AND WALKING ROUTES

You said it was hard to find the locations of the Family Hubs and Children's Centres. This included locations, bus and walking routes

You would like more support for young parents and carers (under age 25)

Create a system for families to be updated and communicated with via **email newsletters**.



# You said, we did

**You said:** You would like to see more activities for families with 5-11 year olds.

**We worked together to...**

- Plan more activities in half terms for families.
- Purchase resources for older children.
- Develop our website with more information.
- Offer more cooking together sessions.

**You said:** It was a good idea to advertise further to reach more dads and male carers.

**We worked together to...**

- Set up a new MATCH Group.
- Advertise through sports teams.
- Purchase 'Dad Pads' to share with new dads and offer the support they may need.

**You said:** Together we identified that you would like more support for younger parents and carers.

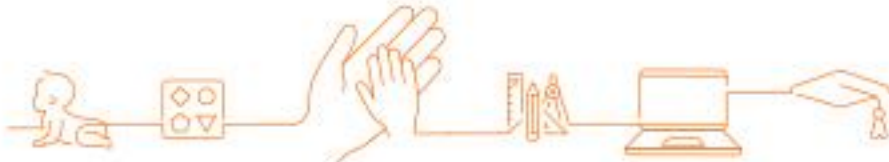
**We worked together to...**

- Set up a weekly stay and play for parents and carers aged under 25 and their children.

**You said:** You would like to learn more about Family Hubs & wider services through social media & a 'spotlight' on services.

**We are working together to...**

- Provide a calendar of sessions and share on social media to let you know about other services.
- Family Hub Navigators can help you to find the right type of support.



# You said, we did

**You said:** You would like more information on SEND services.

**We are working together to...**

- Continue to work with ADDvanced Solutions, IASS (Information, Advice and Support Service) and the Local Offer.
- Look at how we can improve.

**You said:** It was hard to find the locations of the Family Hubs and Children's Centres.

**We worked together to...**

- Add maps, bus routes and walking times to the offer booklets.

**You said:** You would like to receive information by emails, schools and health visitors.

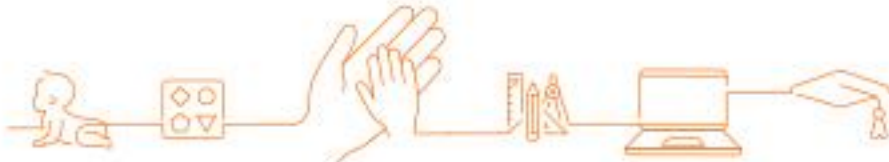
**We worked together to...**

- Set up a monthly Family Hub update newsletter that is shared via email.
- We are reaching out to schools to share information with them.

**You said:** You told us about areas that do not have a Family Hub and how you access the support on offer.

**We worked together to...**

- Identify the areas our Family Hub Navigators will visit to share information and hear from you.
- Recruit parent champions to reach into more communities.



# Further feedback

Following the wide-ranging parent and carer consultation in January 2024, we agreed we would undertake shorter snappier polls over the year. In July 2024, we asked Parent and Carer Panel members about the barriers to accessing services. Parent and Carer Panel members provided a range of feedback about what factors can prevent families from accessing services. We will be using the feedback to inform future delivery and have shared the findings with other service providers.

**The look, feel and layout of some of the centres –**  
having staff there to welcome families.



**Parent has disability –**  
travelling is difficult, and taxis are expensive.



**Mental health and wellbeing –** anxiety, low motivation or concern over travelling.



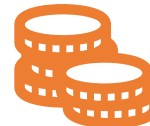
**Accessibility of public transport –** SEND, young children, language or cultural barriers.



**Locations –** knowing how to get to a Family Hub.



**Financial barriers –** prioritising the cost of transport over other costs.



**Territory barriers –** families with no Family Hub close to them, often prefer to stay within their area to access support.





# Next steps

Our learning, recommendations and conclusions

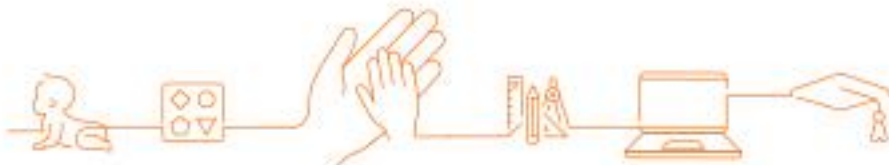
# Our learning

- Family Hubs funding is the most significant level of Government funding in regards to early intervention and support in over a decade. However, the funding is only currently guaranteed until March 2025. Whilst the additional funding is welcomed, it is recognised that the short-term nature of such programmes brings with it its own limitations in respect of timescales for delivery, ability to demonstrate impact and ability to source and resource delivery of services (Family Hubs, 2023).
- Family Hub development has highlighted the limited capacity in the system on a national scale. Whether that be the available workforce or limited capacity of agreed training providers. St Helens have aimed to alleviate some of these challenges by providing, as an example, apprenticeships/entry level roles and working with a training provider to plan training over the life of the programme. The above challenges need to be considered for any future local or national programmes. With Government taking a longer-term approach to planning; investing in the future workforce and increased focus on longer term outcomes and how these can be best achieved.
- The additional funding has however provided increased investment in services that support the best start in life. It is recognised that there continues to be significant levels of need in St Helens for some families who have experienced ACEs. Service planning will need to continue to review how we are responding to these needs, any gaps in provision and what are the most effective interventions to support these families in the long term.
- There are three designated Family Hubs in St Helens. We know for some families there can be difficulty accessing the Hub buildings. We have consulted parents and carers about what factors most impact them accessing services. We have shared this feedback with wider partners and will continue to review these barriers as we plan future service provision, with an aim of addressing barriers where possible (Family Hubs, 2023).
- Family Hub development has also provided further opportunity for partner agencies to work in a more joined up way for the benefit of children and families. This has included developing more streamlined referral routes, the importance of whole family working and agreeing shared values and priorities, as examples. Through this work, Family Hub partner agencies have developed an increased understanding of services available to children and families, as well as barriers to access, and this has been seen to be beneficial not only for children and families, but also wider service development.



# Our learning

- We have also spent further time focussing on not just what the service offer is for children and families, but also importantly how services are delivered. Family Hub partners and the wider services have received training and support with regards to effective, evidence-based approaches to engaging families. Considering what factors can prevent engagement and how the impact of these can be minimised.
- Communities of practice have been developed to support best practice and support staff and volunteers working with families. Enhancing practitioner skills, knowledge and opportunities for networking, as well as supporting innovation and retention of staff and volunteers. This low-cost innovation can easily be replicated to build on what has already been established.
- Parents and carers have been at the heart of service development for St Helens Family Hubs. Family Hubs have worked in line with a co-production ethos, hosting in-person and online Parent and Carer Panels, Parent and Carer Panel members being represented at operational and strategic groups and also completing more wide-ranging consultations, to ensure the voices of those seldom heard influence what services are delivered and how they are delivered (Family Hubs, 2023). These contributions will continue to shape Family Hub services, with a commitment to continue to consult using different methods of engagement throughout the year.
- The development of Family Hubs has been reliant on working with a wide range of partners, which includes parents and carers, third sector, community members, statutory services and none statutory services. All of these partners have been integral to the ability to make progress at pace, ensuring there is a wide range of services available that will meet the needs of St Helens families and that the offer is something families would want to engage in. What has underlined all of this work has been the quality of relationships, services' willingness to support each other, parents' and carers' willingness to give their time and expertise and also the willingness to learn from each other (and other areas), to provide where possible the best start in life.



# Recommendations

We need to continue to speak up for our children, lobby the government, work together to tackle the causes of poverty and narrow the gap between rich and poor. At the local level, we need to 'poverty proof' the lives of children and families.

We need to make sure we invest more in services to prevent children and families requiring crisis social care intervention, by investing more in services for the first 1001 days and school readiness, being data and outcome led.

We need to use evidence based interventions. We need to be able to offer parents and carers the support they need to be the best parents they can be. For some parents and carers, this may require therapeutic interventions, for others practical support and advice. We need to provide this support in an easily accessible way, using different strategies to engage based on the family's needs.

We need to focus on child development, the importance of health, child safety, play and giving children opportunities to learn. We need to focus on school readiness in the widest sense; everything from being toilet trained, to developing concentration, social skills and emotional regulation. We need to support parent and carers' understanding of child development and the important role they play in ensuring their children are school ready.

We need to take an asset based community development approach, so that we're listening to and involving local people, and thinking about the wider aspects of society in supporting children and families and the professionals working with them.

We need to deliver evidence based interventions in a way that is destigmatising. Marmot recommends the approach of progressive universalism, where everyone gets an offer of support and those who need more are offered it. However, not in a way that compounds feelings of low self-esteem by making people feel they have failed and are therefore not capable. Support does have to be honest and address needs and concerns but in a way that people feel listened to and have agency. Another aspect of this is 'poverty proofing', where we make things free if possible or if not, do things as discreetly as we can.

We need to learn from implementation theory and focus more on engaging families, building relationships, listening and understanding individual needs and addressing the stressors that may inhibit engagement. We also need to make sure that staff are properly supported by high quality reflective supervision. We need to be kind to each other. We need to make sure our offer is accessible and flexible, responding to children and families' needs. We need to put more services in the parts of the borough with the highest levels of deprivation and available to those families most in need.



# Conclusions

It has been known for a very long time that investing and prioritising the health and wellbeing of families and children is essential, particularly the first 1001 days and school readiness. This is because this is the key time in terms of brain development and affects how children are able to develop intellectually, physically and emotionally. Thus, we need to prioritise services which support the first 1001 days. We also know that children being ready to start school is another critical time period.

Babies don't come with an instruction manual. Inequalities and stressors in parents' circumstances can impact on the environment in which a baby grows and develops. Thus, we need to make sure parents are supported and that family stressors are tackled, so parents are able to focus on their children's development. We need wider community mobilisation to enhance a happy loving community as well as a safe and happy home environment for their children to grow up in. We need to promote play and child development and enable parents, carers and professionals to focus on this.

Best start means that a broad range of support is needed, commencing from pregnancy planning and conception – this means everything from sexual health services, maternity departments and antenatal classes. We need to promote breastfeeding, good childhood nutrition, positive attachments and foster child development and learning. We need to engage parents and communities in the design and quality assurance of services and deliver services in a way that is destigmatising, using approaches such as progressive universalism. We also need to do all we can to promote self-esteem and provide the opportunities and resources families need to thrive.

We are already doing a great deal of work in St Helens to make the lives of children better as this is our priority of priorities. The additional investment we have received has been put to good use and is already helping to benefit the lives of many families and their children. We are already seeing some improvements in some outcomes for children. However, we want to do more. Our aim is for our children to have the opportunity, resources and self-esteem to reach their potential and live happy, healthy and fulfilling lives.



# Service information

## **0-19+ Service**

For health visiting, school nursing  
and the Enhancing Families  
Programme

**Tel: 01744 411277**

[Health visiting webpage](#)

[School nursing webpage](#)

[Enhancing Families  
Programme webpage](#)

## **Home-Start St Helens**

**Tel: 01744 737400**

[Home-Start website](#)

## **Parents in Mind**

**Tel: 07562207644**

[Parents in Mind website](#)

## **Building Attachments and Bonds Service (BABS)**

**Tel: 0151 351 8801**

[BABS Website](#)

## **Funded Early Education Entitlement (FEEE)**

**Tel: 01744 676542**

[FEEE website](#)

## **St Helens Wellbeing Infant Feeding Team**

**Mob: 07919305174**

[St Helens Wellbeing website](#)

## **St Helens Family Hubs**

**Tel: 01744 673445/671788**

[Family Hubs website](#)

## **Parenting Support**

**Tel: 07761045427**

[Parenting Support  
website](#)



# Other useful links and resources

## Lullaby Trust

For safe sleeping advice

[Lullaby Trust website](#)

## Look, Say, Sing, Play

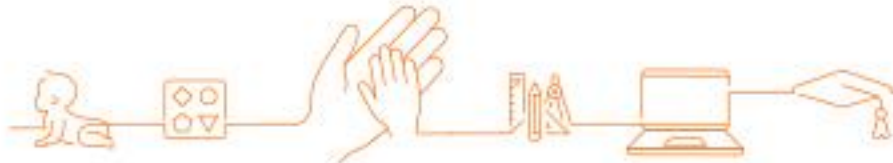
NSPCC initiative providing tips, hints and fun ideas to help your child's brain develop and strengthen your bond with them

[Look, Say, Sing, Play website](#)

## Tiny Happy People

BBC initiative to help develop your child's language and communication skills, with fun and free activities, tips and advice and information about child development and milestones

[Tiny Happy People website](#)



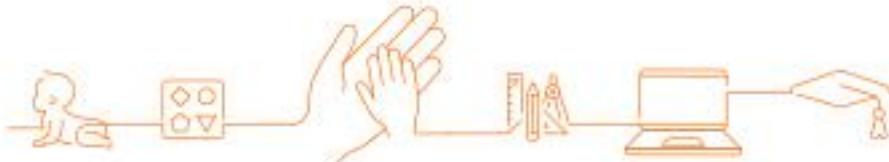
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# Update from last year's report

Recommendations update

# Complex Cares - Public Health Annual Report 2022-23 recommendations update

Recommendation	Update
<p>Carry out an independent evaluation of our Complex Cares programme to assess its impact on individuals, on services and its economic impacts.</p>	<p>Liverpool John Moores University have been commissioned to carry out this evaluation, which includes a logic model describing impacts and outcomes, service user views and impact, impact on the wider system and an economic assessment.</p>
<p>Evaluate the new programmes of work including Building Attachments and Bonds (BABS) programme and the self-harm prevention pathway.</p>	<p>Building Attachment and Bonds Service (BABS) was launched in December 2023. A multi-agency steering group has been developed which has supported the roll out of the programme, with significant demand/need being identified. BABS will be part of the planned independent evaluation of the St Helens Family Hub offer in late 2024.</p>
<p>Evaluate the impact of training for frontline practitioners on trauma-informed practice, reducing stigma and responding to neurodiversity.</p>	<p>Whilst many services have received trauma-informed training and operate trauma-informed practice, we are still seeing evidence of non-trauma-informed practice with health and social care services.</p>
<p>Investing in 'best start in life' through Family Hubs.</p>	<p>St Helens is one of 75 local authorities who have received tier 2 Family Hub funding. Three Family Hubs have been launched, with a comprehensive offer to children and families, with a focus on best start for life.</p>



# Complex Cares - Public Health Annual Report 2022-23 recommendations update

Recommendation	Update
<p>Rapid support for those at risk of homelessness and rough sleeping e.g. prison leavers, hospital discharges</p>	<p>The Council provides a Housing Options team who deliver the council's statutory homeless service. The service has worked to improve its linkages with key organisations such as the prisons and hospitals to ensure they understand their duty to refer known cases of homelessness to Housing Options, to allow the service to prevent and reduce homelessness. The team have worked to improve its role around prevention including filling the post of Rough Sleeping Prevention Officer. Work is ongoing around hospital discharge to avoid people having to rough sleep when medically fit for discharge, to try to assist the hospital's demands. The team have worked to prioritise prison releases for rough sleeping emergency beds where capacity exists.</p>
<p>Improving how we identify and respond to families experiencing mental ill health, drugs and alcohol problems, domestic abuse, to reduce the impact of childhood trauma and adverse childhood experiences.</p>	<p>We are one of the few councils to include a member of the drugs and alcohol service in the Multi Agency Safeguarding Hub. Our drugs and alcohol service also provide a specialist to support families in St Helens affected by alcohol dependency called Building Bridges. We also now have the Building Attachments and Bonds Service (BABS).</p>
<p>Commit to share and publish our learning, both what has worked well and what hasn't and why.</p>	<p>Our Building Bridges Service has received national recognition, and it has also been formally evaluated, we are also in the process of evaluating our Complex Cares approach.</p>



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