

REIMAGINING SURE START UPDATE:

SCALING BEST START TO BEST START *EVER*

Making Best Start the *best start ever* through family, child, school and health involvement

This update highlights:

- The good progress made in establishing the new Best Start family hubs since the Child of the North 'Sure Start 2.0' report in 2024 called for **improved connections between health and education** and a reimagined Sure Start scheme [1].
- New evidence showing that early intervention is effective and can reduce behavioural problems [2], making the case for using Best Start hubs to deliver **early, preventive mental health support**, particularly in socioeconomically disadvantaged populations.
- New evidence showing that **education settings can be used to support children with poor physical health** (including asthma and Type One diabetes).
- Evidence of the effectiveness of partnership working [3-5], creating new alliances and involving children and families in new models of whole system support [6].
- The **need to accelerate connections between health and education**.

Evidence that early intervention works

A new study shows effective early intervention can be implemented with families to prevent long term issues.

A **brief, relationship-based early intervention** can have sustained impact on children's mental health. The Healthy Start, Happy Start trial (UK, n = 300 families) tested a video-feedback parenting programme (VIPP-SD) delivered in just six home visits to toddlers showing early behavioural challenges.

Follow-up at six years finds that children in the intervention group continued to exhibit **lower levels of behavioural problems**. This is among the first evidence that a low-intensity, scalable intervention in infancy can deliver durable mental health benefits into middle childhood.

These results **reinforce the case for investment in early, preventive mental health support**, particularly in socioeconomically disadvantaged populations. Programmes like VIPP-SD with wider support can reduce children's likelihood of more serious health disorders, school exclusion, and lifelong disadvantage [1].

Sure Start return but integration with health urgently needed

The evidence is clear - Sure Start improved children's lives and the UK is suffering because it wasn't supported. Thus, the government's decision in July 2025 to fund Best Start family hubs in every local authority in England with funded interventions in many of them is a **cause for celebration**. The July announcement allocates **£500 million to create Best Start Services** including Best Start Hubs to be accessed by half a million children. All offer various universal parent and child support services. This development builds on the initial 75 family hubs and the eventual 400 that were opened in 2024 by the Conservative government. However, there is still a long way to go given there were **3,632 Sure Start Children's Centres in England in August 2009**.

The evidence shows that government funding is leading to the wider funding of similar services by local authorities. For example, Video Interaction Guidance is an intervention recommended by NICE for supporting children and families, particularly those at risk of maltreatment or neglect, or neurodiversity.

Video Interaction Guidance (VIG) is a broadly available, non-stigmatising effective intervention which builds positive attuned relationships through filming parent child interactions and providing feedback sessions [7]. To date, around **500 practitioners from 75 Local Authorities have been given initial training in Video Interaction Guidance** and offered supervision to complete their full training. About two-fifths of these were funded by the local authority. **2000 families have already received VIG through Best Start Family Hubs**. In addition, the **1001 Critical Days Foundation launched its first grant scheme in Sept 2025 offering £1 Million of funding**.

These grants were awarded to six charities for multi-year projects supporting families (including Thrive at Five, Home-Start UK and The For Baby's Sake Trust). **These expanded services are anticipated to reach up to 1.800 families**. The increased financial support for interventions within many Best Start hubs must be celebrated. The evidence suggests that this government funding is leading to more targeted local authority funding for early life prevention work.

Family Hubs are jointly overseen by education (DfE) and Health (DHSC) but disconnect exists (e.g., Under Twos funding extension not yet announced), creating uncertainty and risking the loss of highly skilled staff.

The foundations are being laid but the connections between health and education needs to be accelerated within Best Start Hubs and all education settings.

Scale up new alliances

The evidence is clear - since our original report, schools and charities across the UK have been developing innovative ways of connecting health, education and other services that go well beyond the current Best Start family hubs.

These initiatives offer **integrated health, education and community services**, tailored to the needs of local families. The models vary but consistently have demonstrated real impact and potential for being scaled nationally. With government support and relatively modest investment they could transform outcomes for children across the country.

A powerful example is the **Newcastle West End Children's Community (WECC)**, a coalition of schools, charities, city-wide organisations and community groups working together to address service gaps and influence policy. WECC combines community listening, leadership development, needs analysis, and practical projects for children and families.

In 2024, over 1,000 children took part in a Theatre Royal programme, more than 400 benefited from a STEM festival, and new partnerships with the Centre for Life improved access to science education.

The approach has been recognised by Ofsted, with one school described as **"the beating heart of this vibrant and diverse community"** where aspirations are raised through world-class opportunities.

Teachers in WECC have highlighted how collaboration across organisations creates better outcomes for children than any one school could achieve alone.

Similar approaches exist in **Bradford's St Edmund's Nursery**, the **Wallsend Children's Community**, **Arbourthorne Primary in Sheffield**, and the **Reach Academy in Feltham**.

These are living demonstrations of how education settings can anchor wider services for families, blending health, education and community development.

The case is clear: Best Start must evolve into a truly integrated model, linked into the education system within communities, that meets children's health, wellbeing and educational needs together. **Government must encourage, celebrate and invest in these proven approaches to deliver fairer, healthier futures for all children.**

Children can lead the change

Evidence from the North of England shows the vital role that children and young people can play in shaping change when their voices are placed at the centre of service provision.

In the summer of 2025, led by Tyne and Wear Citizens and Citizens UK, young people in the North East of England demonstrated this leadership through a **Youth Assembly in Sunderland**, organised with a university and **31 young people from eight schools who chaired the event**.

They met with the **Rt Hon Secretary of State for Education, Bridget Phillipson MP**, to present four carefully developed "asks", created by listening to their peers and drawing on community organising approaches. These included co-designing a new Sure Start model, advancing racial equity in education, celebrating youth leadership on mental health policy, and securing an ongoing relationship with the Secretary of State.

The impact was significant. Young people not only influenced national debate but also reported feeling **proud, hopeful and empowered** - experiencing firsthand the importance of collective action. Ms Phillipson praised their efforts, recognising the national relevance of the issues raised. At the same time, younger pupils in Newcastle demonstrated similar leadership at a local level, engaging councillors directly on school traffic safety and access to parks.

These examples highlight **the transformative power of co-producing solutions with children, families and communities**.

Community organising provides a proven model, enabling young people to articulate their needs and work constructively with decision-makers.

The research shows that when children engage in this way, they develop **vital skills in leadership, negotiation, accountability and civic participation** while also helping institutions design services that are more effective and equitable.

To improve outcomes for all children, health and education must embed these approaches at scale. Putting children's voices at the heart of decision-making is not optional but a proven route to better policy, stronger communities, and fairer futures.

"... being part of the West End Children's Community has been really, really helpful because it helps to bring organizations together and groups together... we can collaborate and you know that actually creates a better situation for us as individual organizations, but also for the children and young people of the area".

- Teacher in West End Children's Community

Partnership is working

Partnership working in communities is vitally important to co-produce solutions to the impact of poor health and other inequalities. It is essential not to leave partnership to chance and there are actions that must be taken to make it more likely to happen and be effective.

These actions include: being able to demonstrate knowledge and understanding of the context in which partners are working and having the ability to build personal connections which made it possible to act as a critical friend; putting voices of pupils at the centre when identifying what needs to change; staff trusting each other and having a mutual respect for each other's expertise; and – more generally – dismantling hierarchies to lead towards an equalisation of power relationships.

Other qualities needed in such partnerships are: trust building, being listened to, transparency in decision-making, and creating a collaborative space.

Supporting unwell children in school

The **INSCHOOL project** has made significant progress in addressing the **unmet needs of pupils with long-term health conditions** since the 2024 report [1]. The project has developed a pioneering school needs assessment tool drawing on extensive qualitative research with pupils and parents. This tool uses **70 pupil-derived statements that capture experiences across six fundamental needs**: safe health management at school, flexible education pathways, being acknowledged and listened to, inclusion and support from the school community, building for the future, and emotional and mental health support.

The assessment is generating the **first holistic national dataset** on this cohort, offering an evidence base for practice, policy and research. Once refined, it will serve as both a screening tool for schools and healthcare providers and as a robust evaluation measure for research.

INSCHOOL aims to transform individual healthcare planning in secondary schools by placing young people and families at the centre. This novel approach demonstrates how connecting health and education services can deliver more targeted, responsive, and equitable support. The framework is already having practical impact, shaping training for school staff in managing type-1 diabetes (see 'Improving Health in Education').

Improving health in education

New evidence demonstrates the potential of closer collaboration between schools and health services to improve children's health and reduce inequalities.

Children are being supported to thrive in education without unnecessary disruption by equipping teachers and school staff with the skills to manage health conditions effectively.

The **DigiBete School Training Platform** shows how digital training can empower staff: more than **82,000 users accessed the platform in its first 12 months**, with nearly 26,000 completing accredited assessments. Over 90% of participants reported increased confidence in supporting pupils with Type One diabetes, and the majority said they would recommend the training to colleagues

In Bradford, the **Asthma in Schools Health Hub** approach provides another powerful model. Asthma is the most common childhood long-term condition and a major cause of preventable hospital admissions [8]. The pilot integrates school-based asthma policies, training, family support, rapid post-crisis reviews, and school-linked asthma clinics. Evidence shows this reduces absenteeism, cuts emergency attendances, and improves health outcomes.

Together, these initiatives illustrate how embedding health expertise within education settings can reduce NHS demand, narrow health inequalities, and give all children a stronger foundation for learning and life.

Conclusion

The 2024 CotN Report showed the need for a new Sure Start model to be implemented.

The UK Government's **Best Start hubs are an important move in the right direction** and offer immense potential to give children the best possible start in life.

Best Start hubs are necessary but not sufficient – all **educational settings must become hubs where children's needs are met in an holistic manner**. The evidence shows that health and education can and should work closely together,

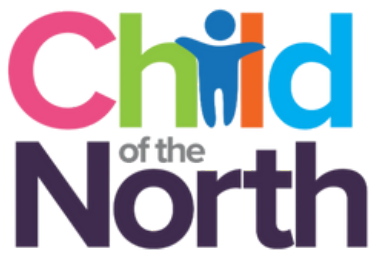
Education and health partnerships will ensure a healthy future for the UK.

"Thank you for an amazing journey. It has been incredible, and the support and guidance has helped me every step of the way to being the confident practitioner I am today! I am already making such a difference to families lives and this is why we do what we do!"

- Newly Accredited Best Start Family Hubs VIG Practitioner

References

- [1] Todd, L., Pini, S., Mathai, M., Wood, M. et al. (2024). A country that works for all children and young people: An evidence-based plan for building the foundations of a new "Sure Start" in and around education settings, doi: <https://doi.org/10.48785/100/263>
- [2] Ramchandani P, Elkes J, Cornelius V, et al. Long-term follow-up of a randomised controlled trial of a brief home-based parenting intervention to reduce behavioural problems in young children. *J Child Psychol Psychiatry*. Published online September 17, 2025. doi:10.1111/jcpp.70037
- [3] Laing K, Thomas U, Tiplady L, Todd L. Partnerships to tackle the effects of socio-economic inequality on children's experiences of school. *European Educational Research Journal* 2025, (ePub ahead of Print).
- [4] Tiplady L, Todd L, Bramhall L, Butler S, Dalziel G, Gathercole C. Analysis of a university-NGO research partnership with and for children and young people in Covid-19. *The European Educational Research Journal* 2025, epub ahead of print.
- [5] Todd L, Rose J. (2025) Multi-agency working and children and young people with disabilities. In: Haines S, Ruebain D, ed. *Education, Disability and Social Policy*. Bristol University Press, 2025, pp.51-73.
- [6] Todd, L. (2025) Students ask big questions at Youth Assembly with Briget Phillipson. Citizens UK. <https://www.citizensuk.org/chapters/tyne-and-wear/tyne-wear-news/local-students-ask-big-questions-at-youth-assembly-with-bridget-phillipson/>
- [7] Kennedy, H., Landor, M., and Todd, L. (eds) (2012) *Video Interaction Guidance: a relationship-based intervention to promote attunement, empathy and well-being*. London: Jessica Kingsley Publishers.
- [8] Harris K, Kneale D, Lasserson TJ, McDonald VM, Grigg J, Thomas J. School-based self-management interventions for asthma in children and adolescents: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2019, Issue 1. Art. No.: CD011651. DOI: 10.1002/14651858.CD011651.pub2.



This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

A note about language

Please note that this report often uses “schools” as shorthand for “schools, nurseries, and other educational settings such as pupil referral units and special schools.” One central message of this report is the need for a “whole system” approach that includes all relevant stakeholders, and this includes all parts of the education system.

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. [@ChildoftheNort1](#) [@childofthenorth.bsky.social](#)

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk [@N8research](#) [@n8research.bsky.social](#)

About the Centre for Young Lives

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children’s Commissioner, Baroness Anne Longfield CBE, who has been at the forefront of children’s issues for decades, the Centre’s agile team is highly skilled, experienced, and regarded. It is widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people’s futures placed at the heart of policy making, a high priority for government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk [@CfYounglives](#)

Editorial Team

Todd, Liz – Newcastle University

Pini, Simon – University of Leeds

Mathai, Matthew – Bradford Teaching Hospital

Cite as: Todd, L., Pini, S. & Mathai, M. (2025). Reimagining Sure Start Update: Scaling Best Start to Best Start Ever. N8 Child of the North Research Partnership

Acknowledgements

This report is dedicated specifically to all the children in the North of England who have not had the life chances that they deserve and, in general, to every child who faces disadvantage within the UK and throughout the world. We are grateful to politicians from all parties who fight for justice and work diligently to create a better world for children. This report is based on numerous scientific studies funded generously by taxpayers and charity donations (via research grants) and we thank our many funders. The research involved tens of thousands of willing citizens (many facing significant problems in their lives). These individuals gave up their time to engage with researchers, co-produce research, and gift their time, information, and insights because they wanted (and want) to give the next generation the best chance of living healthy, happy lives. This report would not exist without the kindness of these participants, and we cannot thank them enough for their ongoing support.



Scan here
to learn how
you can help!

Building a country that works for all children and young people

A major new campaign setting out practical, evidence-informed ways in which everyone can work together to break the link between a child's background and their life chances

Actions that can break down barriers to opportunity



