



# Barking & Dagenham

Achieving a Good level of Development:  
Foundations for Transformation 2026-2028

## Best Start in Life Strategic Plan



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# Foundations for Transformation



## Foreword

# Welcome to our Best Start In Life Strategic Plan, Foundation for Transformation

**I am proud to introduce the Best Start in Life Strategic Plan: Foundations for Transformation 202c–2028. This plan reflects our collective commitment across Barking and Dagenham to ensure that every child – regardless of background – arrives at school healthy, happy, curious, confident, and ready to learn.**

**The early years shape every stage of a child's future.** They influence health and wellbeing, lifelong learning, emotional development, and future opportunity. The journey to achieving a Good Level of Development for every child requires more than the efforts of any single service. It demands deep partnership across education, health, social care, community organisations, and families themselves.

I want to acknowledge the dedication of our workforce and partners who have helped co-produce this plan—bringing insight, data, lived experience, and unwavering determination to secure the best possible outcomes for children.

**The ambitions captured here are bold, but they are necessary. They show what is possible when a borough is committed to working differently: joining up services, listening to families, investing in early years transformation, and holding ourselves accountable for the outcomes we seek.**

**Elaine Allegretti**  
**Strategic Director**  
**for Children & Adults**  
*London Borough*  
*of Barking & Dagenham*



# Acknowledgements

This strategic plan represents the collaborative efforts of the following agencies



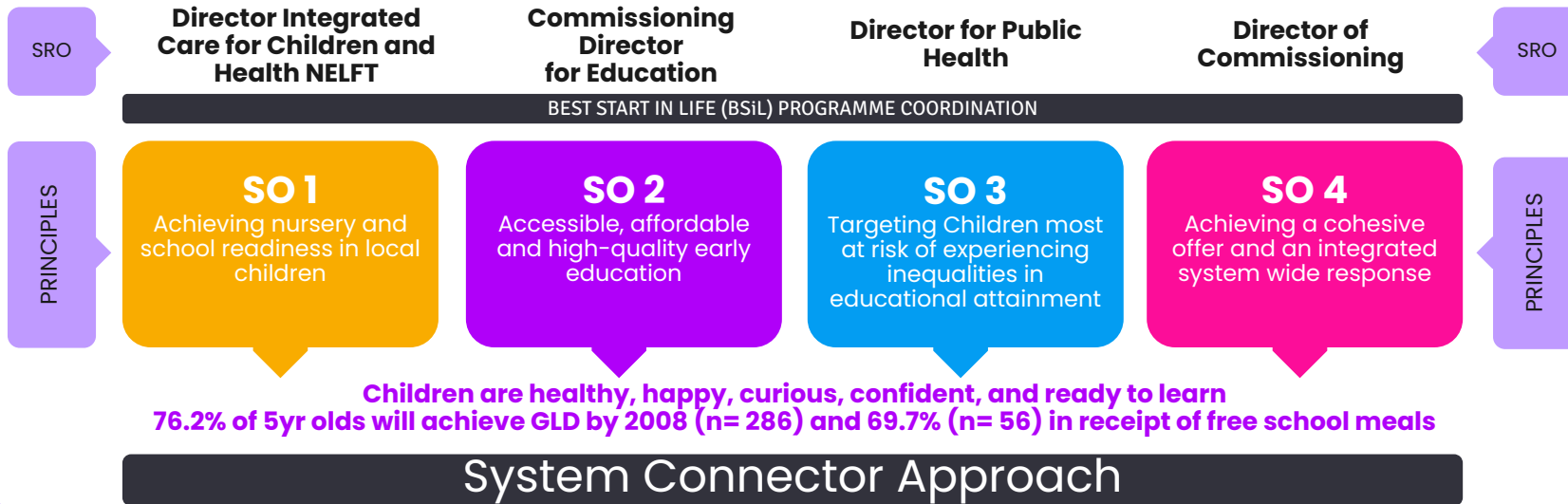
# The LBBD Best Start in Life Strategic Plan 2026-2028

## Vision

Every child - regardless of background - arrives at school healthy, happy, curious, confident, and ready to learn

## Mission

To give every child the best start in life by embracing a system connector approach



# Introduction



**In this section we set out the foundations of our plan to establish:**

- **Our context** - the challenges and opportunities shaping early years outcomes
- **Our approach** - how we will work together as a system
- **Our rationale** - why this work matters and where we will focus
- **Our principles** - how we will design and deliver change
- **Critical success factors** - what needs to be in place to succeed
- **Monitoring and reporting** – how we will track progress and impact

## Our Context



### Being ready for school is a strong predictor of long-term life chances.

It signals not only readiness for learning but readiness for broader social, emotional, and physical development. Every child and young person, regardless of the circumstances they are born into, should have the opportunity to maximise their potential and thrive.

### Sadly, not all families have the

### support they need to ensure children are physically healthy, emotionally secure, and prepared to learn.

Inequities in child health and development emerge early—during pregnancy, at birth, and throughout the early years. These disparities are shaped by social, economic, and environmental factors, and they can accumulate over time. When early needs go unidentified or unmet, the consequences can extend across the life course, influencing educational attainment, employment prospects, and long-term health and wellbeing.

### Recognising these challenges is critical.

Addressing them requires coordinated, timely, and evidence-informed action so that every child has the foundations needed to achieve a Good Level of Development and flourish throughout childhood and beyond. Achieving a Good Level of Development for all children in Barking and Dagenham requires a whole system approach which recognises health as a foundation for learning and well-being.

### In the context of this plan, health is understood as the product of the social, economic and environmental conditions that shape a child's daily life and long-term development.

These wider social determinants—including education, housing, family finances, community safety, access to green space, and the quality of early relationships—have a profound influence on children's readiness to learn and thrive.

Our plan is therefore grounded in Health in all Policies, a system connector approach that ensures decisions across housing, health, planning, transport, employment, education and children's services actively support early years development.

Persistent inequalities in income, housing quality, parental health and access to services shape children's life chances from before birth influencing speech and language, emotional well-being, physical health and readiness for school. By addressing these social determinants and targeting support where disadvantage is greatest, this plan aims to reduce inequities in early outcomes, strengthen family resilience and create the conditions in which every child in LBBDD can achieve a **Good Level of Development** by the end of reception year.

This plan has been developed against a backdrop of existing service delivery and aspires to 'go further' to achieve ambitious Good Level of Development at the end of reception year. Targets were set out by government in reforms published in 2025. For LBBDD this will mean **76.2% (n=286) of children are required to achieve a GLD by 2008; 66.7% (n=56) for those in receipt of free school meals.**

## Our Context cont.

Barking and Dagenham was one of the 75 local authorities across the country to receive funding from the Department for Education for a Start for Life and Family Hub programme in 2022. Since this time, the programme has developed at pace supporting parents and carers to care for and interact with their children from conception to age 4, bringing about system transformation to fundamentally redesign, improve and join up how local health and children's services are delivered for babies, children, and their families. This programme delivers services in the following areas: Home Learning Environment, Patient Infant Relationships, Infant Feeding and Perinatal Mental Health – forming part of a local standard DfE funded offer for families.

The Family Hubs are a collaborative and holistic early intervention approach involving multiple departments across the council

## The 6 funded key work streams

Infant Feeding

Perinatal Mental Health C Parent – Infant relationships

Home Learning Environment C Early Language

Parenting support

Website

The Healthy Child Programme is delivered through an integrated 0-19 contract between North East London NHS Foundation Trust (NELFT) and Barnardo's. The service was recommissioned in January 2025, with "Ready to learn at 2, ready for school by 5" identified as a priority area.

Our **0-5 offer** is being **co-produced** with the VCFSE sector and with families who use these services. This includes exploring innovative and non-clinical models of support and working with Barnardo's to introduce new perspectives on how we can improve and work differently. A key focus is developing **accessible, high-quality support and practical advice** for parents, strengthening peer-to-peer support, and helping families advocate for their child's developmental needs.

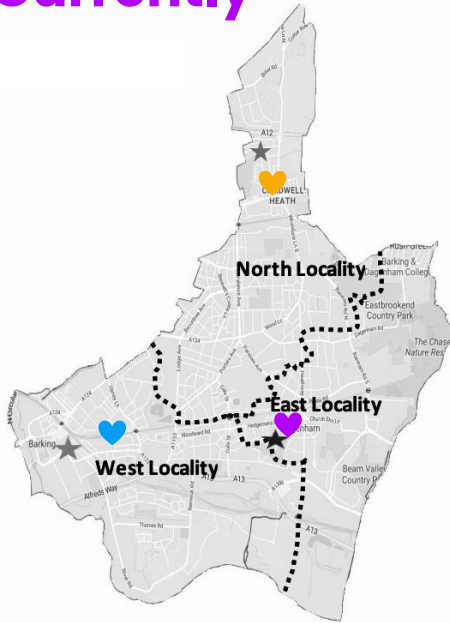
Early years education services are delivered by the local authority, offering learning, care and support to children from birth to age five. **Nurseries and childcare providers are key partners** in this work.

We continue to promote uptake of **early years provision**, recognising that high-quality early education provides an environment that supports cognitive growth, communication, and the development of social skills.



## Family Hub Locations

### Currently



**Marks Gate Community and Family Hub**



**Barking Learning Centre and Family Hub**

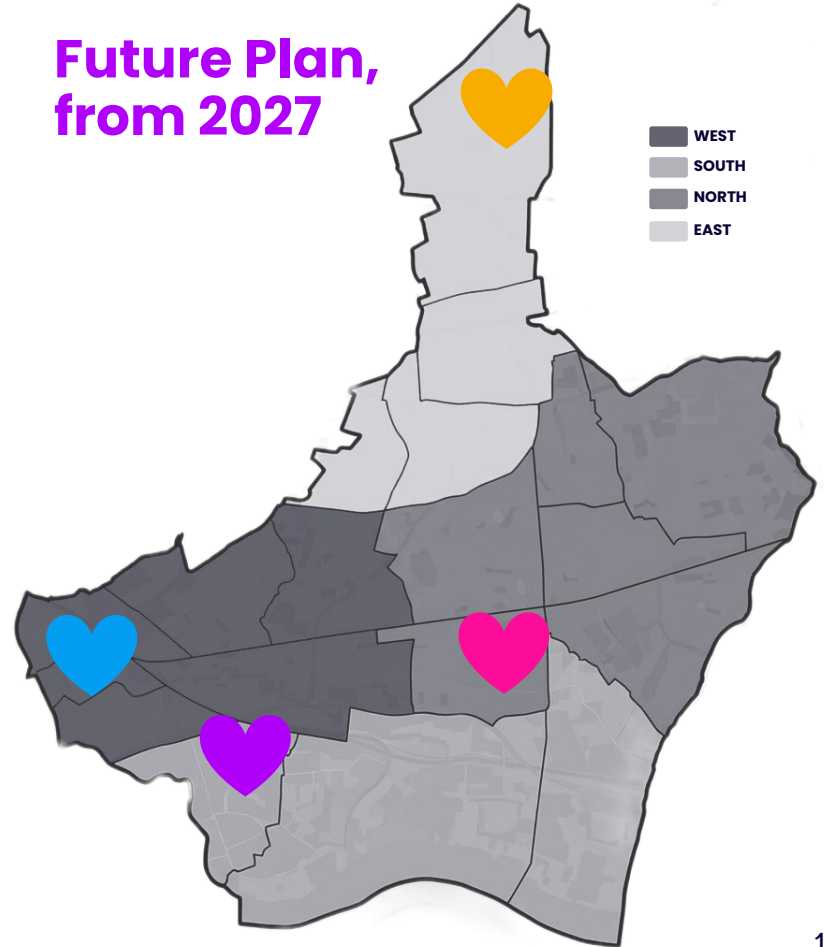


**Dagenham Learning Centre and Family Hub**



**\*NEW\* Thames Community and Family Hub**

## Future Plan, from 2027



## Our Vision & Mission

### **Vision:**

**'Every child will arrive at school healthy, happy, curious, confident and ready to learn.'**



### **Mission:**

**We will create the conditions where children, regardless of background, achieve a Good Level of Development by the end of reception year with particular focus on speech, language & communication, physical development and emotional well-being. Children will thrive in safe, stable and loving homes, attend high quality early education and benefit from timely support when they need it. Families will be respected as partners, the workforce will be skilled and valued, and communities will be places where children play, connect and flourish.**

## Our Rationale

**This Best Start in Life (BSiL) strategic plan sets out our vision and strategic objectives for the early years within the context of, and informed by, our local Best Chance Strategy, our corporate plan and the DfE Giving every child the Best Start in Life Strategy published in 2025. The following represents a summary of national drivers/underpinnings of our plan.**

### National Policy and Plans

- National reforms set out in the Department for Education's **Giving Every Child the Best Start in Life Strategy, 2025** outline the government's commitment to ensuring that 75% of children are school ready by 2028, positioning GLD as a core measure of early childhood development and

school readiness. The wider national rationale emphasises that improving early development is linked to long-term outcomes including educational attainment, income, and better health.

- The **Marmot Review** found that early years' development is strongly associated with future life chances, with persistent socioeconomic inequalities shaping children's readiness for school. Strengthening GLD is therefore regarded as crucial not only for educational outcomes but as a key lever for improving population health and reducing inequalities across the life course.
- The **Families First Partnership (FFP)** programme, introduced in 2025/26, strengthens the wider system by enhancing early help and improving coordination across children's services. While not a direct driver of GLD reform, it supports our aims by enabling earlier intervention and creating more stable family environments that contribute to improved early development.

From 2026, the expansion of **Free School Meals (FSM)** eligibility to all children in households receiving Universal Credit is expected to reduce

financial pressure on families and enhance children's health and early learning. Evidence shows universal FSM can improve nutrition and early educational progress. These gains help create conditions that support, rather than shape, local GLD improvement work

The introduction of **new SEND reform plans from 2026** will further strengthen system readiness by improving early identification, streamlining assessment pathways and ensuring more consistent support for children with emerging or additional needs. By widening access to timely SEND support, these reforms complement our GLD ambitions by reducing delays in intervention and helping to narrow early developmental gaps.

In line with the **NHS 10 Year Plan**, we are piloting the approach for a neighbourhood health service in relation to adults with chronic conditions, through our participation in the first wave of the National Neighbourhood Health Implementation Programme. More broadly, Strategic Neighborhood Boards for each of the four neighborhood's will enable sharing of data, assets, and in the longer-term budgets. We acknowledge the opportunity to align our Family hubs with our neighborhoods sites

## Our Rationale cont.

### Place based drivers

**Children's health in Barking and Dagenham** is shaped by a complex mix of social, economic and environmental factors that begin to influence outcomes from pregnancy and continue throughout the early years.

Persistent inequities in income, housing quality, parental health and access to timely services contribute to early gaps in physical, emotional and cognitive development, which in turn affects a child's readiness to learn and thrive at school.

**Achieving a Good Level of Development (GLD)** by the end of reception is therefore not only an education milestone but a critical population health indicator. As set out in the current plan, early developmental inequalities can accumulate across the life course, influencing long-term health, wellbeing and life chances, making GLD a key foundation for improving healthy life expectancy in the borough.

By addressing the social determinants of health, strengthening early years pathways, and targeting support to families experiencing the greatest disadvantage, Barking and Dagenham can reduce early gaps in development and drive improvements in both GLD attainment and future health outcomes.

**The LBB corporate plan – It Starts Here: Partnerships for Change** singles out nine of the biggest issues our population faces and highlights key outcome measures we will monitor to evaluate the impact of collective action. Achieving a good level of development is named as the first mission.

- Babies Children and Young People (BCYP)** The strategic vision in Barking and Dagenham is articulated through the **Best Chance Strategy 2026-2029** and overseen by the Best Chance strategic partnership. The strategy is currently being refreshed and has six priorities which includes '**Best Start in Life**'. Each priority is underpinned by an action plan. The current plan provides the plan for the '**Best Start in Life**' priority. **The Best Start Family Hubs** costed delivery plan for 26/27 supports the delivery of priorities within this plan and is referenced throughout this document.

- Marmot Place GLD** This plan also aligns with our **LBBs Marmot Place Priority** which contributes to **Healthy Life Expectancy** agreed by Committees in Common in 2025.



## Our Approach

### LBB Best Chance Delivery Group.

It is no longer a statutory requirement for local areas to have a children’s partnership board (Children’s Act 2004) however in LBB we have an established non statutory Children’s Partnership group/s, namely, the Best Chance Delivery Group and Executive. The development process for this plan has been led by the Best Chance Delivery Group.

### Development Process

Plan development took place between September 2025 and March 2026 and was led by Consultant in Public Health BCYP Transformation on behalf of the Best Chance Delivery Group partnership chaired by the Strategic Director for Children & Adults.

We have sought to build in on existing assets and strengths, set clear priorities with a credible plan to deliver, and maximise resources to achieve our Good Level of Development (GLD) target while tackling inequalities.

We have considered the following four questions:

**What  
child outcomes do we  
need to improve?**

**Who  
do we need to prioritise?**

**Where  
do we need to focus our  
service delivery?**

**How  
can we enhance our  
current service offer,  
and what are the  
opportunities  
and challenges**

A process of need identification, narrative exploration and priority synthesis was adopted.

Need was understood through a rapid early years needs assessment (**WHAT; WHO**). We have conducted two workshops with Early Years System stakeholders to understand where we should focus our service delivery, establish shared language and explore opportunities for change to enhance our service offer (**WHERE; HOW**).

### Priorities Delivery

System partners identified and agreed four strategic objectives based on the available evidence. These objectives form the foundation of our plan for achieving a Good Level of Development across Barking and Dagenham. Strategic objectives are as follows:

#### SO 1

Achieving nursery and school readiness in local children

#### SO 2

Accessible, affordable and high-quality early education

#### SO 3

Targeting Children most at risk of experiencing inequalities in educational attainment

#### SO 4

Achieving a cohesive offer and an integrated system wide response

**Within this plan, we set out how these objectives will be delivered through transformative actions and targeted change opportunities.**

We have taken the findings from the recent Interface Report from the LGA [6] – which refers to the following considerations when prioritising local and national policy development to improve outcomes for families.

**Focus on the 0–5 system, to ensure foundational support is received at the earliest time, to achieve GLD outcomes.**

## Build

**workforce capacity and capability to support the growing levels and complexity of children with SEND, particularly in relation to neurodiversity.**

## Explore

**opportunities for an additional integrated Health Child Programme (HCP) contact beyond 2–2 ½ year review, to provide support needed prior to starting school.**

## Commit

**to sustained, long-term investment, enabling continuity and the embedding of practice needed to consistently improve GLD outcomes**

## Value

**and elevate the early years profession to secure quality of provision and workforce retention**

Ref:[6] [https://www.local.gov.uk/sites/default/files/documents/15\\_162%20-%20Achieving%20the%20Best%20Start%20in%20Life%20Research%20Project\\_04%20FINAL.pdf](https://www.local.gov.uk/sites/default/files/documents/15_162%20-%20Achieving%20the%20Best%20Start%20in%20Life%20Research%20Project_04%20FINAL.pdf)



## Our Approach cont.

### Leadership and partnership working

Our approach is strengthened by **collective partnership commitment**, reflected throughout the document and demonstrated explicitly through the **'We Statements'** located in the appendix.

### Community Voice

A pragmatic approach has been taken to include community voice through a desktop review. An evaluation of the Family Hubs service and a Participatory Needs Assessment of Early years services (understanding the needs of parents, carers and early years providers) will be completed by June 2026. Findings will inform this plan as they emerge.

### Quality Assurance and Improvement

Our plan has been critically reviewed by Nesta as part of their support to Local Authorities on Best

Start in Life Plans. LBBB is also a member of the BSIL community of practice for London chaired by Regional Adviser for London Family Hubs. This is an iterative plan which will lay out the foundations for us to achieve local and national ambitions.

### Governance

The delivery and monitoring of this plan will be carried out by the Best Chance Delivery Group, with Executive oversight provided by Best Chance Executive. Each one of our strategic priorities is led by a Senior Responsible Officer. Document sign off will be achieved through the following route:

- Best Chance Partnership Delivery Group
- Lead Members: Educational Attainment & School Improvement, Social Care & Disabilities, Adult Social Care (Cllrs Kangethe, Jones & Worby)
- Committees in Common
- LBBB Executive Team

nesta

BEST  
START  
IN LIFE



## Health in All Policies

### A System Connector Approach for the Early Years

**Health in All Policies (HiAP)** provides the organising framework that connects multiple systems influencing babies', children's and families' outcomes. In the early years – when development is most sensitive to environmental, economic and social conditions – HiAP ensures that **every** part of the local system contributes to creating the conditions for children to achieve a Good Level of Development.

**Our plan defines health not as the absence of disease but as the product of the social, economic and environmental conditions shaping a child's daily life and long-term development.**



**This becomes the foundation that unites education, housing, health, planning, employment, transport and children's services around a single, system-wide definition of what drives early childhood development.**

### Why this matters,

Early years outcomes – speech, language, emotional wellbeing, physical development, attachment – are shaped by wider determinants. HiAP ensures these factors are owned across the whole system.

#### References

- 1- <https://www.nature.com/articles/s44220-025-00508-1>
- 2- 12.Coley RL, Lynch AD, Kull M. Early exposure to environmental chaos and children's physical and mental health. *Early Child Res Q*. 2015;32:94-104.
- 3- Toxic Stress Derails Healthy Development
- 4- <https://cpag.org.uk/child-poverty/effects-poverty>
- 5- Think family – think solutions that benefit everyone

## Structural

### Poverty Racism

The Adolescent Brain Cognitive Development studied more than 10,000 young people in the US It evidenced altered brain development in children from wealthy and lower-income families in areas with higher rates of inequality, which were also associated with poorer mental health. 1

## Environmental

### Poor air quality Crowded Housing Access to local green space

Noise and overcrowded housing results in chronic stressors that increase stress related hormone that adversely affect early brain development. Reduced opportunities for child-adult interaction and space to play.2

## Psychological

### Intersectionality. Impact on child and adult mental health

Increased cortisol levels in adults and children affect mood and resilience. Stress hormones are linked with changes in early brain development, particularly prefrontal cortex and executive function. 3

## Financial

### Poverty

Household income is the strongest predictor of how well a child will do in school. Children growing up in poverty on average do less well in education. 4

## Political

### Child and family not always at the centre of policy development across LA

A "Think Family" approach to strategic planning and commissioning would more firmly place children at the heart of decision making. 5

## Educational Frameworks: Continuous and Enhanced Provision (C&HP) in Early Years

Early years education uses the concept “continuous provision” to describe the different provision areas within an early years learning environment. It supports and develops child-led learning through play. [1]

Continuous provision invites children to interact, explore and learn through a child centered model. It provides a safe, consistent environment that allows a child freedom to explore and become independent in making choices.

It is:

Open-ended,

accessible,

flexible,

large scale,

skills-driven

The adult role in continuous provision is crucial. They provide quality interactions with children to scaffold their learning and support the environment and opportunities to play and learn. A continuous provision approach also includes “Enhanced provision”.

This refers to 2 key areas:

- Enhanced Provision (EYFS): Temporary additions to continuous provision to extend learning.
- Enhanced Provision (SEND): A more permanent, specialist setting for significant needs.

### Using a “continuous provision” approach in our GLD Plan for change

Children play, develop and learn across their home environment and alongside their parents, carers and extended family and community. We can use the principle of “continuous provision” to consider how a child’s wider environment and the adults around them can facilitate their opportunities to play and learn.

We can consider how the system can support enhanced provision to meet the play and developmental needs of children in our specific LBD environment as well as how we can offer additional support to those with emerging additional needs.

# Our Underpinning Principles

These **Underpinning Principles** were developed collectively by Best Start in Life (BSiL) partnership group representatives.

BSiL Task, Public Health and Finish Group brings together the expertise of colleagues across Health, Education, NHS, Social Care and the Voluntary Sector. They reflect what our system believes is essential to driving meaningful, sustainable change in the early years. These principles are not just statements of intent—they form the backbone of how we design, deliver and evaluate our work, ensuring that every action we take is grounded in equity, evidence, prevention and partnership.

## 1. Needs and Asset Led

We sought to understand the felt and expressed needs of our communities through descriptive statistics, existing strategies and the impact of our early year's services through desktop evaluation

## 2. Outcomes Focused

The impact of our plan will be measured by success criteria derived from national and local performance measures. We will also consider case studies, service reviews and parent carer voice alongside quantitative metrics.

## 3. Embracing Technology

to improve productivity and continuous improvement of services.

## 4. Partnership and Collaboration

Co producing our plan with parents and carers; partnership ownership of delivery and implantation.

## 5. Equity

Ensure fair service access, address root causes, offer targeted interventions.

## 6. Early intervention and prevention

reduce inequalities through timely targeted action for groups at risk of poor developmental outcomes.

## 7. Transparency

systemwide agreement and vision ownership

# Critical Success Factors

It is important to recognise the foundations that will determine whether this plan succeeds. These Critical Success Factors were developed by our Early Years System Partners, drawing together insight from partners across health, education, social care, the voluntary sector and commissioning. They represent the essential conditions our system needs in place to deliver genuine, sustainable transformation.

These factors go beyond individual projects or actions—they describe the behaviours, structures and capabilities that must sit underneath everything we do. Together, they provide the scaffolding that will allow us to deliver consistently, to learn, to adapt, and ultimately to achieve the Good Level of Development outcomes we are collectively striving for.

## 1. Shared language and understanding

Establishing a common vocabulary, definitions and expectations across all partners to ensure clarity, alignment and consistent interpretation of early years priorities, assessments and outcomes

## 2. Good quality, consistent data collection and analysis

Ensuring robust, reliable and timely data across the system to drive informed decision-making and monitor progress effectively.

## 3. Consistent use of agreed, standardised assessments across practitioners and sectors

Embedding common tools and processes to ensure comparability, reduce variation and strengthen early identification of need.

## 4. Leadership and Governance

Clear leadership accountability and strong governance structures to oversee delivery, maintain focus and drive transformation

## 5. Workforce Development

Investing in a skilled, confident and collaborative early years workforce capable of delivering high-quality, evidence-informed practice.

## 6. Scaling Innovative Practice

Using test-and-learn approaches to identify what works, refine emerging models, and scale impactful interventions that help meet local GLD and early years development target

## 7. Programme Sustainability and Funding

embedding cultural understanding and amplifying community voices in all aspects of service design and communication. Families will be active partners from planning through to evaluation driving continuous improvement. We will foster multi-agency collaboration and deliver integrated services that meet community needs holistically. Committing to continuous evaluation and shared learning across systems will underpin our approach, driving accountability, innovation, and sustainable impact.

## Monitoring and Reporting

A child with brown hair, wearing a white and orange striped shirt, is seen from behind, holding a tablet computer. The tablet screen is blue and displays the text 'Data Dashboard' in white. The child is surrounded by various wooden toys, including blocks, cylinders, triangles, and a toy car. There are also colorful geometric shapes (pink, yellow, blue) scattered around the scene.

**Data  
Dashboard**

A data dashboard has been created to support the monitoring of this plan and includes (not exhaustive) indicators listed under each strategic objective. It will be overseen by the Best Chance Delivery Group with the compilation of quarterly reports prepared by Public Health.



# Theory of Change

Resources 0–19 Healthy Child Programme, Early Years Workforce, EY Advisory Team, Baby Intervention Team, Family Help, SLC and Perinatal Services, VCSE, Commissioning, S4L and Family Hubs

Produced in Collaboration with our Research Partner



## Transformation Activities

## Short Term Outcomes

## Medium Term Outcomes

## Impact

### For Children

- 3 year old Health review
- Vulnerability Pathways (inc. neglect, atypical and probable SEND)
- Nursery Readiness Pilot scaled up

### For Parents/Carers

Empowering Parents Empowering Communities (EPEC) and Solihull programmes

### Early Years System Transformation

- Transfer and Unexpected arrivals programme
- Parent/Infant Emotional Wellbeing (PIEW)
- Alignment of SEND early identification offer
- GLD briefings for non-education staff
- Digital front door integration project
- Speech, Language Communication Strategy Review

### Quality Improvement Programmes

- 2.5 yr review inc ASQ-SE pathway
- GLD moderation
- Digital transformation (pupil pathways)
- Targeted Support through improved data

### For Children

- 85–90% of children achieve a good level of development at 2–2.5 years (24/25: 81%)
- Improved early language and communication
- Improved attachment and emotional regulation
- Increased school readiness behaviours
- Improved preventative health behaviours

### For Parents/Carers

- Increased parenting confidence and emotional wellbeing
- Improved understanding of child development
- Increased positive parent–child interaction
- Greater ability to navigate and access services

### For Children

- 76.2% of 5yr olds will achieve a GLD by 2028 (pre-pandemic baseline ~56%)
- Sustainable increase in children meeting a good level of development at 2–2.5 ASQ
- Improved inclusion of children with SEND in early education

### For Parents/Carers

- Strengthened caregiving capacity
- Reduced parental stress linked to unmanaged need
- Increased parental participation in employment or training

### Impact (Long-Term Impact – Population Level)

- Improved child wellbeing and life chances
- Reduction in health and developmental inequalities
- Lower incidence of neglect and adverse childhood experiences
- More equitable access to early education and support
- Stronger foundations for lifelong health, learning and family stability
- Reduced demand for high-cost crisis and intervention services
- Evidenced through system indicators (Early Years Dashboard)

### Enablers

- Neighbourhood Health hubs
- Family Hubs
- Family Help
- Family Navigators
- 0–5 BCYP Commissioning Strategy
- Early Years Pathway Project
- Integration SEN practitioner Offer

### Barriers

- High levels of poverty
- Housing instability and quality
- Population mobility and growth
- Fragmented information and referral routes
- Workforce capacity
- Language and cultural barriers

# A picture of Early Years in Barking & Dagenham

**In this section we have sought to present a picture of early years health and wellbeing to understand:**

- What child outcomes do we need to improve?
- Who do we need to prioritise?
- Where do we need to focus our service delivery?



## Population Overview

There are **21,750** children aged 0 – 5 in Barking and Dagenham.

There were **4,677** children in need (of any age) in March 2025

This is predicted to increase to 26,204 by 2036, A **20% increase**

An estimated **4,500** children in Barking and Dagenham live in households where domestic abuse is present

## Socioeconomic data

- Barking and Dagenham is ranked **G** out of 317 Local Authorities on the Index of Multiple Deprivation (IMD), placing it in the **most deprived** category (top 2%).
- On the Income Deprivation Affecting Children Index (IDACI), Barking and Dagenham is ranked **G**, placing it in the **most deprived** category for child poverty (top 2%).
- In 2024/25, there were **46,118** children eligible for free school meals in Barking and Dagenham across all state-funded primary and secondary schools.

## Health needs

- In 2020-22, the rate of premature births (<37 weeks gestation) was **85.3 per 1,000** higher than the national average.
- In 2022/23, **1 in 20 mothers** were known to be smokers at the time of delivery.
- In 2022/23, **53% of infants were being partially or totally breastfed** at 6-8 weeks, higher than the national average.
- In 2022 – 24, the stillbirth rate was **4.1 per 1,000**, a similar rate to the national average.

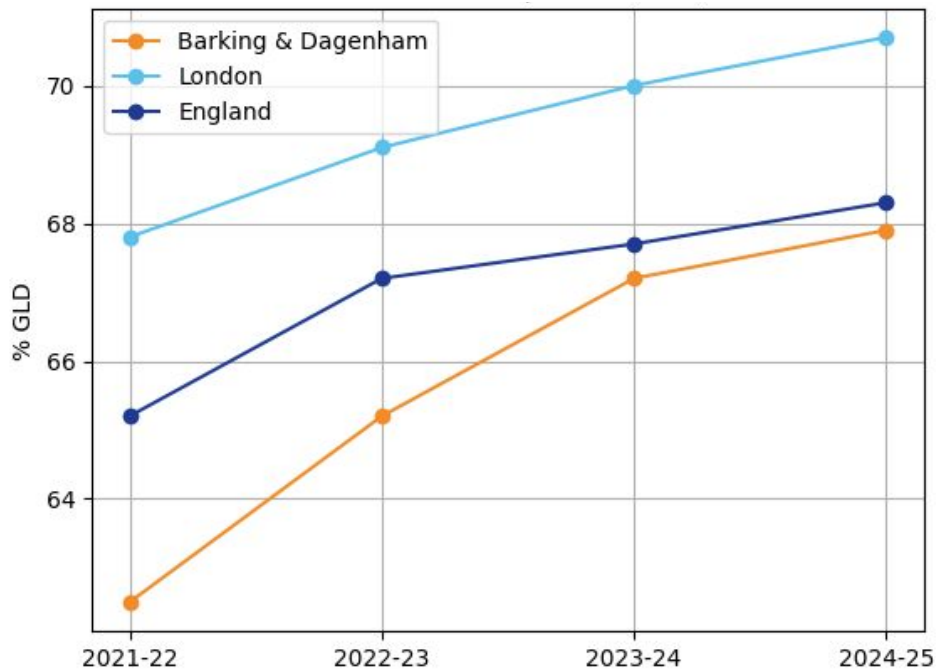
- In 2022 – 24, the infant mortality rate was **4.1 per 1,000**, a similar rate to the national average and previous years.
- In 2024/25, the rate of MMR vaccination coverage (two doses) at age 5 was **66.1%**, worse than the national average.
- In 2024-25 the rate of Reception age children measured above a healthy weight in the National Child Measurement Programme (NCMP) was **23.0%** (11.0% overweight, 8.1% very overweight, 3.9% severely obese).

## School data

- In 2024, there were 639 Education, Health and Care Needs requests (EHC) and **52G assessments** were carried out.
- In the 2024/25 Autumn and Spring Term, the rate of persistence absentees (missing 10% or more of school) was **16.4%** in Barking and Dagenham state primary schools.
- The rate of school absence is **likely to be higher among children on FSM** and those who have SEN.

## Critical Success Factors

### % of 5 yr old children at a good level of development



Source: Early years foundation stage profile results, available at : <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25>  
The EYFS Profile was significantly revised in September 2021. It is therefore not possible to directly compare assessment outcomes since 2021/22 with earlier years. More information available here: <https://www.gov.uk/government/publications/changes-to-the-early-years-foundation-stage-eyfs-framework/changes-to-the-early-years-foundation-stage-eyfs-framework>

- **GLD** = A child meeting or exceeding the expected level in **all 3 prime areas** (communications and language, physical development and personal, social and emotional development) and **2 specific areas** (Literacy and Maths) has achieved a good level of development.
- **LBBB achieved a lower percentage of GLD children than London and England.**
- The gap between Barking and Dagenham and other areas decreased over recent years.

## Overview of GLD by child characteristics

The table of the next page gives an overview of the proportion of children meeting a good level of development across Barking, London and England in 2024/25, for both sexes. Scores are RAG rated based on the London average.

This shows that some groups of children in Barking and Dagenham fall below the average rate (68%) of GLD, particularly children who are eligible for free school meals (56%) or receive SEN provision (23%).

Based on this data, we believe a targeted approach should address the needs of these groups to tackle inequalities.

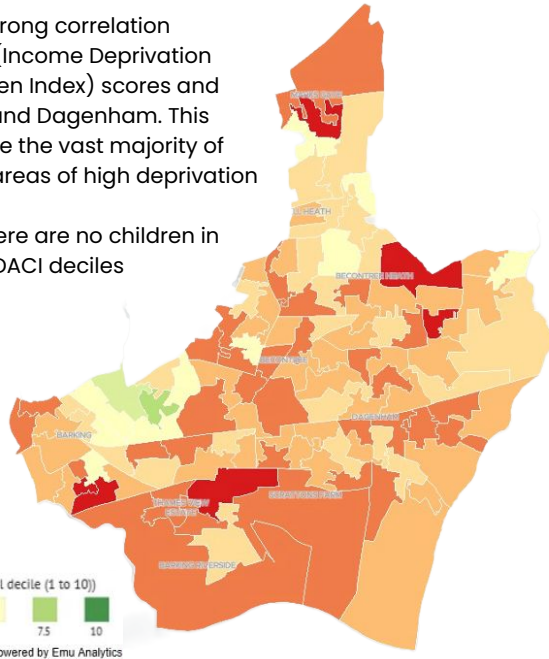


Group	Characteristic	% GLD – B&D	Children in B&D	% GLD – London	% GLD – England
<b>Ethnicity major</b>	Asian / Asian British	73.00%	982	72.80%	67.70%
	Black / African / Caribbean / Black British	65.30%	411	62.90%	62.90%
	Mixed / Multiple ethnic groups	67.40%	221	73.40%	69.90%
	Other ethnic group	71.80%	56	63.60%	60.00%
	Unknown	37.20%	45	56.30%	54.40%
	White	66.10%	616	73.80%	69.70%
	<b>First language</b>	English	66.90%	960	73.80%
Other than English		70.60%	1,340	68.50%	64.70%
Unknown		31.00%	31	53.90%	53.50%
<b>Free school meal eligibility</b>	Eligible for free school meals	55.70%	240	58.90%	51.30%
	Not eligible for free school meals	71.10%	2,065	74.30%	72.50%
	Unknown	26.10%	26	49.70%	46.00%
<b>SEN provision</b>	All SEN provision	23.40%	124	23.90%	20.60%
	No SEN provision	77.60%	2,183	79.50%	76.50%
	Unknown	26.40%	24	41.90%	38.00%
<b>Term of birth</b>	Autumn-born	73.80%	878	76.90%	75.60%
	Spring-born	72.30%	598	72.70%	70.00%
	Summer-born	60.30%	855	64.40%	61.10%
<b>Total</b>	Total	67.90%	2,331	70.70%	68.30%

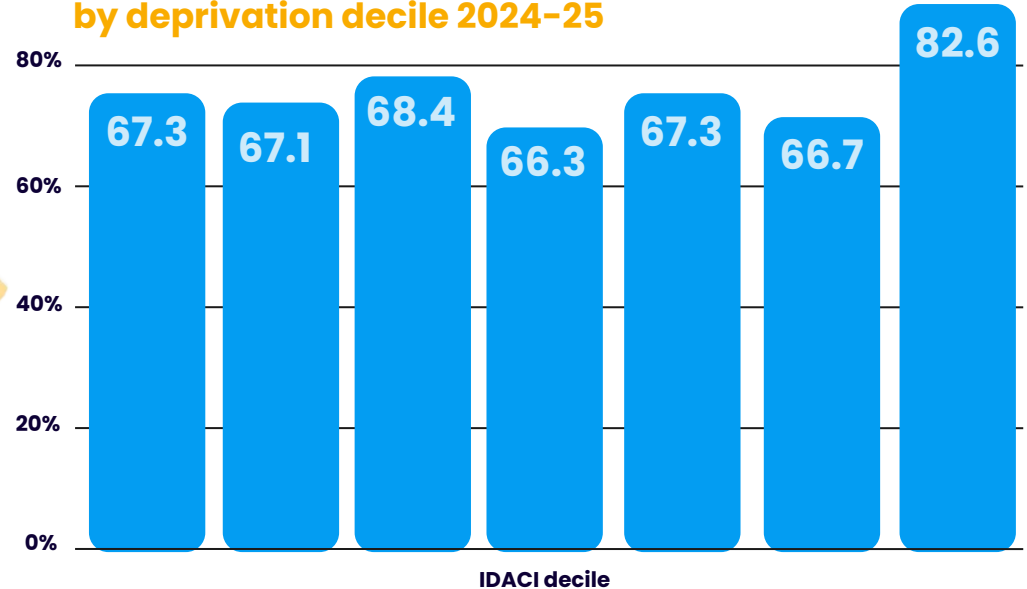
 1. Early years foundation stage profile results, available at : <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25>

## Good Level of Development – LBBB by IDACI

- There is not a strong correlation between IDACI (Income Deprivation Affecting Children Index) scores and GLD in Barking and Dagenham. This may be because the vast majority of children live in areas of high deprivation
- For example, there are no children in the 8, 9 and 10 IDACI deciles



### % of 5 yr old children at a good level of development by deprivation decile 2024-25



1 Source: Early years foundation stage profile results, available at : <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25>

2. The EYFS Profile was significantly revised in September 2021. It is therefore not possible to directly compare assessment outcomes since 2021/22 with earlier years. More information available here: <https://www.gov.uk/government/publications/changes-to-the-early-years-foundation-stage-eyfs-framework/changes-to-the-early-years-foundation-stage-eyfs-framework>

3. Map produced by Borough Data Explorer, based on LSOA-level IDACI scores (2019): [https://lbbd.emu-analytics.net/main/\(view/ba332db8-446e-49ab-b859-f8bbcb882eb//rightBar:mapexport\)?basemapDetail=](https://lbbd.emu-analytics.net/main/(view/ba332db8-446e-49ab-b859-f8bbcb882eb//rightBar:mapexport)?basemapDetail=)

# Rapid Evidence Review

Factor types	Positive association	Negative association
<b>Socioeconomic</b>		<ul style="list-style-type: none"> <li>- <b>Lower paternal employment status</b> [3, 4]</li> <li>- Receiving benefits during pregnancy [3]</li> <li>- <b>Eligible for free school meals</b> [2, 3]</li> <li>- Living in the most deprived area [2]</li> <li>- Housing tenure (living in privately rented or social housing) [4]</li> <li>- Lower parental income [4]</li> </ul>
<b>Education</b>		<ul style="list-style-type: none"> <li>- Low school attendance [2]</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>- Smaller number of children in family [4]</li> </ul>	<ul style="list-style-type: none"> <li>- Maternal learning difficulty [2]</li> <li>- Younger maternal age [3, 4]</li> <li>- <b>Lower maternal education</b> [3, 4]</li> <li>- <b>Never breastfed</b> [2, 3, 4]</li> <li>- Mother not living with partner [2, 3]</li> <li>- Maternal death [2]</li> <li>- Smoking in pregnancy [2]</li> <li>- Maternal mental health [4]</li> </ul>
<b>Child</b>	<ul style="list-style-type: none"> <li>- Child age [2, 3]</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Male sex</b> [2, 3, 4]</li> <li>- <b>Child ethnicity</b> [3, 4]</li> <li>- <b>Preterm birth</b> [2, 3]</li> <li>- Low birth weight [2, 3, 4]</li> <li>- Child epilepsy [2]</li> <li>- Child hospital admissions for asthma [2]</li> <li>- Child ear and eye problems [2]</li> </ul>

## References

[2] A. Bandyopadhyay, E. Marchant, H. Jones, M. Parker, J. Evans and S. Brophy, "Factors associated with low school readiness, a linked health and education data study in Wales, UK," PLOS, 2023.

[3] J. Forman, S. Ghotane, I. Wolfe and L. K. Fraser, "Early life exposures and school readiness: an observational cohort study using the Born in Bradford longitudinal birth cohort data," BMJ Pediatrics Open, 2026.

[4] S. V. D. J. Camacho C, "Development of a predictive risk model for school readiness at age 3 years using the UK Millennium Cohort Study," BMJ Open, 2019.



## Rapid Evidence Review cont.

### Strong Evidence

There is a strong evidence base highlighting the importance of every child getting the 'best start in life', including early childhood and outcomes at the end of primary school [1]. National data consistently shows that a higher proportion of female, autumn-born, and children not eligible for free school meals (FSM) had a good level of development; compared to **male, summer-born and children eligible for FSM**, respectively [5]. There are also significant gaps for **children with SEN** and those living in more **deprived areas** [5].

Studies carried out in Wales [2] and Bradford [3] have reviewed the factors associated with achieving a good level of development (GLD) and are summarized in the table on the next slide. This also includes results from a UK Millennium Cohort Study that looked at another measure of school readiness, the Bracken School Readiness Assessment (BSRA) [4]. Factors in bold have the strongest association with GLD scores, which covers:

- **Socio-economic factors** (parental employment status, eligibility for free school meals)
- **Family factors** (lower levels of maternal education, breastfeeding status)
- **Child factors** (male sex, ethnicity, preterm birth)

An international review of studies has also shown that **physical activity and healthy diets** are associated with better cognitive outcomes in under

#### References

[1] Ofsted, "Gov.uk," 2024. [Online]. Available:

<https://www.gov.uk/government/publications/best-start-in-life-a-research-review-for-early-years/best-start-in-life-part-2-the-3-prime-areas-of-learning>.

[2] A. Bandyopadhyay, E. Marchant, H. Jones, M. Parker, J. Evans and S. Brophy, "Factors associated with low school readiness, a linked health and education data study in Wales, UK," PLOS, 2023.

[3] J. Forman, S. Ghotane, I. Wolfe and L. K. Fraser, "Early life exposures and school readiness: an observational cohort study using the Born in Bradford longitudinal birth cohort data," BMJ Pediatrics Open, 2026.

[4] S. V. D. J. Camacho C, "Development of a predictive risk model for school readiness at age 3 years using the UK Millennium Cohort Study," BMJ Open, 2019.

[5] Education statistics <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25>

[6] P. Tandon, S. Pooja and A. Jayasuriya, "The relationship between physical activity and diet and young children's cognitive development: A systematic review," Preventive medicine reports, 2016.

[7] M. Bell, D. Bayliss, R. Glauert, A. Harrison and J. Ohan, "Chronic Illness and Developmental Vulnerability at School Entry," Pediatrics, 2016.

5s [6]. An Australian study found that **child chronic illness** is a risk factor for reduced school readiness [7].

These factors could be used to identify populations at greatest risk of falling behind in school readiness or influence these exposures at a policy level (e.g. prevention strategies to reduce preterm births) [3]. Other reviews have also focused on the evidence around the role practitioners can in developing young children's skills in the three prime areas of learning [1].

## Building on our Evidence Review

From January 2026 LBBDD has commissioned an external evaluation of the Family Hubs and Start for Life service and a Participatory Needs Assessment with families and carers and early years stakeholders to understand the felt needs. This will build upon our understanding of where we need to focus our service delivery and **how** we enhance our current service offer.

## Bringing it all together

### Barriers to Achieving GLD

GLD The literature highlights a number of recognised barriers to achieving GLD by age five. The evidence shows these barriers are interconnected and cumulative, with early disadvantages often leading to widening gaps as children progress through the education system. Barriers identified include having English as an additional language, deprivation and poverty, adverse childhood experiences, accessibility and quality of early years education and childcare, challenges with early identification, access to information and support, workforce capacity and fragmented services [6].

Within LBBD there is not a strong correlation between income deprivation and achieving GLD. Suggesting that our GLD aspirations need to consider the interplay of other factors that may be playing a bigger role in GLD attainment such as speech language and communication SEN, the home environment and access to early years. Additionally, we see better performances in GLD attainment in children for whom English is not the first language.

#### References

[6] [https://www.local.gov.uk/sites/default/files/documents/15.162%20-%20Achieving%20the%20Best%20Start%20in%20Life%20Research%20Project\\_04%20FINAL.pdf](https://www.local.gov.uk/sites/default/files/documents/15.162%20-%20Achieving%20the%20Best%20Start%20in%20Life%20Research%20Project_04%20FINAL.pdf)

Based on our preliminary findings we will target the following groups to address inequalities in educational attainment:

- Children who are not meeting developmental milestones
- Children eligible for free school meals/ poverty (FSM)
- Children Living in temporary accommodation
- Mental health for parents, carers and infants

The literature [6] and LBBD Early Years System stakeholders have highlighted a range of effective strategic and operational approaches for improving early years outcomes including:

- early intervention
- building effective strategic partnerships
- developing the workforce
- drawing on local data and insight.



## Child and Family Voice

### Our Approach

It is an underpinning principle to co-produce our BSIL strategic plan with parents/carers and children. Including parents/carers and children in designing, developing and reviewing services is essential to creating good quality, accessible services that work with our local communities.

#### We are working Dartington Service Design Lab to:

- Review all previous consultations with parents and carers to identify key themes in access, experience and outcomes as they relate to our 0-5 services across Start for Life, 0-19 services and Early years.
- Identify those who have experienced barriers and communities whose voice we have not heard.
- Complete focus groups with identified communities to better understand their experiences.



## Community Views on Research and Engagement

Engagement events held as part of Research Engagement in Northeast London indicated very high levels of interest, with 93% Very or Fairly interested.

#### Key priorities were:

- Engage with diverse populations; reach out to seldom heard communities wherever they are and communicate about existing projects.
- Build trust through honest dialogue; demonstrate transparency in communication.
- Continue participants' involvement in the research project after they take part in research activities; communicate about results and impact, take feedback on board for quality improvement.

## Child and Family Voice cont.

### Our Transformation Plan for Co Production

We recognise that existing practice and approach to co-production is characterised by individual approaches with frequent duplication and lack of follow-up for those that take part in consultation or research.

We additionally recognise that frontline staff hold a wealth of informal feedback that is not captured or understood when considering families experiences.

During 2026 we will commission a partner to develop a **“Research Ready Communities”** delivery planto embed our approach to co production for families 0-5 and our BSIL strategic plan.

#### This will include:

- ✓ Frameworks, tools and processes needed to embed standardised systemic approaches to gathering insights and experiences from service users
- ✓ Identify training that may be required for staff and residents to enable creation of “research ready communities” in LBBD.
- ✓ Opportunities to develop networks for co-design and consultation, including roles that facilitate ongoing work.
- ✓ Re-establish our Parent/Carer Panel for Start for Life



#### CO-PRODUCTION

Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing in strategic decision-making about policies as well as decisions about the best way to deliver services.

#### CO-DESIGN

People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in ‘seeing it through’.

#### ENGAGEMENT

Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.

#### CONSULTATION

People who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.

#### INFORMING

The people responsible for services inform people about the service and explain how they work. This may include telling people what decisions have been made and why.

#### EDUCATING

The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

#### COERCION

This is the bottom rung of the ladder. People who use services attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

### **Strategic Objective 1**

Achieving nursery and school readiness in local children

### **Strategic Objective 4**

Achieving a cohesive offer and an integrated system wide response

# **Strategic Objectives**

### **Strategic Objective 2**

Accessible, affordable and high-quality early education

### **Strategic Objective 3**

Targeting Children most at risk of experiencing inequalities in educational attainment

**Strategic Objective 1:  
Achieving  
nursery and  
school readiness  
in local children**



## Why is this strategic objective important?

Ensuring that children in our borough are ready for nursery and school is a cornerstone of giving every child

the Best Start In Life. The early years are a critical period for cognitive, social and emotional development, laying the foundation for lifelong learning and wellbeing.

## Why is “nursery and school readiness” important?

Children who enter education settings ready to learn are more likely to achieve positive outcomes in health, education and employment. By prioritising nursery and school readiness, we ensure that every child in our borough can thrive, setting the stage for healthier, happier and more successful lives.

Evidence of being ready to learn is linked to a range of longer-term outcomes – both in academic learning such as higher grades, in social emotional development and in longer term mental and physical health. (1)

## Current position (services: challenges/opportunities)

Early years stakeholders identified the following areas of challenge:

1. Gaps in Early Universal Support (pregnancy – 6 months)
2. Fragmented and Inefficient Systems
3. Developmental Needs Not Being Met Early Enough
4. Inconsistent Assessments and Nursery Readiness
5. Declining Community-Based / Universal Local Support
6. Parental Confidence, understanding, engagement, and Home Learning Environment
7. Service Integration, data and Information Sharing
8. Underused Community and Professional Networks

## The following were identified by stakeholders as areas of opportunity:

- ✓ Strengthen Early Universal Offer (0–2 Year)
- ✓ Improve Integration and Reduce Duplication
- ✓ Expand and Prioritise Speech, Language and Occupational Therapy
- ✓ Enhance Nursery Readiness and Early Assessment
- ✓ Rebuild Community-Based Models of Support
- ✓ Strengthen Parental Engagement and Home Learning Environment
- ✓ Data sharing
- ✓ Community and Professional Networks for Engagement

## Transformation area/s

Identified through triangulation of evidence and data. divided into key areas, ambition, rationale process and rag rating.

- Empowering Parents Empowering
- Communities (EPEC) and Solihull
- Transfer In and Unexpected arrivals
- Parent Infant Relationships (PIR)
- Quality Improvement Programme 2.5 yr review/ ASQ-SE pathway
- 3 –year- old Health Review

BAU delivery through:

S4L & FH

Delivery Plan, 0–19 Delivery Plan Neglect Improvement Plan, STB Plan, LBBB Poverty Plan SLC Strategy

Key

- funding available
- executive approval for spend required

Reference

(1)<https://publications.aap.org/pediatrics/article-abstract/146/6/e20200978/77108/Kindergarten-Readiness-Later-Health-and-Social?redirectedFrom=fulltext>

# SO1: Transformation Roadmap



## Key Activity

2.5yr Health Review – Quality Improvement Programme – includes Introduction of Ages and Stages Questionnaire – Social and Emotional (ASQ-SE)

Parent Infant Relationships (PIR)

## Ambition

Quality Improvement Programme across 0-19 Health Child programme to improve accessibility, reach and understanding across all communities. Increased community delivery and liaison with community leaders. Online booking for parents. ASQ-SE assessment for children not meeting emotional and social developmental targets at 1 or 2 years. This is a parent-completed, highly reliable system focused solely on social- emotional development in young children.

Deliver awareness training to multi agency groups to increase understanding and promote shared language  
Work with trainees to agree further roll out and how to increase outcomes focused on PIEW in operational delivery

## Rationale

Consultations with parents and workforce indicated not everyone knew where, when or why to get their health and development reviews. As the universal offer it provides the starting point for further pathways to groups, community resources and targeted pathways ensuring ongoing support for parents and children.

Accurately identifying behavior through ASQ:SE-2 ensures earlier intervention for children who need support. The assessment involves and supports parents to understand more about their child's emotional needs and provides an opportunity for development of their relational and play skills with their child

[https://parentinfantfoundation.org.uk/resource/research/?\\_resource\\_filter\\_2=quality-of-parent-infant-interactionC\\_page=2](https://parentinfantfoundation.org.uk/resource/research/?_resource_filter_2=quality-of-parent-infant-interactionC_page=2)

Wide ranging evidence base focused on quality of parent-child interaction and impact on social, emotional and developmental outcomes

## Process

Increased drop ins across borough in community locations.  
Focused work with faith groups.  
Prioritisation of areas where GLD is historically lower.

Introduction of online booking and cancellation giving parents 24 hour access.

Development of FAQs and chat functions to give parents more information online when they want it.  
Communication strategy.  
Extended hours and capacity needed in 0-19 universal service to offer this additional assessment at drop in and clinics alongside ASQ at 1 and 2 years. This is funding and resource dependent.  
Staff already trained and assessment tool available.

Initial training planned for February – March 2026. Stakeholder planning to set direction for ongoing work.

## RAG

Uplift within contract - PHG

Within S4L Parent Infant Relationships and Parent Mental Health

## Key Activity

Parenting Programmes – EPEC and Solihull

3 year old Health Review

Transfer In and Unexpected Arrivals

## Ambition

Strategic review of parenting offer within LBB.

Continuation of EPEC and Solihull

Establish an additional ASQ check at 3-3.5 years across the borough to offer additional contact point for all families.

Offered to all families who missed 2-2.5 year (transfer in) and those on targeted or specialist caseloads.

Provide Specialised service to meet high levels of "transfer in" families

## Rationale

We need to ensure that our programmes are giving the outcomes that we need and accessible to the groups they are experiencing the most disadvantage and all health inequality EG children with special needs and people from ethnic minority backgrounds.

Ensuring alignment across Families First, S4L and Education

High levels of transfer in to borough in under 5s means that children may have missed developmental checks. An additional touch point provides opportunity to assess and link parents into other services while providing early identification preschool of any developmental needs.

Transfer in rates have increased 69% from 2023-2025 and regularly higher than the new births in a month.

## Process

Combined process involving evaluation of programme through procured provider assessing need and defining programmes procurement process.

Resource and funding dependent as requires additional staff to deliver this extra touch point. It was previously offered in borough but as is not mandatory was cut as funding reduced.

Resource and funding dependent as requires additional staff to deliver this extra touch point

RAG

S4L

PHG

PHG



# SO1: What are we trying to achieve?

\*across all domains

## Outcomes For Children

- Children achieve a good level of development
- Improved early language and communication
- Improved attachment and emotional regulation
- Increased school readiness behaviours
- Improved preventative health behaviours

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## For Parents and Carers

- Increased parenting confidence and emotional wellbeing
- Improved understanding of child development
- Increased positive parent-child interaction
- Greater ability to navigate and access services

## Indicators

- ASQ 2-2.5 yr review results
- ASQ 2-2.5 Speech and Lang.
- ASQ 2-2.5 Social and emotional
- 3 year old health review
- Take up of health reviews

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TBD – Year 2 0-19  
Improvement Programme

## Metric

- 85-90% (24/25 81%) achieve GLD\*
- TBC
- TBC
- 85% of defined cohort
- Increase in numbers completed

---

TBD – Year 2 0-19  
Improvement Programme

Strategic Objective 2:  
**Accessible,  
affordable and  
high-quality  
early education**



### Why is this strategic objective important?

In Barking and Dagenham, 23% of two-year-olds are eligible for up to 15 hours of funded early education per week under the Families Receiving Additional Support (FRAS) scheme. This corresponds to nearly 900 children annually. In addition, all 3-and-4-year-olds are entitled to the universal offer of up to 15 hours per week. Take up of these entitlements are high in Barking and Dagenham with 85% of 2-year-olds taking up their entitlement and 93% of 3-and-4-year-olds accessing their hours. This is much higher than London for 2-year-olds, which stands at 60% and above for 3-and-4-year-olds too, where London is 84%. From September 2025, many working families were eligible for extended early years hours of up to 30 hours per week. Over 2,200 families with children aged 9 months and above are now taking up this entitlement. Prices for childcare has increased in Barking and Dagenham year on year. However, prices for childcare remain lower than other London boroughs.

Accessibility to early education and support services is fundamental to ensuring that every child in our borough has the Best Start in Life. When families can easily access high-quality early years provision and essential services, children benefit from timely interventions that promote healthy development and school readiness. This strategic objective aims to remove barriers and create equitable access to early education and family services for all children, particularly those who are disadvantaged or have additional needs.

The London Borough of Barking and Dagenham has accessible, high-quality, and affordable childcare so families can get the support they need and children can have the best start in life. There are 184 local childcare providers, offering over 6,000 early years places. To help with planned growth in early years entitlements, over 300 new early years places were created in 2025. The borough continues to maintain sufficient childcare places for its residents.

All providers are registered with Ofsted and inspected for quality. Childminders and private or voluntary providers appear on the Early Years Register with equivalent grading. Over 95% of all our early years providers were rated 'Good' or above. On the 10 November 2025, Ofsted introduced a new inspection framework and report cards, but no reports under the revised system have yet been published locally.

Reference  
[6] CSA 2025.pdf

### Role of The Family Information Service

The Family Information Service (FIS) offers families free, unbiased guidance on local childcare availability, early education, childcare funding streams, and various other services for children and young people (up to age 20 or 25 if they have SEND). They act as a brokerage service supporting families to find childcare. The team directs families to relevant local services, including Family Hubs and community activities.

### Current Position

LBBB Early Years services focus on supporting providers to achieve strong Ofsted outcomes, delivering both universal and extended early education entitlements, and actively promoting take-up among eligible families. The programme also champions wraparound childcare, specialist support for children with additional needs, and the ongoing expansion of services, all aimed at removing barriers to participation and strengthening support for families across the borough. [8]

### Comparison to other local areas

Age	LBBB	London	England
Age 2 – Targeted	85%	60%	65%
Age 3 and 4	93%	84%	94%



## Partners identified the following challenges for achieving GLD

1. **Service accessibility**, lack of information, cultural relevance, emphasis on the need for clear, consolidated, and culturally sensitive communication
2. **Family Education**, need to educate about appropriate service access, ensure aware of when to book a GP and when to go to Urgent Care / ACE services. Raise awareness of the range of available professional roles and pathways in Barking and Dagenham.
3. **Information about services spans across multiple websites and platforms**, making it confusing for both families and professionals to find up-to-date, relevant resources.
4. **Communication and Digital solutions** need to be better utilised and enhanced
5. **Digital Poverty** not all families have equal access.

## Stakeholders: Opportunities for change

### Partners identified the following as areas as opportunities for achieving GLD:

- ✓ Build trust and culturally sensitive communications.
- ✓ Professional signposting Training
- ✓ Improve digital accessibility and inclusion.
- ✓ Co-Design with Families and Communities
- ✓ Early Antenatal Engagement with Family Hubs
- ✓ Neighbourhood Service Coordination
- ✓ Strengthen Family Navigator Roles
- ✓ Update and Integrate Service Directories (MIDOS)



## Transformation area/s

### Areas identified through triangulation of evidence and data.

Each area is divided into key area, ambition, rationale process and rag rating on the following sides

- Digital transformation (pupil pathways)
- Nursery Readiness Pilot scaled up
- Reducing variation in GLD scores by moderating assessments
- Alignment of SEND early identification offer \*
- GLD Briefings to non-education staff
- Digital front door integration project\*
- Practitioner training on Communication and Language (Speech & Language)

### BAU delivery through:

S4L & FH Delivery Plan, 0–19 Delivery Plan Neglect Improvement Plan, STB Plan, LBBB Poverty Plan SLC Strategy

### Key

- funding available
- executive approval for spend required

# S02: Transformation Roadmap



## Key Activity

### Digital transformation

To implement the Step into School software programme to aid transitions between nursery and school.

### Nursery readiness programme

Roll out the nursery readiness programme by targeting further schools with low GLD scores to participate.

### GLD moderation and/or school to school support

Support for schools to moderate and align GLD scores to streamline scores ensuring correct judgements.

## Ambition

## Rationale

Ensure all children have a digital transition record when starting school.  
Support reception teachers in planning for a particular cohort of children.  
Central record of children's outcomes and gaps.

The Nursery Readiness Programme is designed to provide early, practical support for children entering nursery, with a strong focus on speech, language and communication, self-help skills, emotional readiness, and parent engagement. The programme aims to support schools to reduce gaps early, build strong foundations for learning, and improve outcomes over time.

To ensure that schools assess early learning goals equitably, training and peer support will be offered to achieve uniform GLD assessments across schools.

## Process

- Procurement of system.
- Step by step implementation of system from September 2026.
- Training for schools and providers.
- Invitations to schools with low GLD scores.
- Maximise take up by targeting individual schools and promoting benefits and support available.
- Facilitation of school-to-school support from high achieving schools to support schools with lower GLD scores.
- BDSIP moderation support for some schools.

## RAG

PHG  
Reserves

PHG

Education

## Key Activity

**Integration of SEND early identification offer**

**Digital front door project**

**Early years practitioner training in communication and language and GLD training for non- education staff**

## Ambition

Ensuring a seamless support offer is in place for parents of children aged 0-5 with SEND.

One digital front door for all services for children aged 0-5 with links to other services for local parents.

- Shared understanding of GLD
- Focus on supporting communication and language delays and interventions delivered by early years practitioners.

## Rationale

Early identification of children with SEND and support services to wrap around some of the most vulnerable families.  
Easy access to support and clear pathways signposted to for further referrals and specialist services.

Easy digital access to services for parents to ensure awareness of offer available in different partner organisations.  
Easy navigation of a plethora of different websites and pages.

A shared understanding of GLD to facilitate shared goals and outcomes for children.  
To improve outcomes in communication and language.

## Process

- SEND offer in Family Hubs aligned with SEND offer in early years education.
- New parent support post linked in with education in all Family Hubs.

Resource and funding dependent as requires additional staff to deliver this extra touch point. It was previously offered in borough but as is not mandatory was cut as funding reduced.

- Roll out of online training for non-education staff to aid understanding of GLD
- Further development of communication and language training for early years practitioners with a focus on signing, music and storytelling.

## RAG

Funding stream to be confirmed

Education

Education



## SO2: What are we trying to achieve?

### Outcomes

Children achieve a good level of development

Improved early language and communication

Improved attachment and emotional regulation

Increased school readiness behaviours

Improved preventative health behaviours

### Indicators

Take up of early education entitlements are above London averages and maximised locally

Family Information Service to provide tailored support to families looking for early education places.

### Metric

Children aged 9 months to 2 years old in receipt of 30 hours childcare funding

Children aged 2 years old in receipt of 30 hours childcare funding

Children aged 2 years old in receipt of "disadvantaged" childcare funding

Children aged 3 to 4 years old in receipt of 30 hours childcare funding

Strategic Objective 3:

**Targeting Children most  
at risk of experiencing  
inequalities in  
educational attainment**



## Why is this strategic objective important?

Evidence shows that children from disadvantaged backgrounds often start school significantly behind their peers in languages, communication, and social development, and these gaps widen over time if not addressed early. By prioritising support for vulnerable families – such as those facing poverty, SEND, or social exclusion – we can reduce inequalities, improve school readiness, and create fairer opportunities for every child. Across nearly every health outcome disadvantaged children are worse off. The relationship between disadvantage and educational attainment is complex and experiences of education vary by many factors including gender, ethnicity, first language, special educational needs, disability, family history of disadvantage, geography and the performance measure used.

## Current position (services: challenges/opportunities)

Stakeholders have identified challenges in the following areas:

- 1. Priority Groups** – targeted support required for children living in temporary accommodation, poverty and those affected by perinatal Mental Health.
- 2. Workforce Clarity Integration** – Lack of consistent training across workforce sectors and gaps in cultural competency across frontline professionals.
- 3. Community Assets** – Limited recognition of strong grassroots networks (e.g., faith and cultural groups) and Underuse of existing community assets and groups.

- 4. Communication s Engagement** – confusing landscape of Hubs for residents. Insufficient use of social media and culturally appropriate communication channels.
- 5. Equality s Inclusion** – Impact of discrimination
- 6. Funding and Sustainability** – nature of short-term funding
- 7. SEND** – increase in demand and limited budget.
- 8. Data** – use of data inconsistent across services

## Stakeholders identified the following areas as opportunities for change:

- ✓ **Targeted Support for Priority Groups** – Focus children in poverty, temporary accommodation, and families affected by perinatal mental health.
- ✓ **Workforce Development s Integration** – Define workforce roles and expectations under BSIL.
- ✓ **Community Partnerships s Assets** – Map and engage existing community and faith-based organisations.
- ✓ **Communication** – Develop clear and consistent messaging.
- ✓ **Equality s Inclusion** – Equality Impact Assessment needs to be embedded in the final BSIL plan.
- ✓ **Funding and Sustainability** – making a case for long-term financial stability within local authority framework
- ✓ **SEND** – build on the borough strong track record of supporting children and their families with accessing tailored support.
- ✓ **Data** – developing a transformation plan of data collation considering data framework and dashboard

## Transformation area/s

Areas identified through triangulation of local need. Each area is divided into priority area, ambition, rationale process and rag rating.

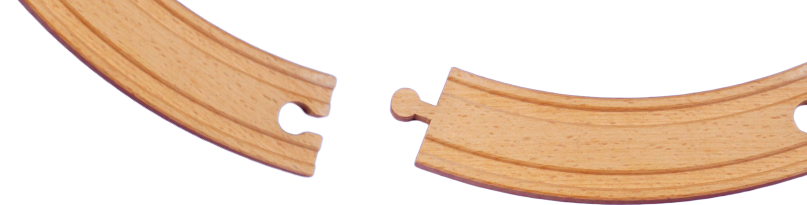
- **Speech Language Communication Strategy Review**
- **Vulnerability Pathways (inc. neglect, atypical and probable SEND)**
- **Emotional Mental Health & Wellbeing support for parents with vulnerable infants & children**
- **Vulnerable under 5's**
- **Appropriate Housing**
- **Children Living in Poverty**

BAU delivery through: S4L & FH Delivery Plan, 0–19 Delivery Plan Neglect Improvement Plan, STB Plan, LBBB Poverty Plan SLC Strategy

### Key

- funding available
- executive approval for spend required

# S03: Transformation Roadmap



## Key Activity

### Special Educational Needs and Disabilities

## Ambition

Children with SEND needs are supported to achieve their development potential. Children with SEND needs are identified early and supported by a range of services.

Services are neuro-affirming and provide tailored support which responds to families concerns. More of this cohort are supported by our services as early as possible.

## Rationale

This cohort is large and increasing - especially new cohorts of neurodivergent young children. These are often the children who are not meeting GLD due to late identification or insufficient support provision. Early identification and neuro-affirming, tailored support for these families improves their experiences and their ability to meet their developmental potential.

## Process

- Priority areas for early support to move this cohort closer to meeting GLD include toileting, sleep and feeding. There are some services in place, but more investment is needed to ensure support is provided.
- Workforce training and clear pathways will be put in place to ensure frontline professionals recognise children who are developing differently and can sensitively raise with parents and connect them with appropriate service.
- Mandatory contacts (e.g. 9-12mth and 2-2.5yr checks) will be reviewed to ensure identification and referral of children who are neurodivergent. Small audits / look back exercises will be put in place to identify opportunities which were missed and inform training / service developments needed.
- Support services for parents with neurodivergent children under 5 will be rolled out over the next two years- including help lines, family support workers (peer supporters)
- Making services more SEN friendly - develop children's tool for SEND friendly audit of services (like NAIT one for adults)

## RAG

BUDGET SOURCE  
TBA

## Key Activity

### Speech, language and communication

## Ambition

Children are supported to achieve a good level of development in speech, language and communication (SLC) via supporting parents/carers to build strong relationships with their children and provide rich home learning environments, professionals supporting early identification of delays, and offering support to families to address delays, and early years settings equipped to nurture SLC abilities and supported to identify and flag delays or differences.

## Rationale

Speech, Language and Communication is the area of the EYFS which Barking and Dagenham children are struggling to meet at good level of development (GLD) in. Acquiescence of language and communication skills is fundamentally important to improve educational outcomes and life chances (including health outcomes) so supporting our children to achieve this will help to reduce inequalities and improve outcomes for our population.

## Process

- An identified leader, a system-wide focus, and a clear strategy on developing speech, language and communication from birth, working across disciplines and organisations to support parents and children.
- Clarity across the system that SLC is directly influenced by a range of early factors such as attachment, feeding choice, parental mental health.
- Clear system-wide view of what delays look like and what pathways those families can then access.
- HLE / SLC support made available to all families, with targeted support available to those with children with SEND needs or SLC delays or differences.
- More families from groups with historically low engagement are targeted and engaged.
- Training made available to workforce to allow them to promote SLC development, identify issues and to support parents (via direct advice or referrals to appropriate agencies)

**RAG**

BUDGET  
SOURCE  
TBA

## Key Activity

**Vulnerable under 5s (i.e. probable SEN, or cases of Neglect or developmental delay)**

## Ambition

Functioning and successful pathways in place between agencies to ensure vulnerable families are identified early, supported in a joined-up way, and monitored, with a focus on outcomes and independence.

## Rationale

Disadvantaged children are disproportionately more likely to lack the necessary foundations for a good level of health and well-being (e.g. a nutritious diet, a safe, supportive and stimulating home environment to learn). These groups are at risk of...

## Process

- Development, implementation and monitoring of a functional pathway between MWs and HVs (antenatally and post birth) and between HVs and the rest of the system from 0-5. This was identified as an area of risk following investigation into this area after the SEND inspection. Progress has been made but it is slow and more work is needed.
- Build in Neglect improvement programme running in Barking and Dagenham – making good progress at identifying causes of neglect, ways to improve working to identify and address neglect, and to support families / prevent neglect
- Join up initiatives across the system for vulnerable families e.g. link more closely with Families First. More work needed for this workforce to promote activities which support good child development, and to spot developmental delays and differences and link families into services. See SO4.
- The Safe Sleep Project– evaluation of this pilot will be used to direct future support for this cohort.
- Specifics on housing and poverty are shown below.

**RAG**

PHG

## Key Activity

### Appropriate Housing

**Appropriate Housing Children living in Poverty (e.g. those eligible for FSM or in receipt of benefits / Universal Credit, those with No Recourse to Public Funds)**

## Ambition

Families should be in safe, appropriate housing, with stable tenure and should be supported to ensure that the home environment promotes child development and supports the children to thrive. New housing should be built to high safety standards for families and should have appropriate outside space for children to safely play and learn.

Families who are experiencing poverty and financial hardship are identified and supported to maximize income and financial support. Children in these families should not be disadvantaged in their development due to poverty.

## Rationale

Reducing the inequalities caused by poor quality and unstable housing

Children who are living in poverty are less likely to be in an environment which stimulates and promotes good development. It is important that children's future outcomes are not disadvantaged by poverty

## Process

- Strengthen methods for collecting and using this data to direct support for this vulnerable group.
- Ripple Road school pilot findings should be used to direct future support for this cohort.
- Exploration of opportunities for LBBD housing team to be fully engaged in this work.
- Any new developments in the borough will have health impact assessments applied to them, including a view on impact on child development.
- Strive for all council housing to be safe for children, and all landlords regulated by LBBD should be held to the same standard.
- There is potential to scale up a baby bank funded via inequalities funding who support families in poverty. Current funding is insecure.

**RAG**

PHG

Funding risk.  
12 mths ≤



## SO3: How will we know we are there?

### Outcomes

**Children achieve a good level of development**

**Improved early language and communication**

**Improved attachment and emotional regulation**

### Indicators

Children receiving Special Educational Needs provision achieve a good level of development at a lower rate than children who do not receive SEN provision. Decreasing the difference in these rates will indicate successful focus upon the SEN cohort. This indicator must be viewed in conjunction with the overall rate of SEN provision recipients who achieve a good level of development to ensure both relative and absolute progress has been made.

The percentage of LBBB children achieving a good level of development in communication skills has traditionally lagged that of both London and England. The difference has been significant in some years and has contributed to negatively affecting the rate of children achieving a good level of development overall. This shortfall has been most evident in children receiving SEN provision. Seeing this rate improve and reduce the gap between LBBB and London/England will demonstrate successful focus on children experiencing educational inequality. This metric must also be viewed alongside the absolute change in the rate of SEN children achieving a good level of development in their communication skills to ensure relative and absolute progress has been made.

Children eligible to receive free school meals have historically achieved a good level of development at lower rates than their peers who are FSM ineligible. Reducing this difference will indicate successful focus on children experiencing educational inequalities.

### Metric

Difference between GLD at 2.5yr olds for all SEN provision vs no SEN Provision

Difference between GLD at 2.5yr olds for all SEN provision vs no SEN Provision for communication skills

Difference between GLD at 2.5yr olds for all FSM eligible and FSM ineligible children

## Outcomes cont.

**Increased school readiness behaviours**

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**Improved preventative health behaviours**

## Indicators cont.

Children eligible to receive free school meals have historically achieved a good level of development at lower rates than their peers who are FSM ineligible. Reducing this difference will indicate successful focus on children experiencing educational inequalities

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## Metric cont.

Difference between GLD at 2.5yr olds for all FSM provision vs no FSM Provision for communication skills

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Difference between GLD at 5yr olds for all SEN provision vs no SEN Provision

Difference between GLD at 5yr olds for all SEN provision vs no SEN Provision for communication skills

## Outcomes cont.

**Improved preventative health behaviours cont.**

## Indicators cont.

Children eligible to receive free school meals have historically achieved a good level of development at lower rates than their peers who are FSM ineligible. Reducing this difference will indicate successful focus on children experiencing educational inequalities.

Children eligible to receive free school meals have historically achieved a good level of development at lower rates than their peers who are FSM ineligible. Reducing this difference will indicate successful focus on children experiencing educational inequalities.

## Metric cont.

Difference between GLD at 5yr olds for all for FSM eligible and FSM ineligible children

Difference between GLD at 5yr olds for all FSM provision vs no FSM Provision for communication skills



**Strategic Objective 4:**

**Achieving a cohesive  
offer and an integrated  
system wide response**

## Why is this strategic objective important?

This strategic objective focuses on creating a coordinated, integrated approach across health, education, and family support systems to address the needs of children and families most effectively. At the heart of this objective is transformative action to develop a place strategic commissioning approach for Children's interventions supported by specialist Public Health advice. This will lead to the alignment of resources, priorities, and service delivery, reducing duplication and improving efficiency. Alongside this, neighbourhood working offers a place-based model where local services collaborate to identify needs early, share pathways, and deliver consistent support close to families.

Together, these approaches strengthen system-wide coordination, improve accessibility, and ensure targeted interventions for vulnerable children, supporting the GLD plan's aim of reducing inequalities and achieving better outcomes

## Current position (services: challenges/opportunities)

Stakeholders have identified challenges in the following areas:

1. Clarity and alignment of services
2. Workforce readiness and capacity
3. Trust and Accessibility of Services:
4. Partnership Communication Across Agencies:
5. Information-Sharing Infrastructure.
6. Learning from best practice.
7. Data and Evidence challenges

## Stakeholders identified the following areas as opportunities for change:

- ✓ Improve Clarity and Alignment
- ✓ Strengthen Workforce Enablement
- ✓ Establish a Clear Shared Visio
- ✓ Enhance Communication Engagement
- ✓ Build Trust and Accessible Hubs
- ✓ Develop Strong Data Infrastructure
- ✓ Address Funding and Remuneration
- ✓ Strengthen Agency Collaboration
- ✓ Create Central Information-Sharing Hub
- ✓ Learn from Best Practice

## Transformation area/s

Areas identified through interpretation and analysis of local needs, policy and assets. Each area is divided into priority areas, ambition, rationale process and rag rating.

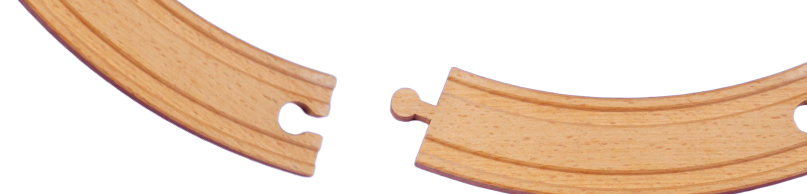
- One front door' – alignment between Neighbourhood Health hubs, early education and early help, 0-19, Families First and Community Hubs
- BCYP Commissioning Strategy
- Integration SEN Practitioner Offer
- Early Years Pathway Project

**BAU delivery through:**  
S4L & FH Delivery Plan, 0-19 Delivery Plan  
Neglect Improvement Plan, STB Plan

### Key

- funding available
- executive approval for spend required

# SO4: Transformation Roadmap



## Key Activity

---

Achieve a clear and cohesive BCYP offer

---

A system wide response to 0-5s

---

Early Years Pathway Project

---

Integration SEN Practitioner Offer

## Ambition

---

Develop a strategic commissioning model for children's

---

A 'One front door' approach to 0-5 interventions. Therefore, aligning Families First, with Family Hubs, Healthy Child Programme and the Neighborhood Health sites.

---

Local parents are aware of all available early years services and referral processes

---

**Please see SO2 Integration of SEND early identification offer**

## Rationale

---

It is imperative that the BSIL is framed within a collaborative costed delivery model

---

Families tell their story once and can access the right support in a timely way.

---

Adopt a systemwide approach to GLD

---

A recent EY service self-assessment conducted by LiiA identified gaps in the visibility of early years services. This has been echoed by local parent group representatives.

---

**Please see SO2 Integration of SEND early identification offer**

## Process

---

Development of children's commissioning strategy underpinned by the BCYP dashboard

---

Public health and service redesign team develop a relevant model.

---

Early year's systems MoU is developed led by Public Health.

---

Public Health and Education will work with LiiA to identify examples of good practice and develop and publish a local early year's pathway.

---

**Please see SO2 Integration of SEND early identification offer**

## RAG

## SO4: What are we trying to achieve ?

### Outcomes

#### Long-Term Impact (Population Level)

Improved child wellbeing and life chances  
Reduction in health and developmental inequalities  
Lower incidence of neglect and adverse childhood experiences  
More equitable access to early education and support  
Stronger foundations for lifelong health, learning and family stability  
Reduced demand for high-cost crisis and intervention services  
Improved inclusion of children with SEND in early education

#### For Parents and Carers

Strengthened caregiving capacity  
Reduced parental stress linked to unmanaged need  
Increased parental participation in employment or training

### Indicators

Parents and carer co creation and co production

PH EY Dashboard


### Metric

PPI measures  
- Experience  
- Impact  
- Quality of involvement


# **Our Commitment to Change**



This plan sets out a clear and ambitious direction to give every child the best possible start in life recognising that outcomes at age 5 are shaped by the strength of systems that support children and families from pregnancy through the early years. By focusing on prevention, early intervention and reducing inequalities this plan commits to improving outcomes in a way that is equitable and evidence informed and place based, framed by a health in all policies approach. Central to delivery is our commitment to strengthen Early Years infrastructure, build system wide capacity and ensure long term sustainability. This includes developing a skilled and confident workforce, improving data and intelligence, aligning commissioning and identifying funding and strengthening governance and partnership arrangements so that services are joined up resiliently and able to respond to changing needs.



Successful implementation of this plan will rely on shared ownership and accountability across education, health, and social care in the voluntary and community sector and families themselves (please see our 'We Statements' in the appendix section). Clear delivery arrangements, robust performance monitoring and regular review will ensure progress is tracked and learning is embedded enabling continuous improvement over the life of this plan. Ultimately this plan represents the foundations for transformation and a collective commitment to invest early years and work differently building a strong capable and sustainable earlier system that enables children to be healthy, confident and ready to thrive by the end of reception year and beyond.



# Our Pledges 'We Statements'

Regardless of role, partners commit to:

- **Early identification and intervention**
- **Clear communication and consistent messaging**
- **Culturally sensitive and inclusive practice**
- **Sharing data and aligning priorities**
- **Reducing poverty, instability and family stress**
- **Making Every Contact Count (MECC)**
- **"Think Family" and multi-agency working**





# Appendix



## Glossary

**Transformation** in our plan means a continuous system wide change process, i.e. continuous improvement, building on strengths of existing programmes and practices while also identifying gaps or areas that need a fresh approach.

**Start for life (S4L)** lays the foundation for school readiness by promoting healthy development from birth. It consists of PIR, IF, HLE, and PP, website.

**Nursery Readiness (3ys):** appropriate level of development achieved by this age. The Ages and Stages questionnaire (ASQ) is the tool used to measure outcomes at this stage. It can also be seen as a conceptual framework indicating a child's developmental level and ability to function, play and learn in a school environment. The framework covers several developmental domains such as cognitive, language, socioemotional, and motor/physical skills.[1]

**School Readiness:** proxy measure appropriate level of development achieved by the end of foundation stage. A Good Level of Development (GLD) (5yrs) is a measurable part of school readiness and considers how well a child can cope with school life, measured in Reception year.

**Vulnerable under 5s** in this plan means babies and children identified through the antenatal pathway, early years assessment and neglect tool.

# Bookcase

## ← Key Documents →

Giving Every Child the Best Start in Life

Plan for Change

LBBB SCP Annual Report

NEET Strategy

Poverty Strategy

LBBB Borough Strategic Plan – It Starts Here

Annual Public Health Report 2024

LBBB Joint Strategic Health Assessment

Annual Sufficiency Report

DCS Annual Assurance Statement

DCS Assurance Reports

Quality Assurance Reports

Performance Reports

Provider Quality Monitoring Reports

SEND Self Assessment

SEND Improvement Plan

 **BEST  
START  
IN LIFE**

**Barking &  
Dagenham**