

Nottinghamshire **Best Start in Life**

**Local Plan
(2026-2029)**



...giving children the best start

Introduction



There are unfair differences in health and life chances across Nottinghamshire. Children growing up in poorer areas are less likely to reach a good level of development. This local plan aims to change that. It builds on the Nottinghamshire [Best Start Strategy](#) 2025-2030, by setting out specific actions to help more children achieve a good level of development at age 5 by 2028, especially those living in disadvantaged communities. It also explains how we will continue to strengthen Best Start Family Hub services in line with the Government's Best Start in Life strategy.

Building on Nottinghamshire's current foundations - our strong commitment to best start in life driven by the Health and Wellbeing Board, our network of locally funded Family Hubs, and our multi-agency Best Start Strategy and Strategic Partnership - this document outlines how we will drive improvements to help every child reach their potential. Our key aim is to ensure that more children living in disadvantaged communities achieve a good level of development, measured at age 5. This means more work, through our networks and partners, to both identify and engage families who need extra support.

Recognising that school readiness is shaped from pregnancy onwards, this plan brings together multi-agency transformation actions across the 0 to 5 age range to streamline our approach and improve outcomes for Nottinghamshire families. It strengthens and aligns with existing prevention and early help priorities, complementing wider workstreams such as the Families First Partnership Programme, the Local Maternity and Neonatal System's equity strategy, the Improving Educational Opportunities for All strategy, and other systemwide priorities.

The delivery plan will be updated regularly to respond to data, evidence, emerging guidance, and local system reform. As we learn more about what works locally - particularly for our most disadvantaged children - we will adapt and refine our approach to ensure impact.

Section 1

Vision: What are we aiming for?

Vision

Every child has the best start in life, and parents, parents-to-be, babies and young children have what they need to thrive. Families, communities and services work together to make Nottinghamshire a great place to be born and grow up.

Targets

Our targets set by the Department for Education are as follows:

1. 76.7 % of children in Nottinghamshire achieve a good level of development at the end of Reception (age 5) by 2028
2. 56.6 % of disadvantaged children in Nottinghamshire (those eligible for free school meals) achieve a good level of development at the end of Reception (age 5) by 2028

We want to reduce the unfair differences in how well children do, so that all children – whatever their background – can achieve their potential. Our ambition is to further close the gap in attainment between disadvantaged children and their peers - beyond the targets we have been set.

Strategic aims and outcomes

To improve children's development by age five, we are acting from conception onwards, because the earliest stages of life lay the foundations for lifelong health, wellbeing and prosperity.

Our Best Start Strategy, co-produced by key stakeholders, including families, identifies five key priorities that guide the collective efforts of system partners:

- Building blocks of health and wellbeing
- Parents mental health
- Preparing to be parents and healthy beginnings
- Building strong relationships
- Early experiences: chat, play, read and learn

We will know we have made a difference through improvements in our two overarching outcomes measures:

- Children achieving a good level of development at age 2–2.5 years, especially in our more deprived communities
- Children achieving a good level of development at the end of Reception, especially in our more deprived communities

Alongside these several other outcome and output measures help measure progress in relation to the delivery of the Best Start Strategy. These are being brought together in a systemwide best start dashboard, currently in development.

Section 2

Local context: Where are we now?

Strategic alignment

The plan builds on priorities for our wider system and council, including:

- The Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026, which identifies best start in life as a key priority describing how the earliest years of a child's life have a vast impact on their long-term development and future life chances. Actions are driven via Nottinghamshire's Health and Wellbeing Board.
- The Nottinghamshire Council Plan 2025-2029, which clearly identifies best start in life as a priority area, with a commitment to ensure more children have good levels of early development and are ready for school.
- Nottinghamshire's Families First Partnership Programme, improving how local partners work together to support families and protect children by providing early, holistic support to families. This is overseen by a Families First Partnership Programme Board.
- The strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) 2024-2027, which is driven by a local area SEND partnership. The local area partnership brings together organisations providing services to meet the needs of children and young people with SEND and ultimately works to improve the experiences and outcomes of those children and young people. It is overseen by a multi-agency Partnership Assurance and Improvement Group and includes five key streams of activity including the requirements and expectations that emerge from the Government's new White Paper - Every child achieving and thriving (Feb 2026).
- The Nottinghamshire Local Maternity and Neonatal System (LMNS), which brings together NHS providers, public health, primary care, community partners, and experts by experience to deliver safe, personalised, and equitable care across Nottingham and Nottinghamshire. An LMNS equity strategy 2025-2028 aims to tackle persistent inequalities in local perinatal outcomes. This work is overseen by a Perinatal Scrutiny and Oversight Board.
- The Nottinghamshire Improving Educational Opportunities for All Strategy, which drives action to raise education attainment and reduce inequalities for children and young people and is overseen by an Improving Educational Opportunities for All Performance Board.

- The Children and Young People’s Mental health plan, which sets out an integrated, whole system approach to children and young people’s mental health and wellbeing, with a focus on prevention, personalisation and better access to support. It includes actions to build resilient, mentally healthy children and young people with specific attention to best start and 0 to 5’s and is overseen by a Children and Young People’s Strategic Partnership for mental health.

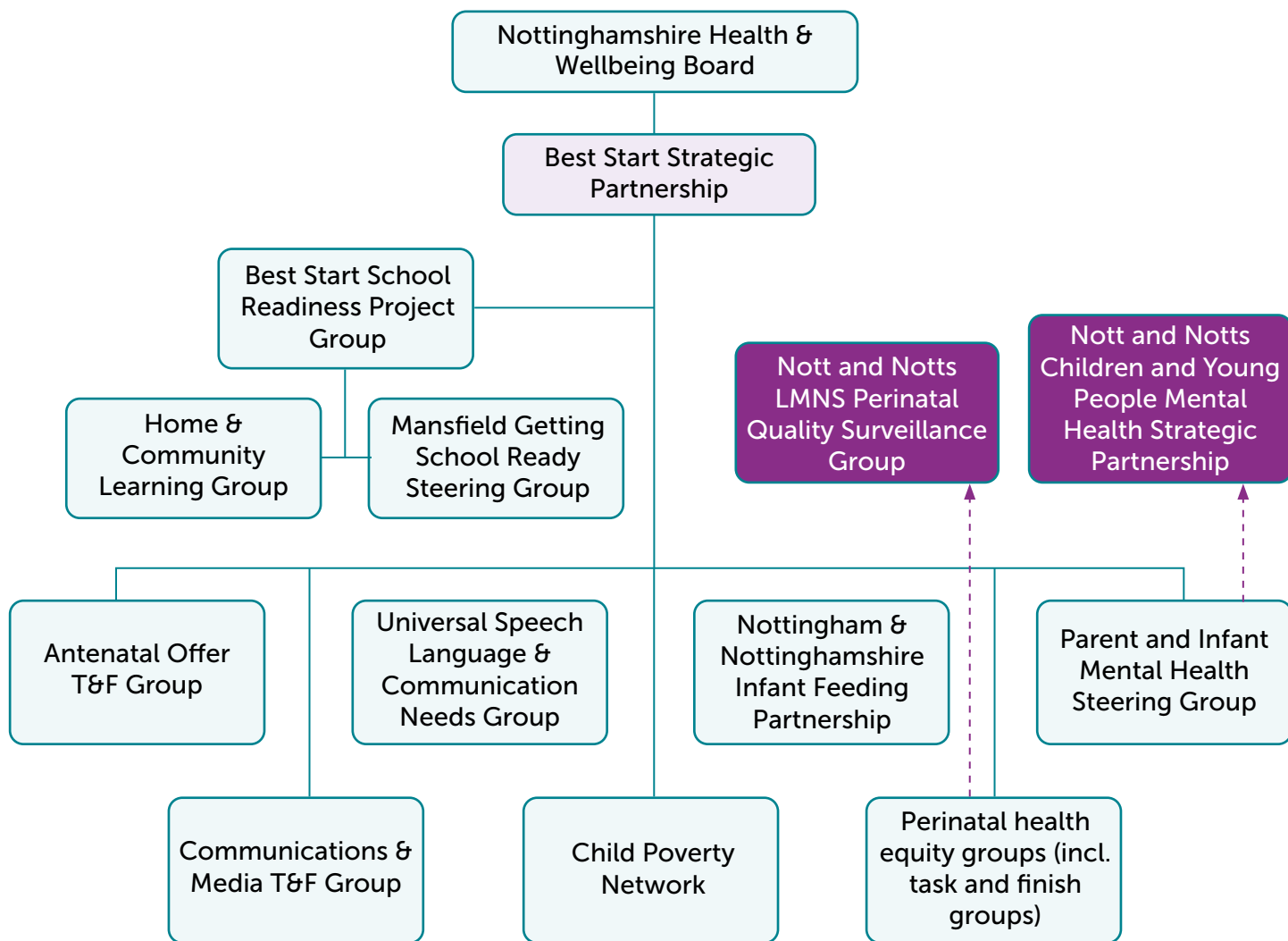
Leadership and partnership

Delivery is led by strong partnerships at both strategic and operational levels, including:

- A well-established Best Start Strategic Partnership, accountable to the Nottinghamshire Health and Wellbeing Board and made up of local system leaders. Members represent Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham University Hospital Trust, Sherwood Forest Hospital Trust, Doncaster and Bassetlaw Hospital Trust, the Place Based Partnerships, the Nottingham and Nottinghamshire Integrated Care Board, Nottingham Trent University and Inspire.
- A network of 17 Family Hubs, that are in the process of expanding their offer to families from conception to age 19, with a best start offer at their core. Family Hub Networks bring services together to improve families’ access to support and connections between families, professionals and services putting relationships at the heart of family support. At a local level Family Hub Network Partnership groups deliver multi-agency planning and service delivery to develop the Family Hub Network to better support families, children and young people.
- A joint approach to the development and delivery of the best start plan within Nottinghamshire County Council (NCC) with shared leadership across the Children and Families and the Place (public health and communities) departments, supported by integrated strategic priorities.



Governance



Ways of working

The Nottinghamshire Best Start [Strategy](#) identifies a series of system enablers that underpin the way we work:

- Community and voluntary sector
- Information sharing and IT systems
- Advice, information and guidance
- Evidence of what works
- Close working across the Integrated Care System

Partnership working underpins all we do. A newly established best start school readiness group – comprised of operational service leads from across partners - leads the development and delivery of our local plan, reporting progress regularly to the Best Start Strategic Partnership.

This project group also works to:

- prioritise and target funding, ensuring that we focus efforts on our most disadvantaged communities,
- ensure decisions are informed by evidence, local data and intelligence,
- measure impact.

Data and local needs

There are inequalities in health, wellbeing and prosperity across Nottinghamshire. More children live in poverty than the national average, and children from poorer areas are less likely to reach a good level of development.

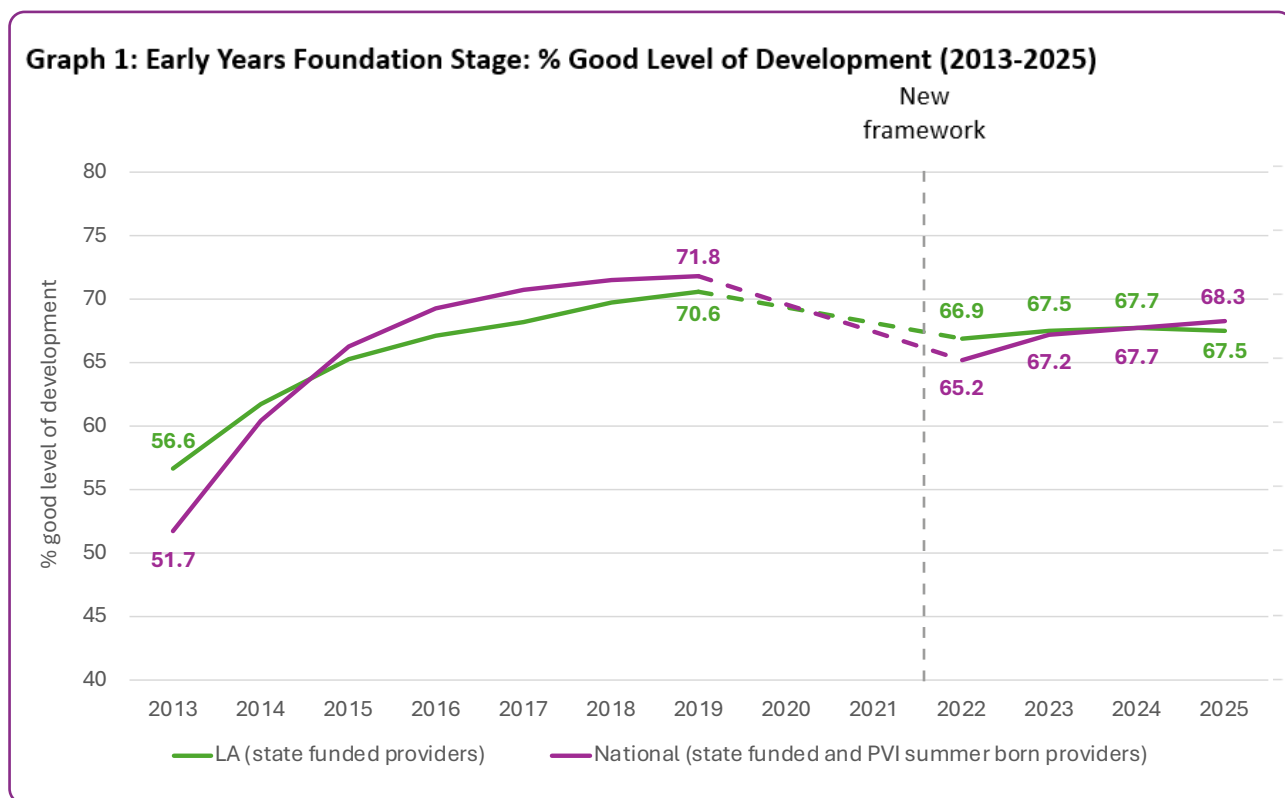
0 to 2's

A comprehensive JSNA of the first [1,001 days](#) - from conception to age two - was undertaken to review evidence, assess Nottinghamshire's current situation, and develop recommendations. This shaped Nottinghamshire's Best Start strategy and this delivery plan.

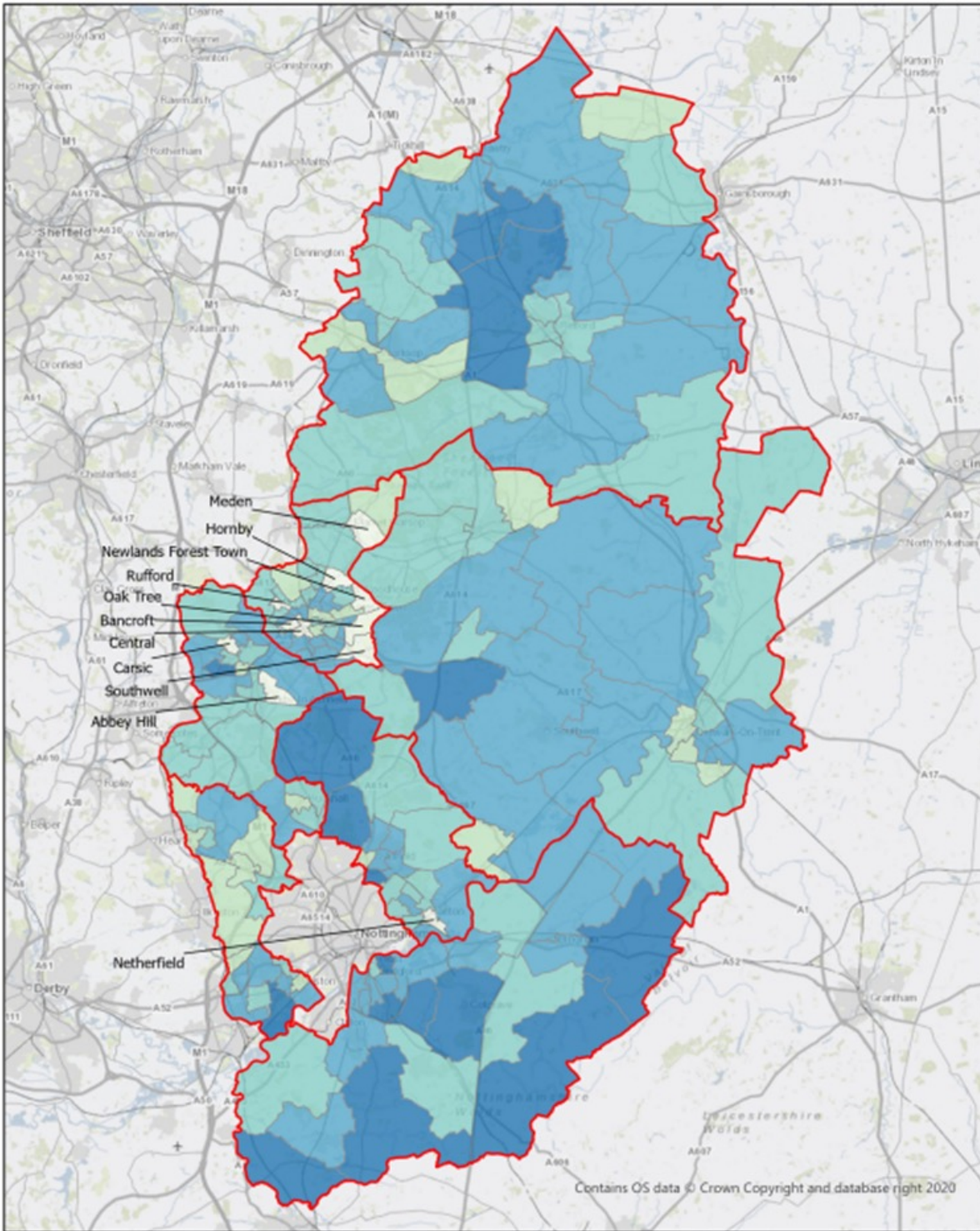
A child's development is reviewed at age 2-2.5 years by the Healthy Family Team using an Ages and Stages Questionnaire to assess communication, gross motor, fine motor, problem solving and personal social skills. In Nottinghamshire 81.3% of children achieve the expected level of development at age 2. While similar to the national average, the local trend is worsening over time, whereas the national trend is not. The main areas of need in Nottinghamshire are communication skills (87.5% meet the expected development, similar to the national average) followed by gross motor skills (92% meet the expected level of development, poorer than the national average).



Good level of development

Good level of development is assessed at the end of the Early Years Foundation Stage (Reception) when development is reviewed across key areas of learning. The proportion of children achieving a good level of development (GLD) at age 5 in Nottinghamshire is 67.5% (2025). This is similar to the national average of 68.3% and has not changed significantly in recent years (Graph 1).



Map 1: Early Years Foundation Stage 2025, by ward

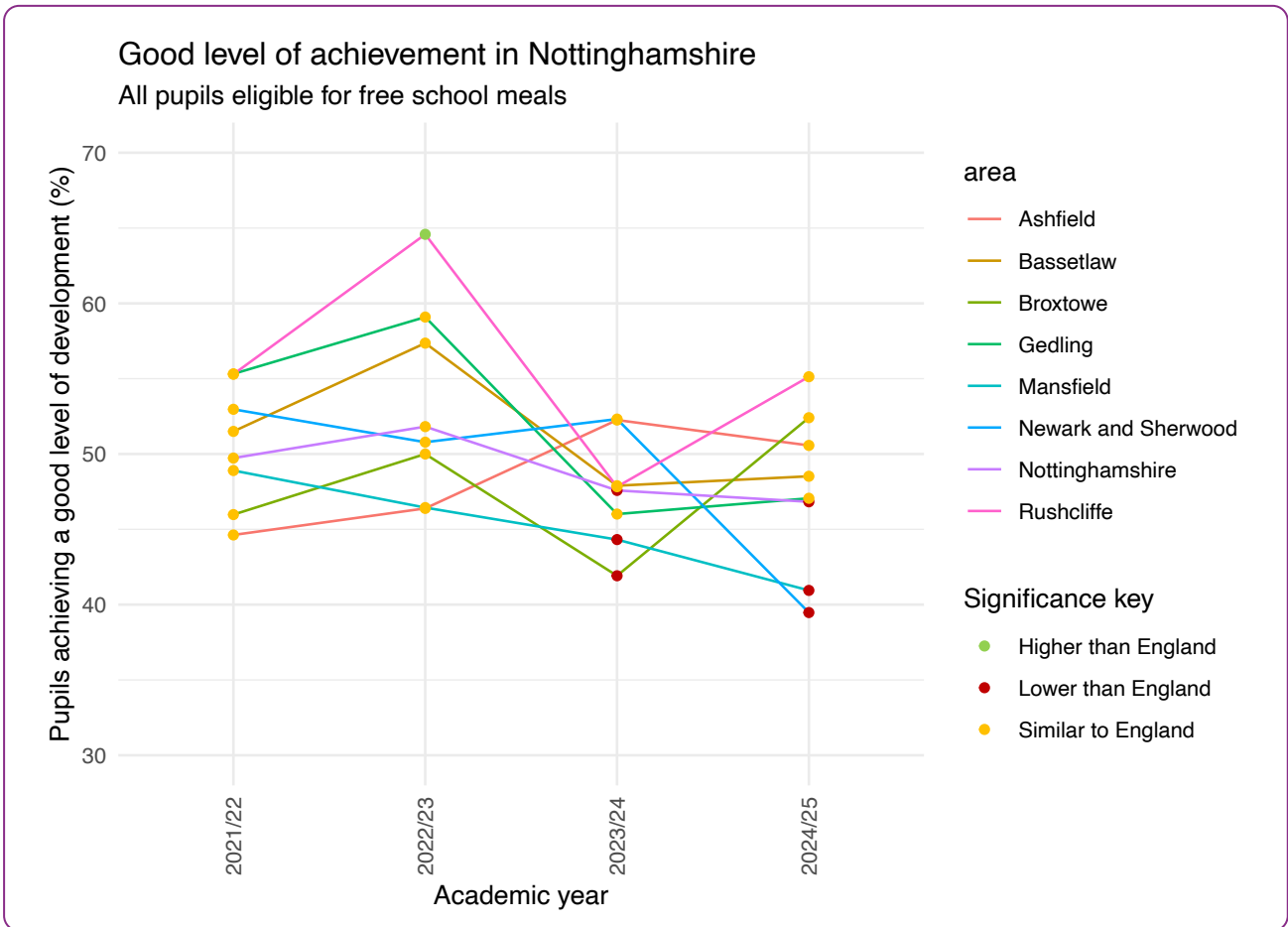


<p>% achieving a 'good level of development' in Early Years FSP (2025) by ward</p> <ul style="list-style-type: none"> ▭ Nottinghamshire districts ▭ 42.9% - 50.0% ▭ 50.01% - 60.0% ▭ 60.01% - 70.0% ▭ 70.01% - 80.0% ▭ 80.01% - 100.0% 		<p>Based on residence of pupils of those attending a Nottinghamshire school / academy. Excludes 408 pupils (4.7% of the cohort) who live outside the Nottinghamshire LA boundary or whose postcode is unknown / unmatched.</p> <p>Wards attaining less than or equal to 50% are labelled.</p> <p>N ↑ 1:330,000</p>	  <small>© Crown Copyright. All rights reserved (Nottinghamshire County Council) O.S. Licence No. 1000150713, 2025 Business Intelligence Unit.</small>
<p>Contains OS data © Crown Copyright and database right 2020</p>			

Development has been mapped at ward level – wards with the lowest proportion of children achieving a GLD (under 50%) are labelled in Map 1.

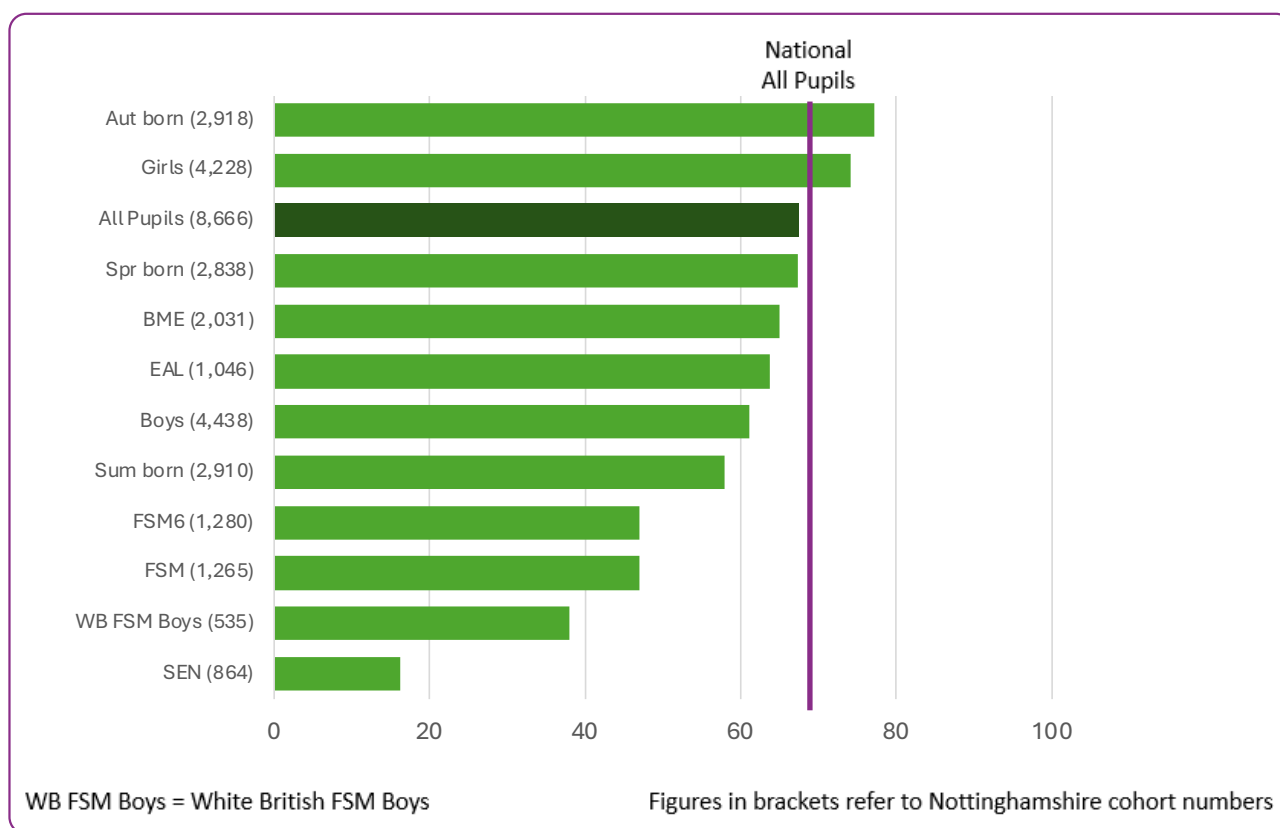
The proportion of disadvantaged children (those eligible for Free School Meals) achieving a GLD is just 46.8% - significantly lower than the national average of 51.3% (Graph 2). Narrowing the gap in attainment between the county’s most and least advantaged communities is a key priority.

Graph 2: Early Years Foundation Scale, those eligible for FSM



There are clear cohorts of children most and least likely to achieve a GLD - children with special educational needs, white british boys eligible for free school meals, and all children eligible for free school meals currently (FSM) or previously (FSM6) are least likely to achieve a GLD (Graph 3).

Graph 3: Early Years Foundation Stage Profile by pupil group: % Good Level of Development (2025)

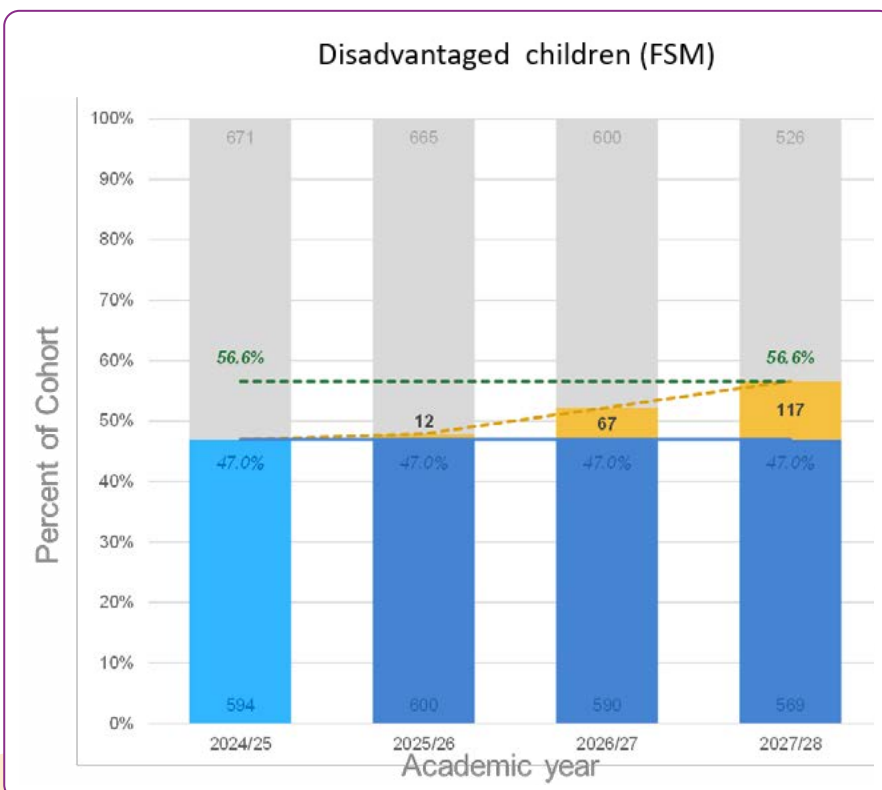
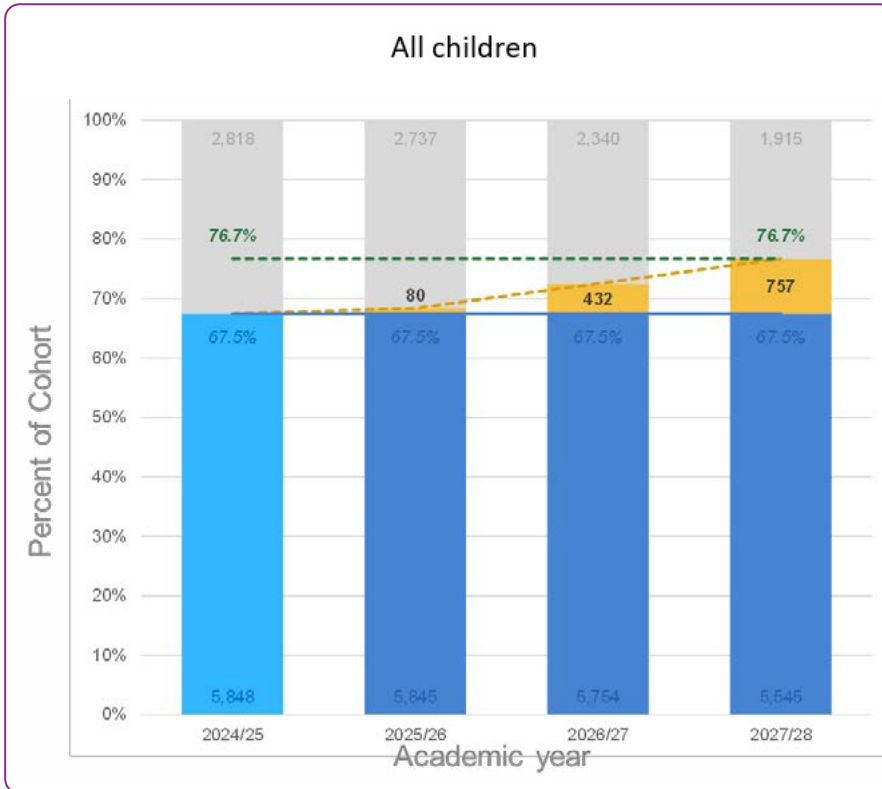


Overall girls and children born in the autumn are more likely to achieve a GLD than boys and children born in the summer. This mirrors national trends and evidence. National data and evidence also highlights other groups most at risk of not meeting a GLD: those who identify as travellers of Irish heritage, gypsy or roma, and those with multiple, intersecting disadvantage and / or Multiple Adverse Childhood Experiences (ACE's).

The proportion of children with special education needs and disabilities (SEND) meeting a GLD in the latest year was 16.2% compared to 20.6% nationally. Further details are shown in Graph 1 in the appendix.

To meet the targets set **an additional 757 children need to reach a GLD** in 2028. This is a 14% increase. To meet the target for disadvantaged children (those eligible for FSM) **an additional 117 disadvantaged children need to reach a GLD**. This is a 21% increase (see Graph 4 for detail).

Graph 4: Illustrative trajectory to meet GLD targets (2025-2028)



GLD varies across the county, with just 61.4% of children in Mansfeld achieving a GLD compared to 75.8% in Rushcliffe. Graphs summarising the district position, and the additional numbers of children who need to achieve a GLD to meet the targets are included in the appendix. (See Appendix - Graphs 2 and 3).

Local analysis of data from 2022 to 2025 identifies that children in the most deprived areas consistently achieve a GLD at lower rates than those in the least deprived areas. This can be clearly seen in the latest data (Graph 5).

Graph 5: Income Deprivation Affecting Children (IDACI): EYFS, 2025



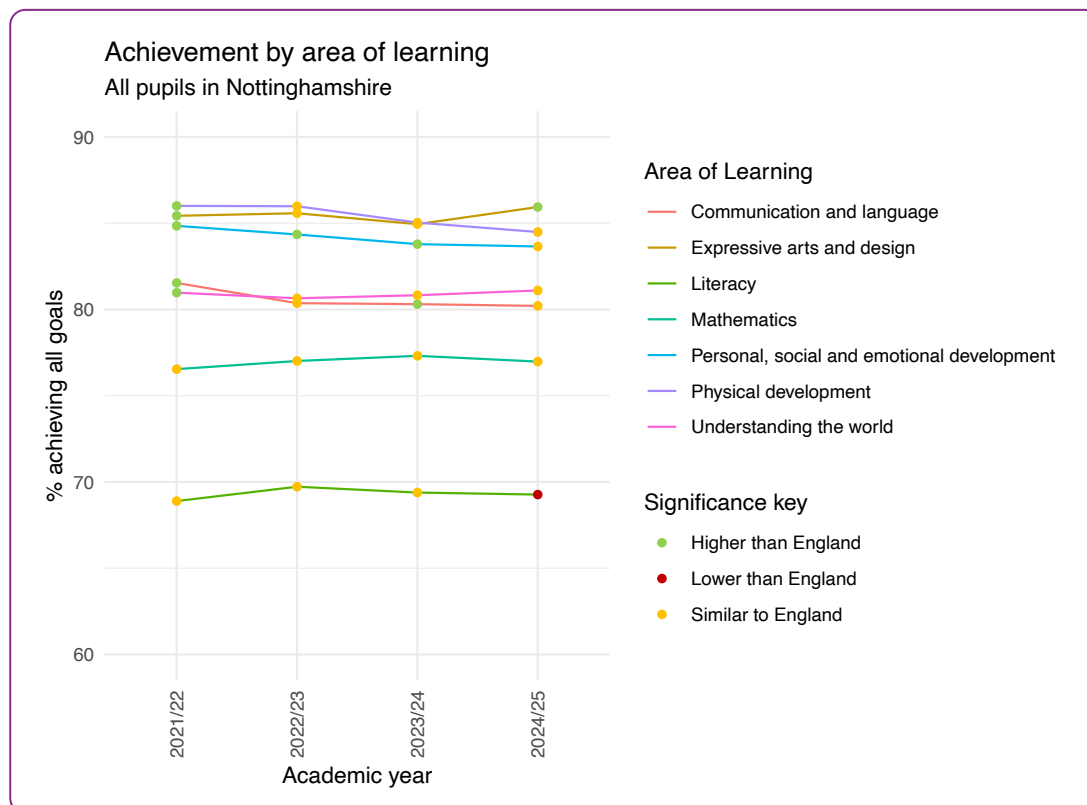
The Income Affecting Children index is a national measure of the proportion of children living in income deprived families. It highlights how concentrated child poverty is in local areas.

Almost half of children in the 10% most deprived areas of the county did not achieve a GLD.

The most deprived areas in the county have been identified (see Appendix – Map 1).

The Early Years Foundation Stage (EYFS) assesses a range of development at age 5, The Early Years Foundation Stage (EYFS) assesses a range of development at age 5, including communication and language, physical development, personal, social and emotional development, literacy and mathematics. Literacy and mathematics emerge as priority areas where children are less likely to achieve a GLD, though this is similar to the rest of England. Nottinghamshire children generally do well (better than England) in personal, social and emotional development.

Graph 6: GLD achievement by area of learning (all pupils)



Further analysis of the EYFS Profile data across the four years from 2022 to 2025 was completed and is summarised in graph 4 of the appendix. This confirms the need to focus on literacy and maths as key measures where children narrowly miss out on achieving a GLD.

In summary, we need to improve GLD across Nottinghamshire, but fastest in our most deprived communities, because it is children in our more deprived areas who are least likely to achieve a GLD.

Childcare sufficiency

The 2025 Child Sufficiency [Audit](#) confirms that the county has sufficient vacant places for children aged 0–5 to meet parental demand.

The vacancy levels for all age groups are monitored closely, including small hotspot areas of low sufficiency in specific wards (See Appendix - map 2).

Engagement and co-production

73% of eligible 2-year-old families in receipt of additional support are accessing a place in Nottinghamshire, compared to 67% nationally (Autumn 2025).

93% of 3 and 4 year olds in Nottinghamshire are taking up a place (excluding those who we know take up places in neighbouring authorities).

The number of places available for early years and SEND children has increased by approximately 1000 through the DfE capital expansion funding grant.

Health services have a duty to notify the local authority where a child under school age has or is likely to have a SEND. In Nottinghamshire just over 60% (304) of those notified are accessing an early year's provider (Aug 2025 - Jul 2025).

There has been a 39% increase in the number of children accessing the Disability Access Fund (claimed via early years providers), suggesting that more children eligible for the Disability Living Allowance are accessing early years provision.

Engagement and co-production

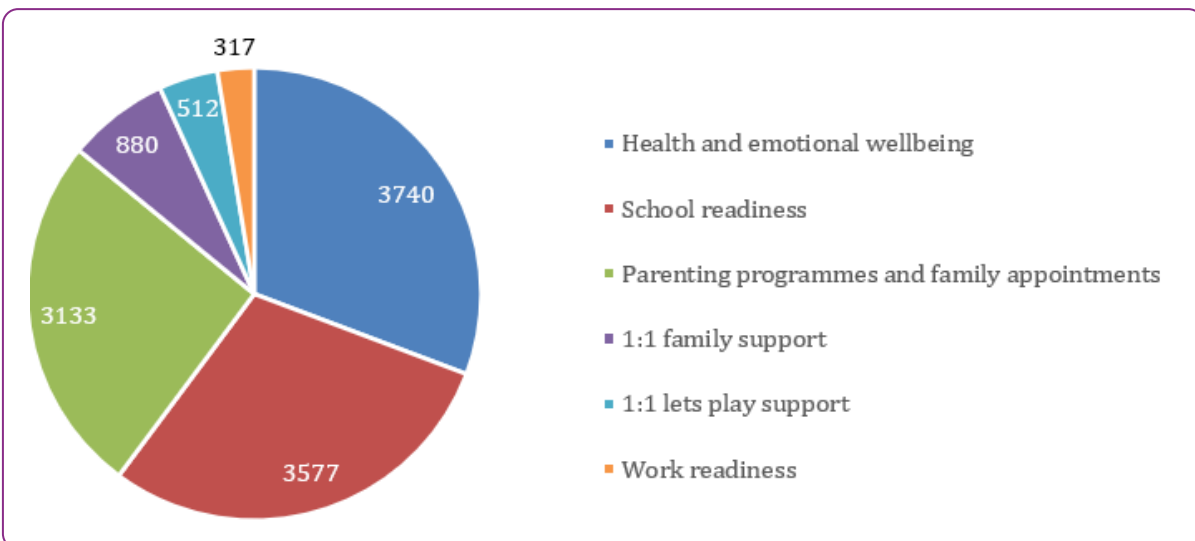
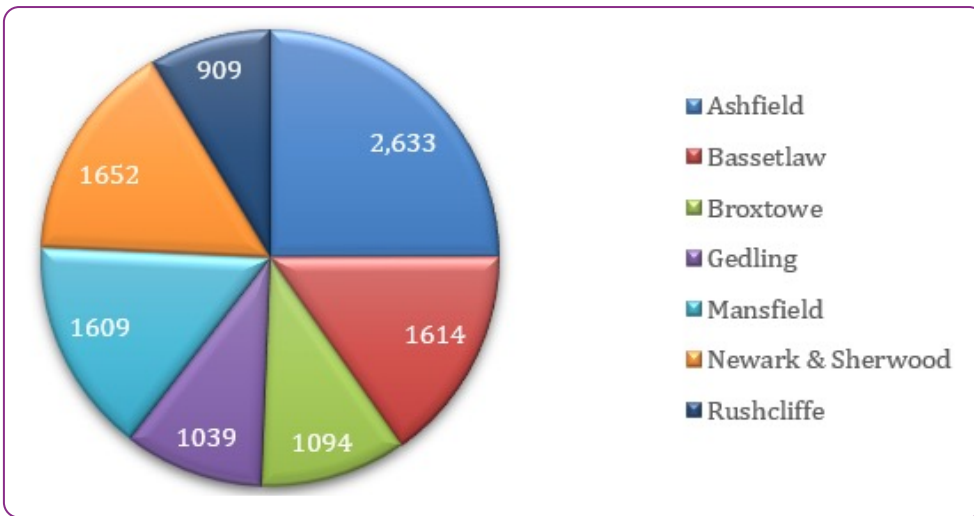
Nottinghamshire places high value on co-production, with more than 1,000 parents and carers already contributing to shape the Family Hub offer. Key themes from Family Hub engagement included:

- More support for parents, children, and siblings of children with SEND
- Parents/carers value peer support
- Post-natal support could be better
- Services and support need to be more accessible
- Family hubs are a much needed and positive approach to supporting families

Families were involved at multiple stages of Family Hub development: from identifying local need, shaping the service offer, to prioritisation.

Family Hubs

In the latest year, Family Hubs received 10,550 referrals (left) and offered 12,159 interventions (right).



Local services and networks

This section highlights the current Best Start system, including Family Hub networks, partnerships, and the local Best Start offer across the first 1,001 days. These people and services work together in Family Hub Networks across Nottinghamshire. As they continue to evolve and establish, Family Hub Networks will join up the organisations and services working to support families. They will cover support from pregnancy, through the child's early years, later childhood into young adulthood.

Our Best Start System

Our best start system is made up of parents, carers and all those who have a role in supporting families in Nottinghamshire, including voluntary and independent providers.



Nottinghamshire's [best start offer](#) brings together the services and support available from conception to 2, from across Best Start partners, into a clear offer for parents. It is widely promoted to parents-to-be, parents and carers.

Family Hubs and early help

Nottinghamshire has transformed former Children's Centres into [Family Hubs](#). While this transformation is well underway, the model remains a work in progress and continues to develop so that hubs can support children of all ages, while maintaining strong early years' services and a best start in life offer at their core.

The vision is for a fully integrated network of Family Hubs that provide seamless, accessible support for children, young people and families from pregnancy through to age 19 (or 25 for those with SEND). As this model evolves, Family Hubs will become coordinated, multi-agency "one-stop shops" where families receive timely help with child development, parenting, emotional wellbeing, relationships, finances, employment and more.

There are now 17 well-established Family Hub Networks across Nottinghamshire that have begun to join up the planning and delivery of family help services at a local level. Every community has access to a Family Hub, delivered through a hub-and-spoke model: combining physical buildings, outreach in communities, and digital support. This hybrid model aims to make support easy to find and responsive to local needs.

The service offer currently includes family support, children's development, work readiness and aspiration and health and wellbeing. Interventions include evidence-based parenting programmes, group work, 1:1 support, a programme of evidence-based group activities, peer support, and more. Family Hubs work to achieve the following key outcomes:

- Early identification and prevention of risk of harm,
- Children achieve a good level of development, are ready for school, and are effectively supported to close the attainment gap,
- Parents are job-ready and economically active, with increased aspirations for themselves and their children,
- Improved health and wellbeing of children and parents.

Nottinghamshire has 31 Family Hub buildings - 17 of which are main 'hubs' open every day, and others used as 'spokes' to deliver interventions flexibly.

There are four core partners in each network: the Family Hub service, early help, Healthy Family Teams and the youth service, as well as a wide range of partners with membership tailored to the needs of local area. Members receive regular briefings to stay informed, celebrate good practice, and strengthen collaborative working through shared learning.

Family Hub Networks host other organisations who support expectant parents and families. These include Healthy Family Teams and maternity clinics, substance use services, domestic abuse services, the Department of Work and Pensions, emotional health and wellbeing services and youth services.

A team of Early Help Advisors have recently been established to provide advice and guidance on early help services and resources available – helping to meet the needs of children and families as early as possible. They create links between practitioners and organisations and raise awareness of what help is available – so that families get the right help, at the right time.

Our Families Information Service oversees a digital and social media offer, including management of our virtual information hub – *Your Notts Directory* – which provides information, advice and guidance for families.

Early years service (Education, Learning and Inclusion)

The most vulnerable children in early years settings are tracked and monitored for progress and support by NCC's quality and attainment team. This team is made up of early years specialist teachers with a district Special Educational Needs Coordinator (SENCO) role and quality improvement advisors. This enables the team to provide enhanced support for early years providers with high numbers of vulnerable children and/or children with multiple vulnerabilities. The team delivers regular early years support visits to providers, with frequency of visits and support determined by a RAG rating system. EYFS support visits are also delivered to targeted schools by Education Improvement Advisors.

Early years providers across Nottinghamshire who work with children needing additional support receive financial support via inclusion funding, deprivation funding and the Early Years Pupil Premium.

Early years providers are regularly consulted and engaged in working with NCC to ensure childcare is accessible, affordable and of high quality. There is a comprehensive workforce development offer, regular engagement networks, and a range of consultation groups. NCC are also working to deliver Government reforms for school aged childcare, including for those in Reception.

Summary

An analysis of data and local intelligence identifies a series of local priorities in relation to school readiness:

- Action to support health, wellbeing and early development in the 1,001 days from conception to 2 is key to shaping school readiness. This includes action to tackle building blocks of health and wellbeing including poverty, parents mental health, healthy beginnings and preparation for parenthood, parent-infant relationships and interaction, play and early language development.
- Efforts must be targeted at our most disadvantaged communities: our 0-20% most deprived, lower super output areas, followed by the 20-50% most deprived. These families live in diverse parts of the county and identification of them should be a key priority.
- There are opportunities to strengthen experiences and outcomes for children with special educational needs and disabilities (SEND) and to increase access to early years provision that meets their needs.
- There are opportunities to better align health and development reviews to evidence-based interventions to ensure children and families receive robust, consistent support where development is not at the expected level – and to strengthen the overall process given its critical role in early identification.
- There is scope to enhance the promotion of early child development among children and families with multiple adverse childhood experiences, including those engaged with social care services.
- Childcare take up by families in receipt of additional support remains a key priority, as does maintaining sufficient high-quality provision.
- Whilst data on outcomes and impact of Family Hub interventions is collected, this requires strengthening to ensure we are making a positive difference to the families in greatest need.

This forms the basis of our delivery plan (see section 4) alongside the core Best Start in Life requirements, summarised in section 3.

Section 3

What we will do: core Best Start in Life aims

Best Start Family Hubs

We will continue to develop a connected, preventative, whole family system that reduces inequalities, strengthens collaboration across partners, and ensures families get the right support at the right time, wherever they live in the county.

Aligned with the Families First Programme, we are shaping Nottinghamshire's 0–19 Family Hub model around early, preventative support that responds to the needs of local communities. By working in an integrated way with partners from the voluntary, community and health sector and wider services, we will continue to support children and families to access practical help, support, and evidence-based interventions through their local Family Hub. Our ambition is to ensure children and families receive early, consistent support to help them build strong foundations.

We will continue to transform the Family Hub offer so that families receive early, whole-family, strengths-based support from conception to 19, with expanded outreach to engage more families. We will also strengthen each Family Hub Network by ensuring it is supported by a multi-agency membership group that supports ongoing development.

Our team of Early Help Advisors will provide informed advice and guidance on early help services, build strong links between practitioners and organisations, and raise awareness of available support so that children and families receive the right help at the right time.

Key actions also include:

- increasing capacity in Family Hub services to deliver evidence-based parenting and home learning interventions to 3- and 4-year-olds and working to deliver the actions outlined in our best start delivery plan,
- increasing identification of children at greatest risk of not being school ready, working in close partnership with Healthy Family Teams (0 to 19 public health nursing service) and early years providers,
- championing meaningful co-production with families, children and young people via parent panels to ensure their voices influence planning, delivery and evaluation,
- strengthening data driven delivery by clearly measuring impact and outcomes of interventions.

Home learning environment and parenting support

An evidence review of a list of interventions provided by Department for Education has been undertaken and interventions assessed to identify their fit for the Nottinghamshire population in terms of identified need, local intelligence, value for money, and practicability to deliver via Family Hubs.

Three interventions for 3- and 4-year-olds have been identified, and work to procure the appropriate training for the Family Hub workforce has begun. These interventions include:

- Group based home learning intervention
- Peer led parenting intervention
- Group based parenting intervention

They enhance the existing Family Hub offer and will become a core element of best start pathways. Skills in the local voluntary and community sector will be enhanced via free training in evidence-based home learning approaches. Efforts to support parenting and the home learning environment will be targeted to socially disadvantaged families and those with multiple vulnerabilities. Close partnership working across Family Hubs, Healthy Family Teams and early years settings will ensure maximum impact. Further details are set out in the delivery plan (see section 4).

Access to high-quality early childhood education and care

A comprehensive programme of monitoring, support, funding and engagement will continue to support early years providers to meet the needs of Nottinghamshire's most vulnerable children. Work to address hotspot areas of low sufficiency will ensure childcare is available for all parents who want to access it, supported by the schools-based nursery capital grant. Plans include increasing take up of 15-hour childcare for supported 2-year-olds - implementing targeted outreach from Family Hubs to support this.

Support for transition to school and the Reception year

Local actions focus on strengthening transition from early years providers to schools, including a refresh of the transition process and associated documentation, and work to enhance the role of designated safeguarding leads in sharing relevant family information. Bespoke support and resources for schools admitting two-year-olds, including school-based nurseries, will be delivered to ensure quality and a smooth transition.

In addition, we will work in partnership with the Department for Education's stronger practice hubs, part of the regional Improvement for Standard and Excellence (RISE) programme which includes reception year quality as a key area of focus.

SEND identification and support

The Nottinghamshire local area SEND partnership is committed to improving the experiences and outcomes of children and young people with SEND. Nottinghamshire partners will continue to strengthen early identification and support and work to embed inclusive practice led by the local area partnership and the Partnership Assurance and Improvement Group. The Government published its White Paper and accompanying documents on 23 February 2026. 'Every child achieving and thriving' sets out the Government's vision for schools and special educational needs and disabilities to improve the lives of all children and young people. The Local Area Partnership will continue to work closely with the DFE to understand the implementation expectations. As further guidance emerges detailed plans will be developed to ensure that Family Hubs are able to deliver early and joined up support for children and families with SEND.

Family involvement and engagement

Families' voices will continue to directly influence design, delivery, and improvement. A Co-production and Volunteering Coordinator is being recruited to further enhance and amplify the voices of parents, children and young people. Priorities for involvement and engagement include the ongoing development of structured parent panels, delivered in partnership with the wider system, to ensure lived experience meaningfully shapes service design, delivery and evaluation.

Neighbourhood health plans

In Nottinghamshire, the Health and Wellbeing Board provides overarching strategic governance and oversight for the development of neighbourhood health plans. The development of neighbourhood health plans support local ambitions for integrated neighbourhood public service and are driven by the Joint Health and Wellbeing Steering Group.

Local partners have committed to embed the building blocks of health and wellbeing – such as safe communities, warm homes, stable jobs, a sense of belonging - in the development of integrated neighbourhood public service. This means a core, underpinning focus on prevention that can deliver action to support healthier communities over the life course. Plans will recognise that the health and wellbeing of children and families are key to building resilient communities and a healthier population. While the specific actions will be developed over time, both neighbourhood public service and best start plans will be fully aligned and are supported by clear strategic oversight via the Nottinghamshire Health and Wellbeing Board.

Evidence and impact

A best start data dashboard will summarise progress against the key measures outlined in Nottinghamshire’s Best Start Strategy. Subgroups will report progress and risks to the Best Start Strategic Partnership and the School Readiness Project Group. Delivery will follow a data driven, evidence-based approach, with interventions and actions piloted before being scaled up. Our plan is intentionally flexible so that it can evolve in response to data and evidence of impact. We will adapt as we learn, and if something isn’t working, we will refine our approach. Our work with the Mansfield Getting School Ready collective impact initiative, led by Nottingham Trent University, will support this.

Evidence and impact

Our governance structure will continue to evolve to ensure clear alignment with Families First and early help, strengthening shared accountability, co-ordination and decision-making across the system.



Section 4

What we will do: Nottinghamshire's Best Start Delivery Plan

Nottinghamshire's best start delivery plan is structured around the five priority areas identified in our Best Start Strategy.

Priority 1: Building blocks of health and wellbeing

Good health and wellbeing enable people to live happy, fulfilling lives. Every building block of health needs to be in place. For some families in Nottinghamshire these building blocks are missing or weak. When families don't have what they need to thrive, it can lead to chronic stress or poor health and affects a baby or young child's start in life. Babies and children growing up in poverty are at more risk.

Priority 2: Parents mental health

When parents have good mental health and emotional wellbeing, their baby or young child is more likely to thrive. Mental health can have a huge impact on how parents respond to the needs of their baby or young child. Those who experience poor mental health might need extra support to provide a nurturing environment

Priority 3: Preparing to be parents and healthy beginnings

Becoming a parent is a big life change - one that begins even before pregnancy. By supporting parents' health and wellbeing, we help give babies the best possible start in life. Pregnancy, birth, and the early years can be challenging for many parents. Confidence and parenting skills are shaped by childhood experiences, support from family and friends, and the circumstances we live in. By supporting parents through this journey, we can help children have the best start in life

Priority 4: Building strong relationships

The relationships we build with those around us impact on our happiness and our ability to handle life's challenges. That's why strong relationships are at the heart of our Best Start system:

- Babies need a loving, nurturing relationship to support healthy brain development.
- Parents need to feel confident they are raising their child in a supportive and caring environment
- Parents should have trusting relationships with the professionals who support them.
- Services and professionals must work closely together to provide seamless support

Priority 5: Early experiences: chat, play, read and learn

From the moment they are born, babies learn through interactions with the world around them. Every smile, word, and playful moment builds connections in their growing brain. Parents are a child's first and most important teacher. These early experiences are crucial – influencing language skills, social and emotional wellbeing and laying the foundations for lifelong learning. Good quality early education and childcare improve children's early development and give them the best possible start in life.

Cross-cutting priorities identified in the Best Start [Strategy](#) include:

- Co-production with families
- Think Dad
- Workforce development
- Focus on low-income areas
- Inclusion

Delivery plan

The delivery plan will be reviewed and updated regularly so it can respond to new data, emerging evidence, updated guidance, and wider system changes, including local government reform. This will include future actions related to SEND and integrated neighbourhood public services, which are still in development.

Each 'key deliverable' in the plan will be supported by a more detailed action plan, owned and managed by the relevant lead group. These action plans will be live documents that evolve over time as learning and priorities continue to emerge.

BUILDING BLOCKS OF HEALTH AND WELLBEING (incl child poverty and financial resilience)

Working together, we will

1. Ensure the people and services who have contact with families know about the building blocks of health and understand the impact they have, so they can:
 - Support families to make positive changes to their health and wellbeing by making every contact count
 - Ensure that families know about and can access the support they're entitled to
2. Ensure a wide range of people and services who have contact with families understand the impact of giving every child the best start in life and the role they can play.

Key deliverables 1-6 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
1. Incorporate the Making Every Contact Count (MECC) Healthy Conversations and building blocks of health approach across the Best Start Partnership and wider system (Voluntary & Community sector).	Building blocks of health and wellbeing	Best Start Strategic Partnership	Provider organisations to report
2. Commission, launch and embed the first 1,001 days e-learning across the Best Start Partnership and wider system (Voluntary & Community sector)	Building blocks of health and wellbeing	Best Start Strategic Partnership	Uptake of 1,001 days e-learning
3. Strengthen the voice of the infant across the local system (by reflecting 'baby' and 'infant' in plans, strategies, and multi-agency groups as well as care planning across a range of services).	Building blocks of health and wellbeing	Parent and Infant Mental Health Steering Group	Evidence that voice of infant documented

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
<p>4. Identify disadvantaged families who would benefit from additional support to be school ready and:</p> <p>(i) Encourage access to funded childcare, refreshing current strategy</p> <p>(ii) Deliver targeted support for home learning and/or parenting.</p> <p>Early years settings, Healthy Families Teams, Family Hubs and the Early Years Quality and attainment team all have key roles in this.</p>	Building blocks of Health and Wellbeing	Home and community learning group	Take up of funded childcare amongst supported families. Referrals to Family Hub interventions leading to early help (including parenting and home learning)
5. Increase family's awareness of the financial support available to them.	Building blocks of Health and Wellbeing	Child Poverty Network Group	Increased awareness of support mechanisms available to families.
6. Increase professionals awareness of the financial support available to families and offer a continuum of support after intervention	Building blocks of Health and Wellbeing	Child Poverty Network Group	Increased knowledge in staff of the support services available for families and where to access it. NHS Healthy Start Uptake

PARENTS MENTAL HEALTH

1. Develop a culture that recognises the importance of parents emotional health and wellbeing and the part this plays in healthy child development.
2. Support parents to improve their mental health and wellbeing, with a focus on mild to moderate and emerging mental health needs.
3. Support parents and parents-to-be to understand the changes in mental health and emotional wellbeing they might experience and equip them to recognise and respond to these.

Key deliverables 7-12 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
7. Develop and/or strengthen perinatal mental health information for parents and parents to be, ensuring a central, trusted access point via the NottAlone website.	Parents mental health	Parent and Infant Mental Health Steering Group	Website access stats Engagement / feedback from parents and carers Engagement /
8. Widely promote the NottAlone website as key point of information for parents and children's mental health (once developed).	Parents mental health	Best Start comms task and finish group	feedback from professionals Knowledge and confidence of staff
9. Review the maternal mental health pathway to understand effectiveness of a) efforts to identify maternal mental health need b) Referral pathways and access to services and c) communication and feedback loops between services. Actions will then be identified based on learning.	Parents mental health	Parent and Infant Mental Health Steering Group	to support families and signpost to local support. Demand, access and outcome data from relevant services.
10. Develop a pathway and/or guide to support professionals in understanding the mental health services and support available to parent and carers.	Parents mental health	Parent and Infant Mental Health Steering Group	
11. Strengthen access to mental health and emotional wellbeing support for fathers and non-birthing partners.	Parents mental health	Parent and Infant Mental Health Steering Group	
12. Equip professionals across the best start system to recognise signs and symptoms of mental health need and support parents to access the right service for them (workforce development).	Parents mental health	Parent and Infant Mental Health Steering Group	

PREPARING TO BE PARENTS AND HEALTHY BEGINNINGS

Working together, we will:

1. Help parents to be ready for parenthood, especially families who are more vulnerable
2. Support family's health and wellbeing before pregnancy and across the early years'
3. Reduce avoidable and unfair differences in pregnancy outcomes
4. Connect parents as early as possible with information, support, and services that will help them be the best parents they can

Key deliverables 13-25 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
13. Increase access to existing support and services in pregnancy such as Family Hubs, the Healthy Families antenatal offer and antenatal education.	Preparing to be parents and healthy beginnings	Antenatal offers T+F Group	Demand, access and outcome data from relevant services / interventions.
14. Raise awareness with professionals of the importance of supporting fathers, i.e. by introducing Dads Pack across the Best Start system.	Preparing to be parents and healthy beginnings	Best Start Strategic Partnership	Engagement with parents and carers
15. Further develop and promote a multi-media library of information for parents encompassing Best Start for life offer and virtual family hub.	Preparing to be parents and healthy beginnings	Best Start comms task and finish group	Website access stats Engagement with parents and carers
16. Support healthy pregnancies through provision of good quality, up to date information in a variety of formats, prior to pregnancy and in the perinatal period with a focus on harmful substances, nutrition and activity and pre-conception health.	Preparing to be parents and healthy beginnings	Perinatal Health Inequalities Group	Reach and access
17. Identify and provide appropriate support to people with physical risk factors identified in pregnancy and the post-natal period with a focus on harmful substances including alcohol, weight and nutrition and postnatal health.	Preparing to be parents and healthy beginnings	Perinatal Health Inequalities Group	Use of screening tools Referrals and access to relevant services / interventions

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
18. Increase professional and practitioner confidence in promoting key messages about healthy pregnancies with a focus on harmful substances and healthy weight.	Preparing to be parents and healthy beginnings	Perinatal Health Inequalities Group	Increased referrals to appropriate services
19. Enhance personalised care across the maternity pathway to ensure every woman and birth person receives care that reflects their needs, preferences and circumstances.	Preparing to be parents and healthy beginnings	Perinatal Health Inequalities Group	In development
20. Increase digital inclusion, accessibility and integration across the maternity pathway.	Preparing to be parents and healthy beginnings	Perinatal Health Inequalities Group	In development
21. Improve systems to identify and monitor perinatal health inequalities.	Building strong relationships	Perinatal Health Inequalities Group	Accurate and accessible data is regularly reported.
22. Develop a consistent, hospital led smoking in pregnancy pathway that includes the use of incentives, provision of vapes (where appropriate), and strengthened health promotion.	Preparing to be parents and healthy beginnings	Perinatal Quality Surveillance Group	Reduction in proportion of women smoking at the time of delivery
23. Provide clear, consistent, evidence-based, information and support for infant feeding. This includes workforce training, antenatal education, peer support and accessible pathways so families can start and continue feeding confidently.	Preparing to be parents and healthy beginnings	Nottingham and Nottinghamshire Infant Feeding Partnership	Engagement / feedback from parents and carers Knowledge and confidence of staff to support families and signpost to local support.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
24. Create environments where all infant feeding choices are fully respected and supported. This means normalising breast and chest feeding in community and public spaces, engaging partners and caregivers, supporting safe formula feeding (including emergency pathways), and embedding campaigns such as "Feed Your Way" to change social norms around infant feeding.	Preparing to be parents and healthy beginnings	Nottingham and Nottinghamshire Infant Feeding Partnership	Numbers of breastfeeding welcome venues Website access / usage
25. Develop and share comprehensive infant feeding data to monitor trends, identify disparities, measure progress, and shape targeted interventions. This also includes working to understand and address barriers faced by specific communities and sustaining quality standards like UNICEF Baby Friendly accreditation across services	Preparing to be parents and healthy beginnings	Nottingham and Nottinghamshire Infant Feeding Partnership	Accurate and accessible data is regularly reported.

BUILDING STRONG RELATIONSHIPS

Working together, we will:

1. Promote and support bonding, attachment, and the early parent-infant relationship so that babies have a loving, nurturing relationship to support healthy brain development
2. Build stronger connections between the people and services that support families, joined up around Family Hub Networks
3. Build trusting relationships between families and the people and services who support them

Key deliverables 26-32 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
26. Continue to develop connected whole-family Family Hub Networks that strengthen the collaborative delivery of services across partners, including with the community, voluntary and faith sector.	Building strong relationships	Best Start School Readiness Project Group	Case studies

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
27. Continue to develop preventative Family Hub services that reduce inequalities and ensure families get the right support at the right time, with impact and outcomes clearly measured.	Building strong relationships	Best Start School Readiness Project Group	Referral, access and outcome data (targeted)
28. Increase availability and uptake of interventions that support the parent–infant relationship.	Building strong relationships	Parent and Infant Mental Health Steering Group	Engagement / feedback from parents and carers Engagement / feedback from professionals
29. Improve communication, relationships and information sharing between maternity and neonatal services and HV's and Family Hubs.	Building strong relationships	Best Start Strategic Partnership	Knowledge and confidence of staff to support families and signpost to local support.
30. Deliver closer alignment between Family Hubs and Healthy Family Teams so that families receive seamless early help.	Building strong relationships	Best Start Strategic Partnership	Demand, access and outcome data from relevant services.
31. Equip professionals across the best start system to deliver clear and consistent messages in relation to parent infant relationships so they can identify, signpost and/or support parents and carers as required.	Building strong relationships	Parent and Infant Mental Health Steering Group	
32. Develop a Best Start Data Dashboard on the System Analytics Intelligence Portal to provide greater insight into need across the local system and to support measuring progress against the strategy. There will be a greater focus across plans on measuring impact and outcomes.	Building strong relationships	Best Start Strategic Partnership	

EARLY EXPERIENCES: READ, CHAT, PLAY AND LEARN

Speech, language and communication needs

Working together, we will support early speech, language and communication development from pregnancy, birth and across the early years.

Key deliverables 33-35 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
33. Improve identification of speech, language and communication needs, aligning screening tools across the system.	Early experiences: read, chat, play and learn	SLCN Task and Finish Group	Activity data and/or audit (HFT's).
34. Strengthen the early years speech, language and communication pathway to ensure children's needs are identified early, families receive the most effective intervention, and support is delivered with a flexible approach.	Early experiences: read, chat, play and learn	SLCN Task and Finish Group	Referral, access and outcome data from relevant services.
35. Equip the early years workforce with the knowledge and confidence to identify communication difficulties and effectively support and signpost/refer children as necessary.	Early experiences: read, chat, play and learn	SLCN Task and Finish Group	Appropriate referrals to services

Health and development reviews

Working together, we will ensure that health and development reviews delivered by Healthy Family Teams are used to their fullest potential.

Key deliverables 36-42 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
36. Closely align interventions with identified needs. Engage parents in discussions about most appropriate interventions in a family centred, trauma informed way.	Early experiences: read, chat, play and learn	Health and development review group	Audit in HFT's Engagement with parents and carers Referrals to Family Hub interventions leading to early help

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
37. Increase the number of families engaging with 2-2.5-year reviews by identifying patterns in non-attendance and barriers, to inform a refreshed engagement strategy.	Early experiences: read, chat, play and learn	Health and development review group	Increased uptake of 2-2.5 year review.
38. Increase the number of families engaging with Family Hub interventions post review	Early experiences: read, chat, play and learn	Health and development review group	Numbers completing Family Hub interventions and / or making progress.
39. Develop a 0-5 approach to GLD, integrating 1,2.5 and 3 year reviews with Family hub activity, supported by shared data and an agreed partnership approach	Early experiences: read, chat, play and learn	Health and development review group	Numbers completing Family Hub interventions and / or making progress. Referrals to Family Hub interventions leading to early help
40. Strengthen joint working between settings and HFT's linked to 2 year reviews	Early experiences: read, chat, play and learn	Health and development review group	Audit
41. Optimize application of ASQs by parents, settings and HFTs to improve reporting accuracy and strengthen pathway between ASQ and GLD assessments	Early experiences: read, chat, play and learn	Health and development review group	Audit and/ or workforce engagement
42. HFT's work to further prepare parents for school readiness beyond the "here and now"	Early experiences: read, chat, play and learn	Health and development review group	Increased completed of Family Hub interventions. Positive outcomes from Family Hub interventions. Referrals to Family Hub interventions leading to early help Family Hub 'warm welcome' access

Home and community learning, incl parenting support

Working together, we will support parents to provide good learning environments at home.

Key deliverables 43-49 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
43. Commission group-based home learning interventions targeted at socially disadvantaged 3-year-olds and ensure there are clear pathways into this support.	Early experiences: read, chat, play and learn	Home and community learning group	Courses delivered Attendance / retention Outcome / progress measures
44. Commission group-based parenting interventions targeted at 3 and 4 years olds where parent identifies concern with behaviour and ensure there are clear pathways into this support. This will include a peer support intervention.	Early experiences: read, chat, play and learn	Home and community learning group	Courses delivered Attendance / retention Outcome / progress measures
45. Map community playgroups delivered by faith groups. Understand if there are gaps in affordable, accessible playgroups in targeted IDACI areas. Work with Family Hubs the community and voluntary and faith sector to address any gaps with a focus on home learning.	Early experiences: read, chat, play and learn	Home and community learning group	Mapping Engagement / feedback from community and voluntary sector
46. Increase access to community toddler groups, activities, clubs via communication and information sharing.	Early experiences: read, chat, play and learn	Home and community learning group	Your Health Notts hits / searches Engagement / feedback from community and voluntary sector
47. Offer free training in the delivery of evidence-based home learning interventions to community and voluntary sector settings who deliver playgroups to under 5's in disadvantaged communities.	Early experiences: read, chat, play and learn	Home and community learning group	Sessions offered and attended Pre / post training evaluation

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
48. Support community and voluntary sector settings (including community playgroups and library group sessions) to signpost families to further support.	Early experiences: read, chat, play and learn	Home and community learning group	Engagement / feedback from community and voluntary sector
49. Support early years providers to engage parents in their child's learning.	Early experiences: read, chat, play and learn	Home and community learning group	Engagement / feedback from early years providers

Children known to social care

Working together, we will ensure our most vulnerable children and families are fully supported to achieve good early development.

Key deliverables 50-53 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
50. Ensure social workers, foster carers and kinship carers have a good understanding of developmental milestones, what being ready for school means and support available from the Family Hub.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Increased access to Family Hub intervention Self-reported professional confidence
51. Strengthen working relationships between Social Workers, Family Hub teams and early years providers	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Increased access to Family Hub intervention Increased co-location
52. Child in need and child protection plans will include targets relating to good levels of development	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Increased knowledge / understanding amongst social workers
53. Trial an enhanced offer of support from Family Hubs for children open to Social Care.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Increased access to Family Hub intervention Positive outcomes from Family Hub interventions.

Early years settings and schools

Working together, we will maximise the impact of early years education and childcare.

Key deliverables 54-62 summarise these plans.

What will we do? (Key Deliverables)		Strategy Priority Area	Who will lead the work?	How will we measure progress?
54	Review and strengthen transition meetings between settings and schools	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Engagement / feedback from early years providers Audit
55.	Strengthen "All About Me" and "Me, my family and community" documentation and process to improve schools awareness of family circumstances, attendance and special education needs and disabilities.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Referrals to Family Hubs
56.	Develop the role of the Designated Safeguarding Leads in sharing family information between EY provider and school	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	
57.	Upskill early years practitioners in key areas of learning (learning from success of Wellcomm approach)	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Self reported professional confidence Increased GLD (writing, maths)
58.	Explore opportunities to work with Stronger Practice Hubs e.g. English, Enhancing CM, Maths, National Centre for Excellence in the Teaching of Maths, Maths Champion programme.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Increased GLD (writing, maths)
59.	Deliver EYFS focused visits and support visits including training and support for EYFS Profile assessment.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Moderation visits delivered

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
60. Target hotspot areas of low sufficiency to ensure childcare is available for all parents who want to access it, supported in part by the schools-based nursery capital grant provision.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Childcare sufficiency (increased availability of places)
61. Increase access to schools surgeries (run by Early Years specialist Teachers for early years provision in schools and ensure this is shared intelligence and schools needing support are identified.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	Number of schools accessing
62. Deliver bespoke Support and resources for schools admitting 2 year olds including Schools Based Nurseries.	Early experiences: read, chat, play and learn	Best Start School Readiness Project Group	To be developed.

Parent involvement, comms and digital media

Working together, we will:

1. Promote and celebrate the important of learning and play from pregnancy, birth and across the early years.
2. Ensure the voice of local families shapes the support we deliver

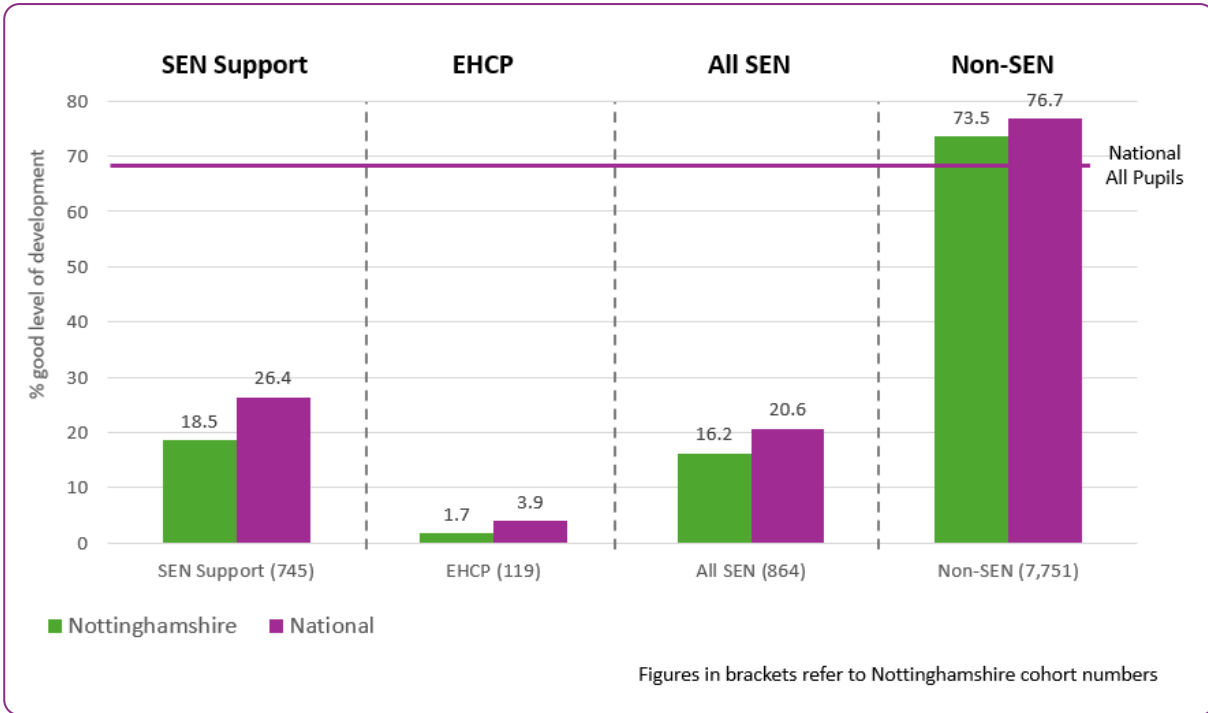
Key deliverables 63-69 summarise these plans.

What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
63. Champion meaningful co-production with families, children and young people via parent panels to ensure their voice influences service delivery, planning and evaluation.	Building Blocks of Health and Wellbeing	Best Start School Readiness Project Group	Activity and engagement data Evaluation
64. Review existing social media comms calendars to develop a rolling 12 month programme and expand reach and impact to all families.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Activity data (reach, engagement) Engagement with parents and carers

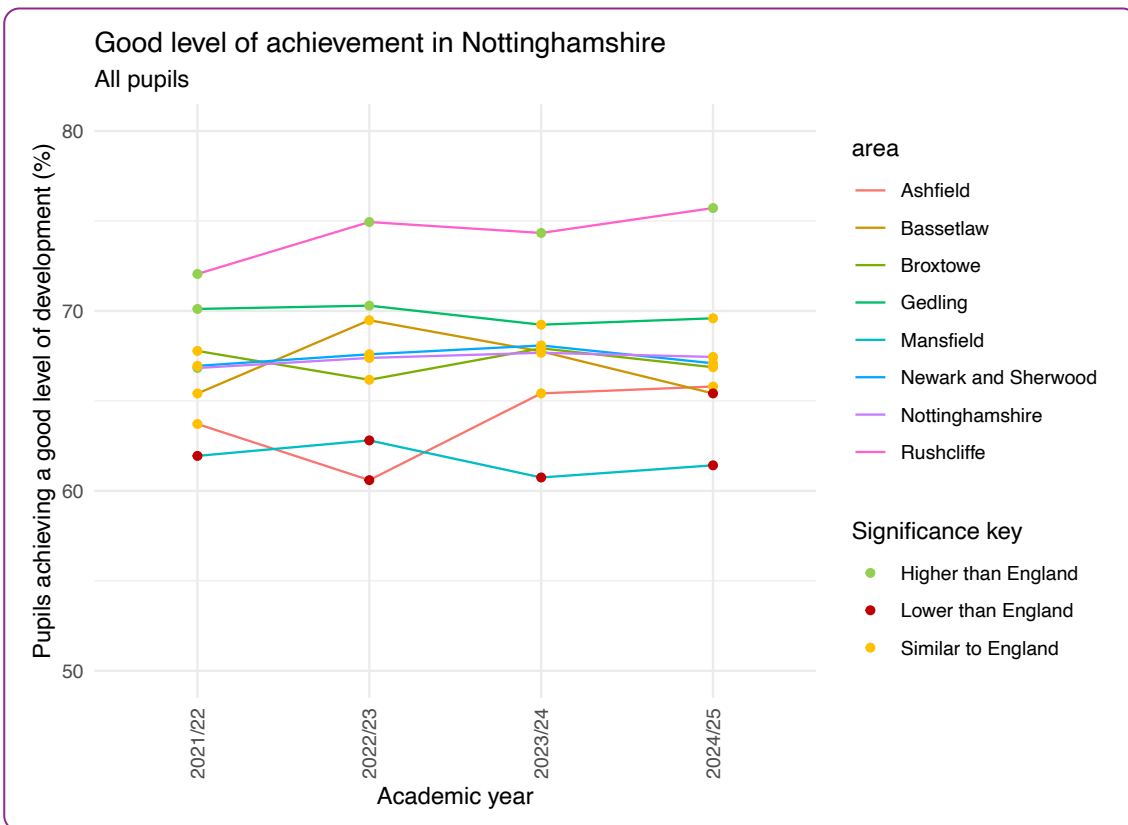
What will we do? (Key Deliverables)	Strategy Priority Area	Who will lead the work?	How will we measure progress?
65. Extend best start offer to age 5 and embed use of offer, 1.001 day and journey to school booklets so all families routinely receive them.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Activity data (reach, engagement) Engagement with parents and carers
66. Maximise existing communication points with parents at key moments to help families equip children with the skills they need.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Engagement with parents and carers
67. Deliver dedicated school readiness campaign, focused on disadvantaged communities. These will be widely accessible, help reduce barriers to information and promote nationally developed resources such as best start parenting hub and Cbeebies.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Activity data (reach, engagement) Engagement with parents and carers
68. Deliver dedicated best start campaign with a specific focus on early relationships, interaction and the importance of sensitive, responsive face to face interactions, focused on disadvantaged communities. These will be widely accessible, help reduce barriers to information and promote nationally developed resources such as best start parenting hub and Cbeebies.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Activity data (reach, engagement) Engagement with parents and carers
69. Launch multi-media library of information for parents via Your Notts.	Early experiences: read, chat, play and learn	Best Start comms task and finish group	Activity data (hits, engagement) Engagement with parents and carers

Appendix

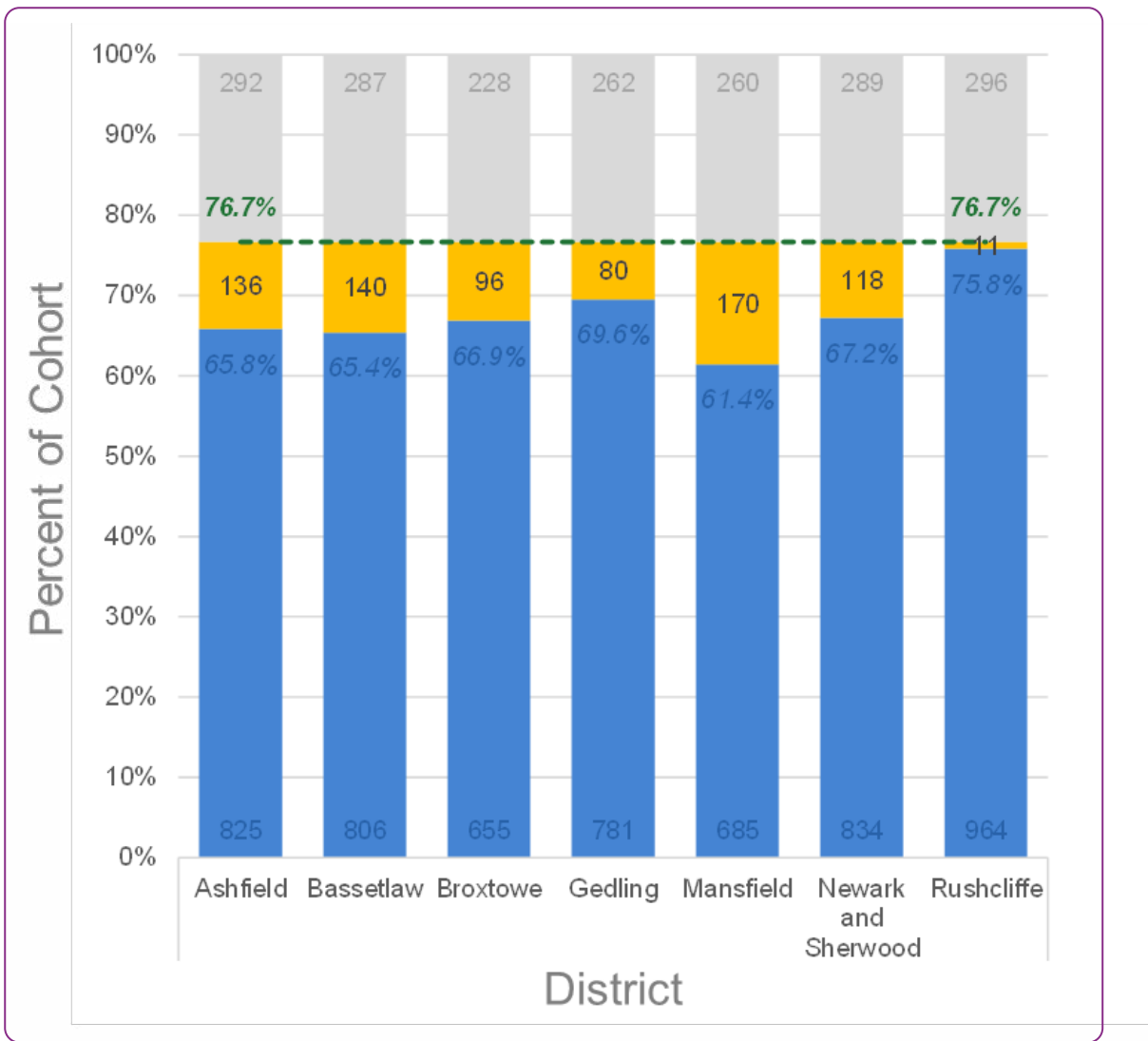
Graph 1: Early Years Foundation Stage by SEN (2025)



Graph 2: Early Years Foundation Stage by district, trend over time



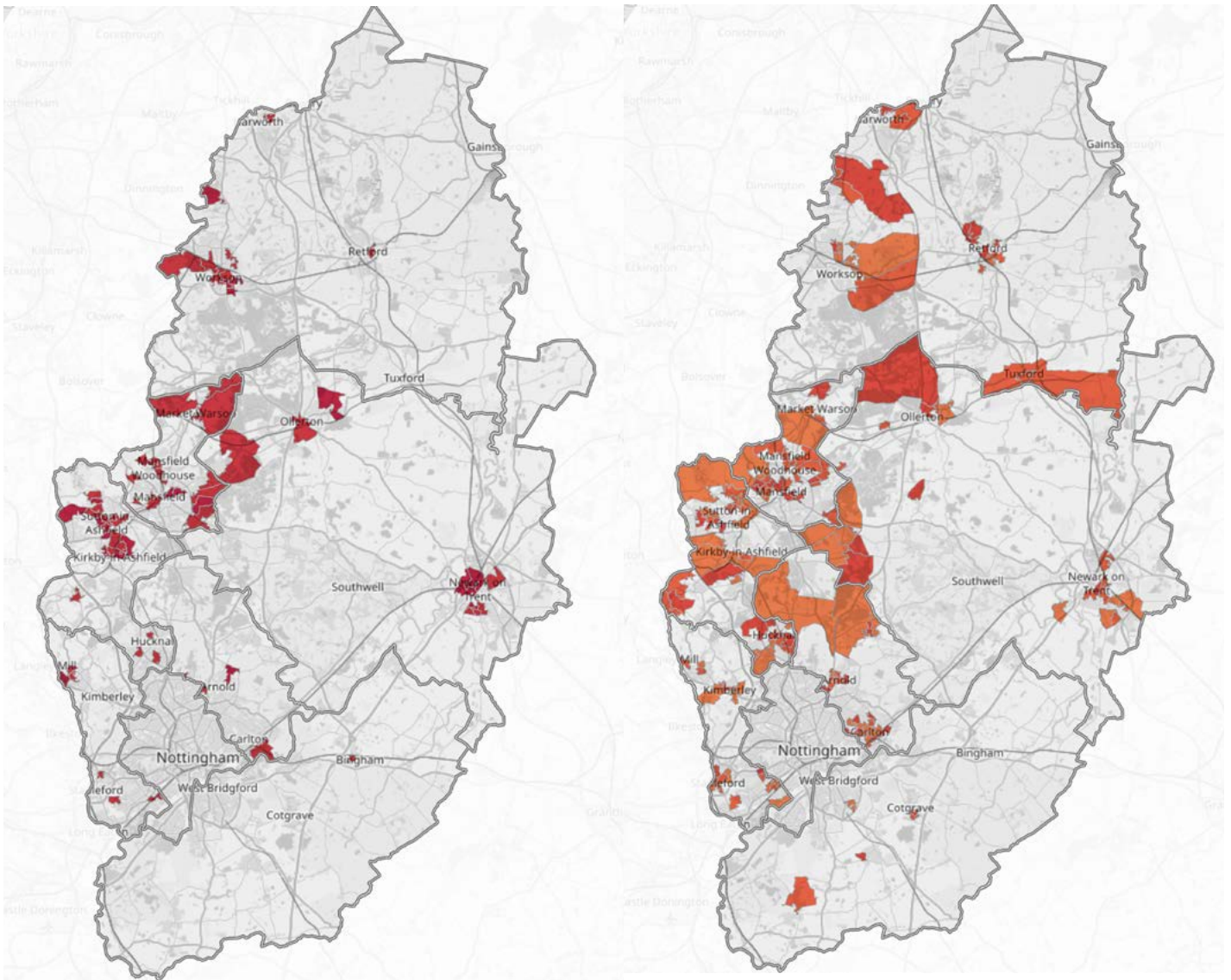
Graph 3: GLD by district (2025) and 'gap' to target.



Map 1: Lower super output areas, by deprivation (IDACi)

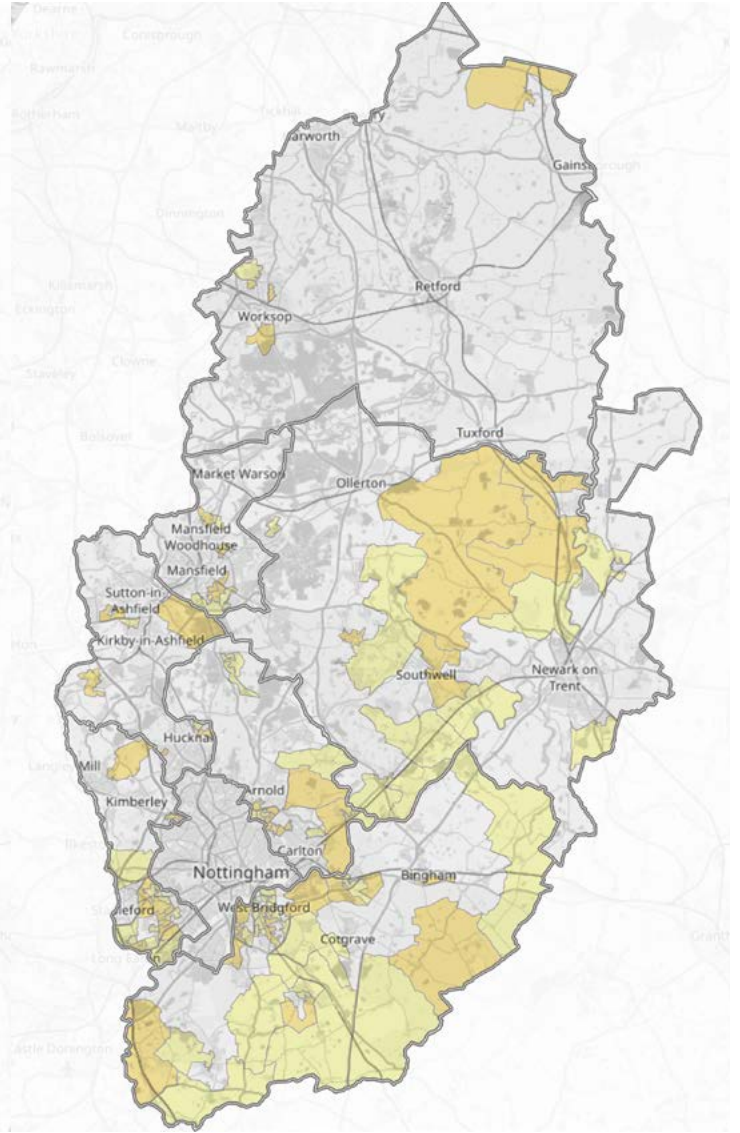
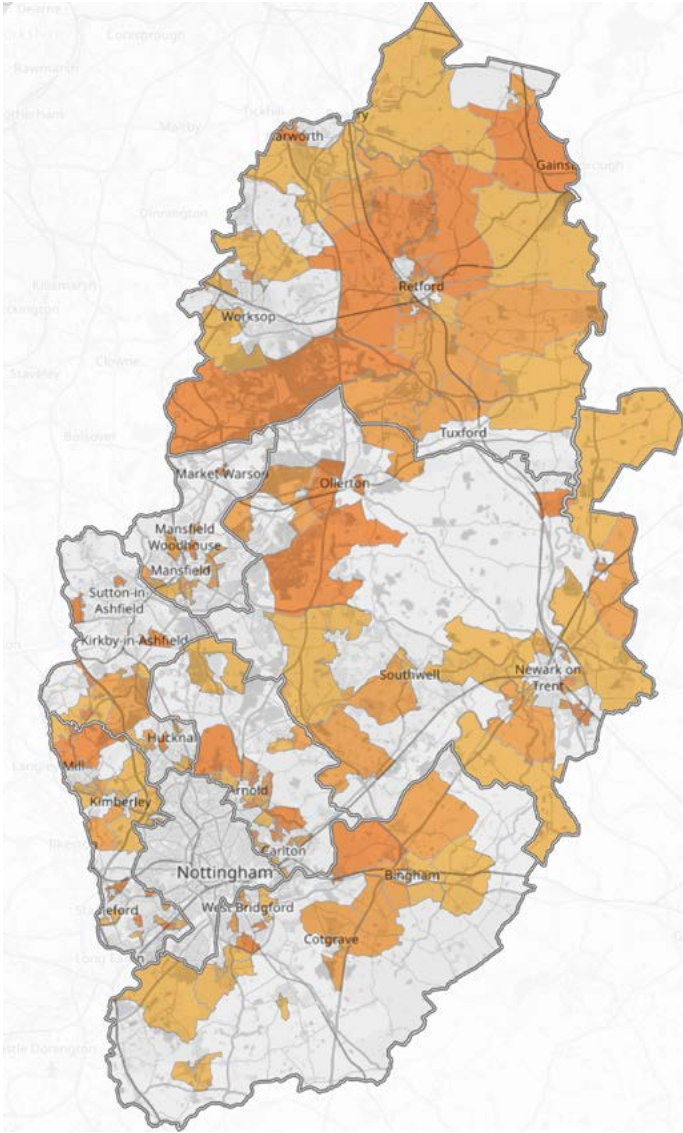
**Most deprived
Deciles 1 and 2**

Deciles 3 to 5



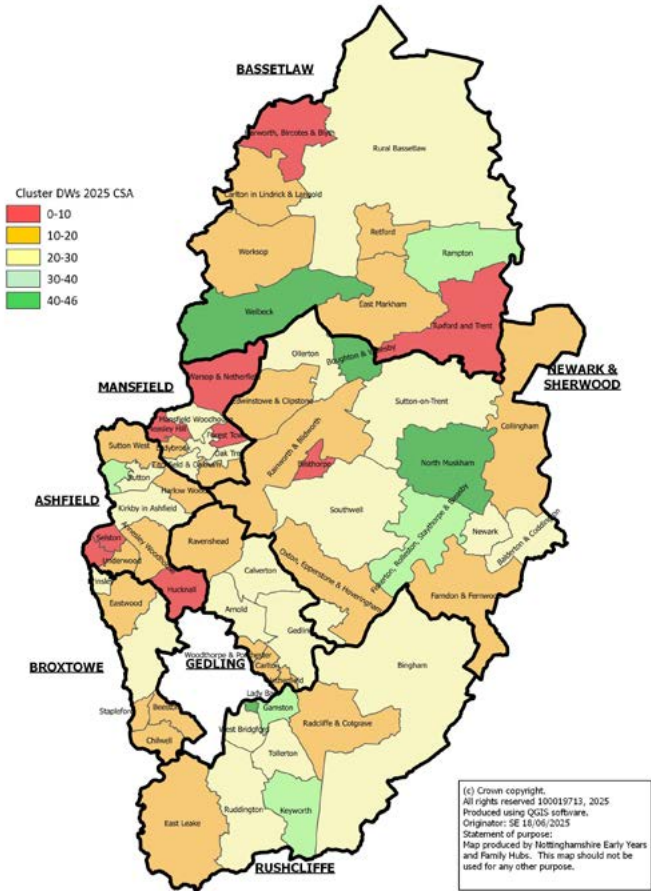
Deciles 6 to 8

Least deprived Deciles 9 & 10

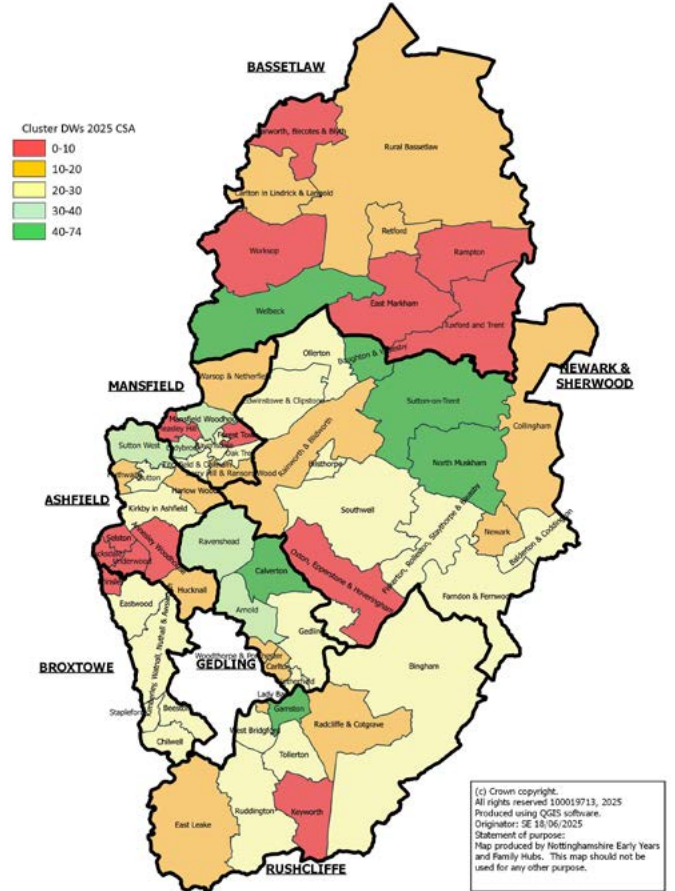


Map 2

Nottinghamshire - District Ward Clusters and % vacancy rates (Reported Vacancies for 2-4 year olds of Reported Capacity) - Summer 2025



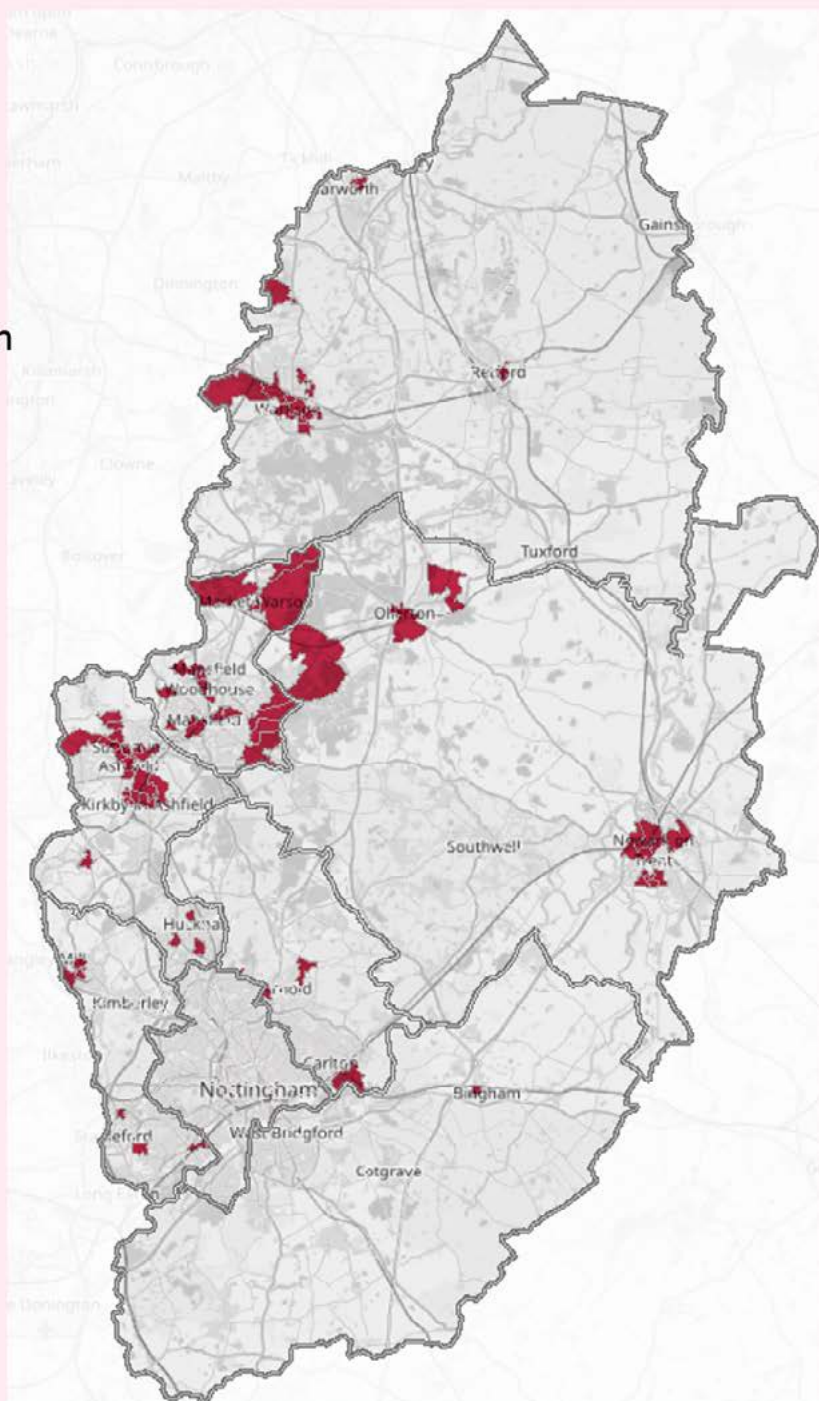
Nottinghamshire - District Ward Clusters and % vacancy rates (Reported Vacancies for Under 2s of Reported Capacity) - Summer 2025



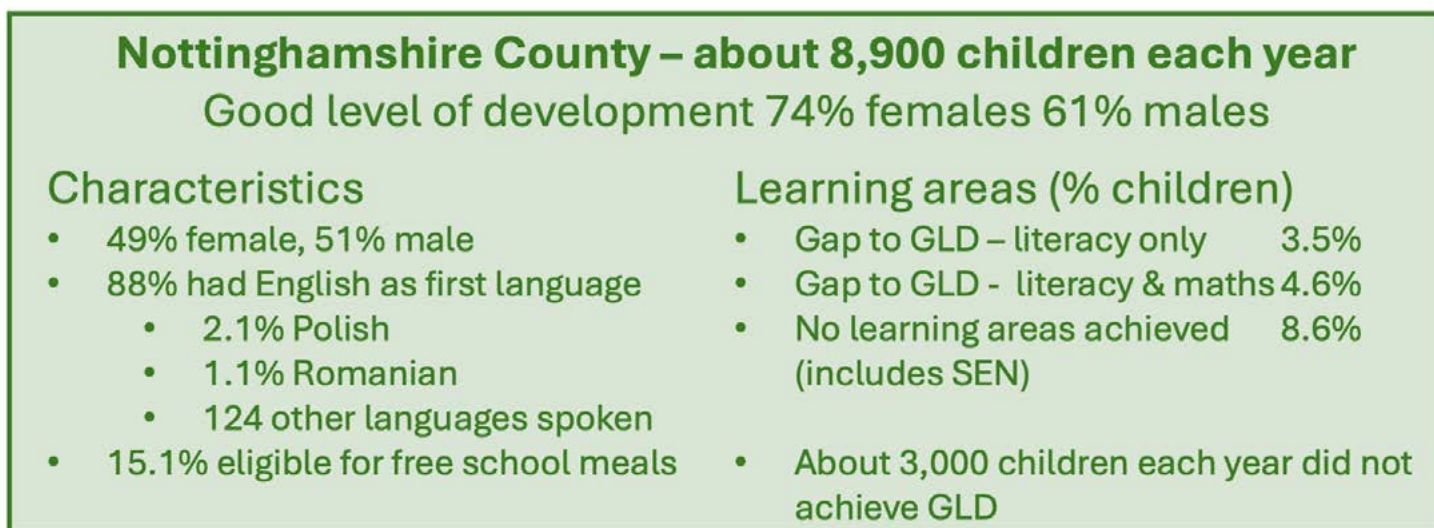
Graph 4: Communities where deprivation affects children the most

Children who live in these areas

- Carlton in Lindrick
- Manton, Rhodesia,
- Warsop Vale, Meden Vale
- Oak Tree, Ransom wood, Woodhouse
- Newark North
- South Newark
- Parts of Ollerton & Boughton
- Huthwaite, Stanton Hill,
- Sutton Forest Side, New Cross
- East Kirkby, Kirkby Central
- Parts of Hucknall
- Eastwood Town
- Stapleford North
- Inham Nook
- Part of Beeston
- Rylands
- Netherfield & Colwick



Graph 4: Communities where deprivation affects children the most





**...giving children
the best start**



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