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West Sussex Best Start Plan 2026-2029



Introduction

We are pleased to introduce the West Sussex Best Start Plan, a shared commitment to prevention, early intervention, and strong relationships. At its heart is a simple principle: when parents and families are supported, children flourish. We all have a responsibility to ensure every child can thrive, whatever their background or circumstances.

Acting early and working together makes a real difference. Developed with key partners across the system, this plan reflects what we know about the essential building blocks for a healthy, fulfilling life. It recognises the challenges many families face and sets out a clear, collective commitment to respond.

By investing in the earliest years—from pregnancy through to age five—we can help every child reach their full potential. This plan does not attempt to capture all the excellent work already taking place across West Sussex. Instead, it focuses on how we will continue to collaborate, strengthen partnerships, and deliver support that truly meets the needs of families.

Every family in West Sussex is at the heart of this Best Start Plan. Parents, carers, practitioners, and wider partners each play a vital role in shaping and delivering it over the next three years. Through a strong, connected network of family help, we aim to make West Sussex a place where every child has the best possible start—a foundation to feel safe, healthy, happy, connected, and ready to achieve.

This West Sussex Best Start Plan is strategically linked to our [Right from the start West Sussex Early Years and Childcare Strategy 2024-2027](#). It strengthens alignment with government policy while reinforcing West Sussex County Council's local priorities, statutory duties and system-wide approach to supporting children and families from conception through the early years. Both will play a key role in delivering the Government's national commitment to improve early child development and reduce inequalities at a local level.

Purpose and scope of the plan

The national [Giving Every Child the Best Start in Life Strategy](#), published in July 2025, aims to ensure that a child's background doesn't determine their future success, so that all children develop well - learning to communicate, build relationships, manage their emotions, play and learn. More specifically, it aims to:

- provide better support for families
- provide affordable and accessible childcare
- deliver high quality early education, including the reception year.

What happens in the earliest years of a child's life is vital to achieving positive long-term outcomes. The first 1,001 days—from conception to age two—form a uniquely important period in which a baby's brain and emotional foundations develop at their fastest rate, shaping lifelong health, wellbeing and learning. Government reviews describe this phase as setting "the foundations for lifelong emotional and physical wellbeing", highlighting the importance of strong early relationships and accessible, joined-up support for families.

This national focus on early development underpins the Government's plan for 75% of children to achieve a Good Level of Development (GLD) at the end of Reception by 2028. Achieving this ambition relies on strengthening support across pregnancy, infancy and the early years so that developmental gaps are reduced before children start school. The strategy *Giving Every Child the Best Start in Life* explicitly links improved early years services to meeting this GLD target.

In short, investing in the first 1,001 days is central to improving school readiness and ensuring every child can thrive.

As set out in the Best Start in Life Strategy all local authorities are expected to develop ambitious Best Start local plans to achieve the Plan for Change milestones and targets set by the Department for Education (DfE.) These plans should outline how each area will measure progress, coordinate action across health, education and wider partners, and strategically target programmes and funding for maximum impact. They must show how quality, capacity and strong partnership networks—including the voluntary and community sector—will be developed to improve outcomes. Plans should also ensure government investment is used intelligently to expand reach and deliver measurable results, while prioritising disadvantaged communities and strengthening, rather than displacing, effective existing provision.

The West Sussex Best Start Plan and our 'Right from the Start' West Sussex early years and childcare strategy will play a key role in delivering the Government's National commitment to improve early child development and reduce inequalities at a local level.

1. Vision and Ambitions

From birth, every child in West Sussex has the best start in life. Inequalities are reduced, children are safe, and their health and wellbeing improved. Children are championed through nurturing relationships and early experiences that build strong communication skills, emotional confidence, and the foundations for lifelong learning. They have access to inclusive, high-quality spaces and opportunities that inspire curiosity, support growth, and enable them to reach their full potential. With the introduction of the government's family first partnership programme, we have an unprecedented opportunity to improve children and families lives through a whole family approach. By prioritising early intervention and working alongside families we will keep them safe, happy, healthy, heard, connected and ready to achieve.

Ambitions

1. **Family-centred:** Children and families shape planning and delivery; we actively include and reach all communities.
2. **Joined-up by design:** Multi-agency, cross-departmental working is the norm and safeguarding is everyone's responsibility.
3. **Proportionate universalism:** Universal offers for all, with targeted support where need is greatest.
4. **Workforce and sector valued:** We invest in capacity, capability and leadership.
5. **Equity of outcomes:** We focus on narrowing gaps and celebrating diversity and inclusion.

6. **Data and evidence-led:** Shared data drives early identification, targeted support and performance improvement.
7. **Digital and face-to-face:** A coherent digital offer complements Family Hubs and outreach.

Best Start Plan Targets for West Sussex

Good Level of Development (GLD) is the main measure used at the end of the Early Years Foundation Stage (EYFS) to show whether a child has reached the expected level of development by the end of Reception. The Department for Education (DfE) has set ambitious targets for us to achieve by 2028.

- GLD – All children in West Sussex: Increase to 76.7% (from 67.7% in 2024/25).
- GLD – Children eligible for free school meals (FSM) in West Sussex: Increase to 53.4% (from 43.4% in 2024/25).

Early Learning for 2-year-olds in West Sussex – Funded Entitlement take-up

- Minimum expectation: 79.0% (Autumn 2025 79%)
- Stretch goal: 87.4% (Autumn 2025 89.9%)

Meeting the GLD Target

- To meet the 2028 West Sussex GLD target for all children, local modelling indicates that an additional 776 children would need to achieve a Good Level of Development.
- For children eligible for free school meals, we estimate that this would equate to an additional 69 FSM eligible-children.

Other Measurable Outcomes from the Best Start Plan

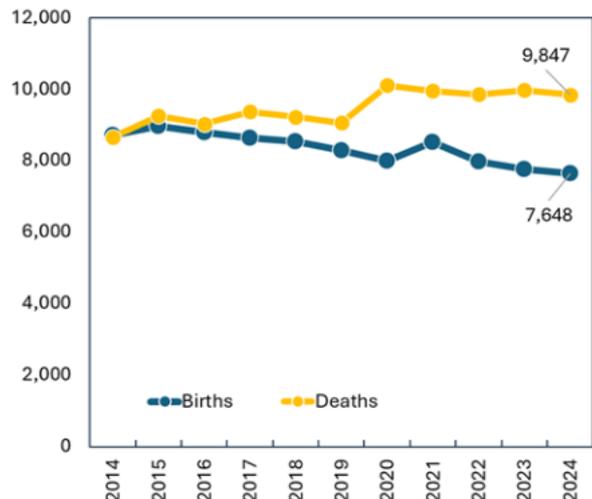
- Ages and Stages Questionnaire (ASQ) - development screening used to assess children's communication, motor, problem solving, personal-social and social emotional development at 2-2.5 years old).
- Immunisations (e.g., MMR at age 2 and 5, and from Jan 2026, 12 and 18 months)
- Breastfeeding at 6–8 weeks
- Oral health (development of outcome measure).
- Healthy weight at Reception
- Avoidable injuries (A&E attendances/admissions 0–4).
- Take-up of early years funded entitlements.
- Engagement with Family Hub offers and digital resources.
- Sufficiency of Early Years and Childcare places.

2. Local Context- West Sussex.

West Sussex is a large county, covering over 750 square miles. West Sussex has seven Districts and Boroughs: Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex and Worthing. The West Sussex environment, natural and built, is a great asset, with historic coastal resorts, seaside attractions, beautiful countryside and lively market towns and villages. A significant portion of the county falls within the South Downs National Park. The county, overall, is relatively prosperous, yet this masks areas of considerable and persistent deprivation, including neighbourhoods ranked among the most deprived 10% in England.

Population - There were 7,648 births in 2024, this was the lowest in ten years and reflects a declining fertility rate in the county. This is in line with a declining national fertility rate. In 2024, Crawley was the only area of the county where there were more births than deaths.

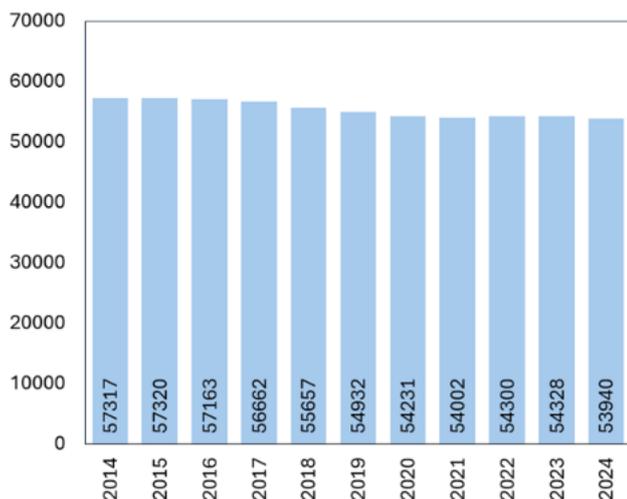
West Sussex Births and Deaths: West Sussex Children Aged 0-5 Years



Source: ONS

There has been overall population growth in West Sussex, driven by inward migration, driven primarily by inward migration from elsewhere in the UK; exceeding growth rates in both the South East region and England as a whole. However, growth has not been observed in the 0-5 years population which has fallen from approximately 57,320 in 2014 to 53,940 in 2024 (a decrease of 6%).

0-5 population in West Sussex: 2014 to 2024 (Source ONS)



There is variation across the county; in the last 10 years Horsham and Mid Sussex have experienced small rises in the 0-5 years population (2.8% and 2.2% respectively) compared with 15+% falls in Adur and Worthing.

The latest ONS population projections (published in 2025) projects a further reduction in the 0-5 year population of approximately 4% in the next 5 years and a further 4% to 2036, with relatively stable 0-5 population in Horsham and Mid Sussex.

Households with Dependent Children in West Sussex - 27% of households in West Sussex have at least one dependent child, 10% (almost 36,300 households) have a child aged 0-4 years.

Of households with a dependent child:

- One in ten are households with no working adults.
- One in five have at least one disabled adult.
- 18% of children aged 0-4 years live in lone parent households.

Ethnicity and Language

- 26.7% of pupils in primary school were from minoritised ethnic backgrounds (England 39.7%)
- Using school census data, in 2024/25 15% of pupils in primary school were recorded as having a first language known or believed to be other than English (England 23.4%).
- 5.8% of residents in West Sussex speak a language other than English as their main language at home, with Polish and Romanian being the most common.

Disadvantaged Groups

- **Child Poverty** - Over 22,000 children live in low-income households in West Sussex, the majority live in a household where at least one adult works. Within the county Crawley has the highest rate of child poverty (where 20% of children live in low-income households), Mid Sussex the lowest with 8%.
- **Children in Temporary Accommodation** - Increasing numbers of people are living in temporary accommodation. Of the 1,915 households in temporary accommodation (30 Sept 2025), almost half (959 households) had dependent children. Data from the end of 2023/24 detailing the specific ages of children, showed that of 1,233 children in temporary accommodation, 437 were aged 0 – 5 years.
- **Children with Special Educational Needs** – As of 1 March 2026, there are 11,170 children and young adults in West Sussex with an Education, Health and Care Plan (EHCP). This cohort spans all phases of education, with 122 children in the Early Years, 4,005 in Primary settings, and 4,082 in Secondary education. A further 2,961 young people with EHCPs are aged 16 and over and continue to access Post-16 education, training, or specialist provision.

Within this population, the distribution of primary need reflects a diverse and complex landscape of support requirements. The most common primary need is Autism Spectrum Disorder (ASD), accounting for 28.25% of all EHCPs. Close behind are Speech, Language and Communication Needs (SLCN), representing 25.45%, followed by Social, Emotional and Mental Health (SEMH) needs, which make up 24.95% of the cohort. Together, these three areas of need comprise the majority of EHCPs locally, highlighting both the prevalence of communication-related challenges and the growing complexity of social and emotional needs among children and young people in West Sussex.

In 2024/25, 21,045 pupils were recorded as receiving SEN Support without an EHC plan. Most were in mainstream schools, with 9,519 in primary and 8,531 in secondary settings. In the early years, 114 children in state-funded nursery schools were identified as needing SEN Support. Small numbers were recorded in other school types, including 195 in alternative provision and 2,684 in independent schools, while specialist settings recorded almost none.

- **Disability** - At the time of the 2021 Census approximately 1,100 children under 5 were stated to have a disability (which would meet the definition under the Equality Act), this represents 2.5% of young children. It should be noted that many disabilities may not be recognised in the earliest years, for children aged between 5 and 15 years the percentage increases to 7.3%, approximately 8,100 children and young people in West Sussex.
- **Children Looked After** – In 2025 (as at March 31) there were 975 Children Looked After in West Sussex, 84 (9% of the total) were unaccompanied asylum seeking children and young people.
- **Young Carers** – Over 500 children in primary schools in West Sussex were identified (in the 2024/25 school census) as being a young carer.

In summary, overall, West Sussex's child population is getting proportionately smaller, it is diverse and marked by widening socioeconomic disparities. These demographic features have important implications for planning, early years support, education and health services.

Good Level of Development (GLD)

In 2024/5, 67.8% of children in West Sussex achieved a Good Level of Development (GLD) at the end of the Early Years Foundation Stage (EYFS), like the percentage in 2023/24 (67.7%). This is 0.5% lower than the national average (68.3%) and 2.9% lower than the South East region (70.7%).

GLD rates vary across the county, with the highest outcomes in Horsham and Mid Sussex (both 70.6%) and lower proportionate outcomes in Adur and Worthing (65.8% and 63.9% respectively).

Significant inequalities remain; girls are more likely to achieve GLD than boys (74.8% vs 61.0%), and outcomes for children eligible for free school meals are considerably lower, with just 43.3% achieving GLD compared with 70.3% of non-eligible pupils. In West Sussex, achievement of GLD for children eligible for free school meals is statistically worse than the England average. The percentage of disadvantaged pupils achieving GLD decreased from 2023/24 locally and nationally.

Percentage of Children Assessed at a Good Level of Development (2024/25)

Area	All Pupils	Eligible for FSM	Not Eligible for FSM
Adur	65.8%	26.7%	69.0%
Arun	66.2%	43.7%	69.2%
Chichester	67.3%	48.0%	69.6%
Crawley	66.9%	53.9%	68.8%
Horsham	71.1%	32.1%	73.1%
Mid Sussex	70.8%	36.5%	73.9%
Worthing	63.9%	43.8%	66.3%
West Sussex	67.8%	43.3%	70.3%
South East	70.7%	49.6%	74.6%
England	68.3%	51.3%	72.5%

Source: Department for Education. FSM = Free School Meal

In relation to children with SEN 21.1% overall achieved GLD in 2024/25 (4.2% with an EHCP, 27.2% of children with SEN provision no EHCP).

Trends over time show that West Sussex's performance has remained broadly stable, staying close to national averages across recent years, with minor annual fluctuations, but no sustained upward trajectory. Overall, the data highlights consistent performance at a county level but persistent gaps for disadvantaged learners, boys and children with SEND.

Areas of Learning

In line with national data, literacy is the area of learning recorded with the lowest percentage of children at the expected level at 70.8%, followed by mathematics (79.6%). Expressive arts and design had the highest percentage of children (88.0%)

Early Years Foundation Stage – Percentage of Pupils at or above Expected Level 2024/2025

Area of Learning	West Sussex	South East	England
Expressive arts and design	88.0%	88.5%	85.1%
Physical development	86.2%	87.1%	84.7%
Personal, social and emotional development	83.8%	85.2%	83.1%
Understanding the world	83.3%	84.0%	80.4%
Communication and Language	81.3%	82.5%	79.5%
Mathematics	79.6%	80.5%	77.6%
Literacy	70.8%	73.1%	70.5%

Source: DfE

Learning

At the 2-to-2.5-year health review, 81.2% of children in West Sussex were at or above the expected level in all five areas of development (communication, gross motor, fine motor, problem solving, and personal-social skills) captured through the Ages and Stages Questionnaire (ASQ-3). This is 0.2% below the national average of 81.4%.

100% of those who had their 2-2.5-year check as part of the Healthy Child Programme had an ASQ-3 completed.

Of the five ASQ-3 domains, the percentage at or above the expected level in 2024/25 in:

- Communication was 86.5% (1% less than the England average)
- Gross motor was 92.5% (1.1% less than the England average)
- Fine motor was 93.2% (0.4% less than the England average)
- Problem solving was 92.6% (0.4% less than the England average)
- Personal social was 91.5% (0.3% less than the England average)

Health

Children's early health outcomes are strong predictors of their later health and wellbeing. Health outcomes in England show large social inequalities, with children from more deprived backgrounds being less likely to have good health in their earliest years.

In West Sussex:

- In 2020-2022 there were 76.1 premature births (less than 37 weeks gestation) per 1,000 live births and still births. The rate is line with the national rate of 77.0 per 1,000.
- The percentage of term babies with low birth weight (less than 2500g), was 2.5% in 2024, and significantly lower than England (3.0%).
- The percentage of women smoking at the time of delivery has remained low, in 2024/25 at 5.0% (approximately 363 maternities), lower than the national rate (6.1%) and the fifth lowest of comparable authorities.
- 91.4% of infants had a New Born Visit from a Health Visitor within 14 days (England 85.2%)
- In 2023/24, for 79.7% of babies in West Sussex their first milk was breastmilk - significantly higher than the England percentage of 71.7%. 61.2% of babies were receiving breast milk at 6-8 weeks of age
- Hospital admissions remain comparatively high in West Sussex for unintentional and deliberate injuries (0 to 4 years), as do A&E attendances for children and young people under 18 years.
- 92.1% of children aged 2 years had received MMR vaccination for one dose, 87.8% of children aged 5 years had received MMR vaccination for two doses.
- 76.9% of reception age children in 2024/25 were a healthy weight (England 75.4%)
Using prevalence assumptions from the national 2017 Mental Health of Children and Young People (MHCYP) survey an estimated 1,550 children aged 2-4 years in West Sussex have a probable mental disorder.

Early Years Funded Entitlement take up

In autumn term 2025:



Take up of the 2-year-old entitlements for disadvantaged averages at 79.4%, however take-up varies across the county with Crawley having the lowest take-up at 47.8% and Horsham the highest at 85.2%. Crawley also has the lowest take-up of the 3- and 4-year-old entitlement with 84.6% taking up a place.

The DfE have set the local Early Learning for 2-year-olds take-up of the funded entitlements for West Sussex as:

- Minimum Expectation: 79.0%
- Stretching goal: 87.4%

This is based on take up rates across our statistical neighbours. West Sussex currently ranks 3/11 in comparison.

3. Our System Approach to The Best Start Plan

Our best start system is made up of parents, carers and all those who have a role in supporting families in West Sussex. Everyone in our best start system remains committed to delivering The Best Start Plan. There is a whole-system network anchored in Family Hubs and strengthened through community and targeted outreach, connecting maternity and midwifery, the Healthy Child Programme, early education and childcare (including childminders), schools, SEND and inclusion services, early help and social care, libraries, public health (including health protection and infection prevention), primary care, the voluntary and community sector, partners and wider services.

Families will experience a system that provides:

- Clear, easy-to-navigate pathways from pregnancy through to age five.
- Universal services and support with early help that responds before concerns escalate.
- Inclusive services, with timely identification and support for additional needs.
- Consistent safeguarding practice and trusted local contacts in Family Hub Networks.

4. Best Start Plan Priorities (2026–2029)

Our Plan has three key priorities, better support for families, more accessible early education and childcare and Improving quality in early years providers (including reception).

Priority 1: Better Support for Families

Aim: Ensure families receive the right support, at the right time, from pregnancy onwards, enabling resilience and positive child development.

We will:

- Join up support from pre-birth to age five, reducing duplication and confusion.
- Strengthen early identification and intervention, particularly for children with SEND or emerging vulnerabilities.
- Embed coproduction so that parents, carers and communities shape services and solutions.

- Champion the Home Learning Environment and recognise parents as first educators.
- Develop a comprehensive digital offer that provides local information and signposting.

What success looks like: Improved child development, wellbeing and safety, reduced inequalities, stronger parental confidence, better outcomes at the end of the EYFS.

Priority 2: More Accessible Early Education and Childcare

Aim: Ensure affordable, flexible, high-quality early education and childcare that meets family needs and supports employment.

We will:

- Meet statutory sufficiency duties by addressing local gaps, including for disadvantaged children and those with SEND.
- Support delivery and take-up of the funded entitlements by working with providers and families to improve flexibility and inclusion, particularly for disadvantaged children and those with SEND.
- Use data and intelligence to plan provision proactively, responding to demand, population and housing growth.

What success looks like: Increased take-up of early education and childcare for identified priority groups, better readiness for learning, higher parental participation in employment and training, a sustainable market.

Priority 3: Improving Quality in Early Years Providers (Including Reception)

Aim: Ensure consistently high-quality early education from early years through to Reception.

We will:

- Support providers and schools to continuously improve quality using evidence-based practice.
- Improve teaching and learning in prime areas of learning, including early language, communication, and personal, social and emotional development.
- Develop a joined-up, expert early years and Reception workforce through sustained professional development and leadership that supports better outcomes for children and families.
- Work with early years providers and schools to improve transitions and alignment between early years and reception.

What success looks like: Increased proportion of children achieving GLD, reduced attainment gap, particularly for disadvantaged and children with emerging SEND needs, consistent understanding of early years practice across the county and strengthened early learning experiences that focus on stronger foundations and lifelong learning.

5. How will we deliver and achieve our plan in West Sussex

Our plan has five key deliverables,

5.1 Deliver Home Learning Environment and Parenting Programmes

- Expand Triple P parenting programmes.
- Introduce a comprehensive Home Learning Environment offer, including the evidence-based PEEP Learning Together programme.
- Engage parents through proactive outreach, stay and play sessions, one to one support and group activities.

Actions:

- Train up to 150 staff in PEEP across the local authority, health partners, early years providers and VCS organisations.
- Deliver PEEP Learning Together Programme to a minimum of 150 families per year.
- Prioritise PEEP delivery to families open to Children's Social Care and Early Help, those in isolated rural areas, young parents and other locally identified groups.
- Deliver Triple P parenting programmes to a minimum of 150 parent/carers per year.
- Offer stay and play sessions across the county, providing universal, accessible opportunities for early play and early learning support.

5.2 Deliver an Early Years Providers and School improvement offer

- Develop a comprehensive, evidence based- training and development programme for early years providers and school leaders that draws on local data, strengths and best practice across West Sussex.
- Use local intelligence and a data informed approach to identify priority schools and early years providers for targeted support and intervention.
- Align early literacy priorities with evidence based and national programmes, strengthening early language and reading development so that more children start reception with strong foundation skills.
- Prioritise workforce development, networking and leadership across schools and early years providers.
- Develop a consistent shared understanding of child development (including writing) and school readiness across the children's workforce.

Actions:

- Carry out targeted data driven EYFS support visits for schools where the lowest number of pupils attained GLD to identify clear actions and effective improvement plans to deliver a high quality, aspirational curriculum, with a particular focus on the most vulnerable.

- 'Quality First Teaching – effective practice in the EYFS training to be delivered, prioritising leaders and EYFS teachers in schools where pupils on average achieve less than the county average, or where they have been identified through a school improvement visit.
- Carry out visits to high performing schools and early years providers to identify best practice for wider sharing and dissemination.
- Embed the 'Starting Reception' guidance consistently across the children's workforce, ensuring a shared countywide approach for all practitioners supporting children and families.
- Promote routes into early years careers, including apprenticeships, Level 3 qualifications and leadership pathways, and support early years teacher recruitment opportunities, including targeted financial incentives for high need- areas.
- Develop peer networks and communities of practice, strengthening links between schools, early years providers and Family Hub teams.

5.3 Improve the take up of the funded entitlements

- Strengthen targeted outreach to families by using local data to identify key groups with lowest take-up.
- Use information from the Department of Work and Pensions to identify potentially eligible families who are not taking up a place.

Actions:

- Work with Family Hubs, health visitors, midwives and community organisations to proactively engage with families and consistently explain what they are entitled to.
- Develop test and learn pilots in areas of persistent low take-up.
- Support families who are not taking up their entitlements to attend universal groups such as stay and play and PEEP Learning together to build confidence, routines and readiness for early education.

5.4 Improve Inclusion and SEND Support

- Deliver SEND stay and play sessions across the county via Family Hubs and outreach.
- Provide information, advice and guidance through a network of SEND practitioners, and digital offer, helping families navigate wider health, education and wellbeing services.

Actions:

- Align local inclusion pathways, developing an early years local inclusion support offer (LISO).
- Ensure earlier identification of need and support pathways are in place.
- Strengthen inclusive practice in early years provision, including reception through training, coaching and networks.

5.5 Improve Maternal and Early Years Health

- Improve early health protection through strong partnership working on pregnancy/newborn screening, maternal and childhood immunisations, and smokefree pregnancy and homes.
- Support healthy development by promoting and supporting food and nutrition (including breastfeeding), oral health, and safe home environments.
- Prioritise vulnerable families with targeted support for children at risk or poorer health and wellbeing outcomes, and for parents' mental health and wellbeing.

Actions:

- **Promote healthy pregnancies and early childhood wellbeing** by making every contact count, and including smokefree homes, healthy weight, oral health, immunisations (maternal and childhood), contraception and family spacing, safety, and sexual health advice.
- **Strengthen early identification and support**, by improving understanding of child development between Healthy Child Programme health checks, and responding to new HCP guidance to ensure personalised, high-quality support for all families.
- **Improve health equity and outcomes** through strong partnership working, targeted oral health initiatives, coordinated child-safety messaging, and support for families affected by parental mental health concerns and substance dependency.
- **Increase uptake of key public health programmes**, including Healthy Start (scheme and vitamins), preconception folates, breastfeeding initiation/continuation, and supervised tooth-brushing in areas of greatest need.
- **Ensure consistent, evidence-based messaging** across maternity and early years services on stopping smoking (including second- and third-hand smoke), vaping risks vs. smoking, handwashing habits, and available support services.
- **Enhance early connection and support for families** by linking expectant parents to antenatal education, breastfeeding/infant feeding support, and peer networks as early as possible.

6. Measuring Success – Monitoring, Evaluation and Learning

As we deliver the Best Start Plan, robust monitoring, evaluation and learning will ensure that we deliver meaningful improvements for children and families and continue to evolve in response to evidence and lived experience. We will take a consistent, joined-up approach to using data and insight:

- Integrate data from health, education and local authority services, alongside community insight, to identify needs early, target support and monitor impact.
- Establish a shared outcomes framework across services.
- Strengthen data analysis and evidence reviews to guide earlier intervention and improve school readiness, using the Common Outcomes Framework. This includes exploring key factors such as literacy, toileting/continence, sleep, family smoking, drug and alcohol use, avoidable A&E attendances, and parent/carer mental health.
- Develop and agree multi-agency data-sharing arrangements to support joint assessment, planning and smooth transitions for families.

- Combine quantitative data with parent and practitioner voice, lived experience and co-design, ensuring decisions reflect what families really need.
- Build systems and processes for ongoing monitoring and evaluation to understand progress and adapt our approach as needed.

7. A Living, Evolving Plan - Review Cycle

The Best Start Plan is designed to be flexible and responsive. It sits alongside the *Right from the Start* strategy and intentionally does not list every detailed action, so it can remain future-proof as needs evolve.

A separate implementation plan will provide the detailed actions, timelines and responsibilities needed to deliver our priorities. Families, practitioners and partners will continue to play an active role in co-designing, shaping and refining this plan. The best start plan will be reviewed alongside the 'Right from the Start' strategy in 2027.

8. Accountability and Governance

We will expand our current governance and accountability arrangements to ensure the high-quality delivery of our Best Start Plan. With a focus on multi-agency ownership, co-ordination, and shared responsibility and improvement. We will achieve this through:

- Joined-up commissioning and governance via the Children First Partnership Board and the development of Best Start strategic governance.
- We will ensure that funding decisions and resources are aligned with our priorities for improvement and the child outcomes we most want to achieve. Priority actions will be sufficiently funded and contribute most to achieving our targets as set out by the DfE. Locality Family Hub Networks coordinate delivery; task and finish groups/communities of practice drive key workstreams.
- Expanding our current methods of family involvement and commit to regular, diverse methods of gaining parents views and preferences to ensure their views and voices are present in decision making forums.

Voice of families

- Feedback from our families will help us understand their experience of raising babies and young children in West Sussex.
- Best Start family forums will be developed linked to Family Hub Networks.
- We will make sure parent voice is heard through the Best Start Strategic Partnership.
- We will consider the voice of the infant and child.

9. Key Local and National Strategies and Policy Drivers

This plan aligns with and supports delivery of:

- [West Sussex Council Plan 2021-2026](#)
- [Children and Young People's Plan 2026-2029](#)
- West Sussex SEND Strategy 2026-2030
- West Sussex Education and Learning Strategy
- West Sussex [Joint Health and Wellbeing Strategy](#) 2025-2030
- Healthy Child Programme and Family Nurse Partnership
- Sussex MMR 0-5s Improvement Plan
- [Giving every child the best start in life - GOV.UK](#)
- [National Child Poverty Strategy 2025](#)
- [Every Child Achieving and Thriving](#)
- [Families First Partnership programme - GOV.UK](#)
- [Plan for Change - GOV.UK](#)
- [Connected Council Programme](#)