Strengthening School Readiness and Family Literacy Through Storytelling

Lessons from *Tell Me a Story, Liverpool*

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Executive Summary

Data from Cheshire and Merseyside showed that children across the region are below the England average in measures of school readiness and a relatively large proportion of children in the city start school with notable delays in speech, language, and emotional skills. A local child health equity assessment, based on the Child Health Equity Framework, confirmed the scale of the challenge.

Families in Liverpool often face poverty, low adult literacy, and other pressures that make activities like reading together more difficult. Practitioners also shared how some parents lack confidence with reading, which can become a barrier to enjoying stories with their children. *Tell Me a Story, Liverpool* was created with local partners to address these concerns and support development of better speech, language and emotional skills among a group of particularly disadvantaged young children and their families.

Following a collaboration between system partners from health care, local authorities, public health, the voluntary, community and social enterprise sector (VCSE), and Health Equity Champions, it was identified that storytelling was a fun and accessible way to support preschool children's development, boost parents' confidence, support parent-child attachment in ways that addressed inequalities in school readiness and early years development, and build on local strengths and relationships.

Tell Me a Story, Liverpool, delivered in partnership with Mersey Care NHS Foundation Trust, Liverpool City Council, the BookTrust and the Dollywood Foundation, launched in March 2025. The pilot gives first-time teenage parents a free letterbox picture-book each month (suitable for the age and development of their child), addressed to their child, through the Dolly Parton Imagination Library.

Family Nurse Partnership (FNP) nurses and health visitors received training in storytelling and shared reading from the BookTrust, with extra training for FNP nurses through the Peers Early Education Partnership (PEEP) Learning Together programme. This equipped practitioners with the skills and confidence to help parents build their children's language, communication, and literacy at home, and to know where to access further resources or support.

FNP nurses highlighted multiple challenges faced by many - but not all - teenage parents and their children. Children of teenage parents are at higher risk of adverse outcomes than their peers, including lower school readiness, limited educational attainment, and reduced confidence, sometimes compounded by learning needs. Some parents feel embarrassed about reading or have little experience with books, while high levels of poverty mean many households have few or no books. Adversity, mental health difficulties, and early school leaving are also common among the parents. One FNP nurse estimated that "at least 75–80 percent of our teenage parents" are likely to benefit from the initiative. Participating families live in vulnerable or complex households, and most families reside in Liverpool's most deprived areas.

The initiative is designed to continue beyond the CHEC programme, supported by Family Hubs. It has started with an enhanced offer for teenage parents and their families but aims to expand to all families over time. In the short term, *Tell Me a Story, Liverpool* aims to boost practitioner support for families and improve how literacy programmes work together; in the long term, it aims to improve children's school readiness.

Over three months, parents reported that their children were more engaged and enjoyed reading and storytelling, that they themselves were enjoying these activities and feeling more confident, and that they felt more bonded with their children. Additional benefits include FNP nurses enjoying the sessions and building trust with the families, increased access to books and learning resources at home, and more parents finding time each day to look at or read a book together with their child. It is anticipated that inequalities in early years development may decrease as the programme is further rolled out, bringing broad benefits to children and their families, including improved future educational attainment, greater employment opportunities, and enhanced health and wellbeing.

The Child Health Equity Collaborative (CHEC)

The Children and Young People's Health Equity Collaborative (CHEC) was a three-year partnership which ran from 2022 to 2025 between Barnardo's, the UCL's Institute of Health Equity (IHE), and three ICSs – NHS Birmingham and Solihull, NHS Cheshire and Merseyside, and NHS South Yorkshire.

To promote the vision that all children should enjoy good health and positive wellbeing, regardless of circumstance, the CHEC embedded a social determinants of health approach in the health care system, in partnership with the voluntary community and social enterprise (VCSE) sector, local government and children and young people themselves.

The CHEC's Goals, Aims and Objectives

Programme Goals

1. To promote the vision for all children and young people (CYP) to enjoy good health and positive wellbeing.
2. To reduce inequalities in CYP's health by acting on the social determinants of health.
3. To improve outcomes for CYP from underserved communities.

Programme Aims

1. ICSs strengthen their focus on the social determinants of child health with the aim of achieving more equitable outcomes for children.
2. To actively involve the VCSE sector in identifying and addressing the social determinants of child health to promote more equitable outcomes for children.
3. To strengthen the embedding of CYP's priorities and insights into ICS strategic planning and decision-making processes.

Programme Objectives

Increase focus within ICSs on the social determinants of child health and child health equity by:

1. Strengthening local partnership working.
2. Delivering an intervention or initiative informed by CYP's insights and that addresses one or more of the social determinants of child health.
3. Improving the monitoring and use of key child health equity data.
4. Actively engaging decision-makers by raising their awareness of child health equity and the social determinants of child health to support informed decision-making.
5. Establishing or strengthening formal mechanisms for capturing, integrating, and acting on CYP's priorities and insights within ICS strategic planning processes.
6. To generate and share learning from the evaluation of interventions and initiatives to inform ICS decision-making, strengthen local system partnerships, and support action on the social determinants of child health.
7. To use programme-level evaluation to understand the overall contribution of the CHEC programme to child health equity, support strategic learning across ICSs, and inform future system-wide approaches

The CHEC programme involved 4 workstreams:

1. The Child Health Equity Framework
2. Data analysis and collation
3. Interventions in the ICS areas
4. Health Equity Champions

This paper evaluates the CHEC intervention in Liverpool.

Storytelling to support early child development

Storytelling, whether through oral traditions, shared reading, or imaginative play, provides children with opportunities to expand vocabulary, develop empathy, and lay the foundations for lifelong learning and wellbeing[1]. Some studies suggest than when adults actively involve children during storytelling by, for example, asking questions or explaining words, children learn new words better than repeated reading or phonemic awareness activities[2].

Storytelling with young children has also been associated with increased play and creativity. Holmes et al. (2019), for instance, found that preschool children who engaged more frequently in storytelling and imaginative play demonstrated stronger expressive and receptive language skills and higher levels of creativity[3].

There are entrenched, long-standing inequalities in early childhood communication and language development and school readiness in England[4]. Storytelling and interactive shared reading offer a unique opportunity to support early communication and language development and school readiness for the most at-risk children, as, being accessible to families from diverse backgrounds, they can help buffer against differences in parental education, reading confidence, and the home learning environment.

[1]BookTrust. (2023). The crucial role of storytelling in early childhood education; BBC Teach. (2023). Why storytelling is important for children

[2]For example, Suggate, P.S., et al. (2021) Interactive elaborate storytelling helps preschool children learn story vocabulary better than repeated reading or phonemic awareness activities. Cognitive Development, 57, 100996.

[3]Holmes, R. M., et al. (2019). The relationship between young children's language abilities, creativity, play, and storytelling. Early Child Development and Care, 189(2), 244–254.

[4]Metcalfe, S. & Davison, N. (2025) School readiness: How can government start closing the opportunity gap in early years education? Institute for Government.

How and why Tell Me a Story, Liverpool was developed

School readiness is influenced by a range of interrelated factors. Evidence indicates that socio-economic disadvantage, low parental (particularly maternal) education, and a less stimulating home learning environment have the strongest impact on early development. Poor health and parental employment status also play contributory roles[5]. In 2023/24, 62% of children in Liverpool were ready for school at the end of their school reception year, compared to the England average of 67.7%[6].

Children living in the most deprived areas of Liverpool are gradually improving in Early Years Foundation Stage Profile (EYFSP) communication, language, and literacy, with the percentage of children achieving the expected level increasing from 60.2% in 2021/22 to 62.6% in 2023/24. Children living in the least deprived areas continue to have a higher percentage of children at the expected level, though it has slightly declined, from 80.5% to 79.1%, over the same period. In 2023/24, the gap in the percentage of children at the expected level in communication, language, and literacy between children living in the most and least deprived areas of Liverpool is around 17 percentage points, reflecting some progress but persistent disadvantage. At a national level, in 2023/24, the inequality gap in EYFSP communication, language, and literacy is slightly larger at 19.5 percentage points, but, overall, percentages of children at the expected level in communication, language, and literacy in Liverpool remain below the England averages, indicating that while the gap is narrowing locally, children in Liverpool still generally perform below national levels and further improvement and sustained investment in early years language, communication and literacy is needed[7].

Local data also highlight the wider social determinants impacting children's outcomes. Liverpool continues to have one of the highest rates of teenage conceptions among core cities, with numbers rising from 103 in 2020 to 141 in 2021, and a slight reduction to 129 in 2022. A higher proportion of conceptions lead to abortion, pointing to ongoing challenges around support, knowledge, and aspirations for young people, particularly those with additional risk factors. In 2022/23, 59.7% of teenage pregnancies were to women living in the most deprived decile, compared to just 0.24% in the least deprived decile[8].

Outcomes for babies and children born to young mothers under 20 are generally poorer than for their peers, with higher rates of stillbirth, increased risk of sudden unexpected death in infancy (SUDI), greater likelihood of low birth weight, and elevated infant mortality rates[9]. Maternal mental health is a particular concern, as young mothers up to the age of 25 are at higher risk of postnatal depression and poor mental health for up to three years after birth[10]. Parental depression is the most prevalent risk factor for negative child development outcomes[11]. For this reason, family mental health and wellbeing is included as a key driver of child health and wellbeing in the Child Health Equity Framework. At age five, children of teenage mothers have an almost nine-month developmental delay in verbal ability compared to the average[12]. There are also persistent safeguarding concerns: 60% of children involved in serious case reviews were born to mothers under 21, and at least one in three women who have had a child taken into care and subsequently returned to family court had their first child as a teenager[13].

Cheshire and Merseyside ICS carried out a broader review of key areas of concern for children and young people across the region and identified three potential areas for intervention. System partners – including health services, local authorities, public health, VCSE organisations, and CYP health equity champions – came together to review the findings and agree where action was most needed. Practitioners reported that many young parents had left education early or had moderate learning needs, and that adult literacy and poverty often meant there were few or no books in the home, reinforcing the case for a targeted, relationship-based intervention to complement city-wide offers.

In Liverpool, this evidence highlighted the potential of storytelling as a fun and accessible approach to support children's early development, strengthen parent–child attachment, boost parents' confidence, and tackle inequalities by building on local strengths and relationships.

[5]Sammons, P. et al. (2004). The impact of pre-school on young children's cognitive attainments at entry to reception. British Educational Research Journal, 30(5), 691–712.

[6]https://fingertips.phe.org.uk/

[7]Early years foundation stage profile results, Academic year 2023/24

[8]Internal report - Beyond Programme Board Update: October 2025

[9]NICE (2010) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors

[10]Office for Health Improvement and Disparities (2021) Early Years High Impact Area 2: Supporting Maternal and Family Mental Health

[11]Rogers, A.M., et al. (2023) Association of maternal and paternal perinatal depression and anxiety with infant development: A longitudinal study. J Affect Disord. 2023 Oct 1;338:278-288; Kiernan K.E., & Huerta, M.C. (2008) Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood.. Br J Sociol. 2008 Dec;59(4):783-806.

[12]LGA (2025) Supporting young parents to reach their full potential.

[13]LGA (2025) Supporting young parents to reach their full potential.

Overview of Tell Me a Story, Liverpool

Tell Me a Story, Liverpool, delivered in partnership with Mersey Care NHS Foundation Trust and the Dollywood Foundation, launched on 6 March 2025 to coincide with World Book Day. The pilot gives first-time teenage parents a free letterbox picture-book each month (suitable for the age and development of their child), addressed to their child, through the Dolly Parton Imagination Library. This occasionally comes with supporting tools, such as puppets, for families to use with the books. Health visitors and FNP nurses described this as building on longstanding work with Bookstart packs and other early literacy offers, rather than starting from scratch, which helped families see the books as a natural part of existing support.

Family Nurse Partnership (FNP) nurses and health visitors received training from the BookTrust in storytelling and shared reading, with extra training for FNP nurses through the Peers Early Education Partnership (PEEP) Learning Together programme. This equipped practitioners with the skills and confidence to help parents build their children's language, communication, and literacy at home, and to know where to access further resources or support. The training encouraged practitioners not just to start conversations about reading earlier, but to reframe storytelling for parents – exploring books together, making up stories, helping them understand it is okay to make mistakes, describing pictures instead of reading all the words, and pointing things out – rather than simply telling them they "have to read a story." Practitioners also receive copies of the picture book and any supporting tools each month so that they can familiarise themselves with the content before working with families. Many described the training and resources as 'another tool in their toolbox', giving them fresh ideas and greater confidence to model story-sharing with families.

The initiative is designed to continue beyond the CHEC programme, supported by Family Hubs. It has started with an enhanced offer for teenage parents and their families but aims to expand to all families over time. In the short term, *Tell Me a Story, Liverpool* aims to boost practitioner support for families, including ensuring that all families receive simple and consistent messages about shared reading and storytelling across all the spaces and professionals they engage with, including libraries, health visitors, FNP nurses, and voluntary sector services. It also aims to improve how literacy programmes work together. In the long term, the initiative aims to improve children's school readiness.

Evaluation approach and limitations

The evaluation of *Tell Me a Story, Liverpool* used a mixed-methods approach. Findings in this profile draw on 14 interviews with 10 stakeholders, including project team members from Liverpool City Council, representatives from BookTrust and the Dollywood Foundation, and FNP nurses, some of whom were interviewed twice.

A bespoke storytelling survey was developed for this evaluation, as standardised measures were considered too broad to capture the initiative's specific focus, although many questions were adapted from existing measurement tools. Of the 79 parents enrolled in the FNP intervention, baseline data was collected for 74 (94%).

Follow-up questionnaires were conducted three months later. By September 2025 – the cut-off for inclusion in this evaluation – 36 FNP-enrolled parents had returned follow-up surveys. No follow-up surveys were returned by the eight parents supported by their health visitor but not enrolled in the FNP.

Broad demographic data was also collected for monitoring purposes. This evaluation reports a pre–post differential analysis based on a matched sample of 36 parents (i.e., those who completed both the baseline and 3-month follow-up surveys, with responses linked). Absolute percentage-point change from baseline to follow-up was calculated for each survey item (response scale: *strongly disagree* to *strongly agree*), with 95% confidence intervals (CIs) used to assess whether changes were statistically significant.

Proportional (relative) change from baseline is also reported where the change was statistically significant — this shows how much the proportion changed compared with the baseline percentage. Where proportional (relative) change is included, this is stated explicitly.

The project team plans to continue evaluation beyond the CHEC programme, including six-month follow-up surveys and interviews with families. Longer-term tracking, managed by health visitors, will include Ages and Stages (ASQ) scores at 2–2.5 years and school readiness outcomes, providing a fuller picture of the initiative's impact over time.

This evaluation has several limitations. No health visitors were available for interview during the fieldwork period, and the FNP nurses who participated were already confident in storytelling and shared reading, making it difficult to detect changes in professional practice. Practitioners described elements of the launch and data collection as feeling rushed and administratively demanding, which may have contributed to some data gaps and reinforced the importance of adequate set-up time in future phases.

Survey data were limited: only 36 of the 87 families receiving book subscriptions completed both the baseline and 3-month follow-up surveys. We compared the baseline responses of all parents (n=74) with those of the matched sample who completed both surveys (n=34). Overall, the distribution of responses across items was broadly similar. A small number of parents (1–3) in the full sample selected 'disagree' or 'strongly disagree' on some items; these response options were not represented in the matched sample.

A pre–post design was used. Planned comparisons between Family Nurse Partnership (FNP) and non-FNP parents were not possible due to the very small non-FNP group (n=8) and the absence of follow-up responses. Numbers were also too small to support subgroup analyses (e.g., by age or ethnicity). While CIs were calculated, these were wide due to the low sample size, and findings should therefore be interpreted with caution, as indicative rather than statistically robust evidence of change.

The bespoke storytelling survey is not validated and included some questions about children's development, so changes measured between baseline and three months may reflect children's natural development rather than the contribution of the initiative, although most questions focused on parents' confidence and storytelling skills, which are less affected. Finally, the study provides a snapshot of an initiative designed to continue and evolve beyond the scope of the CHEC programme.

Participant Profile

87 families received monthly picture books through the Dolly Parton Imagination Library as part of this pilot, with the vast majority also enrolled in the intensive FNP programme. FNP in Liverpool provides home-visiting support for first-time mothers aged 19 or under at the start of pregnancy, from early pregnancy until their child's second birthday. A small number (n=8) received books via health visitors (parents who declined FNP).

Parents identified to take part in *Tell Me a Story, Liverpool* were identified through hospital referrals, and live in vulnerable or complex households. Most families reside in Liverpool's most deprived areas. Practitioners reported that many of these young parents had left education early or had moderate learning needs, and that adult literacy and poverty often meant there were few or no books in the home.

Available demographic data from 36 respondents shows the majority (approximately 85%) of children were of White ethnicity. A small minority were from Black, mixed or other minority ethnic backgrounds. To protect confidentiality, specific numbers are not reported due to the very small group sizes. This is broadly in line with the overall population profile in Liverpool, although specific data for all teenage parents across the city was not readily available. The average age of parents is 20.

FNP nurses highlighted several challenges faced by the teenage parents and children they work with. These children are at greater risk of poorer outcomes, including low school readiness, limited educational achievement, and reduced confidence – sometimes compounded by learning difficulties. Some parents feel embarrassed about reading or have limited experience with books, and high levels of poverty mean many households have few or no books at home. Practitioner interviews also indicated that many teenage parents experience socioeconomic hardship – such as poverty, unemployment, and low income – alongside mental health challenges and early school leaving. One FNP nurse estimated that "at least 75–80% of our teenage parents" are likely to benefit from the initiative, suggesting that these risk factors affect most, though not all, of the parents and children they support.

Emerging benefits for children and families

Analysis of survey data and stakeholder interviews suggests that teenage parents and their families are beginning to benefit from receiving monthly books and support from FNP nurses and health visitors. Children are engaging with and enjoying stories more, homes have more books, daily shared reading is increasing, more families are involving their children in storytelling, and there are early signs of strengthened parent–child bonding.

More children are engaging with and enjoying stories

Early signs indicate that *Tell Me a Story, Liverpool* is helping children enjoy and engage more with books and stories.

Parents reported an increase in their child's interest during reading or storytelling sessions over the 3-month period. The number of parents who *strongly agreed* that their child shows interest (e.g., looking at pictures, pointing, or making sounds) rose from 12 (34%) at baseline to 21 (58%) at follow-up – a statistically significant net increase of 9 parents (+24 percentage points; 95% CI: 1.53–46.55), equivalent to a 70% relative (proportional) increase over baseline. This increase was accompanied by a decline in parents selecting *Agree*, indicating a shift from moderate to strong observed child engagement. Responses of *Neutral* remained stable, and *Strongly Disagree* responses were unchanged. One survey response at baseline was missing and therefore excluded from this analysis.

Parents also reported changes in their child's positive emotional responses during reading or storytelling sessions over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 13 (36%) at baseline to 21 (58%) at follow-up, a net increase of 8 parents (22 percentage points; 95% CI: -0.26 to 44.70), although this change was not statistically significant. The proportion selecting *Agree* decreased from 18 (50%) to 10 (28%), a statistically significant net decrease of 8 parents (-22 percentage points; 95% CI: -44.15 to -0.29). This corresponds to a relative (proportional) decrease of 44% from baseline, suggesting a shift toward stronger observed enjoyment.

Responses in other categories changed minimally (*Neutral*: 4 to 2; *Disagree*: 1 to 2; *Strongly Disagree*: 0 to 1). This slight increase in parents who *disagreed* or *strongly disagreed* that their child enjoys reading or storytelling at the 3-month follow-up may reflect normal variation rather than a meaningful decline in enjoyment. However, it could also suggest that a few children were less engaged at follow-up, which is an area worth exploring further as the initiative continues.

Increased parent–child interaction through storytelling

Parents are taking a more active role in storytelling, with parents' use of interactive storytelling techniques increasing over the 3-month period. The number of parents who *strongly agreed* that they encourage their child to join in during storytelling (e.g., by asking questions or prompting responses) rose from 11 (31%) at baseline to 19 (53%) at follow-up, a statistically significant net increase of 8 parents (22 percentage points; 95% CI: 0.03–44.41), equivalent to a 73% relative (proportional) increase over baseline. This increase was accompanied by a decline in parents selecting *agree*, indicating a shift from moderate to strong use of interactive storytelling behaviours. *Neutral* responses also decreased (from 6 parents to 2), although this change was not statistically significant.

Practitioners also observed parents starting to use props, sing songs, and talk more during story time, showing greater confidence and a willingness to try new approaches.

Increased daily shared reading and storytelling

Substantially more parents reported finding time each day to look at or read a book together with their child over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 4 (11%) at baseline to 14 (39%) at follow-up, a statistically significant net increase of 10 parents (27.78 percentage points; 95% CI: 8.83 to 46.73), corresponding to a relative (proportional) increase of 250% from baseline. The proportion selecting *Agree* remained stable at 10 parents. Responses in the *Neutral, Disagree*, and *Strongly Disagree* categories decreased (*Neutral*: 15 to 9; *Disagree*: 6 to 3; *Strongly Disagree*: 1 to 0), but none of these changes were statistically significant. Overall, these findings indicate that substantially more parents were able to make daily time to share books with their child over the 3-month period.

Promoting bonding between families and their children

Sharing books and stories is helping strengthen bonds between parents and children. One practitioner noted that even very young babies benefit from being introduced to picture books, which in turn helps strengthen the parent–child relationship from an early stage. Survey findings reflect this too: more parents believed that sharing stories and books strengthened their bond with their child over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 17 (49%) at baseline to 26 (72%) at follow-up – a statistically significant net increase of 9 parents (23.65 percentage points; 95% CI: 1.55 to 45.75). This corresponds to a relative (proportional) increase of 49% from baseline. The proportion selecting *Agree* decreased from 17 (49%) to 9 (25%), a statistically significant net decrease of 8 parents (-23.57 percentage points; 95% CI: -45.35 to -1.79). This corresponds to a relative (proportional) decrease of 49% from baseline, and suggests a shift from moderate to strong agreement. Responses in the *Neutral* category remained stable (1 to 1). One survey response at baseline was missing and therefore excluded from this analysis.

Increased access to books and learning resources

Stakeholders observed more books appearing in homes, even in challenging circumstances such as temporary accommodation. Survey data supports this: parents reported changes in the number of children's books in their home over the 3-month period. The proportion of parents reporting 21 to 50 books increased from 4 (11%) at baseline to 12 (33%) at follow-up, a statistically significant net increase of 8 parents (22 percentage points; 95% CI: 3.71 to 40.73). This corresponds to a relative (proportional) increase of 200% from baseline, indicating that more children had access to a moderate number of books at home – far more than could be accounted for by the three picture books received during the evaluation period.

The proportion reporting fewer than 10 books decreased from 14 (39%) to 7 (19%), although this change was not statistically significant (-19.45 percentage points; 95% CI: -39.96 to 1.06). Changes in the other categories were smaller and not statistically significant (10 to 20 books: 16 to 13; more than 50 books: 2 to 4).

Practitioners noted that having a small but growing collection of books and simple resources at home also made it easier to link families into other programmes, such as group sessions and library events, because parents had something familiar to build on.

Experiences and emerging benefits for practitioners and the wider system

FNP nurses have responded very positively to the initiative, reporting renewed enthusiasm for and confidence in shared reading and storytelling, and feeling inspired by new ideas to engage families more effectively. They described it as a valuable addition to their "toolbox" for supporting families and noted that it has brought storytelling and shared reading to the forefront of their practice, helping them to move out of "auto-pilot" with the shared reading support they offer as standard. Many stakeholders highlighted that the initiative has started to strengthen collaboration between early literacy services across Liverpool, enhancing the support available to families. System partners pointed to the Liverpool Festival of Storytelling as a visible catalyst for city-wide early literacy momentum.

How the initiative worked

The early impact of *Tell Me a Story, Liverpool* appears to be supported by a combination of factors, including growing parental confidence, knowledge, and enjoyment; strong partnership working; the free monthly picture books, which provide prompts for practitioners to more frequently engage with parents about shared reading and storytelling; and the regular weekly contact FNP nurses have with families, allowing for repeated, ongoing conversations.

Parental confidence in storytelling

Parents taking part in the programme became more confident in sharing stories and books with their children over the 3-month period. The number of parents who *strongly agreed* they felt confident rose from 18 (50%) at baseline to 26 (72%) at follow-up, a statistically significant net increase of 8 parents (22 percentage points; 95% CI: 0.3–44.2), equivalent to a 44% relative (proportional) increase over baseline. This increase was accompanied by a corresponding decline in parents selecting *agree*, indicating a shift from moderate to strong confidence. No significant change was observed among parents who were *neutral* at baseline.

One parent reported a drop in confidence over the three-month period. The reasons are unclear; it may reflect greater self-awareness of developmental needs or error in questionnaire response. This will be explored further through follow-up conversations at six months, beyond the scope of the CHEC programme.

Parents also reported feeling more confident in how to use storytelling to support their child's development (fine motor, scaffolding, personal-social, speech) over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 17 (47%) at baseline to 26 (72%) at follow-up, a statistically significant net increase of 9 parents (25.00 percentage points; 95% CI: 3.09 to 46.91), corresponding to a relative (proportional) increase of 53% from baseline. The proportion selecting *Agree* decreased from 19 (53%) to 8 (22%), a statistically significant net decrease of 11 parents (-30.56 percentage points; 95% CI: -51.78 to -9.34), equivalent to a relative (proportional) decrease of 58% from baseline. This suggests a shift from moderate to strong understanding. Responses in the *Neutral* category increased slightly from 0 to 2 parents.

During the same period, parents described changes in their behaviours – for example, using storytelling techniques more often, and bringing more books into the home. These shifts together suggest a positive pattern that can help support children's language, literacy, and communication development.

Practitioners similarly noticed a clear boost in parents' confidence. Parents with learning needs or limited experience of books felt more comfortable sitting down to read with their children, while others began using props, singing songs, and talking more during story time – which practitioners felt showed both increased confidence and a willingness to try new approaches. They attributed this to the storytelling aspect of the initiative, which supported families – especially those with children at greater risk of poor communication and language development outcomes – to use books in different ways. One practitioner described how they were able to support families resistant to reading books with their children through storytelling techniques:

> *"It's not about reading what's on the page … you can make up your own story … It's maybe just about looking at the pictures, pointing out certain things, allowing the baby to explore … you don't have to read that story from start to finish … and now [parent] who can't read has been making a bit more of an effort … [they're] not scared now to pick up a book and look at it with [their] child … in case [they] says the wrong word. It's given [them] that confidence, that [they] can just look at the pictures"*
>
> **FNP Nurse**

Increased parent enjoyment in storytelling and shared reading

Parents felt substantially more enjoyment in reading or storytelling with their child over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 12 (33%) at baseline to 27 (75%) at follow-up, a statistically significant net increase of 15 parents (41.67 percentage points; 95% CI: 20.76 to 62.58). The statistically significant increase in the *Strongly Agree* category corresponds to a relative increase of 125% from baseline.

The proportion selecting *Agree* decreased from 21 (58%) to 6 (17%), a statistically significant net decrease of 15 parents (-41.66 percentage points; 95% CI: -61.85 to -21.47), equivalent to a relative (proportional) decrease of 71% from baseline, suggesting a shift from moderate to strong enjoyment. Responses in the *Neutral* and *Disagree* categories remained stable (Neutral: 2 to 2; Disagree: 1 to 1).

Parents' perceived support from professionals

Parents' sense of support from the Health Visitor or Family Nurse in using storytelling remained largely stable over the 3-month period. The proportion selecting *Strongly Agree* increased slightly from 19 (53%) at baseline to 22 (61%) at follow-up (8.33 percentage points; 95% CI: -14.46 to 31.12), while the proportion selecting Agree decreased slightly from 13 (36%) to 12 (33%) (-2.78 percentage points; 95% CI: -24.76 to 19.20). Responses in the *Neutral* and *Disagree* categories remained low (Neutral: 4 to 1; Disagree: 0 to 1), and none of these changes were statistically significant, indicating that parents generally felt supported from the outset and this level of perceived support remained stable.

Parents' knowledge about the importance of shared reading

One stakeholder shared an example of a parent who had not previously been aware of the value of reading and storytelling with very young children. After witnessing their children's enjoyment of a shared book, the parent was both surprised and encouraged – leading them to incorporate regular storytelling into their family routine.

Parents generally believed that storytelling supports their child's language development, and this level of belief remained stable over the 3-month period. The proportion of parents selecting *Strongly Agree* increased from 22 (61%) at baseline to 26 (72%) at follow-up, a net increase of 4 parents (11.11 percentage points; 95% CI: -10.52 to 32.74), although this change was not statistically significant. The proportion selecting *Agree* decreased from 14 (39%) to 8 (22%) (-16.67 percentage points; 95% CI: -37.60 to 4.26), and the *Neutral* category increased slightly from 0 to 2 parents, with none of these changes statistically significant.

Clear, consistent messaging

The training and partnership work around child and family literacy is creating clear, simple, and consistent messages about shared reading and storytelling. By aligning different organisations and support, families are receiving the same messages across settings, making support easier to access and the system work more efficiently.

> *"It's about creating a consistent narrative... if they go to the library, children's centres, or early years providers, we've got the same message throughout. That's the power of this approach"*
>
> **ICS Project Team**

Monthly free books as a catalyst

FNP nurses described how providing families with the gift of a free picture book each month acted as a key mechanism for the initiative. It gave them more frequent and earlier opportunities to start conversations about storytelling and shared reading with families, in a non-judgemental way, and to role model how to share books and storytelling with their children.

> *"It's increased the frequency of the conversations about books and sharing stories ... when we see [the books] in the house, it gets the conversation started "oh, you've got this month's free book! How was it? How's the baby enjoying it?", it's been really useful for reiterating that"*
>
> **FNP Nurse**

> *"The books have allowed us to role model to the parents ... how they can interact and communicate with their babies using the books... and then they tend to build confidence in themselves to sustain that"*
>
> **FNP Nurse**

Families valued receiving the books directly at home, and seeing their children enjoy them encouraged repeated engagement.

Practitioner role and capacity

We heard how FNP nurses are especially well placed to support shared reading because they work with families regularly over a longer period, allowing them to build trust and strong relationships. This gives them the space to introduce storytelling and books in a friendly, approachable way, even with families who may be hesitant.

Building on assets

Tell Me a Story, Liverpool built on existing local strengths rather than starting from scratch. Health visitors and FNP nurses were already sharing Bookstart baby packs and talking with parents about how reading supports children's speech and development. Other local programmes, such as Parents in Partnership Education (PIPE), also gave parents opportunities to engage with books and stories. By linking to these existing efforts, and with partners

such as libraries and the National Literacy Trust, the initiative strengthened what was already working, creating a more joined-up and sustainable approach. Practitioners noted that because families now have multiple books at home, along with props such as puppets, because of *Tell Me a Story, Liverpool*, programmes like PIPE are easier to deliver, as resources can stay with families rather than being taken away at the end of each visit.

The initiative was also promoted through the Liverpool Festival of Storytelling, which brought together libraries, family hubs, health visitors, speech and language therapists, and other local services. The festival featured live storytelling, theatre, poetry, and play-based activities, giving families practical ways to explore books and early literacy while learning about local services and support. The festival was designed to be fun, accessible, and inclusive, and reached hundreds of families, including those from disadvantaged backgrounds. It also helped professionals connect, share ideas, and showcase the value of early literacy.

The CHEC as a vehicle for change

Tell Me a Story, Liverpool has begun to show early benefits for children, families, and beyond, partly because the CHEC programme acted as both a platform and a vehicle for change. With senior support through the ICS and from the collaborative, practitioners were given the space and legitimacy to try new ideas and have conversations about child health equity amid busy workloads. The funding contribution of £10,000 – invested in the initial book subscription of up to two years for approximately 100 families – and the relatively short timelines encouraged creativity, prompting teams to build on existing assets, relationships, and partnerships rather than starting from scratch. The approach drew on the dedication, enthusiasm, and motivation of individuals already working within the system.

> *"A lot of the activities were already happening… [CHEC] gave us permission to have the conversations, explore new opportunities, and reconnect with partners… it gave us a new dynamic, a new topic of conversation to reunite or reignite existing relationships."*
>
> **ICB Project Team**

Key challenges and lessons learned

Strengthening service links

A key aim of *Tell Me a Story, Liverpool* is to strengthen links between early literacy services. Progress is being made, but some stakeholders noted that partners still often work in silos, and awareness of roles and services varies across local authorities, making it sometimes difficult to contact or stay in touch with relevant teams. Some partners described difficulties coordinating literacy and language offers across organisations, with work often relying on individual relationships, and limited administrative support rather than clear system-wide processes.

Contacting non-FNP parents

Recruiting families outside the FNP programme proved challenging, with some parents sceptical about the offer of free books.

> *"I've felt like a bit of a cold caller trying to enrol [parents who did not want to take part in FNP]... there's that scepticism, like why is this person offering me free books?"*
>
> **FNP nurse**

Maintaining contact after FNP

Some professionals anticipated challenges in continuing to support families, deliver books, or track outcomes once they leave FNP, especially if families move or change address.

> *"There will come a point where we're going to have clients who we graduate from our programme who are going to go into a universal caseload ... and a risk that we might not be able to get in touch with clients if they move address... the books aren't going to be getting delivered to them."*
>
> **FNP nurse**

Ensuring equitable support

The pilot was designed with a focus on health equity, supporting teenage parents and their children in areas of higher deprivation, who face an increased risk of poor early language, communication, and literacy outcomes. The monthly books are age-appropriate and chosen by the Dolly Parton Imagination Library to be inclusive and representative of all families. As described in the previous section, FNP nurses are well placed to deliver the programme because of the longer-term relationships they build with families, allowing them to cover a range of topics, and the nurses we spoke with for this evaluation felt confident they could, overall, equitably deliver the intervention. However, supporting families with more complex needs remains a challenge, meaning some children may receive less input on shared reading and storytelling than their peers. Health visitors, who see families less frequently, may face an even greater challenge in reaching higher-risk families.

> *"What the FNPs told me was their time was largely taken up around housing issues, safe sleeping, feeding... it's difficult to then share a story, especially if they're in someone's home... I wonder about training professionals who might already have a really busy role ... with limited capacity [they] might think 'Why are you now expecting me to be a storyteller?"*
>
> **Early Literacy Professional**

Extra demands made on committed, but over-stretched individuals

While the initiative successfully unlocked local innovation and collaboration, it often relied on the dedication and goodwill of committed, passionate but already stretched professionals. Limited resources and tight timeframes added extra demands on individuals working in challenging circumstances.

> *"It worked to our advantage in terms of we're not here with loads of money... but also that made it incredibly hard in [terms of] the drain on the already busy workloads for a lot of people ... It has become all-encompassing and my whole life .... [which was] not the expectation."*
>
> **ICB Project Team**

We heard how, for some stakeholders, implementing the initiative and completing data collection felt rushed, with teams having to set up their own systems for tracking and reporting, which added extra work.

> *"It all felt quite rushed... we very quickly had to create our own local internal system and spreadsheet... one part of it was paper, one part of it was digital... we ended up having to do everything ourselves."*
>
> **FNP nurse**

Pressure to demonstrate impact

Some stakeholders felt pressure to quickly demonstrate work or visible outcomes, such as photos or publicity, which sometimes felt at odds with the initiative's longer-term goal of creating meaningful, sustainable change for local children and families. As one practitioner reflected:

> *"There was this pressure to get a picture... it does feel like you're part of something that's about publicity rather than the longevity of making a difference."*
>
> **FNP Nurse**

FNP nurses also described the challenge of collecting data and reliable information from families using the bespoke storytelling survey.

> *"We're doing the questionnaires now, and that's the bit I'm finding the hardest to fit in"*
>
> **FNP Nurse**

> *"It was funny when we did the first questionnaire. Everyone is a marvellous reader and they're all able to do stories, and they're already all able to do voices. But then that wasn't necessarily what we were seeing"*
>
> **FNP Nurse**

Library use

Stakeholders reported that they had not noticed much change in parents' use of libraries during participation in *Tell Me a Story, Liverpool*, which is corroborated by survey findings. Parents similarly reported little change in how often they visited the library with their child over the 3-month period. The proportion reporting never visiting decreased from 29 (81%) at baseline to 26 (72%) at follow-up (−8.34 percentage points; 95% CI: −27.86 to 11.18), while those reporting visiting once increased from 5 (14%) to 8 (22%) (+8.33 percentage points; 95% CI: −9.34 to 26.00). Changes in the other categories were minimal (2–3 times: 1 to 2; 4–5 times: 1 to 0), and none of these differences were statistically significant, indicating that library visit frequency remained largely stable.

Recommendations for future delivery

The evaluation highlights key lessons for Cheshire and Merseyside ICS and other health and care systems to consider when designing and delivering similar initiatives.

- To deliver equitable benefits as the initiative expands beyond teenage parents and their children, a coordinated approach across health, early years, schools, libraries, adult learning, and the VCSE sector is needed. Strengthening and formalising partnerships with VCSE organisations can provide additional support to families at higher risk of poor outcomes, enabling NHS staff to deliver shared reading and storytelling support to all families – a proportionate universal approach. This also ensures children and families receive consistent messages across all the spaces they engage with, including libraries, health visitors, FNPs, and voluntary sector services.
- For a rolling initiative that aims to support new children each year, long-term sustainability is key. This requires embedding the initiative within existing local plans and services – such as the ongoing training of health visitors in shared reading and storytelling – reducing reliance on individual leaders, and ensuring teams and organisations collaborate to provide consistent support for families.
- There are plans to evaluate the programme over the next few years. Future, longer-term evaluations of *Tell Me a Story, Liverpool* could address current limitations by collecting data from practitioners with a wider range of experience, tracking outcomes over a longer period to capture the initiative's full impact, and examining the role of partnership working with the VCSE sector and trained volunteers (e.g., in family hubs) in supporting families and alleviating workforce pressures, which will be key for long-term sustainability.

Conclusion

Tell Me a Story, Liverpool is a pilot initiative that provides teenage parents and their children with free monthly picture books, alongside shared reading and storytelling support from FNP nurses and health visitors. Early findings suggest children are enjoying books more, families have more books at home and are reading more often, and parents feel more confident, supported, and bonded with their children through storytelling. Survey data and practitioner feedback indicate the initiative works by building on trusted relationships, using free books as a catalyst for frequent conversations about shared reading and storytelling, and offering clear, consistent messages across services. Challenges remain in reaching families outside FNP, sustaining support when families leave the programme, ensuring equity for those with complex needs, and managing pressures on already stretched staff. Overall, it shows early benefits and momentum, with promising signs that it may help raise vocabulary levels, particularly in children at greater risk of poor outcomes. The ICB could consider scaling the initiative to reach more families over a longer period, though this will require strong collaboration and sustainable support to deliver long-term impact.

Appendices

Appendix 1: Logic Model for Tell Me a Story, Liverpool

The following logic model outlines the structure, resources, activities, and intended outcomes for the *Tell Me a Story, Liverpool* initiative in Liverpool. This model provides a framework for planning, delivery, and evaluation, supporting alignment across partners and ensuring a shared understanding of the programme's aims and mechanisms.

Inputs

- FNP (Family Nurse Partnership) / HV (Health Visiting) to identify cohorts with appropriate mechanisms
- FNP/HV to provide additional intervention and support
- Wider system to monitor and log outcomes/outputs
- Officer time for programme support
- Financial support
- Evaluation support

Resources

- £10,000 from CHEC (Stage 1)
- People/capacity: HV Teams, SIL, CC/FH Teams, Library Staff, VCS support, Public Health capacity, BookStart support (training & resources), DPIL resources and management
- Acceptance and support of Strategic Boards
- Multi-agency working group to align processes

Outputs

- Project plan developed to include cohort, criteria, and recruitment
- Pre & post evaluation with families and health visitors (with potential for CYP evaluation at a later stage)
- Number of vulnerable families participating; number registered with Children's Centres, Library, and DPIL
- System endorsement and support from Education Improvement Board, One Liverpool, and HCF Segment
- System alignment and new ways of working developed across HV/FNP, FDH/CC, Libraries, and Early Years Education

Outcomes

- Improved health & wellbeing, including GLD (Good Level of Development), speech & language, and school readiness
- Parents and partner organisations are engaged in co-design and delivery
- Work is based on behavioural insight and collaboration with national and local partners
- System redesign with strong business case for future investment
- Approach respects environmental sustainability