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Executive summary

Introduction

How we treat young children shapes their lives – and ultimately our society (Wave Trust, 2013). If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future. Despite early education being better than it has ever been, it is still not benefiting our poorest children compared to their peers (Ofsted 2016).

There is a clear economic case for investing in the early years of children's lives, with economic analysis demonstrating that returns are much higher when interventions are targeted early in the life of disadvantaged children (Heckman 2008). Investing in quality early care and education has been shown to have a greater return on investment than many other economic development options. For every £1 invested in quality early care and education, taxpayers save up to £13 in future costs; in addition, for every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence (Early Intervention Foundation 2018a).

Furthermore, securing a successful start for our youngest children, and particularly those from disadvantaged backgrounds, is crucial. It can mean the difference between gaining

seven Bs at GCSE compared with seven Cs and is estimated to be worth £27,000 more in an individual's salary over the course of their career. Attending any pre-school, compared to none, predicted higher total GCSE scores, higher grades in GCSE English and maths, and the likelihood of achieving 5 or more GCSEs at grade A*- C. The more months students had spent in pre-school, the greater the impact on total GCSE scores and grades in English and maths (DfE 2016).

Ensuring children are able to get the best from education is vital; not enough children are starting school with the range of skills they need to succeed. Educational attainment is one of the main markers for wellbeing through the life course and so it is important that no child is left behind at the beginning of their school life.

Research shows that access to high quality early learning experiences, together with a positive learning environment at home, is a vital combination to ensure that children have reached a good level of development at the start of compulsory school age. School readiness is a strong indicator of how prepared a child is to succeed in school cognitively, socially and emotionally.

This chapter focuses on school readiness which is measured by the level of development of a child when they reach Foundation Stage at school. This chapter is supported by the Nottinghamshire Childcare Sufficiency Assessment which is repeated annually and is available here Nottinghamshire Childcare Sufficiency Assessment.

Unmet Needs and Service Gaps

- There are localities across Nottinghamshire where there are sufficiency challenges in terms of childcare. There is a need to ensure that good or outstanding provision is located where there are higher numbers of under 5's and where numbers are projected to increase following new housing developments. Local schools and the local early years sector will be encouraged to develop provision in these areas in the absence of capital funding to develop new early years properties.
- Parents require childcare to meet their irregular working patterns and school holidays, further work is required to meet this demand and unmet need as evidenced in the Nottinghamshire Childcare Sufficiency Assessment 2018
- Children Centre services have previously had a key role in engaging fathers, however in recent years, the needs of fathers have received a lower profile than the needs of mothers. It is currently unclear what the current needs and views of fathers are in relation to outcomes for young children.
- Not all children under the age of 5 are eligible for funded childcare. This means that many parents have to pay for childcare to enable them to gain or return to employment or not access employment until their child can access funded childcare. This is especially pertinent for children with Special Educational Needs and Disabilities (SEND) who are not entitled to additional top up funding to ensure they receive the intensive support they need; this can result in children being turned away from early years settings that do not have the ability to meet their needs.
- Early Years settings working with children who have complex medical needs require additional support from specialist services. Practitioners have told the Local Authority that they are unable to pay to cover costs to access training and assessments provided by specialist health services. Greater engagement with specialist health services is required to help address this service need.

- Funding for children accessing early years provision who have SEND and especially those with complex medical needs, is insufficient. Funding from the Early Years Inclusion Fund and Disability Access Fund only provide minimal costs to contribute towards staffing, equipment and training; however the Inclusion Fund has recently been used to help early years settings access additional support to help address the needs of children with complex health issues. A longer term solution is required in order to prevent children with complex needs being turned away from early years provision.
- Interventions to improve school readiness should start much earlier during the antenatal period so greater engagement of maternity services is required.
- School Readiness targets have often been the responsibility of the Early Years Attainment Group which has focused heavily on attainment and children already accessing early years provision. Evidence suggests that a wider partnership approach is required, taking into consideration a holistic whole family approach focusing on a range of interdependent outcomes as evidenced in this JSNA chapter.

Recommendations for Consideration by Commissioners

Priority	Recommendations	Suggested Lead
To ensure Children get the Best Start	• Develop a Best Start Strategy/Plan and a strategic partnership group to consider wider factors which contribute to school readiness from preconception to the age of 4. • Target resources to engage families earlier during the antenatal period and not wait for children to access early years provision.	Early Childhood Services, Nottinghamshire County Council (NCC). Public Health, NCC
Children achieve a Good Level of Development	• Raising the quality of early year's providers to ensure that all childcare settings are 'good' or 'outstanding' to enable poorer children to gain the best start in life. • Promotion, delivery and commission of evidence based interventions only. • Implement and review the findings of the Best Start early years tracker tool to help early years providers to assess the developmental needs of children and enable commissioners to track progress and assess impact of services and interventions. • Explore increasing the moderation of assessments carried out by schools during the Early Years Foundation Stage as they do not reflect the progress children are making at age 2 - 2½.	Early Childhood Services, NCC.
Children most at risk of poor educational outcomes have a good level of development and the attainment gap is narrowed	• Narrow the attainment gap for children eligible for Free School Meals and their peers, ensuring that progress is on par with statistical neighbours (measured by the Early Years Foundation Stage Profile). • Target wards across Nottinghamshire with higher proportions of children living in Poverty and low IDACI scores. • Additional work is required to engage low income families prior to the age of three and low income families not accessing early education or childcare.	Early Childhood Services, NCC

	• Increase the take up of funded early education for 2 year olds eligible for Free School Meals. • Work with early years providers to ensure there are sufficient high quality and sustainable places available in low income areas. • Target Children's Centre resources to target groups most at risk of poor attainment and development. • Undertake tracking of outcomes for children with SEND who have claimed supplementary funding (Disability Access Fund and Early Years Inclusion Fund). • Review specific needs of migrant families and refugees with young children. Information is required to help engage these groups to access early years and childcare provision.	
Highly Skilled Early Years Workforce	• Provide and evaluate high quality training and workforce development support to early years professionals across Nottinghamshire. • Links with Higher Education and Further Education organisations should be strengthened to improve promotion of accredited qualifications including teaching.	Early Childhood Services, NCC
Improve outcomes for Looked After Children and those known to Social Care	• Ensure early years is embedded in the work of the Virtual School to enable young children in Local Authority Care to succeed; and commissioners are able to assess the impact of additional Pupil Premium funding allocated to this group. • Ensure early years strategic leads work closely with the Virtual School to ensure that social workers, kinship and foster carers are aware of the importance of the quality of early years education. • Provide training and support to early years settings to enable them to be prepared for working with high-risk and potentially high-need groups, such as looked after children. • Undertake early years foundation stage data tracking and analysis for Children in Need and those on Child Protection Plans following the revision of the Deprivation Fund.	Early Childhood Services, NCC
Parents are engaged in their child's learning	• Continue the Home Talk intervention or similar evidence based intervention to address and improve speech, language communication needs by working with parent and child in their own home. • Promotion of the national Home Learning campaign 'Hungry Little Minds' (launched July 2019) • Consider the commissioning/delivery of a Home Learning resource co-produced with parents. • Ensure that home learning is promoted through all local online and social media opportunities. • Evaluate existing home learning interventions and launch the new home learning pathway.	Early Childhood Services, NCC
Parents are effectively supported to improve their wellbeing, parenting	• Review the latest evidence base to identify which parenting programmes and family support interventions are most effective and evidence value for money, for delivery by the Children's Centre Service from 2020. • Continued evaluation of outcomes for parents and carers who have participated in a variety of evidence based programmes	Early Childhood Services, NCC

skills, and understand their child's development needs.	delivered by Children's Centre Services. Topics will include boundaries and behaviour, sleep routines, parental conflict etc. • Continued delivery and evaluation of 1-2-1 family support delivered by the Children's Centre Service, focusing on family routines, parental wellbeing, keeping children safe, emotional needs of children and home learning.	
Children's Centre Services are responsive to need and improve outcomes	• Review the impact of Children's Centre interventions and ensure that interventions are evidence based and evaluated. • Greater engagement of children most at risk of developmental delay and their families. • Greater focus on engaging families from the antenatal period until children reach the age of 3. • Ensure the Children's Centre Service once under the management of the Local Authority maintains strong links with Healthy Family Teams and Maternity Services.	Early Childhood Services, NCC
Improve outcomes for White British Boys	• Improve outcomes for White British boys by ensuring that the opportunities we are providing for boys in the Early Years Foundation Stage fully engage and support them in developing positive dispositions to learning. • Increase take up of childcare and early education opportunities for White British Boys as early as possible. • Provision of Forest School approaches should include a thorough evaluation on the impact for White British Boys, anecdotal information on the impact is insufficient and yet practitioners regularly share information about the successful engagement of boys in Forest School work.	Early Childhood Services, NCC

Improve communication and language skills	• Implement the recommendations highlighted from the Speech Language and Communication Needs Maturity Matrix assessment tool which include:
	  ○ Greater engagement with maternity services and specialist SLT services
	  ○ Greater ownership by CCGs
	  ○ Improve SLCN pathways to specialist SLT services.
	• Maintain effective speech and language support through the evaluated Home Talk programme (or similar), which identifies and supports children with early speech and language delay.
	• Active promotion of the new national Hungry Little Minds home learning campaign which includes a focus on SLCN.
		Early Childhood Services, NCC & Public Health, NCC

Improve the emotional wellbeing and resilience of children	• Promote tools to foster emotional well-being from the earliest stages of life, enhancing resilience and the importance of relationships to help build solid foundations for overall health and well-being. • Implement the REAcH programme to ensure that parents have their needs addressed and the intergenerational cycle of disadvantage is broken through the Children's Centre Service and Healthy Family Teams.	Public Health, NCC
Improve outcomes for Children with SEND	• The significant increase in the number of young claimants of Disability Living Allowance will require a focus on this population to review access and take-up to inform plans to ensure sufficiency of appropriate provision.	Early Childhood Services, NCC

	• Commissioners should work across County Council departments to help share findings from SEND assessments for children under the age of five; sharing key findings and learning which in turn will inform commissioning decisions and service planning. This will need to include the children that do not meet the thresholds for specialist support. • Review the use of the Early Years Inclusion Fund and the Disability Access Fund to ensure that children are effectively supported as part of their transition to school. • Greater promotion of childcare provision to families with children with SEND and increased promotion of funding supplements to early years settings.	
Developmental Delays are identified and supported early	• Embed and review the findings of the 2-year integrated review and the impact for children accessing early years settings; and compare progress against statistical neighbours.	Public Health, NCC
Improve outcomes for children with English as an Additional Language (EAL)	• Explore the specific childcare and health needs of families with English as an Additional Language (including refugees and asylum seekers). • Encourage schools and health services to report both ethnic origin and English as an additional language using ONS codes to enable improved monitoring and analysis.	Early Childhood Services, NCC
Ensure sufficient high-quality childcare provision is available	Nottinghamshire needs to have robust data about both supply and demand for childcare, it is recommended the local authority evaluates progress of new data collection and monitoring procedures to ensure it supports their market management role and sufficiency duties. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	Early Childhood Services, NCC
Reduce financial barriers preventing access to childcare	Work should be undertaken with key stakeholders to ensure partners and staff are aware of what support for the costs of childcare is available, and how the free entitlement can be used, and disseminate that information to their client groups. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	Early Childhood Services, NCC
Offer flexible childcare provision and provide additional childcare during school holidays and increased wrap around care	• Explore flexible delivery models as a matter of urgency; and consider how these models of working can be applied across different types of provision for all age ranges of children. • The Childcare Sufficiency Assessment identified demand for provision in school holidays and an unmet for after school and before school provision. Work should be undertaken with key stakeholders to identify options for additional childcare and wrap around provision, ensuring all available provision is recognised and promoted through the local authority's information duty, delivered by the Families Information Service. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	Early Childhood Services, NCC

Ensure Teenage Parents are effectively engaged and supported	• Improve uptake of Care to Learn Grant for teenage parents • Gain a better understanding of which services teenage parents access and gain a better understanding of the local barriers for young people in accessing the Children's Centre Service and childcare. • Continue to commission evidence based early intervention services for teenage parents such as the Family Nurse Partnership Programme	Public Health and Early Childhood Services, NCC
Consider ceasing the commissioning /delivery of some interventions with no evidence base	Review the interventions provided locally that do not have a clear evidence base, or evaluation and performance do not evidence impact. Commissioners and service providers should not prioritise these interventions where budgets are restricted. This could include baby massage which parents enjoy. However, it must also be acknowledged that evidence of effectiveness is not a replacement for ongoing evaluation: The fact that an intervention has evidence from a rigorous evaluation conducted at one time and place does not mean that it will be effective again. The evidence described in this chapter is therefore not a replacement for good monitoring and evaluation systems as interventions are set up and delivered.	Public Health and Early Childhood Services, NCC
Provision of behavioural sleep training	Continue to provide behavioural sleep training through the Children's Centre Service and provide information through Healthy Family Teams during the antenatal and postnatal stage.	Public Health and Early Childhood Services, NCC
Increase the use of social media and web-based resources	Consider increasing and improving information and support available for parents and expectant parents including activities to promote positive home learning environments and parenting support such as 'Triple P Online'.	Early Childhood Services, NCC

Full JSNA report

What do we know?

1. Who is at risk and why?

We know there are children and families who are more likely to experience a range of poor outcomes during pregnancy and the first 5 years of life. As the early years are critical in building child development it is paramount that we understand who we need to target and why. Many children and families face a number of poor outcomes and risk factors which are often interlinked so a family in poverty may be destined for poor educational outcomes as well as poor health and well-being outcomes. This table provides only a summary of some of the risks and outcomes facing families and young children.

Levels of school readiness links to educational attainment, which impacts on life chances; it has been shown to impact on health, future earnings, involvement in crime, and even death as can be evidenced in the table below.

Target Group	Increased Risk of the following Poor Outcomes
Families living in poverty (in work and out of work poverty) have a range of poor outcomes	• Nearly 50% of children from disadvantaged backgrounds have not secured the essential skills and understanding expected for their age by the time they finish Reception Year. Around 25% are unable to communicate effectively, control their own feelings and impulses of make sense of the world around them to ensure they are ready to learn. Many have reduced opportunities for home learning and parental engagement (Ofsted 2016). • Children from more deprived backgrounds are more likely to experience speech and language delay, with 23% of five-year olds eligible for free school meals not meeting the expected levels in speech, language and communication at the end of Reception, compared to 13% of those not eligible for free school meals (Department for Education 2018). • "Early years education for children below the age of four has a positive impact on the life chances of disadvantaged children, yet disadvantaged children spend significantly less time in pre-school than children from more affluent backgrounds" (House of Commons Education Committee 2019). • Children from low income households are less likely to achieve developmental milestones compared to their peers (Department for Education 2018) • *"In the most deprived localities, rates of tooth decay (indicative of a poor diet) are twice as high, children are twice as likely to be obese, and the chance of attending a good or better early years setting is less likely than in more affluent areas"* (Ofsted 2016)
Children and families known to Social Care and those Looked After	• Children in the care system do poorly in education and have a poorer level of development than that their peers at Foundation stage. Attendance at Early Years provision by newly placed LAC children is low as children stay at home to develop attachments with carers (Nottinghamshire County Council 2018a).

	• Children in care starting school are 'well-behind' their peers and this achievement gap only widens as they get older (Mathers et al 2016). • High-quality early education vastly improves outcomes for disadvantaged children, however, take-up of the free early education places for two, three and four-year-olds is at least 14 percent lower among children in care (Mathers et al 2016). • LAC are already at risk of 'much poorer outcomes' they are put at an additional disadvantage when they start school if they have not had good quality early years education (Mathers et al 2016) • High-quality early education vastly improves outcomes for disadvantaged children, research has shown that take-up of the free early education places for two, three and four year olds is at least 14 percent lower among children in care (Mathers et al 2016).
Children with SEND	• Those identified as having a special educational need (SEN) are one of the groups who are least likely to achieve a good level of development (Department for Education 2018).
Teenage Mothers and their Children	Teenage mothers are: • Three times more likely to experience postnatal depression • Three times more likely to be Looked After. • Less likely to access services that are perceived as judgemental and not 'Young people friendly'. • Most likely to have disengaged from formal education, usually with poor school attendance and low aspirations. Babies of teenage mothers are: • More likely to have delayed child development • More likely to have poor educational attainment (Department of Health 2008)
Children with English as an Additional Language (EAL)	• Access to services can be problematic • Services are not always equipped to support children and families with EAL • Children with English as an additional language do less well academically at all Key Stages. • Although many children from EAL backgrounds who have poor outcomes at the end of the Foundation Stage go on to become among the highest achieving children, there are also many who do not catch up. • "The children learning EAL who are most vulnerable to poor outcomes at the end of the Foundation Stage and beyond are usually those with the least experience of being in an Early Years or Foundation Stage setting. Some of these children will be newly arrived to England, but many more will have remained at home because – for whatever reason, either through choice or lack of appropriate and accessible information – parents have not taken up the offer of free education for three- and four-year-old children before statutory school age". (DCSF 2007).
Some Black and Minority Ethnic Groups	• Some BME groups are less likely to achieve a good level of development than their peers; there are wide variances when looking at individual ethnicities (Department for Education 2018).
White British Boys	• White British Boys have a lower level of development than all girls and boys from BME groups. This is especially profound amongst white British boys who are eligible for Free School Meals. This is evidenced in both local and national data (Department for Education 2018).

	• For decades, this group has been underachieving, and for decades this phenomenon has been researched, yet no consensus has been reached as to why they continue to underachieve (Terrelonge 2018).
Children with language delay	• Language difficulties predict problems in literacy and reading comprehension, but they may be indicative of problems in children's behaviour and mental health as well. Once children enter school, language skills remain a strong predictor of their academic success. Evidence also shows that children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed. • Most children develop typically, including those who grow up in disadvantage. However, there is strong evidence to suggest that the achievement gap is underpinned by income-related gaps in children's language and communication skills, which are already detectable during the second year of life. Early intervention has an important role to play in supporting children who are showing early signs of atypical development. (Children's Commissioner 2019, Local Government Association 2019) Difficulties in early language development can lead to: • Educational disadvantage resulting in reduced school readiness and poor academic achievement. • emotional and behavioural difficulties such as increased risk of ADHD and anxiety disorders in adolescence • risky behaviours, for example more than 70% of young people in the youth offenders system have a communication disability • issues with criminal justice: 50% of the UK prison population have language difficulties, compared to 17% of the general population • economic disadvantage, shown by 12% average lower earnings among those with inadequate literacy skills, who are also twice as likely to be unemployed at age 34 • a threefold increased risk of mental health problems in adulthood (Public Health England 2019)
Children and parents affected by Adverse Childhood Experiences (ACEs)	• Adverse Childhood Experiences (ACEs) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment. ACES have lasting, measurable consequences later in life, we therefore need to foster emotional well-being from the earliest stages of life, enhancing resilience and the importance of relationships to help build solid foundations for overall health and well-being. • Parent's emotional health and wellbeing plays an important part in the care, support and education of children; 1 in 3 adult mental health conditions relate directly to their own Adverse Childhood Experiences (ACES). • Toxic stress caused by ACES adversely affects the structure and functioning of a child's developing brain and affects short-and long-term health, leading to autoimmune diseases, as well as heart disease, breast cancer, lung cancer and a range of mental health problems.

	• There is a strong and proportionate (dose-response) relationship between ACES and the risk of developing poor physical health, mental health and social outcomes. • ACEs are associated with a large proportion of absenteeism from work, costs in health care, emergency response, mental health and criminal justice involvement. (Bellis MA et al 2014, Hughes K et al 2016, Young Minds 2018)
Gypsy, Roma and Traveller (GRT) Families	• An area may be unknown to the family; parents have no local knowledge of services and arrive to a new area without a support network. • There is a reluctance to access services. • Many families experience rural isolation. • Lack of permanent accommodation makes it impractical to access services and for those services to track progress or provide follow up. • Without a permanent address, families cannot access early years funding for eligible children. • GRT children are less likely to achieve a good level of development. (Department for Education 2018).
Summer born children	• Children born in the summer months have a poor level of development compared to those born earlier in the year. • The time of year a child is born is the highest predictor for poorer early years foundation stage results as they have received fewer educational opportunities than their peers and assessments are carried out in the summer term each year.
Children with speech, language and communication needs	• The UK prevalence rate for early language difficulties is between 5%–8% for all children, and over 20% for those growing up in low-income families. Tackling this gap in early language acquisition is complex and requires a system-wide approach across maternity and the early years (Children's Commissioner 2019). • The latest national Early Years Foundation Stage Profile results show that 18% of five-year olds, are not reaching the expected development levels in communication (DfE 2018a). About 4% of all primary school children, who are on the SEN register because of identified speech, language and communication needs (DfE 2018a), although other studies have shown that there are likely to be even more children than this who are having difficulties (Norbury 2016).
Mothers experiencing Post Natal Depression	• Postnatal depression (PND) has a profound impact on maternal health and wellbeing, and both short-term and long-term implications for the developing child and wider family. Treatment is, therefore, a major public health concern. • Like other episodes of depression, depression after childbirth affects the woman's feelings about herself and her interpersonal relationships, and notably the mother-baby relationship, the couple relationship and relationships with older children and the wider family (Lee et al 2007). • Not responding appropriately to a baby's needs may lead to prolonged increase of cortisol, a stress hormone, which may affect how babies tolerate stress later in life (Gerhardt 2004). • Maternal mental health problems are consistently linked to higher levels of cortisol in the womb and an increased risk of poor birth outcomes. Mothers experience mental health problems at rates comparable to general female population, ranging from 15 to 25% (Early Intervention Foundation 2018a).

Women affected by Domestic Violence and Abuse	• Pregnancy is a period of particular risk for intimate partner violence (IPV), occurring in approximately one-sixth of all pregnancies. IPV substantially increases mothers' experiences of stress and trauma, resulting in increased levels of cortisol in the womb which may contribute to a variety of adverse childbirth outcomes, including maternal and infant death (Early Intervention Foundation 2018a).
Children with poor sleep routines	• Sleep difficulties during infancy have been linked to a wide range of child problems, including behavioural difficulties and an increased risk of child physical illness. Parents also report higher levels of stress and depression when their infants are not able to sleep through the night (Early Intervention Foundation 2018a).

2. Size of the issue locally

Improving educational attainment and outcomes for children requires services and interventions for families with children under the age of 5. Assessing population estimates and population predictions assists commissioners in assessing current and future demands and requirements, including ensuring there is sufficiency high quality childcare across Nottinghamshire.

2.1 Population of Under Fives in Nottinghamshire

In April 2019, it was estimated that Nottinghamshire had a population under the age of 5 of approximately 45,000. Detailed population estimates are available in from the Office of National Statistics which is available using this link Population estimates.

Figure 1: Nottinghamshire Mid-Year Population estimates for children under the age of 5

Name	All ages	0	1	2	3	4
Nottinghamshire	823,126	8,216	8,991	9,071	9,247	9,363
Ashfield	127,151	1,332	1,534	1,496	1,500	1,576
Bassetlaw	116,839	1,141	1,318	1,300	1,301	1,301
Broxtowe	113,272	1,094	1,174	1,170	1,203	1,198
Gedling	117,786	1,184	1,206	1,275	1,291	1,267
Mansfield	108,841	1,209	1,341	1,309	1,350	1,360
Newark and Sherwood	121,566	1,169	1,261	1,294	1,343	1,321
Rushcliffe	117,671	1,087	1,157	1,227	1,259	1,340

Source: ONS Mid-Year Estimates 2019

2.2 Children's Development at age 2 – 2 ½ years

All children receive a series of mandatory checks as stated in the Healthy Child Programme and led by Health Visitors (in Nottinghamshire this is provided through Healthy Family Teams). A nationally recognised Ages and Stages Questionnaire (ASQ) is used to assess

developmental milestones. Where there are areas of concern, Healthy Family Teams work with the parent and early years setting (if a child is accessing childcare) to develop the check into an integrated review to address concerns.

In Nottinghamshire in 2017/18, 91.1% of 2 – 2 ½ year olds who received an integrated review comparing favourably across statistical neighbours and national take up which stands at 90.2%. Outcomes for children identified by these mandatory checks is collected locally and submitted to central government for further analysis. The data from these checks is able to tell us the skills of children regarding communication, gross motor skills, and problem solving and personal-social skills. The challenge regarding this data however is that not all local authority areas have submitted their results as this is a new requirement, this makes it harder to compare our progress with statistical neighbours; we can however assess our progress against national data.

	England	Nottinghamshire
Percentage of children at or above expected level of development in all five areas of development at 2-2½ years	83.3%	86.2%
Percentage of children at or above expected level of development in communication skills at 2-2½ years	83.3%	90.5%
Percentage of children at or above expected level of development in gross motor skills at 2-2½ years	91.5%	94.9%
Percentage of children at or above expected level of development in problem solving skills at 2-2½ years	91.9%	97.7%
Percentage of children at or above expected level of development in personal-social solving skills at 2-2½ years	91.3%	96.2%

Source: PHE's interim reporting of health visiting metrics (June 2019)

These findings indicate that children in Nottinghamshire perform better than national figures; this however is not reflected in the Early Years Foundation Stage Profile where Nottinghamshire's results are worse than national and statistical neighbour averages. Further work may be required to moderate the assessments carried out in schools at Foundation Stage.

2.3 Early Education and School Readiness

Research shows that access to high quality early learning experiences, together with a positive learning environment at home, is a vital combination to ensure that children have reached a good level of development at the start of compulsory school age.

School readiness is a strong indicator of how prepared a child is to succeed in school cognitively, socially and emotionally. To assess how 'school ready' a child is, we use a measure called the good level of development (GLD). A child with a GLD at the Early Years Foundation Stage (from birth to five years old) will have reached the expected level in all the prime areas of learning. Evidence shows that those who do not reach a GLD by age five, will go on to struggle with key skills such as communication, language, literacy and mathematics (Kokodiols 2015).

Levels of school readiness links to educational attainment, which impacts on life chances; it has been shown to impact on health, future earnings, involvement in crime, and even death.

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

The EYFS framework supports an integrated approach to early learning and care. It gives all professionals a set of common principles and commitments to deliver quality early education and childcare experiences to all children

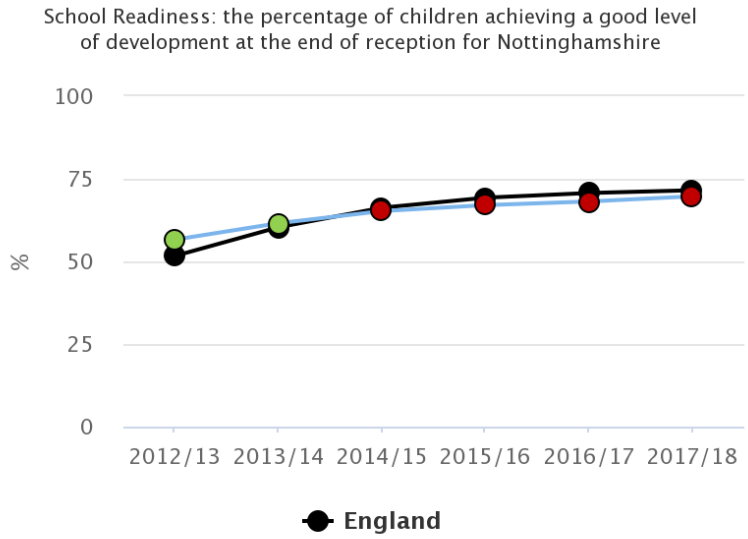
The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the EYFS (typically aged 5). There are seven areas of learning which cover 17 early learning goals:

Communication and Language	1. Listening and attention 2. Understanding 3. Speaking
Physical Development	4. Moving and handling 5. Health and self-care
Personal, Social and Emotional Development	6. Self-confidence and self-awareness 7. Managing feelings and behaviour 8. Making relationships
Literacy	9. Reading 10. Writing
Mathematics	11. Numbers 12. Shape, space and measures
Understanding the World	13. People and communities 14. The world 15. Technology
Expressive Arts and Design	16. Exploring and using media and materials 17. Being imaginative

A child receives a score for each 17 areas of either 1 (for emerging), 2 (expected) or 3 (exceeding). A child is deemed to have reached a good level of development if they achieve at least the expected level (a score of 2 or 3) within communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

In 2018, there was a small increase in the percentage of children who achieved a Good Level of Development both nationally and locally. However, in 2018, 69.7% of Nottinghamshire pupils achieved a good level of development, compared to 71.5% across England. Progress in Nottinghamshire is slow and despite improvements in many other outcome measures; addressing school readiness is therefore a local priority.

Figure 2: School Readiness trends in Nottinghamshire and England 2012-2018



Data source: Early Years Foundation Stage Results 2018 (PHE 2019)

Figure 3: Early Years Foundation Stage Profile results for Nottinghamshire and Statistical Neighbours 2018

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	466,668	71.5	71.4	71.6
Fourth less deprived decile (IMD2015)	–	-	6,582	69.7	68.8	70.6
Nottinghamshire	↑	-	6,582	69.7	68.8	70.6
Staffordshire	↑	1	7,146	75.0	74.1	75.8
Derbyshire	↑	2	5,911	70.8	69.8	71.8
Lancashire	↑	3	9,796	69.5	68.7	70.3
Warwickshire	↑	4	4,720	72.3	71.2	73.4
Lincolnshire	↑	5	5,440	69.1	68.1	70.1
Worcestershire	↑	6	4,605	71.2	70.1	72.3
Northamptonshire	↑	7	6,792	71.3	70.3	72.2
Gloucestershire	↑	8	4,743	69.2	68.1	70.2
Suffolk	↑	9	5,735	71.5	70.5	72.4
Essex	↑	10	12,570	73.8	73.1	74.4
Norfolk	↑	11	6,700	71.6	70.6	72.5
Leicestershire	↑	12	5,534	70.8	69.8	71.8
Cumbria	↑	13	3,535	70.0	68.7	71.3
Somerset	↑	14	4,134	71.8	70.6	73.0
Kent	↑	15	13,614	75.1	74.5	75.8

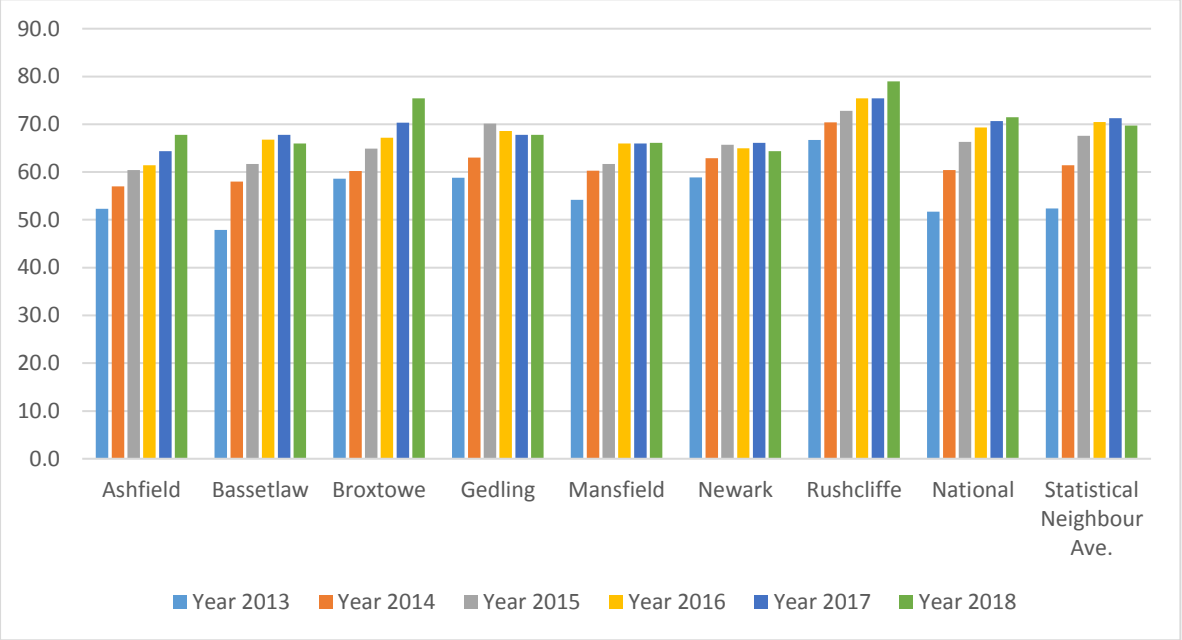
Data source: Early Years Foundation Stage Results 2018 (PHE 2019)

Data for statistical neighbours shows that Nottinghamshire needs to do more to ensure children have a good level of development and learn from areas such as Staffordshire, Essex, and Kent.

2.3.1 District Progress

Progress to improve children's development has been increasing steadily since 2013, however there are some local variations which often reflect the socioeconomic status of an area. Rushcliffe and Broxtowe are the only districts that performs better than the national average.

Figure 4: % Children Achieving a Good Level of Development – district progress 2013-2018



Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Figure 5: % of children achieving a Good Level of Development - District progress 2017 – 2018 with national comparisons

District	Pupils	% GLD	Change from 2017	GLD Gap between national
Bassetlaw	1,267	67.3	-0.5	-4.2
Broxtowe	1,312	70.3	0.0	-1.2
Mansfield	1,317	67.2	1.2	-4.3
Nottinghamshire	**9,432**	**69.7**	**1.5**	**-1.8**
Ashfield	1,532	66.3	1.9	-5.2
Newark	1,310	68.2	2.1	-3.3
Gedling	1,337	70.0	2.2	-1.5
Rushcliffe	1,357	79.0	3.6	7.5
National	**--**	**71.5**	**0.8**	**0.0**

Good level of development by school district and percentage point increases from 2017. Districts ordered by 'Change from 2017' and shading is based on national increases from 2017, Gap shading is based on district / national gap.

Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Ashfield continues to have the widest gap against national progress, however this has reduced from 7.9 percentage points in 2016, 6.3 in 2017 and 5.2 this year. Rushcliffe, Gedling and Newark and Sherwood Districts have seen the greatest improvement since 2017.

2.3.2 Early Education for Children in Low Income Households

"Early years education for children below the age of four has a positive impact on the life chances of disadvantaged children, yet disadvantaged children spend significantly less time in pre-school than children from more affluent backgrounds" (House of Commons Education Committee 2019).

It is recognised nationally that children from lower socio-economic groups tend to do worse than their peers from higher-earning families, and this data demonstrate that this inequality is evident in Nottinghamshire.

When examining 2018 data for children who are eligible for Free School Meals (FSM), it is clear that children from low income households do less well than their peers. In 2018, 49.9% of children eligible for FSM in Nottinghamshire achieved a good level of development.

When comparing Nottinghamshire's progress against statistical and regional neighbouring authorities, it is evident that most local authorities are seeing similar results with the exception of Kent where 60% of children eligible for FSM achieved a good level of development. However only Leicestershire and Gloucestershire have poorer results than Nottinghamshire.

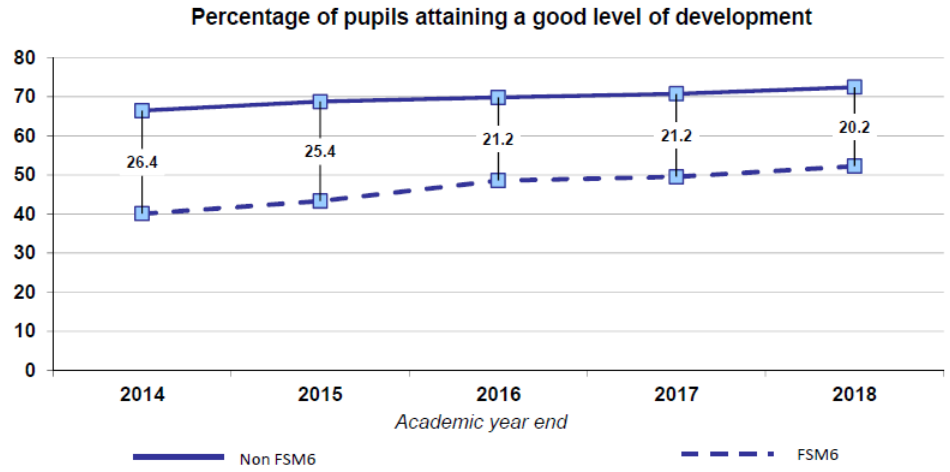
Figure 6: School readiness: good level of development at age 5 with free school meal status – Statistical Neighbour Comparisons, 2018

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	49,312	56.6	56.2	56.9
Staffordshire	↑	1	488	58.3	54.9	61.6
Derbyshire	↑	2	611	51.3	48.5	54.1
Lancashire	↑	3	968	53.6	51.3	55.9
Warwickshire	↑	4	315	55.0	50.9	59.0
Lincolnshire	→	5	624	52.4	49.6	55.3
Worcestershire	↑	6	370	50.1	46.5	53.7
Northamptonshire	↑	7	421	56.1	52.5	59.6
Gloucestershire	↑	8	303	48.9	45.0	52.9
Suffolk	↑	9	484	57.2	53.9	60.5
Essex	↑	10	1,041	56.0	53.8	58.3
Norfolk	↑	11	703	57.5	54.7	60.2
Leicestershire	↑	12	265	48.4	44.2	52.5
Cumbria	↑	13	284	53.4	49.1	57.6
Somerset	↑	14	500	57.5	54.2	60.7
Kent	↑	15	1,239	60.0	57.9	62.1
Nottinghamshire	↑	-	547	49.9	47.0	52.9

Data source: Early Years Foundation Stage Results 2018 (PHE 2019)

The attainment gap for children eligible for Free School Meals continues to be significantly wider than England and statistical neighbours. The graph below shows that the attainment gap is gradually reducing, albeit slowly.

Figure 7: Children eligible for Free School Meals and their peers achieving a Good Level of Development -Attainment Gap in Nottinghamshire 2014-2018



Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

The links with poverty and attainment are well evidenced and can be demonstrated across Nottinghamshire, where localities with larger numbers of children living in poverty also have smaller numbers of children who achieve a good level of development at the end of Foundation year. A map is included in Appendix One of this report.

Analysis by school district shows results are varied. Gedling was the only district to witness a fall in results since 2017; with 67.8% of pupils achieving a good level of development, a fall of 0.8 percentage points from 2017 (68.6% in 16/17). The previous year, Gedling witnessed a fall of 1.5 points from 2016 (70.1% in 2015). Mansfield and Rushcliffe remained static since 2017 at 66.0% and 75.4% respectively. Broxtowe and Ashfield witnessed increase of 3.1 (to 70.3%) and 3.0 (to 64.4%) respectively.

Although Bassetlaw and Newark districts witnessed an increase in the percentage of pupils achieving a good level of development from 2016 outcomes, those increases were less than witnessed nationally (1.4 percentage point increase). Only Ashfield and Broxtowe witnessed greater increases. It is unclear why some districts have performed better than others and what interventions may have impacted on results.

Rushcliffe is the only district where outcomes are better than the national average although this gap has reduced since last year when the district was 6.1 percentage points above national, now 4.7. However, as the cohort of children eligible for Free School Meals is smaller in Rushcliffe than other districts, this change could be attributed to outcomes for a very small number of children.

Ashfield continues to have the widest gap from 2016 but this has reduced from 7.9 percentage points to 6.3 this year.

Figure 8: Children gaining a Good Level of Development by District and FSM eligibility 2018

	All pupils		FSM Eligible		Not FSM Eligible	
District	**Pupils**	**% GLD**	**Pupils**	**% GLD**	**Pupils**	**% GLD**
Ashfield	1,533	66.3	257	52.1	1,273	69.2
Bassetlaw	1,267	67.3	155	43.9	1,110	70.7
Broxtowe	1,312	70.3	127	47.2	1,184	72.8
Gedling	1,337	70	118	55.1	1,219	71.5
Mansfield	1,317	67.2	226	50	1,091	70.8
Newark	1,310	68.2	146	49.3	1,164	70.5
Rushcliffe	1,357	79	71	49.3	1,286	80.6
Nottinghamshire	9,433	69.7	1,100	49.7	8,327	72.4

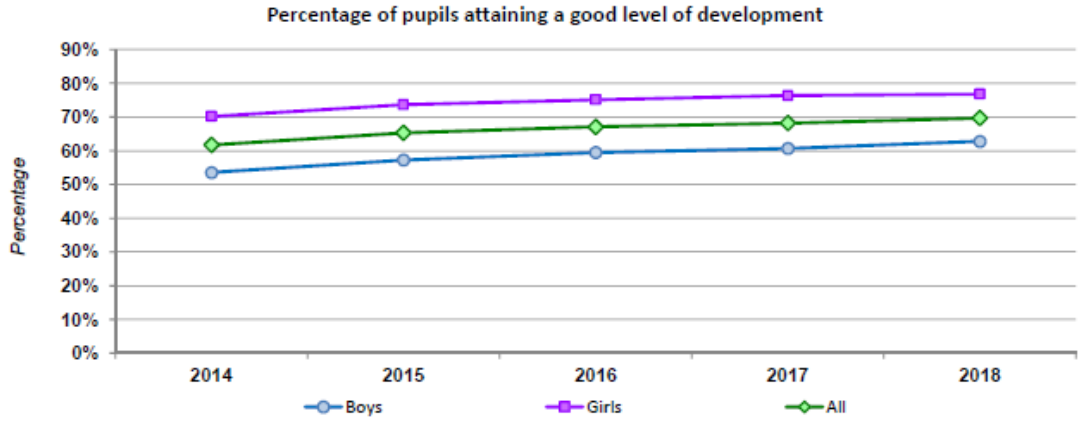
Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

2.3.3 Groups most at risk of Poor Educational Outcomes

2018 EYFS results highlight key groups less likely to achieve a good level of development. Results reflect national data with the same groups consistently being identified as 'at risk'.

Boys - Boys perform less well than girls and this picture is reflected nationally and in Nottinghamshire. In 2018, 76.8% of girls achieved a good level of development compared to 62.8% for boys. Analysis of the Early Years Foundation score by gender identifies a 14% point gap between boys and girls. This gap has narrowed from 15.6% in 2017 and progress for boys has improved by 2.1% in 2017/18.

Figure 9: Percentage trend of children in Nottinghamshire attaining a good level of development by Gender (2014-2018)



Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

When this data is broken down by term of birth, the gap between the genders for summer born pupils show a 16.0 percentage point gap which is a narrowing from 17.3 last year. Although narrowed this is the widest gap between the genders and term of birth. Autumn

and spring born pupils have a slightly narrower gender gap at 11.7 and 13.9 percentage points respectively.

Summer born – in 2018, 80% of all children across Nottinghamshire born in the autumn term achieved a good level of development compared to 59% of children born in the summer term.

Summer Born Boys - The lowest consistently performing group across the early years foundation stage are boys born in the summer term. Summer born boys perform less well with 51.1% achieving a good level of development compared to 71.2% for autumn born boys. Autumn born girls was the highest performing group at 85.9%. All groups witnessed an increase from 2017 outcomes.

In 2018 in Nottinghamshire, 51.1% of summer born boys achieved a GLD compared with autumn born girls who achieved the highest results with 85.9% achieving a GLD. The gap between the genders for summer born pupils shows a 17.3 percentage point gap between boys and girls. This picture is reflected nationally.

It must be noted however, that the progress for summer born boys is positive, having increased from 49.3% to 51.1% since 2017.

Figure 10: Children's Development in Nottinghamshire by Gender and Term of Birth (2018)

Gender	Term of Birth	2017		2018		Increase from 2017
		Pupils	% GLD	Pupils	% GLD	
Boys	Autumn	1,709	71.2	1,656	74.2	3.0
	Spring	1,658	61.6	1,545	62.8	1.2
	Summer	1,713	49.3	1,594	51.1	1.8
	All Boys	**5,080**	**60.7**	**4,795**	**62.8**	**2.1**
Girls	Autumn	1,626	85.5	1,654	85.9	0.4
	Spring	1,550	76.1	1,461	76.7	0.6
	Summer	1,482	66.6	1,522	67.1	0.5
	All Girls	**4,658**	**76.3**	**4,637**	**76.8**	**0.5**
All Pupils	Autumn	3,335	78.2	3,310	80.0	1.8
	Spring	3,208	68.6	3,006	69.5	0.9
	Summer	3,195	57.3	3,116	59.0	1.7
	All Pupils	**9,738**	**68.2**	**9,432**	**69.7**	**1.5**

2018 GLD shading based on 2018 national GLD figure of 71.5%, difference shading based on pupil group increases between 2017-18.

Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Summer Born White British Boys eligible for FSM - Analysis for White British free school meal eligible boys by term of birth shows a marginal increase from 2017. Outcomes remain low at 40.4% achieving this threshold of a good level of development. When broken down by term of birth the White British FSM eligible boys cohort achieve broadly 30 percentage points lower than the equivalent cohort who are not eligible for free school meals. The gap also widens the younger the pupils are (e.g. the gap for summer born pupils is 32.8 percentage points while the gap for autumn born pupils is 23.6).

Figure 11: 2018 Early Years Foundation Stage results – White British Boys eligible for Free School Meals by term of birth.

*White British boys who **are** eligible for free school meals:*

Term of Birth	2017		2018		Increase from 2017
	Pupils	% GLD	Pupils	% GLD	
Autumn	158	51.9	189	54.5	2.6
Spring	161	37.3	167	40.7	3.4
Summer	167	30.5	156	23.1	-7.4
Group Total	**486**	**39.7**	**512**	**40.4**	**0.7**
All Pupils	**9,738**	**68.2**	**9,432**	**69.7**	**1.5**

2018 GLD shading based on 2018 national GLD figure of 71.5%,
difference shading based on pupil group increases between 2017-18.

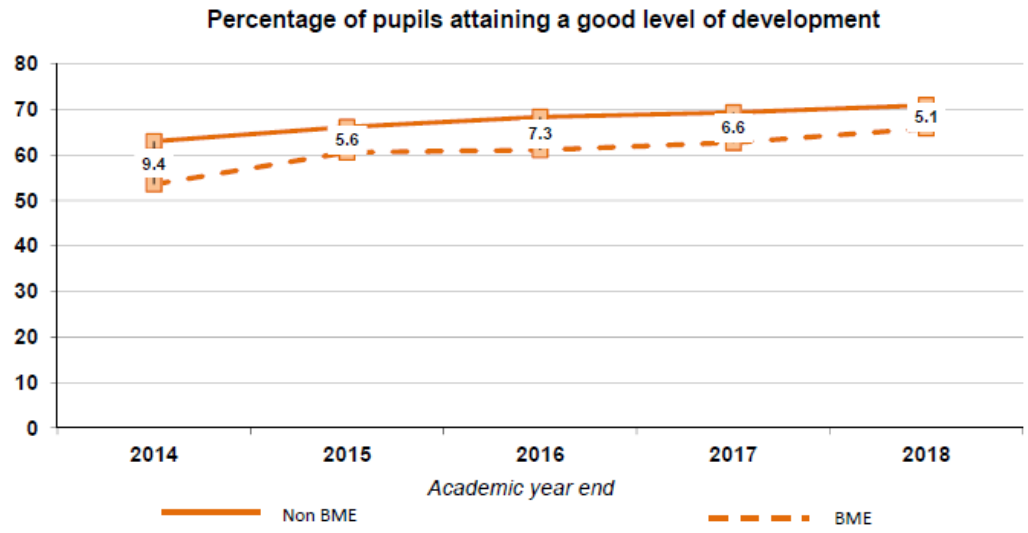
Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Ethnicity – 65.9% of Children in Nottinghamshire from BME groups achieved a good level of development compared to 70.9% for non BME groups, and the attainment gap is narrowing.

Ethnic groups show a wide spread in the percentage of pupils achieving a good level of development and there are wide variances when looking at individual ethnicities. White and Asian pupils have the highest attainment at 84.5% achieving this threshold compared with 25.0% for Traveller of Irish Heritage after removal of groups with small cohort numbers. A difference of 59.5 percentage points between the highest and lowest group.

Caution needs to be used when interpreting individual pupil ethnic groups as the number of pupils can be low for certain groups.

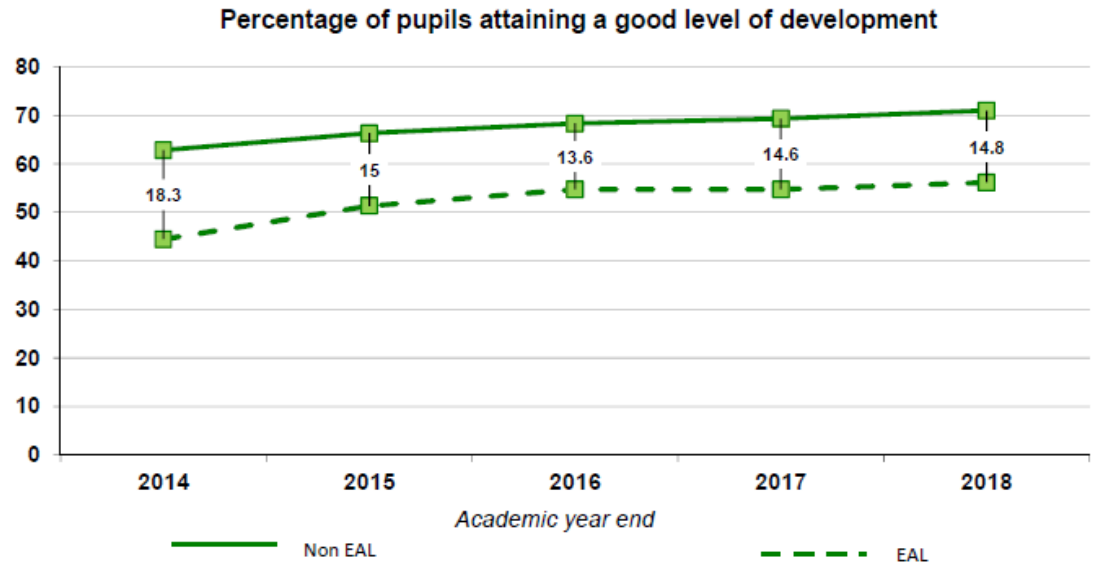
Figure 12: Percentage of pupils attaining a good level of development by ethnicity in Nottinghamshire (2018)



Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

English as an Additional Language – in 2018, 56.2% of children with English as an Additional Language (EAL) achieved a good level of development, compared with 71% of non EAL children.

Figure 13: Children achieving a good level of development by first language in Nottinghamshire (2018)

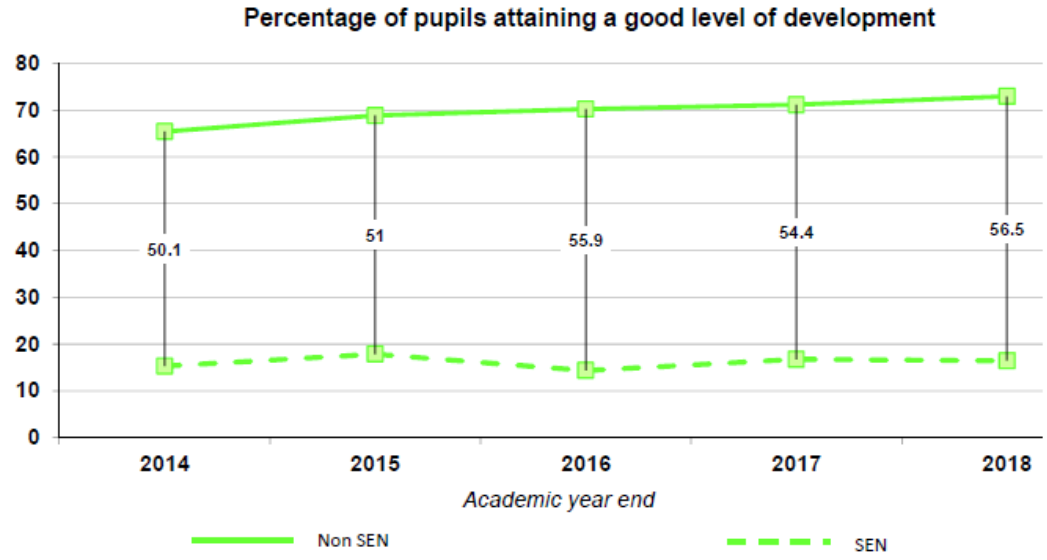


Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Analysis by language shows a wide spread in pupils achieving a good level of development. Although the number of pupils in certain language groups is low, the highest achieving group in 2018 was French (87.5%) and the lowest was Turkish (11.1%) after removal of groups with small cohort numbers. Polish speaking children will continue to be a priority due to the large cohort size; in 2018, 58% of polish speaking children achieved a good level of development.

Early Education and Special Educational Needs and Disability - Those identified as having a diagnosed special educational need (SEN) are less likely to achieve a good level of development compared to those with no known SEN. In 2018 in Nottinghamshire, 16.4% of SEN children achieved a good level of development compared to 72.9% for their peers; this is also reflected nationally.

Figure 14: Children achieving a good level of development by Special Educational Need status in Nottinghamshire 2018



Data Source: Nottinghamshire County Council Early Years Foundation Stage results 2018

Early Education and Looked After Children - Looked After Children are less likely to achieve a good level of development compared to their peers. The average score for Looked After Children in Nottinghamshire is 18.2 points compared to 69.7 points achieved by all children in Nottinghamshire; however numbers are relatively small and cohorts do change regularly, so trend data is problematic.

Figure 15: The percentage of Children Looked After achieving a good level of development in Nottinghamshire 2014-2018

Academic year end	Pupils	% achieving a good level of development	% achieving at least expected level across all ELGs	Average total point score
2014	20	35.0	30.0	30.0
2015	17	41.2	41.2	30.5
2016	18	33.3	33.3	27.9
2017	13	46.2	46.2	30.8
2018	11	18.2	18.2	23.5

Data Source: SSDA 903 return (LAC 12 months or more) matched to EYFSP results

NB: Nottinghamshire LAC (regardless of the school they attend) who have been in care for 12 months or more as at 31st March of the stated year.

Looked After Children are eligible for Early Years LAC Pupil Premium funding. This funding is used to top up the hourly rate that an early years provider receives for a child. From September 2017, early years providers who work with LAC are asked to track their progress using the new Better Start software. This will enable greater analysis of progress.

2.4 Speech Language and Communication Needs

The Children's Commissioner published the We Need to Talk Report in June 2019. The report focuses on access to speech and language therapy and the funding made available by local commissioners for SLT services. The report states that *"Thousands of children in England struggle with speech, language and communication, and these difficulties can have severe long terms effects on their education, their emotional well-being and their employment prospects. Eleven percent of two-year olds who receive their development checks are already identified as being below the expected level of communication".*

Nationally in 2018, 72.4% of children achieved at least the expected level of development across all the early learning goals within the Communication & Language and Literacy areas of learning, up from 71.8% in 2017 and 56.9% in 2013. In Nottinghamshire, 82.6% of all children achieved their expected levels or above in learning goals which comprise communication and language in the EYFS in 2018, which we suspect evidences the impact of the local Speech Language and Communication Needs (SLCN) interventions provided by the Children's Centre Service.

Children from more deprived backgrounds are more likely to experience SLCN problems, with 23% of five-year olds eligible for free school meals not meeting the expected levels in speech, language and communication at the end of Reception, compared to 13% of those not eligible for free school meals across England (EYFS 2018). Progress in Nottinghamshire however is better than national progress, although it is still evident that children eligible for Free School Meals are less likely to achieve outcomes in comparison to their peers with 64.8% of children eligible for FSM achieved expected goals compared to 84.9% for their peers (EYFS 2018).

Figure 16: Percentage of children achieving expected or above in all learning goals which comprise communication and language in the EYFSP by free school meal eligibility in Nottinghamshire (EYFS 2018).

	Not eligible for FSM		Eligible for FSM		FSM / Non-FSM GAP	All pupils	
Year	Pupils	% expected+ in all C&L goals	Pupils	% expected+ in all C&L goals		Pupils	% expected+ in all C&L goals
2013	7,581	79.2	1,508	60.4	**18.8**	9,089	76.1
2014	7,595	81.6	1,469	61.4	**20.2**	9,064	78.3
2015	8,288	82.6	1,118	60.2	**22.4**	9,406	79.9
2016	8,525	82.2	1,108	65.8	**16.4**	9,634	80.3
2017	8,695	83.1	1,038	65.6	**17.5**	9,738	81.2
2018	8,329	84.9	1,100	64.8	**20.1**	9,432	82.6

2.5 Special Education Needs and Disability (SEND)

In Nottinghamshire, a child or young person is considered to have SEN or a disability if they need extra help for a range of needs in the four areas of SEND described in the SEND code of practice: 0 to 25 years (2014):

- Communicating and interacting
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

Information about the prevalence of special education needs and disability (SEND) in Nottinghamshire will be included in the SEND JSNA chapter currently in development.

Children and young people with SEND have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age; this is reflected in all key stages including the Early Years Foundation Stage. This is evidenced in Nottinghamshire where 16.4% of children with SEN achieve a good level of development compared 72.9% of children with no known SEN (Nottinghamshire County Council 2018a).

2.6 Teenage Pregnancies

Teenage conception rates are declining nationally and in Nottinghamshire as can be evidenced in the JSNA chapter on teenage pregnancy. Since the national Teenage Pregnancy Strategy was launched in 1998, the conception rate has declined by 61.8% across England and 64.7% in Nottinghamshire. However, the health, education and economic outcomes of teenage parents and their children remain disproportionately poor and, as numbers have declined, many have increasingly complex needs. For a minority, this makes parenting very challenging. Almost 60 per cent of mothers involved in serious case reviews were under 21 when they had their first child (LGA and PHE 2019).

Further detail is available in the Teenage Pregnancy JSNA chapter.

2.7 Perinatal Mental Health

Up to 20% of women develop mental health problems in pregnancy or in the first year after childbirth. Maternal mental health conditions can range from low mood and depression to psychosis and can impact on a child's development.

Further information is included in the 'Maternity and early years (2014) ' and 'mental health (adults & older people 2017)' JSNA chapters and in the recent chapter focusing on the first 1,001 Days (2019).

3. Targets and Performance

There are a number of national and local strategies that set local priorities and targets for implementation.

3.1 National Strategies and Policy:

- **Childcare Act 2016** - makes provision about free childcare for young children of working parents and the requirement to publish information about childcare and related matters by local authorities in England. Childcare Act 2016
- **Statutory framework for the early years foundation stage (2018)** sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes. Statutory Framework for the Early Years Foundation Stage 2018
- **A Framework for supporting teenage mothers and young fathers (2016)** highlights the poor outcomes and risk factors for teenage parents and their children. The frameworks provides a useful tool to ensure that needs are identified and met through an integrated approach with local services. A Framework for supporting teenage mothers and young fathers
- **Healthy Child Programme: Pregnancy and the first 5 years of life (2015)**: Pregnancy and the first five years of life (DH/DCSF, 2009) and Healthy Child Programme rapid review to update evidence (PHE, 2015) provides a framework to support collaborative work and more integrated delivery.
  The Programme (0-19) aims to:
  - help parents develop and sustain a strong bond with children
  - encourage care that keeps children healthy and safe
  - protect children from serious disease, through screening and immunisation
  - reduce childhood obesity by promoting healthy eating and physical activity
  - identify health issues early, so support can be provided in a timely manner
  - make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'

  Healthy Child Programme: Pregnancy and the first 5 years of life (2015)
- **The Child Poverty Act 2010** placed new statutory duties upon top tier local authorities and their named partners to prepare a joint child poverty strategy which set out the measures that the Local Authority and each partner propose to take to reduce and mitigate the effects of child poverty in their area. The government has since amended the Child Poverty Act 2010, replacing the income targets with a duty to report on Life Chances, contained in the Welfare Reform and Work Act 2016.

3.2 Local Strategies

Nottinghamshire Health and Well Being Strategy – 2018-2022 sets out the ambitions and priorities for the Health and Wellbeing Board with the overall vision to improve the health and wellbeing of people in Nottinghamshire. The strategy is available at Health and Wellbeing Strategy 2018-2022.

Nottinghamshire Early Years Improvement Plan 2018-20 aims to improve a range of outcomes for children under the age of five. Ensuring children are ready for school is a key priority, including the active targeting of groups most at risk of lower educational attainment. The action plan can be accessed from Early Years Improvement Plan 2016-18.

The plan includes a number of priorities which will be measured by the Early Years Foundation Stage Profile.

- Increase the number of children achieving a good level of development at the foundation stage, and by reducing the attainment gap to ensure the most vulnerable children are ready for school (children eligible for Free School Meals, children with SEND, BME groups, children with English as an additional language, white boys and summer born children).
- Increase the number of 'good/ outstanding' Early Year's providers to ensure childcare is of high quality and able to improve educational outcomes.
- Ensure eligible 2, 3 and 4 year olds access their free early education and childcare entitlements.
- Implementation of a new Home Learning Pathway and tool.
- Targeted work with White British Boys and Polish Communities in Ashfield.

Nottinghamshire Childcare Sufficiency Assessment – aims to assess the level of childcare provision in an area to ensure, there is sufficient high-quality childcare for children and families. Publishing the Childcare Sufficiency Assessment is a statutory duty for all top tier Local Authorities. The 2018 assessment can be accessed from here Nottinghamshire Childcare Sufficiency Assessment.

Nottinghamshire Strategy for Improving Educational Opportunities for All - aims to ensure that the full range of Nottinghamshire County Council services and partners work coherently with learning providers and businesses to maximise the impact of available resources in further raising the attainment and increasing the progression of all, including the most vulnerable groups of learners. Current priorities include the need to close the attainment gap of children under the age of 5 that are entitled to free school meals and their peers. Improving Educational Opportunities for All

Nottinghamshire Child Poverty Strategy and action plan aims to reduce inequalities between families across Nottinghamshire by reducing the gap in health, education and socioeconomic outcomes. The strategy can be accessed here Nottinghamshire Child Poverty Strategy.

Nottinghamshire Looked After Children and Care Leavers strategy 2018-21 aims to improve outcomes for children in Local Authority Care and Care Leavers. This includes improving health and educational outcomes for all ages. Nottinghamshire Looked After Children and Care Leavers Strategy

Nottinghamshire Language for Life Strategy – aims to work collaboratively to give all children the chance to develop their language and communication skills, so that they can achieve their best educationally and can contribute positively to their community Nottinghamshire Language for Life Strategy.

3.3 Nottinghamshire Better Start Tracking Tool

As children's development is not measured until the end of the Foundation Stage in school, Nottinghamshire has been unable to measure progress for children prior to starting school. A new countywide tracking system was introduced in 2018/19 whereby early years settings can input and share data to track progress of preschool children. All early years providers who receive supplementary funding are required to use Better Start to track the progress of the most vulnerable children. As the tool becomes embedded into daily practice, increasing numbers of early years providers are adopting the tool to measure the progress of all children. The tool will help partners to target interventions and measure progress prior to the EYFS.

From the returns received so far, initial indications are that children eligible for the Early Years Pupil Premium, for example, are making progress over the academic year. In autumn 2018, 59% of the results collated were showing 'on target' or 'ahead' progress. By spring 2019, this figure has risen to 75% 'on target' or 'ahead'. Further work is planned to widen the rate of returns from providers and to moderate the results to aid more in depth analysis.

3.4 National indicators

There are a number of Public Health Outcome Framework indicators relating to early years. These were developed by NHS England and the National Child and Maternal Health Intelligence Network as key indicators of public health outcomes relating to early years (children aged 0-5 years), and include:

Indicator	Nottinghamshire	England	Stat Neighbours Average	Year
School Readiness: the percentage of children achieving a good level of development at the end of reception	69.7%	71.5%	75.1%	2018
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	56.6%	56.6%	57.6%	2018

Further discussion on public health data is included in relevant JSNA chapters.

4. Current Activity, Service Provision and Assets

NHS, Local Authority and the voluntary sector work together to support and care for families and children 0-5 years. These partners provide some specialist services to support mothers and children with complex social needs and work together to provide early access to services using an early intervention approach in the main.

4.1 Childcare and Early Education

Local Authorities are required by the Childcare Act 2016 to secure sufficient, flexible, high quality early education places for eligible two year olds, and all three and four year olds, offering 570 hours a year over 38 weeks a year.

The need for flexible and affordable childcare is necessary to support those parents ready to enter the labour market and local authorities are also required, where practicable, to ensure sufficient childcare places for working parents, or parents who are studying or training.

Evidence shows that children will benefit most from an early learning experience, in terms of their social, physical, emotional, communication and language development, if it is of a Good standard at least, as defined by Ofsted. Government proposes that only those settings with such ratings should be used for two-year olds wherever possible.

Sufficiency levels - The Childcare Sufficiency Assessment 2018 confirms that the county continues to benefit from a wide range of registered early years and childcare provision.

More information about childcare sufficiency in Nottinghamshire is available in the annual Childcare Sufficiency Assessment Nottinghamshire Childcare Sufficiency Assessment 2018

4.2 NCC Early Childhood Services

The Council's Early Childhood Service delivers a range of activities to improve the development of children and improve outcomes of families. The service also fulfils the statutory duties placed on Nottinghamshire County Council for childcare. The following tasks are delivered by the service:

- Childcare Sufficiency Assessments to create more childcare places where they are needed.
- Quality and improvement support for providers of childcare and early education including providing training and support packages.
- Promotion and assessment of free childcare schemes to help improve attainment levels and support parents into employment.
- Implementation of a range of projects as part of a wider programme to support Early Years initiatives and fulfil statutory duties.
- Improving the attainment levels for our most disadvantaged and vulnerable children through tracking, targeting and intensive support.
- Commissioning Children's Centre services who provide help for children with speech, language and communication needs, parenting support, evidence based parenting programmes, perinatal support etc.
- Commissioning the Nottinghamshire Families Information Service where parents can get information about a range of topics, local services and local childcare provision.
- Campaigns and support to increase parental engagement and home learning.
- support packages and training to the early years sector,
- Leading on key strategies for school readiness and home learning.

4.3 Early Childhood Services Training and Development Opportunities (TADO) Service

Evidence shows a strong correlation between children's development and a skilled early years workforce. Nottinghamshire County Council Early Childhood Services provide a

comprehensive offer of training and support to all early years settings across Nottinghamshire through the TADO.

The national CEEDA Early Years Sector Skills Survey 2018 highlights:

- Over four fifths of providers (88%) have arranged off the job training for their staff in the last 12 months and 75% have arranged on the job training. These rates are higher than for employers generally (48% and 53% respectively), reflecting the statutory requirements on the sector.
- Sector spend on training provision in the last 12 months ranged from nil to £10,800 with an average setting spend of £600 (excluding staff cover and expenses). Forecast spend for next 12 months averages £525 per setting. These modest budgets can limit staff development in areas beyond statutory requirements.
- One in two settings report skills gaps in their existing workforce (55%), compared to 13% employers across all sectors an estimated 35,600 early years staff (11%), have skills gaps, compared to 4% across all sectors. Providers will skills gaps say they are having a negative impact on staff workloads (55%) and making it harder to maintain quality standards.
- The average staff turnover rate in the early years sector is 15%; over one in ten providers have rates of 26% of higher. One in four employers losing staff said pay was a factor in one of more cases (26%).
- Demand for training is highest for level 3 provision. Safeguarding (46%), identifying and supporting children with Social Emotional Behavioural Difficulties (45%), observation, assessment and planning (45%), understanding and managing children's behaviour (45%) and the theory and practice of supporting children's learning (41%) were the most common needs which is also reflected in Nottinghamshire.
- Cost is the biggest barrier to training (56%), followed by challenges releasing staff (41%) and course timing (34%).

4.4 NCC Schools and Families Specialist Services (SFSS)

SFSS is a team within the council formed of teachers and teaching assistants with additional qualifications and experience in working with children and young people with a range of special educational needs aged from 0—19. The service comprises of 4 specialist teams: Early Years, Autism, Cognition & Learning and Sensory.

SFSS work in homes, early years settings and schools offering advice, information and support to children and young people with complex special educational needs and to their families and the staff who work with them.

The Early Years Team works with children with a range of complex special educational needs and disabilities from birth to the end of key Stage 1. (Approximately 7 years of age). The team comprises of specialists for children with complex learning needs, communication and interaction needs/autism and for hearing impaired and visually impaired children.

The service provides:

- Support for the delivery of high quality inclusive early years provision in schools, Private Voluntary and Independent (PVI) early years sector and Children's Centre Services

- Regular home teaching for children before they attend School
- Support and advice to parents and carers
- Transition planning
- Awareness raising of issues relating to disabled children and their families
- Advice and training to staff in schools and early years settings

Referrals to the Early Years SFSS team for the period 1st September 2017 - 31st March 2018 show that 192 children were referred to the service. The greatest proportion of referrals are from schools (22%), followed by Paediatricians (21%), parents (19%), PVI setting (19%), Speech and Language Therapists (8%), Health (8%). No referrals were received from Children's Centre services or Children's Social Care.

4.5 Children's Centre Services

Children Centre Services in Nottinghamshire are commissioning to achieve the following outcomes

- Children achieve a good level of development and are ready for school with children most at risk of developmental delay effectively supported to close the attainment gap.
- Parents are job ready with increased aspirations for themselves and their children.
- Children and parents have improved emotional health and wellbeing.
- The needs of children and their families are identified early and the risk of harm is prevented.

The service contributes to the following objectives:

- Children and families have access to high quality early years provision.
- Children achieve age appropriate language, comprehension and communication skills.
- Children achieve age appropriate personal, social and emotional development milestones.
- Children achieve age appropriate physical development.
- Parents have secure attachments to children. They build strong relationships to help their baby feel secure and loved.
- Good parental health behaviour positively influences children's well –being and development.
- Parents provide a good home learning environment for children to support their development.
- Parents keep their children safe.
- Parents develop skills and confidence needed for employment.

The service targets the following groups:

- Low income families with identified needs
- Children of teenage parents /teenage parents : non FNP (under 20)
- Families identified as having mild/moderate mental health issues
- Children with English as an additional language
- 2,3 and 4 year olds not accessing their minimum childcare entitlement
- Unemployed/single parents
- Unemployed parents living in rural areas
- Children under 5 with speech, language and communication delay

- BME groups where there is a need.
- Parents of children with SEND who do not meet thresholds for specialist services
- Children known to Social Care

2018-2019 Activity:

- 98% of all under 5s were registered with their local Children's Centre.
- 47% of all under 5's received a Children's Centre service.
- Almost two out of three children aged 0-3 received a service.
- 3,184 children or expectant parents have been referred for 1-1 family support. Work was successfully completed with 1,306 children and parents in the same time period.

- 884 (98%) parents who completed evaluation forms reported improved knowledge and confidence in how to play and interact with their child to support their learning, language and development.
- 837 (94%) parents who completed evaluation forms report making changes at home to provide a better learning and play environment to help support their child's development.
- 1,278 (87%) parents who completed evaluation forms report their child is talking and understanding more and listening better which will help their learning in the future.
- 496 (87%) of speech language and communication goals were achieved by children on the speech and language team caseload.
- 1,302 (93%) children accessing Home Talk achieved their goals (Home Talk is a home learning speech and language intervention).
- 878 (93%) parents who accessed the service report they feel closer to their child/family and have built stronger relationships with them as a result of CC intervention.
- 153 (53%) mothers who have accessed the Footsteps programme report improvements in their emotional wellbeing following involvement with a Footsteps volunteer (perinatal peer support), when a case closes.
- 92% (280) Children's Centre volunteers reported greater skills and confidence which supports them to gain a qualification.
- 749 (98%) parents who had issues around their well- being progressed to be able to manage their well-being.
- 328 (69%) families who were not work ready progressed to being ready and able to work.
- 712 (93%) families in which there were issues around boundaries and behaviour progressed to having appropriate boundaries in place.
- 685 (97%) families in which there were issues around their child's learning progressed to being able to support their child's learning

An in-depth impact report showing the performance and activity of Children's Centre services in 2018/19 is available to download from here Children's Centre Impact Report. This web link also includes case studies containing stories, comments and quotes from service users.

4.5.1 Children's Centre Speech and Language Therapy

Nottinghamshire County Council commissions a Speech and Language Therapy (SLT) service for under 5s as part of the Children Centre Service. SLT encompasses a wide range of approaches that meet the needs of a diverse group of children who have Speech, Language and Communication Needs (SLCN).

The Nottinghamshire core offer of the Children's Centre Speech and Language Team (under 5s) aims to:

- Identify Speech, Language and Communication Needs and intervene early.
- Improve parental confidence and effectiveness in supporting their child's language needs.
- Provide language enrichment through developing community capacity.

The SLT service provides:

- Support with local campaigns and resource development.
- Language Leads networks (champions identified through the EY Sector).
- Home Talk
- Early Years setting (including school foundation units) and volunteer training, advice and support around children with emerging needs.
- Family Learning sessions for focused children and families e.g. video interaction and group session combinations
- SLT informal advice to parents and professionals.
- Elklan Talk with the under 5's parent programme.
- Home visiting
- Close integrated working with the wider children's centre, health and social care teams
- Liaison with specialist services division specialist SLT
- Transition packages and referrals to specialist SLT that facilitate support by settings and families

The **Home Talk** intervention provided by the SLT team within the CC service has been evaluated (McDonald et al 2019) and has shown that:

- Families who are experiencing high levels of social disadvantage are reached and supported.
- Most of the children's language skills develop at an accelerated rate and catch up with age expectations by 3 years of age.
- Fewer children have language skills which would put them among the lowest 20% of children for their age.
- Parents/carers who have high levels of parenting stress are helped to access other appropriate child and family services.

Key stakeholders have completed a new Early Intervention Foundation Maturity Matrix which focused on Speech Language and Communication Needs (SLCN). The matrix is a self-assessment tool to help measure how advanced a local area is in creating a local system to help children in their early years to thrive and to guide planning to make this local system more effective. The exercise has identified that further work is required to help lead change and drive forward improvements, recommendations include the need to better engage maternity services and specialist SLT services, as well as progressing pooled budgets.

4.5.2 Children's Centre Sleep Tight programme

The CC Service also provides the Sleep Tight Programme which is based on evidence that improving sleep routines reduce stress, symptoms of depression (EIF 2018). Sleep Tight is a behavioural sleep programme, focused on child sleep problems and family wellbeing, delivered by Family Support Workers (FSWs) in Nottinghamshire's Children's Centres.

A research study was undertaken with Nottingham University, to explore the impact of the programme; this was published in the Journal of Health Visiting (Turner et al 2016) and is detailed in the 'Evidence of What Works' section of this JSNA chapter.

4.5.3 Children's Centre Evidence Based Parenting Programmes

The CC service also delivers a range of evidence based parenting programmes facilitated by trained skilled professionals. Programmes include '123 Magic', 'Theraplay', 'Preparation for Parenthood and Beyond', 'Solihull Approach', 'Incredible Years', and 'Empowering Parents-Empowering Communities' (EPEC). They also jointly deliver courses for parents affected by domestic violence and abuse with both Women's Aid services available in Nottinghamshire.

4.5.4 Children's Centre School Readiness Interventions

The CC service also provides the Forest School approach as well as other interventions facilitated by trained early years practitioners. Programmes include locally developed courses and interventions including the new 'Let's Play' programme, 'Little Talkers', 'Now I am 2' and 'Talking Walks'.

4.6 Healthy Families Programme

Across Nottinghamshire, as part of the Healthy Families Programme service, 20 Healthy Family Teams based in localities deliver the national health visiting framework:

- 4 levels of service, based on need
- 5 universal health reviews for all children
- 6 high impact areas, where health visitors have the greatest impact on child and family health and wellbeing

The Healthy Families Programme is provided by Nottinghamshire Healthcare NHS Foundation Trust and brings together care provided by Specialist Public Health Practitioners (Health Visitors and School Nurses) and their teams to support all children, young people and families in Nottinghamshire. All families receive:

- Antenatal visit, usually after 28 weeks of pregnancy
- New baby review, usually when baby is 10-14 days
- Review when baby is 6-8 weeks old
- Developmental review at 1 year
- Developmental review at 2 to 2.5 years

Healthy Family Teams also deliver first level support and advice on health issues such as maternal mental health, breastfeeding, formula feeding, minor ailments, eating, parenting issues, behaviour and continence. Healthy Family teams refer or signpost to other services who will be able to provide ongoing help.

Healthy Family Teams also have an opportunity to Make Every Contact Count, promoting the importance of healthy lifestyles and the value of health as a foundation for future wellbeing, for example healthy eating, physical activity, accident prevention, improving parents' confidence in managing minor illnesses, sun safety, oral health; promotion of smoke-free homes and cars; responsive parenting, behaviour management, including sleep, and the promotion of development, play and a language-rich home learning environment[8].

4.6.1 Development Reviews

Healthy Family teams deliver the 1 year and 2 to 2.5 year health and development review to assess a child's progress with the aim of optimising child development and emotional wellbeing, reducing health inequalities and promoting school readiness. The Ages and Stages Questionnaire ASQ-3 TM is used, which covers the development of gross and fine motor, communication, problem solving and personal-social skills.

The 2 year reviews are integrated with the Early Years Foundation Stage assessment, delivered by a child's early year's settings, aiming to:

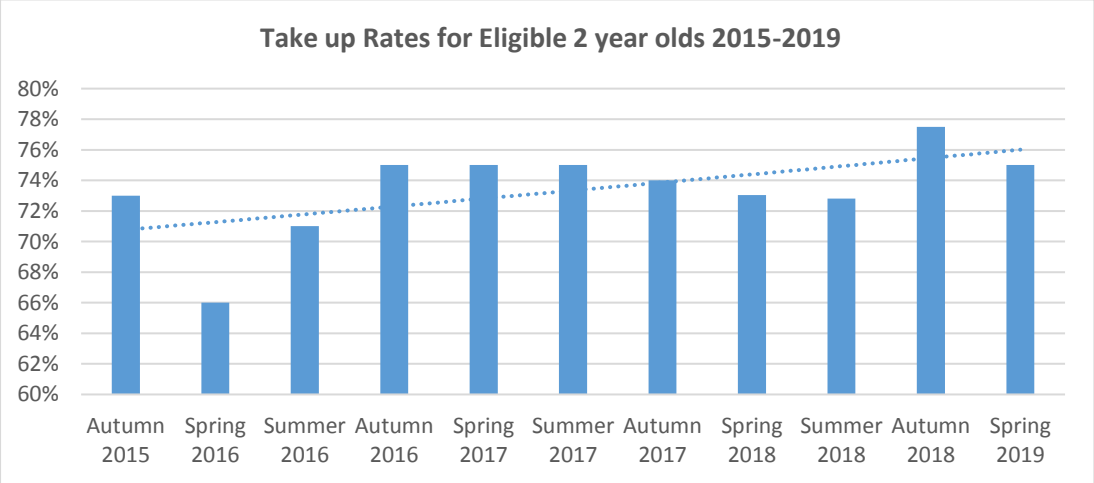
- identify the child's progress, strengths and needs in order to promote positive outcomes in health and wellbeing, learning and behaviour and school readiness
- facilitate appropriate early intervention and support for children and their families where developmental delay or additional needs are identified
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

4.7 Funded Childcare Initiatives

4.7.1 Free Early Education for eligible 2 year olds

Government introduced the free entitlement to early education for the 20% most disadvantaged two year olds from September 2013. The anticipated number of eligible children in Nottinghamshire was 1,910. 76% of eligible children accessed a place during the first full year of operation. From September 2014 the programme was increased to include the 40% most disadvantaged children.

Figure 17: Nottinghamshire take up rates for eligible 2-year olds accessing their free childcare entitlement (2015-2019)



Data Source: Nottinghamshire Council Headcount Spring 2019

The graph shows that there has been a gradual improvement in the numbers of eligible 2 year olds from low income families accessing their 15 hours a week free early education. 75.34% (2,004 of 2,660 children), have taken up their place in spring 2019, compared to 73.04% (2,166 of 2,897children) in spring 2018.

However there are seasonal variations and take up rates remain fairly static at 75% most years. Further work is taking place with statistical neighbours to explore how to better improve take up rates; in addition targeted marketing in low income areas is imminent with additional targeting led by the Children's Centre Service.

4.7.2 Universal Childcare for eligible 3 and 4 year olds

All 3 and 4 year olds are entitled to 15 hours of free early education 38 weeks of the year. Take-up rates have been consistently high across the county with on average 95% of all 3 year olds and 97% of all 4 year taking up their place.

4.7.3 Extended Funded Childcare for 3 and 4 year olds

The Childcare Act 2016 placed new duties on local authorities to ensure there is sufficient childcare provision for working parents of 3 and 4 year olds. Since September 2017, children of working parents are now eligible for 30 hours of funded childcare each week (1,140 hours over the year). This is an increase on the current entitlement of 15 hours per week. Eligibility criteria includes households where one (if lone parent) or both parents are working earning the equivalent of 16 hours a week on national minimum wage and less that £100k each.

Government expectation is that the additional places will be delivered flexibly across the year to better meet the needs of working parents, whilst improving access for children with SEND. The additional investment is intended to help with childcare costs for those already in work and to incentivise those parents working part-time to increase their hours, and to encourage those who aren't to consider entering the labour market

Parental awareness of the extended entitlement has continued to increase since its launch in September 2017. This has been reflected in the increase in numbers taking up their entitlement. Figures for spring term 2019, show that 5,786 children have taken up their extended childcare entitlement compared to 3,634 children in autumn term 2018.

4.7.4 Early Years Pupil Premium

- The Early Years Pupil Premium was introduced in 2015 to support early years providers to close the attainment gap between the most disadvantaged children and their peers. The fund provides supplementary funding for 3 and 4 year olds who receive their 15 hours childcare entitlement and are from identified low income groups.
- Take of up the Early Years Pupil Premium (EYPP) funding in Nottinghamshire is 100%, however it is unclear how early years settings are using this to improve outcomes for the most vulnerable children so this will be addressed in audits and additional guidance.
- Looked After Children are automatically entitled to this fund.

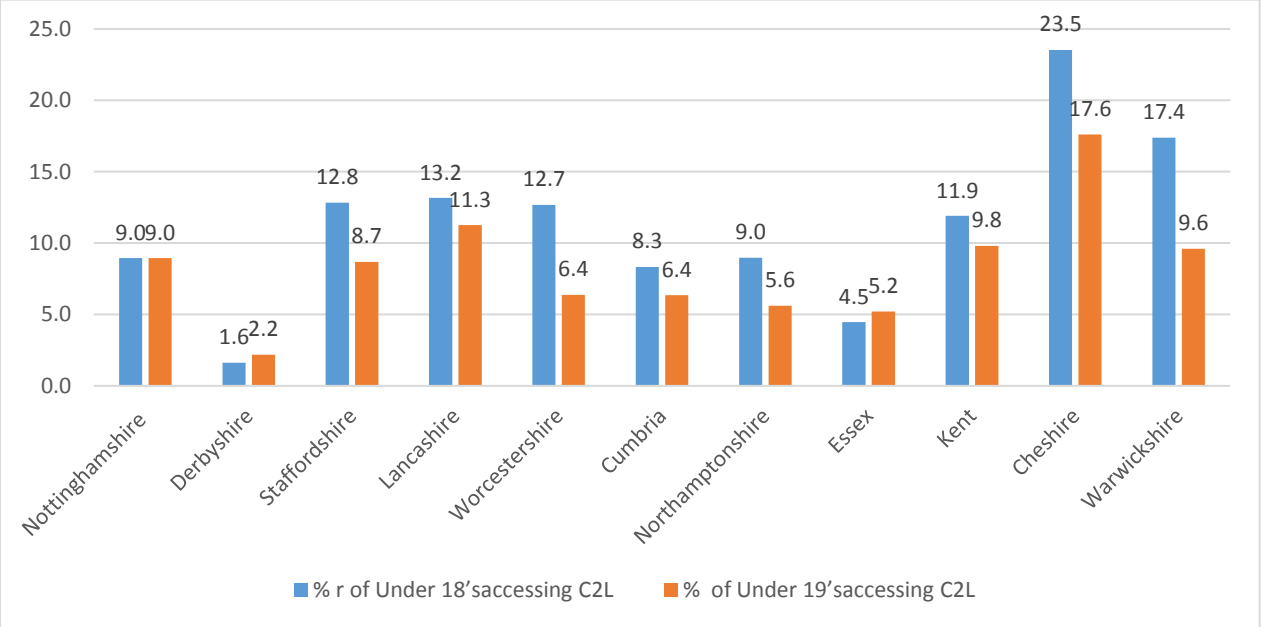
4.7.5 Early Years Deprivation Supplement

The 2016 Childcare Act required local authorities to administer new deprivation funding using the Early Years funding block of the devolved schools grant. There is flexibility in the use of this fund and as the Early Years Pupil Premium is already in place for children eligible for free school meals, the fund in Nottinghamshire is used to support early years providers to effectively support children known to social care. This fund enables early years providers to attend meetings and prepare the paperwork required.

4.7.6 Care to Learn Childcare Grant

Care to Learn is a childcare grant for all teenage parents under the age of 20 (including fathers and under 16's), to enable them to access education or training. The grant pays for all childcare costs, including travel costs for teenage parents. Only young parents in education or training can access the grant Care to Learn - GOV.UK.

Figure 18: Percentage of all teenage mums under the age of 18 and 19 accessing the Care to Learn Grant compared to statistical neighbours (snapshot June 2016)



Data Source: DfE 2017

Take up rates in Nottinghamshire are low compared to statistical neighbours. The graph above shows the % uptake of all teenage parents under the age of 18 and 19. The data used however is a snapshot and changes depending on the time of year and when education and training provision is available.

It is unclear what the barriers are for young parents and this could be linked to disengagement from education, lack of accessible and appropriate education or training provision, lack of childcare provision on or near a place of education or training e.g. an FE college; a misconception about what the grant is for and who is eligible, and/or a lack of proactive promotion. It is important to note that young people who do conceive at a young age are more likely to have disengaged from school, left school with no qualification and for

16-19 year olds are more likely to be NEET (Not in Training or Education); although local NEET data for teenage parents is no longer available as there is no longer a duty to collect and analyse this data. Young mothers are also more likely to be dependent on their parents and living at home which prevents their eligibility for the Care to Learn grant (LGA and PHE 2019).

This data will no longer be available nationally, so it is important that Nottinghamshire continues to promote this childcare funding as previous take up has been poor.

4.7.7 Early Years Support for Children with SEND

All early education and childcare providers have access to inclusion support from Early Years Specialist Teachers who facilitate Area SENCO networks linked to family school SENCOs; and to various training opportunities available to advice and guide providers on the development of inclusive early learning environments and practice.

Early Childhood Services administer the Early Years Inclusion Fund and Disability Access Fund which helps early years settings be inclusive and meet the additional needs of children with SEND.

Nottinghamshire County Council also offers support to providers to access specialist support for a child with SEND, such as Specialist Family School Service, Community Nursing Team, Speech and Language Therapist service, Occupational Therapist, etc.

A. Disability Access Fund (DAF)

The Disability Access Fund (DAF) is funding for early years providers to support children with disabilities or special educational needs. The fund aids access to early years places by supporting providers in making reasonable adjustments to their settings. The fund was launched in 2017 and is available to all 3 and 4 year olds who claim Disability Living Allowance. Take up in Nottinghamshire and many other Local Authorities is low.

All 3 and 4 year olds are eligible for the DAF if they are attending an early years PVI setting that provides funded places, and meet the following criteria:

- The child is in receipt of Disability Living Allowance
- The child receives funded early education and childcare.

Each child is eligible for £615 per year which is paid to the early years setting to meet the needs of the child. If a child accesses childcare in more than one setting, a parent is asked to decide which setting receives the DAF.

B. Early Years Inclusion Fund

The 2016 Childcare Act required local authorities to create a new Inclusion Fund using a mixture of funding sources to enable 3 and 4 year olds eligible for funded childcare who have SEND access to childcare. This fund is only allocated to PVI settings as schools are able to access High Needs Funding instead.

In Nottinghamshire, the Inclusion Fund is funded by Nottinghamshire County Council and through the Dedicated Schools Grant. The fund is used to pay for additional staffing, training, assessments and specialist equipment. Using council funding has meant that the Inclusion Fund can also be extended to 2 year olds eligible for 15 hours of free childcare per week as well as children with physical disabilities.

Applications can be submitted for a 2, 3 or 4 year old child with SEND who is accessing their funded entitlement and meet the High Level Needs descriptors outlined in funding guidance. The Inclusion Fund panel who allocate funding also consider applications to meet the needs of children with physical disabilities. All applications for inclusion funding are considered by a panel who meet each month.

Figure 19: Nottinghamshire take up of the Early Years Inclusion Fund by age 2018/29

Age Funded	Total Number of children
2	13
3	69
4	106
5+	7
Total	195

Data Source: Nottinghamshire County Council 2019

The Local Authority now jointly commissions the British Red Cross to manage an Integrated Children's Equipment Store (ICELS). Since September 2018, early years funding from the council and the Early Years Inclusion Fund has been used temporarily to pay for equipment costs through ICELS. Only children eligible for funded early education or childcare are entitled to access this equipment.

The Early Years Inclusion Fund has also been used to provide funding to 40 early years professionals to access training on Manual Handling and Creating an Autism Friendly setting.

4.8 Families Information Service

The Families Information Service provides accurate up to date information for parents, young people and children about a range of services and support including childcare provision and services for children with special educational needs and/or disabilities.

The Families Information Service provides;

- Detailed information about registered childcare provision in Nottinghamshire.
- Information that may be of benefit to parents in their parenting role; this includes education, employment, health, leisure and parenting.
- Information is made available to families through the Notts Help Yourself Website, Facebook and through telephone advice via Nottinghamshire County Council's Customer Service Centre.
- A social media presence via Facebook
- Information that is accessible to people who might otherwise have difficulty in accessing the services they need. In practice, this includes ensuring information is available to disadvantaged groups by working with services engaging disadvantaged families.
- Information for existing early years and childcare providers, and for those wishing to become a new provider.
- Information, advice and support directly to children, young people and parents on matters relating to special educational needs and disability via the Local Offer.

In 2017-18, the service delivered

- 96,639 visits per month to Notts Help Yourself Website, at quarter 4 2017-2018.
- Reach for FIS Facebook of 19,607, at quarter 4 2017-2018.

- At quarter 4 2017-2018 there were a total of 628 'likes', with 62 new 'likes' in the quarter.
- Supported and processed 663 childcare providers to update their details during the year 2017-2018.

4.9 Bookstart

Bookstart is a national programme that encourages all parents and carers to enjoy books with their children from as early an age as possible. The programme is available in Nottinghamshire and is provided by Inspire, the County's Library and Information Service.

Bookstart aims to give free packs of books to every baby in the UK, to inspire and create a love of reading that will give children a flying start in life. In Nottinghamshire, Inspire works together with health professionals and early years settings such as nurseries, pre-schools and Children's Centres to make sure every child receives their book packs.

All children are eligible to receive the following two free book packs 'Bookstart Baby Pack' and the 'Bookstart Treasure Gift'.

Bookstart also provides packs for children who need extra support to develop a love of books and reading. The packs contain advice and guidance for parents and carers to support their child's additional needs.

- Booktouch packs are for children between the ages of 0 to 4 years who are blind or partially sighted.
- Bookshine packs are available for children between the ages of 0 – 4 years who are deaf or hearing impaired.
- Bookstart Star pack is aimed at children aged three to five who have a condition or disability that impacts on or delays the development of their fine motor skills and includes books and resources to help families enjoy reading together every day.

More information is available at Bookstart Packs | Inspire - Culture, Learning, Libraries

4.10 Quality of Childcare Provision

In March 2019, there were 557 PVI providers and 261 schools who provide funded childcare to eligible 2, 3 and 4 year olds.

a) PVI – Outstanding 91 (16%) – Good 389 (70%) – R.I. 14 (3%) – Inadequate 7 (1%) – Met 14 (3%) – Not Yet Inspected 42 (9%)
b) Schools – Outstanding 31 (12%) – Good 168 (64%) – R.I. 11 (4%) -Inadequate 1 (1%) – Not Yet Inspected 50 (27%)

In March 2019, of all the settings that had been inspected by Ofsted, 83% of early years settings in Nottinghamshire are were assessed as 'Outstanding' or 'Good' by Ofsted; this compares to 86% in 2018, however 106 new settings have been established and yet to be inspected.

In March 2019, 14 (3%) of settings were judged as 'requires improvement' and only 7 settings (1%) were judged as 'inadequate'.

The Early Years Quality and Attainment team actively targets their support to those providers that: 'require improvement'; are newly registered; have failed their Ofsted registration. They also target settings where there are safeguarding concerns; or where

support is needed to care for children with SEND as well as settings that have larger proportions of 2 year olds from low income families.

5. Evidence of what works

"Effective teaching and effective parenting are absolutely vital in terms of how young children are going to develop through their lives. When it is at its best, it really does have a strong impact on helping children from more disadvantaged backgrounds to achieve more" (Professor Dominic Wyse 2019).

A strong Home Learning Environment	The home learning environment includes the physical characteristics of the home and also the quality of the implicit and explicit learning support received by children from caregivers. The quality of the home learning environment has been recognised to be the most significant factor in terms of outcomes at age five. The range and quality of activities which parents undertake with pre-school children is more strongly associated with children's social and intellectual development as compared with either parental education or occupation. In order for children to progress, parents need to engage them in activities which 'engage and stretch' the child's mind. Parental support and the home learning environment have a major effect on children's life chances. It is particularly important for children's oracy and language development which, although not the only important skill to be developed, is vital for children's life chances (DfE 2018). Parents engaging in learning activities such as speaking to their baby and reading with their child are shown to have a great impact on levels of communication. A child's communication environment is a more dominant predictor of early language than their social background; so this really is an important part of successful early development (Goff et al 2012). Short interventions with parents can influence parenting practices, personal beliefs and affective relationships with children. Research suggests that through a UK-based intervention, it is possible to improve levels of parental involvement and broaden the quality of the home learning environment (Goff et al 2012). There is some evidence to show the specific interventions that could be used within a home environment, however these are limited, with some programmes included on the Early Intervention Foundation website. The absence of evidence about interventions to support parents and families in creating and maintaining an effective learning environment in the home is regarded as a major concern by the Local Government Association (2019).
Educational Attainment	All research used in this chapter that focuses on school readiness states that starting early education at an early age had a direct impact on the attainment of children. Judged by the evidence identified in a report by the Centre for Research in Early Childhood (Bertram et al 2014), the core characteristics and delivery features of programmes that have successfully boosted the learning and development of disadvantaged children can be grouped into four types:

	i. Programmes that provide support to parents during pregnancy and early childhood; ii. Early health programmes for children 0-5 years iii. Programmes that combine parent support, health and early education and care for children 0-2 years; iv. Early education and care programmes for children 0-2 years; v. Early education programmes for children 3-4 years The Literature Review set out below three areas of early years policy and practice which the evidence shows would benefit from further development, listing fruitful actions in each area. i. System Developments ii. Structural Developments iii. Process Developments
Effective Parenting	Early support from parents and carers enables young children to acquire the social and emotional skills, knowledge and attitudes necessary for school and later life. The role of parenting is central in promoting child development. There is a direct link between the nature of parental care and an increased risk of emotional and behavioural problems across child development (Craig 2004). Parenting support combined with high quality early education, will contribute to a child's early learning and ability, and put them on the road to being school ready. Evidence based parenting programmes are a source of support for all parents and carers and offer an opportunity to share parenting experiences, develop a greater understanding of child development, build positive relationships and learn skills to deal with challenging behaviour. The Early Intervention Foundation provides guidance on the impact and cost benefit analysis of parenting programmes and a number of programmes are listed in Appendix 2.
Addressing Speech, Language and Communication Needs	The early years are a critical time for all children to develop strong cognitive, social and emotional foundations. Early language acquisition impacts on all aspects of young children's development. It contributes to their ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write. As speech and language is both an essential building block for a range of cognitive and social and emotional skills, and predictive of a range of later-life issues. This means it is an excellent way of assessing typical development in the early years – a primary indicator of child wellbeing and social mobility. Studies show that, during the early years, language is best supported through developmentally appropriate parent–child conversations that respond to the child's interests. So, in infancy this means child-directed speech involving household items and toys. For toddlers, quantity is crucial, particularly in terms of new vocabulary. In the third year, children benefit from more diverse and grammatically complex language, and beyond that the opportunity to use structured narratives in conversations (EIF 2018).

	The content of parent–child conversations really counts. Conversations about objects and living things help children to understand how the world works, which in turn supports their analogical reasoning capabilities as they grow older. Conversations about the thoughts, feelings and desires of others increases their empathy and understanding of others' perspectives. Parent–child 'number talk' has been found to support children's early counting capabilities. Early counting skills, in turn, strongly predict children's mathematical achievement in later primary and secondary school. The Royal College of Speech and Language Therapists (RCSLT) has commissioned a return on investment report which shows that for every £1 spent on specialist therapy for children with Developmental Language Disorder, £1.46 is generated in savings. Similarly Stoke Speaks Out (a universal approach not dissimilar to aspects of Nottinghamshire Language for Life) showed that every £1 invested could generate £4.26 in savings due to prevention of later difficulties arising from SLCN. Speech, language and communication needs can occur on their own without any other developmental needs, or be part of another condition such as general learning difficulties, autism spectrum disorders or attention deficit hyperactivity disorder. For many children, difficulties will resolve naturally when they experience good communication-rich environments. Others will need a little extra support. However, some may need longer term speech and language therapy support.
Children's Centre Services (Formerly known as Sure Start Children's Centres)	Since Children's Centres were first launched in 1999, there has been a wealth of national research into both the impact and the reach of Children's Centre services. Nationally, the two main longitudinal research projects were the National Evaluation of Sure Start NESS Research and Evaluation of Children's Centres England ECCE research. They both report a positive impact overall on engaging families with Children's Centres, this in turn helps children to have the best start in life resulting in short term and long term improved outcomes. Both research studies demonstrated that: a) parents evidenced an improved knowledge of child development, lower levels of dysfunction and improved parenting skills b) developmental concerns were predicted earlier on (mean age 14 months) as a direct result of engagement with a Children's Centre c) the greater the family is disadvantaged the increased likelihood that they will engage with services for a longer period (5 months), suggesting families are aware of the support they need and they are actively seeking this out d) parents who accessed a Children's Centre service improved their parenting skills and provided an improved home learning environment e) children had better social development with higher levels of independence and self-regulation f) There were higher immunisation rates, fewer reported accidental injuries and the families engaged more with other family services.

	Both studies identified that improving household economic status did not improve substantially. When this is considered alongside the findings of local research it is clear that financial stability is a key target area to consider when moving forwards. Participants who took part in local consultation highlighted the need for greater support to prepare parents for employment and this appears to be a consistent theme throughout national and local reviews and research. The NESS research study identified that improving health outcomes did not improve significantly. It is anticipated that health outcomes will be improved through integrated service delivery arrangements with Healthy Families Teams who are also currently provided through the Nottinghamshire Healthcare Foundation Trust. Recent research from Hall et al (2019) found that the use of Children's Centres in the UK is associated with fewer preschool behavioural disorders, which the authors suggest, can be attributed to intermediate changes to the quality of home learning environments. However this research stated that establishing the effectiveness of Children's Centre Services is difficult because each local area has changed service models in recent years, with many now 'shifting from a standalone model of working where one Centre serves one neighbourhood to a hub and spoke model of working in which services are shared across multiple centres located across multiple neighbourhoods (Sylva et al 2015, Hall et al 2019). The Institute for Fiscal Studies has published The health effects of Sure Start. This report looks at the overall impacts on health of the Sure Start programme. Findings include Sure Start significantly reduced hospitalisations among children by the time they finish primary school; it benefits children living in disadvantaged areas most; there is no evidence that it impacted on child obesity at age 5 or maternal mental health; and a simple cost–benefit analysis shows that the benefits from hospitalisations are able to offset approximately 6% of the programme costs. The Institute of Fiscal Studies also found that while the poorest 30% of areas saw the probability of any hospitalisation fall by 11% at age 10 and 19% at age 11, those in more affluent neighbourhoods saw smaller benefits, and those in the richest 30% of neighbourhoods saw practically no impact at all. The bigger benefits in the poorest neighbourhoods could come about because disadvantaged children are more able to benefit from Sure Start, because the types of services Sure Start offers in poorer areas are more helpful, or because children in disadvantaged areas were more likely to attend a centre. They concluded that one way to deliver more value for money would be to focus on providing services to the disadvantaged areas, which are more likely to benefit from them, and to consider which types of services and models of provision could most effectively help this group.
Early Intervention: Conception to Age 2: First 1001 Days	Early intervention with children before they reach the age of 2, can significantly prepare children for school and improve academic success in the long term. *'Children's development in the early years sets them on a positive trajectory. Children's development at just 22 months is linked to their qualifications at 26 years'* (Feinstein 2003). This suggests that we must prioritise the earlier identification of need and provision of evidence-based support for families in the first 1,001 days.

	The Manifesto | 1001 critical days was informed by the report developed by the Wave Trust Conception to age 2 - the age of opportunity | WAVE Trust which supports earlier intervention. The key areas within this are: • Breastfeeding and nutrition • Immunisation • Parenting and parent child relationship • Attachment • Speech and language development • Maternal mental health The impact of poor parental mental health, domestic abuse, substance misuse, parents not in education, employment of training, and poverty on children's development are also highlighted.
Mental Health Screening during antenatal stages	Several recent systematic reviews have confirmed that universal screening for mental health problems during pregnancy is associated with reduced symptoms of depression and anxiety in expectant mothers. In particular, studies show that universal mental health screening reduces symptoms of depression in mothers who are not clinically depressed in the absence of any further provision, as well as in clinically depressed mothers when leading to additional effective treatment (EIF 2018).
Healthy Child Programme	The Healthy Child Programme (HCP) is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. A rapid review of evidence was completed in 2015 (Axford et al 2015) and is referenced in the JSNA chapter 1,001 Days.
Parents with good health and wellbeing outcomes	Parents and carer givers lay the foundations for emotional regulation, communication, and problem solving as well as strengthening their self-esteem. Young children thrive in environments that are predictable and responsive to their needs. Children can struggle, however, where environments are neglectful, unpredictable or overwhelming (Asmussen et al 2016). It is important therefore that the health and wellbeing of parents and carers is considered when looking to improve a range of outcomes for young children.
Family Nurse Partnership (FNP)	FNP is a two-and-a-half-year home visiting programme offered to first-time single mothers. It has good evidence from studies conducted in the United States of improving attachment security amongst infants who are at risk of child maltreatment. It should be noted, however, that these benefits have not been replicated in a recent UK Randomised Control Trial (Public Health England 2016). FNP remains an evidence-based option for reducing intimate partner violence among first-time teenage mothers (Early Intervention Foundation 2018a).
Quality of Teaching and a Skilled Early	Evidence shows that high-quality early education boosts children's outcomes and narrows the attainment gap, regardless of a child's background. Therefore, it is vital that addressing barriers to social mobility begins at birth.

Years Workforce	*"The quality of teaching in the early years is just as important to outcomes as it is in other stages of education. Quality is key to early years provision that have the biggest impact on children's life chances. Pre-schools should have low staffing ratios and well-trained professionals"* (House of Commons Education Committee 2019). The majority of evidence suggests that well qualified staff are likely to have a greater positive impact on children than those who are less qualified. *'Our study shows that having well-trained and qualified staff increases the quality of education and care in a child's early years*" (Melhuish & Gardiner 2019). This 2019 research indicated that attending early childhood education and care (ECEC) can promote longer-term positive life outcomes, which is more likely when the ECEC is of higher quality. The study of 600 ECEC group settings for 3–4 year olds, staff qualifications were predictive of quality at private (for profit) settings. For voluntary (not for profit) settings, which were more homogenous in staff qualifications, having a staff training plan and a better staff to child ratio were found to be significant predictors of quality. However, state funded nursery classes/schools, which tend to have less favorable staff to child ratios than private and voluntary settings, also tended to have higher process quality ratings, where the presence of more highly qualified staff apparently allowed quality to be maintained with a larger number of children per staff member. Better staff-to-child ratios were found to be a sign of quality (Melhuish & Gardiner 2019)
Access to high quality Early Childhood Education and Care (ECEC)	Research indicates that attending ECEC promotes school readiness and contributes to later school attainment and positive life outcomes into adolescence (Sylva et al 2008, Melhuish et al 2017). As well as affecting cognitive and educational outcomes, there is clear evidence that ECEC experience can have long-term consequences for socio-emotional development (Melhuish and Gardiner 2019).
Targeting children living in poverty	Children from socially and economically disadvantaged backgrounds can be given a better start via two channels: partnership working and a solution-focused approach to improving school readiness. Interventions can contribute to a better start by facilitating secure attachments with the primary caregiver and through parents learning to model responsive parenting.
Building Attachment	Attachment security refers to the positive expectations young children develop about themselves and others. Attachment security develops as a result of positive and predictable interactions with the caregiver occurring on a regular basis during the child's first year. A secure attachment during infancy is significantly associated with positive social and emotional development throughout the life-course, whereas an insecure attachment increases the risk of later mental health problems (EIF 2018).
Universal Service Provision	*"Strategies which are likely to make a difference to these children and improve outcomes include family support, high-quality early education and care programmes in the preschool years, and early detection of emerging problems and risk factors.*

	The evidence suggests that these services and programmes are best delivered within a framework of progressive universalism—a universal basket of services for all children and families, with additional support commensurate with additional needs. This provides the best opportunity for early identification and appropriate intervention for emerging developmental problems and family issues that impact on children's development. *While there are a number of challenges that need to be addressed and overcome, such an approach is an important investment that will yield measurable educational, social and economic benefits over the long term"* (Oberklaid et al 2013).
Promoting Early Education in schools for disadvantaged boys	Disadvantaged boys given extra early years schooling show the greatest academic improvement and carry the benefits through school, so engaging boys in early education will reduce the attainment gap and improve cognitive and non-cognitive skills. Cornelissen & Dustmann in 2019 found that providing an additional term (four months) of early schooling for disadvantaged boys increased their test scores in language and numeracy at age five by up to 20%; their personal, social and emotional development at the same age improved by 8%, and their language and numeracy skills at age seven by around 10%. However, for boys from high socio-economic backgrounds, the results for many of these effects were close to zero (Cornelissen & Dustmann 2019). Most Early Years Practitioners provide Forest School approach in particular to engage boys who seem to benefit from trying new activities when they are involved in the planning so that their interests and strengths are valued. There is however no concrete evidence of the impact of Forest Schools for boys as no research has been published on this subject yet.
Forest School Initiatives	The Forest School initiative came to the UK primarily from Scandinavia, where early years education conducted in the outdoors is a widely accepted practice. Forest School is a form of outdoor education that is particularly associated with early years education (children from the age of 3 to the age of 8) wherein young children spend time in forest or woodland settings. A qualified forest school leader devises a program of learning that is based on the children's interests and that allows the children to build on skills from week to week, at their own pace. O'Brien and Murray (2007) found 7 key themes of the positive impact on children: • Increased self-esteem and self-confidence • Improved social skills • The development of language and communication skills • Improved physical motor skills • Improved motivation and concentration • Increased knowledge and understanding *'Forest School can enrich children's educational experiences in both the short and long term, nurturing positive attitudes towards educational institutions, hands-on learning, and creativity'* (Pilmott-Wilson & Coates 2019). Psychological research has shown that children's senses are stimulated by nature and that these experiences form children's relation to natural areas

	and are often remembered into adult life (Kaplan and Kaplan, 1989; Ward Thompson et al. 2002). Forest School provides an opportunity for regular and critical observation of the ways that children take advantage of given freedoms (within a controlled setting) to express themselves physically and verbally. Long-term contact with Forest School involving regular and frequent sessions is important in allowing children the time and opportunity to learn and develop confidence at their own pace. The more relaxed and freer atmosphere provides a contrast to the classroom environment that suits some children who learn more easily from practical hands on involvement, such as kinaesthetic learners (Gardner, 1983; Dillon et al, 2005).
Addressing Adverse Childhood Experiences	There are no simple solutions to preventing Adverse Childhood Experiences (ACEs). It is unlikely that any single intervention will be sufficient. Vulnerable parents often require access to a range of interventions, including intensive support able to address multiple issues. • Addressing adversity for high-risk cases requires long-term, individualised support: This is likely to be expensive and there is little evidence to suggest that less-intensive forms of parenting advice (for example, delivered through the web, TV or books) are sufficient for vulnerable families struggling with complex problems. • Evidence-based programmes are not an easy fix: They are only likely to deliver results if delivered carefully according to the programme requirements and if effort is made to ensure they are integrated with wider local service arrangements. • Effective intervention requires a suitably qualified workforce: A lack of suitably trained practitioners can be a barrier to delivering effective interventions. There is also some evidence that under skilled and under supervised practitioners can make things worse for vulnerable families and even, in some cases, cause harm. Early Intervention Foundation (2017)
Building Resilience	Mental health problems can start in early years, even if they don't present any symptoms. The environment children grow up in and their ability to handle the pressures and stresses of growing up – i.e. resilience – all play an important part in preventing problems developing as they grow up. Building resilience in children and raising awareness with parents is required to reduce the effects of trauma and ACEs and improve overall outcomes. Research (Hill et al 2007) has shown that parental factors can promote resilience in children, in other words, general coping capacities that usually enable them to do well in life: • warmth, responsiveness and stimulation • providing adequate and consistent role models • harmony between parents • spending time with children • promoting constructive use of leisure • consistent guidance • structure and rules during adolescence.

	Such parenting not only helps children to develop intrinsic resilient capacities, it also directly mediates coping responses to many adversities, such as poverty, ill health, bereavement or community violence (Hill et al 2007). Parenting programmes should therefore improve the resilience of children and ultimately impact on a range of outcomes.
Improve sleep routines	There is good evidence to support the use of behaviour sleep training and advice with parents who are having sleep difficulties with an infant who is four months or older. Parents acting on this advice report significant reductions in the time required for their infant to fall asleep, fewer night wakings and increases in the amount of time infants sleep. Parents also report less stress and fewer symptoms of depression once infants sleep through the night. Studies also find that these practices do not increase the likelihood of any adverse consequences, including reductions in breastfeeding and attachment security or increases in SIDS-related deaths (EIF 2018).
Physical Activity	Pellegrini and Smith (1998) argue that play not only confers benefits in terms of fitness but also that physically activity play serves a developmental function. They say that rhythmic play in babies and very young children may improve motor control. Exercise play helps improve strength and endurance, and provides cognitive benefits. Physical Activity is regarded as beneficial for social, psychological reasons and also because it instils good habits for adulthood (Booth, 2001; Corbin et al, 1994). Livingstone (2003) agrees that the benefits for children's mental well-being and self-esteem are proven.

Evidence Based Interventions

There are a range of evidence based interventions that can be used to improve the attainment of preschool children. Many require a license and there is a cost of services to use the resources. Commissioners should consider best value when selecting which programmes to use.

Examples of Evidence Based School Readiness Interventions are included in the EIF Guidebook**,** including how effective each intervention is and implementation requirements. The Guidebook does not have any direct interventions regarding school readiness per se, but programmes do state if there is are positive outcomes in relation to school readiness and educational attainment and family support; the Early Intervention Foundation has published additional research focusing on school readiness interventions.

A review of evidence based programmes and interventions is included in Appendix 2 of this chapter.

6. What is on the horizon?

6.1 Children Centre Service Model

NCC commissions an external body to deliver Children Centre services; this contract has been in place since June 2013 and ends on the 31st May 2020. The Children's Centre service delivery model changed in September 2018 to refocus activity on target groups only. The service is no longer providing universal access provision and subsequently is no longer

required to register all children. Instead, the service has been required to work with families where there are worries or concerns, including children in low income families and where neither parent is employed. Universal service provision is now led by parent volunteers who are trained and supported to be 'job ready'.

From June 2020, the service will be managed by Nottinghamshire County Council and smooth transition arrangements will be required. This will provide an opportunity to review current activity and interventions to ensure that evidence based interventions are delivered that also evidence value for money and prevent children from entering the care system. It will however be important to retain some universal provision and the continued role of parent volunteers will be critical in order to sustain a universal service offer, whilst prioritising resources to families most in need.

6.2 Nottinghamshire Best Start Plan

In 2020, Nottinghamshire will launch a new Best Start Plan in order to ensure children have the best start. The strategy will consider all of the evidence that improves outcomes for children under the age of 5 and their families. This broader approach will include a focus on the following outcomes:

- Prospective parents are well prepared
- Children and parents have good antenatal outcomes
- Children and parents have good attachment and bonding
- Parental engagement and participation
- Children are ready for nursery
- Children are ready for school
- Parents are job ready
- Mothers and babies have improved health outcomes
- Parents experiencing emotional health and wellbeing challenges are identified early and supported.
- Children and parents are supported with early language, speech and communication
- The most vulnerable families will be identified early and well supported by a skilled workforce.

6.3 Early Years Professional Development Fund

The Department for Education recently announced that Nottinghamshire County Council has been successful in securing a grant worth £391,800 for the new Early Years Professional Development Fund which will span two years. The grant will provide high quality professional development for practitioners in pre-reception nursery settings.

The intention of the Professional Development Fund is to identify and train champions from across the local early years sector with support provided by a national delivery partner and the Local Authority. Champions are required to cascade their learning through a 'train-the-trainer' model to other practitioners working in pre-reception PVI and school-based settings, through local partnerships across England, convened and administered by selected local authorities. The training will equip the champions with a strong understanding of effective pedagogy and practice to improve pre-reception children's early language, literacy and numeracy, focused on implementing an evidence-based approach to help improved

outcomes for disadvantaged children. Work is now taking place to recruit early years practitioners as champions.

Local Authorities are required to:

- facilitate the establishment of three early years Continuing Professional Development (CPD) Partnerships, each comprising of 10-15 early years settings by identifying and recruiting settings in the areas of greatest need
- work with Partnerships to identify and nominate suitably skilled and experienced practitioners as champions
- work with the Partnerships to agree a delivery plan to ensure the cascade of CPD activity by the CPD Champions can be delivered locally over the lifetime of the programme
- organise and provide the venues to cascade activity, including refreshments, travel and any other logistics required to ensure successful delivery of the cascaded CPD activity to Partnerships
- manage and monitor the budget for staff cover for practitioners to leave their settings to participate in CPD, including reimbursing travel costs
- engage in national and local evaluation
- facilitate links between partnerships and other relevant local services as relevant, e.g. Health Visitors, specialist speech and language services
- support dissemination of learning / sharing of practice more widely across other pre-reception/reception settings in the LA area.

6.4 The New Ofsted Inspection Framework 2019

The new Ofsted Framework has changes to some early years elements of the Ofsted Framework including whereby 'Quality of Education' is now a new judgement area; also progress in relation to personal development will now be separated from 'Behaviour and Attitudes'. Ofsted has published separate handbooks for early years, schools, further education and colleges.

The new framework proposes a rebalance, so instead of taking exam results and test data at face value, Ofsted will look at whether a nursery, school or college's results have been achieved via broad and rich learning.

The Professional Association for Childcare and Early Years (PACEY) chief executive Liz Bayram said, *'PACEY, like many others in the sector, is supportive of the new Education Inspection Framework (EIF), and its renewed focus on quality of education. We hope its reduced focus on outcomes and data will give early years practitioners more time to do what they do best – give children the best start in life – by reducing unnecessary paperwork.' (Nursery World 15.5.19).*

Despite support for key elements of the new Framework, concerns have been raised about the lack of capacity for practitioners to prepare themselves for the new Framework which will be rolled out in September 2019. This capacity issue is one affecting the sector and local authority teams who support the sector to prepare for and learn from Ofsted inspections.

6.5 NASEN Accredited Training

NASEN; the National Association of Special Educational Needs is a national charity who have been commissioned by the DfE to facilitate accredited training for SENCOs in early years settings. Nottinghamshire has been successful in securing NASEN to deliver one of their programmes locally funded by DfE. Local funding is being used to commission a further programme for local early years practitioners. The training will support practitioners in identifying and meeting the needs of children with emerging and diagnosed SEND needs.

Training started in May 2019 and evaluation will be shared with additional analysis of developmental outcomes for children with SEND locally.

6.6 National DfE Hungry Little Minds (Home Learning) Campaign

The Department for Education in England launched Hungry Little Minds on the 1st July 2019. This is a three-year campaign that aims to help parents understand that they have a big impact on their child's learning and that reading, playing and chatting with them is a simple thing they can do to help them develop. The campaign will tackle the barriers some parents face in supporting their child's learning at home, including time, confidence and ideas of things to do.

The campaign includes social media and online adverts, and a website where parents can access tips and activities and search for activities in their area using a new postcode finder service.

Education Secretary Damien Hinds said as part of the launch "*Every parent wants to give their child the best start in life but not everyone has family support at hand and there is no manual telling us how to do everything right. Part of making sure our children have the opportunity to take advantage of all the joys of childhood and growing up is supporting them to develop the language and communication skills they need to express themselves. Sadly, too many children are starting school without these – and all too often, if there's a gap at the very start of school, it tends to persist, and grow. The only way we are going to solve this is through a relentless focus on improving early communication".*

Local activity to promote the campaign is being planned over the 3 year period of the campaign. This will be supported by local home learning activities and promotion via the Families Information Service Children's Centre Service.

7. Local Views

7.1 Local Views about Childcare and Early Education

Every year Nottinghamshire County Council carries out a Childcare Sufficiency Assessment. The 2016 assessment engaged 533 parents to help understand unmet need. Based on comments made by parents completing the survey, and echoed in qualitative feedback, concern about the availability and flexibility of current childcare provision to meet needs is a primary issue.

- Participants reported that the costs, opening hours and flexibility of childcare provision were the most commonly identified barriers. This includes the lack of provision during school holidays and opening times not suited their work patterns e.g. shift workers.
- Survey respondents also identify a lack of availability and choice and there are high levels of informal childcare use (family and friends). Qualitative feedback and comments made by survey respondents indicate that for at least some of these parents use of

family and friends is a necessity, not a choice, as a result of the cost of childcare or a lack of provision either generally or at times when it is needed.

Looking ahead, the greatest demand for pre-school children over the next 12 months is for all year round provision. Atypical hours childcare (defined in the survey as childcare to fit in with shifts i.e. before 8am and after 6pm) was needed by 22% of parents with a pre-school aged child. For school-aged children, responses indicated high demand for after school provision and strong demand for before school provision. Responses also indicate a need for flexible and stretched provision (e.g. outside a 'normal' working day of 9/9.30am and 5/5.30pm) and for all year round provision.

7.2 Local Views about Extended Funded Childcare Entitlement (30 Hours)

As an early implementer authority for the 30 hours of free childcare, Nottinghamshire conducted a survey to assess demand for the new offer to commence in September 2017. With around 1300 responses, the key findings were;

a) Parents are keen to take up the offer of extra free hours.
b) Parents would prefer to take the full 30 hours with one provider, with whom they already have an established relationship.
c) The additional free hours will make a significant positive difference to family finances.
d) Parents need some help to make sense of the financial assistance available to them.

Though the response rate was high, the majority of responders were from higher-income families. This fits with the programme being targeted at working parents each earning between the equivalent of 16 hours per week at national minimum wage and up to £100k.

7.3 Local views about Children's Centre Services

In 2017/18, Nottingham Trent University was commissioned to carry out focus groups with local service users to help understand the benefits of the service and what changes, if any, would be required to service delivery. The groups included mothers, fathers, young parents, and parent volunteers. The report is available to download here A review of Children's Centre Services 2018.

Key findings identified that:

a) parents and carers would like to be more involved in running services and volunteering
b) additional outreach work with hard to reach groups is required to engage vulnerable families
c) there is a need to increase engagement with organisations which support parents into work e.g. JobCentre Plus
d) parents want the service to continue its strong links with healthcare professionals
e) Children's Centre properties are not used to their capacity and service users would like to see more services operating in the buildings.

What does this tell us?

8. Unmet Needs and Service Gaps

- There are localities across Nottinghamshire where there are sufficiency challenges in terms of childcare. There is a need to ensure that good or outstanding provision is located where there are higher numbers of under 5's and where numbers are projected to increase following new housing developments. Local schools and the local early years sector will be encouraged to develop provision in these areas in the absence of capital funding to develop new early years properties.
- Parents require childcare to meet their working patterns and school holidays, further work is required to meet this demand and unmet need as evidenced in the Nottinghamshire Childcare Sufficiency Assessment.
- Interventions to improve school readiness should start much earlier during the antenatal period so greater engagement of maternity services is required.
- Not all children under the age of 5 are eligible for funded childcare. This means that many parents have to pay for childcare to enable them to gain or return to employment or not access employment until their child can access funded childcare. This is especially pertinent for children with SEND who are not entitled to additional top up funding to ensure they receive the intensive support they need; this can result in children being turned away from early years settings who do not have the ability to meet their needs.
- School Readiness targets have often been the responsibly of the Children and Families Department, however evidence suggests that a partnership approach is required, taking into consideration a holistic whole family approach focusing on a range of interdependent outcomes as evidenced in this JSNA chapter.
- Funding for children accessing early years provision who have SEND and especially those with complex medical needs, is insufficient. Funding from the Early Years Inclusion Fund and Disability Access Fund only provide minimal costs to contribute towards staffing, equipment and training. A longer-term solution is required in order to prevent children with complex needs being turned away from early years provision.
- Local Authorities have a statutory duty to allocate funding to PVI settings for the funded hours that a child is entitled to. This has created a challenge for parents who pay for additional hours in a childcare setting. For example, a 3-year-old who accesses 15 hours of funded childcare will be entitled to this funding supplement (often used to provide one to one support); however, this additional support is not available for the remainder of the week.
- The Disability Access Fund is only available for 3 and 4 year olds who claim Disability Living Allowance (DLA), however not all children who claim DLA access childcare provision. We also understand from the sector that some parents do not accept that their child may have an emerging need and refuse to seek medical advice from a GP or Paediatrician. These challenges have resulted in PVI settings not receiving funds to support the complex needs of a child. This resulted in an underspend of the Disability Access Fund whilst other funding streams were stretched.
- Early Years settings working with children who have complex medical needs require additional support from specialist services. Since September 2017, changes to NHS commissioning of specialist clinical services has meant that PVI settings are now

charged for medical training to support children who have clinical needs such as feeding, mobility and medication. In some cases, PVI settings have been unable to pay for these new charges which has resulted in some children being unable to access provision or they have been signposted to school early years settings who can access this training for free. Further work is taking place with CCG commissioners to explore solutions to enable PVI settings to access training to effectively support children with profound medical needs.

- The Local Authority now jointly commissions the British Red Cross to manage an Integrated Children's Equipment Store (ICELS). Since September 2018, early years funding from the council and the Early Years Inclusion Fund has been used temporarily to pay for equipment costs through ICELS. Only children eligible for funded early education or childcare are entitled to access this equipment, leaving a gap for children under the age of 3 who are not entitled to funded childcare.

9. Knowledge Gaps

Developing this JSNA chapter has highlighted a number of knowledge gaps that require some additional exploration.

- Further information is required from parents in localities where there is sufficient childcare provision but a reluctance for families to access the free childcare that they are entitled to.
- The number of teenage parents not in education, training and employment and the barriers that these young people face in accessing support and interventions including free childcare.
- The specific needs of Gypsy, Roma and Traveller Groups accessing early childhood services and childcare.
- The specific needs and views of refugees and asylum seekers with young children. Information is required to help engage these groups to access both universal and targeted services.
- The needs of families with young children where one or more parents has a disability.
- There is very little data regarding the specific local needs of families with young children living in insecure housing, emergency accommodation and those identified as homeless. This is not currently included in the Housing JSNA chapter.
- The needs of foster carers in relation to childcare and home learning are required to help prepare Looked After Children for school.
- Analysis of the early years foundation score results for Children in Need and those on Child Protection Plans has never been addressed. It is currently unclear how their experiences impact on their attainment at the Foundation stage.
- At present, data recording does not always highlight if parents and young children have English as an Additional Language (EAL). This is particularly the case within health services. Without this data, we are unable to understand the issues the families have when accessing services; and what their specific needs are re health, employment and early years. School attainment data categories are wider, however

it seems that some schools either use larger categories such as 'other than English' or 'believed other than English'.

- Local data on the number of young children affected by disability and complex health needs is limited and it is anticipated that this will be addressed in the new JSNA chapter focusing on children with Special Educational Needs and Disabilities.
- Knowledge of specific home learning interventions which will lead to improve outcomes is only available for a small number of programmes. There is a requirement to build in independent evaluation to local home learning initiatives, funding permitted.

What should we do next?

The recommendations and data gaps will be explored by the Healthy Child and Early Childhood Integrated Commissioning Group and the new Best Start Partnership Group which will be launched in 2020. Both groups will use the findings of the JSNA to influence its work programme.

Recommendations in terms of early years will be incorporated into a new Best Start Plan, bringing together interventions to improve the health, well-being and educational outcomes for children and families from preconception to age 5. The Best Start Plan will be the county's overall plan for families with preschool children which will bring together health plans and the Early Years Improvement Plan which currently focuses on attainment in the main. By extending the remit, it is anticipated that work to improve school readiness and attainment will start as early as possible.

Recommendations will also be used to influence the future commissioning and delivery of services for children under the age of 5 and their families including the Children's Centre Service.

10. Recommendations for Consideration by Commissioners

Priority	Recommendations	Suggested Lead
To ensure Children get the Best Start	• Develop a Best Start Strategy/Plan and a strategic partnership group to consider wider factors which contribute to school readiness from preconception to the age of 4. • Target resources to engage families earlier during the antenatal period and not wait for children to access early years provision.	Early Childhood Services, Nottinghamshire County Council (NCC). Public Health, NCC
Children achieve a Good Level of Development	• Raising the quality of early year's providers to ensure that all childcare settings are 'good' or 'outstanding' to enable poorer children to gain the best start in life. • Promotion, delivery and commission of evidence-based interventions only. • Implement and review the findings of the Best Start early years tracker tool to help early years providers to assess the developmental needs of children and enable commissioners to track progress and assess impact of services and interventions.	Early Childhood Services, NCC.

	• Explore increasing the moderation of assessments carried out by schools during the Early Years Foundation Stage as they do not reflect the progress children are making at age 2 - 2½.	
Children most at risk of poor educational outcomes have a good level of development and the attainment gap is narrowed	• Narrow the attainment gap for children eligible for Free School Meals and their peers, ensuring that progress is on par with statistical neighbours (measured by the Early Years Foundation Stage Profile). • Target wards across Nottinghamshire with higher proportions of children living in Poverty and low IDACI scores. • Additional work is required to engage low income families prior to the age of three and low-income families not accessing early education or childcare. • Increase the take up of funded early education for 2-year olds eligible for Free School Meals. • Work with early years providers to ensure there are sufficient high quality and sustainable places available in low income areas. • Target Children's Centre resources to target groups most at risk of poor attainment and development. • Undertake tracking of outcomes for children with SEND who have claimed supplementary funding (Disability Access Fund and Early Years Inclusion Fund). • Review specific needs of migrant families and refugees with young children. Information is required to help engage these groups to access early years and childcare provision.	Early Childhood Services, NCC
Highly Skilled Early Years Workforce	• Provide and evaluate high quality training and workforce development support to early years professionals across Nottinghamshire. • Links with Higher Education and Further Education organisations should be strengthened to improve promotion of accredited qualifications including teaching.	Early Childhood Services, NCC
Improve outcomes for Looked After Children and those known to Social Care	• Ensure early years is embedded in the work of the Virtual School to enable young children in Local Authority Care to succeed; and commissioners are able to assess the impact of additional Pupil Premium funding allocated to this group. • Ensure early years strategic leads work closely with the Virtual School to ensure that social workers, kinship and foster carers are aware of the importance of the quality of early years education. • Provide training and support to early years settings to enable them to be prepared for working with high-risk and potentially high-need groups, such as looked after children. • Undertake early years foundation stage data tracking and analysis for Children in Need and those on Child Protection Plans following the revision of the Deprivation Fund.	Early Childhood Services, NCC
Parents are engaged in their child's learning	• Continue the Home Talk intervention or similar evidence-based intervention to address and improve speech, language communication needs by working with parent and child in their own home.	Early Childhood Services, NCC

	• Promotion of the national Home Learning campaign 'Hungry Little Minds' (launched July 2019) • Consider the commissioning/delivery of a Home Learning resource co-produced with parents. • Ensure that home learning is promoted through all local online and social media opportunities. • Evaluate existing home learning interventions and launch the new home learning pathway.	
Parents are effectively supported to improve their wellbeing, parenting skills, and understand their child's development needs.	• Review the latest evidence base to identify which parenting programmes and family support interventions are most effective and evidence value for money, for delivery by the Children's Centre Service from 2020. • Continued evaluation of outcomes for parents and carers who have participated in a variety of evidence based programmes delivered by Children's Centre Services. Topics will include boundaries and behaviour, sleep routines, parental conflict etc. • Continued delivery and evaluation of 1-2-1 family support delivered by the Children's Centre Service, focusing on family routines, parental wellbeing, keeping children safe, emotional needs of children and home learning.	Early Childhood Services, NCC
Children's Centre Services are responsive to need and improve outcomes	• Review the impact of Children's Centre interventions and ensure that interventions are evidence based and evaluated. • Greater engagement of children most at risk of developmental delay and their families. • Greater focus on engaging families from the antenatal period until children reach the age of 3. • Ensure the Children's Centre Service once under the management of the Local Authority maintains strong links with Healthy Family Teams and Maternity Services.	Early Childhood Services, NCC
Improve outcomes for White British Boys	• Improve outcomes for White British boys by ensuring that the opportunities we are providing for boys in the Early Years Foundation Stage fully engage and support them in developing positive dispositions to learning. • Increase take up of childcare and early education opportunities for White British Boys as early as possible. • Provision of Forest School approaches should include a thorough evaluation on the impact for White British Boys, anecdotal information on the impact is insufficient and yet practitioners regularly share information about the successful engagement of boys in Forest School work.	Early Childhood Services, NCC

Improve communication and language skills	• Implement the recommendations highlighted from the Speech Language and Communication Needs Maturity Matrix assessment tool which include:
	  ○ Greater engagement with maternity services and specialist SLT services
	  ○ Greater ownership by CCGs
	  ○ Improve SLCN pathways to specialist SLT services.
	• Maintain effective speech and language support through the evaluated Home Talk programme (or similar), which
		Early Childhood Services, NCC & Public Health, NCC

	identifies and supports children with early speech and language delay. • Active promotion of the new national Hungry Little Minds home learning campaign which includes a focus on SLCN.	
Improve the emotional wellbeing and resilience of children	• Promote tools to foster emotional well-being from the earliest stages of life, enhancing resilience and the importance of relationships to help build solid foundations for overall health and well-being. • Implement the REAcH programme to ensure that parents have their needs addressed and the intergenerational cycle of disadvantage is broken through the Children's Centre Service and Healthy Family Teams.	Public Health, NCC
Improve outcomes for Children with SEND	• The significant increase in the number of young claimants of Disability Living Allowance will require a focus on this population to review access and take-up to inform plans to ensure sufficiency of appropriate provision. • Commissioners should work across County Council departments to help share findings from SEND assessments for children under the age of five; sharing key findings and learning which in turn will inform commissioning decisions and service planning. This will need to include the children that do not meet the thresholds for specialist support. • Review the use of the Early Years Inclusion Fund and the Disability Access Fund to ensure that children are effectively supported as part of their transition to school. • Greater promotion of childcare provision to families with children with SEND and increased promotion of funding supplements to early years settings.	Early Childhood Services, NCC
Developmental Delays are identified and supported early	• Embed and review the findings of the 2-year integrated review and the impact for children accessing early years settings; and compare progress against statistical neighbours.	Public Health, NCC
Improve outcomes for children with English as an Additional Language (EAL)	• Explore the specific childcare and health needs of families with English as an Additional Language (including refugees and asylum seekers). • Encourage schools and health services to report both ethnic origin and English as an additional language using ONS codes to enable improved monitoring and analysis.	Early Childhood Services, NCC
Ensure sufficient high-quality childcare provision is available	Nottinghamshire needs to have robust data about both supply and demand for childcare, it is recommended the local authority evaluates progress of new data collection and monitoring procedures to ensure it supports their market management role and sufficiency duties. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	Early Childhood Services, NCC
Reduce financial barriers	Work should be undertaken with key stakeholders to ensure partners and staff are aware of what support for the costs of	Early Childhood Services, NCC

preventing access to childcare	childcare is available, and how the free entitlement can be used, and disseminate that information to their client groups. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	
Offer flexible childcare provision and provide additional childcare during school holidays and increased wrap around care	• Explore flexible delivery models as a matter of urgency; and consider how these models of working can be applied across different types of provision for all age ranges of children. • The Childcare Sufficiency Assessment identified demand for provision in school holidays and an unmet for after school and before school provision. Work should be undertaken with key stakeholders to identify options for additional childcare and wrap around provision, ensuring all available provision is recognised and promoted through the local authority's information duty, delivered by the Families Information Service. *Refer to the Nottinghamshire Childcare Sufficiency Assessment.*	Early Childhood Services, NCC
Ensure teenage parents are effectively engaged and supported	• Improve uptake of Care to Learn Grant for teenage parents • Gain a better understanding of which services teenage parents' access and gain a better understanding of the local barriers for young people in accessing the Children's Centre Service and childcare.	Public Health and Early Childhood Services, NCC
Consider ceasing the commissioning /delivery of some interventions with no evidence base	Review the interventions provided locally that do not have a clear evidence base, or evaluation and performance does do not evidence impact. Commissioners and service providers should not prioritise these interventions where budgets are restricted. This could include baby massage which parents enjoy. However, it must also be acknowledged that evidence of effectiveness is not a replacement for ongoing evaluation: The fact that an intervention has evidence from a rigorous evaluation conducted at one time and place does not mean that it will be effective again. The evidence described in this chapter is therefore not a replacement for good monitoring and evaluation systems as interventions are set up and delivered.	Public Health and Early Childhood Services, NCC
Provision of behavioural sleep training	Continue to provide behavioural sleep training through the Children's Centre Service and provide information through Healthy Family Teams during the antenatal and postnatal stage.	Public Health and Early Childhood Services, NCC
Increase the use of social media and web-based resources	Consider increasing and improving information and support available for parents and expectant parents including activities to promote positive home learning environments and parenting support such as 'Triple P Online'.	Early Childhood Services, NCC

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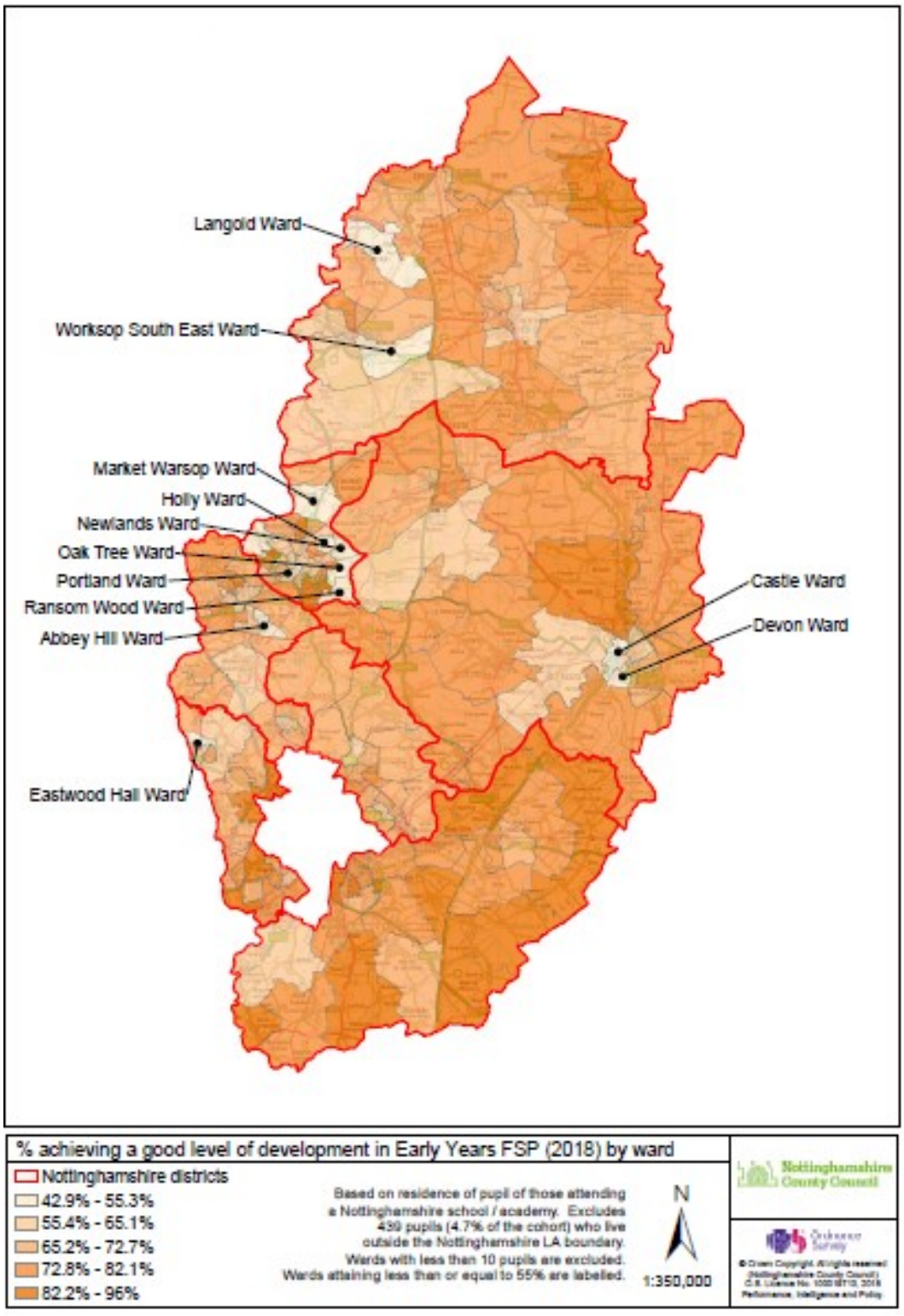
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Appendix 1: Early Years Foundation Stage Profile by ward 2018



Appendix 2: Evidence Based Interventions to improve children's development

Preparation for Birth and Beyond

This 4 week antenatal parenting programme is aimed at women and birthing partners from 28 weeks gestation. The University of Warwick (Schrader McMillan et al. 2009) undertook a review of the research that has so far been carried out into the effectiveness of antenatal education. While this remains an under-researched area, and while the evidence on what works is limited, the review highlighted the following:

- Antenatal education has a role to play in improving knowledge of and preparation for parenthood.
- Participation in antenatal preparation courses is associated with higher satisfaction with the birth experience.
- Antenatal preparation courses can lead mothers and fathers to adopt a range of healthy behaviours that affect pregnancy, birth and early parenthood (as well as their own health), such as eating more healthily, cutting down or stopping smoking and taking more exercise.
- Group-based antenatal programmes that include topics on couple relationships, co-parenting, gender issues and father involvement, parenting skills, bonding and attachment, and problem-solving skills are associated with improved maternal well-being and with an increase in the confidence and satisfaction of both parents with the couple and the mother–infant/ father–infant relationships.
- Group-based programmes have high levels of consumer satisfaction, partly because they offer parents the opportunity to develop supportive social networks with their peers.
- As part of antenatal preparation for parenthood courses, group-based social support can be effective in supporting women with low-level symptoms of depression and anxiety.
- There is also some good evidence that focused and participative antenatal education can help to manage and reduce maternal anxiety and depression during pregnancy and early childhood, leading to improved coping, greater partner support and a better birth experience.
- Interactive antenatal group work on breastfeeding – covering such issues as positioning, attachment and the prevention of nipple trauma, and involving breastfeeding peer supporters as volunteers – is effective in supporting the initiation and continuation of breastfeeding.

More information is available at
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215386/dh_134728.pdf

Baby Massage

Infant massage has some evidence of improving physical outcomes in low-birthweight babies, as well as decreasing parental stress and increasing sensitivity. It is important to note, however, that these benefits have not been replicated when offered universally to mothers with healthy, normal-weight infants (EIF 2018).

Interventions based on baby massage focus directly on parents and have had beneficial results in both parents (Underdown 2009). The first Randomised Control Trial to test the efficacy of baby massage (five x75minutes sessions) in the treatment of Post Natal Depression found significantly lower depression scores in the baby massage group and overall improved quality mother-baby relationships compared with controls (Onozawa et al

2001). These preliminary findings are promising, though the study reported high dropout rate and did not measure long-term outcomes.

Massage gives parents the opportunity for positive touch which helps with bonding and attachment and building those early relationships. Massage also encourages early communication from parents towards their babies through using nursery rhymes during massage. Baby massage is something parents do 'with' their babies, not 'to' their babies which encourages parental awareness of their baby's responses and needs. Baby massage is a powerful form of communication that can strengthen the emotional bond between parent and child.

However, it has also been reported that the evidence to date suggests that while the practice of infant massage is popular and is likely not to be harmful, there is no conclusive evidence to suggest that it provides lasting benefits for low or high risk mothers and their infants, including mothers who are feeling depressed. *"If the activity is safe, relatively inexpensive and commissioned primarily because local families want and enjoy it — than there is likely no harm in making it available to parents and children, or for communities to commission it for themselves. However, if the activity is being offered to improve outcomes that it has little evidence of achieving – then commissioners should think twice about why and for whom they are commissioning it, particularly when resources are very tight"* (Asmussen 2015).

Incredible Years Toddler

The Incredible Years (IY) Toddler programme is for parents (typically living in disadvantaged communities) with a child between the ages of two and three. Parents attend 14 weekly group sessions where they learn strategies for responding sensitively to their child and discouraging unwanted behaviour. Two facilitators lead parents in weekly two-hour group discussions of mediated video vignettes, problem-solving exercises and structured practice activities addressing parents' personal goals.

According to the best available evidence for this programme's impact, it can improve children's behaviour. https://guidebook.eif.org.uk/programme/incredible-years-toddler

Incredible Years Preschool

The Incredible Years (IY) Preschool basic programme is for parents with concerns about the behaviour of a child between the ages of three and six.

Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting positively with their child and discouraging unwanted behaviour. Two facilitators lead parents in weekly two-hour group discussions of mediated video vignettes, problem-solving exercises and structured practice activities addressing parents' personal goals.

The Advanced add-on to Incredible Years Preschool includes a component that seeks to improve children's outcomes by improving the quality of interparental relationships.

- The Incredible Years model assumes that some parenting behaviours inadvertently encourage unwanted child behaviour.
- Parents will learn more effective strategies for dealing with unwanted child behaviour when they have opportunities to practise and perceive themselves as effective in using them.
- Effective parenting strategies help the child learn how to better manage his or her emotions and behaviour.
- In the longer term, the child will get along better with others and there will be a reduced likelihood of antisocial or criminal behaviour.

Incredible Years Preschool has evidence of a long-term positive impact on child outcomes through multiple rigorous evaluations. The programme has been found to improve a range of outcomes. https://guidebook.eif.org.uk/programme/incredible-years-preschool#about-the-evidence

One study found that the programme improved children's behaviour, reduced symptoms of depression, reduced levels of stress, reduced critical parenting and increased positive parenting (Hutchings et al 2007).

Two further studies identified that the programme improved reading, improved behaviour on all measures, less defiant behaviour, reduced inappropriate commands and warmer expressed emotion (Scott et al 2001; Scott et al 2014).

A further study identified that the programme improved behaviour on all measures, increased sense of competence, increased positive parenting strategies and decreased negative parenting strategies (Gardner et al 2006).

Triple P (Positive Parenting Programme)

Triple P aims to enhance parental knowledge and resourcefulness, promoting nurturing, low conflict environments for children, and promoting children's social, emotional and intellectual competencies through positive parenting practices. The framework is developmentally sensitive and offers flexible delivery (Sanders et al 2000).

Level 4 Standard Triple P is for parents, with a child aged 0 to 12 years, who have concerns about their child's behaviour. Parents attend 10 one-to-one weekly sessions with an individual therapist lasting approximately one hour. The sessions are provided by a practitioner trained and accredited in Triple P. Practitioners also receive ongoing supervision. Parents learn 17 different strategies for supporting their children's competencies and discouraging unwanted child behaviour through role play, homework exercises and discussions involving video-taped examples of effective parenting.

This programme has been found to improve all outcomes in relation to improved behaviour for children (Sanders et al 2000, Bor et al 2002, Sanders et al 2007). https://guidebook.eif.org.uk/programme/triple-p-standard-level-4

Triple P Online is a web-based parenting intervention. The programme can be used as an early intervention strategy or as a more intensive programme for parents with children up to 12 years with significant social, emotional or behavioural problems.

Parents are given access to a website which enables them to work through modules sequentially. It is the equivalent of Level 4 Standard Triple P, which is the face-to-face version of the programme. The online programme is designed to reach parents who prefer to complete a parenting programme online because, for example, they are they are too busy, hesitant or unable to access a programme in-person. A practitioner can provide support alongside the self-directed online programme. It includes 8 modules which focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans.

According to the best available evidence this programme has been found to improve children's behaviour and difficulties including emotional health, hyperactivity/inattention, restlessness/impulsivity, conduct, social functioning, defiance /aggression (Early Intervention Foundation https://guidebook.eif.org.uk/programme/triple-p-online#about-the-evidence).

Enhanced Triple P (Level 5) provides adjunctive interventions (alongside a Level 4 Triple P programme) to address family factors that may impact upon and complicate the task of parenting, such as parental mood and partner conflict.

The programme aims to achieve positive outcomes for both parents and children. With regards to parents, Enhanced Triple P aims to: increase parents' competence in managing common behaviour problems and developmental issues; reduce parents' use of coercive and punitive methods of disciplining children; improve parents' personal coping skills and reduce stress; improve parents' communication about parenting issues and help parents support one another in their parenting role; and develop parents' independent problem-solving skills.

According to the best available evidence this programme has been found to improve children's behaviour (Early Intervention Foundation https://guidebook.eif.org.uk/public/files/pdfs/programmes-triple-p-enhanced.pdf)

The Solihull Approach Parenting Group

The UK-based Solihull Approach focuses on developing the skills of community health workers to support the parent-baby relationship. The main aim is to promote a collaborative relationship between practitioners and parents to encourage parents to develop sensitive and attuned parenting.

Solihull Approach is a 10 week parenting group for parents with children from universal to complex needs and aged 0-18 years. It is based on the Solihull Approach model of containment, reciprocity and behaviour management and uses social learning theory in the design of the parenting programme. It is delivered by two trained professionals from a wide range of professions and agencies through joint working and following a resource manual for parents with children.

Bateson et al evaluated the approach in 2008. Data was analysed on 72 pre and post measurements using three questionnaires. The Becks Anxiety Inventory for Adults (BAI), the Strengths and Difficulties Questionnaire and Child Behaviour Checklist. Results showed attendance of the Solihull Approach Parenting Group was associated with decreased externalising child behaviour (i.e. aggression, defiance) over the age of two years and a decrease in parental anxiety. In addition there was a relationship between parental anxiety and the changes in child internalising behaviour. The 22% drop out rate of parents attending the Solihull Approach Parenting Groups compares favourably with the national average of 40 per cent.

Solihull Approach course for foster carers: understanding your foster child's behaviour - Many young people in care have experienced trauma. The emotional and behavioural issues that often ensue, along with foster carers' varying levels of confidence and skills, are cited as the main reasons for placement disruption. Placement breakdown can represent a further trauma for young people and is also highly costly for local authorities. The need for interventions to develop foster carers' competence and confidence in understanding and managing foster children's behaviour is therefore significant. The Solihull Approach (SA) promotes the parent and child relationship by emphasising the need for emotional containment and a reciprocal relationship so as to form a framework for thinking about, understanding and effectively managing behaviour. The 'Solihull Approach course for foster carers: understanding your foster child's behaviour' is a 12-week programme tailored to the demands of this task (Madigan et al 2017).

In the reported study 83 participants completed evaluation forms. A thematic analysis of their replies revealed that the most important things learned were: taking a step back; understanding the effects of trauma; reciprocity; communication and play; containment (of my child); understanding my child; and the ability to offload when full up. The course helped participants to better understand their foster child by clarifying the nature of the relationship and their role, understanding the impact of the child's early experiences and appreciating that she or he is not to blame. Participants took from the course: increased understanding; being part of the group; staying calm and thinking before they act; feeling more confident; and looking after themselves and seeking containment. Pre- and post-Child Behaviour Checklist questionnaires were collected from 34 carers with children in the six to 18 age group and 13 looking after children aged one-and-a-half to five years. The identified qualitative themes suggest that the aims of the training are being met. There was a strong overall sense that foster carers found the course helpful and informative, suggesting that it could represent a valuable intervention for promoting placement security (Madigan et al 2017).

Despite some positive evidence, the Early Intervention Foundation found that the Solihull Approach has preliminary evidence of preventing crime, violence and antisocial behaviour, but they could not be confident that the programme caused the improvement. However evidence lacks rigour as a RCT has not been carried out. The Solihull Approach (Understanding Your Child's Behaviour) | EIF Guidebook

123 Magic

1-2-3 Magic is a behavioural management programme for parents and other carers of young children aged 2-12, including teachers and family support workers. This group-based parenting programme explores parent-child relationships and child behaviour including sibling rivalry, conflict and tantrums. The sessions also promote self-preservation, reminding parents that taking care of themselves and their needs are important too.

This programme also supports families with children who have a diagnosis or are undergoing assessment with a consultant paediatrician for Autistic Spectrum Disorder (ASD) which includes Attention Deficit Hyperactivity Disorder (ADHD) Attention Deficit Disorder (ADD) or higher functioning autism or a learning disability.

There is a plethora of evidence from across the world for the successful outcomes of this specific parenting programme. Many institutions have conducted their own audits to evaluate outcomes and there have also been randomised controlled trials published.

A study that randomised parents to control group or brief psychosocial intervention group using the video '1-2-3 Magic' to reduce parent-child conflict found a reduction in child problem behaviour in the intervention group (Bradley et al 20013).

Bloomfield and Kendall (2010) evaluated the effectiveness of '123 Magic' by measuring whether parenting self-efficacy increases after attending a programme. 74 parents took part in the study over 16 '123 Magic' parenting programmes. Parents completed the TOPSE evaluation tool as a pre- and post-course measure of parenting self-efficacy. Scores increased at the end of the parenting programmes for all scales, which suggests that '123 Magic' is an effective parenting programme to increase parenting self-efficacy over the period of the programme. This increase in self-efficacy is important in itself as studies have shown that parents who are more confident in their ability to parent are more likely to be competent to nurture and develop their children into healthy and confident young adults (Jones et al 2005).

Theraplay

Theraplay is a child and family therapy for building and enhancing attachment, self-esteem and trust in others. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. Theraplay sessions aim to create an active, emotional connection between the child and parent or caregiver, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

Research suggests that Theraplay has clinical validity and is an effective intervention for children. Morgan (1989) found that after receiving Theraplay, two thirds of the study's subjects had increased in measures of self-esteem, self-control and self-confidence, as evaluated by parents, teachers, observers and the therapist. Munns et al, (1997) demonstrated decreased aggression for children receiving Theraplay. Zanetti et al (2000) used Theraplay activities to reduce children's negative behaviours. Siu (2009) identified that Theraplay was effective in showing positive improvements for children who are at risk of internalising problems. Siu also found that Theraplay can also enhance mother-child relationships, as it gives more opportunities for interaction through fun and playful activities.

Tucker et al 2017) evaluated 'Sunshine Circles' which is a teacher-led group process using social-relationship principles from Theraplay. This study, conducted across 6 preschool sites in the Midwestern United States, was the first to examine empirical outcomes against a control group for this program. Students in these teacher-led, play-based groups improved significantly compared with controls in social-emotional skills, behavioral regulation, problem-solving, and fine motor control. Specific improvements occurred in domains of managing feelings, cooperation, accepting limits, peer interactions and friendships, and solving social problems. Furthermore, structured teacher observation measurements yielded data indicating improvement in teacher classroom performance. Interviews with teachers confirmed that the intervention subjectively increased classroom cohesion, improved teacher–student relationships, and improved overall classroom behaviour.

EPEC – Empowering Parents, Empowering Communities Parenting Programme

Empowering Parents, Empowering Communities (EPEC) is for disadvantaged families experiencing behavioural difficulties with a child between the ages of 0-16.

Parents attend eight weekly two-hour sessions facilitated by pairs of trained and supervised peer facilitators. During these sessions, parents learn strategies for improving the quality of their interactions with their child, reducing negative child behaviour and increasing their efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, and role play and homework assignments.

It is a community-based program training local parents to run parenting groups (in pairs) through early years and parenting focused services. Parent facilitators trained to work in the EPEC program are supported and supervised by a specially trained practitioner within a local community organisation.

EPEC offers the following parenting programmes:

- Being a Parent, for parents of children age 2-11 years.
- Baby and Us, for parents of babies aged 0-1 year.

- Living with Teenagers, for parent of adolescents aged 12-16 years.

There are also a range of specialist EPEC programmes for parents with children with Attention Deficit Hyperactivity Disorder, for parents with children with Autism Spectrum Disorder, and for families living in homeless accommodation.

EPEC has been rigorously evaluated in research trials and routine practice. These show that EPEC improves children's social, emotional and behavioural development, parenting, parents' wellbeing, confidence and resilience. For example, a randomised control trial *(Day et al., 2012a)* shows that EPEC results in significantly better outcomes for:

- Child behaviour problems
- Positive parenting behaviour
- Parenting concerns
- Parents' improved understanding, confidence and skills in parenting

Research also found positive outcomes for parent facilitators Over 90% of parents completing EPEC rate group leader competence, knowledge and motivational skills very highly (Day et al., 2012a; Day et al, 2017), and it significantly increases their parenting knowledge and facilitation skills (Day et al., 2012a).

EPEC has been independently rated by the Early Intervention Foundation in the UK and the Australian Institute of Family Studies as an effective, low cost parenting programme. The Early Intervention Foundation reviewed research from the RCT carried out by Day et al (2012) and identified that the programme improved child behaviour and improved parenting. The Foundation recommend this programme because it is low cost, its rigorous evidence base and high retention rate for parents. Additional research is available both from the UK and Australia.

Developed and tested by the UK Centre for Parent and Child Support, EPEC encompasses the best of current theoretical and practical knowledge and provides an alternative model to practitioner-led parenting interventions. The basic course for all parents with children aged 2-12 is "Being a Parent", with 8 x 2.5 hour sessions delivered according to a structured manual which employs attachment, social learning, structural, relational and cognitive behavioural theory. Childcare is provided for children up to age 5. After completing the basic course, parents who are interested (about one fifth in recent trials) can continue to become parent facilitators through a ten day course.

A UK randomised control trial found that EPEC significantly reduced children's behavioural problems, and improved the competencies of parents in a population that was considered to be disengaged from services. This trial and other UK research has shown peer-led parenting training groups have a much higher retention rate than conventional parenting group formats for disengaged parents.

Nottinghamshire Children's Centre Sleep Tight programme

Sleep Tight is a behavioural sleep programme, focused on child sleep problems and family wellbeing, delivered by Family Support Workers (FSWs) in Nottinghamshire's Children's Centres. A research study was undertaken with Nottingham University, to explore the impact of the programme; this was published in the Journal of Health Visiting (Turner et al 2016) and is detailed in the 'Evidence of What Works' section of this |JSNA chapter. A service evaluation of 40 families with a child aged 0–12 years was completed. A before and after within-subjects design was used and outcomes assessed using the Sleep Disturbance Index (Quine, 1991). Evidence of a statistical effect was found for settling, night waking, sleeping in parents' bed, and parents up at night. On average, children had 2.5 hours more

sleep per night after the intervention. Parents reported changes in family life and child's daytime behaviour. The findings support the use of Sleep Tight as an effective, time-limited behavioural sleep programme.

Best Start at Home

Below are two examples cited from within the Early Intervention Foundation's Literature Review 'Best Start at Home' which demonstrate effective evidence-based UK interventions designed to improve and encourage school readiness, from conception to age 5 years.

https://www.eif.org.uk/report/the-best-start-at-home.

PALS (Playing and Learning Strategies)

PALS is based on responsiveness, that is, responsive parenting will in turn encourage children to communicate their needs and to engage in learning activities. PALS is a universal home-visiting intervention that promotes responsive parenting in order to support children's social-emotional, cognitive and language development. Home visits are a 1.5hrs once a week, for a period of three months (a total of 10 visits). Providers demonstrated developmentally appropriate activities to parents and educational videos are also used to encourage reflection and planning. The intervention is aimed at families with low socio-economic background and/or where other risks are present.

There are two versions of PALS. PALS I is for parents of children aged 6-8months and PALS II is for parents with children aged 24-28 months. PALS I and PALS II have been evaluated via RCT's. (Landry et al., 2006, 2008).

PALS I had a significant positive effect on contingent responsiveness, levels of warm sensitivity, verbal scaffolding, labelling of objects, levels of labelling actions, infant use of words and infant social cooperation. PALS II had a significant effect on parent verbal encouragement, infant's cooperation, social engagement, infant's use of words and vocabulary. The results suggest that there is a causal link between responsiveness and infant development. That is, overall PALS attendance significantly increases and encourages maternal warmth, with responsiveness leading to greater growth in infants' social, emotional communication and cognitive competence, when compared to a control group. The best available evidence for this programme relates to implementation through Home visiting. https://guidebook.eif.org.uk/public/files/pdfs/programmes-play-and-learning-strategies.pdf

Reach Out and Read

Reach Out and Read is an intervention aimed at low income families with children aged 6 months to 5 years old. The intervention is delivered during children's check-ups. The intervention encourages parents to read with their child for 10 minutes a day, by giving them a signed prescription to do so. Parents are modelled how to appropriately read with their child and aims to give each child 10 books for home use, before they begin school.

Randomised controlled trials (High et al, 2000 and Jones et al, 2000) and quasi-experiments (Sharif et al., 2002; High et al, 1998; Sanders, et al., 2000; Mendelsohn et al., 2001) have revealed that Reach Out and Read positively impacts aspects of children's language/ communication (including receptive and expressive vocabulary) and/or parent literacy behaviours with their child (including home literacy orientation and parent-child reading).

Early Talk Boost

Early Talk Boost (ETB) is an intervention for children with delayed language. It is a targeted programme for children between the ages of 3 and 4. It is delivered in children's centres or other early years settings by early years practitioners, and aims to improve children's core language skills, as well as academic attainment and social/emotional difficulties in the longer term.

Children taking part in the programme have all been identified by early years practitioners as having delayed language (developing in the same way as typically developing children, though slower). The children do not have an identified special educational need. This may include children with English as an additional language.

Early Talk Boost group sessions are designed to replace or complement circle or group times. The child-focused component of Early Talk Boost is delivered in three sessions (up to 15–20 minutes each) per week for nine weeks, by one early years practitioner to groups of children. There is also a home-based component, for each child, which involves using the Early Talk Boost story books at least once a week for up to 20 minutes. Finally, there is also a parent component for each parent or carer, which is delivered in a one-off workshop lasting one hour.

The Early Intervention Foundation reviewed the evidence for Early Talk Boost and Early identified preliminary evidence of improving auditory language skills and improved expressive language outcomes, but they could not be confident that the programme caused the improvement. Early Talk Boost's most rigorous evidence comes from an RCT which was conducted in the UK. This study identified statistically significant positive impact on a number of child outcomes (Reeves et al 2018).

https://guidebook.eif.org.uk/programme/early-talk-boost#about-the-programme

Bookstart

Bookstart Plus is a good example of a book-sharing initiative. It is an intervention for families with children aged two years to improve children's language and communication skills, and encourage positive parent-child interactions. On a standard visit, trained Health Visitors provide a pack of books and associated reading materials in a bag. To encourage parents to share books, stories and rhymes with their two-year-old child, they discuss and demonstrate the pack.

There are many evaluations of Bookstart, the majority of which are qualitative or focus on outcomes such as parental awareness, parental attitudes, and library membership, increased reading with children, increased book ownership. A study of Bookstart Plus with 462 families in Northern Ireland is typical in the sense that it did not measure the impact on child outcomes, but it is unusual in its use of an RCT design, showing an improvement in parents' attitudes to reading and books.

There are also three (retrospective) QED studies of Bookstart (Regular) with quantitative outcomes (Wade and Moore, 1998, 2000; Collins et al., 2005), although only the first of these tested the statistical significance of difference between intervention and comparison groups. It found that Bookstart children significantly outscored the comparison group at 5 and 7 years of age on teacher assessments of English, Maths and Science scores, and also on a range of SATS test elements, including a reading task, reading comprehension, writing,

spelling and maths test. Meanwhile, an RCT of Let's Read in Australia involving 552 families from relatively disadvantaged communities, 324 of whom received the intervention, found no evidence of effectiveness in terms of vocabulary and limited evidence of effectiveness for phonological awareness (Goldfeld et al., 2011).

Bookstart Corner

Bookstart Corner is a programme to improve children's language and communication skills by encouraging parents and children to read together. It is designed for children aged 12-24 months from socially disadvantaged backgrounds. Families attend four group-based sessions in the local children's centre where parents are offered intensive support to read with their children for pleasure and with confidence. They are given specifically-developed resources such as a rhyme sheet, some picture books with information sheets, a DVD for parents about sharing stories, a puppet, pad and crayons. The intervention is run by Booktrust, who provide specially trained practitioners.

A non-controlled pre-post evaluation (Demack et al., 2013) with 65 pre-post responses from parents and practitioners was conducted in England. Significant gains were noted for parental encouragement/interaction, parent confidence and enjoyment, child engagement and enjoyment, and child interest. In addition, parent and practitioner responses indicated that subsequent to the Bookstart Corner sessions, parents were more likely to participate in local services such as the library, the Children's Centre (for boys) and the Bookstart Bear Club and rhyme/story time at either a Children's Centre or library. The intervention offers preliminary evidence that it can increase parental engagement.

More information is available at https://www.booktrust.org.uk

Kaleidoscope Play and Learn,

Parents and caregivers (including grandparents, aunts, uncles, older brothers and sisters, good family friends) are taught about child development, skills that children need when they start school, and activities that they can do at home to support child's learning (including pre-literacy development) and turn everyday activities into learning opportunities. The programme also seeks to build supportive social networks. The programme is delivered in community settings (e.g. children's centre, school) to groups of 12-15 families who meet weekly for 90 minutes over the course of a year.

Kaleidoscope Play and Learn, there is formative evidence only from a pre-post evaluation involving 61 caregiver-child pairs from 20 centres. The results were mixed but the study found an improvement in aspects of child social- emotional and preliterate development, and a marginally significant increase in caregiver-child interaction (Organizational Research Services 2012).

The Parents Early Education Partnership (PEEP)

PEEP is a UK developed universal group-based intervention aimed at promoting children's learning. It primarily works with parents who have children up to the age of 5, living in disadvantaged areas. The intervention focuses upon age appropriate activities and practices that enhance children's self-esteem, attitudes to learning and their physical and cognitive (language, literacy and numeracy) development.

Evangelou and Sylva (2003) compared 156 families in Oxford who received PEEP for 3-4 year olds, with 86 families (with similar characteristics) who no access to the intervention. Participants who participated in the intervention were significantly more likely to progress in

verbal comprehension, vocabulary, concepts about print, early number concepts and self-esteem relating to cognitive and physical competence.

Similarly, Evangelou et al, (2005) compared 301 families who received PEEP and 303 families who did not receive PEEP. The results revealed that between the ages of 2 and 4, PEEP attendees progressed significantly greater on measures of vocabulary, phonological awareness of rhyme, phonological awareness of alliteration and understanding about books and print. Likewise Between the ages of two and five years they made greater progress in vocabulary, total phonological awareness, letter identification, and understanding about books and print, which are indicative of future literacy success.

Results from these RCTs also suggests that PEEP not only has a positive effect on children but parent also. Parents who attended PEEP significantly changed their view on the importance of parent-child-interaction. Similarly, PEEP parents also scored significantly higher in the quality of their care-giving environment.

EasyPeasy

EasyPeasy is a universal programme for families with children aged between 2 and 5 years old. It is delivered via home visits and in children's centres or primary schools for a 20 week period. The programme aims to improve mental health and wellbeing, school achievement and physical health. Easy Peasy is partially delivered digitally via videos and text messages, which provide activities, tips and advice for parents in bitesize chunks of information. To accompany the videos there is an online forum which practitioners can use to share information and advice directly with parents. There are a total of 65 games which relate to a specific domain.

EasyPeasy's most rigorous evidence comes from two Randomised Controlled Trials which were conducted in the UK. One study identified statistically significant positive impacts on a number of child and parent outcomes stating that the programme had a statistically significant positive impact on a number of child and parent outcomes, including child cognitive self-regulation and behaviour, and improved parenting self-efficacy; however the conclusions drawn from the trail are limited because of the small sample size and attrition (Jelley, F et al 2016). The second study identified that there is statistically significant positive impact on a number of child and parent outcomes, including child self-regulation and behaviour and parental self-efficacy. The conclusions that can be drawn from this study are limited by methodological issues pertaining to clustering not being taken into account in the analysis (Sylva et al 2018).

The evidence base has been reviewed by the Early Intervention Foundation and is available to download from their website. https://guidebook.eif.org.uk/programme/easypeasy. Further information about the programme is available at https://www.easypeasyapp.com/

Let's Play in Tandem

Let's Play in Tandem is a school-readiness programme aimed at parents and their children aged 3 years old, from socio-economically deprived areas. The aim of this intervention is to improve school readiness for children based on their cognitive development and cognitive self-regulation.

The programme is run for a period of 12 months and usually delivered via children's centres, however a worker will also visit the family home each week for a period of 90-120 minutes. Three activities are provided to develop early reading and numeracy skills, and to promote

vocabulary and general knowledge – activities are designed to promote positive verbal parent-child interaction to allow parents to prompt, instruct and encourage their children.

Let's Play in Tandem has been found to be significantly effective in the UK, as children were found to be significantly better on knowledge, pre-reading and numeracy skills, when compared to a control group (Ford et al, 2009). The effects of the intervention were present four months after the intervention took place, as children who attended this intervention were significantly better on scores of listening and communication, responding to stimuli, writing, mathematics, personal and social skills, and inhibitory control, when compared to a control group.

Making it REAL (Raising Early Achievement in Literacy)

Making it REAL is an intervention aimed at 2 – 5 year olds, to improve their literacy skills as a family. Making it REAL is an evidence-based intervention based on the ORIM framework, that is: Opportunities for literacy, Recognition of children's literacy development, Interaction around literacy and Models of literacy users. Making it REAL works with parents to support their children's home learning environment, access to books and early writing and oral skills/development. Making it REAL, via the NCB Early Childhood Unit, train and support local authorities and their professionals (via support packages and Hub events), so they can effectively work with parent to support the home learning environment to ultimately improve children's literacy development (during home-visits).

Rix, Lea and Graham, (2016) have evaluated the Making it REAL (Year 3) intervention on the interventions effectiveness of producing positive outcomes for both parents and children. Data was collected from service users, service providers and a plethora of stakeholders, via both quantitative and qualitative methods. Overall, the findings suggests that Making it REAL had a positive impact on both parents and children. More specifically, the evaluation found when comparing rates of book sharing, at the start and end of the intervention, that the frequency of book sharing between parents/carers and children was significantly increased. Similarly, there was a significantly positive impact in the frequency with which children engaged with environmental print and mark making, and song singing and rhymes. Children's language and communication skills improved as a result of this intervention. Furthermore, Making it REAL was also found that parents were more confident and knowledgeable in how to best support their children's literacy development. It is also important to note that this intervention is highly influential as the participants in this research were inclusive of children with SEND and EAL.

Making it REAL year 1 and year 2 evaluations also found similarly positive results regarding the impact and effectiveness of the intervention, in producing positive outcomes for parents and children (Graham et al 2014 and Lea et al 2015).

Parental Engagement Network (PEN) Home Learning Project

The PEN Home Learning Project is for children in nursery or reception and is designed to work with parents, particularly from disadvantaged backgrounds, to help them support their child's learning and to build positive relationships with other parents and teachers. The PEN Home learning project provides workshops and activities for families which help support early literacy and language skills. Videos are also provided to parents which demonstrate positive parenting techniques to encourage learning.

This intervention has been evaluated using a RCT, which demonstrates the effectiveness of the PEN Home Learning Project in producing positive outcomes for parents and therefore

their children (Jelley & Sylva, 2017).18 schools, with a combined total of 167 families were involved in the research. The intervention was delivered in schools by trained professionals and consisted of 2 – 4 workshops per school term. Workshops also provided activities and a 'play club bag' which could be used at home to help improve their child's achievement in the foundation stage curriculum. The RCT found that compared to those who did not attend the PEN Home Learning Project, intervention attendees scored significantly better on measures of Home Learning Environment. That is, compared to a control group, parents who attended the intervention demonstrated a greater supportive home environment, as a result of attending the PEN Home Learning Project.

ParentChild+

Twice weekly home visits (a total of 92, half-an-hour visits), were used to model positive-parent interactions with the aim of improving the home learning environment also. This intervention was found to positively enhance school achievement by improving cognitive ability, child language/literacy skills and the socio-emotional competence of children.

Madden et al, (1984) have performed a randomised controlled trial to evidence the impact of ParentChild+. The study involved 55 families with children between 21 and 33 months old, where families were receiving housing benefits. ParentChild+ was found to significantly improve children's cognitive ability and intelligence.

https://guidebook.eif.org.uk/programme/parentchildplus

ELKLAN Talking Matters Programme

Talking Matters is a training programme aimed at staff who work with pre-school children in early years settings. Talking Matters aims to facilitate knowledge of and skills in supporting children's speech, language and communication and therefore improve outcomes in children's speech, language and communication. The training is delivered to either Key Communication Practitioners (KCPs) or Lead Communication Practitioners (LCPs). KCPs and LCPs cascade their training to all the staff they work with in a setting and therefore aim to develop the knowledge and skills of a wider range of staff across early years settings.

An independent evaluation of the Talking Matters programme was carried out in 2017 and involved 400 trained practitioners. The overall aim of the evaluation was to determine the impact of the Talking Matters programme on the receptive and expressive language abilities of young pre-school children. Evaluation shows that children in early years settings who received the programme made more progress in their receptive and expressive language abilities when compared to children in settings who did not receive the programme. Settings receiving the KCP programme made more progress than those receiving the LCP programme. Although the progress in language abilities is modest, they are identifiable when compared to a control group. Statistical analysis showed that although the progress in the KCP and LCP groups was not significant for receptive and expressive language, it was significant for the total language raw score. When the KCP and LCP groups were combined, the progress in this combined intervention group approached statistical significance for receptive and expressive language whereas it did not in the control group. On the total language raw score, the increase in the combined intervention group was significant whereas it was not in the control group (Clegg & Rohde 2017).

The independent evaluation shows that the Talking Matters programme does make a positive impact on the receptive and expressive language abilities of young children across a range of early years settings. The findings indicate that the KCP model of delivery may be

more effective than the LCP model of delivery. The Talking Matters programme makes a statistically significant impact on practitioners' knowledge of and confidence in supporting children's speech, language and communication (Clegg & Rohde 2017).

Home Talk

The Children's Centre Service in Nottinghamshire provides the Home Talk programme which aims to improve speech, language and communication. This was developed by Speech and Language Therapists within the service and is delivered by trained 'Home Talk' workers who provide support to parents and children in their own homes through 6 hour long home visits across 6 to 10 weeks. The programme targets children aged 2- 2½.

In 2017, the service carried out evaluation (McDonald et al 2017) to review the impact of Nottinghamshire's Home Talk programme and found the following

- Home Talk leads to accelerated language development for many children in the targeted group of 2 year olds with moderate to severe expressive language delay who do not meet criteria for local SLT services;
- For some children, Home Talk leads to early identification of wider speech, language and communication needs (SLCNs) which had not previously been identified;
- Home Talk leads to early referral for further specialist Speech and Language Therapy support for those who need it and who otherwise may not have been identified and supported until they enter education;
- Home Talk successfully reaches children from Sure Start Children's Centre focused areas who, as a group, are at higher risk of not accessing early SLT services, and are therefore at long-term risk of persistent SLCNs and low school readiness;
- A small number of children had made accelerated progress with spoken language skills after being referred to Home Talk and before starting to take part in the service. Home Talk was adapted for this group to focus on ways to expand children's use of short sentences to help them reach their potential;
- We saw no short-term impact on the spoken language skills of children with wider and more severe SLCNs, who are not the target group for this service. Home Talk was adapted for this group of children to focus on realistic short-term therapy goals to teach parents new strategies and skills. The service was successful in achieving these goals for parents, and referring children on to the appropriate specialist SLT service.

This evaluation used multiple baseline assessments (twice before they started Home Talk and again after they finished the programme. 24 families consented to take part, 23 completed the first baseline assessment and 17 completed the second baseline assessment. Three families declined Home Talk after the second baseline assessment as they felt it was no longer needed, and one postponed starting the service due to illness, so were not included in this study. The findings should be used with caution as there was no control group, numbers were small and the evaluation was not independent.

Strengthening Families, Strengthening Communities (SFSC)

Strengthening Families, Strengthening Communities (SFSC) is an inclusive evidence-based parenting programme, designed to promote protective factors which are associated with good parenting and better outcomes for children. SFSC is a universal group-based

programme, and there are usually 8-12 parents in the group. The programme is delivered by two trained facilitators. The programme lasts for 13 weeks and include weekly sessions lasting 3 hours.

The SFSC model is designed to support parents to understand how children and young peoples' behaviour is impacted by age, developmental stage, health and emotional well-being; to be aware of the range of strategies that they can utilise and understand how and when to use them; to build better relationships with their children; put appropriate boundaries in place; and support their children to avoid or decrease risk taking behaviour.

The Race Equality Foundation who developed the programme commissioned a number of reports to evidence impact, however no independent RCT has taken place as yet. Wilding and Mark 2009 used pre and post questionnaires with 897 parents identified that the course increased in family activities and discussions; increased the use of positive discipline and communication strategies; a decrease in the use of negative discipline and communication strategies; an increase in the participants competence; and an increase in the children's competence. The findings however did not clarify if there were differences for parents with preschool children and parents of older children.

Karlsen (2013) looked at a sample of 1,843 parents and highlighted the diversity of the parents who completed the SFSC course. They included low income families, fathers, lone parents and Black Minority Ethnic Groups.

Lynsday et al (2008) found that there were substantial improvements in parenting behaviour, parental mental well-being and reported behaviour of the child about whom the parent had most concern for displaying or being at risk of anti-social behaviour. Significant improvements were found for parenting skills and mental well-being following participation with moderate to large effect sizes. Reported child behaviour also improved: conduct problems and SDQ total difficulties both reduced, although average effect sizes across programmes were lower than for the parenting measures. Other aspects of child behaviour, for example emotional symptoms and hyperactivity, showed less improvement, as expected, since these are not the main target of the programmes.

The most recent evaluation for SFSC was carried out by Professor Yvonne Kelly (2018), and looked at the impact of SFSC on health and care outcomes for children and young people at risk of experiencing violence. Evaluation identified significant impact on child and adult mental wellbeing, including a significant change in parental sleep.

Appendix 3:

Glossary

ACES	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
BME	Black Minority Ethnic Groups
CC	Children's Centre
DAF	Disability Access Fund
DfE	Department for Education
DH	Department for Health
NCC	Nottinghamshire County Council
ECS	Early Childhood Services
EIF	Early Intervention Foundation
EY	Early Years
EYFS	Early Years Foundation Stage
EYFSP	Early Years Foundation Stage Profile
EYPP	Early Years Pupil Premium
FIS	Families Information Service
FSM	Free School Meals
ICELS	Integrated Children's Equipment Store
IDACI	Income Deprivation Affecting Children Index
LA	Local Authority
ONS	Office of National Statistics
PHE	Public Health England
PVI	Private Voluntary and Independent
RCSLT	Royal College of Speech and Language Therapists
RCT	Randomised Control Trial
SENCO	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disabilities
SIDS	Sudden Infant Death Syndrome
TOPSE	Tool to Measure Parenting Self-Efficacy