

Early Development: Giving Children the Best Start in Life

What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is the comprehensive assessment of the current and future health and social care needs of children and young people aged 0 to 19 (25 with SEND) and their families, with a focus on improving the health and wellbeing and reducing inequalities. There are nine individual chapters that comprise this JSNA.

A Joint Strategic Needs Assessment (JSNA) looks at all the information available around the current and future health and social care needs of populations in the local area. It will then use the data to inform and guide the planning and commissioning of health, well-being and social care services within a local authority. The implementation of recommendations will be overseen by the Health and Wellbeing Board.

As part of the JSNA's development, we have ensured the following principles and values have been considered:

- Think Family
- Our Way of Working and trauma informed practice.
- Prevention, early intervention and avoiding escalation of need.
- The voice of children, young people and families is central to the design, delivery and evaluation of service provision.
- Strength-based, personalised service provision focussed on relationships.
- Integrated services which mean that families tell their story once and can easily access seamless support.
- Equality.
- Reducing inequality.

Chapters Introduction

Cheshire West and Chester Councils 0-19 (25 with SEND) JSNA aims to bring benefits by identifying key health, wellbeing, and social care needs. Findings will help the Council and its partners to make more informed decisions about how we provide support and services to achieve the best outcomes for our children, young people, and their families/carers.

Each chapter has considered literature relevant to the assigned area of focus, drawing on this information to highlight key points that could contribute to findings and recommendations.

Although each JSNA chapter can be read as an individual report. Throughout every chapter, there were common themes relating to how we collect and analyse data particularly in relation to outcome information for certain groups; how inclusive and consistent messages are communicated and how we would like to do more coproduction and peer mentoring.

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1. Introduction

This Chapter focuses on child development in the early years¹, which ensures that children are ready to learn and are ready for school in the year they turn five. We have consulted with a range of professionals in health and education, and the aim of this chapter is to provide an understanding of how parents, carers and practitioners can help children to be ready for school.

School readiness can mean different things to different people. In Cheshire West and Chester (CW&C) this includes ensuring that every setting is ready for the unique child. We want to make sure all children feel happy, cared for, safe and ready to learn.

We recognise that parents and carers are the child's greatest teacher and role model. They make a crucial difference to children's outcomes, and it is recognised in the Statutory Framework for the Early Years Foundation Stage (EYFS, 2023)

In this chapter we explored three key issues:

We want to

- demonstrate the increase in the number of children not meeting their stages of development prior to starting school in the three prime areas of the EYFS: personal, social and emotional development, communication and language, and physical development.
- understand and demonstrate the impact of COVID 19 on child development over the last 2-3 years and how we are still seeing these developmental needs now
- find and support the best ways to encourage families to understand and help their child with their development.

1.1 Why is this subject matter important?

In the 'Best Start for Life A Vision for the 1,001 Critical Days' (2021), the importance of the early years is clearly outlined:

- A child's experiences from conception through their first five years will go on to shape their next 50.
- The kind of children we raise today, will reflect the kind of world we will live in tomorrow.
- Investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.

Beyond the family, children attend early years providers at a crucial developmental point in their lives so this needs to be of the highest quality. The Effective Pre-School, Primary and Secondary Education (EPPSE) longitudinal project showed

¹ The Early Years for this chapter is defined as the ages between birth to five years of age.

that, learning that occurs during this time forms the foundation for their future educational attainment, as well as their future health and happiness.

1.2 The Importance of the Prime Areas of Learning

EYFS 2023 sets the standards that all early years providers must meet to ensure that children learn and develop well. It ensures, “children are kept healthy and safe and ensures that children have the knowledge and skills they need to be ready for each phase of learning in the EYFS”. The educational programmes that are contained in this document are split into prime areas of learning and the specific areas of learning (literacy, mathematics, understanding the world and expressive arts and design) that build on and strengthen the prime areas. The prime areas are communication and language, physical development and personal, social and emotional development. These three areas are ‘particularly important for building a foundation for igniting children’s curiosity and enthusiasm for learning, forming relationships and thriving’ (Department for Education, 2021), and can be seen as priorities in most countries (Office for Standards in Education, 2022). They are the focus for this JSNA chapter.

Across both the prime and specific areas of learning, the characteristics of effective learning ensure that children are supported to “develop strong habits of mind and behaviours that will continue to support them to discover, think, create, solve problems and self-regulate their learning (Birth to Five Matters, 2021).

The prime areas provide the foundations for children in the early years to be equipped with the skills to engage with the world around them and contribute to many positive longer-term outcomes including:

- Positive mental health
- Productive social relationships
- Effective learning and
- Good physical health throughout life

Taking each of the prime areas of learning in turn, we can build a picture of how essential it is to ensure every unique child is given the opportunities to thrive.

1.3 The Importance of Personal, Social and Emotional Development

Children who experience nurturing and stable care-giving, go on to develop greater resilience and the ability to self-regulate and manage uncomfortable and overwhelming emotions (Conkbayir,2021). Self-regulation depends on and grows out of co-regulation. This is where sensitive and responsive adults and children work together towards a common purpose, including finding ways to resolve upsets from stress and return to balance. The Early Intervention Foundation (2018) noted that, where children do not have access to the attachments that can support this development in a healthy way, this has both short and long-term negative consequences for children’s outcomes including:

- Stress
- Poor attachment with their own parents

- Mental health difficulties

This chapter recognises that these factors can have a negative impact on children being at their optimal stage of development prior to starting school. This is explored in more depth in the evidence review.

1.4 The Importance of Communication and Language Development

Early language plays such an important role in children's current and potential success that early language skills are now considered a key indicator of child wellbeing. (Law et al, 2017)

There is an evidence-based link between language difficulties and social, emotional and behavioural difficulties and predictors of difficulties later in life, including academic achievement such as GCSE results and future employability that the EPPSE longitudinal study (1997-2014) and Ofsted (the Office for Standards in Education, 2022) clearly highlighted.

Deprivation and socioeconomic status have also been shown to negatively impact children's core language skills before they start school (Millennium cohort study, 2023) and these factors, among others, have been explored as part of this chapter.

1.5 The Importance of Physical Development

There is now a growing body of evidence captured in the UK Chief Medical Officers' Physical Activity Guidelines (2019) showing that the amount of physical activity between birth and five influences a wide range of both short-term and long-term health and developmental outcomes including:

- wellbeing,
- quality of life,
- cognitive development,
- cardiovascular and musculoskeletal fitness,
- skeletal health,
- cardiometabolic health and harms.

Early childhood is a critical period when healthy behaviours can be instilled for a future active lifestyle, but research points to many pre-schoolers (2-6 years) failing to complete the recommended minimum daily 60 minutes of moderate to vigorous physical activity recommended for young children. The 'Being Active' chapter of this JSNA explores the impact of this further in relation to activity in the early years building healthy habits for life.

1.6 The Impact of Inequalities

We are aware that stress and adverse experiences in the 1,001 critical days can have a lifelong impact. (Department of Health and Social Care, March 2021).

It is also well-established that inequalities start early in life. Children in Cheshire West and Chester are born into vastly different socio-economic circumstances and as a result can grow up in very different environments. 13.4% of children aged under 16 in Cheshire West and Chester were estimated to be living in low-income families in 2020/21, equating to 8,322 children. There was also significant variation between wards with 26.2% of children aged under 16 in Westminster ward estimated to be living in low-income families in 2020/21 compared to only 5.7% of children (under 16) in Tarvin and Kelsall. Being on a low income does not simply mean 'going without' but it can also affect the control people have over their lives. Therefore, poverty can impact on parental capacity and in turn children's early development.

The longer-term impact can be seen through school and beyond as 'once children fall behind, it is hard for them to catch up and they are likely to fall further behind throughout school' (Francis, 2020).

In previous years, nationally, the gap by the end of the reception year between children with and without Free School Meal status has doubled by the end of primary school. In turn, that gap doubles again by the time young people take their GCSEs. As a result, young people who have been eligible for free school meals are only half as likely as the rest of their peers to achieve the top grades.

In addition to this, the full impact of the COVID-19 pandemic and the current cost of living crisis are not yet known, although early research findings, including the evidence presented within this JSNA, suggest young children's outcomes (particularly in relation to the prime areas of learning and parental mental health) have been negatively affected which has caused increased challenges for families and services (Marmot, 2020). The Parent Infant Foundation (2020) found that this has been particularly true for those families living in the most deprived areas and families from black and minority ethnic groups.

1.7 What are we trying to achieve for this group of children?

Ensuring parents and early years providers are aware of and supported to promote best practice in the prime areas of learning is fundamental to supporting the children and families of CW&C to achieve positive life-long outcomes.

To this end the CW&C Early Years Strategy Group have been responsive to these issues and work across health and education services to ensure that it is everyone's responsibility to promote and support the development of children in the early years to ensure that they are ready for school. The outcomes of this JSNA will continue to support the group's forward planning.

1.8 Summary

- The early years is a time sensitive and crucial period in life that has the potential to ensure positive outcomes for an individual's health, well-being, education and employment.
- In CW&C there is a very good attendance rate for developmental (ASQ) checks and take up of childcare places for eligible two, three and four year olds is high.

- However, a range of data, and insights from a survey of early years providers highlights that children in CW&C need further support in relation to communication and language and personal, social and emotional development. This is the case both universally and for vulnerable groups. The gap between children with SEND and Free School Meal eligibility (FSM) is also widening in relation to Good Level of Development (GLD) and, particularly, in communication and language.
- The number of children achieving below the cut off score for communication in the Ages and Stages Questionnaire (ASQ3) increases between the 12 month and two year developmental reviews. The Starting Well Team are working on a system to track children that do not meet their ASQ scores at 12 months old at their two year review to ensure support is put in place where progress is not seen.
- The COVID-19 pandemic has had a significant impact on the prime areas of learning as well as on parental confidence to support their children with their early development. Early years services, health services, the voluntary and community sector and the education sector are working to meet an increased level of need.
- A breakdown of ASQ scores across children's centre footprints or by other potential sources of inequality/vulnerability was not available at the time of completing this JSNA. This makes it harder to track inequalities in child development in CW&C. A change in this reporting would enable a more precise allocation of services to need.
- Positive parental attachment and confidence are key to parents building secure relationships with their child and this was threaded throughout the JSNA. These relationships provide the safe base from which children can learn and develop. Supporting a high-quality home learning environment and early years provision has also been identified as being able to provide high quality interactions and relationships that can mitigate negative outcomes for children (Melhuish & Gardiner, 2023).
- The social and economic context of families' lives is of undeniable importance to children's development. Nationally the evidence highlights that for many families, poverty, household finances and inadequate home environments create additional pressures for families, in turn impacting on inequalities in children's development. This is reflected by the engagement with providers and parents as part of this JSNA.
- In early years settings, staffing recruitment and retention, funding, and supporting an increasing number of children with complex needs are impacting upon the stability and quality of provision.
- Efforts to improve parenting capabilities to support their child's learning and development need to be combined with efforts to reduce pressures on families, for example, by improving parental mental health and wellbeing and reducing poverty.
- The literature review highlighted the importance of consistent and coordinated messaging so that families receive the same advice from different services on how to support their child's development and where to turn for help when they need it. Families also need to receive information early, to ensure they are supported during the essential 1,001 critical days. There are opportunities to

embed information and advice into the services that parents are already accessing, such as health services, early years education and Family Hubs.

2. What population does this needs assessment refer to?

In Cheshire West and Chester (CW&C) there are estimated to be 21,340 children aged between 0-5 (inclusive), according to the Office for National Statistics' June 2021 Mid-Year Population Estimates. This represents 6% of the total CW&C population.

There are currently sufficient childcare places for the population and of the 300+ childcare providers within CW&C, 84% provide for children aged nought to four years old. Take up of places for eligible two-year-olds in 2022 was high, reported as 88% of the estimated eligible population and for three and four year olds this was 96%. This compares favourably with the national averages of 72% for two year olds and 92% for three & four year olds in 2022 and is in line with our statistical neighbours.

2.1 What did we learn about the number of children not meeting their stages of development prior to starting school in the three prime areas of the Early Years Foundation Stage (personal, social and emotional development, communication and language, and physical development)?

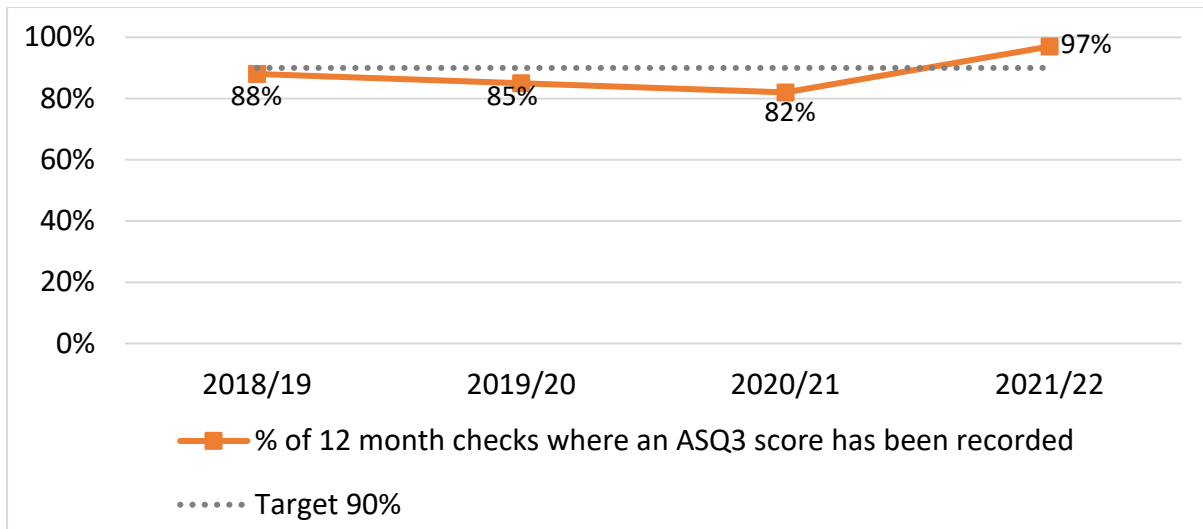
Reviews at 12 months and two years

New parents are offered regular health and development reviews for their baby until they are two. This primarily focuses on language and learning, safety, diet and behaviour. These are important for the early identification of developmental delays. Although in CW&C all babies will have their review take place, the focus is on having these reviews in a timely manner to aid early identification and intervention.

As part of these reviews, parents are asked to complete an Ages and Stages Questionnaire (ASQ3). This is a screening tool to help understand how the baby is developing in the areas of communication, gross motor skills, fine motor skills, problem solving and personal-social skills. It aims to identify those children who would benefit from an in-depth evaluation for developmental delays.

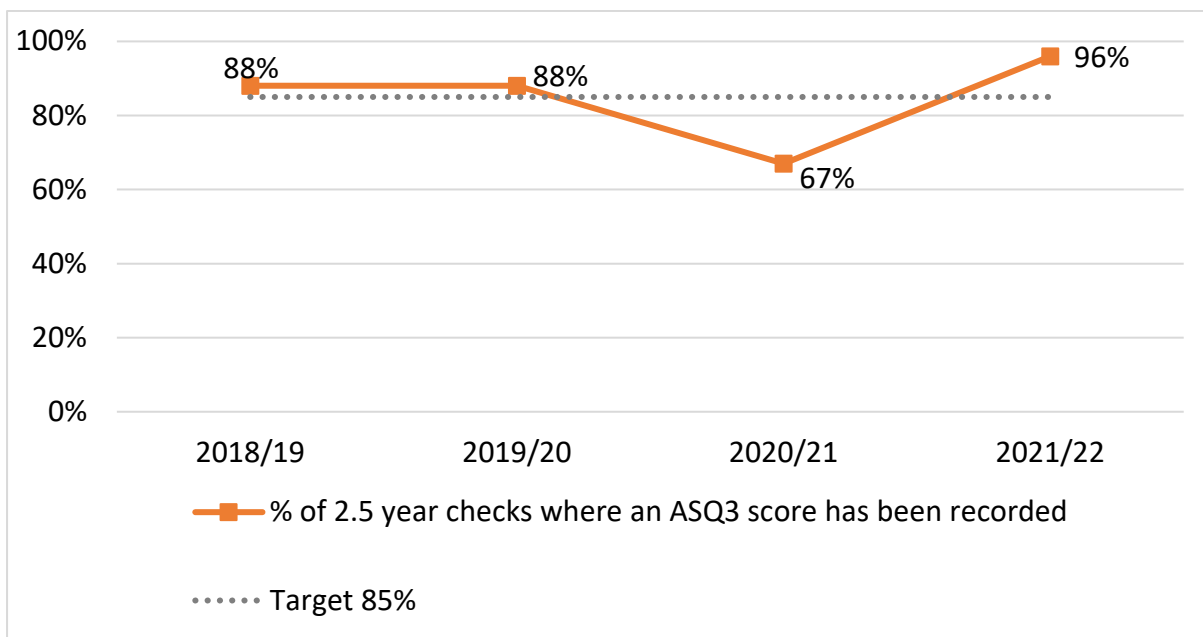
In 2021/22, 97% of children who were eligible received a twelve-month review and 96% of eligible children received two to two and a half year review. This is the highest it has been in recent years and above the 90% target. Far fewer appointments were attended during the pandemic through parental choice.

Chart one: Percentage of 12 month checks with an ASQ3 score recorded in Cheshire West and Chester, 2018/19 to 2021/22



Source: Starting Well Performance Management Tool Dashboard, Cheshire West and Chester Council. Note: Scores have been averaged from four quarters and rounded.

Chart two: The percentage of two to two and a half year checks where an ASQ3 score has been recorded in Cheshire West and Chester, 2018/19 to 2021/22



Source: Starting Well Performance Management Tool Dashboard, Cheshire West and Chester Council. Note: Scores have been averaged from four quarters and rounded.

The developmental area of most concern from the two to two-and-a-half-year check was communication skills, with more children achieving below expectations in this area than other developmental areas. Although this developmental area has for the last four years been the developmental area where a greater number of children do not meet expectations at the 2-2.5-year check, the proportion of children affected has consistently increased between 2018/19 and 2021/22, which may reflect the impact of the COVID-19 pandemic. Between 2019/20 and 2021/22 there has also

been an increase in children who were not meeting expectations in their personal/social development, and problem- solving skills. These findings are also reflected in the data from early years providers, schools, and settings (discussed below).

School Readiness Measured prior to entry into Reception

The data presented is limited to 2019 and no longer collected due to the Department for Education changes in the Statutory Framework for the Early Years Foundation Stage (DfE,2021) which has ensured a reduction in bureaucracy and paperwork and therefore means data of this type is no longer in place.

In 2019, prior to entry into Reception (in the year a child turns five years old), private, voluntary and independent (PVI) early years settings and school nurseries were asked to submit attainment data against the good level of development (GLD).

GLD means that children have attained age related expectations in the prime areas of personal, social and emotional development, communication and language, and physical development as well as the specific areas of literacy and mathematics.

In 2019, with a return rate of 90%, there were 64% of children attaining GLD. Communication and Language scores for speaking were lower for school nurseries (compared to PVI settings) as was the area of personal and social development, managing feelings and behaviour.

The data highlighted that, between 2018 and 2019:

- The gender gap narrowed by 3%
- There were decreases in attainment of age-related expectations for girls, boys, children with English as an additional language, those children under child in need and child protection plans and also those in families working with a Team Around the Family (TAF) plan.

Whilst we cannot compare data over time this does reflect the fact that there are inequalities in development amongst children in CW&C prior to school entry. The data that has been collated from settings, parents, and health services as part of this JSNA, (discussed below), has demonstrated how COVID-19 has not changed these inequalities but exacerbated them.

Early Years Foundation Stage Profile Year 2021/2022

The Early Years Foundation Stage profile (EYFSP) is a statutory assessment of children's development at the end of the EYFS and is made up of an assessment of the child's outcomes in relation to the 17 early learning goals (ELGs). For the full list of Early Learning Goals please refer to the Statutory Framework for the Early Years Foundation Stage (DfE,2021).

In July 2022, at the end of the academic year, CW&C had 67% of all children attain a good level of development (GLD).

- This was 2% above national (65%) and 5% above the North West (62%) rates.

- Although direct comparison is not possible, the trend in previous years showed CW&C GLD as in line with national and 3% above the North West.
- CW&C also have more children attaining expected (the expected level in the EYFSP) compared to national and North West for all prime areas of learning:
 - a) 82% of children attaining the expected levels in communication and language,
 - b) 87.8% of children in CW&C attained expected levels in personal, social and emotional development and,
 - c) 90.25% of children in CW&C attained expected levels in physical development.

This is the first publication since the 2021/22 EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. As the statutory duty for the local authority to conduct moderation was also removed in these reforms, this is the first year where schools did not receive moderation visits from the Early Years Team. It is therefore not possible to directly compare 2021/22 assessment outcomes with earlier years. It is also the first release since the publication of the 2018/19 statistics, as the 2019/20 and 2020/21 data collections were cancelled due to the coronavirus (COVID-19) pandemic.

Disruption to attendance and the limiting of social contact with peers during the pandemic is likely to have affected EYFSP outcomes and other circumstances may also have influenced the development of this cohort. For example, the percentage of children eligible for free school meals (FSM) at the end of the EYFS increased from 14% in 2018/19 to 18% in 2021/22.

Inequalities in the early years can mean that the gap continues to widen on entry to, and throughout school. In relation to CW&C EYFSP, these inequalities can be seen particularly in relation to gender, children that are eligible for FSM and children with special educational needs and/or disabilities (SEND)

Whilst the gap between girls and boys in CW&C attaining EYFSP GLD closed by 1% in 2022, gaps in EYFSP GLD between children eligible for FSM and the rest of the cohort widened in 2022 by 5% (now 28%) from 2019. The gap also widened for this group in the area of communication and language by 2%.

Communication and language continues to be a priority area for all children but in particular for children in low socio-economic groups within CW&C.

The needs around communication and language are directly reflected through data compiled by the Speech and Language Therapy Service for CW&C. The vast majority of referrals to Speech and Language Therapy come from educational establishments and community health services across CW&C. There has been a significant increase in referrals during and following the pandemic with peaks in referrals at the beginning and end of the academic year. This has not been matched by an increase in capacity in the service, which has led to a corresponding rise in active caseloads: a 55% increase since 2018 and year on year increases during and directly after the pandemic. As a result, average wait times for the service have been increasing:

Table 1: Average Wait for Initial (1st) to Follow Up (2nd) Contact for Speech and Language Therapy in Cheshire West and Chester, 2018/19-2022/23

FinYear	Average of Wait In Days
18/19	74
19/20	124
20/21	121
21/22	136
22/23	155
Grand Total	112

The increased wait times have been highlighted by early years services and providers as a barrier to being able to meet children's needs in this area.

2.2 What did we find out about the impact of COVID 19 on school readiness?

The increase in needs around the prime areas of learning is reflected by the results of a survey sent to early years providers in CW&C in early 2023. 20% of early years providers in the borough responded to this survey and the majority of respondents confirmed communication and language as the area where children were not meeting their milestones during and following the pandemic restrictions.

Over one third of respondents to this survey also noted that children were not meeting personal, social and emotional development (PSED) age related expectations, which, as we can see from the importance of this area of development noted in the introduction, is a key factor in positive outcomes for children.

The vast majority of respondents to the settings survey also felt that the Covid-19 pandemic had an impact on parents' confidence in supporting their children's learning and development.

2.3 What did we find out about families understanding of how to help their child with their development?

We know from findings outlined in the introduction and literature review that parental confidence in being their child's first and most enduring educator is of paramount importance.

Early years providers responding to the aforementioned survey noted that parental confidence and engagement has been negatively impacted by the pandemic. Providers have tried different ways to engage and support parents during this time including video conferencing, home learning suggestions and story reading sessions online.

The great majority of early years providers that responded to the survey were also keen to highlight the importance of access to support from professionals and groups to help parents develop their confidence and support children's development.

As is discussed in the following sections, parents of children aged 0-5 have highlighted that wanting their child to be able to communicate was one of their top priorities for their child. Access to advice and support (including specifically for speech, language and communication) also featured highly in what support parents felt they needed. However, not all parents or early years providers felt that services were easy to access or had knowledge of the full range of services that are available. A clarity of messaging around service provision would therefore be of help.

3. Service provision in Cheshire West and Chester

In early 2023, a survey was sent to services who were known to be working with families with children aged 0-5 in Cheshire West and Chester to support children's early development. This did not include early years providers, who received a separate survey (discussed in the previous section).

Responses to this survey were received from²:

- Booktrust Cheshire
- The Cheshire Education Library Service
- Cheshire West and Chester Public Libraries
- KOALA North West
- Parents First
- The Starting Well Service
- Baby in Mind
- Homestart Warrington and Cheshire
- Speech and language therapy
- Paediatric Therapies (Physio & OT)
- Healthbox CIC
- The Early Life Group

As of May 2023, the interventions at universal and targeted level across the borough included interventions to support families with:

- The home learning environment (including play interventions, book sharing)
- Parent- infant relationship (including attachment and bonding)
- Parenting skills (e.g., parenting programmes)

² Full details of the service offers of these providers can be found on each of the provider's websites.

The service mapping conducted for this chapter did not cover support for early years nutrition (for example infant feeding support), as this has been mapped by other JSNA chapters (see the chapters on breastfeeding and healthy weight).

Nevertheless, the service mapping also identified provision which helps to reduce the pressure on parents. This included services to support:

1. parental mental health and well-being
2. social circumstances and relationships
3. signposting to tailored and universal support

3.1 Challenges and gaps in service provision

Service mapping identified that there is a good mix of universal and targeted services available in Cheshire West and Chester to support parents with both the home learning environment and with the parent-infant relationship. There are also evidence-based parenting programmes in place, including the Family Nurse Partnership³ programme for vulnerable first-time parents and the Incredible Years programme⁴.

However, several service providers highlighted in their response to the Provider Survey that they face challenges with uncertain future funding, as not all of the service provision in Cheshire West and Chester had long-term funding guaranteed as of May 2023. Instead, some of the identified services were reliant on charitable and/or grant funding. Several services felt that extra funding and/or longer-term funding was needed, for example, to scale up existing offers and strengthen existing evidence-based interventions.

Parent Infant Mental Health and the wider social circumstances of families were also flagged by several respondents to the Provider Survey. When asked about the key areas of children's learning and development that their service was needing to support children and families with following the Covid-19 pandemic, several providers highlighted the need to support families with social and economic challenges (such as housing and money issues, and the ongoing cost of living crisis), as well as the need to support parents with their mental health and wellbeing.

³ The Family Nurse Partnership programme is an intensive, structured home-visiting programme for young, first-time mothers from a disadvantaged background and their partners. It is delivered by specially trained nurses from birth until the child's second birthday (Early Intervention Foundation, 2018a).

⁴ Incredible Years draws on attachment, self-efficacy and social learning theory and includes a range of parenting programmes for parents with children from birth to 12 years old. The programmes are delivered by trained facilitators to groups of parents in weekly two-to-three-hour sessions. The programmes focus on strengthening parent-child interactions and attachment, supporting parents' ability to promote children's social, emotional and language development, reducing harsh discipline, and supporting parents' interpersonal issues such as communication and problem-solving, anger and depression management (Oppenheim et al, 2022). Evaluations of Incredible Years have found improvements in child disruptive and anti-social behaviour and reading ability, as well as improvements in parental warmth, all of which were sustained in the medium and longer-term (Oppenheim et al, 2022).

One provider noted that they wanted to establish additional support for parent infant mental health, but noted they did not have funding to do this.

In addition, the following service challenges/gaps were flagged by Providers:

- Long wait times for certain services (in particular, speech and language therapy)
- High demand and/or increasing complexity of needs presented by children and families.
- Capacity challenges making it difficult to meet increased demand. This included workforce challenges, for example challenges recruiting and retaining an experienced workforce and/or services relying on small teams of staff. Some providers felt that increasing capacity in services should be a commissioning priority.
- Lack of funding to expand provision/respond to increased demand.
- Not enough universal provision being available in the first 1,001 days (0-2) and access criteria for certain services meaning that families who would benefit from the support not being able to access it.
- Resource challenges (for example, challenges with equipment provision and with providing sufficient numbers of dual language books in certain languages).
- Gaps for children with emerging needs who are waiting to be seen by specialist services. Several providers felt there should be more support for children with additional needs whilst they are waiting to be seen by specialist services, for example, specialist advice, support and play groups that the children can access whilst waiting to be seen.

Service provision also varies between the east of the borough (Northwich and Winsford) and the west of the borough (Chester, Ellesmere Port and Neston), as some services are only available in parts of the Borough.

4. Lived Experience

As part of the lived experience reflected in this chapter, other considerations were noted that impacted upon the scope of this chapter. Early years providers in CW&C are facing considerable challenges in recruitment and retention. These staffing challenges impact directly upon providers meeting statutory adult: child ratios and to best support children with special educational needs. This is reflected nationally according to the Early Years Workforce Commission, (January 2021) and the Social Mobility Commission, (August 2020) and Ofsted (2023).

4.1 Feedback from parents of children aged 0-5

Following an initial pilot, a short survey was promoted to parents of young children (0-5) by Koala North West and the Starting Well Service. This provided an opportunity to hear from local parents how they could best be supported with their children's early development. Although there were only 32 responses to the final

survey (and a further 18 responses were received to the initial pilot survey), the findings reflected the insight gathered through other aspects of this JSNA.

Both the pilot and final survey revealed similar themes in relation to what parents felt were the highest priorities for their child⁵:

1. Wanting their child to be happy
2. Wanting their child to be healthy
3. Wanting their child to be able to communicate
4. Wanting their child to be able to mix with other children.

Parents were also asked to select from a list what three things they felt they and their child need to achieve the priorities specified in the first question. Over half of respondents to the final survey highlighted that opportunities for children to play together were needed. Similarly, a large proportion of respondents (in all cases over a third of respondents) highlighted that the following opportunities were needed:

- Opportunities to review my child's development with a professional (for example through developmental reviews such as the 1 and 2-year reviews)
- Opportunities to improve my child's emotional health and wellbeing.
- Parent/carer support groups
- Parenting support
- Access to GP (support for medical queries/concerns)
- Opportunities to improve my own emotional health and wellbeing.

Just under a third of respondents also felt their child needed support for speech, language and communication. These responses were similar to those in the pilot survey, where the vast majority of respondents answered that children's play groups were needed to support their child to achieve the priorities specified in the first question.

The final question in the parent survey asked about how service provision for children aged nought to five could be improved and required a free text response. The following themes were identified from the answers to this question:

- Peer support for parents
- Support for families with children with additional needs
- Support for parental mental health and wellbeing
- Better access to health professionals
- More groups for parents and children, and in particular play sessions for babies
- Better signposting to available services
- More frequent reviews of a child's milestones/development
- Greater availability of activities/locations to take children.

⁵ The responses from the pilot and the final survey cannot be combined due to slight alterations being made to the question format and wording following the pilot, however, the responses to both surveys were broadly similar.

Again, the themes in the pilot survey were similar, with more groups for children also being a theme in responses to the pilot survey, as well as more visits from health visitors, although in the pilot survey, some parents also used this question to highlight that they felt current support was working well.

It is possible that some of the themes from this last question may reflect understanding of support. For example, the Starting Well Service have an integrated service model and skill mix meaning that children are not always seen by a health visitor but are sometimes seen by an early year's worker under the supervision of a health visitor. Nonetheless, the findings of the lived experience work also echo findings from the literature review, including the importance of parental mental health and wellbeing, the importance of parental engagement and the need to effectively communicate to parents what support is available.

4.2 Child voice

Two parent-child engagement sessions were run by the Early Years Manager at Kingsley Community Primary School during the spring term of 2023. The engagement sessions consisted of a bedtime reading event and a catch up and cake event. Efforts were taken to remove barriers to attendance, for example through creche provision. However, whilst these events have had good attendance when held by the school previously, parental engagement was challenging for the events held in the spring of 2023. 30 children attended the events (although only 22 forms were completed).

Even so, the engagement sessions highlighted that parents' felt that support for home learning was high. Some parents felt that they needed more feedback on the development of their children, however this tended to be parents of children in reception rather than parents of children in nursery.

To capture the views of children in the early years, children were asked what they liked about learning in school and what they found tricky. Reception children tended to find things like numbers, writing and sounds (phonics) tricky, whereas nursery children tended to talk about their immediate needs, for example, not knowing what to do, where to find things.

It should be noted that Kingsley Community Primary School does not have a high number of children eligible for the pupil premium. The school does have some children with SEND but the levels are not as high as other schools. Therefore, only a small number of children eligible for the pupil premium or children with SEND participated in the engagement sessions.

5. Evidence review: what works for supporting parents as their child's first educator?

A child's earliest years (especially the first 1,001 days from conception to the age of two) lay the foundation for health and wellbeing throughout life, shaping a child's

later education, employment and health outcomes. Action to give children the best start in life must therefore start at conception and be followed through the life of a child.

While young children's development is shaped by a variety of factors, parenting lies at the heart of young children's development and learning. Parental sensitivity and responsiveness, appropriate discipline and limit-setting, and a positive home learning environment are all associated with better outcomes for children on virtually all the measures of the Early Years Foundation Stage (Oppenheim et al, 2022). A child's cognitive, linguistic, emotional and social capabilities best develop when they have at least one stable and committed relationship with an adult: secure attachment is crucial for a child's early development (HM Government, 2021).

All parents need help and support from time to time as they raise their children (even if this is only light touch support like advice and signposting) (Oppenheim et al, 2022). Support is especially important at challenging times in families' lives, for example during periods of parental separation. However, national evidence highlights that not all parents receive the support they would like and many face barriers to accessing help. A nationally representative survey of people aged 16 and over conducted between December 2019 and January 2020 highlighted that parents with lower household incomes were significantly less likely to say they would seek advice from medical professionals, and they also mentioned fewer sources of support (Ipsos MORI, 2020).

To inform the recommendations for this chapter of the JSNA, an extensive literature review was undertaken to identify what works to support children's early development, with a particular focus on how parents can be supported to be their child's first educator.

The key themes that this review highlighted were the impact of:

- social and economic factors which influence parenting, including poverty and family income, parental mental health and wellbeing and adverse childhood experiences.

and the importance of:

- improvements to the home learning environment
- support with the parent-child attachment
- parenting programmes

5.1 Factors influencing parenting

National research (Ipsos MORI, 2020) highlights that many parents of young children feel pressures as parents. In the aforementioned national survey, a high proportion of parents of young children reported feelings of being judged by others, with just under half of parents experiencing an emotional toll as a result. Balancing the demands of family, household, and work, particularly as families increasingly need two earners to maintain their living standards, created additional stressors.

It is perhaps no surprise then that efforts to improve parenting capabilities are more effective when combined with efforts to reduce pressures on parents. Parenting must be understood not only in terms of the care which parents provide, but also in terms of the context in which parents are raising young children (Oppenheim et al, 2022). Children's development is shaped by the social and economic context of the family, community, and society. This includes the impact of inter-parental relationships (for example, parental conflict) on children, as well as factors such as parental mental health and wellbeing, housing and the home environment and family income and poverty. Some of these factors are explored below.

5.1.1 Poverty and family income

A child growing up in a family with a strong home learning environment and positive parenting, even if the family is on a low income, has every chance of succeeding in life. However, poverty and economic hardship can limit the financial resources available to parents and reduce their ability to afford certain goods and services. Poverty can also impact on parental mental health, parental stress, and parental conflict. All of these factors impact on parenting behaviours, and consequently can impact on children's outcomes. In particular, persistent poverty has been shown to have particular detrimental effects on children's outcomes (Oppenheim et al, 2022).

5.1.2 Parental mental health and wellbeing

Parents' mental health and emotional wellbeing shape the care they provide. Studies suggest that maternal mental health problems have the potential to affect a mother's ability to respond sensitively to her child's needs (Early Intervention Foundation, 2018a) and affect levels of closeness and conflict in the parent child relationship (Oppenheim et al, 2022). Poor maternal mental health and wellbeing can also impact upon the home learning environment and the effectiveness of intervention programmes delivered (Oppenheim et al, 2022; Orri et al, 2019).

There is good evidence to suggest that depressive symptoms are more prevalent during the weeks following childbirth than at any other point in women's lives (Early Intervention Foundation, 2018a). The latest data suggests that one in four children are exposed to maternal mental illness nationally (comparable data is not available for fathers).⁶ However, national evidence suggests that about half of all cases of perinatal depression and anxiety go undetected and where perinatal depression and anxiety are detected, many people do not receive evidence-based forms of treatment (Public Health England, 2021). There is therefore a strong need for ongoing maternal mental health screening throughout children's early development (Early Intervention Foundation, 2018a).

5.1.3 Adverse childhood experiences (ACEs)

Chronic stress in early childhood, whether caused by repeated abuse, severe maternal depression or extreme poverty, has a negative impact on a baby's

⁶ It should be noted that data on maternal mental illness does not capture the day-to-day pressures on parents' mental health and emotional wellbeing (Oppenheim et al, 2022).

development and can have lifelong effects for a child's future physical and mental health (HM Government, 2021).

5.2 What works to help parents with their child's development?

The key themes that this review highlighted were the importance of:

- Help to improve the home learning environment.
- Support with the parent-child relationship (including attachment).
- Evidence-based parenting programmes.

5.2.1 Help to improve the home learning environment

The home learning environment is where much of a child's formative learning and development takes place and is a key influence on a child's language development and social and emotional growth (Department for Education, 2023a). It includes parental attitudes towards learning, as well as the availability of home learning resources and the quality and quantity of home learning experiences (Oppenheim et al, 2022). One particularly important aspect of the home learning environment is play, as learning through play supports learning-to-learn skills (Department for Education, 2018). Access to enriching interactions with sensitive, interested adults and effective use of resources such as books and dialogic book reading⁷, toys and early educational experiences that promote early language is more influential on language development than the broader socio-economic context of the family. Parents should therefore be supported to provide children with a language rich environment⁸ at the home in the years leading up to starting school (Smeaton, 2022).

There is good evidence that intensive home visiting interventions support children's language development in the short term (Early Intervention Foundation, 2018a). Home visiting programmes can also help to overcome barriers which some families face in accessing services (Oppenheim et al, 2022). Parents as First Teachers (PAFT) has been identified as a promising home visiting intervention for supporting children's early language development. This programme was revised following initial evaluations and involves practitioners with experience in home visiting or teaching sharing age-appropriate information with parents about children's development and facilitating parent-child interaction through age-appropriate talk, play and reading activities (Early Intervention Foundation, 2018a).

Many home visiting interventions developed to support parental sensitivity in the first year of a child's life, for example, the Family Nurse Partnership programme (discussed below) and Child First, also have evidence of improving children's language outcomes (Early Intervention Foundation, 2018a). FNP has shown positive impacts on children's language development at age two and longer-term follow up of

⁷ The Education Endowment Foundation's Preparing for Literacy report provides further information about dialogic reading

⁸ A language rich environment is one where there are plenty of high quality, reciprocal interactions between a sensitive and attuned adult and the child.

the programme showed positive effects on school readiness at age four and reading at age six (Oppenheim et al, 2022).

Even when interventions have been shown to be effective, the Early Intervention Foundation stress that there should still be strong ongoing monitoring and evaluation of interventions (Early Intervention Foundation, 2018a).

5.2.2 Support with the parent-child relationship (including attachment)

There is evidence that home visiting interventions are moderately effective for improving maternal sensitivity, as well as the home learning environment.

However, these outcomes seem to be more likely when:

- the visits are frequent and occur over a longer period (for example 12 months or longer)
- parents are coached on how to respond sensitively to their child's cues.
- parents are provided with evidence-based strategies for solving personal problems and age-appropriate discipline.
- parents are given opportunities to practise parenting skills through role play.

Infant–Parent Psychotherapy (IPP) is a therapeutic intervention which aims to help mothers address issues in their past which may be interfering with their ability to respond sensitively to their child. IPP has good evidence of improving infant attachment security and rates of child maltreatment and also has evidence of reducing symptoms of trauma in mothers and children who have experienced abuse (Early Intervention Foundation, 2018a).

Video Interaction Guidance is an evidence-based intervention which has been shown to improve the relationship between parents and their child (NICE, 2012). However, while video-feedback interventions have good evidence for improving parenting behaviours in the short-term (for example, parental sensitivity and responsiveness), the evidence for improvements in child outcomes is weak (Early Intervention Foundation, 2018a). It is possible that there are unmeasured child benefits, especially when video-feedback is offered as part of effective intervention models (Early Intervention Foundation, 2018a).

Infant massage has good evidence of improving physical outcomes in low-birth-weight babies, as well as decreasing parental stress and increasing sensitivity (Early Intervention Foundation, 2018a). However, these benefits have not been replicated with healthy, normal-weight infants (Early Intervention Foundation, 2018a).

5.2.3 Parenting programmes

Evidence shows that parenting programmes can improve children's and parent's outcomes across different areas of development, for example attachment security, behavioural self-regulation, cognitive development, language and communications skills, and the relationship between parents (Oppenheim et al, 2022). However, while parenting programmes are able to support parents to develop their skills, improving children's outcomes can be more complex and many studies do not monitor longer-

term effects on children. Where there is only evidence that an intervention meets parents' needs, it should not be assumed that children will also benefit from the intervention (Early Intervention Foundation, 2018a).

Whilst all families with young children require support at times, some families need greater levels of support to overcome or mitigate challenges. It is therefore argued that the impact of parenting programmes will be greatest when targeted at those children and parents who are most in need (as informed by local evidence) (Oppenheim et al, 2022). The intensity of programmes should also vary by the level of need and area of development targeted (Oppenheim et al, 2022).

The Family Nurse Partnership programme and Incredible Years Programme have both been found to have a positive impact on children's outcomes in the short and long term (Oppenheim et al, 2022).

5.3 Who is best placed to deliver parenting programmes?

Different parenting programmes have different delivery models, with the majority of programmes being delivered by skilled professionals or early years practitioners, although there are examples of successful parenting programmes led by trained parents/peer supporters. In general, there is more established evidence of effectiveness for parenting programmes that are delivered through group-based settings such as at nurseries and community settings (Oppenheim et al, 2022). However, where parenting programmes are delivered depends on the age of the child and the programme's desired outcomes, with programmes supporting behaviour and cognitive development more likely to be delivered in group-based settings and programmes focusing on attachment more likely to be delivered through home visits (Oppenheim et al, 2022).

5.3.1 The role of early years providers in supporting parents

Access to and take up of high-quality childcare and early years education, run by well-trained, qualified staff, including graduates and qualified teachers, has well-recognised beneficial effects for young children's development. Nonetheless, early years providers can also support parents with their child's learning at home within the family, for example, encouraging all parents to chat, play and read with their children and working in partnership with parents and other agencies where children appear to have developmental difficulties (Department for Education, 2023c).

National evidence suggests that a notable proportion of parents may not recognise that what parents do between birth and 18 months has a large impact on their child's future (Ipsos MORI, 2020). The Statutory framework for the Early Years Foundation Stage requires early years providers to work in partnership with parents and carers to support children's learning and development (Department for Education, 2021). Early years providers are expected to listen to parents to understand the child better and give parents information about their children's progress in relation to the Early Years Foundation Stage (Department for Education, 2021).

5.3.2 Specialist health visitors

There is evidence from practice in other local areas such as South Gloucestershire LGA, 2018) that specialist health visitor roles can be beneficial for working with vulnerable groups such as refugees, homeless families, children with disabilities, and parents with mental-health problems (LGA, 2017). These specialist health visitors can help to coordinate input from other agencies to support vulnerable families. Specialist health visitor roles have also highlighted the importance of culturally appropriate support.

5.3.3 Integrated working

There is also strong consensus that greater integration can benefit families. This includes ensuring that there are good referral systems between services/teams, good systems for communication and information sharing, support and training for staff, a focus on building relationships and trust, and clearly defined roles and responsibilities (Early Intervention Foundation, 2020).

However, support for families can often be fragmented and complex to navigate. In 2022, the Early Intervention Foundation published a report outlining insights for leading maternity and early years services, based on the learning from the 20 local areas in England and Wales that used Early Intervention Foundation's maternity and early years maturity matrix planning tool in 2021 (Early Intervention Foundation, 2022).

Insights in this report included that, to support coordinated working, it is important for local areas to have:

- A good understanding of the voices and experiences of children and families
- Clear and inclusive partnership structures, with an emphasis on family and community involvement
- Good partnership working, both strategically and operationally, to join-up local arrangements for maternity and early years support.
- Shared pathways and common processes to identify and support vulnerable families.
- Common approaches for learning and for measuring improvement, including an agreed set of desired outcomes for children and families.

5.3.4 Coordination of messaging to parents

The emerging evaluation findings from the A Better Start programme⁹ highlight the importance of effective messaging. This includes getting key messages out to

⁹ A Better Start (ABS) is a National Lottery funded programme which has been rolled out in five areas of the UK (Blackpool, Bradford, Lambeth, Nottingham and Southend-on Sea), to support families to improve the diet and nutrition, language and communication skills, socio-emotional development and life chances of babies and very young children (Smeaton, 2022). Significant resource has been invested to evaluate ABS. A key aim of ABS is to improve the way that public services and the voluntary and community sector work together with parents and communities to improve outcomes for children (Smeaton, 2022).

families but also ensuring that professional bodies are consistent in their messaging. This is important so that families receive the same evidence based advice from different services rather than hearing contradictory or confusing messages from different professionals (Smeaton, 2022). Ensuring that families have the skills to engage with messaging is also important as families sometimes need to be supported to put messages into action (Smeaton, 2022).

Consistent messaging can be embedded into routine and structured activities with families through training workforces (professionals and volunteers) in evidence-based models such as:

- Chat, play, read, an evidence-based behaviour change model to support children's early language development (HM Government & National Literacy Trust, 2018).
- Five to Thrive (LGA, 2018), an attachment-based approach to positive parenting focused around five key building blocks for a healthy brain: Respond, Cuddle, Relax, Play and Talk (LGA, 2018).
- Flying Start Luton (LGA, 2018) is a partnership approach to the delivery of services for families in Luton, with a focus on the antenatal period and the early years.

5.3.5 Antenatal support

Investing in the early years is widely considered to be one of the most cost-effective investments. Heckman (2017) highlights that the highest rate of economic return comes from the earliest investments in children. Prioritising the first 1,001 days of life is therefore not only essential to reducing inequalities in child development¹⁰, but also highly cost effective.

Factors which support optimal antenatal brain development include the mother's nutrition and diet, reduced levels of maternal stress and the restriction of harmful substances in the womb, such as alcohol, nicotine and illegal substances (Early Intervention Foundation, 2018b).

As both a preterm birth and perinatal mental health (mental health problems during pregnancy and in the first year after a child is born) can impact on a child's early development, it is advised that these factors should be incorporated as part of system-wide strategies to support children's cognitive development during the early years.

Likewise, early years services should be optimised to support children's cognitive development from the antenatal period onwards. Activities which support children's cognitive development during the antenatal period include (Early Intervention Foundation, 2018b):

¹⁰ A child who falls behind in the first years of life is unlikely to catch up without specific intervention, and whilst later interventions are important, they are less effective where good early foundations are lacking (Marmot, 2020). The brain has the greatest ability to reorganise and adapt in the early years of life (HM Government, 2021).

- Activities that target risks associated with a preterm birth (such as smoking during pregnancy)
- Activities that increase mothers' access to effective mental health services.

Activities which support children's cognitive outcomes during the first year of life include (Early Intervention Foundation, 2018b):

- Intensive home visiting interventions for families with pre-identified risks, including low family income.

Activities which support children's cognitive development during toddlerhood include¹¹ (Early Intervention Foundation, 2018b):

- Continued intensive home visiting support.
- High-quality childcare and early years education from the age of two onwards
- There is also evidence to support the use of various speech and language interventions for children identified as having language delays from the age of two onwards.

5.3.5 Supporting children's physical development

Much of the aforementioned literature focuses on communication and language and social and emotional development. A separate focus was therefore given to the evidence around how parents can support their child's physical development. Please note that other chapters of this JSNA give a more detailed overview on supporting child nutrition, for example the breastfeeding chapter and the healthy eating chapter.

Physical activity, including active play, is important for a child's motor skills development. The Developmental Movement Play approach facilitates the provision of suitable environments both indoors and outdoors that extend children's physical development. Training enables adults to link children's movement with their development and provide challenge at an appropriate level.

Children's activity rates have been shown to increase if one parent is active but significantly more where both parents are active (Khanom et al, 2019).

A qualitative study with parents either expecting a baby or with a child under 12 months was conducted in deprived and affluent communities in South Wales (Khanom et al, 2019) and identified the following facilitators to support physical activity for families with young children:

- Supportive and relevant messages which help rather than tell were felt to be more helpful for parents. Messages need to cover the 'why', 'how' and 'where' information, give practical advice, and know the family context and available facilities.
- The way information is relayed should take account of the audience (including cultural and socio-economic factors)

¹¹ A more detailed summary of evidence-based activities and interventions for parents and children during the early years can be accessed from the Early Intervention Foundation

- Wider facilities such as housing, parks etc are not an 'add on' to supporting physical activity. Improved community access to safe facilities and opportunities is needed.
- Information needs to be easy to understand, practical and focussed on the area (for example, focused on what is available locally)
- Both parents should be given information and engaged in designing interventions to support greater physical activity. Doing activity together seemed to be perceived as strengthening the family unit.
- Respondents need to be able to trust and respect the source of information. Media and advertising were not trusted sources of information.
- Respondents favoured promoting community based physical activity and using social and community networks. It was felt that physical activity can be used to support community engagement and social interaction.
- Activities attached to community parenting classes and childcare provision, community gardening areas, neighbourhood charity fundraising physical activities and walk to school schemes were suggested as ways to provide family physical activity opportunities.

By contrast, the study identified socio-economic barriers to physical activity for families with young children. These most often affected families living in deprived areas:

- Time – Parents shared that busy work schedules, irregular work patterns and lack of time reduced their opportunities for family physical activity.
- Cost of activities, and the need to have transport to access many facilities, which also adds to the overall cost of activities.
- Facilities (in and out of the home) can enable or restrict physical activity and play for young children. This includes the quality of housing (such as garden access, size of rooms/floor space), the condition and safety of local parks and amenities (including cycle and walking routes), access to transport and the quality of the local environment. Some parents, especially those in deprived areas, also felt that more facilities were needed for older children as older children/teenagers contributed to local parks being inaccessible or unsafe for families.
- Parents were not always aware of physical activity opportunities for families in their local area.

The above barriers highlight the importance of addressing social, economic and environmental barriers to undertaking physical activity, as interventions which focus on individuals and their families can overlook factors which families have limited control over (Khanom et al, 2019).

Evidence also suggests that poor parent-infant relationships and parent's confidence to take care of their child impacts negatively upon parents' ability to create opportunities for motor skill learning and practice. Family engagement and parental capacity and confidence are therefore also important for a child's physical development (Baumann et al, 2020).

Good nutrition in the early years is key. As well as underpinning a child's growth and development, good nutrition contributes to establishing social behaviours, supports learning, and influences a child's food preferences and eating habits, helping to reduce childhood obesity. There is evidence that familiarising children with fruit and vegetables through picture books can increase their interest in tasting targeted foods, and may have positive, long-term impacts on children's attitudes toward new foods (Owen et al, 2018).

Responsive parenting training, focusing on sleeping, soothing and feeding, has been shown to have a positive impact on promoting positive weight trajectories in infants and reducing overweight risk in infants (Marshall & Delahunty, 2018).

6. Gaps in the evidence base

The evidence base for parenting programmes needs further development. The following is a summary of the research gaps highlighted by the Nuffield Foundation in their Time for Parents report (Oppenheim et al, 2022):

- Further research is needed to understand how to sustain positive impacts of interventions in the longer-term, including the exploration of top-up interventions.
- Research into parenting has tended to focus on mothers, however fathers are spending an increasing amount of time on childcare. Likewise, research to understand the impact of the home on development has tended to assume children have only one home. Future research is therefore needed to better understand the diversity of parents, parenting arrangements, and the contexts in which parenting occurs.
- Evidence suggests that members of the family other than parents, such as siblings and grandparents may have important effects on young children's development. However, despite the importance of the wider family in many children's lives, research to understand their impacts on young children's development is limited compared with research on parents.
- There is limited evidence as to which parenting programmes are effective for which groups of families.
- Greater research is needed to understand how well parenting programmes help different groups of parents, as some families are underserved by existing programmes. This includes opportunities to better understand the role of peer-led parenting programmes in supporting underserved groups of parents.
- More evaluation is needed to establish how and when home visiting programmes are most effective.

7. Conclusion

7.1 What are the needs we have found?

- Children in CW&C need further support in relation to communication and language and personal, social and emotional development. This is the case both universally and for vulnerable groups.

- The COVID-19 pandemic appears to have had a significant impact on the prime areas of learning as well as on parental confidence to support their children with their early development.
- The increase in demand for Speech and Language Therapy (SALT) services is not matched by resources.
- Although there is a good mix of universal and targeted service provision in CW&C to support parents with their children's early development, several providers flagged capacity challenges and increasing demand for support.
- There is a need for more effective communication about what support is available across CW&C. Greater coordination of messaging will help ensure that parents receive the same messages from different professionals and are aware of all the support available to them. Nevertheless, the recruitment and retention of early years staff is a challenge as this results in providers struggling to release staff for professional development.
- Support for parental well-being and mental health is essential for children's early development and was flagged by some parents who responded to surveys for this JSNA.
- Access is needed to universal and targeted support that helps parents build their confidence and skills in promoting optimal child development. Effort also needs to be taken to reduce the pressures on parents. However, there are funding challenges for certain services which are supporting children and families with the needs identified in this JSNA. Where services only have short-term funding, this presents a risk to the provision of services in the future.
- ASQ data is not currently reported to commissioners with enough granularity to assess scores across children's centre footprints or by other potential sources of inequality or vulnerability. This makes it harder to target provision according to inequalities in early child development.

8. Recommendations

Based on the above findings, the following recommendations have been made:

We have seen that CW&C are meeting targets in their screening of children at the 12 month and two-to-two-and-a-half-year developmental check. However, there are opportunities to use the data collected from these checks to better understand inequalities in early child development.

Recommendation 1 - Ensure that our data enables us to effectively track and target children at risk of not meeting age related expectations.

- Report the ASQ data to commissioners with sufficient granularity to enable inequalities in child development to be monitored. This could include breaking down the data for vulnerable groups, and geographically. For example, by children's centre footprint, Indices of Multiple Deprivation/Super Output Areas, English as an Additional Language, and SEN status.
- Track outcomes for children who were below the cut off score at their 12-month review and identify if they are still below at their two to two and a half year review.

It has been clear through the completion of this chapter of the JSNA that parents and practitioners value support to help them feel confident in supporting children’s development. However, not all parents and providers are clear about the support available.

Recommendation 2 – Provide clear and consistent messaging around child development to service providers, schools, settings and families.

- Review the platforms that are currently providing advice and information for parents and early years providers about how to support children’s early development and the services and support available and work to ensure that the messaging parents and providers receive is consistent. This could include considering the use of evidence-based models to support all services working with children and families to deliver consistent messaging, such as ‘Five to Thrive’ and ‘Look Say, Sing, Play’.
- The first 1,001 days of a child’s life lay the foundation for their future health and wellbeing. As part of the ongoing focus on Family Hub development, review the universal provision in place for children aged 0-2 and their families and consider developing a pathway to bring together multi-agency support for families during the first 1,001 days of life.
- Ensure that the findings of this JSNA chapter in relation to parental mental health and wellbeing are fed into the appropriate strategic groups to inform the future commissioning of services for parental mental health.

We have seen that communication skills are an essential building block towards positive outcomes for children. The current picture in CW&C shows that there is an increased need for specialist support as referral and active caseloads are increasing.

Recommendation 3 – Review the effectiveness of current systems within the speech and language therapy service that aim to support the development of communication and language at a universal, targeted and specialist level

- Look to provide a robust tiered approach to Speech and Language Therapy, which would help to promote early identification and intervention through upskilling the wider workforce, and help with the increased demand on Specialist Speech and Language services!
- Review wider demand on speech and language services at pre-school level due to increasing referral numbers and complexity of children, to ensure that capacity within services is able to meet demand.

9. Glossary of terms

CW&C	Cheshire West and Chester Council
Early Years	The ages from birth to five years of age.
Ofsted	Office for Standards in Education. monitoring standards in early

	years provision and schools by regular inspections.
School readiness	Prior to entry into the reception year at school, children feel happy, cared for, safe and ready to learn. They meet age related expectations and milestones.
Early Years Foundation Stage	The distinct phase of education linked to children in the early years
Early Years Provider	An early years provider is a professional person or institution which provides early years childcare services whilst adhering to the requirements detailed in the statutory framework for the early years foundation stage (EYFS).
GCSE	General Certificate of Secondary Education
Good level of development (GLD)	A child has achieved age related expectations in all of the prime areas as well as literacy and mathematics
Prime Areas of Learning	Communication and language, physical development and personal, social and emotional development
The Specific Areas of Learning	Literacy, mathematics, understanding the world and expressive arts and design
Reception	The first year of Primary School in which a child will have their fifth birthday
Statutory Framework for the Early Years Foundation Stage	The legal requirements applicable to all registered providers offering sessional and day care and education from birth to five years old
ASQ3	Ages and Stages Questionnaire
PVI	private, voluntary and independent early years settings registered with Ofsted
ELG	Early Learning Goals
EYFSP	Early Years Foundation Stage Profile
SEND	Special educational needs and disabilities (SEND)
FSM	Free school meals
SALT	Speech & Language Therapy Services
CCIP	Central Cheshire Integrated Care Partnership
JSNA	Joint Strategic Needs Assessment that presents data and information about the current and future health and wellbeing needs of the local population.
Practitioners	Staff that work in early years child care and education that look after the personal and educational needs of young

	children. They will also work in partnership with families and other linked agencies.
Parent	The person or people that have legal parental responsibility for a child.

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