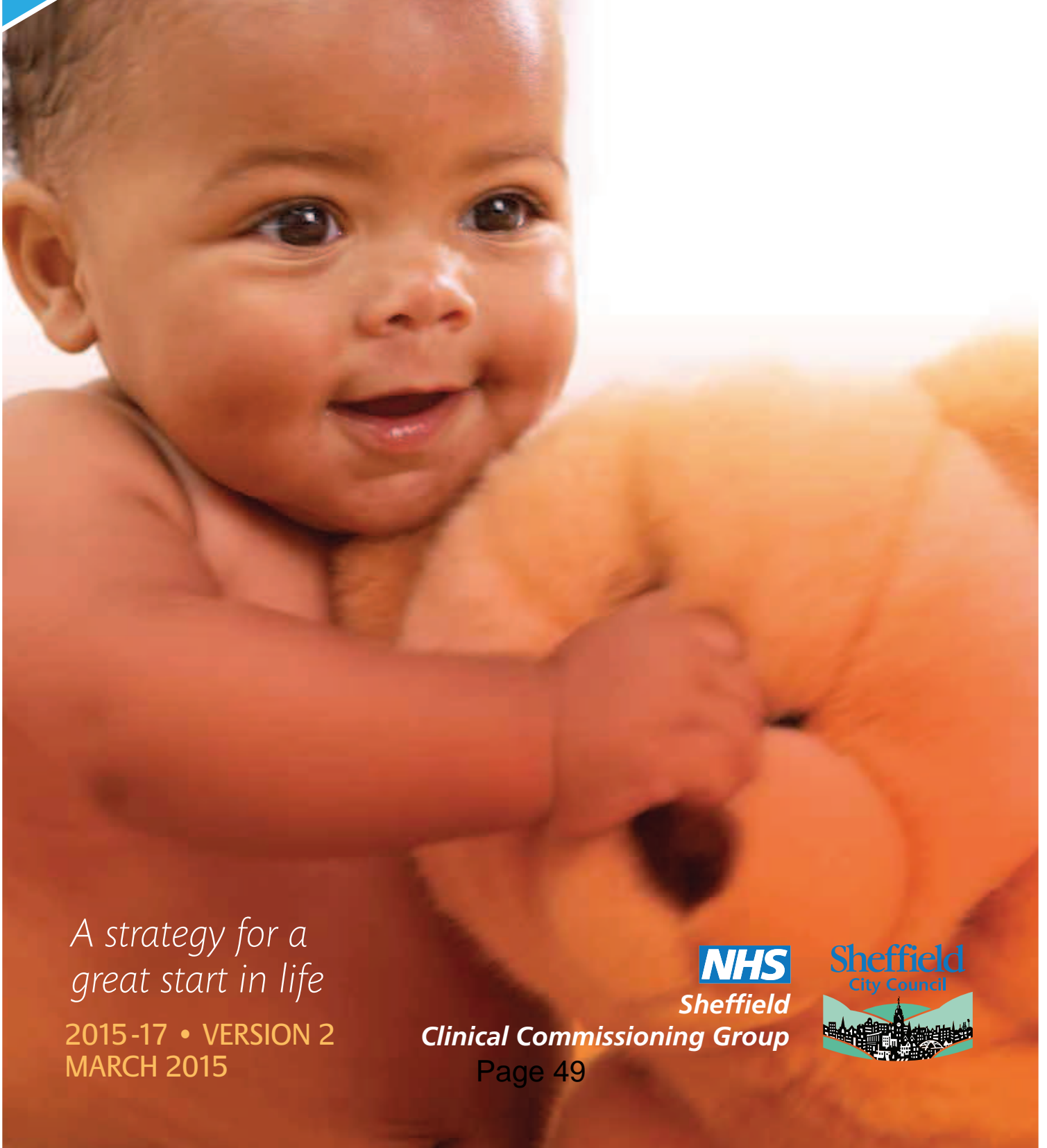


**DRAFT**

# Best Start

## SHEFFIELD



*A strategy for a  
great start in life*

2015-17 • VERSION 2  
MARCH 2015

**NHS**

Sheffield

Clinical Commissioning Group

Sheffield  
City Council



# Contents

This document has been prepared in partnership with:

- Sheffield CCG
- Sheffield Cubed
- Sheffield Children's NHS Foundation Trust
- Sheffield Teaching Hospital NHS Foundation Trust
- Brightside/Shiregreen Community Partnership
- Darnall/Tinsley Community Partnership
- Manor/Castle Community Partnership

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# Foreword

Welcome to Sheffield's 'Best Start' strategy for the delivery of Early Years' services – **'a strategy for a great start in life'**. This is a joint strategy prepared by the Local Authority working with key partners, and builds on the existing relationships with Schools, Health, GPs, Private, Voluntary, Community and Faith Sectors.

Development of this strategy has been part of a journey during which we have listened to families over the last 2 years, implemented outcomes from our Early Years' review, and our 'Call for Views' and more recently a restructure of the Early Years' services in the Local Authority. This is the next stage of the process. Children in Sheffield deserve a great start in life and what they experience in their earliest years is the key to their success in adulthood. This strategy sets out our ambitions for children and describes how we will continue to reshape services. By working together we will make the much needed improvements to outcomes for children in the city.

From 1 October 2015, Local Authorities will take over responsibility for commissioning 0-5 Public Health services (specifically Health Visiting and Family Nurse Partnership).

This transfer has brought about an opportunity to use the Public Health outcomes framework as

a driver for shaping our integrated strategy and commissioning intentions.

Sheffield is at the forefront of developing new ways of working. It has strong and vibrant communities where newly arrived families are welcomed and new and diverse cultures are embraced. Building on our experience as a city which supports and encourages community partnerships, this strategy will give us the potential to deliver services more flexibly and sustainably and with reduced bureaucracy, which will result in higher quality output. This is reflected in the 5 key drivers for the city which are:

1. Sheffield Joint Health & Wellbeing Strategy <sup>1</sup>
2. Child Poverty Strategy <sup>2</sup>
3. Early Years Foundation Stage (EYFS)
4. Healthy Child Programme (HCP)
5. Building Successful Families <sup>3</sup>

<sup>1</sup> <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html>

<sup>2</sup> <https://www.sheffield0to19.org.uk/professionals/strategy/Sheffield-s-Child-and-Household-Poverty-Strategy.html>

<sup>3</sup> <https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan/tackling-poverty-and-increasing-social-justice/building-successful-families.html>

Our philosophy is aligned with our vision for a fairer city, one that builds on the strengths of our communities and citizens to create the best environment for the best start in life. This strategy is being published at a time of continuous change and challenge, with significant policy change and opportunity including the effects of the revised Early Years Foundation Stage Ofsted Framework and the transfer of Public Health to Local Authorities with the implementation of the Healthy Child programme.

In recent years it has become evident that the experience and outcomes for local people can be very different. Inequalities in early learning, early achievement, health and wellbeing have led to a gap in the achievement of children from disadvantaged homes compared to those more advantaged. It is one of our main objectives to reduce these inequalities across the city.

We will focus on building positive and successful relationships by achieving a cultural shift in the understanding of the importance of pregnancy, babyhood and infancy through to the end of the foundation stage. Evidence tells us we must focus on secure relationships with key adults and established routines in the first months of a child's life, to make sure our children can flourish in their school years and be able to access opportunities as they move into adulthood. All children need a supportive and nurturing environment and to

be protected from harm and this needs to begin in the antenatal period and continue throughout childhood.

Through our engagement with families and the voluntary community sectors we know there is the will, skills and understanding to drive and shape the design and delivery of an integrated Early Years' Service, working alongside all partners.

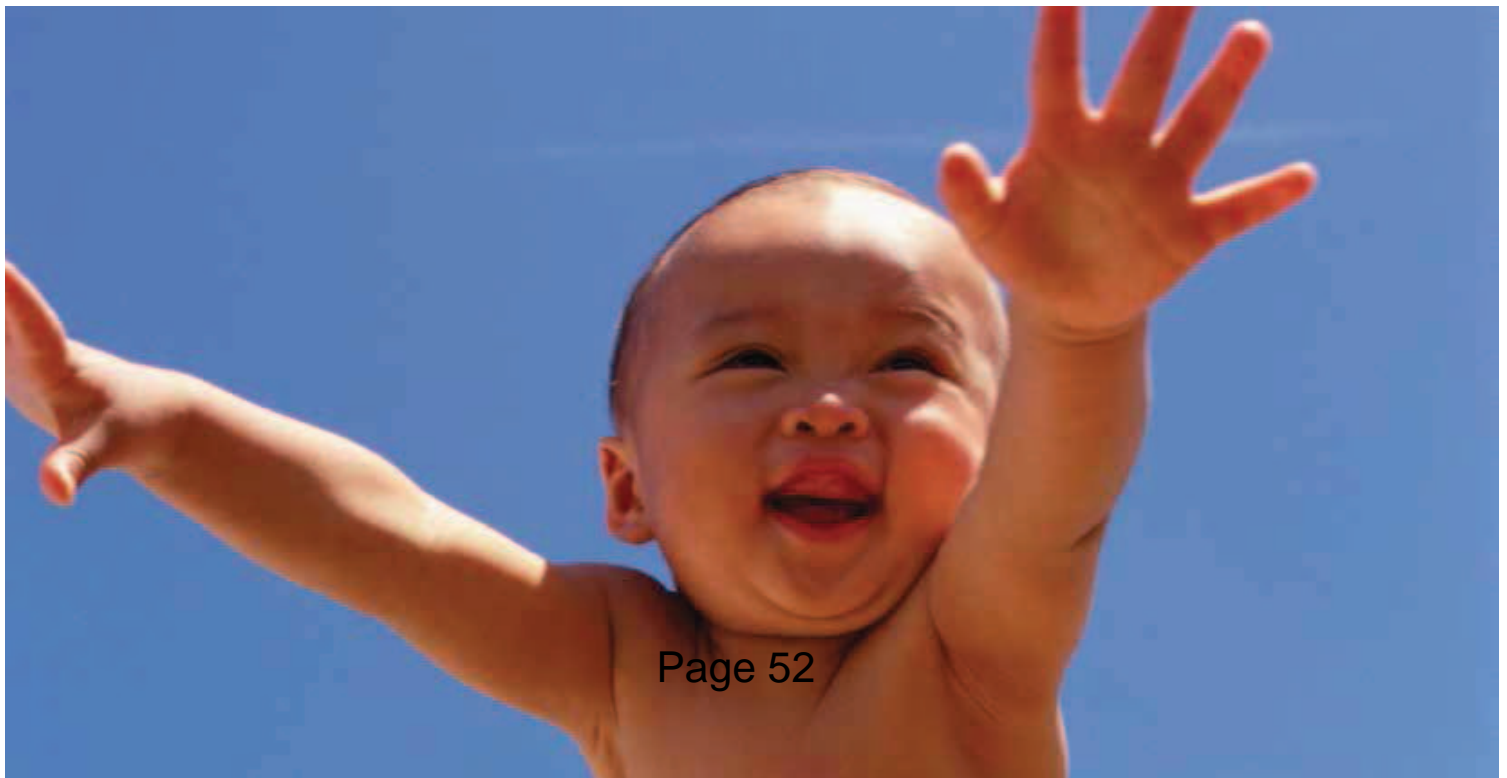
We have identified what is needed to build up local community capacity and resilience, and want to embed a cultural shift across the community to offer collaborative working, quality improvement and active and vibrant partnerships to develop ideas and engage families.

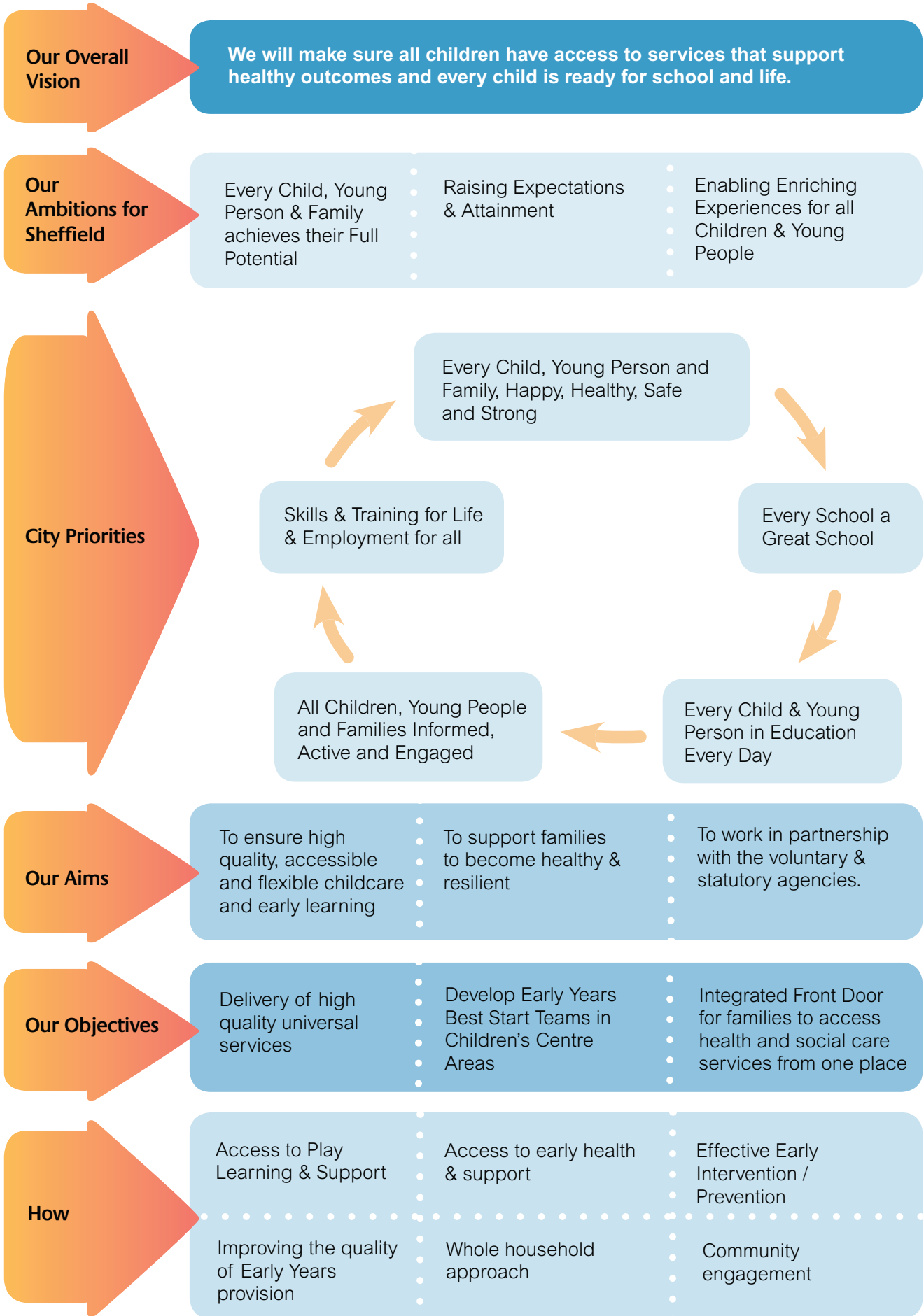
We will respond to the increasing birth rate, the increasing Free Early Learning (FEL) for 2 year olds and the changing demographics across the city to ensure high quality flexible childcare. This strategy will be integral to the wider Public Health priority of encouraging good health and wellbeing throughout life.

We will make it a priority to fulfil these ambitions for every child in Sheffield.



Councillor Jackie Drayton  
Cabinet Member for Children, Young People and Families







# The **Early Years** Vision

Our vision is that children in Sheffield are:

- Happy, healthy, safe and strong
- Inspired and enabled to reach their potential
- Ready for school and for life

We recognise that the future is dependent on families building strong relationships, feeling supported and living within caring and health promoting communities.

## **Our Priorities for action**

1. To empower parents, families and carers to be resilient, strong, confident and independent
- 2a To provide accessible, flexible and high quality effective early learning and childcare for all children
- 2b To narrow the attainment gap especially for children in the most deprived areas

- 3 To improve early intervention and prevention and early identification for vulnerable children and families
- 4 To improve access and coordination of health and wellbeing initiatives for children and families
- 5a To engage families in local communities to influence and play a positive role in shaping activities and services
- 5b To develop peer support programmes with volunteers to increase social mobility and access to employment.
- 6 To support organisations and child-minders across the sector to work together to ensure the early year's workforce has the knowledge, skills and support that will enable children to reach their full potential.

*The Early Years Foundation Stage (EYFS) Framework sets the standards that all providers must meet to ensure that children learn, develop well and are kept healthy and safe. It promotes teaching and learning to ensure a child's "school readiness"*

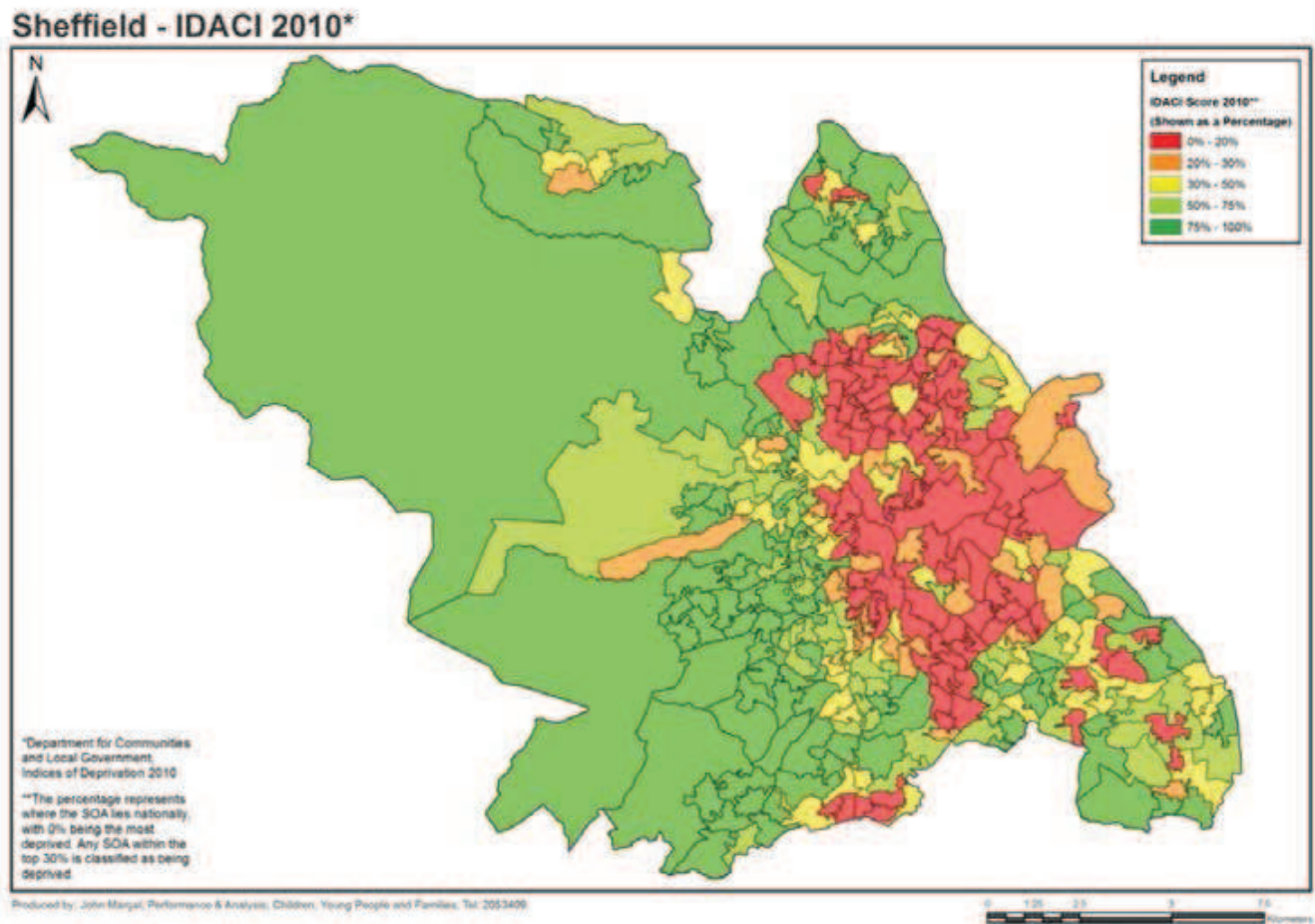
*The Local Community Partnership Forums across the city will have a key role in developing the vision, shape and delivery of services.*

*The Healthy Child Programme supports families from pregnancy to provide safe, secure and appropriate care to infants. Through understanding the parent's needs, supporting their understanding of their infant, offering advice to boost parenting capacity, reviewing children's development, offering healthy living advice and immunisations - all services that children and families need to receive if they are to achieve optimum health and wellbeing.*

# Sheffield – Our local context

There are currently 33,600 children under 5 in Sheffield including 6,839 two year olds (Autumn Census 2013)

Map of Deprivation in Sheffield







# Our Priorities

## Priority 1: Empower parents, families and carers to be resilient, strong, confident and independent

17%

Of children under 16 are living in poverty

9.9%

Of people in Sheffield are unemployed

### Why is this important?

- Children growing up in healthy, stable and nurturing family environments are more likely to be better prepared for school and life, and to experience better outcomes.
- Seeing parents as partners is key and to acknowledge that they are the experts about their child/children lives.
- Parenting is a key factor influencing children's early social and emotional development, and there is a clear link between parenting practice and child anti-social behaviour.
- Evidence that shows that the early caregiving environment and in particular parenting mediates around 50% of the impact of many of the contextual factors (for example, poverty) which influence children's early development including wellbeing.
- Parental confidence and engagement is important in terms of early speech, language and learning.
- Parents need to access training and employment to develop their own skills which in turn will benefit their children's lives.

### Where are we now?

- National research suggests that up to 15% of families may struggle to provide their infants with safe, secure and stimulating relationships. This means up to 4,700 infants in Sheffield may be at risk of disorganised attachment.
- Around 20% of people in Sheffield live in relative poverty (below 60% of median income) at any one time. In 2012 this included 23% of all Sheffield children. Almost two thirds of

children living in single parent families live in poverty.

- 125,000 [22%] Sheffield people live within areas ranked as the most deprived tenth nationally, and 47,000 [8%] live within the least deprived tenth nationally.
- Children's centre areas cover all parts of the city and provide access to a range of universal and targeted care, support and activities from pregnancy right through to when their children start school.
- Sheffield provides evidence based parenting programs such as Incredible Babies and Triple P which support parenting in the early years and there are opportunities to access informal parenting support within children centre areas.
- There are a variety of ways parents can give their views on current activities and support in Sheffield including a parents' assembly which currently has over 800 members.

### What are we going to do?

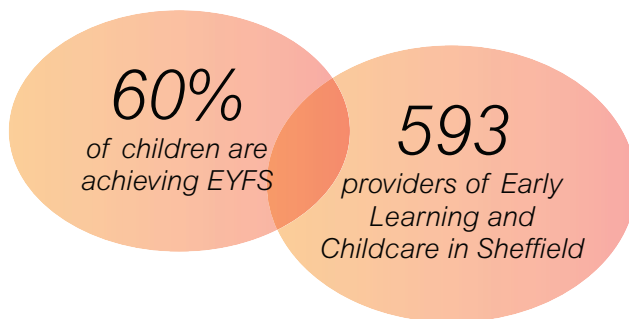
- Children's Centre areas will take a cross sector approach (including GP consortia, information and advice organisations, schools and voluntary and community sector organisations), offering an extensive range of effective support options for all including the most vulnerable families.
- Play, learning and development opportunities will be available to all parents. This offer will be co-ordinated across the city through the Best Start teams.
- Evidence based, high quality parenting programmes will be made available to help parents in developing positive and fulfilling relationships with their children.
- Both employed peer support and volunteering opportunities will be made available in all children's centre areas, so that members of local communities can share skills and knowledge, help reduce social isolation, improve families' resilience, health and wellbeing.
- Early years providers will identify harder to reach families, making sure they understand what early education and childcare choices are

available and can reach an informed decision about their preferred option.

- The Household and Child Poverty Strategy will put in place measures to tackle the root causes of poverty and give children the best possible chance of a poverty free future.

**Priority 2a: To provide accessible, flexible and high quality effective early learning and childcare for all children.**

**Priority 2b: To narrow the attainment gap especially for children in the most deprived areas.**



**Why is this important?**

- The earliest experiences of a child's life from 0-5 have an enormous influence on later life chances. A holistic approach is required to 'this age of opportunity' to enhance the lives of babies, children and their families. Support, advice and early learning services should be available to all families with children under 5 with a particular focus on conception to aged 2.
- It is essential for all children to make good progress in their early development, that there is early identification of any problems, and support for these children through universal and more specialist services.
- High quality learning and childcare, support through good parenting and stimulating environments will improve the 'school readiness' of children and shape the foundations for later life.

**Where are we now?**

- It is widely reported that many Sheffield children start school well below expected levels

of development for their age, and prime areas of the Early Years Foundation stage (EYFS) results show the most vulnerable areas of attainment to be reading, writing and numbers. Concerted efforts have been made and the outcomes for Sheffield's children at the end of the 2012/13 academic year was favourable and in line with national results at 60% achieving acceptable levels at the EYFS.

- In Sheffield the attainment gap which is a calculation of the difference in attainment between the average child in Sheffield and the average child in the lowest attaining 20% has been very high. However at the end of 2012/13 the gap measure was 41% this narrowed to 37% for 13/14 and is a strong positive trend. Current take up of children accessing their entitlement for free early learning (FEL) for 3 and 4 year olds is 93% compared to average take up of children across England which is 96%. In autumn 2013 this equated to 6,775 aged 3 and 6,771 aged 4.
- FEL for 2 year olds is accessed only by those families who meet the criteria (based on free school meals entitlement), in Autumn 2013 there was a total of 1,150 children aged 2 accessing their entitlement out of 1,758 who were eligible. This is steadily increasing due to regular marketing information and interest from schools to develop provision for younger children.
- There are 593 providers in Sheffield; this includes schools, private, voluntary, community and child-minders. Of these 593 providers, 260 provide FEL places for 2, 3 and 4 year olds. 78% of child-minders out of 368 and 76% of group providers out of 167 were judged as good or outstanding in their latest Ofsted inspections.
- The number of children with English as an additional language is increasing every year and there is a growing need for universal provision to respond to the changing demographics of the city and the number of children with significant speech and language delay.
- Speech and language acquisition on entry to the EYFS is very unequal across the city,

although Sheffield's speech and language results were close to the national average; this masks the number of children from language poor homes.

### What are we going to do?

- Develop collaborative arrangements through a 'hub' approach in localities, between providers from the PVI sectors, schools, LA and contributing partners. This will develop 'Best Start' teams from a range of employees to work together, focus on agreed outcomes, share policies and practice and maintain sustainable provision within local communities.
- Prioritise service delivery and appropriate interventions and early help to the most vulnerable children and ensure children with additional needs or disabilities are supported in their local areas.
- Increase the take up of vulnerable 2 year olds taking their entitlement to FEL and support providers to offer high quality provision for the youngest children.
- Ensure high quality provision is flexible, consistent and available across the City with the 'Best Start' practitioners sharing good practice and joint working with schools to review support to all providers. Encouraging the development or maintenance of breakfast clubs, after school clubs and other social activities.
- Provide opportunities for continued professional development, by joint activities, training and support to a skilled and motivated workforce. The 'hub' approach to be used to develop professional and learning environments in localities.
- Promote a consistent and comprehensive approach to measuring and recording children's progress at key transitions. Develop the 2 year old joint health and education assessment to support parents at this crucial stage of their child's health and attainment and ensure that children at risk are identified at the earliest opportunity.

### Priority 3: Improve early intervention and prevention and early identification for children and families.

12%

*of infants are at risk of stressful family relationships which will impact on their development and readiness to learn*

### Why is this important?

- Providing support to meet children and families' needs at the earliest opportunity results in better longer term outcomes
- Identifying potential need and early intervention in the early years prevents situations from escalating and ultimately reduces the need for intensive, specialist help and provides increased value for money
- The most cost effective use of resources is to meet the needs of the most vulnerable families at the earliest opportunity from pregnancy to two years old.
- Improved developmental assessment for all children will enable all services to take a whole family approach in understanding the needs for children with developmental delay.

### Where are we now?

- The 0 – 5 years age group has high levels of vulnerability and they make up the highest rate of referrals into social care and highest number of children in need. 0.5 % Sheffield population of under 4's are Looked After Children and 0.7% under 4's are children are subject to a child protection plan. 2% of under 4's are Children in Need.
- Research tells us that 15% of infants are at risk of severe insecure attachment which we know impacts on developing the strong developmental foundations for children to reach their potential. This means up to 4,700 in Sheffield are living in very stressful environments.
- Concerns around School Attendance figures
- Antenatal risk assessment by midwifery screens for maternal mental health, substance



misuse, domestic abuse and other adverse social factors and a care pathway is offered to vulnerable women.

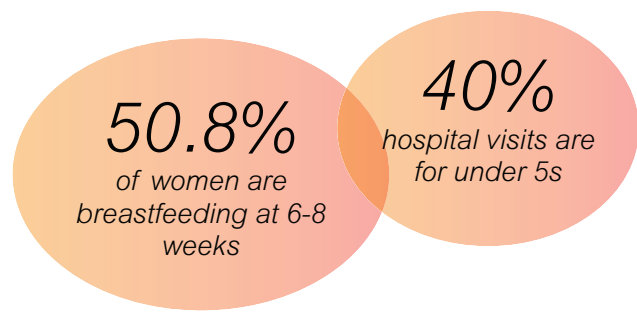
- Family Nurse Partnership (a three year program) offers over 80 places a year (205 places overall) targeting complex and vulnerable new teenage parents. Since FNP began in 2009, over 150 babies and their parents have completed and graduated from the Programme.
- The Alcohol Screening Tool by Community Midwives, Health Visitors, MAST workers, Housing workers, GP's, Mental Health workers, Drug and Alcohol workers helps to identify parents/families who would benefit from support in relation to their alcohol use.
- Building Successful Families' initiative will include more children 0-5 years old.
- The Family Common Assessment Framework (FCAF) has been reviewed and is a core part of integrated working.
- Very few children under 5 are seen within Children, Adults Parental Health Service CAMHS.

### What are we going to do?

- Ensure that consistent clear information is available to all parents and those who work with families in the city regarding the full universal, targeted and specialist offer.
- Develop robust step up, step down pathways and relationships between universal, targeted early intervention and preventative services and specialist services for children and families in need to ensure that are supported appropriately.
- Early identification of parenting stresses
- Develop midwifery initial risk assessment to include parent's experience of being parented and support workforce skills to offer a strength based approach in identifying needs and strengths with vulnerable parents.
- Develop quality peer support programmes for local parents and carers to access.
- Expand FNP 250 places overall and continue to improve joint working with midwifery to enable early identification of eligible clients.

- Develop a Drug Dependency Screening Tool which will help identify families where there are underlying drug misuse issues affecting parenting / attachment etc.

### Priority 4: Improve access and coordination of health and wellbeing initiatives for children and families



### Why is this important?

- The early years lay the foundations for later resilience in life, investment during this period has considerable benefit in terms of potential cost benefits.
- Universal and targeted support in line with the Healthy Child Programme should be fully commissioned and universal provision provides key opportunities to identify families at risk or in need of greater support.
- Poor maternal health during pregnancy increases the risk of birth complications, stillbirths, low birth weight and poor mental health for the child.
- Breastfeeding protects babies and mothers against many illnesses and provides the best nutrition for babies.
- Primary prevention of obesity should begin in infancy with the delivery of interventions aimed at improving children's eating and activity patterns.

### Where are we now?

- Sudden infant death rates are higher in Sheffield than nationally and concentrated in more deprived areas.
- Smoking during pregnancy is still above the national rate and there are wide differences at community level in the proportion of women who are smoking 'at delivery'.

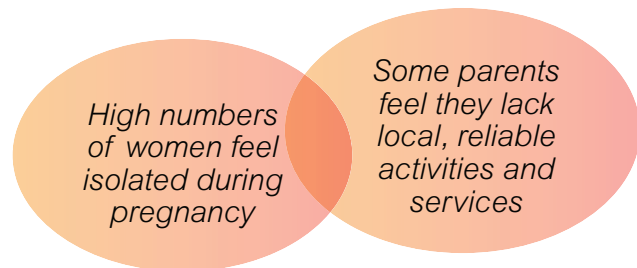
- Breastfeeding rates in Sheffield are good and are above the national average but wide inequalities exist within the city and continue to widen.
- There is currently a high use of children's emergency care and the rate of emergency admissions of young babies is of concern.
- Emergency admissions rate (09/10) for respiratory conditions in 0-4 year olds in Sheffield is highest in England. Local data show that the highest use of A&E attendance in Sheffield is from the most deprived areas where rates are up to 50% above the city wide average.
- Sheffield teenage pregnancy rates are lower than ever – although still above the national rate.

### What are we going to do?

- The Infant Mortality Strategy delivery plan will continue to take forward actions to address associated risk factors including reducing smoking, breastfeeding, safe sleep, consanguinity, early antenatal booking, child poverty and teenage pregnancy.
- Start Well Sheffield will support families in making healthy diet and lifestyle choices to manage and reduce the incidence of childhood obesity.
- Improve early identification and pathways for low level maternal mental health needs
- Continue to develop integrated Best Start Teams operating through children's centre areas, creating strong links between midwifery, health visitors, GPs and maximising opportunities for collaborative working.
- Continue to share learning from and develop the Family Nurse Partnership.
- Achieve transfer of commissioning for health visiting from NHS England to Sheffield City Council using this as an opportunity to establish clear shared understanding of roles and responsibilities in delivering the Healthy Child Programme.
- Encourage opportunities for families to access physical activities such as 'move more' and ensure information is available on diet and dangers of obesity.

### Priority 5a: To engage families in local communities to influence and play a positive role in shaping activities and services.

### Priority 5b: To develop peer support programmes with volunteers to increase social mobility and access to employment.



### Why is this important?

- Our ambition for Best Start Sheffield is that we achieve a shift towards authentic power and responsibility sharing between the public sector and local communities.
- Our approach is one that aims to build social and community capital across Sheffield.
- We feel engaging and listening to our communities is vital if we are going to improve outcomes for all our babies, infants, young children and their families.
- Having communities at the heart of what we do will help to shape our mission and drive it forward.
- By reaching into our communities and ensuring service provision is accountable to local communities and responsive to community need and demand is essential.
- Generating added value by promoting social cohesion, ensuring local ownership and learner led approaches will lead to developing social capital, community assets and building sustainable communities.
- Access to community led, family activities and services can support improved behavioural and developmental outcomes for babies, infants and their families.





### Where are we now?

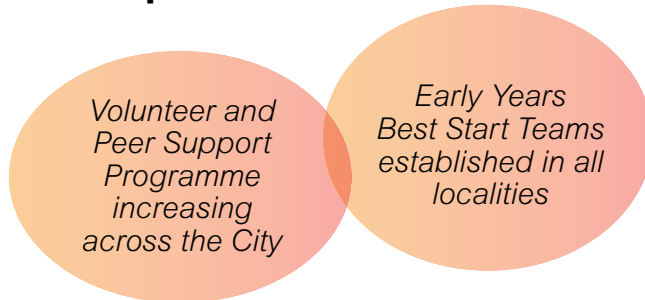
- Three local community partnerships have been developed. They are very well attended and have already drawn new funding for activities into their areas.
- Local community partnership forums are expanding across the city in children centre areas.
- Work has already begun to attract other forms of investment into the early year's sector in Sheffield via our community partnerships.
- We have already listened to many of our service users and those who don't currently access locally based activities.
- Explore new ways of attracting investment into Early Years in Sheffield by leveraging in additional funding through a variety of sources.
- Increase community engagement and resilience across the city.
- We will work with local families, parents and carers to develop peer support programmes and volunteer opportunities in partnership with statutory, private and voluntary providers. This will support people out of poverty in enabling them to increase their skills and knowledge and enter into employment.
- We will always invest in approaches that empower and upskill individuals and community organisations.

### What are we going to do?

- Develop local community partnership forums across the city to influence, shape services and identify local need.



**Priority 6: To support organisations and child-minders across the sector to work together to ensure the early year's workforce has the knowledge, skills and support that will enable children to reach their full potential.**



**Why is this important?**

- A competent, skilled and compassionate workforce can make a difference to children's development and ensure families engage in activities and support systems when required.
- The workforce can work more effectively together if they have shared knowledge and language needed to best protect children and give them a best start.
- It is important that people working with vulnerable children and families have the knowledge, skills and support they need in order to cope with the demands of working with high risk families and retain their compassion and professionalism.
- A workforce that is appropriately resourced and supported will be best able to fulfil their role, contribute to service improvements and have greater retention rates and less staff absence.

**Where are we now?**

Additional training other than the core training offer for early years workforce includes:

- Quality improvement in childcare setting in response to the expansion of 2 year FEL.
- Understanding two year olds, ESCAL (Every Sheffield Child Articulate and Literate) 6 sessions, Community of Practice, CAMHS core skills four sessions with Child Care Team.
- Inclusion and Learning Services - Quality improvement in EYFS Training brochure.
- Early Years Inclusion.

- Health Visiting.
- Motivational Interviewing, Perinatal Mental Health , Ages and Stages etc., Restorative Supervision, Education, Child Health Policy, CAMHS core skills.
- HENRY Train the Trainers: Starting Well: (healthy eating and exercise for the really young) parenting programme.
- UNICEF baby friendly initiative: equips staff to support women to make best choices antenatally/postnatally : delivered to maternity, health visiting and early years 0-5s workforce.
- Attachment and Attunement training - Over 3,000 practitioners have received training on critical importance of attunement and regulation and the critical importance of infancy but this has been delivered ad hoc.
- Safeguarding training.
- Encourage opportunities for families to access physical activities such as 'move more', and ensure information is available on diet and dangers of obesity.

**What are we going to do?**

- We want to be sure that people working with children and families have the knowledge, skills and support they need in order cope with the demands of working with high risk families and retain their compassion and professionalism.
- Emphasise the importance for all agencies involved in supporting families including the wider workforce e.g. Housing and Police to understand the critical importance of infancy – Outcome Tiered Baby Matters training.
- Good understanding of multi-agency working and resources available for families.
- Enable workforce to listen and respect communities, families and children needs.
- Strengthen inter-agency and multi-disciplinary working – clarity of role and referral pathways.
- Commitment to multi-agency working and shared resources available to families.
- Ensure advice and guidance is available through customer first services, with directions to what is available and where.

# Delivery Model - Our Offer to Families

This offer will provide all families with a programme of support tailored to meet their needs. Within each Children's Centre area, locally based teams will work together to deliver a range of services to provide support through pregnancy upto admission into school. This will combine the Healthy Child Programme and the EYFS Framework and will follow the tiered approach based on the national "Health Visitor Implementation Plan 2011- 2015: a call for action". This is outlined below:

## Community Universal Services

The Healthy Child Programme, EYFS framework and other care/early learning services will be implemented to support all parents and carers to access to a range of universal services. This will involve a planned programme of contacts and services for all families to ensure their well-being, development and safety and include interactive feedback from the users of the following services.

- Maternity services
- Health visiting
- Information services
- Preparation for birth and beyond
- Early Years activity groups and parent groups
- Early Years Foundation Stage provision for 3 / 4 year FEL
- Breast feeding support
- Volunteer support
- Schools/Private/Independent/ Voluntary nursery provision
- Attainment and attachment
- GPs
- Vaccination and Immunisation
- Dental and Pharmacy service

## Universal Plus (Targeted Services)

Additional services from the extended Best Start teams that a family might need for a specific length of time, intervening early to prevent problems developing or worsening. For example packages include parenting support, breastfeeding, behaviour or disability. This will include interactive feedback from the users of the following services.

- Parent Education Classes
- 2 Year Free Early Learning (FEL)
- Peer Support – HENRY
- Health Visitor Universal Plus
- Maternity
- SEND support services
- Baby incredible years (parenting programme)
- Volunteer support
- Doula
- GPs

## Universal Partnership Plus (Specialist Services)

Targeted services for vulnerable families requiring on-going additional support from the extended Best Start Teams. For example families at a social disadvantage, adults with mental health or substance misuse issues where there are safeguarding child protection concerns or children with a disability of complex needs. This will include interactive feedback from the users of the following services.

- Family Nurse Partnership (FNP)
- Volunteer support
- Maternity specialists
- Health Visitor Universal Partnership Plus
- Stepping Stones
- Key worker support
- Speech and language/portage interventions
- Minding the baby / NSPCC
- Access to specialist services
- ASD/Educational psychologists
- NHS Paediatric Team
- GPs



# Best Start Support Pathway

## Preparing for my arrival



The mother's own physical and emotional health during pregnancy influences the child's future health and development.

## I am new to the world



The new born is amazing at learning. The brain is growing at the most incredible rate and babies learn from the interactions they receive from their caregivers. They need sensitive, safe and appropriate care to flourish.

## Now I am 1



One year olds are great communicators and understand more than they can say, it is important to be attuned to their needs.

Bounty Pack - You and Your Pregnancy  
Stakeholder Forum / Community Partnerships  
Parenting programmes Webster Stratton  
Safety Package  
Adult Learning Workshops  
Basic Skills Workshops  
Cleaning and Hygiene Support - Referral  
Family Nurse Partnership  
Antenatal Clinics  
Breast feeding / Healthy Eating Support Groups  
Pregnancy & Healthy Early Years - Volunteers

Parentcraft  
Confidence Building / Assertiveness  
Budgeting & Debt Management Workshops  
Benefits Advice & Support  
Job Club  
Great Places Housing Advice  
Basic First Aid for your Baby  
Aromatherapy Classes  
Aqua Natal Classes  
Substance Misuse Support / Referrals  
Domestic Violence Support / Referrals  
Smoke Stop Support / Referrals  
Prevention Support Contact in the Home  
Prevention Support Contact in the Centre  
Intervention Support Contact in the Home / Referrals  
Doula Volunteer Programme / Referrals  
CAD (support with food and cots etc.)  
Counselling Sessions

Access to Childcare - Families Information Service (FIS)  
Stay / Play & Learn Sessions  
Home Learning Packs  
Reading and Booksharing Workshops  
Baby Lets Play  
Round About  
Bounty Pack - You and Your Newborn/Family Pack  
Stakeholder Forum / Community Partnerships  
Parenting programmes Webster Stratton / Triple P  
Safety Package  
Adult Learning Workshops  
Basic Skills Workshops  
Cleaning and Hygiene Support - Referral  
Family Nurse Partnership  
Health Visiting Clinics - 6 - 8 Week Visit  
Midwifery Post-natal Visit  
Infant Feeding - Volunteers  
Pregnancy & Healthy Early Years - Volunteers  
Baby Yoga  
Baby Massage

Family Relationship  
Confidence Building / Assertiveness  
Budgeting & Debt Management Workshops  
Benefits Advice & Support  
Job Club  
Great Places Housing Advice  
New Parents Group / Bringing Up Baby  
Basic First Aid for Your Baby  
HENRY - Nutrition Programme - Referral  
Perinatal Mental Health Support  
Substance Misuse Support / Referrals  
Domestic Violence Support / Referrals  
Smoke Stop Support / Referrals  
Prevention Support Contact in the Home  
Prevention Support Contact in the Centre  
Intervention Support Contact in the Home / Referrals  
CAD (support with food and cots etc.)  
Counselling Sessions

Specialist Home Based Childcare - Referral  
ASP/Educational Psychologists  
NHS Paediatric Team

Access to Childcare - Families Information Service (FIS)  
Stay / Play & Learn Sessions  
Home Learning Packs  
Bookstart Corner  
Stakeholder Forum / Community Partnerships  
Parenting programmes Webster Stratton / Triple P  
Safety Package  
Cooking on a Budget  
Adult Learning Workshops  
Basic Skills Workshops  
Cleaning and Hygiene Support - Referral  
Family Nurse Partnership  
SEN Support  
Healthy Child Programme - Visits / Clinics / 1 Year  
Assessment / Immunisations  
Activity Sheffield - Miracle Cure  
Infant Feeding - Volunteers  
Pregnancy & Healthy Early Years - Volunteers  
Baby Yoga  
Baby Massage

Family Relationship  
Confidence Building / Assertiveness  
Budgeting & Debt Management Workshops  
Benefits Advice & Support  
Job Club  
Great Places Housing Advice  
Paediatric First Aid  
HENRY - Nutrition programme - Referral  
Perinatal Mental Health Support  
Substance Misuse Support / Referrals  
Domestic Violence Support / Referrals  
Smoke Stop Support / Referrals  
Prevention Support Contact in the Home  
Prevention Support Contact in the Centre  
Intervention Support Contact in the Home / Referrals  
CAD (support with food and cots etc.)  
Counselling Sessions

Come and Do  
Music and Movement  
Speech Language  
Specialist Home Based Childcare - Referral

The above diagram shows the range of services children, parents and carers can access across the city, these may not be offered in all localities.

Call in one of the local Children Centre's or go on the [www.sheffield.gov.uk/childrenscentres](http://www.sheffield.gov.uk/childrenscentres)

Sheffieldchildrenscentres to see what is available and where.

# - Children's Centre Programmes

## Now I am 2



Play is essential at this age , allowing them to explore their world and build up all areas of their development.

## Now I am 3



Environments need to be safe and stimulating to promote their development and offer opportunities for parents to get to know each other.

## Soon I will be at school



Ready for school and life, happy safe and healthy and motivated to succeed.

Joint 2 Year Assessment with Health
Access to Childcare - Families Information Service (FIS)
Parent & Toddler Group
Stay / Play & Learn Sessions
Home Learning Packs
Bookstart Corner
Every Child a Talker ECAT
Parenting programmes Webster Stratton
Triple P / Stepping Stones
Safety Package
Cooking on a Budget
Stakeholder Forum / Community Partnerships
Adult Learning Workshops
Basic Skills Workshops
Cleaning and Hygiene Support - Referral
Family Nurse Partnership
SEN Support
Healthy Child Programme - Visits / Clinics /
2 Year Assessment / Immunisations
Activity Sheffield - Miracle Cure
Infant Feeding - Volunteers
Pregnancy & Healthy Early Years - Volunteers

2 year Free Early Learning
Ready Steady Go
Family Learning
Family Relationship
Confidence Building / Assertiveness
Budgeting & Debt Management Workshops
Benefits Advice & Support
Job Club
Great Places Housing Advice
Paediatric First Aid
HENRY - Nutrition Programme - Referral
Perinatal Mental Health Support
Substance Misuse Support / Referrals
Domestic Violence Support / Referrals
Smoke Stop Support / Referrals
Prevention Support Contact in the Home
Prevention Support Contact in the Centre
Intervention Support Contact in the Home / Referrals
CAD (support with food and cots etc.)
Counselling Sessions

Speech & Language - RAG = R = Talking Toddlers
Speech & Language - RAG = A = Ready Steady Talk
Speech & Language - RAG = G = Universal
Toddler Group
Specialist Home Based Childcare - Referral

3/4 Year Old Free Early Learning
Access to Childcare - Families Information Service (FIS)
Parent & Toddler Group
Stay / Play & Learn Sessions
Home Learning Packs
Bookstart Corner
Every Child a Talker ECAT
Stakeholder Forum / Community Partnerships
Parenting programmes Webster Stratton
Triple P / Stepping Stones
Safety Package
Cooking on a Budget
Adult Learning Workshops
Basic Skills Workshops
Cleaning and Hygiene Support - Referral
SEN Support
Healthy Child Programme - Visits / Clinics
Activity Sheffield - Miracle Cure
Pregnancy & Healthy Early Years - Volunteers

Family Learning
Family Relationship
Confidence Building / Assertiveness
Budgeting & Debt Management Workshops
Benefits Advice & Support
Job Club
Great Places Housing Advice
Paediatric First Aid
HENRY - Nutrition Programme - Referral
Perinatal Mental Health Support
Substance Misuse Support / Referrals
Domestic Violence Support / Referrals
Smoke Stop Support / Referrals
Prevention Support Contact in the Home
Prevention Support Contact in the Centre
Intervention Support Contact in the Home / Referrals
CAD (support with food and cots etc.)
Counselling Sessions

Speech & Language - RAG = R = Talking Toddlers
Speech & Language - RAG = A = Ready Steady Talk
Speech & Language - RAG = G = Universal
Toddler Group
Specialist Home Based Childcare - Referral

3/4 Year Old Free Early Learning
Access to Childcare - Families Information Service (FIS)
Parent & Toddler Group
Stay / Play & Learn Sessions
Home Learning Packs
Bookstart Corner
Every Child a Talker ECAT
Transition to School Support
Stakeholder Forum / Community Partnerships
Parenting programmes Webster Stratton
Triple P / Stepping Stones
Safety Package
Cooking on a Budget
Adult Learning Workshops
Basic Skills Workshops
Cleaning and Hygiene Support - Referral
SEN Support
Healthy Child programme - visits / Clinics /
Immunisation
Activity Sheffield - Miracle Cure
Pregnancy & Healthy Early Years - Volunteers

Family Learning
Family Relationship
Confidence Building / Assertiveness
Budgeting & Debt Management Workshops
Benefits Advice & Support
Job Club
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Specialist Home Based Childcare - Referral

## KEY



### Universal

Services / activities - for all families with children under 5 years



### Universal Plus

Services / activities - evidence based, responsive, targeted



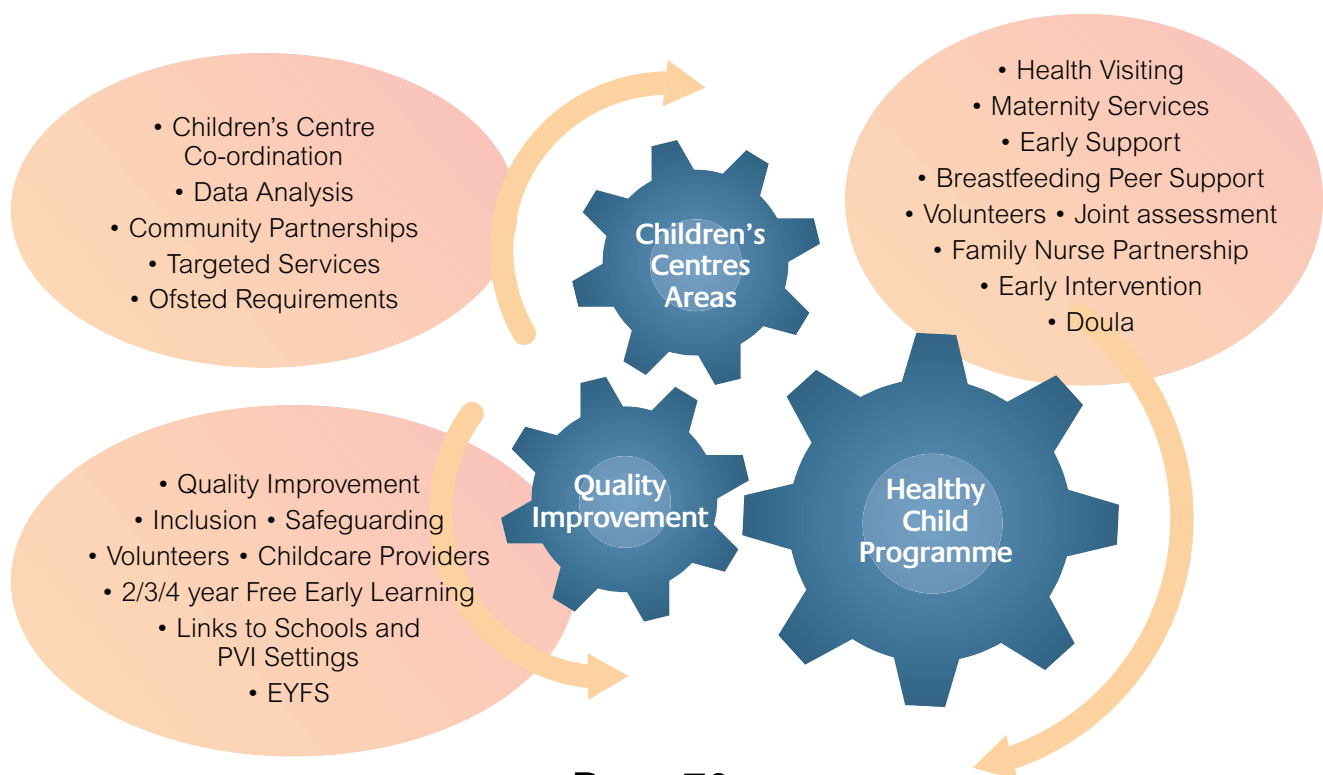
### Universal Partnership Plus

Services / activities - specialist service via referral



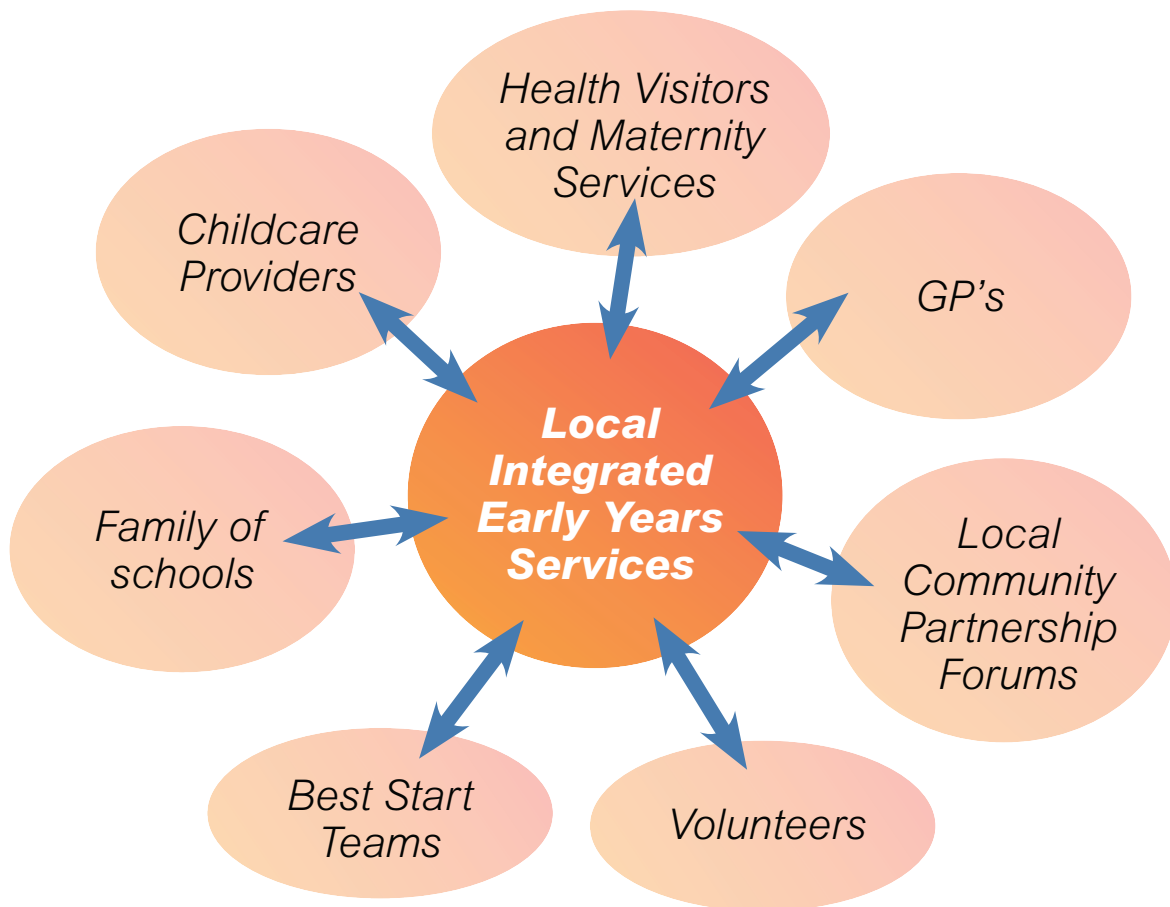
# Early Years' structures - New ways of working

The following diagram outlines the make-up of services in each locality. This will be an evolving model as Early Years is integrated with community partnerships and early support programmes will be embedded in Universal through to Universal Partnership Plus to achieve overall school readiness.



# New ways of working - How we will do this

The delivery of integrated Early Years' services will be locality based and work towards a community partnership model, consisting of skilled practitioners based in Children's Centre areas as outlined below:



Many other services are available in children's centre areas which impact on early years these include: Housing, Arts Culture and Leisure, Parks and Woodlands, Police and Children's University.

# It all begins with babies

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Children's experiences in the very earliest years, from conception, make a significant difference to their lifelong health, wellbeing and life chances. The key protective factor to enable infants to reach their potential is the quality of the interactions they receive from their caregivers.

They need sensitive, predictable and stimulating relationships. Empathy, self-regulation, attention, sociability and motivation are well embedded patterns in a child's brain by the age of 3. A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.

It is in these early years that the infant is laying down the foundations for the higher mental processes, the non- cognitive skills which optimise learning - the ability to focus, be motivated, have self-belief, flexibility in thinking, working memory, logical thinking, empathy – these are known as Executive Function Skills which alongside self-regulation are the key skills children need to access learning, enjoy fulfilling relationships and benefit from opportunities which are available to them.

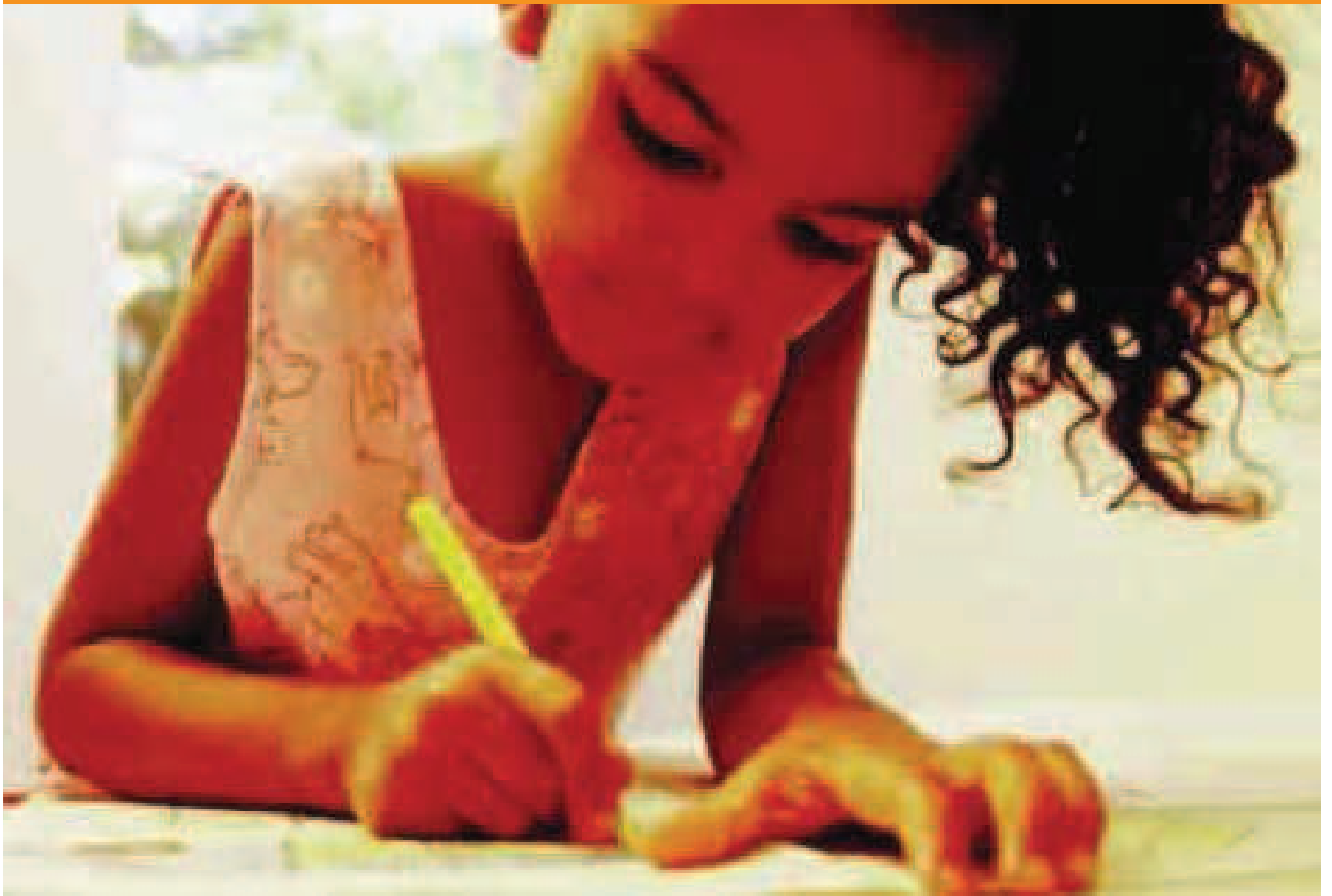
If babies experience significant adversity and their stress response systems are chronically over activated, maturing brain circuits can be impaired, metabolic regulatory systems and developing organs can be disrupted and the probabilities increase for long term problems in learning, behaviour and physical and mental health.

Stressors on the caregiver/ infant relationship may be due to adult, child or social factors but the infant relies on the carer's ability to regulate the demands to protect them from high levels of chronic stress.

Advances in neuroscience suggest that interventions that enhance the mental health, executive function skills and self-regulation capacities of vulnerable mothers beginning as early as pregnancy can protect the developing brains of children. Resilient families are the key to optimising children's development.







# The Role of Schools and Childcare Providers in the Early Years

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We believe all children should achieve their full potential in education, every child whatever their background or circumstances deserves the opportunity to progress and succeed in school and beyond.

This ambition requires a high quality early education and care system to give to all children and in particular those from disadvantaged families, a best start in life. It also requires a system which can foster and create improvements by high expectation, aspiration and innovation where practitioners and leaders can work together in all settings and schools to provide the best services for all children.

A sound foundation of language and vocabulary in the early years is a vital component in children's

long term progress and attainment and there is a clear moral imperative to tackle the link between the circumstances of a child's birth and their future educational outcomes.

Therefore the relationship between early years and schools is essential and in particular to impact on support, engagement and achievement for all children.

The early years' for children are the foundation years in which a great deal of learning takes place. Getting children into learning at an early age provides opportunities to expose children to high quality early learning experiences as well as opening up the potential to identify and intervene quickly where children may show signs of developmental delay.

In spite of the wide spread Early Years provision only a little more than one third of children from low income backgrounds nationally reached a good level of development (2012/13 – Ofsted)

Facts:

- Maintained sector provision perform the strongest in deprived areas (Ofsted 2013)
- Children from disadvantaged areas make the strongest progress when supported by highly qualified staff (EPPE 1997 – 2014; Ofsted 2013)
- There is no standardised way of tracking children's progress through the variety of EYFS providers – this is proving problematic for schools receiving data at the point of transition
- The Early Years sector in Sheffield is diverse, with the voluntary, community and private providers including child-minders making up more than 50% of the provision cross the city.

## Cultural change

The early years is one single phase and the delivery of early education across the mix of provision is supported through the Early Years Foundation Stage Framework.

However, outcomes at the end of the early years phase is only measured and reported through the Early Years Profile Assessment. This assessment takes place in school at the end of the year in which most children are 5 years old.

It is widely reported in Sheffield that many children begin school demonstrating behaviours typically lower than those expected for their age. This is reported to be most notably around the areas of communication and personal, social and emotional development.

Transition between the private/independent and maintained sectors are variable as is the quality of the exit data passed on to schools as children begin their year in reception.

There is an imperative to improve communication between the sectors in order to improve the current position, not only with regard to the sharing of data but also to achieve consistent delivery of high quality Early Years provision. To do this we aim to take the following actions:

- Support and ensure child-minders have access to meet with other local providers and make them aware of any training they can access and the cost. Encourage them to develop their own networks.
- Family of Schools meetings take place across the city on a termly basis and these meetings involve the private sector providers.
- Processes for EYFS moderation are firmly embedded for schools in the maintained and independent sectors as part of the LA Statutory Functions. Process for moderation across the PVI pre-school providers is currently being developed and shared moderation for schools and pre-school providers offering 2 year FEL is in place.
- A number of schools are taking a lead role in the delivery of continuous professional development to the private sector providers (not yet to childminders but this could be offered) in their localities. Teachers are visiting PVI sector providers modelling good practice and supporting quality improvement.
- Schools to provide flexible childcare all year round and extend opening from 8am until 6pm to fit with the work agenda. This may mean developing or extending breakfast clubs, afterschool clubs or other social activities.
- A city-wide training programme for the delivery of 2 year FEL is now available to schools and PVI providers.
- All providers will work together to help develop good practice examples.
- Targeted support for children with Special Educational Needs and Disabilities (SEND)

From September 2016 baseline data for children starting Reception will be subject to a greater level of scrutiny. It is therefore critical that sectors work together across the city to help ensure the school readiness of our children and closing the gap for disadvantaged children.

# Governance

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The Children's Health and Well-being Board is a sub group of the Sheffield's Health and Well-being Board and its role is to provide a strong and effective partnership which improves commissioning and delivery of services across the NHS and the council, leading in turn to improved health and well-being of the people of Sheffield.

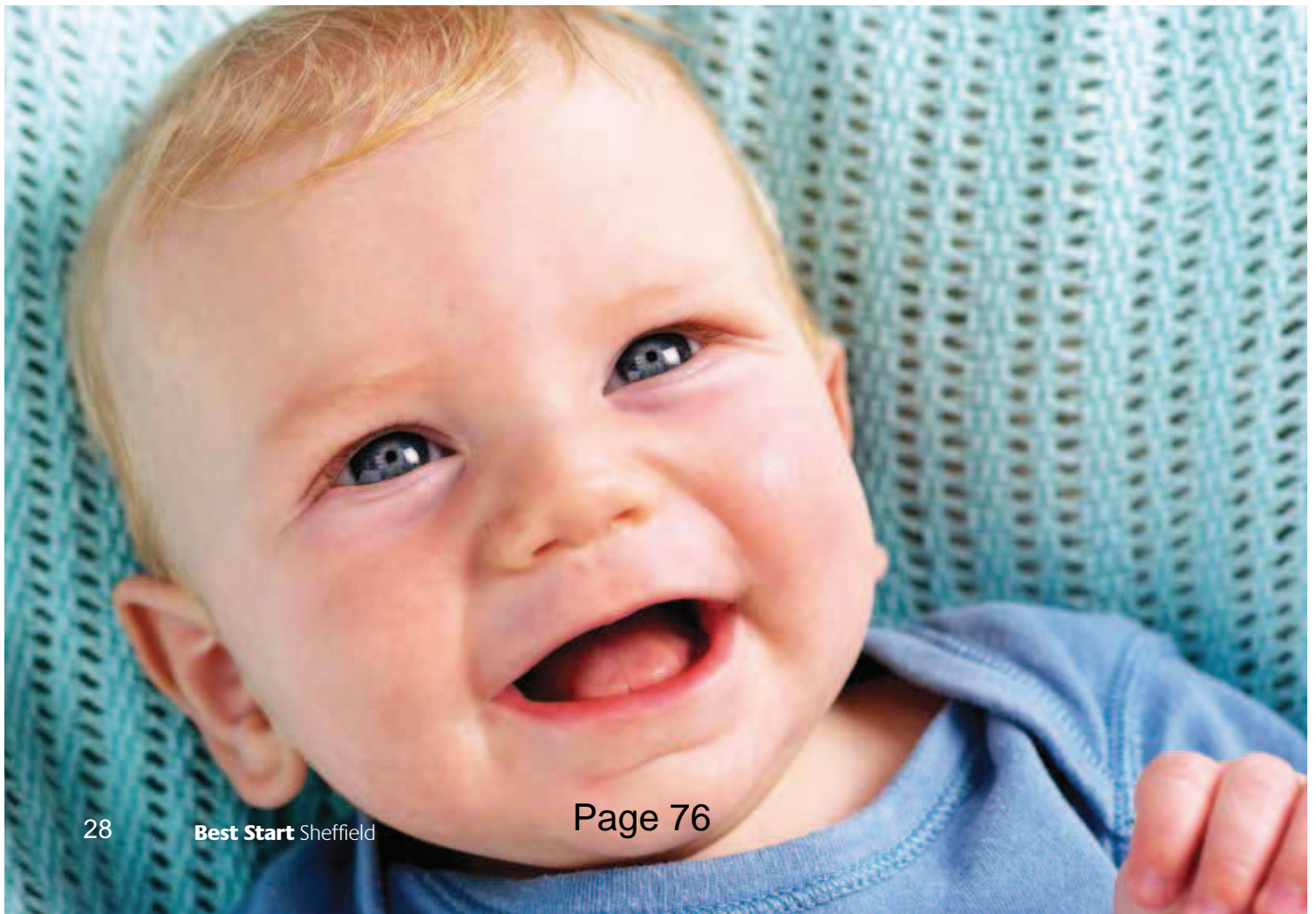
The Early Prevention and Intervention service is responsible for early year's services and will lead the transfer of Health Visitors and the Family Nurse partnership (FNP) to the local Authority.

The aim is to promote integrated working, by locality based Early Years Best Start teams which will be made up of practioners and managers from the statutory, voluntary and community organisations within the sector. These teams will be

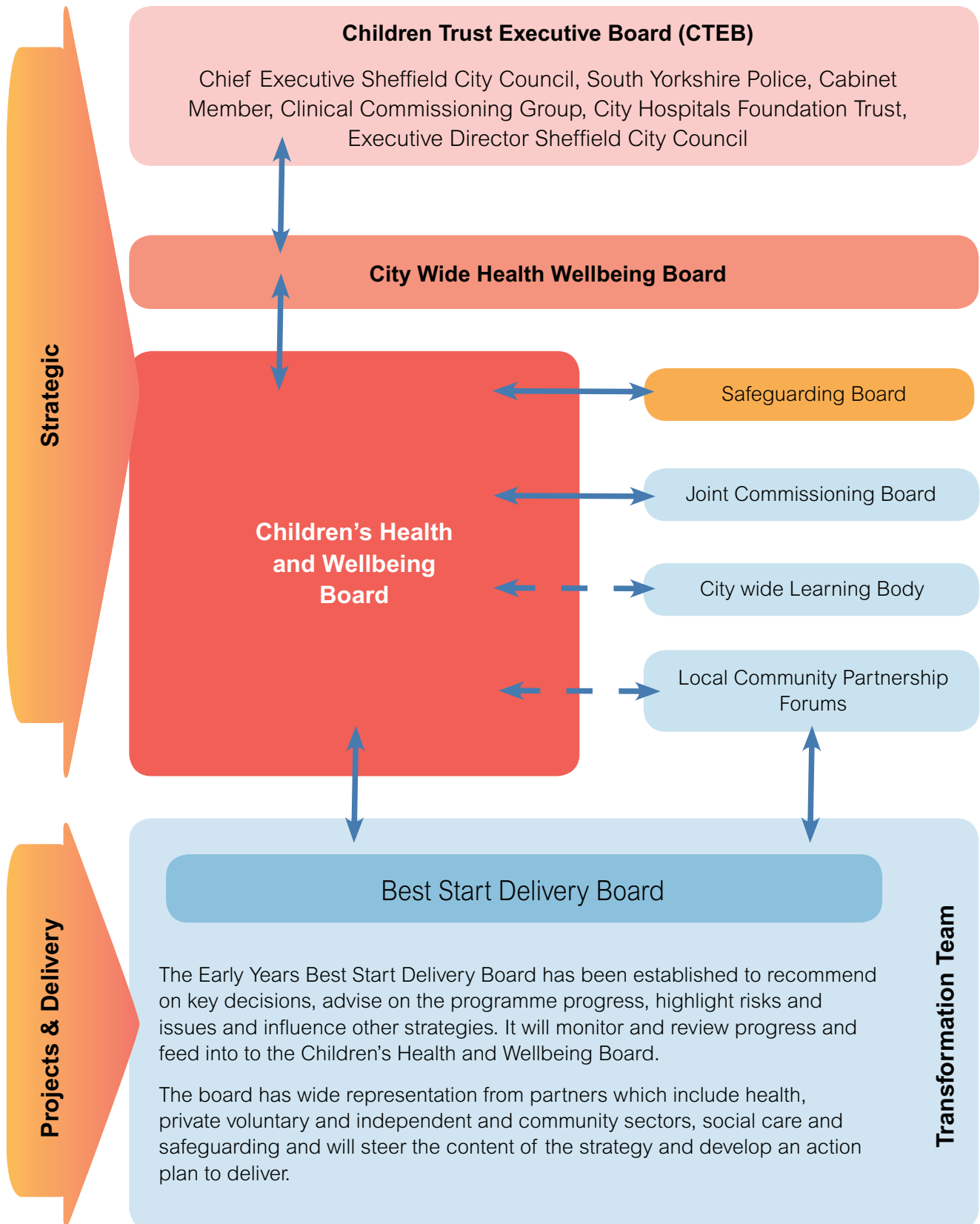
skilled, experienced and will consist of practioners with expertise in Health, Well Being, Early Learning and Safeguarding.

In Sheffield we will be developing local community partnership forums in children's centre areas. The LA has a statutory responsibility to provide children's centre services which are accessible, flexible and meet family's needs from pregnancy to the end of reception.

Children's centres are inspected by Ofsted and accountability lies with the LA. These local community partnership forums will support the statutory responsibilities and have a significant role to play in determining local priorities and engaging the community.



# Delivery and Governance Structure





# Indicators and Impact

## Health Indicators and potential impact of effective early years services

Key Indicator	Impact of effective early years services
<b>Under 18 conceptions</b>	Can be reduced by, for example, Health Visitors supporting teenage mothers to take up contraception and avoid future pregnancies.
<b>Infant mortality</b>	Can be improved through antenatal work with mothers to support quitting smoking and substance misuse and maintaining a healthy weight.
<b>Smoking status at time of delivery</b>	Can be reduced through antenatal work with mothers to support quitting smoking.
<b>Breastfeeding (prevalence at 6-8 weeks)</b>	Can be improved by antenatal support and by early identification and responsiveness to a mother's concerns.
<b>Vaccination coverage</b>	Can be improved by outreach to parents who do not take up vaccination.
<b>Tooth decay in children age</b>	Can be reduced through encouraging breastfeeding and healthy weaning in-line with the guidelines, as well as healthy family nutrition.
<b>Excess weight at 4-5 years</b>	Can be improved through encouraging breastfeeding and healthy weaning in-line with the guidelines, as well as healthy family nutrition.
<b>Child development at 2-2 ½ years</b>	Can be improved through delivery of evidence-based parenting programmes and through close working with Children Centres and Best Start Early Years teams.
<b>School readiness / EYFS</b>	High quality provision and effective and consistent transition arrangements in schools and the private sector. Early Years providers including child minders.
<b>2/3/4 year FEL</b>	Implementation of a city wide training programme for the delivery of FEL to made available to all sectors.
<b>Flexible, accessible childcare (no of provisions registered)</b>	Improve accessibility to flexible childcare available at point of need. Includes toddler groups and child-minders.

## Outcomes - What difference will we make by 2016?

Measures for Integrated Maternity and Early Years Performance Framework (under 5s)	National frameworks/ legislation
Women who smoke at the time of delivery	PHOF 2.3
Women who are obese and morbidly obese at the time of booking with maternity services	
Term babies with low birth weight	PHOF 2.1
Percentage of pregnant women 'booking in' with maternity services at 12 weeks	NHS Outcome
Numbers on intermediate maternity pathway accessing Pregnancy Birth and Beyond	
Breastfeeding initiation	PHOF 2.2
Breastfeeding at 6 to 8 weeks	PHOF 2.2
Percentage of children who are obese or overweight (in Reception) aged 4-5 years	PHOF 2.6(ii)
A & E attendances < 5s	
Referrals to speech and language therapy	
Increase in number of mothers who receive a first face to face antenatal contact with a Health Visitor* at 28 weeks or above	
Number of parents achieving accredited qualifications in essential skills such as literacy, numeracy and ESOL through the 'Start Up' programme	
Referrals to social care for young children (rate per 10,000) Census Statistical First Release	DfE CIN
Number of Common Assessment Frameworks (CAF) initiated for young children	
No of young women supported by FNP	
Numbers of SEN identified and by whom	
Uptake of nursery education for 2 year olds who meet the eligibility criteria 2006: section 7	Childcare Act
Percentage of families who receive a joint summary of their child's development at 24-36 months	
Children's Centres reach 2006: section 1- 5	Childcare Act
The average attainment of pupils in the lowest 20% at the end of the Foundation Stage	

# Commissioning Framework

The following principles will underpin any commissioning framework:

- Multi-agency agreement at a strategic level
- Agreed outcomes for children and families
- Agreed common vision
- Work together to provide the right and effective intervention for vulnerable children and families as early as possible.

The framework will respond to changes in Government policy, indicate reductions in available funding and will consider the following:

- The alignment of frontline staff, systems and practice, and accept that service integration and resource alignment should take place where it makes sense – but not where it does not
- Adopt an approach to commissioning which emphasises the building of relationships between commissioners, providers and parents/carers to improve outcomes, rather than commissioning relationships which rely solely on planning and transactional exchanges

- Commissioning framework will be aligned with health visitors national service specification
- Commission and provide services which achieve equity of outcomes for children and families across the country i.e. provide relevant levels of support and intervention according to need in local areas and with respect to equality and diversity
- Interventions that are based on evidence of what works and/or good practice. Where they cannot be evidence based, they should be evidence informed and evaluated using a common framework
- The voice of children and parents will be heard to inform future commissionings
- There will be clear and agreed common understanding and definition of what constitutes an outcome, an indicator and a measure of improvement and performance
- Mobilisation of the voluntary sector in supporting building capacity and strengthening communities

**“Reap the benefit of local commissioning of innovative and transformational services - commissioning for targeted outcomes and impact”**





## Useful Documents

1. **Quality and Inequality** – Sandra Mathers and Rebecca Smees – Published by Nuffield Foundation. [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)
2. **Measuring what Matters; A Guide for Children’s centres** – Jill Roberts/Angela Donkin with Demetris Pillas – UCL Institute of Health Equity. <http://www.instituteoftheequity.org/projects/measuring-what-matters-a-guide-for-childrens-centres>
3. **Getting in on the Act** – Children and Families Act 2014. [www.local.gov.uk](http://www.local.gov.uk)
4. **Overview of the Six Early Years High Impact Areas** – Pauline Watts. DOH
5. **EYFS Framework** - <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
6. **Healthy Child Programme** - <https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life>



This document can be supplied in alternative formats,  
please contact 0114 205 3353

Early Years  
Children, Young People and Families  
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