



SHEFFIELD EARLY YEARS SCHOOL READINESS REVIEW 2022



Contents

- 
- 
- 3 Introduction
 - 4 What is School Readiness
 - 5 The Importance of School Readiness
 - 6 Review Aims
 - 7 Key Sheffield Strategies and Plans
 - 8 School Readiness in Sheffield
 - 8 Evidence Sources
 - 9 COVID-19 Impact on Early Years
 - 10 Vulnerability
 - 11 Indicators of School Readiness in Sheffield
 - 14 Good Levels of Development in Sheffield
 - 16 Statements & EHCPs for under 5s
 - 18 Children in Foundation Stage 1 & Below with Sheffield LA-Maintained EHCP Plans - Ethnicity Profile
 - 19 Trends in School Readiness
 - 21 Key Findings: Professionals Views on Areas for Development Activity
 - 21 Key Findings: Parental Views on Areas for Development
 - 22 What's Going Well?
 - 23 What Works to Improve School Readiness
 - 24 Maternal Mental Health & School Readiness
 - 25 Specialist Infant Mental Health Service CAMHS - Initial Offer
 - 26 Development Activity to Support Good Parental & Infant Mental Health
 - 27 Learning Activities & School Readiness
 - 28 Development Activity to Support Learning & School Readiness
 - 29 HCP Brain Building Project
 - 30 Sheffield Early Learning Community
 - 31 Enhancing Physical Activity & School Readiness
 - 31 Development Activity to Support Physical Development
 - 32 Parenting Support Programmes & School Readiness for Under 5s
 - 33 High Quality Early Education & School Readiness
 - 34 Achievements in Early Years Quality
 - 35 Development Activity to Support Early Years SEND
 - 36 System, Infrastructure & Investment Recommendations
 - 37 Development Activity to Support System Level Challenges
 - 38 Why Invest in School Readiness?
 - 39 Local & National Factors Requiring Sheffield Leadership Voice & Influence
 - 40 The latest Flip the Focus: From School Ready to Child Ready Report
 - 41 Sheffield's Early Years School Readiness Ambitions
 - 42 Performance Measures
 - 42 Acknowledgements

Introduction



We have reviewed school readiness in Sheffield to support parents and professionals to provide the best possible start to their school lives and impact positively on their life chances.

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.”

Michael Marmot, Fair Society, Healthy Lives, 2010

In terms of health inequalities, the latest Sheffield Joint Needs Assessment reports that:

- Over a quarter of children and young people are in, or at risk of, poverty or social exclusion, higher than for the overall population, with five wards where over half of children live in poverty;
- Adverse Childhood Experiences (ACEs: stressful experiences such as neglect or abuse), are also common, as they are elsewhere, and lead to long term health and other challenges. Almost half of adults are estimated to have had at least one adverse experience during their childhood;
- Childhood obesity rates are increasing, particularly in the most disadvantaged areas. Economic deprivation is a predictor of obesity and overweight prevalence in 4 to 5 year olds;
- 1 in 10 5-15 year olds have a clinically recognisable mental health disorder, and a similar proportion of 0-3 year olds are thought to have a mental health problem. It is estimated that 15,000 Sheffield children and young people live with a parent with a mental health disorder;
- 2 out of 5 children experience insecure attachment, a risk factor for mental health.

Within this context of where we are in Sheffield, we need to take on board the social and economic impact of inequality when starting school in terms of the child's whole life course. This is essentially the reason for our review; To support parents and professionals to provide the best possible start to their school life and impact positively on their life chances.



What is School Readiness?



In Sheffield, we believe all children should have a happy, safe and healthy early childhood which prepares them for achieving their potential in education and beyond. We recognise that children learn and develop in different ways and at different rates, and our approaches need to take account of this.

Sheffield adopts UNICEF's and South Yorkshire Futures' definitions of school readiness.

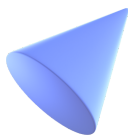
UNICEF's description of the three aspects of school readiness:

- Ready Children - focusing on Children's learning and development
- Families and communities' readiness for school - focusing on parents' and carers' attitudes and involvement in early learning and development and transition to school
- Ready schools - focusing on the school environment and practices that encourage and support a smooth transition for children into primary school and advance and promote the learning of all children.

South Yorkshire Futures describes school ready children as:

To be school ready, children need a nurturing and safe environment that enables them to be healthy, independent, emotionally secure and able to separate from their parent/carer, socially competent and able to learn. To achieve this, we need:

- Ready Children
- Ready Families
- Ready Schools



What School-Ready Children Look Like



Unicef School Readiness; a conceptual framework Apr 2012
Milestones of normal child development aged about four years (based on the work of Mary Sheridan, From Birth to Five Years)

School readiness as a concept has developed during recent years and there are many views on the topic. Our consultations have shown that Sheffield is no exception in terms of the difficulties in reaching agreement on a definition. As such we decided to use the UNICEF and South Yorkshire Futures definitions of school readiness.

UNICEF describes two characteristic features on three dimensions. The characteristic features are 'transition' and 'gaining competencies', and the dimensions are "children's readiness for school, schools' readiness for children, and families' and communities' readiness for school". All three dimensions are important and must work together, as school readiness is a time of transition that requires co-operation between individuals, families and systems.

Sheffield Early Years Practitioners are part of South Yorkshire Futures' Early Years Partnership. South Yorkshire Futures (SYF) is a social mobility partnership committed to improving education and raising aspirations for young people in South Yorkshire, particularly those from disadvantaged backgrounds. SYF has developed a South Yorkshire definition of school readiness.



The Importance of School Readiness

School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. School readiness at age five has a strong impact on future educational attainment and life chances.

Children who do not achieve a good level of development by age 5 are more likely to struggle with:



Social Skills



Reading



Maths



Physical Skills

which impacts on outcomes in childhood and later life such as:



Educational Outcomes



Crime



Health



Life Expectancy

Educational attainment is one of the main markers for wellbeing through the life course, therefore it is imperative that no child is left behind at the beginning of their school life.





Early Years School Readiness Review

We aimed to:

- Clarify the required outcomes to improve school readiness in the city
- Agree what needs to change in supporting good school readiness ambitions for the city
- Develop and describe transformational, innovative practice and models which support improvements in school readiness in the city
- Demonstrate where and if any investment is needed or needs to move.
- Identify short and long-term benefits of achieving our identified outcomes
- Identify the infrastructure requirements for change in terms of systems and support
- Develop outcome measures and monitoring requirements
- Ensure that developments are aligned with the direction and ambitions of the current Early Help Review

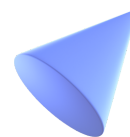


School readiness involves more than just children. School readiness, in the broadest sense, is about children, families, early environments, schools, and communities.

“Children are not innately “ready” or “not ready” for school. Their skills and development are strongly influenced by their families and through their interactions with other people and environments before coming to school.” (Maxwell & Clifford, 2004)

With this in mind, our review and resulting actions have addressed a broad spectrum of those factors influencing school readiness outcomes. We have gathered research materials, a variety of data sets, the views of parents and professionals in the city, and have also considered the local and national drivers for Early Years focussed work, including the priorities of:

- Sheffield’s Accountable Care Partnership “Future Shape Children’s Health” programme
- Sheffield Children’s Health and Wellbeing Board “Starting Well”
- Sheffield’s Great start in Life Strategy 2019- 2023
- Sheffield’s Inclusion Strategy
- 1001 days
- The Education Policy Institute’s (EPI) annual State of Education report, 2019,
- SCC Corporate plan
- Family Hubs



And the findings of:

- UK Government Rapid response Paper COVID-19 and the Disadvantage Gap (September, 2020)
- Sheffield’s Joint Strategic Needs Assessment
- The current Speech and Language (CCG) and Developmental Language Delay (SCC) reviews
- The completed SCC Early Help Review Phase 1
- The 2019 SCC consultation with Early Years providers regarding support for SEND

School readiness starts at pre-birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. School readiness at age five has a strong impact on future educational attainment and whole life chances.



Key Sheffield Strategies and Plans

The activities and recommendations within this paper will contribute to the ambitions and Priorities related to Good Physical and Mental Health, Education and Economic Wellbeing within the Corporate Plan, the Inclusion Strategy, the Sheffield Joint Health and Wellbeing Strategy and Sheffield's Great Start in Life Strategy. Specifically:

Corporate Plan

- *Communities and Neighbourhoods: focusing on our ambition for all communities to love and be proud of where they live, to have great facilities, to feel safe, live without discrimination and be healthier and happier*
- *Education, Health, and Care: our ambition is for every person in Sheffield to be able to achieve their full potential. We want to address educational inequalities and support people to stay fit and healthy, so fewer people reach crisis point and families can thrive*
- *Our Council: we want to lead boldly with purpose and decisiveness, putting the communities and people of Sheffield at the heart of everything and working hard to deliver excellence always*

Inclusion strategy

Commitment 1 - Effective early identification of needs with appropriate assessments across Education, Health, and Care.

Commitment 2 - A wide range of Education, Health and Care services that meets the needs of our young people.

Commitment 3 - Smooth transition across Education, Health, and Care at every stage of a young person's life and particularly to adult life.

Commitment 4 - Excellent communication and engagement between young people, families, Education, Health, and Care services including schools.

Sheffield Joint Health and Wellbeing Strategy (2019 – 2024) Starting Well

- *Every child achieves a level of development in their early years for the best start in life.*
- *Every child is included in their education and can access their local school.*
- *Every child and young person has a successful transition to adulthood.*



Great Start in Life Strategy

Outcome 1: Babies and young children are safe and have good health.

Outcome 2: Parents are resilient and any mental health issues are addressed at the earliest opportunity.

Outcome 3: Brain development in the early years is optimised by secure attachment and quality relationships.

Outcome 4: Children are ready for school and life.



School Readiness in Sheffield



To date we have...

- Defined the current situation in Sheffield and described the barriers to good readiness for life and learning, through consultation and research
- Clarified current projects and improvement activity in the city
- Defined the benefits of change and improvement in integrated activity
- Agreed what needs to change or improve in supporting good school readiness ambitions for the city through conversations in the Multi-Agency Workstreams and based on the findings of the consultation
- Developed action plans and activity for each workstream to identify and action innovative practice and models which support improvements in school readiness in the city



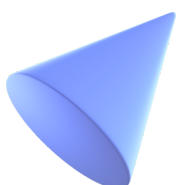
Evidence Sources

- Joint Strategic Needs Assessment, 2019
- National research into Covid19 and the impact on children's development
- Current academic research into Early Years and school readiness
- Good practice from other Local Authorities brought together via South Yorkshire Futures
- Focus groups and online survey for Sheffield parents
- Focus groups and online Survey for Sheffield Early Years professionals
- EYFS Data, 2019
- Local data e.g. Funded Early Learning (FEL) and Early Help referrals



Online surveys took place during Autumn 2021. Professionals and parents were surveyed which resulted in over 100 responses.

Consultations throughout 2021 included focus groups with Sheffield Parent Carer Forum, School Readiness Pathway Team, Family Centre Teams, Parent groups and Parenting Group Leaders. Sessions were also held for Health Visitors, Nursery Nurses, EY providers, the Early Years Quality Team, Early Help and Children's Social Care staff.



COVID-19 Impact on Early Years

- Adult mental health and wellbeing
- Children's use of space and confidence in exploring
- Social skills development
- Parental relationships with settings staff
- Access to face-to-face appointments and progress to support
- Temporary and permanent setting closures and workforce recruitment and retention challenges
- Toddler group and Family Centre group access; impact on isolation, interaction and access for peer and informal support
- Negative impacts on children's development and mental health from changes in access to education are more likely for disadvantaged children and children with Special Educational Needs and Disabilities (SEND), as well as vulnerable children

UK Parliament Rapid Response October 21 and local findings)

A study by Maggie Surgenor-Cooke BA (Hons) Early Childhood Studies, University of Hull (January 2021), concluded that the pandemic had an adverse impact on the emotional well-being of adults due to fear of the unknown, job insecurity and loss of childcare. However, 80% of families required no childcare during the first lockdown. Parents needed support, yet recognised government-imposed restrictions on furloughed keyworkers prevented this being made available during full lockdown. Evidence also suggests that children and families have experienced the pandemic in very different ways, which has shaped impact on development, both positive and negative, and young children quickly regained their social and emotional relationships with early years practitioners once settings re-opened.

UNICEF report that both the immediate and long-term negative effects of the pandemic on children's health and development are likely to disproportionately affect families in communities with high concentrations of poverty, lack of access to quality healthcare and affordable childcare, food and housing insecurity, and limited services for family support. Similarly, the ongoing economic crisis is likely only to exacerbate the situation of children living in home environments characterised by a lack of access to developmentally appropriate resources, such as toys and books, low levels of stimulation and responsive care, or inadequate supervision. Also, it may have been unrealistic to expect caregivers, particularly those with low levels of education or limited caregiving skills to begin with, to be able to offset the resulting gaps from children's lack of attendance to education and other care opportunities, all of which have the potential to store up difficulties during transitions to school.

Mitigating the negative impact of COVID-19 on young children requires strategic multi-sectoral approaches and the synergy of interventions in health, nutrition, security, protection, participation and early education. Both local and national drivers, for example the development of Family Hubs and The Start for Life Offer support us to address these challenges together, and this review aims to ensure that we are using our available resources to mitigate the negative impacts of COVID19.

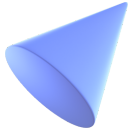
The 2022 YouGov report, School readiness: qualitative and quantitative research with teaching professionals highlighted that for the 2021 intake of children, many teachers feel that they have seen an increase in the number of children arriving unprepared for school in comparison to previous years with anecdotal evidence suggesting that this could be due to reduced support for parents, impact of nursery attendance and a lack of child experiences.



Vulnerability



Some Sheffield families face vulnerabilities relating to issues such as ACEs, Foetal Alcohol Spectrum Disorder (FASD), complex health, poverty, poor housing and parental substance misuse.



Disadvantaged children arrive at school months behind their non-disadvantaged peers and this gap widens with secondary school leavers 2 years behind.

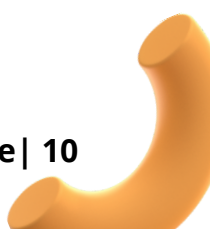


A stark social mobility postcode lottery exists within Britain, where successful life chances for those from disadvantaged backgrounds are dependant on where you live.

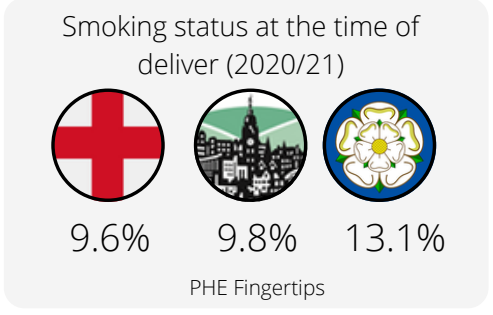
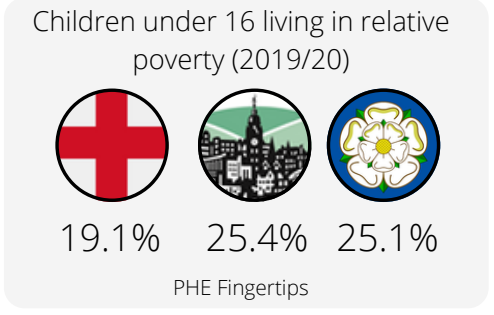
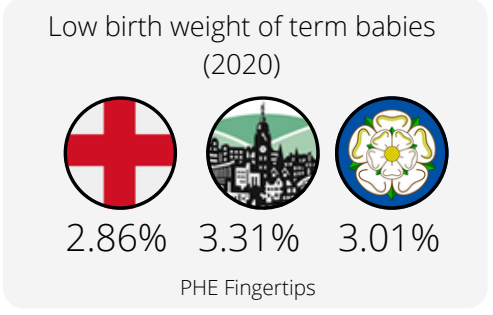
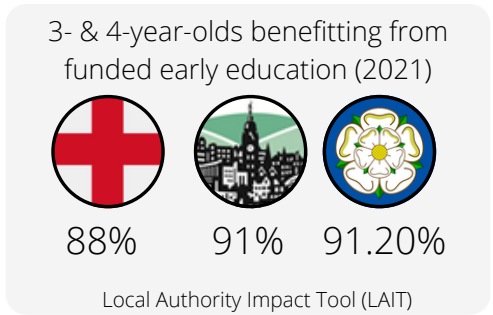
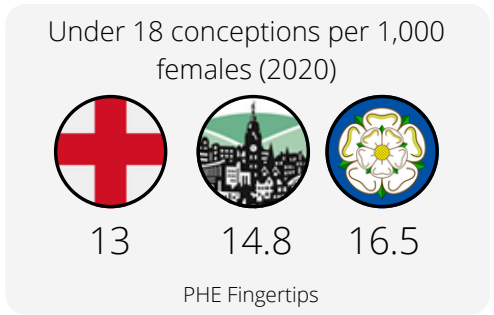
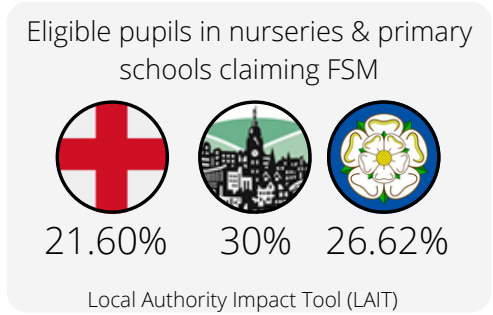
(Social Mobility Commission, State of the Nation, 2017)

Evidence has highlighted stark realities in terms of life chances for children with poor starts to their school life. Those experiencing disadvantage or vulnerability are likely to fair less well:

'Those seeking to reduce deficits and strengthen the economy should make significant investments in early childhood from conception with disadvantaged families. Starting at age three or four is too little too late.' James Heckman, 2012, Nobel Laureate in Economics



Indicators of School Readiness in Sheffield



Sheffield has a high proportion of nursery and primary children claiming Free School Meals. Whilst rates of eligible children have increased regionally, nationally and for our statistical neighbours, Sheffield has consistently had the highest percentage of primary aged children, eligible and claiming for Free School Meals, since 2013.

Teenage births can result in health consequences; children are more likely to be born pre-term, have lower birth weight, and higher neonatal risk, while mothers can experience greater rates of post-partum depression and are less likely to initiate breastfeeding (Chen X.K et al. teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. Int J Epidemiol. 2007) Kingston D, et al. Comparison of adolescent, young adult, and adult women’s maternity experiences and practices. Paediatrics. 2012) Teenage mothers are more likely to live in poverty and have children who frequently experience health and developmental problems. (Hoffman SD, Maynard R. Kids Having Kids: Economic Costs & Social Consequences of Teen Pregnancy. 2008)

There are evidenced connections between low birth weight and school readiness. Although there is a broad range of growth, health, and developmental outcomes across the cohort, as a group they generally have higher rates of growth concerns, illnesses, and neurodevelopmental problems. These problems increase as the child's birth weight decreases. With the exception of a small minority of low-birth-weight children with significant disability, the developmental outcomes for most low-birth-weight infants include mild problems in cognition, attention, and neuromotor functioning. Long-term follow-up studies conducted on children born in the 1960s indicated that the adverse consequences of being born low birth weight were still apparent in adolescence and adulthood. Adverse sociodemographic factors negatively affect developmental outcomes across the continuum of low birth weight and appear to have far greater effects on long-term cognitive outcomes than most of the biological risk factors. (Hack, M, Klein, NK & Taylor HG, 1995, Long-term developmental outcomes of low-birth-weight infants).

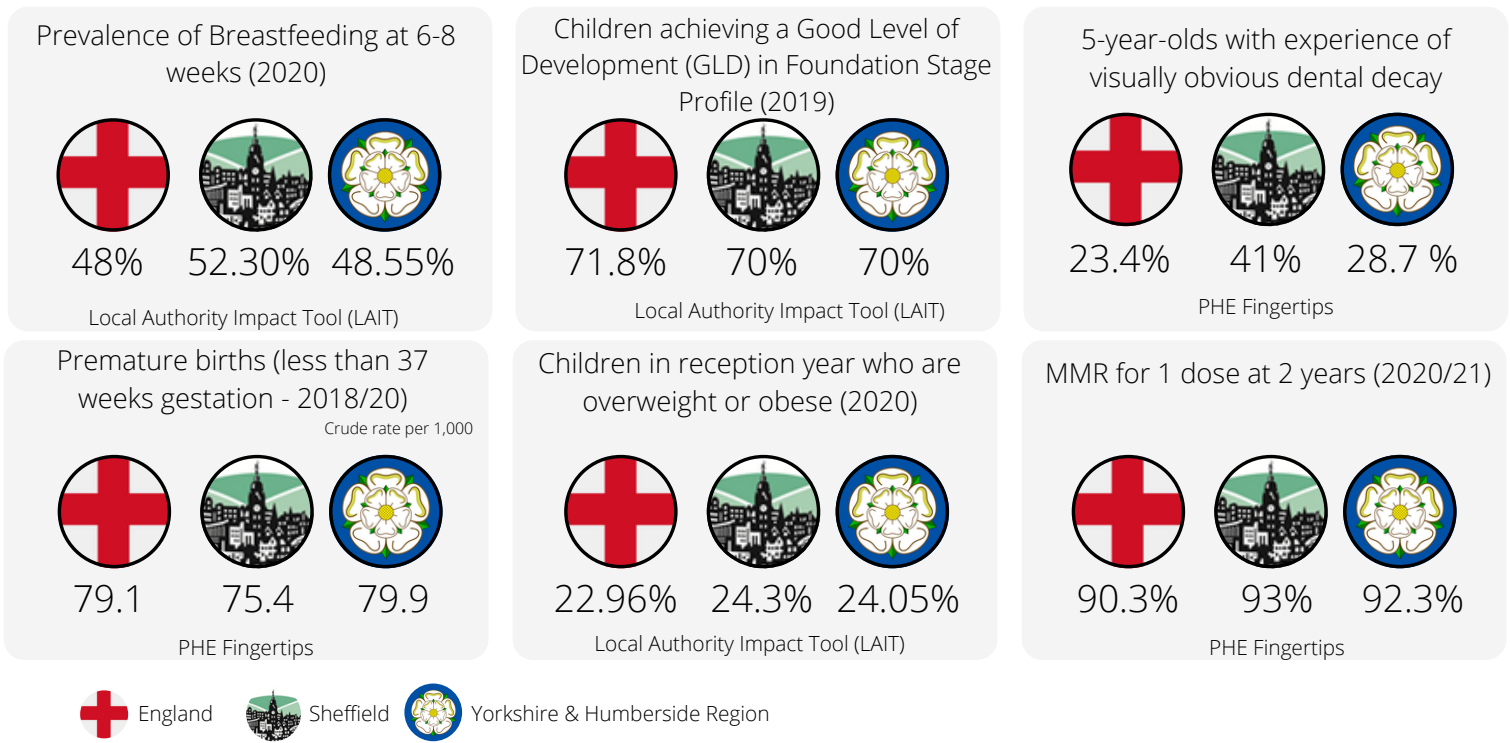
Sheffield has a higher proportion child under 16 living in relative poverty than national and regional comparators. Relative poverty is **when households receive 50% less than average household Incomes** and so they do have some money but still not enough money to afford anything above the basics



We know poverty is a major cause of inequalities across many aspects of our lives, and this will have a direct impact on outcomes for children. The COVID-19 pandemic has exacerbated inequalities across the country. The Child of the North report says, "Poverty is the lead driver of inequalities... leading to worse physical and mental health outcomes, educational attainment, and lower lifelong economic productivity. The COVID-19 pandemic has made this situation worse."

<https://www.thenhsa.co.uk/app/uploads/2022/01/Child-of-the-North-Report-FINAL-1.pdf>

Smoking in pregnancy has been linked to low birth weight and any reduction in smoking in pregnancy supports better outcomes across a range of health factors for both mum and baby.



Breastfeeding supports a child’s long-term health benefits. The NHS England website articulates that breastfeeding can offer babies protection from infections, diarrhoea and vomiting, sudden infant death syndrome (SIDS) and cardiovascular disease in adulthood.

The Local Authority Interactive Tool (LAIT) identifies that child achieving a GLD are those achieving a minimum expected level within their communication and language, literacy, mathematics, physical development, and personal, social and emotional development. More information on GLD can be found in the following pages of this report.

From the survey of five-year-old children in 2019, the proportion of children with tooth decay was 41%, with an average number of decayed, missing and filled teeth of five-year-old children of 1.6 (95% Confidence Interval 1.26-1.99). This prevalence and severity of tooth decay is higher than the regional and national averages. The health of a child’s mouth can affect all aspects of a child’s life. Children with poor oral health may:

- Have a hard time concentrating and learning because they are in pain
- Miss more school days
- Develop other serious health conditions, such as infections
- Stop smiling, cover their mouth with their hands when they speak, or withdraw from family, friends, and teachers if others comment on the appearance of their teeth (Early Childhood Learning and Knowledge Centre November 2021)



Compared with full-term born peers, children born preterm in their chronological age year were found to be:

- 10% more likely (approx.) to have a low-Key Stage 1 test scores
- 12% more likely to have special educational needs support (Odd, D., Evans, D. and Emond, A. (2013) 'Preterm birth, age at school entry and educational performance', PLoS ONE, 8 (10), e76615.)

Due to the pandemic, the National Child Measurement programme screening has been interrupted, however a national sample study has shown that obesity prevalence has increased in both receptions aged and Y6 children and those living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas. The provisional 2021/22 NCMP data show decreases in child obesity prevalence in 2021/22 compared to 2020/21. However, prevalence remains higher than any year prior to the pandemic (2006/07 to 2019/20). This provisional data indicates that following the dramatic increase in childhood obesity and severe obesity prevalence in 2020/21 rates have decreased compared to last year but remain higher than pre-pandemic levels in 2019/20. NHS Digital are confident that the provisional national estimates of prevalence for each weight category are robust making them comparable to previous years. Some caution should still be exercised as the provisional 2021/22 data only covers data collected and submitted between September 2021 and May 2022, however the final figures for the full data collection are expected to be very similar to these provisional estimates.

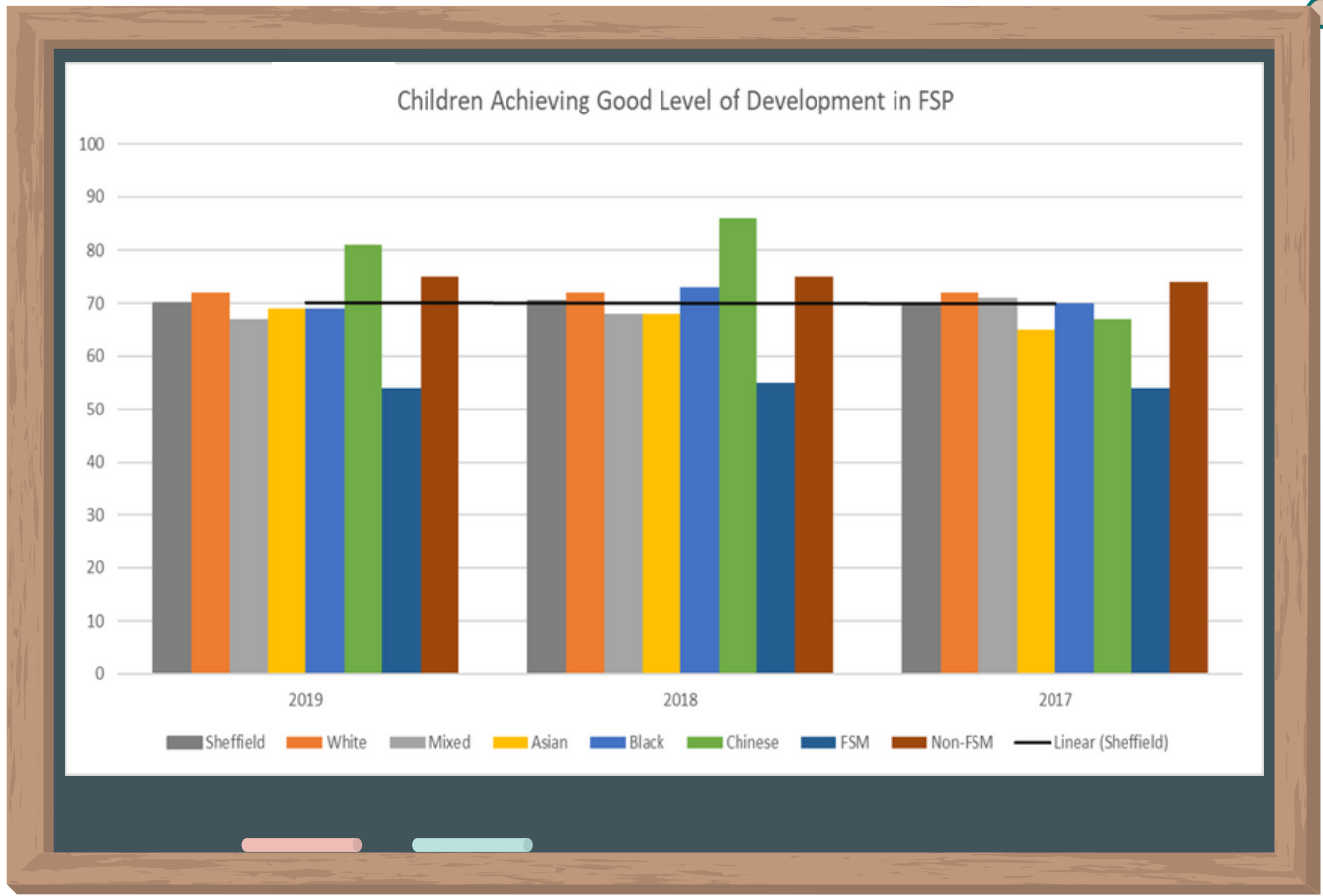
The first dose of the MMR (Measles, Mumps and Rubella) vaccine should be given to babies at the age of one with a second dose being administered at around 3 years and 4 months. Each of the three infections are highly infectious and can spread quickly among unvaccinated people. These infections can also lead to other health problems such as meningitis (NHS, 2020).

Although indicators for school readiness can include perinatal mental health and Foetal Alcohol Spectrum Disorder (FASD), there is not sufficient data to support the comparison of these conditions at a local, regional and national level. Perinatal mental health issues are those that occur during pregnancy or within the first year of the birth of a child. NHS England website estimate that up to 20% of new and expectant mothers can experience poor mental health during this period and if left untreated can have significant and long-lasting effects on the woman and the child.

FASD is a lifelong neurological condition caused by prenatal alcohol exposure. Evidence suggests that without the correct diagnosis and support, an individual is at increased risk of issues including poor mental health, substance misuse problems, involvement with the criminal justice system, homelessness, social difficulties, education, and/or employment. Nationally, a 2017 study identified that 41% of women in the UK consumed alcohol during pregnancy and although there are no Sheffield specific prevalence rates, a recent study in Salford gave a crude rate of 3.6% (DHSC, 2021, Foetal alcohol spectrum disorder: health needs assessment). This potentially equates to 300 babies per year being born in Sheffield, the equivalent of 3,000 10-year-olds and 6,000 20-year-olds living with FASD.

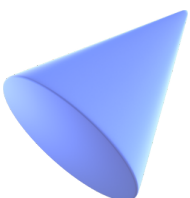


Good Levels of Development in Sheffield

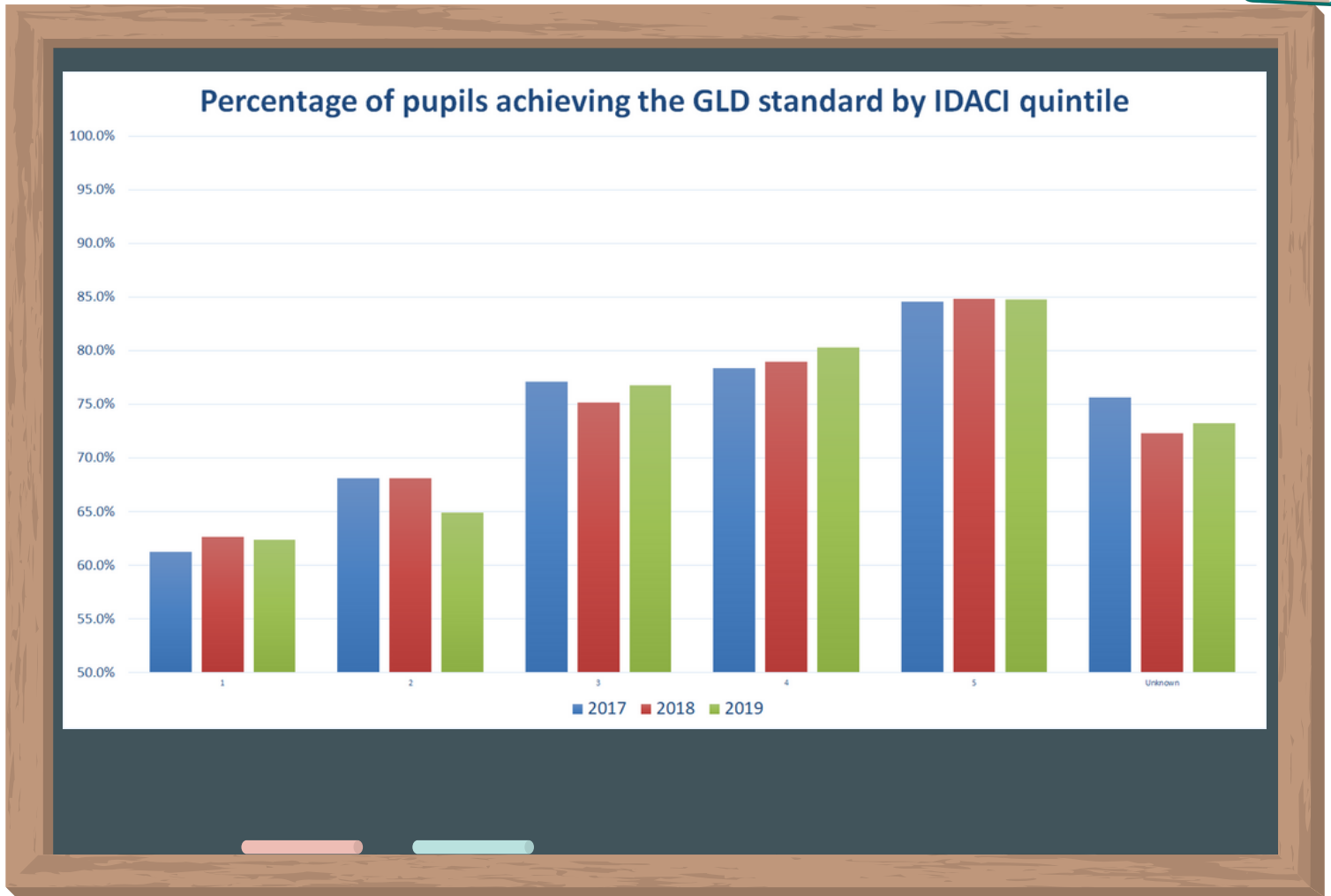


Sheffield continues to fare well in terms of GLD according to the latest available data from 2019. We can see that whilst there are some differences in outcomes when ethnic groups are compared, the most significant gap is in relation to children in receipt of Free School Meals vs non-Free School Meals. Children in receipt of Free School Meals generally do not do so well. It should be noted that criticisms of the reliability of FSM as a measure of socio-economic deprivation have emerged and some consider that the measure excludes a significant cohort of “working poor” families whose socio-economic situation mirrors that of the families in receipt of FSM (Hobbs and Vignoles, 2009). You will recall that in Sheffield, over a quarter of children and young people are in or at risk of poverty or social exclusion, higher than for the overall population, with 5 wards where over half of children live in poverty.

The Early learning goals have changed significantly last year, the DFE no longer mandates moderation of reporting on GLD and we are waiting for the official confirmed statistics. From the rough data we have we can see that the biggest impact is as the review has found, that SEND and IDACI Quartile/FSM are the biggest factors effecting Sheffield children. Further analysis of the outcomes will be explored when the official data becomes available. Roma Children in the city, especially Roma boys do not fare well in terms of GLD which is in line with the National picture.

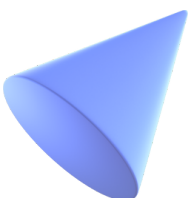


Good Levels of Development in Sheffield

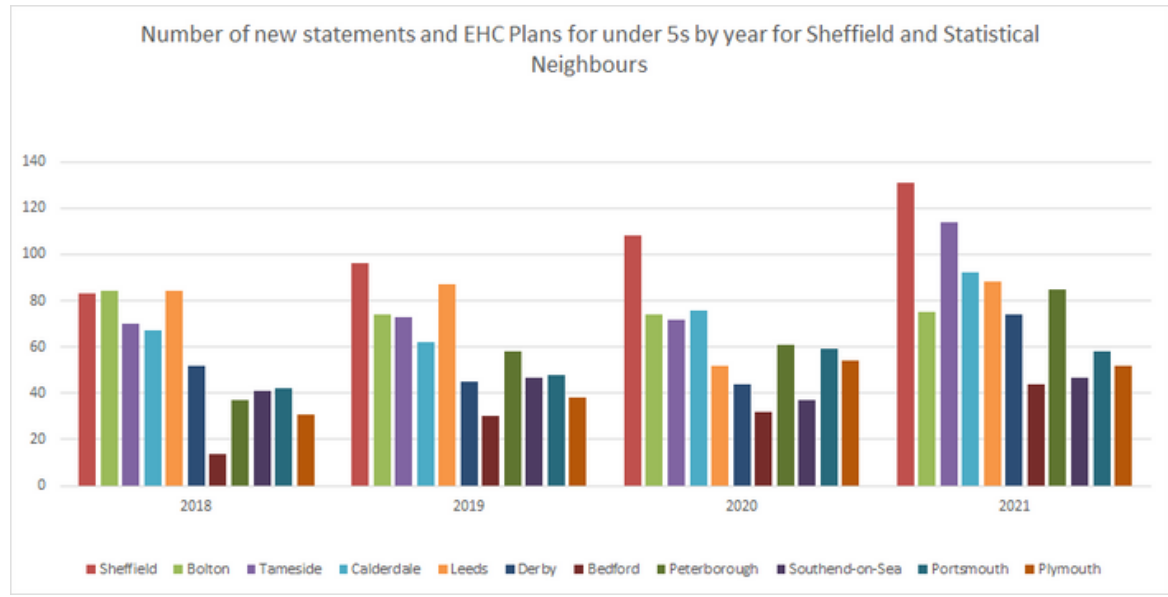
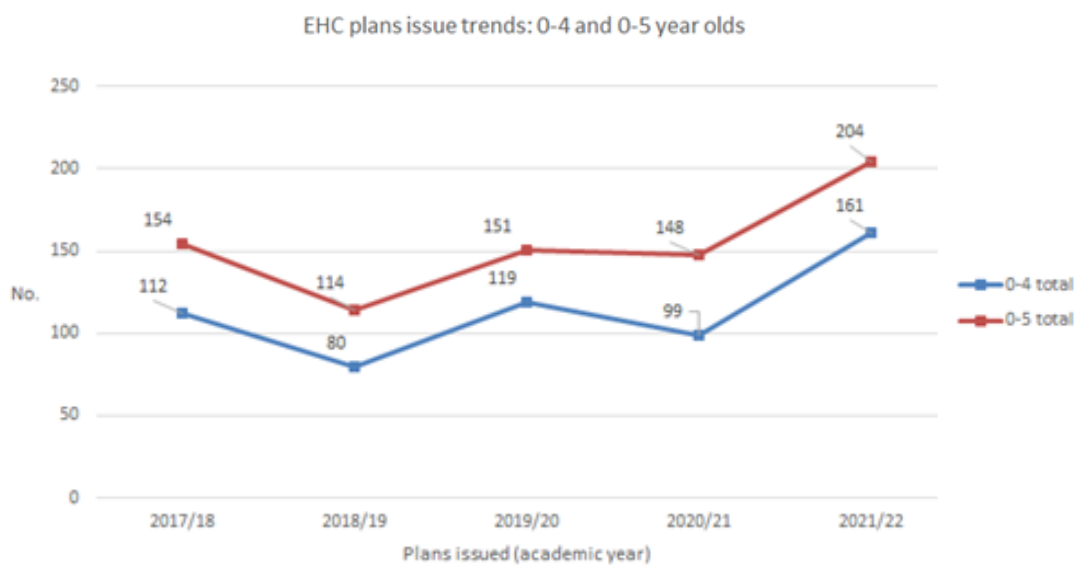
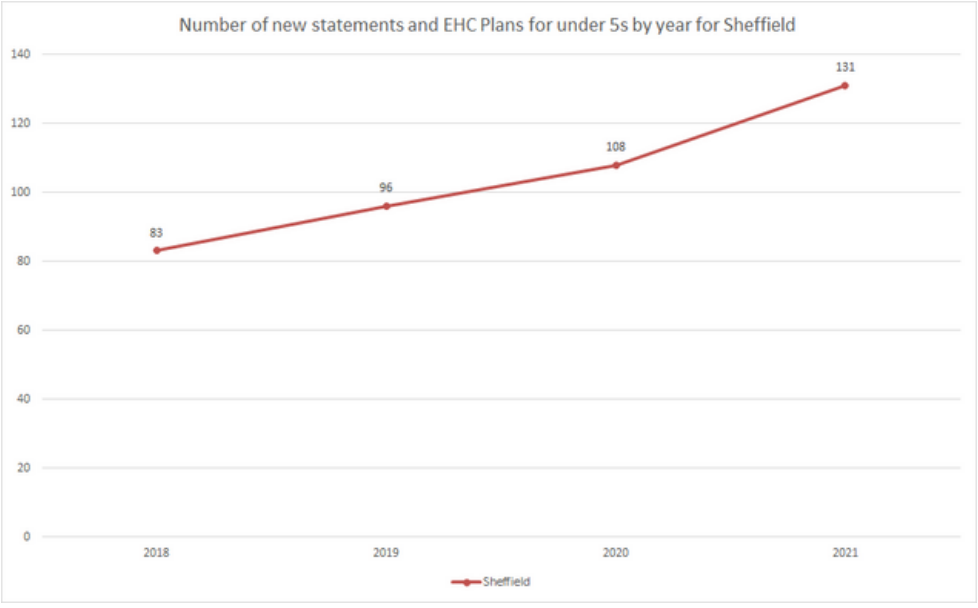


This chart demonstrates the impact of deprivation on Good Levels of Development in the City using the Income Deprivation Affecting Children Index (IDACI) Indices of multiple deprivation (IMD). This is a **measure of relative deprivation for small, fixed geographic areas of the UK**. IMD classifies these areas into five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived. We can see that there is a geographical impact on Good Levels of Development in Sheffield with children from the most disadvantaged areas consistently fairing worse than more affluent areas.

Characteristics that are positively related to children's development can be thought of as protective factors and those that are negatively related can be considered to be risk factors. A 2021 National Foundation for Educational Research study into Young Children's development and deprivation found that although deprivation was a risk factor for development, it did not have the largest effect. This indicates that children's learning outcomes are influenced by a wide range of factors, of which deprivation is just one.

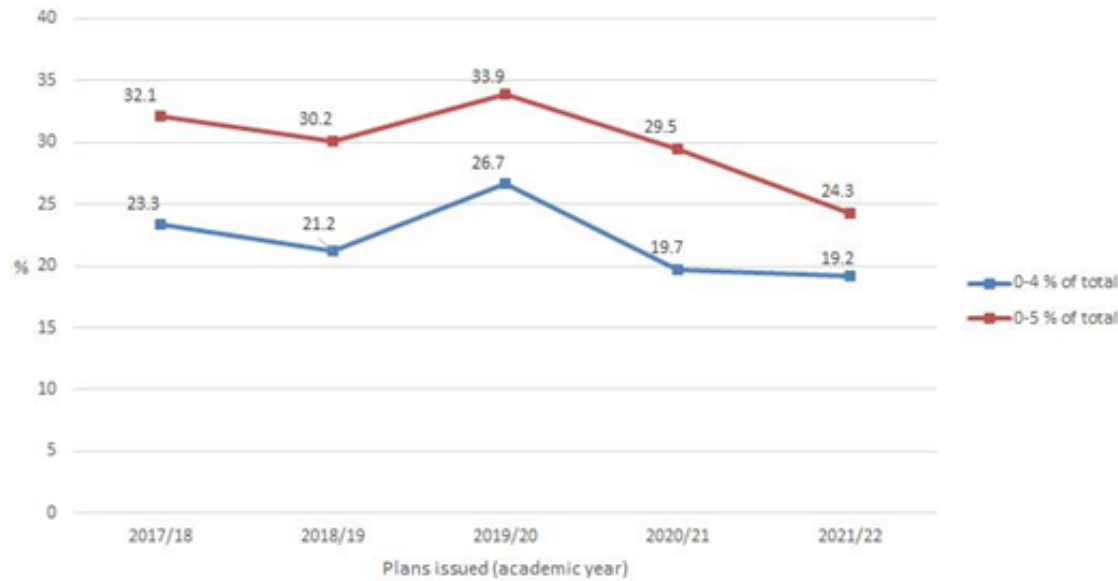


Statements & EHCs for under 5s

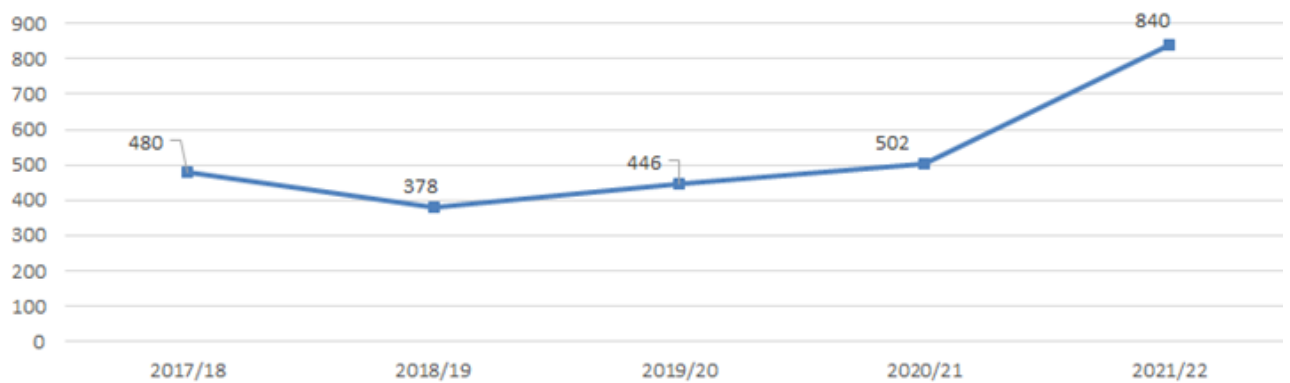


Statements & EHCPs for under 5s

EHC plans issue trends: 0-4 and 0-5 as percentage of total



EHC plans issued by Sheffield LA



Having an identified SEN at the age of 5 was a risk factor for children’s development, even when other factors (including deprivation) are considered. It was the only risk factor which was consistently identified across all included learning outcomes and the size of these effects were greater than those associated with deprivation. Our consultation feedback showed that the greatest concerns across Sheffield Parents and Professionals was related to identification and support for children with SEN and the need to make significant improvements in these areas. When compared with statistical neighbours Sheffield issues a greater number of EHCPs to under 5s than all other comparator areas.

In Sheffield, based on a five-year trend, the age group which the highest number of ECHPs issued is age Four (within all age groups 0–25). In terms of the numbers of EHCPs issued to 0–4 and 0–5-year-olds, we can see that those numbers increase over a five-year trend. However, as a percentage of the numbers EHCPs issued to all age groups, we see a decrease.

Whilst early years numbers have risen, they now make up a smaller percentage of the whole which suggests more children are being identified as needing an EHCP at a later stage. The Impact of COVID19 and the periods of lockdown could account for some of this change. For example, when we consider

21/22 academic year figures, the number of ten-year-old and the number of eleven-year-olds is slightly higher than the numbers of four-year-olds, in general, four-year-old trends closely follow the trends at age nine and age ten. Suggesting correlation in terms of preparation for transition.



Children in Foundation Stage 1 (NCY -1) and below with Sheffield LA-maintained EHC plans - ethnicity profile (2021-22)



Ethnicity	No.	%	Ethnicity	No.	%
White British	83	51.2	Pakistani	14	
Irish	1		Bangladeshi	3	
White Eastern European	1		Any Other Asian Background	4	
Traveller of Irish Heritage	0		Caribbean	2	
Gypsy / Roma	0		Somali	1	
White Other	1		Other Black African	4	
White and Black Caribbean	3		Any Other Black Background	2	
White and Black African	2		Chinese	1	
White and Pakistani	0		Yemeni	3	
White and Any Other Asian Background	3		Any Other Ethnic Group	6	
Any Other Mixed Background	4		Information not yet obtained	22	13.6
Indian	2				

BAME total	57	35.2
Total	162	100

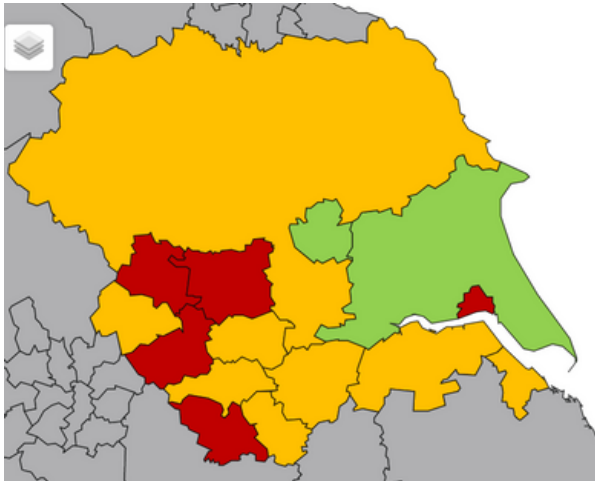
Capita ONE - end of July 2022

Findings and recommendations regarding children and families within Sheffield's Race Equality Commissions report into racial disparity and racism in Sheffield describes disproportionate numbers of boys from Black and Roma background's being subject to school exclusion. 52% of those within the Pupil Referral Unit at the time of publication were from Black and Minority Ethnic backgrounds with only 5% of those children returning to mainstream. There can be many reasons for school exclusion, however we know that it is often post exclusion that underlying SEND, and Health needs are identified. When this is considered alongside the commissions findings regarding inequalities in access and quality in healthcare means that we need to ensure that the work we do to improve Early Years SEND support and earlier identification in the city is considered within the context of the findings of the report.

Trends in School Readiness in Sheffield

Sheffield compared to regional neighbours

YORKSHIRE AND THE HUMBER	% achieving a good level of development			
	All	Girls	Boys	Gap
York	75.6	80.4	71.0	9.4
East Riding of Yorkshire	73.8	81.3	66.9	14.4
North Yorkshire	72.8	79.4	66.7	12.7
Doncaster	72.5	79.2	65.9	13.3
North Lincolnshire	71.7	77.9	66.0	11.9
North East Lincolnshire	71.2	78.3	64.3	13.9
Wakefield	70.8	78.8	63.6	15.2
Calderdale	70.5	78.0	63.6	14.4
Barnsley	70.4	78.3	62.4	15.8
Rotherham	70.3	77.1	63.6	13.5
Sheffield	70.0	76.5	63.6	12.9
Kirklees	69.7	76.9	63.2	13.7
Bradford	68.0	74.8	61.4	13.4
Kingston Upon Hull, City of	67.7	75.0	60.8	14.3
Leeds	66.4	73.4	59.6	13.8

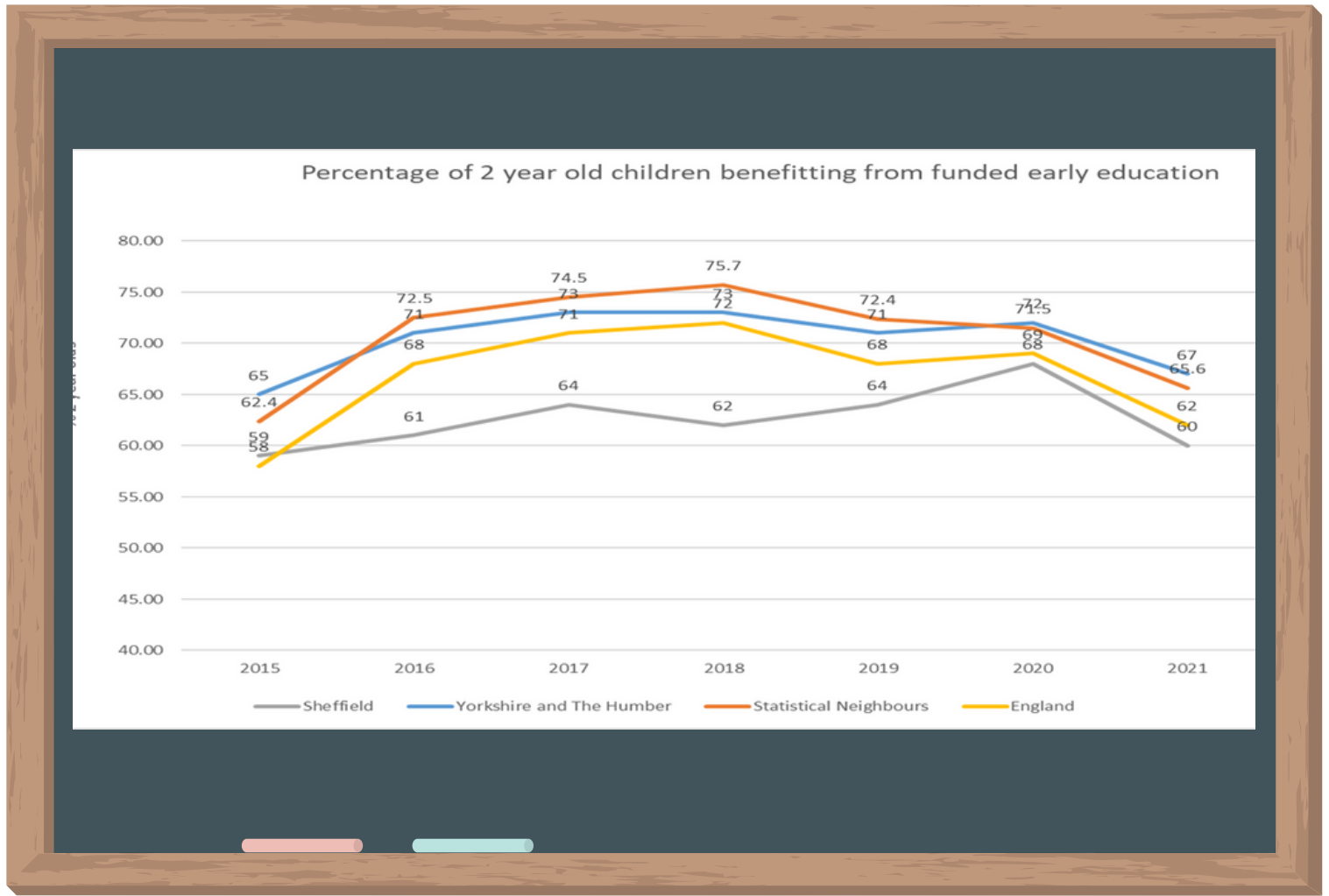


We achieve well against comparators in terms of GLD in the city, but this has not diminished the message from schools that far too many children are arriving into their reception year with unmet and often unrecognised needs.

The percentage of pupils achieving a good level of development at foundation stage in Sheffield improved rapidly from 51% in 2013 to 68.6% in 2016. In the following three years it remained steady, peaking at 70.3% in 2018, before showing a slight decrease at 70% in 2019 (LAIT, 2021). Sheffield’s data was mirrored across our statistical, regional, and national cohorts however on closer analysis of the 2018 data at ward level, there is a variance of almost 30% between the best and worst-performing wards.

In terms of Narrowing the Gap 2019 data, Sheffield ranks highly against the subsets of authorities. Ranked at one for Statistical Neighbours, two for Metropolitan Authorities and one for Core Cities. However, according to the Education Policy Institute’s (EPI) annual State of Education report, 2019, the disadvantage gap has continued to narrow in primary school but has now stopped closing in the early years. The EPI’s analysis covers the period from 2011 to 2018. For the early years, it starts in 2013 to coincide with the introduction of the current Early Years Foundation Stage Profile results. Over this period, it finds the disadvantage gap has closed across the early years, primary and secondary school but between 2017 and 2018, only primary schools continued to narrow the gap.





Access to childcare providing good quality early education is seen as one factor which can contribute to better school readiness. The percentage of 2-year-old children benefitting from Funded Early Education in Sheffield has remained low compared with the Yorkshire and Humber region, statistical neighbours and England. We can see that prior to the start of the COVID-19 pandemic, Sheffield's take up of 2-year-old FEL was steadily increasing, from 62% in 2018 to 64% in 2019, when other areas decreased, and then to 68% the following year. This was achieved through strong partnership work with Early Help services across the city such as Family Centres, Health and MAST services. However, since the pandemic we can see that nationally rates have declined, and Sheffield remains lower than all comparators. In comparison, funded early education for 3- and 4-year-olds in Sheffield, although slightly lower than statistical neighbours and the region, had been consistently above the national average in the years prior to the pandemic with sustained rates of 95% from 2017- 2020. All comparators have declined following the early days of the Pandemic.



Key Findings: Professionals views on areas for development activity



- Communication and collaboration at key points of transition and assessment can be much improved
- SEND related issues have formed the vast majority of the concerns raised and areas for development
- Speech Language and Communication needs to be recognised as an indicator and a focus for early activity
- There is variation amongst professional's understanding of their own contribution to school readiness
- A need to raise awareness in the city of the social and economic impact of inequality in terms of the child's whole life course, particularly in terms of vulnerable and seldom heard groups and the impact we can have by reducing inequalities across the Early Years and Early Help system
- There is good quality activity in the city, but we meet to be more connected in terms of making the most of resources to avoid overlap and support more families
- Information sharing is a concern for many and is impacting negatively on good quality communication. This is an issue which contributors feel could be resolved
- Across the system, we need to consider activity and input far much earlier in the child's journey and use key early contact points to the best advantage

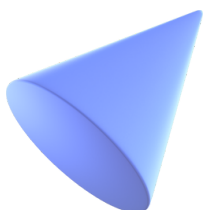
This has been a wide-ranging review and the findings and resulting activity are numerous and we will look further into development work to address the findings later in the report.



Key Findings: Parental views on areas for development

- Parents tell us that they have difficulty getting professionals to listen to their concerns about their very young children and getting referral and diagnosis is a battle
- We have heard from parents that children are being refused nursery places because of their Special Educational Needs: that settings feel unable to accommodate their child's needs
- We have low take up of Disability Access Fund (DAF) funding and need to explore if this is related only to take up or if SEND Children are not accessing places
- Pathways to support remain unclear to both providers and parents
- Parents tell us that the offer for non – breastfeeding mums is limited within our Family Hubs
- There are limited opportunities for parents in coproduction to address a broad range of issues to which parents would bring subject expertise

Parents tell us that it is often hard to be heard when they have concerns about their child's development and that professionals will sometimes suggest that their children will catch up and to wait and see. This will lead to late referral and later access to support. When settings feel unable to accommodate a child's needs within the setting accessing DAF funding and access to 0 – 5 send support and SEND funding should be considered, however we have low take up of DAF funding in the city. The low take up of DAF funding is being explored by the Early Years Subgroup of the School Forum and this may be a factor in terms of parents feeling that settings are unwilling or unable to accommodate their child's needs.



What's going well?

Activity is underway to support good school readiness in Sheffield.

- Perinatal Mental Health and Infant Mental Health Pathways
- SENCO training
- Speech and Language Review / DLD review
- Save the Children Locality B work to support the Home Learning Environment project
- Successful DFE Family Hub bid resulting in 2 research projects
- South Yorkshire Futures Partnership
- Family Centres "Start for Life"
- School Readiness Pathways
- MAST School Readiness Project
- Training for school and providers for brain architecture and trauma informed practice
- Review of Early Years SEND Funding
- A clear focus on transitions, highlighted more so by the recent Accelerated Progress Plan



Activity to support good school readiness and to develop Sheffield's Early Years offer has not begun with this review. Activity across the system is ongoing with developments in Health, Family Support and Education. The findings of the review have told us that we need to be more "joined up" in our activities and one result of this work is improved communications within the Local Authority Early Years Practitioners and management including regular joint management meetings and joint development and delivery of training. More broadly, a Health Education England (HEE) funded Early Years ASD training programme has been developed alongside Health colleagues and Sheffield Parent Carer Forum (SPCF). The model of design and delivery of this programme provides a solid blueprint for further co - designed and co -delivered training.

The review has sparked the development of a citywide Early Years event in the Autumn to share good practice across the Early Years system and use the opportunity to begin consultation on the new 2023 Early Years Strategy for Sheffield.

Through the SEND Revisit which took place in February 2022, we know we need a greater focus on transitions, this has been highlighted through the Accelerated Progress Plan which covers multi-agency transitions, which includes school readiness and links the Preparation for Adulthood conversation to all ages and stages.



What Works to Improve School Readiness



- Good maternal mental health
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education



Department of Education, Department of Health (2011) Families in the foundation years evidence pack

The Department for Education and the Department of Health's "Families in the Foundation Years: evidence pack" (2011) describes the factors which support good school readiness.

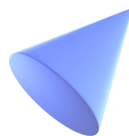
Using the findings and research, we have developed areas of focus for the workstreams using the Early Years Foundation Stage priorities and have incorporated the "what works" factors in to the relevant workstreams.

Physical, Social and Emotional Development and Physical Development focusses have emerged from discussions regarding the impact of deprivation and vulnerability on these areas of development, and include good maternal mental health, learning activity, enhancing physical activity, parenting support programmes and high-quality education.

The SEND Workstream is the largest workstream which is a reflection of the concerns raised within the consultations and feedback regarding unidentified and unmet needs on school entry.

There are overarching themes which we will ensure are considered within the workstreams including the impact of disadvantage and supporting seldom heard/underrepresented communities.

No workstream has been developed for Speech Language and Communication as the findings from this review have fed into the Speech, Language and Communication review led by Sheffield Children's Hospital Foundation Trust and actions have been incorporated in to the related workstreams of that review.



Maternal Mental Health & School Readiness

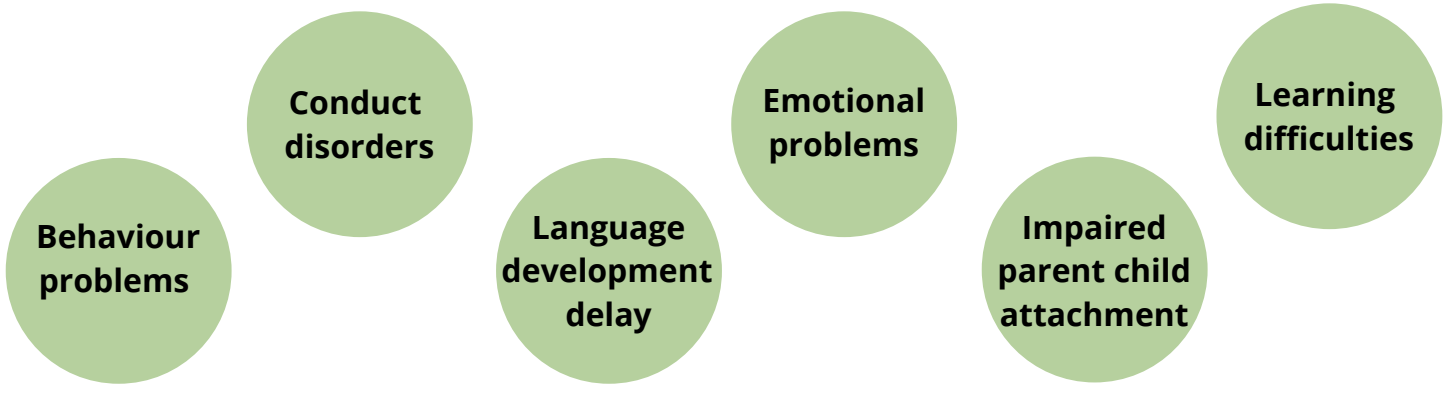
One of the strongest predictors of wellbeing in early years, is the mental health and wellbeing of the mother or caregiver.



2 in 10 women will suffer from a perinatal mental illness

Children of mothers with mental ill-health are five times more likely to have mental health problems themselves

Impact of Maternal Depression on School Readiness



Department of Health (2011) Families in the foundation years evidence pack Children's Defense Fund Minnesota (2011) Maternal depression and early childhood

The ability to recognise and respond rapidly to early signs of mental health problems during the perinatal period is critical for both the wellbeing of parents and infants.

Sheffield is updating its perinatal mental health care pathway to ensure clear information is available for both professionals and families about the wide range of community based and specialist support on offer (including infant mental health provision) to help meet mild, moderate and severe mental health needs and how this can be accessed. The work includes a particular focus on ensuring equity of access for disadvantaged/underserved populations and communities. Peer support is an important element of Sheffield's PNMH offer with links back into community-based early years' activities and support. The newly established South Yorkshire Mental Health Service is also a significant new development providing specialist therapeutic help for women who have experienced birth trauma. We also have PNMH support within our Family Centres delivered via Light. **Light** is a peer support charity working to support the emotional & mental wellbeing of families.

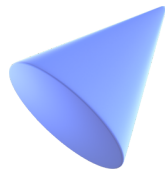


Specialist Infant Mental Health Service CAMHS - Initial Offer



Specialist assessment

- Evidence based therapeutic interventions for individual dyads (e.g., Video Interaction Guidance (VIG), dyadic psychotherapy, formulation-based psychological therapy) with a plan to expand the range of interventions offered
- Consultations to support differential diagnosis of whether emerging developmental difficulties are relational or suggestive of an underlying neurodevelopmental difficulty



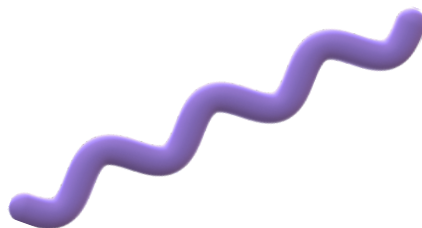
Within the constraints of the current capacity, we aim to:

- Develop a training offer
- Develop consultation and reflective practice offer
- Offer of joint work where appropriate
- Provide specialist model-specific supervision where appropriate



The new specialist Infant Mental Health service within CAMHS (Children and Adolescent Mental Health Service) is now active with a provisional name of PAIRS (Parent Infant Relationship Service), however, there is ongoing consultation with stakeholders to discuss this further:

- Currently two staff (as of July 2022); a Consultant Clinical Psychologist and a Senior Clinical Specialist Art Psychotherapist (both 4 days a week) based at Beighton CAMHS.
- Referrals are accepted from conception to 3 years, but capacity may be limited.
- Initial telephone referral with a follow-up form is requested to allow staff in supporting referrers and manage resource.
- Joint triage meetings are established with the Health Visiting Team with input from the Specialist Perinatal Team, enabling transfer of referrals to most appropriate service.



Development Activity to Support Good Parental and Infant Mental Health

- Maximising key points of contact to share attachment and brain development messages for parents
- New Mental Health Service specialist post-natal therapeutic help for women who have experienced birth trauma
- Perinatal Mental Health and Infant Mental Health Pathways development
- Development of a Father's Post Natal Depression offer
- Increased Family Hub activity for non-Breastfeeding mums
- Development of a hybrid Preparation Birth and Beyond Programme



Development work is taking place to identify key contact points and key messages for professionals to share with parents. The key messages will also be developed into other resources such as posters, leaflets and social media posts with the aim of embedding the messages across all partners.

The PSED workstream group has engagement with Maternity Transformation Midwife LMNS and South Yorkshire and Bassetlaw's Integrated Care System to ensure alignment with the Great Start in Life Action Plan which mirrors the activity within this workstream.

All activity in the workstream is focused on developing activity and approaches to support good attachment, and relationships and develop brain building opportunities.



Learning Activities & School Readiness



A child's communication environment is a more dominant predictor of early language than their social background.

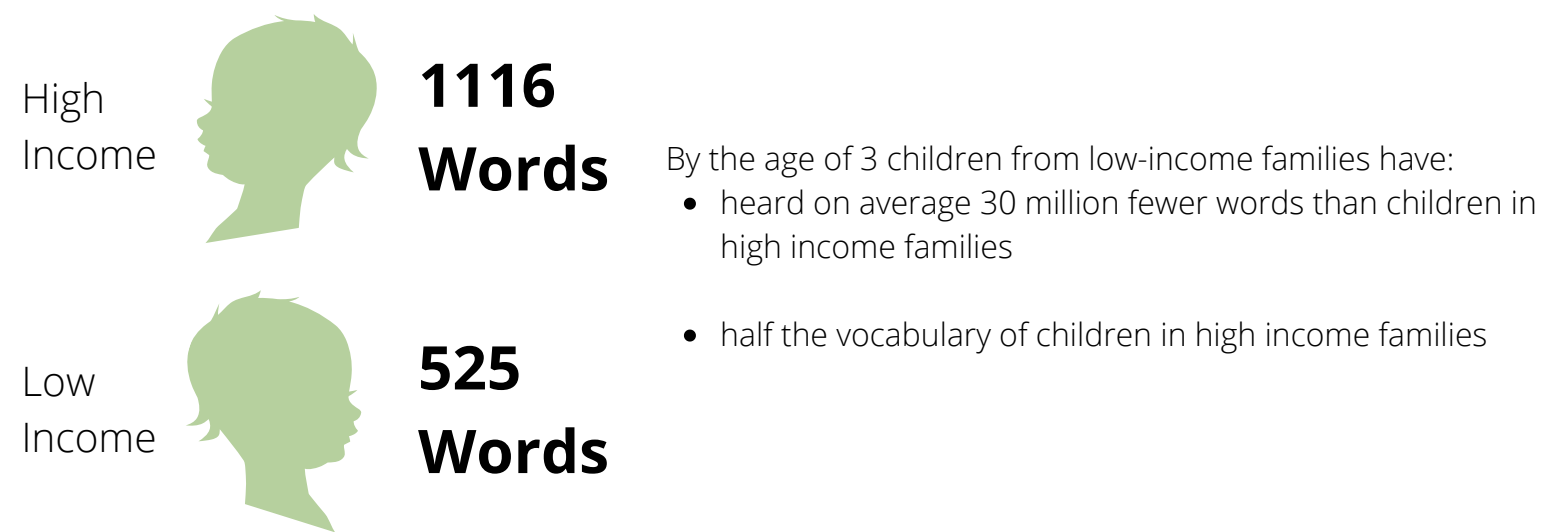
Language Proficiency is a Key Predictor of School Success

61% of low income children have no books at home

1 in 4 children leave primary school without reading well

2 in 5 poorer children leave primary school without reading well

If all children were reading well by age 11, GDP could be an extra £23 billion



Betty Hart and Todd Risley Meaningful differences in the every day experiences of young American children (Baltimore MD: Paul; H.Brookes, 1995), Leffel K, Suskin D Seminars in Speech and Language 2013;34:4 Parent-directed approaches to enrich the early language environments of children living in poverty. Hammer C (2012) NCT Research overview: Parent-child communication is important from birth, Save the Children (2014) Read on get on: How reading can help children escape poverty, OECD (2012) Lets read them a story! The parent factor in education, State Government of Victoria (2014) Parenting support strategy

Over the past 10 years, evidence concerning the strong link between early language development and later-life outcomes has resulted in several calls to prioritise early language skills as a primary child wellbeing indicator (EIF, 2017). In Sheffield we have heard from practitioners who regard Speech, Language and Communication support at Early Help level as a missing link in the chain and too many referrals are heading straight to Speech and Language Therapy services without consideration of earlier help and support.

Development Activity to Support Learning and School Readiness

A review is taking place of all Speech & Language services. Early identification has been prioritised as part of this review and as a workstream they are:

- Further rolling out of explore play & learn, an early referral pathway for children aged 1-2 with potential Speech and Language delay - partnership working with health's 0-19 team and Family Centres
- Timeline mapping against localities, with a focus on gaps of services for those; from seldom heard communities, accessing FEL, on the clinical SaLT pathway
- Considering further actions to be taken regarding 2-year FEL places where children have additional needs
- Creating a clear pathway/process to reduce the number of children who were not brought to their SaLT appointments

A review is taking place of all Speech & Language services. Early identification has been prioritised as part of this review and the following work developed:

- Further rolling out of explore play & learn, an early referral pathway for children aged 1-2 with potential Speech and Language delay - partnership working with health's 0-19 team and Family Centres
- Timeline mapping against localities, with a focus on gaps of services for those; from seldom heard communities, accessing FEL, on the clinical SaLT pathway
- Development of further activity regarding 2-year FEL places take up from children with additional needs.
- Creating a clear pathway/process to reduce the number of children who were not brought to their SaLT appointment.

As a Local Authority, we have written, developed and delivered 'Speak Up for Sheffield' with Speech therapists. 'Speak Up for Sheffield' is focused on supporting the development of children's speech, language and communication. It is part of a South Yorkshire wide project (South Yorkshire Futures) where we are aiming to improve children's outcomes across the whole region. Within the South Yorkshire Futures strategy, we identified five levels of expertise in understanding children's speech, language and communication development according to the kinds of roles they have. This course is aimed at people working at the 'Universal Level': everyone who works with young children. The training takes into consideration the findings from the 30million word gap report and the gap in communication skills between disadvantaged children and their peers when they start school, what can be done to support language development in the early years to give children the best possible start.

The Accelerated Progress Plan is looking at the 4 areas of PfA – Health, Education, Community / Friendships and Independence. These are applicable at all ages and stages. With the use of the PFA at all ages tool produced by The Council for Disabled Children we will be able to ensure good quality, consistent conversations with families from the early years, that will cover the defined areas of School Readiness from UNICEF and South Yorkshire Futures.



HCP Brain Building Project



1) Who we are

A focus group of local health visitors, school and nursery SENCOs, parents, Early Years & parenting support staff.

2) What we do

We work to support children and their families to get the best start in life.

3) Where we work

We work in schools, nurseries, family centres or visit families in their homes.

8) What do I do next?

Telephone us on the number given – leave a message if required, and we will ring you back with further information.

7) What information will be shared?

You will be asked to sign a single consent form for all the services taking part to access your information. None of your information will be available publicly or in the findings of the study.



4) What is the pilot for?

We want to explore the best way to give families with children who are born prematurely early access to neurodevelopmental support, and resources to develop skills and give them the best start in life. This is being offered in your local area. If successful we want to provide this service across the city.

5) What is this pilot offering?

We are offering personalised support from your local services, access to a parent support group and online resources in order to help you and your child develop early learning skills.

6) How will you know it has been successful?

At the beginning of the pilot, your keyworker will help you carry out the ASQ (Ages & Stages Questionnaire). These are the standard questionnaires that are carried out for all children at 10-12 months and 2-2.5 years. After offering the support and activities we will undertake the questionnaire again to see what progress has been made. You will also be invited to feedback on the project.

This project has developed as an action from the Health and Care Partnership (HCP) Neurodevelopment Programme. The project will provide early access to “brain building” activities, to children who may need additional support to develop skills and give them the best start in life. This will help children develop early learning skills. Brain building activities are activities which will help children to improve e.g., working memory, co-ordination, attention, word identification, mathematical calculation, etc.

This project is working with families with children who were born pre-term. Prematurity is one of a number of developmental vulnerabilities which may make it harder for children to reach their full potential and to have a chance at a good future. Lessons learned from the project will be taken forward to seek funding and develop support across the city.

Sheffield Early Learning Community



Sheffield ELC believes that services working together with parents, will help give every child the best start in life.

Sheffield is part of the Early Learning Community (ELC) programme, an area-based partnership with Save the Children and local partners across the UK. The Sheffield ELC links to locality B. ELCs recognise that when services and programmes work together, they have a greater impact on children's outcomes. We work with everyone who is central to children's early development, starting with the family. The programme's aim is to make a long-term difference to the lives of children facing challenges in communities across the UK. In partnership, we use evidence and family experience to change service delivery. We are now exploring the roll-out of the Home Learning Environment Pilot into more communities.



Enhancing Physical Activity & School Readiness



Physical activity for young children is an important component of early brain development and learning, movement skills such as eye skills and manipulative skills help children access curricular activities with enjoyment and success. Communication skills depend on well developed physical skills. 1 in 10 children aged 2–4 meet the Chief Medical Officer's guidelines of being physically active for at least 180 minutes (3 hours), spread throughout the day.



Helps develop coordination & movement skills



Promotes healthy weight



Strengthens developing muscles & bones



Helps children develop social skills

Department of Health (2011) Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers Cabinet Office (2014) Physical activity Olympic and Paralympic legacy for the Nation
British Heart Foundation National Centre (BHFC) for Physical Activity and Health, Loughborough University (2015) Early years: Practical strategies for promoting physical activity

Development Activity to Support Physical Development

- Weaning, Dump the Dummy, toileting accessible offer
- Training review of Early Years and maternal healthy lifestyle/health literacy offers
- Exploration of Holiday Activities and Food (HAF) programmes in the Early Years
- Completion of the Childhood Obesity Pathway
- Vaccination and immunisation take up promotion
- Oral Health promotion activity



The Physical Health Workstream is established and along with multi-agency members from across Early Years the workstream has engagement from Public Health, Move More and the Health and Leisure Team.

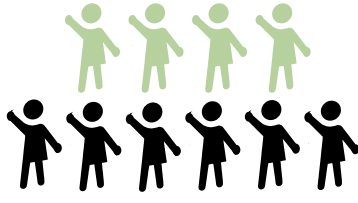
The workstream is developing activity to increase the compliment of YouTube resources, drop-in sessions and groups for weaning, Dump the Dummy and toilet training. Based on data and local intelligence, targeted Start Well sessions will be delivered within identified communities. The group is working to expand the outdoor play offer within Family Hub outreach activity. The Holiday Activities and Food (HAF) Programme is currently only open to School age Children. The Group are exploring ways to make a similar offer to Early Years Families as HAF is not available to Early Years Children.

Immunisation levels post covid are low, Family Hubs are working with Public Health to promote Vaccination and Immunisation in Early Years. A pathway for addressing missing immunisations is under development. (July 2022)

To support professionals, the workstream is undertaking a review of available training in Early Years and Maternal Health Literacy and Healthy Lifestyle offers and will undertake a gap analysis to inform future planning. In addition, the Childhood Obesity Pathway is reaching completion.

Parenting Support Programmes & School Readiness for Under 5s

Parenting has a bigger influence on a child's life chances in the early years than education, wealth or class.



4 in 10 Children miss out on 'good' parenting

Sheffield Family Centres deliver online seminars on specific topics along with face to face activity groups to support parents and children under 5.

Seminars & Activity Groups include:

- Dump the Dummy
- Toilet Training
- Explore, Play and Learn
- New You, New Me
- Baby Groups
- Toddler Sessions
- Story Explorers
- Shake, Rattle and Sing

Supporting parents with parenting programmes has a positive impact on both parents' and children's wellbeing and mental health and is an important part of prevention and early intervention. Sheffield Parent Hub deliver a range of parenting programmes, discussion groups and seminars for parents of children aged 0-19.

Seminars include:

- 0-12 Raising Resilient Children
- 0-12 Positive Parenting
- 0-12 Raising Confident & Competent Children
- 0-12 SEND - Helping your child reach their potential
- 0-12 SEND - Changing negative behaviour into positive behaviour
- Time to Sleep

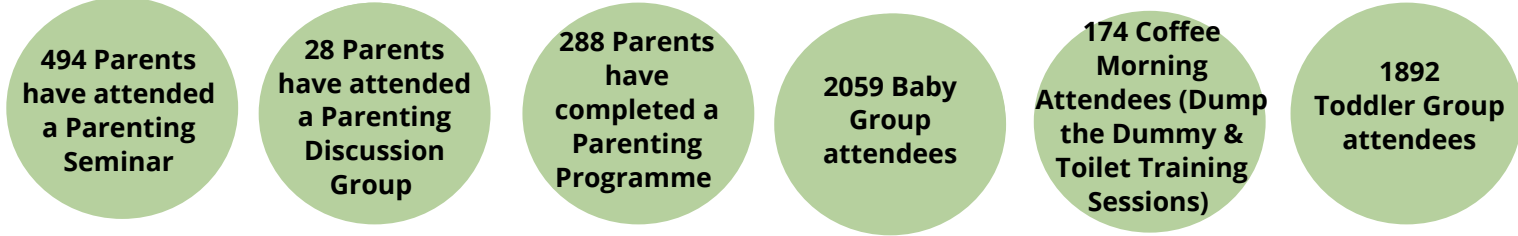
Discussion Groups include:

- 0-12 Hassle Free Outings with Children
- 0-12 Dealing with Disobedience
- 0-12 Developing good bedtime routines
- 0-12 Managing fighting & aggression

Programmes include:

- Incredible Baby
- Incredible Toddler
- Incredible Years
- 0-12 Triple P
- ASD Programmes
- Being a Parent Programmes

This is an overview of engagement we have had in programmes for primary aged children in the last year



(Teen, Domestic abuse and Parental Conflict Programmes not included)

Social Mobility and Child Poverty Commission (2014) State of the Nation 2014: Social mobility and child poverty in Great Britain, Department of Education, Department of Health (2011) Families in the foundation years evidence pack, Department of Education and Skills (2004) What works in parenting support? A review of the international evidence, Health Equity Evidence Review 1 (2014) Good quality parenting programmes and the home to school transition

Development Activity to Support Early Years Parenting

- Increasing engagement of Doula supported families in Family Hub activity
- Exploration of new ways to engage Early Years Families with MAST following Step down from Social Care
- Targeting of Start Well courses to specific communities
- Mapping of post COVID 19 Toddler group recovery and support to reopen
- Introduction of Mellow parenting to targeted groups
- Expansion of Incredible Baby and Incredible Toddler offer



High Quality Early Education & School Readiness



By the age of five the brain forms as many as 700 neural connections per second. High-quality early years education significantly improves child health and educational outcomes, particularly for disadvantaged children. The average economic benefit of early education programmes for low income 3- and 4-year-olds is nearly 2.5 times the investment. If all children from low-income families receive high-quality early education the gap in achievement could be closed by as much as 20-50%.



High-quality early education improves school readiness



High-quality early education improves future academic attainment



High-quality early education can lead to higher levels of employment



High-quality early education improves future productivity



High-quality early education can lead to less involvement in crime

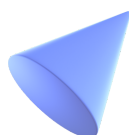
Centre for Research in Early Childhood (2014) Early years literature review, Centre for Research in Early Childhood (2013) The impact of early education as a strategy in countering socio-economic disadvantage http://developingchild.harvard.edu/resources/multimedia/interactive_features/five-numbers/ Aos S, Lieber R et al Benefits and costs of early prevention and early intervention programmes for youth. Olympia, Washington State Institute for Public Policy 2004 Department for Education (2007) Effective pre-school and primary education 3-11 project (EPPE 3-11): Influences on children's development and progress in Key Stage 2: Social / behavioural outcomes in Year 5 Gorey M School Psychology Quarterly 2001;16(1):9-30 Early childhood education: A meta-analytic affirmation of the short and long-term benefits of educational opportunity

Early child development sets the foundation for lifelong learning, behaviour, and health. The experiences children have in early years settings and early childhood shape the brain and the child's capacity to learn, to get along with others, and to respond to daily stresses and challenges.

Early brain development establishes a child's social competence, cognitive skills, emotional well-being, language, literacy skills, physical abilities and is a marker for well-being in school and life resiliency (Blair, 2002; Posner & Rothbart, 2006; Shanker & Greenspan, 2009).

Children's early experiences – the bonds they form with their parents, carers and their first learning experiences – deeply affect their future physical, cognitive, emotional and social development. Optimizing the early years of children's lives is the best investment we can make as a local authority in ensuring their future success.

The first 1000 days of life, from conception to age 2, is a critical phase during which the foundations of a child's development are laid. The report, published 2019, [First 1000 days of life \(parliament.uk\)](https://www.parliament.uk/publications/2019/1/first-1000-days-of-life) in summary – the report states that 'Improving support for children, parents and families during this vulnerable period requires a long-term and coordinated response nationally and locally. The Government should lead by developing a long-term, cross-Government strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty.'



Achievements in Early Years Quality

- The Early Years training programme has been delivered virtually over 2021-22
- Free sessions have been delivered to support transition into school as well as work with the sector (nurseries, schools, 0-5 SEND and Inclusion, school readiness team and childminders) to develop a Sheffield transition record. Launch events and training have then been delivered for all to attend
- The free improving outcomes sessions have been developed by teachers from schools in conjunction with Quality & Access Team and Quality Improvement Team to work alongside early years practitioners and childminders looking at speech, language, and communication needs, Physical Social and Emotion Development (PSED), Wellbeing and Self-Regulation and Supporting SEND transition – each session taking into account the impact of Covid and the effect it will have on school readiness
- Recruitment Fair delivered in conjunction with Sheffield College to support Setting recruitment of childcare practitioners

- Over the last two years Early Years Quality Team have continued to deliver a full service to the early years sector – Childminders, Group care settings and Schools. Despite the challenges the sector has faced, they have continued to engage with the team and support each other through network meetings, sharing good practice and ideas as well as us sharing key messages from Local Authority leads and Public Health.
- Training has included spotlight sessions and introduction sessions on areas of Early Years Foundation Stage (EYFS -early identification, inclusive environments, cultural capital, maths, sustained shared thinking for example, Early Learning Goals), Speak up for Sheffield (introduction and Champions modules), Quality First Teaching, Building Best Practice and Trauma Informed Practice to name a few of the courses that have been on offer.
- Bespoke setting support has been delivered for those settings who are newly registered with Ofsted or are within an Ofsted category (Inadequate or Requires Improvement) as well as those preparing for their inspection.
- Plans moving forward - following consultation with the sector, training areas have been provided, linked with areas of need, and will now be project-based, allowing time to implement skills learnt and have a time of reflection before coming back together as a group and building upon them.



Development Activity to Support Early Years SEND



Completed activity

- Early Years transitions principles and templates are agreed and shared, and there is a plan in place for implementation
- A pilot for Early Years provider engagement in Stage 1 SEND Panel meetings is under development.
- A visual has been developed to inform providers of pathways to SEND support
- An Early Years version of the Sheffield Support Grid has been produced. Training is due to be rolled out in the autumn term
- Work has taken place through existing forums to support and advise practitioners in having conversations with parents regarding their child's SEND needs, these are to be based around the 4 cornerstones of PfA
- 2-year-old integrated review process is finalised and is active

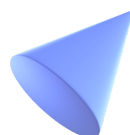
Planned activity

- Early Years funding mechanisms for children with high needs will be reviewed in Autumn 2022
- The Portage service will be reviewed along with opportunities for development of this service
- Early Years support and resources will be developed.
- The Accelerated Progress Plan will begin to see impact, particularly around consistency of practice and conversation

A set of principles for transitions has been agreed by the inclusion board. Templates for sharing information with the receiving school have been developed to ensure consistency of information sharing. Stage 1 School SEND panels have not to date involved Early Years Providers. Involvement in the Stage 1 Panels will allow providers access to peer support and advice.

The Pathway visual will be published on the Learn Sheffield website and links will be provided on additional sites such as the Local Offer and SCC SEND pages.

The Early Years Sheffield Support Grid development has been completed and is currently being tested. Phase 1 is complete. Phase 2 activity will consider Early Years SEND funding and will take on board the findings of consultations over the last three years. Phase 2 will also progress activity around the development of the Portage team activity and will consider support and resources linked across Early Years SEND.



System, Infrastructure and Investment Recommendations

- Development of a leadership role for Sheffield Early Years
- Increased investment in Portage workers
- Increased investment into Early Years Prevention services and Early Years SEND support
- Early Years SEND Support integration into the wider Early Years System
- Information sharing and "Single view" development
- Further development of parental voice and influence in terms of service development using the opportunities presented by the developing Family Hubs

Professionals from all areas of the Early Years system tell us that we need to have a clear “lead” for Early Years. It is apparent throughout the review that SCC services are appropriately placed within Communities, Children and Families and Education and Skills teams, however this means that there is no director with overall responsibility for Early Years in the city, and no champion to represent this important stage in the lives of Sheffield children and their families at City, Regional and National level. Early Years is essentially everyone's business within the Local Authority, but it is no one's priority despite Starting Well-being a key priority within the Health and Wellbeing board.

Portage is highly regarded by parents and practitioners and further investment in this area to increase the numbers of practitioners trained should be explored. In addition, further alignment of Portage and Early Years 0 – 5 SEND with Family Hubs should be explored as this has been found to be successful in other Local Authorities in terms of then linking families into further support, activity and support networks. Whilst there is established good quality partnership working across Midwifery, the 0 – 19 service, Family Centres (Hubs), Early Years Quality Teams, MAST and Early Years Pathway Teams, the Early Years SEND team are less engaged and opportunities are missed with regard to the many benefits for children and families in receiving integrated services. Work in this area is a focus for the SEND workstream, however all agencies should work towards an understanding of the team and their role.

Investment into the areas of Early Years Prevention and Early Years SEND support is needed to ensure children are in the best possible position when beginning school. Evidence tells us that this early investment will reap rewards for children and families, for schools and settings and for the rebalancing of support across the system.

Parental voice and influence is underdeveloped and requires commitment. We need to develop a system wide approach to parental voice and ensure that once heard that we truly listen. Our Family Centres (Hubs) are beginning this work by ensuring parent representation on Family Hub Governance however we have further to go and need to consider parental voice within all our work in the Early Years.



Development Activity to Support System Level Challenges



- A new Early Years Strategy for 2023
- Family Hubs parent involvement in governance
- Partnership working within localities supported by the development of Local Area Committees
- Early Help Partnership Training Offer development
- Information Sharing Agreements
- School Readiness predictive tool
- Development of a social prescribing model for Early Years families and maternity
- Early Years element of an All-Phase Education Strategy to be consulted on this September

Work will begin in Autumn 2022 to consult on a new Early Years Strategy for the City building on the developments of the Start for Life Offer in Family Centres and their transformation into Family Hubs. We were unsuccessful as a city in our Family Hubs Transformation bid. Transformation and the development of the system wide Early Years offer will require support, commitment and investment to make the changes needed to level up life chances for the future adults of Sheffield. Transformation in terms of Family Hubs includes advanced information sharing, workforce development, intelligent use of data, integration of teams and better use of resources. Transformation funding for Family Hubs should not be confused with funding being provided for Family Hubs delivery.

Family Hubs delivery funding is assured for the next 3 years and at this stage the actual amounts and the detail of the delivery expectations are unknown. This funding will support our Family Hubs to go the extra mile in terms of delivery to our most vulnerable families and enhance our universal preventative offer within the scope of the programme. However, additional investment should be considered to support preventative community and voluntary activity for families as we recognise the value that community activity and localism bring in terms of supporting families, identifying need, providing advice and supporting and reducing isolation. All of which support the ambitions to enable all Sheffield children to be school and life ready.

In terms of SEND support in the early years, there are more opportunities to further upskill settings, SCC and VCF staff in child development, identification of need and low-level advice and support. Through the Early Help Training Partnership, the current 0 – 5 SEND Team and our 0 – 19 teams have ideal skill sets to share their knowledge and experience and ensure that those in contact with young families have enough understanding to provide the lowest level advice and ensure referrals are made in a timely way.

Information sharing remains problematic. It is a vital component in true integration and earliest help and support, but progress is slow. Investment into this area would be of benefit beyond Early Years and into wider Early Help and Targeted support.

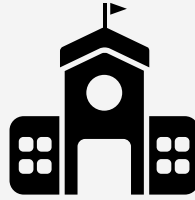
Our planned predictive modelling test was put on hold in Winter 2021 due to the additional pressures on schools in relation to Covid19. We plan to revisit this work in Autumn 2022. Social Prescribing is developing in Sheffield in terms of support to adults. There are initial conversations in place to explore possibilities within the children's world and we will see developments in this area over the coming year.

Why Invest in School Readiness?

Failing to invest sufficiently in quality early care and education short-changes taxpayers because the return on investment is greater than many other economic development options.



Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs



For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence



Targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice system

Centre for Research in Early Childhood (2013) The impact of early education as a strategy in countering socioeconomic disadvantage. DCSF (2008) The impact of parental involvement on children's education. Public Health England (2013) The health and wellbeing of children and young people in London

With a long-term view, there is a significant incentive to invest in the Early Years. Whilst we cannot ignore the current financial pressures both locally and nationally, allocating resources to support the health and learning of young children is a critical economic and educational development strategy. The UK economy depends on having a pipeline of talented, educated employees with the skills needed in today's work environment:

- Problem-solving
- Communication
- Decision-making
- Critical thinking
- Motivation
- Collaboration

The potential for long term savings in health and education is significant. For example, targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice system.



Local and National Factors Requiring Sheffield Leadership Voice and Influence



- Retention and recruitment of Early Years settings staff
- The national issue of setting closures and viability
- 2-year-old Funded Early Learning criteria is excluding children who would benefit, and yet take up is low in the city
- Toddler groups and support groups in the city are slow to recover and need support to do so
- Focused exploration of the issue of early identification of SEND needs amongst children from BAME communities and the links to High Exclusion rates
- Support to improve educational outcomes for Roma children should build on the good practice in place

These issues cannot be addressed via the current workstreams and workstream membership however they are factors which do remain a challenge to our ambitions for the children of Sheffield.

Sheffield Providers are reporting staffing shortages of qualified staff which will impact on the number of children that can be taken. This is a national issue, historically there is a high turnover of staff in the sector but the numbers of people entering the sector is outstripped by the numbers leaving to find better paid roles. To support Sheffield's ambitions for Children in the Early Years, Health and Wellbeing Board has written to the government to highlight the concerns we have regarding recruitment to the sector, investment in Early Years and 2-year-old Funded Early Learning (FEL) criteria (July 2022).

Parents tell us of the inequality of access to 2-year-old FEL, the narrowness of the criteria and cost of childcare to low-income families is excluding some families in terms of access to childcare and education. Opportunities should be taken in all areas where the message can be shared regarding the issues faced in the sector and the impact of limited access to 2-year-old FEL.

Providers have been under pressure during the pandemic as across the country closures are beginning to happen. We need to be mindful of the impact on sufficiency in the city and the impact of closures on employment and family income.

Toddler groups in the city have been severely impacted by COVID. As an example, within the east of Sheffield just 7 out of 40 remain operational post Covid 19 (March 2022). Local forums are working with the Locality Family Hub to restart activity with a plan to take a project proposal to Southeast LAC to secure funding to kickstart and support across the Locality is available. Is there a way to support this activity across targeted areas of the city via our Local Area Committees?

The reported issues surrounding later referral to assessment for children from BAME communities should be explored further. The links between high exclusion rates and SEND needs for children from Black and Minority Ethnic backgrounds requires focussed consideration.

There is good practice in place within schools and services who support Roma Communities, further investment is required to expand on the evaluated good practice in place to reach more families. For example, the Oowler Brook project which sees School, 0 – 19 services, Family Centres and Ryegate Paediatricians working to together to engage families and build trust in services has worked well in terms of Roma families access to support and assessment. The model has worked well but is limited by short term funding.



The latest Flip the Focus: From School Ready to Child Ready Report Calls for Government Intervention and Adds to Our Voice

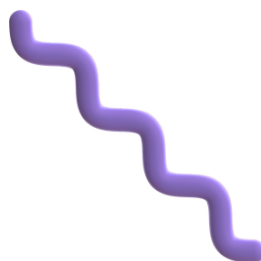
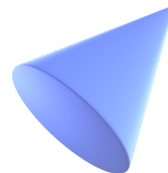


[Found here](#)



In an online survey of nearly 1,000 primary school teachers carried out during November & December 2021 by YouGov & Kindred Squared, it was reported that half of reception children were not ready for school. The report also asked: What can be done to improve this picture?

- Increasing overall awareness of what school readiness means and providing additional support to parents and schools were the most called for government interventions from school staff, advocating for a national initiative of what school readiness means so both families & schools work towards the same goal
- Providing additional funding solely for school readiness
- Increased access to nursery/child centre provision & additional targeted support to those who need it the most
- A renewed dedication to develop a multi-agency approach to school readiness was stressed as crucial to improved outcomes



Sheffield's Early Years School Readiness

Ambitions How Will We Know If We Have Been Successful?

Short Term

- Increased referrals to Early Help and Family Hub activity
- Increased referrals into Early Years Parenting support
- Increases in children in receipt of 2 year old integrated reviews and clear supportive outcomes

Longer Term

- To see positive movement in terms of narrowing the gap between Free School Meals (FSM) and non-FSM outcomes
- Positive feedback from Parents, Early Years Providers and Schools regarding their experiences on transition and with preparedness for learning
- Healthy weight at 5
- Improved oral health in the Early Years
- Increases in vaccination and immunisation accept
- Reduced referrals to Speech and Language Therapy
- We will see more children arriving at school with their needs identified and plans in place to support them to learn from their very first days
- Rebalancing and reduction of the proportion of children from BAME communities excluded from school

If we are successful, in the short term we will see:

We expect to see an increase in the numbers of children in receipt of an integrated 2-year review and to see clear outcomes from those reviews which support families to access support and services.

We will see improvement in terms of closing the attainment gap between those who are in receipt of Free School Meals (FSM) and those not in receipt of FSM. The gap has stopped closing in the Early Years nationally, we would like to see movement restart in this area, particularly in relation to localities/wards with high levels of deprivation.

We will see positive feedback and anecdotal evidence from practitioners and families regarding their preparation for school and schools' readiness for the child.

We will see reductions in the 0 – 5 obesity levels with families having easy access to information activity and support to develop and maintain healthy lifestyles.

Vaccination and immunisation rates for the city would be improved beyond pre-Covid19 levels and oral health data will tell a positive story in terms of proactive targeting of resources, advice and support.

Ultimately, we will see a rebalancing of resources and need towards Early Help and away from direct referral to specialist support. For example, in areas such as Speech, Language and Communication and Infant Mental Health, as well as higher satisfaction rates in terms of SEND support in the Early Years and Schools and the number of Children and Families ready for school with a skilled and knowledgeable

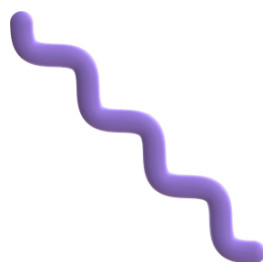
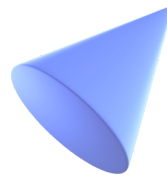
workforce Early Years workforce who are able to identify needs at the earliest point and respond to those needs with timely support and referral.



Performance Measures

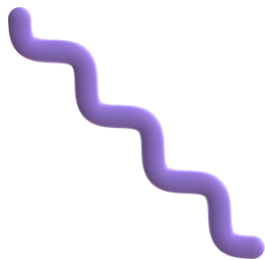
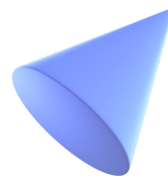
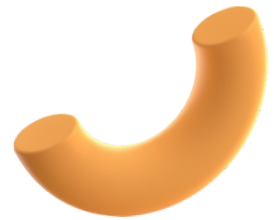


- Narrowing the gap data
- Good Levels of Development (GLD) at school and child level. Ethnicity, Free School Meals (FSM) and deprivation (IDACI)
- Feedback from Parents, Early Years Providers and Schools regarding their experiences on transition
- Monitoring of two year old integrated review outcomes.
- Healthy weight at 5
- Vaccination and immunisation data
- Under 5s oral health data
- Referrals to Speech and Language Therapy
- Referrals and access to Early Help and Family Hub activity
- Referrals into Early Years Parenting support



Acknowledgements

- Improving school readiness - Creating a better start for London (Published August 2015)
- South Yorkshire Futures
- Sheffield Public Health Team
- Sheffield Parent Carer Forum
- SCC Performance and Analysis Team
- Thank you to all of the Sheffield Parents, Early Years Practitioners and Health Practitioners who have contributed views and information in the development of this review.



This page is intentionally left blank