

Early Years Consultation Strategy

3/1/2023

Professional's consultation findings

The key aim of the 2023 professional consultation was to inform the development of the new Early Years (EY) Strategy 'Start for Life Sheffield'. This is due to be published in March 2023 and will replace the previous EY strategy "A Great Start for Life".

To ensure the new EY strategy is reflective of the sector, the EY and Early Help Commissioning team embarked on a wide-scale consultation with early years professionals in Sheffield. The views of EY practitioners and partners were sought on a range of subject areas linked to the provision of services for young families in Sheffield.

The Professionals' consultation was primarily conducted in 3 strands:-

- A consultancy launch, October 2022
- An on-line survey conducted between January and February 2023
- 7 Focus groups held between January and March 2023

The EY consultation focus groups included representation across state, private, voluntary and community sector service and included the local parent/carer forum, local parent champion volunteers, alongside employed community partners with the added benefit of local lived experience.

This document will provide an analysis of the data from the individual research tools utilised to calibrate the findings through identification of any consistently emergent themes. Subsequently, the Report will aim to provide an overview of the views Early Years practitioners, specialists, and partners in Sheffield. A separate report is available that details the specific findings of a parent/carer survey undertaken within the same time frame.

3/1/2023

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Analysis - EY consultancy October 2022; Key themes identified by professionals in Early Years (EY).

Parenting & Communities		Health	Learning, Development & SEND	Resource, Workforce & Funding
Across work themes	Children's Centre			
	Inclusivity / Diversity			
	Families at the centre			
	Well-being of families			
	Partnership			
	Sharing practice			
	Respect			
	Consistency			
	Joined up working.			
Parenting & Communities		Health	Learning, Development & SEND	Resource, Workforce & Funding
Parental engagement	Infant feeding	No child left behind	Recruitment & Retention	
Integration	Antenatal support	Nursery-led knowledge	Professional development	
Home learning	Maternity	Speech & Language	Job Security	
Engaging Parents	Perinatal Mental Health	Autism	Increasing salaries	
Families	Antenatal classes	Supporting SEND	Better recruitment	
Support for parents	Well-being of families	SEND	Sharing practice	
Supporting children	Infant mental health	Neurodiversity	Working together to focus on needs	
Value of Early Years	Healthy eating	More funding	Focus on needs	
Families of Sheffield	Sleep	Funding gap	Recruitment Practitioner days	
Engaging Parents	Perinatal Mental Health & Pairs		Prevention training	
Diversity	Emotional health of all		Prevention	
Respecting	Pregnancy		Pay grades for staff	
Connections	Attachment		Respect for EY	
More financial support	Breastfeeding		Multi-agency working	
	Health		Well-being for staff	
	Mental health		Implementation	
	Pre-birth		Practitioner Pay	
			Look outside L.A.'s	
			Recruitment	
			Training	
			Recognition	

QUESTIONS ASKED AT THE CONSULTATION EVENT

What is working well in Early Years (EY) in Sheffield?

Here is what practitioners told us....

*Parents appreciate EY settings and their role during covid
Uniquely beneficial services in Sheffield that are not available in
other local authorities*

Safeguarding is safer within Sheffield

Community groups filling gaps in Services

*Networking with SALT, Early Years Providers, SEND, Multi agency
support teams*

*Communities supporting families through holidays providing healthy
meals – only funded through holidays*

E-Learning - Learn Sheffield - Virtual College - In-house training.

What issues are important?

Here is what practitioners told us....

Mental Health - Child and adult

*Financial - Lack of free activities, parents have less spare
money, lunch boxes affected*

Stigma on Families

*Access to services in local areas – Long waiting times, who
supports in interim?*

*Empower families within Early Years - safety planning after
support, building life skills*

Social Isolation – family, children, and adult

Lack of motivation to engage in the community.

What challenges/issues are Sheffield families facing?

Here is what practitioners told us....

*Financial
difficulties*

*Not eligible for 2-year FEL
funding, therefore, cannot
access childcare due to
financial constraints*

*FEL funding is not increasing
in line with the cost of paying
staff and other operational
costs*

*Long waiting times for
specialist support for children
with SEND and/or
SLCN (Speech language &
communication needs).*

*Not able to offer the 1:1
support children need due to
staffing constraints/ funding
staff*

*Schools not accepting
children with very complex
needs who then need to
remain in the PVI setting*

*The number of children with
very complex needs and an
increase in the complexity of
those needs*

*Children with needs “slipping
through the net”, during Covid
then presenting at EY settings
with unrecognised needs*

Name Change

At the EY consultation event, it was agreed, on the day, via a democratic process, that there should be a name change for the new 2023 Early Years Strategy, the name agreed was “Start for Life Sheffield”, the current version, “A Great Start in Life”, is due to be replaced in March 2023. The Start for Life Sheffield Early Years strategy will be reflective of our city and our families, informed through cross sector consultation with parents / carers, state, private, voluntary and the community sector.

What are the main considerations regarding Early Years Strategy?

Here is what practitioners told us....

Access/inclusion



Parent partnership.



Infant feeding team & Doula.



Information to be linked at pre-natal stage.



Talk about access to services in schools in years 10/11 so children are aware of this.



Look at venues for infant feeding and other NHS services – more community based, undertake exercise to explore available venues.



NHS Data sharing is improved in some areas but still some challenges facing nurseries with information-sharing unless the person calling is the initial referrer.



Engagement works well – both online & in person.



Child centred approach – individual for each child. Flexible, across services working together to support and gather information.



Include strategy challenges



Professionals working in Early Years/across all multi-agency practice – based in communities.



Help available – communication across teams and how to get that information across to parents.

Early Years Providers



Funding in nurseries – PVI (Private, voluntary, and independent) How do voluntary/charity sector embed this approach without additional expectations on nurseries, which can't be met due to funding issues?

Health and well-being



Energy crisis – support.

SEND



Procedures within strategy around SEND needs to be led by people who know the child best. Process must respect and consider parental choice/nursery provider. Nurseries need access in line with what schools offer, including referrals.



Access to alternative provision when relevant.



Ryegate/Sheffield Children's Hospital – integrate resources.



Need families to know they can access services and will have a cohesive approach with collaborative working to provide accurate advice across all services.

WORKFORCE



Flexible workforce,



Mental health, upskilling staff.



Going forward – Parenting Infant Mental Health – CAHMS needs more services, more staff, high criteria (miss children and families).



Workforce training element – signposting across services for professionals around mental health.



Domestic abuse – safeguarding, more training for practitioners.



Community practitioners going into EY settings to support parents was stopped – should be re-commenced, building upon trusted relationships.

What would work better/improve services?

Here is what practitioners told us....

Financial
Staggered approach available to all families
Access to information/support around benefits for all families
Clothing banks accessible, in a supportive way, whole family need
More information on how to access food banks, warm spaces, and accessible support
Community Fridges

Partnership
Forming partnerships with parents
Parents to attend EY settings groups and take up services and support offered: <ul style="list-style-type: none"> • Parents understand the importance of early intervention and understand what it is, • Crossing barriers with parents, forming trusted relationships.

Early Years Providers
Change the title of EY provision from childcare to something which better reflects the quality experiences EY children are receiving and the ever-widening roles that EY practitioners are undertaking – improve recognition of this career.
Offer a clear support route for parents and providers with clear contact details, referral pathways etc. Consider how providers can still have a voice and stay involved if they are not physically able to attend EY strategy meetings.
More services being able to offer drop-in sessions in the EY setting where parents can feel comfortable. <i>Building on trusted relationships</i> i.e., MAST as parents may be reluctant to access certain services due to the perception of services.
Parental discussion to be more inclusive and planned termly? Where parents can stay and play, to build on trusted relationships.
More staff being able to attend training – released from settings. Bitesize accessible training.
Transparency of service offers for parents/carers/professionals.
Impact of training accessed.
Gaps in EY services: Connections within communities <ul style="list-style-type: none"> • Family hubs / Early Years settings Early Years settings <ul style="list-style-type: none"> • Lack of knowledge of available services in Sheffield, who offers what? Upskilling parents with EY foundation stage expectations <ul style="list-style-type: none"> • Good quality activities in the home

Inclusion; access to the right information at the right time

Information on warm spaces

Better communicating between services such as Health Visitors with EY settings

Contact information to always be available

Visual prompt indicator (ie. dementia friendly)

Encourage face to face engagement

Relaunch local offer

- What is the aim?
- Needs to be clear! i.e., Just SEND or expanded for Local Offer?

Honest, open and have clear expectations on settings/parents/families and with services.

Develop independence not dependence.

EAL services and connecting communities together.

Not duplicating services within areas.

SEND

Adequate funding to support children with complex needs especially pre-diagnosis or assessment.

Missed opportunities for early identification through less professional face to face contacts with children.

WORKFORCE DEVELOPMENT

Is training effective, having an impact?

What have you learnt today re the current Early Years focussed, activity in the City and the aims of the activity?

Here is what practitioners told us....

<i>Not enough support, more for whole household needed from conception.</i>
<i>Trauma informed approach needs to be trained and embedded in all practice.</i>
<i>Outdoor provision is needed – green city, outdoor city – use it!</i>
<i>Workforce development (upskill everyone, key messages need to be the same).</i>
<i>Low level mental health support – families and children.</i>
<i>Develop community for early (earliest help – pre-birth, peri natal support).</i>
<i>Post covid support (socialising, developing community, transitions for children).</i>
<i>Paperwork support (EHCPs etc) for parents and carers (digital knowledge and access). Understanding what is needed on forms and what will happen after diagnosis, how will it help... develop trust.</i>

The Early Years Consultation Survey

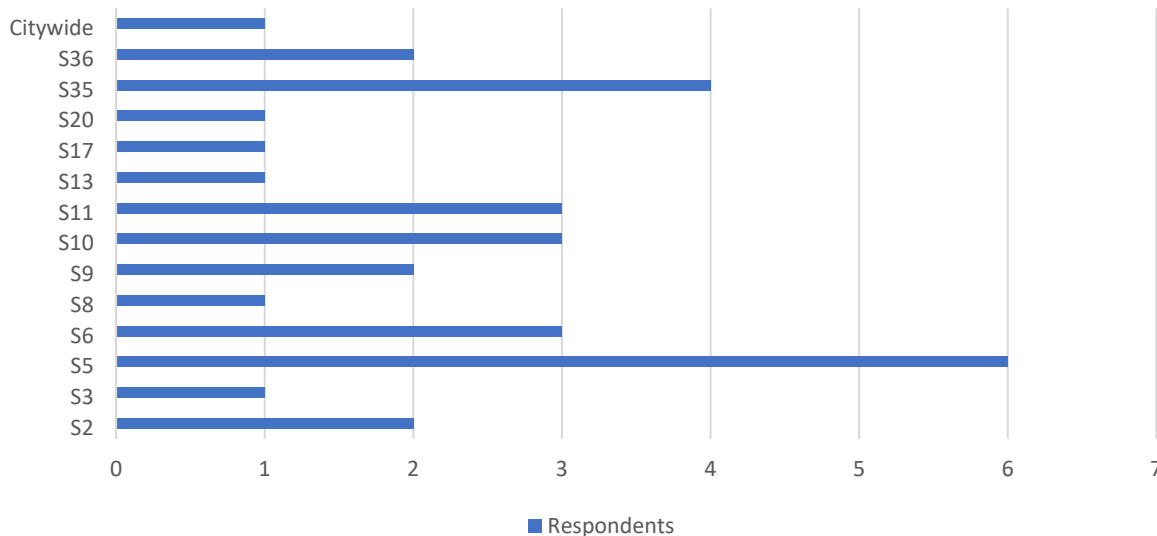
The survey was conducted on-line with practitioners working in Early Years between January and February 2023

Survey respondents identified their profession's as follows: -

7 Nursery Nurses 1 Health Visitor 1 Childminder
15 Others comprised of 1 occupational therapist, 1 playworker, 1 infant feeding worker, 3 midwives, 1 teacher, 1 volunteer, 1 pre-school manager, 4 nursery managers, 2 x other specialists.

The average length of time respondents had been employed in the Early years sector was 19 years.

Work-based post code area of respondents



The survey asked professionals in the Early Years sector for their views in a range of areas impacting the industry: -

- What is working well in the Early Years sector in Sheffield?
- Key issues in SEND and what can be improved?
- Key issues in family life (economic and social well-being) and what can be improved?
- Key issues in physical health (child and adult) and what can be improved?
- Key issues in mental health (child and adult) and what can be improved?
- Key issues in child development and what can be improved?
- The view on availability and access of services in Sheffield was sought via a scoring tool,
- Overall suggestions for improvement.



What Sheffield Early Years professionals said about what works well... in their words...

.... Speech and language support is good
...Having the family centres to be able to ask for signposting.

... Continuous professional development for practitioners is broad
... The breastfeeding service is great.

... There is lots of support, through nurseries, school, child minders and children's centres.

...The support from inclusion for those children needing an EHCP has been crucial to our setting and so helpful.

... We have some excellent early years providers
...Quality improvement team are very supportive and approachable.

... Family Centres offer feeding support and parenting programmes
...In certain postcodes Family Centres support pre-school well with activities.

.... Co location of Family Centre/community centre – with midwives alongside community resources; free internet, adult social groups, youth provision is great.

.... Wide range of groups and support available for families.
...Early Years team is encouraging and supportive.

...Being able to refer to MAST with early help form is good and calling for advice
...Support from services, inclusion, speech & language, early years good.

.... Training available to staff for them to help children in their care
...Well qualified workforce with teams who can provide support early on.

.... I feel that when workers are involved with families, then there is good team working ...universal family and children offer is good.

Questions asked in the Survey.

What are the key issues in SEND and what can be improved?

Here is what practitioners told us....

Long waiting lists

Early identification difficulties

Lack of resources / funding

Over one third of respondents identified lengthy waiting lists as a key issue in SEND.

Issues resulting from delayed diagnosis were perceived to be: -

- Children not receiving intervention prior to commencing school,
- Funding implications with settings being unable to provide 1:1 support,
- Over-subscription for providers who can accommodate SEND children,
- Families experiencing isolation and challenges getting to appointments,
- Families without support, struggling with child behavioural issues,
- Respondents identified a lack of funding and capacity in SEND, comments included that demand surpasses resources available in Sheffield.

The lack of interim support available for families awaiting diagnosis was also identified as a key challenge facing Sheffield families.

One respondent commented that practitioners experience trepidation in identifying issues with a child's behaviour in voluntary services, for example at playgroups.

It was commented that less face-to-face contact with some professionals may reduce opportunities for early identification, particularly in instances when families do not have SEND awareness.

Another respondent viewed that EHCPs are written with an emphasis on mainstream education which is not always viable for the child.

Professional's suggestions for improvement of SEND services: -

<p><i>More support available to families awaiting assessment</i></p> <p><i>Access to support routes made clear</i></p>	<p><i>More professionals with appropriate training and with lived experience</i></p>	<p><i>Visit children in settings</i></p> <p><i>Increase face to face support</i></p>
<p><i>More investment/funding</i></p> <p><i>More SEND support groups</i></p>	<p><i>Specialists working more closely with child-minders, recognition given and visits within the setting</i></p>	<p><i>See children 2/3yrs more regularly for earlier identification</i></p> <p><i>More support for practitioners</i></p>
<p><i>Earlier 2 FEL entitlement for children with disabilities</i></p>	<p><i>PVI & LA Nurseries - training / workforce development re extended support plans & EHCPs</i></p>	<p><i>Increase support to families with children 5 – 11 yrs. with a disability</i></p>
<p><i>Support access to appointments & isolation by providing places to go with suitable play equipment & bathroom facilities.</i></p>	<p><i>Advice hub for professionals to share strategies, gain advice & share good practice.</i></p>	<p><i>Workforce development/ training re adult & child mental health</i></p>
<p><i>SEND streamlined across services, info made accessible to all families</i></p>	<p><i>More availability to speech & language services</i></p>	<p><i>Additional funding for children who require 1:1 without a EHCP plan</i></p>
<p><i>Workforce development/ training around inclusivity of SEND children</i></p>	<p><i>More groups for parents with SEND expertise made available</i></p>	<p><i>Reduce waiting times across Education Psychology, Speech & Language and Ryegate supporting school readiness</i></p>
<p><i>Raise awareness, increase inclusion of SEND across delivery</i></p>	<p><i>Clear referral routes including self-referral pathway</i></p> <p><i>Joined up working not duplication</i></p>	<p><i>Financial support for children who do not have an EHCP</i></p>

What are the key issues in family life (economic and social wellbeing) and what can be improved?

Here is what practitioners told us....

Cost of living crisis

Difficulty accessing resources.

Nearly one third of respondents identified the cost-of-living crisis as having a detrimental impact on Sheffield families at this time with 60% of respondents making generic reference to financial support needed for families. Some of the key commentary in this area included: -

- Concerns children are attending school hungry and without adequate clothing,
- families struggling to provide the essentials for everyday quality of life,
- families struggling in this crisis with food, fuel, bills etc.
- families struggling with the current economy and their mental health.

Professionals also identified difficulties in utilising resources including: -

- Accessing a general practitioner,
- poor public transport provision,
- practical day to day support,
- appropriate places to access with equipment,
- long delays for families who require support,
- parent/carers in some areas do not have easy access to family centres.

Professional's suggestions for improvement to improve family life (economic and social well-being): -

<i>Family centre staff to understand the community and provide a friendly approach</i>	<i>Empowering Families Learning opportunities for parents e.g., cooking on a budget</i>	<i>Improve staff knowledge on cost-of-living support e.g., emergency funds, white goods, damp etc.</i>
<i>Reduce childcare costs for families. More help for working families</i>	<i>Local Parent peer coffee mornings, play groups & drop ins to support well-being & reduce isolation.</i>	<i>Support for nurseries to provide healthy snacks (e.g. free fruit)</i>
<i>To increase early years reach be present at community groups, libraries, playgroups etc</i>	<i>Better links with community groups Prevention not reaction</i>	<i>Services to better understand the challenges specific to the communities they work in</i>
<i>Support parents including Dads from conception and beyond.....Clear guidance outlining services available to families from pregnancy</i>	<i>Community sessions/groups and or drop ins - peer support & access to parenting, healthy living, debt advice, mental health, and cost of living support.</i>	<i>Socialising groups for both parents and baby. Include Dads</i>
<i>Professionals to understand the barriers for parents accessing services</i>	<i>Sessions on budgeting tips for families</i>	<i>Free School meals made available to under 5s via Early Years settings</i>
<i>More information on access to food banks, clothes and basics support for the whole family</i>	<i>More job fares to network with others</i>	<i>Subsidised transport for practitioners' apprentice and college students</i>
<i>Increase the number of intervention workers</i>	<i>Training for staff on issues families face ie. domestic abuse, access to benefits / DLA & money management.</i>	<i>Early Help & Family centres deliver more activity for 5 – 11 yr. olds Play & stay for 5 – 11 yr. olds</i>

What are the key issues in physical health (child and adult) and what can be improved?

Here is what practitioners told us....

Access to Services

Parental awareness

From a professional's perspective, there were synergies in views around the impact of the economic challenges infiltrating every aspect of family life. In respect of physical health, practitioners identified a lack of access to services is impacting families as follows: -

- Problems in accessing dentists,
- long delays in hospital treatment,
- difficulties accessing GP appointments,
- costs of living causing barriers to physical activities, for example swimming,
- long waiting lists when specialists' referrals are made.

Professionals also identified that a lack of parental awareness is impacting in areas such as obesity and dental hygiene.

Practitioners viewed that there is a lack of awareness within families around healthy eating, including portion sizing and current guidance around oral hygiene with parent education being highlighted as key to successfully addressing these issues. The need for consistent messages from conception, birth and beyond, consistent current best practice guidance relayed across services was identified as key to improving lives.

Professionals' suggestions for improvement for physical health (child and adult):

Free sessions for children gymnastics/dance consider 'Every child a mover' model	Build relationships with parents Infant feeding workers to support midwifery clinics	Check children are registered with a Doctor & Dentist
Better links with community groups and organisations to relay consistent health messages	Support around physical health for all families including working parents	Services work together to ensure families can attend health appointments
Health Visitor & Midwifery clinics linked to Family Centre venue & offer	Workshops on healthy lifestyles & healthy eating Encourage families to walk not drive	Professionals to do more home visiting More availability re SALT
Sheffield Children's Hospital to run clinics in Family Centres	Leaflets produced for families on healthy lifestyles	Provide no cost/low-cost parent and child fitness sessions
More emphasis on outdoor activities beyond early years 0-19 (25) yrs	Toddler groups, baby meets for walking and swimming etc	Physical activities better subsidised for Early Years
Better equipped parks and in more areas of Sheffield, for all communities	Lower costs to families for using leisure facilities	Manual handling training for staff
Better links between organisations and community groups to understand communities' need	Access to dentists improved	Portion size awareness

What are the key issues in mental health and what can be improved?

Here is what practitioners told us....

Waiting lists / accessibility

***Parental confidence /
information***

Professionals highlighted loneliness and isolation as key issues affecting families in Sheffield. New mums were identified as sometimes being particularly vulnerable to isolation.

It was stated that some families do not know where to go to access support for difficulties with mental health.

Professionals consistently highlighted throughout the Survey that the waiting lists affecting a range of family services in Sheffield is problematic and the mental health sector is part of the wider capacity challenges.

It was identified that the waiting list difficulties can lead to deepening crisis for families who are not able to access support.

One professional commented that father's, particularly those who are single, often feel marginalised with services typically being accessed by female parents or carers.

It was identified that attending IAPT appointments can present challenges to some parents if they do not have childcare support.

Professionals identified the presence of parental anxiety that might be compounded by outdated, limited or inconsistent information around childcare. It was viewed that this detracts from parental confidence in a range of areas including developing healthy sleep routines, eating habits, and weaning skills.

Social media, whilst a good source of information, was identified as a pertinent source of conflicting advice at times. It was acknowledged that the internet is not a chosen or accessible route of information for all families.

It was commented that working parents might experience different pressures, with complexities of juggling work and family life. One practitioner commenting a parent told them "*They want me to work like I don't have children and raise my children as if I don't work*" and She felt she was failing at both.

One practitioner commented that staff 'burn-out' has also been a significant issue with a '*gruelling few years*' in this sector.

Professionals' suggestions for improvement for mental health (child and adult):

<i>Workshops on trauma informed approaches</i>	<i>Parenting groups to support in recognising child emotions ie. not naughty</i>	<i>Support parents to attend groups and 1:1 sessions</i>
<i>More groups aimed at inclusivity for fathers including single fathers</i>	<i>Employ Occupational Therapist to support families</i>	<i>Build more links with health for families who are struggling</i>
<i>Regular well-being sessions for practitioners</i>	<i>Evening support groups for working parents</i>	<i>Enhance knowledge in settings in how to support with mental health</i>
<i>More opportunities for conversations for parents ie. drop ins, coffee mornings</i>	<i>Contact all new parents in family centre areas to advise what is on offer in centres.</i>	<i>More support for staff with their own mental well-being</i>
<i>Afterschool mindful arts and crafts for parents & children</i>	<i>Teach children from an early age its okay to ask for help</i>	<i>More groups to create more opportunities for parents to meet up</i>
<i>More signposting for families Easier self-referral for parents</i>	<i>More training for EY providers Appropriate training on delivering different news to families</i>	<i>Offer different opportunities to meet individual family need</i>
<i>Childcare support for parents accessing IAPT appointments</i>	<i>Promote Parenting courses and baby massage across partners</i>	<i>Earlier access to mental health nurses or doctors, earlier recognition</i>

What are the key issues in child development and what can be improved?

Here is what practitioners told us....

***Resources – investment /
funding***

Recognition

Respondent's views included that there is a lack of qualified professionals with high-level competencies in child development.

It was suggested that there are geographical disparities in intervention for children with SEND which then has implications for peer pupils in education.

There were also concerns raised that there is divergence with FEL and staff resourcing costs which is creating significant challenges for the sector around staff retention.

There were some concerns shared in the Survey that Early Year's providers are not categorised as educational facilities and do not cultivate reputational value and worth comparable to mainstream educational settings. It was suggesting that this can lead to staff inequality with feeling de-valued which may consequently lead to staff retention difficulties.

Professionals identified the continued negative impact of Covid 19 cascading through all factors of family life and highlighted that children have lost vital learning.

Speech and language development was highlighted as a concern by professionals in this Survey.

Professional's suggestions for improvement for child development:

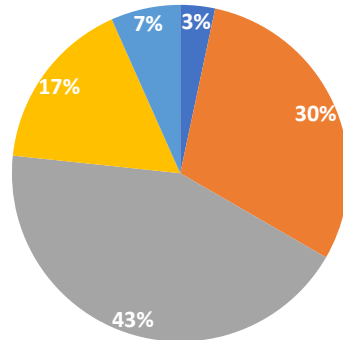
<i>Workshops for expectant parents on brain development, attachment & attunement</i>	<i>Training tailored to PVI (remains school focused)</i>	<i>Localised community access to Family Centre offer</i>
<i>Subsidised closure for settings to enable staff training</i>	<i>Help for families who do not qualify for free childcare</i>	<i>Better access to Health Visitors</i>
<i>More groups in family centres. Increase free weekly play groups</i>	<i>Prevention; Build upon the school readiness programme from 6mth</i>	<i>More awareness of the current support available to families and training to support educating parents in effective home learning</i>
<i>Advertise to nurseries when any classes/workshops for parents are running</i>	<i>Employ mental health occupational therapist & psychologists</i>	<i>Better geographical spread of services to support families</i>
<i>Holistic approach between Services</i>	<i>Training across all settings re SEND and child development</i>	<i>Increase Nursery funding to support employment & retention of qualified/experienced EY staff</i>
<i>Continue with traded service package & ensure workshops reflect child development</i>	<i>Early support to families re home learning / child development include grandparents</i>	<i>Toilet training made available</i>
<i>Better communication</i>	<i>Training around how to best engage with parents who demonstrate challenges</i>	<i>More access to speech and language services</i>

Professionals were asked to score early years systems in Sheffield.

Each question was scored 1 to 5, 1 is categorised as poor and 5 is excellent.

THE ABILITY TO SHARE INFORMATION RELATING TO INDIVIDUAL FAMILY NEEDS

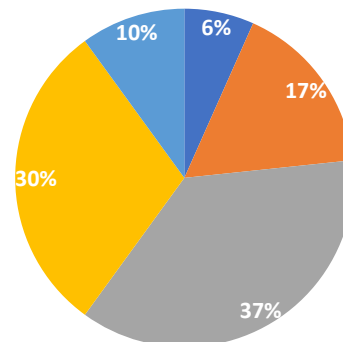
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24% of respondents indicated a good or excellent ability to share information on individual family need.

SHARING INFORMATION ON EARLY YEARS ACTIVITIES AND ISSUES

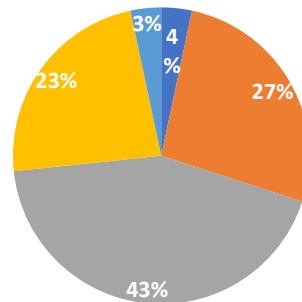
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40% of respondents indicated a good or excellent in relation to sharing information on EY activities and issues.

UNDERSTANDING OF REFERRAL ROUTES AND HOW TO ACCESS SUPPORT FOR FAMILIES

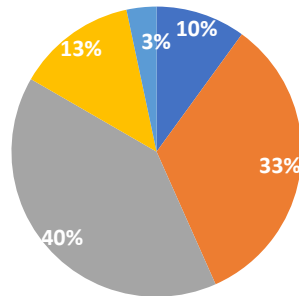
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26% of respondents indicated good or excellent understanding of referral routes & how to access support for families.

NETWORKING AND CO-PRODUCTION OPPORTUNITIES IN THE DEVELOPMENT OF SERVICES

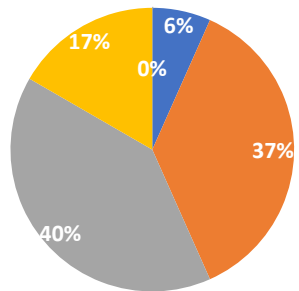
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16% of respondents indicated good or excellent network or co-production opportunities in the development of services.

UNDERSTANDING OF ROLES AND REMIT WITHIN THE EARLY YEARS SYSTEM

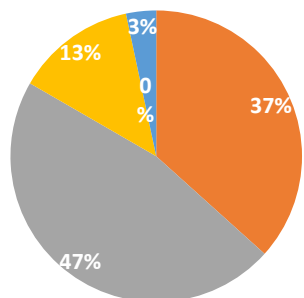
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24% of respondents indicated good to excellent understanding of roles and remits within the EYs system.

WHERE TO GO FOR ADVICE ON SPECIALIST AND UNIVERSAL ACTIVITY

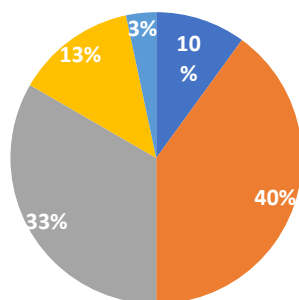
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16% of respondents indicated good to excellent where to go for advice on specialist and universal activity

HOW TO ACCESS FREE EARLY HELP PRACTITIONER TRAINING OFFER

■ 1 ■ 2 ■ 3 ■ 4 ■ 5



16% of respondents indicated good or excellent knowledge on how to access free early help training

In summary of this scored section: - The overall finding across all areas predominantly saw an average rating across all questions. Workforce development, training, awareness and a commitment to share the right information with families at the right time are identified as a need across services. Alongside a commitment across services to access and engage in Early Help training and further develop the strategic steer to achieve change through co- production.

In Summary: -

The survey was completed by 30 Early Years Professionals who had an average of 19 years working in this sector, indicating high levels of insight and experience.

Respondents generated over 150 improvement ideas, many of which are detailed in this document.

In the scoring of understanding of processes and systems in Sheffield, professionals identified average levels of awareness with very few practitioners scoring excellent or poor knowledge in all categories.

There were key emergent themes across the survey: -

- Waiting times are identified as a key issue and this was particularly evident when respondents commented on SEND alongside the need for earlier identification.
- Inclusivity; of Dads, new single mums, Grandparents, access for all from conception and beyond, an inclusive offer, able to link with those most in need, including vulnerable parent/carers, those with protected characteristics and seldom heard groups.
- Staff retention and concerns around the profile of Early Years practitioners was highlighted as a concern. Alongside, funding and investment in the Early Years sector which appeared as a key theme in practitioners' commentary.

- Information sharing was recorded as a significant area for improvement both in connection with services for families but also for practitioners. Knowing what services are available and how to access them.
- Access to local support, more groups for families across all subject areas, building on local trusted relationships, including accessible play spaces for children with SEND.
- Continued workforce development and sector training, a need to communicate effectively across teams, to deliver consistent best practice messages across services and to families.
- The impact of the Covid 19 pandemic and the cost-of-living increases were identified by professionals as being of continued detriment to the families of Sheffield.

The focus groups.

As part of this Early Years consultation with parents, carers, community champion volunteers, a range of Early Years professionals and community partners with local lived experience, we facilitated 7 Early Years consultation focus groups, between January and March 2023. We successfully heard from practitioners across state, private, voluntary and the community sector.

The EY consultation focus groups including representatives from: -

- City wide - Early Years Providers x 2 sessions
- MAST / Social Care / Access & Inclusion – School Readiness / Parenting team / Doula staff
- Empowering parents/empowering communities (EPEC) volunteers
- Infant feeding volunteers
- Voluntary and Community Sector
- Parent/Carer forum

The focus groups encouraged open dialogue around the Early Years services in Sheffield across a wide range of subjects. There were consistent themes around the key issues identified by practitioners across the focus groups. There were also over 50 improvement ideas generated, some of which were replicated across the focus groups indicating synergies in the views across the sector.

Key issues consistently identified across the focus groups.

SEND

Issues identified: -

Professionals have a general lack of understanding of how to refer into SEND

Administrative processes have changed with parents now required to book appointments in, not all are parents are pro-active with this

Parents have limited knowledge of the SEND system including the timeframes for assessments and intervention

There may be missed opportunities for early identification with not all children having 2-year check-ups with Health Visitors

Long waiting lists delay diagnosis and intervention, resulting in children falling further behind their milestones

Parents are struggling with SEND process, they are unsure where to go for advice and support.

Resources are insufficient generally which then has implications for diagnosis and intervention

Lack of early support

Ideas for improvement: -

More training for professionals on the help that is available and how to access it

Professionals to be trained on key messaging (how to benefit families)

Steps need to be made clear regarding referral, support, and diagnosis to both parents and professionals

Professionals need to manage parents' expectations and be realistic about time limits

Step down from social care for children with SEND to include clear guidance of support available to families

MENTAL HEALTH

Issues identified: -

Parents are not always aware of the mental health support available or how to access it

Child with mental health issues and EHCP with objectives around this may currently have a long wait for diagnosis and intervention

Ideas for improvement: -

Need more mental health support to be available and signposting to families of where and how to access this

Simply checking in with parents '*how are you*' can help as opposed to focussing solely on a specific task with them

FAMILY CENTRES/HUBS

Issues identified: -

Parents voiced being referred to Family Centre Hubs via Health to access post-natal mental health / low mood support to be informed by staff that it is not available in Family Centre and directed to GP's

Different types of support required for those in diverse communities i.e., stigma around mental health raised by some professionals who have high levels of cultural awareness

Expectant parents are not typically linked into Family Centres/Hubs

Oversubscribed groups can result in frustration for parents

On-line booking was identified as problematic for parents who do not typically use the internet and are subsequently excluded as a result

Professionals are unclear what is available at Family Centres/Hubs

Community Partners who refer into Family Centre Hubs/ Early Help do not routinely receive feedback on whether the families have accessed them

Location of Family Centres/Hubs is identified as a barrier for some families to attending due to transport or other issues

Lack of collaboration between Nurseries and Family Centre Hubs

Not all centres are in pram-pushing distance which was identified as an excluding factor for some families

Questions asked whether those families in less deprived areas feel excluded from Family Centre Hubs through viewing they are not aimed at them

Compressing Family Centres to 7 Hub locations across the city has excluded families who previously accessed them, offsite offer voiced as unknown or no longer in area

Some parents not hearing current health messages around nutrition, oral health, or access to perinatal peer support via Family Centres

Ideas for improvement: -

Access via trusted partners in local venues where parents already feel confident

Promotion of family centres could be undertaken via stalls, festivals, pop ups and any events that families typically attend, building upon trusted community relationships

Advertising of family centre offer in GP surgeries, schools and nurseries could be beneficial, given they are likely to be routinely accessed by families

Family centres could offer speech and language drop-ins for children under 5 whilst awaiting assessment – supporting home learning

Dad's baby massage on-line could improve inclusivity for fathers

Need to ensure all families view Family Centre Hubs are for them irrespective of their socio-economic background, particularly with high cost of living challenges

Informal peer support groups for expectant parents to include Dads, providing an opportunity to meet other parents in the local community, share ideas and access a clear overview of services available to families

Reception staff aware of the family centre offer, able to relay clear and consistent messages, providing helpful, warm welcome as front of house advocates.

Issues identified: -

Identified that the pandemic stopped groups and activity, some children are struggling with socialisation as a result

Missed opportunities due to covid to identify issues with child development and view that increasingly children are not 'school ready'

Lack of provision continues to be intrinsically linked to covid but highlighted that resource challenges pre-date the pandemic

Child development issues are being noticed by nursery staff who are actively supporting with issues around toilet training, sitting at a table etc

INCLUSIVITY**Issues identified: -**

Limited support for fathers

Language used is not always inclusive ie. for single parents and fathers etc.

Some stigmas around the language used e.g., 'parenting courses' a term that may impact upon engagement. Lack of awareness that there is a universal offer of parenting courses

Lack of understanding of different cultures and taboos within communities

Concerns raised that the language used in marketing services could be a barrier to some families

ROMA community/EAL seldom heard

Seeing older mothers more in Services and some struggling with parenthood

Ideas for improvement: -

Involve fathers, recognise their anxieties regarding expectations

Use language that is inclusive for everyone

Use common language with consistency across Services

Offer a dad's baby massage on-line

Need to give more consideration to seldom heard groups

Build upon the trusted relationships parents have with community partners, including those who can speak the same language and the community groups families with protected characteristics feel is their go to welcoming space.

Need to understand map of communities; '*some families will not cross over the road to another community*'

Building trust through collaboration with health professionals and partners working in diverse communities may be key to engagement

Settings having access to language line would be beneficial with increasing number of EAL accessing services

Parenting courses need to be made available in different languages.

PHYSICAL HEALTH

Issues identified: -
Challenges with childhood obesity
Lack of parental awareness of healthy nutritional food
Difficulties with child oral health
Ideas for improvement: -
Educate families around nutritional elements of certain foods (some misleading ie. yoghurts and smoothies that may be saturated with sugars and highly calorific)
Educate families around dummies and bottles
Early access to support for tackling childhood obesity
Parental awareness of value of the food process; shopping, preparing, eating as a family etc.
Toothbrushing clubs and teaching about importance of oral hygiene linking parents to easy home learning around key health messages, consistent current languages across services
Promote healthy lunches, including parents in healthy cooking on a budget sessions
Free/ low-cost outdoor exercise classes in parks including parent/ baby/ child sessions, a valuable resource across all age ranges

INFORMATION AVAILABILITY
Issues identified: -
Sheffield Children's Hospital has a lot of good information on their website; however, this might not be well known amongst parents and carers. Including key myth busting messages.
Services on offer are good but there is no effective communication and collective understanding of what is available between providers
Families who do not use social media or the internet may be excluded through lack of awareness of services available and have a barrier to booking sessions when booking is accessed online only
Sometimes there is information overload for professionals who learn of different initiatives through different services simultaneously
Information sometimes inadvertently discovered on what is available because a network such as another parent, service or professional is aware of a resource. Positive that personal recommendations work but need more uniformity in accessibility of information.
First time parents often unsure what support is available in their local community
Parent/carers not knowing what support is available to them, how or where to access
Ideas for improvement: -
Services to know what is available across the city and to ensure wide-spread delivery of information
Pop-ups via local community partners could be utilised to inform parents of activity/service offer

Parents need to be informed of services available in advance, not when they are awaiting a diagnosis in a specific area
Parenting courses to be added to the red book
Identify one key person who is central link for identifying activity and updating notice boards (including GP surgeries, Jessops, libraries, MAST offices, community venues, nurseries). Displays to have clear overview of services available.
Make informative leaflets and posters which draw families in with interesting facts that are supported and promote the activities available for parents and carers to undertake with their children
Links with GP surgeries could result in using TV screens to market the local offer
Build awareness of ' <i>right support at right time</i> '
Utilise family centred activities to promote services across the city ie. HAF, fun days
Social Care to provide an overview of services available to families when they close cases
Access to book onto family centre groups in additional to the current online booking system via eventbrite i.e., drop ins, telephone bookings

SERVICES/RESOURCES

Issues identified: -

Some difficulties for male parents and carers in accessing some support groups operating in services for women only

Inconsistent messaging from services and no common language used

Too reliant on specific staff groups to advise on family issues; a reliance develops with certain services based on relationships built and will be dependent on quality of those links when all workstreams should be joined up

Sometimes too many initiatives running simultaneously can create confusion for professionals who are systematically informed by different services

Some families are unaware of their financial entitlement

Not much local outreach resource for pregnant teenagers who may be harder to reach

Ideas for improvement: -

Peri-natal peer support and information drop in ask, accessible via local community venues

Infant feeding workers ideally placed to relay information about a child's development at initial stages due to early engagement with their services

Local authority in another area offered free activities in park including post-natal aerobics and yoga classes

Drop-in services for advice and support with issues including cost of living challenges

Early referrals for children would support in improving outcomes for the child

Whole city partnership working with a clear vision of work strands

Commitment to introduce help at the earliest opportunity ie. before baby born

Clear ethos with better multi-agency working as opposed to operating in silos would be beneficial

Have a clearly defined strategy around what is a successful outcome for a 5-year-old. i.e., happy child and enjoys spending time with people
Provide consistent school readiness messaging
Partnership forum could bring Early Years providers together, including an email distribution list for follow-up points
Local outreach across communities is needed, ' <i>some families do not move beyond their area</i> '
Develop links with primary and secondary schools

WORKFORCE

Issues identified: -

Nurseries struggling financially due to the increased cost of heating and low-level government FEL funding

Not all professionals feel confident to highlight child development issues with parents and carers

Staff resourcing issues due to financial challenges can impact on nursery capacity to take FEL

FEL financial calculations does not factor in that high deprivation areas typically more likely to have families subject to social care intervention, subsequently creating more challenges to resources already stretched with additional meetings and paperwork

Concerns regarding staff recruitment and retention in nurseries

Nurseries no longer have capacity to undertake home visiting which offered valuable insight and built relationships with families

Ideas for improvement: -

Professionals to have easy access and knowledge about services to share with parents

Train staff on local offer including employees working in GP's surgeries

More recognition for Early Years staff, raise the profile to attract people into this profession

Trauma training would be welcomed but Early Years staffing ratios would restrict engagement, bite-size training could be accommodated

Summary of consultation findings

The Early Years consultation was undertaken over a 6-month period launched at the Early Years event held in October 2022, where 96 city-wide early year's practitioners, partners, and professionals gathered to have their say, share successes, and begin to shape future early years strategy through collaborative co-production.

The EY launch event was followed by an EY survey consultation which incorporated hearing from 133 parents or carers and an additional 30 Early Years professionals. Alongside hosting 7 early years consultation face to face focus groups which engaged a further 30 respondents, actively hearing from a cross sector audience including City wide - Early Years Providers, MAST, Social Care, Access & Inclusion, Parenting, Infant feeding and Doula team staff, Empowering parents/empowering communities (EPEC) volunteers, Infant feeding volunteers, Parent/carers forum focus group, voluntary and community Sector partners, consultation and partners and volunteers with local lived experience.

The Sheffield Early Years consultation 2022/23 resulted in over 150 across sector responses. Collectively respondents generated over two hundred improvement ideas. Together, providing a wealth of knowledge and specialist expertise, insights garnered across numerous themes connected to early years. There was a high level of synergies in views from contributors across the different research strands. The depth and wealth of qualitative data provided a reliable source that confidently captures the voice of Parents and carers alongside local community champion volunteers, professionals, community partners and providers, all of whom are immersed in the Early Years sector, working closely, and often intensively, with the families of Sheffield.

The consultancy did facilitate opportunities to highlight what is working well, what could work better, provided time to share ideas, to hear and understand. There was identification of issues specific to the providers, however predominantly, there was unity across the consultancy with high congruence around key issues and areas for improvement.

Waiting lists were identified as particularly problematic for Sheffield families with significant emphasis on excessive delays in SEND being viewed as inimical to a child's development; there were several concerns expressed about the lack of support and access to intervention able to support the children & families who are awaiting diagnosis. In addition, concerns also centred around the difficulties this creates for families dealing with challenging behaviour in the home environment, which can, in some instances, lead to parental decline. Several contributors identified that there are also challenges with early identification of SEND, it being clear that the pandemic has played a pivotal role in missed opportunities due to reduced personal contact with child and health practitioners.

We heard from local Parent/Carers and community volunteers who expressed not being aware of the support / services available to families in Sheffield, having

discovered service availability at the point of volunteering or following SEND diagnosis. Parent/Carers explained that they hadn't had awareness of parenting courses, support around transitions, inclusive play groups, peer SEND support groups, access to Perinatal mental health support and/or access to early help including support around finances and cost of living support.

Professionals consistently highlighted difficulties in information availability pertinent to activities, referral routes and support available to families in Sheffield. Gaps in information were cited as problematic for both practitioners and families and some professionals viewed that often knowledge is derived through links with other families or providers as opposed to a uniform approach with central co-ordination and connectivity. Generally, it was viewed there needs to be a robust mechanism for information exchange between all networks and services to cascade information to families. Independently to this, it was viewed that there needs to be more wide-spread promotion with families with intelligent marketing including targeting family centred information sharing community events, community pop ups, use of local display boards and newsletters. It was identified that the promotional strategy should incorporate plans to capture those families who do not typically access social media or the internet.

Access to services was identified by several contributors; the issues were wide-ranging with identification that the 7 Family Centre Hub Centres across the City left some communities with no local access point, except via a bus journey, leaving vulnerable families including young teenage parents unable to attend centres due to proximity issues.

There was much commentary on the importance of a more inclusive approach to fathers, single parents, teenage parents, parent/ carers from diverse communities, those with English as a second language and working parents and it was viewed, that further professional cultural insights and awareness was needed to support engagement across diverse communities. Factored into this, there were suggestions that there needs to be a common and consistent language across all services with inclusivity underpinning carefully crafted messaging, alongside myth busting messages i.e., around mental health.

There was a general perception that groups in Family Centre Hubs are viewed favourably however the full-service offer remained unclear. There was an ask for more groups due to over-subscription issues. It was also viewed that the offer could be expanded with more emphasis on such areas as perinatal support, local community peer support groups inclusive of Dads able to provide an overview of support and information antenatally. Outreach support was identified as key to engaging harder to reach families, or those unable to access services, building upon the trusted relationships EY providers and community partners have within localities.

There was a collective view across the research strands that there needs to be more investment and funding across all early year's sector. Contributors consistently identified that nurseries are experiencing significant staffing recruitment and retention challenges. It was suggested that the industry would welcome fundamental changes to elevate the profile of nursery workers to improve its appeal and viability. EY

providers expressed that such issues as FEL funding and lack of additional funds for undiagnosed SEND children have implications for the workload demands of practitioners working within nursery settings. Offering practitioners greater financial incentive is viewed to be untenable given the financial challenges nurseries face and there were concerns that costs may be ultimately absorbed by working families. Releasing staff to undertake valuable training opportunities is also presenting difficulties. However, practitioners identified they would welcome support with training in a range of areas including trauma-informed practice, SEND, domestic violence, financial issues and any other issues families might be facing.

The impact of the Covid 19 pandemic was referenced throughout the practitioner consultancy with several references to evidence of continued delayed child development issues, predominantly, but not exclusively, around speech and language. It was viewed that the cost-of-living challenges are intrinsic to poorer quality of life for Sheffield families. Professionals identified a need to have a greater awareness of support available for families in financial difficulty.

Concerns were raised around childhood obesity, healthy eating and oral hygiene, the need to intervene earlier in addressing these issues with families was highlighted. Parental awareness at the earliest point from the antenatal period was viewed to be integral to tackling these issues, participant ideas included, healthy lifestyle seminars, cooking and baking on a budget courses.

To surmise, the consultation outlined several systemic, complex, and wide-ranging issues facing the early years sector, some of which have been exacerbated by the Covid 19 pandemic, rapidly succeeded by acute cost of living challenges. However, as outlined in this document, the creativity, investment, and commitment of Early Years practitioners remains a key strength and in the pursuit of collaborative resolutions to the issues outlined in this document.

The Sheffield City Council Early Years and Early Help Commissioning Team expresses grateful thanks to all those practitioners who participated in this consultancy for their invaluable contributions.