

*A strategy for Early Years*

# Best Start

## SHEFFIELD



*For a great  
start in life  
2015-18*

**NHS**  
Sheffield  
Clinical Commissioning Group



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## Foreword

The city has a big ambition – that every child, young person and family in Sheffield achieves their full potential – and we know, from research, that a great start in life for all is one of the key ways to success. So we're proud to be writing the foreword to Sheffield's 'Best Start' Strategy for the delivery of early years services in the city – a strategy for a 'Great Start in Life!'

This strategy has been developed in partnership and builds on the existing relationship with key partners from Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Schools, Health, the Private Sector, Communities and Parents and Carers. The strategy is jointly owned by Sheffield City Council and NHS Sheffield Clinical Commissioning Group as we recognise that by working together we will be more effective.

We recommend the Strategy to you and look forward to working with you on it and the resulting Best Start action plan.

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

Dr Tim Moorhead, Chair NHS Sheffield,  
Clinical Commissioning Group

# Background

Development of this strategy has been part of a journey during which we have listened to families over the last 2 years, implemented outcomes from our Early Years Review, and our 'Call for Views' and more recently a restructure of the early years services in the Local Authority. This is the next stage of the process. What children experience in their earliest years is the key to their success in adulthood.

This strategy sets out our ambitions for children and describes how we will continue to reshape services. By working together we will make the much needed improvements to outcomes for children in the city.

From 1 October 2015, Local Authorities will take over responsibility for commissioning 0-5 Public Health services (specifically Health Visiting and Family Nurse Partnership). This transfer has created the opportunity to take a fresh approach to the city's Early Years Strategy, priorities and commissioning plans.

Sheffield is at the forefront of developing new ways of working. It has strong and vibrant communities where newly arrived families are welcomed and diverse cultures are embraced.

Building on our experience as a city which supports and encourages community partnerships, this strategy will give us the potential to deliver services more flexibly and sustainably and with reduced bureaucracy, which will result in higher quality output. This is reflected in the 6 key drivers for the city which are:

1. Sheffield Joint Health & Wellbeing Strategy
2. Tackling Poverty Strategy
3. Early Years Foundation Stage (EYFS)
4. Healthy Child Programme (HCP)
5. Overview of the six early years high impact areas (DOH)
6. Building Successful Families

Our philosophy is aligned with our vision for a fairer city, one that builds on the strengths of our communities and citizens to create the best environment for the best start in life. We need strong communities where families are supported, have the skills to be resilient strong, confident and independent and where they have access to early years services that work. This strategy is being published at a time of continuous change and challenge, with significant policy change and opportunity including the effects of the revised Early Years Foundation Stage Ofsted Framework.

There is a substantial body of evidence that confirms what we have known for a long time - that the experience and outcomes for local people can be very different. Inequalities in early learning, early achievement, health and wellbeing have led to a gap in the achievement of children from disadvantaged homes compared to those more advantaged.

The Due North Report (an independent inquiry commissioned by Public Health England into health inequalities in the North), acknowledged that the causes of health inequalities, are more severe in the North and that austerity is making them worse. Health inequalities are closely linked with social disadvantage. It is one of our main objectives to reduce these inequalities across the city.

We need a cultural shift in the understanding of the importance of pregnancy, babyhood and infancy through to the end of the foundation stage. Evidence tells us we must focus on secure relationships with key adults and established routines in the first months of a child's life, to make sure our children can flourish in their school years and be able to access opportunities as they move into adulthood. All children need a supportive and nurturing environment and to be protected from harm and this needs to begin in the antenatal period and continue throughout childhood.

The Early Intervention Foundation's report 'The Best Start at Home' was prepared following a comprehensive investigation into the range of available UK based programmes that target parent-child interaction and early intervention in the early years of childhood.

We will use this intelligence as a resource to inform the future design and selection of family focused

programmes which support strong parent child relationships. Through our engagement with families and the voluntary community sectors we know there is the will, skills and understanding to drive and shape the design and delivery of an integrated early years service, working alongside all partners. We have identified what is needed to build up local community capacity and resilience, and want to embed a cultural shift across the community to offer collaborative working, quality improvement and active and vibrant partnerships to develop ideas and engage families.

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

We will work to fulfil these ambitions for every child in Sheffield.



<sup>1</sup> <http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf>

<sup>2</sup> <http://www.eif.org.uk/wp-content/uploads/2015/03/Final-Overview-Best-Start-at-Home.pdf>

# It all begins with babies

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

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

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

If babies experience significant adversity and their stress response systems are chronically over activated, maturing brain circuits can be impaired, metabolic regulatory systems and developing

organs can be disrupted and the probabilities increase for long term problems in learning, behaviour and physical and mental health.

Stressors on the caregiver/ infant relationship may be due to adult, child or social factors but the infant relies on the care giver's ability to shield them from stress.

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



## Early Years Vision

Our vision is that children in Sheffield are :

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

The developments which Sheffield has made over the last few years to improve early years provision in the city are significant and provide an excellent foundation for further collaborative action. These achievements include:

- Unprecedented partnership working across the statutory, non-statutory and voluntary sector at strategic, managerial and operational levels
- Active engagement of schools and communities in shaping the city's early years ambitions
- Increased knowledge and use of the evidence as to what children require to develop well and greater emphasis on supporting families with very young children

- Better understanding of the impact of maternal mental health on child development
- Improved assessment processes to identify and support family needs more effectively through the Family Common Assessment Framework (FCAF)
- Increased registrations with Children's Centres

Despite the challenging economic circumstances, through improved partnership arrangements there is a unique opportunity to make progress in developing holistic; evidence based early years services which enable seamless access for all families.

The First 1001 Days All Party Parliamentary Group Report published in February 2015 ([www.1001criticaldays.co.uk/buildinggreatbritonsreport](http://www.1001criticaldays.co.uk/buildinggreatbritonsreport)) sets out a range of recommended developments to re-focus support for a baby's first 1001 days. These align well



with Sheffield's plans to develop prevention and partnerships, including adopting a tiered approach to ensure local services identify and reach families who need additional support.

Six High Impact Areas have been developed in partnership between the Department of Health, Public Health England, Local Government Association, NHS England, Early Intervention Foundation and Health Education England. These are:

1. Transition to Parenthood and the Early Weeks Maternal Mental Health (Perinatal Depression)
2. Breastfeeding (Initiation and Duration)
3. Healthy Weight, Healthy Nutrition (to include Physical Activity)
4. Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
5. Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review)
6. Support to be 'ready for school'

### Our priorities for action

1. To improve access to and coordination of health and wellbeing initiatives for children and families
2. To empower parents, families and carers to provide healthy, stable and nurturing family environments in order to reduce the risk of child maltreatment and promote secure attachment.
3. To improve prevention, early identification and early intervention for vulnerable children and families
4. To engage families in local communities to influence and play a positive role in shaping activities and services
5. To reach into our communities and ensure service provision is accountable to local community and responsive to community need and demand
6. To provide accessible, flexible and high quality effective early learning and childcare for all children
7. To narrow the attainment gap especially for children in the most deprived areas
8. To support organisations and child-minders across the sector to work together to ensure the early year's workforce has the knowledge, skills and support that will enable children to reach their full potential.

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

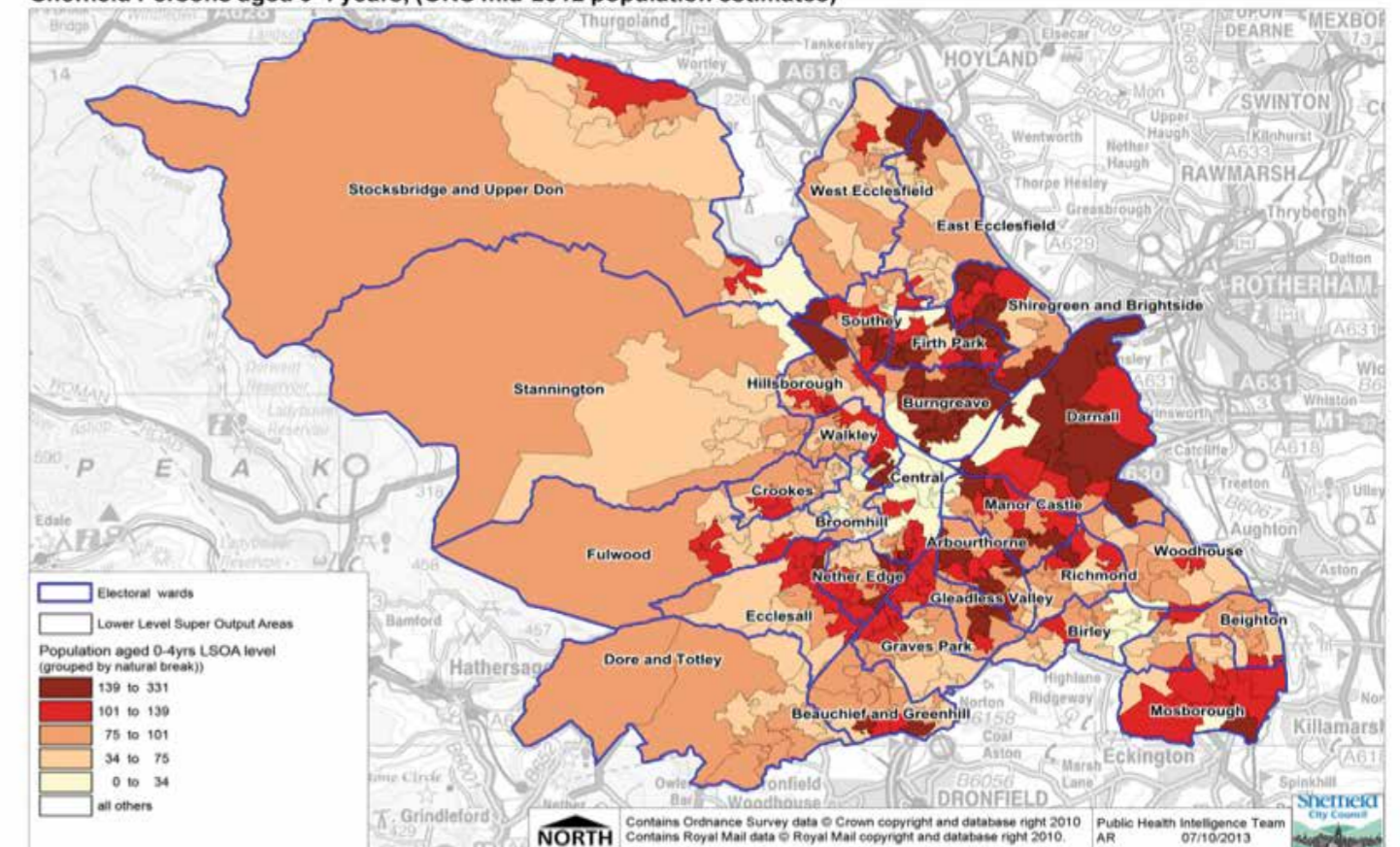
*The Local Community Partnership Forums across the city will have a key role in developing the vision, shape and delivery of services.*

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

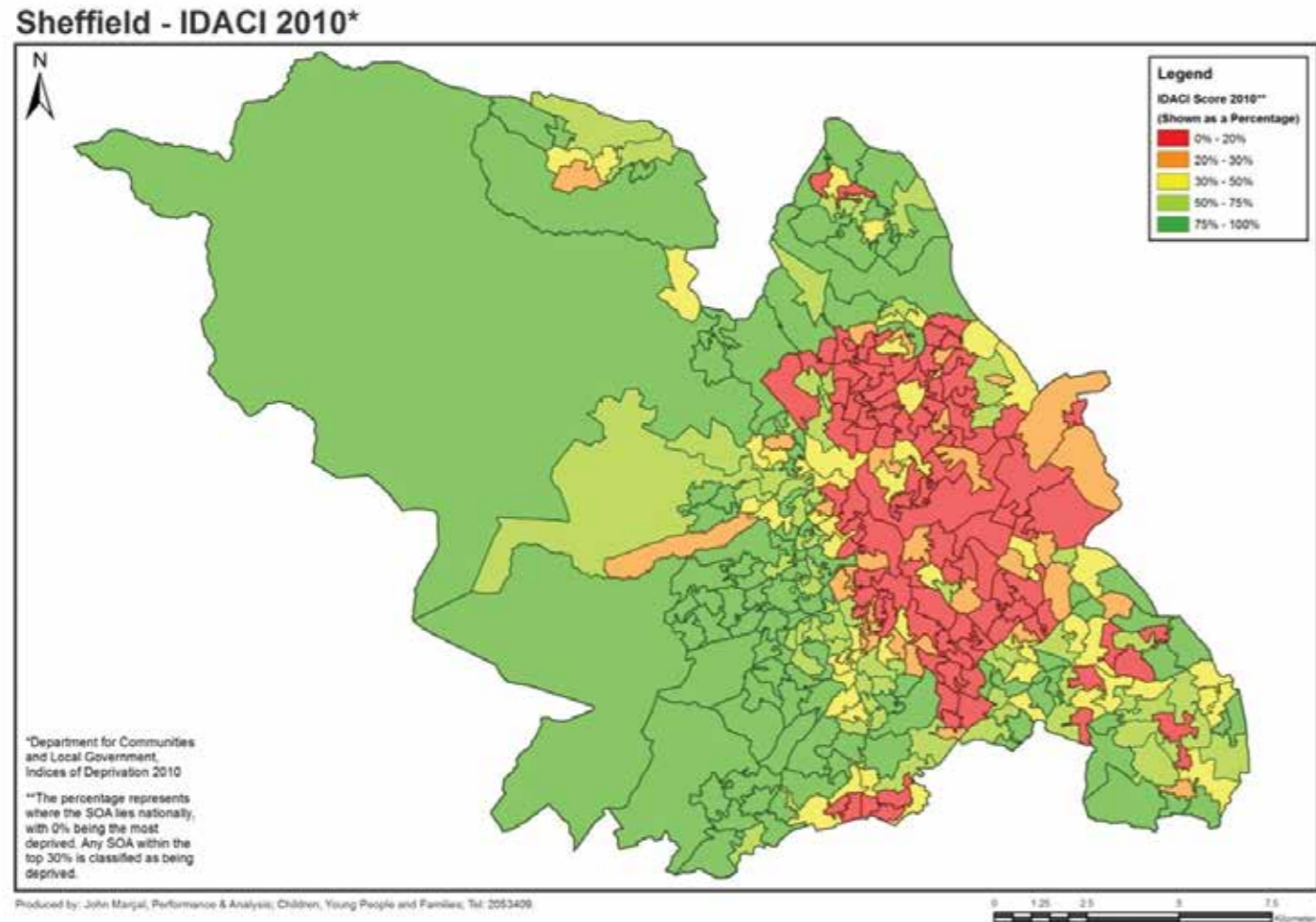
# Sheffield – Our local context

There are currently 33,600 children under 5 in Sheffield including 6,839 two year olds (Autumn Census 2013) Overall there has been an improvement in child health and wellbeing in Sheffield, however, this varies widely across the city and significant inequalities exist. These are particularly significant in areas which have high numbers of 0-4 year olds.

Sheffield Persons aged 0-4 years, (ONS mid-2012 population estimates)



The following map illustrates deprivation at ward level. By comparing these maps it is possible to see that many of the localities which have high numbers of children aged 0-4 are also identified as being areas which are significantly deprived.



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

We believe that every child whatever their background or circumstances is entitled to progress and succeed in school and beyond. This ambition requires a high quality early education and care system to give to all children and in particular those from disadvantaged families, a best start in life.

It also requires a system which can foster and create improvements by high expectation, aspiration and innovation where practitioners and leaders can work together in all settings and schools to provide the best services for all children.

A sound foundation in language and vocabulary in the early years is a vital component of children's long term progress and attainment and there is a clear moral imperative to tackle the link between the circumstances of a child's birth and their future educational outcomes. The relationship between early years and schools is therefore essential to a system that supports engagement and achievement for all children.

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

intervene quickly where children may show signs of developmental delay. Despite the wide spread early years provision only a little more than one third of children from low income backgrounds nationally reached a good level of development (2012/13 – Ofsted)

The early years is one single phase and the delivery of early education across the mix of provision is supported through the Early Years Foundation Stage Framework. However, outcomes at the end of the early years phase are only measured and reported through the Early Years Profile Assessment. This assessment takes

place in school at the end of the year in which most children are 5 years old. Many children begin school demonstrating behaviours typically lower than those expected for their age. This is reported to be most notably around the areas of communication and personal, social and emotional development.

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



# Our Priorities

**Priority 1:** Improve access to and coordination of health and wellbeing initiatives for children and families

## Why is this important?

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

## Where are we now?

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

Breastfeeding rates in Sheffield are good and are above the national average but wide inequalities exist within the city and continue to widen.

In general the rate of overweight and obesity combined amongst children has improved in Sheffield in 2013/14; however, the inequality between most and least deprived in the city has widened in Y6. Maternal obesity remains a cause of concern and is a priority in the Infant Mortality Strategy.

Local data show that the highest use of Accident & Emergency (A&E) attendance in Sheffield is from the most deprived areas where rates are up to 50% above the city wide average.

Sheffield teenage pregnancy rates are lower than ever – although still above the national rate.

Uptake of Healthy Start vitamins for mothers and babies is low despite them being recommended for all pregnant and breastfeeding women and

all children up to their 5th birthday. Oral health in under 5s has improved but it is relatively poor and wide inequality in the city remains.

## What are we going to do?

1. Take forward the infant mortality strategy to address associated risk factors including reducing smoking, breastfeeding, safer sleep, consanguinity, early antenatal booking, child poverty and teenage pregnancy.
2. Work with South Yorkshire Fire and Rescue service to actively promote fire and road safety to families in order to reduce the number of related accidents, injuries and deaths
3. Support families in making healthy diet and lifestyle choices to improve health and wellbeing and manage and reduce the incidence of childhood obesity through the Henry and "Start well" initiatives.
4. Review provision of Healthy Start vitamins with the aim of reaching more families, increasing awareness of the need to take them via refreshed publicity and improving access through local outlets.
5. Recognise more fully the impact of poor maternal mental health on both mother and baby and how it can impact on attachment and the

6. Continue to develop integrated Best Start Teams operating through children's centre areas, creating strong links between midwifery, health visitors, primary care and maximising opportunities for collaborative working.
7. Continue to share learning from and develop Family Nurse Partnership (FNP - a three year programme).

8. Achieve a transfer of commissioning for health visiting from NHS England to Sheffield City Council and establish the service as a key driver for improving health and achieving service change in early years.
9. Encourage opportunities for families to access physical activities and ensure information is available on diet and dangers of obesity.
10. Continue to explore ways of increasing our childhood vaccination rates so that all children benefit from the protection they offer.



**Priority 2:** Empower mothers, fathers and carers to provide healthy, stable and nurturing family environments in order to reduce the risk of child maltreatment and promote secure attachment.

### Why is this important?

Children growing up in healthy, stable and nurturing family environments are more likely to be better prepared for school and life, and to experience better outcomes. Seeing mothers, fathers and carers as partners is key, they are the experts about their child/children lives and parenting is the key factor influencing children's social and emotional development.

There is also a clear link between parenting practice and anti-social behaviour. Furthermore evidence shows that the early caregiving environment, and in particular parenting mediates around 50% of the impact of many of the contextual factors (for example, poverty) which influence children's early development. Parental confidence and engagement is important in terms of early speech, language and learning. Mothers, fathers and carers need to access training and employment to develop their own skills which in turn will benefit their children's lives.

### Where are we now?

National research suggests that up to 15% of families may struggle to provide their infants with safe, secure and stimulating relationships. This means up to 4,700 infants in Sheffield may be at risk of disorganised attachment.

Around 20% of people in Sheffield live in relative poverty (below 60% of median income) at any one time. In 2012 this included 23% of all Sheffield children. Almost two thirds of children living in single parent families live in poverty.

125,000 [22%] Sheffield people live within areas ranked as the most deprived tenth nationally, and 47,000 [8%] live within the least deprived tenth nationally.

Children's centre areas cover all parts of the city and provide access to a range of universal and targeted care, support and activities from pregnancy right through to when their children start school.

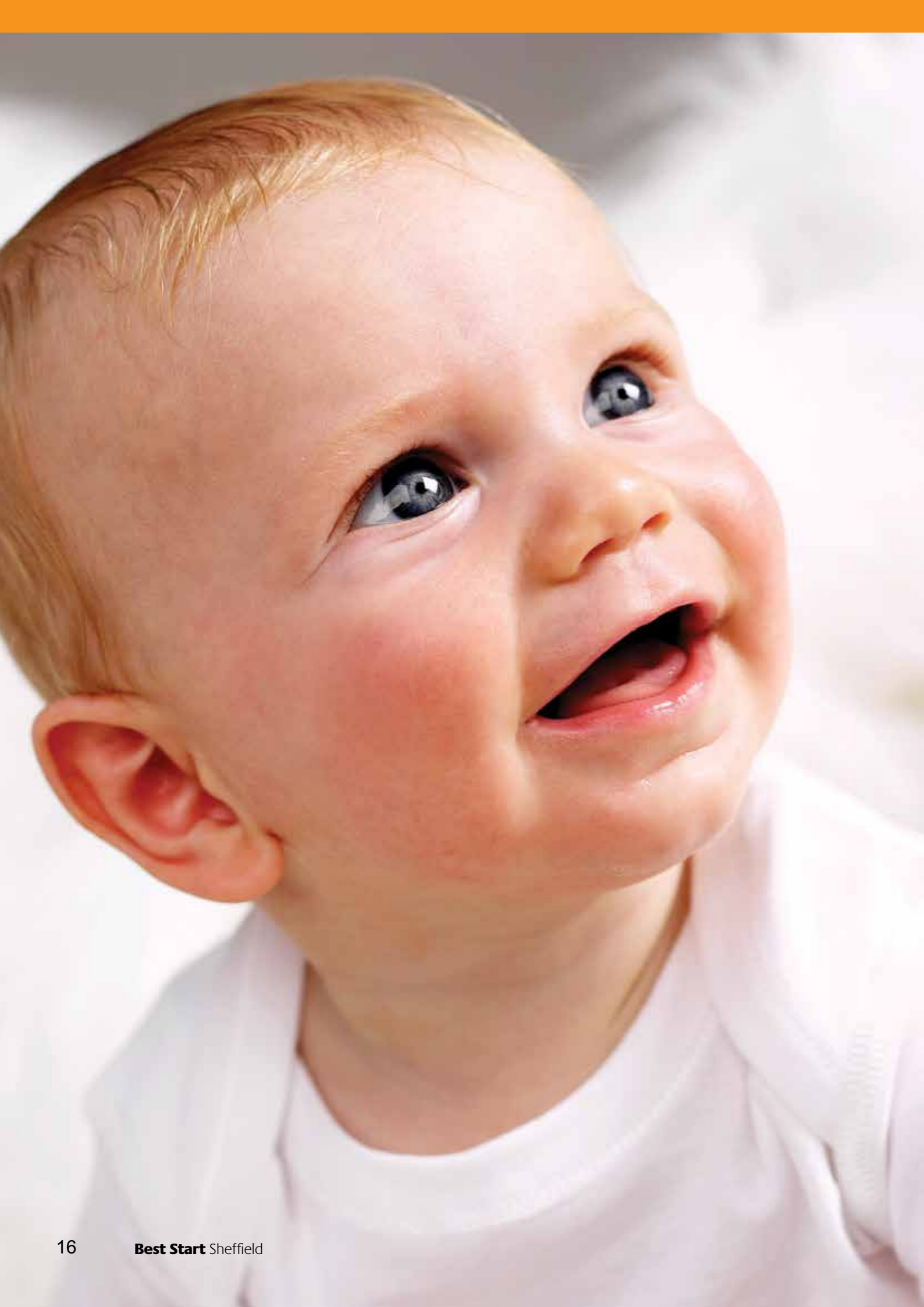
Sheffield provides evidence based parenting programs such as "Incredible Babies" and "Triple P" which support parenting in the early years and there are opportunities to access informal parenting support within children centre areas. There are a variety of ways mothers; fathers and carers can give their views on current activities and support in Sheffield including the Parents' Assembly which currently has over 800 members.

### What are we going to do?

1. Offer an extensive range of effective support options through Children's Centre areas which will take a partnership approach (including primary care, information and advice organisations, schools and voluntary and community sector organisations).
2. Make play, learning and development opportunities available to all parents. This offer will be co-ordinated across the city through the Best Start teams.
3. Make evidence based, high quality parenting programmes available to help mothers, fathers and carers in developing positive and fulfilling relationships with their children.
4. Make both employed peer support and volunteering opportunities available in all children's centre areas, so that members of local communities can share skills and knowledge, help reduce social isolation and improve families' resilience, health and wellbeing.
5. Early years providers will identify harder to reach families, making sure they understand what early education and childcare choices are available and can reach an informed decision about their preferred option.







**Priority 3:** Improve prevention, early identification and early intervention for children and families

**Why is this important?**

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

**Where are we now?**

The 0 – 5 years age group has high levels of vulnerability and they make up the highest rate of referrals into social care and highest number of children in need. 0.5 % of Sheffield's population of under 4's are Looked After Children and 0.7% of under 4's are children subject to a child protection plan. 2% of under 4's are Children in Need.

Research tells us that 15% of infants are at risk of disorganised attachment which we know impacts on developing the strong developmental foundations for children to reach their potential.

Concerns regarding poor school attendance figures Antenatal risk assessment by midwifery screens for maternal mental health problems, substance misuse, domestic abuse and other adverse social factors and a care pathway is offered to vulnerable women.

Family Nurse Partnership (FNP) targets complex and vulnerable new teenage parents. Since FNP began in 2009, over 150 babies and their mothers, fathers and carers have completed and graduated from the Programme.

The Alcohol Screening Tool helps Community Midwives, Health Visitors, Multi Agency Support Team (MAST) workers, Housing workers, GP's, and Mental Health workers, to identify parents/families who would benefit from support in relation to their alcohol use and facilitates prompt referral to specialist support. The Family Common Assessment Framework (FCAF) has been reviewed and is a core part of integrated working.

**What are we going to do?**

1. Ensure that consistent clear information is available to all mothers, fathers and carers and those who work with families in the city regarding the full universal, targeted and specialist offer.
2. Develop robust step up, step down pathways
3. Strengthen relationships between universal, preventative, targeted early intervention and specialist services to ensure that children and families in need are supported appropriately.
4. Include more families with children 0-5 years old in the 'Building Successful Families' initiative.
5. Improve early identification of infants at risk of disorganised attachment, to provide effective timely support.
6. Specifically we will develop midwifery initial risk assessment to include the parent's experience of being parented.
7. Develop the early years workforce to offer a strength based approach in identifying needs and strengths with vulnerable parents.
8. Develop quality peer support programmes for local mothers, fathers and carers to access.
9. Expand FNP to 255 places overall and continue to improve joint working with midwifery to enable early identification of eligible clients.
10. Develop a Drug Dependency Screening Tool which will help identify families where there are underlying drug misuse issues affecting parenting / attachment etc.

**Priority 4:** To engage families in local communities to influence and play a positive role in shaping activities and services; and

**Priority 5:** Reach into our communities and ensure service provision is accountable to local community and responsive to community need and demand

### Why are these important?

Our ambition for Best Start Sheffield is that we achieve a shift towards authentic power and responsibility sharing between the public sector and local communities and our approach is one that aims to build social and community capital across Sheffield. We feel engaging and listening to our communities is vital if we are going to improve outcomes for all our babies, infants, young children and their families and having communities at the heart of what we do will help to shape our mission and drive it forward.

The need to reach into communities and ensure service provision is accountable and responsive to local communities' needs is essential. There is a need to generate added value by promoting social cohesion, ensuring local ownership and learner led approaches which will lead to developing social capital, community assets and building sustainable communities.

Access to community led, family activities and services can support improved behavioural and developmental outcomes for babies, infants and their families.

### Where are we now?

Three local community partnerships (in Shiregreen and Brightside, Darnall, Manor and Castle) have been developed. They are very well attended and have already drawn new funding for activities into their areas. Local community partnership forums are expanding across the city in children centre areas.

Work has already begun to attract other forms of investment into the early year's sector in Sheffield via our community partnerships. We have already listened to many of our service users and those who don't currently access locally based activities, and responded to their feedback.

### What are we going to do?

1. Expand local community partnership forums across the city to influence, shape services and identify local need.
2. Explore new ways of attracting investment into early years in Sheffield by leveraging in additional funding through a variety of sources.
3. We will work with local families, mothers, fathers and carers to develop peer support programmes and volunteer opportunities in partnership with statutory, private and voluntary providers. This will support people out of poverty in enabling them to increase their skills and knowledge and enter into employment.
4. We will always invest in approaches that empower and upskill individuals and community organisations.

**Priority 6:** To provide accessible, flexible and high quality effective early learning and childcare for all children; and

**Priority 7:** To narrow the attainment gap especially for children in the most deprived areas.

### Why are these important?

The earliest experiences of a child's life from 0-5 have an enormous influence on later life chances. A holistic approach is required to 'this age of opportunity' to enhance the lives of babies, children and their families. Support, advice and early learning services should be available to all families with children under 5 with a particular focus on conception to aged 2.

It is essential for all children to make good progress in their early development, and there must be early identification of any problems, and support for these children through universal and more specialist services. High quality learning and childcare and support through good parenting and stimulating environments will improve the 'school readiness' of children and shape the foundations for later life. We recognise that here is an imperative to improve communication between the sectors in order to improve the current position, not only with regard to the sharing of data but also to achieve consistent delivery of high quality early years provision

### Where are we now?

The early years sector in Sheffield is diverse, with the voluntary, community and private providers including child-minders making up more than 50% of the provision across the city. Of all early years providers the maintained sector provision performs the strongest in deprived areas (Ofsted 2013)

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

A number of schools are taking a lead role in the delivery of continuous professional development to the private sector providers (not yet to childminders but this could be offered) in their localities. Teachers are visiting PVI sector providers modelling good practice and supporting quality improvement. A city-wide training programme for the delivery of 2 year FEL is now available to schools and PVI providers.

Many Sheffield children start school well below expected levels of development for their age, and prime areas of the Early Years Foundation stage (EYFS) results show the most vulnerable areas of attainment to be reading, writing and numbers.

Concerted efforts have been made and the outcomes for Sheffield's children at the end of the 2012/13 academic year were favourable and in line with national results at 60% achieving acceptable levels at the EYFS.

There is no standardised way of tracking children's progress through the variety of early years providers – this is proving problematic for schools receiving data at the point of transition

In Sheffield the attainment gap which is a calculation of the difference in attainment between the average child in Sheffield and the average child in the lowest attaining 20% has been very high. However at the end of 2012/13 the gap measure was 41% this narrowed to 37% for 13/14.

Current take up of children accessing their entitlement for free early learning (FEL) for 3 and 4 year olds is 93% compared to average take up of children across England which is 96%.

FEL for 2 year olds is accessed only by those families who meet the criteria (based on free school meals entitlement); in Autumn 2013 around 65% of children aged 2 accessed their entitlement out of those who were eligible. This is steadily increasing due to regular marketing information and interest from schools to develop provision for younger children.

There are 593 providers in Sheffield; this includes schools, private, voluntary, community and child-minders. Of these 593 providers, 260 provide FEL places for 2, 3 and 4 year olds. 78% of child-minders out of 368 and 76% of group providers out of 167 were judged as good or outstanding in their latest Ofsted inspections.

Family of Schools meetings take place across the city on a termly basis and these meetings involve the private sector providers.

The number of children with English as an additional language is increasing every year (over 21% of all school-age children), and there is a growing need for universal provision to respond to the changing demographics of the city. The January 2015 school census recorded 129 languages other than English being spoken.

Speech and language acquisition on entry to the EYFS is very unequal across the city, although Sheffield's speech and language results were close to the national average; this masks the number of children from language poor homes.

### What are we going to do?

1. Develop collaborative arrangements in localities, between providers from the Private Voluntary & Independent sectors, schools, LA and contributing partners. 'Best Start' teams from a range of employees are working together, sharing policies and practicing and maintaining sustainable provision within local communities.
2. Prioritise service delivery and appropriate interventions and early help to the most vulnerable children. Ensure children with additional needs or disabilities are supported in their local areas.
3. Support child-minders and ensure they have access to meet with other local providers and make them aware of training they can access and the cost. Encourage them to develop their own networks.
4. Processes for EYFS moderation are firmly embedded for schools in the maintained and

independent sectors as part of the LA statutory functions. Process for moderation across the PVI pre-school providers is currently being developed and shared moderation for schools and pre-school providers offering 2 year FEL is in place.

5. Schools will provide flexible childcare all year round and extend opening from 8am until 6pm to fit with the work agenda. This may mean developing or extending breakfast clubs, afterschool clubs or other social activities.
6. Increase both the availability of FEL places and the number of vulnerable 2 year olds taking their entitlement to FEL and support providers to offer high quality provision for the youngest children.
7. Ensure high quality provision is flexible, consistent and available across the City with the 'Best Start' practitioners sharing good practice and joint working with schools to review support to all providers. Encouraging the development or maintenance of breakfast clubs, after school clubs and other social activities.
8. Provide opportunities for continued professional development, by joint activities, training and support to a skilled and motivated workforce. The 'hub' approach to be used to develop professional and learning environments in localities.
9. Promote a consistent and comprehensive approach to measuring and recording children's progress at key transitions. Develop the 2 year old joint health and education assessment to support mothers, fathers and carers at this crucial stage of their child's health and attainment and ensure that children at risk are identified at the earliest opportunity.

**Priority 8:** To support organisations and childminders across the sector to work together to ensure the early years workforce has the knowledge, skills and support that will enable children to reach their full potential.

### Why is this important?

A competent, skilled and compassionate workforce can make a difference to children's development and ensure families engage in activities and support systems when required. The workforce can work more effectively together if they have shared knowledge and language in order to help protect children and give them the best start possible. It is important that people working with vulnerable children and families have the knowledge, skills and support they need in order to cope with the demands of working with high risk families and retain their compassion and professionalism and children from disadvantaged areas make the strongest progress when supported by highly qualified staff (EPPE 1997 – 2014; Ofsted 2013). A workforce that is appropriately resourced and supported will be best able to fulfil their role, contribute to service improvements and have greater retention rates and less staff absence.

### Where are we now?

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

- Quality improvement in childcare setting in response to the expansion of 2 year FEL.
- Understanding two year olds, ESCAL (Every Sheffield Child Articulate and Literate) 6 sessions, Community of Practice, CAMHS core skills four sessions with Child Care Team.
- Inclusion and Learning Services – Quality improvement in EYFS Training brochure.
- Early Years Inclusion.
- Training for health workers including Health Visitors
- Motivational Interviewing, Perinatal Mental Health, Ages and Stages etc., Restorative Supervision, Education, Child Health Policy, CAMHS core skills.
- HENRY Train the Trainers: Starting Well: (healthy eating and exercise for the really young) parenting programme.
- UNICEF baby friendly initiative: equips staff to support women to make best choices about how they want to feed their babies and is delivered across maternity, health visiting and early years 0-5s workforce.
- Attachment and Attunement training – Over 3,000 practitioners have received training on critical importance of attunement and regulation and the critical importance of infancy.

- Safeguarding training underpins all we do. There is a comprehensive, mandatory programme and an active Safeguarding Children Board that oversees this work.

### What are we going to do?

1. We want to be sure that people working with children and families have the knowledge, skills and support they need in order cope with the demands of working with high risk families and retain their compassion and professionalism.
2. Emphasise the importance of all agencies involved in supporting families including the wider workforce e.g. Housing and Police to understand the critical importance of infancy.
3. We will work to promote understanding of multi-agency working and resources available for families all relevant professionals.
4. We will promote a culture where we listen to and respect what communities, families and children tell us they need.
5. We will strengthen inter-agency and multi-disciplinary working – clarifying roles and referral pathways.
6. Ensure agencies can access suitable advice and guidance through Customer First services.

# Our Offer to Families:

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

## Community Universal Services

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

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

## Universal Plus (Targeted Services)

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

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

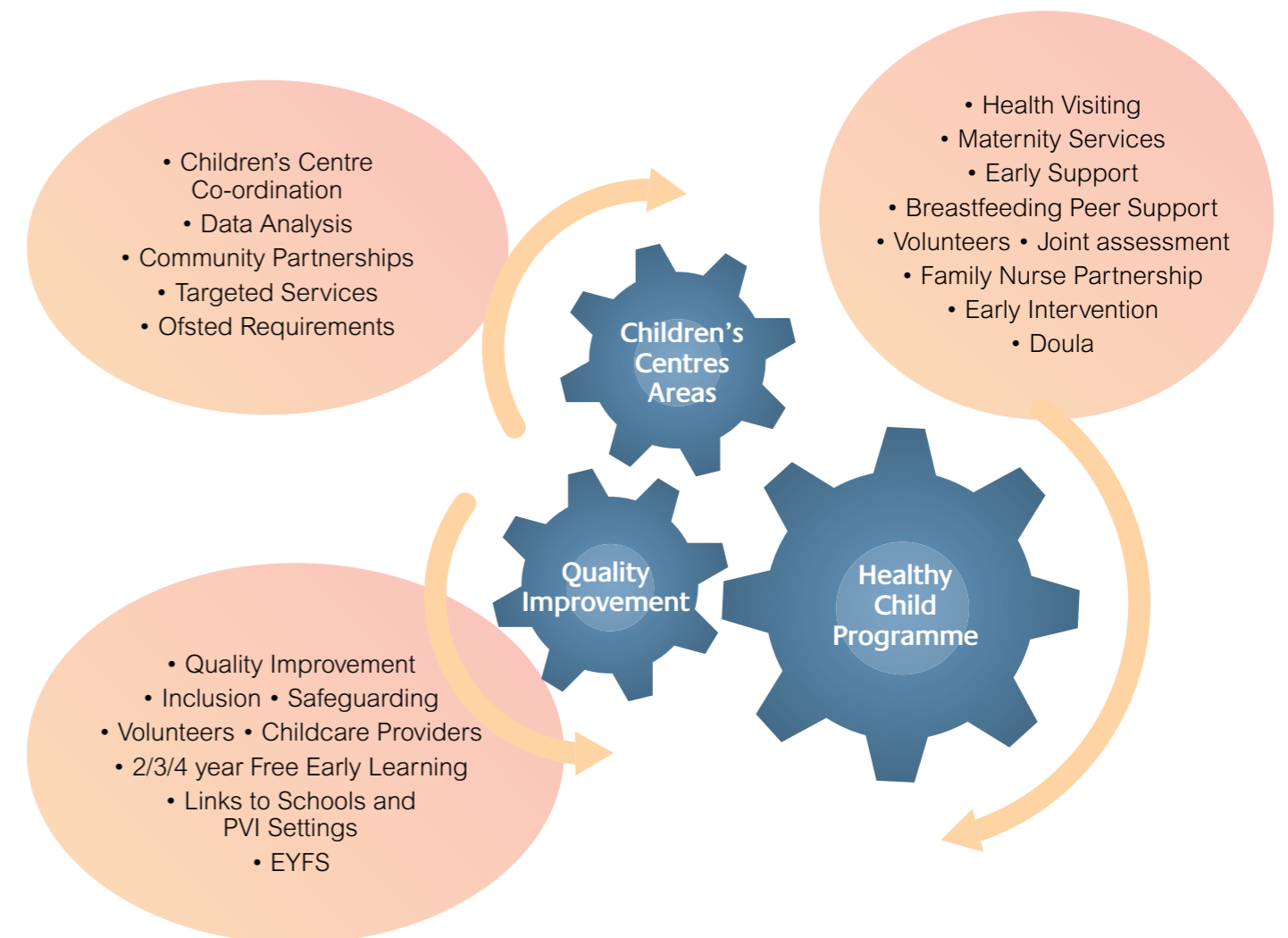
## Universal Partnership Plus (Specialist Services)

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

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

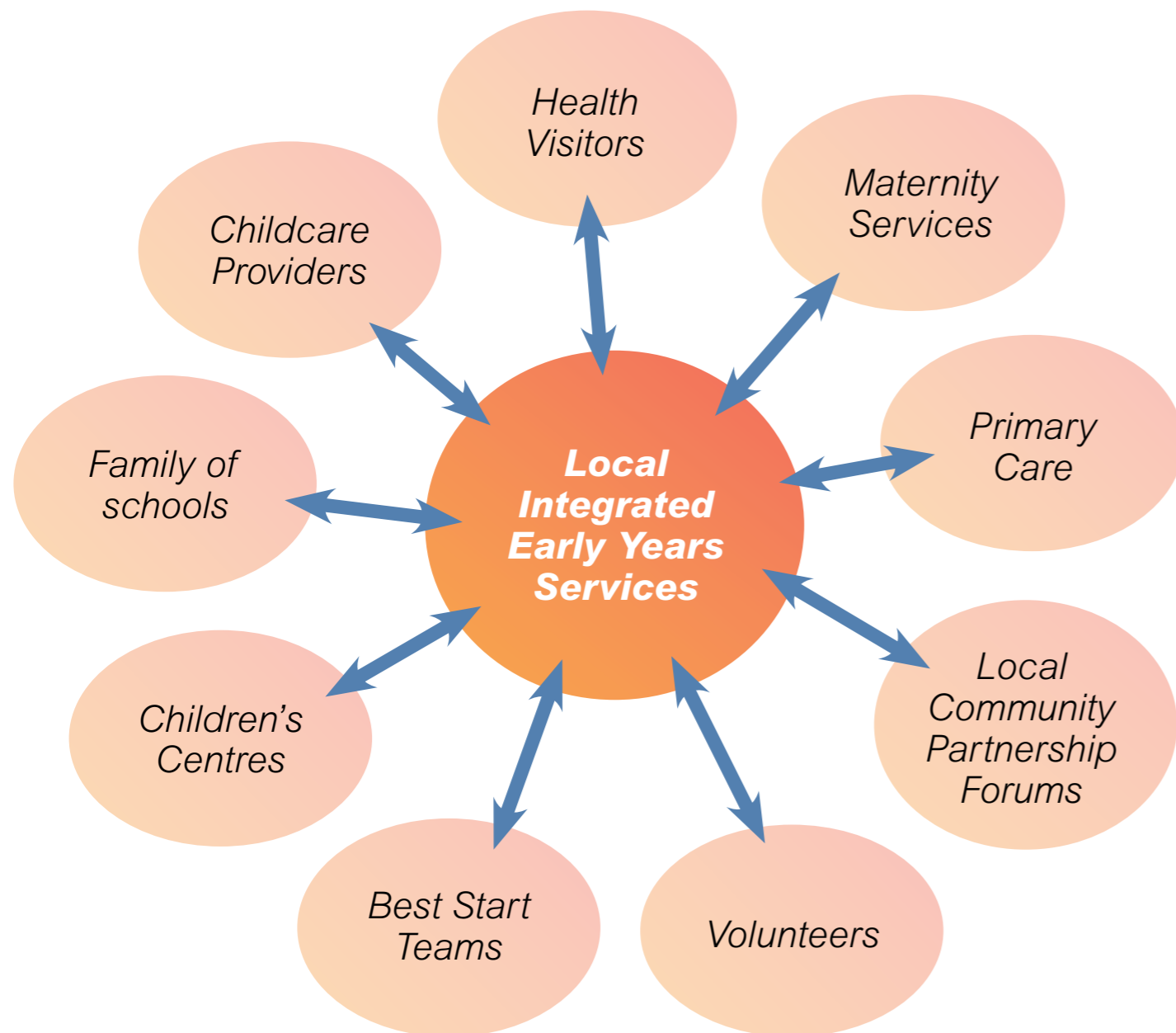
# Early Years' structures

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



### How we will do this?

The delivery of integrated early years services will be locality based and work towards a community partnership model, consisting of skilled practitioners based in children's centre areas as outlined below:



## Governance

The Early Years Best Start Delivery Board has been established to make recommendations on key decisions, advise on the programme progress, highlight risks and issues and influence other strategies. The board has wide representation from partners including health, the private voluntary and independent/community sectors, social care and safeguarding. It will steer the content of the strategy and develop an action plan for delivery.

It will monitor and review progress and feed into the Children's Health and Wellbeing Partnership Board. This board will make final decisions and monitor progress of the strategy. This board's role is to provide a strong and effective partnership which improves commissioning and delivery of services, it is accountable to the Health and Well Being Board.

A joint outcomes framework will be presented to the Children's Joint Commissioning Board and will inform the delivery of integrated children's services.

Any changes to policy will be signed off by the Children's Safeguarding Board.



# Commissioning Framework

The future commissioning framework for early years will be a multi-agency approach which has been endorsed at strategic level, and includes a common vision and agreed outcomes for children and families. The importance of building transparent and constructive relationships between commissioners, providers and parents/carers to improve outcomes will be paramount rather than relying on traditional contracting approaches and transactional exchanges.

This joint approach is a cross organisational commitment designed to identify and ensure appropriate and effective interventions for vulnerable children and families are available as early as possible. It will consider the alignment of frontline staff, systems and practice, and seek service integration and resource alignment where this makes sense.

A key principle will be to adopt an approach which is targeted according to need and seeks to achieve equity of outcomes for children and families across the city.

Collaborative approaches involving the local voluntary sector will also be sought to support capacity building and strengthen community resilience.

Interventions will be based on evidence of what works and/or good practice. Where these cannot be evidence based, they will be evidence informed and evaluated using a common methodology.



## Useful Documents

1. Quality and Inequality – Sandra Mathers and Rebecca Smees – Published by Nuffield Foundation. [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)
2. Measuring what Matters; A Guide for Children's centres – Jill Roberts/Angela Donkin with Demetris Pillas – UCL Institute of Health Equity. <http://www.instituteoftheequity.org/projects/measuring-what-matters-a-guide-for-childrens-centres>
3. Getting in on the Act – Children and Families Act 2014. [www.local.gov.uk](http://www.local.gov.uk)
4. Overview of the Six Early Years High Impact Areas – Pauline Watts. DOH
5. 1001 Days all parliamentary Group report 2015 [www.1001criticaldays.co.uk/buildinggreatebritonsreport](http://www.1001criticaldays.co.uk/buildinggreatebritonsreport)
6. EYFS Framework - <https://www.gov.uk/government/publications/early-yearsfoundation-stage-framework--2>
7. Healthy Child Programme - <https://www.gov.uk/government/policies/giving-all-children-ahealthy-start-in-life>
8. 2012 CMO Annual Report, 'Our Children Deserve Better – Prevention Pays'



# Best Start

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