Early Years Consultation Strategy

**Professional’s consultation findings**

3/1/2023

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.

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sHEFFIELD CITY COUNCIL

3/1/2023

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**Early Years Launch Consultation Event – October 2022**

The Sheffield City Council Early Years event held in October 2022 saw the launch of the Early Years Strategy consultation.

This was an invitation for all city-wide early year’s practitioners, partners, and professionals to gather, have their say, share successes, and begin to help in shaping the next steps. Ninety-six professionals employed in the EY sector attended the event which included representatives from schools, nurseries, family centres, voluntary and community groups, community forums and health specialists.  Subsequently, this event facilitated an excellent opportunity to secure views from across the EY sector from a range of specialists and experts in their respective fields.

The event provided current early years updates and focus time to work together, reflect, share learning, to understand what is currently working well and what could work better and to identify the key challenges local families are facing.

Through meta-analysis, event participants identified that the following themes should be the key priorities for the next Early Years Strategy.

Timeline

Description automatically generated

**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 | | | | Across work themes  Across work themes |
| 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….*

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

*Financial*

*difficulties*

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

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

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

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

*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 though 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**

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|  |  |
|  | ***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**

|  |  |
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|  |  |
|  | ***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**

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|  |  |
|  | *Energy crisis – support.* |

**SEND**

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|  | ***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**

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|  | ***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….*

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| **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 |

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| **Partnership** |
| Forming partnerships with parents |
| Parents to attend EY settings groups and take up services and support offered:   * Parents understand the importance of early intervention and understand what it is, * Crossing barriers with parents, forming trusted relationships. |

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| **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. *Building on trusted relationships* 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   * Family hubs / Early Years settings   Early Years settings   * Lack of knowledge of available services in Sheffield, who offers what?   Upskilling parents with EY foundation stage expectations   * Good quality activities in the home |

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| **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. |

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| **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. |

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| **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….*

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| ***Not enough support, more for whole household needed from conception.*** |
|  |
| ***Trauma informed approach needs to be trained and embedded in all practice.*** |
|  |
| ***Outdoor provision is needed – green city, outdoor city – use it!*** |
|  |
| ***Workforce development (upskill everyone, key messages need to be the same).*** |
|  |
| ***Low level mental health support – families and children.*** |
|  |
| ***Develop community for early (earliest help – pre-birth, peri natal support).*** |
|  |
| ***Post covid support (socialising, developing community, transitions for children).*** |
|  |
| ***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.*** |

**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.

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| **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. |

*Lots of support through schools, nurseries, family centres*

*Family centre co-location with community resources*

*In certain post-codes high level pre-school support*

*Speech and Language*

*Breast-feeding Service*

*Continuous professional development for staff*

*SEND service informative & supportive*

*What professionals told us is working well in Early Years in Sheffield*

*Early Years team is supportive*

*Training available for staff*

*Well qualified workforce*

*Sign-posting*

*Family centres feeding and parenting groups*

*Supportive Quality improvement team*

*Excellent Early Years Providers*

*Good universal family and children’s offer*

*Support from inclusion for children needing EHCP*

*Staff can work well together*

***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: -**

*More support available to families awaiting assessment*

*Access to support routes made clear*

*More professionals with appropriate training and with lived experience*

*Visit children in settings*

*Increase face to face support*

*See children 2/3yrs more regularly for earlier identification*

*More support for practitioners*

*More investment/funding*

*More SEND support groups*

*Specialists working more closely with child-minders, recognition given and visits within the setting*

*Earlier 2 FEL entitlement for children with disabilities*

*PVI & LA Nurseries - training / workforce development re extended support plans & EHCPs*

*Increase support to families with children 5 – 11 yrs. with a disability*

*Support access to appointments & isolation by providing places to go with suitable play equipment & bathroom facilities.*

*Advice hub for professionals to share strategies, gain advice & share good practice.*

*Workforce development/ training re adult & child mental health*

*SEND streamlined across services, info made accessible to all families*

*More availability to speech & language services*

*Additional funding for children who require 1:1 without a EHCP plan*

*Reduce waiting times across Education Psychology, Speech & Language and Ryegate supporting school readiness*

*Workforce development/ training around inclusivity of SEND children*

*More groups for parents with SEND expertise made available*

*Financial support for children who do not have an EHCP*

*Raise awareness, increase inclusion of SEND across delivery*

*Clear referral routes including self-referral pathway*

*Joined up working not duplication*

***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): -***

*Empowering Families*

*Learning opportunities for parents e.g., cooking on a budget*

*Improve staff knowledge on cost-of-living support e.g., emergency funds, white goods, damp etc.*

*Family centre staff to understand the community and provide a friendly approach*

*Local Parent peer coffee mornings, play groups & drop ins to support well-being & reduce isolation.*

*Reduce childcare costs for families.*

*More help for working families*

*Support for nurseries to provide healthy snacks (e.g. free fruit)*

*To increase early years reach be present at community groups, libraries, playgroups etc*

*Services to better understand the challenges specific to the communities they work in*

*Better links with community groups*

*Prevention not reaction*

*Support parents including Dads from conception and beyond…..Clear guidance outlining services available to families from pregnancy*

*Socialising groups for both parents and baby.*

*Include Dads*

*Community sessions/groups and or drop ins - peer support & access to parenting, healthy living, debt advice, mental health, and cost of living support.*

*Free School meals made available to under 5s via Early Years settings*

*Sessions on budgeting tips for families*

*Professionals to understand the barriers for parents accessing services*

*More information on access to food banks, clothes and basics support for the whole family*

*Subsidised transport for practitioners’ apprentice and college students*

*More job fares to network with others*

*Increase the number of intervention workers*

*Training for staff on issues families face ie. domestic abuse, access to benefits / DLA & money management.*

*Early Help & Family centres deliver more activity for 5 – 11 yr. olds*

*Play & stay for 5 – 11 yr. olds*

***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):***

*Build relationships with parents*

*Infant feeding workers to support midwifery clinics*

*Check children are registered with a Doctor & Dentist*

*Free sessions for children gymnastics/dance consider ‘Every child a mover’ model*

*Support around physical health for all families including working parents*

*Services work together to ensure families can attend health appointments*

*Better links with community groups and organisations to relay consistent health messages*

*Workshops on healthy lifestyles & healthy eating*

*Encourage families to walk not drive*

*Professionals to do more home visiting*

*More availability re SALT*

*Health Visitor & Midwifery clinics linked to Family Centre venue & offer*

*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*

*Toddler groups, baby meets for walking and swimming etc*

*Physical activities better subsidised for Early Years*

*More emphasis on outdoor activities beyond early years0-19 (25) yrs*

*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*

*Access to dentists improved*

*Portion size awareness*

*Better links between organisations and community groups to understand communities’ need*

***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):***

*Parenting groups to support in recognising child emotions ie. not naughty*

*Support parents to attend groups and 1:1 sessions*

*Workshops on trauma informed approaches*

*Employ Occupational Therapist to support families*

*Build more links with health for families who are struggling*

*More groups aimed at inclusivity for fathers including single fathers*

*Evening support groups for working parents*

*Enhance knowledge in settings in how to support with mental health*

*Regular well-being sessions for practitioners*

*More opportunities for conversations for parents ie. drop ins, coffee mornings*

*Contact all new parents in family centre areas to advise what is on offer in centres.*

*More support for staff with their own mental well-being*

*Teach children from an early age its okay to ask for help*

*More groups to create more opportunities for parents to meet up*

*Afterschool mindful arts and crafts for parents & children*

*More signposting for families*

*Easier self-referral for parents*

*More training for EY providers Appropriate training on delivering different news to families*

*Offer different opportunities to meet individual family need*

*Promote Parenting courses and baby massage across partners*

*Earlier access to mental health nurses or doctors, earlier recognition*

*Childcare support for parents accessing IAPT appointments*

***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:***

*Localised community access to Family Centre offer*

*Training tailored to PVI (remains school focused)*

*Workshops for expectant parents on brain development, attachment & attunement*

*Help for families who do not qualify for free childcare*

*Better access to Health Visitors*

*Subsidised closure for settings to enable staff training*

*Prevention; Build upon the school readiness programme from 6mth*

*More awareness of the current support available to families and training to support educating parents in effective home learning*

*More groups in family centres.*

*Increase free weekly play groups*

*Advertise to nurseries when any classes/workshops for parents are running*

*Employ mental health occupational therapist & psychologists*

*Better geographical spread of services to support families*

*Increase Nursery funding to support employment & retention of qualified/experienced EY staff*

*Training across all settings re SEND and child development*

*Holistic approach between Services*

*Continue with traded service package & ensure workshops reflect child development*

*Early support to families re home learning / child development include grandparents*

*Toilet training made available*

*Training around how to best engage with parents who demonstrate challenges*

*More access to speech and language services*

*Better communication*

**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.*

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: -**

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| 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.**

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| **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 were 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 |

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| **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 |

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| **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 socia-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. |

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| **COVID** |
| **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 |

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| **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. |

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| **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 |

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| **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 ‘*right support at right time’* |
| 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 |

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| **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, ‘*some families do not move beyond their area’* |
| Develop links with primary and secondary schools |

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| **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.