



# **Giving Every Child the Best Start in Life: School Readiness**

Health and Wellbeing Board

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# Background

Held discussions:

- Health and Wellbeing Board (February 15) with expert witnesses from 2 pre-schools in different areas
- Central Bedfordshire Children's Trust Board – resulting in a 'deep dive' (with a group established to carry out further research - including representation from Children's Services, Public Health and SEPT)
- With others including Acting Early Group, Early Years Reference Group, at Head teacher meetings)

# School Readiness – achieving a Good Level of Development at end of Year R.

Year	CBC	England
2013	49%	52%
2014	57%	64%
2015 (Not yet verified)	64%	TBA (end Oct)

# Children's Trust Research

- Contacted 3 local authorities (top performers within our Statistical Neighbour group for 2014 'Good Level of Development' results):
  - Hampshire 67%
  - South Gloucestershire: 72%
  - West Berkshire: 65%
- No particular aspect of health visiting or early years practice was identified as being responsible for better school readiness outcomes.

# Children's Trust Research

Through research and group discussion 3 key areas emerged which were considered important to improving outcomes:

- 1. Communication with Parents and Professionals**
- 2. Assessment and Observation**
- 3. Pathways**

# Communication with Parents

Research suggests the need for 'joined up' communications for parents at every stage (clear expectations on how they can help their child to become school ready).

Current work includes:

- Agreeing key messages in relation to child development
- Agreeing key touchpoints
- Ensuring timely, joined up communication at every stage – agreeing the communications at each touchpoint.

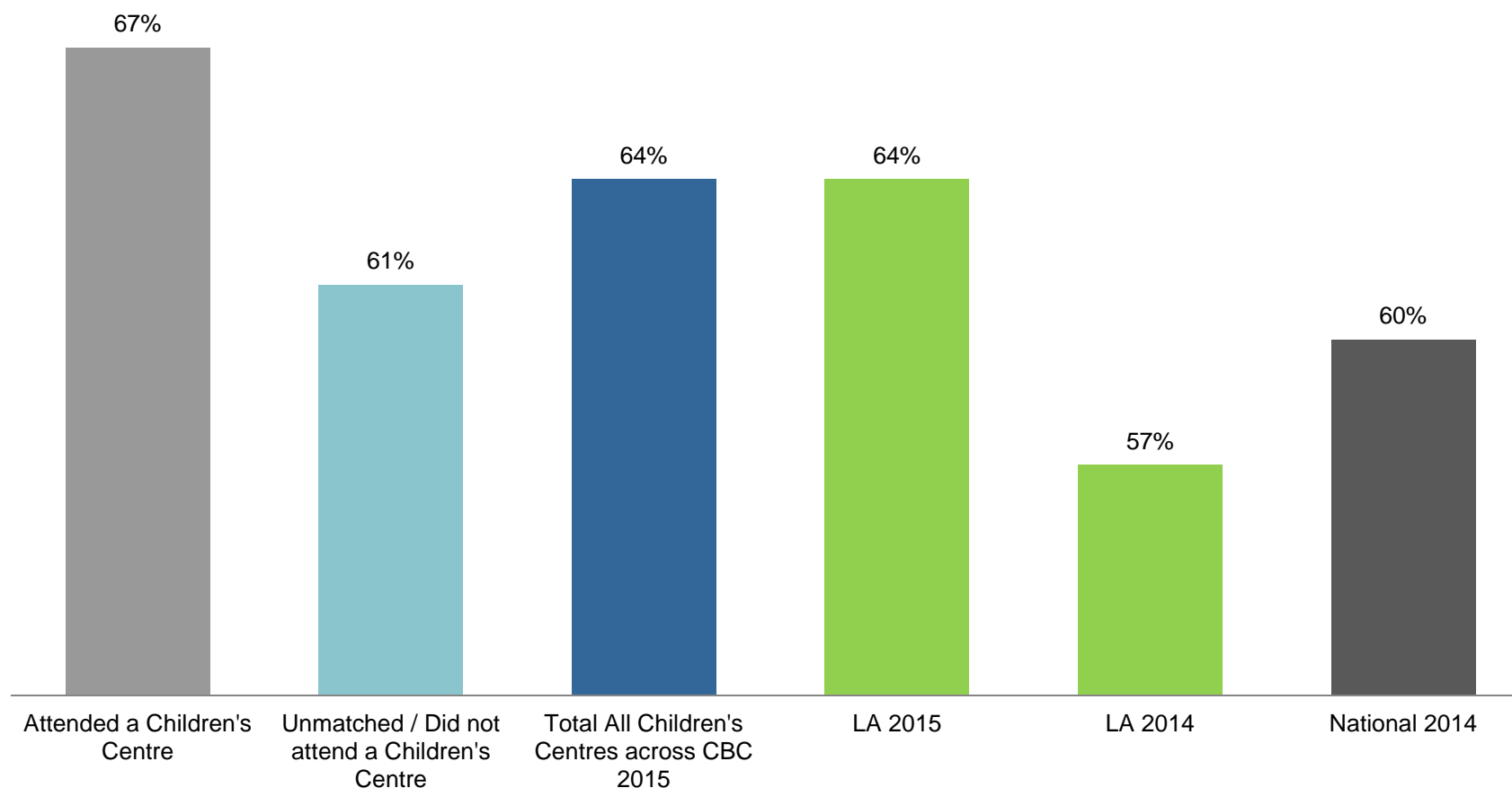
# Communication with Professionals

Research suggests the need for:

- Good communications especially at transitions (e.g. on key points of contact where there are emerging issues)
- Clear understanding of roles (preschool / schools)
- Appropriate data sharing – focussed on improving outcomes for the child

(Need to embed a whole education approach rather than 'early years' / 'schools')

# Children's Centres & School Readiness





# Case Study Transition Group Success

Child K was about to start at Pre-School as a 2 year old

Attended the transition sessions put on at the Children's Centre led by the Children's Centre Teacher and attended by Pre-School Leader

He often made a continuous sound when he played and occasionally used single words and .

Mostly hid behind his mother

## **In the group:**

Gradually began moving away from his mother

Enabled Pre-School to thoroughly prepare for him prior to his arrival with his specific interests

Quickly went from part-time sessions to full entitlement because of the transition group

The transition group enabled the Pre-School Manager, to make an early assessment which led to the child having speech therapy.

Child has progressed in many other areas

Child now about to join Reception Class in September.

He now uses simple sentences.

# Communication with Professionals...

Current / recent work includes:

- School readiness and transitions – subject of summer term's Network meetings for all Early Years professionals
- Improving transition work between schools and early years settings - sharing models where best practice exists
- CBC Workforce Academy ran a conference on School Readiness in September with keynote speakers and workshops

# Assessment and Observation

Research suggests the need for better data analysis and follow through of actions to address particular weaknesses in all sectors.

Current work includes:

- data analysis of lowest/highest achieving children in the cohort (Good level of Development).
- overlaying early years activity that is going on across Central Bedfordshire to correlate activity with areas of poor performance.

# Pathways

Research suggests we could:

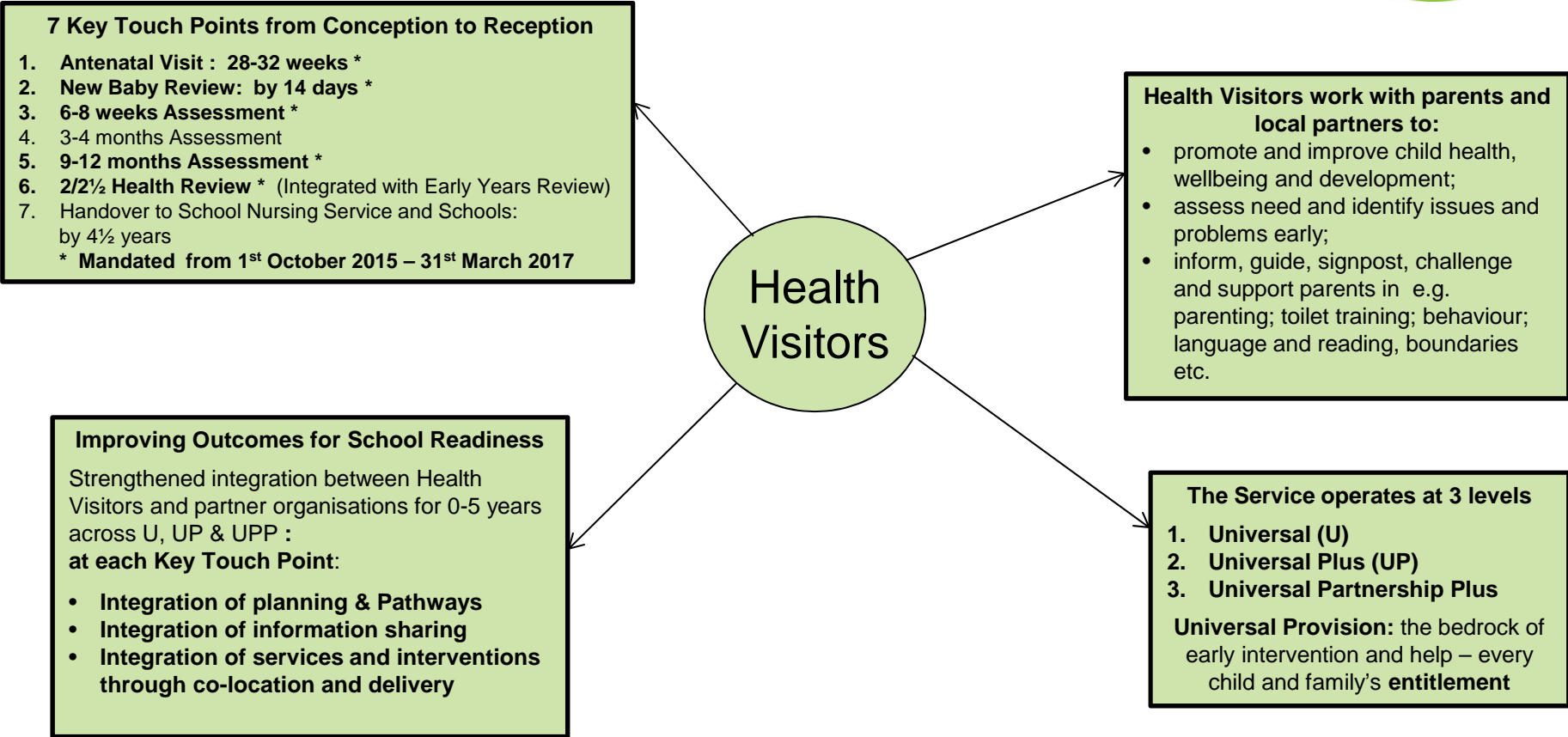
- Develop a clear pathway of support for children not reaching expected levels of development at 27 months (ASQ 3).
- Ensure clear systems and processes in place for a formal handover from Health Visitors to School Nurses.
- We also need to increase uptake of 2/2.5 year Health Reviews - Q1 15/16 52.7%. The target is >90% by March 2016. From Q2 2015-16 SEPT will be rolling out an Integrated Health & Education Review at 2½ years for children at all levels.

Current work includes:

- Mapping exercise of programmes targeting parents and / or children - to help rationalise pathways, and understand what the offer is when things are not going so well for a child.

# The role of Health Visitors in Improving School Readiness

Health Visitors lead on the delivery of the Healthy Child Programme 0-5 years



# The role of Health Visitors in Improving School Readiness

**Health Visitors support children on their journey to be ready for school at each Key Touch Point and at each level of service:**

## **Universal (U)**

Ensuring that every new mother, child and family receive development checks, information, support, guidance and challenge on securing positive health and wellbeing, social and emotional development, behaviour, learning and parenting.

## **Universal Plus (UP)**

Ensuring that families can access timely, expert, advice and interventions to meet identified needs when they need it, especially for those whose progress is less than expected. Planning of coping strategies and positive behaviours to build resilience.

## **Universal Partnership Plus (UPP)**

Playing a key role in bringing together local support and services, and providing ongoing support for families with continuing complex needs - e.g. where a child has a long-term condition, or for vulnerable families requiring on-going support for a range of special needs - e.g. families at social disadvantage; families with a child with a disability; teenage mothers; adult mental health problems; alcohol and drug misuse; domestic abuse.

# Improving School Readiness through a Universal Integrated 2/2½ Year Review

The 2/2½ Year Integrated Review is a crucial stage when problems such as speech and language delay, behavioural/emotional issues or toilet training problems etc. become visible and can be addressed in a timely way before the child starts school.

## Health Visitors and Early Years Professionals work in an integrated way to:

- Review with parents - using evidence-based assessment tools - the child's progress, strengths and needs, or problems and delays in:
  - speech, language and communication
  - personal, social and emotional development
  - physical development
  - learning/cognitive development
  - physical health – including immunisation status
- Provide information to, and guide, support and challenge parents on behaviours, strategies, interventions and services to secure improvement and progress – specifically on:
  - ✓ positive parenting
  - ✓ the benefits of a healthy lifestyle – including dental care; accident prevention; sleep management; nutrition and physical activity for the family
  - ✓ the importance of reading and language development
  - ✓ the taking up of early years education provision
- Share key health and education information with schools as part of a seamless transition process into Year R.

**The role of Health Visitors is to facilitate the most appropriate support and interventions for children as they prepare to be ready for school, and to have their best chance to achieve in life.**

# What more can we do ? (1 of 3)

## Communication with Parents and Professionals:

1. Improve the 'join up' of communications for parents at every stage (clear expectations on how they can help their child to become school ready).
2. Embed a 'whole education' approach rather than 'early years' / 'schools' (with clarity on roles and encouraging appropriate data sharing).
3. Plan more regular briefings about priorities linked to EYFS outcomes at Head Teacher meetings and Early Years networks throughout the year.
4. Produce communications for professionals on the key points of contact (where there are emerging issues).
5. Encourage attendance at training by groups of providers in area (including schools) to ensure a better commonality of approach and offer training to each other.



# What more can we do ? (2 of 3)

## Assessment and Observation

6. Better analysis of data and subsequent follow through of actions to address particular weaknesses in all sectors.
7. Increase uptake of 2/2½ year Health Reviews
8. Develop and embed a fully Integrated Review (combining health Ages & Stages questionnaire (ASQ) and the Early Years Foundation Stage Outcomes Assessments.
9. Explore integration of school baseline assessment and School Entry Health Assessments carried out by School Nurses.
10. Consider in more depth which programme models are used in schools and early years settings for communication and writing (a less varied approach).

# What more can we do ? (3 of 3)

## Pathways

11. Develop a clear pathway of support for children not reaching expected levels of development at 27 months (ASQ 3).
12. Ensure clear systems and processes in place for a formal handover from Health Visitors to School Nurses.