Early Childhood – Under 5's

Topic information	
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Topic owner	Healthy Child Programme and Early Childhood Integrated Commissioning Group
Topic Authors	Tina Bhundia, Helena Cripps, Jude Burgess, Irene Kakoullis, Jenny Brown
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Executive Summary

How we treat young children shapes their lives – and ultimately our society (The Wave Trust, 2013). The World Health Organisation describes early child development as a 'cornerstone of human development' and goes on to say that it should be central to how we judge the success of a society (World Health Organisation, 2015). We know that the origins of much adult disease lie in this vitally important period, and that the early years are important in terms of building children's resilience (Barlow & Blair, 2012). Furthermore there is a clear economic case for investing in the early years of children's lives, with economic analysis demonstrating that returns are much higher when interventions are targeted early in the life of disadvantaged children (Heckman, 2008).

If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future. Despite early education being better than it has ever been, it is still not benefiting our poorest children compared to their peers (Ofsted 2016).

The Marmot Report (2010) on health inequalities reports evidence that development begins before birth and that the health of the baby is significantly affected by the health and well-being of the mother. It states that one of the most effective evidence-based strategies for reducing health inequalities would require action to give every child the best start in life.

Parents and carer givers lay the foundations for emotional regulation, communication, and problem solving as well as strengthening their self-esteem. Young children thrive in environments that are predictable and responsive to their needs. Children can struggle, however, where environments are neglectful, unpredictable or overwhelming (Early Intervention Foundation 2016). It is important therefore that the health and wellbeing of parents and carers is considered when looking to improve outcomes for young children, and not just during pregnancy.

This chapter will take a life-course approach to analysing the needs of the population of young children in Nottinghamshire and making recommendations for commissioning and provision. This will include key themes such as child health, childcare, and early education.

Unmet Needs and Service Gaps

- The specific needs and views of migrants and refugees with young children. Information is required to help engage these groups to access both universal and targeted services.
- The needs of teenage parents are not being assessed by services with exception of the FNP, learning needs to be shared to encourage universal and targeted services to proactively engage this group.
- There are localities across Nottinghamshire where there are sufficiency challenges in terms of childcare. There is a need to ensure that good or outstanding provision is located where there are higher numbers of under 5's and not enough childcare provision. Further information is required from parents in localities where there is sufficient childcare provision but a reluctance for families to access the free childcare that they are entitled to.
- Currently there are service gaps for the County around home safety and children. Data needs to be mapped and a needs assessment needs to take place to inform commissioning.
- Nationally, there is a new focus on relationship support for couples and couple conflict, as this can have a negative impact on children. Further work is required to understand the issues across Nottinghamshire and understand which interventions are most effective.

Recommendations for Consideration by Commissioners

Priority	Recommendations	Suggested Lead commissioner
Improve Oral Health	Refer to Oral Health JSNA chapter. • Work with colleagues in Nottingham City to undertake an oral health needs assessment and then develop an oral health strategy. • Further develop/ expand the oral health promotion service provision in early years settings	Public Health & Early Childhood Services
Reduce avoidable injuries	• Work to further implement the local strategy as well as scope current needs to plan for appropriate interventions with a particular focus on home safety and under 5's. This will need to consider safer bath time and safer sleeping.	Public Health, CCGs & Early Childhood Services
Improve Infant Nutrition	There is further work needed to promote the Healthy Start Programme and the Healthy Start vitamin distribution centres across Nottinghamshire.	Public Health, NCC
Promote Safer Sleeping to	• Increase awareness and understanding of the risks associated with Sudden Infant Death Syndrome (SIDS) and the need to promote safer sleeping. • Ensure a co-ordinated cross agency approach to ensure all services work together to reduce infant mortality rates • Promote and assess Safe Infant Sleeping across maternity and early year services	Public Health & CCGs All services
Increase Breastfeeding rates	Please refer to 'Maternity' JSNA chapter • Increase Breastfeeding rates across Nottinghamshire	
Reducing Smoking Rates	Please refer to 'Smoking' and 'Maternity' JSNA chapters	

Ensure Teenage Parents are effectively engaged and supported	• Improve uptake of Care to Learn Grant for teenage parents • Implementation of Public Health England Framework for teenage parents and their families • Gain a better understanding of which services teenage parents access and gain a better understanding of the local barriers for young people e.g. education support for19-20 year olds	Public Health and Early Childhood Services, NCC
Improve outcomes for children and families with English as an Additional Language (EAL)	• Explore the specific childcare and health needs of families with English as an Additional Language (including refugees and asylum seekers). • Encourage schools and health services to report both ethnic origin and English as an additional language using ONS codes to enable improved monitoring and analysis.	Public Health and Early Childhood Services, NCC
Developmental Delays are identified and supported early	• Roll out and embed the 2 year integrated review across Private, Voluntary and Independent early years providers, Healthy Families Teams, engaging parents where a specific need of developmental delay is identified.	Public Health and Early Childhood Services, NCC
Children are ready for school	• Nottinghamshire must ensure that all children have a good level of development and learn from areas such as Staffordshire, Derbyshire and Warwickshire. • Close the attainment gap for children eligible for Free School Meals and their peers, ensuring that progress is on par with statistical neighbours (measured by the Early Years Foundation Stage Profile). • Work with early years providers to ensure there are sufficient high quality and sustainable places available to disadvantaged children. • Increase take up rates for 2 year olds from disadvantaged backgrounds to access 15 hours a week free early education. • Ensure early years is embedded in the work of the Virtual School to enable young children in Local Authority Care to succeed; and commissioners are able to assess the impact of additional Pupil Premium funding allocated to this group. • Raising the quality of early year's providers to ensure that all childcare settings are 'good' or 'outstanding' to enable poorer children to gain the best start in life. • Implement and evaluate the new early years tracker tool to help early years providers to assess the developmental needs of children and enable commissioners to track progress and assess impact of services and interventions. • Increase take up of Early Years Pupil Premium (EYPP) funding and ensure that EYPP is devolved quickly with clear advice for evidence based interventions that would improve the educational outcomes for disadvantaged children. This includes improved analysis of the Early Years Pupil Premium for Looked After Children. • Undertake early years foundation stage data tracking and anlaysis for Children in Need and those on Child Protection Plans.	Early Childhood Services, NCC
Children Centre Services are responsive to need and	• Review the impact of children centre interventions. • Scope potential modelling required to deliver a service which improves outcomes for children and their families including improving the attainment of children and school readiness. • Continually improve performance management arrangements	Early Childhood Services, NCC

improve outcomes		
Improve communication and language skills	• Maintain effective speech and language support through the well evaluated Home Talk programme, which identifies and supports children with early speech and language delay.	Early Childhood Services, NCC
Improve outcomes for Children with SEND	• The significant increase in the number of young claimants of Disability Living Allowance will require a focus on this population to review access and take-up to inform plans to ensure sufficiency of appropriate provision. • Commissioners should work across County Council departments to help share findings from SEND assessments for children under the age of five; sharing key findings and learning which in turn will inform commissioning decisions and service planning. This will need to include the children that do not meet the thresholds for specialist support. • Review the use of High Needs, DCATCH and the new Disability Access funding to ensure that children are effectively supported as part of their transition to school.	Early Childhood Services, NCC
Ensure sufficient high quality childcare provision is available	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Nottinghamshire needs to have robust data about both supply and demand for childcare, it is recommended the local authority evaluates progress of new data collection and monitoring procedures to ensure it supports their market management role and sufficiency duties.	Early Childhood Services, NCC
Reduce financial barriers preventing access to childcare	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Work should be undertaken with key stakeholders to ensure partners and staff are aware of what support for the costs of childcare is available, and how the free entitlement can be used, and disseminate that information to their client groups.	Early Childhood Services, NCC
Offer flexible childcare provision and provide additional childcare during school holidays and increased wrap around care	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Explore flexible delivery models as a matter of urgency; and consider how these models of working can be applied across different types of provision for all age ranges of children. • The Childcare Sufficiency Assessment identified demand for provision in school holidays and an unmet for after school and before school provision. Work should be undertaken with key stakeholders to identify options for additional childcare and wrap around provision, ensuring all available provision is recognised and promoted through the local authority's information duty, delivered by the Families Information Service.	Early Childhood Services, NCC
Provide routine support to families via The Healthy Child Programme	Every child, young person and family in Nottinghamshire continues to have access to high quality early intervention and prevention services via the Healthy Families Programme.	Public Health and Early Childhood Services, NCC

Full JSNA Report

WHAT DO WE KNOW?

1. Who is at risk and why?

We know there are children and families who are more likely to experience a range of poor outcomes during pregnancy and the first 5 years of life. As the early years are critical in building child development it is paramount that we understand who we need to target and why. Many children and families face a number of poor outcomes and share a number of risk factors which are often interlinked so a family in poverty may be destined for poor educational outcomes as well as poor health and well-being outcomes. This table provides only a summary of some of the risks and outcomes facing families and young children.

Target Group	Increased Risk of the following Poor Outcomes
Families living in poverty (in work and out of work poverty) have a range of poor health and educational outcomes	• Low birth weight • Infant mortality • Delayed child development • Poor educational attainment and White British children from poor families achieving less well than others • Not school ready – nearly 50% of children from disadvantaged backgrounds have not secured the essential skills and understanding expected for their age by the time they finish Reception Year. Around 25% are unable to communicate effectively, control their own feelings and impulses of make sense of the world around them to ensure they are ready to learn. • Speech and language delays • Less likely to take up and maintain breastfeeding • More likely to smoking during pregnancy • Repeat unplanned pregnancies • Low breastfeeding rates
Children known to Social Care and those Looked After	• Young girls who are being exploited are more likely to not use contraception effectively due to hectic lifestyle, forgetfulness, depression, hopelessness or the abuser control the use of contraception. [11] • Victims at risk of sexual exploitation are at increased risk of becoming pregnant and particularly those who do not receive good support from their family, are at risk of social isolation, poor life habits, low education attainment – which limits their employment prospects, re-victimisation, stress, and depression.[12] the pregnancy is also more likely to lead to a termination which has a mental, social, emotional and physical impact on the young person. • Research has shown that by the age of 20 a quarter of children who had been in care were young parents[10]. • The prevalence of teenage motherhood among looked after girls under-18 is around three times higher than the prevalence among all girls under-18 in England. • Children experiencing abuse or neglect are a key target group for all services and interventions. They have increased risk of a wide range of poor health, emotional and economic outcomes.
Children with SEND	• Access to services can be problematic. • Those identified as having a special educational need (SEN) are one of the lowest groups who are likely to achieve a good level of development. This is evidenced in Nottinghamshire where children 14.3% of children with SEN

	achieve a good level of development compared to those with no known SEN (70.2%).
Children who are not breastfed	Increased risk of: • Being overweight or obese later in life • Ear infections • Tooth decay • Chest infections • Diarrhoea & vomiting • Death from gut infections in sick and premature babies • Increased infant mortality rates • Increased hospital admissions in infancy • Rise in obesity in children under the age of eleven years old
Children of teenage mothers and teenage mothers	Teenage mothers are: • Twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy • One third less likely to breastfeed and half as likely to be breastfeeding at 6 weeks • Three times more likely to experience postnatal depression • Less likely to access services that are seemed as judgemental and not 'young people friendly'. Babies of teenage mothers have: • 21% higher risk of premature birth for first baby • 95% higher risk of premature birth for second baby • 21% higher risk of low birthweight • 13 % higher risk of stillbirth • 56% higher risk of infant death • 3 times the risk of Sudden Unexplained Death in Infancy • More likely to have delayed child development • More likely to have poor educational attainment
Children with English as an Additional Language (EAL)	• Access to services can be problematic • Services are not always equipped to support children and families with EAL • The Ofsted East Midlands regional report (2013/2014) identified that children with English as an additional language do less well academically at all Key Stages. • In 2016 in Nottinghamshire, 54.7% of EAL pupils achieved a good level of development compared with 68.3% of English pupils. As with ethnicity there are wide variances when looking at individual languages. 2016 data shows that Chinese pupils have a good level of development (84.6%), compared to Slovak groups (20%).
Some Black and Minority Ethnic Groups	• Some BME groups are less likely to achieve a good level of development than their peers; there are wide variances when looking at individual ethnicities. In 2017 86% of White Irish children achieved the highest attainment results in Foundation Stage compared with 28% of children from Gypsy and Roma groups.
Improve outcomes for Looked After Children (LAC)	• Children in the care system do poorly in education and have a poor level of development than that their peers at Foundation stage. Though the number of 3 and 4 year olds that are LAC are low, attendance at Early Years provision by newly placed LAC children is poor, whilst they stay at home to develop attachments with carers.

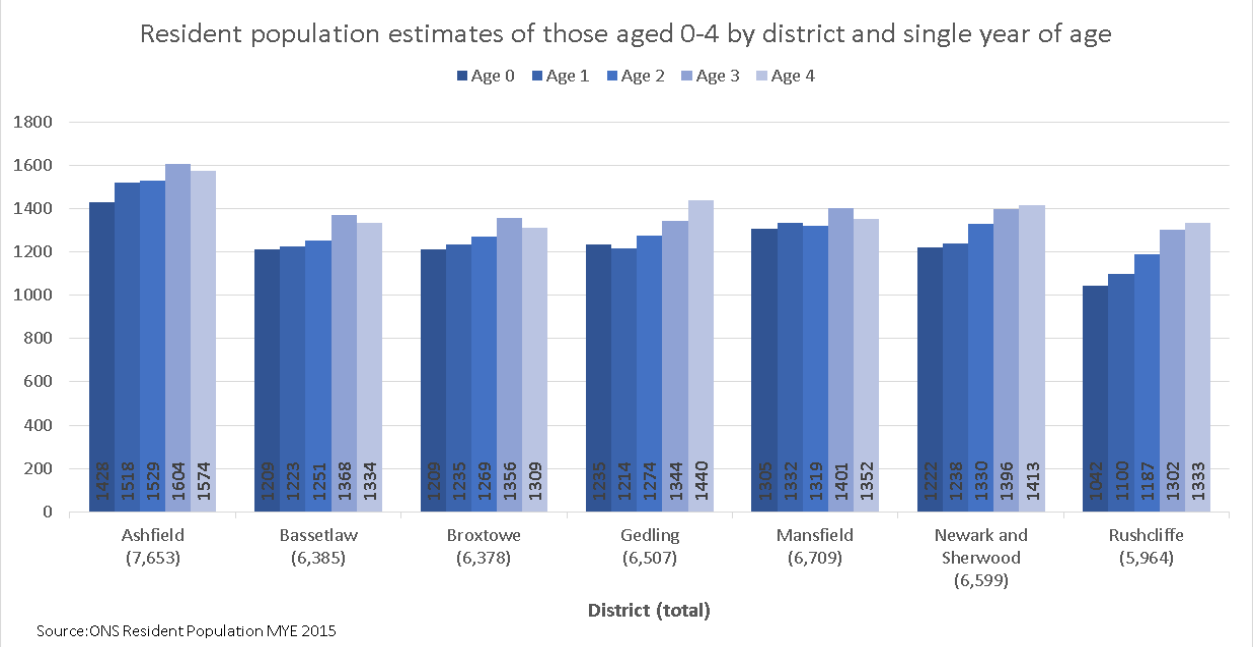
	• Looked After Children (LAC) and Care leavers are more likely to experience a range of poor health outcomes.
Children of parents who smoke	• Children of parents who smoke are three times more likely to become smokers themselves Increased risk of : • Sudden Unexpected Infant Death • Upper and lower respiratory tract illness • Asthma and chest infections • Ear infections • Slower lung growth
Children of parents with poor mental health	• Poor attachment between mother and child has been associated with emotional and conduct disorders in children, brain development and poorer language development • Lower employment rates in families affected by mental health can lead to higher poverty levels and poor outcomes
Children affected by Domestic Violence and Abuse	• Poor/irregular attendance at early years provision • Reluctance to access services • Increased risk of poor mental and emotional health • Increased risks affecting children in terms of child protection, health, social and educational outcomes.
Children living in a household where there is substance use	• Poor/irregular attendance at early years provision • Reluctance to access services • Increased risk of poor mental and emotional health • Increased risks affecting children in terms of child protection, health, social and educational outcomes.
Gypsy, Roma and Traveller (GRT) Families	• An area may be unknown to the family; parents have no local knowledge of services and arrive to a new area without a support network. • There is a reluctance to access services. • Many families experience rural isolation. • Lack of permanent accommodation makes it impractical to access services and for those services to track progress or provide follow up. • Without a permanent address, families cannot access early years funding for eligible children. • GRT children are less likely to achieve a good level of development.
White British Boys	• White British Boys have a lower level of development than girls and boys from BME group. This is especially profound amongst white British boys who ae eligible for Free School Meals. This is evidenced in both local and national data.
Summer born children	• Children born in the summer months are compared to those born earlier in the New Year during Early Years Foundation Stage assessments despite the substantial age difference during the early years. The time of year children are born is the highest predictor for poorer early years foundation stage results.

2. Size of the issue locally

Population of Under Fives in Nottinghamshire

Nottinghamshire has a population under the age of 5 of approximately 46,000. Detailed population estimates are available in 'The People of Nottinghamshire' JSNA chapter. http://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/the-people-of-nottinghamshire-2015/

Figure 1: Nottinghamshire's latest available population estimates from the Office of National Statistics.



The child population of 0-4 year olds in Nottinghamshire is forecast to increase by 3.3% from 2016 to 2035, with the greatest increases in Broxtowe (9.4% increase) and Rushcliffe (10.0% increase) as summarised in the table below.

Figure 2: Population projections of 0-4 year olds from 2016 to 2035.

Projections of 0-4 year olds	
Nottinghamshire	3.3%
Ashfield	2.6%
Bassetlaw	-4.8%
Broxtowe	9.4%
Gedling	7.8%
Mansfield	-4.6%
Newark And Sherwood	3.0%
Rushcliffe	10.0%

Source: ONS: 2014-based Subnational Population Projections

The number of births in Nottinghamshire are projected to increase by 1.5% from 2016 to 2022, further detail can be found in the maternity JSNA chapter.

Special Education Needs and Disability (SEND)

Children and young people with SEND have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. In Nottinghamshire, a child or young person is considered to have SEN or a disability if they need extra help for a range of needs in the four areas of SEND described in the SEND Code of Practice (2014):

- Communicating and interacting
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

Information about the prevalence of special education needs and disability (SEND) in Nottinghamshire will be included in the SEND JSNA chapter currently in development.

Teenage Pregnancies

Teenage conception rates are declining nationally and in Nottinghamshire. Further detail is available in the Teenage Maternity JSNA chapter Nottinghamshire Teenage Maternity JSNA Chapter. 2014

Avoidable Injury and Accident Prevention

Reducing both unintentional and deliberate injuries to under-fives is a fundamental priority for the public sector in Nottinghamshire. A full needs assessment has been conducted as part of the Joint Strategic Needs Assessment, the chapter is currently under development and due for completion 2017.

Avoidable injuries in children and young people have been identified as a local priority for Nottinghamshire County and Nottingham City Public Health. The strategy was developed in partnership by the strategic group and was widely consulted upon prior to the Health and Wellbeing Board's approval (both City and County).

There is currently a Joint Strategic Needs Assessment chapter on avoidable injury and accident prevention under development.

Deaths to Children under the age of 5

Data from Nottinghamshire's Safeguarding Children's Board Child Death Overview Panel shows that the vast majority of child deaths are amongst children under the age of 5. The data used for this JSNA chapter spans from 2008/2009 when Child Death Overview Panels were first introduced, to 2015/16.

- Average no of child deaths per year – 55
- Average no of deaths of children under the age of 5 per year – 42.875

Most deaths are caused by medical conditions. However some deaths can be avoided with the right information and awareness provided to parents. Noticeably on average, 15% of all child deaths amongst children under the age of 5 are from Sudden Unexpected Death in Infancy (SUDI), this includes child deaths from Sudden Infant Death Syndrome. The average number of SUDI deaths per year – 6.5. This amounts to 15% of all deaths of children under the age of 5 (NSCB 2017).

Very few young children died from trauma or accidents such as road traffic accidents; of the small numbers involved, drowning is the most common cause of death (e.g. being left unattended in the bath).

Infant mortality

The infant mortality rate is the number of deaths of children under the age of one per year, per 1000 live births. Infant mortality rates in Nottinghamshire are statistically similar to England rates, further detail can be found in the Maternity JSNA which is due to be published soon at http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Low Birth Weight

Low birth weight is associated with a greatly increased risk of death in the first year of life as well as serious illness and lifelong disability. Longitudinal studies show that children with a low birth weight experience a greater risk of developing learning and behavioural difficulties, lower educational attainment and socio-economic status as adults. Low birth weight is therefore a critical aspect of child poverty.

Further information is included in the 'Maternity JSNA chapter' which is due to be published http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Smoking Prevalence

Smoking in pregnancy is a particular concern due to the effect on both mother and baby and children who grow up in families who smoke are more likely to take up smoking themselves. In Nottinghamshire, Smoking in pregnancy is of particular concern, 14.5% of mothers are smoking when their babies are delivered compared with 10.6% nationally (2015-16).

Reducing the amount of women that smoke in pregnancy is vital to improving health outcomes for babies and mothers. Further information is available in the Tobacco JSNA chapter. Nottinghamshire Tobacco JSNA chapter. 2014

Breastfeeding

It's well known that breastfeeding rates are particularly low in areas of deprivation and amongst young mothers. Mothers who are more likely to initiate breastfeeding include affluent mothers, first-time mothers, older mothers and those with higher educational attainment. In 2014/15 69% of Mothers initiated breastfeeding in Nottinghamshire compared with a national average of 74.3%.

Further information is included in the 'Maternity JSNA chapter' which is due to be published http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Perinatal mental health

Up to 20% of women develop develop mental health problems in pregnancy or in the first year after childbirth. Maternal mental health conditions can range from low mood and depression to psychosis.

The latest estimates, 2014/15 indicate that in Nottinghamshire people aged between 16-74 years there are approximately 76,661 to have a Common Mental Disorder (CMD), with the highest proportion (53.1%) having a mixed anxiety and depression and approximately 2,500 people with Serious Mental Illness (SMI).

Further information is included in the 'Maternity' and 'adult mental health' JSNA chapters, both can be accessed from http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Childhood Immunisation and Vaccinations

Immunisation is one of the most effective public health interventions, and high rates of immunisation are necessary to protect individuals and the community from the diseases against which vaccinations have been developed.

As Figure 3 demonstrates, population coverage for under 5s is above 92% in Nottinghamshire for all vaccinations given to under 5s. Vaccination coverage in Nottinghamshire has increased since 2011/12

Figure 3: Public Health Outcomes Framework Vaccination Coverage Indicator Summary

	Period	England	East Midlands	**Nottinghamshire**
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2013/14	94.3	96.5	96.1
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2013/14	96.1	97.7	97.7
3.03iv - Population vaccination coverage - MenC	2012/13	93.9	94.8	93.7
3.03v - Population vaccination coverage - PCV	2013/14	94.1	96.1	95.9
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2013/14	92.5	95.3	94.5
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2013/14	91.9	94.1	92.1
3.03vii - Population vaccination coverage - PCV booster	2013/14	92.4	95.2	94.1
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2013/14	92.7	94.9	94.2

Source: Public Health Outcomes Framework

Work should continue to ensure that the percentage of under 5s who receive a full course of vaccinations remains over 90%.

Oral Health in Under 5's

As well as pain or infection, poor oral health is associated with low weight and failure to thrive in infancy. Poor dental hygiene may continue into adulthood when periodontal disease is associated with heart disease, improved oral health is capable of reversing this effect. Poor oral health during pregnancy is associated with premature birth. Evidence also clearly suggests that poor hygiene habits, along with high levels of deprivation, and cultural background all play a part in effecting the quality of a child's oral health with millions of pounds spent annually on dental treatment in the UK.

Nottinghamshire JSNA, Children & Young People, Oral Health

Infant nutrition

A high proportion of eligible women in Nottinghamshire access the national Healthy Start scheme, receiving the benefits of vouchers for healthy food, but a low proportion of women access the vitamin element of the programme.

Childhood Obesity

Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight for height. The two terms denote different degrees of adiposity (body fat) and overweight can be considered the stage where an individual is at risk of developing obesity. In Nottinghamshire it is currently estimated that 37,000 children aged 2-15 are overweight or obese.

Ensuring that all children in Nottinghamshire can enjoy a healthy lifestyle and have every opportunity to maintain a healthy weight is an important public health objective. Please see the Joint Strategic Needs Assessment chapter on childhood obesity for analysis of this priority.

Nottinghamshire JSNA, Children & Young People, Excess Weight

Early Education and School Readiness

Research shows that access to high quality early learning experiences, together with a positive learning environment at home, is a vital combination to ensure that children reach a good level of development at the start of compulsory school age.

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

The EYFS framework supports an integrated approach to early learning and care. It gives all professionals a set of common principles and commitments to deliver quality early education and childcare experiences to all children

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the EYFS (typically aged 5). There are seven areas of learning which cover 17 early learning goals:

Communication and Language	1. Listening and attention 2. Understanding 3. Speaking
Physical Development	4. Moving and handling 5. Health and self-care
Personal, Social and Emotional Development	6. Self-confidence and self-awareness 7. Managing feelings and behaviour 8. Making relationships
Literacy	9. Reading 10. Writing
Mathematics	11. Numbers 12. Shape, space and measures
Understanding the World	13. People and communities 14. The world 15. Technology
Expressive Arts and Design	16. Exploring and using media and materials 17. Being imaginative

A child receives a score for each 17 areas of either 1 (for emerging), 2 (expected) or 3 (exceeding). A child is deemed to have reached a good level of development if they achieve at least the expected level (a score of 2 or 3) within communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

In 2016, 67.1% of Nottinghamshire pupils achieved a good level of development which represents an increase of 1.8 percentage points (from 65.3%) from 2015. National data suggests 69.3% of pupils achieved this measure which is a 3 percentage point increase (from 66.3%) in 2015. As can be seen from the graph above, the gap between the Nottinghamshire and the15 national average is widening. In 2015 the gap was 1 percentage point while this now stands at 2.2 percentage points.

2017 data is currently being analysed and will be available to download alongside this JSNA chapter. Key headlines show that 68.2% achieved a good level of development which is a reduction since 2016, and the gap with the national average is continuing to widen with a 2.5 gap. 2017 data shows that only children in Rushcliffe and Broxtowe have a better level of development than the national average and Gedling is the only district not to have improved attainment levels.

Figure 4: Early Years Foundation Stage Profile results for Nottinghamshire and Statistical Neighbours (2016)

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons) 2015/16

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	463,601	69.3	69.2	69.4
Nottinghamshire	–	-	6,485	67.0	66.1	68.0
Staffordshire	–	1	7,097	73.8	72.9	74.6
Derbyshire	–	2	6,216	70.8	69.8	71.7
Warwickshire	–	3	4,706	71.0	69.9	72.1
Lancashire	–	4	9,896	69.2	68.5	70.0
Worcestershire	–	5	4,450	69.0	67.9	70.1
Northamptonshire	–	6	6,591	68.1	67.2	69.0
Suffolk	–	7	5,811	70.2	69.2	71.1
Cumbria	–	8	3,345	65.0	63.7	66.3
Lincolnshire	–	9	5,817	70.5	69.5	71.5
Gloucestershire	–	10	4,667	66.7	65.6	67.8
Leicestershire	–	11	5,341	67.5	66.4	68.5
Norfolk	–	12	6,585	69.3	68.3	70.2
Essex	–	13	12,269	71.9	71.2	72.6
Kent	–	14	13,635	74.8	74.2	75.4
Somerset	–	15	4,135	68.7	67.5	69.9

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Data for statistical neighbours shows that Nottinghamshire needs to do more to ensure children have a good level of development and learn from areas such as Staffordshire, Derbyshire and Warwickshire.

Figure 5: Good Level of Development by District (Early Years Foundation Stage Profile 2016)

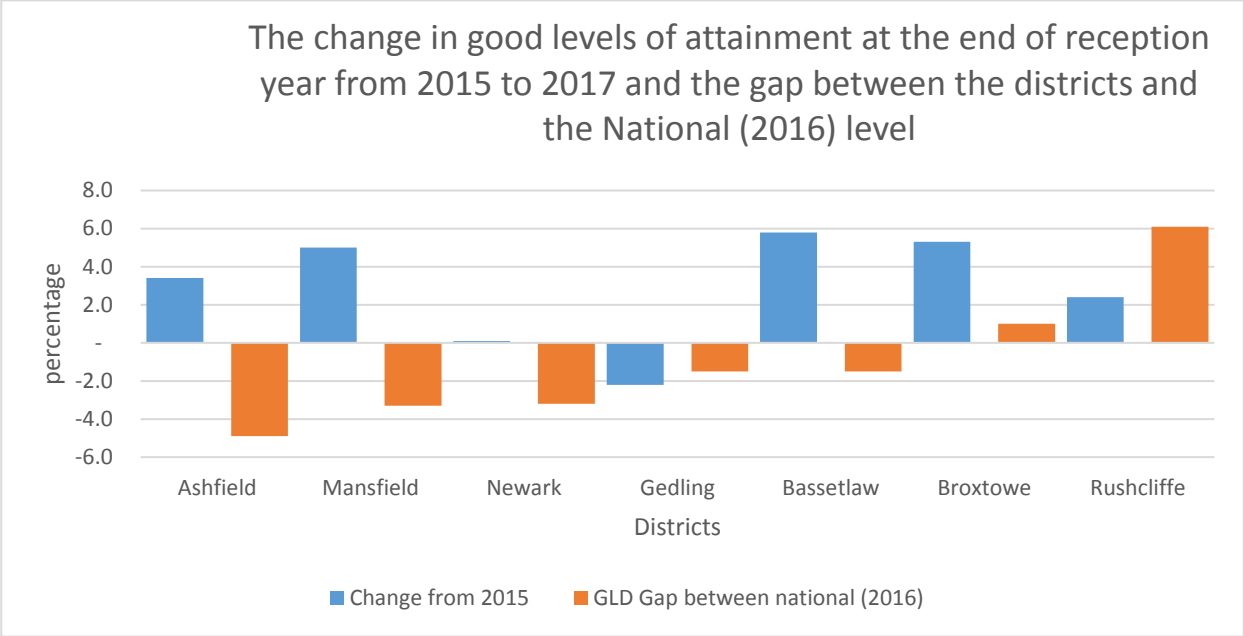
District	Pupils	% GLD	Change from 2015	GLD Gap between national
Gedling	**1,341**	**68.6**	**-1.5**	**-0.7**
Newark & Sherwood	**1,347**	**65.0**	**-0.7**	**-4.3**
Ashfield	**1,546**	**61.4**	**1.0**	**-7.9**
Broxtowe	**1,338**	**67.2**	**2.3**	**-2.1**

Rushcliffe	**1,380**	**75.4**	**2.6**	**6.1**
Mansfield	**1,387**	**66.0**	**4.3**	**-3.3**
Bassetlaw	**1,295**	**66.8**	**5.1**	**-2.5**

Good level of development by school district and percentage point increases from 2015. Change from 2015 shading is based on national increases from 2015, Gap shading is based on district / national gap.

Analysis by district shows results are varied. Gedling district schools have seen the greatest decrease from 2015 with a fall of 1.5 percentage points (to 68.6%) followed by Newark and Sherwood district with 0.7 percentage points fall (to 65.0%). All other districts saw an increase from 2015 outcomes. Despite this data, increases in the level of development are still lower than the national average with the exception of Rushcliffe and Broxtowe.

Figure 6: The change Levels of Development at the Early Years Foundation Stage from 2015-17 and the gap between Nottinghamshire Districts and National (2016)



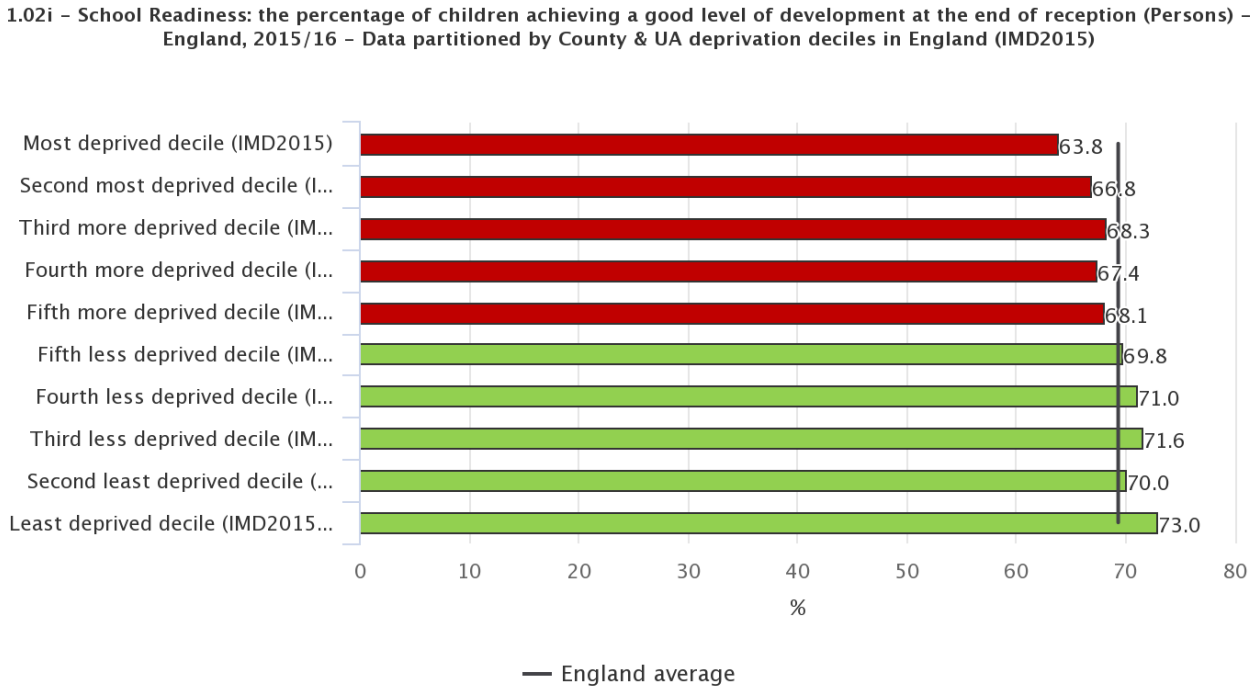
In 2016 across Nottinghamshire, 475 pupils (4.9% of the total cohort) missed out on a good level of development by one area of learning. The largest area where pupils missed out on attaining a good level of development was literacy where 331 (3.4% of the cohort) failed to achieve this. A similar situation is across all districts with this area being the weakest. Tracking these children identified that most had a special educational need.

Early Education and Deprivation

It is recognised nationally that children from lower socio-economic groups tend to do worse than their peers from higher-earning families, and these data demonstrate that this inequality is evident in Nottinghamshire.

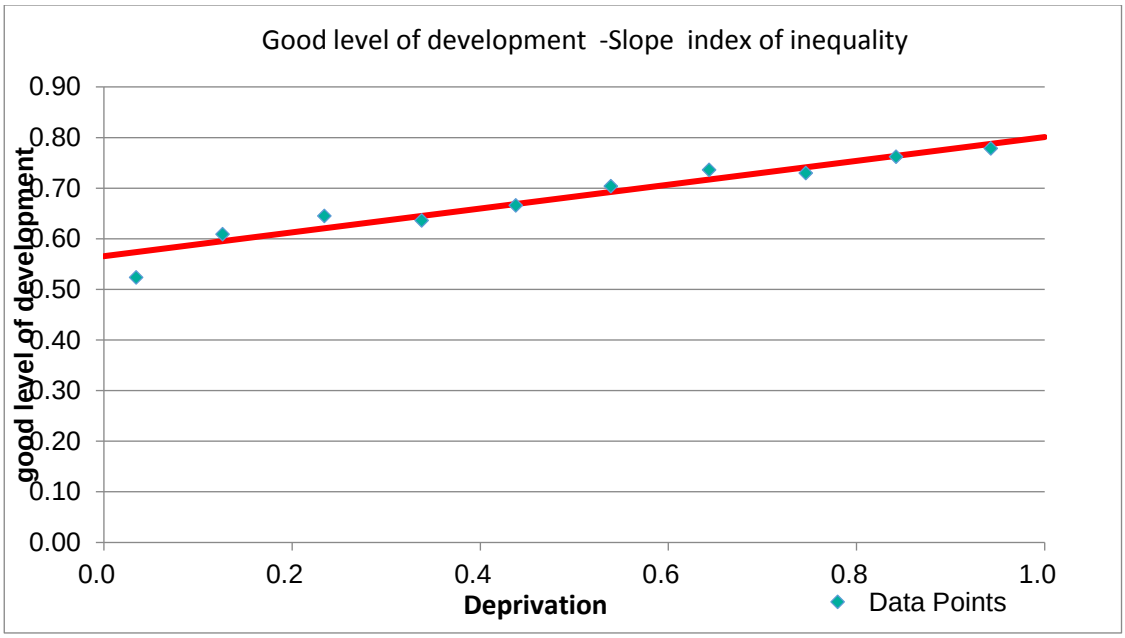
The graph below provides evidence that in Nottinghamshire, children who live in areas of greatest disadvantage are less likely to have a good level of development.

Figure 7: School Readiness – the percentage of children achieving a good level of development 2015-16 by deprivation centiles



These findings are also depicted in the graph below which confirms that the attainment gap between our poorest children and their peers is wide, standing a at 24% difference between the most and least deprived decile in Nottinghamshire in 2016.

Figure 8: The attainment gap trends for Children Achieving a Good Level of Development by deprivation decile 2016.



Early Education and Free School Meals

In 2016, the attainment gap for pupils eligible for free school meals attaining a good level of development and their peers had narrowed, however early 2017 data shows that the gap has widened slightly since 2016. The LA gap now stands at 22.6 percentage points which is a 5 percentage point fall from the 27.6 reported in 2015, in 2017, the gap was 23.

Most districts have seen fall in the gap, some quite sharp falls. Rushcliffe and Broxtowe for example have seen sharp increases in their FSM attainment levels (21.4 and 19.8 percentage points respectively) having a dramatic impact on the gap in these areas. The gap for Rushcliffe and Broxtowe now stand at 19.1 and 14.9 percentage points respectively which are now two of the lowest gap areas (including Mansfield where the gap now stands at 18.6).

Gedling district was the only area to see an increase in the gap. Attainment for FSM pupils fell 12.7 percentage point between 2015 and 2016 in this district resulting in a widening of the gap. This has had the effect on Gedling district having the lowest gap of all districts in 2015 to now having the highest gap in 2016. The gap stands at 31.2 percentage points.

Figure 9: Children gaining a Good Level of Development by District and FSM eligibility 2016

All pupils	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark	Rushcliffe	Notts	2016 National
Number of pupils in cohort	1,520	1,357	1,356	1,380	1,433	1,352	1,340	9,738	669,151
% attaining a Good Level of Development	64.4	67.8	70.3	67.8	66.0	66.1	75.4	68.2	69.3
FSM Gap									
Number of FSM pupils	228	143	142	127	202	132	64	1,038	93,538
% FSM pupils attaining a Good Level of Development	42.1	51.0	49.3	43.3	52.0	47.7	50.0	47.6	54.0
Number of Non FSM pupils	1,292	1,214	1,213	1,252	1,231	1,219	1,274	8,695	575,514
% Non FSM Pupils attaining a Good Level of Development	68.3	69.8	72.8	70.3	68.3	68.2	76.8	70.6	72.0
FSM Gap	26.2	18.8	23.5	27.0	16.3	20.5	26.8	23.1	18.0

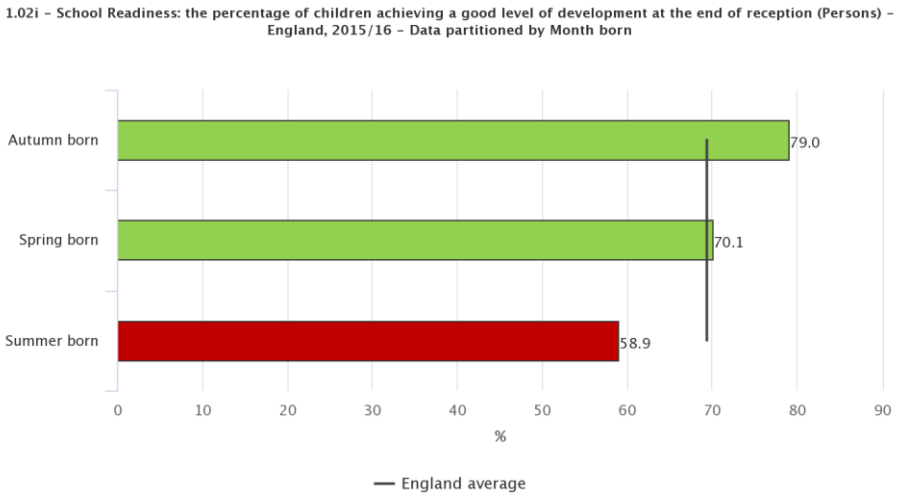
Early Education and Gender

Boys perform less well than girls and this picture is reflected nationally and in Nottinghamshire. In 2016 and 2017, analysis of the Early Years Foundation score by gender identifies a 15.6 % point gap between boys and girls. 76.3% of girls achieved a good level of development compared to 60.7% for boys.

Early Education and Term of Birth

The lowest performing group across the early years foundation stage are boys born in the summer term. In 2017 in Nottinghamshire, 49.3% of summer born boys achieved a GLD compared with autumn born girls who achieved the highest results with 85.5% achieving a GLD. The gap between the genders for summer born pupils shows a 17.3 percentage point gap between boys and girls. This picture is reflected nationally.

Figure 10: The percentage of children achieving a good level of development by month born in England 2016

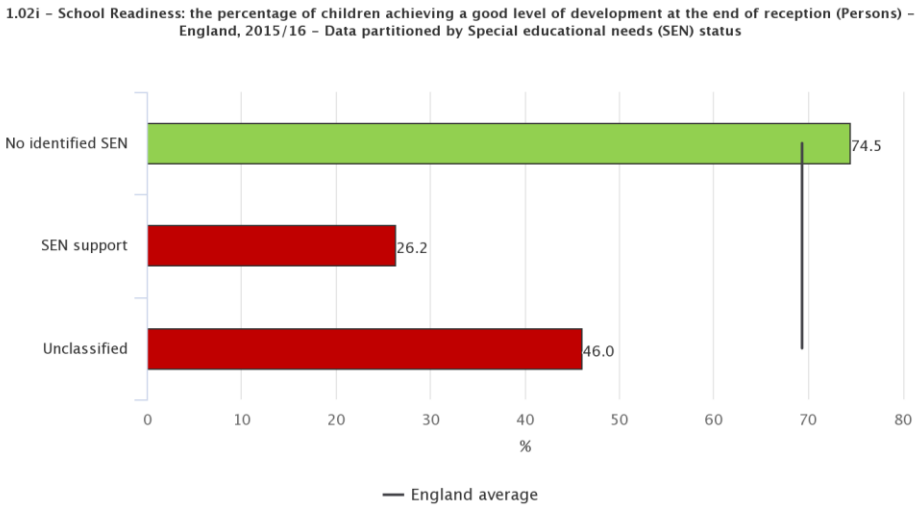


Early Education and Special Educational Needs and Disability

Those identified as having a special educational need (SEN) are one of the lowest groups who are likely to achieve a good level of development compared to those with no known SEN. In 2016 in Nottinghamshire, 14.3% of SEN children achieved a good level of development compared to 70.2% for their peers; this is also reflected nationally.

In depth local analysis in 2016 identified that the vast majority of children that did not achieve in any of the key areas of learning were children with SEN.

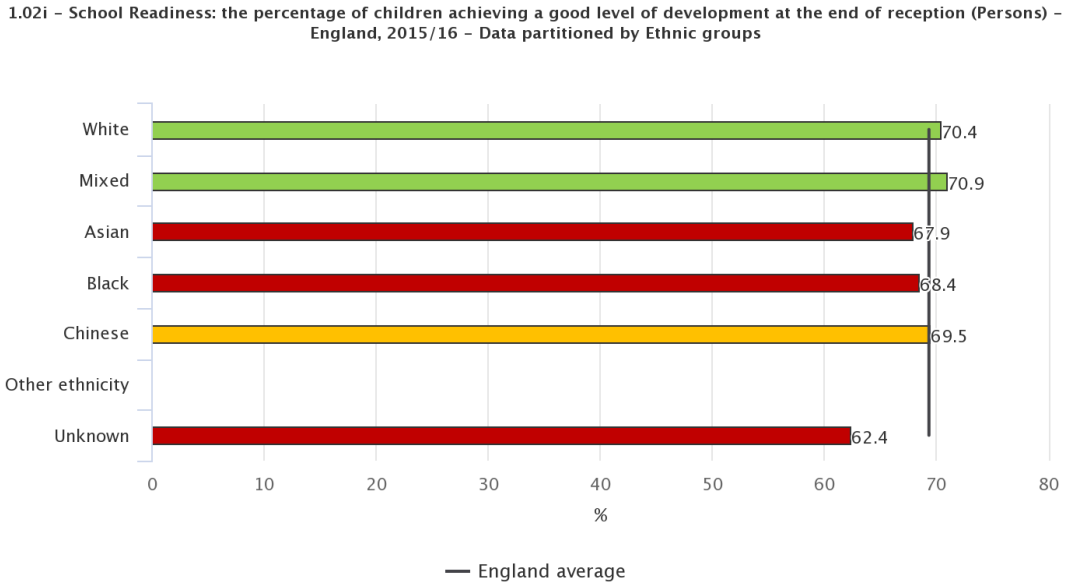
Figure 11: The percentage of children achieving a good level of development by Special Educational Need status in England 2016



Early Education and Ethnicity

When looking at outcomes by ethnic group in Nottinghamshire, although the gap between white British pupils (68.4% achieving good level of development) and black and minority ethnic (BME) groups (61.1%) is much lower than other pupil groups (BME / white British gap of 7.3 percentage points) there are wide variances when looking at individual ethnicities. For example in 2016 any other black background pupils (21 pupils in the cohort) have the highest attainment at 81.0% of pupils achieving this threshold compared with 30.4% for Gypsy / Roma pupils (23 pupils in the cohort). A difference of 50.6 percentage points between the highest and lowest groups. Although caution needs to be used when interpreting individual pupil ethnic groups as the number of pupils can be low for certain groups.

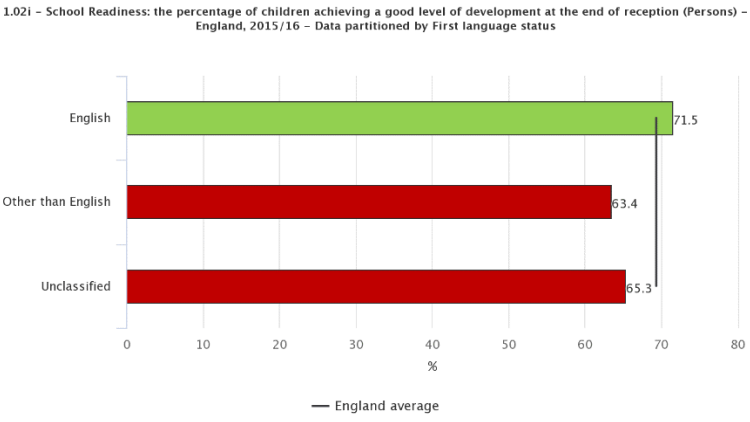
Figure 12: The percentage of children achieving a good level of development by Ethnic Group 2015-16



Early Education and English as an Additional Language

In Nottinghamshire, the gap for pupils where English is an additional language (EAL) and English speaking pupils has narrowed since 2015. 54.7% of EAL pupils achieved a good level of development compared with 68.3% of English pupils. The gap for 2016 stands at 13.6 percentage points. As with ethnicity there are wide variances when looking at individual languages. This picture is reflected in nationally statistics as the graph below shows.

Figure 13: The percentage of children achieving a good level of development by first language status in England 2016



Early Education and Looked After Children

Looked After Children are less likely to achieve a good level of development compared to their peers. The average score for Looked After Children in Nottinghamshire is 29.6 compared to 60 points achieved by all children in Nottinghamshire; however numbers are relatively small and data for 2017 is partial.

Looked After Children are eligible for Early Years LAC Pupil Premium funding. This funding is used to top up the hourly rate that an early years provider receives for a child. From September 2017, early years providers who work with LAC are asked to track their progress using the new Better Start software. This will enable greater analysis of progress and early

Figure 14: The percentage of Children Looked After achieving a good level of development in Nottinghamshire 2014-2017.

Academic year end	Pupils	% achieving a good level of development	% achieving at least expected level across all ELGs	Average total point score
2014	20	35.0	30.0	30.0
2015	17	41.2	41.2	30.5
2016	18	33.3	33.3	27.9
2017 (partial*)	13	53.8	53.8	29.8

Data Source: SSDA 903 return (LAC 12 months or more) matched to EYFSP results.
Notes:

- This data is calculated for all Nottinghamshire LAC (regardless of the school they attend) who have been in care for 12 months or more as at 31st March of the stated year.
- 2017 results are partial and are based on those LAC attending a Nottinghamshire school.

3. Targets and Performance

There are a number of national and local strategies that set local priorities and targets for implementation.

The Nottinghamshire Children, Young People and Families Plan 2016-18 provides the foundation of our shared planning to continue improving how services work together.

The plan can be accessed here http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/performance-management/2016-to-2018-plan

Nottinghamshire Health and Well Being Strategy – 2014-2017 sets out the ambitions and priorities for the Health and Wellbeing Board with the overall vision to improve the health and wellbeing of people in Nottinghamshire. The strategy is available at Nottinghamshire Health and Wellbeing Strategy 2014-2017

Nottinghamshire Child Poverty Strategy and action plan aims to reduce inequalities between families across Nottinghamshire by reducing the gap in health, education and socioeconomic outcomes. The strategy can be accessed here http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/child-poverty/child-poverty-strategy

Nottinghamshire Early Years Improvement Plan 2015-18 aims to improve a range of outcomes for children under the age of five. Ensuring children are ready for school is a key priority, including the active targeting of groups most at risk of lower educational attainment. The action plan can be accessed from http://www.nottinghamshire.gov.uk/media/110686/earlyyearsimprovementplan.pdf

The plan includes a number of priorities which will be measured by the Early Years Foundation Stage Profile.

- Increase the number of children achieving a good level of development at the foundation stage, and by reducing the attainment gap to ensure the most vulnerable children are ready for school (children eligible for Free School Meals, children with SEND, BME groups, children with English as an additional language, white boys and summer born children).
- Increase the number of 'good/ outstanding' Early Year's providers to ensure childcare is high quality and able to improve educational outcomes.
- Ensure eligible 2, 3 and 4 year olds access their free early education and childcare entitlements.

Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020- The issue of avoidable injuries in children and young people has been identified as a local priority for Nottinghamshire County and Nottingham City Public Health. The strategy describes how the agenda will be addressed across key local partnerships for the period 2014-2020. The aim of the strategy is to 'reduce avoidable injuries in children and young people age 0-17 years, to minimise inequalities and create safer environments for children.

Outcome Measures:

- Public health Outcomes Framework (PHOF) Indicator 'Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years'
- National and local casualty reduction targets for road safety: A 50% reduction in the 2005- 2009 average for child KSI by 2020.

Further information is included in the 'avoidable injuries JSNA chapter' which is due to be published http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Nottinghamshire Closing the Gap Strategy 2014-17 - aims to narrow the attainment gap for children at all Key Stages. Current priorities include the need to close the attainment gap of children under the age of 5 that are entitled to free school meals and their peers.
http://www.nottinghamshire.gov.uk/media/2414/notts-closing-the-gaps-strategy-refresh-fof-2014-16.pdf

Nottinghamshire LAC strategy 2016-18 aims to improve outcomes for children in Local Authority Car4e and Care Leavers. This includes improving health and educational outcomes for all ages.

Nottinghamshire Framework for Action on Tackling Excess Weight (2013-18) and associated action plan developed by the Obesity Integrated Commissioning Group provides the delivery mechanism for the Nottinghamshire Health and Wellbeing Strategy to tackle excess weight. It aims to reverse the rising prevalence of excess weight in the population of Nottinghamshire County, developing a downward trend in both children and adults.

The National Childhood Obesity: A Plan for Action document, (Department for Health August 2016), has been used to inform a plan of action locally setting out current local targets for the year. Childhood Obesity: A plan for Action, August 2016, Department for Health

Nottinghamshire Excess Weight in Children and Young People, JSNA Chapter

Breastfeeding Framework for Action (2015 – 2020) - aims to increase the number of mothers who initiate, establish and sustain breast feeding across Nottinghamshire. The framework is closely monitored by public health and supported by a multi-agency steering group.

Breastfeeding is embedded within performance management frameworks for maternity and early year's health services. Actions to increase uptake of the national Healthy Start nutrition and vitamin scheme are identified within this framework to be delivered by the Healthy Families Programme, maternity services and children's centres.

Local Targets:

Indicator	Target 2017/18	2016/17 Performance
Increase the number of good and outstanding Early Years providers	92%	89%
Increase the number of 'good' and outstanding Early Years providers delivering funded places	90%	87%
Increase the number of 'good/ outstanding' Early year's providers delivering funded early education places to 2 year olds.	92%	87%
Continue to work to increasing the number of children achieving a good level of development at the foundation stage, and by reducing the attainment gap to ensure the most vulnerable children are ready for school.	% of children achieving a GLD 70%	67%
	Gap between children eligible for FSM and non FSM is reduced to 20%	22%
Ensure eligible 2 year olds access their early education entitlement	80%	75%

Increase the % of EY Pupil Premium funding allocated to Early Years providers	80%	71%
Total % of children who received a 12 month developmental review	95%	91.5%
Total % of children who received a 2-2½ year developmental review	95%	91%
Particpation rate for Reception pupils in the National Child Measurement Programme (NCMP)	94.76%	>94.76%

National indicators:
There are a number of Public Health Outcome Framework indicators relating to early years. These were developed by NHS England and the National Child and Maternal Health Intelligence Network as key indicators of public health outcomes relating to early years (children aged 0-5 years), and include:

Indicator	Nottinghamshire	England	Year
Under 18 conceptions	20.3 per 1,000 conceptions	20.8 per 1,000 conceptions	2015
Smoking status at time of delivery	14.8%	10.7%	2016-17
Low birth weight of term babies	2.3 %	2.8 %	2015
Infant mortality	4.4 per 1,000 births	3.9 per 1,000 births	2014-16
Breastfeeding prevalence at 6-8 weeks after birth	39.8%	43.2%	2015-16
Reception: Prevalence of overweight (including obese)	21.5%	22.1%	2015-16
A&E attendances (0-4 years)	528 per 1,000	588 per 1,000	2015-16
Emergency admissions (aged 0-4)	140 per 1,000	155 per 1,000	2015-16
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)	90.9 per 1,000	129.6 per 1,000	2015-16
Children with one or more decayed, missing or filled teeth	21 %	24.8%	2014-15
Children achieving a good level of development at the end of reception	67%	69.3%	2015-16

Further discussion on this data is included in the relevant JSNA chapter.

National Strategies and Policy:

- **Healthy Lives Healthy People (2010**) sets out a vision for the preventative aspects of public health. https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

- **A Framework for supporting teenage mothers and young fathers (2016)** highlights the poor outcomes and risk factors for teenage parents and their children. The frameworks provides a useful tool to ensure that needs are identified and met through an integrated approach with local services. https://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=af38f36a-ce2e-40d7-b542-9d1a8f09aca5

- **Childcare Act 2016** - makes provision about free childcare for young children of working parents and the requirement to publish information about childcare and related matters by local authorities in England. http://www.legislation.gov.uk/ukpga/2016/5/contents/enacted

- **Getting Maternity Services Right for pregnant teenagers and young fathers (2015)** - This guide offers those working in maternity services practical guidance on supporting young mothers and young fathers. It is particularly aimed at practitioners where there are no dedicated services for young parents. https://www.rcm.org.uk/sites/default/files/Getting%20maternity%20services%20right%20for%20pregnant%20teenagers%20and%20young%20fathers%20pdf.pdf

- **Healthy Child Programme: Pregnancy and the first 5 years of life (2015)**: Pregnancy and the first five years of life **(DH/DCSF, 2009)** and Healthy Child Programme rapid review to update evidence **(PHE, 2015)** provides a framework to support collaborative work and more integrated delivery.
  The Programme (0-19) aims to:
  - help parents develop and sustain a strong bond with children
  - encourage care that keeps children healthy and safe
  - protect children from serious disease, through screening and immunisation
  - reduce childhood obesity by promoting healthy eating and physical activity
  - identify health issues early, so support can be provided in a timely manner
  - make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'

  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

- **The Child Poverty Act 2010** placed new statutory duties upon top tier local authorities and their named partners to prepare a joint child poverty strategy which set out the measures that the Local Authority and each partner propose to take to reduce and mitigate the effects of child poverty in their area. The government has since amended the Child Poverty Act, replacing the income targets with a duty to report on Life Chances, contained in the Welfare Reform and Work Act 2016. https://www.legislation.gov.uk/ukpga/2010/9

- **Teenage Parents, Who Cares? (2008)** as highlighted young women and their babies have poorer access to maternity services and experience poorer outcomes than older women. This guide produced by the DH sets out the actions commissioners can use to drive improvements in their local services to support better care for this vulnerable group. https://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=77276b5c-6e1d-4cc0-8655-7f457c01a2c1

- **Statutory framework for the early years foundation stage (2017)** sets standards for the learning, development and care of children from birth to 5 years olds. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

4. Current Activity, Service Provision and Assets

Maternity Services, Health Visiting services, Family Nurse Partnership Programme, the voluntary sector and Children Centre Services work together to support and care for families and 0-5 years. These services have some specialist services to support mothers with complex social needs and work together with smoking cessation services, perinatal health team, substance misuse services and peer support programmes etc. to provide early access to services and joint care plans.

Children Centre Services

Children Centre Services in Nottinghamshire are commissioning to achieve the following outcomes

- All children and their families have access to, and engage in, early childhood services.
- Children and families have access to high quality early years provision.
- Children achieve age appropriate language, comprehension and communication skills.
- Children achieve age appropriate personal, social and emotional development milestones.
- Children achieve age appropriate physical development.
- Parents have secure attachments to children. They build strong relationships to help their baby feel secure and loved.
- Good parental health behaviour positively influences children's well –being and development.
- Parents provide a good home learning environment for children to support their development.
- Parents keep their children safe.
- Parents develop skills and confidence needed for employment.

What progress are we making? 2015 - 2016 Performance:

- 95% of under 5s (43,127) were registered with their local Children Centre
- 102% of low income under 5s (25,291)were registered with their local CC
- 77% of low income U5,s (139,462) were seen
- 66% of all under 5s (29,948) were seen
- Participation: 4,397 parents are involved in parents forums with 341 active volunteers
- Parenting programmes: 2,732 parents from low income households completed evidenced based programmes.
- 64% of eligible 2 year olds were supported to access their free childcare provision
- 98% of parents are satisfied with the services they receive/access

Breastfeeding

Nottinghamshire County has a Breastfeeding Framework for Action implementing a partnership approach to all breastfeeding related activity across Nottinghamshire. A range of support for breastfeeding will be available for women and information is included in the Maternity JSNA chapter.

Healthy Start Programme

The Healthy Start Programme is a statutory scheme providing a nutritional safety net and encouragement for breastfeeding and healthy eating for over half a million pregnant women and children under four in low income and disadvantaged families across the UK. One element of this is the provision of vouchers to buy fresh fruit and vegetables and the other focused on free vitamin supplements. The key challenge locally is to improve the uptake of the Healthy Start vitamins, we know 8% of children under five do not have enough vitamin A in their diet and families in lower income groups tend to have less vitamin C in their diet. All pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (Department of Health 2012).

The Healthy Start Programme is promoted by midwives, healthy family teams, the family nurse partnership and children centres. Increasing the ease of accessing Healthy Start vitamins, currently available from some children's centres and health centres, should be considered as a way to increase access to the scheme.

The uptake of the Healthy Start vitamins nationally is very low which highlights that a number of eligible women and babies are not receiving free vitamin supplements. In Nottinghamshire between May 2015 and June 2016 74% of eligible women accessed the Healthy Start scheme though it is not clear how many of these accessed the vitamins. Two studies referenced by NICE suggest that less than 10% of Healthy Start claimants redeem their vitamin coupons due to a range of reasons including lack of awareness and limited collection points.

Childcare and Early Education

Local Authorities are required by legislation (Childcare Act 2016) to secure sufficient, flexible, high quality early education places for eligible two year olds, and all three and four year olds, offering 570 hours a year over 38 weeks a year.

The need for flexible and affordable childcare is necessary to support those parents ready to enter the labour market and local authorities are also required, where practicable, to ensure sufficient childcare places for working parents, or parents who are studying or training.

Evidence shows that children will benefit most from an early learning experience, in terms of their social, physical, emotional, communication and language development, if it is of a Good standard at least, as defined by Ofsted. Government proposes that only those settings with such ratings should be used for two year olds where-ever possible.

Sufficiency levels - The Childcare Sufficiency Assessment 2017 confirms that the county continues to benefit from a wide range of registered early years and childcare provision.

More information about childcare sufficiency in Nottinghamshire is available in the annual Childcare Sufficiency Assessment http://www.nottinghamshireinsight.org.uk/insight/news/item.aspx?itemId=45

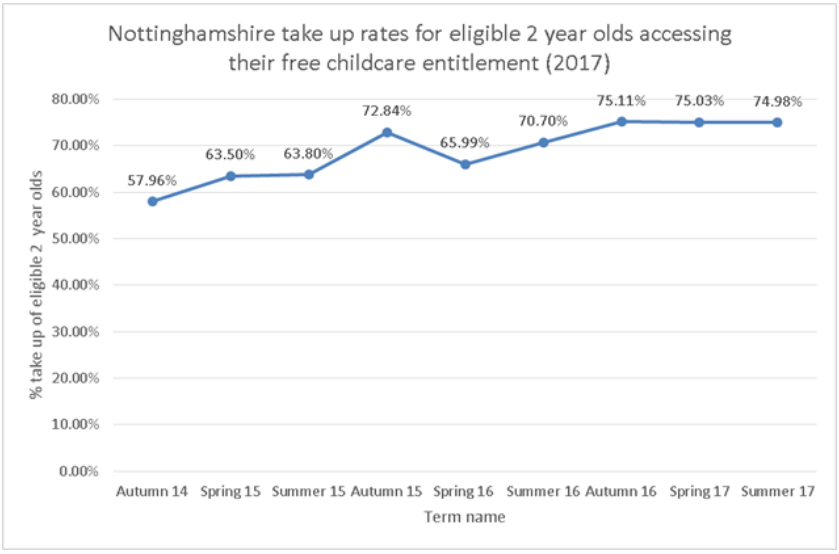
Nottinghamshire Child Death Overview Panel

The Nottinghamshire Child Death Overview Panel is a group of the Nottinghamshire Safeguarding Children Board (NSCB). The panel works across agencies to address and reduce Sudden Unexpected Death in Infancy (SUDI) deaths where unsafe sleep is a contributory factor. For example, National Safer Sleeping week is promoted to all services working with under 5's, online learning has been rolled out widely to a range of professionals and learning from all child deaths is used to help to reduce preventable deaths. A safer sleep steering group continues to raise awareness of safe sleeping and work to improve safe sleep across Nottinghamshire.

Free Early Education for eligible 2 year olds

Government introduced the free entitlement to early education for the 20% most disadvantaged two year olds from September 2013. The anticipated number of eligible children in Nottinghamshire was 1,910. 76% of eligible children accessed a place during the first full year of operation. From September 2014 the programme was increased to include the 40% most disadvantaged children, with DfE indicating that 3460 children could access a place in the county. Take up in spring term 2015 stands at just over 60%, with numbers increasing weekly.

Figure 16: Nottinghamshire take up rates for eligible 2 year olds accessing their free childcare entitlement (2014-2017)



The graph shows that there has been a gradual increase in the numbers of eligible 2 year olds accessing their 15 hours a week free early education. However there are seasonal variations.

When comparing Nottinghamshire's take up rates with statistical neighbours, Cumbria, Staffordshire, Cheshire West and Chester, Warwickshire, Lancashire and Worcestershire all have higher take up rates (DfE February 2016). Further work is taking place with these Local Authorities to help progress uptake in Nottinghamshire.

Free Childcare for eligible 3 and 4 year olds

All 3 and 4 year olds are entitled to 15 hours of free early education 38 weeks of the year. Take-up rates have been consistently high across the county with on average 95% of all 3 year olds and 97% of all 4 year taking up their place.

Early Years Support for Children with SEND

All early education and childcare providers has access to inclusion support from Early Years Specialist Teachers who facilitate Area SENCO networks linked to family school SENCOs; and to various training opportunities available to advice and guide providers on the development of inclusive early learning environments and practice.

Nottinghamshire County Council also offers support to providers to access specialist support for a child with SEND, such as Specialist Family School Service, Community Nursing Team, Speech and Language Therapist service, Occupational Therapist, etc.

In addition Nottinghamshire offers **DCATCH** funding to providers to offer additional support to children with high level needs.

DCATCH - Inclusion Support and Disabled Children's Access to Childcare

The Local Authority provides DCATCH funding which contributes to additional inclusion support costs of children and young people with severe, complex and enduring special educational needs attending Nottinghamshire private, voluntary and independent early education and childcare settings.

Eligibility Criteria for DCATCH:

- Childcare for disabled children and young people **whilst their parents are working** and/or **2, 3 and 4 year old** disabled children whilst **accessing their free entitlement** to a funded nursery education place.
- The provision is registered with Ofsted on either the Early Years Register or the Childcare Register;
- The child/young person is under 19 years is working or in training;
- The child/young person is resident in Nottinghamshire;
- The child's parents are in employment. In the case of two parent families this applies to both parents.
- Applications are considered and funding decisions made by an inclusion panel who meet on a termly basis.

From April 2016-March 2017, 282 children were allocated DCATCH funding . The age breakdown of funded children as shown below.

Figure 17: DCATCH funding allocations by age 2016-17.

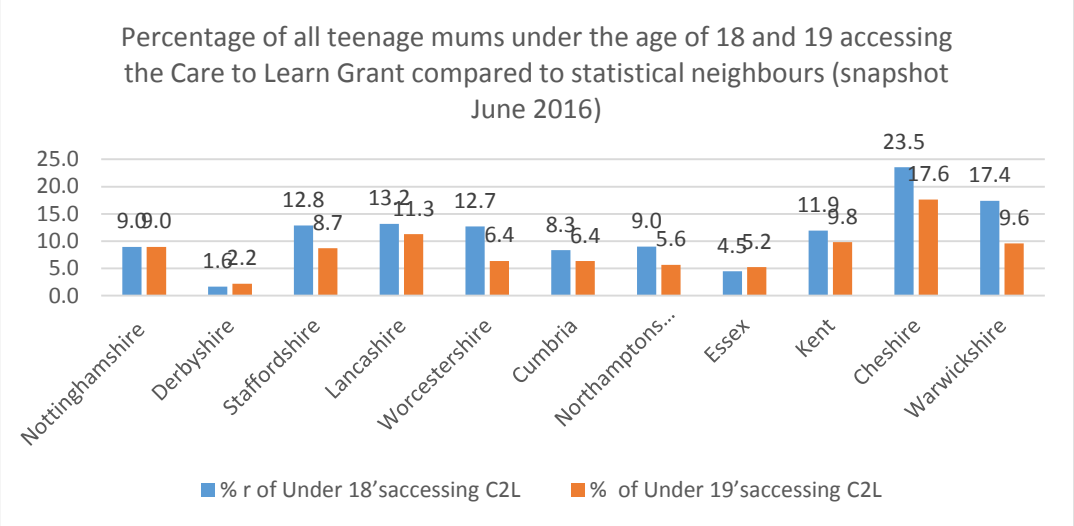
Age	Number of children
1	2
2	24
3	83
4	104
5	46
Over 5	23

The DCATCH budget is limited and so there is a need to review the requirements for the funding for example reviewing the age groups that can access the fund as school age children may be access to alternative funding sources for example. A review is taking place in order to establish a new Early Years Inclusion Fund which is a new statutory duty for top tier local authorities.

Care to Learn Childcare Grant

Care to Learn is a childcare grant for all teenage parents under the age of 20 (including fathers and under 16's), to enable them to access education or training. The grant pays for all childcare costs, including travel costs for teenage parents. Only young parents in education or training can access the grant. www.gov.uk/care-to-learn. All young parents under the age of 16 are eligible.

Figure 18: Percentage of all teenage mums under the age of 18 and 19 accessing the Care to Learn Grant compared to statistical neighbours (snapshot June 2016)



Take up rates in Nottinghamshire are low compared to statistical neighbours. The graph above shows the % uptake of all teenage parents under the age of 18 and 19. The data used however is a snapshot and changes depending on the time of year and when education and training provision is available.

It is unclear what the barriers are for young parents and this could be linked to disengagement from education, lack of accessible and appropriate education or training provision, lack of childcare provision on or near a place of education or training e.g. an FE college; a misconception about what the grant is for and who is eligible, and/or a lack of proactive promotion. It is important to note that young people who do conceive at a young age are more likely to have disengaged from school, left school with no qualification and for 16-19 year olds are more likely to be NEET (Not in Training or Education); although local NEET data for teenage parents is no longer available as there is no longer a duty to collect and analyse this data. Young mothers are also more likely to be dependent on their parents and living at home which prevents their eligibility for the Care to Learn grant.

Quality of Childcare Provision

The current Ofsted inspection cycle runs from September 2013 to August 2016. In this inspection cycle, the rating of satisfactory has changed to "requires improvement" to bring judgements into line with school inspections. Many providers will carry the satisfactory rating until re-inspected in the current cycle.

In 2016, 86% of early years settings in Nottinghamshire are were assessed as '**Outstanding' or 'Good**' by Ofsted, compared to 70% in 2012.

The LA Early Years quality and attainment team actively targets their support to those providers that: 'require improvement'; are newly registered; have failed their Ofsted registration; where there are safeguarding concerns; or where support is needed to care for children with SEND.

Speech and Language Therapy for Under 5s

Nottinghamshire County Council commissions a speech and language service for under 5s as part of the Children Centre Services contract.

The Nottinghamshire core offer of the Children's Centre Speech and Language Team (under 5s) aims to:

- Identify Speech, Language and Communication Needs and intervene early.
- Improve parental confidence and effectiveness in supporting their child's language needs.
- Provide language enrichment through developing community capacity.

The SLT service works across all four levels of the Healthy Child Programme:

Building Community Capacity:
Support to, and /or links with:

- Language for Life Public Health campaign e.g. social media and promotional materials.
- Training and mentoring for professionals and families.
- Approachable and accessible advice and support
- "Communication is everyone's business' philosophy.
- Delegated leadership for language development e.g. Language Leads, Communication Leaders
- Sold Service to develop school and setting capacity.

Universal:

- Public Health information/primary prevention about SLC e g Language for Life website, Switch Off and Talk
- Universal training and mentorship for Early Years workforce and volunteers, including Language Lead accreditation & networks so as to promote quality communication environments, knowledge of typical language development and practitioner :child interaction
- Training and resources for health professionals e.g. HVs and FNP, PB and B
- Approachable and accessible advice about SLC for the whole community
- Facilitating universal language focused groups/sessions e g Say/Sing and Sign, info sessions, family learning
- Early identification and tracking of children's SCLN

Universal Plus (Pathway to Provision Level I):
The range of activities and services may include the following early intervention and targeted support:

- Home Talk
- Early Years setting (including school foundation units) and volunteer training, advice and support around children with emerging needs
- Family Learning sessions for focused children and families e.g. video interaction and group session combinations
- SLT informal advice to parents and professionals
- Elklan Talk with the under 5's parent programme
- Integration pilots with CHP Community SLT team

Universal Partnership Plus (Pathway to Provision Level 3 - targeted early help)
Children's Centre SLT offers support for children aged 0-5 years who are not accessing specialist health services SLT. This involves:

- Close integrated working with the wider children's centre, health and social care teams
- Home and setting visiting

- Liaison with specialist services division SLT (ICCYPH)
- Transition packages and referral s to CHP SLT (ICCYPH) that facilitate support by settings and families

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an evidenced based, intensive nurse-led prevention and early intervention programme for vulnerable first time young parents and their children. The FNP provides structured home visiting from early ante-natal until the child is 2 years of age, by the same Family Nurse to ensure consistency of support. Further information can be found in the maternity JSNA chapter http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Healthy Child Programme

The Healthy Child Programme is a statutory programme developed by the Department of Health that offers every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses in partnership with a range of other professionals such as maternity services, early year's services and education services. This national programme supports parents and families to ensure that problems that may impact on their child's immediate or long term health, well-being and development are addressed early before problems escalate.

Locally, this is commissioned as the 'Healthy Families Programme', a service which brings together care historically provided from health visitors and school nurses as well as the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme (which measures and weighs children at Reception and in Year 6). All families are entitled to receive this holistic programme of care and universal health and development reviews, which start in the antenatal period and can continue until a young person reaches 19 years of age.

The service has a focus on the following high impact areas for 0- 5's:

- Transition to parenthood – pregnancy to age 2 is the most important period for brain development and strong positive attachment is essential
- Maternal mental health – mild to moderate post-natal depression will have a significant impact on mum, her baby and her wider family
- Breastfeeding – there are a range of health benefits linked to breastfeeding and breastfeeding significantly improves bonding and attachment
- Healthy weight and nutrition – healthy eating habits are established in early years
- Managing minor illnesses and reducing accidents – supporting reduction in hospital admissions and ED attendances
- Health, wellbeing and development at age 2, support to be 'ready to learn by 3' and 'ready for school by 5' - readiness for school

All children are offered developmental reviews against the Ages and Stages Questionnaire at 12 months and 2 to 2.5 years, which assesses ccommunication, gross motor, fine motor, problem solving, and personal-social skills. Evidence based interventions are put in place to meet identified needs, for example around behaviour, speech and language development, continence.

Smoking Cessation

Parents who smoke will be referred to local stop smoking support. SmokeFree Life Nottinghamshire offers specialist stop smoking services across the county. Further information can be found in the tobacco JSNA http://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/tobacco-2014/ .

Accident prevention and avoidable injuries

There is a body of evidence to show that most injuries are preventable. Strategies to prevent injuries are usually relatively inexpensive to implement and are shown to have a beneficial return on investment. In Nottinghamshire a gap has been identified around home safety. A strategic group for Nottingham and Nottinghamshire works collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in children and young people. Following the completion of the Accident Prevention and Avoidable Injuries JSNA chapter further detail will be available at http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

Parental mental health

There are many services across Nottinghamshire supporting maternal mental health, including:

- Mother and baby inpatient unit
- Community perinatal mental health service
- Adult mental health services
- Psychological therapies (4 Providers)
- Maternity services (3 Trusts)
- Children's public health nursing (the Healthy Families Programme)
- Children centres
- Primary care

Perinatal mental health services in Nottinghamshire benchmark well and there are excellent examples of support across the pathway, however there are opportunities for improvement, including strengthening support for women with mild, moderate or emerging mental health needs and improving information sharing across the pathway. Further information can be accessed in the new maternity JSNA chapter http://www.nottinghamshireinsight.org.uk/research-areas/jsna/

In Nottinghamshire the main adult mental health services delivered are primary care psychological therapies and there are four providers commissioned by the Nottinghamshire Clinical Commissioning Groups (CCGs). More specialist services are commissioned by the CCG's from Nottinghamshire Healthcare NHS Trust. Further information can be accessed in the adult mental health JSNA chapter.

FAB Plus

FaB Plus (Families and Babies) is delivered in neonatal wards of Nottinghamshire 3 main hospitals NUH, Kings Mill and Bassetlaw through Nottinghamshire's Children Centres. The primary focus of FaB Plus is to help parents recognise the importance of early bonding and attachment, play, language with their premature or high dependency babies and to identify family support needs. The service is limited in the number of days it is available in each hospital. This can mean a parent may have to wait for 6 days before support can be offered. Joint funded service with the hospital would support better integration of the service and continuity for service users.

Domestic Violence and Abuse Services (DVA)

Nottinghamshire County Council and the Office of the Police and Crime Commissioner jointly commission DVA services. The north of the County (Bassetlaw, Newark and Sherwood and Mansfield) is served by Nottinghamshire Women's Aid Nottinghamshire Women's Aid (NWA) and the south (Ashfield, Broxtowe, Gedling and Rushcliffe) by Women's Aid Integrated Services (WAIS). The service is responsible for the whole population experiencing and affected by DVA, that is, for adults (female and male), teenagers and children. NWA and WAIS jointly sub contract with Equation to deliver the male survivor service and workforce training and development. WAIS also deliver a Freephone 24 hour Helpline and NWA also deliver DVA services within 2 refuge settings.

Further information can be accessed in the Nottinghamshire Domestic Violence JSNA Chapter. 2014

Oral Health Promotion Service

Nottinghamshire's specialist Oral Health Promotion Service provided by the Health Partnerships division of Nottinghamshire Healthcare NHS Foundation Trust, offers a range of services across the county to encourage good oral health within local communities through training, health promotion, information sharing, communication and face to face activities.

Progress to date of current service 2016/17 (Year 1 of delivery):

- Currently the service has 168 child related frontline staff trained to deliver oral health brief advice.
- Supervised tooth brushing – 20 schools have been engaged to carry out supervised tooth brushing and sites have been trained and will go live in November
- 40 (100%) of early years and school staff (who took part in the supervised tooth brushing training) reported feeling more confident to independently lead the supervised tooth brushing programme following the training
- There are currently 35 active users of oral health resources within child related services
- 22 (100%) targeted pregnant women receive oral health brief advice
- 59% of parents/carers with a child aged 1 year currently receive oral health brief advice
- 54% of parents/carers with a child aged 2 years currently receive oral health brief advice
- 92%of service users (child/parent related response) surveyed reported that the oral health brief advice is very useful

Further information can be accessed in the Nottinghamshire Oral Health JSNA Chapter. 2014

Excess Weight Management

The National Child Measurement Programme (NCMP) established involves weighing and measuring of all eligible children in reception (aged 4-5 years) and Year 6 (aged 10-11 years). It has two key purposes:

- To provide surveillance data on the weight status of children
- To provide parents/carers with feedback on their child's weight status and information with regard to where they can access support and advice.

In 2015/16, 21.5% of children aged 4-5 (reception) were overweight or obese, which is statistically similar to the national average. Further information can be accessed in the Nottinghamshire Excess Weight JSNA Chapter

5. Evidence of what works

Improving breastfeeding rates	The UNICEF Baby Friendly Initiative provides a framework for the implementation of the best practice and is the gold standard by NHS Trusts. It has the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method. • Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households (2008). Available from http://www.nice.org.uk/nicemedia/pdf/PH011quickrefguide.pdf • Maternal and Child Nutrition (2008) from http://www.nice.org.uk Nottinghamshire Maternity JSNA chapter
Perinatal Mental Health	There is a wealth of evidence and policy drivers supporting maternal mental health including: • NICE Clinical Guidance 192: Antenatal and postnatal mental health: clinical management and service guidance (Dec, 2014) • Better Births: National maternity transformation programme, NHS England, 2015 • Future in Mind, NHS England (2015) • 'The age of opportunity, tackling the roots of disadvantage' by the Wave Trust (2013) Nottinghamshire Maternity JSNA chapter
Smoking at Time of Delivery	Key evidence based guidelines include: • NICE PH Guideline 26 Smoking: stopping in pregnancy and after childbirth (June 2010) - this is NICE's formal guidance on how to stop smoking in pregnancy and following childbirth. • https://www.nice.org.uk/guidance/ph26/chapter/1-recommendations • NICE PH Guideline 48 Smoking: acute, maternity and mental health services (Nov 2013) - this guideline covers helping people to stop smoking in acute, maternity and mental health services. Nottinghamshire Tobacco JSNA chapter. 2014
Repeat unplanned pregnancies	There is clear evidence of what works in reducing teenage pregnancy. Evaluation of work in England and in other countries has shown that the three most important aspects are • High quality sex and relationships education (SRE), • Easy access to youth-centred contraceptive services • Early intervention to target young women at greatest risk of pregnancy (Hansard 2011). • Long Acting Reversible Contraception (LARC) The National Institute of Clinical Effectiveness (NICE) issued guidance in 2005 which promoted the use of Long Acting Reversible Contraception (LARC) for teenagers amongst other groups. Nottinghamshire Teenage Maternity JSNA Chapter. 2014

Childhood obesity and infant nutrition	NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. There are currently three quality standards which include excess weight: • Antenatal care QS22 NICE (2012) Quality statement 4: Risk assessment: Body Mass Index. • Postnatal care QS37 NICE (2013) Quality statement 8: Maternal Health – Weight management • Obesity: prevention and lifestyle management in children and young people QS94 NICE (2015). There are 8 quality standards, four relating specifically to weight management, three to diet/nutrition and one to sedentary behaviour. • Nutrition: improving maternal and child nutrition QS98 NICE (2015) There are 6 quality standards, one relevant to weight management, one to breastfeeding and four to diet/nutrition • Maternal and Child Nutrition (2008) from http://www.nice.org.uk Nottinghamshire JSNA, Children & Young People, Excess Weight
Avoidable injuries	NICE Guidance recommended the following: • Coordinating avoidable injury prevention activities: - Ensure there is a children and young people injury prevention coordinator • Installation and maintenance of permanent safety equipment in social and rented dwellings • Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing There is strong evidence to suggest that reducing speed limits in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25. (Dorling 2014, Wang et al 2011, LGIU 2012, Dorn 2009).
Oral Health	• Delivering Better Oral Health (DH 2009) provides an evidence base of interventions to improve oral health. - Delivering Better Oral Health: An Evidence-Based Toolkit for Prevention, June 2014 • In addition NICE have produced two other papers with guidance on oral health: - Oral health promotion: General Dental Practice, NICE December 2015 - Early years: promoting health and wellbeing in under 5s, August 2016 • NICE have also published a Quality Standard – Oral health promotion in the community - which can be found at: https://www.nice.org.uk/guidance/qs139 • Public Health England (PHE) have published an evidence based toolkit to support the commissioning and delivery of supervised tooth brushing programmes - Improving oral health: A toolkit to support commissioning of supervised tooth brushing programmes in early years and school settings. It is available at: - https://www.gov.uk/government/publications/improving-oral-health-supervised-tooth-brushing-programme-toolkit

Healthy Child Programme	The Healthy Child Programme (HCP) is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. A rapid review of evidence was completed in 2015.
Early Intervention: Conception to Age 2: First 1001 Days	Quoted as a key evidence driver in the national Healthy Child Programme specification published by the Department of Health, January 2016, is the Wave Trust's Conception to Age 2: First 1001 Days, based on the Conception to Age 2 report by Department of Education and Wave Trust. The key areas within this are: • Breastfeeding and nutrition • Immunisation • Parenting and parent child relationship • Attachment • Speech and language development • Maternal mental health The iimpact of poor parental mental health, domestic violence, substance misuse, parents not in education, employment of training, and poverty on children's development are highlighted.
Speech and Language Therapy	SLT encompasses a wide range of approaches that meet the needs of a diverse group of children who have Speech, Language and Communication Needs (SLCN). SLT has recently been categorised at three levels of service; • **Universal:** aimed at improving the speech language and communication outcomes for ALL children so as to support their attainment, behaviour, social skills and mental health. For details see Early Language Delays in the UK report. • **Targeted:** to support children "at risk" of longer term difficulties due to poor speech, language and communication. Children living in poverty are at elevated risk of SLCN with one third of children living in poverty failing to achieve a good level of development in the national Foundation Stage Profile data 2015 compared with one fifth of all children. These tiers are focused on maximising the skills of the wider early years workforce, including parents and communities to support children with lower level and emerging needs, and include training and mentorship approaches. • **Specialist:** for those children identified with significant SLCNs that are likely to need long term SLT or require the specific skills of the SLT. E.g. significant language delay, dysfluency, ASD, Developmental Language Disorder, cleft lip and palate, hearing loss, developmental verbal dyspraxia, phonological and articulatory disorders, voice problems. Public Health England (PHE) and the Royal College of Speech and Language Therapists (RCSLTs) have gathered evidence about the impact of all tiers of SLT within the Public Health Agenda. The PHE documents can be accessed here and the RCSLT document, which will be published in January 2017 highlights research evidence from

	Nottinghamshire Children and Families Partnership Home Talk (http://tinyurl.com/hjs674a) and Let's Interact (http://tinyurl.com/gofrhh7) approaches, which are part of Nottinghamshire's Language for Life strategy. Furthermore, the RCSLT has commissioned a return on investment report which shows that for every £1 spent on specialist therapy for children with Developmental Language Disorder, £1.46 is generated in savings. Similarly Stoke Speaks Out (a universal approach not dissimilar to aspects of Nottinghamshire Language for Life) showed that every £1 invested could generate £4.26 in savings due to prevention of later difficulties arising from SLCN.
Educational Attainment	A 2012 DfE research report[1] evidenced that early education starting at an early age had a direct impact on the attainment of children. Judged by the evidence identified in a report by the Centre for Research in Early Childhood[2] (2014), the core characteristics and delivery features of programmes that have successfully boosted the learning and development of disadvantaged children can be grouped into four types: i. Programmes that provide support to parents during pregnancy and early childhood; ii. Early health programmes for children 0-5 years iii. Programmes that combine parent support, health and early education and care for children 0-2 years; iv. Early education and care programmes for children 0-2 years; v. Early education programmes for children 3-4 years The Literature Review set out below three areas of early years policy and practice which the evidence shows would benefit from further development, listing fruitful actions in each area. i. System Developments ii. Structural Developments iii. Process Developments
Child Poverty	There is a large body of evidence demonstrating the lasting impact of good quality early years childcare and the savings in future expenditure that can be made by investing in children under five years old. Further information is available in the Child Poverty chapter of the JSNA http://www.nottinghamshireinsight.org.uk/research-areas/jsna/children-and-young-people/child-poverty-2016/

[1] Department for Education (2012) Achievement of Children in the Early Years Foundation Stage profile' https://www.gov.uk/government/publications/achievement-of-children-in-the-early-years-foundation-stage-profile (accessed 27.7.16)

[2] Bertram T and Professor Chris Pascal C, (2014) Early Years Literature Review, The Centre for Research in Early Childhood https://www.early-education.org.uk

6. What is on the horizon?

Extended Free Childcare for 3 and 4 year olds

- The Childcare Act 2016 placed new duties on local authorities to ensure there is sufficient childcare provision for working parents of 3 and 4 year olds.
- From September 2017, children of working parents are now eligible for 30hours of free childcare each week (1140 hours over the year). This is an increase on the current entitlement of 15 hours per week.
- Eligibility criteria includes households where one (if lone parent) or both parents are working earning the equivalent of 16 hours a week on national minimum wage and less that £100k each.
- Government expectation is that the additional places will be delivered flexibly across the year to better meet the needs of working parents, whilst improving access for children with SEND.
- The additional investment is intended to help with childcare costs for those already in work and to incentivise those parents working part-time to increase their hours, and to encourage those who aren't to consider entering the labour market
- Whilst the support back to work in the form of free childcare is very welcome, there will be a number of challenges for the local authority in growing the early year's sector sufficiently, so demand does not outstrip supply.

Early Years Inclusion Fund

The 2016 Childcare Act required local authorities to create a new Inclusion Fund using a mixture of funding sources to enable children eligible for funded childcare who have SEND access to childcare. Using the DCATCH process and funding, Nottinghamshire proposes to restrict access to DCATCH funding to 2, 3 and 4 year olds eligible for funded childcare.

Early Years Deprivation Supplement

The 2016 Childcare Act required local authorities to administer new deprivation funding using the Early Years funding block of the devolved schools grant. There is flexibility in the use of this fund and as the Early Years Pupil Premium is already in place for children eligible for free school meals, it is proposed to allocate funding for children on child protection plans and those considered a child in need. This proposal should enable early years providers to attend meetings and prepare the paperwork required for these children.

Child Poverty and Life Chances

Central Government has moved away from the target to reduce child poverty to 10% by 2020 and will instead measure children's life chances, rather than simply income levels. Further detail is available in the Child Poverty chapter of the JSNA Nottinghamshire Child Poverty JSNA Chapter.2016

Commissioning Children Centre Services in Nottinghamshire

Over the next few years the contract for the delivery of Children Centre Services is due to expire. With this in mind, there are opportunities to remodel service delivery to increase impact, target resources and focus on evidence based practice.

Breastfeeding and Healthy Start

Breastfeeding will remain a key Public Health target through the Public Health Outcomes Framework. The success of breastfeeding depends very much on all services working in partnership to best support women.

The Healthy Start Programme will continue to be promoted across maternity services, the Healthy Families Programme, the Family Nurse Partnership Programme and children centres. Vitamins should be made more readily available and mechanism to monitor performance developed.

Maternal mental health

Services and support for maternal mental health will be brought together into an integrated pathway aiming to improve assessment of mental health needs in the perinatal period, and access to appropriate support.

Family Nurse Partnership

The demand and capacity of the Family Nurse Partnership programme will be reviewed in light of the reducing teenage pregnancy rate in Nottinghamshire and to ensure the commissioned capacity is targeted at the most vulnerable young women.

7. Local Views

Local Views about Childcare and Early Education

Every year Nottinghamshire County Council carries out a Childcare Sufficiency Assessment. The 2016 assessment engaged 533 parents to help understand unmet need. Based on comments made by parents completing the survey, and echoed in qualitative feedback, concern about the availability and flexibility of current childcare provision to meet needs is a primary issue.

- Participants reported that the costs, opening hours and flexibility of childcare provision were the most commonly identified barriers. This includes the lack of provision during school holidays and opening times not suited their work patterns eg shift workers.
- Survey respondents also identify a lack of availability and choice and there are high levels of informal childcare use (family and friends). Qualitative feedback and comments made by survey respondents indicate that for at least some of these parents use of family and friends is a necessity, not a choice, as a result of the cost of childcare or a lack of provision either generally or at times when it is needed.

Looking ahead, the greatest demand for pre-school children over the next 12 months is for all year round provision. Atypical hours childcare (defined in the survey as childcare to fit in with shifts i.e. before 8am and after 6pm) was needed by 22% of parents with a pre-school aged child. For school-aged children, responses indicated high demand for after school provision and strong demand for before school provision. Responses also indicate a need for flexible and stretched provision (e.g. outside a 'normal' working day of 9/9.30am and 5/5.30pm) and for all year round provision.

Local Views about Extended Funded Childcare Entitlement (30 Hours)

As an early implementer authority for the 30 hours of free childcare, Nottinghamshire conducted a survey to assess demand for the new offer to commence in September 2017. With around 1300 responses, the key findings were;

a) Parents are keen to take up the offer of extra free hours.
b) Parents would prefer to take the full 30 hours with one provider, with whom they already have an established relationship.
c) The additional free hours will make a significant positive difference to family finances.
d) Parents need some help to make sense of the financial assistance available to them.

Though the response rate was high, the majority of responders were from higher-income families. This fits with the programme being targeted at working parents each earning between the equivalent of 16 hours per week at national minimum wage and up to £100k.

Local Views about Smoking Cessation Services

Smokefree Life Nottinghamshire, run by Solutions 4 Health, provides services to help prevent people from taking up smoking, protect people from the dangers of second hand smoke and support people to quit.

Based on a client satisfaction survey conducted for the service (2016-2017):

- 96.8% of clients are satisfied with eth overall stop smoking service and that they would return and recommend the service
- 96% pf clients had to wait less than two weeks for an appointment
- 95% find the co-verification helpful in their quit attempt
- 0f the service users said:
- 95% of clients were offered a choice of NRT, found it was easy to obtain the medication and found it easy to contact the service

Local views about Healthy Child Programme

A programme of engagement with a range of stakeholders including parents and carers took place across 2015/16 prior to the commissioning of the new Healthy Families Programme.

Key feedback and themes included:

- Parents/carers weren't always sure what level of service to expect or how to use the services
- Parents/carers reported that being able to see the health visitors whilst attending the children's centre was important.
- Parents/carers reported that support around breastfeeding and bottle feeding was important.
- Stakeholders and parents/carers advised that it was not always clear what support was available between the age of 2 years and school entry
- Stakeholders advised it can be difficult to access the correct contact within universal services
- Stakeholders repeatedly described the importance of partnership working.

This feedback was used to develop the model for the new Healthy Families Programme which commenced in April 2017.

What does this tell us?

8. Unmet Needs and Service Gaps

- The needs of teenage parents are not being assessed by services with exception of the FNP, learning needs to be shared to encourage universal and targeted services to proactively engage this group for example through Children Centre services.
- There are localities across Nottinghamshire where there are sufficiency challenges in terms of childcare. There is a need to ensure that good or outstanding provision is located where there are higher numbers of under 5's and not enough childcare provision. Further information is required from parents in localities where there is sufficient childcare provision but a reluctance for families to access the free childcare that they are entitled to.
- Parents require childcare to meet their irregular working patterns and school holidays, further work is required to meet this demand and unmet need.

9. Knowledge Gaps

Developing this JSNA chapter has highlighted a number of knowledge gaps that require some additional exploration.

- The profile of teenage parents accessing children centre services; Family Service, Supported Accommodation, homelessness etc.
- The number of teenage parents not in education, training and employment and the barriers that these young people face in accessing support and interventions including free childcare.
- The numbers of teenage parents accessing universal local services and their views regarding the services that they have received.
- The specific needs of Gypsy, Roma and Traveller Groups accessing maternity and early childhood services.
- The specific needs and views of refugees and asylum seekers with young children. Information is required to help engage these groups to access both universal and targeted services.
- The needs of families with young children where one or more parents has a disability.
- There is very little data regarding the specific local needs of families with young children living in insecure housing, emergency accommodation and those identified as homeless. This is not currently included in the Housing JSNA chapter.
- Analysis of the early years foundation score results for Children in Need and those on Child Protection Plans has never been addressed. It is currently unclear how their experiences impact on their attainment at the Foundation stage.
- Local data on the number of young children affected by domestic violence and abuse is not available, with the exception of estimates and crime reporting. There are families who may require additional support but may not been identified as at risk. Further work may be required in the future across a range of agencies.
- Nottinghamshire currently does not have a countywide reporting system to enable us to track the progress of children prior to the Early Years Foundation Stage at Key Stage one. The integrated review for 2 year olds will help assess developmental needs, however this data is held by childcare

providers and healthy family teams to inform their delivery. A new countywide tracking system will be introduced in 2017/18 whereby early years settings can share data to track progress, this will require analysis and review once launched.

- At present, data recording does not always highlight if parents and young children have English as an Additional Language (EAL). This is particularly the case within health services. Without this data, we are unable to understand the issues the families have when accessing services; and what their specific needs are re health, employment and early years. School attainment data categories are wider, however it seems that some schools either use larger categories such as 'other than english' or 'believed other than english'.
- Local data on the number of young children affected by disability and complex health needs is limited.

What should we do next?

The recommendations and data gaps will be explored by the Healthy Child and Early Childhood Integrated Commissioning Group who in turn report to the Children's Trust and the Health and Wellbeing Board. This group will use the findings of the JSNA to influence its work programme.

Recommendations in terms of early years will be incorporated into the Nottinghamshire Early Years Improvement Plan.

Recommendations will also be used to influence the future commissioning of services for children under the age of 5 and their families.

10. Recommendations for Consideration by Commissioners

Priority	Recommendations	Suggested Lead commissioner
Improve Oral Health	Refer to Oral Health JSNA chapter. • Work with colleagues in Nottingham City to undertake an oral health needs assessment and then develop an oral health strategy. • Further develop/ expand the oral health promotion service provision in early years settings	Public Health & Early Childhood Services
Reduce avoidable injuries	• Work to further implement the local strategy as well as scope current needs to plan for appropriate interventions with a particular focus on home safety and under 5's. This will need to consider safer bath time and safer sleeping.	Public Health, CCGs & Early Childhood Services
Improve Infant Nutrition	There is further work needed to promote the Healthy Start Programme and the Healthy Start vitamin distribution centres across Nottinghamshire.	Public Health, NCC
Promote Safer Sleeping to	• Increase awareness and understanding of the risks associated with Sudden Infant Death Syndrome (SIDS) and the need to promote safer sleeping. • Ensure a co-ordinated cross agency approach to ensure all services work together to reduce infant mortality rates • Promote and assess Safe Infant Sleeping across maternity and early year services	Public Health & CCGs All services
Increase Breastfeeding rates	Please refer to 'Maternity' JSNA chapter	
Reducing Smoking Rates	Please refer to 'Smoking' and 'Maternity' JSNA chapters	
Ensure Teenage Parents are effectively engaged and supported	• Improve uptake of Care to Learn Grant for teenage parents • Implementation of Public Health England Framework for teenage parents and their families • Gain a better understanding of which services teenage parents access and gain a better understanding of the local barriers for young people e.g. education support for19-20 year olds	Public Health and Early Childhood Services, NCC
Improve outcomes dfor children and families with English as an Additional Language (EAL)	• Explore the specific childcare and health needs of families with English as an Additional Language (including refugees and asylum seekers). • Encourage schools and health services to report both ethnic origin and English as an additional language using ONS codes to enable improved monitoring and analysis.	Public Health and Early Childhood Services, NCC
Developmental Delays are identified and supported early	• Roll out and embed the 2 year integrated review across Private, Voluntary and Independent early years providers, Healthy Families Teams, engaging parents where a specific need of developmental delay is identified.	Public Health and Early Childhood Services, NCC
Children are ready for school	• Nottinghamshire must ensure that all children have a good level of development and learn from areas such as Staffordshire, Derbyshire and Warwickshire.	Early Childhood Services, NCC

	• Close the attainment gap for children eligible for Free School Meals and their peers, ensuring that progress is on par with statistical neighbours (measured by the Early Years Foundation Stage Profile). • Work with early years providers to ensure there are sufficient high quality and sustainable places available to disadvantaged children. • Increase take up rates for 2 year olds from disadvantaged backgrounds to access 15 hours a week free early education. • Ensure early years is embedded in the work of the Virtual School to enable young children in Local Authority Care to succeed; and commissioners are able to assess the impact of additional Pupil Premium funding allocated to this group. • Raising the quality of early year's providers to ensure that all childcare settings are 'good' or 'outstanding' to enable poorer children to gain the best start in life. • Implement and evaluate the new early years tracker tool to help early years providers to assess the developmental needs of children and enable commissioners to track progress and assess impact of services and interventions. • Increase take up of Early Years Pupil Premium (EYPP) funding and ensure that EYPP is devolved quickly with clear advice for evidence based interventions that would improve the educational outcomes for disadvantaged children. This includes improved analysis of the Early Years Pupil Premium for Looked After Children. • Undertake early years foundation stage data tracking and anlaysis for Children in Need and those on Child Protection Plans. • Implemented a targeted review delivered by the Healthy Families Programme to support school readiness.	
Children Centre Services improve outcomes based on need	• Review the impact of children centre interventions. • Scope potential modelling required to deliver a service which improves outcomes for children and their families including improving the attainment of children and school readiness. • Continually improve performance management arrangements	Early Childhood Services, NCC
Improve communication and language skills	• Maintain effective speech and language support through the well evaluated Home Talk programme, which identifies and supports children with early speech and language delay.	Early Childhood Services, NCC
Improve outcomes for Children with SEND	• The significant increase in the number of young claimants of Disability Living Allowance will require a focus on this population to review access and take-up to inform plans to ensure sufficiency of appropriate provision. • Commissioners should work across County Council departments to help share findings from SEND assessments for children under the age of five; sharing key findings and learning which in turn will inform commissioning decisions and service planning. This will need to include the children that do not meet the thresholds for specialist support. • Review the use of High Needs, DCATCH and the new Disability Access funding to ensure that children are effectively supported as part of their transition to school.	Early Childhood Services, NCC

Ensure sufficient high quality childcare provision is available	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Nottinghamshire needs to have robust data about both supply and demand for childcare, it is recommended the local authority evaluates progress of new data collection and monitoring procedures to ensure it supports their market management role and sufficiency duties.	Early Childhood Services, NCC
Reduce financial barriers preventing access to childcare	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Work should be undertaken with key stakeholders to ensure partners and staff are aware of what support for the costs of childcare is available, and how the free entitlement can be used, and disseminate that information to their client groups.	Early Childhood Services, NCC
Offer flexible childcare provision and provide additional childcare during school holidays and increased wrap around care	Refer to the Nottinghamshire Childcare Sufficiency Assessment. • Explore flexible delivery models as a matter of urgency; and consider how these models of working can be applied across different types of provision for all age ranges of children. • The Childcare Sufficiency Assessment identified demand for provision in school holidays and an unmet for after school and before school provision. Work should be undertaken with key stakeholders to identify options for additional childcare and wrap around provision, ensuring all available provision is recognised and promoted through the local authority's information duty, delivered by the Families Information Service.	Early Childhood Services, NCC
Provide routine support to families via The Healthy Child Programme.	Every child, young person and family in Nottinghamshire continues to have access to high quality early intervention and prevention services via the Healthy Families Programme.	Public Health and Early Childhood Services, NCC

Key contacts

Nottinghamshire County Council Public Health – Children's Integrated Commissioning Hub

Email: childrens.commissioning@nottscc.gov.uk

Tel: 0115 97 7267

Nottinghamshire County Council Early Childhood Service

Email: earlychildhoodservices@nottscc.gov.uk

Tel: 0115 977 2510

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