

# **0-5s Strategic Needs Assessment**

## **Improving school readiness**

### **Creating a better start for Warwickshire**

**August 2016**

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## Executive Summary

- School readiness as measured by the 'Good Level of Development' is a comprehensive measure of a child's cognitive and socio-emotional skills at reception age.
- Warwickshire is home to **37,974** children aged 5 and under. The boroughs of Rugby and Nuneaton & Bedworth have the highest numbers of 0-5 year olds in the county.
- In Warwickshire, approximately 1 in 3 children were not school ready in 2015.
- There were also evident inequalities in the attainment of certain groups, including children with special educational needs and those from poorer backgrounds.
- Although the goal of the Smart Start programme is to improve school readiness for all of Warwickshire's 0-5 year olds, more targeted early intervention and support is needed for groups with a higher level of need, where inequalities in school readiness exist.
- The findings of this Needs Assessment and various pieces of engagement work undertaken (the Foundation Project) have identified a number of groups in Warwickshire with an 'unmet need'.

## Recommendations

- To try and mitigate the effects of child poverty by investing more heavily into services that have been shown to reduce the attainment gap between affluent and poor children (e.g. high quality early education).
- To ensure that services engage with expectant parents from deprived areas during the antenatal period to identify issues as and when they arise as well as to positively influence parents' behaviours and lifestyles.
- To take into account those geographically isolated from 0-5 services and activities in future service planning.
- To work towards identifying cases of child abuse and neglect as early as possible, to prevent neglect from escalating into different forms of abuse and to reduce the length of time that these children are exposed to harm.
- To improve access to mental health services and support for two key groups in particular: those suffering low level mental issues and children below age 5.
- To increase the provision of antenatal services in Warwickshire including a greater information and advice offer for expectant parents.

# Aims



## The purpose of this report is to:

- Describe the economic case for investing in school readiness
- Describe the importance of school readiness
- Provide a descriptive analysis of school readiness in Warwickshire
- Identify the needs of Warwickshire's families and gaps in provision of services and support available for 0-5s and their families
- Summarise the evidence of what works to improve school readiness in order to facilitate improvements in service planning and delivery
- Inform service development and commissioning of services to help improve the lives of Warwickshire's 0-5s
- Provide recommendations on how school readiness can be improved in Warwickshire

# Introduction: What is school readiness?

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally.

The **good level of development (GLD)** is used to assess school readiness.

Children are defined as having reached a GLD at the end of the Early Years Foundation Stage if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

Area of Learning	Early learning goal	Percentage achieving a GLD, 2015	
		Warwickshire	England
Communication & language	Listening & attention	85%	86%
	Understanding	84%	85%
	Speaking	83%	84%
Physical development	Moving & handling	89%	90%
	Health & self-care	90%	91%
Personal, social & emotional development	Self-confidence & self-awareness	87%	89%
	Managing feelings & behaviour	87%	87%
	Making relationships	88%	89%
Literacy	Reading	78%	76%
	Writing	72%	71%
Mathematics	Numbers	78%	77%
	Shape, space & measures	81%	81%
Understanding the world	People & communities	84%	85%
	The world	84%	85%
	Technology	90%	92%
Expressive arts, designing & making	Exploring & using media & materials	86%	88%
	Being imaginative	85%	87%

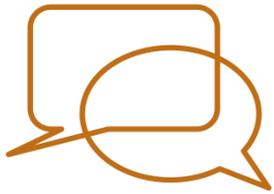
# Introduction: Why focus on School Readiness

School readiness (as measured by GLD) is indicative of a child's cognitive and socio-emotional competencies and has thus been selected as a measure.

It is a comprehensive measure and takes into account learned behaviours, emotional skills and attitude, and development

There is a wealth of evidence showing that for children these skills are fundamental to their future educational, health and life outcomes.

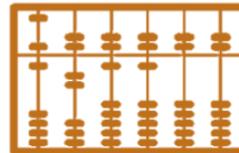
**Children who don't achieve a good level of development aged 5 years struggle with:**



Social skills



Reading

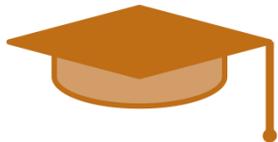


Maths



Physical skills

**which impacts on outcomes in childhood and later life:**



Educational outcomes



Crime



Health



Death

## Introduction: Why invest in school readiness?

Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options



Every **£1** invested in quality early care and education **saves** taxpayers up to **£13** in future costs



For every **£1** spent on early years education, **£7** has to be spent to have the same impact in adolescence



The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between **27:1** and **70:1**



Targeted parenting programmes to prevent conduct disorders pay back **£8** over six years for every **£1** invested with savings to the NHS, education and criminal justice system

# Introduction: Our aspiration for what school-ready children should look like...

**Recognise numbers and quantities in the everyday environment**

**Participate in music activities such as singing**

**Have good oral health**

**Are able to take turns, sit, listen and play**

**Are able to communicate their needs and have a good vocabulary**

**Are able to socialise with peers and form friendships**

**Are independent in eating**

**Develop motor control and balance for a range of physical activities**

**Are independent in getting dressed and going to the toilet**



**Have received all childhood immunisations**

**Are well nourished and within normal weight for height**

## National Context: The Case for Prevention and Early Intervention

### Early Intervention

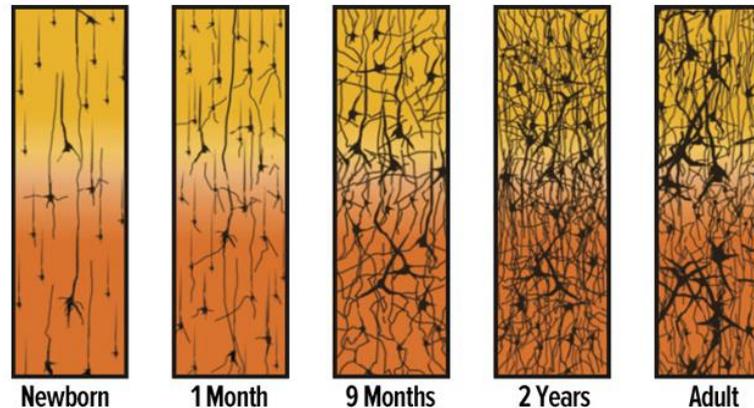
- Early intervention can be defined as “taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse.”
- Early intervention deals with the roots of social disadvantage and aims to prevent harmful outcomes in the long term (Early Intervention Foundation).

### Prevention

- Prevention focuses on reducing the risk of issues occurring in the first place
- The negative outcomes or problems which prevention and early intervention seek to address range from neglect and educational underachievement in childhood to unemployment, criminality and drug/alcohol abuse later in life.
- Some of these issues tend to have a recurring nature, so early intervention for a single individual could mean the avoidance of multiple episodes/crises.
- Failure to intervene early often results in individuals requiring remedial services more than once.

## National Context: The Case for Prevention and Early Intervention

- **The best time for early intervention is in early childhood**, specifically from ages 0 to 5, where children undergo substantial cognitive development and the foundations of the mind are being established:
  - From when a baby is born to when it is aged 18 months, connections in the brain (neural connections/synapses) are made at a rapid rate of one million per second.
  - By age 2 or 3, a child's brain will have developed up to double the amount of synapses as it will need in adulthood:



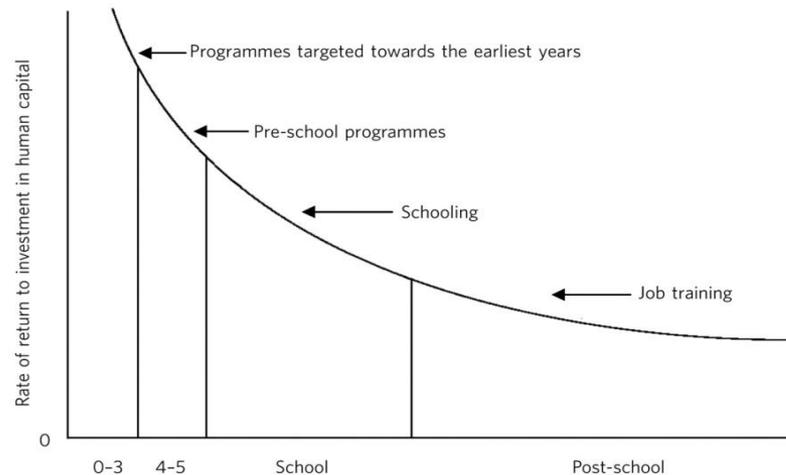
Synapse Density Over Time

Source: Corel, J.L. The postnatal development of the human cerebral cortex. Cambridge, MA: Harvard University Press; 1975.

- Synaptic development is shaped by early experiences and is a determinant of a child's cognitive abilities.
- **This period of time is also vitally important for engaging parents** as they are highly open to support as well as advice

## National Context: The Case for Prevention and Early Intervention

- Early intervention (EI) has been shown to be cheaper and more effective than later intervention
- The rate of return on early investment is much higher than that of late investment or intervention



- By improving outcomes for individuals and families, investing in early intervention means less need for remedial services, and leads to a long term reduction in public spending
- EI can potentially free up funds (that would have otherwise been spent on late interventions) for use elsewhere
- EI helps to improve people's health and wellbeing in part by reducing the prevalence of various social problems such as criminality
- EI plays a strong role in preventing social issues from being passed on from one generation to the next

# National Context: The Case for Prevention and Early Intervention

Early years interventions have been shown to have a higher rate of return per investment than later interventions. The costs of delivery per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults.

## Nationally recognised programmes



Programme	Cost	Benefit	Benefit to cost ratio
Curiosity Corner	£78	£5,466	70.08
Family Nurse Partnership	£7,562	£14,694	1.94
Early childhood education	£6,141	£11,525	1.88
Perry preschool programme	£13,393	£21,598	1.61

36 week programme designed to improve pupils' oral language and literacy, as well as their cognitive, mathematical, social, personal, creative and physical development

Designed to serve low-income, at-risk pregnant women bearing their first child to promote the child's development & provide support & instructive parenting skills.

Provided via the National Curriculum

Programme based on highly influential breakthrough study proving the essential impact of early intervention in shaping the lives of young minds.

# National Context: The Case for Prevention and Early Intervention

## Warwickshire-based programmes



<b>Triple P Programme</b>	<b>Cost</b> £118	<b>Benefit</b> £596	<b>Benefit to cost ratio</b> 5.05
<b>Family Nurse Partnership</b>	<b>Cost</b> £7,562	<b>Benefit</b> £14,694	<b>Benefit to cost ratio</b> 1.94
<b>Baby Steps</b>	<b>Cost</b> £TBC	<b>Benefit</b> £TBC	<b>Benefit to cost ratio</b> TBC
<b>Henry Programme</b>	<b>Cost</b> £TBC	<b>Benefit</b> £TBC	<b>Benefit to cost ratio</b> £TBC
<b>Time to Talk</b>	<b>Cost</b> £TBC	<b>Benefit</b> £TBC	<b>Benefit to cost ratio</b> TBC

Aims to increase the skills & confidence of parents in order to prevent the development of serious behavioural & emotional problems in their children.

Designed to serve low-income, at-risk pregnant women bearing their first child to promote the child's development & provide support & instructive parenting skills.

An NSPCC ante-natal programme helping vulnerable parents cope with the pressures of having a baby.

Programme delivering responsive packages of support to tackle childhood obesity

Warwickshire's strategic approach for Children's Centres & targeted Early Years and Childcare settings. Aims to improve outcomes in language and communication for children.

# 0-5s in Warwickshire



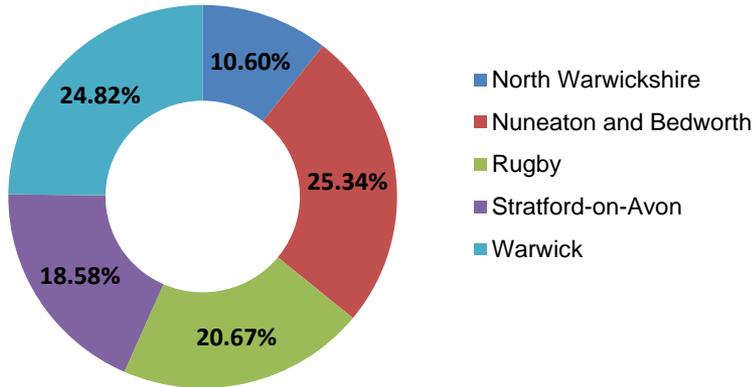
There were an estimated **37,974 children aged 5 and under** living in Warwickshire in 2015

6,015 0-year olds, 6,064 1-year olds, 6,374 2-year olds, 6,537 3-year olds, 6,608 4-year olds, 6,376 5-year olds.

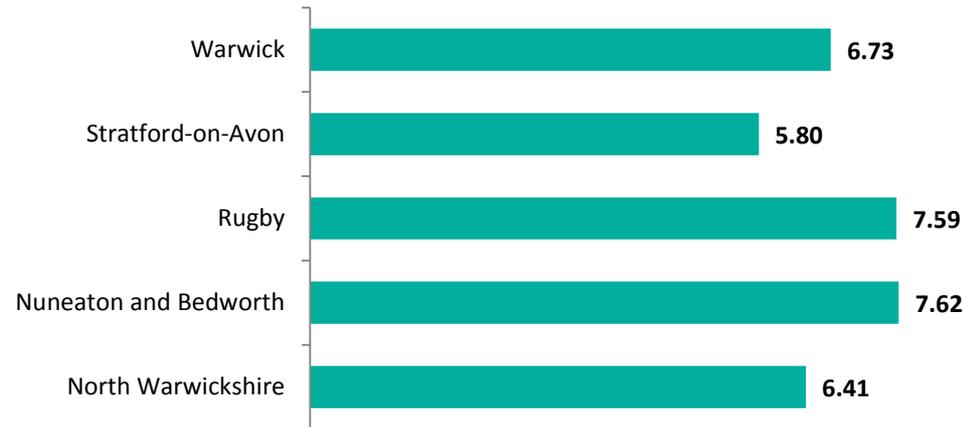


The boroughs of **Nuneaton and Bedworth** and **Rugby** have the **largest proportions** of 0-5 year olds in the county, with 7.62% and 7.59% of their total population respectively. This is the same proportion as the England average (7.6%)

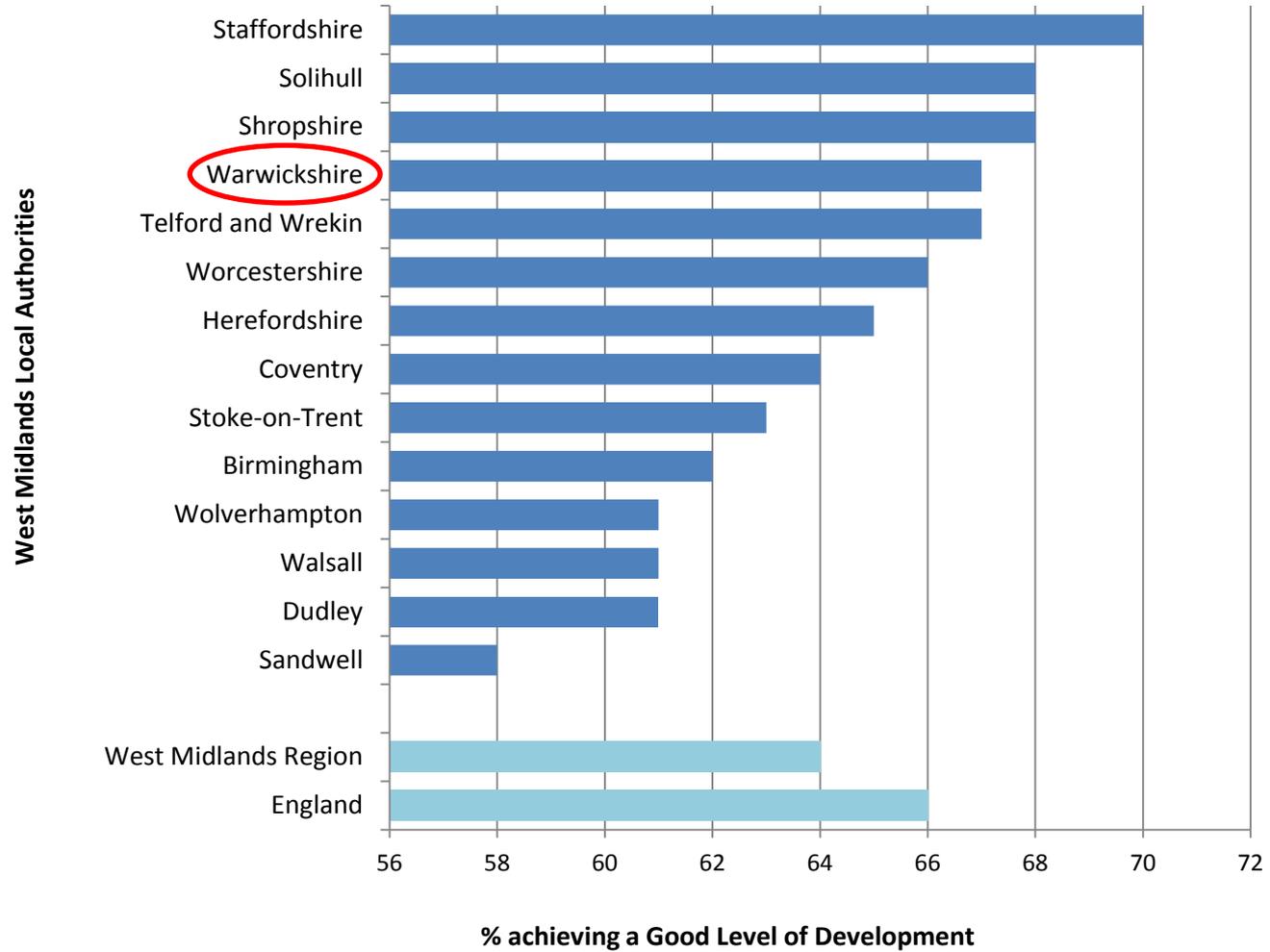
0-5s population distribution across Warwickshire



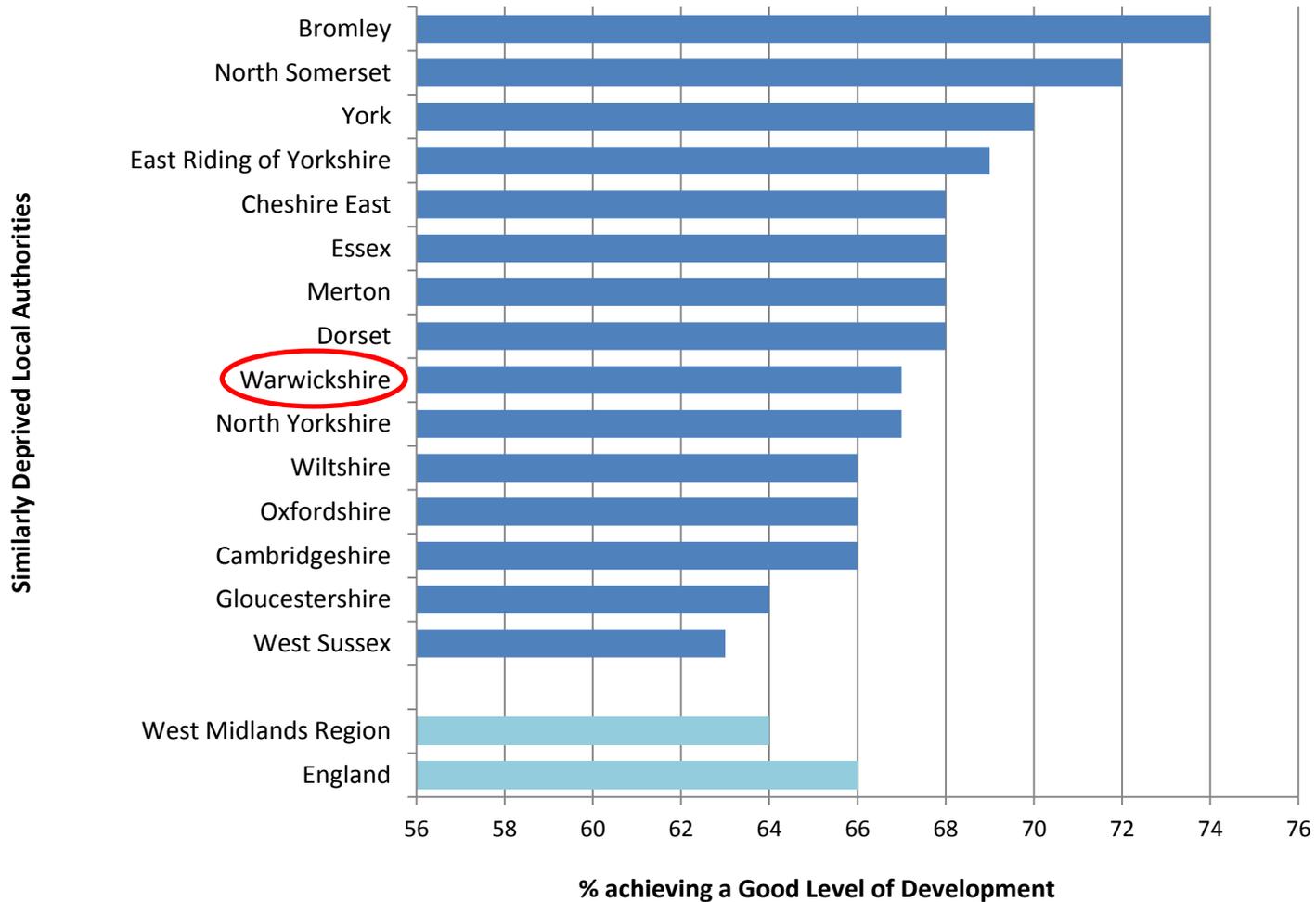
% of total population aged 0-5 per district/borough



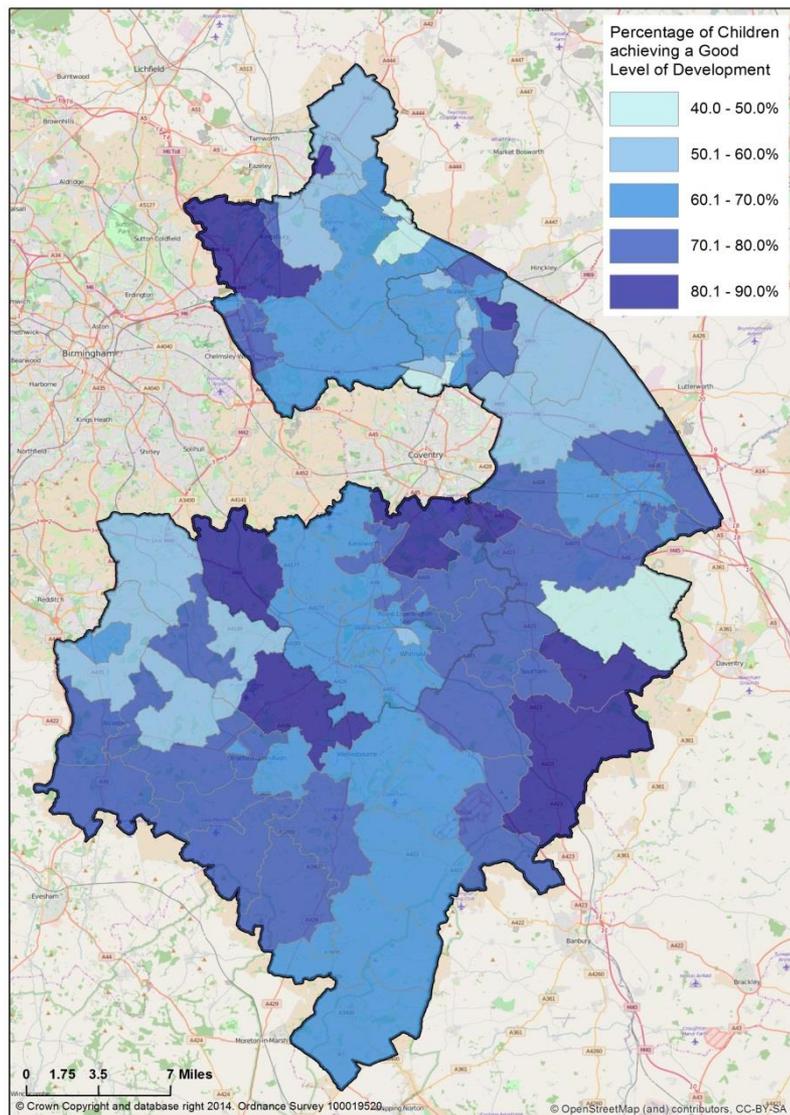
# School Readiness across the West Midlands Region



# School Readiness by Similarly Deprived Local Authorities



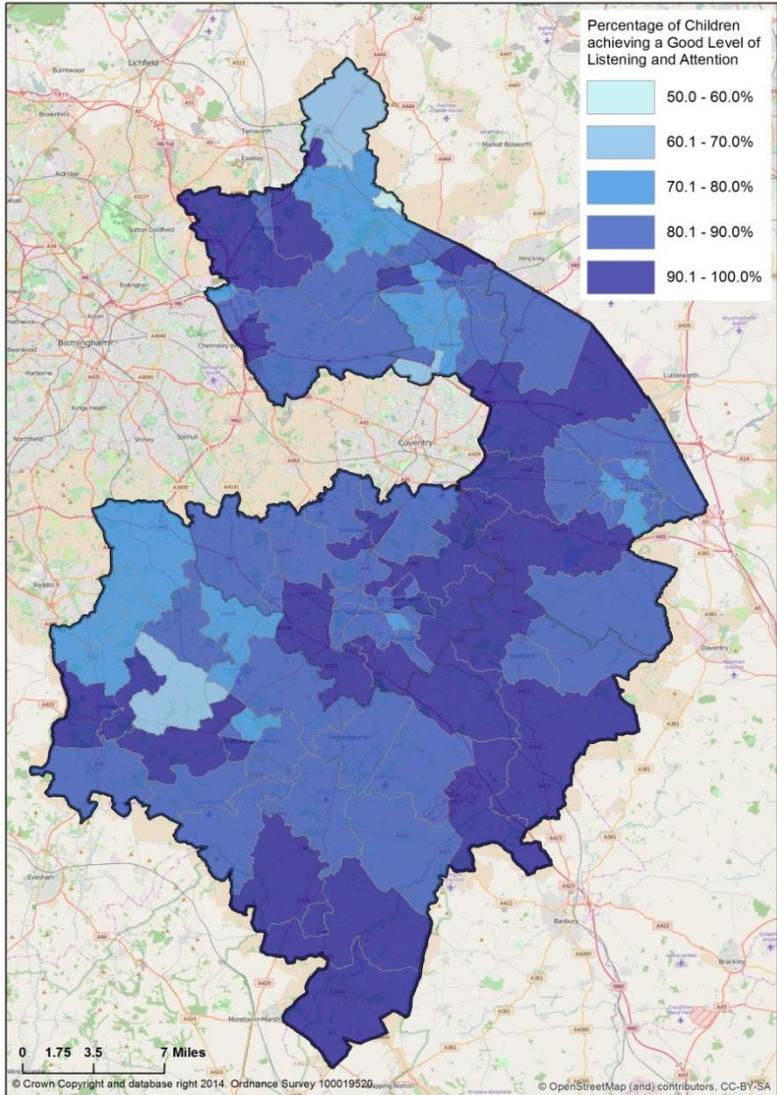
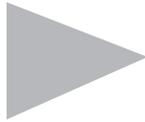
# Good Level of Development (GLD)



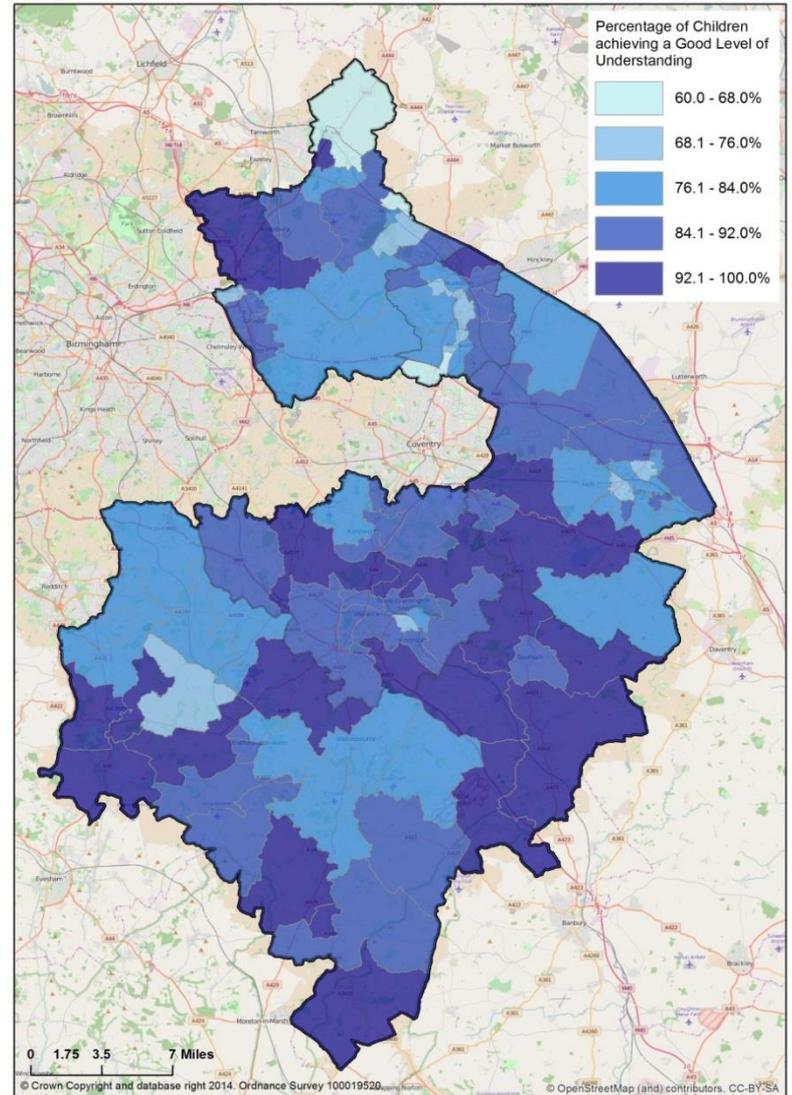
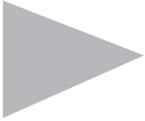
Top 10 Wards	% achieving GLD	Total Numbers in Ward Appearing on EYFSP Return
Stockton & Napton (Stratford-on-Avon)	89%	27
Curdworth (North Warwickshire)	88%	25
Fenny Compton (Stratford-on-Avon)	86%	14
Ryton-on-Dunsmore (Rugby)	86%	21
Stoneleigh (Warwick)	86%	14
Snitterfield (Stratford-on-Avon)	83%	18
Abbey (Warwick)	83%	86
Whitstone (Nuneaton & Bedworth)	82%	45
Lapworth (Warwick)	81%	26
Polesworth West (North Warwickshire)	81%	36

Bottom 10 Wards	% achieving GLD	Total Numbers in Ward Appearing on EYFSP Return
Wolvey (Rugby District)	56%	27
Bede (Nuneaton & Bedworth)	55%	83
Polesworth East (North Warwickshire)	55%	38
Newton Regis & Warton (North Warwickshire)	55%	22
Sambourne (Stratford-on-Avon)	53%	19
Claverdon (Stratford-on-Avon)	52%	23
Exhall (Nuneaton & Bedworth)	50%	88
Atherstone South & Mancetter (North Warwickshire)	46%	39
Atherstone North (North Warwickshire)	44%	25
Leam Valley (Rugby)	43%	14

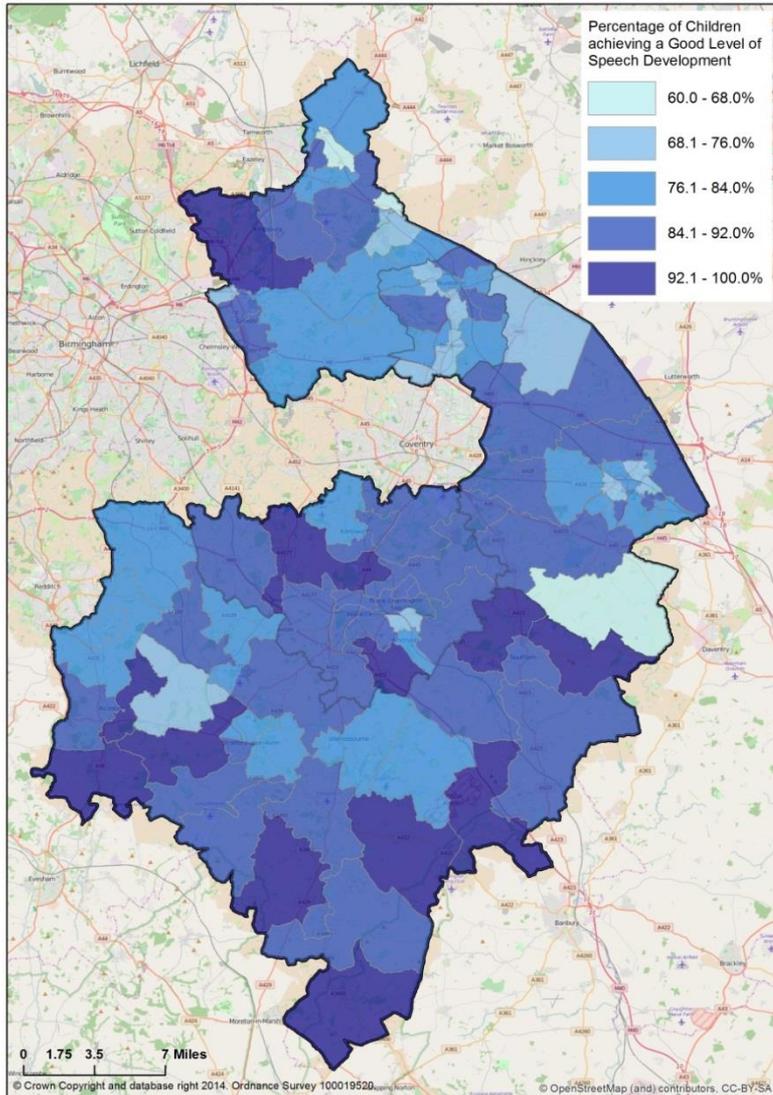
**Good Level of Development (GLD):  
Listening & Attention**



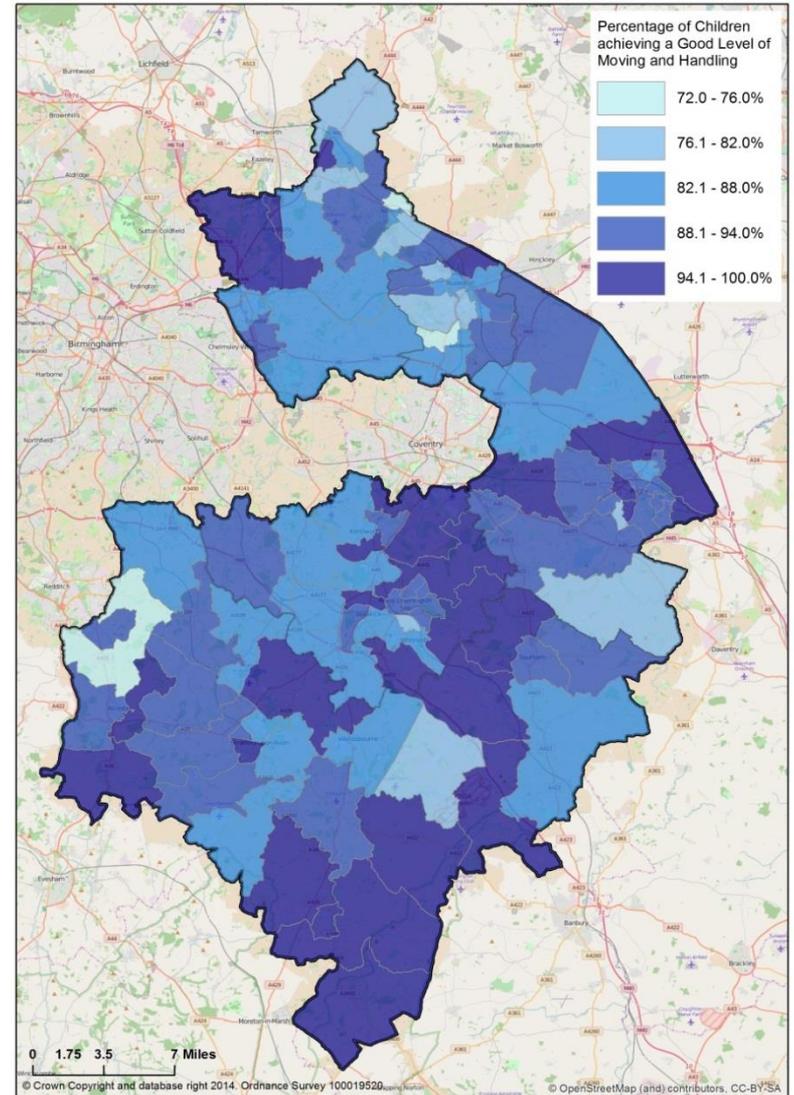
**Good Level of Development (GLD):  
Understanding**



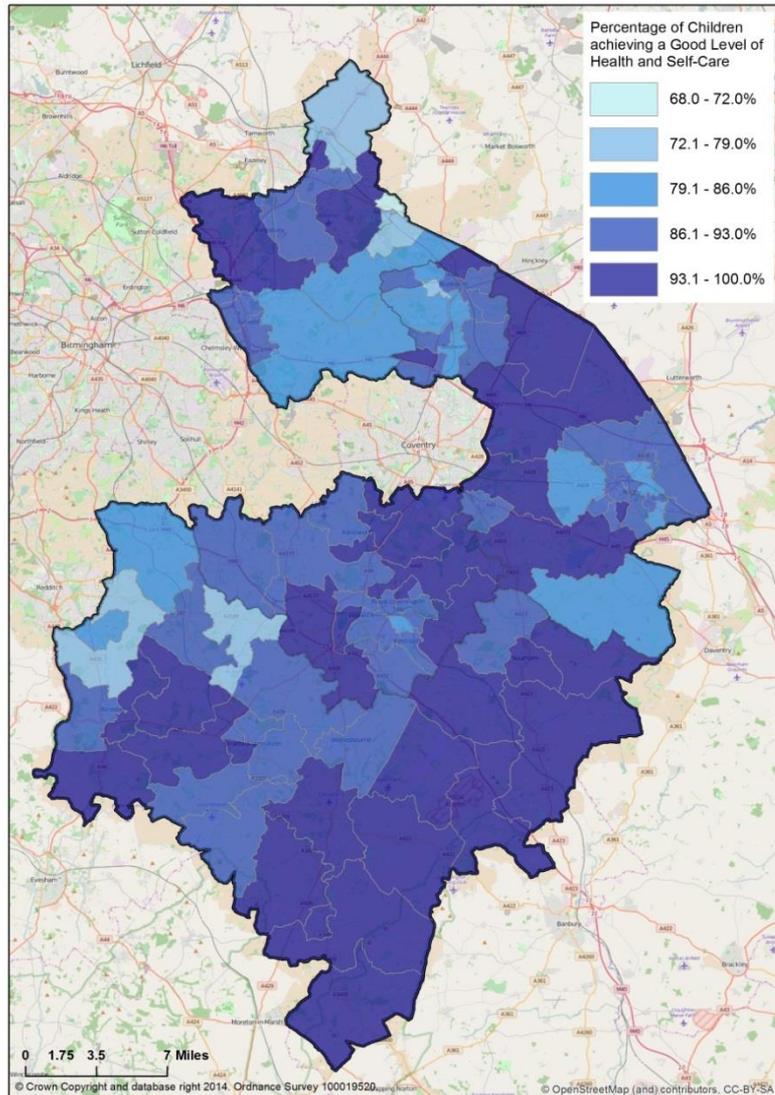
## Good Level of Development (GLD): Speech Development



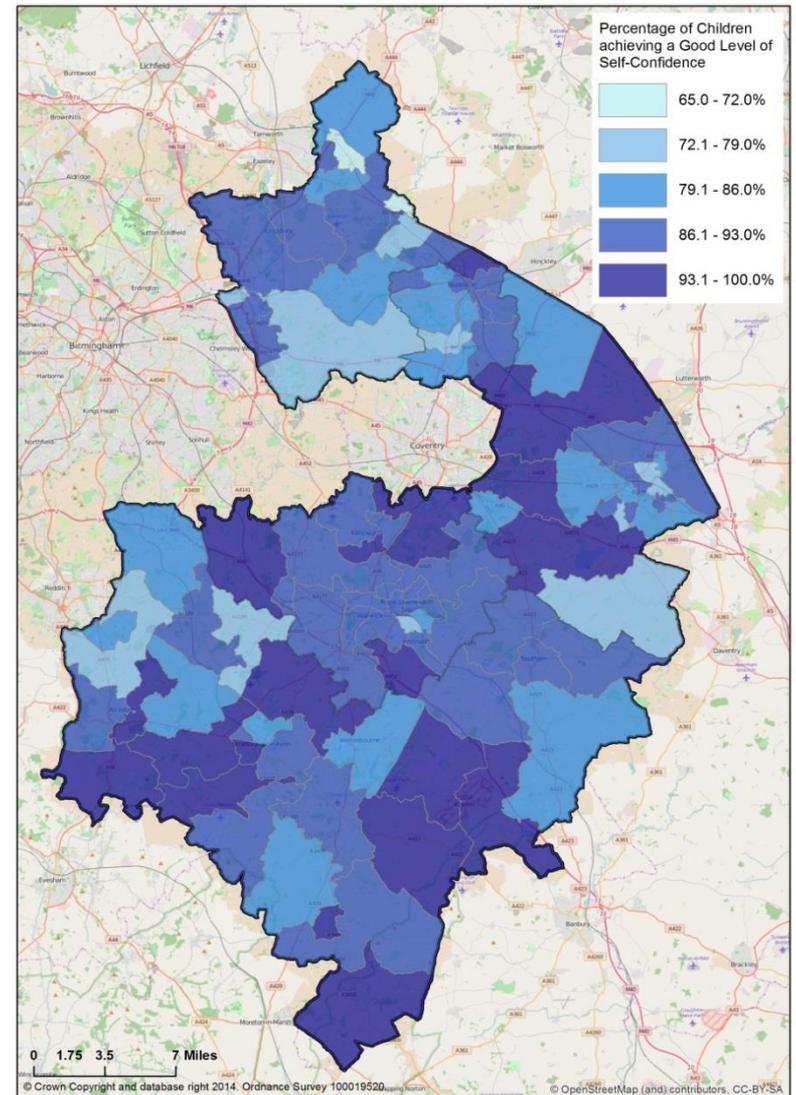
## Good Level of Development (GLD): Moving & Handling



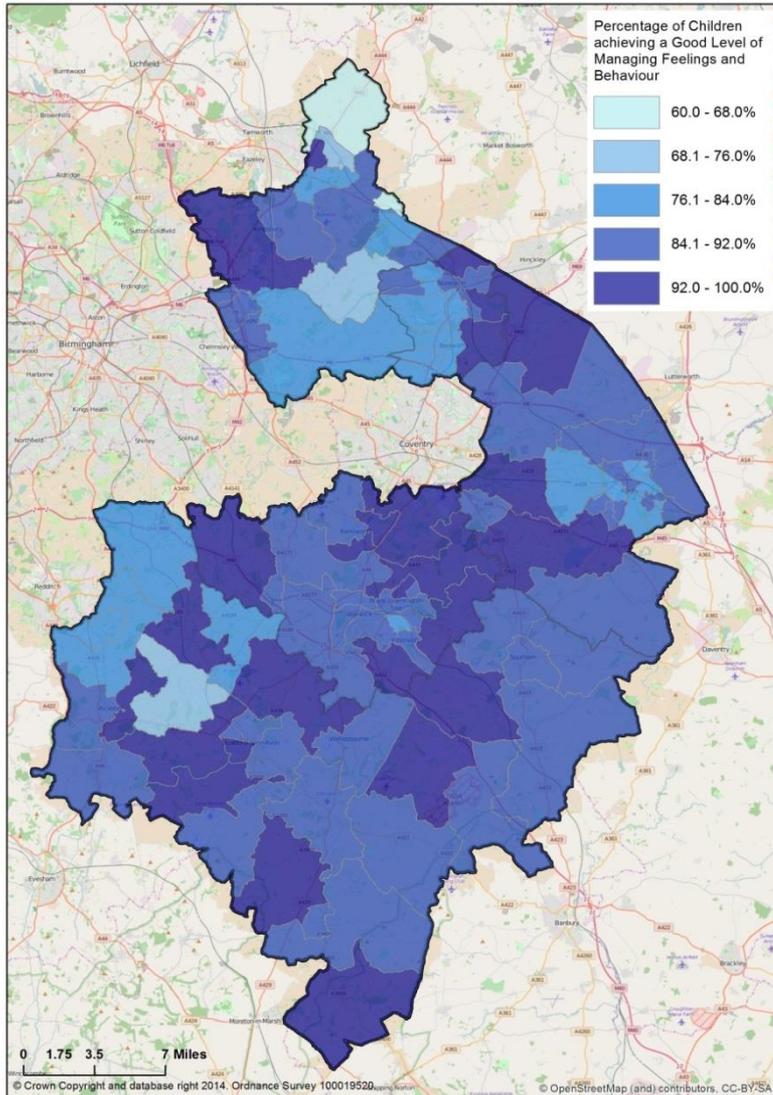
## Good Level of Development (GLD): Health & Self-Care



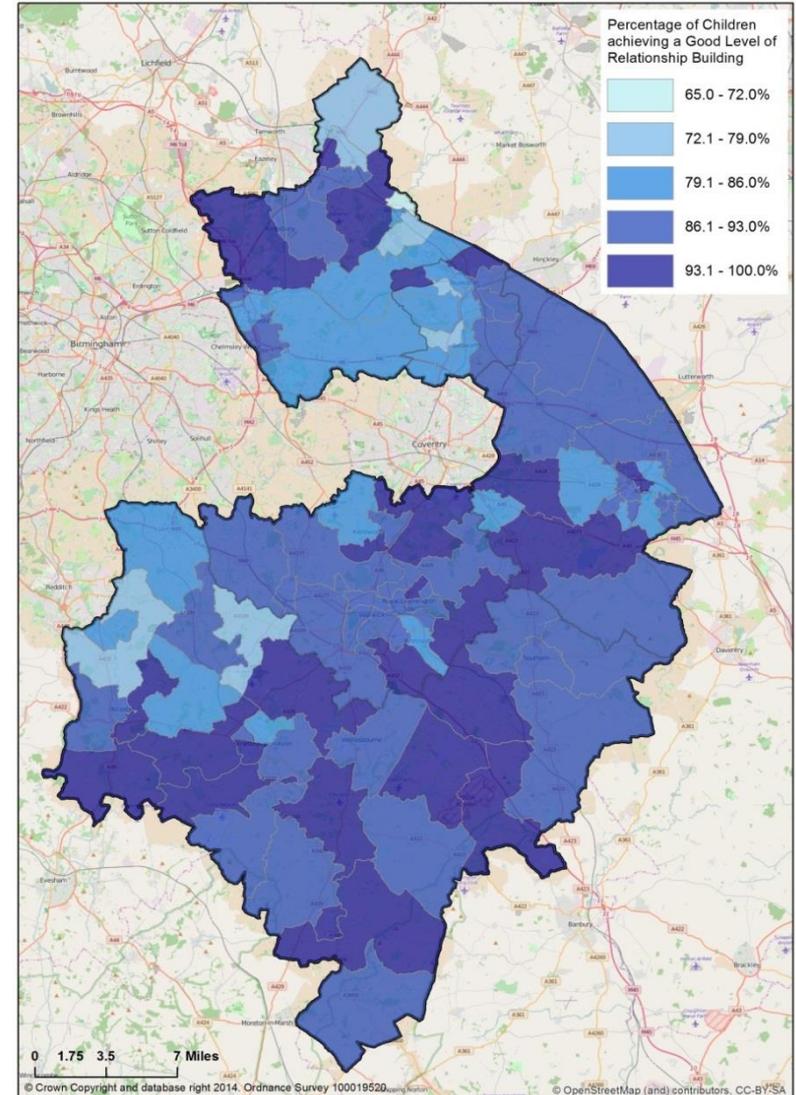
## Good Level of Development (GLD): Self-Confidence



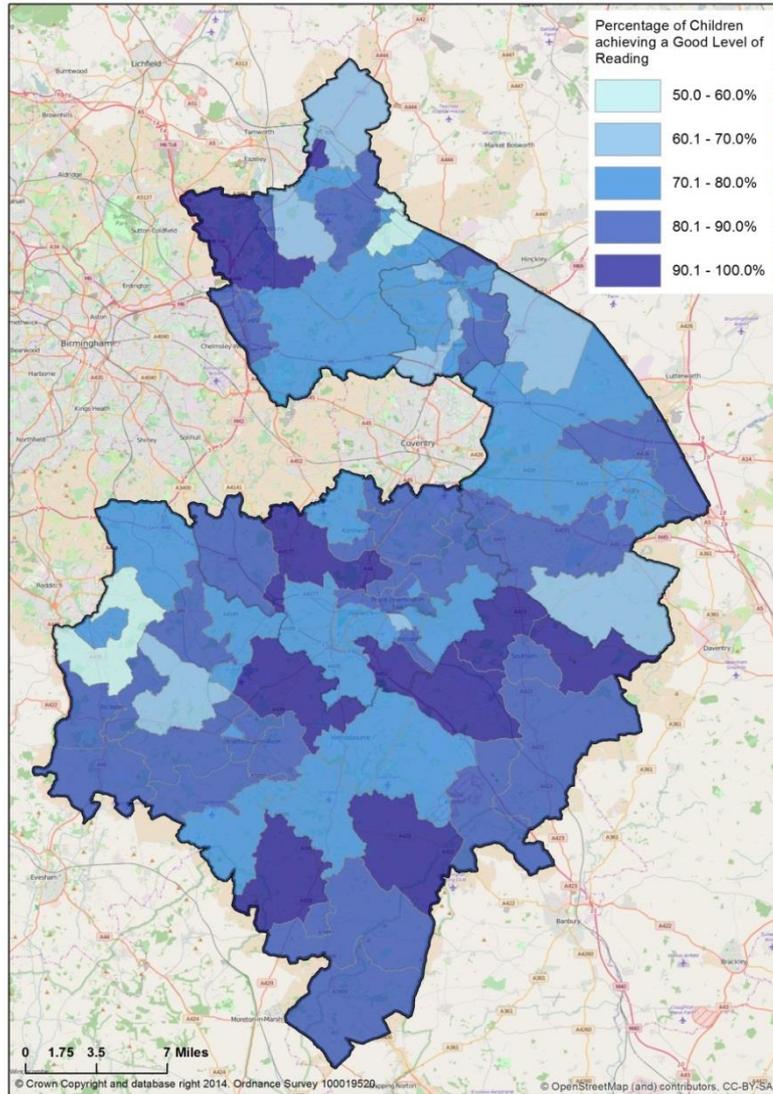
## Good Level of Development (GLD): Managing Feelings & Behaviour



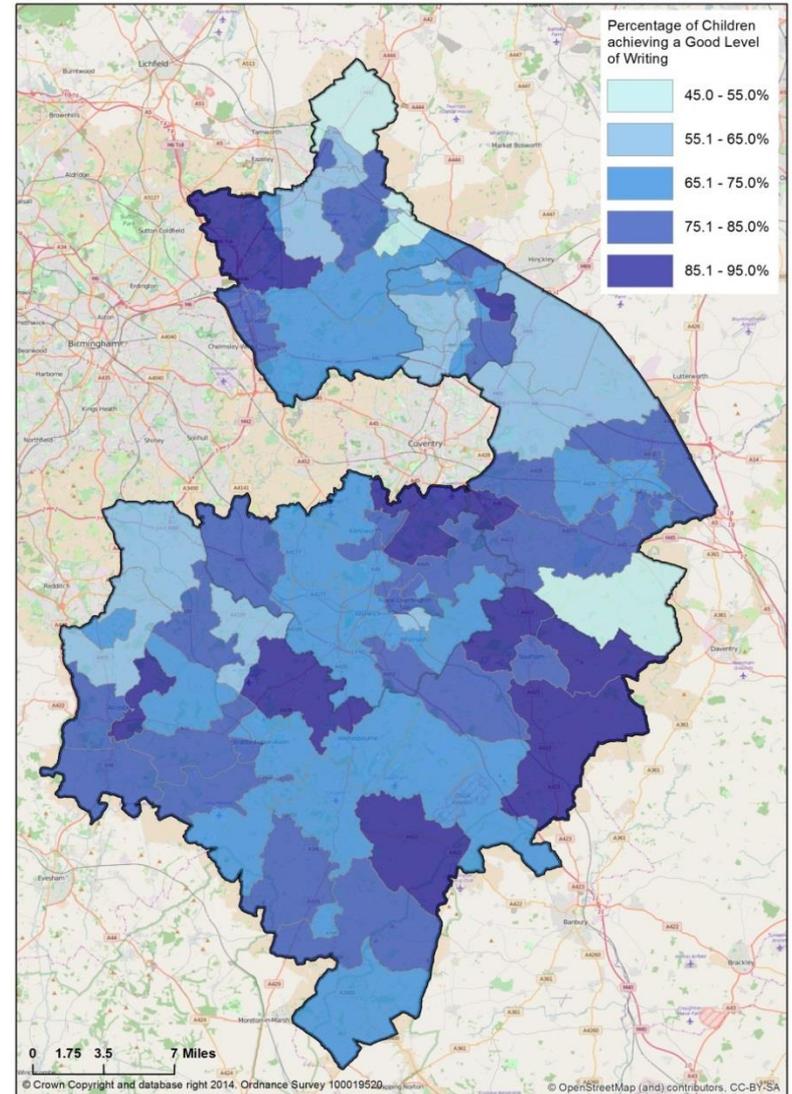
## Good Level of Development (GLD): Relationship Building



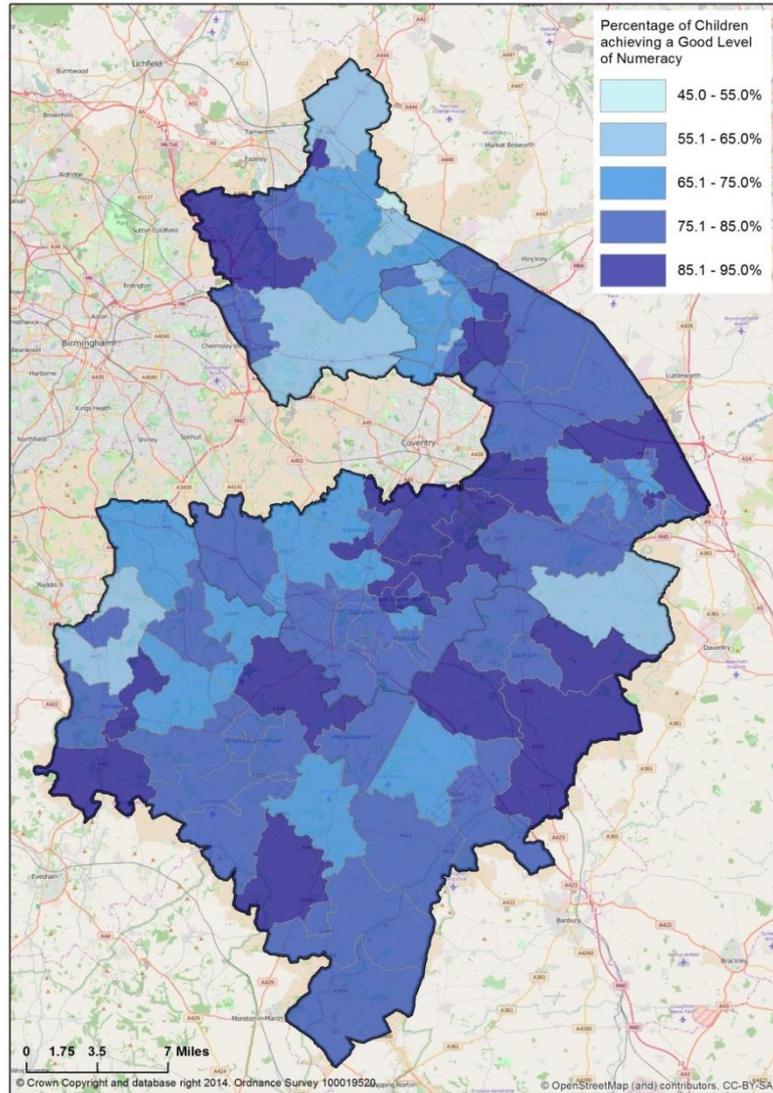
## Good Level of Development (GLD): Reading



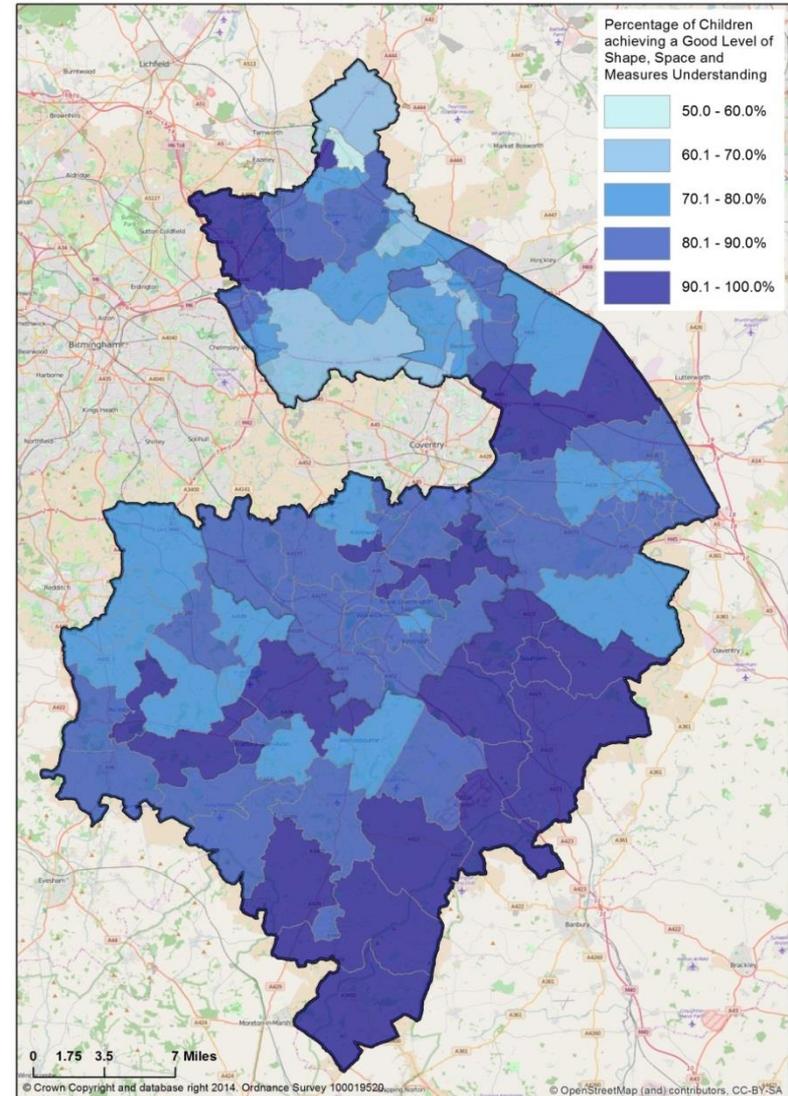
## Good Level of Development (GLD): Writing



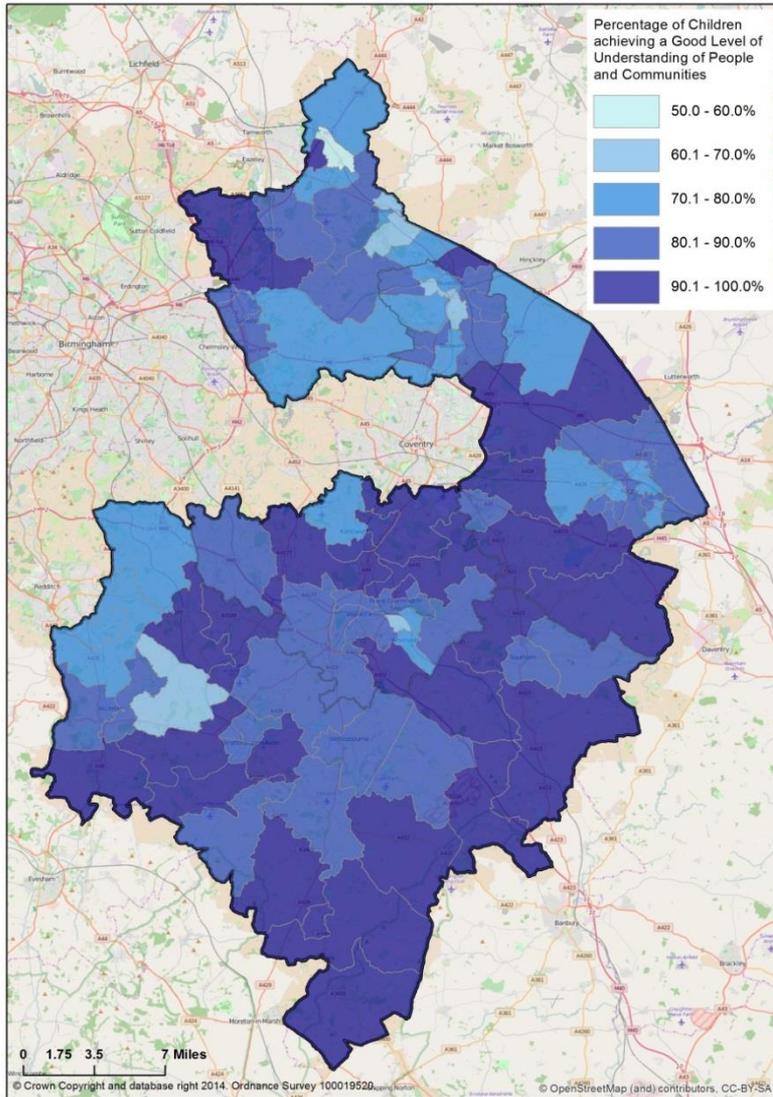
## Good Level of Development (GLD): Numeracy



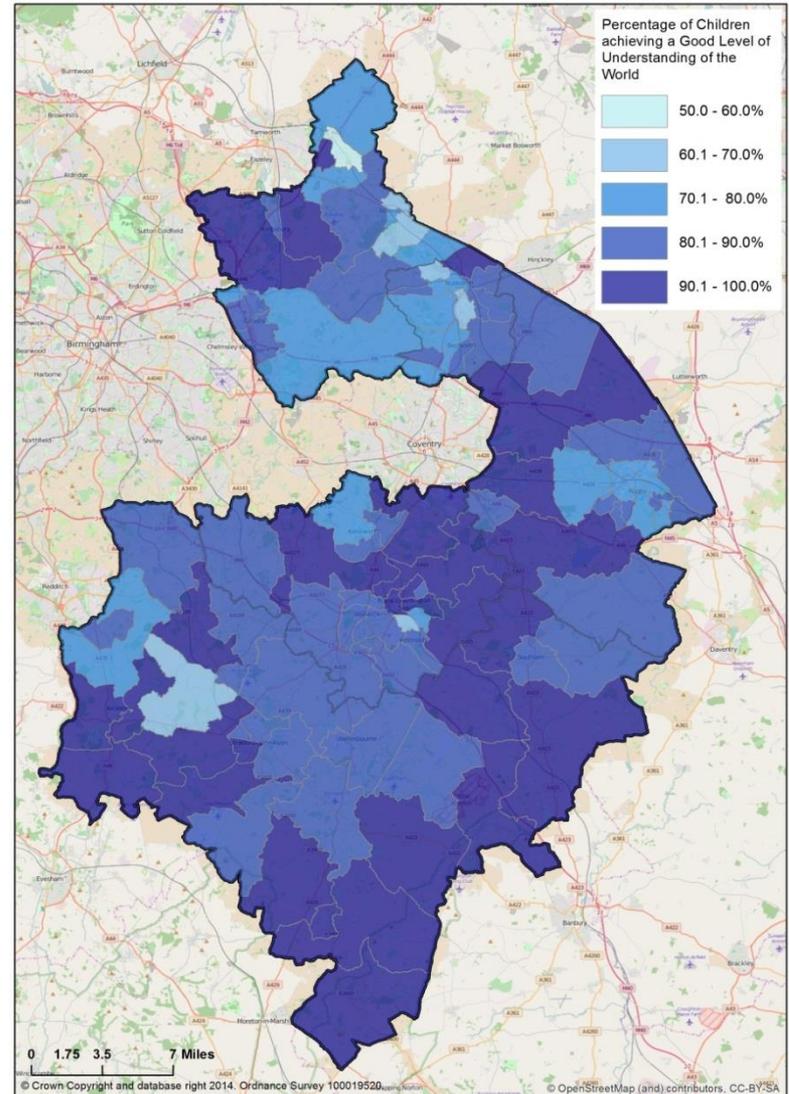
## Good Level of Development (GLD): Shape, Space & Measures Understanding



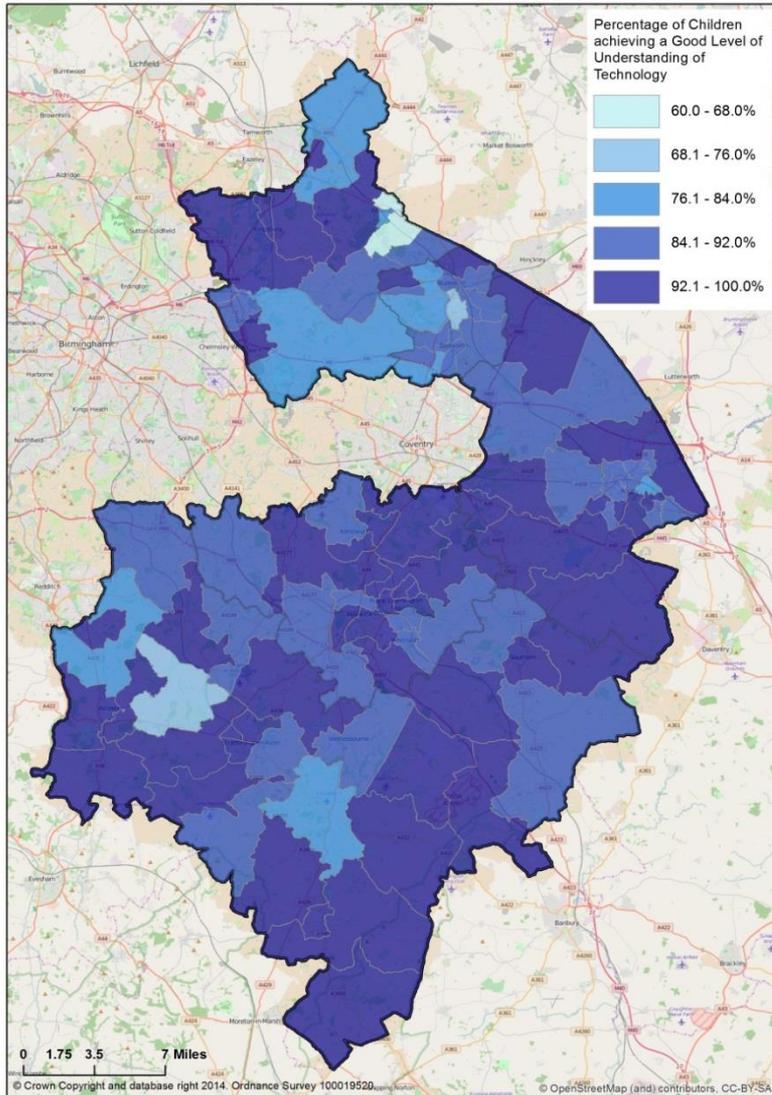
**Good Level of Development (GLD):  
Understanding of People &  
Communities**



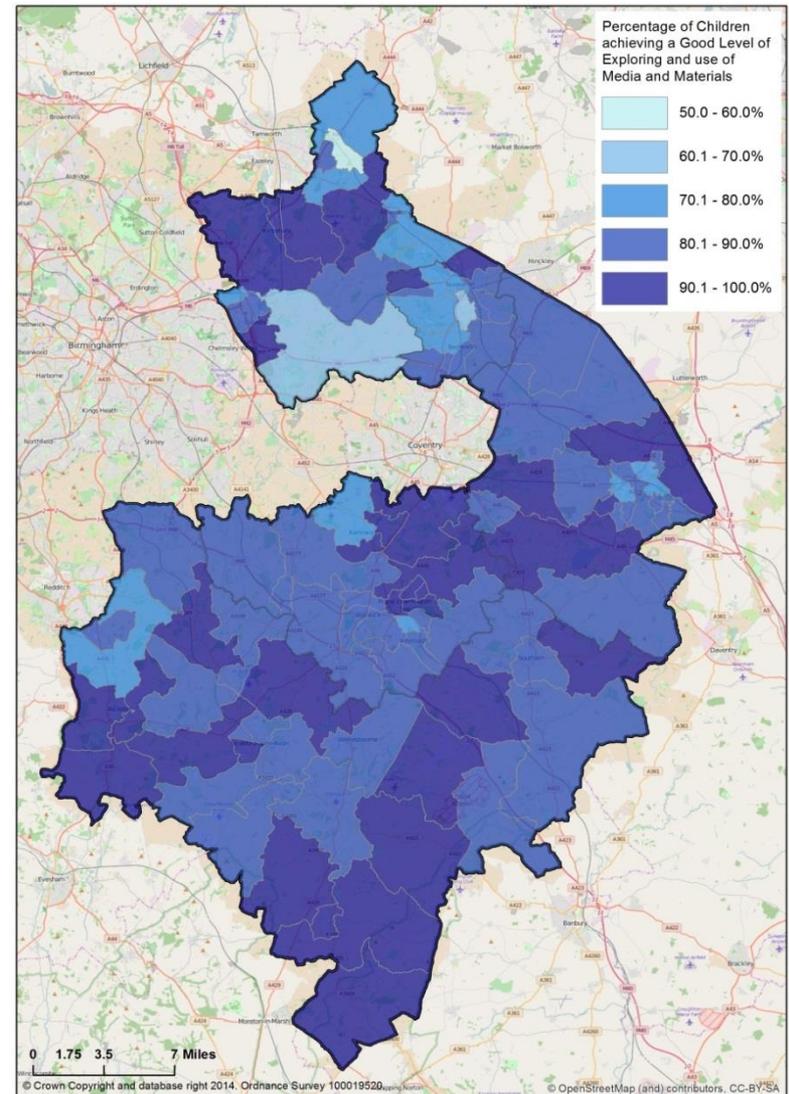
**Good Level of Development (GLD):  
Understanding of the World**



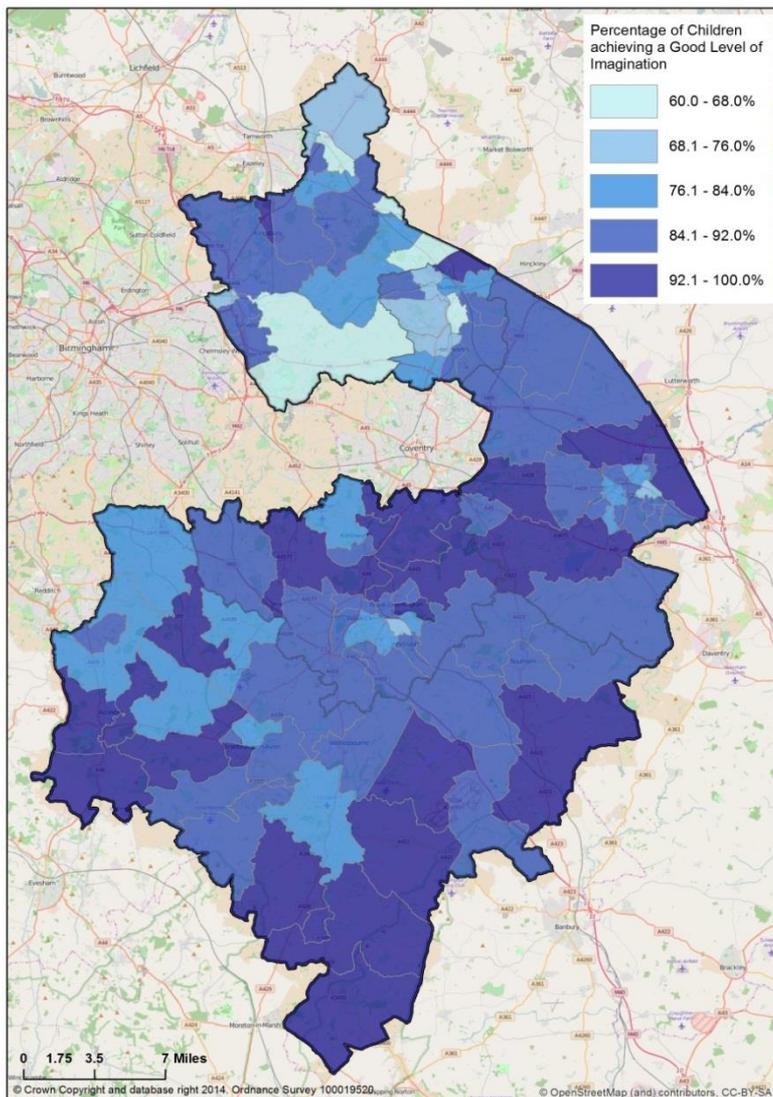
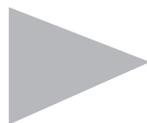
## Good Level of Development (GLD): Understanding of Technology



## Good Level of Development (GLD): Use of Media & Materials



## Good Level of Development (GLD): Imagination



## GLD Key Messages

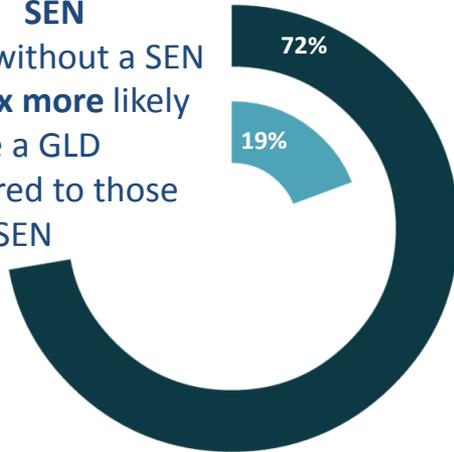


- Overall, the highest performing Early Learning Goals within the Prime Areas, Numeracy and Literacy are:
  - Health & Self Care: 90.2% achieved at least the expected level
  - Moving & Handling: 89.1% achieved at least the expected level
- Conversely, the lowest performing ELGs are:
  - Writing: 71.8% achieved at least the expected level
  - Speaking: 82.9% achieved at least the expected level
- The writing ELG is assessed on a pupil's ability to match words to sounds, to spell correctly or in a phonetically acceptable way and to write sentences that can be read.
- The speaking ELG is assessed on a pupil's expression, awareness of the listener's needs and ability to connect ideas/events to form narratives.
- Amongst all of the ELGs (including those not used to assess GLD), 'technology' had the highest proportion of children achieving at least the expected level – 90.4%. Writing also has the lowest percentage achieving at least the expected level amongst all ELGs.

# Inequalities in School Readiness (2015)

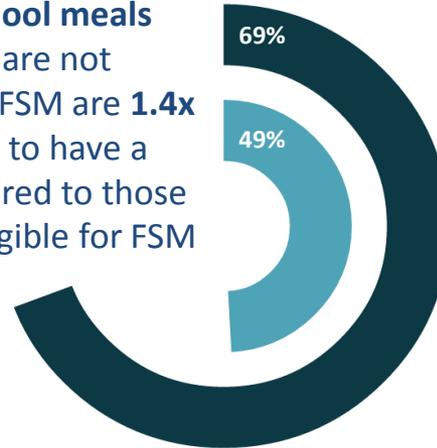
## SEN

Pupils without a SEN are **3.8x more** likely to have a GLD compared to those with a SEN



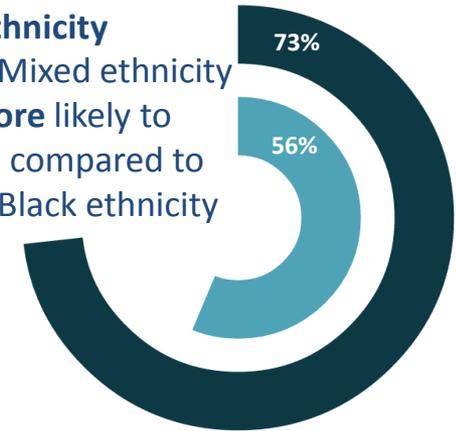
## Free school meals

Pupils who are not eligible for FSM are **1.4x more likely** to have a GLD compared to those who are eligible for FSM



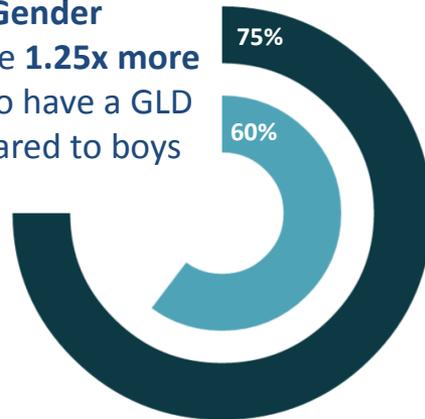
## Ethnicity

Pupils of a Mixed ethnicity are **1.3x more** likely to have a GLD compared to pupils of a Black ethnicity



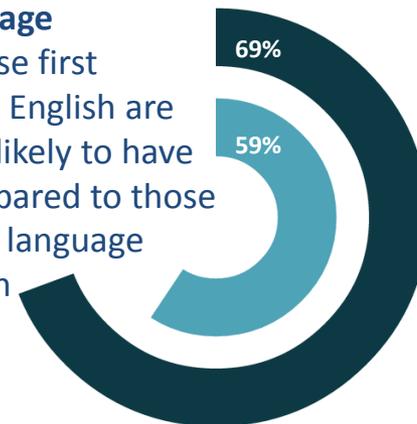
## Gender

Girls are **1.25x more** likely to have a GLD compared to boys



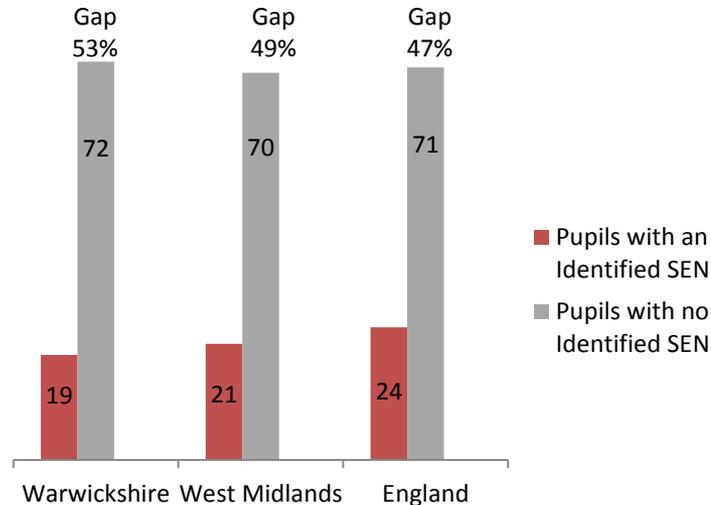
## First Language

Pupils whose first language is English are **1.2x more** likely to have a GLD compared to those whose first language isn't English



## Inequalities in School Readiness (2015): Special Educational Needs [1]

- In Warwickshire, a child with no identified Special Educational Needs (SEN) is **3.8** times more likely to achieve a Good Level of Development than a child with SEN.



- Amongst all of the variables considered in this section, the SEN GLD attainment gap is the widest, both nationally and in Warwickshire
- Warwickshire's attainment gap is wider than the national average by a greater amount than for any of the other variables – 6%.
- The gap between children with an identified SEN and those without one is very large due to the very low percentage of SEN children achieving a Good Level of Development; only 19% of Warwickshire's children with Special Educational Needs attained a GLD.

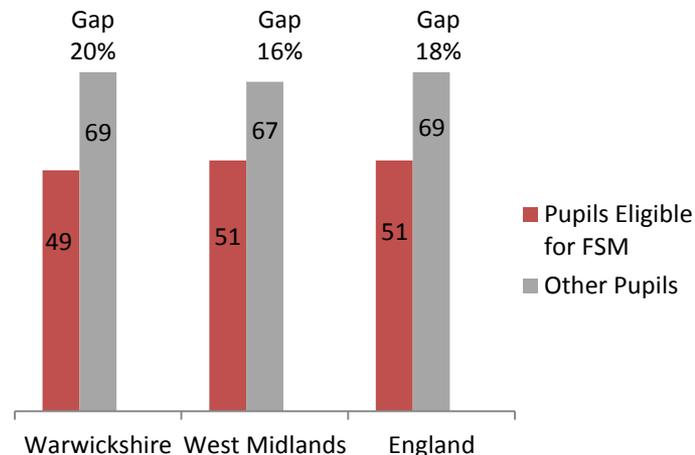
## Inequalities in School Readiness (2015): Special Educational Needs [2]

- Children with SEN/D may not achieve a Good Level of development due to a number of reasons.
  - For example, children with physical disabilities are unable to complete the physical development criteria which would lead to them not achieving a GLD as this is one of the prime areas.
  - In Warwickshire, there is very good identification of special educational needs and all children with recorded SEN have a high level of need. High level SEN result in developmental delays and this again explains why they are not school ready at reception age.
- In Special Schools in Warwickshire (which are schools for children with special/additional needs), there is a higher proportion of students **eligible for Free School Meals**.
  - **28%** of pupils are eligible and claim FSMs in special schools **versus** an average of **8.5%** in state-funded primary and secondary schools.
  - This means that pupils with special needs are **3.29 times more likely** to be eligible for Free School Meals than their counterparts, highlighting the interaction between various risk factors that impact on GLD attainment, e.g. deprivation and special needs
- The number of **Disability Living Allowance** claimants aged under 5 gives an indication of the prevalence of disabilities in the 0-5 population.
  - In 2015, there were **480 children** under the age of 5 receiving a Disability Living Allowance in Warwickshire
  - Roughly one third (160) of these children live in Nuneaton & Bedworth.
- However, while children with high level SEND may not achieve GLD, it is expected in Warwickshire that children will be making at least the expected progress against individual targets.
- All children with high level SEND have a planned individual transition into nursery and then into school, aiming to provide seamless provision and allowing for best outcomes.

- Overall Warwickshire is an affluent county, ranking in the top 20% least deprived authorities in England. However, pockets of deprivation exist across the county, in both urban and rural areas
- Deprivation and poverty in childhood have a profound impact on educational, health and employment outcomes later in life.
- This can generally be explained by:
  - a lack of financial means to invest in the children, and
  - due to parental factors that are associated with poverty
- Poverty and deprivation are linked with lower school readiness meaning that many children from poor backgrounds begin school at a disadvantage
- Although child poverty is difficult to measure directly, it can be captured using several proxy measures

## Inequalities in School Readiness (2015): Deprivation (Free School Meals) [2]

- Deprivation can be captured by using Free School Meal (FSM) eligibility as a proxy measure since the eligibility criteria all relate to low family income (e.g. income related benefits, annual household earnings of £16,190 or less and Child Tax Credit). However, not all children who meet the FSM criteria are known to be eligible for them.

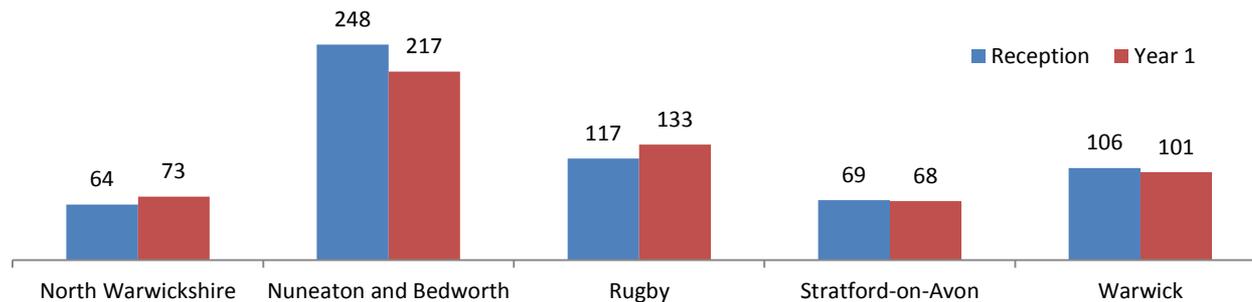


- Warwickshire has a higher gap than the England average by 2% due to a lower percentage of children who are known to be eligible for free school meals achieving a Good Level of Development.
- Although the gap between pupils eligible for FSMs and other pupils is narrowest for the West Midlands, the percentage of other pupils achieving a GLD is the lowest amongst the three, at 67%.

## Inequalities in School Readiness (2015): Deprivation (Free School Meals) [3]

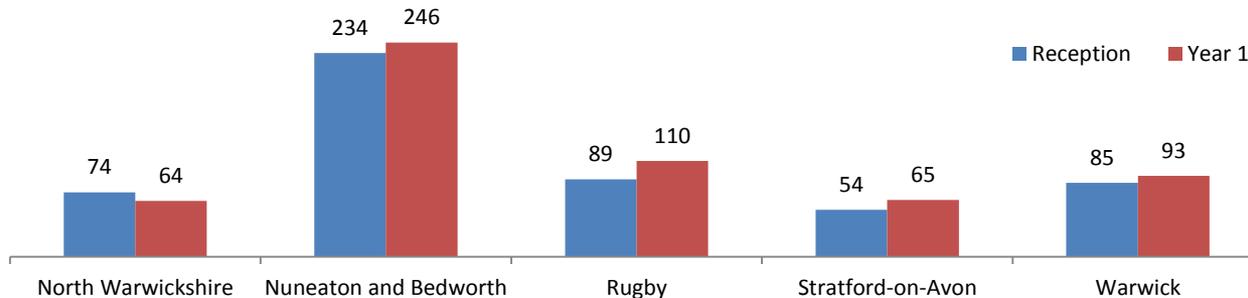
- In 2015, a total of **1,196** children in **reception and year 1** were eligible for and claiming Free School Meals
- This equates to **9.34%** of the total number of reception and Y1 students.

2015: Number of Pupils eligible for and claiming FSMs



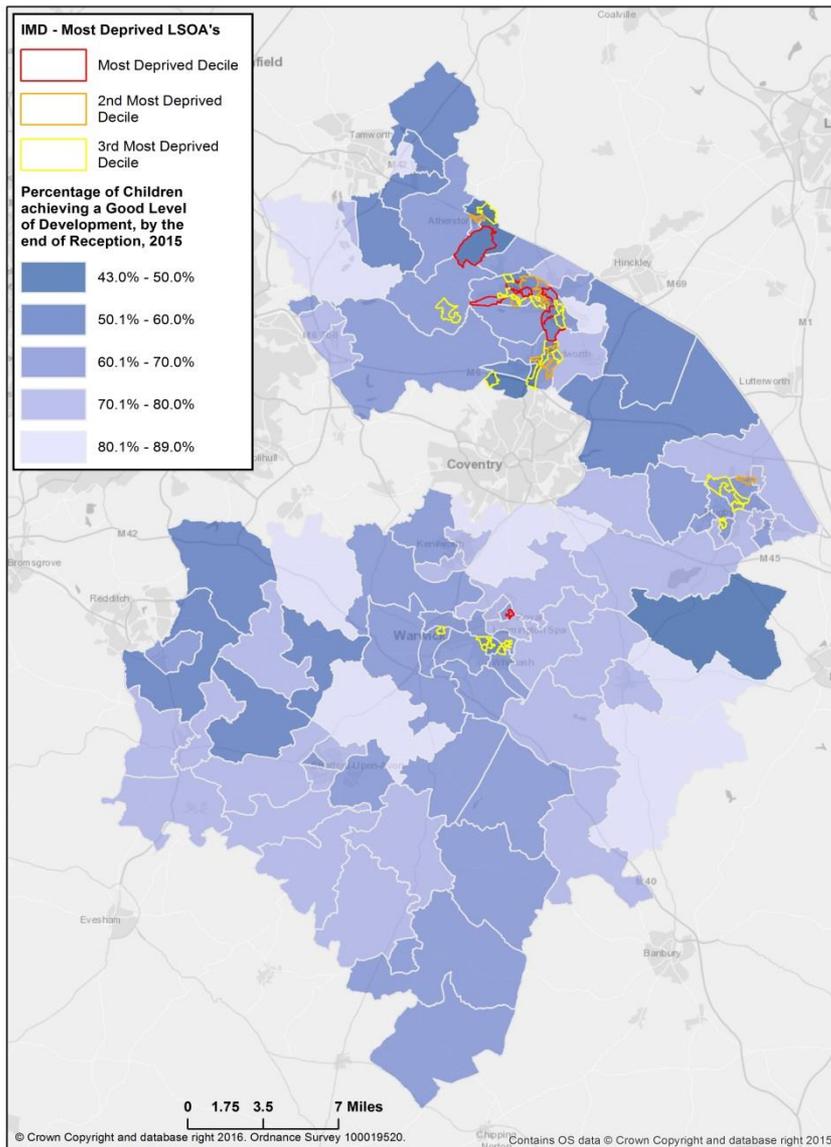
- In 2016, a total of **1,114** children in **reception and year 1** were eligible for and claiming Free School Meals
- This equates to **8.98%** of the total number of reception and Y1 students.

2016: Number of Pupils eligible for and claiming FSMs



- Most students eligible for and claiming FSMs attend school in Nuneaton and Bedworth

# Inequalities in School Readiness (2015): Deprivation (Free School Meals) [4]



The map on the left shows GLD data at ward level overlaid with the IMD 30% most deprived LSOAs – i.e. the link between deprivation and school readiness

In some areas there is a clear overlap between the two variables.

However, some other areas have low levels of school readiness and are relatively affluent.

This implies that although deprivation can impact negatively on school readiness, children from affluent households are not guaranteed to be school ready at reception age.

## Inequalities in School Readiness (2015): Deprivation [5]

- The Index of Multiple Deprivation is a comprehensive measure of relative deprivation and is based on 37 indicators across 7 domains
- The IMD is calculated at Lower Super Output Area (LSOA) level - small geographies with populations of approximately 1,500. There are 8 LSOAs across the county that rank in the top deprivation decile:

LSOA in top 10% most deprived in England	District/Borough	0-5 population	% of total population aged 0-5
Mancetter South and Ridge Lane	North Warwickshire	122	8.73%
Camp Hill Village & West	Nuneaton & Bedworth	274	11.38%
Abbey Town Centre	Nuneaton & Bedworth	132	7.82%
Bar Pool North & Cresents	Nuneaton & Bedworth	181	11.31%
Kingswood Grove Farm & Rural	Nuneaton & Bedworth	172	11.13%
Middlemarch & Swimming Pool	Nuneaton & Bedworth	180	10.17%
Hill Top	Nuneaton & Bedworth	97	8.24%
Lillington East	Warwick	135	9.80%
Total 0-5 population living in areas in top deprivation decile	1,293		

- Of the top eight most deprived LSOAs in the county, **Camp Hill Village and West** has the largest number of children aged 0-5
- Six of these eight LSOAs are in the Nuneaton & Bedworth borough, 1 in North Warwickshire and 1 in Warwick District
- A further 10 LSOAs in Warwickshire rank in the top quintile of relative deprivation (20% most deprived)
- Overall, there are an estimated **2,796** children aged between 0 and 5 living in the areas in Warwickshire that fall into the **top 20%** most deprived nationally

## Inequalities in School Readiness (2015): Deprivation [6]

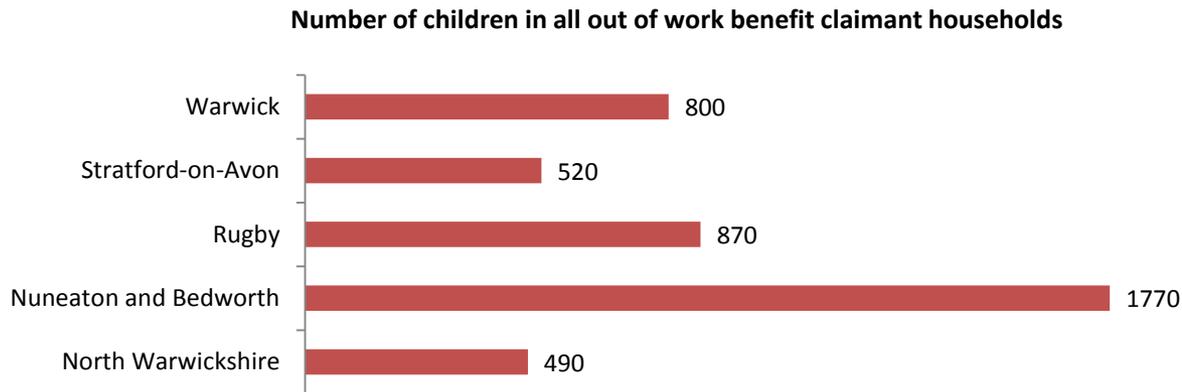
- **Income Deprivation Affecting Children Index (IDACI)** is a measure of the proportion of children aged 15 and under who live in income deprived families, and can be used to supplement the IMD.
- Based on the IDACI, there are 19 LSOAs in Warwickshire that fall into the top 20% most deprived nationally.
- Most of these (12 LSOAs 63%) are in Nuneaton & Bedworth, 4 in Warwick, 2 in Rugby and 1 in North Warwickshire.
- The table below shows the LSOAs in Warwickshire that fall under the top 10% most deprived nationally, based on both the IMD and the IDACI.

LSOA in top deprivation decile - IMD and IDACI	District/Borough	0-5 population
Camp Hill Village & West	Nuneaton & Bedworth	274
Bar Pool North & Crescents	Nuneaton & Bedworth	181
Kingswood Grove Farm & Rural	Nuneaton & Bedworth	172
Middlemarch & Swimming Pool	Nuneaton & Bedworth	180
Hill Top	Nuneaton & Bedworth	97
Lillington East	Warwick	135
Total 0-5 population in these LSOAs	1,039	

- This is not to say that all of the children living in these areas are deprived, but the IMD and IDACI offer an indication of the scale of need for Warwickshire's 0-5 year olds.

## Inequalities in School Readiness (2015): Deprivation [7]

- Another proxy measure worth considering is the number of children aged under 5 living in households where at least one parent/guardian is in receipt of out of work benefits.
- This is an approximation of children living in low income families.



- As at May 2014, a total of **4,450** children aged below 5 in Warwickshire live in households where at least one parent/guardian was receiving out of work benefits.
- The Nuneaton & Bedworth borough has the highest number of children under 5 living in out-of-work benefit claimant households.



### Priority Families - Overview:

- The Priority Families Programme works with vulnerable families to turn their lives around
- Its 6 eligibility criteria include families that are at risk of financial exclusion
- This includes adults who are out of work and young people who are deemed to be at risk of worklessness.
- Since long term unemployment is a key determinant of poverty, and financial exclusion limits families' ability to access certain services and support networks, it is important to examine priority families data in this section

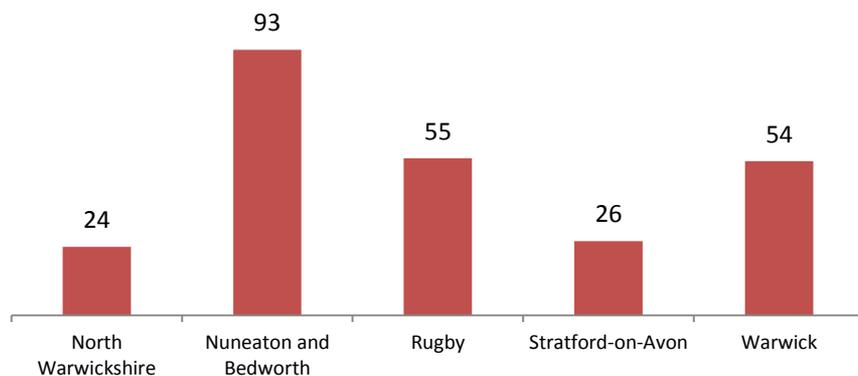
(For the purposes of this analysis, a child is identified as 0-5 if their birthday falls on or after July 11th 2009).

## Inequalities in School Readiness (2015): Deprivation [9]

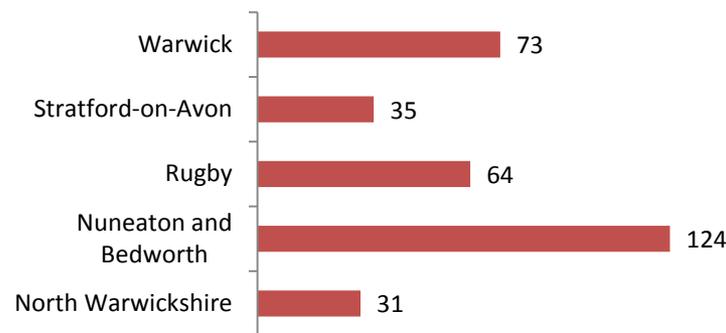
- As at the end of March 2016, **816** families were attached to the Priority Families Programme
- Of these, **252 families** have at least one 0-5 year old child living with them, with a total of **327** children in this age group
- All priority families in Rugby have at least one 0-5 year old
- Most of these Priority Families (and children) live in Nuneaton and Bedworth



Number of Priority Families by District/Borough



Number of children aged 5 and under by district/borough



### Priority Families - Key Findings:

- Financial exclusion is the **2<sup>nd</sup>** most common eligibility criterion, with **87%** of families meeting it
- Over half of these families (**57%**) are in receipt of an out of work benefit
- Across Warwickshire, where the registration status is known, **84%** of Priority Family 0-5 year olds are registered with a Children's Centre.
- The largest number of children are registered in Camp Hill (Nuneaton & Bedworth), Lillington (Warwick) and St Michael's (Nuneaton & Bedworth)
- The Camp Hill ward is the most populous in terms of families with 0-5 year olds; a total of **23** of the families reside in this ward



## Priority Families - Key Findings:

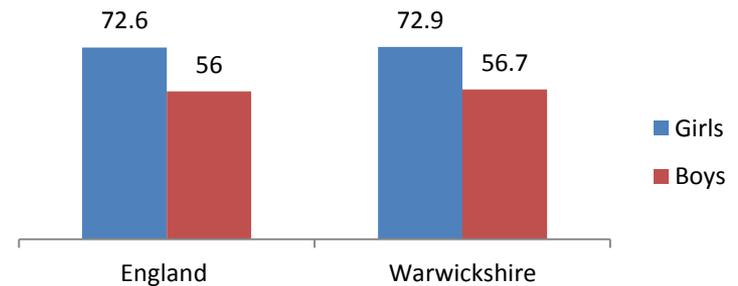
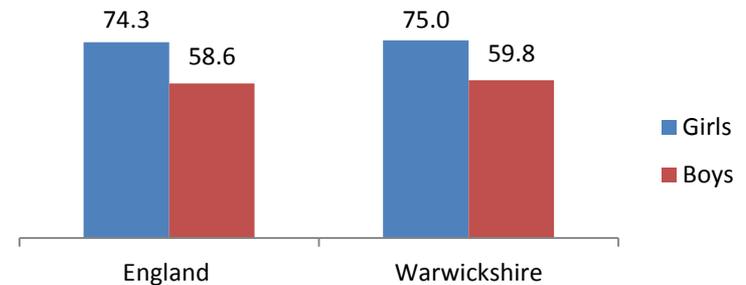
- The table below shows the 15 wards that are home to the largest number of priority families with children aged 5 and under



Ward	District/Borough	Number of Families
Camp Hill	Nuneaton and Bedworth	23
Crown	Warwick	13
Wem Brook	Nuneaton and Bedworth	12
Newbold and Brownsover	Rugby	12
New Bilton	Rugby	11
Kingswood	Nuneaton and Bedworth	10
Poplar	Nuneaton and Bedworth	8
Emscote	Warwick	8
Wolston and the Lawfords	Rugby	7
Brunswick	Warwick	7
Abbey	Nuneaton and Bedworth	7
Sydenham	Warwick	6
Slough	Nuneaton and Bedworth	6
Bede	Nuneaton and Bedworth	5
Admirals and Cawston	Rugby	5

## Inequalities in School Readiness (2015): Gender [1]

- There is a gender gap in the GLD results, with **15.2%** more girls achieving a GLD than boys in Warwickshire, compared to **15.7%** nationally.
- There is also a gender gap across all Early Learning Goals, with **16.2%** more girls achieving the expected level of achievement than boys in Warwickshire, compared to **16.6%** nationally.
- Girls out perform boys in every ELG in both Prime and Specific areas of learning



## Inequalities in School Readiness (2015): Gender [2]

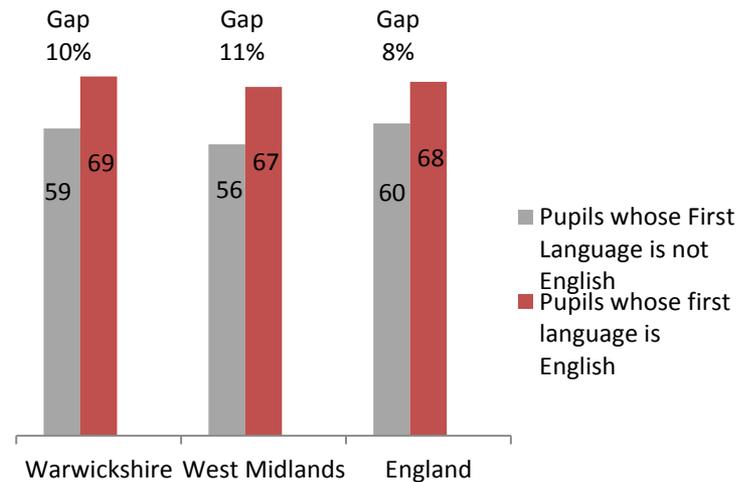
- The table below shows the **gender gap** in the percentage of children achieving at least the expected level (median score) for each Early Learning Goal across the **Prime Areas of Learning, Literacy and Numeracy** for **Warwickshire vs England**.

Early Learning Goals: Prime Areas	Warwickshire Gender Gap (%)	England Gender Gap (%)	Difference (%)
Listening and Attention	10.1	9.8	0.3
Understanding	7.5	8.4	-0.9
Speaking	9.1	9.1	0.0
Moving and Handling	9.9	9.0	0.9
Health and Self Care	6.5	6.2	0.3
Self-confidence and self-awareness	7.1	6.9	0.2
Managing feelings and behaviour	10.4	10.2	0.2
Reading	10.6	11.3	-0.7
Writing	13.9	14.7	-0.8
Numbers	6.6	7.8	-1.2
Shape, Space and Measures	6.6	7.5	-0.9

- This gender gap is generally wider in Warwickshire than the England average for every ELG.
- The Prime Area ELGs with the largest gender gap both in Warwickshire and nationally are ‘managing feelings and behaviour’ followed by ‘listening and attention’.

## Inequalities in School Readiness (2015): English as a First Language

- In Warwickshire, children who speak English as a first language are **1.2 times** more likely to achieve a Good Level of Development compared to those whose first language is not English.
- This may be explained by a gap between a child's home and school culture, which is particularly wide for children who speak a different first language to that used at school. The issues created by this gap are worsened by poverty.



- 8.8% of Warwickshire's Primary School students in state-funded schools spoke a First Language other than English, which equates to 3,145 pupils.
- This is much lower than the national average of 19.4%.

## Inequalities in School Readiness (2015): Ethnicity

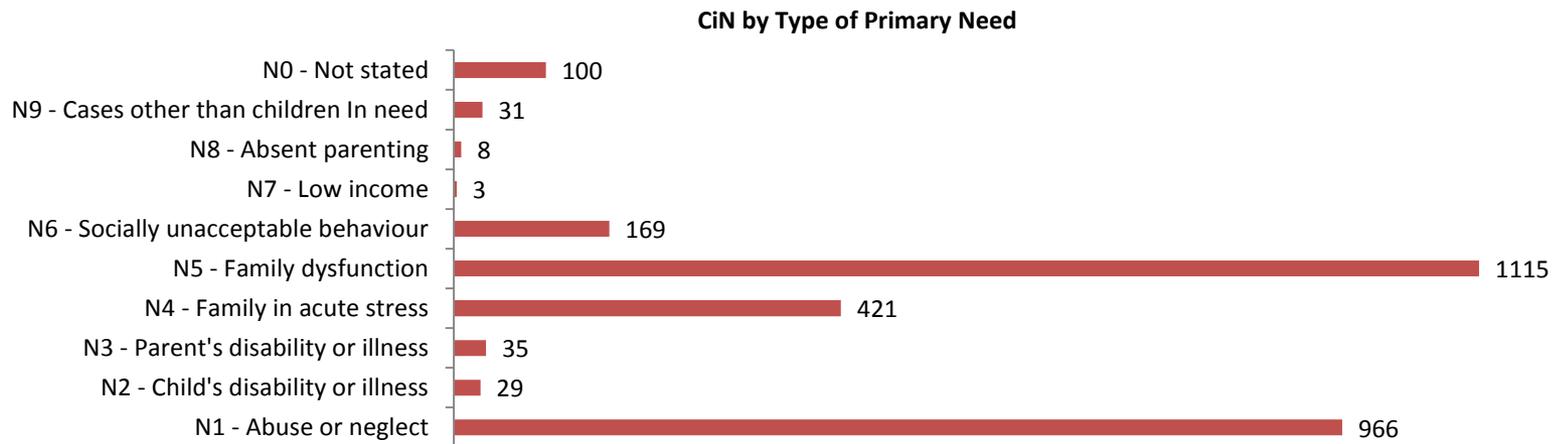
- The largest inequality in GLD achievement by ethnicity in Warwickshire exists between pupils from a black ethnicity and all other pupils – 11 percentage points.

% Achieving a Good Level of Development by Ethnicity						
	White	Mixed	Asian	Black	Chinese	All Pupils
England	67	68	64	65	67	66
Warwickshire	68	73	65	56	69	67

- This means that on average children who are not black are **1.2 times** more likely to achieve a GLD than children from a black ethnicity.
- Pupils from an Asian background also performed slightly lower than their counterparts with 2% less Asian students achieving a GLD.
- Pupils from a Mixed ethnic background and Chinese outperformed their counterparts with 6% and 2% more pupils achieving a GLD respectively.
- In Warwickshire, just below **1%** of all primary school pupils are from a Black ethnic background and just over **5%** are Asian. In total there are **2,242** Black and Asian pupils in Warwickshire’s primary schools (based on School Census data).

# Inequalities in School Readiness: Children in Need [1]

- Children in Need (CiN) are referred to social work services because their health and/or development is at risk
- In 2015/16 there were a total of **2,877** CiN aged 5 and under, and this figure may include multiple episodes for the same child opened within the year and also includes unborn children.
- This is a reduction of **338** cases compared to 2014/15 (in which there were **3,049** referrals of 0-5 year olds to social care)
- There are 9 main types of primary need (plus a 'not stated' category) and they follow a hierarchical order. Although a child may have more than one type of need, the category highest in the category is reported in the census.



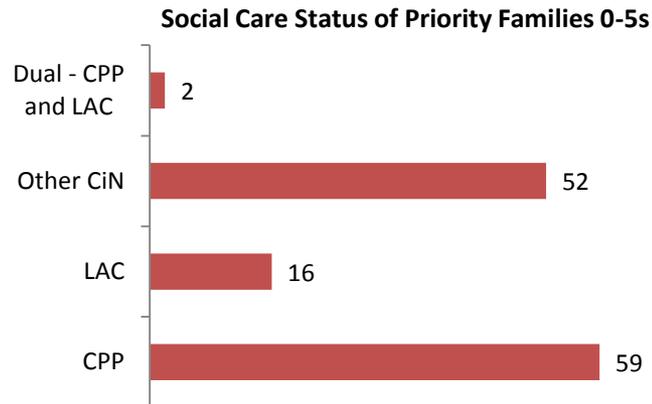
- Following 'family dysfunction', 'neglect and abuse' is the second most common type of need in Warwickshire. This was also the case in 2014/15.
- These causes accounted for approximately 39% and 34% of cases respectively.

## Inequalities in School Readiness: Children in Need [2]

- CiN figures include children who are subject to a Child Protection Plan (CPP) and Looked After Children (LACs)
- At March 31<sup>st</sup>, 2016 there were **220** open Child Protection Plans for children aged 0-5 and **156** Looked After Children
- These figures include unborn children.
- Warwickshire's rate of Looked After Children is **61 per 10,000**
- This is slightly higher than the national rate of **60 per 10,000**
- However, Warwickshire's LAC rate is lower than the West Midlands rate of **75 per 10,000**
- **Looked after children tend to have lower levels of educational attainment than their non-looked after peers.**
- **One possible explanation for this is that they have unfulfilled emotional and physical needs.**
- **Being looked after also increases the chances of them being young adults who are 'not in education, employment or training' (NEET).**

## Inequalities in School Readiness: Children in Need [3]

- The majority of Priority Families with children aged 5 and under meet the 'children who need help' criteria (**93% or 234 families**)
- This criterion covers children classified as being 'Children in Need' – i.e. those referred to social services.
- **39%** of the children aged 5 and under (**129**) have social care plans of various types that were open at April 1<sup>st</sup>, 2016.



- The majority of these children (**circa 47%**) were subject to a child protection plan.
- **43%** of these children had a primary need due to '*neglect and abuse*' making it the most common cause, followed by '*family dysfunction*' which accounted for **29%** of these cases.
- An additional **34 %** of the children (**110**) have previously had a social care plan which has been closed

# Inequalities in School Readiness: Child Abuse and Neglect [1]

- The [NSPCC](#) defines child abuse as any behaviour that is harmful to a child. There are many forms of abuse (e.g. physical, sexual, emotional, etc.), and it is not uncommon for a child to suffer multiple types of abuse.
- Neglect is a type of abuse and is defined by the NSPCC as “the ongoing failure to meet a child’s basic needs.” These basic needs range from emotional support and love to food, shelter, clothing and medical care.
- Neglect is often difficult to identify and concern usually arises due to physical/sexual abuse rather than due to neglect. This results in children being exposed to neglect for longer periods of time.
- Consequences of Neglect in childhood:
  - Neglect impacts physical development and may result in ‘failure to thrive,’ i.e. with the child not reaching growth targets.
  - In terms of medical and dental issues, neglected children often have untreated conditions and may also miss vaccinations (which, according to PHE, are one of the most impactful public health interventions)
  - Neglect negatively affects a child’s communication and language skills.
  - Children who suffer neglect often do not have a strong and healthy bond with their primary care giver and this is known as ‘poor attachment’.
  - **In the early years, through its detrimental effect on the prime areas of development, neglect may have a great bearing on school readiness and on subsequent educational attainment.**
- Consequences of Neglect in adult life:
  - Adults who experienced abuse as children face various emotional and mental health difficulties.
  - Abuse in childhood is linked to substance abuse and behavioural problems in adulthood, including involvement in crime.
  - It is also associated with lower educational attainment and to health conditions such as obesity.
  - Poor attachment has an effect on neglected children’s relationships as adults, including with their own children.

# Inequalities in School Readiness: Child Abuse and Neglect [2]

- Approximately **34%** of CiN cases (**966**) were due to a primary cause of ‘abuse or neglect.’
- A breakdown of these cases by age is illustrated below:

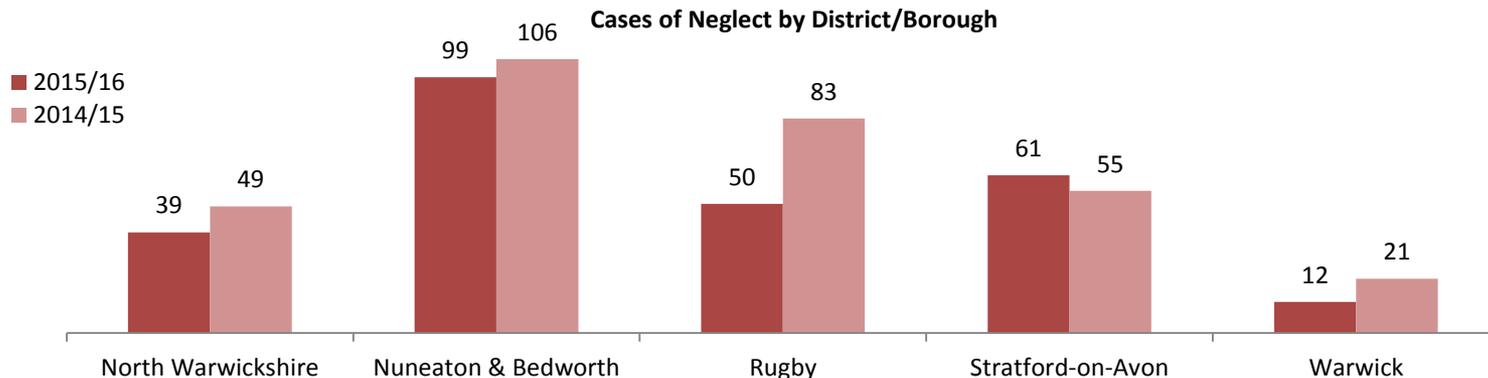
Abuse or Neglect by Age 2015/16

Under 1	1 years	2 years	3 years	4 years	5 years
116	151	154	164	155	183
12.01%	15.63%	15.94%	16.98%	16.05%	18.94%

- There were also **43** cases of unborn children being referred to social services with a primary need of Abuse or Neglect.
- The secondary category of need provides further detail around the nature of the primary need; N1: Abuse or Neglect can be broken down into 17 subcategories, of which neglect is one.

## Child Neglect in Warwickshire:

- In 2015/16, there were **288 cases\*** of neglect in the 0-5 age group that were isolated from the broader category of ‘neglect and abuse.’

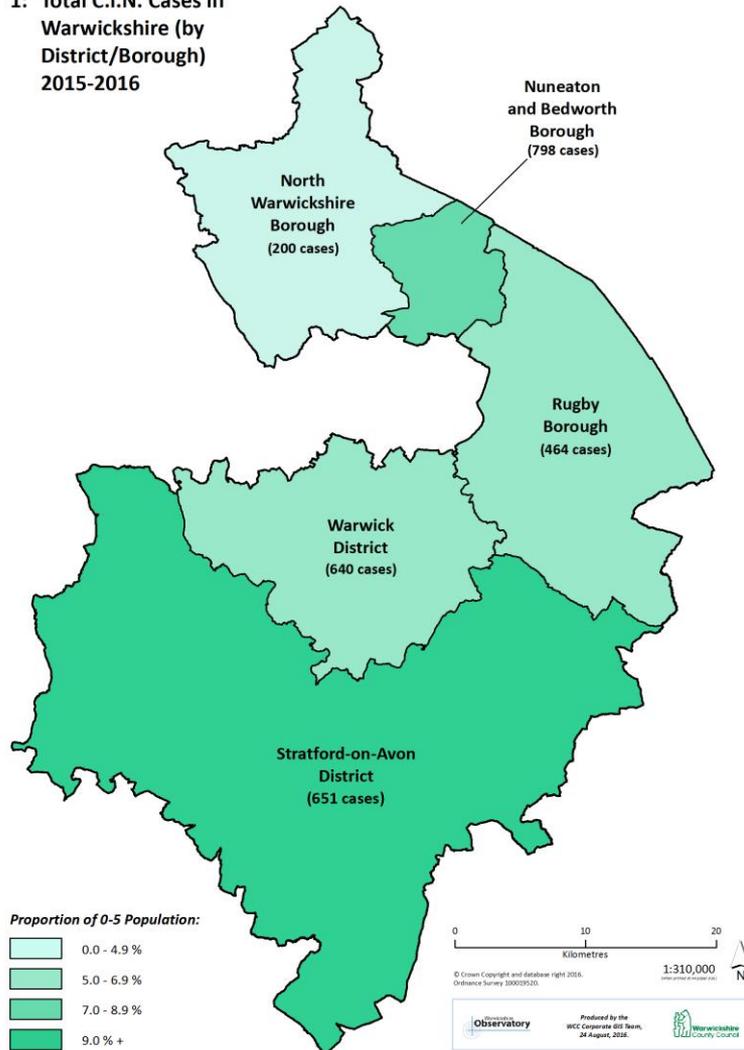


- It is worth noting however, that since it is not a statutory requirement to report secondary need the figures reported for each subcategory may not include all cases.
- Children who have been neglected may also have other types of secondary need.

# Inequalities in School Readiness: Child Abuse and Neglect [3]

To highlight hotspots with a higher incidence of CiN, Abuse and Neglect and Neglect, data has been mapped at district/borough level and at ward level

1: Total C.i.N. Cases in Warwickshire (by District/Borough) 2015-2016



Between 2014/15 and 2015/16, there was a decrease in the number of Children in Need aged 0-5 across the county.

The map opposite illustrates total cases of CiN for 0-5 year olds at district/borough level as a proportion of their population in each district/borough in 2015/16, to add context to the data.

**Although in absolute value Nuneaton & Bedworth has a higher number of Children in Need, Stratford-on-Avon has a higher incidence of Children in Need relative to the size of its 0-5 population.**

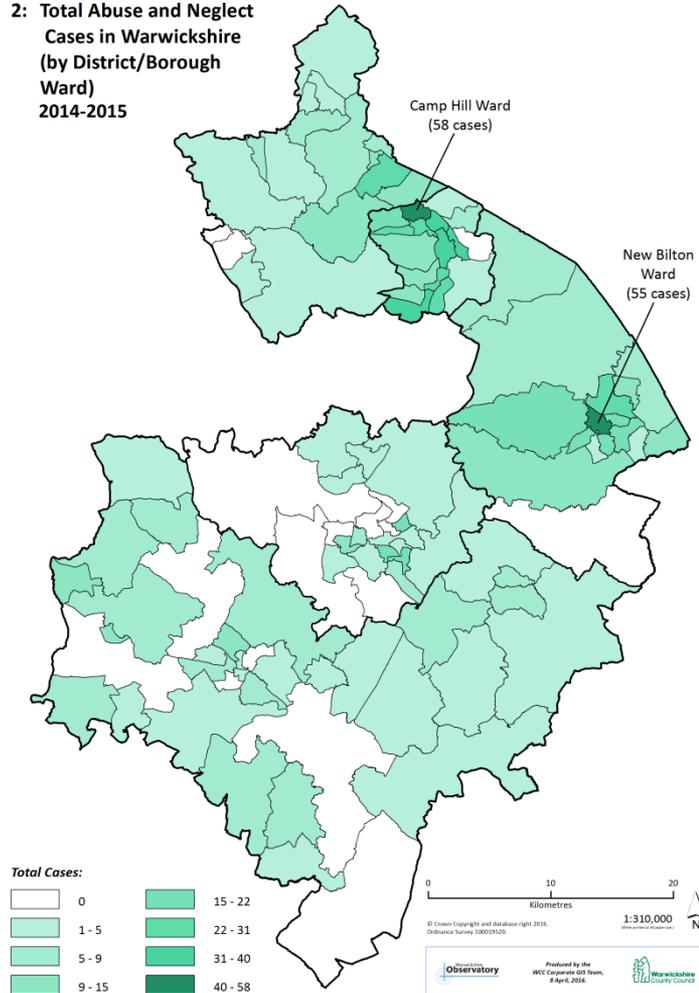
This is true for both 2014/15 and 2015/16:

- In 2015/16, **8.29%** of Nuneaton and Bedworth's 0-5 population were classified as CiN vs **9.23%** of Stratford's 0-5s.
- Similarly, in 2014/15, **9.67%** of Nuneaton and Bedworth's 0-5 population were classified as CiN vs **10.06%** of Stratford's 0-5 population.

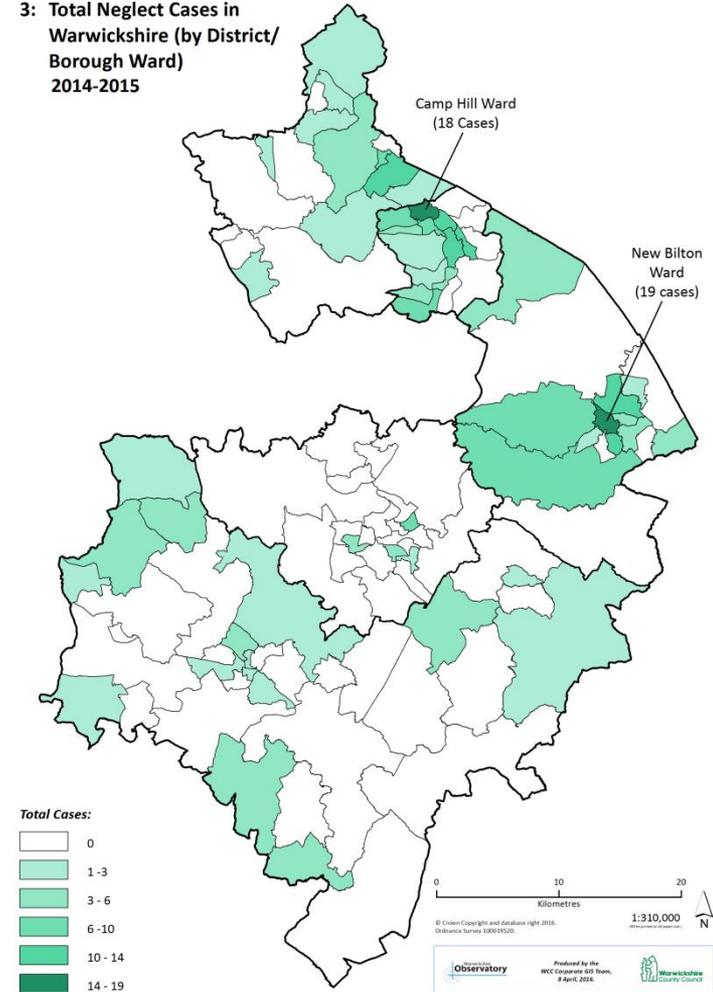
# Inequalities in School Readiness: Child Abuse and Neglect [4]

In 2014/15, at ward level, Camp Hill in Nuneaton & Bedworth and New Bilton in the Rugby borough had the highest number of identified 'Abuse and Neglect' cases across the county; with 58 and 55 cases respectively. These wards also had the highest number of 'neglect' cases.

**2: Total Abuse and Neglect Cases in Warwickshire (by District/Borough Ward) 2014-2015**

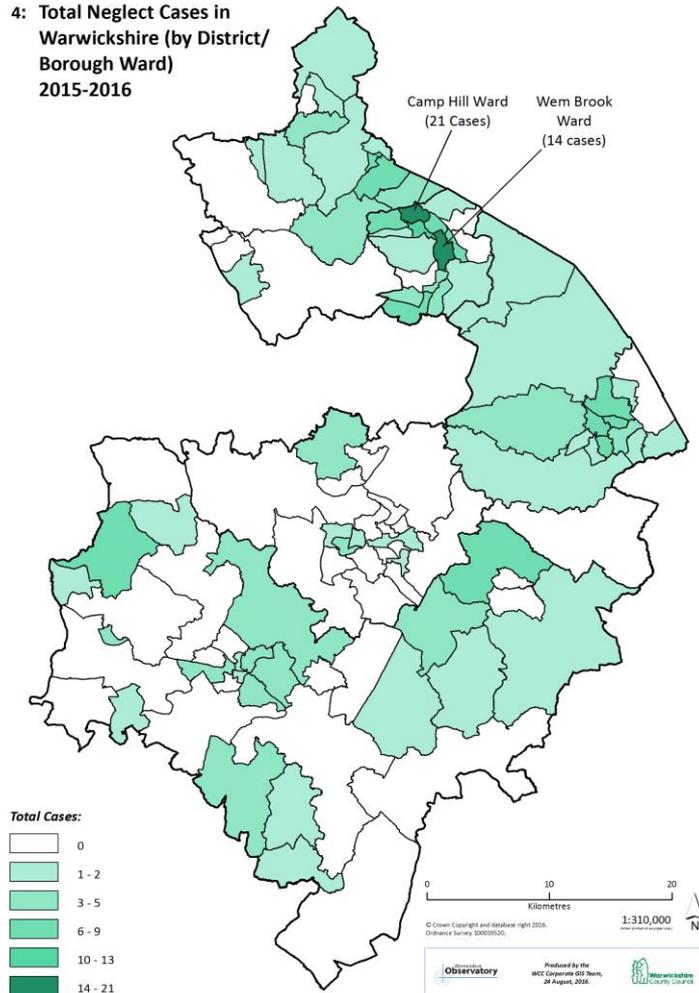


**3: Total Neglect Cases in Warwickshire (by District/Borough Ward) 2014-2015**



# Inequalities in School Readiness: Child Abuse and Neglect [5]

4: Total Neglect Cases in Warwickshire (by District/Borough Ward) 2015-2016



Camp Hill ward had the highest number of neglect cases in 2015/16; a total of **21** cases.

This represents an increase of **3** cases from 2014/15.

Wem Brook ward had the second highest number of cases of neglect: **14**

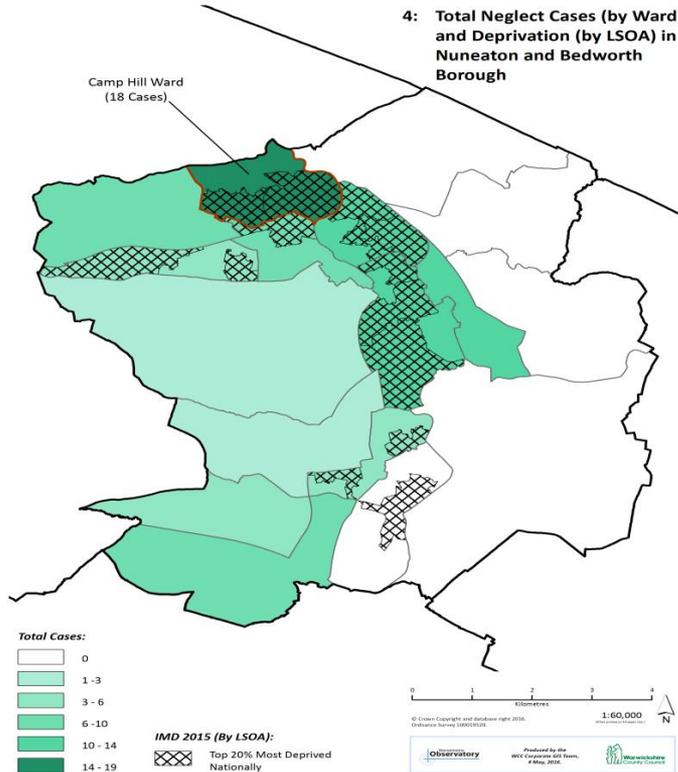
New Bilton ward which had the highest number of neglect cases in 2014/15, had **9** reported cases of neglect in 2015/16.

# The Link between Deprivation and Child Abuse and Neglect

- Although a multitude of factors may result in child abuse and neglect, there are certain circumstances under which it is more likely to occur, e.g. in socioeconomically disadvantaged environments.
- Studies have found there to be a **strong association between a child's socioeconomic status and its likelihood of experiencing abuse or neglect**
- The link is not a clear divide between affluent and poor, i.e. with only socioeconomically disadvantaged children suffering abuse/neglect.
- Rather, it is a spectrum of odds; the chance of a child being subjected to abuse/neglect rises incrementally with higher levels of deprivation.
- There are two commonly suggested mechanisms behind the link between poverty and child abuse and neglect:
  - A direct link: through the parents' inability to provide for their children's material needs or through financial/ social exclusion from support services.
  - An indirect link: via the impact deprivation has on the parents, i.e. stress, and also through external factors e.g. neighbourhood conditions.
- In addition, child abuse and neglect may also result from an interaction between direct and indirect factors.

# The Link between Deprivation and Child Abuse and Neglect (2)

- In Warwickshire, the overlap between deprivation/poverty and child abuse or neglect is most evident for the borough of Nuneaton & Bedworth.
- At district/borough level Nuneaton & Bedworth has the highest level of deprivation in the county, and is home to:
  - 5 of the 6 LSOAs in the IMD and IDACI top deprivation decile
  - 10 of the 13 LSOAs in the IMD top deprivation quintile
  - the highest number of children living in out of work benefits claimant households
  - the largest number of priority families with 0-5 year olds



The overlap is most visible for the Camp Hill ward, which has the second highest number of cases of neglect in the County and is also home to two LSOAs in the top 20% most deprived nationally – Camp Hill Village & West and the and Camp Hill East & Quarry.

## Inequalities in School Readiness: Attachment

- Attachment is the bond between a child and its caregiver.
- Beginning from birth, attachment is based on the caregiver's sensitivity and responsiveness and occurs gradually through reciprocal interactions.
- The attachment style develops through the caregiver's response to the child in times of distress and is linked to later emotional and social outcomes.
- Research has shown that **school readiness is as linked with socio-emotional development as it is with cognitive development** and the two mutually reinforce each other.
- A secure attachment style develops through sensitive and responsive parenting and children with secure attachment styles are able to manage their feelings and behaviour, relate to others and are self-confident.
- These socio-emotional competencies are part of the prime areas of the EYFS framework, meaning that **securely attached children are more likely to be school ready at reception age.**
- **Secure attachment can also serve as a protective factor against several other factors that adversely impact on GLD** such as deprivation and maternal depression.
- Conversely, **insecure attachment is associated with poor social and emotional skills in early childhood which impact adversely on GLD attainment** and have been linked with risky behaviour and criminality. This link is especially true for boys and those from poorer backgrounds.
- **Insecure attachment is common amongst children who have been neglected**, and this is one of the ways in which their school readiness may be reduced.

# Inequalities in School Readiness: Maternal Mental Illness [1]



Up to  
**1 in 5**

mothers are affected by mental illness during the perinatal period



This means that at least 10% of children have a mother suffering from poor mental health during the first year of their lives

In Warwickshire this equates to approximately between 602 and 1,203 children



In the UK, the estimated cost of perinatal mental illness, per annual cohort of births, is...

**8.1 Billion**

- Mental illnesses affect between **1 in 10** and **1 in 5** mothers during the *perinatal period* i.e. the time spanning pregnancy and the first year after child birth; meaning that at least **10%** of children have a mother suffering from poor mental health during the first year of their lives.
- The prevalence of mental illness varies at different stages of the perinatal period. The most common types of mental illness are depression and anxiety.
- The perinatal period is linked with an increased risk of severe mental illnesses, and to the risk of women with a history of severe mental illnesses (e.g. schizophrenia and bipolar disorder) relapsing.
- The factors that cause maternal mental health issues include genetic factors, history of mental illness, lacking partner support and socioeconomic disadvantage.
- **Socioeconomically disadvantaged women are more predisposed to suffer mental illness during the perinatal period and children living in poverty are more likely to be impacted by their mother's illness.**
- This implies that there is a complex link between maternal mental illness and deprivation; deprivation may play a role in causing/increasing the risk for poor maternal mental health and also in exacerbating its negative impact on the child.
- Perinatal mental illness (perinatal depression, anxiety and psychosis) is estimated to cost **£8.1** billion per annual cohort of births in the UK in long-term costs.
- **Perinatal mental illness is linked with lower language abilities as well as behavioural problems, both of which adversely affect School Readiness**

## Inequalities in School Readiness: Maternal Mental Illness [3]

Perinatal mental illnesses may impact the mother and the child's development in the following ways...

They induce the production of stress hormones during pregnancy

Stress hormones cross the placental barrier, are transmitted to the foetus, impacting how the child responds to stress once born

They are linked with poor birth outcomes such as obstetric complications, as well as...

Poor birth outcomes such as prematurity and low birth weight, which increases the risk of developmental problems and infant mortality

They impair a mother's capacity to respond to child's feelings and needs

Resulting in insecure attachment, resulting in lower cognitive development and emotional or behavioural issues

They sometimes result in suicide, are one of leading causes of maternal deaths in the UK, and...

Sometimes result in infanticide in extreme cases, particularly for women with psychotic illnesses

# Indicators of school readiness in Warwickshire [1]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

## Ready children

School readiness: % Children achieving a good level of development at the end of reception (2014/15)



66.3%



67.2%

Child mortality rate, per 100,000 population (1-17 years) (2012-14)



12.0



9.7

Emotional wellbeing of LAC, score (2014/15)



13.9



13.0

% of children recorded as SEND who are "school ready" (2013-15)



21.0%



16.7%

Infant Mortality, per 1,000 live births (under 1 year) (2012-14)



4.0



3.6

Hospital Admissions for mental health conditions, rate per 100,000 (aged 0-17) (2014/15)



87.4%



88.2%



Not Sufficient Data to Compare



Better than England average



Similar to England average



Worse than England average



England



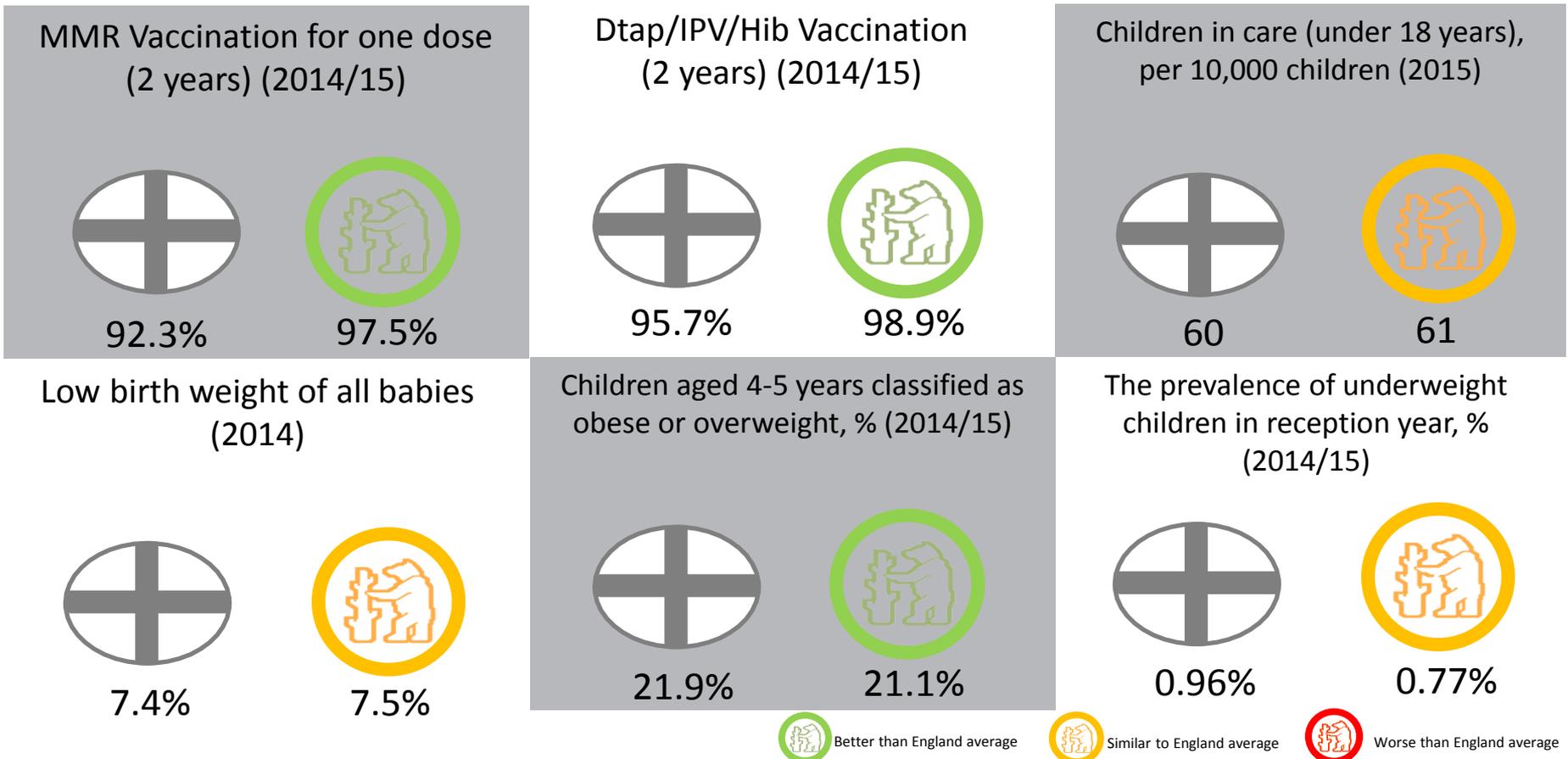
Warwickshire

# Indicators of school readiness in Warwickshire [2]

**Ready families + Ready children + Ready communities + Ready services**  
 = *Children ready for school success*

**Latest Data Included**

## Ready children



# Indicators of school readiness in Warwickshire [3]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

**Latest Data Included**

## Ready children

Smoking status at time of delivery (2014/15)



11.4%



11.5%\*

Breastfeeding initiation\* (2015/16)



74.3%\*



72.3%

Breastfeeding prevalence at 6-8 weeks after birth (2015/16)



43.8%



46.5%

Children with one or more decayed, missing or filled teeth (5 years) (2015)



24.7%



26.3%

Children in Poverty (under 16 years) (2013)



18.6%



12.9%

Children who are the subject of a Child Protection Plan, per 10,000 children (2014/15)



42.9



47.7

\*Unpublished figure, due to data quality issues



Higher than England average



Better than England average



Similar to England average



Worse than England average

www.fingertips.phe.org.uk, gettingready.org, ChiMat and www.localhealth.org.uk  
 Department for Education (2015) *School children and their characteristics*  
 Public Health England, Oral Health Survey 2015

Department for Education (2015) *Characteristics of children in need: 2014 to 2015*, <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015>

\*2014/15 England average, 2015/16 Warwickshire data

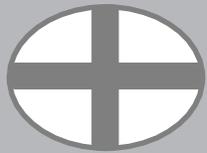
# Indicators of school readiness in Warwickshire [4]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

**Latest Data Included**

## Ready children

Children killed or seriously injured in road traffic accidents, per 100,000 population (0-15 years) (2012-14)

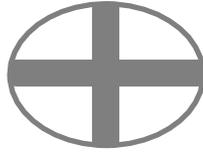


17.9



19.9

A&E attendances, rate per 1,000 population (0-4 years) (2014/15)



540.5



540.0

Hospital admissions caused by injuries in children (0-14 years), crude rate per 10,000 (2014/15)



109.6



121.0

Children in Care Immunisations (2015)



87.8



84.8



Better than England average



Similar to England average



Worse than England average



# Indicators of school readiness in Warwickshire [5]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

**Latest Data Included**

## Ready families & communities

Flu Vaccinations in Pregnant Women (2015/16)

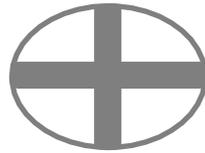


42.3%



46.0%

Under 18 conceptions per 1,000 females ages 15-17 years (2014)



22.8



22.9

Family homelessness (2014/15)



1.8%



2.1%

Children in Workless Households (2014)



13.2%



6.8%\*

Under 18 births % (2015/16)



0.85%



0.92%

Estimates marked \* have a coefficient of variation >20 and are not considered reliable for practical purposes (ONS)



Better than England average



Similar to England average



Worse than England average



# Indicators of school readiness in Warwickshire [6]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

**Latest Data Included**

## Ready families & communities

Number of families benefiting from the Family Nurse Partnership (FNP) programme (30<sup>th</sup> Jun 2016)



178

Achievement against fidelity goals for FNP – Recruitment (30<sup>th</sup> Jun 2016)



53.6%



49.5%

Achievement against fidelity goals for FNP – Pregnancy (80% of expected visits) (30<sup>th</sup> Jun 2016)



58%



65%

Achievement against fidelity goals for FNP – Infancy (65% of expected visits) (30<sup>th</sup> Jun 2016)



60%



67%

Achievement against fidelity goals for FNP – Toddlerhood (60% of expected visits) (30<sup>th</sup> Jun 2016)



58%



66%



Not Comparable



Better than England average



Similar to England average



Worse than England average

# Indicators of school readiness in Warwickshire [7]

**Ready families + Ready children + Ready communities + Ready services**  
**= Children ready for school success**

**Latest Data Included**

## Ready Schools / Services

Children and young people's experience of inpatient services (2014)

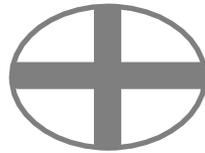


8.3/10\*



8.4/10\*\*

Proportion of 3 or 4 year olds accessing free childcare places (2011-15)



96%



101%\*\*\*

% of children's centres to be judged to be good or outstanding by Ofsted (2015)



66%



79%

No. of 2 year old children benefiting from funded early education (2015)



58%



68%

\*Estimated score, due to no overall score provided at an England level.  
 \*\*Average of two out of three Trusts. George Eliot Hospital NHS Trust results not available.  
 \*\*\*For 3 and 4-year-olds, the eligible population used to calculate take-up rates is the ONS resident population estimate, which does not take into account children being schooled outside of their home Local Authority.



Better than England average



Similar to England average

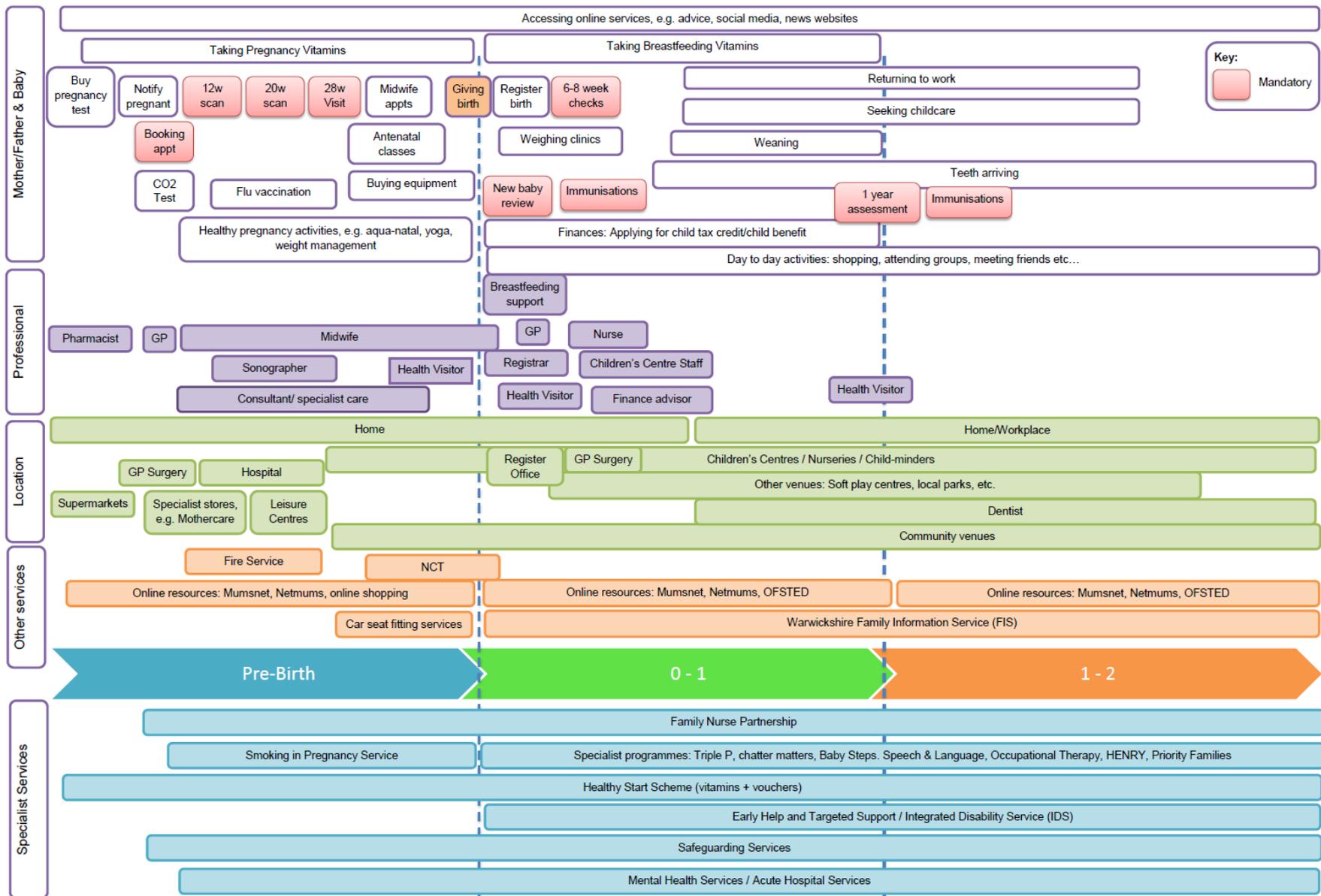


Worse than England average

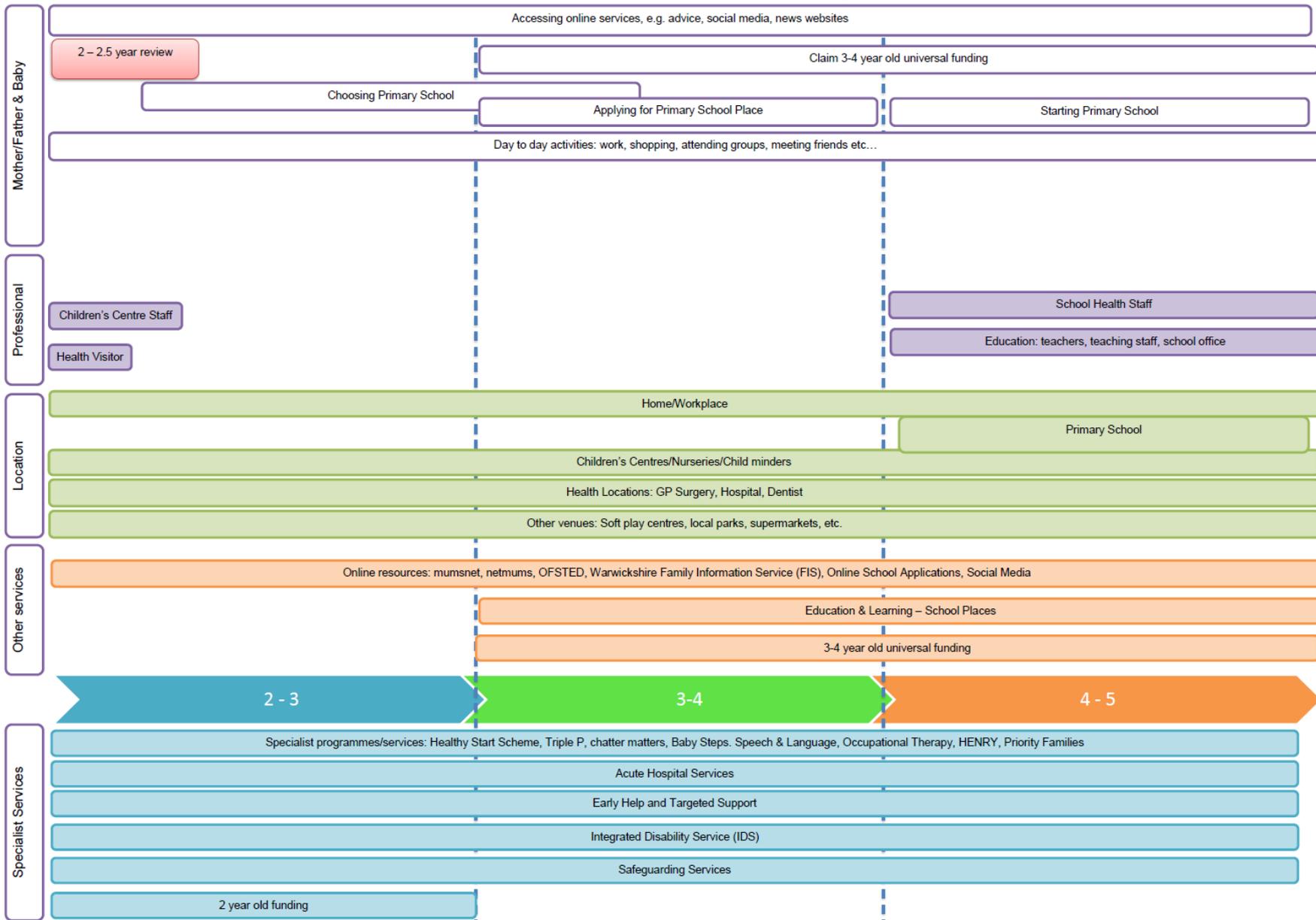
# Community Engagement: The Foundation Project

- To gather a public perspective on services for 0-5s in Warwickshire a variety of engagement activities were undertaken as part of the Foundation Project
- These activities aimed to gain insight into the experiences of parents, carers and frontline workers as well as to identify communities in need of additional support.
- A number of research tools were used including surveys, focus groups, ethnographic research and asset mapping of 0-5 services and community activities.
- Between January and June 2016, the Foundation Project engaged with:
  - **1,127 parents and carers**
  - **Over 250 frontline workers**
  - **8 families from different areas of the county**
- The emerging findings/themes of this qualitative research were:
  - The need for **service integration** to allow for a more cohesive and less disjointed experience for families by improving communication and removing barriers to information sharing between groups of professionals.
  - Vulnerable families experience financial and physical exclusion and are **unable to access services** due to reasons such as travelling distances and the cost of public transport.
  - There is concern over the future of **Family Support Workers** who play a key role in early identification/prevention of issues faced by families but are under increasing pressure due to higher social care thresholds.
  - The need for **mental health support** in particular for new parents and those with low level mental health or emotional issues, as one-third reported experiencing isolation and loneliness in early days of parenthood. There is also a lack of infant-parent (dyadic) mental health services to address attachment.
  - A **reduction in the number of community led activities** for 0-5s was cited by frontline professionals along with various explanations such as the increasing pressure on mothers to go back to work soon after having a baby

# 0-5 Services Journey

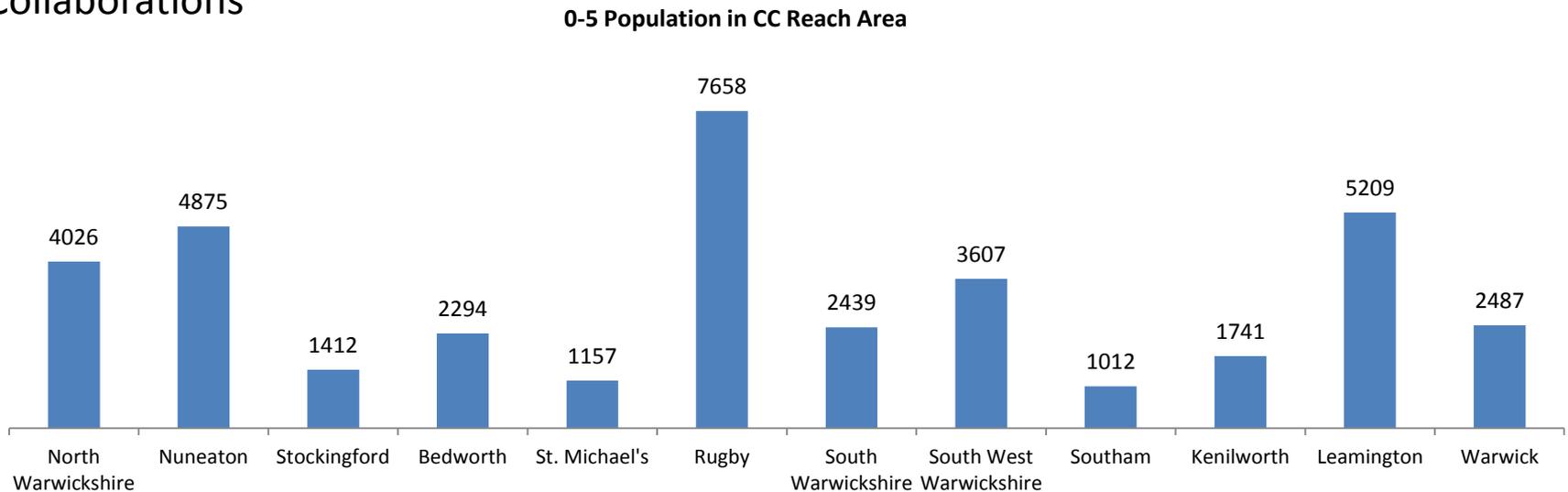


# 0-5 Services Journey



## Current Provision in Warwickshire: Children's Centres [1]

- Children's Centres (CCs) offer various services to families with children aged 5 and under including antenatal, health, education services and family support
- Their core purpose is to improve outcomes for young children and their families, and to reduce inequalities between families in greatest need and their peers in:
  - Child development and school readiness
  - Parenting aspirations and parenting skills
  - Child and family health and economic life chances
- In Warwickshire there are **39** CCs, clustered into **10** Children's Centre Groups and Collaborations



- The 3 CC groups with the largest populations are Rugby, Leamington and Nuneaton

## Current Provision in Warwickshire: Children's Centres [2]

- The table below shows the school readiness of children from the various CC Groups as well as the engagement scores of under 5's and under 2's.
- Engagement is measured as the percentage of registered children who have visited the Children's Centre 4 times or more over the course of a year.

Children Centre Group	Total Eligible Pupils	Percentage achieving a GLD (2015)	Engagement Score – All under 5's (2015/16)	Engagement Score – All under 2's (2015/16)
North Warwickshire	602	64.1%	44%	67.9%
Nuneaton	833	63.5%	49.8%	70.4%
Stockingford	231	67.1%	55.2%	75.5%
Bedworth	364	60.2%	46.4%	75.1%
St Michael's	173	58.4%	73.7%	79.8%
Rugby	1189	69.2%	42.9%	70.5%
South Warwickshire	330	68.2%	58.1%	85.4%
South West Warwickshire	553	71.2%	76.1%	93.6%
Southam	152	77.0%	70.1%	77%
Kenilworth	293	79.2%	45.2%	69.8%
Leamington	805	68.9%	46%	71.9%
Warwick	383	64.0%	44.9%	74.8%

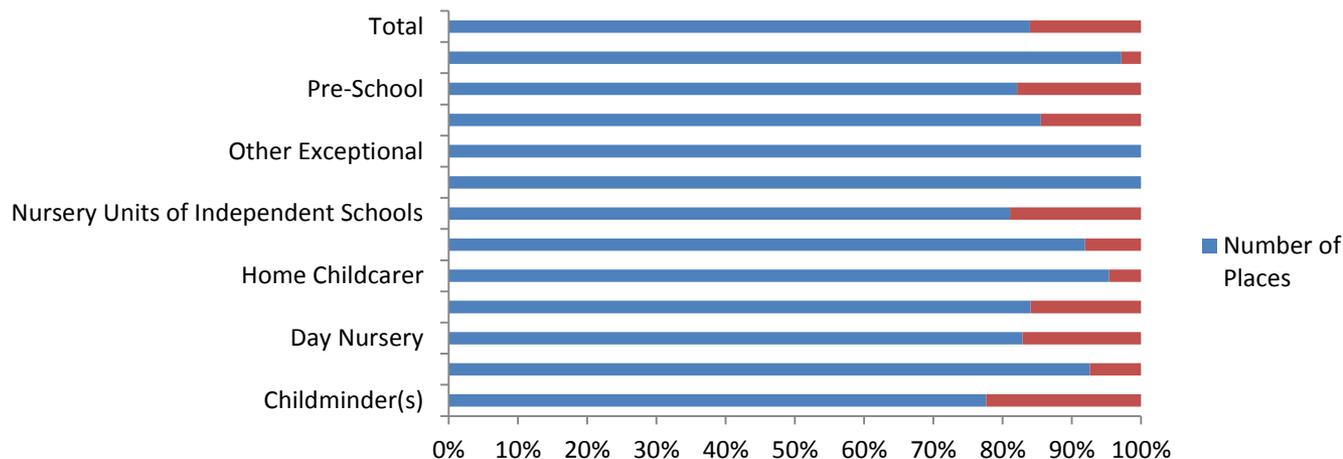
- The Children's Centre with the lowest percentage of children achieving a Good Level of Development is St Michael's in Bedworth. This is also the CC with the highest percentage of its under 5s population living in the top 30% most deprived areas.
- However, Stockingford is the exception, as although it has a high level of deprivation (with almost half of the population in its reach area living in the 30% most deprived areas), the percentage of children who attained a GLD is relatively high.
- There does not appear to be a positive link between engagement with the Children's Centre Groups and the % achieving and GLD. However, the **Southam** group and the **Southwest Warwickshire** group were amongst the highest both in engagement and GLD.

## Current Provision in Warwickshire: Children's Centres [3]

- Children's Centres have faced significant cuts to their budgets – a total of £2.3 million in savings.
- Following these cuts, staffing and service delivery were impacted in several ways:
  - Opening hours of some CCs were reduced
  - Some providers have chosen to have group managers rather than dedicated managers for each individual CC
  - CCs became more focused on targeting vulnerable families and several routine services were discontinued
- In 2014/15, following budget cuts:
  - There was a reduction in the number of Family Support Workers resulting in fewer practitioners being trained to deliver the Triple P parenting programme
  - This meant that the number of parents trained in Triple P fell from 561 in 2013/14 to 235 in 2014/15
  - The Common Assessment Framework (CAF) team reported a reduction in their ability to refer families to CCs
- 2015/16 Engagement:
  - Engagement is measured for a number of priority target groups including low income families and those from minority groups such as the BME community
  - The Children's Centre groups with the highest engagement scores across all priority groups are the Southam group and Southwest Warwickshire
  - The CCs included in these groups are: Southam, Alcester, Clopton, Stratford and Studley

## Current Provision in Warwickshire: All Childcare

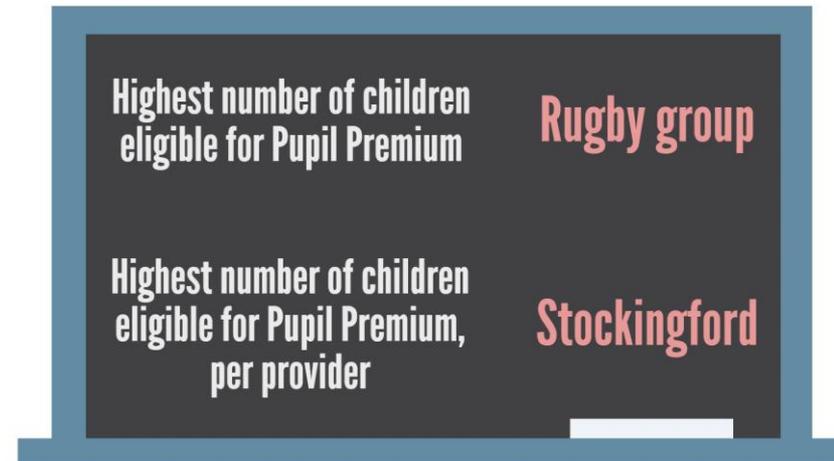
- There are different types of childcare providers across the county
- There are **1,137** OFSTED registered childcare providers in Warwickshire, mostly concentrated in urban areas
- The chart below illustrates the number of vacancies as a proportion of the total places available.



- Day Nurseries offer the most spaces, a total of **7,792**
- **79%** of providers (642) are rated by OFSTED as 'Good' or 'Outstanding'

## Current Provision in Warwickshire: Funded Childcare

- Warwickshire's 2help Scheme offers up to 15 hours of free childcare per week for eligible 2 year olds. Eligibility criteria are based on a number of factors such as deprivation, a child's looked after status and special needs/disabilities.
- Roughly **2 in 5** of Warwickshire's 2 year olds are eligible for the 2Help scheme.
- Day Nurseries are the most common type of provider for funded places, making up 46% of the levels of deprivation.
- Nursery Education Funding (NEF) is free childcare for all 3 and 4 year olds for up to 15 hours a week.
- Pupil premium is additional funding given to early years providers. In Warwickshire, providers receive an additional £300 per year per eligible child aged 3 or 4. Eligibility criteria are similar to that of the 2Help Scheme
- 8 of the 12 Children's Centre groups have a percentage of their 0-5 population living in the top 30% most deprived areas in their catchment area.
- The CC group with the highest number of children eligible for the Pupil Premium is Rugby. This to be expected since the **Rugby** group has the highest population of children aged 5 and under.
- However, as an average per provider, **Stockingford** (in the Nuneaton & Bedworth borough) has the highest number.
- Again, this is to be expected as the majority of children are eligible for the Pupil Premium based on the deprivation criteria and the Nuneaton and Bedworth borough has the highest overall levels of deprivation.



## Current Provision in Warwickshire: Warwickshire Services for Pre-birth to 5 years old

- Other than social care services and Children’s Centres, there are various services offered to Warwickshire’s families and children
- Many of these services are targeted interventions and aim to support groups with additional needs
- Groups with specific needs include young parents, children who are overweight or obese, children with mental health needs, children with communication difficulties and children with disabilities

Specific Need/Group	Services
Hearing loss	Audiology, Integrated Disability Service Hearing Team
Disabilities	Integrated Disability Service (Teaching and Learning)
Overweight, Obesity and Nutrition	ChangeMakers, HENRY Programme, Food for Life Partnership
Mental Health	Child and Adolescent Mental Health Services (CAMHS), Child Development Service
Young Parents	Family Nurse Partnership
Parenting Support	Baby Friendly initiative, Triple P (and other parenting training), Smoking in Pregnancy

## The role of early years staff, primary care and health visitors to enable school readiness



- Understand attachment
- Understand the importance of speech and language development
- Support effective parenting
- Develop practitioners and managers who are skilled and competent
- Coordinated early years programme

## Unmet Need in Warwickshire [1]

- **Financial inclusion** of deprived families with children aged 5 and under  
In Warwickshire, approximately **2,796** children aged 0-5 live in the top 20% most deprived areas nationally. Warwickshire's poorest families with children aged 5 and under are one of the groups that require additional support.  
Deprived families lack the material resources to invest in their children, which undoubtedly impacts on their school readiness. It is also associated with many other factors that impact negatively on school readiness e.g. maternal mental illness, child neglect and a higher prevalence of special needs. All of these factors are themselves linked with lower school readiness and negative outcomes for children, further compounding the issues created by deprivation.  
The objectives of Warwickshire's Child Poverty Strategy to break the cycle of poverty and mitigate its effects are in line with the work of the Smart Start Programme. By intervening early, improving educational attainment and focusing on improving outcomes for families, deprived families can be supported.
- ❖ There is a particular need for services to engage with expectant parents from deprived areas during the antenatal period to identify issues as and when they arise as well as to positively influence parents' behaviours and lifestyles.
- ❖ There is also a need to try to mitigate the effects of child poverty by investing more heavily into services (e.g. high quality early education) that have been shown to reduce the attainment gap between affluent and poor children.

## Unmet Need in Warwickshire [2]

- **Physical inclusion** of families with children aged 5 and under who are geographically excluded from services
  - The findings of the engagement work undertaken as part of the Foundation Project show that some parents of 0-5s in Warwickshire are not able to physically access services.
  - This is especially true for:
    - Families living in rural areas due to the majority of services being clustered around towns as revealed by the asset mapping exercise
    - Those who rely on public transport due to its cost and public links
- ❖ There is a need to take into account those geographically isolated from 0-5 services and activities in future service planning.
- **Early Identification** of neglect and abuse of children aged 5 and under
  - In Warwickshire there were 1,060 cases of Abuse or Neglect in 2014/15.
  - A strong link between child abuse and neglect and deprivation/poverty also exists, and in Warwickshire this overlap is particularly visible in the case of the Camp Hill ward in Nuneaton & Bedworth.
- ❖ There is a need to identify cases of child abuse and neglect as early as possible, to prevent neglect from escalating into different forms of abuse and to reduce the length of time that these children are exposed to harm.

- **Improved access** to mental health services and support for 0-5s families  
The Foundation project findings highlighted a gap between parents of 0-5s experiencing mental health issues and those accessing mental health support services. This is especially the case for low level mental health needs.  
Children under the age of 5 also do not tend to be referred to the Child and Adolescent Mental Health Service (CAMHS), meaning that many mental health issues facing these children are not properly addressed until they begin school, despite the preschool age being a critical period for intervention.  
Parents with mental health issues should be considered a group in need of special attention and additional support due to a number of factors:
  - The high prevalence of MH illnesses, with up to 20% of mothers affected during the perinatal period
  - The importance of the perinatal period in terms of the child's development
  - The potentially highly detrimental impact on both mother and child
  - The high cost on public services in particular
  - The highly effective nature of mental health interventions
- ❖ There is a need to improve access to mental health services and support for two key groups in particular: those suffering low level mental issues and children below age 5.

# Unmet Need in Warwickshire [4]

- **Increased provision of and access to antenatal support**

The findings of the foundation project showed that there is a scarcity of accessible and free antenatal support across the county, as shown in the map opposite.

The relationship between the parents and infant begins at conception and good antenatal services and support are of paramount importance to as they:

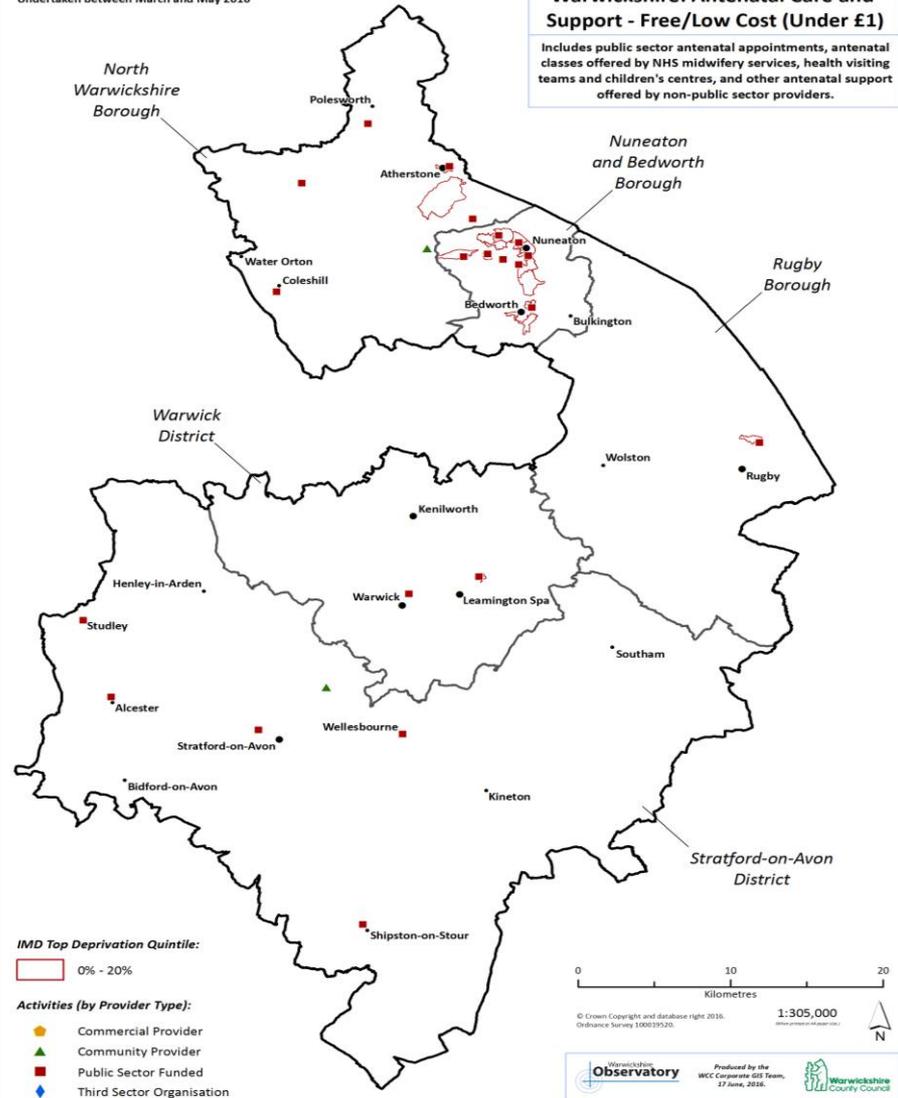
- Can assess the psychological and social risk factors early on in the pregnancy

- Can provide effective support and advice to stop behaviours that are harmful to the foetus such as smoking and drinking alcohol

- Can support parents in their transition to parenthood

- ❖ There is a need to increase the provision of antenatal services in Warwickshire including offering information and advice to expectant parents.

Smart Start Foundation Project Asset Mapping  
Undertaken between March and May 2016

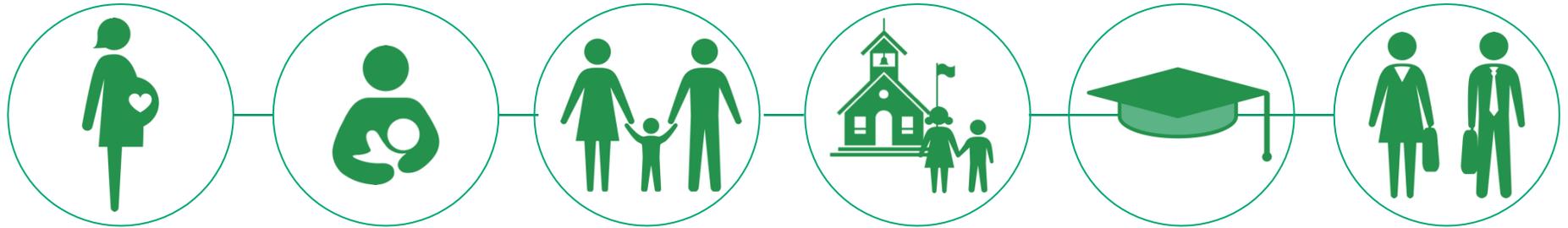


## What works to improve school readiness? [1]

**Several factors have been shown to increase school readiness. The interaction between some of them may also result in a synergistic effect in improving outcomes for children and some can compensate for others. Several of the factors are also especially effective for children from disadvantaged backgrounds.**

- **Good maternal mental health:**
  - This reduces the chances of children having behavioural and emotional issues, is associated with better birth outcomes and serves as a protective factor in family breakdown.
- **Parenting support programmes**
  - Positive parenting styles enhance a child's emotional wellbeing, brain development and capacity to learn. Parenting support programmes have been shown to positively impact on parental mental health, especially those during the antenatal period, which also has an effect on children's behaviour and emotions.
- **Integrated health & social care services**
- **Learning activities, including speaking to your baby and reading with your child**
  - These impact educational achievement as well as socioemotional development. The Home Learning Environment has a greater impact on a child's social and emotional development than certain parental factors such as income and occupation. This means that a good learning environment in the home can counteract the effects of disadvantage.
- **High-quality early education**
  - This impacts on children's numeracy and literacy, can compensate for the home learning environment and is especially effective for disadvantaged pupils.
- **Enhancing physical activity**

## What works to improve school readiness? [2]



1. Good Maternal Mental Health

2. Parenting Support

3. Learning Activities

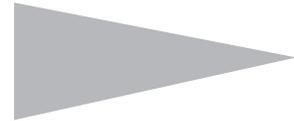
4. High Quality Early Education

5. Integrated Early Years Services

6. Enhanced Physical Activity

- Lower chances of emotional and behavioural issues
- Better birth outcomes
- Increased numeracy and literacy
- Improved social and emotional development
- Higher educational achievement
- Greater emotional wellbeing
- Enhanced capacity to learn

# Conclusions and Actions: Maternal mental health and school readiness



One of the **strongest predictors of wellbeing** in early years is the mental health and wellbeing of the mother or caregiver

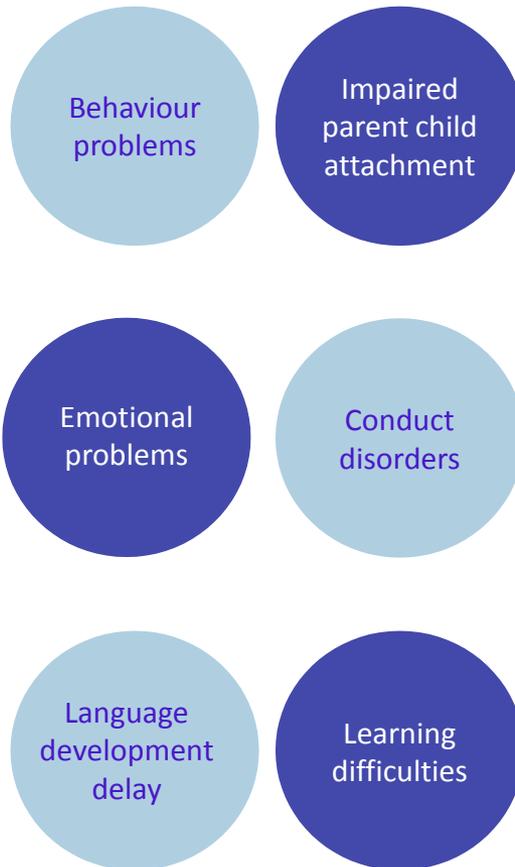
Perinatal mental illnesses affect at least 10% of women

## Impact of maternal depression on school readiness

## Actions to reduce maternal depression include

## What's currently being done in Warwickshire?

As there were 6,100 births\* in Warwickshire in 2014, this implies that around 610 women in Warwickshire could be suffering from a perinatal mental illness, and its effects may be long-lasting



Development of a shared vision or plan



Effective screening & referral to services



Family strengthening and support



Increased public awareness

### Development of a shared vision or plan:

New service model commissioned in Nov 2015, with an agreed service specification and Warwickshire wide pathway for universal to specialist services in place.

### Effective Screening and Referral to Services:

There are 2 pathways in Warwickshire: South/North Warwickshire and Coventry /Rugby.

Each pathway has a psychiatrist, 3 psychologists and 3 specialist nurses.

Referrals can be made from 14 weeks antenatally onwards and are accepted from GPs, Midwives, Health Visitors, Obstetrics and Gynaecology staff and Mental Health Staff.

# 5x

Children of mothers with mental ill-health are **five times** more likely to have mental health problems themselves

\*2012-based projection

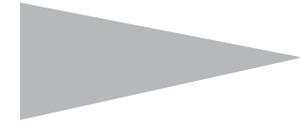
ChiMat (2015) *Key risk factors indicating harm or poorer developmental outcomes in children* (Accessed: 10/09/2015) <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=48&geoTypeId>

Greater London Authority (2014) *London mental health: The invisible costs of mental ill health*

Department of Education, Department of Health (2011) *Families in the foundation years evidence pack*

Children's Defense Fund Minnesota (2011) *Maternal depression and early childhood*

# Conclusions and Actions: Learning activities and school readiness

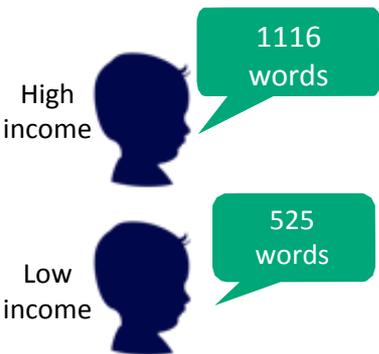


A child's communication environment is a **more dominant predictor** of early language than their social background

Language proficiency is a **key predictor** of school success

## Actions to improve a child's communication include

## What's currently being done in Warwickshire?



**61%** of low income children have no books at home

**1 in 4** children leave primary school without reading well

*this rises to*

**2 in 5** poorer children leave primary school without reading well

**£23 billion**

If all children were reading well by age 11, GDP in England in 2020 could be an extra £23 billion

### 1. Research

Social marketing to identify current practices & potential cultural barriers

### 2. Develop

Development of a strategic plan, including development and dissemination of resources

### 3. Implement

Dissemination of information to reach the community using existing structures

### 4. Evaluate

This should include short-term process measures and agreed long-term outcome measures

Time to Talk programme collect and analyse data from across schools and settings in Warwickshire. 2015 report shows children achieving their full potential language potential had risen from 27% to 51%. IDS support to children with SaLT in PVI and mainstream early years 0-4 provisions, research status to be confirmed

We are working together to develop and implement bilingual chatter matters. To improve access to information a monthly telephone hotline has been set up. The preschool speech and language therapy team provide drop in sessions at every Children's Centre and the information gathered is shared with the TimetoTalk team

Ongoing support and development for [Speech & Language Champions](#) – including [termly cluster meetings](#) and tailored Continuing Professional Development; [Annual conference/celebration](#); Peer support; Speech and Language Therapist visits and liaison; Support with Language Enrichment; Partnership working with Speech and Language Therapist; [Resources](#) provided (posters, leaflets, '[chatter matters](#)'™ week). SEND provision

Time to Talk and [Chatter Matters](#)

By the **age of 3** children from low income families have:

- heard on average **30 million fewer words** than children in high income families
- **half the vocabulary** of children in high income families

Betty Hart and Todd Risley Meaningful differences in the every day experiences of young American children (Baltimore MD: Paul; H.Brookes, 1995)

Leffel K, Suskin D *Seminars in Speech and Language* 2013;34:4 Parent-directed approaches to enrich the early language environments of children living in poverty Hammer C (2012) NCT *Research overview: Parent-child communication is important from birth*

Save the Children (2014) *Read on get on: How reading can help children escape poverty*

OECD (2012) *Lets read them a story! The parent factor in education*

State Government of Victoria (2014) *Parenting support strategy*

# Conclusions and Actions: Enhancing physical activity and school readiness

Physical activity for young children is an important component of early brain development and learning

Movement skills such as eye skills and manipulative skills help children access curricular activities with **enjoyment and success**.

Communication skills **depend** on well developed physical skills



**1 in 10 children**

aged 2–4 meet the CMO guidelines of being physically active daily for **at least 180 minutes (3 hours)**, spread throughout the day

**Benefits** of physical activity include:



Helps develop coordination and movement skills



Promotes healthy weight



Strengthens developing muscles and bones



Helps children develop social skills

**Actions to promote physical activity in early years include**



**Plan and develop**

Develop initiatives which target adults who interact with children in the early years



**Work with parents and carers**

Provide information on the importance of physical activity and what counts as physical activity



**Work with early years settings**

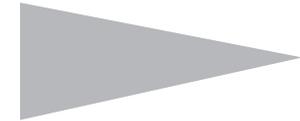
Integrate physical activity into the daily routine when planning activities

**What's currently being done in Warwickshire?**

Health Visitors in Warwickshire have been trained to deliver the HENRY approach which is a behaviour change approach promoting healthy lifestyles to families with 0-5 year olds with the aim of reducing the risk of obesity in childhood and later life.

Change Makers, a 9 week health behaviour change programme, is delivered across Warwickshire to families with 4-12 year olds where a child has been identified as overweight/obese

# Conclusions and Actions: Parenting support programmes and school readiness



Parenting has a **bigger influence** on a child's life chances in the early years than education, wealth or class

**Effective**, warm, authoritative **parenting** gives children confidence, stimulates brain development and the capacity to learn



**2 in 5 children**

miss out on 'good' parenting

Supporting parents with parenting programmes has a **positive impact** on both parents' and children's wellbeing and mental health and is an **important** part of prevention and early intervention

## Impact of parenting support programmes on school readiness

### Benefits of the Family Nurse Partnership include better:



- language development
- vocabulary and mental processing
- emotional development
- attention and behaviour

### Benefits of early family training/parenting support include improved:



- numeracy skills
- vocabulary
- letter identification
- emergent writing skills
- parent-child interaction

## Actions to improve parenting support programmes include



**Understand** parents' needs and how to engage them



**Intervene early** to maximise impact and reduce longer-term costs



**Increase** the **accessibility** of programmes



Ensure **better integration** and **co-ordination** of parenting support services



**Improve** the **quality** and build the **evidence base** for support services

## What's currently being done in Warwickshire?

Triple P evidenced based parenting programme for families across the age ranges 0-12 and 12 to teen, offered through Family support Workers

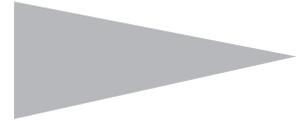
Family Nurse Partnership, voluntary home visiting programme for young mothers 19 and under, and their partners: FNP aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours, as well as improving the future life course of young mothers, by supporting them to make changes to their lives and providing them and their babies with a better future.

Baby Steps: a perinatal educational programme for parents in the run up to the birth of their baby and afterwards. Designed to help prepare people for becoming parents, not just for the birth itself.

Parenting Development Team: promote, coordinate and fund training in the delivery of evidence based parenting programmes across Warwickshire

Solihull Approach training for Health Visitors, Children's Centres

# Conclusions and Actions: High-quality early education and school readiness



By the **age of five** the brain forms as many as

**700**

neural connections per second

High-quality early years education **significantly improves** child health and educational outcomes, particularly for disadvantaged children

**2.5x**

The average **economic benefit** of early education programmes for low income 3 and 4 year-olds is nearly **2.5 times** the investment

**20-50%**

If all low income children received high-quality early education the gap in achievement could be closed by as much as **20-50%**

## Impact of high-quality early education



Improved school readiness



Improved future academic attainment



Improved future productivity



Higher levels of employment



Less involvement in crime

## Actions to improve high-quality early education include

### Systems Development

- Continued and increasing investment
- Integrated services
- Workforce training

### Structural Development

- Favourable staff to child ratios
- encouragement of parents to support and engage more actively
- focus on cognitive and non-cognitive aspects of learning

### Process Development

- Adoption of more responsive and nurturing staff: child relationships
- Work towards an equal balance of child and adult initiated activity

## What's currently being done in Warwickshire?

Statutory functions provided for settings requiring support to improve, Wider advisory support and training available via a traded service. Sector awaiting information from DfE regarding funding and future investment. Integrated delivery in this sector has reduced however, integration between EYFS settings, Schools and IDS strengthened. Workforce training available via early years advisory team traded service. LA looking at future systems for quality improvement.

Child staff ratios are a statutory requirement. Area for further consideration linked to training and development.

As above

# Useful resources

## **School readiness**

<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015>

## **Early Years Profile - Warwickshire**

<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=52&geoTypeId=>

## **Children & Young People's Benchmarking Tool**

<http://fingertips.phe.org.uk/profile/cyphof>

## **Child Health Profiles**

<http://www.chimat.org.uk/profiles>

## **Warwickshire Joint Strategic Needs Assessment (JSNA)**

<http://hwb.warwickshire.gov.uk/>

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- "Role of early years staff primary care and health visitors to enable school readiness" - WCC Business & Commissioning Intelligence Service (2015) *Warwickshire Local Authority's offer for 0-5 Year Olds & Their Families*
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