

City of York Council Early Years (Speech, Language and Communication) Remote Peer Support Panel

Date from 26th October – 6th November 2020

Feedback Report

1. Executive Summary

The peer support panel (PSP) was conducted at a time of significant leadership change in York. During the PSP, Councillor Cuthbertson stood down (due to ill health) as the lead member for children's services and education to be replaced by Councillor Orrell – the fifth executive member in four years. A short time before the PSP the Director of Children's Services assumed the role of interim corporate director for people – the council is currently undertaking a full review of its corporate leadership structures.

The peer team is impressed by the enthusiasm and passion for early years (EY) that is evident in all those who participated. People spoke with energy and showed a knowledge of their service and the children they support.

There was and remains a positive mobilisation to address the COVID crisis. Providers also recognise the practical support they have received, including deliveries of Personal Protective Equipment (PPE) and swift resolutions to funding enquiries. Some staff and providers gave examples of tracking known vulnerable children to ensure that their needs continue to be met, whilst other staff and providers said that they were unsure about knowing who all the vulnerable children were. The different levels of vulnerability need to be agreed and made widely known at a partnership level.

The peer team is impressed with the Early Talk for York (ETfY) project, which is driven by outcomes and has a systematic approach. The project is linked with the NSPCC's Look Say Sing Play initiative, which together provide an integrated 0-5 year assessment platform and support for speech, language and development. There is a clear project management approach that is building evidence of impact and has secured funding from the school's forum as well as funding from the CCG for a jointly funded speech and language therapist (SALT) – providing an example of the creative use of funding already in the system.

There is a plethora of short-term projects and plans that are being taken forward, which are driven by a focus on obtaining relatively small amounts of grant funding. There is no clear evidence that all the projects and plans link to delivering the overall strategic ambitions for EY and there is a danger that they are not sustained and that any impact maybe lost.

It is clear to the peer team that commissioning is underdeveloped in EY and in children's services as a whole. This view is recognised by the EY leadership. There are pockets of commissioning in Adults and in Public Health that could provide a template for a commissioning structure in EY.

The CCG covers the Vale of York, which includes the City of York. This means that commissioning in health is undertaken for a wider set of circumstances than exist in York and the specific needs of the children living there are not necessarily addressed.

There is an early help focus that covers young people from 0-19 years. The needs of children in their first years of life - 0-2 years – is not highlighted sufficiently and needs heightened visibility.

2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations

conducted remotely, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

- **Ensure the Health and Wellbeing Board (HWB) priorities are seen to drive the vision for EY in collaboration with partners:** the HWB strategy has “First 1001 Days” as a top priority within the Starting and Growing Well theme. Partners need to be fully engaged in designing and delivering the EY strategy and services to achieve this aim. The Early Years Improvement Board (EYIB) should develop more robust terms of reference so that it provides the vehicle for partners to become more involved and held to account for their actions. Outcomes on actions undertaken should be regularly taken to the HWB so that EY is seen to be an intrinsic element of the council's delivery and ‘the best start in life’ is fully owned as a strategic, corporate objective
- **Develop a roadmap of services - involving parents - using commonly understood terms and language that goes beyond professionals:** parents say that they are unaware of what community services are available for their child and when these can be expected to be delivered. A clear roadmap (an example cited was the one produced by Hull) setting out in easily understandable language and presented graphically would enable straight forward signposting of services, including progression with age. Parents, and professionals from all partners, should be involved in the design of the roadmap and in setting down the terms and language to be used in describing each step and subsequent communications
- **Ensure all projects and funding applications are clearly aligned to achieving sustainable outcomes identified in the EY strategy:** ETfY provides a clear example of a project that is aligned to the EY strategic goals and is designed to focus on outcomes – this is not the case with other projects that appear to be driven by short-term available funding. The EYIB should use the jointly agreed EY strategy to ensure that all projects and delivery plans focus on achieving the best outcomes for children and that these are consistently monitored
- **Ensure a consistent approach to the development of knowledge, skills and understanding to improve outcomes for EY:** there is an inconsistent understanding of how a child's early years impacts on their role in society and their need for services as they progress through life. A culture of continuous learning, driven from the EYIB and influencing the HWB, should be developed to support parents, elected members and professionals that encourages leadership and management, coproduction and a broad base of contribution to delivering strategic aims
- **Develop a robust and effective joint commissioning culture and arrangements for EY to ensure outcomes and impact are delivered:** currently there is no commissioning infrastructure for EY. Existing arrangements in Adults and in parts of Public Health could be used as a basis for commissioning arrangements in EY. The LGA and regional networks can also provide further guidance and support.

3. Summary of the remote peer support panel approach

Independent external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes sector-led improvement. All local authorities

and their partners are constantly striving to improve outcomes for children and an external and independent view can help to accelerate or consolidate progress.

Remote peer support panels were developed to continue the delivery of sector-led improvement approaches during the COVID19 pandemic when face to face, onsite work has not been possible.

The peer support panel was sourced specifically to address the five primary areas of focus highlighted by City of York Council. The team consisted of senior colleagues with significant experience of leading and managing early years services within local government, health and education, supported by an experienced LGA manager.

The peer panel

The peers who delivered the remote peer support panel were:

- **Frances Cunning**, Lead peer, LGA associate
- **Carol Kimberley**, Education peer, Head of Early Years, Cornwall Council
- **Wendy Thorogood**, Health peer, nurse consultant
- **Lucy Lewin**, Early Years peer, independent nursery provider and consultant
- **Jonathan Trubshaw**, LGA manager

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team on 6th November 2020. By its nature, the remote peer support panel is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Scope and Focus

The Council identified five primary areas of focus that were agreed at the beginning of the scoping process and through the self-assessment using the Early Years, Speech, Language and Communication Maturity Matrix:

What is the effectiveness of the work we have set up to address closing the gap with a focus on SLCN? What are our barriers? Is our planned next phase an appropriately robust response to COVID?:

1. **STRATEGY (Plan)** - Developing a Vision, Strategy and Plan/communication of the strategy/promotion of 'Talk'
2. **COMMISSIONING (Plan)** - Effective use of resources as a partnership
3. **PARTNERSHIP (Lead)** - Maximising opportunities for connection across services and the community
4. **SERVICES & INTERVENTIONS (Deliver)** - Use of evidence informed practice and to inform decision making
5. **OUTCOMES (Evaluate)** - A focus on outcomes rather than just action.

5. Main Findings

The peer team is impressed by the enthusiastic and positive staff who are clearly passionate about their children. It is also clear that key leaders having a strong commitment to EY. This provides York with a significant base from which to build.

There is strong personal commitment to EY from elected members, although there have been a number of changes in lead member for EY in the recent years. There is also an awareness and recognition from the EY leadership of the need for an evidenced based approach for future work, which needs to focus on demonstrating improving outcomes for all children, including those most at risk of some form of disadvantage. There is also a strong will and awareness to use the recent SEND inspection outcomes to drive improvement and lever change.

ETfY is a significant project for EY in York. There is a strong and methodical approach to project management that is building in an outcome focus. Good use has been made of existing funding obtained through the schools' forum and the CCG joint funding the SALT post. The project is being developed in a limited number of settings and gaining evidence of its effectiveness before being rolled out further across the city. There is an integration with the NSPCC's Look Say Sing Play initiative, which together provide an integrated 0-5 year assessment platform and support for speech, language and development. Some providers are concerned that the investment in subscriptions and staff time to train and implement the whole ETfY approach may inhibit full take-up.

Providers feel that there is strength in the decision making of the early years' entitlement finance team. Requests are responded to swiftly and this is welcomed, especially during the uncertainty brought about by the COVID crisis. This is not always the case with other EY managers where providers perceive that no one person holds responsibility to ensure that changes are made, or decisions taken in a timely manner.

In the peer team's view, EY has a plethora of projects and strategies, not all of which have clear outcomes identified. There are a number of short-term projects including the Baby Room project which provides support to 0-2 year olds and the Haxby Road school project – 2 is Too Late – to improve Good Level of Development (GLD), which have been created to make use of pots of funding that managers have secured. However, practitioners state that projects based on short-term funding are not sustained over time. The EY strategy is still in development and about to go to partners for consultation. The EY strategy will need to bring together all existing plans so that the connections between them are clear – both to staff inside the council and those in partner organisations.

The EYIB is described as being in its "infancy". Partners will need to develop mature relationships so that they can robustly hold one another to account and ensure the EY strategy aims are delivered. People described working in York as being "*friendly*" with providers saying that there is a need for the partnership to "*move beyond being best friends*" and ensure policy is delivered. The geographical size of York has enabled strong personal relationships to be built but there could be more robust challenge supported by systems and processes to drive sustainability and objectivity. The governance arrangements with the HWB need to be strengthened so that the EY message around the first 1001 days is fully heard and partners know that their work is acknowledged and scrutinised. Clear lines of accountability between Boards should be maintained through to the frontline, so that staff know where their work and the outcomes of their actions fit strategically.

Parents told the peer team that they are not clear on which services were on offer to them and when these could be accessed. The language used to describe a service is not always clear, with Portage being given as an example of a term that does not explain what is on offer. Another example is that the 2 year check letter that is sent to parents is not tailored to recognise their child's needs, leading to some parents

disregarding the letter. Currently 20% of children are not attending their 2 year checks. There needs to be cognisance of the parent's own literacy level and not assume that all parents can read and understand written information. Professionals should work with parents to produce a roadmap of services – providing a graphical representation of the child's journey and setting out in language that is descriptive and clearly understandable what is on offer. Parents clearly have ideas of what would be useful to them – one suggesting an example from Hull – and should be more fully engaged in the production process from conception to dissemination.

The parents of children who require specialist support speak highly of the service they receive. For some parents, the information they receive on services available to them comes only from the Portage worker. However, some parents perceive their parenting and understanding of their child's condition to be criticised by the Portage worker.

The EY leadership recognise that there is no effective commissioning infrastructure for EY. This is positive awareness and recognises the difference with procurement and the need to commission for outcomes. There are examples of commissioning practice in Adults and in Public Health that are useful to consider, especially when considering commissioning across the new – all age – directorate. However, the Joint Strategic Needs Assessment (JSNA) is not systematically used to inform commissioning decisions, and this should be included in any development of the EY commissioning infrastructure. Work is on-going with health to consider a more place based approach, which will be important for York city as the CCG has a wider geographical focus covering the Vale of York. There are examples of increasing coproduction with health, including; as a result of the statement of action - a joint commissioning strategy that is being developed with the CCG regarding SEND. Another example is BEEHIVE – jointly funded and monitored community short breaks for children and young people. There are also positive working arrangements with the link health worker, which is enabling them to work with families of children with complex health conditions from birth to transition and longer if needed. Some of these projects have been accelerated as a result of closer working to address the issues of the COVID crisis.

There is a focus on using the GLD results as an indicator of improvement. GLD scores for York are strong with ongoing work undertaken to improve them as the gap was recently highlighted nationally as being worst in country. However, less use is made of outcomes from health mandated checks and local knowledge – both of which could be used to illustrate outcome attainment and inform commissioning decisions – particularly for 0-2 years and pre-school aged children as GLD only applies to those leaving Reception year.

Although Shared Foundation Partnerships (SFP) have been in existence for about 20 years they continue to be seen as a model for improving transitions into schools. SFPs have community level support and have potential to influence the EY strategy and build on existing multi-agency contributions. SFPs need to develop further to specifically share information and good practice concerning EY. Practitioners from early years settings and schools welcome the chance to meet regularly with each other and with local authority colleagues. Health visitors (HV) and members of the local area teams express a willingness to join these local networks in order to share local knowledge.

The response to COVID is seen as being strong with a number of positive consequences, including bringing people closer together virtually – staff have more time to connect with each other, share information and work together differently. Resources have been mobilised to focus on the most vulnerable in the community including staff

from local area teams delivering food parcels. Providers also recognise the practical support that they have been given - including sacks full of PPE - helping them to remain open, supporting their children and families.

There are potential gaps in the early identification of need. Some staff report that parents avoided the 2 year check because they thought their child already had an identified need and they did not want an additional health check. The join up between midwives and HV is inconsistent, with some reporting a reliance on personal relationships and paper based files as computer systems do not link up. Both report that they have a good working relationship but also recognise that “*there is a way to go*” in joining up their services. Providers report that they conduct the 2 year check with the parent in their setting but that HV are not present and that they receive little information from HV. HV state that their agenda goes beyond EY and that priorities are driven by the HWB strategy. To support the effective integration of HV, strategies need to be aligned and use a common language that is easily understood by parents.

The perception of some providers is that there is an us-and-them culture, with schools taking precedence over the Private Voluntary and Independent (PVI) settings. The reliance on GLD data to demonstrate impact could support this view. There is also a danger that EY is not be seen as the main concern in a 0-19 year focused directorate, with funding being prioritised to schools. The separation of a school effectiveness team working with the maintained sector and the early years team working with the PVI sector reinforces this perception – although there is some close working between them.

The peer team is impressed with the work of libraries to provide BookStart books to all families. There is also strong work to support adult literacy as a way of ensuring that children have the widest possible foundation to help their reading. There is evidence of parents’ involvement in supporting each other, an example of this is the parent developed package to support Down’s Syndrome children. Providers value and appreciate the communication tool kit that has been developed for use in EY settings as a resource for practitioners to support children’s speech and language development.

There is a systematic approach to improving outcomes for children in care (CIC). The virtual head teacher has streamlined the process for reviewing personal educational plans (PEP) for each child termly. Children are tracked and monitored in partnership with schools and there are clear aspirations to deliver through the PEP.

There is data to show improving trends in the take-up of the 2 year offer. Where data is available this can be broken down by age, provision and child need – this is particularly the case for older children.

The peer team heard evidence that data - both hard and soft – is not systematically used to target interventions or to monitor progress and impact. Some settings report difficulties in gathering data during the COVID crisis and this might lead to a lack of clarity as to how EY identify vulnerable children, including those who are not attending settings.

6. Next Steps

We hope that the above findings are considered and true reflection of the discussions we had with you, your staff, your partners and families in York. I am sure that you and your colleagues will now want to consider how you can incorporate the team’s findings

into your ongoing planning. Relevant details are included below should you wish to access further support either via the LGA or your own regional networks.

For further improvement support you can contact the LGA's Principal Advisor, Mark Edgell: Email mark.edgell@local.gov.uk Telephone 07747 636910 or the LGA's Children's Improvement Adviser, Ann Baxter: Email baxter.ann@icloud.com Telephone 07577 495153.

Once again, thank you for participating in this review and please pass on our gratitude to everyone involved, particularly Carolyn Ford, Amy White and Emma Brookes for their preparation work for the challenge.