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Public Health & Social Research Unit

West Sussex Early Years Needs Assessment
SUMMARY AND RECOMMENDATIONS

Report by the
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Date: January 2016

Introduction

The early years of life are crucial for long-term physical, social, emotional and mental wellbeing. Experiences in the early years can have lifelong consequences. It is a period of rapid cognitive development, a period where social skills and relationships are established. The evidence is clear, investment in, and a policy emphasis on, the early years of life yields better long-term outcomes than interventions in later years; the return on investment is higher, although benefits may take longer to be realised. A 'good start' for all children will improve health, social, educational and economic outcomes in West Sussex, and will act to reduce inequalities and increase social mobility within the population.

Staff in the West Sussex Public Health Research Unit have reviewed local and national evidence and engaged with families and professionals to identify how needs of the 0-5 years population are currently being met, what is working well and also where things could be better. We are very grateful to all the people who have contributed their time, experience and views.

The objective of this needs assessment is to inform commissioning priorities in West Sussex. This Needs Assessment forms part of the West Sussex Joint Strategic Needs Assessment and is comprised of a number of products:- a detailed report, reports on the different elements of the qualitative research, data profiles centred on children and family centres and this summary; all are available online.

Local views, experiences and opinions were gathered from parents and carers and from local stakeholders, including staff employed in early years' services. Views were also identified from parents /carers of children with a disability (via a postal survey), foster carers and families from the gypsy and traveller community. There were in-depth interviews with teenage parents and Eastern European families.

This summary is structured around four themes:-

1) **A healthy start to life –** summary of the key health and development outcomes, universal services in early years and the identification of children and families at risk of poorer outcomes who may need short term support.
2) **Tackling disadvantage** – needs of children and families who may require longer term and specialist support.
3) **The importance of communities and working in partnership**
4) **Transforming services, co-designing** – a discussion.

For the first three themes the background evidence is summarised and presented alongside local views. Recommendations are grouped under the same themes, and against each recommendation potential actions are outlined and a lead organisation, agency or partnership identified. Reference sources are listed in the appendix for each section.

CONTEXT – UNDER 5 YEARS POPULATION IN WEST SUSSEX

1. There are approximately 47,980 children aged 0-4 years living in West Sussex. After a period of growth from the early to mid-2000s the number of births in West Sussex has remained relatively stable over recent years at approximately 8,500 to 9,000 births per year.

2. Maternal age has remained relatively stable in West Sussex, in 2008 the average age was 29.9 years, and was 30.0 years in 2013. A higher percentage of births in West Sussex are to mothers aged 35 years or over, 23% of births in West Sussex compared with 21% in England overall. Nationally, and locally, the number of births to women aged under 20 years has fallen over the last 10 years, in 2014 there were 240 births to women in this age group.

3. 16% of children aged 0-4 years in West Sussex are from ethnic minority backgrounds; this is lower than the regional and national figures (29% and 21%). The 0-4 population, locally and nationally, is more ethnically diverse than older age groups.

4. Of the under 5 population 1.8% are estimated to have a limiting long term illness.

5. West Sussex has a low rate of child poverty compared with other areas and England although there are neighbourhoods where child poverty rates exceed 40%. There is low unemployment in the county and 9% of children in West Sussex live in workless households.

6. Research has identified a number of risk and protective factors that contribute to the risk of children in their early years (0-5) and later life experiencing social, emotional and cognitive development difficulties. Reviewing data relating to those factors (shown below), it is evident that West Sussex compares favourably with other local authorities and England overall on most measures, but there are considerable differences within the county and the patterns of inequality in early years persist. The county has areas of deprivation that are within the 10% most deprived neighbourhoods in England.

Risk Factors

- Low birth weight
- Smoking in pregnancy
- Substance misuse in pregnancy
- Maternal mental illness
- Domestic violence
- Poverty/socio-economic deprivation
- Teenage parenthood/maternal age
- Worklessness

Protective factors

- Stable and supportive family relationships
- Parental education level
- Good maternal nutrition and healthy weight
- Stable maternal/parental mental health
- Non-misuse of substances, tobacco, drugs and/or alcohol
- Breastfeeding and good nutrition
- Higher socio-economic status
- Immunisations
- Environment, (incl. access to green spaces and housing)
- Good quality early years education/childcare

A HEALTHY START TO LIFE

Overall health outcomes for young children in West Sussex are good compared with England, however, there are variations across the county, and for some measures improvements need to be sustained.

1. Rates of infant mortality have not changed significantly over time in West Sussex. Although West Sussex has a lower rate of infant mortality rate than England.

2. In 2014/15, 9.6% of pregnant women smoked at the time of delivery in West Sussex. This is significantly lower than England (11.4%), although there is significant variation across the county.

3. For the majority of childhood vaccinations, the population coverage in West Sussex exceeds 90%. The only instance where this is not the case is for the second dose of the MMR vaccine (86.7%).

4. In 2013/14, 710 young children were admitted to hospital due to unintentional or deliberate injury in West Sussex. The most likely causes of hospital admissions of under 5s are largely preventable (i.e. falls, poisoning from medicines, road accidents etc.).

5. The percentage of reception age children overweight or obese in West Sussex is lower (19.7%) than the England rate (21.9%) and similar to the South East (20.3%). The rate for children in Arun (24.8%) is significantly higher than the England average (21.9%).

6. In relation to the outcomes from the Early Years Foundation Stage Profile, whilst West Sussex has made improvement in attainment in the Early Years Foundation Stage, the percentage of children achieving a good level of development in West Sussex (63.5%) is lower than the national average (66.3%). Of note, gender and deprivation are associated with poorer outcomes. Boys are outperformed by girls for all areas of learning, and particularly appear to struggle with literacy. Children eligible for free school meals are also less likely to achieve a good level of development by their peers who are not eligible, although it should be noted that there has been an increase (5%) in the percentage of children eligible for a free school meal achieving a good level of development.

7. Data gaps were identified:-
    i. The process through which women are identified as at risk of, or having postnatal depression appears, from data available, to be inconsistent in West Sussex.
    ii. Speech and language support was highly valued and identified as a priority by many staff but data relating to speech and language provision, specifically for children 0-4 years, was not available, or reviewed, as part of the needs assessment

A HEALTHY START TO LIFE - LOCAL VIEWS

- Interviews with young parents found that some had little and very late contact with health services prior to birth; some reported good experiences of targeted services including the Family Nurse Partnership and a service run by WSCC Youth Service. Some reported having little information or guidance, and relied on the internet or social media for advice.

- Children and Family Centres were not viewed, by some, as a good place for comprehensive local information. Many people interviewed, who did not attend centres, said that they had heard of the centres but were less clear on what was on offer.

- Some parents reported that operating times could be a problem, and would prefer more activities planned for later in the day, in the afternoon.

- Reviews of services, including health services, were mixed. A common concern amongst young mothers was the feeling of being judged both by workers and other mothers, although some found good support when difficulties arose.

- Some Eastern European mothers said they struggled with bureaucracy and are wary of authority and can feel distressed when they are unable to understand what is being asked of them. Some found consultations with GPs particularly stressful as there is insufficient time to explain when language is an issue.

- There were numerous ideas by parents to increase engagement:- some said they would like more afternoon sessions at children and family centres (or in alternative community settings), tailored information for younger mothers and a suggestion of being shown around / introduced by another young mum. In terms of Eastern European families, suggestions that advertising in local specialist food shops and information provided in other languages should be explored.

- A number of comments were made on the need to increase engagement of working parents, fathers, grandparents and child minders.

- There was very positive feedback about a range of services and programmes, for example the opportunity for messy play was welcomed, especially where home environments were limited. Library sessions (such as Rhyme Time) were also well received.

- Mothers welcomed sessions which “followed on”, so they could combine a weigh-in with the health visitor with a group afterwards. There were a number of very positive comments about “Bumps and Babes”, found to be enjoyable and supportive; several mothers suggested there should be a follow on group for the crawling to just walking stage. Young mothers said they welcomed advice from key speakers.

- A number of staff said that there should be more drop in sessions, for example for speech and language advice, and some needing to be available to working parents.

TACKLING DISADVANTAGE

For some children and families, additional and sustained support is needed to tackle a range of, often complex and enduring, problems. For these children early identification and early help is important, to ensure that, where possible problems are overcome, or mitigated. The West Sussex Early Help Action Plan sets out its vision to provide help and support at the earliest opportunity to families experiencing problems; to be *"**Smarter i**n the way we do things; children, young people and families will get what they need **sooner**; we will ensure children live in strong protective families where they are **safer** and that outcomes for them will be **stronger**".*

1. There are a range of risk factors associated with poor child development but three key issues are repeatedly identified in West Sussex:- parental (notably maternal) mental health, parental substance misuse and domestic violence, and for some these factors, a "toxic trio" , will be experienced in combination. For these children and families additional support, often multi-agency and/or long term is required to enable them to fulfil their potential.

2. Identifying how many children and families are impacted is not straightforward, many children will experience multiple risk factors, we know that:-
   - At any one time there are over 100 children under the age of 5 in care/ looked after.
   - 250+ children under the age of 5 on the Child Protection register.

3. An estimated 900 children under the age of 5 years have a limiting long term illness in West Sussex.

4. Over 6,500 children under the age of 5 years are living in relative poverty in West Sussex.

5. 9.3% of households with dependent children in West Sussex have no adult in employment.

6. From national research it is estimated that 12% of women experience depression and 13% experience anxiety at some point during pregnancy, many women will experience both. In the first year after childbirth, 15-20% of women experience depression and anxiety.

7. Pregnancy is also a heightened risk period for domestic violence.

8. Some of the risks have generational patterns, from a snapshot of local Family Nurse Partnership data, 40% of the parents in the caseload had childhood experience of social care.

9. There is also an association between socio-economic factors and behavioural risks, including smoking during and after pregnancy, use of alcohol and drugs, poorer diets and a lack of physical activity.

10. For some groups, including gypsy and traveller families, concerns were expressed about being able to register for services, including children and family centres and GPs, without having a permanent address.

TACKLING DISADVANTAGE - LOCAL VIEWS

The following comments relate to children and families where additional and/or specialist services are required.

- A survey of early years staff, from all sectors and organisations, asked staff to comment on whether the key outcomes of the Early Years Foundation Stage were being met, for example physical development, communication and language development etc. Overall, respondents were positive, and provided examples of good practice and services working well together. Where there were concerns this often related to lack of capacity.

- Some professionals said that information on specialist services or areas that impact on families such as mental health, substance misuse, and housing, is not available.

- Some staff raised concerns about the lack of capacity in the West Sussex Family Nurse Partnership, and stated that some vulnerable young mothers were not on the programme. There was also a concern that other vulnerable mothers needed additional support.

- There were concerns that parents with mental health problems were not able to engage, or to sustain engagement with services and would often miss appointments. There was also a concern that a lack of capacity to undertake outreach work, or home visits, meant that some groups, including mothers with mental health problems, may be less likely to attend and benefit from some of the mainstream provision on offer.

- Given the impact of postnatal depression on child development, a postnatal depression support service via 'time to talk' was highlighted by some professionals as an example of good practice. However, staff were concerned that there may be a lack of services overall and that the pathway to support was not clear.

- Support for speech and communication was highly valued; but the availability of support was frequently mentioned by professionals as a concern. The key issues reported by the professionals included the inadequate or lack of support for families in communication and language development and often long waiting times or delays in getting the child seen.

- The level of funding for free entitlement was raised as a general concern by childcare providers. A number of respondents specifically raised concerns about funding levels for children with additional needs, which was considered too low to be sustainable in the longer term.

- Some professionals felt that the restructuring of the FIRST team, (Facilitating Inclusion through Reflection Support and Training), had been confusing for some nursery staff and reduced the support they received. There were a number of concerns about how Education Health Care Plans were operating, and concerns that children would be starting school without adequate support in place, as the EHCP had not been completed.

- For families with English as an additional language some staff expressed frustration at the lack of translated materials / leaflets.

- A common issue identified via interviews with mothers from groups often considered to be "hard to reach" were the missed opportunities to provide information on local services and activities.

THE IMPORTANCE OF COMMUNITIES AND PARTNERSHIPS

Although the family, and notably the mother or primary carer, are central to early childhood development, the wider community has an important role to play. A good environment, including a supportive community, will act to promote child wellbeing.

1. Whilst West Sussex is an affluent county, there are health inequalities in the early years and these persist into adulthood. Areas of deprivation exist at lower geographies, particularly along the coast and in Crawley. There are over 6,500 (15.4%) children under 5 living in low income households.

2. There are associations between child poverty and other outcomes, including prevalence of obesity, teenage pregnancy, readiness for school and maternal and household smoking.

3. Maternal education and employment are long term indicators of improved child outcomes. West Sussex has a low unemployment rate but wage rates, notably in the coastal area of the county, are relatively low.

4. Play, both in formal /organised and informal environments is important for children. The countryside and coastal areas in the county are considerable environmental assets. Parents highly value services such as parks, playgrounds and the seaside.

5. Housing affordability is a concern nationally and locally. We know that young children are more likely to live in rented accommodation and may have less secure tenure. Overall the rate of homelessness for families with children is lower in West Sussex compared with England, but the rate in Crawley is higher than the national average.

6. Variation in the proportion of overcrowded households with dependent children exists across the county. Crawley has both the greatest number (1,624 households) and proportion (11.5%) of overcrowded households with dependent children, which significantly exceeds the proportion for England.

7. There are a number of active voluntary and community groups working in neighbourhoods in West Sussex and a range of services located in village halls, churches and community venues across the county.

THE IMPORTANCE OF COMMUNITIES AND PARTNERSHIPS – LOCAL VIEWS

- Young mothers interviewed placed considerable value on employment, training and career advice; and wanted more support in these areas. The young parents interviewed felt that services should consider the needs of the mothers as young adults as well as their child. They would like help with employment, training and careers which they see as even more important now that they are parents.

- Eastern European mothers interviewed said it was often difficult to understand how things were done in the UK and wanted more advice on housing, employment, and benefits; and also issues such as applying for school places.

- Eastern European parents were more focused on the need for activities for their children but they would like opportunities to mix more with English people which is sometimes a challenge. One group of Polish parents would like to set up a drama and singing group with English and Eastern European mothers. They felt it would be an enjoyable way to bring the communities together.

- Local facilities such as parks and libraries were well used, and were mentioned by people interviewed, partly as facilities were free and some people reported that their home environment was poor and lacked facilities for their children.

- From interviews with both Eastern European and young mothers it was found that building relationships within communities is a key route into mainstream provision. Mothers said they listened to information about Children and Family Centres through trusted friends or trusted service providers. They said they took less notice of promotional posters or leaflets.

- Eastern European mothers valued the local community support offered by local organisations including Connecting Communities and Accord and English tuition.

- The majority of mothers interviewed would welcome more opportunities to participate and help others, acting as community ‘champions’.

Partnership working across organisations.

- Many staff reported good partnership working and felt that Children and Family Centres acted as a good focal point in communities. Having up-to-date, comprehensive information was considered very important and staff said this acts to attract families to centres, but some staff also noted that with frequent changes to services keeping information current was a challenge. There are different models and different provision across the county and frequent changes in staff.

- Some professionals said that although a range of services are available, there is a lack of proactive effort to encourage the engagement of some vulnerable parents, who may lack confidence or awareness of the services. Voluntary and community sector organisations may have a role to play in linking families to provision available.

- Some professionals, particularly child minders and some nurseries, felt they were not being recognised as qualified professionals and that their views were not considered by other professionals as well as by the families.

QUOTES – FAMILIES

I didn't go to the Children's Centre until he was a year old. So I had a whole year of sitting in and not doing an awful lot.

I was a bit wary of going. I didn't know who was going to be there. I didn't know if I was going to be judged for being a young mum. You just don't know what to expect really. And until you do, like it is scary but eventually I did it and once I did I was so glad because it wasn't that bad at all.

Google has been my parent, like Google is my parent. No-one taught me how to cook. No-one looked after me, no one just told me anything, no guidance, nothing

It was a bit daunting at first because there are all these people that seem to know what they are doing and you think 'Oh my God, they obviously look at me at me and think 'you have no idea'

I prefer the afternoon kind of times because then I know I can get everything done in the morning. Get all the washing done and everything I need to do in the house. Otherwise its wake up, rush, prepare a bottle, grab everything and go out of the door kind of thing. You always end up forgetting something when it's in the morning.

He does like the interaction with other people, so a little time for the dads to something and then the babies to join in kind of, do like my other half does the whole being silly kind of games and things like that, so I think that would be quite interesting for the dads to be all silly and let their hair down with the baby kind of thing.

I can say, "I've got a rented property not a council property. I work, I provide, I support my child". So really I don't feel like they can look down on me.

"he (foster child) had to have some quite specialist blood tests. He was born out of county, and it was really left with me to liase the handover from where he was born to the… So too much onus, really, on the carer, rather than the medical people talking to each other."

I find it useful being around people of my age, that are going through the same thing, like young parents. We give each other advice and stuff and helped each other, that's why I liked to come in.

I used to go and get B weighed there weekly-that was the thing that encouraged me; I would time my weigh-ins if it was like a walk in clinic, you can go and see the health visitor, have them weighed and then talk to them if you have other issues. Then after that I would go to Bumps and Babes. So I would sort of, so I was doing everything at once. Once I was out of the house rather than doing one on one day and having another on another day.

I think if Polish people need help, it's no problem, because usually English people everywhere are very nice and they try to help. Sometimes, maybe sometimes, but I understand when English people can't understand and they're angry. It's normal.

I know the family centres are there. I don't know exactly what goes on there. Other foster carers could be like that as well. So it might be, because most of the foster carers have emails, they (CFCs) could email what is going on at the centres, different things, so that they know.

QUOTES – STAFF

"need more nurseries that run during the school holidays for working parents"

"I think we do very well at supporting the health services with the Child Health Clinics and Antenatal Clinics although there is a big lack in communication between our services".

"Resources are very tight for mental health workers for parents, this seems to be one of our biggest areas of weakness, without supporting these parents there is very little we can do to change the lives of the children."

"I think there are a large number of settings doing a great job with networks of professional support".

"There are so many overweight children and I feel this is a real issue and more needs to be done. Parents and children need to be educated on this subject and there should be consequences for parents who neglect their children's health and let them become overweight".

"I feel West Sussex does well to provide services for families that they do not have at home such as physical play areas for families that don't have gardens, resources for families on a low income and opportunities for children and adults to socialise and learn from each other".

"The changes to the SEN code of practice have left West Sussex in a mess of missed time scales. Many children I have worked with were put forward for EHCP needs assessment and still have not received their draft EHCP. Several are starting mainstream school in September and it has been very difficult ensuring their needs will be met without their EHCP. I think it is unforgiveable".

"Rural villages lack pre-school education e.g. Rogate. There is a lack of local Child Health Clinics for clients living near Surrey border".

"I have noticed over the last 10 years, increasing numbers of grand-parents and child minders accessing our services due to the number of parents who are returning to work. I think some of the older grandparents who are in this position may also need some sort of support".

"In order for the individual needs of children with SEN to be met, extra funding needs to be available to support those children to the level they need it. My setting, when inclusion funding is awarded, is given £12.50p per session to support a child with SEN. The actual cost to my setting, per session, is £24.

"Speech Therapy is a much needed resource, having group meetings to establish if help is required isn't always the best. Some parents don't want to be amongst other parents. I understand this is the best way to see a lot of children as there are few Therapists".

"In some geographical areas early years support is well-coordinated and families are clear about where/who they can contact to get support".

"We work well with Health Visitors and other professionals in order to coordinate the care for families who are in need".

TRANSFORMING SERVICES, CO-PRODUCTION

Commissioners, service providers and local residents are seeking better ways to design and run local services that meet local needs and achieve commonly agreed outcomes. Co-production is increasingly cited as an effective approach to deliver change by harnessing human and social capital, often unused capital.

During the qualitative research for this needs assessment, it was apparent that a co-production approach may have most benefit in relation to groups often considered "hard to reach" or disengaged. Although it was initially a challenge to 'find' mothers for the research, they were willing participants and were keen to contribute and to give their views and ideas to help other mothers. Some said they had not been asked for their views or for feedback before.

Most of the young mothers had supported others. They gave examples of by passing on tips or introducing others to groups. One who had 'discovered' her local Children and Family Centre told others about it and promoted it at work. Another led a campaign to keep a group going at her centre. Almost all those interviewed, young mothers and Eastern European mothers, had ideas of activities to encourage others to attend and expressed a willingness to participate in promoting and introducing these.

What is meant by co-production?

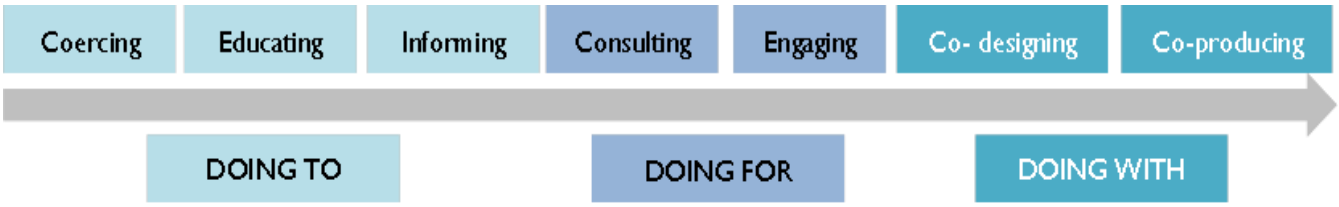
The term, frequently used, is often ill-defined, or applied to a wide range of activities and circumstances; it originates from the work of Professor Elinor Ostrom, and colleagues, at the University of Indiana. They were asked to examine why crime rates in Chicago rose in the 1970s when police officers moved into patrol cars; the research found that police had poorer relationships with the local community and that had led to a deterioration in their ability to prevent and detect crime. The word co-production was used to describe the importance of the relationship between the police and the community, to tackle crime the police needed the community as much as the community needed the police. This, and subsequent studies, identified the importance of the relationship between the service provider (doctors, social workers, teachers or organisations etc.) and residents/patients/communities, and describing a need to move from a "doing to" relationship to a "doing with" relationship.

'Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.' Boyle and Harris (2010)

"Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made.' (National Co-production Advisory Group (Think Local Act Personal) definition)

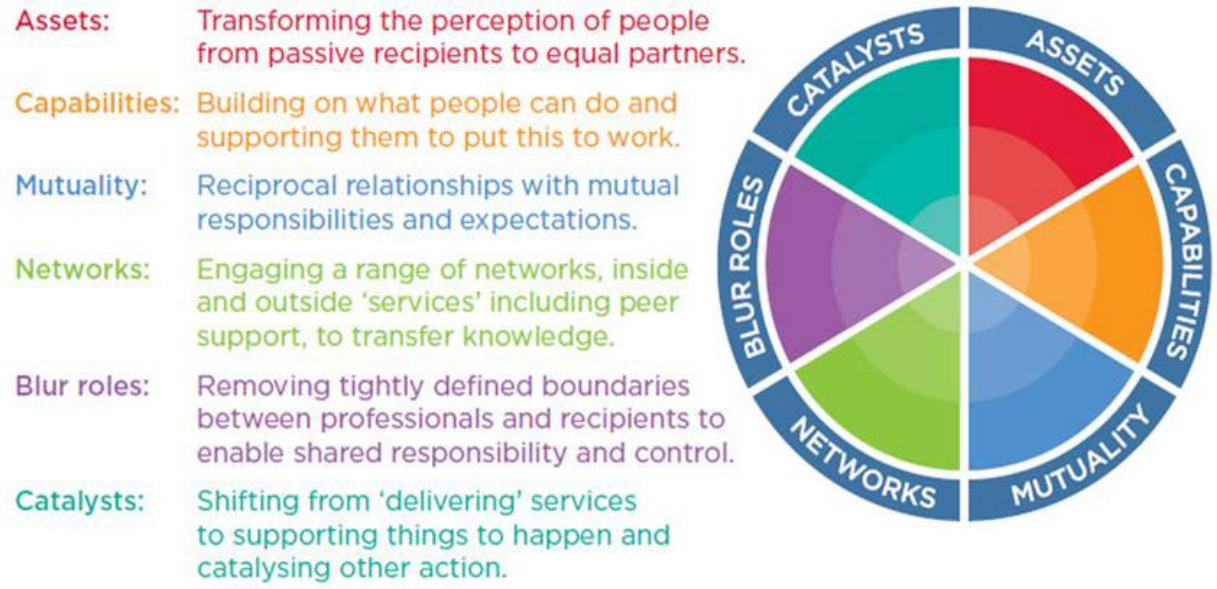
Incorporating co-production within Arnstein's Ladder of Participation (Figure 1), it is also useful to consider what co-production is not. It is not simple provision of information, consultation or community engagement, for co-production to be transformative there needs to be a more equal, and sustained relationship, between residents and "professionals".

Figure 1 – Ladder of Involvement of People and Communities



There are a number of underlying principles, or features, which characterise co-production (Figure 2); these include the importance of viewing people as assets with skills and experience to contribute, the need to break down boundaries between professional and residents and ensuring that frontline staff are empowered to act as catalysts, or facilitators, for change at a localised level.

Figure 2 Principles of Co-Production



(New Economics Foundation)

Co-production does not lead to a single model, system or template. There are a wide range of examples of services, programme and projects, including those based around health, social care or family support needs. Examples of co-production include the greater involvement of people in their own medical care (e.g. expert patient programmes), facilitating reciprocity within a community (e.g. time banking) to communities taking over and running public assets. While co-production can act to transform services delivered, there is a lack of evidence that co-produced services produce savings, certainly in the short term; indeed service redesigns based around co-production are likely to require additional upfront resourcing, for example for training local residents and professionals.

There are additional issues in maintaining co-produced services during periods of resident or service user turnover. Having said that a co-productive approach holds considerable potential in relation to early years' services:-

- There is a shared interest in the wellbeing and development of babies and infants. Parents, professionals and the wider community are well motivated to support young children. There is a broad consensus on many of the outcomes sought but increasingly how those outcomes are achieved is less prescribed, there is greater scope, and appetite, for local innovation.

- Families, and notably mothers, develop networks and peer support groups within communities and these can be powerful forces for change. Well-engaged, these groups can provide considerable input into the design and delivery of services.

- There is diversity; families come from all parts and communities within the county, services will benefit from the wide range of skills, experiences and knowledge.

- There are existing services, Children and Family Centres, which act as a focal point within their local communities, frontline staff, where empowered, can act as catalysts for change.

The New Economics Foundation published a simple self-assessment toolkit (Figure 3) by which commissioners and providers could judge the current level of co-production in the provision of services, and can be used to track progress. This can provide a basic for providers to review their current practice.

Figure 3 Coproduction self-assessment framework

	Not there yet	Basic	Good	Excellent
Assets	People are seen as students, users, victims, perpetrators, problems to be solved.	Service providers recognise and value the contribution people make to achieving outcomes, such as managing their condition, maintaining their health or contributing to their community.	People are asked what they like to do and what they are good at. Staff support people to put their skills/experience to use within the service. Contributions are sometimes recorded as additional capacity within services.	People (and their families/ carers) direct experiences, skills and aspirations are integral to all services. All service design and delivery seeks to build on and grow individual and community assets. Progress against this is tracked.
Capabilities	Professional skills/qual. and expertise have status. Specialist knowledge is delivered/ transferred to 'client'. Strategy and policy documents restrict people to consumers, clients or service users.	Contribution restricted due to regulations and institutional risk management. Staff recruit people and train them to perform volunteer roles within services.	Peoples practical contribution is fostered through tailored approaches, coaching or individual development programmes. The practical contribution that people make to the service is primarily determined by what roles the service needs.	People's contributions are vital to success. The activity and work required within the project is shaped to fit the skills and responsibilities of everyone involved. Personal development is a common expectation for everyone involved.
Mutuality	Assumption (implicit) that this is what professionals are paid to do and therefore wouldn't be expected to need or to ask for help – nor should community be expected to provide it.	Whilst people are listened to, staff are responsible for securing funds and delivering services, clear distinctions are maintained between roles/ responsibilities of paid staff and service users. Some informal give and take occurs as a result of staff values/ ways of working.	Ideas help to shape the way that services are designed. Skills are sometimes built into 'services' where professionals feel it is appropriate. People know when they get involved that it will be recognised and rewarded.	People have an active part in initiating, running, evaluating, directing and delivering projects. They work alongside professionals and their skills and opinions have equal weighting. People are able to identify rewards that are valuable to them (not just money).
Networks	Friends, family and peer networks seen as marginal, or negative influences on 'service users'. Generation of social networks and strengthening of both individual and community networks regarded as outside the remit of service provider.	Organisational codes of conduct don't prevent or undermine people's opportunities to support one another within services. Staff appreciate the practical and emotional value of people informally supporting one another but infrastructure does not make this easy to achieve.	Informal mentoring or buddying takes place by people connected to projects. People are encouraged to invite others (their friends and families) to come along to activities. The development of new friendships is encouraged although networks are primarily valued when they directly support the service.	Supporting peer networks that enable transfer of knowledge and skills within projects is seen as core work and is invested in. Staff and people engage in activities that connect to local networks and activities beyond the remit of the service. Growing networks outside the 'project' is seen as a core activity.
Blur Roles	Professionals seen as 'authoritative voice' by both paid staff and community. Generally one way transactions from professional/ expert to lay person/ community member	People are encouraged to volunteer informally around or within services. Usually training is required to ensure they understand the service and increase familiarity with professional knowledge.	'Expert by experience' roles exist for people within services. Reciprocity is encouraged between staff and people within the service, beginning to share the activities of delivering services. The 'experience' recognised as valuable is directly related to the service being delivered.	People and staff know that it is their project. Each with an equal responsibility for it to run well. Explicitly asking for/providing help from others is seen as positive and expected of staff and people. Expectations of mutuality discussed when people become involved. A wide range of skills and experiences are valued.
Catalyst	'Contract' between professionals and community members is implicit with community members required to comply with services/ ideas set out by professionals.	Staff invite people to play a practical role by contributing time or ideas, then seek to develop appropriate 'services' to meet these needs. Primarily the focus is what service do you want or need.	Organisations beginning to develop opportunities for people to play leadership and delivery roles within the provision of services. Services are co-designed and co-delivered but their reach is restricted by the objectives of the organisation.	The purpose of interactions is supporting people to live a good life. Staff roles focus on connecting people to networks and resources to do this, removing barriers where necessary and developing skills and confidence.

Source: Coproduction self-assessment framework: A working reflection tool for practitioners. New Economics Foundation.

RECOMMENDATIONS

These are recommendations for commissioners, providers and organisations to consider. We have, where possible, identified possible measures to monitor progress. Given the wider range of issues examined these have been identified as the main recommendations.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
OVERALL				
1	Improving child development and tackling inequality in the early years of life should be countywide priorities, for all public sector organisations. Interventions should be evidence based.	Increased work on prevention and the promotion of good child development, work should be extended beyond children's services. For example work with local planning departments to develop environments conducive to physical activity and play, and work with the private sector to support paternal leave, and dependent's leave for grandparents, where appropriate. Commissioners should utilise the considerable evidence base available, including that collated by the Early Intervention Foundation, to ensure the most effective use of resources.	All. Public Health - increase engagement with Local Plan development.	Business plans reference evidence base. Evidence of "wider" engagement on the early years agenda, for example work between public health and local authority planning departments, communities directorate and early childhood service.
A HEALTHY START TO LIFE				
2	There are universal, targeted and specialist services; the pathways to, and between, them should be clear and evidence based. The research for this needs assessment found some confusion on what is available, where, and for whom. All staff, in all sectors, should be confident of using pathways.	There should be good quality information detailing pathways and referral routes. Of note staff should be clear on how to seek help in relation to services for child and adult mental health, substance misuse treatment and domestic violence. This may require additional training for staff in the identification of these issues. Equity audits should be undertaken to ensure there is a good understanding of those accessing, and benefitting from services provided.	WSCC (Children and Family Commissioning, Public Health, Early Childhood Service) and CCG Commissioners	Pathways in place, and well documented. Short, regular staff surveys could be used to establish whether pathways and referral routes are understood. Audits to ensure pathways are working as designed. Equity auditing reports for services. Data sharing agreements in place to improve the understanding of risk factors and their prevalence.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
A HEALTHY START CONTINUED				
3	There should be an increased emphasis on maternal mental health, from screening and identification, and a range of services available to women across the county. Women need prompt access to evidence-based interventions. There should be robust county-wide mental health pathways in place for mothers/primary carers, and fathers.	Screening, and support, should be reviewed in line with NICE guidance. Development of a shared strategic vision and plan, with services, and capacity within those services, reviewed. The Early Years workforce should be trained, and understand the pathways/referral routes to appropriate support. All children's workforce staff should have a good understanding of the perinatal mental health pathway in West Sussex. Consider (with mental health commissioners) the inclusion of "pregnancy" within the dataset collected by mental health services.	WSCC and CCG Commissioners (Children and Family Commissioning, Public Health, Early Childhood Service, Mental Health Commissioners), health and social care staff i.e. social workers, midwives and health visitors	Early years' workforce trained in the identification of anxiety and depression. % of mothers requiring support and at what stage referral made/support accessed. % of mothers in receipt of support recorded.
4	Ensure that recommendations in the West Sussex Alcohol and Drug Needs Assessment (2014) relating to the need for improved linkages between maternity services and specialist drug and alcohol treatment services have been progressed.	Review progress and pathways between maternity services and specialist drug and alcohol treatment services.	WSCC and CCG Commissioners Public Health Substance Misuse Commissioner / Midwifery and maternity Services.	Pathways established, and evidence of referrals made.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
A HEALTHY START CONTINUED				
5	All opportunities should be taken to reduce maternal smoking, and smoking in households with infants and young children. Ensure that recommendations in NICE guideline PH26 (Smoking: stopping in pregnancy and after childbirth) are implemented.	Early years' staff (including health visitors, midwives, early childhood service staff) are well placed to engage with target groups, including families on low incomes and teenage parents. Services should adopt the *"Making every contact count*" approach. Training should be provided to ensure staff are able to make referrals and provide services to risk groups, for example training in assessment and brief interventions for smoking cessation. Children's workforce support and promote Smokefree campaigns across West Sussex.	WSCC Public Health commissioners / Health Visitors / Midwifery / Children and Family Centres / Early Years workforce	Levels of referrals to smoking cessation from early years' workforce. Numbers of staff trained in Level 1 and Level 2 Smoking Cessation, including training in very brief advice (VBA). % of mothers smoking at time of delivery, at booking and at check. % of mothers who have sustained cessation at child's 1st/2nd birthday. Increase in the number of mothers accessing specialist smoking cessation provision.
6	Take forward the recommendations of the national obesity strategies and NICE guidance and quality standard (QS94). Implement interventions to prevent and treat maternal and childhood obesity. Implementing NICE recommendations to improve breastfeeding rates.	Work with local communities to identify and develop physical activity and healthy eating opportunities available in local areas. Pregnant women should be screened at an early stage to identify obese and overweight women. Public health lifestyle interventions to support change in relation to diet and physical activity need to be in place. A physical activity needs assessment for West Sussex should be undertaken.	Comprehensive action to tackle obesity requires action from across the county and organisations including WSCC, CCGs and Local Authorities.	Reduction in the percentage of children measured as overweight or obese in reception and Year 6. Physical Activity Needs Assessment to include activity in early years, including opportunity for outdoor play.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
A HEALTHY START CONTINUED				
7	School readiness at age 5 is strongly associated with future educational attainment and life chances. West Sussex is lagging behind the South East and England in children achieving a good level development. There should be further work to improve school readiness across West Sussex.	A well trained and qualified early years workforce (in all sectors) should be prioritised, with a focus on workforce development in the most deprived areas of the county. Parents should be supported during pregnancy and early years, through universal and targeted services focusing on parenting styles and full engagement in their child's learning. An evidence review of interventions to reduce gender differences in attainment.	WSCC Early Childhood Service, Early Help	Improved child development measures and outcomes. Although it is recognised that measures are changing, West Sussex outcomes should be expected to be significantly higher than the England average. Quality of childcare – Ofsted judgements of local provision. Reduced variation in readiness for school/ attainment, by location, gender, social gradient and ethnicity.
8	National research finds that most unintentional injury in the early years are preventable, work at a local level can act to reduce their number. Implement the three key actions areas for reducing unintentional injuries, recommended by Public Health England.	Training for early years' staff to help reduce the number of unintentional injuries. Local data aligns with national findings on main types of injury and work should be reviewed and commissioned in relation to:- - Falls (including falls from furniture); - choking, suffocation and strangulation; - poisoning; - burns and scalds; - drowning. Consider the implementation of home safety interventions such as education, promotion of smoke alarms, and the use of stair gates.	WSCC and CCG Commissioners Health Visitors / Early Years workforce Social care, transport planning, fire service	Number of hospital admissions for injury and unintentional harm in 0-4 year olds. Data relating to A&E attendances should be reviewed.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
TACKLING DISADVANTAGE				
9	There are neighbourhoods, and groups, within West Sussex, where many children have poor educational, social and health outcomes; inequalities are significant and appear persistent. There should be a shared understanding of those inequalities, outcomes should be tracked and information shared.	Inequalities should be monitored, and commissioners have an up to date understanding of outcomes at a neighbourhood/group level. Work should be developed in line with the national work on social mobility and life chance indicators.	WSCC Public Health and Social Research h Unit	Maintain a basket of indicators on child outcomes and social mobility. Annual report / dashboard on child outcomes.
10	**Pathways -** Risk and protective factors for child development are well evidenced. To tackle inequalities there should be greater investment into those children and families with the greatest need. Although not the only vulnerable group, young parents should be a priority group across all services	Commissioners should ensure that 0-19 HCP service redesign and procurement includes planning for a robust pathway for vulnerable parents.	WSCC Children and Family Commissioning / Early Help / CCG Commissioners	Pathways in place, and well documented and staff aware of the pathways.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
11	**Identification -** The greatest potential for early identification of those who need additional support lies in universal services.	The movement of 0-5 commissioning into the local authority may provide an opportunity to improve identification and the speed at which help is provided. Staff should to be able to identify risk factors, in terms of context and also early warning signs, and understand the pathway to support. How data are stored and shared remains an issue. To reduce the proliferation of data systems and databases there should be a review of whether a single database could be established.	WSCC Children and Family Commissioning / Early Help / CCG Commissioners	Data sharing to aid early intervention should be reviewed.
12	Speech and language support is highly valued by staff and parents/carers. There should be timely access to support. Parents/carers should also be supported in relation to the home learning environment.	Access and waiting times for speech and language was not reviewed as part of this needs assessment. Information on the waiting time for those referred should be analysed. Support, for example drop-in sessions, in settings to be provided/continue to be provided. Consider the introduction of a measure relating to the home learning environment.	WSCC and CCG Commissioners / Speech and Language Service Health Visitors / Early Years workforce	Information on numbers of 0-4 year olds referred to and receiving support to be available, including data on waiting times. Possible adoption of a home learning environment measure.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
TACKLING DISADVANTAGE CONTINUED				
13	Services and organisations should ensure that families in temporary accommodation, or with no fixed address, are able to access services and maintain service usage.	Organisations should review processes to ensure that there are no barriers to parents/families in the registration for and use of services.	All	Review of registration for services and ability to maintain use. Identify best practice for families subject to frequent moves.
14	Parents should be able to easily access education, training and employment advice and support, from a variety of settings and organisations.	Increase local contacts with local training providers, employers and Job Centre Plus to develop opportunities for parents with young children.	WSCC Children and Family Commissioning / Early Help / Early Childhood Service / Job Centre Plus	% of children (0-4) in workless households. % of teenage parents NEET.
15	The qualitative research found that parents greatly valued programmes which supported their own parenting and understanding of child development. These programmes should be continued and expanded, with some targeted services for young women.	There was considerable praise for activities such as “Bumps and Babes” and an appetite for follow on programmes to support the understanding of child development. Some of the young parents interviewed had limited contact with services prior to birth, commissioners should explore whether additional services for young women could be developed to improve their engagement.	WSCC Children and Family Commissioning / CCGs / Early Childhood Service / Early Help	Reduction in late ante-natal booking by young mothers.

REF	RECOMMENDATION	ACTION	ACTION FOR?	POSSIBLE MEASURES
THE IMPORTANCE OF COMMUNITIES AND PARTNERSHIPS				
16	The 2 - 2½ year integrated review provides an early assessment of the progress of children and identification of additional needs. This should generate information for the improved planning of services. The integrated review should be widely supported.	All partners, to promote the implementation and use of the review. Information gained should be appropriately shared to inform service planning and delivery.	WSCC Children and Family Commissioning / Early Childhood Service / Early years settings and providers	Engagement of parents/carers in reviews. Number of IRs completed. Adoption of data from reviews at population level to track progress in child development, for example information from the Ages and Stages Questionnaire (ASQ-3$^{TM)}$ at population level.
17	Parents/carers should have a good understanding of what is on offer in their local area and how to access services.	Clearer "branding" of early years' services including children and family centres.	WSCC Children and Family Commissioning / Early Childhood Service.	Consistent branding of materials and communications; parent/carer perception of branding should be captured on a regular basis.
18	Community and asset based approaches should be used with local communities/families. Co-production should be sought where possible and this requires high level senior management commitment. A clearer understanding of the term "co-production" is required.	Volunteers should be supported (or continued to be supported) to provide peer support, for example to improve breastfeeding rates, and encourage others to access Children and Family Centres. Greater emphasis should be placed on co-producing services; additional resources may be required to support involvement of families in the design and delivery of services.	WSCC Children and Family Commissioning / Early Childhood Service	Use of self-assessment toolkit to track progress in line with the six principles of co-production.

APPENDIX - EVIDENCE SOURCE - STATEMENTS

CONTEXT (PAGE 2)

1	Population	Office for National Statistics (ONS) Mid-year population estimates
2	Maternal age	Birth notification data, local analysis. Contact: West Sussex Public Health Unit
3	Ethnic minority background	Census 2011 (Table ref DC2101EW)
4	Limiting long term illness	Census 2011 (Table ref LC3101EWls)
5	Child poverty	HM Revenue and Customs (HMRC)
6	Risk and protective factors	Sabates R. and Dex S, 'Multiple Risk Factors in Young Children's Development', in CLS Cohort Studies (London: Centre for Longitudinal Studies (CLS), Institution of Education, University of London, February 2012).

A HEALTHY START TO LIFE (PAGE 3)

1	Infant mortality	Public Health Outcomes Framework (PHOF): "Indicator 4.01: Infant Mortality"
2	Smoking at time of delivery	Health and Social Care Information Centre (HSCIC) – Maternal Smoking and Delivery
3	Childhood vaccinations	NHS England Childhood Immunisations Data
4	Hospital admissions	PHOF: Indicator 2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4)
5	Weight / Obesity	National Child Measurement Programme (NCMP) data local analysis. Contact: West Sussex Public Health Unit
6	Early Years Foundation Stage	WSCC Early Childhood Service, local analysis Contact: West Sussex Public Health Unit

TACKLING DISADVANTAGE (PAGE 5)

1	Risk factors	Sabates R. and Dex S, 'Multiple Risk Factors in Young Children's Development', in CLS Cohort Studies (London: Centre for Longitudinal Studies (CLS), Institution of Education, University of London, February 2012).
2	Safeguarding	West Sussex County Council Contact: West Sussex Public Health Unit
3	Limiting long term illness	Census 2011 (Table ref LC3101EWls)
4	Child poverty	HM Revenue and Customs (HMRC)

TACKLING DISADVANTAGE ***CONTINUED***

5	Workless households	Department of Work and Pensions (DWP)
6	Maternal depression	National Institute of Health and Care Excellence Evidence synthesis for guidelines CG192 (Dec 2014)
7	Dom. violence and pregnancy	Domestic Violence: A Literature Review Mary Barnish HM Inspectorate of Probation (September 2004)
8	Family Nurse Partnership	West Sussex County Council Contact: West Sussex Public Health Unit
9	Behavioural risks / Socio-economic	Fair Society, Healthy Lives (The Marmot Review) (February 2010)
10	Gypsy and travellers / GP registration	West Sussex Needs Assessment – Gypsies and Travellers (2010)

IMPORTANCE OF COMMUNITIES AND PARTNERSHIPS (PAGE 7)

1	Child poverty (at small area level)	HM Revenue and Customs (HMRC)
2	Behavioural risks / Socio-economic	Fair Society, Healthy Lives (The Marmot Review) (February 2010)
3	Maternal education and child outcomes	Maternal Education, Home Environments and the Development of Children and Adolescents (Carneiro, Meghir and Parey) April 28, 2011
4	Importance of play	A literature review on the effects of a lack of play on children's lives. Play England (Jan 2012)
5	Tenure and childhood	Census 2011
6	Overcrowded households and children	Census 2011