

WEST SUSSEX

Early Years Needs Assessment:

Supporting Documents

Stakeholder Engagement Research Reports

January 2016



Report by the

West Sussex Public Health and Social Research Unit,
West Sussex County Council
1st Floor, the Grange,
Tower Street, Chichester PO19 1QT.

Authors

Sue D'Authreau, Aloisia Katsande,
Jacqueline Clay, Verity Pinkney

Contents

List of Tables	4
List of Figures	5
Chapter One: Background.....	7
1.1 How the research was conducted.....	7
Chapter One: Profile of Participants	10
Chapter One: Overview of Services Accessed	12
Chapter One: Research Findings.....	14
1.2 Awareness of Children and Family Centres and other provision.....	14
1.2.1 Becoming a parent.....	14
1.2.2 Partners.....	15
1.2.3 General Advice and Information.....	16
1.2.4 Advice from professionals	16
1.2.5 Children and Family Centres.....	17
1.3 Children and Family Centres - Engagement.....	17
1.3.1 Health Clinic Drop In	17
1.3.2 Universal Provision at CFCs.....	19
1.3.3 CFCs -Keeping Families Engaged and Developing Involvement	19
Chapter One: CFCs-Next Steps, a more participative approach?	23
1.4 Young mother’s ideas for service development.	23
1.5 Eastern European mother’s ideas for service development.....	24
1.6 Alternative Early Years Activities	25
1.7 Health Services.....	25
Chapter One: Core messages.....	26
Chapter One: Key References	27
Chapter Two: Background	29
2	29
2.1 Early years service awareness and utilisation.....	29
2.2 Difficulties and barriers in accessing services	30
2.3 Finding out about early years services.....	32
2.4 Sources of support and information	32
2.5 What works well.....	33

What could be improved.....	34
2.6 What services would you like to be provided for the children?	34
Chapter Two: Key References	36
Chapter Three: Methods.....	38
3	38
3.1 Methods	38
Chapter Three: Description of respondents and services offered	39
Q1/Q2. Which areas of West Sussex do you cover and what are the age groups of the children in the families you work with?.....	39
Q3. Which sector do you work in?	40
Q7. At what stage does your service start engaging with children and families?	41
Q8. Do you provide any of the following targeted services?	42
Other targeted service offered.....	44
Chapter Three: Results.....	45
3.2 Availability of Information	45
Q9. Do you think there is enough information for you as a professional in terms of early years' services available in West Sussex?	45
3.3 Factors influencing outcomes for young children	48
Q10. Thinking about the factors noted above, what are the three key issues for your service in improving outcomes for children and their families?	48
3.4 Factors preventing families with young children accessing services.....	50
Q11. Thinking about the children under 5 and families that you work with, what are the main barriers that families face in accessing services (please tick what you think are the 3 key barriers):.....	50
3.5 Early Years Foundation Stage (EYFS).....	52
Q12. Are you aware of the Early Years Foundation Stage framework (EYFS)?	52
Q13. Thinking about the children you work with, in general, which prime areas of learning do you think are currently being well met or not met?	52
3.6 Professionals' opinions: Areas of good performance	55
Q14. Where do you think West Sussex is doing particularly well in supporting the general health and wellbeing of the 0-5 population and their families in West Sussex?	55
3.7 Professionals' opinions: Areas that could be improved	60
Q15. Where do you think West Sussex is not doing so well in supporting the general health and wellbeing of the 0-5 population and their families in West Sussex?	60
Q16. What resources would help to address the issues where we are not doing so well?	67

3.8 Overall evaluation	69
Q17. Overall, to what extent do you think current services are meeting the needs of children 0-5 and their families?	69
3.9 Other comments	71
Q18. Is there anything else you would like to add about services you or other professionals provide for young children and their families?	71
Appendices.....	72

List of Tables

Table 1. Current Activities to reach Targeted Groups	8
Table 2. Young mothers who participated in the research	10
Table 3. Eastern European mothers who participated in the research.....	11
Table 4. Areas of West Sussex and age bands covered by professionals responding to the survey	39
Table 5. Number of respondents by sector	40
Table 6. Point of engagement with children and families	41
Table 7. Targeted services provided by respondents	42
Table 8. Proportion of respondents by amount of information available on early years' services	45
Table 9. Key factors in improving outcomes for children and their families.....	48
Table 10. Barriers that prevent families in accessing services; professionals' opinions	50
Table 11. Awareness of the Early Years Foundation Stage Framework	52
Table 12. Prime areas of learning that are being well met in the EYFS.....	52
Table 13. The extent to which professionals felt that the needs of young children and their families are being met	69
Table 14. The extent to which professionals felt that the needs of young children and their families are being met by service	70

List of Figures

Figure 1. Provision accessed by the young mothers interviewed	12
Figure 2. Provision accessed by the Eastern European mothers interviewed	13
Figure 3. Services accessed by the women in focus group, for children under 5	30
Figure 4. Areas of West Sussex covered by professionals who completed the survey.....	39
Figure 5. Number of professionals who respond to the survey working within each sector	40
Figure 6. Point of engagement by sector.....	42
Figure 7. Top 5 responses from childcare services regarding targeted services provided	43
Figure 8. Targeted services provided by Health Visitors	44
Figure 9. Key factors to improve outcomes for children and families by service type	49
Figure 10. The number of respondents who felt that the prime areas of learning in the EYFS are well met	53



1 'WHERE ARE THEY?'

Reaching vulnerable families in the community

The views and experiences of young mothers and Eastern European mothers

Chapter One: Background

This research was carried out to inform the West Sussex Early Years Needs assessment (EYNA). The EYNA is part of the West Sussex Joint Strategic Needs Assessment (JSNA) which provides the evidence base for future plans and strategies. The research aimed to:

- Ensure that the experience and voices of families are included in commissioning priorities,
- Provide evidence based recommendations to support the identification of priorities.

The Department for Education's (DfE) new core purpose has increased the focus on targeting and supporting disadvantaged families. Ofsted's revised framework for inspections of children's centres looks at the extent to which centres provide effective services to those families most in need of help and support (Ofsted 2015).

The following key questions about the take-up of Early Years services were identified by the West Sussex Health and Wellbeing Board:

- What are services doing to encourage take-up by disadvantaged families?
- Who are the 'missing' families?
- What are the barriers for them in accessing services?

Those who do not take up services are often called 'hard to reach'. However this term can be perceived to be locating the access issues within the parent without recognising that services themselves can be 'hard to reach'. The aim of this qualitative research was to consult with some of the parents who do not use services regularly and explore with them their experiences and perceptions of gaps, barriers and unmet needs in the service provision currently being offered, particularly through Children and Family Centres (CFC).

1.1 How the research was conducted

The research was undertaken working closely with managers of CFCs in the three CFC cluster areas around Treehouse in Bersted, Bewbush in Crawley, and Rural Horsham. The practice in other centres may be different.

The definition of target groups is taken from the CFCs Performance Framework. This refers to the groups and families that the County and CFCs have identified as having needs or circumstances that require specific interventions and support. In West Sussex, CFC staff or Health Visitors register families and the number of times they attend the CFC is recorded. However this varies as:

- Some families do not attend at all
- Some attend less than 6 times a year
- Some children are brought to the centres by others e.g. nannies, au pairs, childminders, grandparents

Registration and attendance data is collected and reported by population in the reach area and by target groups.

Initial discussions with managers of three Children and Family centres (CFCs) raised the following questions and issues:

- Not all non-attendees in target groups are unsupported or vulnerable
- Some of these families attend other centres in their communities
- Setting up new provision does not always bring in the targeted groups
- Which of the groups not currently attending would respond to changes in provision?
- Which would benefit from attendance?
- Are there some whose needs cannot be met?
- Some families are clear that they do not like group activities
- Practical limitations, for example, if numbers are very small in rural areas and transport is not available, a group activity may not be viable.

It was decided to prioritise one target group in each area for this research, where there was evidence of unmet need and where it was felt that there was potential to offer new provision that could have impact. The aim of the research was to gain further insights into the lifestyles, views and experiences of those who are not regularly accessing or engaged in Early Years provision.

Table 1. Current Activities to reach Targeted Groups

CFC target groups of interest	Current activities
<p>Rural Horsham</p> <p>Young Parents</p>	<ul style="list-style-type: none"> • Rural bus and toy library • Outreach • A young parents group being planned
<p>Bewbush Crawley</p> <p>Young Parents</p>	<ul style="list-style-type: none"> • Family Support Worker phones teenage mums • Outreach in a young parents hostel • Northgate young parents group
<p>Treehouse Bersted</p> <p>Polish and Eastern European group* (30% of births) Identified by Ofsted as a priority group</p>	<ul style="list-style-type: none"> • Polish Receptionist phones Eastern European families to invite them to general sessions and supports those who attend.

*There is no international consensus about which countries can be defined as 'Eastern European'. For the purposes of this report Poland, Bulgaria, Lithuania, and Ukraine are defined as Eastern European.

Interviews took place with a sample of target group parents to explore their views, experiences and ideas about provision, particularly:

- Parents not attending CFCs in the group areas
- Parents attending some activities at CFCs in the group area.

Following this, a sample of service providers with experience of working with the target groups were interviewed to gain their response to findings and these can be found in the Appendices.

The recruitment of parents was through CFCs, voluntary sector and statutory service providers and the contacts given were all mothers, no fathers were referred.

Young mothers interviewed included:

- Mothers aged 17 to 25 years.
- Users of services and non-users
- Employed, on maternity leave, unemployed
- single, married
- resident in rural and urban and coastal areas

Eastern European mothers interviewed included:

- Mainly Polish mothers but also mothers from Lithuania, Bulgaria and Ukraine, English speakers and non-English speakers.

Data was collected from March to August 2015, using semi-structured interviews. Parents chose where they wanted the interview to take place. The interviews were recorded on a digital Dictaphone in accordance with the informed consent of participants and transcribed. If Eastern European mothers did not speak English the interview was conducted by a Polish speaker and the transcription translated into English. The mothers were given a shopping voucher to thank them for taking part.

The face to face semi structured interviews explored:

- Contextual questions about housing, employment, partners, family support etc.
- Awareness of what CFCs offer. If attended, first impressions, what they liked and/or didn't like
- Reasons why they visit or not
- What other services or activities they have used. Where they would go for advice and support
- What activities/programmes would be of interest?
- What could CFCs do to encourage attendance?

A focus group was also held at a young parents group in a CFC.

Chapter One: Profile of Participants

Young mothers were recruited for this research through service providers; most of those who volunteered responded immediately as soon as they were contacted, only three young mothers who had initially offered to be interviewed changed their minds.

Table 2. Young mothers who participated in the research

Age	Child's age	Marital status	Accommodation	Area	Employment	Attendance CFC
20	14 months	Married to child's father	n/k	rural	Not working	In the past (until sessions were closed)
19	16 months	Single parent, child has contact with father	Rented flat	urban	Not working	no
Early 20s	18 months	Lives with child's father	n/k	rural	Husband works full time. She works part time	In the past
20	14 months	Single parent, child spends weekends with father.	rented	rural	Not working	Just started
20	1 year	Married to child's father	Rented house	urban	Husband works full time. She is on maternity leave	Attends one group for young parents
17	1 year	Single.	Lives with her parents	rural	Did GCSEs before birth. College in September	Just started
21	Just over 2 years	Single parent. Recently split up with child's father-in frequent contact.	Rented house	urban	Works part time	From when child was 1 until recently.
25	10 years	Single	Rented flat	urban	Did GCSEs after birth. Full time employment	no
19	2 years	After some time apart is living with partner again	Rented flat	urban	Occasional work-zero hours contract	no
Focus Group						
10 Young parents	Under 2 years old	-	-	Urban	-	Northgate Young parents group
Additional interviews (in pairs)-all had attended a Youth Service Young Mums Group.						
22	3 years	-	-	coastal	-	-
23	6 year			coastal	-	
20s	2 children, oldest about 6			coastal	-	
20s	(Has 4 children)			coastal	Has a place at college	

Eastern Europeans parents were not easy to recruit for this research. Initially it was thought that the CFC data base could be used to identify those not using services and the Polish receptionist would recruit by phone. This was not as successful as hoped and is an indication of the challenge of reaching this group (from a council perspective); of 11 families identified, 5 were 'wrong numbers' 2 went to voicemail. 4 agreed but only one actually went ahead with the interview. Participants were mainly found through service providers such as a community tutor, and a primary school head teacher. All those who took part in one to one interviews were married and their husbands were in full time employment. The families were living in rented accommodation.

Table 3. Eastern European mothers who participated in the research

Child/children's age	Ethnic group	Language spoken in interview	Length of time in UK
5 and 3	Polish	Polish	5 years (with break for return to Poland for 2 years)
15 and 3yrs 6m	Polish	Polish	5 years
2 and 4	Lithuanian	Polish	4 years
Pregnant with 3 rd child			
1 month	Polish	Polish	3 years
4	Ukrainian	English	
14 and 3	Polish	English	3 years
2	Polish	English	3 years
8 and 3	Bulgarian	English	3 years
Face to face survey playground, Hotham Park			
Mothers with pre-school children	Polish	English	-
Face to face survey Play and Learn session			
2 and 3 year olds	Eastern European	English	-

Chapter One: Overview of Services Accessed

The following diagrams show the range of provision accessed by those who participated in the interviews. They did not all access all of the provision and some was accessed for a short while or intermittently.

Figure 1. Provision accessed by the young mothers interviewed

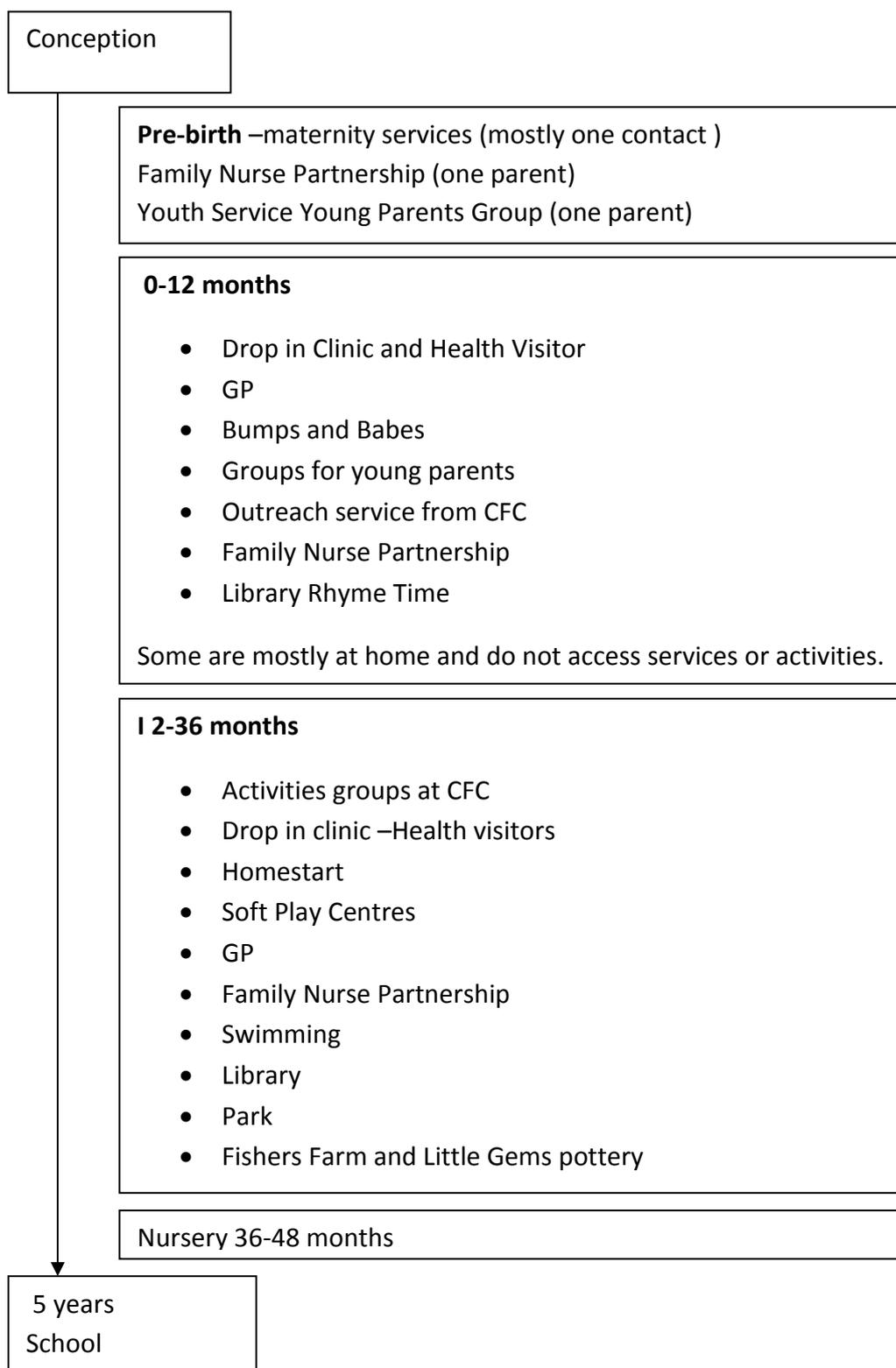
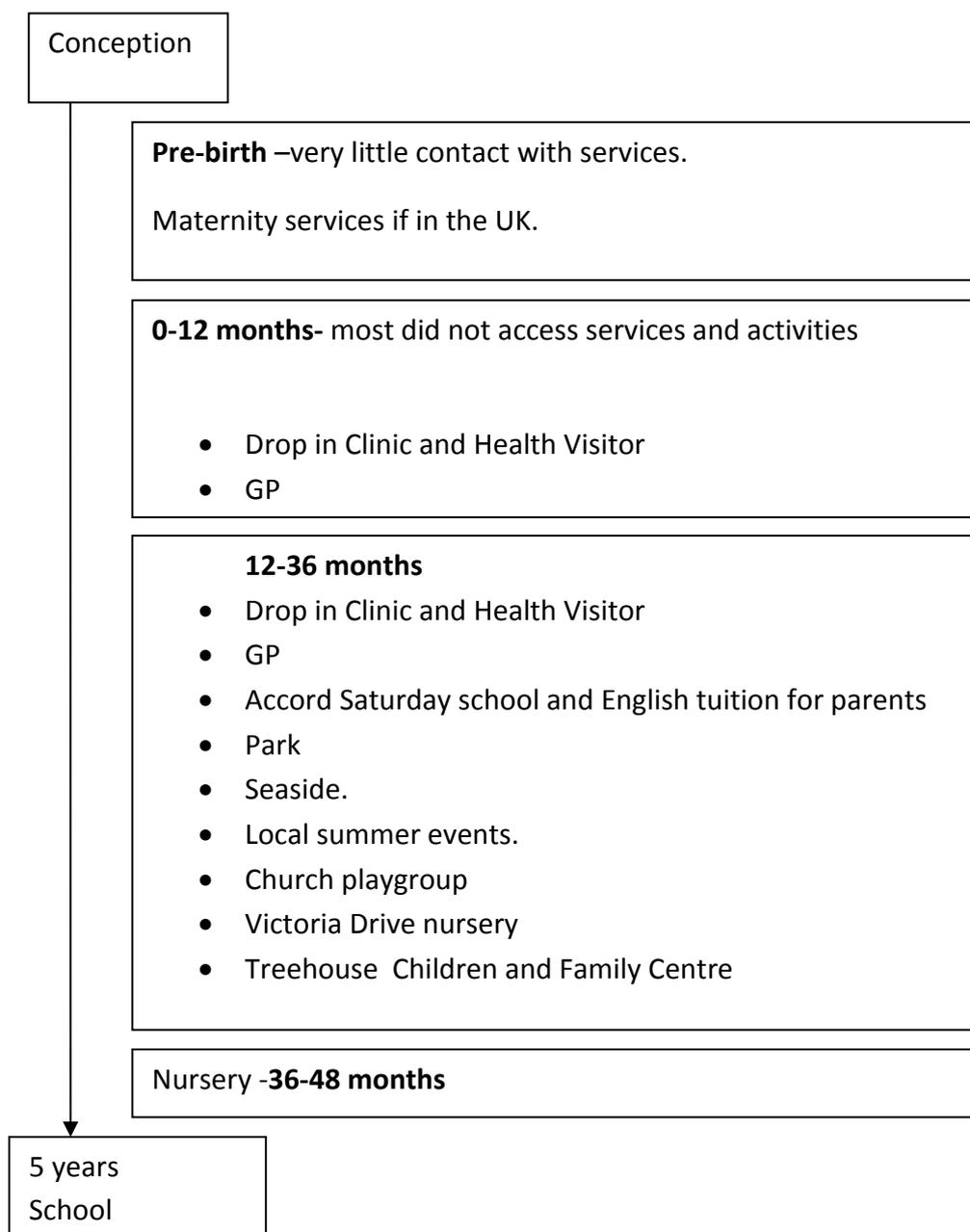


Figure 2. Provision accessed by the Eastern European mothers interviewed



There were differences between the two groups in relation to how much they accessed in the first year. This might be a focus of interest for Early Years workers.

This report will first explore parent’s views and experiences of CFCs and then go on to look at alternative activities and views of health services.

Chapter One: Research Findings

The Breaking Barriers report by The Children's Society (2013) suggest that for Children's Centres there are three steps involved in supporting a family's sustained engagement with services:

Awareness of children's centre services-ensuring parents are aware of the existence of the centre and what is on offer through it.

Getting Families engaged-promoting the value of services available and ensuring ease of access

Keeping families engaged and developing involvement-developing a welcoming environment and providing volunteer opportunities

This framework has been used to consider findings from the interviews.

1.2 Awareness of Children and Family Centres and other provision

CFCs were set up to provide support and advice for parents of children from 0-5. Research participants were asked about their experiences of becoming a parent, and where they received support and advice.

1.2.1 Becoming a parent

Some of the Eastern European mothers had given birth in their country of origin and brought their children to the UK whilst they were young. They had some concerns in general about the health service in the UK but those who gave birth here did not raise any particular difficulties about maternity care.

Young mothers had little preparation for the birth describing it as 'traumatic or a 'shock'. Most had not been given an opportunity to learn about childbirth and felt unprepared. However one had found it helpful to attend a Youth Service Young Mum's group when pregnant (this group closed over a year ago following a service re design) and another had been offered support from the Family Nurse Partnership (FNP) through pregnancy and until her child was 2 years old.

The internet was a source of information for some and one mother was pleased that she had learned a little about child birth at school.

No one can really tell you how it's going to be. But it's just having more of an idea about it, I think would have been better. I mean luckily what sort of helped me out is I'd just finished my GCSE's, a few weeks before I had him and I was doing, I'd studied a bit of Childcare, cos luckily I learnt some more about it

Views about the midwifery service were mixed. One young mother said she felt judged and patronised by the midwife during the birth and another had complications during labour and said

Because of my age they kept saying I was making a fuss for no reason.

However others felt supported by their midwives particularly helping with their baby's feeding and sleeping difficulties.

As with all new parents the young mothers had to adapt to a change in lifestyle and found it harder to meet their own needs when looking after their baby. Some experienced a loss of self-identity and

confidence. One mum said she had 'lost herself a bit' another said she was 'trying to find her feet again'. They were conscious of being younger than other mothers and how that was perceived but saw themselves as just like any other mothers when it comes to parenting, education and employment. However they were concerned about being judged by others and were very conscious of the current national climate of criticism of young parents and stereotype of parents as irresponsible and welfare dependent.

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.

For young mothers, their first year with a baby was mostly viewed as 'difficult' and 'boring', 'lonely' and 'tough'. Some spent most of their time at home in the first year, lacking confidence about what to do and the motivation to go out. Most talked of the need for more planning and organising in order to go out with a baby.

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.

Some mothers from Eastern Europe gave birth before coming to the UK often did not access local social activities for a while; one said she sat at home for 2 years 'doing nothing'. Their only contact in some cases was a Health Visitor and one visit is not sufficient to understand or be encouraged to access local services. For example one mother described a home visit when she came to the UK when she was given advice about immunisations. However she did not recall receiving any information about local facilities. She regrets that she did not find out about swimming lessons for mothers and babies.

1.2.2 Partners

Within the sample of young parents there were women who were married or in long term relationships, and those who had lived with the child's father for several years before separating. Most of the fathers were involved with their child whether or not they lived together. There was disappointment that there were so few groups for dads.

They do mummy and baby times and things like that, that I found, but I found out it's only like every one Saturday of the month that are just dad and baby times [my partner would like a lot of things that he could go and do especially with his dad as well. So all the boys go out, kind of thing, and make it more fun, especially with M being a boy obviously. They want some boy time and things like that really. So that would be nice to see, some dad classes going on.

The husbands of the Eastern European mothers were in full time employment, often working long hours in shifts, so they found it difficult to take part in organised activities. One described the loneliness when her husband was working. When asked how she spent her time she said:

Sometimes at the sea, but with two children and I'm alone, it's not easy, because my partner works. He works usually all day.

1.2.3 General Advice and Information

CFCs are not thought of as a place to go for advice. Some use websites and social media as the main source of information.

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, no.

Using Google for medical advice could be overwhelming or worrying.

If they are ill and they've got a temperature and you type it into Google, it will tell you they are dying and then you panic yourself.

Facebook is the usual way that young mothers share experiences, information, recipes, advice about teething, weaning etc. and the main way to keep in contact. It is therefore one of the most effective way of raising awareness about activities at CFCs.

The more I put pictures up on Facebook, like when he did the whole sitting in jelly and sitting in cornflour mixed with water, I took loads of pictures of him, put them on Facebook [friends said], "What the hell are you doing, where are you?" I said, "I'm at Bumps and Babes." "That looks good. I'll have to take my little one." I said, "Yes, do it. It's a really good group." Then they started coming along. So, just social media, really, helped to get other people going because they could see what was actually going on and thought, "Oh, it looks quite cool."

1.2.4 Advice from professionals

In seeking advice from professionals Eastern European parents struggle 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.

...because for me it's very stressful going somewhere and speaking and trying to ask.

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.

Families found it difficult to understand how things are done in the UK and needed advice on housing, employment, and benefits. During the course of the research some mothers in a local playground were interviewed in Polish and they took the opportunity to ask advice about applying for school places for their children. It was clear they were very worried about this and relieved to find a Polish speaker to advise them.

1.2.5 Children and Family Centres

There was very little awareness of the CFC until Midwife or Health Visitor told the mothers about the drop in clinic there. Some Eastern European mothers did not know about services in their area and most did not know about CFCs.

I didn't know anything about the [locality] or anyone. We would just go to the park and to the sea front and spend some time with friends and they play together. That's all, most of the times.

Some who were visiting a CFC for the first time found it difficult to understand what they offered.

Mother: *You can meet here...?*

Interviewer: *Like you came here today in the afternoon*

Mother: *But it's empty, there is no-one here. Why?*

[translated from Polish]

Young mothers were more likely to know about CFCs and most would go to the drop in clinic but did not feel they had sufficient information about activities to attend at other times. One was very surprised that the Health Visitor was unable to give details of activities or advise her which of the groups might be best for her as a younger mother.

1.3 Children and Family Centres - Engagement

There are difficulties in engaging families when they are struggling to provide for their child and their highest priority is housing or food. One young mother described feeling 'trapped' in privately rented accommodation which she could not afford and of being unable to pay bills.

We went to homeless food shelters on Thursdays for about a month, oh God that was an awful time. That really was an awful time and we just had nothing, just had the bills, [] I'd pitch up in my work clothes and they be like "you here to help?" And I was like, "No...I've got nothing" [] they were like "why are you here?" because I was sitting next to a heroin addict and I was sitting next to an alcoholic and I was like "well he has spent all this money on drugs and alcohol, that's why he's here, and I'm here 'cos I've spent all my money on my bills."

A Polish mother interviewed at home, was clearly very unhappy with the overcrowded flat which was shared with her husband's brother and talked about being unable to think about accessing local provision until she was settled.

I don't know yet because we are going to move house and we don't know when and where because it's not easy. We're trying to find a home for nearly six months. It's a long time, because we want to find one with a garden.

1.3.1 Health Clinic Drop In

For most the Health Clinic drop-in is their introduction to CFCs, however, this was not always a positive experience and occasionally acted as a disincentive to attend other activities. Some young mothers

enjoyed having their baby weighed and seeing them making progress but several felt it was off putting because it was busy and chaotic. They sometimes find it helpful to ask Health Visitors for advice, but also sometimes feel patronised and judged. The advice given may be inconsistent and some Health Visitors seemed to young parents to be rigid or 'by the book'.

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 and think 'you have no idea' "

I did speak to them a lot at the children's centre. To be honest, I wouldn't ask a health visitor. That sounds quite bad but every time I go to ask health visitors about stuff they are very judgemental. If you say, "I'll try this," "Oh, no, no," and they bite your head off. Being a first-time mum, you feel like you are doing everything wrong if they bite your head off too soon.

It [seeing Health Visitors] put me off, I used to hate going there. In the end I just thought- Just don't open your mouth. When they say he weighs that, go 'Okay' and if there's any problems, 'No I'm fine,' and then just go.

[] My friend was saying how bad they were and I just said, "Just shut your mouth, don't speak to them then. It'll be fine, don't talk to them".

Even trusted service providers such as Homestart or FNP have difficulty persuading young mothers to visit the CFC. They had concerns about what the other mothers would be like and described having to have 'confidence' and 'courage' to go along for the first time.

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.

FNP -they book the rooms when nobody else is using it. So you would go in and there isn't anybody else there. So you don't know the type of people that go. I think it would probably be easier if someone was there, I don't know, it is introducing yourself to a group of people that already know each other is that you don't know them, they all know each other. So they are chatting amongst themselves and your, you know if you are not outgoing enough to start the conversation yourself then you just sit there and wait for them to talk to you and it is a little bit awkward

One young mother who admitted struggling to cope, found it easier to be on her own than try and make new relationships.

No that's difficult. I do sometimes but it difficult. I do things by myself quite a lot and actually I find that better. Like she does socialise with other children but I find it easier to do myself than with being with someone else.

Eastern Europeans do not think the health checks happen frequently enough as their child gets older. They consider health checks very important and are motivated to attend these but find them stressful if they do not speak English. They are very relieved if a member of CFC staff can speak language Polish (which is also usually understood by other Eastern Europeans as well).

1.3.2 Universal Provision at CFCs

Friends are more of an influence in considering accessing provision than the wider family. They were much more likely to go along to a new activity if they went with a friend. Communication about universal provision offered at the CFCs was hit and miss. Word of mouth was more effective than written information. Sometimes information was passed on by Health Visitors but most found out about activities from friends. For young mothers, meeting up with friends was a key reason for going to activities.

Young mothers lack the detailed information about universal activities at CFCs that they would like. Some young parents found the information leaflet from CFCs useful but several found it difficult to follow. The Eastern European mothers were unaware that this information was available (and may not be able to make use of it as it is only available in English).

1.3.3 CFCs -Keeping Families Engaged and Developing Involvement

Unsurprisingly all the mothers were more comfortable with their contemporaries and found it easier to try out new places and activities with a friend.

The young mothers did not attend CFCs though they may have tried some activities in the past. Several had attended the Bumps and Babes programme and found it helpful, for making friends and learning about parenting.

Most of the parents were more enthusiastic about attending groups with those of the same age as themselves. Some found it harder to talk to the older parents.

Although the Bumps and Babes group is mixed age group some younger mothers saw it as an opportunity to make friends with others in the group the same age as themselves.

To overcome nerves for the first visit one had gone along with a friend but later felt able to go along on her own. This had given her the confidence to be in a mixed group.

I would still go on my own because I kind of got on with the people there and it was a really nice group and you didn't feel out of place for going there. It was all age groups as well, there were like people who adopted children and fostered children. You get talking to them and it's quite interesting hearing their side of things when their children aren't actually theirs and how they found it and then you get older parents and how they found it. We were classed as the naughty girls at the back because we were the young ones.

Part of the appeal of Bumps and Babes for one mother was the link with the drop in clinic so she could do everything in one day.

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.

This mother was upset that the Bumps and Babes group she attended was stopped before the end of the programme due to funding cuts. She understood this to be in order to target provision on the more disadvantaged groups and that as an able mother who was married she did not 'fall into that category'. However she felt strongly that the group should be open to all and that was more beneficial for mothers who needed help as there would be no stigma to attending and they could all make friends and help each other. The group of friends who met there continue to meet and support each other. When the programme ended, attendance at the CFC was not sustained. Several had attended messy play sessions but did not go to these on a regular basis.

There were a range of reasons given about why the young parents did not sustain involvement at CFCs including employment, timing, transport, and child's safety. Timing was an issue for some- activities are in the morning and some children had naps then or housework was done.

I did start going to I think it was called Bump Friday, every other Friday in the morning. But he's not a morning person, he naps in the morning, so it wasn't really beneficial to him. He would just be stropy and throwing things around. He would be naughty so I thought there was no point. He's normally used to a nap

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.

And I know there's a lot of morning groups and that but actually the time when you go home and your child still goes to bed at six, seven o'clock in the evening, and you've done the washing up and everything's done, and you're literally on your own. I just, those were, I just remember, crying so many times, just sitting there crying, crying, crying. It's just so terribly lonely and you can't go anywhere, I couldn't go for a walk, I couldn't go for a run, I couldn't, I couldn't, I just couldn't do anything

Transport for those in rural areas could be difficult, buses are expensive. Transport in rural areas is infrequent Most mothers did not like using buses because of the difficulties of getting a buggy on. The mothers in rural areas without cars attended fewer activities with their children.

There were concerns about safety; several parents felt that when their children were just learning to walk and (even when supervising them) they were being knocked down by older children. There were also issues of safety on the premises; one parent was concerned about long window blind cords hanging down in a play room. Another parent worried about hygiene having seen children 'dribbling on toys'.

Most of the young mothers were more enthusiastic about attending groups with those of the same age as themselves. Some found it harder to talk to the older parents. There was enthusiasm for groups for young parents, both the Youth Service group (no longer running) and a lunch group at Northgate. There was an initial nervousness, they were concerned that these groups might gossip or be 'bitchy', but they found them enjoyable and supportive. They valued advice from key speakers. Most of the young mothers were keen to work or undertake training and were ambitious, for example thinking ahead to a career as a midwife or a college place in September. They had taken up offers of help with college entry, or CV writing.

Most, whether in work or not, talked of the struggle to manage financially and the need to budget carefully and the difficulties of keeping children entertained on low income. Advice about budgeting was appreciated.

I didn't know who I was going to meet. It was who I was going to meet because especially with the Northgate Centre being specifically for young mums. Sometimes you get all like the gossiping and stuff and obviously I am not really that type of person. I didn't know what they were going to be like but actually they weren't really like that at all. And it was just, you know me judging them before I ever knew them really

They valued opportunities to participate in shaping those groups.

I think it is just because they did such a big range of activities; and they would do anything that you wanted to do. So if you saw something new like, [] like just say for example you heard on the telly about them doing salt dough for example; and you went into the Centre and you said to them, "Oh I saw them doing this on the telly". And they would be like, "Yes we'll give that a go. We'll look it up on the net and we'll get all the stuff that we need for it and we'll give that a go".

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.

These groups met the young mothers needs for both advice as adults as well as parenting advice; CV writing, budgeting, advice about college entry, etc and advice about parenting. There was a strong feeling of trust in the group facilitators. In contrast to some of the negative views expressed about Health Visitors at the drop in Clinic, the young parents at these groups were positive about Health Visitor input and the advice they received.

There's loads of like- It's usually 21s and under so it gives support for younger parents and then they have health visitors there as well, so you can always ask them if you have any questions or anything like that. It's really good

And if any of us do have any problems we do really trust them. I know with me and the girls that go, we do really trust the girls that work there; and we can always talk to them.

The provision of lunch was very important especially to those on a very low income.

You have like a lunch- they provide a lunch and everything there for you, so it's such convenient to go there, so you don't have to worry about that.

Some thought that it was best to start with a group for young parents and build confidence to go to more mixed groups. In practice though, there was little evidence of this happening. Having made friends through Bumps and Babes or young parent groups they would go to do other activities together such as outings to the park or a Soft Play centre.

Chapter One: CFCs-Next Steps, a more participative approach?

Although it was a challenge to ‘find’ mothers for the research, those who took part were willing participants and were keen to contribute and to give their views and ideas to help other mothers. They had not been asked for their views or for feedback before. Most of the young mothers had tried to support others. They gave examples of by passing on tips or introducing others to groups.

She said, “Oh, where are you from?” I said, “Billingshurst.” “How old is your little boy?” I told her and she went, “Oh, I’ve just moved to Billingshurst. I don’t know anyone in the area.” I said, “Oh, come along to one of the groups we go to.” She went, “Can I add you on Facebook?” I’ve made a really good friend just from- and she didn’t know anyone in Billingshurst and she felt a bit like, “I didn’t want to go to a group because I didn’t know anyone.”

As outlined above one had campaigned to keep a group going when it was closed down. She felt strongly that the service should be universal as all new mothers need support and opportunities to establish a support group.

So I do understand that they obviously need the service a little bit more but I just felt a little bit victimised I suppose.[] We just felt for the new mums that were coming along and that service wasn’t provided for them. How would we feel if we didn’t have that core group of friends that we now have? We just thought it was such a shame. Such a shame

The majority of mothers interviewed would welcome more opportunities to participate and help others acting as community ‘champions’. Those who attended groups specifically for young parents had enjoyed making contributions and bringing ideas to the group. Those who attended other activities had not been asked for feedback or been involved in shaping services.

1.4 Young mother’s ideas for service development.

Several talked of the need for a young parents group to start during pregnancy both in order to prepare for the birth but also to support each other emotionally.

I think that would be a really nice thing for them to go through and I think that actually that would be the bonding experience that you were trying to get them to have after- if they went through that together, and they can get excited, you know maybe? Somebody else to get excited ‘cos no-one in my family would bloody be excited about me giving birth. It would be good to have some friends but, you know, to be excited about them and support them after and also they can see a new born baby before they’ve got a new born baby.

I would say during pregnancy. And also after, as well, though, like, when they’re little, its’ good to take them. But yes, during pregnancy would be good because obviously, once the baby’s there, they know that they’ve got that group.

The young parents felt that groups should particularly meet the needs of the mothers, as young adults, as well as their child. They would like help with employment and training careers which they see as even more important now that they are parents. They felt that to encourage others to access CFC activities there should be clearer leaflets for each area or for particular groups and that Health Visitors and midwives should explain more about activities and groups. One thought it would be helpful if other young mums could show you round the CFC. They liked groups for young parents because of the structure and provision of advice from 'speakers' and tips and advice and the provision of lunch. They were also keen on 'messy play' which some felt was not possible at home.

Some thought that activities should be organised around the CFC but did not necessarily have to take place in the centre for example buggy runs (or walks) could start there or they could meet and go somewhere for a coffee. Some found the Bumps and Babes enjoyable and supportive and several suggested there should be a follow on group for the crawling to just walking stage. Some felt there should be more for dads.

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, 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. Especially like you were saying with the messy time and things like that, I think that would be really good for dads and babies to do that because then it gets the dads all interested in things like that rather than it be all formal

Timing was an issue for some as they liked to use the morning to 'get organised' and do housework so would prefer lunchtime and afternoon to activities.

One mother who had received support from FNP was appreciative and described how she had progressed from being isolated at home due to lack of confidence to becoming engaged and involved at the local CFC and then gaining part time employment. She thought all vulnerable first time mums whatever their age should be offered FNP support.

1.5 Eastern European mother's ideas for service development.

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 talented group of Polish parents would like to set up a drama and singing group for with English and Eastern European mothers. They felt it would be an enjoyable way to bring the communities together. Other suggestions to encourage engagement in CFCs included:

- Posters about CFCs in Polish shops
- A lending library of children's books in their first language
- Advice on employment and on applying for school places.
- More information about what to expect when your child starts school
- Information about when centres are open for children to play
- For children; music, dancing and singing from around the world

1.6 Alternative Early Years Activities

Most of the young mothers who live in Crawley attended the library and were enthusiastic about activities such as Rhyme Time. They found the library activities easy to access and fun. They thought Rhyme Time was valuable both as a sociable activity and also to learn songs and rhymes which they could enjoy with their child at home. Several were surprised by how easy it was to make friends at the library Rhyme Time.

I usually go on my own. I meet loads of young mums down there anyway and made quite a few friends from that so... most of my friends at the moment don't have young children, they're like grown up a little bit, so, it's nice to go to places with young parents as well and meet them.

The parents who did not attend gave as their main reason that they had concerns about whether their child would behave well enough.

I don't think he would sit still long enough for the story time.

Playgroups in churches were used occasionally and seen as a useful low-cost activity. One Polish mother had hoped that the local church playgroup would offer an opportunity to mix with England mothers expressed disappointment that they all sat at one end of the hall and Polish mothers sat at the other and they did not mix. She continued to go because she had 'got used to it' and liked the space.

Parks were often visited by families from both target groups if the weather is fine and highly valued as a good cost-free activity. The Eastern European mothers lived in the coastal area and enjoyed going to the beach with their children.

Young mothers living in town or with transport took their children to soft play centres particularly Mini Mayhem, the mothers saw it as a break and a chance for a coffee and chat with friends while their children enjoy themselves. They were considered expensive but worth it, as they could spend as long as they wanted there.

Eastern European mothers value the local community support offered by Connecting Communities and Accord and English tuition.

1.7 Health Services

The Eastern European mothers talked about their concerns about the NHS in interviews. As outlined above, they are disappointed with health services in the UK. Checks are not as frequent and they are less able to access paediatric care. One had particular problems getting dental treatment for her daughter.

My older daughter has a problem with her back tooth, this milk tooth, and they can't do anything. We have to go somewhere. I don't know, it's some child clinic in Littlehampton probably. We wait now for two or three months. In my country you can make an appointment and go straight away or you can wait for a week or a couple of days. Here two or three months, it's longer.

Chapter One: Core messages

To encourage target groups to go to CFCs:

Clarity about what is on offer and for whom. Clear communication in language and place appropriate for target audiences

- A communication strategy for branding and promotion-understanding the concerns and interests of the target groups and making sure information reaches them. Using parent's stories in leaflets or on Facebook.
- Making every contact count and ensuring that all contacts (statutory and community) are able to give them detailed, positive information about the offers at the CFC and other local offers.
- Becoming known as a good place to go for advice and resources.

Effective relationship building with community champions

- Identifying those in the target groups would be willing community champions and could encourage others.
- 'Buddying' to help some who lack confidence for example to look round the centre or greet on the first day and introduce them to others.

Knowledge and understanding of target groups through increased participation and an involvement cycle: reviewing what works and what hinders access to services by listening to the parents.

- Greater participation for decisions such as timing of activities, and trying new activities.

Building on and extending the CFCs structure and partnership with other early years providers.

- Working with local statutory and community groups so that they are able to advise and assist parents to access provision.
- Sharing what works across CFCs and other providers in West Sussex.

Chapter One: Key References

Hawkes D., and Joshi H. (2011) Unequal entry to motherhood and unequal outcomes for children: Evidence from the UK Millenium Cohort. Institute of Education, University of London.

Hayward K., Fletcher C., Whalley M.,McKinnon E.,Gallagher T.,Prodger A., Donoyou H., Potts J., and Young E., (2013) The Architecture of Access:a grounded theory on the nature of access to early childhood services within a children’s centre, derived from nine parent voices. European Early Childhood Research Journal 21:1 94-108

Ofsted 2015 The Common Inspection framework: education skills and early years.
www.gov.uk/government/organisations/ofsted

Royston S., and Rodrigues L., (2013) Breaking Barriers: How to Help Children’s Centres reach disadvantaged families. The Children’s Society.

Sime D.,Fox R., and Pieka E.,(2010) At Home Abroad: the life experiences of children of migrant workers in Scotland. Economic and Social Research Council and University of Strathclyde.



2

Friends, Family and Traveller Focus Groups

Chapter Two: Background

Evidence indicates that compared to their peers, Gypsy Travellers may experience inequalities such as¹;

- Reduced access to primary care services
- increased rates of perinatal and infant mortality
- increased likelihood of having conditions such as asthma or cystic fibrosis
- A lower life expectancy
- Lower educational attainment and reduced school attendance, particularly at secondary level

This research, therefore aims to capture some of the views of Traveller families to inform the early years needs assessment 0-5. A focus group was conducted with women from the Travelling community, who had children under the age of 5. A total of 8 women participated, 2 currently living in West Sussex and 5 who have lived in and accessed early years services in West Sussex in the last 2 years. All women with children under 5 were registered with the GP.

2.1 Early years service awareness and utilisation

Key points raised by the focus group

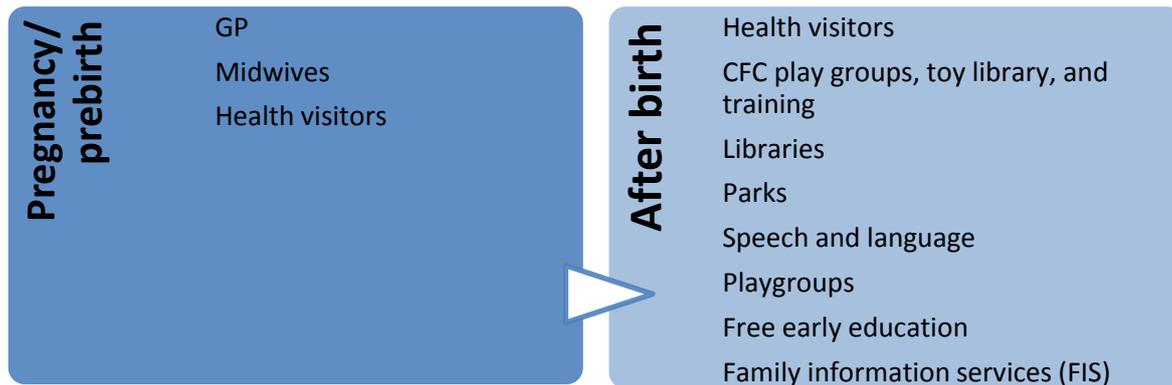
Most of the women in the focus group were aware of, and had accessed at least one of the following early years services:

- 2 year funding and also 3 year funding
- Play groups: Stay and play and Sure start play groups
- Midwives during pregnancy
- Children and family centres: play groups, loaning toys, training course. One mother reported using the toy loan scheme and this was very good. However, she lost the toy and felt guilty and didn't go back to the CFC, but when she went back, she paid a small amount

"It really put me off. I felt so guilty about losing the teddy, or whatever, that I didn't go back. When I went back it was fine... I paid a couple of pounds or something..."

Two of the women reported that they had accessed the Family information service. All the women had never heard of Family Nurse Partnership. However, engagement with these services varied and some barriers to accessing these services and other services were identified by the women.

Figure 3. Services accessed by the women in focus group, for children under 5



Other community resources accessed

Environmental factors such as green spaces play a key role in health and wellbeing, and are therefore considered assets for families to access. Most of the women in the focus group reported that they regularly used parks and the beach/seafront. Libraries were also reported to be a resource some women have accessed at some point, however, most of the women reported that they did not use them as often *“The thought sounds good but I don’t ever get round to doing it, really”*.

“it’s nice to go to the library in the winter.”

Some women reported that they use the local centres for swimming as children can swim for free.

2.2 Difficulties and barriers in accessing services

Key points

A number of barriers or difficulties were identified by the women as follows:

- Difficulties registering with CFC in West Sussex without a permanent address

“I had problems with registering in West Sussex when I didn’t actually have a permanent site before. So, they said, you have to, give an address. Because I didn’t have an address in West Sussex they made that difficult”

- One participant reported having difficulties getting hold of the midwives, when she tried to arrange a meeting off site

“I found the midwives in Worthing hard to get hold of. I was trying to get hold of them for ages just to see if I could book my first appointment, not on site”

- Issues with privacy and confidentiality when midwives turned up onsite

“I actually I got I had a really bad experience... a similar, sort of, time. I got in touch with them, the doctor, I was pregnant, got in touch with them and then I miscarried. About two months in. I phoned the midwives and told them and they still turned up at the site. And they then had a look at other people’s caravans looking for me. And like, obviously, you don’t really want your neighbours to know that if you are pregnant, especially if something has happened, because I didn’t really tell anyone there. But then it’s like, then like, a few people were saying, “Oh, you had like a midwife coming round.”

- 2 women had accessed speech therapy for their children, one thought this was helpful. The other women, whose child is bilingual, said she only attended one session for her child as she felt the staff were *“rude and patronising... like J’s learning two languages and they didn’t want to take that into account”*.
- **Reluctance in going to a CFC alone. Most of the women felt they needed to have a friend or someone familiar because when they got to the CFC, the other moms were in their own groups.**

“the first few times when I took my son I never really wanted to go by myself. I’d only ever go if someone else was with me.... Sounds a bit silly but it’s just that fear of like- I sort of felt like all the mums there are obviously a group and I’m like this kid just who just started school. Like you feel like maybe there might have been a bit of- they’ve got their own group”

- Travelling to some CFCs is difficult for non-drivers, needing to get 2 buses to get to.

“And obviously a lot of, you know, single mums kind of need the services that are there and won’t be able to get there.”

- Some of the women expressed that the approaches taken by the health visitor or midwife in engaging with them had an impact on whether or not they accessed a service

“if they are not the right person, they can end up putting you off that service”.

“I didn’t have a midwife for ages because I didn’t get on with the one that I’d had... she was really clinical, and that didn’t work for me”

- Some women expressed that paying for some activities is sometimes a barrier, such as taking children swimming. Although swimming for children is free, the accompanying adult still has to pay.
- One of the women said that she found that when she has been to the CFC during the week, *“there are not many kids there... so it’s better off going to like the fun fair”*
- Some of women reported feeling judged and being watched by the staff during their interaction with their children, making them uncomfortable.

“I feel quite judged. I know they’re not social workers and stuff but there’s quite a lot of staff there... I’ve been playing with (my son) before and he’s jumping on my head and it’s, kind of, how he plays, he likes to do that, he’s like a little kid. And the woman’s commented on it as in, oh, you know, “Oh, play fighting.” And explained that, “There’s a time and a place.” And it’s like, it made me feel really uncomfortable and made me just think- and obviously she’s watching how I’m playing with my kid.”

“Not, exactly judged, but like with the staff, obviously if there’s a child protection issue then yes, but if you’re obviously there playing with your kid, it’s not down to them to dictate that... Yes and I’ve had, like he’s constantly bruised. He’s a little boy and his legs are constantly bruised. I’ve had- one of the women there commented on how bruised...which made me feel so uncomfortable”

- Perceptions that libraries are quiet places. Most of the women said that although they are aware that libraries nowadays have play areas or loud areas for activities such as storytelling, colouring for

children, they still have the perception that libraries are quiet places. *“it’s hard with kids, trying to be quiet in the library”.*

However, they also acknowledged that nowadays, children don’t have to be quiet in the library

“if you ever go there- and there are loads of kids playing...it seems to be more acceptable”

Some of those who have used the library said they don’t borrow anything... One woman who said she had felt guilty when she’d lost a toy she had borrowed from the CFC said *“That’s why I don’t go to the library, I know what will happen... I’m always too scared to lend anything”.*

- The countryside nature of West Sussex makes it more isolated for those who want a social element, particularly when using parks.

“Cissbury Ring’s nice but it’s just isolated. It’s just countryside you don’t really feel like- if you want a social element you wouldn’t get it. You might get the occasional dog walker”.

2.3 Finding out about early years services

The women highlighted the different ways they had found out about early years services such as CFCs, Free nursery entitlement for 2 year olds.

- Most of them found out about Children and family centres from health visitors or midwives. One woman reported that she found out about CFC from Job Centre, after she was referred to the CFC for a course.
- Some of the women reported that they found out about services, particularly the early years nursery entitlement, from Family Information Services.
- Those who had used speech and language said they had been referred by CFCs.

2.4 Sources of support and information

As highlighted in the Government document *‘Supporting families in the foundation years²’* most parents look first to family and friends for advice about parenting issues, and then to professionals and other trusted organisations, largely from the voluntary and community sector. **Most of the women in the group expressed that they rely on close family and friends for support and advice about their child, as the first point of contact.**

“it’s my mum and then double-check whatever she’s told me.”

- **Family information service:** The women who had used had used the service reported that they found it helpful in giving them information and advice about children’s services, over the phone.

“Then they also- you can ask them about anything; children centres, schools. They just send you information, give you advice over the phone and stuff...”

“I phoned them up because I needed to get my son into nursery or something, and they gave me so much information. They told me that I could do the two-year funding thing.”

- **Mumsnet:** some of the women have used websites such as Mumsnet but some said they had never heard of it. Those who had used Mumsnet said that it was “good” for things like reviews for nurseries, CFCs and also baby products like pushchairs and cots and also advice on nutrition, cooking on budget.
- **Internet:** most of the mothers said they have used Google for information, particularly about symptoms, for example checking what is a high temperature, *“My thermometer tells me the temperature but doesn’t say, ‘High Fever’ you know, like, which- so I always forget the number and stuff”*.

Some of the women reported that they were cautious when searching the internet, for example on Google, about symptoms.

“Just put anything and it terrified you sometimes” One woman said she has stopped using Google now when her child is ill as a result.

- Most of the women said that they live in a close community and social environment where they can get some information and advice from other people on site, particularly those who have children.
- **Going to the hospital or doctors:** Most of the women reported they try to find other alternatives before contacting the doctor or going to hospital. They reported only accessing these services they feel the child is seriously ill.

“ It would take quite a lot to go to a doctor. He’d have to be really ill to go to a doctor.”

2.5 What works well

The women considered the services or activities that they felt were working well, as well as the assets that they identified as helpful. These provide an opportunity to further explore and understand what families want and are likely to engage in.

- One of the women who had accessed the Drop and stay play group said that it was *“really good”*. The Stay and play group was also said to be good by other women *“ if it’s raining, or like, whatever, you can just go there”*
- Although the women said that there is an issue with confidentiality and cultural awareness, they said that it was good to have the health visitor coming onsite.
- Those who accessed the free nursery places said it was good
- Two women said they had accessed speech therapy for their children. One of the women said that she had used speech therapy for her son who wasn’t confident and she reported that it was good... *“they do like singing... which is quite good”*.
- One of the women said that Brighton has a play bus run Children’s centres by that goes onsite, which would be useful in West Sussex as they have many permanent traveller sites. The Brighton play bus *“goes onto site and they’ve got loads of different things on there... loads of toys and stuff, so people that can’t get to them; they come to you for like, one day every fortnight or something... the kids love it”*.
- Children’s activities in Libraries, such as story telling
“That’s quite good on a Friday they have books- well like Friday at like nine in the morning. Forty-five minutes you get of story-telling children and stuff like that.”
- Green spaces and playgrounds –
“There’s a big, the big green quite near ours that’s really good because you’re allowed dogs on there”

- Groups for children *“in the winter there was quite a few good ones”*.
- The women who had used the FIS, said it was good.
“They were great”
“they are really good”.

What could be improved?

- Services coming onsite as many people can't drive to get to them
- Training midwives and health visitors in traveller cultural awareness
- Using the children and family centre as a care of address to register with the CFC if homeless or no fixed abode.
“I lived in London before as well and you can just register, with, you can use the Children's Centres with a 'care of' address. So, like if you're homeless or 'no fixed abode' you can do that. It's quite good”

2.6 What services would you like to be provided for the children?

Working with parents and involving them in service design is an important element in improving services and engagement, particularly for those who are considered hard to reach groups. The focus group identified some of the services and activities that they felt would like to see provided.

- More creative and learning activities for children such as music, dancing and other creative activities. Other activities mentioned were cooking, gardening clubs *“something where they actually learn something, especially if they might not go to school or they might be moving.”*
- Having a calendar or something similar for children's activities. This is also related to families lack of awareness of what activities are taking place and thereby, a calendar of activities that is tailored to their child's stage might help improve engagement.

Typical day

Some of the activities the focus group identified as their regular activities. These provide an opportunity to identify key services or activities that can but provided for families, that fit in with their normal daily activities or that can be provided in their 'normal' settings, to improve engagement with services.

- Some of the women go to work, and children going to nursery
- Some would take children to the park or the beach, swimming.
- Staying indoors or swimming in bad weather
- Most of the women meet with friends and family during the week and *“Yes definitely people who have got kids, not most days, but a few days a week, you know”*.
- Shopping
- Going to cafes

Getting to friends and family

- Some of the women said they get the bus and others said they walk.

Other services accessed/provided

- Groups for children, such as Rhythmics music group run by FFT
- Festivals

- Giving advice to people about their children, such as nutrition and dental hygiene
- All the women said they use the internet, including social media such as Facebook.

Chapter Two: Key References

- 1 Peters J. Parry G, et. al,, 'The Health Status of Gypsies and Travellers in England: Report of Department of Health Inequalities in Health Research Initiative', *University of Sheffield* (2004).
- 2 Department of Health and Department for Education, 'Supporting Families in the Foundation Years', ed. by Department of Health and Department for Education (2011).



3 Early Years Needs Assessment Survey:

Professional opinions

Chapter Three: Methods

3.1 Methods

The early years needs assessment used mixed methods to collect data from families of children under 5 and professionals who work with these families. This survey was one strand of the research that was conducted and the responses are as below. Professionals who work with children under 5 of age and their families were invited to take part in an online survey which was conducted via survey monkey¹. The research was conducted from July till August 2015 and a total of 174 professionals responded to the online survey. Responses were from a range of professionals from the Health, Education, Social care, voluntary sector and Local Authority early years sectors.

¹ It is not possible to comment on matters such as response rate for this type of survey. Public Health contacted a wide range of people working within Early Years Services but cannot know how many people actually received the email link to the survey or were in a position to respond to it.

Chapter Three: Description of respondents and services offered

Q1/Q2. Which areas of West Sussex do you cover and what are the age groups of the children in the families you work with?

As shown below, professionals across the county responded to the survey, with some working across Districts and Boroughs or throughout the county.

Figure 4. Areas of West Sussex covered by professionals who completed the survey

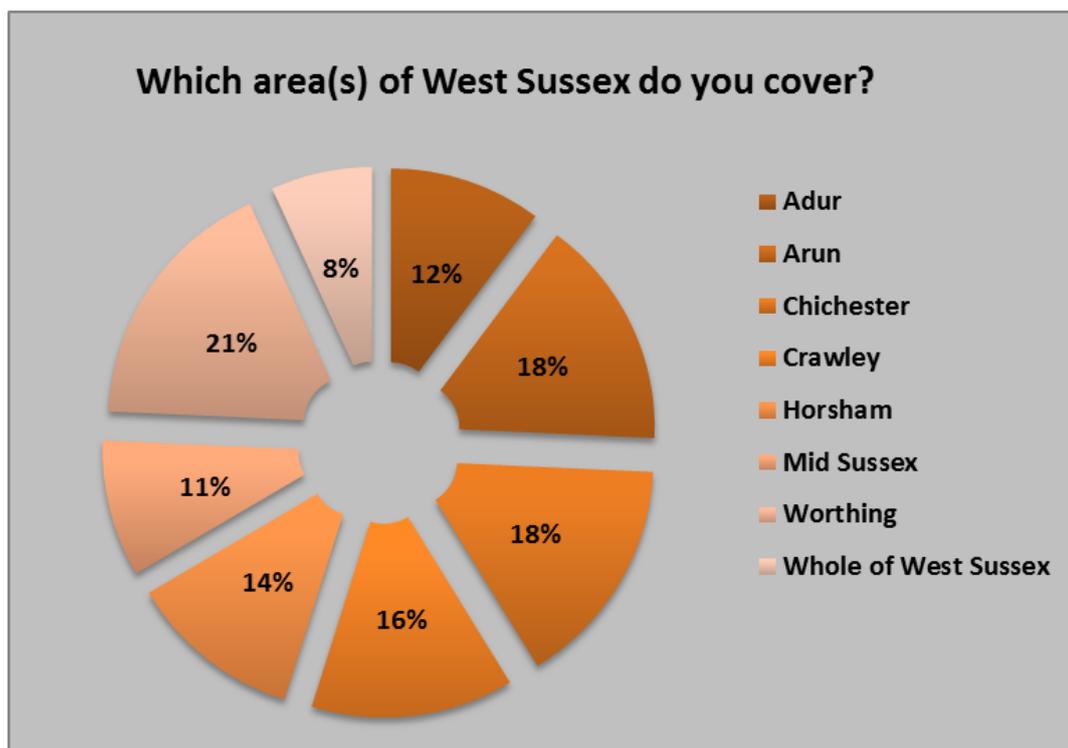


Table 4 highlights the areas of West Sussex that the professionals responding to the survey cover as well as the age groups of the children in the families they work with.

Table 4. Areas of West Sussex and age bands covered by professionals responding to the survey

Area Covered	Age Group of Children			
	0-4	5-10	11-15	16 & over
Whole of West Sussex	13	6	4	3
Adur	20	6	4	3
Arun	29	8	5	2
Chichester	30	10	9	8
Crawley	28	11	5	5
Horsham	23	7	4	4
Mid Sussex	19	11	6	6
Worthing	35	18	6	3

Note: Totals have not been shown in the table as this could cause confusion since some professionals will work in more than one of the individual areas included.

The table shows that the professionals responding to the survey cover all areas of the county in their work with children, with some overlapping in their coverage. As might be expected, they are most likely to be working with children aged 0-4 and least likely to be working with young people aged 16 and over.

Q3. Which sector do you work in?

Figure 5 and Table 5 highlight the number of professionals who responded to the survey within each sector, in descending order.

Figure 5. Number of professionals who respond to the survey working within each sector

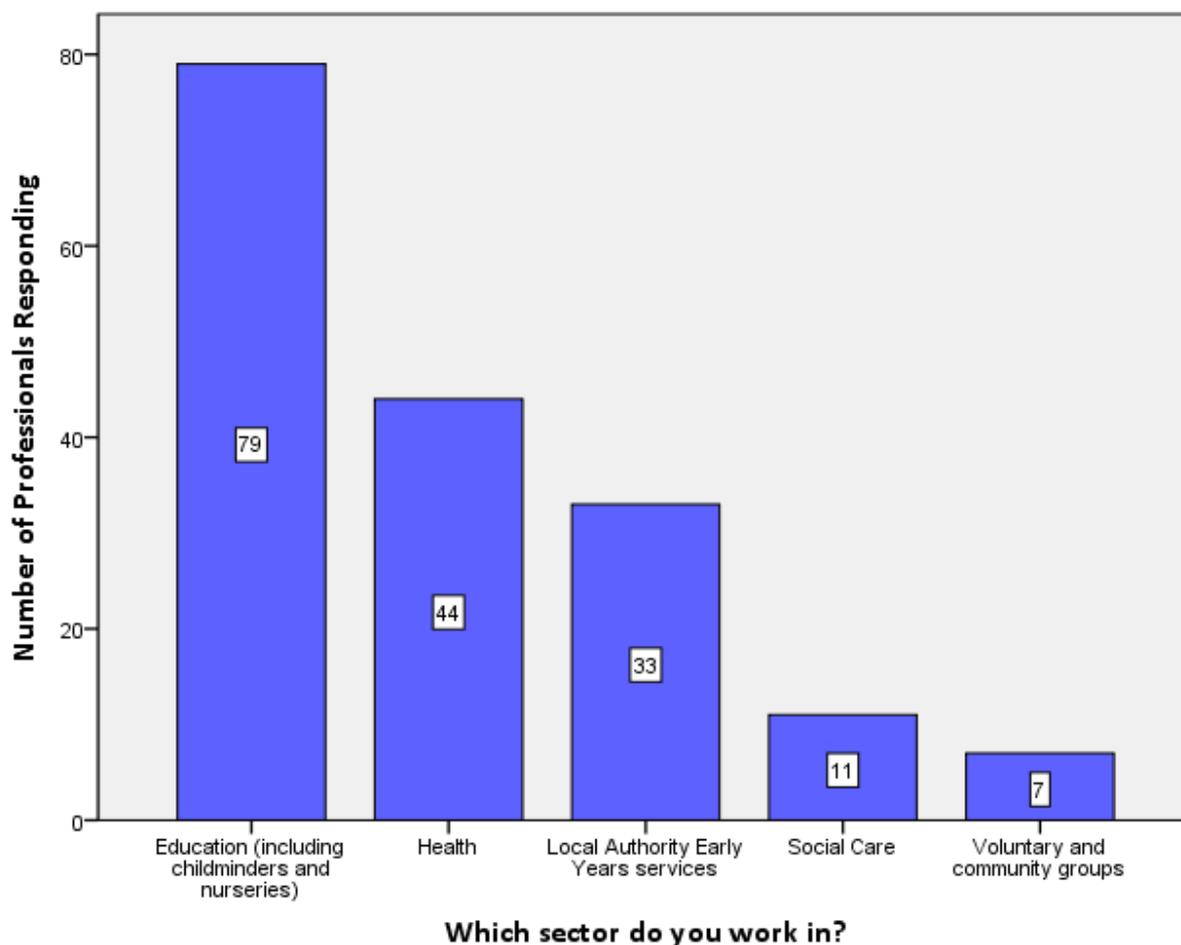


Table 5. Number of respondents by sector

	Number	Percentage
Education (including childminders and nurseries)	79	45%
Health	44	25%
Local Authority Early Years Services	33	19%
Social Care	11	6%
Voluntary and community groups	7	4%
TOTAL	174	99%*

Note. Not all percentages will add to 100%, due to rounding

With 79 (45%) replies coming from the Education Sector [mainly those involved in Child Care Services (childminders and nursery staff) rather than teaching staff], it is clear that the survey provided a useful opportunity for these particular professionals to express their views. Within the Health Sector most replies were received from Health Visitors (35), followed by Family Nurse Partnership professionals (5). Children and Family Center staff (27) were the highest response group within the Local Authority Early Years services. There is an apparent overlap in the nature and type of services that some professionals provide. This is highlighted by some professionals working within Think Family who responded that that they worked in the Local Authority Early Years Sector (6) whilst the others reported that they worked within the Social Care Sector (4).

The professionals who responded were from a wide range of organisations;

- WSCC
- Nurseries
- Pre-schools
- Childminders
- Sussex Community NHS Trust
- Homestart

Q7. At what stage does your service start engaging with children and families?

Table 6 and

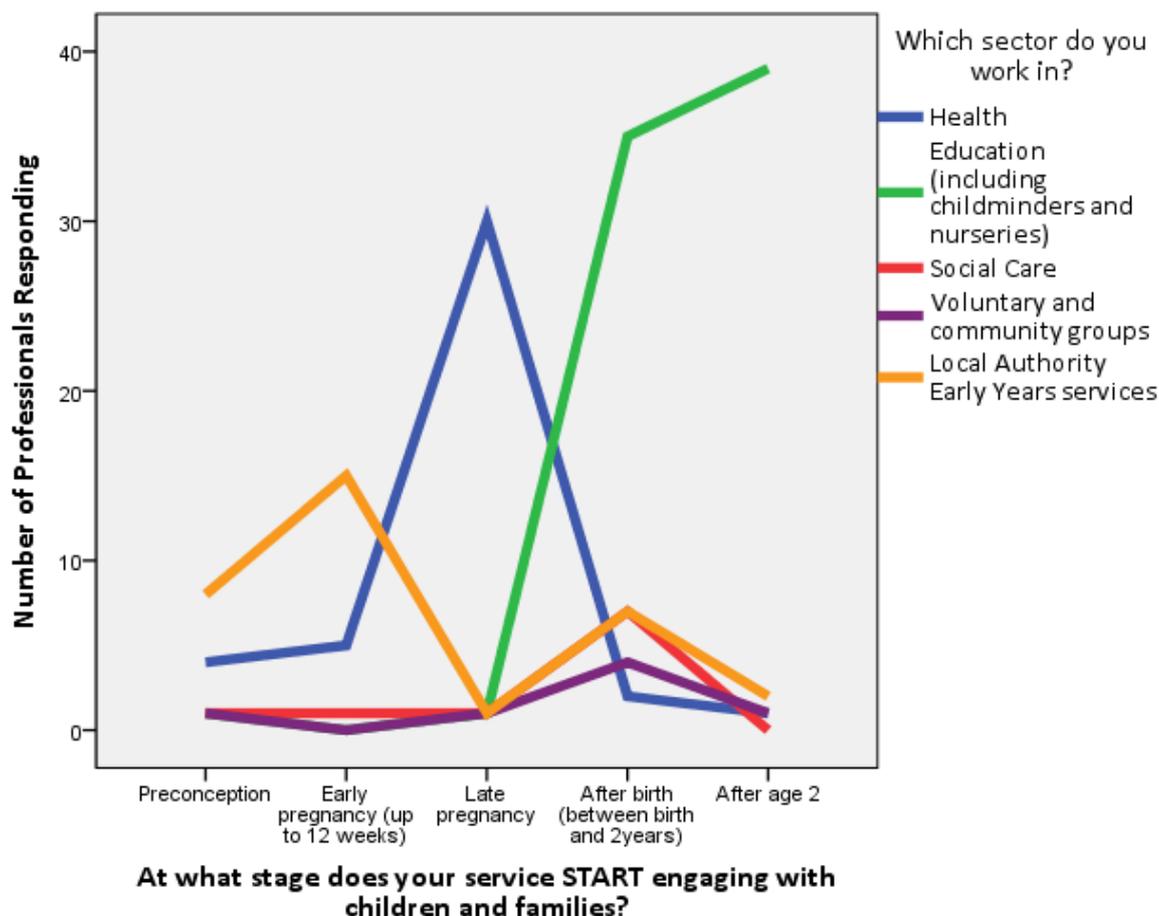
Figure 6 indicate the stage at which professionals within each sector noted that they START engaging with children and families.

Table 6. Point of engagement with children and families

Stage	Number	Percentage
Preconception	15	9%
Early pregnancy (up to 12 weeks)	21	12%
Late pregnancy	34	20%
After birth (between birth and 2 years)	55	32%
After age 2	43	25%
Not stated	6	3%
TOTAL	174	101%*

Note. Not all percentages will add to 100%, due to rounding

Figure 6. Point of engagement by sector



Given that the highest number of the survey respondents were professionals working in the Education sector, it is not surprising that a higher number of professionals were involved after birth [55 (32%)] and after age 2 [43 (25%)]. Exploring the chart there are peaks for LA Early Years Services in early pregnancy; for Health in late pregnancy (mostly Health Visitors); and for Education (mostly Child Care Services – childminders and nurseries) and Children’s Social care from birth to age 2. Although the overall figures are low, all sectors, except education (including childminders and nurseries), start working with families at preconception. This is consistent with evidence that early intervention is important in the provision of early years services. The majority of professionals in the education sector work with children and families after birth, as can be expected.

Q8. Do you provide any of the following targeted services?

Table 7. Targeted services provided by respondents

Targeted Services	Number
Support for children with disabilities	97
Child protection and safeguarding	93
Support for victims of domestic abuse	68
Support for parents with mental health problems	68
Support for postnatal depression	67
Support for young parents (teenage through to age 24)	67

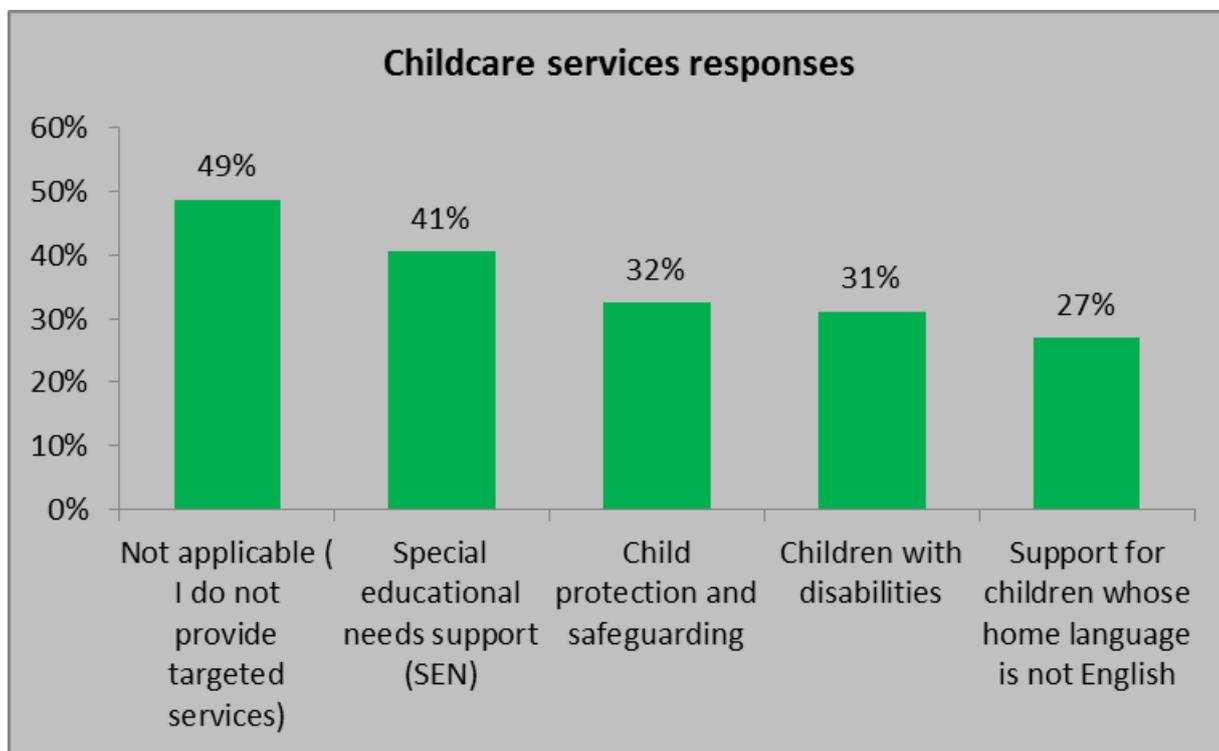
Support for children whose home language is not English	64
Special Educational Needs (SEN) Support	60
Support for parents who smoke	56
Support for parents who misuse drugs and/ or alcohol	48
Specialist health support	45
Speech and language therapy	39
Employment support for parents	34
Support for children's psychological needs (e.g. child psychology)	27
Not applicable (I do not provide targeted services)	40

Note. Some respondents will provide targeted services to more than one group

Table 7 highlights the targeted services provided by the professionals that responded in descending order of times mentioned. Thus support for children with disabilities was most likely to be mentioned and support for children’s psychological needs was least likely to be mentioned. Health visitors and children and family centres respondents indicated that they provide a majority of the highlighted targeted services.

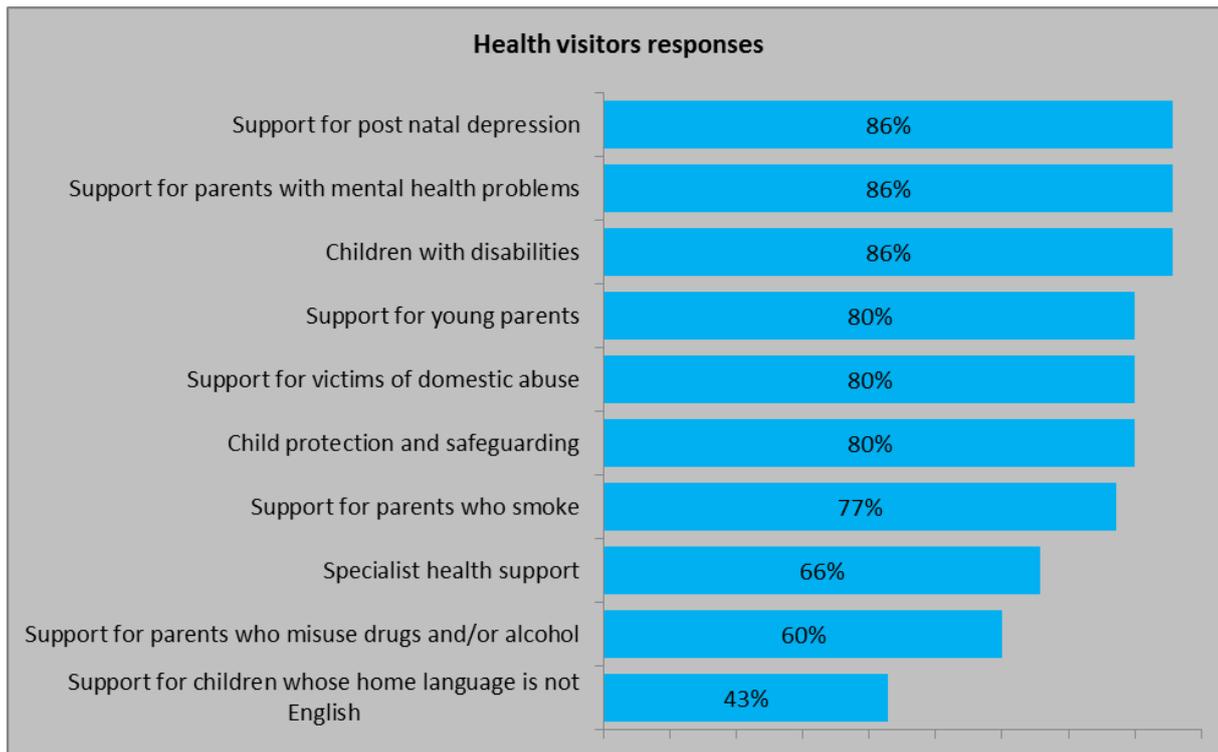
Whilst the majority of Childcare professionals who responded indicated that they did not provide targeted services (49%), 41% reported that they provide targeted support for children with SEN (Figure 7). This is also reflected in the number of comments, mostly by childcare professionals, that West Sussex is not performing well due to insufficient funding to meet the needs of children with special needs. This will be further discussed in the preceding sections.

Figure 7. Top 5 responses from childcare services regarding targeted services provided



On the other hand, health visitors who responded were more likely to provide a range of targeted services, all of them providing at least one targeted services (Figure 8).

Figure 8. Targeted services provided by Health Visitors



CFC, Think Family, early help and FNP respondents had a similar response trend, with high numbers indicating that they provide most of the identified targeted services. Similarly, as expected, FNP highlighted that they provided targeted services. Support for domestic abuse, and parents with mental health problems is the third most selected targeted service provided and these are services that have also been highlighted as areas of poor performance in West Sussex, despite being provided as targeted services. This could potentially be related to the staffing capacity and accessibility of these services, as reflected in the responses to the survey questions.

Other targeted service offered

Other targeted services identified included travelling communities, outreach home visiting services, post natal support and help with sleep, diet/feeding and behaviour problems.

- *“FNP encompasses all the above through the nature of the specialist role with young parents”.*
- *“We support all parents whatever their situation is”?*

Chapter Three: Results

3.2 Availability of Information

Q9. Do you think there is enough information for you as a professional in terms of early years' services available in West Sussex?

Table 8. Proportion of respondents by amount of information available on early years' services

Enough information?	Number	Percentage
Yes	97	56%
No	46	26%
Don't know	20	12%
Not Stated	11	6%
TOTAL	174	100%

Professionals working with children and families play a crucial role in providing information to families, as well as signposting and making referrals where appropriate. Therefore, the availability and accessibility of information is important in improving children's outcomes through signposting and referrals as well as giving advice to families of children under 5. The responses indicate that a majority, over half [97 (56%)], of the professionals felt that there was enough information available to them about early years' services. A high proportion of professionals working in childcare services and children's social care responded no or don't know when asked if there is adequate information about early years' services. The key issues that were highlighted in regards to the availability of information were:

3.2.1.1 Accessibility

Although some professionals felt information on early years was available for professionals, some felt that the information was not clear and not easily accessible. As some reported that the WSCC website, CFCs and Family information services are useful for information, this is indication that there is a variation in the type and accessibility of information required by the professionals. This is also reflected by comments from other professionals that there is a variation across the county.

"Family information services is a good place to start; there is someone available to talk to when you phone and usually know who to contact/what to do next".

"I keep finding out about more activities that are going on. There does not seem to be a system in place, that I know of, that informs health of all services that are available and of changes."

"The information is probably there but not always easy to find. If you have a child with a new set of needs it's not always easy to know what support there is let alone how to access it!"

"I think there is enough information if a professional knows where to look and has good local knowledge. It can be difficult for professionals to know what services are available and how families or professionals can access them".

“Half the time we have to chase services to find out what's on and when.”

“I feel like I have to search it all out and put information together piece by piece rather than finding it all in one place”.

“Services are varied in parts of West Sussex, so it makes it difficult to know what universal services are available”.

3.2.1.2 Provision for other languages

Some professionals felt that there was a lack of information in other languages, particularly for families who struggle with English. This is also reflected in the feedback where professionals felt West Sussex wasn't doing well in providing services for families whose first language is not English, particularly Eastern European.

“With additional languages being such a big barrier to accessing services, I am frustrated that WSCC do not feel that it is part of their role to provide leaflets in different languages.”

3.2.1.3 Referral and signposting information

Some professionals highlighted the lack of clarity in the information or support available to refer or signpost families.

“I am unclear about what support is available in some of the different geographical areas in which I work I am unclear about referral processes to and from the different services”.

“I would like to understand much more clearly what is available and for who re eligibility criteria”

“It would be good to have more specific information as to who we can sign-post families to who are vulnerable (adults or children) or struggling in certain areas”.

“There is no information that I have come across which would give me the information I would need to pass on to parents, information about support available for their children, outside of my preschool setting”.

“Who to refer children to who I have recognised as having a developmental problem when completing my learning journal for each child under 5 years old through observations and assessment and the parents agree there is cause for concern...”

“It is possible there is, but I don't always know where to go to find the information or support needed”.

“We can sometimes get conflicting advice from different agencies within West Sussex”.

“Having the Family Information Services to call is a great help, the people there do seem to know the answers or will take the time to find someone who can help”.

3.2.1.4 Information about changes

Some professionals also highlighted that there are regular changes within early years' services and they felt they are not kept up to date as information about changes in early years' services is not relayed to them in a timely manner. This indicates the need to effectively communicate and update professionals of any changes, in ways that are suitable for that particular professional group, as there could be an information overload affecting reception.

"Things are constantly changing in Children's Services, both run by the local authority and private sectors, we have a hard time trying to get Nurseries on board as no one seems to know what exists and where. If we could get these places to register with the county council then we would have a directory and contact information, but this is always changing as well".

"There are many changes and I do not feel we are kept up to date. Currently, it is very confusing".

"There has been a lot of change. It's difficult to keep up. Especially so with the Early Childhood Service/FIRST/inclusion/SALT/EHCP process".

"As the environment is constantly changing, there is often mixed messages or messages late to come to us regarding the changes. It would be good to have some resource, whether internet based or face to face to be informed and get information about early years".

"Everything is always changing and being re-structured. There is little continuity and it is difficult to know where to make referrals and get support".

3.2.1.5 Lack of specific or specialised information

Other professionals cited that information on other important services or areas that impact on families such as mental health, substance misuse, and housing is not available. In addition, some of the information is mainly focused on specific services and therefore may not address the information needs of other services.

"More guidance on funding for nurseries who are open all year round... Everything seems to be based on 15 hours over 38 weeks, therefore not enough information for nurseries, who self-stretch the funding, that can then be passed onto parents".

"Enough on early years but not enough on family needs e.g. employment, money, housing which also directly affect early years".

"Because of financial cut backs I don't feel childminders have the same support themselves as they used to, we had a network coordinator we could contact and regular meetings and conferences where various other professionals would come along so we had a better understanding of what they did and them us".

"But could do with more information/training on all areas of Autism especially for children who are not severe enough for a Health and Education plan".

Other comments from the professionals included the amount of information that is available and duplicated, that can make it difficult for professionals to navigate or get time to read it all. Also, there was mention of the information not being advertised to all who may find it helpful, such as families.

“sometimes there can be email overload of information”.

“It is not broadcast to a wide enough audience and not advertised to the families”.

“Although enough information, it's sometimes too much, and we need to ensure we're working together but not duplicating services”.

3.3 Factors influencing outcomes for young children

Q10. Thinking about the factors noted above, what are the three key issues for your service in improving outcomes for children and their families?

Table 9. Key factors in improving outcomes for children and their families

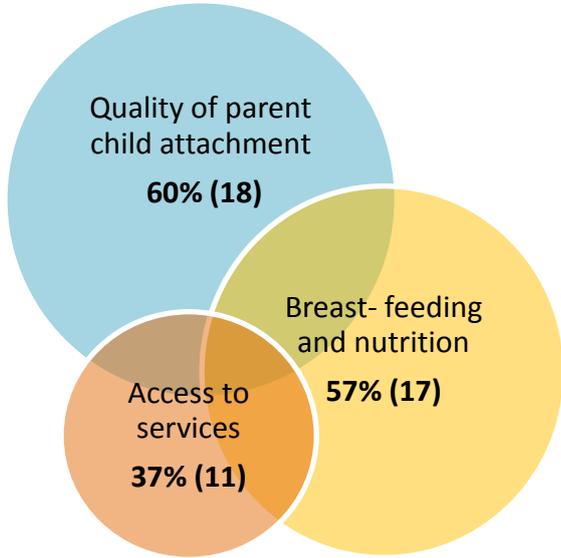
Key Factors	Number
Quality of parent-child attachment	68
Access to services	53
Access to good quality early learning	48
Social support/social isolation	31
Breast feeding and nutrition	28
Socio-economic status/ Poverty & deprivation	20
Domestic abuse, stable/unstable family relationships	17
Maternal/parental mental health	17
Environmental factors such as housing and green spaces	12
Parental level of education and qualifications	5
Immunisation status	4
Smoking/non-smoking in pregnancy	2
Maternal age, i.e. teenage pregnancy	4
Non-smoking/smoking households	1
Parental substance (drugs and/or alcohol) non-use/misuse	2
Term/pre-term birth	1
Unintentional injuries	1
Birth weight	1
Maternal nutrition and weight	0

Child developmental outcomes are influenced by multiple determinants of health and wellbeing, and these determinants include social, environmental, biological and psychological systems. The factors highlighted in the table above are some of the key determinants that make up early childhood developmental risk or protective factors. Table 9 highlights the 3 main issues that professionals identified as key for their services, in order of the frequency of mentions. The majority of professionals (68 [54%]) felt that the quality of parent child attachment was a key issue within their services. However, there was a difference in

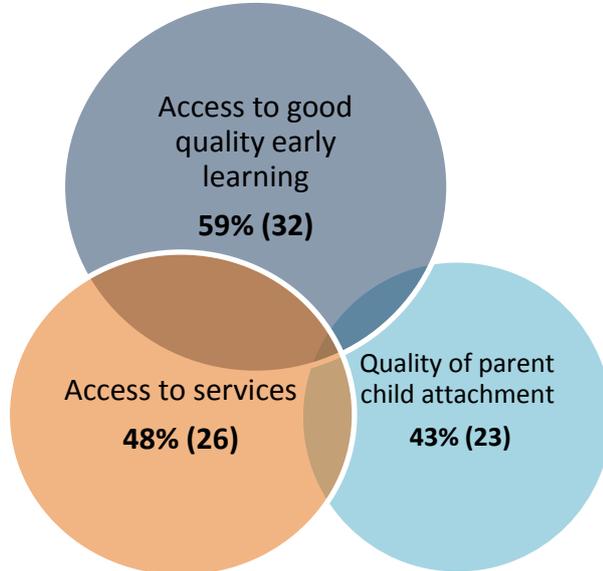
the weighting that the professionals gave to the issues that they identified as key to their services as shown in Figure 9.

Figure 9. Key factors to improve outcomes for children and families by service type

Health visitors

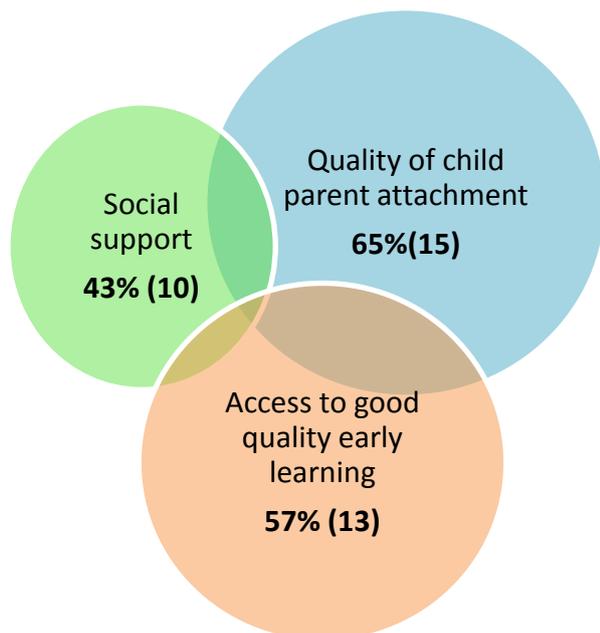


Childcare services



Whereas quality of parent child attachment was the most frequently mentioned by a majority of health visitors, FNP, CFC staff, and Think family/early help services, access to good quality early learning was identified as the key issue by the majority of childcare service providers. On the other hand, good quality early learning was one of the least mentioned factors by health visitors and FNPs. This indicates the different priorities between the different services and, in addition, CFCs as being between the health and education sectors as their second most mentioned factors was access to good quality education. The third frequently mentioned factor by CFCs was social isolation, which was one of the least mentioned issues by the other sectors. The voluntary sector responses varied and there was a nearly even spread from the 4 who responded to the question.

Children and family centres



3.4 Factors preventing families with young children accessing services

Q11. Thinking about the children under 5 and families that you work with, what are the main barriers that families face in accessing services (please tick what you think are the 3 key barriers):

Table 10. Barriers that prevent families in accessing services; professionals' opinions

Main Barriers	Number	Percentage
Lack of awareness of services	81	47%
Family's negative perception of services	72	41%
Inaccessibility due to transport problems	51	29%
Lack of financial resources	45	26%
Inaccessibility due to the times the services are available	43	25%
Lack of time for parents to engage in services (e.g. due to long working hours, other caring responsibilities et.)	43	25%
Lack of coordination between services	28	16%
Services not available	27	16%
Lack of culturally appropriate/acceptable services	17	10%

Access to both universal and targeted services is one of the key factors in reducing inequalities and improving outcomes for children and families. However, various barriers exist that prevent families from accessing the much needed support, particularly the disadvantaged families. The table above shows the main barriers in descending order of times they were mentioned by professionals. The two barriers frequently mentioned by the professionals are lack of awareness of services (81[46%]) and family's negative perception of services (72 [41%]). Responses varied across different sectors, with the majority of those working in the health sector identifying family's negative perceptions as the biggest barrier, followed by inaccessibility due to transport problems. Similarly, most respondents from the voluntary sector

identified negative perceptions of services as a barrier. Professionals working in the Education and LA Early Years Services identified awareness of services as a key barrier, followed by negative perceptions of services. On the other hand, the least mentioned barrier was the lack of culturally appropriate/acceptable services, and this applied to Health, Education, Social Care and Voluntary sector, whereas LA Early years service, service unavailability was the least mentioned barrier. These responses provide some potential key areas of focus in breaking down the barriers and improving accessibility of services to families that need them the most.

As well as the barriers identified in Table 10, other barriers that families face in accessing early years services that were identified included:

- Lack of service capacity to engage with all those eligible
- Parents feeling judged or stigmatised

“Some families still view services with caution worrying about how they will be perceived”.

“Feeling judged/stigmatised/singled out - need more universal support then graduated response for higher levels of need”.

- Parents lacking confidence to request or engage in services
- Eligibility criteria or lack of eligibility criteria
- Lack of interest in the service by the parents
- Parental mental health or complex needs

“I personally feel Mental Health issues prevent family's from accessing any service”.

“Parents lack of confidence in accessing services due to poor mental health. Parents finding it difficult to co-ordinate where they have to be and when- sometimes forgetting appointments or groups until they have missed them”.

- Parents’ lack of awareness of need and acceptance of the child’s needs

“Parents difficulty in coming to terms with their child's diagnosis. Being able to understand the difference between their wants and child's assessed needs”.

“I would also add that parent's lack interest in services or do not feel like they need to attend services or would benefit from them”.

“There are a number of families that would benefit from their under 3s being supported in preschool who just miss the funding mark this is particularly an issue for parents with twins, triplets and other birth multiples”.

3.5 Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage (EYFS) sets the standards that all early years (under 5s) providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children under 5 the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.

Q12. Are you aware of the Early Years Foundation Stage framework (EYFS)?

Table 11. Awareness of the Early Years Foundation Stage Framework

	Number	Percentage
Yes	113	65%
No	2	1%
Not Stated	59	34%
TOTAL	174	100%

The majority of professionals who responded to this question reported that they are aware of the EYFS and those who didn't respond were from a range of services, including childcare services, health visitors and CFC staff.

Q13. Thinking about the children you work with, in general, which prime areas of learning do you think are currently being well met or not met?

Table 12. Prime areas of learning that are being well met in the EYFS

	Well met	Partially met	Not met	Don't know	Not Stated
Physical development	72	37	3	2	60
Communication and language development	66	38	8	2	60
Personal, social and emotional development	62	41	7	4	60
Literacy development	47	50	7	9	61
Understanding the world	51	42	8	9	64
Expressive arts and design	55	32	11	14	64
Mathematics	46	40	13	13	62

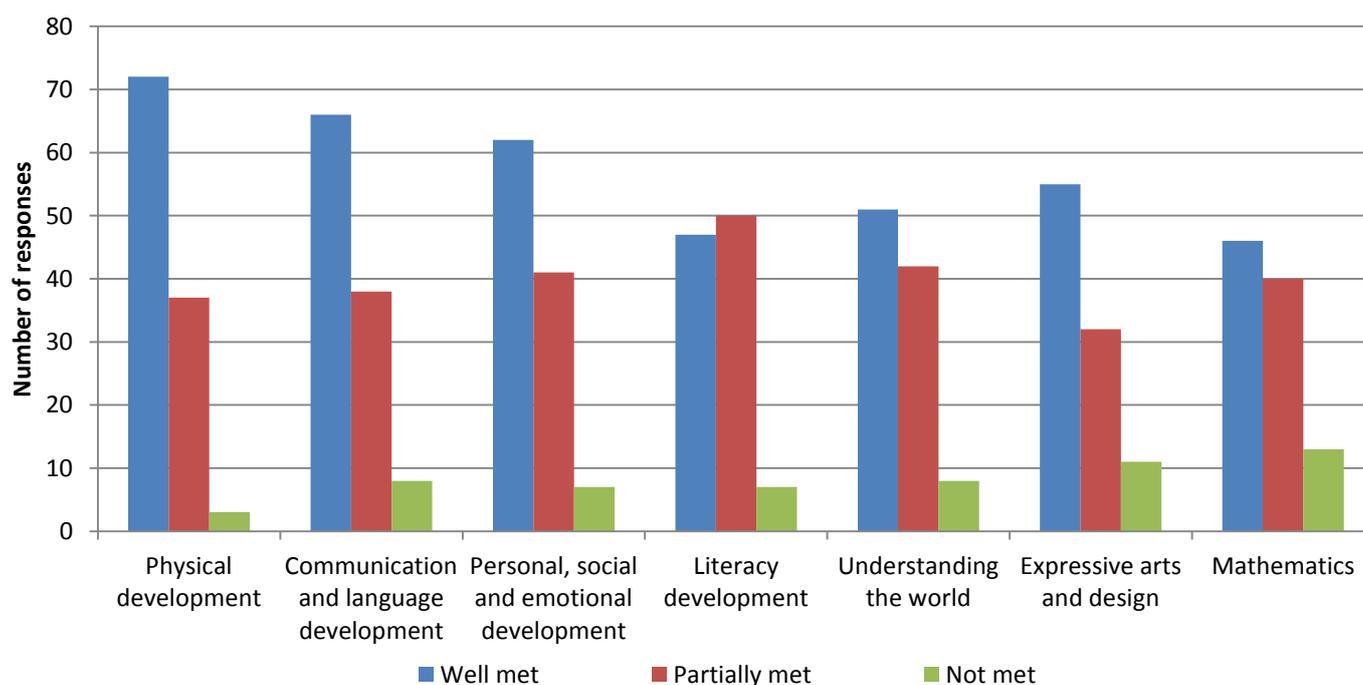
Professionals from the following services responded to this question:

- *Children and family centres*
- *Children's social care*
- *Childcare services (nurseries and childminders)*
- *Family Nurse Partnership*
- *Health visiting*
- *Teaching staff*
- *Think family/early help*
- *Voluntary services*

The EYFS framework sets seven areas of learning and development as identified in the table above, which shows these areas in descending order by adding together whether the professionals felt that the needs were well met or partially met. The order would change slightly if well met only was used. However, physical development always comes out at the top of the table and mathematics is always at the bottom. This ordering gives some idea of where renewed efforts could be made to further meet needs. The majority of respondents across all domains, except literacy, reported that needs are well met. The findings from professionals reflect the data on children achieving good level development, where physical development comes at the top. Similarly, the data indicates that literacy is the lowest in terms of achieving good level development, and this is the only area that the majority of all professionals felt was partially met (50) as compared to well met (47). Across all areas of the EYFS framework, childcare services had the highest number of responses and, the majority of responses from these professionals indicated that the children’s needs across all domains are well met. This is different when comparing responses to other service areas were, in most cases, the majority of responses were ‘partially met’. If the responses from childcare services were excluded from the analysis, the majority of respondents felt needs in all domains were partially met as compared to well met and not well met. These differences in views could possibly be an indication of the different ways in which the professionals view the needs of children and potentially the differing priorities and efforts that need to be taken into account in meeting these needs.

Furthermore, the data indicates that West Sussex is lagging behind regional (and national averages in literacy), in regards to children achieving good level development in the EYFS. This could be an indication that childcare services are offering the services to meet these needs but other areas that impact on school readiness are not well served, for example, parenting skills to enhance the home learning environment.

Figure 10. The number of respondents who felt that the prime areas of learning in the EYFS are well met



3.5.1.1 Communication and development

The majority of professionals indicated that the communication and language development needs of children are being well met. 51 professionals working in childcare services (including nurseries and child minders) responded to this question, and the majority of them (46) felt that children's communication and language development needs are well met with 5 responding that they were partially met. Similarly, FNP professionals (4) all felt that the needs were well met. On the other hand, the majority of professionals in Children and family centres, health visiting, Think family and voluntary sector felt that these needs were partially met.

3.5.1.2 Physical development

The majority of professionals indicated that physical development needs of children are currently well met. As for those in the education sector, 49 of the 51 professionals who work in childcare services responded that these needs were well met, and 2 reported that they felt these were partially met. One respondent from the teaching staff responded that the needs were well met. Similarly, of the 4 FNP professionals who responded to this question, the majority (3) felt that the needs were well met and 1 partially met. Other professionals, however, reported that physical development needs were partially met. A majority of health visitors (11), Think family/early help (6), CFCs staff (12) and voluntary sectors responded that the needs were partially met. Of these professional groups, a few felt that the needs were well met; health visitors (9); CFC staff (6); Think family/Early help (1) and voluntary services (1).

3.5.1.3 Mathematics

A total of 110 responses were analysed based on people who responded to this question as well as providing the service in which they work (Q4). A higher number of professionals (44) reported that the needs in Mathematics are well met. However the majority of professionals who responded to this question (50) were from childcare services, particularly nurseries and childminders, 39 of whom felt that needs are well met. This is different to responses from other services whose majority felt that services were partially met. There was a higher number of people who responded 'don't know' mostly from children's social care services and health visiting services. If the responses from childcare services were excluded, the majority of respondents felt needs were partially met (29) as compared to 5 who felt they were well met and 13 who felt they were not well met.

3.5.1.4 Expressive arts and design

Again, the majority of respondents from all services (53) felt that needs in this area were well met. However, the childcare services group had the highest number of 'well met' responses (44), compared to other groups who thought the needs were partially met. The majority of CFC (14) responded that needs were partially met, and 5 responded 'well met', as compared to Health visiting services with the majority (7) stating that needs were not met and 6 reporting they were partially met. Of the 3 respondents from the voluntary sector, 2 felt that the needs were well met and 1 partially met.

3.5.1.5 Understanding the world

A slight majority of the respondents (49) from across different services reported that needs were well met and 42 responded that needs were partially met. 41 of the 48 professionals who responded from the childcare services felt that the needs were well met. However, removing the responses from the childcare

services highlights that the majority of professional from other services (35), felt that the needs were partially met as compared to 8 who felt the needs were well met.

3.5.1.6 Personal, social and emotional development

The majority of professionals from the different services (60) responded that the needs are well met and 41 felt that the needs were partially met. 48 of the 51 professionals from the childcare services reported that needs were well met. Again, excluding childcare services, the majority of professionals from other services (38) felt that the needs were partially met.

3.5.1.7 Literacy development

Literacy development is the only domain that the majority of professionals felt was partially met (50) followed by well met (47). These responses support the EYFS framework outcomes data which indicated that literacy development is lagging behind in West Sussex, as compared to other domains. However, the trend remains that the majority of professionals from childcare services felt the needs were well met and if removed from the analysis, the majority of other service providers felt that the needs were partially met. 7 professionals from CFCs, Health visiting and FNP felt the needs were not met.

3.6 Professionals' opinions: Areas of good performance

Q14. Where do you think West Sussex is doing particularly well in supporting the general health and wellbeing of the 0-5 population and their families in West Sussex?

Several professionals reported areas where West Sussex is performing well but there was also an indication that some of these vary across the county, and consequently, some of these issues have also been identified as areas of poor performance.

3.6.1.1 Children and family centres

Children and family centres were identified by several professionals as a key service, that offers a variety of services and groups for children and families, including groups that focus on children with Special Educational Needs. They were also identified to be a useful source of information and support for both professionals and parents. A few professionals highlighted that CFCs are accessible and provide valuable outreach services to children and families in rural areas through their rural outreach services. However, there was an indication from some professionals that there is poor access to other CFCs particularly for those who live in rural areas.

“Children and Family Centres work closely with families to support and aid their child's development but if the family are hard-to-reach and/or are suffering with MH issues then these children may miss out as the family do not/cannot engage in groups or homevisits”.

“For families unable to get to the centres they sometimes use other venues such as the community centres which may be more accessible...”

“Children's centres - particularly play and learn sessions- through provision of activities that children may not access elsewhere. Not sure that outreach workers make much difference to a session”.

“Now that the health services (baby health clinics / MILK / Speech and language) are held within the children and family centres, these have made a massive difference to families”.

3.6.1.2 Support for children and families

Although this was identified by some as an area of good performance, it was also highlighted by many professionals as an area of poor performance. This contradiction could be due to the different support services available to different groups, meaning that others may be well served, others not or inadequate.

The FNP and the Health Visiting services, child health clinics were some of the targeted and universal services that were identified as areas of good performance in West Sussex. Given the evidence for the need to support families, some professionals felt that there was a good coverage of universal services across West Sussex, including good practice in the support provided for babies and families in the first weeks of life. Furthermore, the support for SEND children and families and the family information services were also highlighted as good by some although this was not consistent from other professionals.

“universal services such as the child health clinic are a valuable link for children and families and these are generally well attended. Within the child health clinic there is an opportunity to discuss a child's individual health needs, the clinic environment is set up as a drop in which enables parents to attend at a time which is convenient to them”.

“Helping those children who have special needs integrate into pre-schools, schools that would not normally accept them i.e. we have a child that is tube fed and who has breathing issues attend the local pre-school be it with an assistant 1:1! This is good for all children concerned!”

“FNP is working well in this wide county and being based with Children and family centres we are able to use the resources there to support our families- through groups, toy library etc “.

“There seem to be numbers of groups (public and voluntary) which provide children and parents with the opportunity to engage with other parents and encourage their child's development, particularly in the areas

Targeted services such as Think family, family support worker and the Local Safeguarding Board were also reported to be areas of good performance. The contribution of the voluntary sector and community groups was also highlighted, as some professionals reported that groups and services that are provided by these groups are valuable and help support families, particularly the disadvantaged. Furthermore, some professionals felt that the West Sussex County Council website is a good source of information.

“There are some good examples of multi-agency working for children with disabilities under 5 yrs to support children's developmental and complex health needs”.

The provision of universal services that are accessible to children and families was reported to be a strength by several professionals, who felt that West Sussex was doing well in the provision of these

services. In addition, other services that have been indicated to be good practice are the drop in clinics for children and families, particularly the child health clinic, speech and language.

“Services for Communication and language in the form of Drop in clinics for parents with concerns with communication difficulties are available however they are often at times parents that are working find difficult to attend”.

“I recently attended a Business and Welfare Training course and was impressed to hear about the drop in dentist at Worthing Hospital for children. I also think the drop-in centres for speech and language are an excellent source for parents who may have emerging concerns about their child's social and communication development”.

3.6.1.3 Child outcome indicators

Some professionals reported that West Sussex is doing well in monitoring children’s development and progress. Some of the child health indicators, particularly breastfeeding, immunisation uptake, and services for young parents were identified as areas of good performance. Given the risk of post natal depression on child development, a postnatal depression support service, ‘time to talk’ was highlighted by some professionals as an example of good practice. However, the professionals also highlighted that more services are required for post natal depression and mental health.

“Post natal depression services greatly improved with time to talk service”.

“I feel monitoring children s progress is very good in West Sussex and this does enable us to know exactly where each child is and how we can support them”.

“I think young parents get a good service”.

3.6.1.4 Early years childcare/education

As previously noted, good quality early years education is a key issue in improving children’s readiness for school and child outcomes. The professionals indicated that there is a good quality and quantity of childcare provision across the County. This could be linked to the responses by a majority of childcare professionals who felt that the needs in the different domains of the EYFS framework were well met. In addition, the provision of early years funding for 2,3 and 4 year olds was reported by several professionals to be one of the areas West Sussex is doing well.

“Good range of early years provision which offer high quality care and learning”.

“Parents have a wide variety of choice over the type of setting they choose for their child”.

“Impressed by 2 year integrated review pilot - extra meeting set up for childminders in evening”.

“The introduction of free 2 year old places is good and the process is less onerous for a parent”.

“Early years provision including free entitlement is a strength”.

Doing well on the “...quantity of childcare provision available”.

3.6.1.5 Provision in deprived areas

There was a mix of responses in regards to the provision of services in deprived and less deprived areas. Some professionals reported that there were more services and resources in deprived areas that can be accessed by lower income families. However, other professionals felt that West Sussex was doing well in providing services for middle and higher income groups and in affluent areas, where there is more choice for those who are able to pay. Although the responses seem to contradict, they both highlight the importance of targeted and universal provision of services across different population groups to meet needs and give all children the best start in life.

“West Sussex is doing well in offering services to the middle and higher socio economic groups, in many areas this is the majority of the population so in general terms it is doing well”

“In the affluent areas where parents can afford the housing, and also in areas where there are private choices that parents can afford to use”.

“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”.

“I suspect that a great deal of support goes in to areas where there is deprivation, so guess this may be an area where WSCC is doing well. This is understandable but a huge shame for the less well-off families in more affluent areas. Services for them can be difficult to reach/access especially in the more rural areas”.

3.6.1.6 Early years workforce training

Another key theme that emerged as an area of good practice is the training and support provided to early years settings staff, including CFCs, childminders and nursery staff. The good quality and wide range of training provided to early years staff was echoed several times by professionals, highlighting good practice. Some expressed that the professionals who work with children and families are committed and provide quality services. This is important as the quality of the workforce is one of the key predictors of the quality of child care and early education that is provided.

“range of training opportunities for early years practitioners (although not as many as there used to be)”

“At the moment I think the training provided for people working with Early Years is good, The trainers and courses are of a good quality”.

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

“West Sussex provide training to help staff to further develop their training”.

“Having committed practitioners who really care about the children in their care and who are passionate about their jobs”.

“Well qualified early years workforce”.

However, although in the main professionals felt supported, some childminders expressed that the removal of the coordinator has left them with little or no support.

“As a Child-minder you are left alone since the removal of our Co-ordinator. Finding services is left to us, and with no named support this can be difficult”.

3.6.1.7 Service coordination and partnership working

Although the responses indicate that there are some variations across the County, some professionals felt that there is a good coordination of services in some areas. Also, some felt partnership working between health and social care has improved.

“Starting to see a more co-ordinated approach between services in supporting young children and their families”.

“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”.

“Children and family centres are a great place for accessing information but it would be beneficially for more integrated work with pre schools and nurseries. In a busy pre school meeting all the needs of the families that attend is a full time job but funding means that these services are often run by dedicated practitioners who use their own time to support families”.

“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”.

“FNP is working well in this wide county and being based with Children and family centres we are able to use the resources there to support our families- through groups, toy library etc”

“I do feel there is more communication and links with NHS Health now which is much more positive and supportive for the families”.

3.7 Professionals' opinions: Areas that could be improved

Q15. Where do you think West Sussex is not doing so well in supporting the general health and wellbeing of the 0-5 population and their families in West Sussex?

There was a mixture of responses from professionals regarding the areas that needed some improvement across West Sussex. Although some issues were identified by some professionals as areas of good performance, some of these were also highlighted as areas that need improvement. The key themes that emerged were:

- *Inadequate support for families*
- *Low service capacity*
- *Insufficient funding for early years services and providers*
- *Inadequate speech and language provision*
- *Difficulties accessing services*
- *Professional support*
- *Lack of/inadequate mental health service provision for families*

3.7.1.1 Support for children and families

A key theme that emerged from the professionals' responses was that there is a lack of support for parents. Although the majority of those who mentioned universal services indicated that West Sussex is doing well in providing universal services to children and families, some professionals felt that the universal services offered were not sufficient. This could be an indication that most services are available but the ways of engaging with people who need these services is the key challenge, and requires a tailored and flexible approach by professionals working with these families. Some professionals expressed that although a range of services are available; there is a lack of proactive effort to encourage the engagement of some of the vulnerable parents, who lack confidence or awareness of the services. Some professionals felt there is inadequate provision of parenting classes and there is need for input from CAMHS in parenting programs, where it is difficult to engage with some parents.

"There needs to be more input from CAMHS into parenting programmes. Many parents understandably have problems accepting that the issue with their child is parenting. Parents want a diagnosis. If CAMH's and Child development Centres were involved in parenting programmes we could frame these as therapeutic interventions and this might make them more acceptable to parents".

Children are struggling in both pre-school and primary school and showing challenging behaviour. We know that parenting skills have a part to play, so more support in both pre-school and primary school for parents in these areas would be of great help to their children as well as more professional targeted support. More hours available in nurseries etc. for 2 year olds".

There was also an indication that support services are currently geared towards parents and this needs to be extended to grandparents who look after their grandchildren for working parents. Some professionals expressed that West Sussex is not doing well at supporting parents getting back into employment,

resulting in parents going into unsuitable employment. Consequently, this has an impact the quality of parent child attachment and on their mental health. This highlights the interdependencies that exist between some issues, particularly with respect to improving outcomes for children under 5, and the need to intervene early.

“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”.

“We are not supporting low income families with young children very well by forcing young primary carers back into dead end employment that does not pay enough to meet the families needs and also breaks the bond we are trying to encourage between parent and child by making them spend too much time apart in the very early years. This is not good for the mental health of either party”.

“Need more affordable nursery placements and basic child development sessions for parents to understand what their child should be working towards - understand the detrimental impact of lack of stimulation etc”.

Some professionals felt that there is inadequate support for parents in their own homes, particularly with practical skills in regards to daily activities such as budgeting, using social media, healthy lifestyles, children’s nutritional intake for example, bottle feeding, healthy diets and smoking. This is reflected in some of the responses in relation to smoking households and obesity, where some professionals felt that obesity is an issue, and parents lack awareness. One professional referred to this as ‘neglect’.

“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”.

“We aren't linking closely enough to parents contemporary experiences of supporting health and well-being at home eg not enough on bottle feeding; not enough on how to work with social media and screens; not enough on how to live in a small flat; or provide for children on a low income. We are working too much from the perspective that the nursery nanny knows best. eg our hot drinks policy isn't ""real"". Services in children centres come across as too high quality - not ""owned"" enough by parents”.

“GPs do not seem to advise past giving medication and do not check that the partner does not smoke. Also do not have time to go into dietary needs of child”.

3.7.1.2 Speech and language provision

Speech and language availability was frequently mentioned by professionals across different services. The key issues reported by the professionals included the inadequate or lack of support for families in communication and language development. When need is suspected or identified by the professionals, there are often long waiting times or delays in getting the child seen, which can have a knock on effect on the child’s readiness for school. Communication and language development is a key predictor in a child’s readiness for school and is also one of the key areas within the EYFS framework. The feedback from the

various professionals indicates that this is an area where West Sussex is not doing well and requires addressing. However, the EYFS domain responses indicated that the majority of respondents felt that communication and language needs are well met. This could indicate that the services that are inadequate are for those children having difficulties, whereas those who are not in need of the services are well served.

“We have a School Readiness project conducted in the homes of children who have been identified by a professional as not meeting at least 1 of the 3 prime areas. We therefore can say from our experience over the past 8 months that there is a deficit of support for children with early communication and language difficulties and also in the area of personal care, emotional and social development...”

“There is not enough availability / access to speech and language”.

“Very long delays for Speech and Language therapy”

“It feels as though there is still not enough 'people on the ground' to support these families and there can be long delays with getting the right help from other services. For example a child needs to see a Speech & Language therapist, or a referral to the Child Development Centre and this can take a long time”.

“Communication and language development-since the cutbacks in SAL it increasingly difficult to get support in the setting and it is left to parents to take the children to drop in sessions which they are often reluctant to do.”

“I do feel there is a lack of speech and language support and this is only accessible for children with severe delays”

“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”.

3.7.1.3 Funding for early years services

A large number of professionals, the majority of which were from the childcare services, expressed that there is inadequate funding for services and some felt that the expectations to provide services within the current funding levels is not realistic. The professionals from childcare services, CFCs as well as the voluntary sector reported that the funding is not sufficient, particularly for supporting children with special needs. The responses indicated that the children mostly affected by the insufficient funding or funding cuts are children who have additional needs and require extra support from the settings. There were also comments that the lack of funding is impacting of the sustainability of the respondents' childcare business as well as recruitment and retention.

“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. We

operate at a loss for every child with SEN who attends our setting who needs adult support to keep them safe, and also the other children at the setting safe. This is not sustainable long term. West Sussex has not increased the level of the free entitlement for 4 years and my setting in that time has had to meet the costs of rent and salary increases”.

“Lack of financial support through the ridiculously small amount for the Free Entitlement which makes our job very difficult”

“I do feel the introduction of one off inclusion payments for children with additional needs puts more strain on settings as the budgets are so tight anyway with the funding amount so low, it really does impact how we can offer continued targeted support for these children and their families”.

“As a manager of two Early Years settings the vast reduction in financial support has had a huge impact on the services for children with additional needs that we can provide and puts the staff teams under considerable pressure. Inclusion funding used to give us the resource to employ an extra member of staff to support a child with additional needs thus enabling children to share the experience that all children participate in. It also meant that the staff team were then free to engage with the other children in the nursery. Many additional needs children need one to one and now we do not have the financial resources to provide that. It means that the particular child either does not have that support allowing them to be able to participate in all aspects of the setting”.

“Lack of funding prevents achieving well in all areas. Impossible now that the role of the local authority has changed. However we are providing the limited support that funding allows”.

“Lack of funding... nb the rate of 3 and 4 year old funding has not increased in line with anything. This causes recruitment problems, and ultimately, viability especially now the funded hours are to be increased and 2 year old funding to be more widely available. BIG RANT from small rural setting....struggling not from lack of children but from lack of finances”.

3.7.1.4 Accessibility of services

Some professionals expressed that West Sussex is not performing well in addressing the barriers that families face in accessing services. As previously noted, the issue of families finding it difficult to access services due to transport problem or lack of services was raised, particularly in the rural areas. Professionals from various services also indicated that the times that services are offered are not always convenient, especially for working parents.

“For working families - provision of access to child health clinics are all within working hours”.

“Rural villages lack pre school education e.g Rogate Lack of local Child Health Clinics for clients living near Surrey border”.

“Transportation can also be difficult for families who struggle to find the finances needed for public transport in order to reach the services available”.

“Not enough services available in rural villages for non drivers and with the lack of public transport this means these people miss out although they may fit the deprivation criteria”.

“Support is very stretched and not easy to get to without transport if you are limited to times or days by work or childcare commitments. For example attending a dropin for parents at local childrens centre only at very specific time in a week”.

“There are still areas of the county that do not have easy access to children and family centres (Witterings) or that have limited programmes”.

“Innability to offer sufficient choice eg groups held on days that parents work”.

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

3.7.1.5 Mental health services for children under 5 and parents

Parental mental illness increases a child’s risk of poor outcomes, and some of the professionals highlighted this as a key area that is lacking in West Sussex. Professionals felt there isn’t enough support for parents with mental health problems, including services for post natal depression. There was an indication that the “time to talk” service for post natal depression makes a valuable contribution, however, this is not sufficient. The perinatal mental health provision for young mothers aged 16-18 was also highlighted as lacking as these young mothers are unable to access ‘time to talk’ due to their age.

Furthermore, there are insufficient services to cater for the emotional and mental wellbeing of pre-school age children were, including support for children with challenging or behavioural problems.

“Lack of services to support post natal mental health”.

“Very little available to help emotional health & wellbeing of young children, not enough free relationship counselling or mediation for family disputes”.

“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”

“Support for children with mental health issues is limited & only available for those with very serious conditions or at crisis point”

3.7.1.6 Children on or eligible for EHC plans

The Children and Families Act 2014, has replaced SEN statements with new Education, Health and Care (EHC) plan from birth to 25. Some professionals felt that West Sussex is not performing well in implementing these changes and there are delays in children having their EHC plans completed. This is also reflected in the data, where there are waiting periods, highlighting an area that need to be addressed as this has an impact on readiness for school.

“We have a child with diagnosed Autistic Spectrum Disorder (Aspergers) he has not received the support he will require at school. We expected him to get an EHCP - instead he has been offered School Support and the receiving primary school do not have any plans in place to support the child, yet he has been receiving one-to-one support at out nursery”.

“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 unforgivable”.

“Unfortunately, we have had several children this year that have need EHC plans (statements) and this process seems to have fallen down. We cannot get an answer from anyone and have been past from person to person, or had personnel changed midway through. The time scales are not being met, also the change in the First team personnel has been very confusing”.

3.7.1.7 Service capacity, process and coordination

Professionals from different sectors, expressed that services lack the capacity to meet the needs of the children under 5 and their families, particularly the targeted services such as FNP, health visitors and social care staff. In addition, the lack of continuity due to regular staff changes within CFCs and social care was highlighted by some professionals to be having a negative impact on the access to services by families.

“FNP capacity limited and the distances travelled by existing team excessive - two FNP teams in as in other large counties i.e. East Sussex, would give more vulnerable young families the opportunity to benefit from this evidence-based service that changes the lives of teenage parents and their children”.

“...Unfortunately each family nurse can only take on 25 families, and there are 6 family nurses that cover the whole of west Sussex. Therefore sadly sometimes teenage parents can be refused the service as there is no capacity, and case loads are full and therefore the service is not always equitable. There are also Young parent midwives that work closely with FNP and Children centres in the south of the county ,but a different service exists in the North of the County”.

“My only concern is that the Health Visitors have very limited access to young children (unless they are under Social Services). When I advise parents about using their Health Visitor I am often told they didn't know they could. I also work with vulnerable young children and the parents have said they haven't seen a health visitor for months/years. Perhaps if Health Visitors had more time to spend with families they could help support them before it gets so bad, it's referred to Early Help”.

“staff at children's centres are constantly being changed. Children and adults just get to know staff and learning able to be maximised when all staff are changed and relationships have to start all over again. As a result parents and childminders are not bothering to chat and get to know staff as before as they know staff will soon disappear”.

3.7.1.8 Changes to the FIRST inclusion team

Some professionals felt that the restructuring of the FIRST team, (Facilitating Inclusion through Reflection Support and Training), has been confusing for some nursery staff and reduced the support they received. The FIRST team was a team of advisory teachers who provided support to non-school settings with children under 5 who has special educational needs and disabilities (SEND). The team members carried out a range of tasks including observing children, advising nursery practitioners on children's needs, helping practitioners to write applications for funding, organising meetings with parents to discuss children's needs and their progress. The FIRST team role is now incorporated into the 'Early Years and Childcare Adviser' which covers quality improvement, inclusion and business sustainability, and has also given nursery practitioners greater responsibility for identifying, managing and referring on those children in their settings with SEND themselves.

Cutting back on FIRST inclusion team support has affected the special educational needs support. Telephone support from FIRST is useful, but meeting with families and children is very important and this is not always available.

The reduction of the help nurseries receive for children with additional needs ie (First) is having a huge impact on the support for nursery staff, parents and the children themselves... First is contacted when the settings feel the child and themselves would benefit from an outside professional offering strategies. I fail to see how a professional can assess a child's needs and what individual settings can put in place either by telephone or email without actually seeing the child in the environment. One of the overriding principles of the EYFS is 'The Unique Child' the current level of support is not upholding that.

There has been a lot of change. Its difficult to keep up. Especially so with the Early Childhood Service/ FIRST/inclusion/SALT/EHCP process

Not restructuring the FIRST team (when asked about what would help improve areas of poor performance)

However, one professional felt changes to the first team were positive:

I always feel very supported by the Early Childhood Advisory Teachers that have replaced the FIRST role.

Some professionals, particularly childminders 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. This has an impact on partnership working and communication between services, resulting in children's needs not being met and it also fails to use resources effectively to meet these needs. It indicates a need to raise awareness of the roles different early years staff play and enhance communication between the different professional groups.

"From personal experience as a childminder I have been very disappointed in my reviews not being read at health checks etc. in particular the 2 tear check -though i am aware this is changing. but i care for a child who has strong indications of being on the autistic spectrum, but the parents have been dismissing

anything I say, so I hoped at his 2 year check it would help, but despite me doing a very detailed review, nothing was picked up at all. he is now 4 and starts school in September and only just being seen by anyone. he is at least a year behind in all areas, has poor clarity of speech, poor social skills, and will really struggle. The 2 year check should have been when he first got help. not 2 years later”.

“Parents not accepting that I am a professional and that I if I tell them I have concerns they need to listen to me. The restrictions placed on me in that if a parent doesn't want to take my advice they can choose to ignore it, and the child may then miss out on additional support etc”.

There is need for “... Other professionals understanding that we are professionals in our field and we have vast knowledge of the children we work with and not treating us as second class and actually listening to us when we have concerns or want to be involved in meetings etc”

“I think there is a distinct lack of understanding of the job that early years professionals do. There is still a perception of the fact that all we do is come in and okay with children. It's about time we became respected by other professionals alike - it's about time schools listened to us at transition time...”

“in the past Health Visitors have not liaised with child-minders, pre-schools or nurseries for health checks, so we do not know what is said even though the child could be in our care longer than their care of the child!”

3.7.1.9 Other services

Other issues raised by professionals included the insufficient consideration for families whose first language is not English, particularly Eastern European families with limited English. Some families, particularly Eastern European families do not fully understand the role of Health Visitors. This could be exacerbated by the lack of culturally appropriate services or translators to support and inform these families about the local services. Interestingly, the lack of culturally appropriate service was one of the least mentioned barriers by Health professionals when they were asked about the main barriers for families accessing services. On the other hand, it mirrors some of the comments from the qualitative research conducted with Eastern European parents who felt that language was an issue when they access services.

“Lack of services for eastern european families with limited English language”.

“There are not enough services which engage the use of interpreters. There is a cultural misunderstanding within the Eastern European population as to our role”.

Q16. What resources would help to address the issues where we are not doing so well?

A total of 77 professionals responded to this question and made suggestions and comments on issues or resources to improve underperforming areas. Key themes that emerged from the comments were:

- *Increasing staff capacity, including training and communication*
- *Increasing funding for early years services*

- *Provision of services to meet the mental health needs of children and families (child and parental mental health support)*
- *Increasing support and offering tailored advice to parents*

The majority of professionals indicated that more staff is required to increase the capacity of services in order to meet the needs of children and families, particularly FNP, health visitors, speech and language professionals and educational psychologists. In addition, given the large number of eastern European families in West Sussex, there was a suggestion to increase the number of Polish/Eastern European workers who have a good understanding of their culture to work with this population group. Some professionals expressed the need for consistency in the staff providing services. This would help clarify staff roles as some professionals felt that there is a lack of clarity between some roles within the early years services.

“More health visitors with more time to spend with families they normally don't see”.

“Increase commissioning for FNP: i.e. north and south FNP teams”

“there are not enough staff available to meet all the needs”

“More professionals who have an understanding of the local community and more universal services”.

Staffing resources issues highlighted also included training and support for staff that work with under 5 children. Childminders indicated that they would like more localised training that is accessible and also at times outside their normal working hours. Some professionals suggested putting into place support networks which can help in the sharing of ideas, and practice. This will also allow professionals an opportunity to understand the roles of other early years professionals, as some professionals, especially childminders, expressed that they felt they weren't recognised or acknowledged by others as professionals. Training also needs to be tailored to a specific group or about a specific topic as some felt that training on hard to reach groups and training health visitors or school nurses to enable them to support mental health needs of children.

Another key resource that was frequently mentioned was the need to increase funding for early years services, both universal and targeted. This included the inclusion funding for SEN children with additional needs and an increase in the free entitlement rate.

Several responses indicated that increasing support for parents with under 5 children in the form of parenting courses, giving parents more advice in regards to healthy lifestyles such as healthy eating and smoking, provision of clear information at an early stage, particularly for children who are likely to have additional needs, as well as groups and workshops for families. Other suggestions include the provision of mobile units that can make services more accessible particularly for those who have transport problems. Some professionals felt that there is need to make available mental health services for children with behavioural needs as well as for parents who need mental health support.

There is a need to use resource effectively by evaluating services and taking a community based approach in engaging with families, including the disadvantaged. This could include involving families in planning and delivering services where possible.

“I do feel the services for children with individual specific needs could be improved with better inclusion funding, more courses for staff for specific areas in the training subscription such as an Autism awareness course, ADHD course etc. I do also feel sometimes with the system of telephone first and the time restraints for appointments this can lead to children and families not getting the support they need for a long time.”

“I feel very proud of our county and think that within the tight constraints of funding we are fortunate that we live in a county that works tirelessly to promote and meet the needs of children under 5 and their families”.

“There are a wide range of activities and services available to children and families in the area but it is felt that these are not always evaluated effectively and services continue to run as they have for many years! There is an abundance of knowledge and expertise within both the health and family centre staff but this is often lost as the focus is on data collection and not on delivering a service that is centred around the families in the area. More emphasis should be focussed on parents understanding the fundamental early years and that they are their child’s most enduring educators. More hands on ways and events would be beneficial to parents to enable them understand child development and give them the confidence to practice this with their children. Within the larger children centres there are many activities to support this but if a parents is unable to reach these centres they are simply left with a weekly play and learn session. More focussed should be provided in the ‘smaller’ centres such as promoting early talk, playing with your baby and drop in clinics with specific focuses such as weaning/nutrition, physical activities, and sleep”.

“We are not harnessing parent power”.

“there are very good services available to families however these are not being taken advantage of. There could also be more being offered to families of more interest however budget cuts prevent this from happening. Some CFC's have poor outdoor spaces, resources and are in inappropriate locations for families to access and enjoy.”

3.8 Overall evaluation

Q17. Overall, to what extent do you think current services are meeting the needs of children 0-5 and their families?

Table 13. The extent to which professionals felt that the needs of young children and their families are being met

	Number	Percentage
Meeting all needs	4	2%
Partially meeting needs	93	53%
Not meeting needs	2	1%

Hard to say/ don't know	9	5%
Not Stated	66	38%
TOTAL	174	99%*

Over half [93 (53%)] the professionals who responded felt that current services were partially meeting the needs of children 0-5 and their families. Only 4 (2%) professionals in childcare services felt that all needs were being met.

Table 14. The extent to which professionals felt that the needs of young children and their families are being met by service

	Meeting all needs	Partially meeting needs	Not meeting needs	Hard to say/ don't know
CFCs	0	18	1	1
Children's social care	0	2	0	0
Childcare services	4	35	1	7
FNP	0	4	0	0
Health Visiting	0	22	0	0
Think Family/Early help	0	7	0	1
Voluntary services/Charities	0	4	0	0
Total	4	92	2	9

The responses highlighted similar issues raised in previous responses, and the key themes that emerged that resulted in needs being partially met, as compared to well met, mainly included:

- Need to provide training for some professionals
- Lack of or insufficient funding
- Lack of evaluation of services and quality assurance systems in place
- Inadequate staffing and services such as FNP and Speech and language
- Services failing to acknowledge the individual needs of children and families
- Not fully engaging with 'hard to reach' groups
- Barriers to accessing services such as lack of services, parent's confidence, transport issues, and timing of services
- Coordination and multidisciplinary working

3.8.1.1 Key comments

"I think Early Help is an excellent service, as is the Family Centre's, and all the groups they run. I also think more free activities for children to use as parents really struggle financially. Finally, cheaper childcare would be a real advantage as many young mums I work with would love to work but can't afford to."

"the service we provide meets the needs of our children but I think that's sometimes only because we put the extra work in ourselves. I don't feel supported by West Sussex at all really".

"No quality assurance scheme"

“Not enough universal services”

“I feel like we partially meet the needs of some families however we do not meet the needs of all families simply because some families are not willing to engage and some don't know about us and what we offer in order to engage”.

“Children and family centres should be the key element to delivering a successful service to families and partners to early years settings and other groups who provide an invaluable service to all families that use their services. However with reduced services and limited opening hours families are struggling to access their services and therefore early years settings are providing the shortfall. Signposting is often not enough it maybe that practitioners accompany families to first meetings or groups these services are offered but are often unpaid”.

3.9 Other comments

Q18. Is there anything else you would like to add about services you or other professionals provide for young children and their families?

Some professionals gave examples of what they are doing:

“Our large-scale toddler services in Burgess Hill and Haywards Heath aiming to provide stimulating environments with a range of play and craft and song time opportunities for the children in the communities. We encourage parents/carers to do these things with their children with the hope that they will also be able to build relationships with others from the community when they come along. We reach many families and serve their needs as best we can as a team of volunteers (some of whom have training in the childcare/education sectors). We run waiting lists when we are oversubscribed”.

Appendices

The following service providers were interviewed to gain responses to the findings from interviews with mothers in the target groups.

Service Providers with expertise working with Young Parents	Service Providers with expertise working with Eastern European families
<ul style="list-style-type: none"> • Children and Family Centres (CFCs), including Young Parents group leaders, Outreach • Young People’s Service • Homestart • Library • Family Nurse Partnership • A nursery manager 	<ul style="list-style-type: none"> • Primary school headteachers • Connecting communities manager • Polish speaking Connecting Communities community worker • English Tutor/community ‘champion’ • Polish speaking CFC staff

Comments below were the views and opinions of service providers written in the way they presented them. Their key points are given here under relevant theme headings.

Advice and Information.

Having a reputation for giving good advice would help to engage but keeping track of services is becoming more of a challenge now. There are different models and different provision across the county and changes in staff.

Advising Eastern European families, English as a second language and cultural differences

Those who came from to the UK with toddlers can be particularly isolated if they do not already have contacts or friends in the area.

Eastern Europeans came here for work but most are likely to stay long term.

There is concern about what happens to family dynamics when only the child in the family speaks English. A parent may not want a child interpreting at a doctor’s surgery for example.

It is very important that interpreters understand; there have been examples where interpreting was so poor it did more harm.

English classes used to be free but now cost £5 which is a lot of money for some Eastern Europeans with low incomes.

Advising Eastern European families, English as a second language and cultural differences cont.

There is a need for community workers and volunteers who speak Eastern European languages to welcome, signpost, explain and support. Connecting communities have been advising service providers and giving information in their own language. They have organised local events given advice on domestic violence, dealt with debt, suicide and homelessness. They have also provided translating. (They are likely to be closing in November 2015.)

Accord is another community resource and can signpost to Children and Family Centres, They run 3 supplementary schools and English tuition is available for a small fee.

Events are very useful to tell families about local services and to give information about the English education system which is very different from that in Eastern Europe. There is a need for more information for the Eastern European community about English nurseries and schools which are more informal here.

Communication

Increased use of Face book and texting by service providers has been effective as a way of communicating with young people.

Talking with young people and building trust is recognised as a skill; training by youth workers has been helpful.

Groups for Eastern Europeans

A multi-cultural group is offered at one CFC. It is a good group with people learning from each other and supporting each other. The dads in the group are mainly more able. The ones who need it more may be working.

Benefit changes are marginalising the community.

Language is a barrier. People want courses which are accredited whereas CFC offers more low level communication. A crèche is offered which is really helpful. A lot of parents are highly qualified and would like to return to their work field but language is a barrier.

Engagement of young mothers

Young parents are assessed at CFCs and this will feel like 'judgement'. Some service providers thought it was unsurprising that young people would not want to expose themselves to the judgement of staff and other mothers.

Young parents have often had poor relationships with others and are slow to trust.

Engagement of young mothers cont.

Service providers no longer have the capacity to build relationships over time by doing home visits as in the past.

CFC outreach work is effective in relationship building and supporting young parents to access provision. They are given them library and leisure centre cards.

The Family Nurse Partnership (FNP) is an effective evidence based intervention, they are able to build relationships with young parents. There are not enough FNP posts to meet the need. There are also new posts: 'young parent champion' Health Visitors.

Engagement of Eastern Europeans

Eastern Europeans are slow to trust others even those in their community because of the history of their countries.

Eastern Europeans are resistant to involvement if their child has special educational needs because they are fearful of having their child 'investigated'.

Grandparents may be less likely to engage-as they may not speak English and are not comfortable in an unfamiliar setting.

It may be 4 or 5 years before mothers venture out because they are unable to speak English.

Families are helped to settle in CFCs when there are Polish speakers.

Connecting Communities was set up to encourage the new migrant worker community to engage in activities in the area rather than doing things independently.

Cultural Differences

Health visitors think that Eastern European families 'overdress' their children when it's not that cold.

Messy play does not happen in Eastern Europe children centres.

Children in nurseries in Eastern Europe are much less independent-'things are done for them'.

In Eastern Europe people who work with children have a medical card and are tested regularly to make sure they have no transmittable diseases. Premises are also checked for cleanliness. There are zones for different activities and shoes are taken off. Families may feel therefore feel concerned that practice in the UK may put their child at risk

One mother signed up for free CFC class and it gave her the confidence to go to the language academy.

Keeping young mothers engaged and developing involvement.

Transport

With budget restraints funding for taxis is no available. It is hoped that a volunteer driver can be found to transport those who live in rural areas to CFCs

Participation

Greater participation leads to sustained involvement-effective relationships are key.

A young parents group has been sustained by becoming peer led (training and support by providers is ongoing).

There is need for programmes for young people for the young mothers helping them plan their futures as well as a need to help them with parenting.

Young mothers can be sensitive to being given parenting advice and perceive that their ability to parent their child is being questioned.

Funding issues

Continuity-there has been a lack of trust because of the closure of some groups and changes to others. The momentum has been lost when groups are closed down over summer holidays.

Keeping Eastern European engaged and developing involvement.

Providers need an understanding of cultural difference. Eastern Europeans have a different expectation of early years and primary school provision

There is a need for more programmes for grandparents caring for children while parents work.

The majority of Eastern European school children are not eligible for pupil premium but there is a need for funding to ensure they receive the support needed. One school is funded for 10 English as Additional Language children but has 57.

Connecting Communities which is closing in December 2015 and will mean the loss of a valuable resource for the Eastern European community.

Ideas and views about activities for Young Mothers

Volunteer drivers to take young mothers in rural areas to groups.

Young mothers are involved in recruiting others to the group, designing flyers (for Health Visitors to give out) and deciding on timing and acting as 'champions'.

Need for some work on appropriate relationships as some are lonely and invest a lot in inappropriate and short term relationships.

Support through Early help plans. Use of the Outcome Star tool and learning journals.

Follow on groups run by young people themselves (after CFC groups), supported by CFCs.

The Crawley offer (including voluntary sector groups) on one sheet of paper.

Ideas and views about activities for Eastern Europeans

CFCs should operate as hubs to provide information that local people need.

Promotional materials

- Posters in shops promoting CFCs
- One simple leaflet in English as CFCs is a new concept for families
- A pack for Eastern European parents who are new to the area

English Language teaching and support.

Free English lessons can lead to attendance at the Language Academy.

- One school would like to do English classes for Eastern European parents but does not have the capacity.
- English classes at CFCs.
- Continuation of Connecting Communities to assist those who do not speak English.

Other activities and services in local areas

Attending CFCs needs forward planning whereas Soft Play Centres are walk-in.

Access to the library is non-stigmatising and inclusive

Health Service

Registration with some GPs is not possible without a housing contract as proof of address. Until they get a permanent job some families have to reside in a shared house which does not give them a contract in 99% of cases. Child immunisations have been missed. Some go to Accident and Emergency departments when their family needs treatment.

Families often pay for private health care to supplement NHS care. If they have the means they may pay for minor operations or dental treatment in Eastern Europe or additional ultra scans in a Polish clinic in the UK. Paediatricians are more accessible in Poland than here.