



# STARTING WELL

Maternity and Early Years Strategy 2023 - 2027





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# What are we trying to achieve?

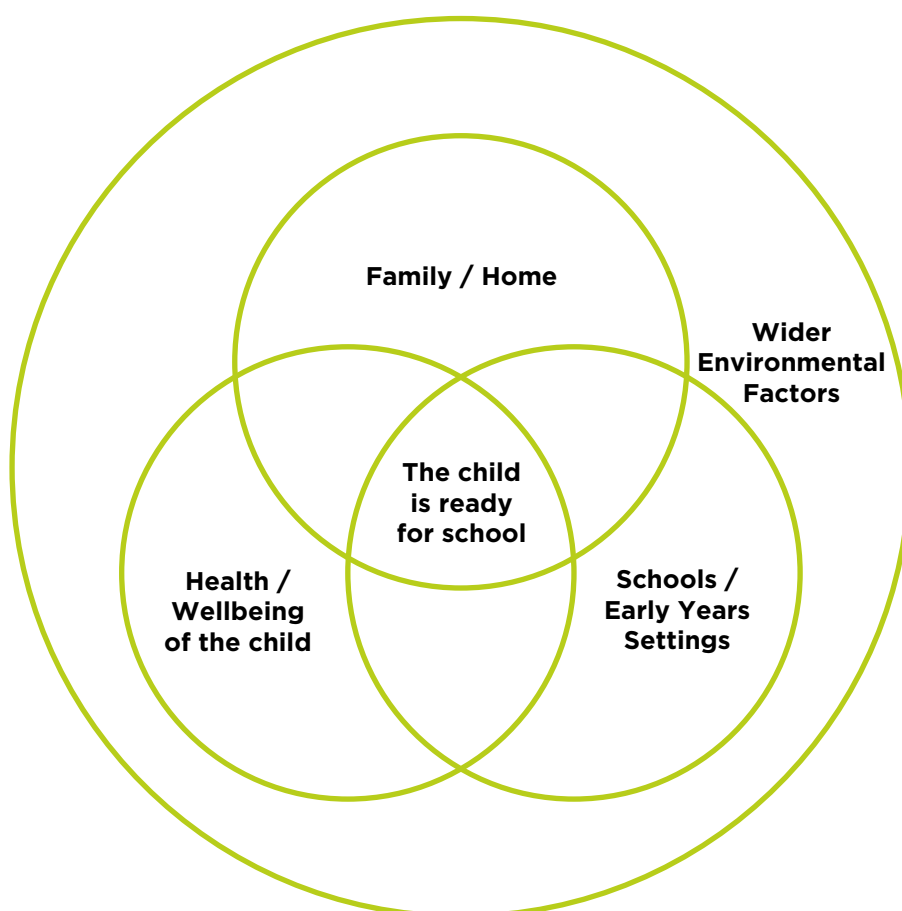
## The Goal - Children are ready for school

In Calderdale we want to support communities and families to ensure all children are ready for school.

School Readiness is a holistic approach referring to children, families and schools being prepared as a child starts school. In Calderdale, the child is at the centre, surrounded by a range of influencing factors.

This strategy is intended to drive improvements in outcomes to ensure all children are ready for Reception class at school because we know how important this is for lifelong wellbeing.

New and expectant families get much of their support from extended family, friends and community members. When services are needed, we know they work best when they are designed by those who use them and delivered in partnership with them. We are committed to including communities, their assets, the voice of the child and families in planning and development of early years support.



***“Investing in this period [very early childhood] is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity, and create the human capital needed for economies to diversify and grow.”***

[UNICEF, World Bank and World Health Organisation Nurturing Care Framework]

**What the strategy will deliver**

**Starting Well.** Babies, very young children aged 0-5 and expectant families.

Calderdale has identified ‘Starting Well’ as one of the four key areas of focus within our Wellbeing Strategy 2022-2027. The priority is to give every child the best start in life by enabling all children to be ready for school and by reducing the gap within the groups most at risk of not achieving both their educational and health outcomes. Being ready for school prepares a child to learn, develop relationships, know how to behave, flourish and ultimately reach their potential to live a larger life. To be successful, this strategy must reach and improve the life chances of every baby and child in the borough, especially those who are vulnerable or have additional educational or health needs. It requires a strengthened focus on safeguarding children from harm and addressing the differences in outcomes that result from where we live, our gender, our ethnicity, our social circumstances and whether we have additional support needs.

**How we work together to deliver our strategy**

The following four principals have to underpin everything that we do.

<b>Joining up services to change lives for the better</b>	All partners working together to achieve agreed health and wellbeing outcomes
<b>A focus on prevention</b>	Shifting more of our focus towards enabling people to be well and preventing ill health
<b>Addressing health inequalities</b>	Working for good health and wellbeing for everyone, by tackling root causes of ill health
<b>Empowered and resilient communities</b>	Enabling communities to play their part in creating health and wellbeing, making the most of what exists in our communities

## Why are the early years so important?

***“Nurtured children are the consequence of nurturing adults. So to invest in children means also investing in the people around them — the parents, carers, grandparents, early years workforce and more. And therefore, transforming early childhood comes back to each and every one of us”***

[HRH The Duchess of Cambridge, The Royal Foundation Centre for Early Childhood, Big Change Starts Small, June 2021]

Early years, and in particular the first 1,001 days, are recognised to be the most significant in a child’s development.

Early speech, language development and communication skills play a crucial role in a child’s learning, social, emotional and health outcomes and readiness for school at Reception. The early communication environment in the home provides the strongest influence on language at age 2. This can include: availability of books; visits to libraries; sharing stories with mum/dad/parent/adult; access to play and toys; families enjoying a range of activities; and attendance at a good quality early education provider such as a nursery, preschool or childminder.

The role of the parent/caregiver is significant in a child’s development. Involving dads and significant others in a child’s upbringing from pregnancy and the early years can positively impact on a child’s development in a number of ways, contributing to the child’s later academic achievement, being emotionally stable and reducing the likelihood of involvement in crime and antisocial behaviour in later life.

To support our children to be school ready it is vital they are encouraged and enabled to be physically active, and that parents and early education settings feel confident and equipped to provide appropriate activities and experiences. Higher levels of activity lead to improved sleep and contribute to brain development and better learning, along with improved coordination and the ability to build relationships and evolve social skills.

Health services, early years professionals and early education have a vital role in supporting a child to be school ready. Priority areas locally are; understanding attachment; supporting effective parent-infant relationships and parenting; understanding the importance of speech and language development; and developing practitioners who are emotionally competent, respectful caregivers.

Equal attention is required to the factors that surround a child as they grow into adult life. Home, culture and environment, housing, parental employment and wider community networks are all key determinants of a child’s wellbeing and future development.



The key legislative and policy drivers for our Starting Well Strategy are:

- The Childcare Acts 2006 and 2016 and Children and Families Act 2014
- Best Start for Life (The Rt Hon. Andrea Leadsom MP, 2021)
- The Department of Education (DfE) Family Hubs programme 2022-2025
- SEND code of practice 2015
- Early Years Foundation Stage Statutory Framework (EYFS) 2021

The impact of the COVID-19 pandemic on children's health, development and wellbeing is significant. Children have missed time in education and childcare settings, been exposed to family relationship issues and abuse, experienced poorer mental health and a loss of, or reduced, social interactions and development. Schools and providers are reporting that children in the Early Years Foundation Stage are presenting with a marked decrease in physical, mental and emotional wellbeing along with reduced cognitive development and school readiness due to restricted opportunities to be physically and socially active during the pandemic. More research is required to truly understand the impact on children aged 0-5 years in the UK but early indications from Ofsted is that work is required to support the recovery of children of all ages from the impact of the COVID pandemic, paying particular attention to those vulnerable children.

## What the data tells us about children in the early years in Calderdale

- There are over 2,000 babies born each year.
- Calderdale has the same rate as England at 0.7% for deliveries to teenage mothers (12-17 year old) for 2016/17-2020/21.
- Calderdale has a higher than average proportion of children living in poverty at 24.2% compared to 18.5% for England; although this varies considerably by ward. It is highest for children living in Park ward at 56.1% and lowest in Hipperholme and Lightcliffe ward at 10.7%.
- 2021 national census data showed the largest ethnic group in Calderdale was White British (82.7%). The second largest ethnic group was Pakistani (8.5%), followed by Indian (0.9%).
- There is greater ethnic diversity amongst the early years population, with a smaller proportion of 0-4 year olds being White British (74.6%) and a higher proportion being Pakistani (14.1%) and Indian (1.2%).
- Almost half of 0 - 4 year olds subject to a Child in Need Plan live within the top five most deprived wards in Calderdale, rising to 58% of those subject to a Child Protection Plan.
- The percentage of Calderdale reception pupils achieving a good level of development (GLD) by the end of the school year was 65.4% in 2021/22; this had no significant difference compared to Yorkshire & Humber (64.4%) and England (65.2%). This was similar for pupils achieving expected level of communication and language skills at the end of Reception, with Calderdale, Yorkshire & Humber and England all having a rate of 79.5%.
- The gap between children eligible for free school meals, assessed as having a Good Level of Development and those not eligible for free school meals for 2022 is 18.6%; the gap for England is wider at 19.7%. Children with Special Educational Needs and Disabilities (SEND) in Calderdale (16.7%) are near the bottom of regional ranking for GLD; also lower than the England average (18.8%).
- In Calderdale there are 2509 (12.7%) children with Special Education Needs support in primary education out of 19,723 pupils (2022). There are 700 children (3.5%) with an Education, Health and Care plan in place.





- In Calderdale we have a high take up of the 2 year old early education entitlement (96% Autumn Term 2022) and the 15/30 hours entitlement for 3 and 4 year olds. We will continue to raise awareness of the benefits of the early education entitlement to any groups not currently taking up the offer.
- Calderdale has a higher than the England average rate (9.1%) of women who are known to smoke at the time of delivery, at 9.6%, however there is not a significant difference. Calderdale's rate is significantly lower than Yorkshire & Humber rate of 12% for 2021/22.
- The proportion of women in Calderdale with a Body Mass Index of 30+ at antenatal booking is 24.9%, which is significantly higher than the England average at 22.1%; however there is no significant difference to the Yorkshire & Humber rate of 24%.
- The rates of breastfeeding initiation has remained constant (between 75-73%) for the last five years; however there has been a significant decrease to a rate of 67.1% in 2021/22. Breastfeeding at discharge had remained at a similar rate of 63-65% for a number of years until 2020/21, when there was a significant decrease to 56.8%, which has remained the same for 2021/22 (56.1%).
- Calderdale Reception pupils have seen a significant decrease in the prevalence of overweight (including very) in the last 2 years and for 2021/22 it was at 13.7%; which is significantly lower than Yorkshire & Humber (23.7%) and England (22.3%). Unfortunately, this rises to 33.6% for year 6 pupils, but is still significantly lower than Yorkshire & Humber (39.2%) and England (37.8%).
- Calderdale 5 year olds have on average 1.1 teeth that are decayed, missing or filled; this is similar to Yorkshire & Humber at 1.08 teeth, but significantly higher than England that have 0.8 teeth.
- For years 2018/19-2020/21, Calderdale had a rate of 234.2 per 100,000 for children aged 0-4 that have had an emergency hospital admission for accidental poisoning. This was significantly higher than Yorkshire & Humber (102.8) and England (114.1) rates per 100,000.

**81%** A majority of parents/carers agree that Calderdale is a good place to live for families with young children

But we know more needs to be done to reach families across the borough. Respondents from Sowerby Bridge and Skircoat were amongst those more likely to say they hadn't been given enough support/information in relation to some of the categories. For example:

**42%** of families in Sowerby Bridge disagreed they had enough support/information on 'getting ready for baby' and 'getting ready for labour'

**39%** of respondents in Skircoat disagreed they had been given enough information/support on emotional wellbeing/support

***"You get support all the way up to having the baby and then when you have the baby, everyone kind of leaves the room and you're on your own."***

Parent, Focus group

Levels of disagreement also appeared higher in some wards than others in terms of post-natal mental health support and information, particularly:

**48%** Sowerby Bridge

**53%** Northowram and Shelf

**52%** Calder

***"More information about mental health support would be very useful. It often felt that this was a tick box question rather than a start to a meaningful conversation about post natal mental health"***

Female, White British, Calder

***“There doesn’t seem to be any individual support for fathers/ partners whatsoever and sadly no dad groups. Mums get quite a few things to go to but during core work hours so working partners are completely excluded. Dads need peer support too and some social opportunities.”***

Female, Northowram and Shelf

***“There should be more information available about support for fathers, father’s groups...”***

Male, White British, Elland

**41%** Less than half of those surveyed agreed that maternity and early years services are considerate to the needs of fathers as well as mothers

**28%** Just over a quarter of respondents actively disagreeing this was the case



## What Calderdale services offer now

We know that families get much of their support from family, friends and their community before and after the birth of their child.

Early years support is currently delivered by lots of organisations offering contact at home, in the community and in settings including Hospitals, Clinics, GP Practices, Children's Centres, Nurseries, Pre-school and Childminders, Schools and online. Some early years services are provided by the local authority, the NHS, by schools, the voluntary sector and private businesses.

## The Start for Life offer

The Calderdale early years offer is represented in the Calderdale Start for Life Family Journey. It is a guide to learning more about a baby or child's development. It also brings together all the information on services for families from conception to their child being ready for Reception at school. It provides details of who to contact for advice and support or where to go to meet other parents.



# Calderdale Start for Life Family Journey



## Step 1 Planning a pregnancy

If you are thinking about having a baby, it may help to talk to your GP or use the Tommy's Tool for health information and advice

Whooping cough vaccination for Mum at 16 weeks.

## Step 2 Antenatal – during your pregnancy

Contact and support from both your Midwife and your Health Visitor with lots of advice and resources to share to prepare you for your baby's birth. If you are deciding how you want to feed your baby it may help to talk to a Breastfeeding Peer Supporter.



Register your child's birth within 42 days.

## Step 3 When you first come home with your baby

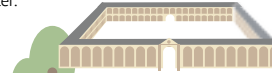
A new birth visit from your Health Visitor to offer support, advice and a general health and well-being check-up for you and your baby.

Vaccinations are offered to your baby at 12 weeks.



## Step 5 When your baby is 8 – 12 weeks old

Look at what Children's Centres are offering, such as a home visit to introduce you to their activities or Baby Stay and Play groups. Find out what activities are in your local community to support you, your baby and your wellbeing such as parent and baby groups to meet other families.



## Step 4 When your baby is 6 – 8 weeks old

Contact from your Health Visitor to offer further support and advice for you and your baby.

A routine check up for you and your baby with your GP.

Vaccinations are offered to your baby at 8 weeks.



## Step 7 When your baby is 9 – 12 months old

Discuss your child's development with a health professional at their developmental check, discuss the whole family's health and well-being and the next steps.

Vaccinations are offered to your baby at 1 year.



## Step 6 When your baby is 3 – 4 months old

A Health Visitor contact to talk about your journey so far and preparing for introducing your baby to solid food from 6 months.

Vaccinations are offered to your baby at 16 weeks.



## Step 8 When your child is aged over 1 year

Take part and join in activities like Toddler Stay and Play at Children's Centres. Meet with other parents and children by visiting local parks, toddler groups and libraries.

Eligible families can enjoy 2 year old free childcare and early education.



## Step 9 When your child is aged over 2 years

Discuss your child's development and early language skills with a health professional at your child's 2 year old Integrated Review. Visit the library or join in with things happening in your area at toddler and parent groups or at Children's Centres.



Apply for 15 or 30 hours of funded early education

## Step 10 When your child is aged over 3 years

Start thinking about when your child will start school and apply in time. Join in with activities delivered by your local Children's Centre, nurseries or schools, to prepare for starting school.



## Step 11 When your child is aged over 4 years

Talk to your child about starting school. Meeting and talking with other parents who have children starting school at the same time can help. You can contact your Health Visitor too.

## Step 12 When your child starts Primary School

Keep supporting your child now they are ready to take the next exciting step of starting school.

Vaccinations are offered to your child at 3 years 4 months.

VISION 2024

As part of Calderdale's Vision 2024, we want people to achieve their full potential and thrive, and to make sure that children get the best start and are ready for school.



### ***“Because every pregnancy is individual, every pregnancy is different”***

Female, Park ward, Starting Well Strength and Needs Assessment, Calderdale Council March 2022

The views from families and external reviews from the Local Government Association (LGA), the Early Intervention Foundation (EIF) Maternity and Early Years Maturity Matrix, and independent experts has further helped Calderdale to understand its strengths and gaps in services and strategy. The table below shows areas identified for improvement, framed by the enabling factors for action. The Family Hubs programme will have a significant role in driving the system change in Calderdale.

#### **Areas for Improvement: Communication, Workforce and Data Sharing**

✓	Outcomes rather than outputs
✓	Improved information sharing between agencies to better challenge performance management and service improvement for the overarching offer.
✓	Better integration of services to avoid duplication, and to work towards an agreed set of shared objectives and outcomes for all our Calderdale families.

#### **The influence of the Family Hubs programme**

In October 2022, Calderdale was selected as one of 75 local authorities to apply for Family Hubs central government funding. This funding was to create a new way of delivering early years services and support for families from pregnancy right through to their child being aged 19 (25 with SEND).

The Family Hubs programme provides a model for change to support the Starting Well Strategy to develop, with families, a more accessible, integrated, co-located local approach. Family Hubs will provide enhanced peer support networks and access to virtual and on-line services, better data sharing, more relationship centred approaches that offer continuity of care through the life stages.

## How will we achieve our goal that all children will be ready for school?

Key objectives for this Starting Well Strategy

- **New and expectant families have what they need for a healthy preconception, a healthy pregnancy, healthy families and a healthy child.**
- **Families at highest risk of poor outcomes (including children not being ready for schools) get help early and are actively involved in shaping their care.**
- **Access to safe, accessible play areas, activities, environments and opportunities to meet and socialise with other families including access to sufficient number of high quality early years education and childcare providers.**

These objectives are based on what we know about the needs of families and young children in Calderdale, what research tells us about giving children a good start in life, our current performance across our key indicators of success and emerging pressures and national policy changes.

## How will we know if we have achieved our goal?

***Calderdale will narrow the development gap (measured by EYFS) at the end of Reception class, between children who are in receipt of free school meals and those not in receipt of free school meals (the gap was 18.6% in 2022)***

(The school readiness measure is undertaken as part of the EYFS with children at the end of reception.)

The Family Hubs programme will be the vehicle for delivering our Starting Well Strategy.

The Starting Well Partnership has strategic oversight and governance of the Family Hubs programme and therefore the operational delivery that is contributing to the three overarching Starting Well objectives. The Starting Well Partnership will provide assurance to the Health and Wellbeing Board as to the progress being made implementing the strategy.

Indicators that are evidenced as contributing factors to a child being ready for school will form a data dashboard. The data dashboard will also monitor the impact of the Family Hubs programme. The Starting Well Partnership will have oversight of the data dashboard enabling strategic early identification, prioritisation and direction for the integrated working.

## When will the Starting Well Strategy be reviewed?

The Starting Well Strategy will be reviewed as the priorities change within the next update of the Health and Wellbeing Strategy which is due after 2027.

# What we can all do to support children to be ready for school

Everyone can play a part in achieving the overarching goal of children being ready for school, through the three objectives of this strategy. As a programme for each of three objectives is developed, it will set out clearly what the Starting Well Partnership will do, what Starting Well partners and communities will do together, and what families and communities can do to help achieve the goal.

If you have any ideas or feedback on the Starting Well Strategy, you can contact [publichealthcyp@calderdale.gov.uk](mailto:publichealthcyp@calderdale.gov.uk)

## What the Starting Well Partnership will do

- **Be honest and transparent, communicating and sharing the progress made**
- **Develop, deliver and continually review community-based plans to achieve the three Starting Well objectives across the borough and in neighbourhoods**
- **Focus on shared outcomes rather than outputs**
- **Build a multi-agency partnership workforce programme for those working in the early years and with families**
- **Listen and co-produce with families and communities**

## What Starting Well Partners and communities will do together

- **Work together to develop, deliver and implement the community-based plans to achieve the three objectives**
- **Improve information sharing between agencies to benefit families and communities**
- **Ensure the integration of services are listening and considerate to the needs of communities, to avoid duplication and work towards shared outcomes**
- **Embed the multi-agency workforce development training offer across all the early years system**

## What families and communities can do together

- **Get involved in the local community and access services and support**
- **Look after your own and your child's health and wellbeing and strive to improve it**
- **Find out what is happening in your local area for you and your child and visit the Start for Life Calderdale Family Journey.**
- **Tell us about the experiences of services and support for you and your child**



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**Created by the Starting Well Partnership Board, June 2023  
with insight from the Starting Well Strength and Needs Assessment 2022.**