



Leicester's 0 to 5 Strategy

2016 – 2019

Contents

<u>Section</u>	<u>Page</u>
Executive Summary	3
Introduction	4
Vision and Principles	6
Governance and Performance Management	7
Leicester's 0 to 5 population	8
Strategic Aims – Priorities for Action	12
Strategic Aim 1 – Health and Wellbeing	13
Why is this important?	13
Where are we now?	13
What are we going to do to improve children's outcomes?	17
Strategic Aim 2 – Learning and Development	19
Why is this important?	19
Where are we now?	19
What are we going to do to improve children's outcomes?	23
Strategic Aim 3 – Early Help, Safeguarding and Parenting Support	25
Why is this important?	25
Where are we now?	25
What are we going to do to improve children's outcomes?	27
Appendix – Strategic Aims, Outcomes and Objectives	29
References	31

Executive Summary

- Our vision is to improve children's lives by working in partnership to raise aspirations and build achievement, and protect the most vulnerable.
- Leicester's children deserve the very best start in life and their early experiences will determine their success in adulthood. This strategy sets out what is needed in Leicester to provide support to parents that enables them to keep their young children safe, healthy and support them to learn and develop in the best way that they can.
- There are a number of key areas, particularly in terms of health and learning, where young children in Leicester are currently achieving unacceptably low outcomes.
- The ambition is that all providers, health services and the local authority will take collective responsibility for improving outcomes for children from pre-birth to five years old in Leicester, recognising that the responsibility for improving the outcomes of young children does not lie in a single service area.
- The role of communities is also recognised in terms of their shared responsibility for supporting families and devising local solutions to improve children's outcomes.
- The local authority and health services have the key strategic roles in terms of commissioning and statutory responsibilities, alongside ensuring collaborative planning takes place with other partners.
- We will address our challenges through three key strands – Health and Wellbeing; Learning and Development; and, Early Help, Safeguarding and Parenting Support.
- Performance will be regularly monitored to identify progress, weaknesses and next steps to ensure that the aims of the strategy are met.
- Education and Children's Services Departmental Management Team and the senior management of partner organisations, overseen by the Children's Trust Board, will be responsible for setting strategic direction, monitoring progress and deploying appropriate resources to secure improved outcomes.

Introduction

This is Leicester's strategy for children from pre-birth to five years old¹ and sets out our ambitions for children in the earliest years of their lives. Leicester's children deserve the very best start in life and their early experiences will determine their success in adulthood. This document demonstrates how Leicester City Council and our partners work together to improve outcomes for young children, especially in some of the key areas where children in Leicester are not currently achieving the outcomes that we would wish for them. It also identifies priorities for action and will help to inform future commissioning.

There are a number of key areas, particularly in terms of health and learning, where young children in Leicester are currently achieving unacceptably low outcomes and this poor achievement in early life means that children have to make accelerated progress when they reach school age in order to catch up. This strategy seeks to address these key areas and ensure actions are taking place that will improve children's progress.

In order for children to be given the opportunity to achieve the best possible outcomes in life they need to be able to access high quality learning experiences within safe environments. All young children deserve the support of the best quality services, but for some children this will be particularly important. Evidence shows that poor development in the early years frequently results in poor health outcomes, long term unemployment and continuing cycles of poverty and deprivation ('The Independent Review on Poverty and Life Chances', Field 2010 & 'Early Intervention: The Next Steps', Allen 2011). However, these long term poor outcomes and the related impact they have on society can be reduced by providing access to high quality early help and early learning opportunities.

Research evidence from the Wave Trust ('Conception to Age 2 – The Age of Opportunity', 2013) and Dartington Social Research Unit ('Better Evidence for a Better Start', 2013) demonstrates the importance of the early engagement of families during the 'age of opportunity' from conception to the age of 2. The health of a woman during pregnancy can have a lifelong impact on the health and wellbeing of her child. Pregnancy is a time when parents are often more willing to make behaviour changes to support the health of their developing baby and so early identification, during pregnancy (and if possible before), of families who are vulnerable to poor outcomes is a key activity we should undertake. These are the families that would benefit from being engaged in effective evidence-based activity to build their resilience, develop nurturing attachments and strengthen parenting skills.

The Health Visiting service and its delivery of the Healthy Child Programme has a key role to play in supporting young children aged 0 to 5 and identifying those most vulnerable to poor outcomes (Health Visitor Implementation Plan, 2011). The programme is the heart of Leicester's universal service for children and supports parents at this crucial stage in life, focussing on the six 'high impact areas'² that provide the best opportunities to improve outcomes for children. From October 2015 the commissioning of health visiting transfers from NHS England to local authorities, providing an opportunity to better join up the services provided to young children.

Leicester's Children, Young People and Family Centres are another key service working with parents and young children. In 2013 the Government revised the statutory guidance that

¹ This strategy covers work with children up to the end of their Reception year i.e. children who are 5 and under on 31 August.

² The six 'high impact areas' are: transition to parenthood and the early weeks; maternal mental health; breastfeeding; healthy weight/nutrition; managing minor illness/reducing accidents; and, health, wellbeing and development of the child aged 2.

governs the delivery of children's centre services. This provided a much stronger focus on improving the outcomes of children in target groups that are vulnerable to poor outcomes, rather than a broader focus on the outcomes of all children as was the case previously. Research which informed the re-focusing of the revised statutory guidance tells us that we need to ensure that the right children and families are receiving the right support at the right time ('Supporting Families in the Foundation Years', DfE 2011). We (Leicester City Council and our partners) need to embed good systems to identify who those children are in the community so that 'no child falls through the safety net' ('The protection of children in England', Laming 2009), and employ skilful and knowledgeable staff who can build 'facilitating' relationships with families to ensure that the evidence-based provision being delivered has a real impact on improving children's outcomes and life chances.

Essential to the development of learning for 2, 3 and 4 year olds is a high quality early education experience. Leicester has a wide range of provision of the 'funded early education entitlement' of 15 hours per week for 38 weeks a year for eligible 2 year olds and all 3 and 4 year olds. Longitudinal research shows that for these early education experiences to have a positive effect on achievement later in life children must attend provision that is of high quality and with well-qualified staff ('Effective Provision of Pre-school Education', 2004, and subsequent reports). Leicester City Council works with its schools and private, voluntary and independent (PVI) childcare providers to support them to improve the quality they offer, particularly when PVI providers receive 'inadequate' or 'requires improvement' Ofsted judgements or to encourage good practice in key areas of concern for Leicester, such as speech and language development.

The Munro Review of Child Protection (2010) highlighted the need for more effective Early Help services – working to provide a continuum of support to effectively identify vulnerable children to prevent difficulties arising, and respond quickly and effectively when lower level problems arise. This was further evidenced through the Allen Review of Early Intervention (2011). Leicester's Early Help offer, informed by these reports, describes how different agencies work together to help children, young people and their families at any point in their lives to prevent or reduce problems or difficulties.

Family issues such as poor mental health, domestic violence, substance misuse and unsuitable housing are recognised as having a major impact and increasing the risk of harm for young children. By working together with our partners we aim to identify and reduce the family vulnerabilities that can have such a negative effect on young children's outcomes. We also aim to reduce the number of children that need to be looked after by the local authority as a result of these issues.

As set out in 'Working Together to Safeguard Children' (2015), we have a responsibility to promote inter-agency cooperation to improve the welfare of children. The ambition is that all providers, health and the local authority will take collective responsibility for improving outcomes for children from pre-birth to five years old in Leicester, recognising that the responsibility for improving the outcomes of young children does not lie with one service area. We will work together with our partners to share information that enables us all to provide children and families with the help that they need.

Vision and Principles

The vision of all partner organisations working with children and families in Leicester is **to improve children's lives by working in partnership to raise aspirations and build achievement, and protect the most vulnerable.**

Parents are the first and primary carers and educators of their children. It is the key role of parents to keep their children **safe** and **healthy**. Children also need to be supported to **learn and develop** in a caring and nurturing environment. We recognise that some parents will need support to do this effectively.

We also recognise the role of **communities** in caring for and educating children. It is envisaged that communities will be encouraged to take an active role in delivering the aims of this strategy by supporting local families and devising local solutions.

This strategy sets out what is needed in Leicester to provide support to families to enable parents of young children to carry out their role in the best way that they can. The aim is to achieve the best possible outcomes for Leicester's children as they move from their early years into school age and beyond.

In order to achieve our vision we will:

- 1) Provide a range of services that meet the needs of all children (universal), those that need 'Early Help' or some specific support (targeted) and those that have more complex support needs (specialist)
- 2) Provide flexible, inclusive and responsive services that are coordinated and delivered by a range of providers to ensure children and families receive and can easily access the support they need
- 3) Ensure that our services focus on improving outcomes for the child by using approaches that are based on sound evidence and can demonstrate measurable impact through robust performance management processes
- 4) Actively seek to understand the situation of the whole family when we offer services to meet the needs of a child, supporting them to become resilient and independent
- 5) Seek to involve children and their families in decision making, both about the services they access and the way we design and deliver services
- 6) Work with our partners to appropriately share information about children and families that will improve the services we provide and mitigate the risks that result when information is not shared
- 7) Ensure that the children's workforce has the skills and knowledge to keep children safe and deliver services that improve their long term outcomes
- 8) Provide high quality services that represent value for money by balancing the principles of efficiency, economy and effectiveness

These principles run throughout this strategy and are relevant across all themes and strategic aims.

Governance, Commissioning and Performance Management

This strategy has been developed by a designated task group and in consultation with staff and partners involved in the delivery of services to young children. Overall responsibility for the delivery of this strategy lies with Leicester's Children's Trust Board.

Services have responsibility to manage the delivery of service-level operational plans. The performance management of these action plans will be monitored through the Council's Performance Management framework or the performance management system used within the relevant partner organisations.

Leicester's Children and Young People's Plan (2014-17) focuses on the following six priority areas in which determined action will lead to improved outcomes for children and young people: Safeguarding; Health and Wellbeing; Achievement and Aspiration; Family Poverty; Early Help; and, Workforce.

Leicester's Health and Wellbeing Strategy 'Closing the Gap' (2013-16) aims to reduce health inequalities and its strategic priority 'Improve outcomes for children and young people' highlights four key objectives: Reduce infant mortality; Reduce teenage pregnancy; Improve readiness for school at age 5; and, Promote healthy weight and lifestyles in children and young people.

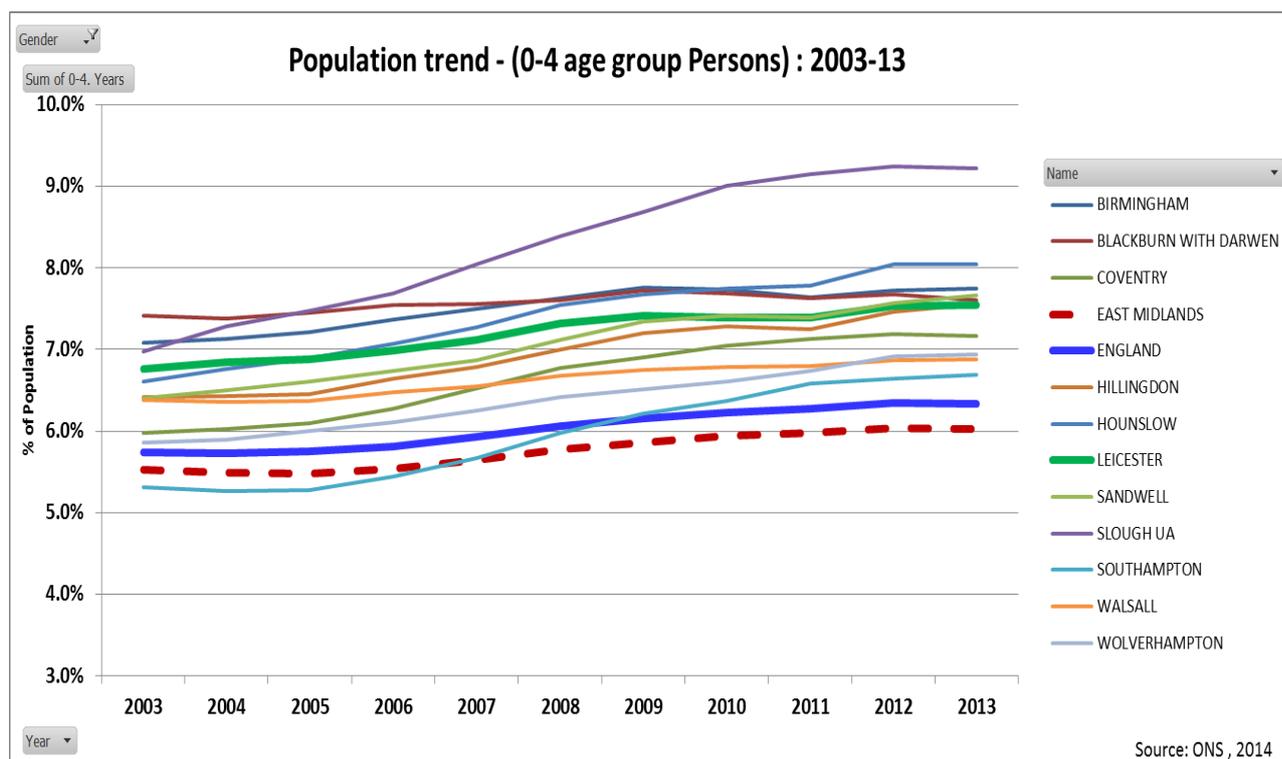
This strategy encompasses all of these priority areas by bringing them into 3 clear strategic aims, with related strategic outcomes and objectives. The progress and performance against each objective is measured by a range of local and national indicators. Current and past performance for those indicators that are particularly pertinent for Leicester's young children can be found in each chapter.

Any joint commissioning opportunities identified through the development of this strategy will be taken forward using the **Joint Commissioning Framework**.

Leicester's 0 to 5 population

The city of Leicester is home to an estimated 25,427 children under the age of five³. This represents 7.53% of the total population (337,653). For shorthand these are often referred to as 'young children' in this strategy.

The graph below shows the proportion of 0 to 4 year olds living in Leicester compared with our statistical neighbours (up to 2013). It shows Leicester has a higher proportion of 0 to 4 year olds than England or the East Midlands and is fourth highest amongst its comparators. The proportion of 0 to 4 year olds is growing over time, as it has for the last 10 years nationally, regionally and across comparator areas.



We want all Leicester's young children to have access to high quality early education and early help services. Some key services that are currently in place are:

- 23 buildings delivering Children, Young People & Family Centre services across 6 cluster areas
- 131 early years settings within the private, voluntary and independent sector; 130 (99.2%) of which deliver 5,564 funded early education places to 3 or 4 year olds and 102 (77.9%) additionally deliver 2,521 places to 2 year olds (March 2015)
- 188 childminders; 55 (29.3%) of which deliver 195 funded early education places to 3 or 4 year olds and 43 (22.9%) additionally deliver 140 places to 2 year olds (March 2015)
- 65 primary schools that deliver funded early education to 3 year olds (with a further 8 schools that deliver to 4 year olds only⁴) (March 2015)

As of 31 March 2015, there were 806 children aged 0 to 5 assessed as Children in Need (CIN). This was 31.2% of the total CIN population and represented 2.7% of the total 0 to 5 population

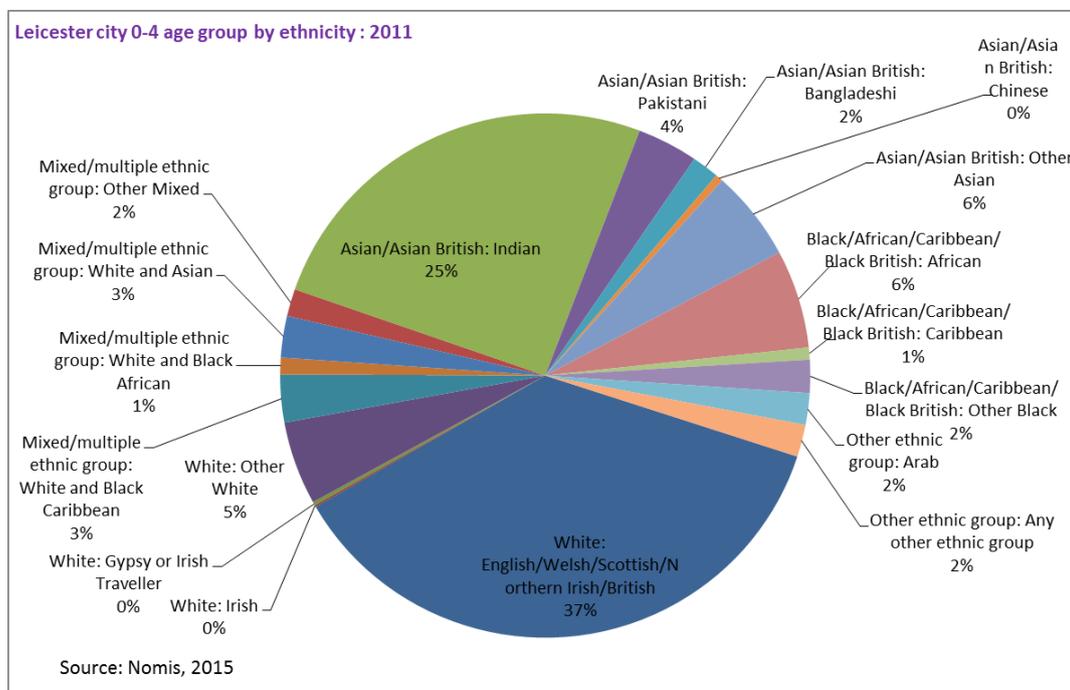
³ Government population estimate from mid-2014

⁴ In Leicester all children are offered a full-time Reception year place for the school year in which they turn 4.

in the city. Of these, 100 children were Looked After by the local authority and 177 were the subject of a Child Protection Plan.

Ethnicity

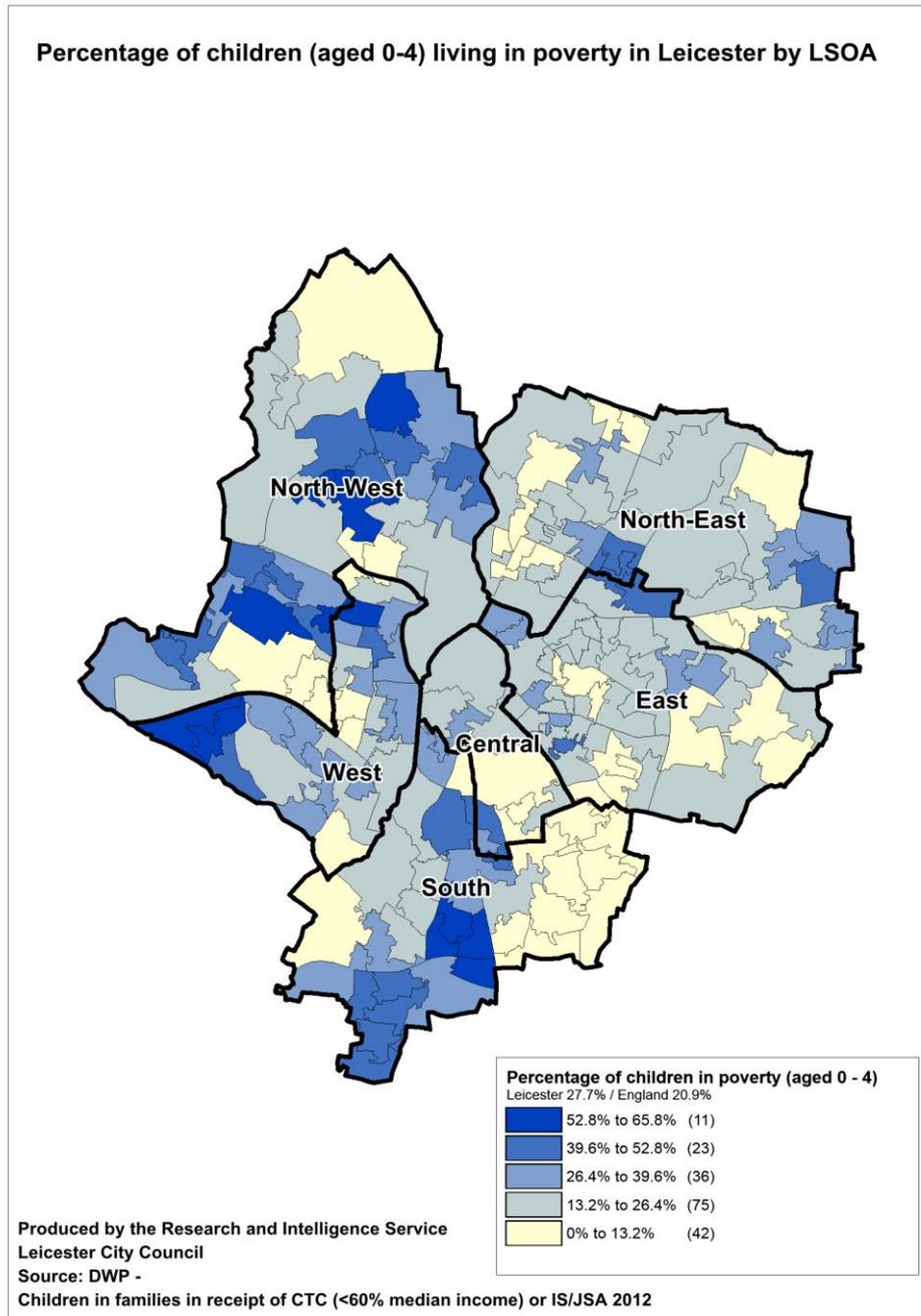
In 2011, 63% of children aged 0-4 in Leicester were non-White British (BME). The chart below shows a detailed breakdown of the different groups that make up the 0-4 population. The largest populations after White British (37%) are Asian Indian (25%), Other Asian (6%), Black African (6%) and Other White (6%). It is likely that since the 2011 census these proportions have changed to some extent. However, this data demonstrates the broad range of ethnic backgrounds of Leicester's young children and the challenge and richness that this population diversity brings to communities and service providers in terms of language and cultural differences. Leicester also has a range of recently arrived communities to the city with new families arriving that have an impact on service planning and provision, as well as on the outcomes for young children who have language needs or may experience difficulties settling in to their new environments.



Deprivation and child poverty

Leicester city is divided into 187 small areas (Lower Super Output Areas - LSOAs) that are used for statistical reporting. 22 of the 187 LSOAs are among the 0-5% most deprived areas in England on the Index of Multiple Deprivation 2010. A further 24 areas in Leicester are among the 5-10% most deprived nationally, totalling 24.6% of Leicester's LSOAs being ranked in the 10% most deprived in the country.

A child is currently defined as living in poverty if they live in a family in receipt of out of work benefits, or in families where their gross income is less than 60% of the national median income. In 2012 27.7% of children in Leicester were raised in income deprived households, but some areas have far higher rates, with levels exceeding 38% in significant clusters of LSOAs, mainly found in the North West, West and South areas of the city.



Early development

A 'good level of development' at age 5 is defined as achieving at least the expected level within the three prime areas of learning (communication & language; physical development; and, personal, social & emotional development) and the early learning goals within the literacy and mathematics areas of learning.

In 2014, 41% of children achieved a 'good level of development' at the end of the Early Years Foundation Stage (EYFS) compared with the 60% national average. This was an increase of 13% on 2013 but is currently the poorest performance in England and far below the national average. (The figure for 2015 has since been confirmed that 50.7% of children achieved a 'good level of development'.)

Of the children who do not achieve a 'good level of development', a significant number do not reach the expected level across all areas of learning. There are also significant numbers of children who miss the expected level in only one or two areas. These have been identified as predominantly in the areas of literacy and mathematics.

The gap is measured by taking the average (median) EYFS score of all children and the average (mean) score of the lowest achieving 20% of children and expressing it as a percentage of the median score of the whole cohort. This indicates how well we support children at risk of the poorest educational outcomes, who often are at risk of poor outcomes in general.

Of course, there is always a bottom 20% and it is recognised that some children will in all likelihood fall into this group (e.g. children with SEND) and must be supported to achieve the best for their developmental level. However, many children in the bottom 20% could achieve a higher score with some extra support and it can often be predicted who these children might be using local data and community knowledge. Therefore, the challenge is to identify and target work with these children which aims to increase the average score for the bottom 20%, thereby narrowing the gap between this group and the rest of their peers. This gap has historically fluctuated in Leicester but has increased in recent years from 31% (2011/12) to 37% (2012/13) to 42% in 2013/14, compared with the national average gap which was 34% in 2013/14. (Data has since been confirmed showing that the gap in 2015 widened further to 41.6% - 32.1% nationally.)

The issue of 'school readiness' is important in Leicester as children generally attend school full-time for the school year during which they turn four and often access their Funded Early Education Entitlement (FEEE) place in a school environment. Schools often report that children arrive at school without the skills expected, although it must be clear as to the expectation for skills development for children at each age. It would also be useful to differentiate between the term 'ready for school' (defined nationally by the measurement at the end of Foundation Stage) and the skills and level of development we would want children to achieve in order to thrive in a school environment, which they may experience a long time before they are 5 but is often also referred to as 'school readiness'.

It has been agreed in Leicester that it is at age 5 when we would expect children to achieve a 'good level of development' as defined above, and display the related skills around understanding school routines and coping in a classroom environment. Before this children should experience high quality play-based learning opportunities that develop their social & emotional skills, communication, independence and desire to learn - delivered in a school, childcare setting, CYPF Centre session, or at home. Parents should also be supported to ensure children develop their basic motor skills and independence in areas such as toileting, so that they attend a school environment (where there are fewer staff members per pupil) not just able to cope but also to thrive.

Uptake of FEEE places⁵ in Leicester varies across the city, with most 4 year olds accessing their place in schools. In May 2015 the Government announced that a Childcare Bill will be enacted that fulfils its manifesto pledge to increase the number of FEEE hours that 3 and 4 years olds of working parents can access. The new legislation is due to be implemented in 2017 and will entitle these children to access 30 hours per week over 38 weeks.

⁵ All 3 & 4 year old children and eligible 2 year olds are currently entitled to access up to 15 hours of funded early education per week over 38 weeks per year.

Strategic Aims – Priorities for Action

There are 3 strategic aims, expressing what we want this strategy to achieve. These key aims enable us to understand the scope of the work and identify the services involved. Some headline performance data is provided under each of the aims and desired outcomes and key objectives are identified (see appendix). The objectives express more specifically what we will do to achieve the overall aims. Individual services undertaking actions that support the objectives will define success criteria in their service plans. Progress will be clearly evidenced through robust performance management to demonstrate whether the objectives have been achieved.

The broad aims are as follows:

Strategic Aim 1

To improve the health and wellbeing of children from pre-birth to age five

Strategic Aim 2

To support the development and improve the educational achievement of all young children, including narrowing the gap between the lowest achievers and the rest at Foundation Stage

Strategic Aim 3

To ensure the most vulnerable young children are protected and able to access early help, parenting support and specialist services as required

The outcomes that we aspire to for every young child in Leicester are summarised in relation to each strategic aim below:

Pre-Birth	At Birth	By 2 years old	By 5 years old
Outcome 1 - Women experience healthy pregnancies	Outcome 2 - Babies are healthy enough to thrive	Outcome 3 - Children in the early years live healthy lives	
	Outcome 4 – Babies / children develop well and learn appropriately for their age		Outcome 5 – Children develop a desire to learn and are ready for school at age 5
		Outcome 6 – Children develop language skills and can effectively communicate their needs	
Outcome 7 – Babies / children are safe and cared for			
Outcome 8 - Children’s outcomes are improved because they receive help early enough			
Outcome 9 – Families are independent and have the skills to parent well			

Strategic Aim 1 – Health and Wellbeing

Aim: To improve the health and wellbeing of children from pre-birth to age five

Why is this important?

- The Marmot review of health inequalities 'Fair Society, Healthy Lives' states: "Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood."
- A child's health is strongly influenced by what happens before they are born and during the first five years of life.
- The mother's health behaviour in pregnancy can have a major impact on their child's health. Smoking in pregnancy, alcohol and substance misuse, as well as poor nutrition and obesity, can lead to premature birth, low birth weight and poor health and educational outcomes throughout life.
- Breastfeeding protects babies and mothers against many illnesses whilst providing the very best and most appropriate nutrition for babies. The health benefits of breastfeeding influence development in childhood and throughout life.
- Outcomes in health indicators during early childhood have a strong influence on future health outcomes. Focusing on factors such as dental health, nutrition and physical activity to support healthy weight and nurturing environments to encourage attachment, emotional wellbeing and resilience has a preventative and protective impact for children's future health.

Where are we now?

Some key data is presented below, showing Leicester's current performance in areas that contribute to achieving the strategic aim.

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel⁶	Available comparator data
Outcome 1 – Women experience healthy pregnancies				
Percentage of pregnant women 'booking in' with maternity services before 13 weeks of pregnancy (All UHL NHS Trust, NHS England data)	2013/14 Q1 – 91.4% (n=2305) 2013/14 Q2 – 97.2% (n=2642) 2013/14 Q3 – 82.9% (n=2172) 2013/14 Q4 – 78.4% (n=2155)	2014/15 Q1 – 67.6% (n=1812) 2014/15 Q2 – 74.9% (n=1901) 2014/15 Q3 – 68.7% (n=1778)		England rate: 2014/15 Q1 – 91.5% 2014/15 Q2 – 93.2% 2014/15 Q3 – 95.7%

⁶ The arrow direction indicates the trend of Leicester's recent performance, with green indicating a good performance compared to national data or where we would wish to be. A red arrow does not necessarily mean our trend is in the wrong direction but rather that our overall performance is poor when compared with national data, e.g. the readiness for school indicator is an upward red arrow denoting an upward trend of improved results but a poor performance when compared with national data.

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Women who smoke at the time of delivery	2010/11 – 12.7% (n=669) 2011/12 – 12.1% (n=646) 2012/13 – 14.2% (n=715) 2013/14 – 13.1% (n=662)	2014/15 – 11.8% (n=616)		England rate: 2010/11 – 13.5% 2011/12 – 13.2% 2012/13 – 12.7% 2013/14 – 12.0% 2014/15 – 11.4%
Conception rate in under 18 (15–17) year old girls (per 1000)	2007 – 44.4 (n=275) 2008 – 41.7 (n=260) 2009 – 41.3 (n=251) 2010 – 38.6 (n=232) 2011 – 30.0 (n=181) 2012 – 32.9 (n=198)	2013 – 29.7 (n=177)		England rate: 2007 – 41.4 2008 – 39.7 2009 – 37.1 2010 – 34.2 2011 – 30.7 2012 – 27.7 2013 – 24.3
Outcome 2 – Babies are healthy enough to thrive				
Percentage of live births with low birth weight babies (<2500g)	2007 – 4.7% (n=219) 2008 – 4.4% (n=210) 2009 – 4.4% (n=212) 2010 – 4.3% (n=206) 2011 – 4.6% (n=221) 2012 – 4.2% (n=199) 2013 – 4.4% (n=202)	2014 – 4.2% (n=201)		England rate: 2007 – 2.9% 2008 – 2.9% 2009 – 2.9% 2010 – 2.8% 2011 – 2.8% 2012 – 2.8% 2013 – 2.8% 2014 – 2.9%
Infant mortality (babies under 1 year old) (per 1000 live births)	2005/07 – 6.9 (n=99) 2006/08 – 6.7 (n=100) 2007/09 – 7.0 (n=108) 2008/10 – 5.9 (n=93) 2009/11 – 6.4 (n=101) 2010/12 – 6.4 (n=101)	2011/13 – 6.4 (n=100)		England rate: 2005/07 – 4.9 2006/08 – 4.7 2007/09 – 4.6 2008/10 – 4.4 2009/11 – 4.3 2010/12 – 4.1 2011/13 – 4.0
Breastfeeding initiation	2010/11 – 73.6% (n=3887) 2011/12 – 74.7% (n=3986) 2012/13 – 74.1% (n=3731) 2013/14 – 71.3% (n=3665)	2014/15 – 76.9% (n=4105)		England rate: 2010/11 – 73.7% 2011/12 – 74.0% 2012/13 – 73.9% 2013/14 – 74.0% 2014/15 – 74.3%
Breastfeeding at 6 to 8 weeks	2010/11 – 50.8% (n=2648) 2011/12 – 54.9% (n=2823) 2012/13 – 55.1% (n=2834) 2013/14 – 56.7% (n=2834)	2014/15 – 62.1% (n=3214)		England rate: 2010/11 – 46.1% 2011/12 – 47.2% 2012/13 – 47.2% 2013/14 – 45.8% 2014/15 – 43.8%

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Percentage of under 5 year olds with up to date immunisations (Average % across the range of vaccinations recommended by specific age)	<p>At 1 year Includes Dtap/IPV/Hib/PCV/ MenC 2010/11 – 93.6% 2011/12 – 95.6% 2012/13 – 96.6%</p> <p>At 2 years Includes Dtap/IPV/Hib/PCV booster/MenC/ MMR 2010/11 – 92.8% 2011/12 – 94.7% 2012/13 – 96.4%</p>	<p>At 1 year Includes Dtap/IPV/Hib/PCV/ MenC 2013/14 – 96.4%</p> <p>At 2 years Includes Dtap/IPV/Hib/PCV booster/MenC/ MMR 2013/14 – 96.3%</p>	<p style="text-align: center;"></p> <p style="text-align: center;"></p>	<p>England rate: At 1 year 2010/11 – 93.7% 2011/12 – 94.3% 2012/13 – 94.3% 2013/14 – 94.2%</p> <p>At 2 years 2010/11 – 91.5% 2011/12 – 92.8% 2012/13 – 93.5% 2013/14 – 93.4%</p>
Outcome 3 – Children in the early years live healthy lives				
Percentage of children aged 5 years with dental decay	2008 – 48.7%	2012 – 53.2%		England rate: TBC
Percentage of children classified as overweight or obese aged 4-5 years	2008/09 – 21.2% (n=749) 2009/10 – 22.8% (n=870) 2010/11 – 22.5% (n=872) 2011/12 – 23.6% (n=946) 2012/13 – 21.9% (n=937) 2013/14 – 21.8% (n=933)	2014/15 – 21.8% (n=955)		England rate: 2008/09 – 22.8% 2009/10 – 23.1% 2010/11 – 22.6% 2011/12 – 22.6% 2012/13 – 22.2% 2013/14 – 22.5% 2014/15 – 21.9%
Hospital admissions caused by unintentional and deliberate injuries in children 0-4 (per 10,000)	2010/11 – 125.4 (n=301) 2011/12 – 88.3 (n=215) 2012/13 – 94.9 (n=237)	2013/14 – 93.3 (n=235)		England rate: 2010/11 – 143.3 2011/12 – 148.2 2012/13 – 134.7 2013/14 – 140.8

- The infant mortality rate in Leicester has stayed fairly constant over the last 10 years but is **significantly higher** than the national average. (To illustrate the numbers involved, the actual number of deaths in 2011 was 40.)
- Oral health of children in Leicester is poor. The five year old population in the city has the **highest level of dental decay** in England.
- Smoking status at the time of delivery has been fairly consistent in Leicester in recent years and is as a **similar** rate to the national average.

- Although reducing, Leicester has a **higher rate** of babies recorded as having a low birth rate compared to the national average.
- Teenage conceptions are falling but the city continues to have a **higher rate** than national levels.
- Breastfeeding initiation rates have reduced in recent years and are now **lower** than the national average. However, the proportion of women continuing to breastfeed at 6-8 weeks is increasing and is much **higher** than the national average.
- Child immunisation rates are very good having increased and stabilised over the past few years. Leicester has a **consistently higher** immunisation rate than the national average.
- Hospital admissions caused by unintentional and deliberate injuries have reduced in recent years and are **well below** the national average.
- The Early Intervention Foundation has created a tool to enable areas to benchmark their performance against a 'virtual comparator area' which has the same deprivation and social/demographic characteristics. This enables areas to get a sense of whether their outcomes are **better, worse or roughly equal to what would be expected**. Using the data from this benchmarking exercise it was concluded that:
 - *Leicester is one of the poorest performing places in England on child mortality rates when compared with the national average, but fewer children and young people die under the age of 18 die than would be expected once local conditions are taken into account.*
 - *Similarly, under 18 conception rates appear high, but are below the level expected for a place like Leicester.*
 - *Childhood obesity rates are slightly above the national average but far lower than the level expected once local conditions are taken into account, placing Leicester amongst the top performing 1% of areas.*
 - *The largest shift in understanding of performance, however, is in low birthweight rates, with Leicester changing from one of the poorest performing (94th percentile) to best performing (9th percentile) areas in England when local conditions are taken into account.*
 - *Leicester appears to achieve **good outcomes** for children on the following measures **regardless of whether the national average or hypothetical Leicester are used as the comparator**:*
 - *Hospital admissions due to alcohol, substance misuse, and mental health, and for injuries to children under the age of 4*
 - *Breastfeeding rates at 6-8 weeks after birth*
 - *Leicester appears to achieve **poor outcomes** for children on the following measures **regardless of whether the national average or the virtual area are used as the comparator**:*
 - *Children age 0-5 with decayed / missing teeth*

What are we going to do to improve children's outcomes?⁷

- Commission a high quality, integrated 0-19 **Healthy Child Programme**, accessible to all children in the city and meeting all outputs and outcomes required by the **Health Visiting** service specification covering the 6 'high impact areas'² (1.1, 1.2, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 6.1, 8.1, 8.2 & 9.3)
- Implement the **Oral Health Promotion Strategy** and action plan that will address environmental influences and increase preventative work in order to improve overall dental health in young children (3.3)
- Continue to provide a range of health improvement activities through **Children, Young People and Family Centres** including:
 - Integrated work with **health visitors** and **midwives** to identify and deliver support to vulnerable children in local communities (1.1, 3.2, 4.1, 7.3 & 8.1)
 - Expand the pilot to include all 2 year old children to receive integrated health and development checks (4.1)
 - Pregnancy testing (1.1 & 1.3)
 - Breastfeeding/weaning support, including peer support, in line with Leicester's **Infant Feeding Strategy** (2.2)
 - Address health issues during Preventative Pathway groups such as 'Bumps to Babies', 'Discovering Babies' and 'Baby Stay and Play' and through specific campaigns (1.2, 2.1, 2.2, 2.3, 3.1 & 3.3)
 - Promote healthy eating and nutrition through 'Big Cook Little Cook' and 'Let's Get Cooking' sessions (3.1)
 - Support families to register with dentists and promote good dental health via supervised brushing activities, in line with Leicester's **Oral Health Promotion Strategy** (3.3)
 - Delivery of smoking cessation support and SRO programme to promote smoke-free environments for young children (1.2, 2.1 & 9.3)
- Deliver the **Reducing Infant Mortality in Leicester** strategy and action plan, which takes a multi-agency approach to tackle all possible risk factors that can lead to an infant's death (2.1) including:
 - Reducing smoking rates in pregnancy and promoting smoke free homes (1.2 & 9.3)
 - Reducing unsafe sleeping (9.3)
 - Promoting healthy weight in mothers (1.2 & 9.3)
 - Reducing teenage parenthood (1.3)
 - Promoting early access to maternity services (1.1)
 - Increasing breastfeeding rates (2.2)
 - Improving uptake of immunisations and screening (2.3)
- Continue to commission the **Integrated Sexual Health Service**, providing support to young people and working to reduce the incidence of teenage conception (1.3)
- Continue to provide the **STOP Smoking service**:
 - ensuring all pregnant women who smoke at the time of booking are offered Nicotine Replacement Therapy and behavioural support throughout their pregnancy and up to 3 months after the birth (part of an opt-out care pathway) (1.2 & 2.1)
 - directly delivering and training for the Step Right Out (SRO) programme (formerly 'smoke-free homes') to be delivered by Health Visitors, Midwives and CYPF Centre staff (1.2, 2.1, 8.3 & 9.3)

⁷ The numbers in brackets refer to the objectives the action contributes towards achieving. These objectives can be found in the appendix, linked to each desired outcome and strategic aim. Many actions identified are cross-cutting and therefore may contribute towards achieving objectives across more than one strategic aim.

- support the development of a system to follow up support offered to pregnant women if not taken up after the referral or contact is lost after initial take up (1.2 & 2.1)
 - increasing awareness of risks of smoking in the home to women and families pre-pregnancy through encouraging referrals to SRO through GPs and sexual health/family planning services (1.2, 2.1 & 9.3)
 - developing the skills and knowledge of the children's workforce through training and advice to motivate families to stop smoking (8.3 & 9.3)
-
- Continue to source and commission short break opportunities and provide direct payments for parents of children with disabilities and additional needs through the **Disabled Children's Service** (4.2)
 - Continue to provide specialist support (around health, development and safeguarding) and Healthy Child Programme input for young women expecting a first baby through the **Family Nurse Partnership** service (1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 6.1, 7.3 & 9.3)
 - Continue to provide Family Health and Child Learning and Development courses from schools and CYPF Centres through the **Family Learning Service**, covering healthy eating, healthy lifestyles, first aid, Early Start, Playing with Language, Reading with your Child and Learning through Play (1.2, 3.1, 5.3, 6.1, 6.2 & 9.3)

Strategic Aim 2 – Learning and Development

Aim: To support the development and improve the educational achievement of all young children, including narrowing the gap between the lowest achievers and the rest at Foundation Stage

Why is this important?

- In their first few years children learn to walk and run, speak and communicate, relate to others and explore learning through play. These are key elements of “school readiness”. By the age of five children should be ready to make the most of the opportunities available to them at their next stage of learning and development.
- The impact of the early home-learning environment on outcomes at age five has an effect over and above factors such as socio-economic status, maternal education and family income. The things that parents and carers do with children at home, such as talking to, reading to, and playing with them, are key predictors of future development and readiness for school.
- Ensuring all children make good progress in the early years requires a good understanding of their development, the early identification of any problems, and support for these children through universal and more specialist services.
- The quality of childcare is second only to the quality of parenting in shaping how well children do in the early years.
- The Independent Review on Poverty and Life Chances (Field 2010) found that “there was agreement that social, emotional and cognitive development (particularly language ability) is vital and that the home learning environment is central to supporting all forms of child development.” Field includes language and communication development as a life chance indicator.
- The report, Removing Barriers to Literacy (Ofsted 2011) examined ways of raising the attainment of learners in literacy that are most at risk of not gaining the skills they need for successful lives. One of the factors identified was “an emphasis on speaking and listening skills from an early age.”

Where are we now?

Some key data is presented below, showing Leicester’s current performance in areas that contribute to achieving the strategic aim.

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Outcome 4 – Babies / children develop well and learn appropriately for their age				
Take up of funded early education by 2 year olds who meet the eligibility criteria	Autumn term 2014 – 51.4% (n=1382) Spring 2015 – 49.8% (n=1398) Summer 2015 – 49.4% (n=1373)	Autumn 2015 – 60.4% (n=1612)		England rate: 2015 – 58%
Outcome 5 – Children develop a desire to learn and are ready for school at age 5				
Take up of funded early education places by 3 year olds	2011 – 89% 2012 – 90% 2013 – 90% 2014 – 92%	2015 – 91% (n=4610)		England rate: 2011 – 92% 2012 – 93% 2013 – 93% 2014 – 94% 2015 – 94%
Take up of funded early education places by 4 year olds	2011 – 93% 2012 – 96% 2013 – 95% 2014 – 98%	2015 – 100% (n=4850)		England rate: 2011 – 96% 2012 – 97% 2013 – 98% 2014 – 98% 2015 – 99%
Numbers of childcare settings judged as Good or Outstanding	2011 – 61% 2012 – 65% 2013 – 63% 2014 – 61%	August 2015 – 71% (Good=64% n=158, Outstanding=7% n=18)		England rate: 2011 – 72% 2012 – 74% 2013 – 77% 2014 – 80% 2015 – 85%
Percentage of children achieving a 'good level of development' at the end of the Early Years Foundation Stage (age 5) (Readiness for school)	2012/13 – 27.7% (n=1222) 2013/14 – 41.2% (n=1872)	2014/15 – 50.7% (n=2335)		England rate: 2012/13 – 51.7% 2013/14 – 60.4% 2014/15 – 66.3%
Percentage of children receiving free school meals and achieving a 'good level of development' at the end of the Early Years Foundation Stage (age 5) (Readiness for school)	2012/13 – 20.7% (n=224) 2013/14 – 33.9% (n=354)	2014/15 – 41.7% (n=330)		England rate: 2012/13 – 36.2% 2013/14 – 44.8% 2014/15 – 51.2%
Attainment gap between the lowest achieving 20% and all pupils at the end of the EYFS (age 5)	2011/12 – 31.0% 2012/13 – 36.9% 2013/14 – 41.9%	2014/15 – 41.6%		England rate: 2011/12 – 30.1% 2012/13 – 36.6% 2013/14 – 33.9% 2014/15 – 32.1%

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Outcome 6 - Children develop language skills and can effectively communicate their needs				
<p>Percentage of children reaching or exceeding 'Development Matters' milestones in Communication and Language at age 3</p> <p>(Only includes children Nursery/F1 in a school setting)</p>	<p>Listening and Attention: 2012 – 24.0% (n=716) 2013 – 27.1% (n=779) 2014 – 22.4% (n=665)</p> <p>Understanding: 2012 – 23.6% (n=703) 2013 – 24.9% (n=717) 2014 – 22.4% (n=662)</p> <p>Speaking: 2012 – 16.9% (n=505) 2013 – 21.2% (n=608) 2014 – 19.6% (n=581)</p>	<p>Listening and Attention: 2015 – 23.4% (n=608 out of 2601)</p> <p>Understanding: 2015 – 22.0% (n=573)</p> <p>Speaking: 2015 – 17.4% (n=453)</p>	<p style="text-align: center;"></p> <p style="text-align: center;"></p> <p style="text-align: center;"></p>	<p>No comparator data available</p>
<p>Percentage of children reaching or exceeding 'Development Matters' milestones in Communication and Language at age 4</p> <p>(Only includes children Reception/F2 in a school setting)</p>	<p>Listening and Attention: 2012 – 27.3% (n=1084) 2013 – 23.8% (n=980) 2014 – 27.8% (n=1207)</p> <p>Understanding: 2012 – 24.8% (n=986) 2013 – 22.1% (n=908) 2014 – 26.2% (n=1137)</p> <p>Speaking: 2012 – 21.6% (n=858) 2013 – 17.7% (n=730) 2014 – 23.0% (n=1001)</p>	<p>Listening and Attention: 2015 – 26.2% (n=1070 out of 4083)</p> <p>Understanding: 2015 – 26.6% (n=1086)</p> <p>Speaking: 2015 – 21.3% (n=869)</p>	<p style="text-align: center;"></p> <p style="text-align: center;"></p> <p style="text-align: center;"></p>	<p>No comparator data available</p>

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Percentage of children reaching or exceeding the level expected in 'Communication and Language' at the end of EYFS (age 5) (Includes ALL children)	2013 – 51.8% (n=2288) 2014 – 65.1% (n=2957)	2015 – 70.4% (n=3243)		England rate: 2013 – 72.2% 2014 – 77.1% 2015 – 80.3%

- The number of children achieving a 'good level of development' at the end of the Early Years Foundation Stage is improving but is still **well below** the national average.
- The attainment gap between the lowest achieving 20% at EYFS and their peers is **widening** and **greater than** the national average gap.
- Children in receipt of free school meals are **less likely** to achieve a 'good level of development' than those not receiving free school meals. However, the gap between these groups in Leicester is smaller than the national average.
- Take up of 3 and 4 year funded early education is **generally high**, with most 4 year olds in provision and matching the high national average take up. 3 year old take up is **slightly lower** than the national average with rates remaining consistent in Leicester in recent years.
- Take up of the funded early education offer by eligible 2 year olds has increased but the most recent figure shows a slight decrease and is **significantly lower** than the national average take up rate.
- The proportion of children reaching the expected communication and language developmental milestones at age 3 is **low** and **continuing to fall**. For 4 year olds the trend is reversed with the proportion of children reaching the expected level **rising year on year**.
- At age 5 (the end of the EYFS) the proportion of children reaching the expected level in 'Communication and Language' has **improved year on year**.
- The Early Intervention Foundation has created a tool to enable areas to benchmark their performance against a 'virtual comparator area' which has the same deprivation and social/demographic characteristics. This enables areas to get a sense of whether their outcomes are **better, worse or roughly equal to what would be expected**. Using the data from this benchmarking exercise it was concluded that:
 - *Leicester appears to achieve **poor outcomes** for children on the following measures regardless of whether the national average or the virtual area are used as the comparator:*
 - *EYFSP good level of development*
 - *EYFSP rate for FSM children*

What are we going to do to improve children's outcomes?⁷

- Deliver the **Leicester Education Strategic Partnership Strategy** (2015-18) that aims to achieve the following by 2018:
 - Foundation Stage outcomes for 5 year olds under the new framework will improve so that the percentage of children reaching a Good Level of Development will be at least match national and the variation in outcomes between settings will be reduced (included within a school readiness strategy) (5.3)
 - All our Children, Young People and Family Centres will be rated as Good or Outstanding, reaching those children who need support the most (5.2)
 - All childcare settings will be judged Good or Outstanding by Ofsted, ensuring that young children get the very best start (5.2)
 - All school Foundation Stage judgements within Ofsted reports will be Good or Outstanding (5.2)
 - 80% of eligible 2 year olds will take up their entitlement to a free Early Education place (4.4)
- Through the **Early Years Quality Improvement Team**, continue to work to increase the percentage of settings that are judged Good or Outstanding, with an aspiration of 100% by 2018 (5.2, 6.3 & 8.3)
- Continue to manage and monitor the level of childcare provision in the city, through the **Childcare Strategy Team**, ensuring sufficient funded early education places are commissioned for 2, 3 and 4 year olds and that all providers of commissioned places comply with the agreed terms and conditions (5.1 & 5.2)
- Develop a strategy to support the childcare sector to grow and expand their provision by 2017, ensuring there are sufficient commissioned places to meet the increased entitlement for funded early education for 3 and 4 year olds of working parents (**Childcare strategy Team**) (5.1)
- Continue to provide a range of activities that support children's development and learning through **Children, Young People and Family Centres** including:
 - identifying the children most vulnerable to poor outcomes (approximately 1000 children at each age between 0 and 5) using data and knowledge from partner agencies (7.3 & 8.2)
 - hosting joint health and development checks delivered by Health Visitors and Early Years Professionals (4.1)
 - home learning support for identified children and families, including siblings of those previously in bottom 20% at EYFS (4.2 & 5.4)
 - teacher support to childcare/early education settings to improve learning outcomes for identified children (5.2, 5.3, 5.4 & 6.3)
 - 'preventative pathway' and 'Talk Matters' groups (Discovering Babies, Peekaboo, Talking Toddlers, Let's Get Talking and Small Bodies, Big Voices) for identified children to support their learning/communication and prepare them for school (5.3, 6.1 & 6.2)
 - toy and book library services (5.3, 6.1 & 6.2)
 - at least weekly Stay and Play sessions between the ages of 0 and 3 (6.1, 6.2, 7.3 & 8.2)
- Continue to undertake promotional and targeted work with identified families (through **Children, Young People and Family Centres**, Health Visitors and partners) to encourage take up of funded early education places for 2, 3 and 4 year olds. (4.3 & 4.4)
- Continue to provide a brokerage service through the **Family Information Service (FIS)** for parents with complex childcare needs, enabling them to access a suitable childcare/early education place. FIS collates data from enquiries to analyse need/demand and inform childcare sufficiency planning (4.3 & 5.1)

- Ensure parents of children with disabilities and additional needs can access clear and accurate information about services available locally through the commissioned Local Offer e-directory and related services provided by **SENDIASS Leicester** (Special Educational Needs and Disability Information Advice and Support Service) (4.2, 4.3 & 9.2)
- Continue to provide accredited training to practitioners (Get Going with Communication, ELKLAN and the local quality accreditation scheme for communication-friendly settings – Talks Matters in Leicester) through the **Early Years Support Team**, to provide language-rich environments and support children's language development (5.2, 6.3 & 8.3)
- Continue to provide a range of activities that support children's development and learning through the **Libraries Service** (4.2, 5.2, 5.3, 6.1, 6.2, 6.3 & 8.3) including:
 - BookStart baby packs (0-6 months) and BookStart treasure bags (1½-2 years)
 - Toddlertime in all city libraries
 - Under 5 book bus to childcare/community settings, including training/awareness
 - Booktime packs to promote family storytelling
 - Library facilities and 'book corner' targeted sessions in CYPF Centres for identified children
 - Input into CYPF Centre 'preventative pathway' groups and Dad's groups
 - Specialist BookStart packs ('Touch', 'Shine' & 'Star') for deaf/hearing impaired children, blind/partially sighted children and children with additional needs and motor disabilities
- Undertake a promotional campaign to communicate to parents the process and need to apply for school Reception and Year 1 places in a timely manner, through the **School Admissions Service** (4.4)
- Develop a strategy to ensure there are sufficient Reception and Year 1 school places to meet needs across the city (**School Admissions Service**) (5.1)
- Provide holistic assessments for children with emerging Special Educational Needs and/or disabilities (SEND) through the **Special Needs Teaching Service**, and provide flexible multi-agency support for these needs, including home teaching and support in settings and schools (4.2 & 8.1)
- Support practitioners and deliver training in childcare/early education settings and schools with early identification of SEND and advice regarding services and support available (through **Special Needs Teaching Service** and **Disabled Children's Service**) (4.2 & 8.3)
- Support prospective and current childcare providers to register or improve their quality and Ofsted judgement through the provision of training, workshops, forums and Quality Improvement action planning (through the **Early Years Quality Improvement Team**) (5.2, 5.3 & 8.3)
- Working with Health Visitors and the Early Years Support Team, continue to provide support through the **Educational Psychology Service**, to children identified with emerging psychological or emotional needs and those where there are concerns around their readiness for school due to language/behaviour/attachment/possible ASD concerns (3.2, 4.2, 6.1 & 6.2)
- Continue to focus on supporting late talking 2 year olds through the provision of 'Let's Get Talking', a 4 week small group course for parents and children, provided by the **Speech and Language Therapy Team** through Health Visitors and Community Nursery Nurses, and provide individual specialist speech and language support for cases referred (6.1 & 6.2)

Strategic Aim 3 – Early Help, Safeguarding and Parenting Support

Aim: To ensure the most vulnerable young children are protected and able to access early help, parenting support and specialist services as required

Why is this important?

- The family is the first and most important influence of all in the earliest years of a child's life. Children growing up without a healthy, stable, nurturing family environment are particularly vulnerable to poor outcomes in later life.
- Many of the early influences on a child relate to the family setting in which they grow up. Family breakdown and other factors such as worklessness, domestic violence, mental ill health or drug and alcohol misuse can compound in their effects and lead to poor outcomes that can be very damaging for the child and costly to society as a whole.
- Providing support to meet children and families' needs at the earliest opportunity results in better longer term outcomes. Identifying potential need and early intervention in the early years prevents situations from escalating and ultimately reduces the need for intensive, specialist help and provides increased value for money.

Where are we now?

Some key data is presented below, showing Leicester's current performance in areas that contribute to achieving the strategic aim.

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
Outcome 7 – Babies / children are safe and cared for				
Referrals started / single assessments for children aged 0-5 (rate per 10,000)	Jan 15 – 54.75 Feb 15 – 54.09 Mar 15 – 60.02 Apr 15 – 56.39 May 15 – 38.92	Jun 15 – 46.17		No comparator data available
Total number of Children In Need aged 0-5	Jan 15 – 642 Feb 15 – 738 Mar 15 – 806 Apr 15 – 838 May 15 – 792	Jun 15 – 812		No comparator data available
Number of children aged 0-5 subject to a Child Protection plan (included in CIN total)	Jan 15 – 175 Feb 15 – 180 Mar 15 – 177 Apr 15 – 182 May 15 – 201	Jun 15 – 227		No comparator data available
Number of Looked After children aged 0-5 (included in CIN total)	Jan 15 – 93 Feb 15 – 97 Mar 15 – 100 Apr 15 – 107 May 15 – 111	Jun 15 – 119		No comparator data available

Indicator	Previous performance	Current performance (most recent data available)	Performance assessment and direction of travel ⁶	Available comparator data
	40 children under age 1 (7% of LAC) 100 children aged 1-4 (18% of LAC) (31 Mar 2014)			Under 1 = 6% of LAC 1-4 = 17% of LAC (England, Mar 2014)
Outcome 8 - Children's outcomes are improved because they receive help early enough				
Number of open Early Help Assessments (EHAs) for children aged 0-5	Jan 15 – 5 Feb 15 – 4 Mar 15 – 4 Apr 15 – 4 May 15 – 7	Jun 15 – 7		No comparator data available
Number of open Family Support cases for children aged 0-5	Jan 15 – 113 Feb 15 – 116 Mar 15 – 115 Apr 15 – 93 May 15 – 94	Jun 15 – 82		No comparator data available
Number of open THINK Family ⁸ cases with a child aged 0-5 in the household	Jan 15 – 208 Feb 15 – 217 Mar 15 – 220 Apr 15 – 220 May 15 – 225	Jun 15 – 213		No comparator data available
Outcome 9 - Families are independent and have the skills to parent well				
Number of families with children under age 5 living in poverty	2012 – 33.1% 2013 – 31.1% 2014 – 30.0%	2015 – 26.9%		England rate: 2012 – 21.9% 2013 – 21.1% 2014 – 20.6% 2015 – 19.2%
Number of children under 5 years who access Children, Young People & Family Centre services	Jan 15 – 3020 Feb 15 – 3376 Mar 15 – 3748 Apr 15 – 3700 May 15 – 3440	Jan-Jun 15 – 3803		No comparator data available
Number of families with children aged 0-5 attending an evidence-based parenting programme (All recorded as 'Strengthening Families, Strengthening Communities')	Jan 15 – 27 Feb 15 – 25 Mar 15 – 23 Apr 15 – 22 May 15 – 16	Jan-Jun 15 – 3		No comparator data available

- The number of children under 5 living in poverty in Leicester is reducing but is still **above** the national average.
- 0 to 5 year olds are a group with high levels of vulnerability and they make up the highest proportion of referrals into social care and the highest proportion of children subject to a Child Protection plan.

⁸ From 1st September 2015 THINK Family cases will not be recorded separately as the programme will be mainstreamed into the Early Help service meaning all cases will either be recorded as a family support case or an EHA.

- Abuse or neglect, family dysfunction and family in acute stress are consistently the principal reasons for referrals of 0 to 5 year olds to social care.
- The Early Intervention Foundation has created a tool to enable areas to benchmark their performance against a 'virtual comparator area' which has the same deprivation and social/demographic characteristics. This enables areas to get a sense of whether their outcomes are **better, worse or roughly equal to what would be expected**. Using the data from this benchmarking exercise it was concluded that:
 - *Looked After Children's rates, which are 10.9% higher than the national average (comparing children aged 0 to 18), are still significantly lower than would be expected given local conditions. This places Leicester on the 31st percentile, or amongst the top third performing areas.*
 - *Rates of Children in Need are likewise slightly above the national average (comparing children aged 0 to 17) but below the level expected for Leicester.*

What are we going to do to improve children's outcomes?⁷

- Continue to provide a range of early help interventions through **Children, Young People and Family Centres** including:
 - Early identification of vulnerable families through multi-agency meetings, ensuring services and settings collaborate at a local level so that support and preventative services are integrated and well-coordinated to meet need (7.1, 7.2, 7.3, 8.1 & 8.2)
 - Advice and guidance – Staff available in centres to respond to parents and carers who want to talk over an issue relating to, or impacting on, their child or young person's well-being. (8.2 & 9.2)
 - Family Information Service – Facilitate access for all parents to high quality information about child care, parenting support and programmes, services and activities available and advice on getting back into work. (9.2)
 - Family Support and Early Help Assessments – provided within the home or locality based on a proportionate assessment of the child, young person and family's needs. Support is planned in agreement with parent/carers. Activities draw on evidence-based approaches including solution-focused practice, signs of safety and tools taken from accredited parenting programmes. (7.3, 8.1 & 8.2)
 - Encourage take up of the 2 year old early education offer – Use the data available on eligible children to engage the most vulnerable families, and to identify those who may not be eligible but still benefit from some help. (4.4 & 8.2)
 - Parenting programmes – provide a range of nationally and internationally accredited, evidence-based, group work programmes that have been selected to meet a range of parenting needs across the age range and spectrum of need (currently offer 'The Solihull Approach' (and extending this for work with older children), 'Strengthening Families Strengthening Communities' and 'Living with Teenagers', as well as delivering locally developed approaches to parenting support to suit the identified needs of parents). (7.3, 8.2, 9.1 & 9.3)
 - Supporting families to become independent through access to financial/welfare rights support, adult skills and employability support and volunteering opportunities (9.1, 9.2 & 9.3)
- Deliver the actions set out in the **Ofsted Improvement Plan**, including those to improve children's outcomes by addressing issues relating to the following themes (7.1, 7.2, 7.3, 8.1, 8.2 & 8.3):
 - Practice issues
 - Management oversight
 - Performance and quality
 - Workforce
 - Partnership

- Ensure services and settings share information safely and **effectively to safeguard children**, in line with the 'Working Together' guidance (7.2)
- Implement robust **step up, step down pathways** and relationships between universal, targeted early help and specialist services for children and families to ensure they are supported to gain independence and parent with confidence (7.1, 7.3 & 8.2)
- Improve the **sharing of information** to ensure that the full complement of universal services is consistently promoted to all parents in the city following the birth of their baby (7.2)
- Redesign the e-directory managed by the **Family Information Service** to ensure that accurate, clear information is available to all parents who live and work in the city regarding the childcare options and other services available for families in Leicester (9.2)
- Improve links with **wider partner services** that impact on the lives of young children (e.g. GPs, housing, adult social care services, drug and alcohol services), to ensure that support is well co-ordinated and that specifications for commissioned services include recognition of the needs of young children (9.1, 9.2 & 9.3)
- Continue to provide courses and work clubs to develop the skills and employability of parent through the **Family Learning Service** and **Adult Learning and Skills Service**, covering family ESOL, mathematics, managing your money, etc. (9.1 & 9.3)

Appendix – Strategic Aims, Outcomes and Objectives

Strategic Aim 1 To improve the health and wellbeing of children from pre-birth to age five	
Strategic Outcome 1 Women experience healthy pregnancies	Objective 1.1: To ensure women access maternity and health services as early as possible in their pregnancy
	Objective 1.2: To support women to make healthy lifestyle choices before and during their pregnancy
	Objective 1.3: To reduce the incidence of teenage conception through effectively supporting young people
Strategic Outcome 2 Babies are healthy enough to thrive	Objective 2.1: To reduce the exposure to risk factors that are proven to increase the infant and child mortality rate
	Objective 2.2: To ensure babies receive the nutrition they need to develop healthily
	Objective 2.3: To ensure babies receive appropriate immunisation
Strategic Outcome 3 Children in the early years live healthy lives	Objective 3.1: To ensure children receive the nutrition they need to develop healthily
	Objective 3.2: To ensure children access health services appropriate to their physical and emotional needs
	Objective 3.3: To provide support to parents and childcare settings to improve the dental health of young children

Strategic Aim 2 To support the development and improve the educational achievement of all young children, including narrowing the gap between the lowest achievers and the rest at Foundation Stage	
Strategic Outcome 4 Babies / children develop well and learn appropriately for their age	Objective 4.1: To ensure children receive health and development checks at appropriate times
	Objective 4.2: To identify and provide timely support for children with emerging and identified additional needs
	Objective 4.3: To support eligible parents to identify and access a childcare/early education place
	Objective 4.4: To increase the take up of funded early education by eligible 2, 3 and 4 year olds
Strategic Outcome 5 Children develop a desire to learn and are ready for school at age 5	Objective 5.1: To ensure there are sufficient funded early education places for 2, 3 and 4 year olds
	Objective 5.2: To support childcare/early education settings to develop their workforce and improve their quality/Ofsted judgements
	Objective 5.3: To ensure children are ready for school at age 5
	Objective 5.4: To identify and support children at risk of falling into the bottom 20% at Early Years Foundation Stage
Strategic Outcome 6 Children develop language skills and can effectively communicate their needs	Objective 6.1: To support parents to enable their children to reach appropriate communication milestones at age 2
	Objective 6.2: To ensure children reach milestones in speaking, listening and understanding at ages 3 and 4
	Objective 6.3: To encourage childcare/early education settings to actively support communication and language development in their everyday practice

Strategic Aim 3	
To ensure the most vulnerable young children are protected and able to access early help, parenting support and specialist services as required	
Strategic Outcome 7 Babies / children are safe and cared for	Objective 7.1: To ensure partner organisations understand the processes in place and make appropriate referrals to protect vulnerable children
	Objective 7.2: To develop and embed processes and protocols that deliver the 'Working Together' guidance
	Objective 7.3: To provide targeted and specialist multi agency services that identify and respond to the needs of vulnerable children
Strategic Outcome 8 Children's outcomes are improved because they receive help early enough	Objective 8.1: To ensure identified children receive an holistic multi-agency Early Help Assessment (EHA), Education Health Care plan (EHC) or Family Support plan that meets their needs
	Objective 8.2: To undertake targeted work that engages with vulnerable children and families and offers early help and support
	Objective 8.3: To recruit and retain a skilled children's workforce, supporting them to develop their knowledge and skills to improve the outcomes and safeguarding of young children
Strategic Outcome 9 Families are independent and have the skills to parent well	Objective 9.1: To support families to be independent and mitigate the effects of child poverty on young children's outcomes
	Objective 9.2: To enable parents to easily access information and services in their community that will support their children
	Objective 9.3: To support parents to provide their children with a healthy, safe and supportive lifestyle and home environment

References

- Allen, G. (2011) "Early Intervention: the next steps", *London: HM Government Cabinet Office*
<http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>
- Dartington Social Research Unit (2013) "Better evidence for a better start", *Dartington Social Research Unit*
<http://betterstart.dartington.org.uk/resources/evidence-reviews/>
- Department for Education (2011) "Supporting Families in the Foundation Years", *Department for Education & Department for Health, HM Government*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184868/DFE-01001-2011_supporting_families_in_the_foundation_years.pdf
- Department for Education (2013) "Children's Centres Statutory Guidance", *HM Government*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf
- Department of Health (2011) Health Visitor Implementation Plan 2011-15 – A Call to Action, *HM Government*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf
- Field, F. (2010) "The Foundation Years: preventing poor children becoming poor adults - The report of the Independent Review on Poverty and Life Chances", *HM Government*
<http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk>
- Great Britain Parliament (2006) "Childcare Act 2006", (Act of Parliament) *London: HMSO.*
<http://www.legislation.gov.uk/ukpga/2006/21/contents>
- HM Government (2015) "Working Together to Safeguard Children", *HM Government*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- Lord Laming (2009) "The Protection of Children in England: A Progress Report", *London: HMSO.*
http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf
- Leicester Children's Trust (2014) "Children and Young People's Plan 2014-2017", *Leicester City Council*
<http://www.leicester.gov.uk/media/113643/children-and-young-people-plan-2014-17.pdf>
- Leicester's Joint Health and Wellbeing Strategy (2013) 'Closing the Gap 2013-16', *Leicester City Council/Leicester City CCG/NHS Commissioning Board/Leicestershire Police/Healthwatch Leicester*
http://www.leicester.gov.uk/media/177755/leicester_s_joint_health_and_wellbeing_strategy_2013-2016.pdf
- Marmot, M. (2008), "Review of Health Inequalities – Fair Society, Healthy Lives", *Institute of Health Equity*
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- Munro, E. (2011) "Munro review of child protection: final report - a child-centred system", *Department for Education, London: TSO*

<https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

Ofsted (2011) "Removing Barriers to Literacy", *HM Government*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413745/Removing_barriers_to_literacy.pdf

Sylva, K. et al (2004) 'The Final Report: Effective Pre-School Education', *Institute of Education*

https://www.ioe.ac.uk/RB_Final_Report_3-7.pdf

Wave Trust (2013) "Conception to age 2 – the age of opportunity 2013", *Wave Trust*

http://www.wavetrust.org/sites/default/files/reports/conception-to-age-2-full-report_0.pdf