

**SOUTH TEES**  
**JSNA**

Joint Strategic Needs Assessment

*JUNE 2024*

**MISSION**

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*We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030.*

**GOAL**

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*We want to eliminate the school readiness gap between those born into deprivation and their peers.*

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# 1. Introduction

## 1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a “mission-led” approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	<b>Children and Young People have the Best Start in Life</b> We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	<b>People live healthier and longer lives</b> We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	<b>More people lead safe, independent lives</b> We want more people leading independent lives through integrated and sustainable support

## 1.2 Start well strategic aim

There are three missions within the start well strategic aim. **The first mission relates to narrowing the outcome gap for children growing up in disadvantage, the second mission relates to improving education, training and work prospects for young people and the third missions relates to improving young people’s mental health.** The first goal within the first mission, and the focus on this needs assessment looks at the school readiness gap between those born into deprivation and their peers.

Aims	Mission	Goal
Start Well	We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the school readiness gap between those born into deprivation and their peers.
		We want to eliminate the attainment gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities
		We will have no NEETs in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.
	We will prioritise and improve mental health and outcomes for young people	Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes
		Improve access to mental health care and support for children, young people and families, led by needs.

## 2. What is our mission and why do we need to achieve it?

### 2.1 The mission

We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030.

### 2.2 Why do we need to achieve it?

Children from affluent backgrounds are more likely to begin primary school with higher personal, social, and emotional development and communication, language and literacy skills than their poorer peers. Children from affluent areas are on average 10% more ready than middle-ranking families and 30% ahead of those at the bottom<sup>1</sup>.

The gap continues to widen whilst children are in school. Only 18.3% of disadvantaged pupils in Middlesbrough achieve grade 5 or above (Grade 5 is recognised as a “strong pass” for the purposes of school accountability only), compared to 25.2% of disadvantaged children in England. Middlesbrough rate of 18.3% is 18<sup>th</sup> highest out of 152 local authorities in England. Disadvantaged pupils in Redcar & Cleveland perform slightly better compared to England with 26.4% achieving this grade.

To ensure that children and young people in our area have happy adult lives we need to narrow the outcome gap between children growing up in disadvantage and the national average by 2030. **Quite simply, happy, and healthy children generally grow to become happy and healthy adults.**

A sole focus on the educational curriculum will not narrow the outcome gap between children growing up in disadvantage and the national average by 2030, therefore we need to focus on social determinants as much as the educational issues.

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<sup>1</sup> Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020), “Health Equity in England: The Marmot Review 10 Years On”, Institute of Health Equity; 2020, Available at: [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#) (accessed: 31 October 2023).

## 3. What is our goal and why do we need to achieve it?

### 3.1 What is our goal?

At around five years of age children are measured in school to assess their level of development. Those achieving a Good Level of Development (GLD) at the end of Reception Early Years Foundation Stage (EYFS) outcomes are seen as 'School Ready'. School Readiness is generally defined as 'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life'<sup>2</sup>

In South Tees around one in five of our children start school behind their peers and are below the bar of the school readiness marker set by government. UNICEF highlight the following as key dimensions of school readiness<sup>3</sup>:

1. Ready children, focusing on children's learning and development.
2. Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children.
3. Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school.

In South Tees we have a high number of low-income households, and this is a factor that associates with poorer levels of child development. Research evidence highlights that educational performance improves as family income goes up. Just over 10% of young people in middle-earning families gained at least one A or A\* grade at GCSE, compared to a third of pupils from the wealthiest tenth of families. These inequalities lead to vast gaps in learning, by the age of 40 the average UK employee with a degree earns twice as much as someone qualified to GCSE level or below<sup>4</sup>.

Low aspirations, low familial literacy levels and poor health also regularly highlighted by our local workforce as factors that hinder economic development. However, they are not the only factor, quality early years provision, personal health and the local community also play a major part.

It is important to highlight that whilst there are significant challenges, many local families overcome barriers daily just to get their children to school and are very resilient in lots of areas of their life.

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<sup>2</sup> [www.gov.uk](https://www.gov.uk) (2023), "Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five", Department for Education (2023), Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1170108/EYFS\\_framework\\_from\\_September\\_2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1170108/EYFS_framework_from_September_2023.pdf) (accessed: 10 November 2023).

<sup>3</sup> Rebello Britto P (2014), "School Readiness: a conceptual framework", UNICEF (2014), Available at: [School Readiness. A conceptual Framework. UNICEF \(leicestershire.gov.uk\)](https://www.leicestershire.gov.uk/school-readiness) (accessed: 10 November 2023).

<sup>4</sup> Farquharson C, McNally S, I.Tahir I (2022), "Lack of progress on closing educational inequalities disadvantaging millions throughout life", Nuffield Foundation (2022), Available at: [Lack of progress on closing educational inequalities disadvantaging millions throughout life | Inequality: the IFS Deaton Review](https://www.nuffieldfoundation.org/lack-of-progress-on-closing-educational-inequalities-disadvantaging-millions-throughout-life) (accessed: 31 October 2023).

## 3.2 Why do we need to achieve it?

**This JSNA focuses on eliminating the school readiness gap between those born into deprivation and their peers.**

### **Why does school readiness matter?**

The quality of a child's early experience is vital for their future as children that start school developmentally ready will have a happier, healthier life. It is shaped by many interrelated factors, notably the effects of socio-economic status, the impact of high-quality early education and care, and the influence of 'good parenting'. What parents and carers do daily with their children is important<sup>5</sup>. Getting more children school ready has benefits beyond the child and their family as it will support the South Tees for years to come. Children who are ready for school will generally go on to achieve more when they leave school and will contribute more back into the local economy. They will also have happier and healthier lives and will need less care and support from health and social care services.

### **What does success look like?**

Our overall goal is to ensure that more children start school in reception with a baseline of developmental skills that they need to be 'school ready'. To reduce the school readiness gap we need the following building blocks in place:

- Better identify children who make up the gap, at 2.5 years (nursery and reception)
- Understand which areas of child's development we need to support the most
- Benchmark progress to show how we are mitigating the gap over time
- Regular checks on the quality of our early years support for families

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<sup>5</sup> [www.gov.uk](http://www.gov.uk) Are you ready? Good practice in School Readiness (2014). Available at: [Are you ready Good practice in school readiness.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) (accessed: 31 October 2023).




## 4. Key data and drivers for change?

### 4.1 How is school readiness measured?

The early years foundation stage (EYFS) sets standards for the learning, development, and care of your child from birth to five years old. An early year's practitioner or health visitor will review progress when the child is between two and three years old and a class teacher will assess them at the end of the school year when they turn five. This assessment is based on classroom observation rather than a test. It uses the early learning goals, which can be found in the early year's framework. Furthermore, at 27 months of age, every child is offered a Health Review by a Health Visitor, with the Ages and Stages Questionnaire (ASQ-3). The ASQ3 highlights the many new skills that may be developing at this age.

There are 17 early learning goals (ELGs) across seven areas of learning, shown below. Children are defined as having reached a good level of development if they achieve at least the expected level in the 12 ELGs, in the prime areas of learning (personal, social, and emotional development; physical development; and communication and language) and the ELGs in the specific areas of mathematics and literacy. Children are also assessed against emerging or expected levels in the 17 ELGs across all seven areas of learning.

**EYFS - Seven areas of learning and development**



	Area of Learning	Early Learning Goals (ELGs)
<b>Prime Areas</b>	<b>1. Communication and language</b>	Listening, attention & understanding
		Speaking
	<b>2. Physical development</b>	Gross motor skills
		Fine motor skills
	<b>3. Personal, social and emotional development</b>	Self-regulation
		Managing self
Building relationships		
<b>Specific Areas</b>	<b>4. Literacy</b>	Comprehension
		Word reading
		Writing
	<b>5. Mathematics</b>	Number
Numerical patterns		
<b>Additional Areas</b>	<b>6. Understanding the world</b>	Past & present
		People, culture & communities
		The natural world
	<b>7. Expressive arts and design</b>	Creating with materials
		Being imaginative & expressive

The 2021/22 EYFS reforms were introduced in September 2021 and the EYFS profiles were significantly revised. It is therefore not possible to directly compare 2021/22 and 2022/23 assessment outcomes with earlier years.

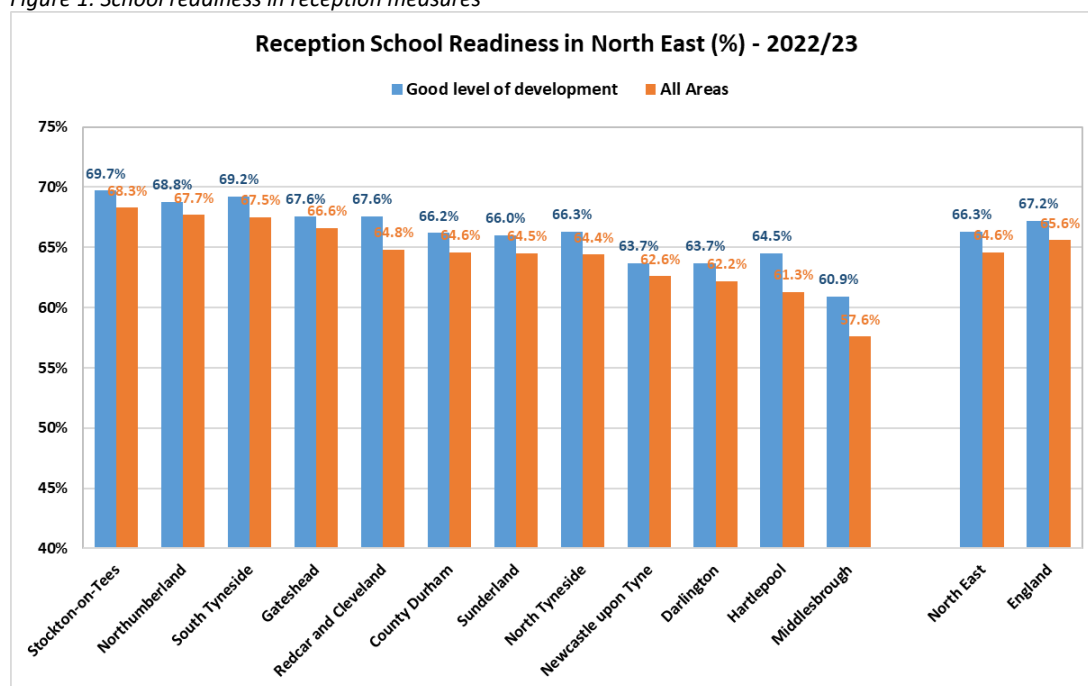
## 4.2 2022/23 school readiness overview

For the 2022/23 academic year, the percentage of children achieving a good level of development in England was 67.2% and 65.6% for achieving expected level across all ELGs. As shown in Figure 1 below, Redcar and Cleveland performs similar to England with a rate of 67.6% for good level of development and 64.8% for all areas, however this does mask wide inequalities in the borough between the best and worst wards.

Middlesbrough performs significantly worse than England with a rate of 60.9% for good level of development and 57.6% for all areas. The good level of development rate in Middlesbrough is the second lowest for any local authority in England. This equates to 761 children in Middlesbrough and 453 children in Redcar & Cleveland who were not meeting the required milestones in reception in 2022/23.

The mean number of ELGs (out of 17) children were at the expected level in England was 14.1. In Redcar & Cleveland the mean number was also 14.1 and in Middlesbrough the mean number was 12.6.

Figure 1: School readiness in reception measures

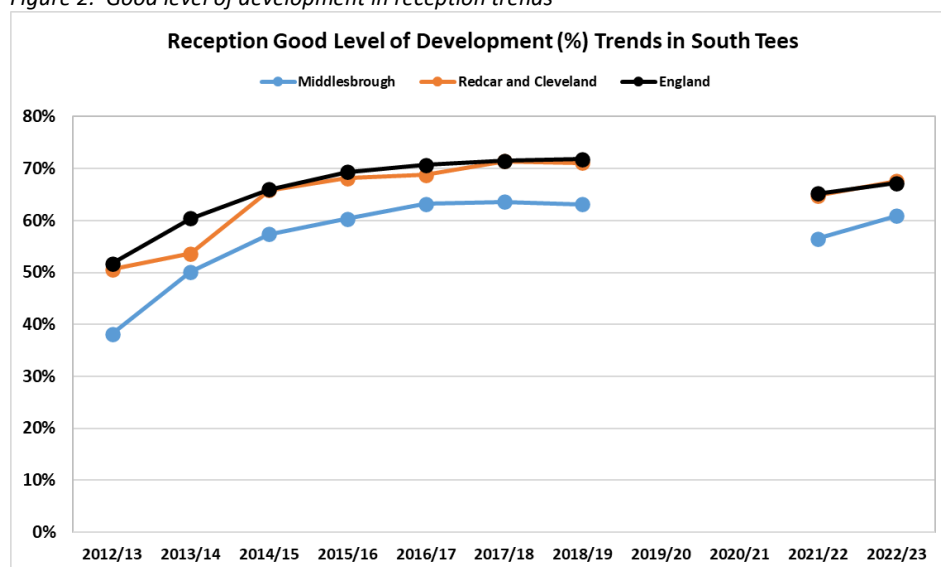


Source – Department for Education (DfE)

Whilst 2021/22 & 2022/23 assessment outcomes are not directly comparable with earlier years due to significant changes to the EYFS profile and the Covid pandemic, a time series of the good level of development measure is shown below for context. The England rate of good level of development had seen year on year increases between 2012/13 to 2018/19. Redcar & Cleveland's rate, although fluctuated followed a similar trend and was at similar levels to England. Middlesbrough's rate has always been significantly lower than the England rate. Between 2012/13 and 2016/17 the gap between Middlesbrough and England had been narrowing, however the two years prior to the Covid pandemic has seen the gap widen again.

The England GLD rate has seen a 2.0 percentage point increase from 65.2% in 2021/22 to 67.2% in 2022/23. Locally Redcar & Cleveland saw a 2.8 percentage point increase whilst Middlesbrough had a 4.4 percentage point increasing, moving from 56.5% in 2021/22 to 60.9% in 2022/23.

Figure 2: Good level of development in reception trends



Source – Department for Education (DfE)

There were significant changes in the North East from 2012/13 up to 2018/19. In 2012/13, all local authorities in the North East had a lower good level of development rate compared to the England rate of 51.7% as shown in figure 3 below. Over the seven-year period, England increased by 16.1 percentage points up to 67.8%, at which all local authorities in the North East except Middlesbrough had a higher good level of development rate. Local Authorities such as Gateshead and Stockton-on-Tees, although not as deprived as Middlesbrough but still more deprived than England, have significant improvements over the period.

Figure 3: Good level of development in reception trends for North East

Area		Trends							Diff 2012/13 - 2018/19
Local Authority	IMD Score	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	
Northumberland	22.1	49.3	56.8	64.9	73.4	74.9	75.0	74.8	25.4
North Tyneside	22.3	48.4	58.9	64.4	69.7	70.2	72.8	72.0	23.7
Darlington	25.7	49.4	55.4	66.2	69.6	72.2	72.6	71.7	22.3
Stockton-on-Tees	25.8	41.1	50.2	58.8	64.9	69.3	70.5	73.8	32.7
County Durham	26.8	41.7	56.7	63.5	69.0	71.9	72.8	71.8	30.1
Gateshead	28.2	34.3	56.6	63.7	68.0	69.9	70.1	73.4	39.0
Redcar and Cleveland	29.8	50.6	53.6	65.8	68.1	68.8	71.4	71.1	20.5
Newcastle upon Tyne	29.8	43.6	53.6	60.5	69.5	71.0	70.9	70.4	26.8
Sunderland	30.6	53.1	59.9	65.9	68.2	70.5	71.1	72.6	19.5
South Tyneside	31.5	49.6	55.9	60.6	67.9	72.1	72.8	73.3	23.7
Hartlepool	35.0	47.5	60.2	68.4	68.4	69.6	69.4	72.2	24.7
Middlesbrough	40.5	38.2	50.1	57.4	60.3	63.2	63.9	63.1	25.0
England	21.7	51.7	60.4	64.6	64.6	64.5	64.3	67.8	16.1

Source – Department for Education (DfE)

Figure 4 below shows the proportion of children who were at the expected level of development for each of the seven learning goals. The physical development area of learning had the highest percentage of children at the expected level of development (85.2%) and the literacy area of learning had the lowest (69.7%) in England. The order from highest to lowest for areas of learning outcomes is similar for Redcar & Cleveland and Middlesbrough. Redcar & Cleveland's biggest differences are seen in person, social & emotional development with a 1.9 percentage point difference, followed by physical development with a 1.8 percent point difference. Middlesbrough has significantly lower outcome percentages for all areas of learning. The biggest differences with England are seen in

understanding the world at 11.6 percentage points and expressive arts and design with a 11.3 percentage point difference.

In Redcar & Cleveland the biggest differences when comparing 2022/23 to the previous year were seen in communication and language with a 2.5 percentage point increase, followed by literacy with a 2 percentage point increase. Middlesbrough saw the largest increases in literacy at 3.3 percentage points and mathematics at 2.4 percentage points.

Figure 4: Expected level by area of learning

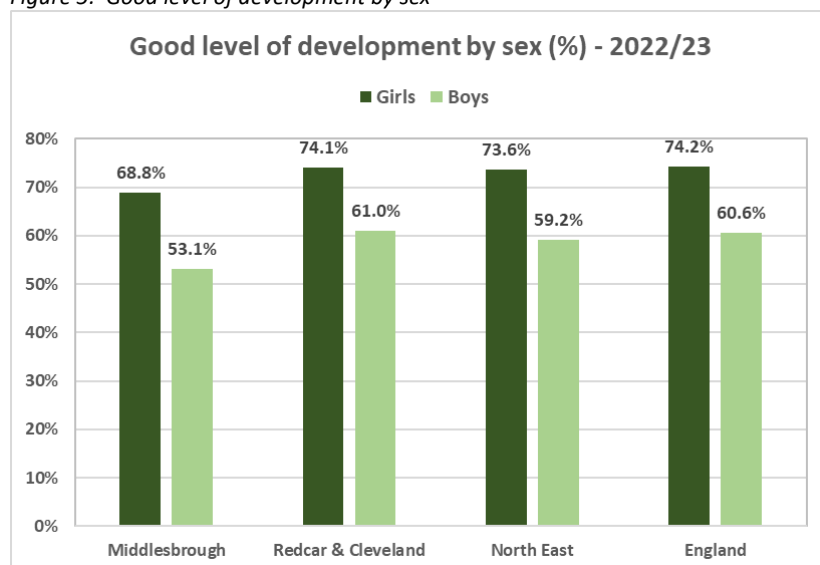
Area of Learning	England	Redcar & Cleveland		Middlesbrough	
		%	Diff to ENG	%	Diff to ENG
Physical development	85.2%	83.4%	-1.8%	78.5%	-6.7%
Expressive arts and design	85.0%	84.7%	-0.3%	73.7%	-11.3%
Personal, social and emotional development	83.2%	81.3%	-1.9%	74.7%	-8.5%
Understanding the world	80.3%	80.4%	0.1%	68.7%	-11.6%
Communication and language	79.7%	79.4%	-0.3%	71.1%	-8.6%
Mathematics	77.1%	76.1%	-1.0%	67.8%	-9.3%
Literacy	69.7%	69.3%	-0.4%	62.3%	-7.4%

Source – Department for Education (DfE)

### 4.3 Demographics

The level of school readiness is higher in girls compared to boys both locally and nationally as shown in Figure 5 below. In England 74.2% of girls reached the expected level compared to 60.6% for boys, a gap of 14.9 percentage points. Redcar & Cleveland has a slightly lower split with a 13.1 percentage point gap. In Middlesbrough not only are levels lower for both boys and girls, but the percentage point gap is larger at 15.7, with only 53.1% of boys meeting the expected level in 2022/23.

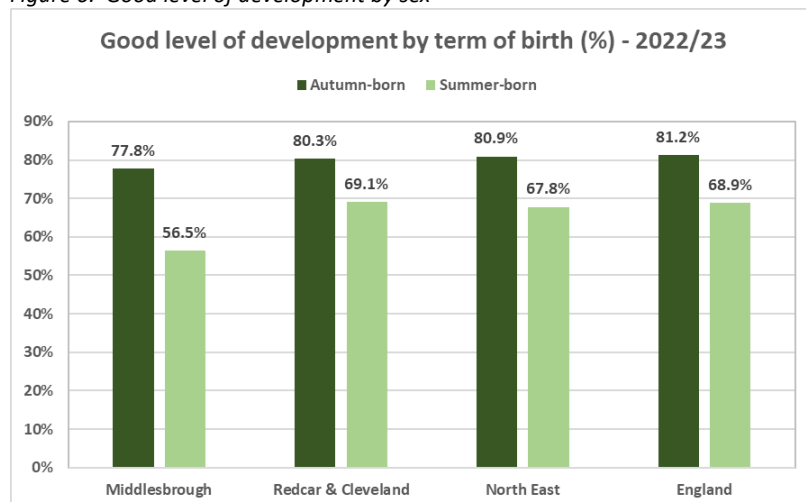
Figure 5: Good level of development by sex



Source – Department for Education (DfE)

There is also a significant difference in school readiness levels based on the term of birth between autumn born and summer born. Nationally there is a 12.3 percentage point difference with 81.2% for autumn born children and 68.9% for summer born children. Redcar & Cleveland has a smaller percentage point gap at 11.2 whilst the gap is significantly larger in Middlesbrough at 21.3 percentage points.

Figure 6: Good level of development by sex



Source – Department for Education (DfE)

Redcar & Cleveland has a much smaller proportion of ethnic minority groups in reception year at 4.5% in 2022/23 compared to 25.2% in Middlesbrough. In Middlesbrough, apart from pupils in the Black ethnicity group, pupils who are Mixed, Asian, Other and Unknown ethnicity groups have lower school readiness levels compared to those in the white British category. Although pupil numbers are small in Redcar & Cleveland, children in the Mixed and Black ethnicity groups had higher school readiness levels to those children in the white British category.

Figure 7: Good level of development by sex

		Total	White	Mixed	Asian	Black	Other	Unknown
Middlesbrough	Pupils	1,945	1,399	97	189	133	71	56
	GLD	60.9%	63.6%	58.8%	53.4%	66.9%	40.8%	32.1%
Redcar & Cleveland	Pupils	1,396	1,315	34	8	12	9	18
	GLD	67.6%	67.6%	79.4%	62.5%	83.3%	44.4%	44.4%
England	GLD	68.6%	68.6%	68.7%	66.7%	62.8%	59.1%	50.0%

Source – Department for Education (DfE)

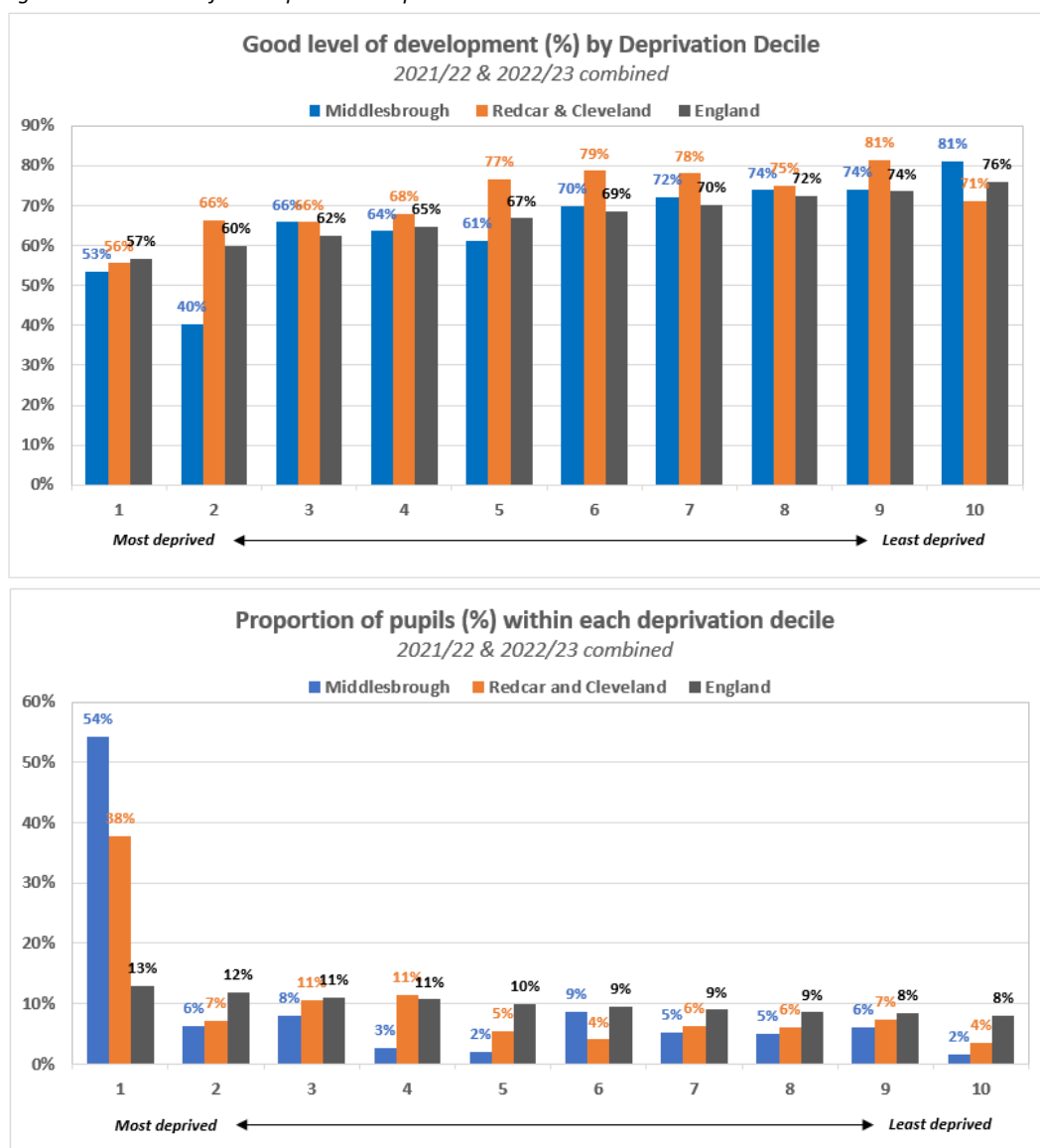
There is also a larger difference in Middlesbrough for those whose first language is known to be other than English, compared to the England average with 55.9% compared to 70.7% for first language of English, a gap of 14.3 percentage points. This compared to an 8.2 percentage point gap in England with 77.2% for first language of English and 69.1% for first language other than English. The gap is also larger in Redcar & Cleveland compared to England however the number of children involved is smaller.

## 4.4 Deprivation & free school meal eligibility

The levels of school readiness vary significantly by income deprivation. Figure 8 below shows the rate of good level of development by deprivation decile for England deciles and South Tees deciles across both 2021/22 and 2022/23. In England, the percentage of children with a good level of development is higher for children who live in less deprived areas, and lower for children who live in more deprived areas. Overall, there is a difference of 18 percentage points between the children who live in the 10% most and 10% least deprived areas with 57% in decile 1 and 76% in decile 10.

Although there are fluctuations moving from the most deprived to least deprived areas, in Middlesbrough there is a 41-percentage point difference between the lowest rate of good level of development in decile 2 at 40% and decile 10 at 81%. Not only is there very low level of school readiness in the most deprived areas of South Tees, but a significantly higher proportion of pupils in reception live within the most deprived 10%. In England, 13% of pupils live in the most deprived decile but in South Tees this figure is significantly higher at 38% of pupils in Redcar & Cleveland and 54% in Middlesbrough. This is one of the leading explanations as to why local levels of school readiness, especially in Middlesbrough are dramatically lower than the England average.

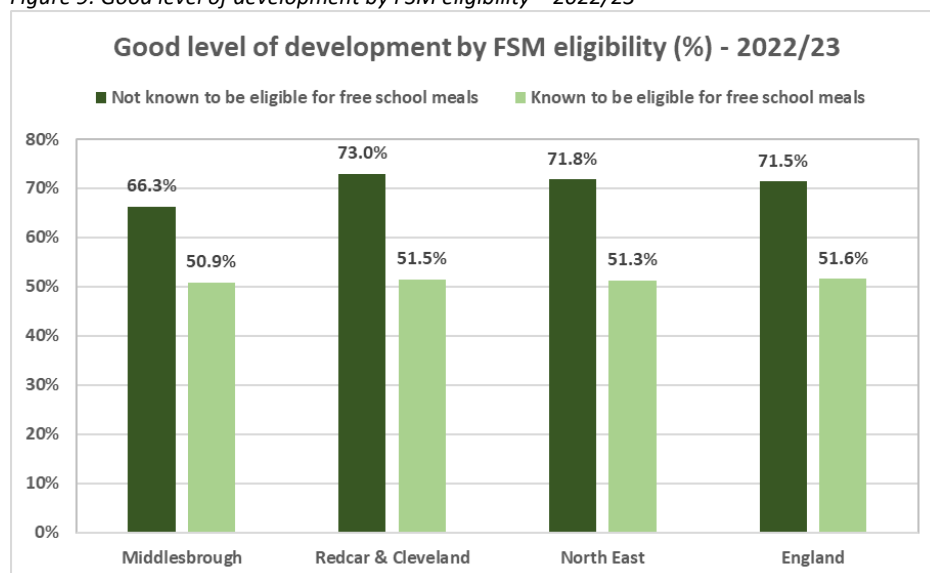
Figure 8: Good level of development vs deprivation decile



Source – Department for Education (DfE)

Free school meal (FSM) eligibility is a proxy measure for low parental income and potential disadvantage. Locally there are a greater number of pupils in reception who are eligible for free school meals with 32.7% in Middlesbrough and 25.4% in Redcar & Cleveland compared to 18.3% in England. In England there is a 20-percentage point gap between those known to be eligible for free schools and those who are not. Redcar & Cleveland has a larger gap at 21.5 percentage points with free school meals pupils having similar levels of school readiness compared to England. In Middlesbrough the percentage point gap is smaller compared to England but both pupils known and not known to be eligible for FSM perform worse.

Figure 9: Good level of development by FSM eligibility – 2022/23



Source – Department for Education (DfE)

## 4.5 Special Educational Needs Disability (SEND)

The special educational needs (SEN) category indicates whether a pupil has learning difficulties or disabilities that make it harder for them to learn than most children of the same age. Pupils with special educational needs include those with SEN support or an education, health, and care plan (EHCP). An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs (SEN) support. EHCP's identify educational, health and social needs and set out the additional support to meet those needs.

In 2022/23, 11.4% of pupils in reception in state-funded schools had a special educational need in England. In Middlesbrough this figure is slightly lower at 10.7% and in Redcar & Cleveland the figure is slightly higher at 11.7%.

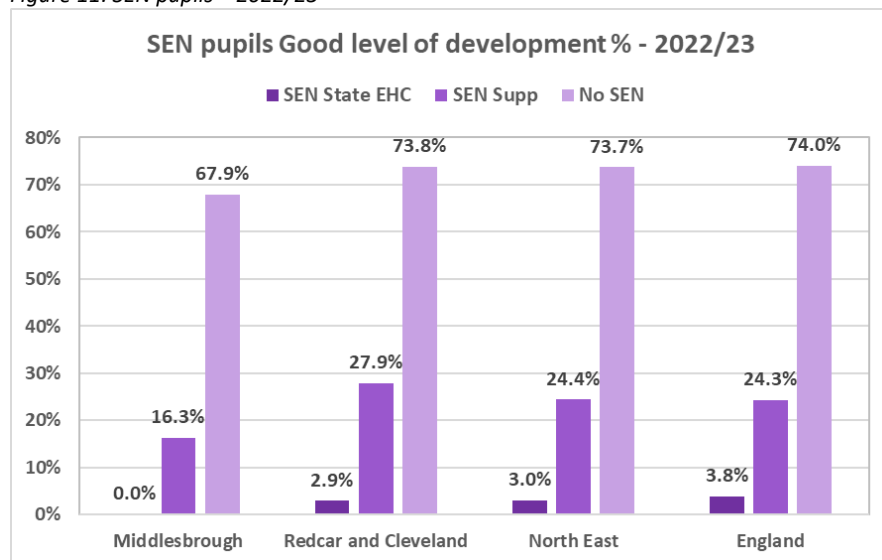
Figure 10: SEN pupils – 2022/23

	Pupils	EHC Plan		SEN Support	
	No.	No.	%	No.	%
<b>Middlesbrough</b>	1,945	79	<b>4.1%</b>	129	<b>6.6%</b>
<b>Redcar &amp; Cleveland</b>	1,396	35	<b>2.5%</b>	129	<b>9.2%</b>
<b>England</b>	618,891	15,620	<b>2.5%</b>	54,979	<b>8.9%</b>

Source – DfE, GOV.UK

In 2022/23 pupils with SEN had significantly lower levels of school readiness than pupils without SEN both locally and nationally. Of those with any special educational need in England, the percentage of children with SEN support with a good level of development was over six times that of children with an EHCP. (24.3% compared with 3.8%). The levels for those with an EHCP were slightly lower in Redcar & Cleveland at 2.9% compared to 3.8% in England. However in Middlesbrough, none of the 79 pupils in reception with an EHC plan achieved a good level of development. Pupils with SEN support in Middlesbrough have significantly lower levels of school readiness compared to Redcar & Cleveland and regional and national rates.

Figure 11: SEN pupils – 2022/23



Source – DfE, GOV.UK

## 4.6 Speech, language and communication

Evidence shows that children with poor vocabulary skills at age five are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed (Early Intervention Foundation, 2017). Data provided by North East Commissioning Support (NECS) business intelligence team shows unique attendances/referrals at SALT services for under 17 year olds in Middlesbrough and Redcar & Cleveland during a period between April 2021 and October 2023. Figure 12 shows the number and rate per 1,000 population across age bands for the Tees Valley local authorities. Middlesbrough has the highest rates for under 17s in Tees Valley with 2,460 attendances or a rate of 78 per 1,000 population. Redcar & Cleveland is also higher than the Tees Valley average with 1,809 attendances or a rate of 71 per 1,000 population.

The greatest number of referrals is in the under-five age band, and this is highest in Redcar & Cleveland with a rate of 169 per 1,000, followed closely by Middlesbrough at 168 per 1,000. In the 5-10 year old age band, Middlesbrough is second highest in the Tees Valley with 68 per 1,000 and Redcar & Cleveland's rate is lower at 52 per 1,000. Middlesbrough's rate for the 11-16 year old cohort is similar to the Tees Valley average at 15 per 1,000, whilst Redcar & Cleveland's rate is higher at 19 per 1,000.



Figure 12: Under 17s attending SALT by age band

Local Authority	Under 5			5 to 10			11 to 16			Total (under 17s)		
	SALT	Pop.	Rate	SALT	Pop.	Rate	SALT	Pop.	Rate	SALT	Pop.	Rate
Darlington	890	5,473	163	552	7,648	72	128	7,887	16	1,570	21,008	75
Hartlepool	753	4,969	152	402	6,749	60	149	7,018	21	1,304	18,736	70
Middlesbrough	1,492	8,881	168	801	11,775	68	167	11,012	15	2,460	31,668	78
Redcar and Cleveland	1,137	6,747	169	490	9,506	52	182	9,390	19	1,809	25,643	71
Stockton-on-Tees	1,433	10,602	135	624	15,106	41	147	15,135	10	2,204	40,843	54
<b>Total</b>	<b>5,705</b>	<b>36,672</b>	<b>156</b>	<b>2,869</b>	<b>50,784</b>	<b>56</b>	<b>773</b>	<b>50,442</b>	<b>15</b>	<b>9,347</b>	<b>137,898</b>	<b>68</b>

Source – NECS business intelligence team

Figure 13 shows the number of Speech and Language Therapy (SALT) service attendances over the previous four financial years across the Tees Valley. The 2020/21 financial year saw a significant increase in SALT attendances, particularly in Middlesbrough and Redcar & Cleveland. Numbers reduced significantly in 2021/22 and further still in 2022/23 where attendances in 2022/23 were the lowest for South Tees over the four year period.

Figure 13: Under 17s attending SALT by year

Local Authority	2019-20	2020-21	2021-22	2022-23
Darlington	691	914	492	869
Hartlepool	955	1,187	481	497
Middlesbrough	801	1,806	1,207	778
Redcar and Cleveland	603	1,617	842	601
Stockton-on-Tees	1,543	2,055	936	796
<b>Total</b>	<b>4,593</b>	<b>7,579</b>	<b>3,958</b>	<b>3,541</b>

Source – NECS business intelligence team

Figure 14 below shows the number and rate of SALT attendances for under 17s by wards in Middlesbrough (highlighted blue) and Redcar & Cleveland (highlighted orange). The highest rates in Middlesbrough were seen in Stainton & Thornton (a less deprived ward), followed by North Ormesby and Brambles & Thorntree, which have higher levels of deprivation. In Redcar & Cleveland the highest rates were seen in Skelton West, Teesville, West Dyke which have average levels of deprivation in the local authority.

Figure 14: Under 17s attending SALT by ward

Ward	Total Pop.	Under 17s attending SALT		
		Pop.	No.	Rate
M - Stainton & Thornton	3,130	539	75	139
R - Skelton West	4,739	921	127	138
M - North Ormesby	3,077	661	74	112
R - Teesville	5,826	912	99	109
M - Brambles & Thorntree	8,632	2,488	265	107
R - West Dyke	5,947	999	90	90
R - Skelton East	4,212	903	81	90
M - Trimdon	4,966	965	85	88
R - Kirkleatham	7,458	1,556	135	87
R - Normanby	6,724	1,139	98	86
R - Newcomen	5,199	1,192	102	86
M - Hemlington	6,226	1,484	125	84
M - Berwick Hills & Pallister	9,037	2,608	219	84
M - Longlands & Beechwood	10,664	2,730	221	81
M - Acklam	5,616	1,075	86	80
R - Grangetown	6,619	1,975	157	79
M - Park	9,815	2,337	185	79
R - Dormanstown	4,679	1,010	78	77
R - Loftus	6,472	1,289	99	77
M - Park End & Beckfield	7,658	1,693	130	77
M - Newport	12,335	2,995	228	76
M - Kader	5,150	755	57	75
R - Eston	7,578	1,471	111	75
R - Belmont	4,292	698	52	74
M - Marton East	5,424	1,104	78	71
R - Guisborough	8,063	1,327	90	68
M - Ladgate	5,317	1,248	83	67
M - Nunthorpe	4,857	884	58	66
M - Coulby Newham	8,507	1,587	104	66
M - Ayresome	6,161	1,627	105	65
R - Lockwood	2,367	365	23	63
M - Central	13,001	2,481	156	63
M - Marton West	5,183	873	54	62
R - Zetland	4,359	801	48	60
R - Coatham	5,123	838	50	60
R - Ormesby	6,325	1,144	61	53
R - Saltburn	6,060	833	44	53
R - Longbeck	4,026	630	33	52
M - Linthorpe	6,529	1,446	72	50
R - Brotton	6,905	1,335	66	49
R - Hutton	6,420	1,162	46	40
R - South Bank	5,353	1,353	48	35
R - Wheatlands	5,367	1,283	42	33
R - St Germain's	7,115	1,065	29	27

Source – NECS business intelligence team

## 4.7 Autism Spectrum Disorder (ASD)

Given the needs of those with ASD, this group will generally have much lower rates of school readiness than the general population. Data provided by NECS business intelligence team shows the numbers of referrals of under 18's for assessment for suspected ASD, outcomes, and outstanding requests in the Tees Valley during a period between April 2019 to June 2023. Figure 15 below, shows the number of referrals and outcomes by financial year in the Tees Valley. Numbers of new suspected ASD referrals, closed suspected referrals and patients with an open referral receiving an diagnosis have increased significantly over the 5 year periods, particularly the number of new suspected autism referrals.

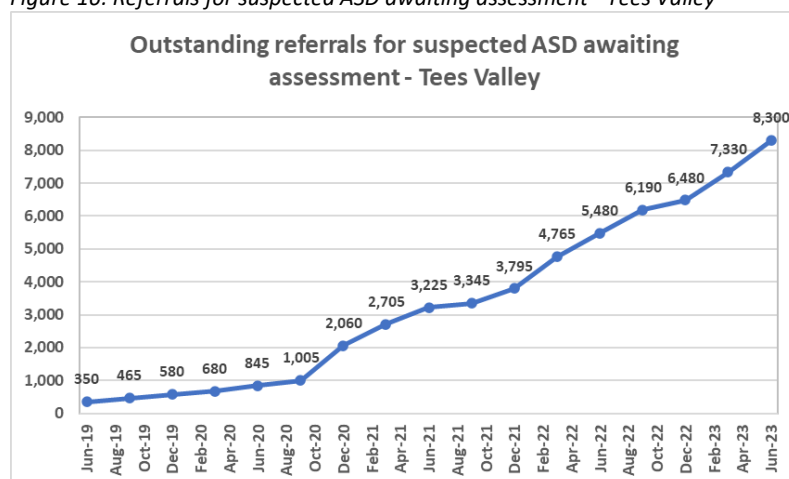
Figure 15: Referrals for suspected ASD and outcomes - Tees Valley

Referrals for suspected ASD and outcomes - Tees Valley	2019/20	2020/21	2021/22	2022/23	Jul 22 - Jun 23
Number of new suspected autism referrals	330	1,365	2,205	5,080	5,200
Number of closed suspected autism referrals	100	400	1,200	2,230	2,480
Number of patients with an open suspected autism referral receiving an autism diagnosis	5	150	545	1,070	1,040

Source – NECS business intelligence team

Figure 16 below, shows the number of outstanding referrals for suspected ASD awaiting assessment in the Tees Valley. There has been significant increases in the waiting list numbers over the previous four years, with numbers over 20 times what they were in June 2019 (350) compared to June 2023 (8,300).

Figure 16: Referrals for suspected ASD awaiting assessment - Tees Valley



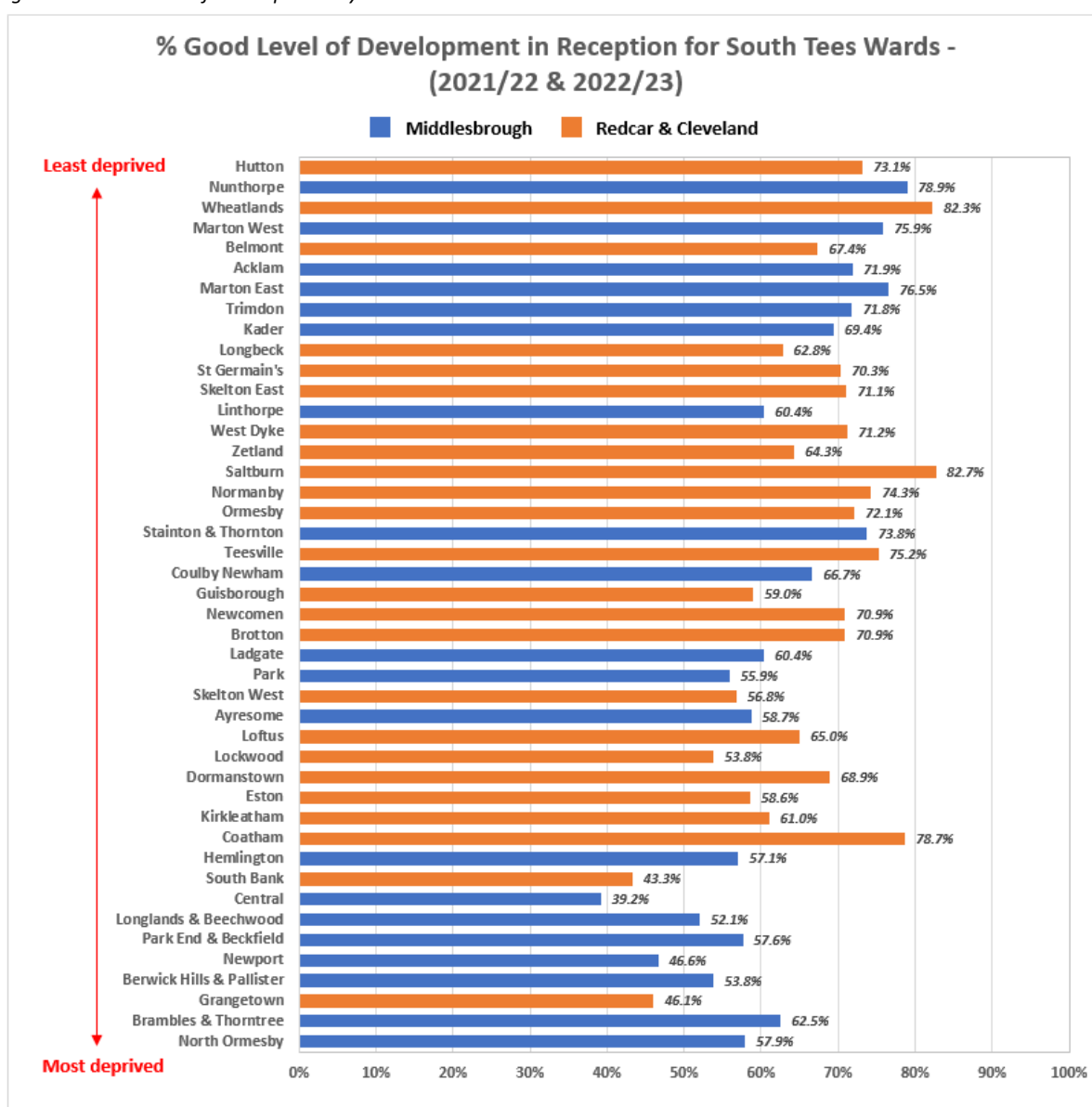
Source – NECS business intelligence team

## 4.8 Ward level variation

There is a significant variation in the levels of school readiness across areas of Middlesbrough and Redcar & Cleveland. Figure 17 below, shows the ward level proportions of good level of development for a two year combined period (2021/22 & 2022/23) for South Tees. The wards are ordered by most to least deprived, and this clearly demonstrates the correlation between the level of deprivation within wards and the level of school readiness.

The number of children varies across wards in both local authorities in South Tees. In Redcar & Cleveland, the two wards with the lowest levels of school readiness are South Bank with 43.3% and Grangetown with 46.1%. Over the two year period, this equates to 223 pupils in reception who are not school ready. In Redcar & Cleveland there are 980 pupils who were not school ready, therefore these two wards account for 23% of the pupils in Redcar & Cleveland who are not school ready. In Middlesbrough, the lowest two wards are Central at 39.2% and Newport at 46.6%.

Figure 17: Good level of development by South Tees wards



Source – Middlesbrough Council and Redcar & Cleveland Council intelligence teams

## 4.9 A summary; key factors affecting school readiness

Figure 18 below, highlights the factors that contribute towards school readiness. In Middlesbrough, the majority of the indicators within figure 18, are significantly higher when compared against England, including breastfeeding – baby’s first feed and smoking status at time of delivery. In Redcar and Cleveland, low birth weight of term babies, prevalence of obesity in reception and 5-year-olds with dental decay are similar to the England values. However, breastfeeding – baby’s first feed and smoking status at time of delivery are also higher than the England value.

Families prepare their children for school from birth. The care provided for children through antenatal visits, breastfeeding and early stimulation behaviours for newborns and infants are early indicators of parenting practices that promote the learning and development of children (WHO 1999).

Parents to be and parents of babies who show care and respond to their baby, can support the baby’s brain to develop. Parents who build relationships with their babies through bonding and attachment, can benefit both the infant and caregiver’s wellbeing, which in turn supports the baby’s development and therefore, school readiness. Building relationships through bonding and attachment also builds on the protective factors needed to mitigate poverty’s effects on children’s outcomes.

Figure 18: Factors contributing towards school readiness

Indicator	Period	Middlesbrough			Redcar & Cleveland			England
		Number	Value	Rank (LA)*	Number	Value	Rank (LA)*	Value
Low birth weight of term babies (%)	2021	50	3.2%	38/150	30	2.5%	95/150	2.8%
Reception: Prevalence of obesity (%)	2021/22	240	14.1%	8/150	155	10.6%	65/150	10.1%
5 year olds with dental decay (%)	2021/22	-	31.2%	32/132	-	24.6%	62/132	23.7%
Smoking status at time of delivery (%)	2021/22	230	14.0%	13/150	170	14.0%	12/150	9.1%
Breastfeeding - baby's first feed (%)	2020/21	860	54.1%	14/150	530	53.0%	14/150	71.7%
Emergency admissions 0 - 4 years (rate per 1,000)	2021/22	2,105	237.0	15/150	1,540	228.2	19/150	161.5
Admissions caused by unintentional and deliberate injuries 0 - 4 years (rate per 1,000)	2021/22	145	163.3	8/150	105	155.6	14/150	103.6

Compared against England

Significantly higher

Similar

Significantly lower

Source – Fingertips. OHID

## 5. What are we doing already in relation to this goal?

### 5.1 At home and in the local community

#### Home life

Support offered to families in South Tees through public services are as follows:

- Antenatal and postnatal mandated assessments and reviews from Health Visiting services until a child reaches two and a half years of age (which consists of home visits for antenatal contact, new birth contact, 6-week contact, one year development review and 2 year 3 months development review for babies/children who are on a universal caseload and the offer of an enhanced parenting pathway. This is the Best Start Pathway for targeted families, for babies/children who are on targeted and specialist caseloads). A home environment assessment is included which includes the home learning environment.
- Health needs assessment, one-to-one support and referral to specialist services from School Nursing services.
- Local authority early years support to support school readiness.
- A local offer is available for parents with children with Special Educational Needs & Disabilities.
- Antenatal care throughout pregnancy from maternity services.
- Foster care and adoption services.
- Social care intervention for children and young people who need it.

These services offer support to children and their families to overcome challenges but often this is not enough as many of the issues faced are complex and challenging and require long-term intensive support.

#### Support in the local community for parents and young children

In both Redcar and Cleveland and Middlesbrough we are fortunate to have secured Government *Start for Life Grant* funding to support the development of Family Hubs until 31<sup>st</sup> March 2025. Family Hubs offer community-based support services for all the family with a particular focus on pre-school. Services offered in Family Hubs focus on the following:

- Early language and improving the home learning environment
- Infant feeding and bonding and attachment
- Parenting programmes to offer parents with responsive parenting techniques
- Parent/child relationships and improving perinatal mental health

#### Support for parents in Redcar and Cleveland

- Health Visitors offer a face to face 'Preparation for Parenthood' group for all parents who are invited to attend after 20 weeks gestation.
- Midwifery service provide a universal online antenatal workshop which includes advice about infant feeding.
- A peer support service provides parents who are experiencing low mood or anxiety with a friendly buddy to help them access Family Hubs and other community services.
- Community midwives and the specialist Indigo team are well linked into the wider start for life offer and help signpost parents to a range of support. Enhanced Maternity Support Workers facilitate Aquanatal and Walk and Talk groups for expectant and new mums.
- 'Baby Buddies' new parents groups and one specifically for young Mum's (under 21yrs) run across the borough's family hubs providing for peer support and facilitated by trained early years staff, who can offer advice and information on being a new parent. In 2023, 365 individuals attended these sessions.

- ‘Little Explorers’ stay and play sessions for parents and their toddlers are facilitated by trained Early Years practitioners in all of the Family Hubs who give parents key parenting and child-health advice whilst leading the play activities. In 2023, 735 individuals attended these popular sessions.
- Health Visitors deliver the Solihull parenting programme on a one-to-one basis for those they identify as requiring additional support in the parent’s homes from birth.
- Family Hub staff undertake home visits to parents who need parenting advice around routines and boundaries for their pre-school aged children, using the Solihull programme and a post-natal parenting group programme called ‘Understanding Your Baby’ is facilitated from Hubs across the borough. In 2023, there were 226 referrals for this support.
- Early Years SEND Practitioners provide one to one support to parents of children with complex SEND needs in the family home, to give them individualised support and advice about meeting their child’s specific needs. They also invite them to attend portage family groups which provides peer support and opportunities to play and receive therapy from SALT and physiotherapy teams.
- Health Visitors and Family Hubs staff deliver a HENRY 8-week parenting programme to help tackle childhood obesity and promote healthy eating and exercise messages for parents of pre-school aged children. This is delivered on a group and one to one basis currently.
- There is a universal Solihull online parenting suite of programmes that is free for all residents to access.
- There is an online Supporting Family Relationships programme (Reducing Parental Conflict) programme which Health Visitors and Family Hubs refer families to (and issue them logins for).
- Infant Massage programmes are offered across the Family Hubs which Health Visitors refer new Mums into, to support with bonding/attachment.

#### **Support for parents in Middlesbrough**

- The local authority staff work closely with Childrens Services colleagues on a Pre-birth Forum to ensure those who need additional support are signposted to the right services.
- Best Start Pathway is a 2-year programme, delivered jointly by health and Family Hubs staff. This programme is specifically for parents with identified additional needs, e.g., care leavers, unsupported teenagers, parents who are in social care.
- Family Action (commissioned service) work with parents of children aged 0-2 years where parents or carers are concerned about their mental health and wellbeing, are socially isolated or are worried about bonding with their baby.
- The following parenting support is offered by Middlesbrough Family Hubs:
  - Triple P Baby online
  - Triple P baby group
  - Early Years workshops (Family Links nurturing programme, 0-5 years)
  - Welcome to the World (antenatal parenting programme)
- North East Dads and Lads (NEYDL) (commissioned service) support Dads and Dads to be under 26 years of age during the perinatal period from conception to the child’s second birthday. They provide individual help to:
  - Address key challenges and difficulties.
  - Help to attend key meetings
  - Support to ‘get out of the house’, meet new people and try new things
  - Family focused activities
  - Father focused social and recreational activities
  - First aid, parenting, and relationship skills sessions
- Antenatally, support is offered to parents/carers to be on targeted and specialist caseloads via Pregnancy, Birth and Beyond Programme delivered through a multiagency approach between midwifery, health visiting and Family Hub staff. If a family requires extra support,

they can get this through the Best Start Pathway, which offers an opportunity for 12 extra support visits from birth up until the child reaches two and a half years of age.

## 5.2 To support better health and wellbeing

It has been shown that education associates with health outcomes, but the less is known about the specific associations<sup>6</sup>. Good health is integral to attainment, but we know that in South Tees many children's health and wellbeing is much worse than their peers. Some of the major health issues in South Tees that affect school-aged children are highlighted below.

### **Perinatal Mental Health**

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Antenatal workshops are offered by the local midwifery service to support parents to prepare them for pregnancy and early parenthood. The service also has a small team of Enhanced Maternity Support Workers who deliver antenatal sessions in the community as well as supporting low-level mental health needs during pregnancy, by organising walking groups and coffee morning meet-ups for vulnerable women. Other agencies who can support are the Sakina project, Middlesbrough Mind, Impact and Leo's.

Health Visitors screen all women at antenatal visits and all mandated contacts using the Whooley screening tool and GAD 2 screening tool. Emotional Wellbeing 'listening' visits are offered to low/moderate level women for six contacts and onward referral to other services (GP, IMPACT or Perinatal mental health service) if needed. Health Visitors deliver services within Family Hubs and within the family home, and also offer advice to those who require support, as well as by telephone.

There is a specialist perinatal mental health service (high need) for the top 5% of women experiencing high level mental health issues, including those with an existing diagnosis/disorder from pregnancy up to baby aged 12 months. Locally, women referred to the specialist perinatal mental health service often struggle to attend the service as it is based in the neighbouring town of Stockton-on-Tees.

There is a specialist Talking Therapies service (low/ moderate need) for women experiencing mild to moderate mental health issues in the perinatal period e.g. anxiety, depression, OCD etc. This offers assessment, follow up calls and online group interventions and is delivered mainly through GP practices.

Across South Tees, Family Action has been commissioned to support parents with low-level perinatal mental health needs or attachment/bonding issues with their baby. They provide 'coffee and cuddles' groups as well as 1:1 mentoring support for the parents referred into the service, mainly through midwifery, the family hubs and health visitors.

In Middlesbrough, the Family Hubs offer the following services to support perinatal mental health:

- The Midwifery Indigo team (commissioned service) offer support for pregnant women identified as likely to benefit from enhanced support, due to having or being at risk of developing mild to moderate mental health issues.
- Midwifery STEPs team (commissioned service) offer support for families who have suffered birth trauma and are pregnant again.
- Family Hub registration and advice on services available.

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<sup>6</sup> Marko Elovainio, Tom Rosenström, Christian Hakulinen, Laura Pulkki-Råback, Sari Mulla, Markus Jokela, Kim Josefsson, Olli T. Raitakari, Liisa Keltikangas-Järvinen *Journal of Public Health*, Volume 38, Issue 3, 17 September 2016, Pages e254–e262, <https://doi.org/10.1093/pubmed/fdv124>



- LEO's (commissioned service) support families who have suffered baby loss in the perinatal period and those who are pregnant again after a loss. Leo's also offer a support group in the Hubs for parents who have cared for babies in neonatal.
- Pregnancy, Birth and Beyond is delivered via a multi-agency approach between midwifery, health visiting and Family Hubs staff on targeted and specialist caseloads.
- The Family Service Directory is promoted to parents via social media platforms.  
[www.middlesbrough.gov.uk/fsd](http://www.middlesbrough.gov.uk/fsd)

A multi-disciplinary working group has been established by the Tees Integrated Care Board to develop the perinatal mental health and infant-child relationship support strategy.

In **Redcar and Cleveland** there are group sessions offered in the community for parents in the borough. HENRY 'Preparation for Parenthood' is an antenatal programme that is offered to all parents including those with vulnerabilities as a face-to-face group in Hubs. Family Hub new parent groups, 'breastfriends' groups, Infant Massage courses and Stay & Play sessions are facilitated by trained Early Years Practitioners who can identify mental health concerns and offer advice about building strong parent-infant relationships or refer to additional services. The Redcar and Cleveland Information Directory website is promoted to parents. In the borough we place an emphasis on the impact of groups and social networks for parents as we know it supports their mental health.

Health Visiting data in **Redcar and Cleveland** highlights there were 157 women referred to the specialist perinatal mental health service during 2021/22 which is based in Stockton and the service itself reports there is a high 'Did Not Attend' rate.

The Health Visiting team also identify low/moderate perinatal mental health needs and offered supportive 'listening visits' to 263 women between April 2021- March 2022. Interestingly, 111 of those took up this offer (42%) and 85 declined (32%).

### **Infant feeding, bonding and attachment**

Early years is a crucial time for brain development. It is vital that babies and their parents are supported during this time to promote attachment. Without a good initial bond, children are less likely to grow up to become happy, independent and resilient adults. The South Tees Infant Feeding steering group leads a collective local support for breastfeeding mothers and their families. The group is focusing its efforts on areas of work that will break down the barriers to breastfeeding so that all mothers can give their child the best start in life.

The current services and initiatives include: -

- All Family Hubs are 'Breastfeeding welcome' venues.
- In Redcar and Cleveland Health Visitors and Family Hub teams collaboratively achieved UNICEF 'Baby-friendly' full accreditation (January 2022) - the only local authority in the Northeast to have jointly achieved this prestigious award. Health Visitors are going for Gold in 2024.
- The Middlesbrough 0 – 19 Health Visiting team hold UNICEF 'Baby-friendly' Gold status for the delivery of their breastfeeding services.
- The Middlesbrough Family Hubs are currently working towards UNICEF Baby-friendly accreditation.
- Maternity services offer direct infant feeding support from birth, with the offer of five consecutive days of contact for all breastfeeding women and ongoing support up to 28 days if required. There is a 24/hour helpline and out of hours face to face support via The Friarage Maternity Centre in Northallerton

- Maternity Services provide online information about infant feeding on their website via the Health Visiting service. All women are offered online infant feeding antenatal sessions that have been shown to significantly improve breastfeeding initiation and sustained breastfeeding at hospital discharge (96% amongst attendee's initiation vs 58% in the wider South Tees population, and 90% at hospital discharge vs 49% of wider population).
- Additional Maternity Care Assistants in the maternity ward have been commissioned through the Family Hubs transformation grant to provide more intensive breastfeeding support to women before they are discharged from hospital.
- There is a universal offer of twice weekly infant feeding information sessions via Maternity Services.
- There is access to Health Chat Monday to Friday except Bank Holidays 9am to 5pm available to parents across Middlesbrough where parents/carers have access to infant feeding support and general support.
- Middlesbrough and Redcar and Cleveland Health Visiting Teams offer proactive support calls to all breastfeeding parents from around 10 days up until eight weeks depending on the mother's needs.
- Direct breastfeeding support is provided by Health Visitors with parents and carers. For more complex breastfeeding problems, Health Visitors can refer families to the Infant Feeding Lead who is a qualified Lactation Consultant for additional direct support. The Health Visiting teams also provide milk pump loan schemes for families.
- In Middlesbrough, there are breastfeeding groups available within the Family Hubs on a weekly basis.
- In Redcar and Cleveland 'Breast-friends' peer support groups run from all the main Family Hubs on a weekly basis for parents to drop in, receive support and play with their children, led by a level 3 UNICEF accredited Early Years Support Worker. In 2023, 128 individuals accessed these support groups.
- Family Hubs distribute both women's and children's Healthy Start Vitamins universally, which are free of charge.
- The Health Visiting teams promote the breastfeeding helpline to families along with the C4L breastfeeding app, Baby Buddy app and the Children's Health Service app (HDFT) with a link to the HDFT website for Middlesbrough 0-19 Healthier Together Service both of which provide information regarding infant feeding support and access to local support.
- Training is provided to all new staff members plus annual up-dates for the admin teams, Children's Centre partners and resources for schools, early years settings and foster carers.

### **Early experiences and baby brain development**

In South Tees, there is a local Best Start Partnership that has a strong focus on child development. One of the key areas the Partnership focusses on, is work around early experiences and child brain development. This includes workforce training about the importance of supporting parents to focus on early experiences to further the child's brain development.

### **Speech, language and communication needs**

#### Redcar and Cleveland

Family Hub staff currently deliver Chat, Sing and Read; a six-week programme to parents of children under two years. It is targeted at those under two who need more support with early language and literacy and the home learning environment. The intervention also promotes bonding and attachment and is based on the National Literacy's Trust's 'Early Words Together at Two'. In 2023, 79 children were referred into the programme, of which, 42 children completed it and parents reported that they were more confident in playing and reading to their children, and in sharing books, singing songs and spending time outdoors.

On average 65% of children screened by Health Visitors were meeting the expected level of development in early language and communication skills at the age of 27 months according to the ASQ3 data in 2021. Conversely, 35% were not meeting the expected levels of development for their age. Parents can receive one-to-one support in their home by Family Hub Early Years Practitioners and 0-19 Healthy Child Programme Practitioners and this includes advice about the importance of a home learning environment. These are delivered usually as follow-up interventions after the ASQ assessment scores, should it be identified that a child is falling below average level of development. Little Explorers parent and toddler groups delivered in the Family Hubs provide an opportunity to play in a safe and stimulating environment and qualified early years practitioners model appropriate early learning and play activities for parents to also undertake at home.

Wriggle, Read and Rhyme is a targeted five-week group programme for children aged two to three years old who are struggling with their communication and language skills which is offered in the Family Hubs. Families are provided with activities to take home as 'homework' to bring back in the following week which will enhance the home learning environment. Book Start Packs are also introduced to families through this session and they are encouraged to join their local library. In 2023, 111 children were referred into the programme, of which 56 children completed the intervention. 80% reported an increase in confidence to help support their child's communication and language development.

Since September 2023 two new evidence-based interventions have also been delivered in Redcar and Cleveland through the Family Hubs transformation programme. Early Words Together at 3 is a home learning intervention for parents and their 3-year-olds delivered in school nurseries in targeted wards. Family Hub staff facilitate the group and have so far delivered it in five Primary Schools with two more schools planned. Some teaching staff are also accessing the training shortly, to be able to co-deliver and add some sustainability going forward.

Early Talk Boost training to improve speech and language in identified 3-year-olds, is being delivered by a SALT Therapist and the Early Years Lead Professional in private day nursery settings and school nursery settings, with ongoing support/mentoring for the staff involved.

### Middlesbrough

Chat, Play, Read and Sing is offered by the Hubs to help parents understand the significance of talking, playing, reading and singing with their child, giving them the tools and confidence to do this and encouraging them to make it a part of daily activities.

Amazing Babies is a group run in the Hubs, the purpose of which is to support parents with their babies learning and development, particularly around speech, language and communication.

Let's Talk is a targeted intervention following a child's 2-year development review showing parents how to support their child's communication skills. The programme provides parents with appropriate early language strategies, so they can support development of their child's talking skills. It offers:

- Increased confidence and knowledge of how to provide a positive home learning environment
- Increased frequency and quality of parent child interactions
- Increased literacy activities in the home
- Increased awareness of role in child's speech and language and early communication development

The Speech and language advice line provides information advice and guidance from a Speech and Language Therapist for:

- Any parent with a question or concern around their child’s speech, language and communication skills.
- Any professional needing advice around supporting a child’s communication skills or whether an onward referral is necessary.

The Literacy Gifting Pathway is for parents of children pre-birth to 2 years old with a focus on increasing:

- Knowledge
- Confidence of reading, singing, and talking with their child
- Increased reading, singing and talking frequency
- Book and rhyme sharing habit established
- Positive parent interactions

Health Visitors (Middlesbrough 0-19 Healthy Child Programme) record early language and communication skills at the age of 27 months according to the ASQ3 data. Parents can receive one-to-one support by Family Hub Early Workers and 0-19 Healthier Together Service Early Years Practitioners and this includes advice about the importance of interaction and bonding with their child. These are delivered usually as follow-up interventions after the ASQ assessment scores, should it be identified that a child is falling below average level of development.

The Middlesbrough Best Start Pathway is co-delivered by the Middlesbrough 0-19 Healthier Together Service and Local Authority’s Early Years Team, to increase confidence and knowledge of supporting a child’s early communication, language and literacy development.

Let’s Talk (formerly Play & Learn Together) is an intervention provided following the health visiting 2/2.5 year development review which incorporates the ASQ3 and Early Language Intervention Measure. The Health Visiting Service refer into Let’s Talk when a speech, language and communication issue is identified. Parents learn early language strategies to help develop their child’s communication skills. It offers:

- Increased awareness of the role in a child’s speech and language and early communication development
- Increased confidence and knowledge of how to provide a positive home learning environment
- Increased frequency and quality of parent child interactions
- Increased literacy activities in the home

Amazing Babies is a universal five week programme offered to all parents of babies under 6 months that focusses on the importance of playing, talking, reading & singing with their baby.

### **Oral Health**

A workshop held with professionals in South Tees in September 2023 highlighted that oral health is a particular problem for our children with complaints in school about toothache. Many new families struggle to get registered with a GP or dentist locally. Toothbrushing schemes are available to all primary schools and early years settings in South Tees to support oral health. The most recent national data shows that 31.2% of five years olds in Middlesbrough and 24.6% in Redcar and Cleveland have visually obvious dental decay compared to the England average of 23.7%<sup>7</sup>.

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<sup>7</sup> [www.gov.uk](http://www.gov.uk) Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (2022). [Oral health - GOV.UK \(www.gov.uk\)](http://www.gov.uk) (accessed: 6 November 2023).

### **Special Educational Needs and Disabilities (Middlesbrough)**

Currently within Middlesbrough there are approximately 5,000 children and young people aged 0-25 with special educational needs and or disabilities (SEND).

- 1400 children and young people aged 0-25 have a have an Education, Health and Care Plan (SEN2 Data 2023)
- 3664 children and young people 0-19 have a SEN Support Plan.

The needs of children and young people are identified through a number of ways across the area which support early identification. Pressures in terms of identification or increases in referrals are discussed and monitored through the SEND and Inclusion Strategic Board.

Places in alternative provision and assessment provision are also partially funded by the Local Authority to support early identification of needs. The model provides additional funding where needs have been identified within a setting and a response is provided as quickly as possible to ensure the child or the young person can have access to the resources they require.

Through an Inclusion and Outreach model, children and young people can access support via an Inclusion Officer allocated to their setting which includes Outreach Practitioners and Specialist Teaching staff. Where there are concerns regarding a child or young person the school or setting will discuss these concerns with their Inclusion Officer. The Inclusion Officer will then suggest next steps which will support the young person. This could be suggesting key strategies, sign posting to other services or referral to the triage panel for a multi-agency approach to support. To support this work there is a training programme on offer which all staff can access, this has been developed through identifying gaps in skills and knowledge across the local area.

Alongside the Inclusion Model the local area has in place a High Needs Funding system to support inclusion for children from age 0-25. This is achieved via an Early Year Inclusion Development Fund, Schools matrix funding model and a Post 16 high needs funding system which supports all children and young people with SEND regardless of if they have an EHCP or not. We have also recently introduced a pilot funding model with our secondary schools where they have been allocated funding based on key data and the identified needs of children and young people in their setting.

Increases in referrals for younger children into Speech and Language, Occupational Therapy and Community Paediatrics have been seen over the last two years and have clear links to the COVID-19 pandemic with many children having restricted socialisation. Data provided by North East Commissioning Support (NECS) business intelligence team highlights the greatest number of attendances is in the under 5 age band for SALT services. The 2020/21 financial year, saw a significant increase in SALT attendances, particularly in Middlesbrough and Redcar and Cleveland. In 2020/21, the data shows in Middlesbrough, attendances were 1806 and in Redcar and Cleveland attendances were 1617. In 2022/23, attendances in Middlesbrough reduced to 778 and in Redcar and Cleveland, they reduced to 601.

A significant increase in social, emotional and mental health needs (SEMH) has also been seen with children starting school.

Work is ongoing with health services to address some of these concerns as a system.

There are also a small number of registered alternative provision providers and specialist providers who are commissioned to deliver assessment provision and/or outreach services to support with the identification of needs of children with SEND.

### **Special Educational Needs and Disabilities (Redcar and Cleveland)**

Currently within Redcar and Cleveland there are approximately 4500 children and young people aged 0-25 with special educational needs and or disabilities (SEND).

- 1324 children and young people aged 0-25 have a have an Education, Health and Care Plan (SEN2 Data 2023)
- 3142 children and young people 0-19 have a SEN Support Plan (school census data 2023)

The needs of children and young people are identified through a number of ways across the area which support early identification. Pressures in terms of identification or increases in referrals are discussed and monitored through the SEND and Inclusion Strategic Board.

Children who require additional support to help them learn can access this via school's notional SEND budget (up to £6000 per child) via High Needs Funding available on application from the local authority, or via Education, Health and Care Plan. High Needs Funding without an EHCP is also available in early years' settings in order to support intervention as early as possible, so that children develop their foundation skills ready for school.

#### Early Years

The early years SEND team assign a lead practitioner who acts as a key worker to families to ensure that they are fully involved in decision making about their child. Key workers offer assessment and support to the family using the Portage model (through home visiting or Portage groups) and support the family to access other services as needed. Key workers also work with the early year's setting in order to help them provide best practice for children attending their setting, offering training and modelling of appropriate support. They help settings follow Code of Practice guidance around ensuring parental involvement in support and decision making and complete early help assessments and plans, coordinating support services around the family for wider issues than their early years education. In 2023 there were 186 new referrals, and initial assessments were completed within 12 weeks of first contact. Parents report high levels of satisfaction with the support from this team.

#### Schools

Schools are strongly encouraged to help children and their parents/carers engage in decision making about their plans and support. Guidance is offered to Special Educational Needs Coordinators (SENCo) via the SENCo handbook and regular cluster meetings. Schools have access to Specialist teachers and Educational Psychology through a referral process, and this is currently free to all schools. This ensures a clear understanding of children's needs and gives good advice and support to schools on how to meet needs.

Work is ongoing with school to help clarify the support that is available to children, families and schools as part of Ordinarily Available Provision (i.e., without recourse to an Education, Health and Care Plan). We have recently updated the Ranges document as part of this and have developed a map for schools seeking support for children who may have a neuro-developmental condition. We are working on a similar map of services for vulnerable children at points of school transition, and plan to extend this approach to other areas of SEND.

We continue to explore different approaches to meeting the needs of children with SEND in the borough. A new specialist provision for children with SEMHs needs is currently being built, and we have agreement for a free school AP. We want to increase capacity within our mainstream schools too, working with them on good quality 'bases', funded via the school or via the local authority but which can increase the flexibility of provision available.

### **Neurodevelopmental needs**

South Tees has a needs led neurodevelopmental pathway for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Through this Childrens' needs are triaged and managed in a continuum of need.

We are aware that approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs).

As a response, a trauma offer is being developed. Feedback from parents regarding the new pathway has been positive.

## **5.3 In early years settings**

**Middlesbrough** has a high number of three- and four-year-olds taking up their entitlement with childminders, day nurseries and schools. The data for the last two terms in spring 2023 show 2,646 three and four year old children in a setting, with 1,848 of them taking up a universal place in school nursery. In summer 2023, the more recent term shows that there were 2,871 three and four year old children in a setting, with 2170 of them taking up a universal place in a school nursery.

In Middlesbrough, there are 129 Early Years providers all of which have an Ofsted Good or Outstanding judgement. The local authority works closely with all Early Years providers to support with the quality of the education in settings. Middlesbrough has the highest take up across the country of disadvantaged 2-year-olds and achieves this by working closely with the providers and families to ensure eligible places are taken up. In Middlesbrough, the current roll out of the 2-year-old working parents offer has seen the highest take up figure across the country. Early Years providers in Middlesbrough are reporting a high number of children with speech, language and communication development delay. To help address this, the Family Hubs Speech and Language Therapist is working closely with the settings, observing children and offering strategies to support staff and key workers to ensure the messages can be relayed to parents and implemented in the home environment.

**Redcar and Cleveland** continue to have a significantly higher proportion of children (87.25%) accessing school-based universal nursery provision. This is because all our 44 primary schools have attached school nurseries and some schools even take children on their 3rd birthday (rather than the term after). In addition, more of the schools are now offering the extended entitlement of up to 30 hours childcare for 3- & 4-year-olds of working parents.

The number of children in Redcar and Cleveland accessing a 2-year-old place showed a slight decrease in 2023 compared to 2022 (Childcare Sufficiency Report 2023). For example, at the end of the Spring term 2023, 428 children were taking up a place which was 84% of those eligible according to the Department of Work and Pensions, compared to 506 children at the end of Spring term 2022, which was 87%. The slight decrease in the number of two-year-olds registering for two-year-old places was impacted by the falling birth rate.

However, in Redcar and Cleveland the 2-year-old take-up of free childcare places by eligible children is 84% which is still above the national average of 74.0% (last published in 2022).

In Redcar, there are 122 Early Years providers all of which 90% have an Ofsted Good or Outstanding judgement. The local authority works closely with all Early Years providers to support with the quality of the education in settings.

Day nurseries and schools in Redcar & Cleveland and Middlesbrough are reporting an increase in speech and language delay for children starting their nursery education at three years old, especially since the COVID-19 pandemic. Potentially a need for further in-depth assessment at this age to help earlier identification of needs.

In Redcar and Cleveland, a School Readiness Strategy is in development, which is a multiagency strategy aimed at joining up the work around school readiness.

### **Thrive at Five**

Redcar and Cleveland Borough Council has teamed up with Thrive at Five to work with the whole community in Dormanstown, Eston, Grangetown, Kirkleatham and South Bank to create a local approach that enables all local children to reach a good level of development by the end of their first year of primary school.

The innovative programme, which has been introduced successfully elsewhere in the country, will help children to develop stronger foundations for life and learning. The programme in Redcar and Cleveland, which is being supported by the Woodsmith Foundation and Cleveland Unit for the Reduction of Violence (CURV), will be the second Thrive at Five initiative and will build on the successful work with parents, carers, children, and local practitioners and the wider communities that is under way in parts of Stoke-on-Trent. In the longer term, Redcar and Cleveland Borough Council plans to scale out this early year's support into other areas of the borough including East Cleveland, drawing on the Family Hubs programme.



## 6 What are the key issues?

### 6.1 What does the data highlight

#### Redcar and Cleveland

- Young white British boys are the primary at risk group when it comes to the school readiness gap.
- Grangetown, South Bank, Kirkleatham, Dormanstown and Eston are a key cluster of areas where development is below expected national benchmarks.

#### Middlesbrough

- Young white British boys and children from an Asian and mixed ethnic background and are the primary at risk group when it comes to the school readiness gap.
- Summer born children have a much lower level of development compared regional and national benchmarks
- There is also a 'white other' group that cannot accurately be identified in the data but is believed to be families from a European background.
- Proportionality most pupils who make up the school readiness gap sit in deprived wards and our 0-5 population is highest there.
- Pupils with SEN support in Middlesbrough have lower levels of school readiness compared to Redcar & Cleveland and regional and national rates.

### 6.2 At home and in the local community

Some of the challenges that children face at home are the same ones faced by their parents such as low aspirations as many of the local population have never continued learning beyond their secondary education. In South Tees many parents struggle to meet the demands to support their children in school having had a limited education themselves. One of the strengths in the local area is that parents want their children to do better than they did, a view that resonates particularly with fathers. Mothers tend to be content with their children being happy. An insight study in South Tees in 2023 with parents who had children under two years of age highlighted this.

Further issues that hinder home life include, more children and young people being young carers, poor English proficiency (in Middlesbrough English is not often the first language spoken by many parents) and neglect. Both Middlesbrough and Redcar and Cleveland have rates of Children in Care above national averages and key factors around this tend to be based around neglect, substance use and poor parental mental health.

A workshop session with professionals held in September 2023 highlighted the following key issues:

- Parental poor health is often a driving factor for the health of their children – there is often a family history.
- English language proficiency is generally low within the local population.
- A lack of parental emotional literacy with a tendency to focus on negative emotions and expressing this to the child. Generally, these behaviours are a result of parents being overloaded, toxic stress and a lack of opportunity in their own life.
- Poor home/ living conditions.
- Families take care of their health in a very reactive way.
- The default position in the local area is generally to create a new service for a problem/symptom in the population, however, the driving factor is often that the parent(s)

lacks ability, capacity or motivation to resolve the problem. Is creating more services always the answer to the problem?

### 6.3 To support better health and wellbeing

Professionals highlight key issues locally as follows:

- Literacy is very low in our population, especially amongst parents and teenagers. Health services regularly undertake work to make their services understandable and accessible but that still does not seem to help everyone. A recent workshop highlighted that professionals felt that more needed to be done to explain systems and referral pathways with parents/young people as they often feel lost and subsequently drop out of support, and that support helps sustains family involvement is needed. The estimated prevalence of low health literacy in Middlesbrough is 50.2% for in 16-64 year olds and 45.3% for Redcar & Cleveland which compares to 38.7% for England.
- Poor parental mental health is generally under reported. Referrals to the local perinatal mental health service are much lower than national prevalence estimates. Less than one parent per ward per month gets support from the local perinatal mental health service.
- The model of working with people is very deficit based – this looks for problems and then tries to address them when it is often too late. Is there a way to predict problems using demographic data that enables work to be undertaken earlier with families that prevents a need for more intensive and costly support in the future?
- Successes have been seen with the new local neurodevelopmental pathway which supports children and young people living with Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD). Through this childrens' needs are triaged and managed in a continuum of need. This work highlighted that approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs).
- Parent-led therapy is the solution that professionals highlighted that delivers good outcomes and supports school readiness. Is it felt that there is a need to increase the amount of parent led therapy available in the local area.
- Colleagues are reporting that children are displaying behavioural problems earlier and earlier, with for example pre-school settings reporting issues with children at two to four years of age.
- Upon entry to school speech and language and social, emotional and mental health (SEMH) needs are key needs and demands for support has risen dramatically in the last two years. SEMH are a type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour, which culminated in inappropriate responses and feelings to situations.
- Recent work by Tees Valley ICB illustrated in diagram 1 & 2 shows the key areas that consultation work with local early years/ pre-school providers have highlighted as key issues with the children that they have in their setting.

Diagram 1: Key development delays identified in work with local nurseries and PVI's (Tees Valley ICB 2023)

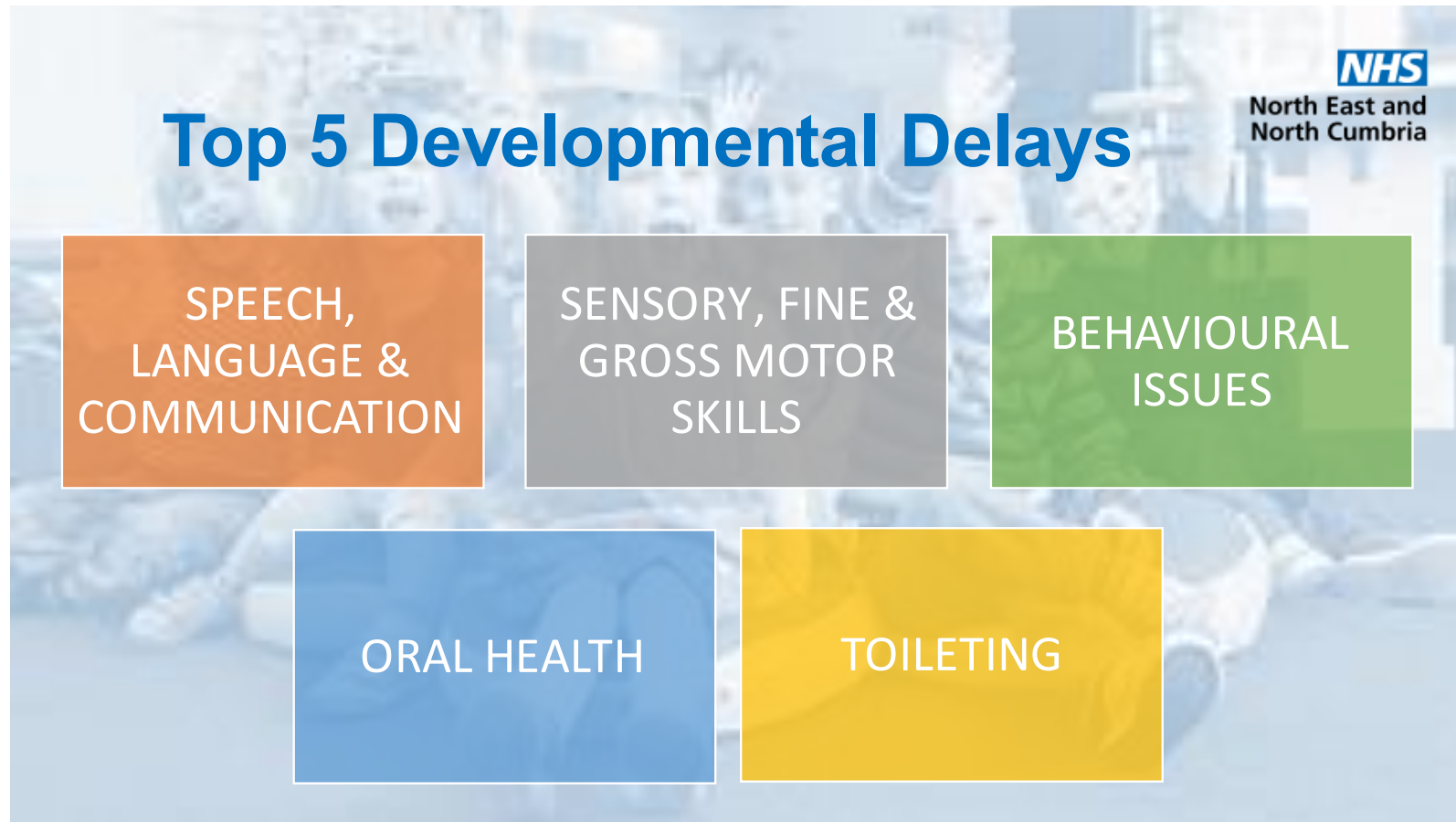
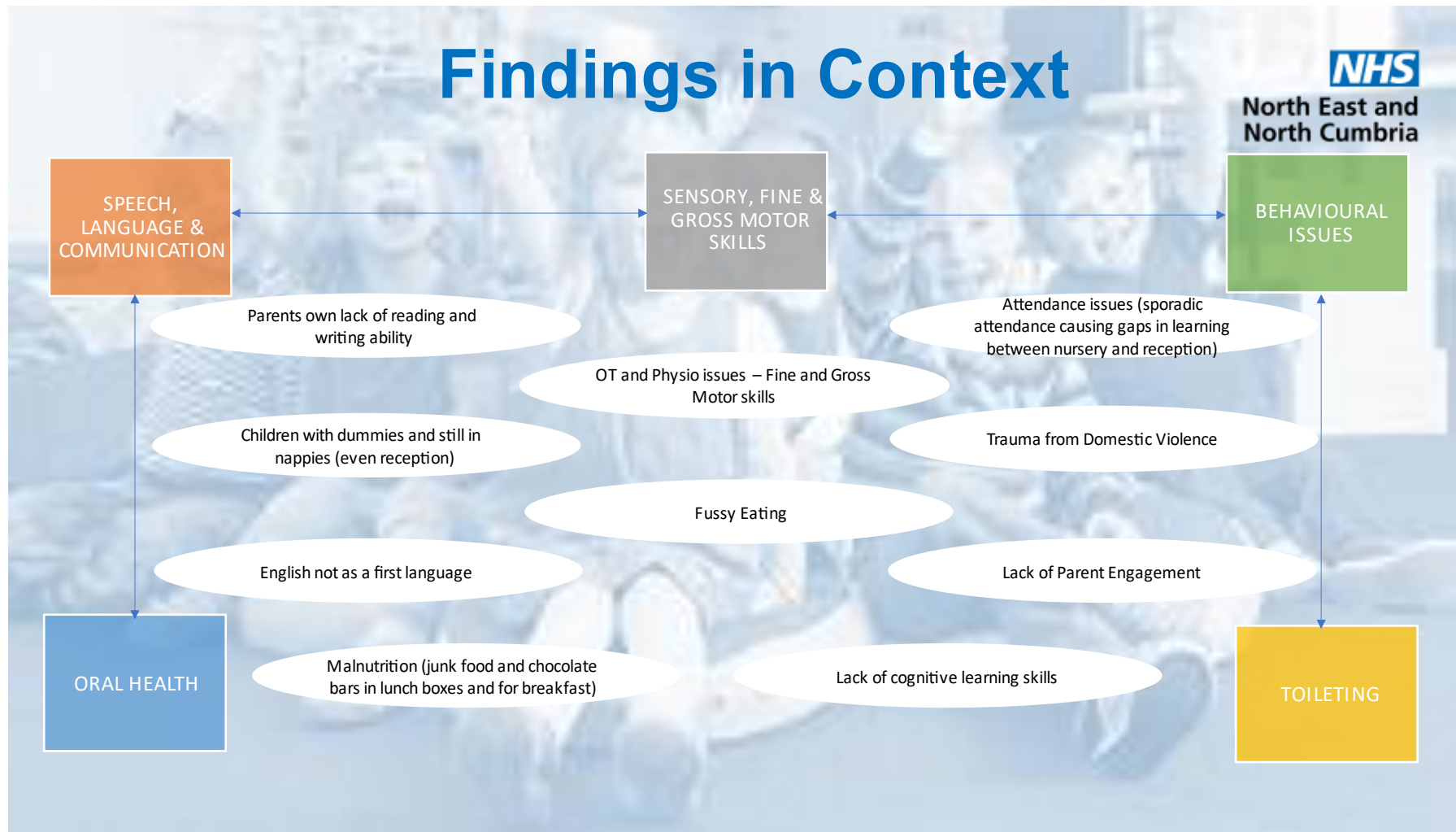


Diagram 2: Context in relation to development delays identified in work with local nurseries and PVI's (Tees Valley ICB 2023)



## 6.4 For services and the systems they work in

At a session in September 2023 professionals highlighted the following as issues and challenges that they face:

- The short-term nature of the funding available limits planning and success.
- Mental Health services were highlighted as one of the areas of concern as much of the funding is short-term and generally commissioned by individual organisations. It was felt that to have a sustainable impact a long-term plan and collaborative commissioning model is needed for mental health services. The Family Hub Start 4 Life offer is a good example of short-term funding on perinatal mental health services in the local area.
- A lack of participatory budget options in our local community. This was highlighted as something that worked well in the past but had collapsed over recent years.
- On a service delivery level there are often different interpretations of what help is needed and the level of support required. This fragments support and means that families get duplicated offers of support.
- Information sharing of family and young persons details have never really moved forward in the last 10 years and organisations and services still don't share information well. IT/ case management systems don't seem to talk to each other- have other areas got this problem or could they help us with solutions?
- Health literacy support for parents is needed. Professionals tend to complicate things for parents as they tend to talk about the services available but don't tell them about how they work or support them to navigate the various referral routes.
- Support in the local community is still not truly tailored. The offer tends to be the same everywhere. There needs to be a truly tailored offer in certain communities that is led by communities. Engaging with the voluntary and community sectors is key to achieve this.
- There is generally never any additional staffing resource to develop and implement new projects or ways of working. The lack of resources to support development and implement means that most of the new services/ projects don't achieve the desired results.

## 6.5 In early years settings

Day nurseries and schools in Redcar & Cleveland and Middlesbrough are reporting an increase in speech and language delay for children starting their nursery education at three years old, especially since the COVID-19 pandemic.

Data provided by the North East Commissioning Support (NECS) business intelligence team, shows during a period of April 2021 and October 2023, the number of unique attendances and referrals at SALT services for under 17 year olds. The greatest number of referrals is in the under 5 age band, and this is the highest in Redcar and Cleveland with a rate of 169 per 1,000, followed closely by Middlesbrough at 168 per 1,000. Figure 12 earlier in the document shows the number and rate per 1,000 population across age bands for the Tees Valley local authorities.

## 6.6 In schools

Schools are often seen as the answer to everything, particularly in national guidance and strategies, but the challenges faced locally means that they are often very over stretched. Some of the areas consistently highlighted by schools that are a major factor in the school readiness gap are as follows:

- Year on year increases children not being physically ready for school – this includes lack of fine motor skills and lack of independence in toileting
- Speech and language of many children entering school is very under developed
- Basic skills such the ability to play are often lacking
- Reception-aged children’s emotional maturity seems to be getting lower and lower

## 7. What is the current evidence base?

### 7.1 Parental and Perinatal Mental Health and Wellbeing

- Perinatal mental health and risk of child maltreatment (Ayers et al., 2019).
- How art therapy in an NHS perinatal parent-infant mental health outpatient facility can help to reduce perinatal mental illness symptoms (Bruce & Hackett, 2021).
- The lived experience of perinatal mental health for new mothers (Butler-OHalloran & Guifoyle, 2015).
- The roles of maternal perinatal depression, PTSD, and/or exposure to interpersonal violence or childhood maltreatment on to parenting, bonding, and child attachment style towards the caregiver (Erikson et al., 2019).
- What perinatal mental health services are and why they are needed (Galbally et al., 2013).
- How social media can offer helpful support to new mothers to mitigate perinatal mental health problems (Henton & Swanson, 2023; Lee et al., 2018).
- The significance of perinatal mental disorder for maternal wellbeing and impact on infant development (Lee & Newman, 2018).
- The experiences of families living with parental mental illness and the related stigma and burdens from the perspective of children, parents who have a mental illness and the well parent (Loudon et al., 2022; Reupert et al., 2021; Tripathy, 2020).
- Exploring the psychosocial impact of the Covid-19 pandemic on women’s perinatal experiences and wellbeing (Mari et al., 2023; Vardi et al., 2022).
- How disturbances in early parent–infant relationships can impact negatively upon the child’s development (White, 2018).
- How perinatal mental illness affects employment (Wilkinson, 2022).

**The main recommendations put forward by the above papers include:**

- Child maltreatment due to perinatal mental health is under-researched.**
- Interventions to reduce perinatal mental illness (such as art therapy and social media support).**
- Qualitative studies exploring the experiences of mothers with perinatal mental illness.**
- More awareness of support groups for individuals with perinatal mental health problems.**
- Follow up post-COVID about experiences surrounding perinatal mental illness.**
- Research that considers whether and how disclosures and conversations about parental mental illness, conducted within and outside of the family (in settings such as schools and workplaces), might be used to promote mental health literacy and anti-stigma messages.**

### 7.2 Pupils with social, emotional and mental health needs

- What children with mental health needs struggle with at school and what support is needed in this area (Berridge et al., 2021; Carroll & Hurry, 2018; Willis et al., 2021).
- The disproportionality in the attainment of pupils with special educational needs (such as gender, socio-economic status, ethnic background and exclusion rate) (Demie, 2022; Mowat, 2019).
- How head teachers define, identify and recognise underlying causes of pupils with social, emotional and mental health needs (Martin-Denham, 2021).
- How schools can promote well-being and support the social and emotional development of children (Al-Ghabban, 2018; Holt et al., 2022).

- What schools and mental health services can do about bullying of adolescents with severe emotional health conditions (Hart & O'Reilly, 2022).
- Exclusions amongst pupils with social, emotional and mental health needs (Lawson et al., 2022; Thompson et al., 2021).

**The main recommendations put forward by the above papers include:**

- Localised review of the support that is needed by children with mental health needs at school and the barriers to this.**
- To measure the educational attainment levels in children with mental health needs.**
- Studies to explore the experiences of children, families, and teachers in relation to the child's social, emotional and mental health needs.**
- Early identification and intervention of underlying difficulties (such as mental illness) is important to ensure secondary school children are able to effectively engage in their education as well as to prevent further negative outcomes associated with school exclusion.**

### 7.3 Children in absolute low-income families

- How to support low-income children living in residentially unstable circumstances (Anastasio et al., 2022).
- The link between motor skills and the importance of them in the physical development of children in absolute low-income families (Burns et al., 2017).
- Neighbourhood factors (such as social relationships) in relation to children in low-income families that are experiencing trauma or post-traumatic stress disorder (Carbone et al., 2019; Coley et al., 2021).
- How children in low-income families are more at risk of obesity (May et al., 2013).
- Concurrent relations between child-directed speech and children's language skills in low-income households (Dore et al., 2022).
- Measuring behaviour problems in children from low-income families (Hsiao et al., 2023).
- Children's cognitive development in low-income, rural families and health impacts (Mills-Koonce et al., 2015; Odgers & Adler, 2018; Ridge, 2013).
- Children's literacy experiences in low-income families and the importance of book access (Luo et al., 2020).
- How mixing low-income families with higher income families in the same neighbourhood unexpectedly increases disadvantaged boys to engage in more anti-social behaviour (Odgers et al., 2015).

**The main recommendations put forward by the above papers include:**

- Research looking at how to promote children's resiliency in the face of disruptive events such as residential mobility.**
- Future research should examine if increases in ball skills can improve health related fitness in physical education settings over time for children in absolute low-income families.**
- As researchers look more closely at the social and environmental factors that influence the onset of PTSD, it is important to consider complex associations and interactions between individual-level factors and the larger social environment.**
- The outcomes of children in absolute low-income families, for example links to other health issues such as obesity**
- Qualitative studies are needed to fully understand the impact of children in absolute low-income families.**



## 7.4 Educational Attainment Levels and Poverty

- The link between poverty, neighbourhoods, mental health problems, and school achievements (Bandyopadhyay et al., 2023; Goldsmith et al., 2017).
- Media representations that contribute to institutionalised understandings of locations of poverty and educational attainment (Baroutsis, 2021).
- How income and parental divorce lowers educational attainment (Devor et al., 2018).
- Teachers' perceptions of the effects of poverty on learners' educational attainment and well-being (Ellis et al., 2019).
- How atypical patterns of structural brain development mediate the relationship between household poverty and impaired academic performance (Hair et al., 2015).
- The effects of school spending on educational attainment (Hyman, 2017).
- The interaction between school poverty and agreeableness in predicting educational attainment (Nieuwenhuis, 2018).
- Exploring the inequalities and trajectory levels of educational attainment (Parsons, 2016; Parsons & Thompson, 2017).
- Comparing the effects of the timing, accumulation, duration and sequencing of exposure to neighbourhood poverty in relation to educational attainment (Troost et al., 2023).
- Examining the role of cognitive ability, teacher assessment, and educational expectations (Weinberg et al., 2019).

**The main recommendations put forward by the above papers include:**

- To continue to investigate the long-term effects of family instability on educational success.**
- To avoid long-term costs of impaired academic functioning, households below 150% of the poverty level should be targeted for additional resources aimed at remediating early childhood environments.**
- To explore and determine if school spending on educational attainment is beneficial in a longitudinal study.**
- To explore demographic factors to educational attainment with those who are in poverty.**
- Qualitative research would be beneficial to explore the experiences of educational attainment levels and poverty amongst children, parents, and teachers.**

## 8. What do local people say?

### 8.1 Parental insight study – first 1001 days

Between April 2023 and September 2023 an insight study was undertaken with families with children under two years around their experiences of the first 1001 days (pregnancy and two years of a child's life). The following are highlights that parents emphasised are important to them in first 1001 days as part of the study:

*Key findings from 2023 parental insight study around experiences of first 1001 days*

<p><b>What parents say about....(1)</b></p> <p><b>Stress and pressure</b></p> <ol style="list-style-type: none"> <li>1) Often deciding what the right thing to do is quite stressful</li> <li>2) Having lots of things thrown at us in pregnancy and early years can heighten stress</li> <li>3) Expectations placed upon us can cause stress</li> <li>4) Sometimes we feel judged by family, friends, health professionals and even strangers</li> </ol>	<p><b>How they like information</b></p> <ol style="list-style-type: none"> <li>1) Bite-sized</li> <li>2) Digital information useful but face-to-face preferred</li> <li>3) More evening and weekend classes needed for working parents and Dad's</li> <li>4) Self-searching from multiple sources and sometimes this leads to confusion</li> <li>5) Information at the 'right time' is important</li> </ol>
<p><b>How parenting skills are developed</b></p> <ol style="list-style-type: none"> <li>1) Often reactive – planning is useful but often goes out of the window when the child comes along</li> <li>2) Classes help but no substitute for real life</li> <li>3) Parenting in general quite instinctive</li> <li>4) Parents learn from their babies</li> </ol>	<p><b>Support, advice and signposting</b></p> <ol style="list-style-type: none"> <li>1) Most of us have excellent support from midwives and health visitors but when we are worried we need speedier advice from trusted health professionals</li> <li>2) Seeing the same midwife/health visitor is very important (so we don't have to repeat information)</li> <li>3) Changeover between midwife and health visitor not always 'seamless'</li> </ol>
<p><b>Peer networks and family support</b></p> <ol style="list-style-type: none"> <li>1) Friends and relatives are a major support helping to relieve stress, reducing anxiety and giving practical support</li> <li>2) Digital support from peers (Facebook, WhatsApp) can help provide 24/7 support</li> <li>3) A quarter of us are single parents and one in ten do not have a partner or family member locally we can access for support</li> </ol>	<p><b>Our own health and wellbeing</b></p> <ol style="list-style-type: none"> <li>1) Most of us don't see this as a priority as long as we take our vitamins, don't drink alcohol it is felt as this is enough</li> <li>2) Aquanatal, pregnancy Pilates and yoga appreciated by the few of us who have been able to attend these</li> <li>3) A few of us are concerned that some types of physical exercise might 'harm' the baby</li> </ol>

## **9. What are the recommendations?**

### **9.1 Recommendation 1**

It is recommended that a system wide South Tees Partnership is established that will focus on high-level issues that cause inequalities in school readiness, including tackling the social determinants as much as the educational issues.

All partners will be clear about the 0-5 journey across South Tees and how they can support parents at each crucial transition stage.

The partnership will move from reactive silo working to coordinated decision making with a focus on prevention.

Each local authority will develop a School Readiness Strategy that addresses the high-level issues via an agreed multiagency approach.

### **9.2 Recommendation 2**

An integrated approach to promote and improve child development starting early with improving bonding and attachment and building parental confidence, skills and capacity including literacy support for adults to enable the creation of a positive home learning environment. This will involve partners working collaboratively to effectively identify the families and children who need additional support and ensure the services meet their needs. Parents will be engaged clearly about their child's development, ensuring parents have a voice in decision making. Furthermore, it is recommended that the voluntary and community sector is engaged to offer specific tailored support to the communities most in need.

### **9.3 Recommendation 3**

Improved transitions into primary school. This will involve partners working collaboratively to effectively understand the transition stages and ensuring schools, early years settings and families understand and are better informed of their role to reach all milestones.

### **9.4 Recommendation 4**

It is recognised that across the system, partners hold different data on the population, but this is isolated and siloed. It is recommended that work should be undertaken to unblock this isolated and siloed working and enhance information sharing, so that at a population level, the local system has a more comprehensive understanding of the issues and potential solutions when following the journey of the family and child. Greater collaboration between partners would also benefit the sharing of data.

## 9.5 Recommendation 5

It is recommended that further research is required to fully understand the high-level issues and therefore align resources effectively.

- Explore why young children in Middlesbrough perform significantly worse compared to Redcar & Cleveland and other North East Local Authorities in relation to the level of children ready for school. Not only do children with SEN and FSM children perform worse in Middlesbrough but non-FSM and children with no SEN also perform worse compared to regional and national comparisons.
- Deep dive intelligence gathering to better understand why the local Progress 8 scores that compare KS2 to KS4 are lower locally (particularly in Middlesbrough) when comparing local children to other similarly performing children nationally. This will involve collating datasets from different sources and partners and tracking children at key stages through primary age into secondary age.

## 10. References

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