

Readiness for School and tackling SDOH for CYP at ICS level

**Children and Young People's Health Equity Collaborative Framework and
background information**

Matilda Allen, PH Specialty Registrar & Harkness Fellow

Background – readiness for school

- 'Readiness for school' or 'school readiness' has a number of definitions, but broadly refers to children being socially, emotionally and physically ready for entry to school at age 5. [Pacey](#) refers to children having strong social skills, being able to cope emotionally with being separated from their parents, being relatively independent in their own personal care, and having a curiosity about the world and a desire to learn.
- The [early years foundation stage \(EYFS\) framework](#) sets out seven areas of learning and development for the early years:

Prime areas	Specific areas
Communication and language	Literacy
Physical development	Mathematics
Personal, social and emotional development	Understanding the world
	Expressive arts and design

- The primary indicator used to assess readiness for school is the percentage of children achieving a good level of development at the end of reception (age 5), based on the EYFS framework. [National data is published by OHID](#).
- This can also be compared to the proportion of children achieving a good level of development at age 2 – 2.5 years, to show changes over time at a population level. However, OHID note that the EYFS was 'significantly revised' in September 2021, therefore it is not possible to compare trends before and after this point.
- The [Marmot Review 10 years on](#) noted that "since 2010, progress has been made in early years development, as measured by children's readiness for school. Clear socioeconomic inequalities persist, with a graded relationship between these measures and level of deprivation. For low-income children, levels of good development are higher in more deprived areas than in less deprived areas."
- This and other publications also set out the evidence that a good level of development in the early years is related to longer term positive outcomes such as better education attainment, higher income, and better health.

National context

There is a range of existing support for families, much of which is delivered locally, and may increase readiness for school. This includes (but is not limited to):

- **FEEE funding** – Recently announced [additional funding for childcare support](#) will gradually increase ‘funded hours’ in early childhood education and care (ECEC) settings. By September 2025, eligible working parents with a child from 9 months old up to school age will be entitled to 30 hours of childcare a week. There have been some concerns that due to the restriction to ‘working parents’, some families living in the most deprived areas and those on lowest incomes won’t be able to benefit from this funding, potentially widening inequalities (see for example, [this Sutton Trust briefing](#), [this NEF report](#), and [this IFS analysis](#)).
- **Family hubs** have been set up in 75 local authorities. These will join up and enhance services for families to provide support for parents and carers, contribute to reduced inequalities in health and education outcomes, and build the evidence base for what works.
- **The Healthy child programme** is the national prevention and early intervention public health framework, delivered and/or commissioned by local authorities. It includes screening, immunisation, health and development reviews, health improvement, wellbeing and parenting. This includes health visitors, school nurses, and the family nurse partnership programme.
- The government is [funding additional training in child development](#) (including children’s early speech, language and numeracy) for over 1,300 professionals in 51 local authorities, and is providing information and advice to parents via their ‘[Better Health– Start for Life](#)’ campaign.

What works to improve school readiness

- A [2015 PHE report for London](#) summarised what works to improve school readiness as:
 - Good **maternal mental health** (actions include development of a shared vision and plan, effective screening and referral to services, family strengthening and support, and increased public awareness)
 - **Learning activities**, including parents speaking to their baby and reading with their child (actions include research to identify current practices and potential cultural barriers, developing a strategic plan, dissemination of information to reach the community, and evaluation)
 - Enhancing **physical activity** (actions include developing initiatives which target adults working with children, providing information to parents and carers, and integrating physical activity into activities in early years settings)
 - **Parenting support** programmes (actions include understanding parents needs, intervening early, increasing the accessibility of programmes, increasing integration and co-ordination of programmes, and improving the quality and evidence base for parenting support services).
 - High-quality **early education** (actions include investment, integrated services, workforce training, parental engagement, staff to child ratios, focus on cognitive and non-cognitive aspects of learning, adoption of more responsive and nurturing staff / child relationships, and a more equal balance of child and adult initiated activity).
- Other evidence also shows that high quality childcare has a more positive impact on children from deprived areas
- A [2018 EIF report](#) updated the evidence base for the Healthy Child Programme 0-5. The full report sets out which activities have good evidence of improving child and parent outcomes, which have weak evidence, and which have been found to have no effect.
- A [2019 PHE report for the South East](#) summarised the factors impacting on school readiness as:
 - Family – maternal mental health, homelessness, family income and parental education
 - Child – low birth weight, health status and immunisation rates
 - Services – quality and availability of funded early education
- According to the [Royal College of Speech and Language Therapy \(RCSLT\)](#), over 10% of children have speech, language and communication needs (SLCN) that may require specialist support.
- There is also evidence that SDOH can negatively impact on children’s development, including (but not limited to):
 - Housing – for example, [Cold homes](#), [housing instability](#), and [homelessness](#)
 - Income and deprivation – for example, a [lower proportion of children who are eligible for free school meals achieve a good level of development at age 5](#), and there is a [gradient in the proportion of children achieving this by deprivation decile](#). Socio-economic status is [related to a range of developmental outcomes for children](#).

Interventions focussed on these SDOH areas may also therefore have positive impacts on readiness for school.

ECEC – early childhood education and care

SCLN – speech, communication and language needs

SLT – speech and language therapy

Socioeconomic Political Systems

National / local governance

Example areas for action:

Increase numbers of health visitors

Ensure sufficient capacity and high-quality provision of ECEC

Provide universal but targeted family-based wrap-around services e.g. sure start / family hubs

Political and economic structures

Example areas for action:

Ensure sufficient and equitable funding for ECEC, early years interventions and services

Cultural and societal norms and values

Example areas for action:

Support and value the early years workforce and professions

A focus on equity

A focus on children, early intervention and prevention

Intersectionality

To be identified at ICS level and to include people and communities who are excluded or experience poor health.

Social position

Increasing family income and good quality education in the early years are likely to positively impact on school readiness

Example areas for action:

Literacy / reading programmes with parents and ECEC settings

Support unemployed parents who would like to work to access training and employment opportunities

Support parents to access benefits for which they are eligible

Living conditions

Living conditions including homelessness, insecure housing and poor-quality housing can have negative impacts on readiness for school.

Supporting parenting in the home can positively impact on school readiness.

Example areas for action:

Support parents with housing issues as part of an integrated support offer to families

Deliver parenting programmes

Health and wellbeing

Improving maternal mental health, reducing low birth weight babies and increasing childhood vaccinations and embedding physical exercise in ECEC settings are all likely to improve children's early years development.

Some children will also require specialist services for developmental needs e.g. SLT.

Example areas for action:

Identify and tackle poor maternal mental health

Ensure interventions to increase birth weight and vaccinate children

Ensure effective identification of SCLN and referral to specialised services

Ensure physical activity in ECEC

Interaction with system and services

Example areas for action:

Ensure families are aware of and taking up (funded) places in ECEC

Ensure early years services (e.g. health visiting, family hubs and parenting programmes) are reaching those most in need locally

Involve parents in designing and delivering programmes (e.g. volunteering, parent champions, or peer support programmes), ensure culturally competent services and build trust in services amongst communities to improve access.

Integrate and join up holistic services across education, ECEC settings, health and the community to effectively support and refer families with a range of needs

Training / supporting early years workforce locally (including qualifications)

Alignment of readiness for school activity with key features of a HEC intervention - for ICSs to fill out

Essential features of a HEC intervention	Example focus of readiness for school intervention		
	Intervention A	Intervention B	Intervention C
<p>Expected to reduce health and wellbeing inequalities</p> <ul style="list-style-type: none"> ○ improve HWB/reduce inequalities in groups or communities who suffer health inequalities - represented in box 5 of the framework 			
<p>Designed with children and young people</p>			
<p>Targets actions through social determinants of HWB – box 2&3 of framework</p>			
<p>Must be feasible – within timescales, budgets and with systems resources or there must be a matching or resources to enable intervention implementation</p>			
<p>Involves partnership working – either builds on existing partnerships or promotes new ways of working</p>			
<p>Environmental sustainability (i.e. should not harm environment, beneficial if also has environmental co-benefit)</p>			
<p>Expected systems impact that lasts beyond duration of intervention</p>			

Readiness for school case studies and examples

Greater Manchester – closing inequalities in the early years

“School readiness for all pupils has improved in Greater Manchester... Levels of good development at the end of Reception for children eligible for free school meals have improved by four percentage points since 2015/16, a rate of improvement faster than for England as a whole. Greater Manchester has closed the gap in school readiness when compared to the England average.

These marked improvements are the result of a significant endeavour by schools and children’s services to improve school readiness, which has been a priority outcome for Greater Manchester. Tough targets have been set, including all early years settings to be rated ‘good’ or ‘outstanding’ in 2020, and to close the gap in school readiness between Greater Manchester and the national average.

Particular programmes include:

- *At scale implementation of early years pathways across GM to support; speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs*
- *A focus on delivering both universal and targeted parenting and child development programmes which are evidence-based, like Solihull approach and Incredible Years*
- *Developing an Early Years Workforce Academy to support workforce development amongst all early years practitioners (in public and private settings) and encourage more integrated working*
- *I-THRIVE programme to promote children’s and young people’s wellbeing”*

Source: <https://www.instituteoftheequity.org/resources-reports/marmot-review-10-years-on>

Heidelberg Parent-based Language Intervention (HPLI)

This German intervention for children with expressive language delays provided mothers with a 3-month intervention that introduced them to “*child oriented, interaction promoting and language modelling techniques*” including sharing picture books.

A Randomised Controlled Trial showed that by age 3, 75% of the children in the intervention group showed normal expressive language abilities in contrast to 44% in the waiting group.

The HPLI cost £270 per child. In Germany the cost of individual directed therapy sessions is £1204 per child. The intervention approximately halved the number of children requiring individual therapy – therefore the intervention group cost was £13,704 in total (for the HPLI intervention and the cost of 6 children needing therapy) compared to £15,652 for the waiting group.

Source: <https://adc.bmj.com/content/94/2/110.long>

Stoke Speaks Out

In Staffordshire and Stoke-on-Trent, 64% of children were entering nursery with delayed language skills. Six years after the launch of the **Stoke Speaks Out** health and education campaign, this reduced to 39%. The programme included practitioner training, public health messages and support and resources for parents. Positive return on investment calculated at £1.19 for every £1 invested.

Source: https://www.rcslt.org/wp-content/uploads/media/docs/RCSLT_Stokes-Speaks-Out-ROI-short-report_Final.pdf?la=en&hash=EB8307BB3D63792ADB3566F30F20B8F301DFFFA6

They also deliver a specific school readiness programme for Stoke-on-Trent. A 2017 impact report found that this intervention, which involved a ‘school readiness team’ providing support for early years settings, resulted in an increase in the proportion of children whose speech, language and communication was on track from 35% to 53%, and a narrowing of the gap between children whose first language is English and those where English is an additional language.

Source: <https://www.stokespeaks.org/research-data>

Readiness for school case studies and examples

A better start

“A better start is the ten year (2015-2025), £215 million programme set-up by The National Lottery Community Fund. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children’s diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.”

Source: <https://www.ncb.org.uk/what-we-do/practice-and-programmes/focusing-early-years/better-start>

The five-year learning report for A Better Start presented lessons on how to design and implement these programmes, plus a number of case studies, including:

- Small Steps Big Changes (SSBC) in Nottingham, includes a Family Mentor service which recruits paid peer mentors from the community. Among other activities, the mentors deliver ‘Small Steps at Home’, a programme of interventions designed to support childhood development. An evaluation found that children who participated in the programme for more than 18 months had the highest level of development at age 2 – 2.5.
- SSBC has also recruited 40 literacy champions to work in communities and supported a book gifting scheme across the city, and set up ‘Think Dads!’ training, using £7000 investment to train 246 participants across 21 statutory, voluntary and private organisations in father-inclusive practice.
- A focus on speech and language training and referral as part of the Blackpool Better Start (BBS) programme included training health visitors and practitioners in early years settings to use ‘WellComm Assessment’, a toolkit for speech and language screening and intervention. There have been increased referrals to NHS speech and language therapy services, but also increased support in home learning environments and early years settings for lower need children. BBS has also set up the Blackpool Early Years Volunteer Academy, to provide a universal offer to local community members to volunteer skills and knowledge.
- Lambeth Early Action Partnership (LEAP) has set up ‘Talk and Play every Day’, delivered by the Evelina London Children’s Community Speech and Language Therapy Team. This includes a group-based intervention delivered by SLTs, developing consistent speech and language messages, and the ‘Evelina Award’, which provides training and coaching to settings to help them identify speech, language and communication needs and signpost to further support.
- LEAP has also set up a befriending service to reach parents not engaged with services, who are matched with a Parent Champion volunteer, who provides one-to-one support to facilitate their engagement with local early years services. The ‘Pathways for parents’ project has been supporting parent volunteers into employment by providing one-to-one mentoring and support, in partnership with employers.
- A Better Start Southend (ABSS) – Essex Partnership University NHS FT delivers a range of speech and language interventions focussed on prevention and early intervention. These have reduced referrals to SLT services and improved the ‘appropriateness’ of referrals. ABSS wards have seen a significant improvement in outcomes – from 78% to 86% of children achieving at least the expected level of development in language and communication.
- Better Start Bradford commissions ‘talking together’, a 6 week home visiting programme aiming to increase parent’s understanding of language and communication, and improve parent-child interactions. Families are assessed, and those who would benefit from the additional support are offered weekly sessions.

Source: <https://www.ncb.org.uk/sites/default/files/uploads/attachments/ABS-5-Year-learning.pdf>

Annexe 1: HEC Framework

