Investigating Why There is an Increase in Education Health and Care Plans for Children in the Early Years in Solihull

Support from the Local Government Association

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1. Introduction and aims of the work

Like many areas Solihull has seen a recent dramatic increase in Education Health and Care Plans as children start school. Since 2019 there has been a 205% increase from a lower than national figure to a percentage which is higher than national. The Council also faces significant resource challenges like all areas at present. They have taken steps to review service delivery, and support inclusion in the mainstream whenever possible (and appropriate).

A substantial comprehensive training program exist through the Dingley's Promise Comic Relief funded inclusion project. This project offers significant funded resource to support inclusive practice across the whole early years workforce over the next few years.

In order to understand why the increase in Education Health and Care Plans has occurred, the council wanted to hold a series of conversations with key stakeholders. They were keen to support a collective approach to what we are all trying to achieve within the resources available. The Local Government Association were contacted to provide independent facilitation of the process in the form of a mini peer review.

The aims of the work were to create a report with recommendations to answer key questions for Solihull;

- Why is there an increased request for Education Health and Care Plan for Early Years children in Solihull?
- Why do parents/settings go down the Education Health and Care Plan route?

Investigations included consideration of;

- How well do we support children's emerging needs in early years to prevent the need for later Speech and Language Therapy involvement and Education Health and Care Plan?
- Is there a shared understanding of School Readiness in Solihull and how we can work together to support / promote this?
- What would help support children and families 0-5 y in Solihull including support for home learning?

2. Methodology

A total of 5 days consultancy support was delivered by Local Government Association peer Ann Van Dyke MBE. Ann has extensive experience of managing, developing and delivering services in the early years and has worked nationally for over 15 years with Local Authorities. She has developed a relationship with Solihull over that time. Ann also leads local authority engagement in the Dingley's Promise Inclusion Project which has brought significant free workforce development to Solihull to support inclusion in the early years.

The process was designed to facilitate a series of conversations with key stakeholders;

- Parents/carers
- Providers of early years and childcare
- Local authority and partner managers and staff
- Senior leaders and decision makers

7 sessions in total were facilitated, with 41 individuals taking part. 9 parents were able to take part and joined as part of the groups they were attending and a specific meeting. A meeting and feedback were also offered for families of children with Special Educational Needs and Disability , however none were able to take part due to IT issues and we were unable to arrange a further meeting in the time allowed. A key recommendation will be to continue an ongoing dialogue with families which is already in place.

Some desk-based analysis was also undertaken to gain context and familiarity before the conversations began. Each conversation took place remotely to support accessibility and followed a structure based on the questions being investigated (as described in section 1 above).

3. **The National Context - The evidence base, our legal responsibilities and the role of the LA, and the potential impact of expansion of the early years and childcare entitlements**

Each of the conversations facilitated began with some context setting around the evidence base, our legal responsibilities, and the role of the local authority. Consideration of the expansion of early years and childcare was also factored in. This context setting was important in terms of managing expectations and ensuring focus on compliance and an evidence-based approach. This section provides more detail to support further reporting and planning.

3.1 The evidence base

Investing the early years makes moral and financial sense. The Heckman Curve[1] shows that the highest rate of return comes from the earliest investment.

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[1] https://heckmanequation.org/resource/the-heckman-curve/

Return on Investment — Heckman
Economic impact of investing in early childhood learning.

The Nuffield Foundation reported in July 22 in The Changing Face of Early Childhood in the UK[2];

> "The importance of the early years in laying the building blocks for a child's physical development, social and emotional well-being, and cognitive and linguistic capabilities is evidenced by a large, interdisciplinary body of research.
>
> As such, early childhood and the dynamics and challenges of family life are fundamental to considering how we might build a more resilient, productive and cohesive society."

The report goes on to describe how family lives have changed over the last few years including;

- The impact of both Covid (lock downs) and social media on how new parents engage with services (they are more likely to look for support online, and have less confidence to join a local group).
- In work poverty has increased significantly which needs to be considered as we plan services locally.
- Norms around how families balance work and family life are changing as the need to work increases.
- The gap is widening as poverty and inequality increase.

These factors are important in how we design services but also how we effectively reach families with our service offers.

Evidence that supports investment in the early years continues to grow, however, we have witnessed a series of challenges within the public sector over recent years, which has in many areas prevented a coordinated approach to realise this impact.

The number of children with Special Educational Needs and Disability support and Education Health and Care Plans has been rising since 2016 according to

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[2] https://www.nuffieldfoundation.org/wp-content/uploads/2020/11/How-are-the-lives-of-families-with-young-children-changing-Nuffield-Foundation.pdf

Government statistics[3], and research from Dingley's Promise in 2023[4] found that 95% of settings reported that the number of children with Special Educational Needs and Disability had risen in the past year alone.

We know that disadvantage significantly impacts on child outcomes, and it is often a key factor in successful targeted approaches to support take up of early years provision. Where areas have layered the data sets for disadvantage and Special Educational Needs and Disability together, we can see a direct correlation. The report "Investing in Early Intervention" from May 2022 documents similar concerns;[5]

"*Children with disabilities are at **greater risk** than non-disabled children **of experiencing both social and health inequalities.***

*Children with learning disabilities are **more likely to experience a range of social inequalities** than typically developing children.*

Research has identified that children with learning disabilities across childhood and adolescence are, compared to other children:

*• 1.6 times more likely to be living in a family in **income poverty***

*• 2.1 times more likely to have **no adult in paid work** in the household*

*• 1.4 times more likely to have a mother with **mental health problems***

*• 3.3 times more likely to have a mother with **poor physical health***

*• 1.5 times more likely to experience two or more negative life events such as **bereavement and sexual abuse***

*• 1.5 times more likely to experience **poor family functioning**, for example, a decreased ability to problem solve or talk through problems as a family*

*• 1.3 times more likely to live in a **single parent household***

*• 1.9 times more likely to have a **primary carer with no educational qualifications**"*

3.2 The Legal Responsibilities and Role of the Local Authority

The Childcare Act 2006 (updated in 2016 and 2018) was a pioneering piece of legislation, as it was the first Act to be exclusively concerned with early years and childcare, and early childhood services. The 3 key drivers in this act are:

[3] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england
[4] https://dingley.org.uk/researchsurveyfindings2023
[5] https://cerebra.org.uk/wp-content/uploads/2022/05/EARLY-INTERVENTION-REPORT-A4-FINAL.pdf

- To reduce child poverty
- To reduce inequalities between children
- To improve well-being for young children

The Childcare Act enables a framework for delivery (and conversely, legal challenge) under three key areas:

- The early years outcomes duties require the provision of early childhood services and joint working between agencies to reduce inequalities, improve outcomes and narrow the gap. The outcomes duties also enable pooled budgets to support joint delivery, with the aim of supporting easy to access services from pre-birth to 5, at a universal and more targeted level.
- The sufficiency duties require Local Authorities to secure sufficient early education and childcare. At the time of writing least advantaged families are legally entitled to early years education as children turn two, and all families of children aged 3 and 4. Working families are entitled to additional hours for 3 and 4-year-olds. The entitlements aim to support child development but also remove a significant barrier to employment by supporting access and affordability. The sufficiency duties also require Local Authorities to secure childcare for children aged 0-14, (or 18 for children with a disability) with the aim of enabling parents to take part in employment and employment-related activities.
- The information duties require Local Authorities to ensure information for both childcare providers and families, in order to meet their other childcare duties.

These legislative requirements are interdependent of each other. For example, improving the well-being of young children is reliant on securing integrated early childhood services, which support access to early education and childcare. Securing sufficient childcare requires information for parents and prospective parents, in order that they may demand (ask for) a high-quality supply.

The responsibilities of Local Authorities were further defined by the Children and Families Act 2014[6], which seeks to improve services for vulnerable children and to support families. It underpinned wider reforms and policies to support all children and young people to succeed, no matter what their background. This is further strengthened by the Equalities Act 2010 (which superseded the Disability Discrimination Act 1995).

This legislation is also underpinned by the United Nations Convention on the Rights of the Child, (UNCRC) (1992). The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social, and cultural rights that all children are entitled to.

3.3 The Role of the Local Authority

The role of the local authority in securing sufficient provision across the duties is to signpost, develop, and commission provision, only delivering services directly as a last resort. A market management remit is required to secure sufficient early years and

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[6] https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

childcare places, and a data driven approach is crucial to ensuring value for money and the most impact possible across all our services. The following diagram aims to illustrate the cycle, from understanding need, to planning and delivering services.

The diagram is a circular cycle with the following stages:

- Needs analysis, which considers poverty and layers our data collectively
- Establish joint understanding of our statutory and financial requirements
- Understanding and pooling our collective resource
- Joint service design – do we sign post, deliver, develop or commission?
- How do we reach families effectively?
- How do we measure success?
- Plan, do, review, repeat

A key function in the cycle is jointly planned service design, and collectively deciding whether to sign post, develop, commission or as a last resort deliver.

3.4 potential impact of expansion of the early years and childcare entitlements

It should be noted that over the next two years the early years and childcare entitlements will expand dramatically with the aim of supporting families to access childcare to support employment. These changes will aim to support the provision of childcare from the end of maternity leave until the end of primary school. The expansion will impact on demand for childcare and potentially as a result change the way large numbers of families access related early years services. In short the proportion of families who will access employment and therefore early years and childcare will increase. This means a higher proportion of children are likely to spend more time in early years and childcare settings. Services will need to adapt to retain reach and remain relevant.

A number of pressures are reported as impacting on ability of providers to support children with Special Educational Needs and Disabilities prior to the expansion including;

- Recruitment and retention
- Staff turn over
- Funding and sustainability concerns (and increased costs of delivery)
- Increased demand
- Confidence and skills
- A plethora of training

Like all areas Solihull are concerned that the risk of legal challenge from families not able to access their early years entitlements will grow with the expansion. Each previous expansion has seen the least advantaged children (often those with Special Educational Needs and Disabilities) less able to access their full entitlements as a result.

Some areas are beginning to track the current position and in Swindon for example local research conducted in 2022 indicated that whilst 94% of the overall eligible population of 2, 3 and 4 years olds access the full early years entitlements, just 45% of children with Special Educational Needs and Disability were able to do so. Worryingly 80% of this cohort were also the least advantaged children and were far more likely to go onto access reduced or deferred entry to school than their peers.

In short, if we leave market forces to their own devices, our least advantaged children tend to access the least amount of their entitlements. There is therefore a risk that we will see the attainment gap widen, when ironically access to early years provision can have the greatest impact on this group both in the early years and throughout their lives.

4. The Context for Solihull, Challenges and Opportunities

A number of pressures exist in Solihull which are common to all areas;

- Pressures on the sector (as described in section 3 above).
- A plethora of training offers coming from central government.
- Pressure on the public sector purse (doing more with less).
- Pressure on families (cost of living and the requirement to work).
- The profile of early years locally and misconception that it is non statutory. This can effect the allocation of resources locally for example early years is often not seen as being as important as safeguarding, as opposed to being crucial to achieving it.
- Increased numbers of children with Special Educational Needs and Disabilities.

Like most areas the project-based approach to central government funded strategies can encourage silo working. Services can become fragmented, and difficulties can arise in ensuring that clear accountability and reporting are in place. A clear matrix for managing both locality based joint working and specialist support is also key, but often the resources for this element are not forthcoming.

However, in Solihull a great deal of work has taken place over a number of years to ensure the strategic positioning of early years, and joint ownership is in place. Good joint working is evident at a strategic and delivery level.

Agencies and departments have worked together to produce a pathway for speech language and communication[7] and Solihull are current working within the West Midlands Local Authorities for early years to develop a balanced system approach. An official launch took place on the 20th November with recorded presentations available from people who may be involved in the speech language and communication pathway.

Speech and Language Therapy work in early years has developed to support key people who can roll out good practice. Communication champions working in Solihull's early years settings with the most disadvantaged 2 year olds.

Solihull are promoting Five to Thrive and parent support through the Local Offer webpages. Health Visitors are running communication workshops and the Solihull Parenting Team have termly timetables of support[8]. Signposting to BBC Tiny Happy People is a strong focus of the work.

Good data collection is in place to map needs and track impact. This work will continue to develop over time.

5. Key findings from the questions asked

This section will take each of the key questions in turn to consider the collective responses. Where feedback has been given by parents it has been noted as that, otherwise responses have been collated between practitioners' managers and providers.

5.1 Why is there an increase in requests for Education Health and Care Plans for Early Years children in Solihull?

There was a consensus that whilst Covid had magnified issues for many children and families, the steady increase in numbers was being seen beforehand. In short Covid has not created more additional needs, but it has magnified speech language and communication delays.

A number of factors are contributing to the increase at present;

- Better service coordination, delivery and therefore early identification of needs and developmental delay.
- There is an increase in the number of children born with complex needs (potentially due to better maternity and neonatal care).

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[7] https://www.solgrid.org.uk/eyc/resources/learning-and-development/

[8] https://www.solihull.gov.uk/sites/default/files/2023-06/Autumn-23-timetable.pdf

- The quality and consistency of assessments was good, and a focus on continuously refining them will remain.
- There is a reported an increase in the number of children overall in reception, with a decrease in birth rates of late (which would suggest the number will decrease in due time).
- Changes in how families are parenting children (the home learning environment).

These factors do not suggest there is a misrepresentation of children with Special Educational Needs and Disability being identified, nor that the thresholds for assessment are too low (as was questioned by just one member of staff). The vast majority of participating staff who were involved in panel meetings to agree an Education Health and Care Plan reported that the process of assessment was generally accurate and fair.

In particular it was felt that speech language and communication had been adversely impacted over the last few years. This was seen in part as a result of lockdowns, and the cohort of children coming into school now who may not have benefited from groups and social interaction for children and families. There was also agreement that the nature of help parents search for and take up had also shifted significantly to online.

It should be noted that the timing of improvements to service coordination and delivery, coupled with the fact that children starting school very recently were born during lockdown, mean it is too early to be able to evidence the longer-term impact of the service changes. There is an inevitability in the current increase in Education Health and Care Plans on starting school at present. In short, the increase should be expected and seen as a success of earlier intervention.

Staff who took part reflected on the difference between the services and opportunities which may have been available to parents prior to lockdown, compared with the limited resources that are now. This appeared to highlight a gap between children entering school now who took up early years provision, and those who have little access to any group or professional support.

All parties who engaged in the process reported that parents and carers unanimously want what's best for their child, but they may not always have access to good information or awareness of where to find support. There was a huge amount of understanding shown to the difficulties of parenting in 2024.

There was also a general acknowledgement that the majority of parents felt a great deal of anxiety about getting it right for their child.

5.2 Why do parents/settings go down the Education Health and Care Plan route?

Unfortunately, parents of children with Special Educational Needs and Disabilities from Solihull Parent carer Voice were unable to engage in the process due to technical issues and the difficulty of rescheduling within the time allowed. Some of the parents who were consulted through the groups however had children with Special Educational Needs and Disabilities (for example communication delay). The following

feedback was provided by the families who took part and a range of professionals who work very closely with families of children with Special Educational Needs and Disabilities were also keen to represent their views.

It was generally felt that there was a gap between universal and targeted support so families felt the Education Health and Care Plan was a route to ensuring their child's needs were met and resourced.

Some staff reported that an Education Health and Care Plan can be seen by families as offering legal protection and a means of raising an official complaint. Both of these stances were seen as a means of securing support and suggest some mistrust or lack of confidence in the system.

Anxiety and fear were again discussed at great length, and families under significant strain worrying that they should be doing more and ensuring the best for their child. Education Health and Care Plans were seen by families as the best way to ensure the best possible support.

Some staff talked about the Education Health and Care Plan being seen as protection throughout the transition from early years to primary school. It was also seen as a gateway to ensuring more parental choice, particularly around access to special school places.

A discussion around waiting lists took place and how simply being on a waiting list can install further fear and increase anxiety. Good steps had been taken to address this with more work planned.

Terminology was also seen as a key factor with some staff reporting they had heard parents being told "they won't cope well in mainstream…" by other staff.

The differences between a mainstream school, specialist school and a typical early years setting was also discussed. Transitions have been managed positively across the area and clearly the focus should continue.

During the conversations it was noted that often parents pay for assessments and support. Staff were keen to note that this often led to debt and was not restricted to families who could afford private services. As noted earlier in this report there is often a direct correlation between families of children with Special Educational Needs and Disabilities and those least advantaged. Again this could indicate the pressure felt by families and potential mistrust in services if there is a need to pay for assessments, even where affordability is an issue.

5.3 How well do we support children's emerging needs in early years to prevent the need for later Speech and Language Therapy involvement and Education Health and Care Plan?

All those involved, including the parents who were accessing services, felt that a great deal of good work was already enhancing speech, language and communication.

Services were described which included a range of the targeted support specific to speech and language development, and a range of universal group settings which enabled children and families to mix and benefit from peer support. The graduated approach was also well embedded and utilised across the area.

It was felt that resource pressures often leave services focusing on gaps and vacancies creating waiting lists, whereas the services in Solihull are proactive and use a "what can we do" approach.

Parents reported that the earliest pathway from the doctor to midwife to health visitor was good and led to signposting to other groups and services effectively. Beyond the early days however there appeared to be a gap which can be seen in the responses from parents below.

When parents were asked how they find out about support and services the most common answer reported was online. One parent reported,

> "I didn't know where to start other than google" and, "my Solihull maps is good but people don't know what it is".

Online information resulted in a negativity about searching for some parents one of whom reported,

> "google searches make me feel like I am doing something wrong or should be doing something I'm not"

Parents also reported that the use of social media escalates any concerns they may have as after an initial search they will be bombarded with information for example "early signs of autism" posts on Instagram after searching just once for "what are the signs of autism". One parent noted,

> "You can look for information online but have to remember that Google will tell you are dying if you simply have a headache".

There was also a common understanding amongst families that the online world promotes "perfect parenting" for example on Instagram. TikTok was also noted as a key source of information.

Although parents were aware of these risks it should be noted that online information remained the first port of call to find anything out.

Anxiety was a common theme reported by service providers and families in Solihull. Not knowing what's best for children or "what you are meant to do" was commonly reported. The terminology involved in some service delivery was also seen to add pressure, for example "catch up from Covid".

The second most reported way of finding out about support after the internet was the local health visitor. One parent reported that the relationship she had built with her health visitor was critical to informing her parenting. Having a number to text and being able to ask questions with somebody trusted and responsive was "a life line".

One parent reported however that;

> "Some families feel they (health visitor) has come to spy on you"

Families also reported that the best support they received was emotional support, and that sometimes the staff they met were tied to a "by the book" response.

There was also an impact of hearing constantly how stretched services are in the public eye, with several parents noting if they did make contact with a service they often started conversations with "Sorry to trouble you…", or "Sorry this is a silly question…".

Other sources of support and information included the doctor, and several parents noted other parents as critical in day-to-day support.

The families who did engage in the groups and services in place however felt extremely supported for example,

> "I am so grateful and have never met such kind people"

Several families reported concerns about how, when and where to take up childcare. There were concerns about knowing how much provision is ok as well as the costs. They reported concerns about going back to work and what the right balance should be.

Families we're also asked what they would do to find out more if they had a concern about their child's development. Several reported the doctor again would be the first point of call, closely followed by the health visitor.

Some confusion between the messages from different services was reported for example one parent described how advice about breastfeeding differed from their doctor and midwife.

5.4 Is there a shared understanding of School Readiness in Solihull and how we can work together to support / promote this?

Solihull has developed an extremely balanced, appropriate, and inclusive definition of school readiness based on the UNICEFs definition[9],

> "…we see school readiness as the readiness of the individual child, the school's readiness for children, and the ability of the family and community to support the best early child-development."

When asked what the term "school readiness" means, answers across the different groups differed. Providers felt it was to do with keeping children safe, most parents

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[9] https://www.solihull.gov.uk/sites/default/files/2023-03/Solihull-School-Ready-Definition.pdf

believed it was a pressure they had to meet (eg make sure the child can put there coat on, use a toilet, sit at meals etc).

Some parents felt the most important thing in school readiness was managing separation anxiety. One parent mentioned reading to children and familiarity with and the love of books being important.

Common threads between service providers were around supporting communication skills, independence, and creating safe secure and happy environment. Socialisation was also seen as key to children's readiness.

It was noted by several members across the groups as well as the parents that the term "school readiness" adds to a feeling of pressure for parents to live up to or suggests things children should do. Staff suggested a more helpful terminology might focus on schools and wider services being "child ready".

It was acknowledged that the terminology has come from central government and Solihull staff have worked very hard to redefine the common understanding into something very child focussed. However, this does not appear to be widely understood beyond service managers.

It is useful to note that the parents who participated had a good understanding of why speech language and communication is important,

> "it's about building trust with your child, meeting their needs by smiling, talking asking questions and using lots of eye contact. My child eats books! The less TV and phone time the better".

5.5 What would help support children and families 0-5 y in Solihull including support for home learning?

Ideas for improvement ranged from some relatively simple quick wins to those which can only be nationally achieved. For example, removing the curriculum and target based working in schools, in order to support better joint working across early years and schools and support inclusion in the mainstream would take national change.

Support for mental health and well-being delivered by and for parents, providers, and service providers was commonly noted.

There was also noted a very real need to ensure that work around speech language and communication does not sit in isolation from a focus on developing secure attachments and relationship building between parents and children.

A simplified home learning focus which is accessible and takes account of family needs, without adding additional pressure to family life. There was a concern amongst many professionals that parents seem to have developed a feeling that they should be,

> "handing over their children to someone else who can do it better".

This comment speaks volumes about parental confidence and also relates to the suggestion of removing the curriculum. Have we created a highly skilled profession out of working with young children, and as a result excludes parents and carers from confidently leading or taking part?

Parents reported that greater connection with other parents and children would really help them, for example more play sessions. They also suggested an extra visit from a health visitor to be able to ask any questions and find out what's happening locally would help all families.

All groups noted the need to think about wider family needs in the context of the current economic climate. The need for employment, use of technology etc will be important factors in how we design our services and reach families, in particular with in the light of the childcare expansion.

6. Summary of Common Findings

This section aims to summarise common findings across all the groups and questions asked.

- There is an increase in children with complex needs.
- There is an increase in children with lower-level needs.
- Good interventions and support pathways are in place and are improving all the time.
- There are opportunities for adapting our support in a systemic way – joint planning, commissioning and delivery.
- Are we a victim of our own success? Or simply in a process of improvement which should be **celebrated?**
- Data collection and analysis is good and continuously improving.
- It is too soon to evidence if this will reduce pressure/support later on.
- Considering **how** families access support, their needs, attitudes, and expectations will be key.
- School readiness is well defined but not necessarily understood widely, also creates a pressure on families.
- If needs have changed, have we changed our expectations and the system in response?
- Families want what's best for their children, but don't always know where to go or what to do.
- Speech, language and communication cannot be seen in isolation from parent child relationships, attachments and whole family functioning.

7. Recommendations

There has been a huge amount of highly successful work developed and brought together over the last few years. Excellent joint working is in place and a range of support services are offered. This work alone has undoubtedly contributed to the increase in Education Health and Care Plans as children have their needs identified and supported appropriately and earlier.

The next steps for Solihull may involve thinking about managing cultural change, systems and processes and the structure which supports delivery.

Balancing universal support with the pathways to more targeted support and using data to support the most effective use of resources (including the local community) will also be key. It will also be useful to consider how our messaging supports family expectation and independence from services at key points. This may help the "cliff edge" described as felt by some families as they move beyond the regular pathway of support from midwives and health visitors.

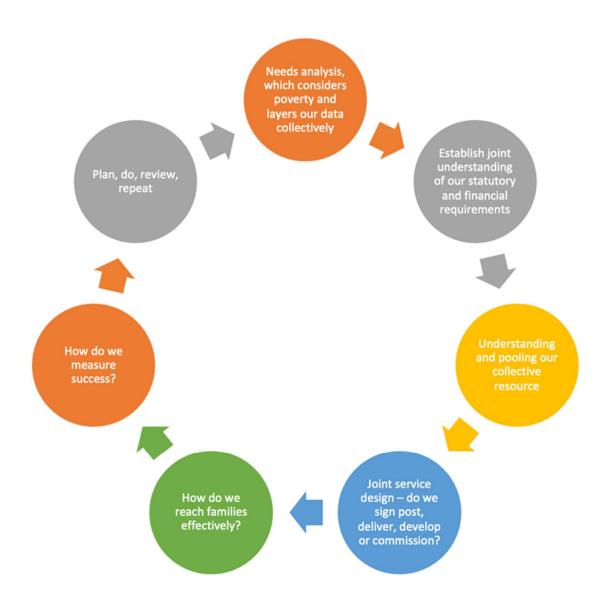The opportunities that the Family Hubs agenda creates for some of this work is huge.

The recommendations listed here provide further detail for potential next steps.

1. Continue the conversations with families to further understand need, in particular with families of children with Special Educational Needs and Disabilities.

2. Build on and further develop the excellent data analysis that is in development. Examining overall take up of the full early years entitlements by looking at children who start school with an Education Health and Care Plan, and layering disadvantage data on top may be useful in understanding the needs of families and services they access. Using data collectively to inform the commissioning cycle below has already begun and should be further developed.

   Further enhancing and sharing impact data (relating to the impact of services) will also help to further refine what's working in the early years, and the resulting impact later on throughout school (and will be dependent on the pooling of data sets).

   There may be opportunities to work with other Local Authorities who are also ahead of the game in terms of data collection and usage eg Herefordshire, Southampton, Swindon, Reading, Gloucestershire.

3. Establish and agree the commissioning process (as below). In particular jointly planning how services are designed and either signposted, developed, commissioned or delivered. Lots of those who took part reported there was a lot of activity happening but systematically joining up the decision making for delivery was a challenge (often due to the silo nature of centrally funded work streams). This could inform better use of resources and more seamlessly received and easily accessible services for families.

4. Think marketing and engagement for cultural change. Consistently those who took part reported levels of anxiety amongst parents, which are highly likely to be exasperated where there is a concern about a child. Social media appears to play a big part in this so it would be worth developing a marketing and engagement strategy, with a focus on developing trust between service providers and parents and supporting self-help. Messaging could include;

- What good looks like
- How to search for help (what to look for and what to ignore)
- What good inclusive early years and school provision looks like
- Case studies of what works (by parents for parents)
- Examples where parents have made the difference

An engagement strategy could also encourage parent led services and mystery shopping to proof the coms strategy from a parent's perspective.

5. Consider the terminology of "school readiness". A great deal of effort has been taken to create an exceptional definition, however if it is not always understood beyond service managers, and is currently creating more pressure for some families, it should either be much more widely shared (and continuously), or alternatively reviewed.

6. Consider the positioning and design of the early years services to make sure the wider impact is realised. For example, how is the agenda directly impacting on employment, regeneration, safeguarding etc? What would happen if key service leads left? An examination of the current matrix may also strengthen the framework for long term delivery and ensure it is not dependant on individual staff. This could all support seamless delivery and clear messaging for families, as well as best use of resources. Ownership of early years across a range of agencies and strategies will demonstrate if this has been achieved.

7. To support the continuous examination and improvement of the assessment process it would be useful to routinely look at a number of lower-level Education Health and Care Plan cases to understand what happened or could have happened previously. This has begun through multi-agency Education Health and Care Plan auditing (all-age).

8. Continue to enhance the very early-stage advice and support focusing on the relationship between the child and parent and boosting parent confidence. In particular developing some kind of checking points between health visitor contacts and starting group or early years provision. This could be particularly useful in reaching families who typically don't take up early years places until later on, or at all.

9. Further enhance the community development approach which is apparent in some parts of Solihull to maximise opportunities across the whole area. This could involve a structured approach to supporting parent on parent support and thinking about intergenerational opportunities consistently as well.

10. Normalise face to face activities and getting out for families again through a marketing and communication campaign. This should consider how to support parents with the confidence to join a new group where they may not know anyone. This should link closely to recommendation 9 and the potential for parent led support.

11. Help families to negotiate online support e.g. utilise existing apps which make the most of the family hubs approach.

12. Market manage the new entitlements to maximise take up by eligible families, and take account of new norms for the population of families locally. Consider who will the families be who don't work and why? How do we reach them?

13. Continue the positive messaging and support which is currently offered to the whole early years workforce.

14. Promoting the free is an easy win and could free up resource elsewhere. For example focusing on the free training available through Dingley's Promise. The program currently reports that 99% of thousands of practitioners nationally state they can take more children with Special Educational Needs and Disabilities as a result of the first course alone. Solihull is promoting the training and has the ambition in the Joint Additional Needs Strategy plan to encourage practitioners to engage with the Child's Voice Module. The Strategy for Inclusive Education plan promotes completion of at least the first 'Inclusion' module. Consider what else can be done to encourage training take up and measure impact.

15. Continue to celebrate what's working for families and ways they can help themselves in order to counter the culture of perfect parenting and "shoulds"? which can be found online.

8. Conclusions

The increase in Education Health and Care Plans can be seen as a result of a number of factors relating to an increasing number of children with complex needs, and developmental delay, an increase in population year group and changes to processes. The most important factor to recognise however is that the continuously improving identification and support in place for children is having a positive effect.

In short, the increase is an inevitable result of both increasing needs and better early intervention, which should be celebrated as a success measure. The early identification of children with developmental delay in particular should provide impetus for the LA to continue focussing on both identification and support in the early years, and transitions to school. The impact of the new entitlements and shifting work and family life balance will be key in planning services which reach families moving forwards.

At the time of writing, it is too early to see the real impact of this successful work in terms of reducing the need for support later on. A great deal of work is now underway to continue tracking progress, and the analysis of increasing numbers of children with developmental delay (and therefore potential to catch up) is ongoing. It is highly likely that over time the resource requirements for support later in school could reduce. This will of course be dependent on the continued investment early years and good transitions.

Finally, it should be recognised that there have been and will continue to be a range of external factors which impact on both the demand for and supply of services, and how successfully they are delivered. There are questions beyond the control of the Local Authority and partners to be asked nationally, about whether our current systems (eg the curriculum and inspection framework for example), remain fit for purpose given how family and child needs have changed. Are the services and the measures in place helping or hindering Local Authorities in their duties to support child outcomes?