

Smart Start

Giving Warwickshire's children the best start in life



Warwickshire
County Council

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Warwickshire County Council

Warwickshire North Clinical Commissioning Group

Coventry & Rugby Clinical Commissioning Group

South Warwickshire Clinical Commissioning Group

Barnardo's (on behalf of all Children's Centre providers)

Bedworth Heath Nursery School (on behalf of all maintained nursery schools)

Pathways Nursery (on behalf of private and independent nursery schools)

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George Eliot Hospital NHS Trust

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Foreword

This Strategy sets out what we will do collectively to ensure that all children in Warwickshire have the best possible start in life and that their parents and carers are well supported from the moment of conception through to the time their children reach school age. This is an investment that lasts a lifetime.



Warwickshire is a great place to bring up children, with plenty of open spaces, diverse communities, good early years education and lots of opportunities for learning and future work. But we need to do better. Whilst the majority of our children are healthy and develop well, not all of them achieve a good level of development by the age of 5 and are ready for school.

The Smart Start research and engagement activities have shown that access to early years services, mental health support and community based activities for families needs to be improved and delivered differently. Additionally, all organisations are facing challenging financial circumstances.

Organisations like the County Council, the NHS, early years education and nurseries, and the third sector have been working together to develop and deliver a 3 year programme called Smart Start to meet these challenges. Smart Start aims to develop and deliver a strategy for joint action to improve the wellbeing and development of our 0-5s, focusing on prevention and early help.

Smart Start



Cllr Izzi Seccombe
Leader of
Warwickshire
County Council



Cllr Jerry Roodhouse
Chair of the
0-5 Strategy Group



Cllr Les Caborn
WCC Portfolio Holder
for Health and
Children's Services,
Member of the
0-5 Strategy Group



Cllr Richard Chattaway
Member of the
0-5 Strategy Group

Introduction

Why focus on 0-5s?

The Marmot Review "Fair Society, Healthy Lives", published in 2010, says:

“ Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational attainment and economic status.

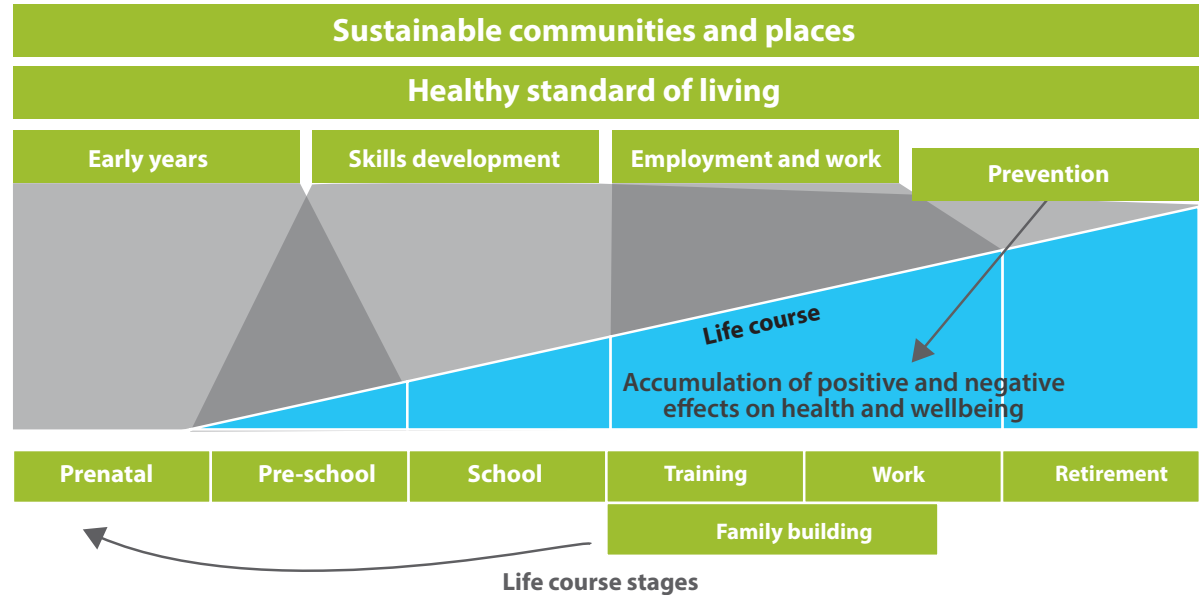
There is evidence to suggest that spending in the early years gives the highest rate return on investment.



There has been a historical bias towards public spending on older age groups and on remedial, rather than preventative services. However, the current socioeconomic landscape is characterised by declining public budgets and an ageing population in Warwickshire. This means that there is a need, now more than ever, to invest wisely. Tackling inequality (particularly for vulnerable groups) at a younger age will prevent the gap from widening later in life and ultimately lead to improved life outcomes for Warwickshire’s children and families.

Disadvantage starts before birth and accumulates throughout life, as shown in the figure below.

Areas of Action



School Readiness

School readiness or '**Good Level of Development**' (GLD) is a comprehensive measure of a child's cognitive and socio-emotional competencies. There is a wealth of research showing that for young children these skills are fundamental to future educational attainment as well as health, mental health and employment outcomes.

Although the goal of the Smart Start Programme is to improve school readiness for all of Warwickshire's 0-5 year olds, more targeted early intervention is needed for groups with a higher level of need, where inequalities in school readiness exist. This is because we know that variations in cognitive development are seen as early as 22 months, closely linked to advantage and disadvantage.

We know that we could do more to improve Warwickshire's early years services and make them fit for the future. In view of increasing financial pressures and greater awareness of current needs of Warwickshire families, the present model of Children's Centres across the county is unsustainable. In order to improve school readiness of Warwickshire's 5 year olds and support their families, we will consult and co-produce a fully integrated model of universal and early help services.

Reception age GLD* in Warwickshire



● Did not achieve (33%) ● Achieved (67%)

There are inequalities in the attainment of certain groups, including children with special educational needs (SEN) and those from poorer backgrounds.

**Data from 2015*

By the age of 3, children from disadvantaged backgrounds can be up to a year behind their more advantaged peers. (*Hansen & Joshi: 2007*).

The gap increases steadily over time, lasts a lifetime and is apparent across a range of indicators, from health and wellbeing to income and attainment.

School Readiness is linked to the quality of provision that a child attends. It is our aim that every child can access early education which is good or better at the point of inspection. High quality provision is able to redress the balance, helping children from disadvantaged backgrounds to catch up, or not fall further behind than children from more advantaged families. (*Sylva et al 2004*).

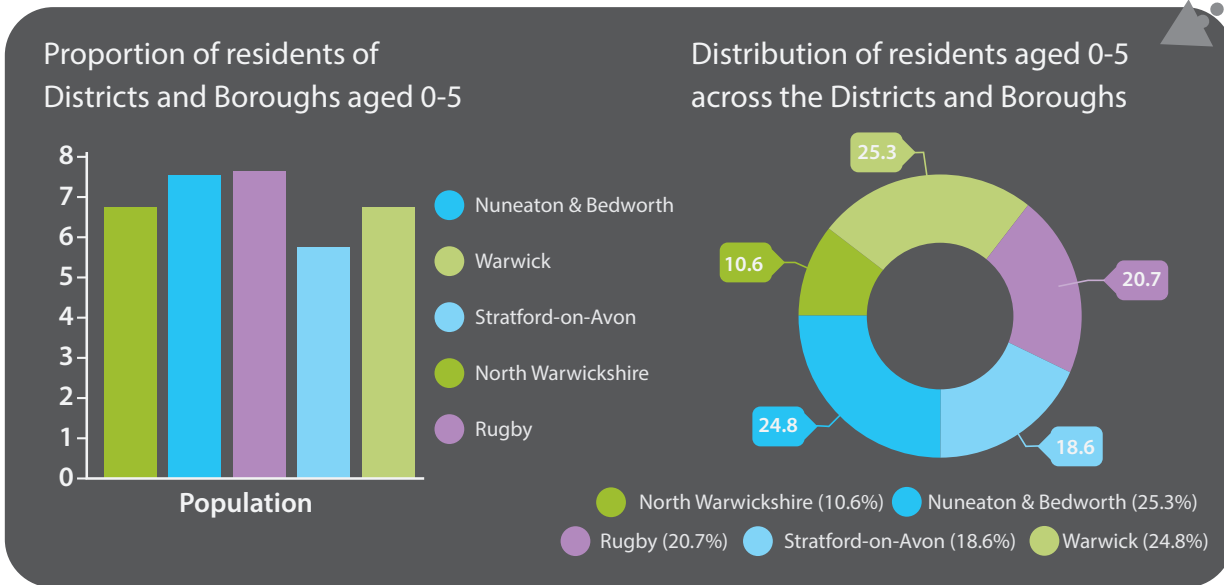
Population

Warwickshire is home to an estimated **554,002** people...



... and approximately **7% or 37,974** are aged 5 and under.

It is projected that by 2025, the number of children under 5 in Warwickshire will increase to 38,217, an increase of 0.8%. However, their proportion relative to the total population will decrease as older age groups are projected to increase at a higher rate.



Child Poverty

Overall Warwickshire is an affluent county, ranking in the top 20% least deprived authorities in England. However, pockets of deprivation exist across the county in both urban and rural areas.

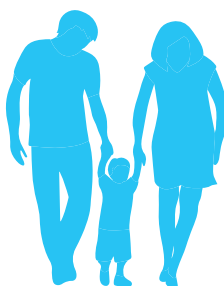
Deprivation and poverty in childhood have a profound impact on educational, health and employment outcomes later in life. Children from the least deprived households are currently 1.4 times more likely to achieve a GLD than those from the most deprived households with a 21% gap in GLD achievement between the two groups.



Overall, there are an estimated

2,796

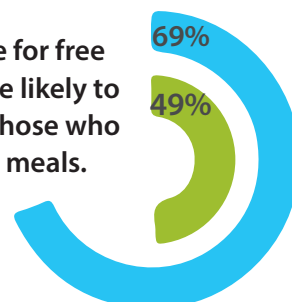
children aged between 0 and 5 living in the areas in Warwickshire that fall into the top 20% most deprived nationally.



4,450

children aged below 5 in Warwickshire live in households where at least one parent/guardian is receiving out of work benefits.

Pupils who are not eligible for free school meals are 1.4x more likely to have a GLD compared to those who are eligible for free school meals.



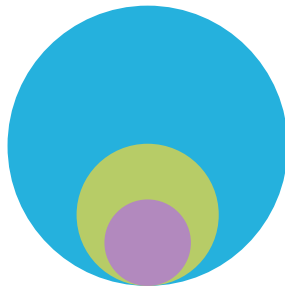
Children with special educational needs and/or disabilities (SEN/D)

The school readiness data from 2015 shows that for Warwickshire, children without SEN/D are 3.8 times more likely to achieve a GLD than SEN/D children, with a 53% GLD attainment gap between the two groups.

In 2015, there were 480 children under the age of 5 receiving a Disability Living Allowance in Warwickshire and this figure is indicative of the prevalence of disabilities in the 0-5 population.

Children in Need, Looked After Children and Children Subject to a Child Protection Plan

As at the 31st of March 2015, there were a total of 3,049 Children in Need (CiN) aged 0-5 in Warwickshire.



- Children in need (3049)
- Children under Child Protection Plan (288)
- Looked after children (152)

The main cause of need was 'family dysfunction', followed by 'abuse and neglect.' These two causes accounted for approximately 43% and 35% of cases respectively.

This figure includes children who are subject to a Child Protection Plan (CPP), of which there were 228 children aged 0-4, including 12 unborn children. The main cause of CPPs was again 'neglect' which resulted in 27% of all cases.

The CiN data also includes 152 children aged 0-5 looked after by Warwickshire County Council. Looked after children tend to have low educational achievement and this may translate into negative health and economic outcomes in later life.

Priority Families

The Priority Families programme's eligibility criteria include families at risk of financial exclusion and families with children who are in need or subject to a Child Protection Plan.

Currently, Warwickshire's Priority Families Programme is working with 252 families (with at least one 0-5 year old child) to turn their lives around.

What you have told us

Smart Start comes at a time of increasing financial pressures and challenges to service delivery. We need to be bold and creative if we are to succeed in improving outcomes for Warwickshire children aged 0-5 years.

To get things right, we have listened to more than **1,100** parents and carers of children aged 0-5, and over **270** frontline workers.



This is what parents, carers and frontline workers have told us:

Integration, shared outcomes and a 'warm welcome'

Better integration of 0-5 services is needed - with a more unified front line and multi-skilled practitioners working to shared outcomes.

"There's a need for places and support that are informal... so that parents might not know who they're talking to (which cadre of professional)... different roles and cadres are a turn off... Staff, whoever they are, need to relate to families beyond their own service - to treat them as a whole". (Strategic lead)

Services for families with 0-5s need to feel welcoming, personalised and respectful. Every parent sees a professional at some point and we need to make the most of these contacts; the first point of contact can leave a lasting impression on parents.

Future of Family Support Services

Family support was highly valued by parents and professionals, but was seen to be at "breaking-point". Front line workers called for clarity on the role of early years family support workers, as there was a shared concern that their 'preventative' role had been eroded.

Insufficient parenting groups and networks

Parents talked of isolation and loneliness and the need for more support in the early days of being a parent. There were seen to be fewer groups for parents and their babies/children than in the past, a paucity of antenatal support groups and guidance antenatally on becoming a parent/s. In addition, pressure to return to work had reduced the capacity of 0-5 parents to run family initiatives in the community.

There was a call to 'normalise' parenting education for all and to increase the offer of universal parenting groups, from the antenatal period.



Mental health and early help needs

There was reported to be insufficient and difficult access to parental mental health support, particularly for those experiencing lower-level mental health problems. There was a shared view that pregnant and perinatal parents should have 'fast-track' access to mental health support because of the potential impact on their infants' mental health. There were also consistent concerns raised about inadequate access to infant mental health services for children under 5 and the lack of dyadic (parent-infant) mental health support.

Service access inequities

We need to consider the balance between the reach and depth of 0-5 services given current funding pressures and limited physical resource. This includes the need for service provision and support outside normal working hours for struggling working parents and those experiencing physical and financial isolation.

"We have mums on Working Tax Credit who are just about keeping their heads above water. We find they need more more help from us to narrow the school readiness gap, yet there's no access to 2Help scheme, deprivation funding or pupil premium attached to these children, and they have little access to children's centre support." (Pre-school)

"Many of our mums can't drive and they won't travel far - these are walking distance parents...and they won't go more than a couple of blocks." (Children's centre)

Challenges of co-production, community strengths and assets

The Smart Start Strategy Group has recognised the potential and value of "unlocking parent and community assets" to enhance support for families with 0-5s. However, feedback from parents and frontline workers pointed to a general reduction, over the last few years, in the number of community-led groups for families and parent volunteers.

"There are fewer (parent) volunteers because mums are getting terrible pressure to go back to work..." (Family support worker)



Where do we want to be?

Vision and Outcomes

Our vision is to develop a new system of early help that will enable every child in Warwickshire to have the best start in life and achieve their full potential by working towards:



Whole System Approach

- We will work together across the whole system, aligning our resources and integrating our services, so that we can offer the best support to our families
- We will work to shared outcomes
- We will share information/best practice
- We will develop our workforce to deliver best support to our families



Acting as Early as Possible

- The identification of needs happens early
- Families receive help as early as possible, before problems become worse



Value for Money

- We will develop new service models that offer best value for money, focusing on prevention and early intervention



Family Focus

- Families involved in co-producing and reviewing services
- Families only have to tell their story once and have a smooth journey through the system
- Families have easy access to a 'wrap around service'
- We will work alongside families to give them the confidence and skills to address their own concerns



Community Resilience

- We will focus on what families and communities can do and build on their skills to improve their resilience



Evaluation & Improvement

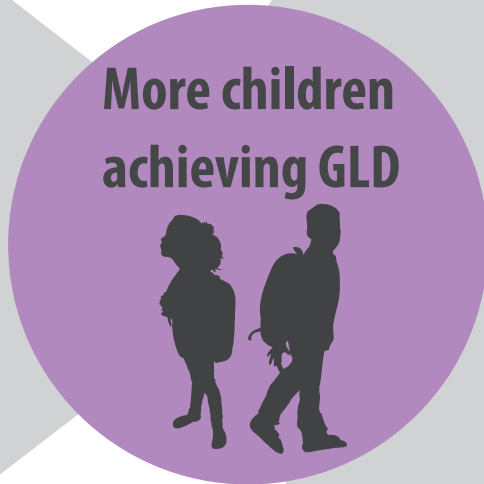
- We will regularly evaluate what we do and ensure that we make improvements
- We will involve parents, carers and communities of practice in service reviews and the assessment of our practice



Using Evidence Based Approaches

- We will offer the help that is needed where it's needed and we will discontinue things that are not working
- We will offer help by using approaches that work best to improve the outcomes for children and families

The Smart Start Strategy outcomes are:



- More children are kept safe from harm
- More children and families access good quality services
- More children and families achieve good outcomes regardless of their demographic background or location
- More parents/ carers are equipped to give their children the best start in life
- More children achieve at least expected level in all areas of learning and development
- More children experience good health and wellbeing
- More parents/carers achieve economic wellbeing
- More parents/carers experience good health and wellbeing

Our vision of an integrated system of early help



Our Integrated 0-5 Universal and Early Help Services must support all children, young people and families in Warwickshire to be safe, healthy and independent.

We will:



Do what we say by providing a clear, well-communicated offer to families with a range of ways to access our services, giving choice around how families get support.



Seize every window of opportunity to engage families with universal and community services as early as possible and offer prompt early help to those who need it.



Focus on delivering solutions that meet evidenced need.



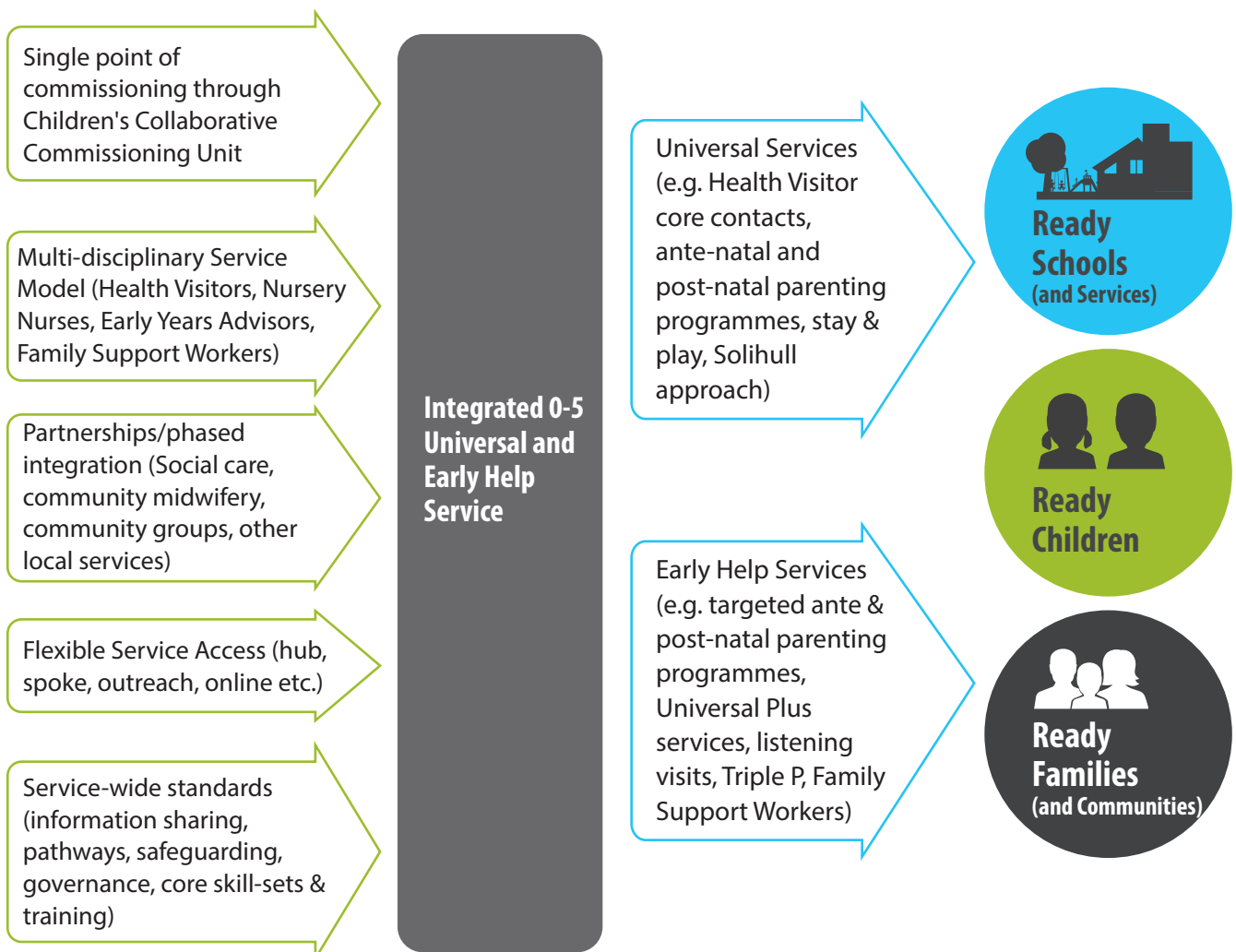
Deliver universal and early help services that support people with finding their own solutions.



Build strong working relationships: with partners to ensure seamless delivery of our services, and with communities to help them support themselves.



Develop a flexible, adaptable workforce that strives to improve, modelling behaviours that encourage families to strive to improve.



What do we need to do to get there?

We will deliver this Strategy and our objectives through the following plan:

You said:

We will:

Work Programme:

Need for services integration

1. Together develop and put in place a new integrated model for the delivery of universal and early help services for 0-5s and their families.
2. Develop our workforce to be able to deliver services under the new ways of integrated working and support community assets.
3. Increase range of services in areas of high deprivation.

2

Service access inequities

1. Improve access to services for most vulnerable and disadvantaged children and families, including those with SEND and in poorer households.
2. Place our services where they are needed the most.
3. Develop outreach delivery for our services, using appropriate assets and resources, including modern technologies, to support families living in isolation and working families.
4. Provide opportunities for the community to develop their skills to help others access support and services.
5. Provide opportunities for all types of organisations and groups to develop support for children and families within the community.

1

2

4

Insufficient parenting groups and networks

1. Help the community grow assets and skills to support families, including providing peer support.
2. Provide opportunities for inter-generational work to support families with 0-5s and tackle social isolation.
3. Develop a suite of accessible parenting supports for all parents to choose from to best meet their needs, starting from the antenatal period.

1

2

Future of family support services

1. Review and re-define the role of the early years family support service to ensure it best meets the needs of families and children in Warwickshire, with a particular focus on prevention.
2. Ensure that the early years family support service is delivered in a coordinated way by suitably trained practitioners who feel supported in their role.
3. Ensure that the early years family support service becomes a part of the new integrated early help service model and is locally accessible.

1

2

Mental health and early help needs

1. Improve access to parental mental health support, particularly for mothers in need of lower level mental health and emotional support.
2. Develop and enable access to a dyadic (parent-infant) mental health support, helping to build secure attachment.
3. Improve access to mental health support for children under 5 years of age.
4. Develop workforce and a system of appropriate supervision.

2

3

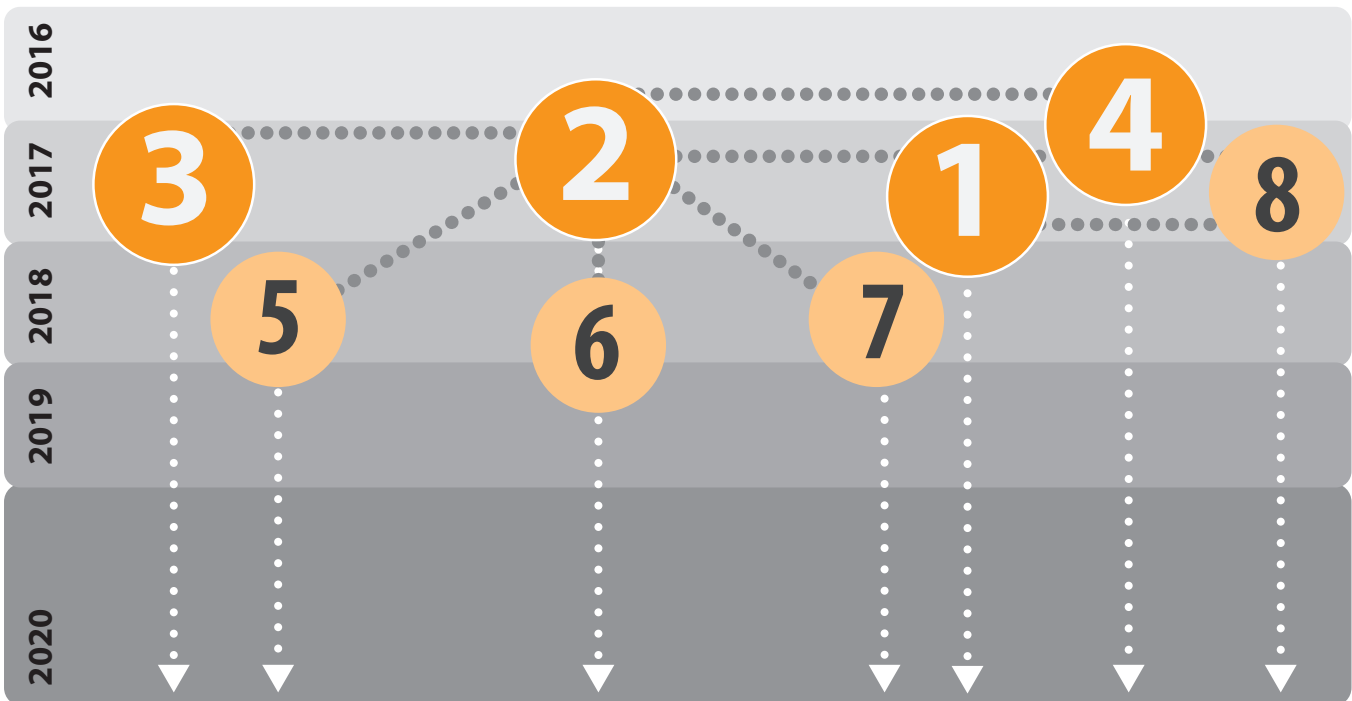
Where appropriate, we will take asset based and co-production approaches in the delivery of the Smart Start Strategy, leading to sustainability within the community.

Outline of the Smart Start work programmes:



Each work programme will have a detailed delivery plan.

We are delivering the Smart Start work programmes in the following order and time frame:



How will we monitor progress?

Each of the work programmes will have a detailed delivery plan led by a nominated officer. Work programme leads will form a Smart Start Delivery Group and will be accountable to the 0-5 Strategy Group.

The Smart Start work programmes will be monitored and their progress regularly reported by the 0-5 Strategy Group and its Chair to:

- The Warwickshire Health and Wellbeing Board
- The County Council's Children and Young People Overview and Scrutiny Committee
- The County Council's Cabinet.



How will we measure success?



As a result of our Smart Start Strategy we expect to see changes in how families feel supported and get help, and in the difference this makes for their wellbeing and their children's development.

Satisfaction with services

One way in which we will measure the impact of the new Warwickshire integrated early years services will be to count the number of children and families accessing support and to find out how satisfied they are with the services they receive. This way we will know whether the services we provide and the ways in which we provide services meet the needs of our 0-5s and their families.

Long term impact

The 0-5 Strategy Group has selected the school readiness (Good Level of Development – GLD) as the overarching measure of success and long-term impact of the Smart Start Programme and the Strategy. It will use the figure of 67% of all Warwickshire's reception pupils assessed in 2015 as being school ready as the baseline with an ambition to raise the number of school ready children to 80% by 2020 with further increases in the following years.

Whilst GLD only assesses children, the Smart Start Strategy also works towards Ready Families, Ready Communities and Ready Services.

Co-production

We will use 'Making it Real' markers for measuring the quality of co-production with parents, carers and communities.

Smart Start performance indicators

To measure the long-term impact of the Smart Start Strategy, a number of indicators have been selected from existing frameworks that partners are working to. These indicators will be updated as the existing frameworks are revised and/ or new indicators get developed.

Children achieving good level of development at the age of 5 (reception age)

Ready Children

More children achieve at least expected level in all areas of learning

- School readiness/ Children achieving a good level of development at the end of reception (17 areas/ sub-indicators)
- Child development at 2 – 2.5 years
- Emotional wellbeing of LAC
- % of children recorded as SEND who are “school ready”

More children experience good health and wellbeing

- Infant mortality
- Child mortality rate (1-17 years)
- MMR vaccination for one dose (2 years)
- DTaP/ IPV/ Hib vaccination (2 years)
- Children in care immunisations
- Low birthweight of all babies
- Children aged 4-5 years classified as obese or overweight
- The prevalence of underweight children in reception year
- Smoking status at time of delivery
- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks after birth
- Children with one or more decayed, missing or filled teeth (aged 5)
- Five year survival from all cancers in children
- Potential years of life lost (PYLL) from causes considered amendable to healthcare - Children
- Health Visitor antenatal visits
- Hospital admissions for mental health conditions (age 0-17)
- No. of children accessing CAMHS
- No. of LAC accessing CAMHS
- Maternal alcohol use in pregnancy
- Maternal smoking in pregnancy
- Maternal drug use in pregnancy

Ready Children

More children are kept safe from harm

- Children in care (aged under 18)
- Children who are the subject of a Child Protection Plan
- Children killed or seriously injured in road traffic accidents (0-15 years)
- A&E attendances (0-4 years)
- Hospital admissions caused by injuries in children (0-14 years)
- Rate of violent and sexual offences against children aged 0-17
- % of children recorded as SEND who are subject of a Child Protection Plan (CPP)
- Children in need due to risk of abuse or neglect (0-17 years)

Children achieving good level of development at the age of 5

Ready Children

More children and families achieve good outcomes regardless of their demographic background or location

- Children in poverty (under 16 years)

Ready Families (and communities)

More parents/ carers experience good health and wellbeing

- Flu vaccinations in pregnant women
- Access to IAPT for expectant mothers and mother of 0-5s (indicators to be confirmed)
- Access to Perinatal Mental Health Service (indicators to be confirmed)
- Children in need due to parental disability or illness (0-17 years)
- Parents of children 0-15 years in alcohol treatment
- Parents of children 0-15 years in drug treatment

More parents/ carers achieve economic wellbeing

- Family homelessness
- Children in workless households
- Achievement against fidelity goals for FNP (recruitment, retention, support received)

More parents/ carers equipped to give their children the best start in life

- Under 18 conceptions
- Teenage mothers
- Number of families benefiting from the Family Nurse Partnership (FNP) programme
- Children in need due to family dysfunction (0-17 years)
- Looked After Children
- Referrals to Children's Social Care

Ready Schools (and services)

More children and families are accessing good quality services

- Children and young people's experience of inpatient services
- Take up of formal childcare by low-income working families
- % of Children's Centres to be judged to be good or outstanding by Ofsted
- Proportion of 3 and 4 year olds accessing free childcare places
- No. of 2 year old children benefiting from funded early education
- % of early years providers whose overall effectiveness is judged to be good or outstanding by Ofsted
- % of schools where early years provision is judged to be good or outstanding by Ofsted

How will we continue to communicate?

The delivery of the Foundation Project helped us develop a large network of practitioners and parents whom we wish to continue to work with and support in their role as ambassadors for the Smart Start Strategy.

We will continue to engage with key stakeholders and parents/ carers to ensure that we gain their feedback and input as the work progresses.



We are keen to involve parents/ carers and front-line workers in the co-production of plans and solutions that will help us deliver the Smart Start Strategy.



We will report on our progress to our stakeholders, including the public on a 6 monthly basis by publishing the information on our website www.warwickshire.gov.uk/smartstart. We will publish regular newsletters and distribute them widely to all interested parties.



Jargon buster

Assets (and asset-based approaches): This sounds like a financial term but when talking about communities, assets refer to the strengths, skills resources and potential of parents, carers, families and friends to make positive change in their community.

CAMHS means Child and Adolescent Mental Health Services. CAMHS is a NHS service that helps and treats children and young people who are experiencing emotional, mental health problems, disorders and illnesses.

Child Protection Plan is the plan put together at a child protection case conference detailing the ways in which the child is to be kept safe, how his/her health and development is to be promoted and any ways in which professionals can support the child's family in promoting the child's welfare.

Children in Need are defined under the Children Act 1989 as children who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the children are disabled.

Co-delivery relates to co-production and means delivering public services in an equal relationship between professionals and people using services.

Commissioning means the process of purchasing, ordering or authorising the development, or production of something, such as a specific product or service.

Co-production means designing and delivering public services in an equal relationship between professionals and people using services.

Ethnographic research is a study of people, by observing and spending time with them. Using this approach, Smart Start has looked at the ways families talk about their needs, and how they make use of local services and networks to meet them.

Family Support Workers (FSWs) help families who are experiencing difficulties and need emotional and parenting support. There are FSWs based in a number of teams and services across Warwickshire, including Children's Centres.

Family Nurse Partnership (FNP) The FNP team is made up of specially trained nurses who provide a high level of parenting support and advice to young, first time parents, throughout pregnancy up until their child reaches two years of age.

Foundation Project is part of the Smart Start Programme. It ran from January to May 2016 and used a variety of engagement, social research and asset mapping approaches to capture views from parents, carers, communities and frontline workers on the experiences of local families with children aged 0-5 and expectant parents.

GLD (Good Level of Development) also known as "school readiness" is a measure which is used to assess children's development at the end of reception that tells us whether a child is ready for school, or not.

There are 7 areas of learning covering 17 learning goals in the assessment of school readiness:

Communication and language:

1. Listening and attention
2. Understanding
3. Speaking

Physical development:

4. Moving and handling
5. Health and self-care

Personal, social and emotional development:

6. Self-confidence and self-awareness
7. Managing feelings and behaviours
8. Making relationships

Literacy:

9. Reading
10. Writing

Mathematics:

11. Numbers
12. Shape, space and measures

Understanding the world:

13. People and communities
14. The World
15. Technology

Expressive arts and design:

16. Exploring and using media & materials
17. Being imaginative

Children achieving GLD are those achieving at least the expected level within the following areas of learning: communication and language, physical development, personal, social and emotional development, literacy and mathematics.

Health and Wellbeing Board is a statutory partnership body in each upper-tier (County or City) local authority in England working to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care. The boards are also responsible for leading locally on reducing health inequalities.

Health and Wellbeing Strategy sets out key local priorities across health and social care, and ways in which it proposes to address them.

Information Governance means the way in which information is managed and shared within and between services and organisations.

Integration means joining up of services to provide a single system and access to early help.

Joint Strategic Needs Assessment (JSNA) aims to identify and analyse the current and future health and well-being needs of the local population in order to establish key local priorities across health and social care.

KPIs (Key Performance Indicators) means measures used to evaluate the progress and success of services and programmes of work.

Life Course means the stages people pass through as they progress from birth to death.

Looked After Children (LAC) or Children in Care are children who are in the care of the local authority.

'Making it Real' markers provide a number of 'I' statements which articulate what good co-production should feel like to parents and carers involved in Smart Start. They can be used to monitor and measure the co-production experience.

Marmot Review "Fair Society, Healthy Lives" (2011) is an influential independent review, requested by government to look at ways of reducing health inequalities in England.

Multi-disciplinary services means a range of services brought together to offer support to address a whole range of issues.

'Normalise' parenting education: This was a term lots of frontline workers used during the Smart Start focus groups. It means making people feel that parenting education is normal and something that every expectant and new parent could benefit from.

OOP (One Organisational Plan) is Warwickshire County Council's plan that sets out what it wants to achieve between 2014-18.

Outcomes mean the things we hope to achieve through various Smart Start actions (e.g. more children in the reception year have reached a Good Level of Development and are ready for school).

Overview and Scrutiny is a function within a council which is composed of councillors who are not members of the Council's Executive or Cabinet. Overview and scrutiny committees are empowered to question elected members who sit on the council's Cabinet and council employees, and representatives of certain other organisations, and to make recommendations to those people.

Perinatal means relating to the period of a number of weeks, or immediately, before and after birth.

Perinatal mental health pathway is a new mental health pathway, with fast-track access to a specialist team for expectant and new (postnatal) mothers/parents.

Postnatal means the first six weeks period after birth. However, in some cases this term is used to define a longer period - the first year after birth.

Priority Families are those that qualify to receive support and help to improve their lives under the Government's Programme of Troubled Families. Priority Families Programme supports families at risk of financial exclusion and families with children who are in need or subject to a child protection plan.

Resilience means the ability to bounce back from a set-back and adapt to change.

SEND means Special Educational Needs and Disabilities.

Socioeconomic landscape means both social (e.g. loneliness) and economic (e.g. financial) situation and prospects.

Sustainability and Transformation Plan is a multi-year NHS plan showing how local services will evolve and become sustainable over the coming years – ultimately delivering the vision of better health, better patient care and more efficient NHS.

Universal means something for everyone (could be a service, a parenting course, etc).

1001 Critical Days Manifesto is a cross-party commitment for action, launched in 2013, which outlines the importance of acting early, in the 1001 critical days between conception and the time when a child reaches the age of 2, to help improve the life chances of children.

Acknowledgements

This Strategy takes into account and will be delivered in line with the following key local and national policies:

Coventry and Warwickshire Sustainability and Transformation Plan

Director of Public Health Annual Report 2015

Family and Care Act 2014

Public Mental Health and Wellbeing Strategy 2014-2016

The 1001 Critical Days Manifesto

Warwickshire 0-5s Strategic Needs Assessment 2016

Warwickshire Child Poverty Strategy 2015 - 2018

Warwickshire County Council's One Organisational Plan

Warwickshire Health and Wellbeing Strategy 2014 – 2018

Warwickshire Joint Strategic Needs Assessment – Vulnerable Children

Warwickshire's Violence Against Women and Girls Strategy 2015-18

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Prepared by:

Monika Rozanski, Helen King

Key contributors:

Sophy Forman-Lynch, Kate Sahota, Hala Bakheit, Kate Harker

Design:

Mike Jackson

Print:

County Print Services

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