

December 2018

Children's Centre Leader

POLICY

You are not alone!

The amazing news is Children's Centre Leader has reached 4,000 free subscribers. This achievement marks a huge growth of subscribers each year for the past three years. This is a movement with many supporters; even in this climate of change and diminishing services. Our contributors this quarter clearly demonstrate the exciting and excellent work in and around children's centres, early help and linked services. We have our usual mix of practice, management, strategy, and lobbying pieces. The biggest and most challenging change in recent memory to the funding and delivery of early years learning, 30 hours childcare, has been operational for over a year and the national evaluation findings make fascinating reading. And with children's health and

wellbeing at the forefront of our minds, within the context of upcoming revisions to the Early Years Foundation Stage (EYFS), and a government focus on early language and reading, we are reminded of the power of physical activity. Something that links very neatly to the outcomes of Early Excellence's recent research which found five main aspects of learning and development. There are many great reasons why children's centres should continue to feature centrally in the way children are supported in the first 1000 days and these are also set out in this issue, along with a great example of how co-located health and early years continue in the London Borough of Merton. Thanks to all our subscribers, no one in this sector is alone!



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Welcome

Welcome to the December 2018 issue of Children's Centre Leader.

Dr Gillian Paull shares findings from the 30 hours evaluation (p2), Philippa Youlden explores the value of getting children moving, (p5), and we hear from Annamarie Hassall on why children's centres must figure in the Government's strategy for the first 1000 days (p8). Also, we visit Merton to find out about their co-located health and early years offer (p10) and Jan Dubiel reminds us why sweating the small stuff is important.

As always, let us know what you think by emailing: cclr@hempalls.com

James Hempalls, OBE
Editor,
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30 Hours Up and Running

Dr Gillian Paull shares the findings from the evaluation of the national rollout of 30 hours free childcare and looks at how well the policy has worked in its first year.

In September 2017, 30 hours free childcare, the extension of the free early education entitlement for three and four year olds with working parents, was rolled out nationally. An evaluation drawing on large scale surveys with providers and parents and in-depth research with local authorities in 12 case study areas considered how well the policy has worked in its first year and the impacts that it had on providers and parents.

PLACES DELIVERED

Contrary to some prior concerns, most providers (76 percent) delivering the universal free entitlement of 15 hours were willing and able to deliver the extended hours and there was no evidence that parents were unable to access places: Local authorities in the 12 case study areas reported no or rare complaints from parents and no major gaps were reported by providers.

In addition, the evidence indicated that delivery had not driven out provision for other free entitlement places: on average, each provider delivering extended hours places had replaced ten places delivering just the initial 15 hours with ten places delivering both the initial 15 and the extended hours. There

was also no reduction in the average number of funded places for two year olds with these providers. This may have been achieved through the extended hours replacing hours that parents would otherwise have paid for.

IMPACTS ON PROVIDERS

Many providers made adjustments to their provision to deliver the extended hours. Some 20 percent increased their opening hours to accommodate the offer, with nine percent of voluntary providers extending their hours both at the start and at the end of the day and 28 percent of maintained school nurseries starting to remain open over lunchtime. In addition, 23 percent of providers increased or introduced additional charges for items such as meals and snacks and 19 percent increased the fee that they charged parents for paid hours because of the extended hours.

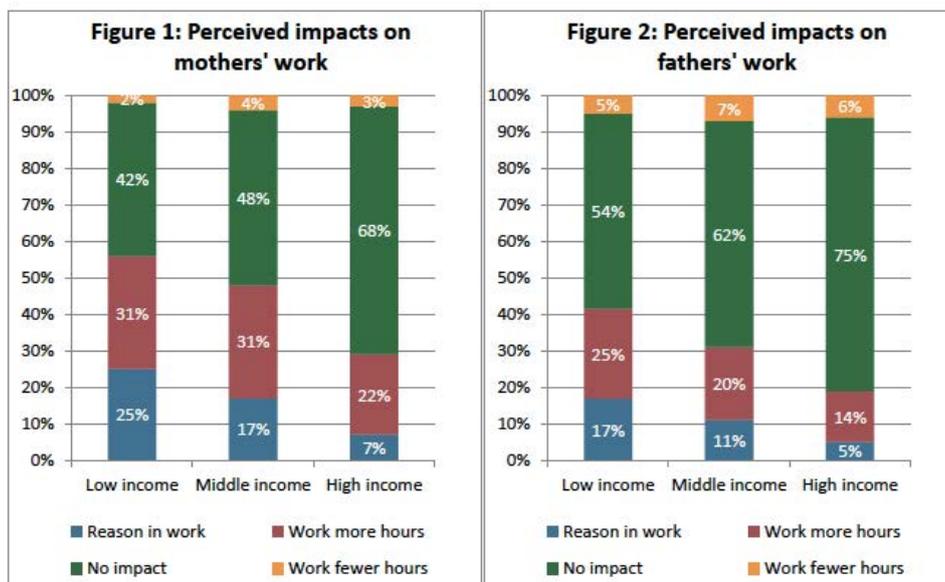
Delivery had mixed financial impacts on providers' profits (or surplus between income and cost for maintained provider). While 16 percent of providers reported that their profit or surplus had increased and 46 percent reported that the extended hours had no impact on their profit or surplus, some 39 percent

reported that their profit or surplus had decreased. Private providers were most likely to have reported a fall in their profit (47 percent), while voluntary and maintained providers were most likely to have reported an increase in their surplus (20 percent).

Concerns were also raised around the sustainability of delivery in the longer term. Some providers were still unsure what the financial impacts were going to be and indicated that they may cease or reduce their offer if delivery proved financially unsustainable.

SUPPORTING PARENTS' WORK

High proportions of parents believed that the extended hours had a positive impact on their work choices. In the survey, 15 percent of mothers using the extended hours thought that they would not be working if their child was not using the extended hours; that is, the extended hours were the reason they were in work. A lower proportion (only two percent) reported that they had moved into work since starting to receive the extended hours. This suggests that the extended hours may be more important for supporting mothers to stay in work than helping



Source: Evaluation survey of parents.

them to move into work, particularly as mothers with preschool children tend to move in and out of work quite frequently. Another 27 percent of mothers using the extended hours reported that they were working more hours because of the policy. These perceived impacts were more prevalent among lower income working families than higher income ones (figure 1).

Smaller proportions of fathers reported that the extended hours were the reason they were in work (eight percent) or that they were working more hours because of the extended hours (18 percent), but, again, the effects were stronger for those in lower income working families than those in higher income ones (figure 2). On the other hand, six percent of fathers reported that they were working fewer hours because of the extended hours. This may have been because the savings in childcare costs meant that the family needed less income

and the father could therefore work less. Or it may have reflected fathers reducing their work time because their partner had started to work or was working more hours so that the family would be eligible for the extended hours.

LESSONS GOING FORWARD

The study indicated three areas requiring particular further attention:

- » Better information about the extended hours for parents: Among eligible parents not taking up the extended hours, there were many misconceptions about the eligibility rules including around receipt of tax credits and childcare vouchers; self-employment; working fewer than 16 hours and the maximum level of income. Greater understanding of the eligibility rules, how the

hours could be used and the availability of places locally could support more parents to take up the offer.

- » Addressing perceived ambiguity in the statutory guidance: For a substantial proportion of parents, the extended hours were not completely flexible or free. Just over half (52 percent) reported complete choice in when they used the hours, but 27 percent reported that there were some restrictions and 22 percent reported that the hours could only be taken on the days and at the times specified by the provider. In addition, 56 percent reported that they paid some additional charges (with an average amount of £24 per week) and almost half of these parents (49 percent) reported that the charges were not optional. Amendments to

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the guidance could focus less on the term “free” and more on regulated “transparency” of the offer in terms of providers being required to make clear any charges or limitations in the flexibility of their offer.

- » Continued monitoring of the sufficiency of places: If some providers cease or reduce their offer because of a lack of financial sustainability (or funding does not cover rising costs) while increasing numbers of parents seek places due to rising awareness and promotion of the policy, there is a risk that the supply of extended hours places may not continue to meet parent demand. Hence, there is a need for continued monitoring of sufficiency and of any adverse effects on provision of other free entitlement hours.

A PROMISING START

Overall, the first year of the national rollout is that 30 hours free childcare indicates a promising start for the policy. In spite of the anxieties prior to rollout, 30 hours is well and truly up and running. Moreover, there is a strong perception among parents that the policy is achieving its objective of supporting them to work.

Reference

Paull, G. and La Valle, I., (2018), [Evaluation of the first year of the national rollout of 30 Hours Free Childcare](#), Department for Education Research Report DFE-RR832, September 2018.



Dr Gillian Paull is a Senior Associate at Frontier Economics where she undertakes research on the labour market, childcare and early education, and social policy. Recent projects include the evaluation of the first year of the national rollout of 30 hours free childcare and the Study of Early Education and Development (SEED) and work on mothers’ employment and family poverty. She previously served as a Specialist Advisor in the House of Lords and held research positions at the Institute for Fiscal Studies and the London School of Economics.

The Power of Physical Activity

Philippa Youlden explores the value of getting children moving and shares some practical ideas to try in your children's centre.

The current strategic drive to raise awareness of and increase physical activity levels across the population, highlights the importance organisations now place on the role of physical activity in our lives and rightly so. Physical activity has never been more important as we battle an obesity epidemic, escalating screen use and resulting sedentary behaviour, along with increasing mental health issues.

Early years physical activity plays a critical role in helping to prevent the above issues; however, in addition to this it is instrumental in brain development. Early childhood research is also establishing that movement is a very effective learning medium for the young child. Through the use of physical activity, we can stimulate problem-solving abilities, develop critical thinking and support social skill development while helping to develop cognitive abilities and a life-long love of activity. Let's remember activity is the norm: inactivity is learned.

Physical activity includes all forms of activity where the major muscle groups are used, where the heart rate rises and there is movement of the trunk of the body from one place to another.

Physical development is the advancement and refinement of motor skills and children's



abilities to use and control their bodies. It relates to the growth and skill development of the body, including the brain, muscles, and senses.

A child can develop physically without much physical activity, however physical activity can massively support physical development.

FROM THE GET GO

From the moment we arrive in this world every kick, flick, wave, wriggle, clench, serves a developmental purpose. At birth a baby's brain will contain almost all the brain cells it will need for the rest of its life though still only a third of the size of an adult brain. The first year of life is critical for brain development and is the main period of

brain growth. In the first month alone neuro-scientists say 3 million connections are being made per second between the neurons in the cortex. Between 15 months and 6 years the cerebral cortex appears to double in size with synaptic density (a synapse being the point of communication between two adjacent nerve cells, neurons) reaching its peak at about 36 to 42 months of age (Goddard-Blythe, YEAR). The total length of "wiring" between neurons is estimated at 62,000 miles (Coveney & Highfield, 1995).

Early movement is fundamental to cortical brain development. The complex system of interacting networks in the developing brain relies on an

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individual's body movements rather than sensory inputs and stimulation alone (TV and computers). Physical activity strengthens neural development and nourishes the brain with increased oxygen by increasing the capacity of its blood vessels. Researchers believe that to achieve the precision of the mature brain, stimulation in the form of movement and sensory experiences during the early developing years is necessary (Greenough & Black, 1992; Shatz, 1992).



As children grow older, those who possess inadequate motor skills are often relegated to a life of exclusion from organised and free play experiences, and subsequently, to a lifetime of inactivity because of their frustrations in early movement behaviour (Seefeldt, Haubenstricker & Reuschlein, 1979).

LOVING IT

We need children to love moving, to explore, to imagine, to share, to take turns, to plan, all helping them to develop their physical literacy, defined by Margaret Whitehead as:

"The motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life" (Whitehead, 2017).

DAILY RECOMMENDED MINUTES

In 2011 the Chief Medical Officers (CMO) published [Start Active, Stay Active](#) recommending daily physical activity levels, including 0-5 years:

- » Physical activity should

be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

- » Children of pre-school age who are capable of walking unaided should be physically active daily for at least **180 minutes (3 hours)**, spread throughout the day.
- » All under-fives should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

The Health Survey for England 2012 reported only 9 percent of children aged 2-4 years met the physical activity recommendations. (Parental reporting)

MAXIMISING IMPACT

The Youth Sport Trust produced an [Early Years Physical Literacy Framework](#) (2014) highlighting how the environment, adults and children can all contribute

to an active life and and reap the rewards it brings. The framework provides ideas and prompts to help to review, reflect and refine provision in a variety of settings.

The British Heart Foundation developed [Early Movers](#) to support early years practitioners with ideas for activities indoors and out. The School of Sport, Exercise and Health Sciences at Loughborough University provide an Early Years Evidence Briefing, [Case Studies](#) and [Practical Resources](#) along with [The Best Start in Life Manifesto](#) to support the importance of physical activity in the early years. Learning Wales have a guide [Do and Discover](#) to help support motor skill development through physical activity.

STOP, LOOK AND LISTEN

Do we make time to observe children moving? And I mean really observe? Are there children who habitually choose more sedentary activities? Are there others who love small

world table top activities? Are there children who happily use the sand and water trays for long periods of time? Ask yourself if they are being physically active. Are they moving their body from one place to another or up and down? Are they raising their heart rate and using major muscle groups? In most of the

previous examples the answer could be “no”. They may well be supporting areas of physical development but not making the gains physical activity can offer. Place small world toys under tables to encourage crawling and weaving around, move containers away from the sand and water trays to encourage movement between

the two, place water chutes and containers high and low. Can those who love a book show you how some of the characters might move?

So let’s step back, observe how we enable physical activity for all and tweak our provision to transform outcomes for all children.

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Philippa Youlden has worked freelance for over 18 years. Specialising in physical activity, PE & education, she has a real passion for the early years. Philippa’s early years work includes authoring creative resources, writing and delivering training and supporting local and national organisations and charities. She has recently launched the MOVE with Zip Active resource to support EYFS practitioners to maximise communication & language development through physical activity, using themes, imagery, sounds, vocabulary, rhymes and fundamental movement skill activity ideas.

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The First 1000 Days

Annamarie Hassall shares four reasons why children's centres must figure in the Government's strategy for the first 1,000 days.

Following a consultation with the children's sector, the Government is reviewing the support provided to families during the first 1,000 days. There are four very good reasons why the National Children's Bureau is speaking out and urging for children's centres to figure prominently in Government thinking:

1. To improve a child's outcomes requires a three-level strategy - children's centres can help deliver all three levels.

Any early years strategy worth the name needs three important parts. Firstly, we need to get to grips with improving child health. Secondly, we have to counter the damaging effect that poverty has on a child's life chances. And thirdly, we need to have pathways to services that are accessible to all parts of the community. Children's centres are perfectly placed in meeting these aims.

2. Countering the worst effects of poverty is possible.

A properly joined-up, birth-to-three strategy that addresses adequate financial support for families, shapes services providing health and social care and focuses on a strong home learning environment, could succeed in countering the worst effects of poverty.

Well-funded children's

centres can act as hubs for the services that families rely on. Alongside quality childcare, they can provide advice on early childhood development and introduce parents to wider support in health services, education, housing and social care. Most importantly, children's centres can harness the voice of parents, to coproduce what they do with the local community.

3. Improving child health is only possible by co-ordinating a range of services, including children's centres.

What matters most to parents of young children is information they can trust and access to what they need. This can involve a complex matrix of services in the first 1,000 days, across health, social care and early years education. Children's centres are at the heart of this provision, providing a route to strong multi-agency working arrangements.

One example is the progress check at 2-2½ years. It

provides a vital opportunity, through an integrated review conducted collaboratively between early years settings and health visitors, to better identify young children's emerging needs. But we know that in over a third of local areas, information from these reviews is not properly recorded, and therefore not used to inform planning for that child or local services. Children's centres could buck this trend, providing expert knowledge, making connections with communities and parents, and using their established relationships with other services to improve how the review is conducted.

4. Overcoming inequality requires support for the home learning environment.

Parents and carers are a child's first and most enduring educators. Yet poverty, and the disruption to family life associated with it, can prevent parents from engaging with home learning. Staff in children's

centres and other early years settings are ideally placed to win the trust of parents and help them understand how they can support their child's development. We know from research that the communication gap when a child starts school is an indicator of how well they will do as they grow up. Let's do more to get a critical mass of support for starting early, giving parents the confidence and skills they need to promote good development, especially in literacy and numeracy.

The case for children's centres is clear, but where next without investment?

Children's centres, like other services delivering support for children and families in the first 1,000 days, are primarily the responsibility of local authorities. These councils have, on average, had their funding from central government nearly halved since 2010/11.

In this climate, local authorities are diverting



limited funds away from early support towards crisis intervention. So it's great news that there is a renewed focus on the strategy for improving the first 1,000 days of a child's life but if we don't invest in early intervention

services, and the staff who make the magic happen, we are storing up trouble. Without investment we'll never provide children and families with the right support, at the right time. Which is what children's centres can do, and do well.



Annamarie Hassall, MBE, is a Director at the National Children's Bureau, leading a policy and practice agenda that spans early years, social care, education and health. For over 35 years, Annamarie has worked to improve services for children, including roles in local government, the Department for Education, private and voluntary sectors. Annamarie was appointed MBE in 2011.

Working Together in Merton: A Co-Located Health and Early Years Offer

Tracey Podger, Children's Centres Manager, and **Helen Tebbit**, Health Visiting and School Nursing Services Manager, consider how they work together in Merton to meet the needs of their 0-5 population.

THE BACKGROUND

Historically in Merton, it had been identified that while there was evidence of some partnership working between children's centres and the health service, this needed developing to better meet the needs of our most vulnerable population of children and their families. In 2016, London Borough of Merton commissioned Central London Community Healthcare (CLCH) to provide the Health Visiting (HV), School Nursing and Family Nurse Partnership (FNP) services.

A shared vision was developed where children's centres and these health services (HV, School Nursing and FNP) would be based together (co-located). The vision for co-location was supported at the outset through the re-procurement of community health services in Merton and supported by Public Health and Children, Schools and Families (CSF) commissioners. This involved health staff moving out of offices and back into the community; something the London Borough of Merton and CLCH staff felt passionate about. Helen says, "Moving 70 health staff into the children's centres was a huge piece of work but with the support of the children centre teams it went smoothly and the teams really value being

closer to their clients and children's centre colleagues".

Additionally, the children's centre team knew that they needed to target their services based on need while the health services would continue to provide a universal and enhanced offer. This partnership working would allow the health services to identify need within the whole population and to refer to children's centres for targeted packages as part of the Universal Partnership Plus offer.

PROVIDING A NEEDS-BASED SERVICE

During 2016, the early years team undertook a review of their services. The rationale for this was to make sure that the best possible outcomes for children could be achieved, with a particular focus on children living in areas of deprivation and for families with additional needs. Tracey says: "We knew that for every child to have good outcomes, we needed to plan our services so that the amount of support a family needed was reflected in the amount of support they received".

This process involved a consultation and re-modelling of the early years offer. By targeting services according to need, the types of services that individual children would

be provided with would be different. Families who required additional support would get more, whilst others who were thriving may find services they accessed previously were no longer available to them through their local children's centre.

OUR PRIORITIES

During our planning and consultation phase, we highlighted some key milestones/drivers that we wanted to achieve through our new re-shaped model which included:

- » An increase in breastfeeding at six to eight weeks
- » An increased take-up of funded places for 2-year-olds
- » An increase in the take-up of the 2½ year health and developmental review
- » A reduction in the number of children who were overweight or obese at the end of their reception year
- » A narrowing of the gap at the end of the Early Years Foundation Stage (EYFS)

Underpinning our re-shaped offer was the aspiration to:

- » Maximise the evidence base of what works, to better underpin practice and content of programmes
- » Reduce the range of

- programmes that were offered and develop a suite of standardised programmes which would be offered across the borough in a structured way, with agreed outcome measures
- » Reduce the children's centre offer of universal drop-in play and stay type services, and assertively promote the universal HV service with a children's centre offer of Health, Play and Stay sessions during clinic times in partnership with CLCH
 - » Develop improved provision and referral pathways

with health colleagues maximising the Healthy Child Programme universal offer and ongoing pathways of support via children's centres

- » Provide a universal programme for all first time parents with babies aged six weeks – seven months (open to families where additional needs are identified)
- » Develop a suite of in-house programmes branded Early Learning Together, deliver evidence-based parenting programme Incredible

Years, deliver programmes for children with social and communication needs and offer targeted home visiting programmes

- » Prevent escalation of need across the Merton Child and Family Wellbeing Model of need

Our new programme developed its model of early years services around the three following principles, which we consulted on in the first phase of our engagement programme:

1. Provide support at the earliest age



Support families to take up the full range of universal services such as antenatal care, healthy child programmes and free early years education



Prepare children for school so they are ready for learning

2. Provide the right amount of support



Support families who may need extra help with parenting and supporting their children's development



Carry out our work in partnership with families, often working in their homes and in community settings

3. Work together



Provide opportunities for other organisations to deliver services in our children's centres, particularly midwifery and health visiting services



Provide information, advice and guidance about services available to families in Merton so that they know how to get the help they need when they need it

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THE RATIONALE

Key to our new model was an improved understanding and monitoring of the intended outcomes for each of the children's centre programmes and a greater use of evidence-based practice to inform these programmes. A key driver was to secure a sufficient offer that provided a universal offer for all families through midwifery and health visitor services, a reduced universal children's centre offer, and a more targeted children's centre offer for families where assessed needs had been identified. A borough-wide, single timetable of services and activities at centres and referral process provided clarity of the offer and facilitated ease of access to services, quality assurance and measurement of outcomes.

Our Early Learning Together Programme is the universal offer for all first time parents and is underpinned by the Five to Thrive approach (Kate Cairns Associates – www.fivetothrive.org.uk) and takes place over five weeks. It incorporates baby massage delivered by our children's centre staff, with the family health visitors making over 275 referrals to this programme in the first two quarters of this year.

The follow-on targeted Early Learning Together programmes are designed

specifically to support child development and parental interaction and are primarily taken up by families where children have below expected ASQ scores, where there are limited access to resources or families are expressing a need for support (or observed) to help them develop their child's learning and interaction.

Tracey says: "Our joint work with HV services has aimed to align the programmes to their 'tools' i.e. ASQ, making follow-on referrals easier and timely".

THE IMPACT

The biggest difference for the universal families was that the Stay and Play groups became Health, Stay and Play and were linked to the health visitor healthy child clinics. This has been well received by parents and the children love having space to play and learn while they wait to be seen. Another new offer has been the Early Learning Together Baby Programme. This is a universal programme which all first time parents and any parents identified by their health visitor as needing the targeted offer can attend and includes five sessions which cover baby's brain development and how the parent can support this. In addition to this, the health visitor service has developed a universal breastfeeding drop-in in the children's centres.

By reducing the number of universal play and drop-ins and linking the early years offer to health activities, it has been possible to increase the offer to those children or families identified as having additional needs.

This targeted offer includes the following programmes:

- » Early Learning Together Toddler and Preschool programmes,
- » The Portage Service
- » Incredible Years Baby, Toddler, Nursery and Reception and Autism and Language Delay Programmes
- » Personalised Individualised Parenting Therapy programme
- » Early Communication Group programmes
- » Social Communication Group programmes
- » Young parents drop-in
- » Family information and support hubs
- » Specialist breastfeeding clinic (run by Health Visiting).

These services are by referral either by the early years team or the health services. By being co-located we have been able to work on increasing referrals and ensuring that referrals made are appropriate. For more information on our services please see our website www.merton.gov.uk/childrenscentres

Comparing our data from 2015/2016 – 2018 we note improvements in the following:

- » An increase in breastfeeding at six to eight weeks by 15 percent
- » An increased take up of funded places for 2-year-olds by approximately 12 percent
- » An increase in the take up of the 2½ year health review
- » A reduction of five percent in the number of children who were overweight or obese at the end of their reception year
- » A narrowing of the Early Learning Goals gap by three percent.

NEXT STEPS

- » Continue to improve completion of the Early Learning Together programmes
- » Continue to improve take up of the 2½ year review and identify children not accessing this service
- » Improve the take up of the funded early education by 2-years-olds
- » Continue to develop strategies to engage with families who do not access either the health or children's centre service.



Tracey Podger, Team Manager for Merton's Group of Children's Centres, delivering a range of Early Learning Together programmes for families with children aged between 0 – 36 months. Tracey has worked in the early years sector for thirty seven years across London in both the public and voluntary sectors. Her commitment is towards enabling young children to achieve the very best outcomes by working collaboratively with parents/carers and wider family members and partners such as health visitors, midwives, schools, adult education providers and children's social care services.



Helen Tebbit is the 0-19 Locality Lead in Merton for Central London Community Healthcare (CLCH). She is the service manager for the Health Visiting and School Nursing services in Merton, manages the health navigator in the Merton multi-agency safeguarding hub (MASH), and is a children's nurse and health visitor by background. She is committed to supporting families to be empowered to meet their children's needs and working in partnership with other providers in the community to best meet the needs of children and their families.

Sweating The Small Stuff

Jan Dubiel, Head of National Development, Early Excellence explains why sweating the small stuff is the most important thing that you do (although it's actually not really small stuff at all).

Everybody involved in Early Childhood Education (ECE) at whatever level and in whatever role is acutely aware of the pressures, expectations and scrutiny that surround what we do. We know the vital importance of the services we provide and the impact that this has on children and their families. We know that high quality and effective ECE experiences can provide children with a solid foundation to alter the trajectory of life chances and, to use the current parlance, 'close the gap'. We know that while academic outcomes, and the eventual qualifications they can yield, are of course a critical end product of this, we also know that a wide range of other, less measurable or clinically qualifiable 'outcomes' are equally (and in the context of ECE perhaps even more) important in ensuring that children have the possibility of achieving and enjoying a broader notion of 'success'.

However, the accountability measures that we face, both formally and informally, don't always fully acknowledge this. There is a quote attributed to Einstein: "Not everything that counts can be counted,

and not everything that can be counted counts." It could have been deliberately created to describe the nature and understanding of ECE data.

The simplification of ECE data to that which is easily measurable, can end up having a direct impact on the foci of what we do, and an unintentional reprioritisation of 'what matters'. Of course, collected data serves its own important purpose; it provides a particular and limited view of the outcomes that we are responsible for, to a particular audience, and in a particular format. However, the potential danger here is that this can end up assuming that the mantle of this, the 'big stuff' is what drives provision. The additional danger is that if left unchecked it can overshadow what might appear to be 'small stuff'; that which isn't easily quantifiable or measurable, because it doesn't register as data in the same way.

As leaders, we need to resist this potential imbalance and be clear about a definition of 'what matters' and therefore what we need to prioritise. Although the 'big stuff' of accountability measures is what can end up demanding

our attention, it shouldn't divert us from understanding and acknowledging just how critical the 'small stuff' is.

So I believe that in the highly pressured environment of ECE, it is always worth reasserting what this 'small stuff' is, why it is important, and how we know it is, and also how we need to prioritise it in the work that we do and the outcomes we are ultimately responsible for.

The research and evidence that identifies the significant 'small stuff' that impacts most on children's development and life chances has been both consistent and compelling. The [American Perry Pre-School Project](#), the [New Zealand Dunedin Study](#), and the [British Effective Pre-school, Primary and Secondary Education \(EPPSE\)](#) and [Study of Early Education and Development \(SEED\)](#) have provided significant and weighty documentation of research that underscore an overwhelming body of evidence that identifies what really matters, and in particular which aspects of children's learning and development (the small stuff) is most significant.

Last year, as part of [Early Excellence's review into reception year practice in England](#), we commissioned a study that collated and analysed all the most recent research into what makes for good outcomes for children in ECE. Although this was specifically and deliberately focussed on reception year; (4 – 5 year olds in school-based provision) its conclusions are equally applicable across the range of the English Early Years Foundation Stage.

[This research](#) identified five main aspects of learning and development that are critical to long-term success. These were:

- » **Personal, Social and Emotional Development** – particularly the social aspect of learning, being able to co-operate, collaborate, negotiate and compromise. As well as being essential life skills, proficiency in these show a strong correlation with later outcomes. Needless to say, the aspect of emotional development and the importance of wellbeing, attachment and emotional security are also an integral part of this.
- » **Language and Communication** – is now accepted to be a fundamental pivot of lifetime success; not just because it enables children to communicate with others and make their needs known, but also due to the connection between language, memory, recall and cognition.
- » **Physical Development** – supports the healthy growth of the child's rapidly developing body, ensuring that as they progress cognitively they

also thrive physically, and the consequences that this has for their health and wellbeing.

- » **Self-regulation** – is again, the life skill of being able to delay instant gratification, to see beyond the immediate pressing impulses and act in the long term, rather than short-term benefit.
- » **Executive Functioning** – is the procedure by which a person manages, sorts and processes their memory and cognition. This enables the management of aspects such as working memory, planning, problem solving, mental flexibility and planning. Through this, decisions, responses and actions are made. The ability to self-organise this and consciously 'think through' ideas and situations is a vital aspect of cognitive development.

What needs to be asserted strongly here is that none of these aspects are innate and inevitable nor impossible to achieve. They are by their nature 'learnable' and therefore 'teachable' aspects of development. Obviously by being 'teachable' we need to be aware that this means how we model, support, challenge and encourage behaviours rather than 'directly instruct' in a traditional sense. ([The Ofsted definition of teaching](#) is a good place to start for this.)

However, it does raise the importance of ensuring that these aspects steadfastly become our priority and focus, and that the apparently 'small stuff' should always be at the forefront of what we do and how we support children's

learning and development.

So, we recognise the 'big stuff' of accountability data, and do what is required to generate the data this demands, we acknowledge that its purpose is limited but necessary.

But more importantly we need to ensure that the 'small stuff' (although its not actually small stuff at all) forms the core purpose of what we do, and that we need to always ensure it takes priority.

So some final key questions at this point might be:

- » Are we clear that our practice and provision fully accounts for all these aspects? Are there always opportunities for children to exercise and develop their social skills and knowledge?
- » Do we prioritise the 'teaching' of self-regulation and executive functioning in the context of meaningful interactions and dialogues that present themselves? Do we ensure that this is something that all staff who work with children are aware of and its importance?
- » Does our curriculum design and delivery ensure that these areas are fully accounted for?
- » When we describe outcomes, achievement and attainment (outside of the 'big stuff' accountability data) do we persistently and uncompromisingly acknowledge that outcomes in the supposed 'small stuff' is where the real impact of the work that we do is recognisable and visible?

(continued on p16)

Find Out More

The High Scope Perry Pre-school Study: <https://highscope.org/perrypreschoolstudy>

The Dunedin Study: <https://dunedinstudy.otago.ac.nz/>

Effective Pre-school, Primary and Secondary Education (EPPSE): <https://www.gov.uk/government/collections/eppse-3-to-14-years>

Study of Early Education and Development (SEED): <https://www.gov.uk/government/collections/study-of-early-education-and-development-seed>

Teaching Four & Five Year Olds: The Hundred Review of the Reception Year in England: http://earlyexcellence.com/wp-content/uploads/2017/05/EX_TheHundredReview_ExecutiveSummary.pdf

The Hundred Review: What research tells us about effective pedagogic practice and children's outcomes in the reception year: http://earlyexcellence.com/wp-content/uploads/2017/05/10_100-Review_CREC_March_2017.pdf

Ofsted definition of teaching in the EYFS; Ofsted: Evaluation schedule for inspections of registered early years provision Nov 2013. (P.7)

"Teaching should not be taken to imply a 'top down' or formal way of working. It is a broad term which covers the many different ways in which adults help young children learn. It includes their interactions with children during planned and child-initiated play and activities: communicating and modelling language, showing, explaining, demonstrating, exploring ideas, encouraging, questioning, recalling, providing a narrative for what they are doing, facilitating and setting challenges. It takes account of the equipment they provide and the attention to the physical environment as well as the structure and routines of the day that establish expectations. Integral to teaching is how practitioners assess what children know, understand and can do as well as take account of their interests and dispositions to learning (characteristics of effective learning), and use this information to plan children's next steps in learning and monitor their progress."



Jan Dubiel is the National Director and International of Early Excellence. Having trained as an Early Years specialist, Jan worked as a Nursery, Reception and Year 1 teacher, leading teams as an early years coordinator. Following roles as an Early Years Consultant and Senior Adviser, he was appointed by QCA to lead on the (Early Years) Foundation Stage Profile, and had national responsibility for its implementation and moderation. With Early Excellence he developed EExBA, used by 12,000 schools as a Baseline Assessment and EExAQ, an international qualification for Kindergarten teachers. Jan has a national and international reputation as a conference speaker, consultant and trainer and he has written widely on different aspects of early years pedagogy and has pursued a particular interest in assessment and ways to represent and demonstrate children's learning and development. His first book [Effective Assessment in the EYFS](#) was published by SAGE in 2014.

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Children's Centre Leader Registered Charity Number: 1167972

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