



# **Cumbria County Council Early Years (Speech, Language and Communication) Peer Challenge**

3<sup>rd</sup> – 6<sup>th</sup> December 2019

## **Feedback Report**

## 1. Executive Summary

Cumbria has good partnership working at operational levels which aim to meet the needs of children in the early years. Staff are passionate about their work and aim to deliver services to provide the best start for the youngest children in Cumbria.

Strategic leadership and oversight of the early years agenda needs to be improved and the current governance arrangement through the Cumbria Alliance of Systems Leaders (CASL) is not fully effective. The governance arrangements to oversee the developing Early Years Strategy will need to be considered and the Cumbria Children's Trust may be the best forum for this. However, this Board is in need of a review and refresh.

The health landscape is complex, with two Clinical Commissioning Groups, one based in the south, Morecambe Bay, which also covers part of Lancashire, the other in north Cumbria. Relationships are established and improving. This brings challenges in terms of service provision and the capacity of strategic leaders to work across two counties.

Partnership working at a local level is well-developed and is based on professional and organisational respect. Signs of Safety has been well received and is the basis for strengths-based conversations to tackle difficult issues. There were examples of services and settings working together to address need, despite a lack of strategic direction. Families and children are at the heart of what they do.

The new specification for the 0-19 Children, Young People and Families Health and Wellbeing System has enabled commissioners to work together to develop a holistic approach and bring partners together.

School readiness and the home learning environment would benefit from a more strategic approach. This means that opportunities to work in partnership with parents to promote strategies in the home for the development of speech, language and communication are being missed.

There are capacity issues with both health visiting services and speech and language therapy. The mandatory checks for young children are not always being met by health visitors which is causing professional anxiety around those children who are not being seen, in terms of both the identification of developmental milestones and safeguarding concerns. Waiting times which are sometimes over 18 weeks for speech and language assessments are an area of concern and speech and language therapists are working creatively and testing interventions to try and address issues during this waiting period. Some schools are also buying-in speech and language support from independent providers to meet demand.

A range of services and interventions are delivered across Cumbria to meet speech, language and communication needs. Children's Centres play a key role in delivering targeted interventions but there are concerns, expressed by operational staff around the sustainability of some services when the new, contractual arrangements begin in January 2020. Parents of children accessing speech and language programmes speak positively about their experience and the practical strategies they have become more aware of e.g. 'it's about turning off the tv/radio' and using 'comments before questions'.

Digital technology, particularly in Health is ensuring that information is shared where systems are compatible, however, recent changes to mental health and learning disability services means health records are no longer shared..

Cumbria is a county with resilient and resourceful communities which are under-utilised in the promotion of speech, language and communication. The Area Planning model could provide a good lever into communities to address this.

Early Years outcomes measured at the end of the reception year are improving in Cumbria. However, despite being a partnership rich with data, it requires further presentation and interpretation across the partnership to identify where there are issues around early years development, particularly around the disadvantaged and gender gaps.

Throughout the peer challenge, the team heard from all partners about the challenges there are in Cumbria in delivering services in terms of geography, infrastructure and deprivation. The narrative is negative and there is an opportunity to use the Signs of Safety strengths-based language and ethos to rewrite this narrative and build on what is good about Cumbria; its resilient, resourceful communities who can be mobilised to support the early years agenda, particularly around speech, language and communication.

## 2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council and its partners:

- **Review the role of the Children's Trust Board to take strategic oversight and responsibility for outcomes for young children in their first 1001 days utilising the Think Family model and principles** – There needs to be a governance structure that will oversee the Early Years Strategy and provide challenge to the delivery of outcomes
- **Develop an action plan that will deliver strategic vision and goals through local implementation plans** – The action plan should address the needs of the different communities in Cumbria. The diversity of the county and the different health footprints means that a 'one size fits all' is not appropriate.
- **Ensure that health commissioners and providers have the capacity and availability to understand the effectiveness, impact and resource requirements for equity of provision in their area of responsibility** – This relates particularly to health visiting and speech and language therapy and the impact on the health and welfare of children in Cumbria of not having sufficient provision .
- **Consider developing the Council's Area Planning arrangements to engage and develop community ownership of communication, speech and language and its role as an indicator for longer term outcomes** – This operating model is in place and could be replicated to engage communities.
- **Develop systemwide approaches to understanding of safeguarding issues in order to develop an understanding of the impact for the youngest and most vulnerable children** – There are particular issues around unborn babies and young children not known to services who would fall into this category. This could be a significant risk.
- **Develop the analysis and presentation of data to provide a holistic view to identify risks and inform local gaps and issues** – Although the partnership is

data rich there is a not a systematic analysis and presentation of information to identify trends and possible impact.

- **Optimise the local childhood expertise to add value to the Social Work Academy and social work induction** – Children’s Social Care has a role in the identification of need around speech, language and communication when working with families. By utilising the early years workforce in induction and the Social Work Academy, social workers will be able to provide support and signposting to families around the promotion of speech, language and communication and the importance of bonding with babies.
- **Consider how elected members are informed about the significance of early communication, speech and language and how these messages are promoted to them** – The importance of speech, language and communication should be apparent in all aspects of the Council’s business. Elected Members are at the heart of communities and can provide leadership and influence in engaging communities in promoting speech, language and communication.
- **Recognise the uniqueness and features of Cumbria to create rich and strength-based stories that will stimulate positive communication and language** – The geography and demographics cannot in many places be changed. By using a positive narrative about communities, mindsets will begin to change and a strength-based approach become the norm rather than the current deficit narrative.
- **Extend the successful examples of co-production to develop the strategy and successfully deliver implementation plans** – Co-production is underdeveloped in Cumbria but there are some good examples which can be built on when developing the new strategy and plans. Local engagement will be key to the implementation plans as the strengths and knowledge in communities will enable a locally based plan.
- **Seek the views of all partners regarding the Early Help assessment process** – The current assessment process is seen by partners as onerous and more suited to safeguarding and SEND. Further work around this will identify the barriers and develop a process that all partners are engaged with and are confident to use.
- **Urgently understand the effectiveness and impact of maternity services, health visiting and school nursing in the early identification of need and the effective use of interventions and services to ensure children are healthy and safe** – There is a risk that not all young children and babies are seen by professionals before starting in settings, sometimes at 3 year old. If families are not known, then development delay and safeguarding risks will not be identified.
- **Develop the use of early years data and childcare sufficiency assessment to influence strategic plans and ensure that there is stability in the market.** – The current analysis of childcare sufficiency informs an overview of the early years and childcare market but there is an opportunity to extend this to give a more detailed assessment at locality level to support planning.

### 3. Summary of the peer challenge approach

Independent external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes learning from a sector-led improvement perspective. All local authorities and their partners are constantly striving to improve outcomes for children, but an external and independent view can help to accelerate or

consolidate progress. The early years peer challenge programme is part of this sector-led approach in which local government takes responsibility for its own improvement.

The peer team was developed specifically to address the five primary areas of focus highlighted by Council. The team consisted of senior colleagues with significant experience of leading and managing early years services within local government, health, education and the voluntary sector, supported by an experienced LGA challenge manager and office based LGA business support.

Some work was undertaken prior to the team's visit. The peer team studied a range of documents, strategies, plans, policies and performance information supplied in advance by Cumbria County Council. The Council also produced and forwarded a self-assessment of strengths and potential areas for improvement.

The peer team were on site in Cumbria from the 3<sup>rd</sup> to 6<sup>th</sup> December 2019. During that time, they met with families, visited early years and child care settings, observed meetings and interviewed individuals and focus groups from across the partnership.

The LGA team were strongly of the view that the process undertaken was robust and so enabled key conclusions to be reached. These messages were shared verbally with senior leaders during the fieldwork stage and presented to an invited audience at the conclusion of the on-site period.

### **The peer team**

Peer challenges are delivered by experienced officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the peer challenge at Cumbria were:

- Sarah Wilkins- Director of Education and Early Help, Worcestershire Children First
- Jen Haskew – School Effectiveness Lead Professional, LB of Brent
- Elaine Londesborough-van Rooyen, London and SE Relationship Manager, Book Trust
- Barbara Mands – Head of Early Years and Childcare, City of York Council
- Deborah Powers – Speech and Language Therapist, South Warwickshire NHS Foundation Trust
- Kate Stephens – Head of Service, Public Health Nursing, Devon County Council
- Barbara Wilson – Independent Consultant (Hempsalls)
- Jill Emery – Challenge Manager, Local Government Association

### **The process**

The peer team prepared by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing. The team then spent four days onsite in Cumbria, during which they:

- Spoke to more than 140 people including a range of council staff together with councillors, external partners and stakeholders.
- Gathered information and views from more than 40 meetings, visits to key sites and provision across the County and additional research and reading.

- Collectively spent more than 380 hours to determine their findings – the equivalent of one person spending more than 10 weeks in Cumbria.

This report provides a summary of the peer team’s findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit (3<sup>rd</sup> – 6<sup>th</sup> December 2019). By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

#### **4. Scope and Focus**

The Council identified five primary areas of focus for the peer challenge that were agreed at the beginning of the scoping process and through the self-assessment using the Early Years, Speech, Language and Communication Maturity Matrix:

- Strategy and Leadership
- Partnerships
- Services and Interventions
- Community Ownership
- Information, Data and Outcomes

In addition, the Council asked the peer team to focus on the following areas which we have included throughout the report:

- To what extent is our Early Years Strategy, including our approach to speech, language and communication, owned and championed by everyone from leadership level to front line practitioners?
- How can we strengthen joint working and partnerships in order to develop and deliver a shared offer and pathway that will improve speech, language and communication outcomes in the early years?
- What are the key strengths and gaps in our offer to children in the early years and their families across Cumbria, especially for those facing disadvantage, and how effectively do we use data in order to drive improvement?
- What good practice can we build on in order to develop shared ownership and vision for the early years across our communities in Cumbria?

#### **5. Findings**

##### **5.1. Strategy and Leadership**

The multi-agency strategy group for early years has shown a commitment and focus to identify a key set of priorities for babies and young children living in Cumbria. However, strategic leaders have yet to consider the significance of early speech, language and communication, and its importance to the achievement of key outcomes for children in the early years and throughout life. The Early Years Strategy is still in development and this will be an opportunity to ensure that speech, language and communication is a core element of the strategy. An agreed multi-agency vision will be key to the delivery of the strategy.

There is an absence of a clearly defined and effective governance structure for the early years. The Children’s Trust Board appears to be the most appropriate forum, but it will need to be reviewed to incorporate the early years priorities and the threading of

speech, language and communication through all parts of the system. Senior leaders recognise that the Children's Trust Board is in need of review and refresh. The Cumbria Alliance of System Leaders (CASLS) had ownership of the previous Early Years Strategy 2017-2019 but this may not be appropriate going forward.

There are effective examples of child focused system leadership across the county and particularly at operational level. This is resulting in resourceful collaborations and delivering high quality interventions that have a positive impact for children and families. One comment was that 'talking to each other helps.'

Leaders across agencies recognise and value the SEND Written Statement of Action as an enabler to clarify responsibility, improve joint working and system responses for both commissioners and providers. However, there is a perception that the focus on the Written Statement of Action may be diverting attention and resources from early intervention. The team heard that children waiting for an EHCP were prioritised for assessment over other children on the waiting list leading to delays in early detection and intervention.

The peer challenge team heard that there are families where there is an inter-generational issue or deprivation in a context where speech, language and communication may be highly underdeveloped. This can present risks for children around neglect and attachment. There is an opportunity to incorporate vulnerable babies and young children into an action plan which explores the above links.

The commissioning and provision of health services for babies and young children is complex in Cumbria and has been subject to frequent changes. There are two Clinical Commissioning Groups where relationships are broadly positive but the split into two groups, with the Morecambe Bay CCG being closely aligned with Lancashire, as well as South Cumbria, adds a layer of complexity. The team were told that in Cumbria you are 'often facing two directions, north and south'. There is uncertainty and inconsistency in provision, capacity and effectiveness across Cumbria and this needs to be addressed. Staff providing health services are often unclear about the strategic direction of services, due to a lack of strategic oversight at a senior level. This results in services being delivered in a more ad-hoc way. Some aspects of child health are also delivered by providers based outside the region. For example, Child and Adolescent Mental Health Services (CAMHS) and the Learning Disability Services are provided by Cumbria Northumberland, Tyne and Wear Foundation Trust (CNTW).

The current commissioning cycles of health visiting and speech and language therapy are not aligned and this has the potential to impact on service delivery.

There is operational uncertainty around the children's centre provision at this time of change to Family Hubs and this is impacting on the confidence levels of staff and how particular interventions will be impacted. There are real concerns that some successful programmes will not be offered by the new providers.

The strategic assessment of sufficiency of childcare places is accurate but is yet to be used to influence forward planning and implementation at a strategic and operational level. The current analysis of childcare sufficiency informs an overview of the early years and childcare market but could be extended to provide a more detailed assessment at locality level to support planning. Take up of the early years entitlement, and in particular, the 2 year-old early learning entitlement, could be mapped against deprivation to identify any specific areas where engagement is low. Without this strategic and operational input the sustainability and quality of early years settings is an

issue where there is an unplanned market. Support is available for providers facing financial difficulties, but it is a reactive offer.

Throughout the peer challenge, the team heard about the problems around the demographics and geography of Cumbria. This was across all partners. This narrative is creating a barrier to a strengths-based approach and the opportunities there are in communities to build on their resilience, resources and strengths.

## **5.2. Partnerships**

The peer team found that local partners demonstrate professional and organisational respect for one another. This results in pockets of practice using a strengths-based approach to collaboration and examples of effective local interventions for children and families. Use of the 'Think Families' approach is particularly effective.

The operational partnerships that are in place, are committed to, and responsive to, addressing speech, language and communication. For example, collaboration to develop targeted family-centred services and interventions delivered across the professional disciplines within community venues. There are some strong local relationships between Speech and Language Therapy, schools and settings which are committed to communication-friendly practice and sharing this expertise across their networks. The Speech and Language Therapy service has committed to providing universal provision and is keen to maintain a training offer to develop skills across the wider children's workforce, however, this is at a very early stage of development and is currently under-resourced.

However, the complexity of the health landscape is impacting on the capacity of strategic leaders to further develop partnerships at a senior level. This is partly due to Morecambe Bay also serving parts of Lancashire. This means that the provision of Cumbria's early years services are not as effective as they could be.

Examples of positive relationships between early years settings and teams within the Council were evident. The work to moderate end of nursery assessments in order to support transitions and ensure that the next setting have an accurate baseline is a prime example of the effectiveness of partnership working.

Partners demonstrate an intrinsic commitment to the safety and well-being of children and families by working together to provide solutions for families. Examples include schools and partners stepping up to provide support to families, both formally and informally. In the absence of other support systems. This includes awareness raising of dummy and bottle use on the development of early language. Operational staff gave examples of parenting support and important signposting to other services.

There is a sharing of good practice around speech, language and communication through the local school networks. For example, Cumbria Alliance of System Leaders (CASL) Local Area System Leaders (LASLs), and across settings and children's centres. However, early years prioritisation on LASLs is inconsistent.

The development of the new specification for the 0-19 Children, Young People and Families Health and Wellbeing System, with commissioners working together, has enabled a holistic approach and opportunity to embed partnership working across Cumbria.

The roll-out of integrated 2-year-old developmental checks has not proceeded as planned. The peer team did hear examples of how information was shared between settings, parents and health visitors through the use of the Child Health Record (Red

Book) but this was not consistent. Some professionals are concerned that opportunities for early identification of speech, language and communication needs are not consistently available or taken up across all areas.

It was unclear whether the support offer for the Early Years Foundation Stage (EYFS) providers was understood by all settings and the Private, Voluntary and Independent (PVI) sector. Although some providers access support, some do not. The training offer was described by some as repetitive and reducing and that it would benefit from being influenced around what is needed at a local level. Positive examples of developing practice across early years providers was evident within the teaching school offer set within the context of a model of good practice and expertise.

There is a lack of a strategic approach to targeting school readiness and the home learning environment which means there is a limited partnership with parents. This is a missed opportunity. Whilst guidance on supporting the Home Learning Environment has been disseminated in Cumbria, it is unclear how effective this is in supporting settings to develop an approach to working in partnership with parents and some practitioners lack confidence.

As the Early Years Strategy is still in development there is also an absence of an early years workforce strategy. This is impacting on the recruitment, retention and the professional development of staff in early years.

There are different views around the effectiveness of the Early Help Assessment (EHA) process. In some cases, it is seen very positively but others have highlighted that it is onerous. Operational staff report that the same EHA form is used to identify SEND and safeguarding issues, and this can create a barrier to engaging parents. In addition, there are capacity issues, particularly around health visitors acting as the Lead Practitioner. The peer team were told that referrals required a separate process for some services which was time consuming when capacity is an issue.

### **5.3. Services and Interventions**

There is a passion and enthusiasm amongst frontline practitioners to deliver early years services across Cumbria. There is locally based delivery of services which addresses need in some areas. The new Maternity Hubs are one example of partners working together to improve access to services for the most vulnerable families. It will be important to ensure that all partners are included in this model as it was unclear whether Children's Social Care are part of this.

Staff across the partnership see Signs of Safety as really positive and the language and strength-based approach is being embraced and used to contextualise issues and find solutions.

There are examples of positive local multi-agency speech, language and communication interventions that are responsive to need which are driven by the frontline practitioners' understanding of the value of early communication. Particular examples of targeted support include Time for Talking, Lets Connect and Move to Write. A number of staff in the Early Years Team have been trained in either I-Can Talk Boost or CACHE Level 3 Supporting Children and Young People in Speech, Language and Communication. A Speech and Language Therapy Core Offer has been produced and provides a policy and evidence-base from which speech and language therapy teams can structure their work. The Core Offer recognises that the targeted part of the service is currently under review and development. The team heard that the Speech

and Language Therapists felt that they were rarely able to offer targeted provision as a 'step-down' from specialist provision.

In some areas of the county parents commented that their children had gained a great deal from Time for Talking and they could describe speech and language strategies they had learned and practiced in the home.

Children's centres deliver a range of interventions including baby massage, talking to bump and baby and Book Start Corner. The team heard that 'speech and language is woven through everything we do.'

One area which is a significant issue is the number of appointments breaching the 18+ weeks waiting time for an initial speech and language therapy appointment. There is also inequitable access to targeted speech, language and communication interventions in communities. Some services are provided from a Child Development Centre, but others are not. In some cases, sessions are dependent on community venues and are subject to room hire costs.

Schools are, however, buying-in speech and language services from the private sector to fill the gap between need and access to commissioned specialist speech and language services. One school has been monitoring the commissioned services to measure impact and are exploring more ideas to address unmet needs

The introduction of multi-agency panels for 2-year olds to identify children with speech and language difficulties is seen as positive but this is not county-wide with more referrals from the west of the county than in Eden and Carlisle.

There is a lack of capacity in the health visiting service to deliver the core mandated contacts which may have an impact on the early identification of need. This is not only the identification of health needs but also safeguarding concerns if a child has no contact with either health or social care professionals until they start in a setting.

In Cumbria there is a dedicated health visiting provision, 'Strengthening Families' which works with children in need of protection. There are challenges when children step-up to this service due to health visitor capacity. There is also a lack of continuity of practitioner for families when children either step -up or step-down.

There is a concern that support and promotion to reach vulnerable families to access the early learning entitlements has diminished and it is suggested that further work is carried out to ascertain the reasons why. This was across Cumbria. The use of Early Years Pupil Premium (EYPP) is under-developed. Parents are reluctant to apply for Disability Living Allowance (and then being able to access Disability Access Funding), and as there is no direct benefit to parents from EYPP, they are not necessarily interested in claiming.

Strong communication-friendly practice was observed in the Teaching School provision and there are networks which enable the sharing of this best-practice.

Transition is seen as positive and well organised. Moderation meetings between early years teams and settings are good and there is quality documentation.

There were some examples of co-location of teams, and co-delivery of services, that support families to get the help they need, in particular where health visiting is co-located with speech and language therapists and early years advisors.

The use of digital technology in health is improving information sharing. This includes Badger Net which can also be accessed by expectant mothers, RiO (the electronic

patient records system) across some health providers and Attend Anywhere. Digital technology is also being used to aid communication across the county through video conferencing facilities. The Speech and Language Team are keen to develop their on-line presence, particularly to support families

Routine evaluation of programmes is not always carried out or communicated and this could highlight what works well and how it can be adapted for other areas. There are a range of programmes running across Cumbria and it would help to gauge the effectiveness of the programmes if more work was done on this area. Working with the local university could be one way of doing this to provide some academic rigour.

#### **5.4. Community Ownership**

There are some good examples of co-production that have been used to redesign service pathways e.g. the local response to Better Births, 'Starting Well', in North Cumbria led jointly by Public Health and Maternity Services. However, the development of the Early Years Strategy, to date, has been influenced by professionals with limited community engagement. A strategy that is developed using communities will provide a strong building block for ensuring that speech, language and communication is embedded in communities. The Healthy Families Cumbria Pledge is beginning to engage with settings and could provide a launch pad for engagement with communities and this could be explored further to link in with speech, language and communication.

Communities have been pro-active in accessing external funding for local projects and have the potential to support improvements in speech, language and communication. This has included the WELL project in Allerdale and Copeland and the Ewanrigg Local Trust in Maryport.

The team found that communities, including parents and professionals, understand their strengths and challenges and demonstrate creativity and resourcefulness in problem solving. There were examples of communities working together during crisis such as flooding.

There is an opportunity to use the Area Planning structure and community assets which are currently not being exploited to promote communication, speech and language in the early years.

#### **5.5. Information, Data and Outcomes**

The early years education outcomes are improving across Cumbria as a whole. Communication, Language and Literacy is 82.8% against the national average of 79.4%. In addition, 97% of PVI providers are rated good or outstanding by Ofsted.

The Council shares Good Level of Development (GLD) data with schools, settings and partners and this informs practice to positively impact on outcomes. In order to provide a more targeted focus it would be helpful if data could be provided consistently at a ward level. It is the team's understanding that lists of eligible two-year-olds are no longer made available, possibly due to reaching a take-up rate of 96%. However, as take up rates have now fallen, the sharing of lists would support targeting of eligible two-year-olds.

The council and its partners are data rich, but it is not being used routinely to support strategic and local priorities. There is also insufficient analysis of the impact of the engagement of settings with the local offer for early years. For example, Continuous Professional Development, meetings, briefings on EYFS outcomes.

The lack of a holistic outcomes framework across the partnership means that there is no shared journey or measure of effectiveness for early childhood. There is an opportunity to develop an outcomes framework, in conjunction with the Early Years Strategy and the integrated 0-19 Children, Young People and Families Health and Wellbeing System

## **6. Examples of good practice**

Practice within the teaching school provided a model of good practice that reflected the principles of the Early Years Foundation Stage. Provision in the rooms for the youngest children catered for the prime areas of learning that are key to children's future learning. Children were all engaged both in adult-led tasks that allowed them to apply their fine motor skills and child-initiated learning that stimulated their curiosity. Children were immersed in stories and during the child-led learning time an adult was reading to a child in a comfortable, cosy space.

The older children in the school were confident to share their experiences with visitors. Whilst talking to the children, it was evident that language development from reception and through year one and two was building in both accuracy and complexity. One child, on learning that the visitor was from London asked if they had witnessed the Great Fire because they were learning about it. This ability to apply learning to a new situation was impressive.

The Virtual School and the Early Years team work together to support early years settings, foster carers and social workers to develop meaningful child centred pupil education plans including for the very youngest children. This partnership optimises the expertise of the early years team and their knowledge of child development and how this can be impacted by early childhood trauma to deliver training and assistance to those supporting the development of very young vulnerable children. This is an inspiring example of collaboration and commitment by staff.

The observed Time for Talking group demonstrated excellent practice. It was developed in response to need and makes the best use of the resources, both human and physical to provide an intervention that was effective.

## **7. Next Steps**

It is evident that progress has been made and the Council and its partners have a foundation upon which to build.

We hope that you will find the above findings to be a considered and true reflection of the discussions the peer team had with staff, partners and families in Cumbria. Colleagues will now want to consider how to incorporate the peer team's findings into ongoing planning. Relevant details are included below should you wish to access further support either via the LGA.

For further improvement support you can contact the LGA's Principal Advisor, Claire Hogan ([claire.hogan@local.gov.uk](mailto:claire.hogan@local.gov.uk) or 07766 250347) or the LGA's Children's Improvement Adviser, Linda Clegg ([lindaclegg0@gmail.com](mailto:lindaclegg0@gmail.com) or 07545787882)

The Early Intervention Foundation (EIF) have been commissioned by the Department for Education to provide further bespoke post challenge support to a limited number of councils. If you wish to be considered for this please contact Ben Lewing at the EIF Email: [ben.lewing@eif.org.uk](mailto:ben.lewing@eif.org.uk).

Once again, thank you for participating in this review and please pass on our gratitude to everyone involved, particularly Joan Bradley, Katie Clarke and Ann Breeze for their preparation work for the challenge.