Barod i Ddysgu Ready to Learn
Barod i Dyfu Ready to Grow

Ready To Learn: Ready To Grow
Evaluation Report

Ariennir gan Lywodraeth Cymru
Funded by Welsh Government

This work was made possible by the Welsh Government Child Poverty Innovation and Supporting Communities Grant.

This report has been written by

Professor David Egan
Dr Simon Read
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Izzabella James

With contributions from:
Eryl Powell, Chair, Ready to Learn Ready to Grow Steering Group
Mandy Shide, Lead Newport City Council

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Thank you to all of the organisations who supported this work

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READY TO LEARN: READY TO GROW

EVALUATION REPORT OF A PROJECT FUNDED BY THE WELSH GOVERNMENT CHILD POVERTY INNOVATION AND SUPPORTING COMMUNITIES GRANT

May 2026

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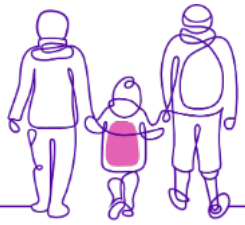

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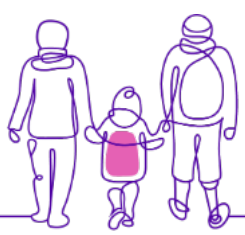
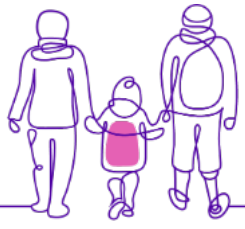




EXECUTIVE SUMMARY

Context

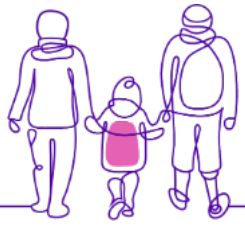
One in three children in Wales live in child poverty, a significant concern given that children growing up in poverty are more likely to experience developmental challenges that can affect their readiness for school and subsequent educational outcomes. In Gwent, where child poverty rates are among the highest in Wales, improving school readiness is an important shared priority for education, health and wider public services. High-quality Early Childhood Education and Care (ECEC) has an important role to play in supporting children's development and school readiness and, alongside wider system action, can help reduce inequalities in outcomes. *Ready to Learn, Ready to Grow* was developed to explore how partnership-based approaches can better support children and families living in poverty to achieve key developmental milestones and strengthen school readiness. The project also sought to improve understanding of school readiness amongst families and practitioners and identify opportunities for more effective collaboration across services.

Methods

The project was delivered across the Gwent region between November 2025 and March 2026 and comprised two complementary strands of activity. An **intervention** worked directly with families of pre-school children to assess developmental needs and support progress towards school readiness. **Consultation and engagement** with parents, practitioners and other stakeholders explored understandings of school readiness, barriers and enablers to successful school transition, and examples of effective practice. Together, these strands generated evidence on both outcomes for participating children and wider system-level perspectives on supporting school readiness across Gwent.

Key Findings

- A high percentage of children involved in the intervention were identified to require support with a range of their developmental needs prior to transition to school.
- Many participating children demonstrated measurable improvements in developmental skills associated with school readiness.
- Early Years professional and parents tend to think of ‘school readiness’ as being mainly associated with developing children’s socio-emotional skills, although parents appeared to also place strong emphasis on the importance of early learning.
- Parents and practitioners generally think that they have a joint responsibility for children’s successful transition from home to school, although this is a more widely held view amongst practitioners than parents.
- In relation to where support is needed for children to make a successful home-school transition, practitioners particularly emphasise the importance of speech and language and toileting skills, whereas parents place less emphasis on these, particularly speech and language skills. Neither placed a strong emphasis on the importance of other learning related skills.
- Both parents and practitioners recognise the negative impact that poverty can exercise on child development leading to school readiness, although this is a more strongly held perception amongst practitioners.
- Parents and practitioners would welcome additional guidance, resources and practical support on child development and school readiness. Current evidence



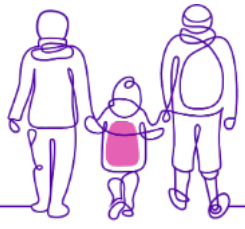
suggests there is limited collation and sharing of effective practice across Gwent and Wales.

Recommendations

1. Working with partner organisations, establish a common understanding of the importance of child development leading to school readiness and develop a theory of change.
2. This should draw on national and international evidence to reflect the importance of both socio-emotional and early learning development in supporting school readiness.
3. Develop guidance and resources to support adoption of this common understanding. The 2019 Public Health England report could provide a useful foundation for this.
4. Partners should systematically identify, test and share effective practice across the region to strengthen the local evidence base.
5. Welsh Government should explore mechanisms for collecting and disseminating effective school readiness practice, including potential roles for Estyn and Care Inspectorate Wales, as is the case with similar organisations in the other UK nations.
6. Strengthen multi-agency collaboration and existing partnership arrangements, with a focus on:
    - Speech and language development
    - Integrated family support
    - Education-health practitioner collaboration and data sharing
    - Parental learning and support
    - Meaningful engagement with children and families to ensure responsive service development.
7. Alongside future implementation, high quality research and evaluation should be embedded to strengthen the evidence base and support continuous development.

Limitations

- Reliance on parental self-reporting to identify developmental need may have resulted in some needs being under- or over-estimated, affecting eligibility decisions and interpretation of outcomes.
- The intervention was delivered at a relatively small scale and was not designed to assess longer-term impacts on school readiness.
- Consultation findings may have been influenced by minor inconsistencies in data collection and a participant sample weighted towards Newport, limiting generalisability across Gwent.
- The project's short timeframe and capacity constraints reduced opportunities for sustained relationship-based support and limited assessment of how the intervention fits within the wider early years system.



1. Introduction

Project Specification

1.1 Through engagement with children/parents/guardians and early years practitioners, the project aimed to test different approaches that might enable children/families living in poverty to meet their developmental milestones and be 'school ready'.

1.2 The project would attempt to achieve this through six interrelated objectives.

1.3 **Objective 1** would involve engagement with children and parents/carers to understand:

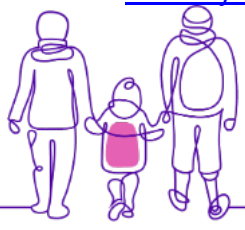
- What is meant by 'developmental milestones' and 'school readiness' and the challenges in helping children to reach milestones.
- The lived experience and impact of poverty on children's development and how it prevents them from achieving their full potential and forging pathways out of poverty.
- The experiences/views of existing early years services (e.g. *Flying Start*[1], *Healthy Child Wales*[2]) in relation to supporting child development, including views on accessibility, dignity, respect and reducing stigma.

1.4 **Objective 2** would involve work with early years practitioners in Gwent to understand:

- What is meant by 'developmental milestones' and 'school readiness' and the enablers and challenges which arise in supporting families to help children reach their milestones.
- Experiences/views of early years services in relation to supporting child development.
- The impact of poverty on children's development and the value base that underpins their work, including exploring, dignity, respect, and challenging the stigma associated with poverty.

1.5 **Objective 3** would use feedback from the above activities, along with other evidence, to co-develop with families and practitioners a single agreed version of developmental milestones for school readiness. This would be used to design and deliver school transition workshops co-designed with local schools and nurseries.

[1] Flying Start: guidance | GOV.WALES
[2] Healthy Child Wales Programme | GOV.WALES



1.6 **Objective 4** would involve outreach and face to face support for families to enable their children to reach the identified developmental milestones and thereby their school readiness. This would be facilitated by relevant activities and accompanying resources for children/parents. The interactive parent-child sessions would be focused on speech, play, language development, routines, and social skills. Parent-led peer groups or WhatsApp check-ins would be used for encouragement and shared learning, and digital options enabling parents unable to attend in person would be considered.

1.7 Objective 5 would focus on developing tailored resources /activities that address specific challenges, such as literacy/numeracy levels, language barriers or access to services, ensuring they are culturally sensitive and accessible. A box of educational toys/resources would be provided to enable parents to carry out these activities, and the *Home-Start Cymru* workers/volunteers would model how these can be used. A distance travelled tool would be used to understand the impact of the enhanced support pilot and how the learning can be applied to early years services/programme approaches. This work will support child and family wellbeing and help to ensure the realisation of children's rights in line with the principles of the *United Nations Convention on the Rights of the Child*.

1.8 **Objective 6** would draw upon consultation feedback from project participants to create:

- Guidance on developmental milestones for school readiness.
- Best practice training and poverty proofing recommendations for Early Years Services provided by Local Authorities, Aneurin Bevan University Health Board and the third sector in Gwent.
- A cohesive support network for families which will enable the collaborative partners involved in the project to develop their work with existing childcare providers, early years practitioners, health visitors, and community organisations.

Context

1.9 Poverty and child poverty rates in Wales are higher than in the other UK nations and there has been very little change in these figures over the last twenty years. 1 in 5 adults in Wales live in poverty and approximately half of these people live in 'deep poverty', something which has grown significantly in recent years.1 in 3 children in Wales live in homes where there is poverty[3]. At local authority level, Gwent has some of the highest percentages of child poverty in Wales in four of its

[3] Joseph Rowntree Foundation (2025). *Poverty in Wales 2025* Poverty in Wales 2025 | Joseph Rowntree Foundation

local authorities (Blaenau Gwent, Caerphilly, Torfaen and Newport) but also the lowest rate in the county of Monmouthshire[4].

1.10 It is well established that child poverty and poverty are associated with poorer health, education, employment and other negative characteristics later in life. This is captured by the *Welsh Index of Multiple Deprivation* based on a range of quality-of-life indicators. This reveals that Blaenau Gwent and Newport are counties which contain the greatest number of deprived communities in Wales, whilst Monmouthshire has the least[5].

1.11 Because Welsh Government has decided to no longer publish data on educational attainment at local authority level, it is difficult to present a contemporary picture of the impact that poverty has on education in the Gwent area. Historically, however, pupils in most of the local authorities (Monmouthshire is again an exception) have performed below the Welsh average, at all age groups, with some of the counties being the lowest performing areas in Wales. This is particularly the case in relation to the attainment of children living in poverty and especially so in relation to outcomes at GCSE. A report published in 2021 by an influential UK research organisation, found that two of the Gwent local authorities (Blaenau Gwent and Torfaen) had the largest attainment gaps between pupils living/not living in poverty in England and Wales. The report also established that all Welsh local authorities, including Monmouthshire, performed less well than similar areas in England[6].

1.12 The case of Monmouthshire is an interesting one. As indicated above it is one of the least deprived areas in Wales and has the lowest rate of child poverty. An unpublished report commissioned by the authority in 2019 found that where poverty did exist in the county (22% of its children currently live in poverty), it was concentrated in the small towns of the county and not, as was anticipated, in rural areas. Whilst some of the primary schools in the area had made progress in ensuring that child poverty did not lead to lower educational attainment, other primary schools and the secondary schools had not[7]. It is apparent, therefore, that the link between poverty and low educational attainment exist at a school rather than an area level and that the issues which are the focus of the project being evaluated, would apply to each of the local authorities in the Gwent area.

1.13

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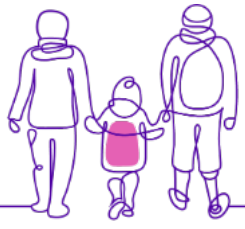
[4] End Child Poverty Coalition (2024). *Local Poverty Statistics* Local Child Poverty Statistics - End Child Poverty

[5] *Welsh Index of Multiple Deprivation 2025* Welsh Index of Multiple Deprivation: 2025 | GOV.WALES

[6] Education Policy Institute (2021) *Inequalities in GCSE Results Across England and Wales*. Inequalities-in-Wales-and-England (2).pdf

[7] Rural Poverty and Its Potential Impact on Educational Achievement in Monmouthshire (2019).



Early Years Education and Care

1.13 There is a long-established and extensive body of research evidence that points to the positive impact that pre-school education can have on education and life chances for children, particularly those from more disadvantaged backgrounds[8]. The two key findings of the research are:

- Early Childhood Education and Care (ECEC) must be of the highest quality if positive impacts are to be realised.
- ECEC should be supported by a positive *Home Learning Environment* (HLE), recognising that children spend most of their early years with their families and that parents are their first teachers.

1.14 Two leading international researchers in the field of ECEC (Kathy Sylva and Naomi Eisenstadt) have identified the key characteristics of successful ECEC with children experiencing poverty as being[9]:

- High quality, teacher-led, ECEC for these children from the age of 2.
- The development of a high-quality, well paid and trained ECEC workforce.
- Establishing virtual or physical 'children's campuses' which provide a range of family support service for parents and ECEC for children.

1.15 In relation to 'children's campuses', Naomi Eisenstadt was closely involved with *Sure Start,* the area-based programme introduced by the Labour Government from 1997 to 2010. This provided support for children under the age of 5 and their families by integrating health services, parenting support, early learning and childcare and parental employment support. A recent evaluation report[10] on the impact of *Sure Start* found that where children and families were able to access the programme, this led to:

- Significantly improved educational outcomes.

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[8] See for example the highly influential Study of Early Education and Development (SEED) research which is following a cohort of young people in England between 2013 and 2029 (from birth to Year 11 in secondary school). There latest report published by The Department of Education in 2025 is Study of *Early Education and Development: Impact Report on Early Education Use and Child Outcomes at Key Stage 2* Study of early education and development (SEED): impact report on early education use and child outcomes at key stage 2

[9] NESTA (2024) Transforming early childhood: narrowing the gap between children from lower-and higher-income families Transforming early childhood: narrowing the gap between children from lower- and higher-income families | Nesta

[10] Institute for Fiscal Studies (2025) *The short-and medium-term effects of Sure Start on children's outcomes* The short- and medium-term effects of Sure Start on children's outcomes | Institute for Fiscal Studies

- Substantially reduced hospitalisation of children.
- Lower incidents of depression and anxiety in teenagers.

1.16 These impacts were found to be long lasting and were likely to have significantly exceeded the cost of funding the programme.

1.17 The *Sure Start* evaluation report also includes a finding that has become increasingly emphasised in international research on ECEC and this is that the work of single services or interventions (Flying *Start* and *Families First* would be examples in Wales) are not sufficient of themselves to bring about the transformational change that is required to overcome the impact of poverty on children and families: there are no 'silver bullets'. What is needed are system-wide solutions which combine 'evidence-based interventions…with an empirical approach to evaluation'.[11]

1.18 The quotation comes from a report by three organisations *Health Equity North (*a virtual institute focused on place-based solutions to public health problems and health inequities*)*, *N8 Research Partnership* (a collaboration of 8 universities in the North of England) and the *Centre for Young Lives(*an innovation organisation led by the former Children's Commissioner for England). Together in a partnership called *Child of the North*, they are committed to building a fairer future for children across the North of England through collaboration, high quality research and policy engagement. It is an example of the state and voluntary sectors working together with universities to bring about the evidence-based and evaluative systemic and transformational changes that are required.

1.19 A recent report from *Child of the North*[12] has pointed to the following key enablers needed to support children in the preschool years:

- Inter-agency and practitioner working.
- Joint professional learning for practitioners which focuses on understanding family needs and awareness of the various pathways and programmes that exist to support them.

[11] Child of the North, N8 Research Partnership and The Centre for Young Lives (2025). *Supporting Children in the Preschool Years: Preschool Children Are the UK's Future* Pre-school update

[12] N8 Research Partnership, Health Equity North and the Centre for Young Lives (2024). *An evidence-based approach to supporting children in the preschool years* CotN_Preschool_Report_9.pdf

School readiness

1.20 Implicit within the narrative presented above is the need for children and families being ready to benefit from ECEC and ultimately their progression to school reception classes. A research study funded by *Public Health Wales* defines 'school readiness' as being 'a measure of a child's cognitive, social, and emotional readiness to begin formal schooling'.[13]

1.21 Survey data collected from schools in England and Wales by the market research consultancy *Savanta* for the ECEC charitable foundation *Kindred*[14], has identified that:

- 37% of children are not ready for school (a significant decline over recent years).
- 26% are not toilet trained.
- 32% cannot operate independently from their parents/carers.
- Boys and children living in poverty and/or who have additional learning needs, are less likely to be school ready.
- 88% of parents believe their children are school ready, although 94% would wish to have national guidance on school readiness.
- The situation represented in this data places considerable pressures on the school workforce.

1.22 The research for *Public Health Wales* referenced above[15], based on a longitudinal study of data on the health and education of early years pupils in Wales between 2012 and 2018, identified the following risk factors, in order of importance, as being associated with low school readiness:

- Maternal learning difficulties and confidence.
- Childhood epilepsy.
- Low birth weight.
- Eligibility for free school meals.
- Living in a deprived area.
- Maternal death.
- Maternal diabetes.

[13] Bandyopadhyay et al (2023). *Factors associated with low school readiness, a linked health and education data study in Wales, UK.* Factors associated with low school readiness, a linked health and education data study in Wales, UK | PLOS One

[14] School Readiness Survey | Kindred²

[15] Bandyopadhyay et al (2023). *Factors associated with low school readiness, a linked health and education data study in Wales, UK.* Factors associated with low school readiness, a linked health and education data study in Wales, UK | PLOS One

1.23 Other systematic reviews of international research evidence on school readiness have emphasised the importance of parental understanding of what is required for their children to be ready for school, with some focusing on socio-emotional preparedness and others on cognitive learning. They highlight the importance of parental involvement, responsibility being shared between schools and parents and the need to support parental learning, including their understanding of child development[16].

1.24 Whilst the importance of parents (and professionals) having a good understanding of the stages of child development in relation to school readiness is apparent from these studies, this is, however, not a straightforward area. A recent review of research evidence on indicators and measures of child development undertake for Welsh Government has identified that there is no simple definition of the concept, leading to varying understanding and usage of the term by ECEC organisations and by Welsh Government itself[17].

1.25 As this research highlights, child development pathways are a key area of the approach that has been adopted to establish pupils' progression within the *Curriculum for Wales*. This builds upon the development pathways set out in the Welsh Government curriculum for pre-schools[18] A recent research study published as part of the formative evaluation of the *Curriculum for Wales*, has found, however, in line with the scoping review research on child development, that whilst many schools have welcomed the pre-school curriculum guidance, others question its relevance and applicability to their contexts[19].

1.26 Whilst, therefore, establishing common understanding of child development in relation to school readiness is a complex area, the outcomes

[16] Joza, K. and Oo, T.Z. (2026). *Systematic review and meta-analysis of parental roles in early childhood school readiness* Systematic review and meta-analysis of parental roles in early childhood school readiness and Jun, J. et al (2025). *A systematic review: Parental perspective on school readiness during the pre-and post-transition periods.* A systematic review: Parental perspective on school readiness during the pre- and post-transition periods - ScienceDirect

[17] Welsh Government (2026). *Scoping review of child development indicators and measures used for 2-11-year olds* Scoping review of child development indicators and measures used for 2-11-year-olds

[18] Welsh Government (2022). *A curriculum for funded non-maintained nursery settings* A curriculum for funded non-maintained nursery settings

[19] Welsh Government (2026). *Foundation Learning in the Curriculum for Wales: a qualitative study* Foundation Learning in the Curriculum for Wales: a qualitative study | GOV.WALES

for children who are not ready for school appear to be clear. These have been identified in one study[20] as including:

- Not reaching expected educational outcomes by the age of 7 and at later stages in their education.
- Being six times more likely to have ALN including a greater risk of living with autism.

- A greater likelihood of later school absence, educational disengagement and not being in education, employment or training.

1.27 A recent report of the UK Institute for Government[21] has revealed that despite repeated interventions to improve school readiness, pupils living in poverty, including those from some ethnic backgrounds (Gypsy/Roma and travellers), boys and those with additional learning needs, are persistently less likely to be school ready. It recognises that local authority areas with high percentages of these children face the greatest challenges, but that in some cases these areas do succeed in making progress with these children compared to local authorities with much lower percentages of vulnerable pupils.

1.28 *The Child of the North* programme points to the work that some local authorities in its region have done to make such progress including a strong focus on developing pre-school speech and language, integrated service provision, cross-sector practitioner collaboration and data sharing between service areas, particularly Health and Education[22].

1.29 Examples of such collaboration in England can be found in the reports produced by the *Child of the North*, the *Better Start* projects supported by the *National Children's Bureau* and the recent attention given to cross-sector working to improve toilet training in York.[23]

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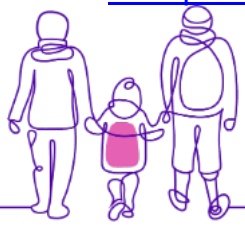
[20] N8 Research Partnership, Health Equity North and the Centre for Young Lives (2024). *An evidence-based approach to supporting children in the preschool years* CotN_Preschool_Report_9.pdf

[21] Institute for Government (2025*). School Readiness: How can government start closing the opportunity gap in early years education* School readiness - How can government start closing the opportunity gap in early years education?

[22] N8 Research Partnership, Health Equity North and the Centre for Young Lives (2024). *An evidence-based approach to supporting children in the preschool years* CotN_Preschool_Report_9.pdf

[23] A Better Start: School readiness report; Nursery World - York to take part in pilot project with aim to be the first UK city to have all children toilet trained before Reception start - Nursery World; Child of the North - N8 Research Partnership



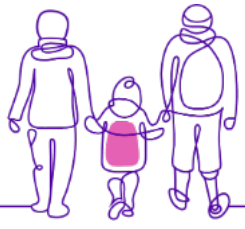
Key points

- ❖ 1 in 3 children in Wales live in child poverty and most of the Gwent counties have the highest rates in Wales.
- ❖ This contributes to significant gaps in educational attainment between children living in poverty and those who do not.
- ❖ ECEC can, alongside wider systemic provision, contribute to reducing this gap.
- ❖ This requires multi-agency partnership at area level- particularly between Health and Education.
- ❖ Improving school readiness can be an important element within successful ECEC.
- ❖ This requires close partnership working between parents, schools and other agencies, based on a shared understanding of child development.
- ❖ Not being ready for school has a significant detrimental impact on later educational attainment and wider life-chances.
- ❖ Successful examples of improving school readiness at area level demonstrate the importance of cross-sector working.
- ❖ The project being evaluated aimed to explore these issues within the context of partnership working in Gwent.

2. Methods

2.1 This section outlines the methodological approach undertaken for:

- The *Ready to Learn, Ready to Grow* **intervention,** and
- The **consultation and engagement** phase, incorporating surveys and in-person sessions with practitioners and parents or carers.



Ready to Learn, Ready to Grow Intervention

2.2 The *Ready to Learn, Ready to Grow* intervention ran between November 2025 and March 2026 across the Gwent region. The intervention was deployed by *Home-Start Cymru* staff and volunteers trained in early years and school readiness support. These staff worked with families with children aged 18 months to three years, who were affected by poverty or deprivation, and who would benefit from support with child development and school readiness.

2.3 The intervention was delivered over the course of six to seven sessions for each family, via a mixture of group and one-to-one formats.

2.4 Activities focused on holistic methods to addressing child development and school readiness, with outcomes touching on parent, child and home specific areas. Utilising the resource pack that each family were provided with, including items such as puzzles, books, and crayons, activities often revolved around modelling and active play such as arts and crafts, storytelling, turn taking games, and toileting behaviours.

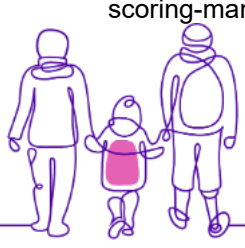
2.5 Staff and volunteers worked directly with parent and child but also took time to get to know the whole family, as well as practitioners with pre-established relationships with the family.

2.6 *Home-Start Cymru* also worked with parents and carers to address needs that required support or signposting to ensure a whole family approach. This acknowledged the fundamental link between parent-child relationships and overall wellbeing. Support was provided to parents on establishing daily routines around mealtimes, bedtimes, dressing and personal hygiene, strategies for responding to children's emotional cues, as well as practical links and support addressing poor mental health, housing insecurity, isolation etc.

Initial and end assessments

2.7 Progress was tracked through matched initial and end assessments covering child developmental milestones, parental confidence, parental responsiveness (using the PaRRiS scale[24]), and the home learning environment. These pre- and

[24] Levickis, P. (2019) Parental Responsiveness Rating Scale (PaRRiS): Scoring Manual: https://www.gov.wales/sites/default/files/publications/2024-01/parental-responsiveness-rating-scale-scoring-manual.pdf



post- intervention assessments were intended to illustrate the distance travelled for each child and family.

2.8 Initial assessments incorporated parental self-reportage of child development, observations from Home-Start staff, and any relevant information from other agencies with whom the family were already engaged. Through discussions with families, particular outcomes were chosen to focus on based on whether there was an emerging or consolidating need.

2.9 The end assessments mirrored the structure, wording and format of the initial assessments and benefited from the ongoing observations of *Home-Start* staff over the six-week intervention period. In addition, further feedback information was collected from participants on their experiences during the intervention and any support that they were signposted towards.

2.10 All assessments were completed by delivery staff in the presence of families, with this co-establishing both the baseline and post-intervention markers. The initial and end assessment forms are summarised below, broken down into parental outcomes, child outcomes, and home environment outcomes.

Parental outcomes

2.11 During both initial and end assessments, *Home-Start* staff and the parents or carers discussed and agreed each family's responses to a set of statements or descriptors associated with specific parental outcomes. These are outlined in Table 1 in Appendix A.

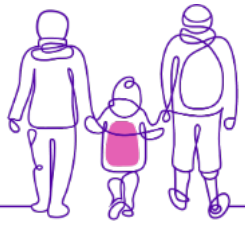
Child outcomes

2.12 Initial and end assessments also incorporated discussions around each family's children and their various stages of development. Data were collected based on both i) developmental age markers, with these set at 6-month intervals between 18 and 36 months, and ii) on whether the consistency and quality of the skill was deemed an emerging or consolidating need, or if it was an established skill within the expectations of the child's developmental age marker. The assessment's outcome descriptors are outlined in Table 2 in Appendix B.

Home environment outcomes

2.13 Assessments also covered outcomes associated with each family's home environment. These were discussed and agreed with each family during the baseline and end assessments. Table 3 found in Appendix C outlines the outcomes, question statements and measures included in the assessment forms.

Post-intervention feedback



2.14 Aside from the outcomes data collected for each family and child involved in the intervention, further feedback was also sought from participants on their experiences while engaged with Ready to Learn, Ready to Grow. Additional questions incorporated into the end assessment are outlined in Table 4 within Appendix D.

Data analysis

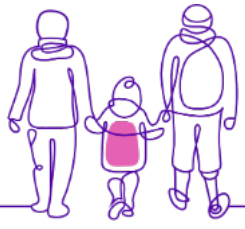
2.15 Descriptive statistical analyses were conducted using Microsoft Excel. Demographic and programme characteristics for the full cohort are reported as frequencies, with corresponding percentages provided where appropriate.

2.16 For parental, child, and home environment outcomes, analyses were restricted to cases with an identified need. These represent families who received support for the specified outcome as part of their intervention package. For parental and home environment outcomes, need was defined by an initial (baseline) score of 9 or below on a 10-point Likert scale for each outcome. The only exception was the Parental Responsiveness Scale (PaRRiS), which uses a 5-point Likert scale; for this measure, parents with baseline scores of 4 or below were classified as having identified need.

2.17 For child outcomes, need was defined as a child not consistently demonstrating outcome-specific skills at a level appropriate to their assessed age marker. This was evident when a child was assessed as demonstrating 'emerging' or 'consolidating' abilities, irrespective of the age marker. Therefore, any child assessed as demonstrating an 'established' skill, irrespective of the age marker, were excluded from the analyses. Importantly, this was not assessed relative to a child's actual age.

2.18 Baseline parental and home environment outcomes are presented as frequencies and percentages, alongside median rating scores with ranges (minimum and maximum values). Improvement among parents is reported using frequencies and percentages, with median changes in scale scores presented alongside the range of positive change values.

2.19 Across all outcomes, some cases were identified as presenting with significant complexities that were likely to have limited or prevented progression during the intervention. For each outcome, a secondary analysis was conducted excluding these complex cases. For parental and home environment outcomes, this secondary analysis reports the number of complex cases excluded, the revised number of parents with identified need, and the percentage of parents demonstrating improvement.



2.20 For child outcomes, data are stratified by a three-tier developmental scale (emerging, consolidating, established) within each assessed age marker (12, 18, 24, 30, and 36 months). Frequencies and percentages for each tier are reported at baseline. Post intervention outcomes are further stratified by children who remained unchanged, regressed, or improved, within each developmental tier. In addition, the overall percentage of children demonstrating improvement is reported, alongside the frequency of children who progressed to a higher age marker following the intervention.

2.21 In addition, within the child outcomes tables, there are columns for the number (and percentage) of children who progressed in the outcome, the number of children who were assessed as 'established', i.e. demonstrating consistent abilities, as well as the number of children who increased their age marker, i.e. following the intervention were demonstrating skills at an age marker above their baseline assessment. For some outcomes, some children were assessed as 'established' at a higher age marker. Where applicable, table footers are provided to explain this observation.

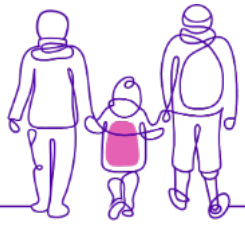
2.22 Within child outcomes, data were missing at baseline for several outcomes, including child dressing (n=1), using a pencil or crayon (n=1), hand-washing (n=2), communication cues (n=3), speaking (n=1), attention-based activities (n=3), playing (n=2), identifying emotions (n=2), social skills (n=1). For these outcomes, the number of children with identified need includes the cases of missing data, however, the percentages of children who progressed are based on the numbers with complete data.

Consultation and Engagement

2.23 The consultation phase engaged two key stakeholder groups, practitioners and families, to explore current understandings of school readiness and to generate learning around good practice. Practitioners were consulted via one of the following routes:

- An online survey hosted on Microsoft Forms or Mentimeter
- In person event of early years practitioners with breakout discussions
- Workshop discussions at existing practitioner forums

2.24 Families were consulted to share their perspective on school readiness and their own experiences with their own children via an online survey hosted on Microsoft Forms.



2.25 These methods were designed to surface points of alignment and divergence between practitioner and family understandings of school readiness, with findings used to inform practitioner learning and to shed further light on common challenges and barriers for families in Gwent preparing for the transition to school.

Online practitioner and family surveys

2.26 The online surveys were hosted on Microsoft Forms and invited responses from each cohort through existing networks of the research team, and advertising through social media or community groups across Gwent. For families, responses were incentivised through a £10 Love2Shop online voucher. The survey was open for one week before reaching its target recruitment.

2.27 The specifics of each survey's questions varied between the cohorts but covered the same broad topic areas and incorporated a range of open and closed questions. The response fields for the family survey are outlined in Table 5 in Appendix E.

2.28 The practitioner survey was open for one month on Microsoft Forms. Table 6 in Appendix F outlines the practitioner survey questions and response fields.

Practitioner in-person forums and workshops

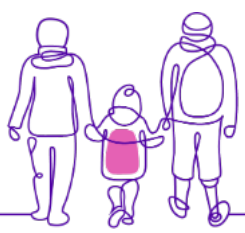
2.29 In addition to the online practitioner survey, three in-person events were attended across the Gwent region:

- Newport Health Visiting Forum, January 2026 (32 participants)
- Gwent Attachment Champions Forum, January 2026 (17 participants)
- Newport Community Development Event, February 2026 (52 participants)

2.30 These events invited practitioners from existing early years networks to discuss in more depth the topics contained within the survey. Sessions were facilitated using Mentimeter, with live responses recorded and incorporated into the survey data. Facilitators also took notes of the discussions taking place in the event, with feedback from the first session at Newport Health Visiting Forum leading to some minor question adaptations. Data from this session were included in the analysis.

Data analysis

2.31 Survey data were initially collated in two distinct Microsoft Excel projects; one for practitioners, and one for families. Facilitator notes from the in-person practitioner events were reviewed alongside their survey data to ensure consistency between the data sets. Both quantitative and qualitative survey



responses were incorporated, though analytical methods varied based on whether questions were open or closed.

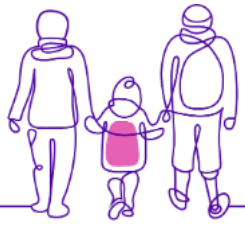
2.32 For closed questions, data were analysed descriptively to outline sample demographics and perceptions of school readiness, this allowing for comparison between the cohorts.

2.33 Open question responses were uploaded into NVivo 12 where word frequency analyses were performed to identify the most commonly recurrent words and ideas. These analyses were programmed to include stemmed words, e.g., talk, talks, talking. The research team collaboratively applied exclusions to the returned analyses, with these being based on question repetition and linking verbs with unclear meanings, e.g., 'get', 'make'. The remaining words were transposed into word clouds, with survey responses then screened to gather context on how each word was generally used by participants. Illustrative quotes were then extracted from NVivo 12 for reporting purposes.

2.34 The practitioner survey question on services that were perceived to be working well was the only exception to this approach. Word frequency analyses were deemed ineffective at identifying references to specific services, e.g., *Flying Start*, *Families First*. As such, researchers scanned both cohorts' responses line-by-line to screen and extract any relevant data. Text searches were then performed to identify the number of participants mentioning any given service.

Ethics

2.35 This was a government-funded multi-agency project with the overarching aim of helping children in poverty to achieve their development milestones and to be school-ready. Advice from ABUHB Research and Development Team determined this project to meet the criteria for service evaluation. This evaluation was registered with ABUHB Research and Development team and followed guidance with respect to the handling of participant data, consent and opt out mechanisms, participant dignity and Welsh language compliance.



3 Results

Ready to Learn, Ready to Grow Intervention

Sample characteristics

3.1 Fifty-two families were referred to the programme, and 32 (61.5%) families received the intervention. Referrers to the programme included education (n=15, 41.7%), health visiting (n=12, 33.3%), self-referral (n=6, 16.7%), *Flying Start* (n=2, 5.6%), and *Gwent Parent Infant Mental Health Service* (n=1, 2.8%). The majority received the intervention via one-to-one support only (n=20, 55.6%), followed by group support only (n=15, 41.7%), and a combination of group and one-to-one support (n=1, 2.8%).

3.2 Most families lived in Newport (n=27, 84.4%), followed by Torfaen (n=5, 15.6%), Blaenau Gwent (n=3, 9.4%), and Caerphilly (n=1, 3.1%). No families lived in Monmouthshire. Based on the 2025 Welsh Index of Multiple Deprivation (WIMD) data, 11 (34.4%) lived in the 10% most deprived Lower layer Super Output Areas (LSOAs), 13 (40.6%) lived in the 10-20% most deprived, 3 (9.4%) lived in the 20-30%most deprived, 2 (6.3%) lived in the 30-50% most deprived, and 3 (9.4%) lived in the 50% least deprived LSOAs. Twenty-five families (78.1%) lived within Flying Start catchment areas.

3.3 Of the 36 parents who provided demographic data, 16 (50.0%) were female and 3 (9.4%) were male, while data was missing or not disclosed for 13 (40.6%). The mode disclosed parent ethnicity was White Welsh (n=8, 25.0%), first language was English (n=11, 34.4%), religion was no religion or belief (n=11, 34.4%),

3.4 In total, 36 children were supported, 21 male (58.3%) and 15 female (41.7%), with a mean age of 2 years and 10 months (1yrs 5m – 3ys 11m).

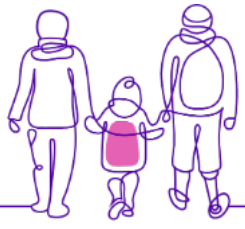
3.5 All family and programme characteristics for the full cohort are provided in Table 7 in Appendix G.

Parental outcomes

3.6 All parental outcomes are reported in Appendix H, and the number for each complex circumstance limiting specific parental outcomes is available in Appendix I.

3.7 In relation to the ability of parents to **access appropriate early years services:**

- Of 36 parents assessed, **11 (30.6%)** were identified at baseline as requiring support to access appropriate early years services. Among these 11 parents, the median baseline scale rating was **4 out of 10** (range 0-9).



- Following the intervention, **9 of these 11 parents (81.8%)** showed an improvement on this outcome. Among those who improved, the median increase in scale rating was **2 points** (range 1-8). No parent regressed, and one parent's score remained unchanged.

- Of the 11 parents with an identified need, **one was assessed as having complex poor mental health** which was likely to limit progression. When this complex case is excluded from the analysis, **9 of the remaining 10 parents (90.0%)** demonstrated improvement following the intervention.

3.8 In relation to the ability of the parents to **establish good general routines**:

- Seventeen parents required support to establish good general routines, representing **47.2% of the cohort**. At baseline, the median scale rating was **7 out of 10** (range 2-9).

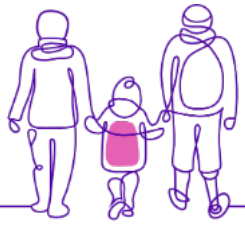
- Following the intervention, **15 of the 17 parents (88.2%)** demonstrated improvement on this outcome. Among those who improved, the median increase in scale rating was **1 point** (range 1-4), although three parents improved from a baseline rating of 9 to the maximum score of 10 at post-intervention. No parent regressed, and two parents' scores remained unchanged.

- One parent was assessed as having severe material deprivation, which was identified as a complex circumstance which was likely to limit progression. When this parent is excluded from the analysis, **15 of the remaining 16 parents (93.8%)** showed improvement following the intervention.

3.9 In relation to the ability of parents to **engage with their children's development:**

- Twenty-one parents required support to improve engagement with their child's development, representing **58.3% of the cohort**. At baseline, the median scale rating among these parents was **8 out of 10** (range 3-9).

- Following the intervention, **13 of the 21 parents (61.9%)** demonstrated improvement on this outcome. Among those who improved, the median increase in scale rating was **1 point** (range 1-7), and five parents improved from a baseline score of 9 to the maximum score of 10 at post-intervention. Four parents regressed, and four parents' scores remained unchanged.



- Six parents were assessed as having complex circumstances likely to limit progression, main reasons included complex poor mental health (n=3), housing insecurity (n=2), complex past trauma (n=1). When these parents are excluded from the analysis, **13 of the remaining 15 parents (86.7%)** showed improvement following the intervention.

3.10 In relation to the ability of parents to **recognise and respond to their child's emotional cues:**

- Twenty-two parents required support to recognise and respond to their child's emotional cues, representing **61.1% of the cohort**. At baseline, the median scale rating among these parents was **8 out of 10** (range 4-9).

- Following the intervention, **13 of the 22 parents (59.1%)** demonstrated improvement on this outcome. Among those who improved, the median increase in scale rating was **1 point** (range 1-4), and six parents progressed from a baseline score of 9 to the maximum score of 10 at post-intervention. Four parents regressed, and five parents' scores remained unchanged.

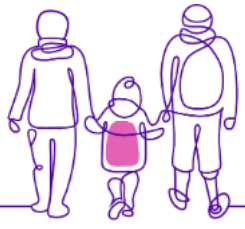
- Six parents were assessed as having complex circumstances likely to limit progression, including complex poor mental health (n=3), and severe material deprivation (n=3). When these parents are excluded from the analysis, **13 of the remaining 16 parents (81.3%)** showed improvement following the intervention.

3.11 In relation to the **parental responsiveness scale** (PaRRiS):

- Thirty-three parents (**91.7% of the cohort**) were identified at baseline as requiring support based on their Parental Responsiveness Scale (PaRRiS) score. The median PaRRiS score at entry among these parents was **3 out of 5** (range 1-4).

- Following the intervention, **14 of the 33 parents (42.5%)** demonstrated improvement in their PaRRiS score. Among those who improved, the median increase was **1 point** (range 1-3). One parent regressed, and 18 parents' scores remained unchanged.

- Ten parents were assessed as having complex circumstances likely to limit progression, including complex poor mental health (n=6), child



with diagnosed complex additional needs (n=1), parents with diagnosed or suspected additional needs (n=1), and severe material deprivation (n-=2). When these parents are excluded from the analysis, **14 of the remaining 23 parents (60.9%)** showed improvement in PaRRiS score following the intervention.

3.12 In relation to parents' ability to ensure their child **arrived at their childcare setting fed and on time:**

- Seventeen parents (**47.2% of the cohort**) were identified as requiring support to ensure their child arrived at childcare settings fed and on time. At baseline, the median scale rating among these parents was **6 out of 10** (range 0-9).

- Following the intervention, **11 of the 17 parents (64.7%)** demonstrated improvement on this outcome. Among those who improved, the median increase in scale rating was **3 points** (range 1-10), with two parents progressed from a baseline score of 9 to the maximum score of 10 at post-intervention. No parent regressed, and six parents' scores remained unchanged.

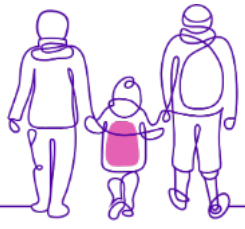
- Two parents were assessed as having complex circumstances likely to limit progression, including complex poor mental health (n=1) and housing insecurity (n=1). When these parents are excluded from the analysis, **11 of the remaining 15 parents (73.3%)** showed improvement following the intervention.

Child outcomes

3.13 Child outcomes in relation to physical development are summarised here; however, detailed results are reported in Appendix J. The number for each complex circumstance limiting specific outcomes is available in Appendix K.

3.14 Of the 36 children involved in the programme, 25 (69.4%) were identified at baseline as requiring support with their **eating skills**. Following the intervention, 18 of these 25 children (72.0%) showed improvements, six children showed no change, and one regressed.

- Of these children, three were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included emerging needs for child awaiting professional assessment (n=2), and severe material deprivation (n=1). When these three children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 81.8%.



3.15 Thirty-two children (88.9%) were identified at baseline as requiring support with their **toileting skills**. Following the intervention, 14 of these 32 children (43.8%) showed improvements, 16 children showed no change, and 2 regressed.

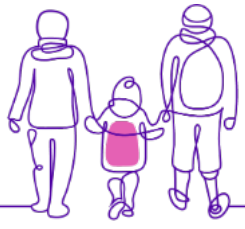
- Of these children, nine were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for emerging needs for child awaiting professional assessment (n=3), complex poor parental mental health (n=2), severe material deprivation (n=2), housing insecurity (n=1) and child with complex additional needs (n=1). When these nine children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 60.9%.

3.16 Twenty-four children (63.9%) were identified at baseline as requiring support with their **dressing skills**; however, data was missing for one child. This child's data was removed from the analysis, resulting in a total number of 23 children included in the analysis. Following the intervention, 13 of these 23 children (56.5%) showed improvements, nine children showed no change, and one regressed.

- Of these children, five were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for child awaiting professional assessment (n=2), severe material deprivation (n=2), and child with diagnosed complex additional needs (n=1). When these five children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 72.2%.

3.17 Twenty-eight children (75.0%) were identified at baseline as requiring support with their **skills using a pencil or crayon**, however data was missing for one child. This child's data was removed from the analysis, resulting in a total number of 27 children included in the analysis. Following the intervention, 19 of these 27 children (70.4%) showed improvements, six children showed no change, and two regressed.

- Of these children**,** five were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for child awaiting professional assessment (n=2), severe material deprivation (n=2), and child with diagnosed complex additional needs (n=1). When these five children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 86.4%.



3.18 Twenty-four children (61.1%) were identified at baseline as requiring support with their **hand-washing skills**; however, data was missing for two children. These children were excluded from the analysis, resulting in 22 children. Following the intervention, 18 of these 22 children (81.8%) showed improvements, four children showed no change, and none regressed.

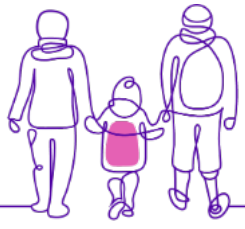
- Of these children, two were assessed as having complex circumstances which was likely to limit progression. The main reason for complexity included one case of a child with emerging needs awaiting professional assessment, and one case of a child with diagnosed complex additional needs. When these two children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 90.0%.

3.19 Thirty-four children (86.1%) were identified at baseline as requiring support with their **communication cues skills**; however, data was missing for three children. These children were excluded from the analysis, resulting in 31 children. Following the intervention, 18 of these 31 children (58.1%) showed improvements, 12 children showed no change, and one regressed.

- Of these children, nine were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for child awaiting professional assessment (n=8), and a child with diagnosed complex additional needs (n=1). When these nine children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 81.8%.

3.20 Thirty-five children (94.4%) were identified at baseline as requiring support with their **language speaking skills**; however, data was missing for one child. This child's data was removed from the analysis, resulting in a total number of 34 children included in the analysis. Following the intervention, 18 of these 34 children (52.9%) showed improvements, 12 children showed no change, and four regressed.

- Of these children, 10 were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for child awaiting professional assessment (n=9), and a child with diagnosed complex additional needs (n=1). When these ten children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 75.0%.



3.21 Thirty-four children (86.1%) were identified at baseline as requiring support with their **attention-based activity skills**; however, data was missing for three children. These children were excluded from the analysis, resulting in 31 children. Following the intervention, 17 of these 31 children (54.8%) showed improvements, 12 children showed no change, and 2 regressed.

- Of these children, 11 were assessed as having complex circumstances which was likely to limit progression. The reasons for complexity included emerging needs for child awaiting professional assessment (n=8), severe material deprivation (n=2), and one child with diagnosed complex additional needs (n=1). When these 11 children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 85.0%.

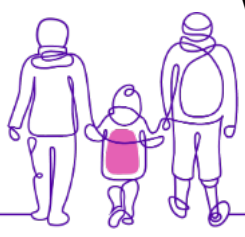
3.22 Thirty children (77.8%) were identified at baseline as requiring support with their **playing skills;** however, data was missing for two children. These children were excluded from the analysis, resulting in 28 children. Following the intervention, 17 of these 28 children (60.7%) showed improvement, 10 children showed no change, and one regressed.

- Of these children, nine were assessed as having complex circumstances which was likely to limit progression. Main reasons for complexity included emerging needs for child awaiting professional assessment (n=6), housing insecurity (n=1), child with diagnosed complex additional neds (n=1), and complex past trauma (n=1). When these nine children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 89.5%.

3.23 Twenty-three children (63.9%) were identified at baseline as requiring support with their **ability to cope independently** away from their parent(s). Following the intervention, 18 of these 23 children (78.3%) showed improvement, five children showed no change, and none regressed.

- Of these children, two were assessed as having complex circumstances which was likely to limit progression. The main reasons for complexity included presence of emerging needs for child awaiting professional assessment (n=1), and complex past trauma (n=1). When these two children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 85.7%.

3.24 Thirty-two children (83.3%) were identified at baseline as requiring support with their ability to **understand and recognise their emotions**; however,



data was missing for two children. These children were excluded from the analysis, resulting in 30 children. Following the intervention, 13 of these 30 children (43.3%) showed improvement, 17 children showed no change, and none regressed.

- Of these children, eight were assessed as having complex circumstances which was likely to limit progression. The main reason for complexity was presence of emerging needs for child awaiting professional assessment (n=8). When these eight children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 59.1%.

3.25 Thirty-three children (69.4%) were identified at baseline as requiring support with their **social play and social interaction skills**; however, data was missing for one child. This child's data was removed from the analysis, resulting in a total number of 32 children included in the analysis. Following the intervention, 21 of these 32 children (65.6%) showed improvement, 10 showed no change, and one regressed.

- Of these children, seven were assessed as having complex circumstances which was likely to limit progression. Main reasons for complex cases included emerging needs for child awaiting professional assessment (n=6), and complex past trauma (n=1). When these seven children are excluded from the analysis, the proportion of children who did show improvement following the intervention rises to 84.0%.

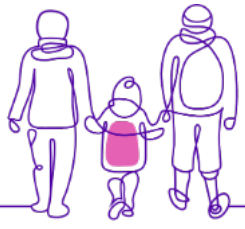
Home environment outcomes

3.26 In relation to the **availability of stimulating materials** for children:

- Of 36 parents assessed, 7 (19.4%) were identified at baseline as requiring support to improve the presence of stimulating materials at home. Among these 7 parents, the median baseline scale rating was 7 out of 10 (range 6-9).

- Following the intervention, 3 of these 7 parents (42.9%) showed an improvement on this outcome. Among those who improved, the median increase in scale rating was 2 points (range 1-4). No parent regressed, and 3 parents' score remained unchanged.

- Of the 7 parents with an identified need, 2 were assessed as having complex needs which was likely to limit progression. The main reason for complexity included one case of housing insecurity, and severe material deprivation. When these two parents are excluded from the analysis, the



proportion of parents who progressed following the intervention rises to (60.0%).

3.27 In relation to the **availability of space and toys**:

- Nine parents (25.0%) were identified at baseline as requiring support to enhance space and toys at home. Among these 9 parents, the median baseline scale rating was 8 out of 10 (range 2-9).

- Following the intervention, 5 of these 9 parents (55.6%) showed an improvement on this outcome. Among those who improved, the median increase in scale rating was 2 points (range 1-2). No parent regressed, and 4 parents' score remained unchanged.

- Of the 9 parents with an identified need, 2 were assessed as having complexities which was likely to limit progression. The main reason for complexity included one case of complex poor mental health, and one case of severe material deprivation. Both parents' scores remained unchanged following the intervention. When these two parents are excluded from the analysis, the proportion of parents reporting progress rises to 71.4%.

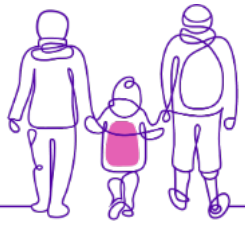
3.28 In relation to there being a **safe emotional environment** for children:

- Four parents (11.1%) were identified at baseline as requiring support with providing a safe emotional environment where their child feels they belong, accepted and valued. Among these 4 parents, the median baseline scale rating was 8 out of 10 (range 5-9).

- Following the intervention, 2 of these 4 parents (50.0%) showed an improvement on this outcome. Among those who improved, the median increase in scale rating was 2 points (range 1-3). No parent regressed, and 2 parents' scores remained unchanged. There were no identified cases of complexity which were considered likely to limit progression.

3.29 In relation to establishing routines and boundaries around **screen time**:

- Eight parents (22.2%) were identified at baseline as requiring support to establish routines and boundaries around screen time at home. Among these 8 parents, the median baseline scale rating was 6.5 out of 10 (range 3-8).



- Following the intervention, 6 of these 8 parents (75.0%) showed an improvement on this outcome. Among those who improved, the median increase in scale rating was 2 points (range 1-7). No parent regressed, and 2 parents' scores remained unchanged. There were no identified cases of complexity which were considered likely to limit progression.

3.30 In relation to a consistent **bedtime routine** for children:

- Six parents (16.7%) were identified at baseline as requiring support to establish a consistent bedtime routine and to ensure their child receives the recommended amount of sleep for their age. Among these 6 parents, the median baseline scale rating was 7 out of 10 (range 5-8).

- Following the intervention, 2 of these 6 parents (33.3%) showed an improvement on this outcome. Among those who improved, the median increase in scale rating was 2 points (range 1-3). No parent regressed, and 3 parents' scores remained unchanged.

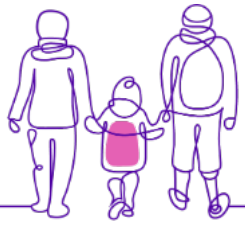
- Of the 6 parents with an identified need, 1 was assessed as having complexity due to their child having diagnosed complex additional needs, which was likely to limit progression. When that parent is excluded from the analysis, the proportion of parents who reported improvement following the intervention rises to 40.0%.

3.31 In relation to establishing consistent **mealtime routines** for children:

- Five parents (13.9%) were identified at baseline as requiring support to establish consistent routines around mealtimes for their child. Among these 5 parents, the median baseline scale rating was 7 out of 10 (range 3-8).

- Following the intervention, 2 of these 5 parents (40.0%) showed an improvement on this outcome, both increases by 2 points. No parent regressed, and 3 parents' scores remained unchanged.

- Of the 5 parents with an identified need, 1 case was considered complex due to their child awaiting a professional assessment, which was considered likely to limit progression. When that complex case is excluded from the analysis, the proportion of parents who improved following the intervention rises to 50.0%.



3.32 Full tabular detail on the home environment outcomes is included in Appendix L, with reasons for complexity interference with the intervention outlined in Appendix M.

Service engagement and onward referrals

3.33 As part of data collection, participating families were asked if they were already engaged with a range of services. These included Flying Start, ISCAN, speech and language support, social services or local community groups. Table A below highlights the number and percentage of families from the total sample engaged with each of these services:

Prior Service Engagement	Number	Percentage (%)
Flying Start	17	47
ISCAN referral	5	14
Speech & Language Support	6	17
Social Services	5	14
Local Groups	4	11

Table A: Prior service engagement with number and %age of families

3.34 Additionally, where families were not engaged with services but were deemed to be eligible, Home Start Cymru made onward referrals to relevant agencies. These onward referrals are detailed in Table B below:

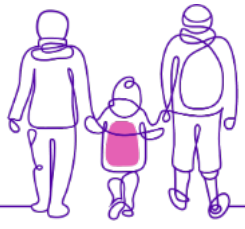
Onward Referral Type	Number	Percentage (%)
Flying Start	7	19
Counselling	5	14
Service support/advice for emerging needs	19	53
Financial Advice service*	7	19
Local groups	4	11
Housing support**	7	19
Healthcare inc. GP, dentist	4	11
Specialist services/advice***	5	14
S.P.A.C.E Wellbeing	3	8

Table B: Onward referrals with number and %age of families referred

Post-intervention feedback

3.35 Participating families were invited, post-intervention, to provide qualitative feedback on their experience of the intervention.

3.36 When asked “what did you like most about your time on the Ready to Learn Ready to Grow Programme?”, feedback highlighted parents’ valued the opportunity to develop skills and self-belief in a positive and friendly environment,



as well as the opportunity to make new friends for both parents and children.

> "The programme didn't just focus on developing practical skills but also encouraged self-belief. I really valued the opportunity to learn in a positive environment" (Anonymous quote).

3.37 When asked whether support or delivery could be changed or improved, most parents did not suggest any alterations, although one response suggested more frequent support (every day), and one parents would have liked more one-to-one support with enhanced follow-up sessions.

> "If anything could be improved, it might be offering a bit more one-to-one support or follow-up sessions" (Anonymous quote).

3.38 When asked "do you feel the Ready to Learn Ready to Grow Programme has helped your family?" all parents selected 'yes, a lot'. Responses to the follow-up question asking what differences the programme made, answers highlighted benefits to child development in speech and vocabulary, playing and sharing with other children.

> "My child learned to share toys with others and learned new vocabulary" (Anonymous quote).

3.39 Benefits to parents included enhanced confidence in parenting skills, with one response highlighted their appreciation for support without judgement.

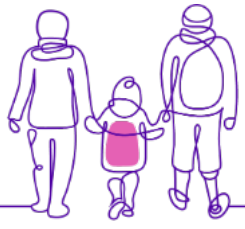
> "It's given me more confidence to advocate for my son, and it's allowed my son one-to-one support with his speech and development" (Anonymous quote).

3.40 Further peer group feedback is available, provided in Appendix N.

Consultation and Engagement

3.41 This section outlines the responses received from participants during the consultation and engagement arm of the project. Demographic data from the online practitioner survey and in-person forums are outlined initially, before the equivalent data for the family survey. Subsequently, we describe the survey's quantitative responses on perceptions of school readiness from the perspectives of both practitioners and parents or carers. Finally, each of the qualitative survey question responses are outlined, these also comparing those received from practitioners to those from parents or carers, including the following sub-sections:

- Defining school readiness
- The impacts of poverty on child development
- Positive experiences of support provision
- How schools can better welcome parents and children



- Parental understanding of developmental milestones

Practitioner survey and forum event demographics

3.42 In total, the online survey and in-person data collection from the Gwent Attachment Champions, Newport Community Development event, and Newport Health Visiting forums gathered 160 responses. Table 26 in Appendix O outlines the range of participants.

3.43 The largest proportion of respondents were from the Newport area, with this predominantly determined by the Newport Health Visiting forum where only those from Newport were in attendance (N=32). Caerphilly recruited the least respondents, with only 7 practitioners completing the survey either in person or online. Most respondents were either from the NHS (N=65) or from Gwent's local authorities (N=56).

3.44 Responses incorporated a range of different practitioners, though the highest proportion of respondents were managers (N=31), health visitors (N=26), family support workers (N=19) and children's nurses (N=13). The remainder of professions each accounted for less than 10 participants.

Family survey demographics

3.45 The online survey for families provided 287 participants. Tables 27 and 28 in Appendix P summarises the demographic breakdown of these respondents:

3.46 Most respondents were from Blaenau Gwent (N=105), with Newport (N=61) and Torfaen (N=61) offering the next most significant contributions. Monmouthshire (N=31) and Caerphilly (N=28) provided broadly similar numbers of participants each. Most respondents were also white (N=269), aged between 30 and 34 (N=113) and female (N=216).

3.47 Table 28 in Appendix P summarises demographic data around respondents' children and family / household dynamics. These responses allowed for multiple options to be returned based on respondents having more than one child or living arrangement:

3.48 Most participants stated they were living in a two-parent household (79%). Single parent households (10%), co-parenting in different households (9%), and blended households (9%) were the next most common responses and returned broadly similar figures. Most respondents also stated that at least one of their children had been eligible for *Flying Start* access (64%), with nearly half of respondents stating that they had accessed *Healthy Start Vouchers*[25] (47%).

[25] https://www.healthystart.nhs.uk/frequently-asked-questions/applying-for-healthy-start-faqs

3.49 Most respondents stated that their child or children were in school (62%). This was closely followed by children being in a childcare setting (45%) or being cared for by a childminder (36%). Fourteen percent of respondents stated that their child was not in any care setting. The ages of respondents' children were predominantly 3 to 4 years old (39%) or 4+ (44%) with the remainder of respondents being 0 to 1 (15%), 1 to 2 (12%) and 2 to 3 (14%).

Perceptions of school readiness – Practitioner survey quantitative responses

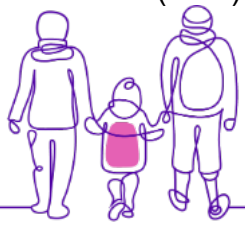
3.50 The practitioner survey asked respondents a range of questions around their perceptions of school readiness. These included who they believed had a role in supporting children when transitioning to school, when the best time to start thinking about this is, where they would direct parents or caregivers for further information, and the areas that they felt families required the most support. Tables 29 to 33 in Appendix Q outline the aggregated responses from the two consultation forums and the online survey.

3.51 Regarding whom has a role in supporting a child's transition to school, 94 percent of respondents stated 'parents / caregivers', with this followed by childcare and nursery staff (89%) and early years practitioners (85%). Family support workers (77%), health visiting staff (76%), teachers (81%) and other family members (77%) all provided similar volumes of responses.

3.52 When asked around the common areas that practitioners felt families required support with the development of speech and language skills (83%) and using the toilet (81%) received the highest volumes of response. Other areas also prompted responses from over half of the respondents, such as understanding and following instructions (59%), coping without parents or caregivers (63%), recognising emotions (61%), playing well with others (58%), and ability to concentrate (51%).

3.53 Respondents were asked to score the extent that they felt poverty negatively impacted upon a child's development, with 10 being the highest extent, and 1 being the lowest. Respondents most readily offered the highest possible ranking on the scale (46%) with 87 percent of respondents providing a score of 6 or higher. Most respondents (64%) also agreed that further guidance or resources for early years professionals would be beneficial in improving understanding around school readiness, with only 7 percent disagreeing.

3.54 Most respondents had observed parents or carers experiencing difficulties with emotional aspects of transitioning to school (73%), and with the social aspects (64%), though a lesser proportion saw this with the practical aspects (52%). In relation to when respondents believed the best time to start preparing children for starting school, the most common response was when they



were aged between 2 to 3 years (40%). Following this, similar levels of response were offered for between 1 and 2 years old (21%) and in pregnancy (18%).

3.55 Table 32 In Appendix Q provides the responses from the online survey of practitioners and attendees at the Children's Development event. These have been disaggregated from data collected through the Gwent Attachment Champion and Newport Health Visiting Forums, where the wording of the questions and available options varied. Nearly all practitioners (95%) stated they would direct parents to formal routes of information provision, e.g., early years professionals, with this followed by resources such as books, guides and learning courses (89%). Relatively few respondents stated they would direct parents to their families and friends or other informal routes (32%).

3.56 Table 33 offers the breakdown of responses to this question received through the forum surveys. Here the range of response options provided greater granularity, offering specific information sources. The most responded information source was health visitors (65%), followed by online resources (31%) and then the *Flying Start* programme (27%). Broadly, these responses aligned to the breakdown of informal, formal, resources, and community at similar levels to the online survey.

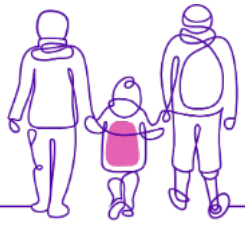
Perceptions of school readiness – Family survey quantitative responses

3.57 Re-worded questions around perceptions of school readiness were also asked of respondents to the family survey. These were re-phrased for the different audience but covered the same range of topics as those of the practitioner survey. Tables 34 to 36 in Appendix R outline the responses.

3.58 Similarly to practitioners, almost all family survey respondents believed parents or caregivers (95%) to have a role in supporting a child's transition to school. Childcare and nursery staff (73%) also featured prominently in responses from both cohorts.

3.59 However, the family survey saw much lower levels of response provided for many of the other available options relative to practitioners. For instance, health visiting staff were felt to have a role by 76 percent of practitioners, but only 45 percent of family survey respondents. Likewise, early years practitioners were felt to have a role by 85% of practitioner respondents, but only 35% of respondents to the family survey.

3.60 Regarding areas of support where family survey respondents felt they might benefit, the most common response was using the toilet (57%), though this was much less than the 81 percent of practitioner respondents returning this answer. Similarly, 83 percent of practitioners stated they felt parents needed support with development of speech and communication skills compared to only 39



percent of family survey respondents. Generally, the family survey saw more of an even spread of response percentages, with these also mostly being lower than the equivalent practitioner response rates across the board.

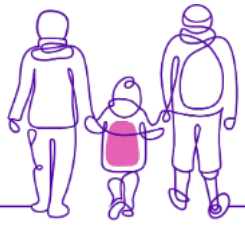
3.61 Family survey respondents were also asked to score the extent they felt poverty can negatively impact on children's development. Practitioners weighted their responses towards the higher end of this scale, with 46 percent responding with the highest ranking. Though the family survey respondents also concentrated their responses between 5 and 10 on the scale, the largest concentration was on scale point 7 of 10 (23%), followed then by 10 of 10 (21%) and 8 of 10 (18%).

3.62 When asked whether they had found any difficulties associated with their child or children's transition to school, the most common response was in relation to social aspects (54%). This was not dissimilar to the response percentage of the practitioners, of whom 64 percent also had observed parents struggling with this. Similarly, the percentage of respondents identifying practical aspects were comparable between the family survey (45%) and practitioner respondents (52%). However, the percentage of respondents for the family survey who highlighted emotional aspects of transitioning being difficult (46%) were significantly less than practitioners (73%)

3.63 Both cohorts provided broadly similar levels of response in answering when they believed the best time is to start thinking about children's development towards school readiness. The highest percentage of family survey respondents was for between 2 and 3 years old (49%), a similar level to the practitioner survey respondents (40%). Practitioners generally believed that the best time to begin this process was earlier, with a higher proportion of respondents stating in pregnancy (18%) or 1 to 2 years old (21%) than family survey respondents. When looking at 3 to 4 years old, only 14 percent of practitioners responded with this, compared to 24 percent of family survey respondents.

Defining school readiness – Practitioner and family survey responses

3.64 Open-text responses were collected from both practitioners and families around what school readiness meant to them. For practitioners this question was framed as *'From the perspective of child development, how would you define 'readiness for school'?'* and received 151 eligible responses from the total of 160 participants (excluding no responses, unsure, N/A, etc). This question was re-phrased to *'What does 'readiness for school' mean to you?'* for family survey respondents, 283 of which provided responses from the total number of 287 participants.



3.65 Word frequency analyses for each cohort were extracted from NVivo 12, after which exclusions were applied by the research team. The remaining words are represented in the word clouds of Figures 1 below:

Practitioner Responses **Family Survey Responses**

Figure 1: Word cloud frequency analyses of practitioner and family survey responses defining school readiness

3.66 There were large overlaps in the responses from both cohorts, with synonyms for toileting, emotions, communication, confidence, learning ability, and independence all featuring prominently. Practitioners tended to emphasise social and emotional aspects of school readiness more so than respondents to the family survey, though both cohorts mentioned these frequently. With synonyms included, 'toilet' was the most frequently responded word from the family survey respondents but was third for practitioners overall. For both cohorts, this was sometimes the primary focus of responses, but was more frequently intertwined with several other aspects of school readiness, as illustrated in the examples below:

> *"Being ready to become more independent in emotional and physical ways e.g. ready to leave parents, starting to communicate their emotions, interact with other children, use the toilet independently, developing fine motor skills etc." (FS-09; Family Survey)*

> *"Having the skills needed in order to successfully integrate into full-time education, particularly around toileting, language and communication skills, boundaries and play skills" (PS-GAC-02; Practitioner Survey)*

> *"A child is ready to attend school and is able to deal with some independence such as getting dressed, feeding themselves and to be toilet trained" (FS-29; Family Survey)*

> *"The child is able to communicate by using verbal or non-verbal communication to an adult. The child is toilet trained or an awareness of toileting before they start school. The child is aware of a routine, making their own choices, and follow simple instructions. They have a knowledge of numbers, colours and shapes" (PS-05; Practitioner Survey)*

3.67 Links between independence, emotional and social readiness, and practical skills of toileting, communicating, getting dressed, and eating are highlighted in each of the quotes above. Indeed, across this illustrative sample of just four quotes, ideas of motor skills, routines, following instructions, play skills and more are also outlined. These aspects of school readiness align with much of the recent literature around school readiness, including the Starting Reception website guide for parents. This builds on research from Kindred Squared[26].

The impacts of poverty on child development – Practitioner and family responses

3.68 Respondents from both cohorts were asked how they perceived poverty to impact on the development of children. For both cohorts this question was phrased as *'If you think poverty can negatively impact a child's development, please provide more detail on your perspective'.* The practitioner survey provided 136 responses to this from the total of 160 participants. The family survey offered a lower response rate to this question, with 159 responses returned from the 287 participants. The word frequency analyses are illustrated in the word cloud of Figure 2 below.

Figure 2: Word cloud frequency analyses of practitioner and family survey responses to how they felt poverty can impact a child's development

3.69 Again, both cohorts saw large overlaps in their responses. For instance, both placed high emphasis on ideas of access, opportunities and resources, this being intertwined with the affordability of core items such as food, clothing, toys and books. It was noticeable that practitioners tended to more commonly reference ideas of deficit and strain, with words such as 'stress', 'struggle' and 'survival'. For family survey respondents, there was a greater weighting towards structural factors such as 'housing', 'working', 'time' and 'cost'. The quotes below offer illustrative examples of responses from both cohorts, demonstrating once more the interlinked nature of the ideas being presented:

[26] Starting Reception website: https://startingreception.co.uk and Kindred Squared survey results: https://kindredsquared.org.uk/school-readiness-survey

"Parents may be struggling with housing, finances etc and struggle to be present and offer the experiences a child needs to support their development" (PS-CD-17; Practitioner Survey)

"Poverty causes stress for parents which means they either have to work more than one job therefore leaving less time to 'parent', it also effects which food they consume due to cost of certain items which will deteriorate their health and development" (FS-50; Family Survey)

"Basic fundamental needs for emotional, physical, and psychological safety are often not able to be met. If a child is not safe, they cannot learn and the priority is survival" (PS-GAC-05; Practitioner Survey)

"Unfortunately you have to pay for most groups and activities that will help the development of a child but also the increasing costs of the shopping bills also impacts the development of children as they aren't always able to get the nutrients that they need to help them concentrate and focus" (FS-145; Family Survey)

3.70 Both cohorts acknowledged the situational and structural factors that impede families experiencing poverty in accessing opportunities. Links between the time available to parent in the context of multiple jobs and increased cost of living were mentioned frequently by both cohorts. This aligns with much of the literature around poverty and child development, including impacts associated with diet and nutrition on developmental milestones[27].

Positive experiences of support provision – Practitioner and family responses

3.71 Both the practitioner and family survey respondents were asked around positive experiences of services that they had encountered. These questions were framed differently for each cohort. For practitioners, the question was *'Across Gwent's early years services, what do you think is working well for supporting families experiencing poverty and from underserved groups?'* The family survey re-phrased this as *'Have you received support for your child from any services in Gwent that you found particularly helpful? If so, please tell us what these services were and how they helped you'*.

3.72 From the total of 160 practitioner participants, 145 provided an eligible response. For the family survey, the proportion of eligible responses were significantly less (181 of 287 participants). Word frequency analysis clouds are included for both cohorts in Figure 4 below:

Practitioner Responses **Family Survey Responses**

[27] Unicef – How does poverty affect children differently - https://www.unicef.org/eca/stories/how-does-poverty-affect-children-differently

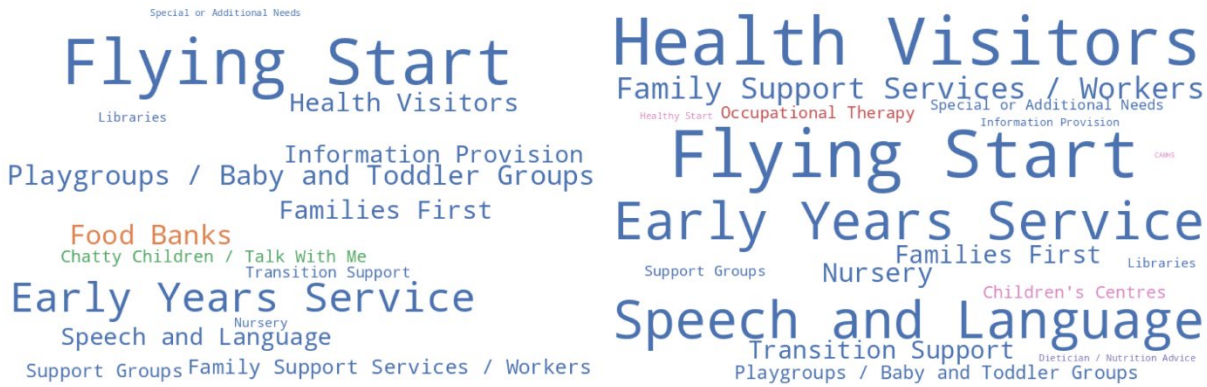


Figure 3: Word cloud frequency analyses of practitioner and family survey responses on the services they felt were helpful or working well

3.73 Once more, there were large overlaps between the services practitioners thought to be working well, and those which family survey respondents reported as being helpful. This was particularly the case for *Flying Start* and early years services more broadly. Health Visitors were more commonly mentioned by family survey respondents than practitioners, as were speech and language services. Notably, practitioners identified food banks as a service they felt to be working well, whereas this was not mentioned at all by family survey respondents. Inversely, family survey respondents mentioned Children's Centres on several occasions, but these were not referenced at all by practitioners.

Welcoming schools – Practitioner and family responses

3.74 Both cohorts were asked the following question *'How do you think schools can welcome and support children with a range of developmental needs before they start school and when they have started?'* This yielded high response rates from both sets of participants with 146 practitioners offering an eligible response from the total of 160. For the family survey, 274 eligible responses were received from 287 participants in total.

3.75 Figure 4 below outlines the word frequency analyses for practitioners and family survey respondents in word clouds:

Practitioner Responses **Family Survey Responses**

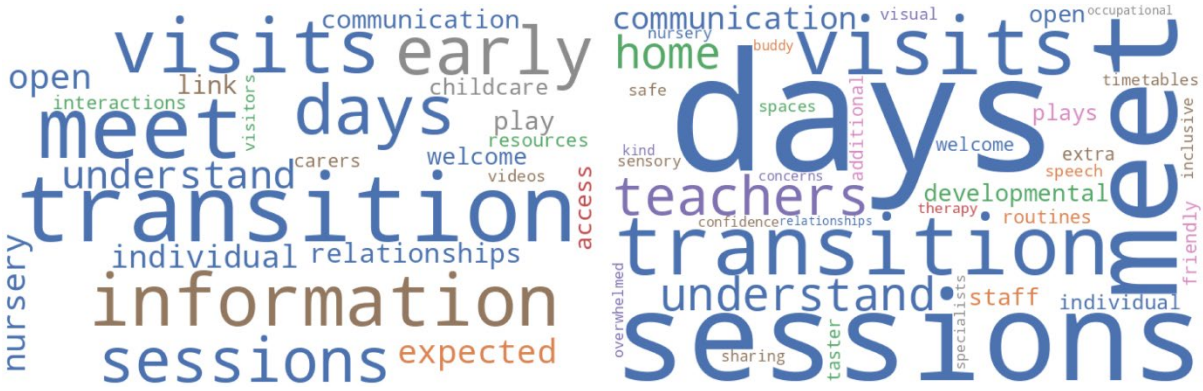


Figure 4: Word cloud frequency analyses of practitioner and family survey responses on how schools could welcome and support children with a range of developmental needs

3.76 Both sets of responses emphasised ideas of communication, and the perceived benefits of meeting teachers and school staff in advance of school entry. This was most highlighted through open days or pre-entry school visits to welcome and understand the forthcoming intake of children. References to these were marginally more pronounced for family survey respondents than practitioners.

3.77 Family survey respondents also more commonly referenced ideas of specific support needs that children might require on entry to school, highlighted by words such as ‘speech’, ‘sensory’, ‘routines’, ‘additional’, and ‘confidence’. Illustrative quotes from both sets of respondents are included below to highlight these themes:

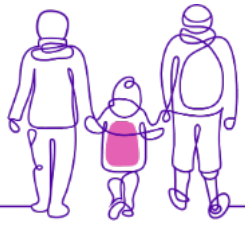
> *“To receive funding for shared support for the children who need additional support. More transition visits from nursery school. To be more parent friendly and open with parents” (PS-07; Practitioner Survey)*

> *“More open days and communication with parents, get to know the children before starting” (FS-101; Family Survey)*

> *“Ensuring transition is planned carefully so staff have enough information prior to children starting” (PS-20; Practitioner Survey)*

> *“By working closely with parents before they start, sharing information, and offering transition visits to help children feel comfortable and familiar with the setting” (FS-115; Family Survey)*

3.78 It is noticeable that practitioners tended to mention information-sharing between different agencies and organisations more often than family survey respondents, though this was not exclusively so. In the family survey, it was more common for respondents to emphasise relationship-building between school staff and parents or children.



Parental understanding of developmental milestones – Practitioner Responses

3.79 In the practitioner survey, a question was included on how respondents perceived parental understanding of developmental milestones. This was phrased as *'What do you think parents' level of understanding is around key stages of child development before starting school (reception)?'* Out of the 160 participants, 152 eligible responses were included in the word frequency analysis:

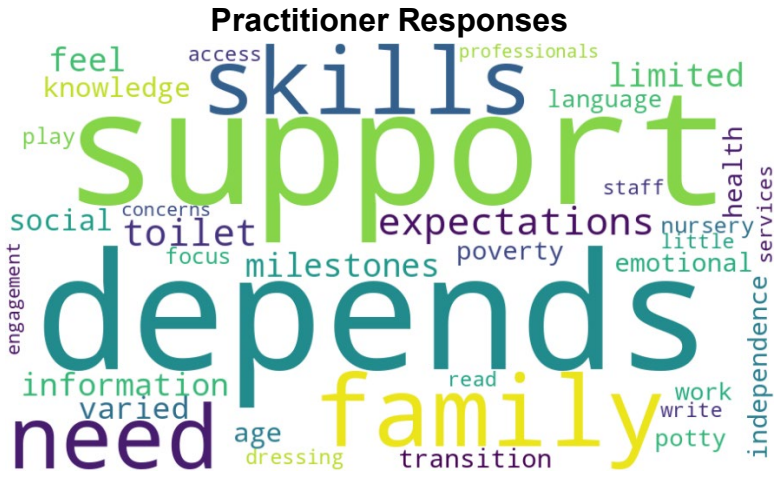


Figure 5: Word cloud frequency analysis of practitioner survey responses on parental understanding of child development

3.80 Figure 5 highlights a strong presence of terms around variability, including 'depends' which was the most frequently returned word, as well as 'varied'. This suggests practitioners felt that understanding of development was not fixed among parents, but contingent on other factors, such as a family's circumstance and situation. Concepts such as a family's level of 'need', 'poverty', and 'access' were also strongly associated with these responses. Respondents also frequently touched on skills associated with child development and school readiness, such as 'toilet' or 'potty', 'write', 'play', 'dressing', and 'emotional'. Illustrative quotes from respondents are included below:

> *"Limited for some. Mainly health messages around toilet training, feeding. Focus pre-school is more around nurture and wellbeing. Language expectations are becoming better understood" (PS-CD34; Practitioner Survey)*

> *"It depends on parents' own experience of being parented and being a parent. It needs to be identified prior school admission what areas of child development may need more support and this support then offered" (PS-CD-50; Practitioner Survey)*

"Differs greatly depending on the level of support the family has received, their own emotional wellbeing, education background, attachment histories. The nuances of it may not be well understood" (PS-GAC-12; Practitioner Survey)

"This can vary from parent to parent, with some having a good understanding of their child's needs/development, while others not so sure. This can depend on their own upbringing/past experiences. Other factors can include if this is their first child etc" (PS-39; Practitioner Survey)

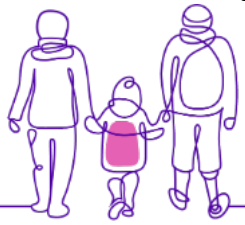
3.81 Again, the concepts drawn from the analysis were largely interlinked, with parental understanding determined by their own experiences as a child, interactions with services, whether this was their first child and so on. Some areas of understanding were felt to be more advanced than others by some respondents, with this largely centring on practical skills such as toileting, dressing, breastfeeding and so on.

4 Discussion

4.1 This small-scale intervention with thirty-two parents/carers and 36 children in four local authority areas in Wales (with only one of these strongly represented) and a larger consultation/engagement exercise (with 160 early years practitioners and 287 families) provides limited, but nevertheless, revealing insights on the readiness of children for school in some of the most disadvantaged communities in Wales.

The Ready to Learn, Ready to Grow Intervention

4.2 Prior to the intervention, a high percentage of the parents (60%) reported that they required assistance to be able to recognise and respond to their child's emotional cues and to enable them to reach child development milestones. Slightly smaller numbers (47%) indicated that they would welcome assistance in establishing good general routines with their children, including ensuring they were fed and arrived on time at their childcare setting. Only approximately one-third required assistance with accessing early years services.



4.3 Generally high percentages of the parents (60% and above) reported that the intervention had helped them to develop their parenting skills. Those who had not experienced measured improvements were often parents facing complex circumstances (including mental health issues and additional needs) and/or material deprivation.

4.4 High percentages (ranging from 61% to 95%) of the children involved in the intervention were identified to need support with a range of physical, socio-emotional and learning skills, including eating(70%), toileting (89%), dressing (64%), using a pencil/crayon (71%), hand-washing (61%), communication (86%), language (95%), attention (86%), playing (78%), coping independently (64%), understanding and recognising emotions (83%) and social play and interaction (69%).

4.5 Many or most children (ranging from 43% to 82%) showed improvement in these skills after the intervention, with the lowest improvements being in toileting skills and understanding their emotions and the highest being in hand-washing and coping independently. Those who had not responded positively were often facing complex circumstances (some assessed and others waiting assessment), particularly additional needs.

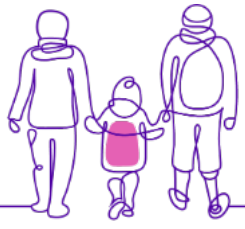
4.6 Much smaller percentages of the parents (between 11%-25%) indicated prior to the intervention that they required assistance with improving aspects of their children's home environment.

4.7 Most parents reported that the intervention had helped them to think about making more space available for their children to play (56%) and to better manage screentime (75%). A minority of parents indicated that the intervention had assisted them in creating stimulating materials (43%), mealtime and bedtime routines (40% and 33% respectively). Those who had not responded positively were often parents facing complex circumstances (including mental health issues and additional needs) and/or material deprivation.

Consultation and Engagement

4.8 Most early years practitioners thought of 'school readiness' in relation to the socio-emotional needs of the child and the importance of communication between schools and families in areas such as toileting. Most family respondents shared similar conceptions, although a higher proportion emphasised the importance of child learning.

4.9 Most early years practitioners and parents believe that the transition of children from home to school should be the responsibility of parents and practitioners, but



a much lower percentage of parents feel that they should be responsible than practitioners believe to be the case.

4.10 In relation to the areas where children need support for transition, practitioners place the greatest importance on speech and language development (83%) and toileting skills (81%). Parents held similar perceptions, but much smaller percentages emphasised the importance of toileting and particularly speech and language skills. Neither parents or practitioners placed high importance on other learning related areas such as creative play and drawing/writing skills.

4.11 Both parents and practitioners recognised that poverty had a detrimental impact on child development in relation to the opportunities and resources available to families and children, although higher numbers of practitioners than parents reported this.

4.12 Parents and practitioners would welcome additional guidance on child development and school readiness. They both recognise the role of schools, early years services including Flying Start, Health Visitors and Speech and Language specialists in providing this.

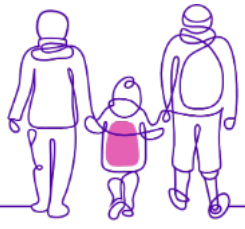
Reflections on These Findings

4.13 The sample of parents indicated that they required much greater assistance with support for child development than with the home environment, suggesting that this is where the emphasis should be placed on supporting children and families.

4.14 The data indicated that both parents and practitioners would benefit from greater guidance and development in relation to their understanding of child development and school readiness. This appears to be particularly the case in relation to the importance of children's early learning alongside their socio-emotional development. Whilst both groups recognise the importance of speech and language development (practitioners more than parents), far less emphasis was placed on the importance of play and areas such as writing/drawing.

4.15 The headline findings of the need for shared understanding of child development and school readiness and the support which children and families living in poverty particularly need to be able to reach developmental milestones in time to benefit from school reception, resonate strongly with the existing knowledge field around ECEC reported briefly in the first section of this report.

4.16 If the response required to meet these needs in Gwent is also to reflect the evidence base presented there and gathered through this project, the following actions would appear to be needed:



- Developing a common understanding between parents and all the agencies working with them and their children of child development and school readiness that emphasises the importance of both socio-emotional and learning progression.

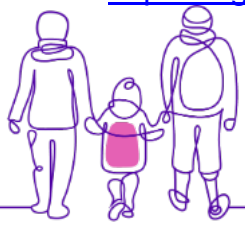
- Providing, in a range of formats, guidance and resources for parents and practitioners on child development and school readiness. The resource produced by Public Health England in 2019 would be a useful reference point.[28]

- Developing parental learning and practitioner professional learning opportunities to accompany the above guidance and resources.

- Listening and responding to children's views.

- Build upon existing inter-agency working within the Gwent area, drawing upon examples such as those reported in the first section of this report and with a focus on speech and language development, integrated service provision for children and families and cross sector (particularly between Education and Health) practitioner collaboration and data sharing.

[28] Public Health England (2019). Initiatives to improve school readiness across the South East
Improving school readiness - initiatives across the south-east



5 Limitations

Intervention

5.1 Parental self-reportage at baseline may have contributed to over or under estimations of age markers and need.

5.2 Excluding participants based on their level of need under these circumstances may have led to missed opportunities for intervention.

5.3 Collectively, these limitations may have resulted in some children being excluded from support despite demonstrating developmental performance below age-related expectations, while also introducing uncertainty into the interpretation of observed outcomes and programme impact.

5.4 Inclusion and exclusion of complex cases during analysis may have been better situated within the eligibility criteria for referral to the intervention.

5.5 Complex circumstances that may hinder progress were not routinely assessed among individuals who experienced improvement. Consequently, the true prevalence of complexity within the population, and its impact on the likelihood of progress, is likely underestimated.

5.6 Situating the role of the intervention amongst the broader early years system across the Gwent region may require more consideration and discussion with key stakeholders.

Consultation and Engagement

5.7 Practitioner questions were inconsistent between some of the in-person events. Though minor, these may have influenced the responses between participants to some degree.

5.8 Similarly, some participants were provided different response options for questions than others. This was particularly noticeable in practitioner surveys on when the best time is to start thinking about school readiness. Here, some

participants were offered the option of 'in pregnancy' and others not, potentially negatively skewing responses for that option.

5.9 While attempts were made to broaden recruitment across Gwent, there was a heavy weighting towards Newport respondents over other areas of the region.

5.10 The above possible limitations and the small-scale nature of the intervention should be borne in mind in considering the main findings and recommendations which follow.

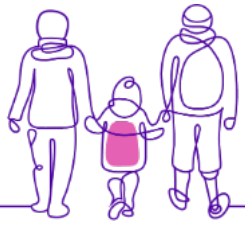
5.11 Notwithstanding these caveats, the evaluators believe that the in-depth nature of the intervention and the broad-ranging consultation and engagement exercise, provide sufficient rigour to support the main findings and recommendations.

Time and Capacity Constraints

5.12 The project was undertaken within a restricted period that placed limitations on opportunities for iterative, relationship-led practice and, thereby, may have detracted from the gains that could have been achieved with children and families had the project been implemented over a longer period.

5.13 The scale and complexity of this multi-agency project placed considerable pressures on project management capacity leading inevitably to a reduction in the time available for work with children and families.

6 Main Findings



6.1 A high percentage of children involved in the intervention were identified to require support with a range of their developmental needs prior to transition to school.

6.2 Either many or most parents and children saw measured improvements in the skills they required for progress in child development leading to school readiness.

6.3 Early Years professional and parents tend to think of 'school readiness' as being mainly associated with developing children's socio-emotional skills, although parents appeared to also place strong emphasis on the importance of early learning.

6.4 Parents and practitioners generally think that they have a joint responsibility for children's successful transition from home to school, although this is a more widely held view amongst practitioners than parents.

6.5 In relation to where support is needed for children to make a successful home-school transition, practitioners particularly emphasise the importance of speech and language and toileting skills, whereas parents place less emphasis on these, particularly speech and language skills. Neither placed a strong emphasis on the importance of other learning related skills.

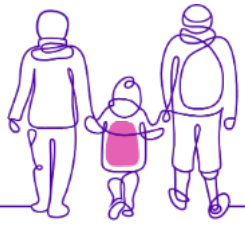
6.6 Both parents and practitioners recognise the negative impact that poverty can exercise on child development leading to school readiness, although this is a more strongly held perception amongst practitioners.

6.7 The above findings suggest that in relation to child development leading to school readiness there is a variance in perceptions of the support which is required for children and their families between children, parents and practitioners and within cohorts of parents and practitioners.

6.8 Parents and practitioners would welcome more guidance and resources on child development and school readiness.

6.9 Compared to other regions and nations in the UK, there does appear to be a lack of curated practice related to child development and school readiness in Gwent and in Wales.

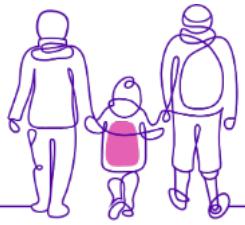
6.10 The recommendations which are made below are designed to address these findings.



7 Recommendations

7.1 Based on the findings of this project and the wider evidence base outlined in section 1 of this report, the partners in the Gwent region should work together to create a common understanding of the importance of child development leading to school readiness.

7.2 This should draw upon the national and international evidence that the key aspects of such a common understanding and theory of change are the importance of both the socio-emotional and early learning development of the child.



7.3 Guidance and resources should be produced to support this common understanding and theory of change. The Public Health England report of 2019 could provide a useful starting point for this work[29].

7.4 The partners in the Gwent region should begin to curate effective practice on child development leading to school readiness in their region and in other parts of Wales.

7.5 Welsh Government could assist this process through remitting Estyn and the Care Inspectorate Wales to collect information on effective practice, as is the case in other UK nations.

7.6 The Gwent partners should consider building upon their existing joint working to establish the types of collaboration outlined in section 1 of this report. Their experience suggests that the key aspects of this might be:

- A focus on speech and language development.
- Integrated service provision for children and families.
- Cross sector (particularly between Education and Health) practitioner collaboration and data sharing.
- Parental learning opportunities; practitioner professional learning and listening to and responding to the views of children.

7.7 All the above recommendations would be strengthened by building upon the close-to-practice research and evaluation that has taken place within this project.

8 Appendices

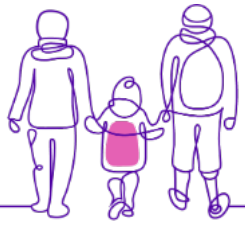
Appendix A – Parental outcomes and associated descriptors and measures

Outcome	Question / Descriptors	Measure
Ability to access appropriate early years services	I am able to access appropriate early years services e.g. Day nurseries, Playgroups, Toddler groups, Creches, Flying Start Childcare	0-10 scale (0 lowest; 10 highest)
Ability to establish good general routines	I am able to establish good general routines e.g. meal times, bed times	0-10 scale (0 lowest; 10 highest)
Ability to engage with child's development	I am able to engage with my child's development * *includes emotional regulation and ability to provide warm and consistent care giving*	0-10 scale (0 lowest; 10 highest)

[29] Public Health England (2019). Initiatives to improve school readiness across the South East Improving school readiness - initiatives across the south-east

Ability to recognise & respond to child's emotional cues	I am able to recognise and respond to my child's emotional cues - e.g. comfort when upset, engagement in play, noticing changes in mood, guiding child on how to understand and recognise their emotions	0-10 scale (0 lowest; 10 highest)
Parental responsiveness scale (PaRRiS)	N/A – PaRRiS marked on scale of 1 to 5 with descriptors: **1 = very low:** Parent rarely responds in a developmentally appropriate way either verbally or non-verbally to any of Child's gestures or verbalisations ANDParent attempts to redirect Child's behaviour, rather than following Child's interest **2 = low:** Parent responds occasionally in a developmentally appropriate way either verbally or non-verbally to Child's gestures or verbalisations AND/ORParent spends more time attempting to re-direct Child's behaviour than following Child's interest **3 = moderate:** Parent spends some time responding in a developmentally appropriate way either verbally or non-verbally to Child's gestures orverbalisations, and some time ignoring them AND/OR Parent spends equal time following Child's interest and redirecting Child's behaviour **4 = high:** Parent often responds in a developmentally appropriate way either verbally or non-verbally to Child's gestures or verbalisations AND/OR Parentspends more time following Child's interest than redirecting Child's behaviour **5 = very high:** Parent frequently responds in a developmentally appropriate way either verbally or non-verbally to Child's gestures or verbalisations ANDParent rarely attempts to redirect Child's focus from the current activity, but follows Child's interests	1-5 scale (1 very low; 5 very high)
Child arrives at childcare setting fed & on time	My child always arrives at their childcare setting fed, on time and with things they need for the day e.g hat, coat, fruit etc	0-10 scale (0 lowest; 10 highest)

Table 1: Parental outcomes and associated assessment questions and measures



Appendix B – Child outcomes and associated age marker and need descriptors

Outcome	Age Marker Descriptor	Need Descriptor
Eating	18 month marker - Holding a spoon and gets some food safely to mouth but can't prevent it from turning over. Can drink from an open cup with some spills. 24 month marker- Holds spoon and gets the food safely to mouth, still some mess. Can pick up cup to drink gives it to carer when finished - few spills likely. 30 month marker- Eating skilfully with a spoon. Picking up cup drinking and placing back on table with minimal assistance 36 month marker - Eating with a fork and spoon. Drinking from an open cup skilfully Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Toileting	18 month marker - Let's you know through gestures when they're wet or have soiled. 24 month marker- May be able to vocalise/gesture toileting needs prior to wetness or soiling. 30 month marker- May be able to postpone/hold urination in the day and access potty/toilet in time with assistance. 36 month marker - Can postpone urination in the day. Can use potty/toilet with accidents. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Dressing	18 month marker - Co-operates/helps with dressing e.g., arms up/lifts feet for socks etc with a lot of assistance 24 month marker- Can remove shoes, socks, pulls down pants can find and push arms through shirt with assistance 30 month marker- Can pull down and pull up loose jogging bottoms and jacket with assistance 36 month marker - Can pull up and down jogging bottoms with elastic waist and puts arms in coat independently. Can use zip if help given with shankalready connected. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Using a pencil/crayon	18 month marker - Scribbling in to and fro/circular motions with a fisthold on the crayon/pen. 24 month marker- Can copy a line drawn by someone else. 30 month marker- Using a grip prompt on a pen/pencil. 36 month marker - Can copy a circle form using a pincer grip on the pen/pencil. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)

Outcome	Age Marker Descriptor	Need Descriptor
Washing hands	18 month marker - Physically wash and dry hands with assistance. 24 month marker- Can attempt washing and dry hands with prompts and assistance. 30 month marker- Can wash hands with minimal prompt but needs help with drying. 36 month marker - Can wash hands with soap and dry hands with prompts. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Communicative cues	18 month marker - Understand the language within their daily routine and can follow a one-part instruction such as 'where is the pig?' or 'can you get yourshoes?' By either pointing or bringing you the item but * note adult should not give gestures or cues to help. 24 month marker- Can understand a two-part instruction such as 'can you find the ball and the spoon?' or 'where is dolly's feet?' (Where there are two characters). By either pointing or bringing you the item but * note adult should not give gestures or cues to help. 30 month marker- Starting to understand some simple concepts such as 'big' 'little' 'in' and 'under' and understands what and who questions. Easily follows a range of two-part instructions. By either pointing or bringing you the item but * note adult should not give gestures or cues to help. 36 month marker - Can understand a 3-part instruction such as 'where's big teddy's eyes' (where there is a big and small version and another character is available). By either pointing or bringing you the item but * note adult should not give gestures or cues to help. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Language/speaking	18 month marker - Using 10-20 single words in context to label/ request. 24 month marker- Has 50 single words and puts two together to form a simple phrase such as 'Daddy gone' 'Mummy car'. 30 month marker- Putting three+ words together to make simple phrases. Starting to use some verbs ('ing' words). *Note - not a learnt phrase such as 'cupof tea' or 'thank you'. 36 month marker - Making longer and more complex phrases including nouns, verbs and some concepts. Does still make grammatical errors, i.e., 'Mouses'. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)

Outcome	Age Marker Descriptor	Need Descriptor
Attention-based activities	18 month marker - Rigid Attention. Can concentrate on one task of own choice, cannot tolerate interruption from an adult. 24 month marker- Single channelled attention. Will attend to an adult direction. Cannot cope doing one thing and listening to an instruction about something else 30 month marker- Single channelled attention. Will attend to an adult direction. Cannot cope doing one thing and listening to an instruction about something else. 36 month marker - Focusing attention. Beginning to control own focus. Can only concentrate on one thing at a time (the task or the unrelated instruction).Can shift focus of attention independently. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Play	18 month marker - Object play. Pretends to use an object on themselves e.g., using a toy cup to pretend to drink 24 month marker- Character play. Involves character toys in their play e.g., gives toy dinosaur a drink 30 month marker- Acts out routines. Acts out simple routines through play e.g., baths and dresses dolly ready for bed. Small world play becomes more complex as the child acts out scenarios and stories. Uses objects imaginatively e.g., a box could be a car or a bed. 36 month marker - Acts out routines. Acts out simple routines through play e.g., baths and dresses dolly ready for bed. Small world play becomes more complex as the child acts out scenarios and stories. Uses objects imaginatively e.g., a box could be a car or a bed. May begin to role-play: Simple dressingup to begin with, gradually taking on more imaginative role of the whole character. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Coping away from parent(s)/carer(s)	18 month marker - Developmental period requires opportunities for play and exploration. Can turn back on caregiver and will move away from primarycaregiver, but regularly check they remain available by looking or seek brief period of physical contact (e.g.., lean on carers body or hug) Also, will referencecaregiver to assess safety Vs threat of novel situations and, e.g., increase proximity. 24 month marker- Can move out of sight of parent knowing the parent is available for safety and comfort (safe base - primary and secondary attachmentfigures). 30 month marker- Increased tolerance of/ will seek greater physical distance from attachment figure (primary and secondary). Verbal reassurance and eyecontact can help children to continue to play and to explore. 36 month marker - In safe conditions, increased independence with greater tolerance of separation and / or without active involvement of attachmentfigure; less frequent checking in with attachment figure (primary and secondary). Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)

Outcome	Age Marker Descriptor	Need Descriptor
Understanding and recognising emotions	18 month marker - When dysregulated (e.g., upset or hurt) may make effort to self-sooth, and be readily soothed by the care giver. Typically, expresses distress and protest through heightened, non-verbal expressions of emotion and behaviour- , alternating between incompetent, infantile and challenging 'tantrummy' behaviour to influence caregiver. Increasing ability to tolerate frustration. 24 month marker- As for 18 m + Demonstrates increasing ability for self-regulation with use words to express internal states and emotions (e.g.,happy/sad, tired, hungry) 30 month marker- Increased competence for regulating behaviour and emotion using language to express internal states (sad, unhappy, and seek clarity,e.g., "Why did you…?" May actively help others re emotions. Can name basic emotions applied to self (e.g., happy, angry). May take some responsibility forrepairing relational rupture. 36 month marker - Increasing ability to regulate emotion and behaviour, and express internal states and needs. Less reliant on physical contact withcaregiver for regulation. Continues to need available caregiver to offer protection and comfort in relation to subjective experience especially in novelcontext .eg nursery. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)
Social play and social interaction	18 month marker - Prefers to play alone and may prefer to be near a familiar adult 24 month marker - Prefers to play next to adults/peers but does not share toys or join in with other's play 30 month marker - Shows interest in others play and will gradually join in, beginning to understand turn taking 36 month marker - Plays co-operatively with others, joining in the same game and shows an understanding of the roles/rules of the play. Understands sharing, turn taking and likes playing with others. Child is not yet meeting any of the above	Emerging (little to no skill in this area) Consolidating (some skill in this area but not yet secure) Established (no problems in this area)

Table 2: Child outcomes and associated assessment questions and measures

Appendix C – Home environment outcomes and associated questions and measures

Outcome	Question	Measure
Stimulating materials	There are stimulating materials available for my child at home e.g., books, blocks, drawing materials, sensory toys	0-10 scale (0 lowest; 10 highest)
Space and toys	There is availability of space and toys to play for my child at home	0-10 scale (0 lowest; 10 highest)
Safe emotional environment	I am able to provide a safe emotional environment where my child feels they belong, accepted and valued	0-10 scale (0 lowest; 10 highest)
Routines/boundaries around screen time	I have routines/boundaries around screen time established	0-10 scale (0 lowest; 10 highest)
Consistent bedtime	My child has a consistent bedtime routine and receives the recommended amount of sleep for their age **10–13 hours for toddlers (including naps)*	1-5 scale (1 very low; 5 very high)
Consistent mealtimes	My child has consistent routines around mealtimes	0-10 scale (0 lowest; 10 highest)

Table 3: Home environment outcomes and associated assessment questions and measures

Appendix D – Post-intervention assessment methods

Question	Measure

What financial/practical links, items or services has the family been provided with during their time in the Ready to Learn, Ready to Grow project?	List of services, e.g., Flying Start, Families First, welfare and benefits advice
What positive impact has the services or resources signposted to above had for the family?	Free text response
Did the family find the resource pack provided on the programme helpful? Were there any items that the family particularly liked?	Free text response
What was the family's overall experience on the project?	Free text response
Does the parent/s feel their emotional wellbeing/mental health has improved since the start of the programme?	Yes No Partially
Does the parent/s feel more confident managing challenging behaviour since the start of the programme?	Yes No Partially
Does the parent/s feel more confident in their parenting knowledge and skills since the start of the programme?	Yes No Partially
Has the parents' sense of loneliness/isolation reduced or improved since the start of the programme?	Yes No Partially
Does the parent/s feel more connected to local community networks since the start of the programme?	Yes No Partially
Does the parent/s feel more confident managing their household budget since the start of the programme?	Yes No Partially
Has the child/ren's emotional wellbeing/mental health improved since the start of the programme?	Yes No Partially

Table 4: Additional post-intervention assessment questions and measures

Appendix E – Family consultation survey and response fields

Question	Response Field
What is the age of your child/ren? (option to select multiple if more than 1 child/ multiple responses)	0-1 years 1-2 years 2-3 years 3-4 years 4 years or over
What is your postcode?	Free text response
Are you currently receiving, or have you ever received, Healthy start vouchers?	Yes No
Are you currently accessing, or have you ever accessed, a Flying Start service?	Yes No
Does your child/ren attend any of the following? (option to select multiple if more than 1 child/ multiple responses)	Childcare Childminder School None Other Prefer not to say
Which age category do you fall into?	Under 16 17-19 20-24 25-29 30-34 35-39 40 and over Prefer not to say
What is your gender?	Male Female Transgender male Transgender female Non-binary Other

Question	Response Field
What is your ethnicity?	White - Any White Background, including Welsh, English, Scottish, Northern Irish, Irish, British White - Gypsy or Irish Traveler Mixed - White and Black Caribbean Mixed - White and Asian Mixed - Any other mixed background / multiple ethnic background Asian or Asian British – Indian Asian or Asian British – Pakistani Asian or Asian British – Bangladeshi Asian or Asian British – Chinese Asian or Asian British - Any other Asian background Black or Black British – African Black or Black British - Any other Black background Other Ethnic Groups – Arab Other Ethnic Groups - Any other ethnic group Prefer not to say
What is your family dynamic/circumstance? Please tick all that apply to you	Single parent Two-parent household Blended family (e.g., step-parents/children) Co-parenting across separate households Parent in a same-sex couple Foster parent Kinship carer Care of a child with a disability or additional needs Carer of an adult with a disability, illness or additional needs Living with extended family, e.g., grandparents Expecting a child (pregnant or partner pregnant) No dependants but caring responsibilities Other (please specify) Prefer not to say
What does ‘readiness for school’ mean to you?	Free text response

Question	Response Field
Who do you think has a role in supporting a child's transition to school? (you can select multiple options)	Parents/Caregivers Other family members e.g grandparents, siblings Friends or other parents GP or Family Doctor Health Visiting staff Childcare or nursery staff Schools/Reception Teachers Early Years Practitioners Family support workers Other
When do you think is the best time to start thinking about your child/rens development in preparation for their transition to school?	0-1 1-2 2-3 3-4 4 years or over Other (please state)
Where would you get information to help you understand different stages of your child's development?	Informal routes e.g family and friends , social media Formal routes e.g early years professionals, GP, health visiting staff Resources e.g books and guides, learning courses Community services e.g library, charity programme, local Hwb I don't know Other
To what extent do you feel poverty can negatively impact on a child's development?	1 to 5 scale (1 – No negative impact; 5 – Significant negative impact)
If you think poverty can negatively impact a child's development, please provide more detail on your perspective...	Free text response

Question	Response Field
What developmental areas would you most benefit from support with if preparing your child to start school? Supporting your children to… (Select all that apply)	Eat and drink independently Use the toilet Dress Draw/write Wash their hands Understand and follow instructions Develop their speech, language and communication to communicate needs. Concentrate on tasks and activities Creatively play Cope away from parents/caregivers Recognise and understand emotions Play well with others, including sharing and turn taking Other [please state]
When preparing for your child's transition to school, have you found, or are you currently finding anything difficult? (Select all that apply)	Emotional – preparing you and your family for the transition, dealing with the separation Practical – affording everything you need, logistics of starting e.g. childcare arrangements, registration process Social aspects e.g. building a relationship with the school, meeting other parents, your child socially integrating Other
Have you accessed any early years services in Gwent that you found particularly helpful? If so, please tell us what these services were and how they helped you.	Free text response
How do you think schools can welcome and support children with a range of developmental needs when they start school?	Free text response
Would you like to add anything that would help us understand your experiences around getting your child ready to start school?	Free text response

Table 5: Family survey questions and response fields

Appendix F – Practitioner survey and response fields

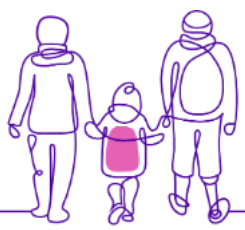
Question	Response Field
What is your job title?	Free text response
Which area of Gwent do you work in?	Newport Monmouthshire Torfaen Caerphilly Blaenau Gwent Across Gwent Outside of Gwent
Which sector do you work in?	NHS Local authority Third sector School/education Private Childcare Welsh Government
Who do you think has a role in supporting a child's transition to school? (You can select multiple answers)	Parents/Caregivers Other family members e.g grandparents, siblings Friends or other parents GP or Family Doctor Health Visiting staff Childcare or nursery staff Schools/Reception Teachers Early Years Practitioners Family support workers Other
When do you think is the best time for parents/caregivers to start thinking about their child/rens development in preparation for their transition to school? * * Some participants were not provided the option of 'In pregnancy'	In pregnancy 0-1 1-2 2-3 3-4 4+ Other
Where would you direct parents/caregivers to for information on understanding the different stages of their child's development?	Informal routes e.g family and friends , social media Formal routes e.g early years professionals, GP, health visiting staff Resources e.g books and guides, learning courses Community services e.g library, charity programme, local Hwb Other
To what extent do you feel poverty can negatively impact on a child's development?	0-10 scale (0 – No impact; 10 – Significant impact)
If you think poverty can negatively impact a child's development, please provide more detail on your perspective...	Free text response

Question	Response Field
From a developmental point of view, what areas do you see families needing most support with when preparing their child/ren for the transition to school? Supporting their children to… (you can select multiple answers)	Eat and drink independently Use the toilet Dress Draw/write Wash their hands Understand and follow instructions Develop their speech, language and communication to communicate needs. Concentrate on tasks and activities Creatively play Cope away from parents/caregivers Recognise and understand emotions Play well with others, including sharing and turn taking Other [please state]
From a developmental point of view, when preparing for the transition to reception, have you observed parents/carers finding anything difficult?	Emotional – preparing you and your family for the transition, dealing with the separation Practical – affording everything you need, logistics of starting e.g. childcare arrangements, registration process Social aspects e.g. building a relationship with the school, meeting other parents, your child socially integrating Other
Do you think further guidance/resources for early years professionals would be beneficial to improve understanding around child development milestones and readiness for school?	Yes No Unsure
If you think further guidance/ resources would be useful, do you have any suggestions for the content/ format?	Free text response
From the perspective of child development, how would you define 'readiness for school'?	Free text response
What do you think parents' level of understanding is around key stages of child development before starting school (reception)?	Free text response
Across Gwent's early years services, what do you think is working well for supporting families experiencing poverty and from underserved groups?	Free text response
How do you think schools can welcome and support children with a range of developmental needs before they start school and when they have started? * * For participants at Newport Health Visiting forum, this question was phrased *'Do you think we could develop a more consistent approach to schools welcoming and supporting all children with a range of development needs?'*	Free text response
Would you like to add anything that would help us understand your experiences around supporting children with child development in readiness for school?	Free text response

Table 6: Practitioner survey questions and response fields

Appendix G – Ready to Learn, Ready to Grow Intervention Sample

Family/ programme characteristics	*n*	*%*
Referrals received	52	
Families supported	32	61.5
Children supported	36	
Mean age of children supported	2yrs 10m (1yrs 5m - 3ys 11m)	
Parent sex	32	
Female	16	50.0
Male	3	9.4
No response	13	40.6
Child sex	36*	
Male	21	58.3
Female	15	41.7
Parent ethnicity	32	
African	2	6.3
Arab	1	3.1
Pakistani	1	3.1
White British	2	6.3
White English	1	3.1
White Welsh	8	25.0
Other	3	9.4
No response	14	43.8
Parent first language	32	
Arabic	3	9.4
English	11	34.4
Kurdish	1	3.1
Punjabi	1	3.1
Other	3	9.4
No response	13	40.6
Parent second language	32	
English	12	37.5
Welsh	3	9.4
Other	2	6.3
No response	15	46.9
Parent religion	32	
Christian	1	3.1
Muslim	5	15.6
No religion or belief	11	34.4
Prefer not to say	2	6.3
No response	13	40.6
Families' local authority	32	
Blaenau Gwent	3	9.4



Caerphilly	1	3.1
Monmouthshire	0	0.0
Newport	27	84.4
Torfaen	5	15.6
Families in Flying Start catchment	25	78.1
Welsh Index of Multiple Deprivation ranking	32	
1	11	34.4
2	13	40.6
3	3	9.4
4	2	6.3
5	3	9.4
Family intervention support format	36*	
Group and one-to-one	1	2.8
Group only	15	41.7
One-to-one only	20	55.6
Referrers to the intervention	36*	
Education	15	41.7
Flying start	2	5.6
Health Visiting	12	33.3
Gwent Parent Infant Mental Health Service	1	2.8
Self-referral	6	16.7

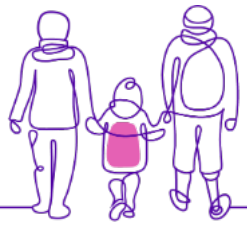
*Based on the number of children supported (36)

Table 7 – Intervention sample baseline characteristics

Appendix H – Parental outcome results

Outcome	Parents with identified need *n* (%/36)	Baseline scale rating Median (range)	Parents who improved *n* (%)	Average improvement in scale rating Median (range)	Complex cases preventing *n*	Parents with identified need (excluding complex cases) *n*	Parents who improved (excluding complex cases) (%)
Ability to access appropriate early years services	11 (30.6%)	4/10 (0-9)	9 (81.8%)	2 (1-8)	1	10	90.0%
Ability to establish good general routines	17 (47.2%)	7/10 (2-9)	15 (88.2%)	1 (1-4)	1	16	93.8%
Ability to engage with child's development	21 (58.3%)	8/10 (3-9)	13 (61.9%)	1 (1-7)	6	15	86.7%
Ability to recognise & respond to child's emotional cues	22 (61.1%)	8/10 (4-9)	13 (59.1%)	1 (1-4)	6	16	81.3%
Parental responsiveness scale (PaRRiS)	33 (91.7%)	3/5 (1-4)	14 (42.4%)	1 (1-3)	10	23	60.9%
Child arrives at childcare setting fed & on time	17 (47.2%)	6/10 (0-9)	11 (64.7%)	3 (1-10)	2	15	73.3%

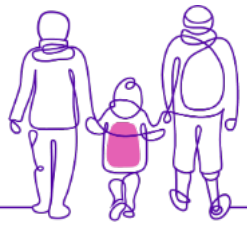
Table 8 – Intervention parental outcomes



Appendix I – Main reasons for complexity interference for parental outcomes

Outcome	Main reason for complexity interference						
	Complex poor mental health	Housing insecurity	Emerging needs for child awaiting professional assessment	Child with diagnosed complex additional needs	Parents with diagnosed or suspected additional needs	Complex past trauma	Severe material deprivation
	n	*n*	*n*	*n*	*n*	*n*	*n*
Ability to access appropriate EY services	1	0	0	0	0	0	0
Ability to establish good general routines	0	0	0	0	0	0	1
Ability to engage with child's development	3	2	0	0	0	1	0
Ability to recognise and respond to child's emotional cues	3	0	0	0	0	3	0
Parental responsiveness scale (PaRRiS)	6	0	0	1	1	0	0
Child arrives at childcare setting fed and on time	1	1	0	0	0	0	2

Table 9 – Reasons for complexity interference with parental outcomes during intervention

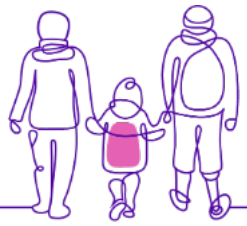


Appendix J – Child outcomes results

Age marker		Children with identified need	Unchanged	Regressed	Improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /25	*n*	*n*	*n* (%)		*n*	*n*	%
12 months	Emerging	1	1	-	-	-	-	-	-
	Consolidating	1	-	-	1	-	1	-	-
18 months	Emerging	3	2	-	1	-	1	1	-
	Consolidating	4	1	-	3	1	2	1	-
24 months	Emerging	0	-	-	-	-	-	-	-
	Consolidating	5	1	-	4	2	2	-	-
30 months	Emerging	1	-	-	1	1	-	-	-
	Consolidating	6	1	1	4^	3	2	1	-
36 months	Emerging	0	-	-	-	-	n/a	-	-
	Consolidating	4	-	-	4	4	n/a	-	-
Totals excluding missing data		25	6	1	18 (72.0%)	11	8	3	81.8%

^Includes one child who became established at an increased age marker.

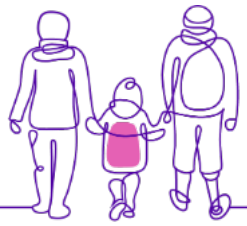
Table 10 – Intervention child outcomes – eating



Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /32	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	10	4	-	6	-	-	6	3	-
	Consolidating	1	-	1	-	-	-	-	1	-
18 months	Emerging	9	7	-	2	-	-	2	4	-
	Consolidating	0	-	-	-	-	-	-	-	-
24 months	Emerging	2	1	-	1	-	-	1	-	-
	Consolidating	3	1	1	1	-	-	1	-	-
30 months	Emerging	3	1	-	2^	-	1	2	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	4	2	-	2	-	2	n/a	1	-
Totals excluding missing data		32	16	2	14	43.8	3	12	9	60.9

^Includes one child who became established at an increased age marker.

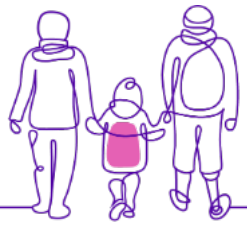
Table 11 – Intervention child outcomes – child toileting



Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /24	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	1	-	-	1	-	-	1	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	5	2	-	3	-	1	1	1	-
	Consolidating	1	1	-	-	-	-	-	1	-
24 months	Emerging	1	-	1	-	-	-	-	1	-
	Consolidating	3	-	-	3	-	2	1	-	-
30 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	6	3	-	3	-	1	2	1	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	6	3	-	3	-	3	n/a	1	-
Totals excluding missing data		23	9	1	13	56.5	7	5	5	72.2

Data missing for 1 child with an identified need – excluded from analysis.

Table 12 – Intervention child outcomes – child dressing

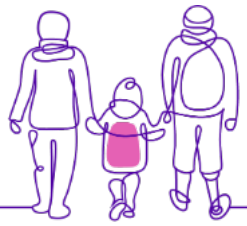


Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /28	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	2	2	-	-	-	-	-	1	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	6	1	-	5^	-	2	2	1	-
	Consolidating	5	2	1	2	-	1	1	3	-
24 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	3	-	-	3^	-	1	3	-	-
30 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	5	1	1	3^	-	2	2	-	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	6	-	-	6	-	6	n/a	-	-
Totals excluding missing data		27	6	2	19	70.4	12	8	5	86.4

Data missing for 1 child with an identified need – excluded from analysis.

^Includes one child who became established at an increased age marker.

Table 13 – Intervention child outcomes – child pencil use



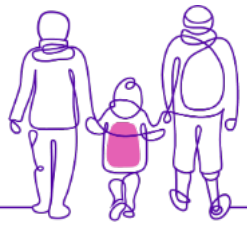
Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /24	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	4	1	-	3	-	-	3	1	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	5	2	-	3	-	-	3	1	-
	Consolidating	1	-	-	1	-	-	1	-	-
24 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	5	-	-	5^	-	1	5	-	-
30 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	3	-	-	3^^	-	2	3	-	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	4	1	-	3	-	3	n/a	-	-
Totals excluding missing data		22	4	0	18	81.8	6	15	2	90.0

Data missing for 2 children with an identified need – excluded from analysis.

^Includes one child who became established at an increased age marker.

^^Includes two children who became established at an increased age marker.

Table 14 – Intervention child outcomes – child hand washing

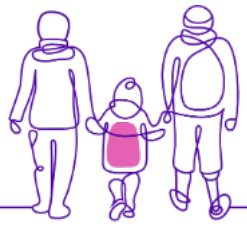


Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /34	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	3	1	-	2^	-	-	2	-	-
	Consolidating	-	-	-	-	-	-	-	-	-
18 months	Emerging	4	2	-	2	-	-	1	2	-
	Consolidating	5	1	1	3	-	1	2	2	-
24 months	Emerging	3	1	-	2	-	1	2	-	-
	Consolidating	5	2	-	3	-	1	2	2	-
30 months	Emerging	1	1	-	-	-	-	-	1	-
	Consolidating	2	-	-	2	-	-	2	-	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	8	4	-	4	-	4	n/a	2	-
Totals excluding missing data		31	12	1	18	58.1	7	11	9	81.8

Data missing for 3 children who were identified with need – excluded from analysis.

^Includes one child who became established at an increased age marker.

Table 15 – Intervention child outcomes – child communication cues

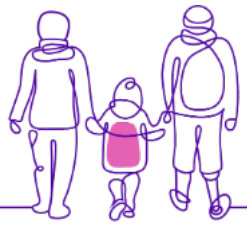


Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /35	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	10	5	-	5	-	-	5	2	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	10	3	2	5	-	-	4	3	-
	Consolidating	2	-	-	2	-	-	2	-	-
24 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	3	1	1	1^	-	1	1	2	-
30 months	Emerging	5	2	-	3	-	1	1	2	-
	Consolidating	4	1	1	2^	-	1	2	1	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	0	-	-	-	-	-	n/a	-	-
Totals excluding missing data		34	12	4	18	52.9	3	15	10	75.0

Data missing for 1 child with an identified need – excluded from analysis

^Includes one child who became established at an increased age marker.

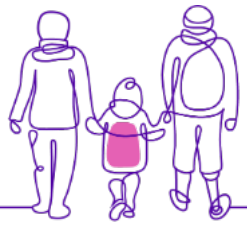
Table 16 – Intervention child outcomes – child speaking



Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /34	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	2	-	-	2	-	-	2	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	5	2	-	3	-	-	2	2	-
	Consolidating	2	-	-	2	-	-	2	-	-
24 months	Emerging	2	-	-	2	-	-	2	-	-
	Consolidating	6	3	-	3	-	2	1	2	-
30 months	Emerging	1	-	-	1	-	-	-	-	-
	Consolidating	6	2	2	2	-	-	2	3	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	7	5	-	2	-	2	n/a	4	-
Totals excluding missing data		31	12	2	17	54.8	4	11	11	85.0

Data missing for 3 children who were identified with need – excluded from analysis.

Table 17 – Intervention child outcomes – attention-based activities

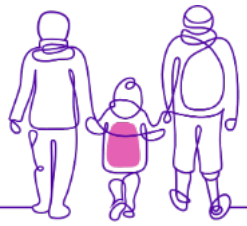


Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /30	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	4	1	-	3	-	-	3	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	6	3	-	3	-	-	3	3	-
	Consolidating	3	-	-	3	-	2	1	-	-
24 months	Emerging	1	-	-	1	-	1	-	-	-
	Consolidating	5	1	1	3^	-	1	3	2	-
30 months	Emerging	1	1	-	-	-	-	-	-	-
	Consolidating	3	2	-	1	-	-	1	2	-
36 months	Emerging	2	2	-	-	-	-	n/a	2	-
	Consolidating	3	-	-	3	-	3	n/a	-	-
Totals excluding missing data		28	10	1	17	60.7	7	11	9	89.5

Data missing for 2 children with an identified need – excluded from analysis

^Includes one child who became established at an increased age marker.

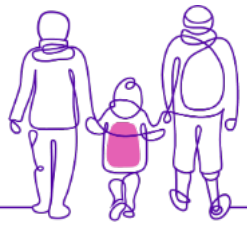
Table 18 – Intervention child outcomes – child playing skills



Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /23	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	2	-	-	2	-	-	2	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	6	2	-	4	-	-	3	-	-
	Consolidating	1	-	-	1^	-	1	1	-	-
24 months	Emerging	1	-	-	1	-	-	1	-	-
	Consolidating	8	1	-	7	-	1	6	-	-
30 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	2	-	-	2	-	-	2	-	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	3	2	-	1	-	1	n/a	2	-
Totals excluding missing data		23	5	0	18	78.3	3	15	2	85.7

^Includes one child who became established at an increased age marker.

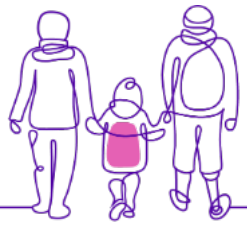
Table 19 – Intervention child outcomes – child independent coping



Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /32	*n*	*n*	*n*	%		*n* (%)	*n*	%
12 months	Emerging	2	1	-	1	-	-	1	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	12	8	-	4	-	-	2	4	-
	Consolidating	3	1	-	2	-	1	1	1	-
24 months	Emerging	1	1	-	-	-	-	-	-	-
	Consolidating	7	3	-	4	-	2	2	1	-
30 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	3	2	-	1	-	-	1	1	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	2	1	-	1	-	1	n/a	1	-
Totals excluding missing data		30	17	0	13	43.3	4	7	8	59.1

Data missing for 2 children with an identified need – excluded from analysis

Table 20 – Intervention child outcomes – ability to recognise and understand emotions



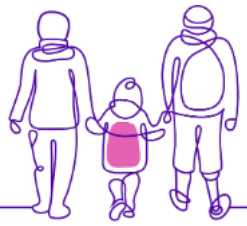
Age marker		Children with identified need	Unchanged	Regressed	Improved	Percentage who improved	Established post intervention	Increased age marker	Complex cases	Children who improved (excluding complex cases)
		n /33	*n*	*n*	*n*	%		*n*	*n*	%
12 months	Emerging	0	-	-	-	-	-	-	-	-
	Consolidating	0	-	-	-	-	-	-	-	-
18 months	Emerging	10	3	-	7	-	1	6	1	-
	Consolidating	2	1	-	1	-	-	1	-	-
24 months	Emerging	4	-	-	4	-	-	4	-	-
	Consolidating	4	1	-	3^	-	1	3	1	-
30 months	Emerging	4	1	-	3	-	-	1	1	-
	Consolidating	7	3	1	3^^	-	2	3	3	-
36 months	Emerging	0	-	-	-	-	-	n/a	-	-
	Consolidating	1	1	-	-	-	-	n/a	1	-
Totals excluding missing data		32	10	1	21	65.6	4	18	7	84.0

Data missing for 1 child with an identified need – excluded from analysis.

^Includes one child who became established at an increased age marker.

^^Includes two children who became established at an increased age marker.

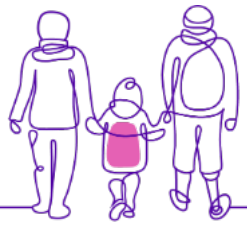
Table 21 – Intervention child outcomes – social play and social interaction



Appendix K – Complex circumstances limiting child outcomes

Outcome	Main reason for complexity interference						
	Complex poor mental health	Housing insecurity	Emerging needs for child awaiting professional assessment	Child with diagnosed complex additional needs	Parents with diagnosed or suspected additional needs	Complex past trauma	Severe material deprivation
	n	*n*	*n*	*n*	*n*	*n*	*n*
Eating	0	0	2	0	0	0	1
Toileting	2	1	3	1	0	0	2
Dressing	0	0	2	1	0	0	2
Using a pencil/ crayon	0	0	2	1	0	0	2
Hand washing	0	0	1	1	0	0	0
Communicative cues	0	0	8	1	0	0	0
Language/ speaking	0	0	9	1	0	0	0
Attention-based activities	0	0	8	1	0	0	2
Play	0	1	6	1	0	1	0
Coping away from parents	0	0	1	0	0	1	0
Understanding and recognising emotions	0	0	8	0	0	0	0
Social play and social interaction	0	0	6	0	0	1	0

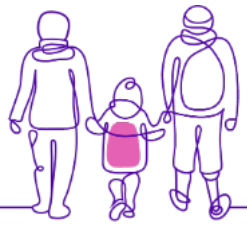
Table 22 – Main reasons for complexity interference with intervention child outcomes



Appendix L – Home environment outcome results

Outcome	Families with identified need *n* (%/36)	Baseline scale rating Median (range)	Families who improved *n* (%)	Average improvement in scale rating Median (range)	Complex cases preventing improvement *n*	Families with identified need (excluding complex cases) *n*	Families who improved (excluding complex cases) (%)
Stimulating materials	7 (19.4%)	7/10 (6-9)	3 (42.9%)	2 (1-4)	2	5	60.0%
Space and toys	9 (25.0%)	8/10 (2-9)	5 (55.6%)	2 (1-2)	2	7	71.4%
Safe emotional environment	4 (11.1%)	8/10 (5-9)	2 (50.0%)	2 (1-3)	0	N/a	N/a
Routines/boundaries around screen time	8 (22.2%)	6.5/10 (3-8)	6 (75.0%)	2 (1-7)	0	N/a	N/a
Consistent bedtime	6 (16.7%)	7/10 (5-8)	2 (33.3%)	2 (1-3)	1	5	40.0%
Consistent mealtimes	5 (13.9%)	7/10 (3-8)	2 (40.0%)	2 (2-2)	1	4	50.0%

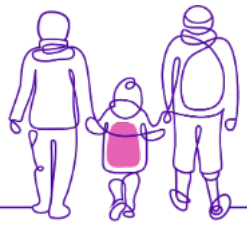
Table 23 – Intervention home environment outcomes



Appendix M – Main reasons for complexity interference for home environment outcomes.

Outcome	Main reason for complexity interference						
	Complex poor mental health	Housing insecurity	Emerging needs for child awaiting professional assessment	Child with diagnosed complex additional needs	Parents with diagnosed or suspected additional needs	Complex past trauma	Severe material deprivation
	n	*n*	*n*	*n*	*n*	*n*	*n*
Stimulating materials	0	1	0	0	0	0	1
Space and toys	1	0	0	0	0	0	1
Safe emotional environment	0	0	0	0	0	0	0
Routines/boundaries around screen time	0	0	0	0	0	0	0
Consistent bedtime	0	0	0	1	0	0	0
Consistent mealtimes	0	0	1	0	0	0	0

Table 24 – Main reasons for complexity interference with intervention home environment outcomes



Appendix N – Post-intervention feedback results

Outcome	Yes
Parental Wellbeing - Parents/carers of children enjoyed improved emotional wellbeing/mental health	88%
Parental Wellbeing - Parents/carers of children reduced their sense of loneliness and isolation	81%
Parental Wellbeing - Parents/carers of children feel more confident in their parenting knowledge and skills	97%
Parental Wellbeing - Parents/carers children feel more connected to local community networks	63%
Children's Wellbeing - Children, young people and babies enjoy improved emotional wellbeing/mental health	90%
Children's Wellbeing - Parents/carers feel more confident managing challenging behaviour	88%
Family Management - Families are more confident managing their household budget	48%

Table 25 – Peer group feedback post-intervention

Appendix O – Practitioner cohort sample characteristics

	No.	%			
TOTAL PARTICIPANTS	**160**	**100%**			
	No.	**%**		**No**	**%**
GEOGRAPHY	**160**	**100%**	**SECTOR**	**160**	**100%**
Newport	68	43%	NHS	65	41%
Monmouthshire	11	7%	Local authority	56	35%
Torfaen	26	16%	Third sector	6	4%
Caerphilly	7	4%	School/education	13	8%
Blaenau Gwent	24	15%	Private	4	3%
Across Gwent	22	14%	Childcare	14	9%
Outside of Gwent	1	1%	Welsh Government	1	1%
Missing Data	1	1%	Missing data	1	1%
				No	**%**
JOB TITLE				**160**	**100%**
ALN Worker				3	2%
Antenatal Support Worker				1	1%
Child Development Practitioner				2	1%
Childminder				1	1%
Children's Nurse				13	8%
Communications Officer				1	1%
Cook				1	1%
Early year				1	1%
Family Mediation Worker				1	1%
Family Support Worker				19	12%
Health Care Practitioner				3	2%
Health Visitor				26	16%
Improvement Adviser				1	1%
Language Support Workers				8	5%
Manager				31	19%
Mental Health Practitioner				3	2%
Missing Data				1	1%
Nursery Manager				8	5%
Occupational Therapist				1	1%
Playgroup Workers				5	3%
Preschool Practitioner				4	3%
Psychologist				9	6%
Senior Practitioner				5	3%
Social Work Teams				3	2%
Teacher				8	5%
Welfare Officer				1	1%

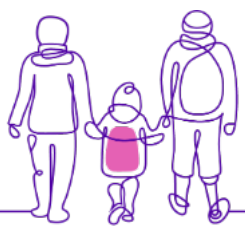
Table 26: Practitioner survey and forum participants by geography, sector and job title

Appendix P – Family survey sample characteristics

	No.	%
TOTAL PARTICIPANTS	**287**	**100**
	No.	**%**
GEOGRAPHY	**287**	**100%**
Newport	61	21%
Monmouthshire	31	11%
Torfaen	61	21%
Caerphilly	28	10%
Blaenau Gwent	105	37%
Partial postcode	1	0%
	No.	**%**
RESPONDENT AGE	**287**	**100%**
Under 16	6	2%
20-24	12	4%
25-29	91	32%
30-34	113	39%
35-39	40	14%
40+	23	8%
Prefer not to say	2	1%

	No	%
RESPONDENT ETHNICITY	**287**	**100%**
White	269	94%
Black	8	3%
Mixed race	4	1%
Asian	2	1%
Arab	1	0%
Other	3	1%
	No.	**%**
RESPONDENT GENDER	**287**	**100%**
Male	68	24%
Female	216	75%
Non-Binary	2	1%
Transgender male	1	0%
Other	0	0%

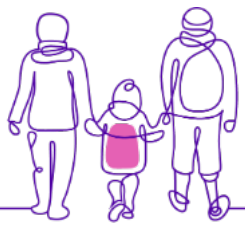
Table 27: Family survey respondent demographics



	No.	%
TOTAL PARTICIPANTS	**287**	**100%**
FAMILY DYNAMIC *	**No. of responses**	**% of respondents**
Two parent household	227	79%
Single parent	29	10%
Blended family (e.g. stepparents/stepchildren)	24	8%
Co-parenting across separate households	25	9%
Parent in a same-sex couple	2	1%
Foster parent	2	1%
Kinship carer (e.g. caring for a relative's child)	2	1%
Carer of a child with a disability or additional needs	17	6%
Carer of an adult with a disability, illness, or additional needs	5	2%
Living with extended family (e.g. grandparents, aunts/uncles)	25	9%
Expecting a child (pregnant or partner pregnant)	18	6%
No children but caring responsibilities	1	0%
Prefer not to say	2	1%
CHILD POVERTY MEASURES *	**No. of responses**	**% of respondents**
Healthy Start Voucher Access	136	47%
Flying Start	184	64%
CHILDCARE / SCHOOL SETTING *	**No. of responses**	**% of respondents**
Childcare	130	45%
Childminder	104	36%
School	177	62%
None	41	14%
Prefer not to say	1	0%
Other	0	0%
CHILD(REN)'S AGE *	**No. of responses**	**% of respondents**
0-1	42	15%
1-2	34	12%
2-3	41	14%
3-4	113	39%
4+	127	44%

Table 28: Family survey – child/family demographic data

*** Multiple options were selectable for these questions meaning the number of responses can be higher than the total number of participants**



Appendix Q – Practitioner cohort quantitative survey responses

	No.	%
TOTAL PARTICIPANTS	**160**	**100**
Who do you think has a role in supporting a child's transition to school?	**No.**	**% of respondents**
Parent/caregivers	150	94%
Other family members, e.g., grandparents, siblings	123	77%
Friend or other parents	89	56%
GP or family doctor	53	33%
Health visiting staff	121	76%
Childcare or nursery staff	143	89%
Schools/reception teachers	130	81%
Early years practitioners	136	85%
Family support workers	123	77%
Other	3	2%
From a developmental point of view, what areas do you see families needing most support with when preparing their children for school (reception)?	**No.**	**% of respondents**
Eating and drinking independently	72	45%
Using the toilet	130	81%
Dressing	78	49%
Drawing/writing	40	25%
Washing hands	52	33%
Understanding and following instructions	95	59%
Development of speech, language and communication to communicate needs	133	83%
Concentrating on tasks and activities	81	51%
Creative play	64	40%
Coping with time away from parents/caregivers	100	63%
Recognising and understanding emotions	97	61%
Playing well with others, including sharing and turn taking	92	58%

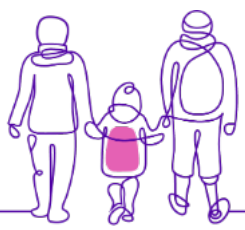
Table 29: Aggregated practitioner responses on roles associated with transitioning to school and areas needing most support

	No.	%
TOTAL PARTICIPANTS	**160**	**100**
To what extent do you feel poverty can negatively impact on a child's development?	**No.**	**%**
Score-1 (Lowest extent)	1	1%
Score-2	0	0%
Score-3	0	0%
Score-4	4	3%
Score-5	6	4%
Score-6	15	9%
Score-7	6	4%
Score-8	36	23%
Score-9	8	5%
Score-10 (Highest extent)	73	46%
Missing data	11	7%
Do you think further guidance/resources for early years professionals would be beneficial to improve understanding around child development milestones and readiness for school?	**No.**	**%**
Yes	103	64%
No	11	7%
Unsure	35	22%
Missing data	11	7%

Table 30: Aggregated practitioner responses on the extent poverty negatively impacts child development and the benefit of further guidance and resources for early years professionals

	No.	%
TOTAL PARTICIPANTS	**160**	**100**
From a developmental point of view, when preparing for the transition to reception, have you observed parents/carers finding anything difficult with:	**No.**	**% of respondents**
Emotional aspects e.g preparing themselves and their family for the transition, dealing with the separation	116	73%
Practical aspects e.g affording everything they need, logistics of starting (childcare arrangements, registration process)	83	52%
Social aspects e.g building a relationship with the school, meeting other parents, their child socially integrating	102	64%
Other	5	3%
When do you think is the best time for parents/caregivers to start preparing for their children starting school (reception)?	**No.**	**% of respondents**
In pregnancy	29	18%
0 to 1 years	23	14%
1 to 2 years	33	21%
2 to 3 years	64	40%
3 to 4 years	23	14%
4+	4	3%
Other	7	4%

Table 31: Aggregated practitioner responses on aspects of transitioning to school that parents find difficult and the best time to start preparing children for school



PRACTITIONER SURVEY & CHILD DEVELOPMENT EVENT	No.	-
TOTAL PARTICIPANTS	**111**	-
Where would you direct parents for information on understanding the different stages of their child's development?	**No.**	**% of respondents**
Informal routes e.g family and friends, social media	36	32%
Formal routes e.g early years professionals, GP, health visiting staff	105	95%
Resources e.g books and guides, learning courses	99	89%
Community services e.g library, charity programme, local Hwb	67	60%
Other	5	5%

Table 32: Practitioner survey and event responses on where they would direct parents for further information on children's development

GWENT ATTACHMENT CHAMPION & NEWPORT HEALTH VISITING	No.	-
TOTAL PARTICIPANTS	**49**	-
Where would you direct parents for information on understanding the different stages of their child's development?	**No.**	**% of respondents**
Health Visitor	32	65%
Flying Start Programme	13	27%
Family Information Service (FIS)	6	12%
GP or Family Doctor	7	14%
Online resources (e.g NHS Wales, Public Health Wales, etc)	15	31%
Social media groups or parenting forums	2	4%
Books, apps, or parenting magazines	6	12%
Friends or family members	5	10%
Childcare provider or nursery staff	9	18%
Parent and toddler groups or playgroups	11	22%
Cymorth (Welsh Government parenting support)	7	14%
Library or Book Start	5	10%
Children's Centre	7	14%

Table 33: Forum survey responses on where respondents would direct parents for further information on children's development

Appendix R – Family survey quantitative responses

	No.	%
TOTAL PARTICIPANTS	**287**	**100%**
Who do you think has a role in supporting a child's transition to school?	**No.**	**% of respondents**
Parents/caregivers	274	95%
Other family members e.g grandparents, siblings	92	32%
Friends or other parents	97	34%
GP or family doctor	87	30%
Health visiting staff	128	45%
Childcare or nursery staff	209	73%
Schools/reception teachers	139	48%
Early years practitioners	100	35%
Family support workers	46	16%
Would you benefit from support in preparing your child for the transition to school in any of the following areas?	**No.**	**% of respondents**
Eat and drink independently	83	29%
Use the toilet	164	57%
Dress	69	24%
Draw/Write	91	32%
Wash their hands	112	39%
Understand and follow instructions	116	40%
Develop their speech, language and communication	111	39%
Concentrate on tasks and activities	90	31%
Creative play	65	23%
Cope away from parents/caregivers	92	32%
Recognise and understand emotions	90	31%
Play well with others, including sharing and turn taking	84	29%

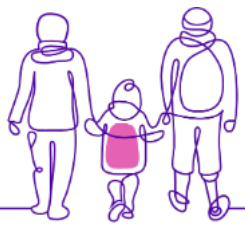
Table 34: Family survey responses on roles associated with transitioning to school and areas they felt they needed most support

	No.	%
TOTAL PARTICIPANTS	**287**	**100%**
To what extent do you feel poverty can negatively impact on a child's development?	**No.**	**%**
Score -0 (Lowest extent)	2	1%
Score - 1	5	2%
Score - 2	4	1%
Score - 3	4	1%
Score - 4	4	1%
Score - 5	35	12%
Score - 6	25	9%
Score - 7	65	23%
Score - 8	53	18%
Score - 9	31	11%
Score - 10 (Highest extent)	59	21%

Table 35: Family survey responses on the extent poverty negatively impacts child development

	No.	%
TOTAL PARTICIPANTS	**287**	**100%**
When preparing for your child's transition to school, have you found, or are you currently, finding anything difficult?	**No.**	**% of respondents**
Emotional – preparing you and your family for the transition, dealing with the separation	131	46%
Practical – affording everything you need, logistics of starting e.g childcare arrangements, registration process	130	45%
Social aspects e.g building a relationship with the school, meeting other parents, your child socially integrating	155	54%
Not applicable	54	19%
When do you think is the best time to start thinking about your child/ren's development in preparation for their transition to school?	**No.**	**% of respondents**
0-1	14	5%
1-2	55	19%
2-3	141	49%
3-4	70	24%
4+	6	2%
Other	1	0%

Table 36: Family survey responses on aspects of transitioning to school that parents find difficult and the best time to start preparing children for school



Acknowledgements

Above all, we would like to extend our sincere thanks to the **children and families** who took part in this intervention. This work would not have been possible without your participation.

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- Penelope Phillips | Newport CB Council
- Sarah Mutch, Louise Saddler| Caerphilly CB Council
- Charlotte Drury | Monmouthshire County Council
- Gareth Cooke, Jason O'Brien, Charlotte Dickins, Lisa Hamer | Torfaen CB Council
- Aimi Morris | Torfaen Voluntary Alliance
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- Families and staff at Flying Start Brynithel Hub
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- Maindee Primary School
- Pillgwenlly Primary School

Your collective contribution, collaboration and dedication have been instrumental in supporting children and families across Gwent and in making this intervention a success. Thank you.

Barod i Ddysgu Ready to Learn
Barod i Dyfu Ready to Grow

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