

Best Start Summit

Rockingham Development Centre, Monday 1st December 2025.

Combined Notes and Actions

Compiled from workshop flipcharts and diagrams

1) Priorities / Issues

- Lack of understanding of appropriate play (parent).
- Lack of universal service for schools.
- Targeted work for people unable to access childcare.
- Integrated review (better information sharing between services).
- Cross match Family Hub access against IMD; how to strengthen ASQ – ELIM – possibly bring in? – could be targeted.
- Universal OPS plan to EYFS model.
- EYFS training for workforce (what/what anyone delivering stay/play).
- Strengthening transition – relationships between FS/ISF – roll out consistent; information sharing – B23 transition document.
- Additional tracked check between 3+4 (possibly with support).
- Evidence-based interventions – establishing evidence.
- Sharing good practice – Early Years conference.
- Child Development Document (Early Years).
- Non-traded service for Early Years + English.
- Involvement of English Hub + Maths Hub.
- Training links to DfE webinars linked to assessment.
- Informed assessment of need for FSM.
- Targeted voluntary sector delivery for targeted groups.
- Use intelligence to decide where to target work.
- Targeting grandparents.
- SEND support for settings + schools; enhanced transition for SEND.
- Wider awareness of child development.
- Team to project manage GLD; DfE to release GLD baseline.
- How to engage parents/carers and raise awareness of GLD and EYFS in general; themes within schools to target GLDs.

2) What could we do? (Key actions)

- Secure attachment; multi-agency working; intelligence.
- Reduce wait for speech & language or train staff in settings to increase knowledge to develop.

- Unified transition documents.
- Target schools with high levels of deprivation with Early Years training.
- Better risk indicators.
- Raise awareness of toxic screening.

3) What could we do? (By age/stage)

Ages 3–5:

- Target risk model; better risk indicators; toxic trio (domestic abuse, substance misuse, mental health).
- Parental mental health; parental substance misuse; domestic abuse; poverty.
- Parental engagement; speech & language; parental capacity; parental learning difficulties; SEND; complex needs.
- Early help; family support; universal services; targeted services.
- Workforce development; training; multi-agency working; intelligence sharing.

Ages 4–5:

- Improve attendance from 1–2 years; address low attendance early on.
- Referrals.

Age 1:

- Keep up momentum; annual conference; training; workforce development; multi-agency working; intelligence sharing.

4) Universal Offer & Connected Services (diagram + details)

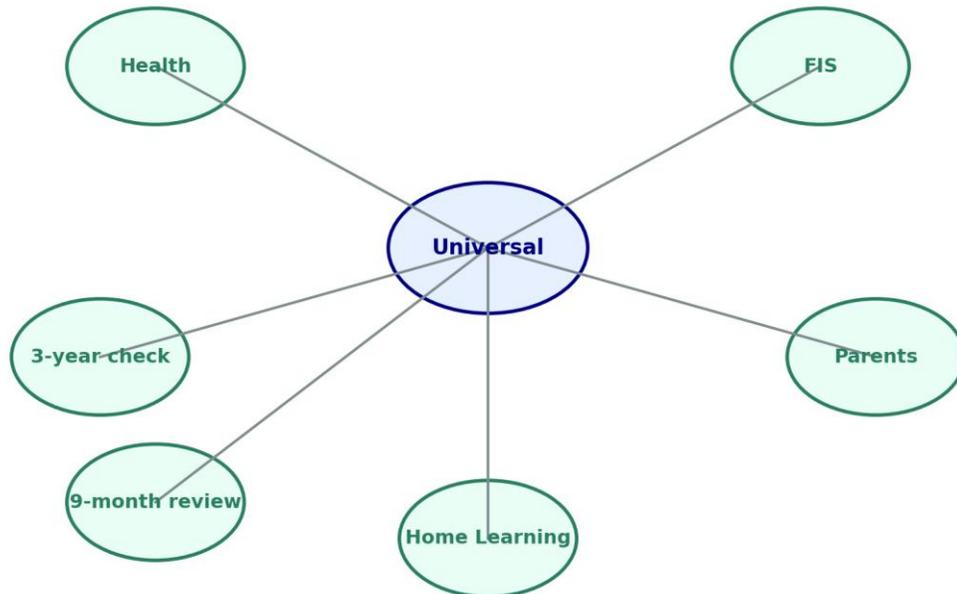


Figure: Universal offer mind map (Health, FIS, Parents, Home Learning, 3-year check, 9-month review).

Health

- 4–5
- SGH speech pathway
- 3-year check
- 9-month review – health visit

FIS (Family Information Service)

- Activities for families
- Recruitment
- Regular updates
- SEND

Parents

- Parenting offer
- CLIC
- Call into Family Hub → EYFS

- Contact details

Home Learning

- Try activities
- Parental engagement
- Home learning environment
- Workforce training
- Doorstep teaching
- Enrichment opportunities

3-year check

- Health visit

9-month review

- Health

Early Years Conference

- 1 week
- F/F
- 100+ children March 24
- outside speakers

Bespoke Visits

- into schools

Proactively seek out maintained schools

ROSIS – meetings held regularly

- EYFS information meetings x2
 - best practice yearly
 - sharing messages
- Moderation Meetings
 - Feb / June
 - focused areas (writing) provide input
- Early Reading & Writing visits
- Training
 - curriculum / assessment

- new EYFS training
- Workshops targeting parents

Writing has been targeted for over last 2 years

- Children are frightened of making mistakes

Grimm & Co.

- offer parental support, work directly with families
 - community services/groups (EID party)
 - Family hub, perinatal care led by volunteer
 - links to PCF –barriers, parent, carers, fathers
 - cultural stories / creativity
 - communication, speech & language advice
 - have impact measures & data, evaluate everything (links to Sheffield Hallam)

Hard to reach parents – Grimm doesn't look school-like

→ Going out to settings & communities to overcome barriers to access

What could we do differently?

- Measuring impact on teacher confidence
(*e.g., from ROSIS support*)
- Celebrating is part of ROSIS work
- Tailored support, based on self-generated checklist
- What will DfE guidance look like?
- GLD will return to Ofsted → will this lead to “teaching to the assessment?”
- Grimm is already targeting need
- Vol sector consortium sees the issues as they arise?
- Working directly with families and with practitioners
→ importance of attending school and EY

Post-COVID trend towards more stay-at-home relationship with children.

→ Overcome fear of settings and socialisation, with positive feedback in child social development.

It's OK to be bored (without a device as a stand-in parent).

Life skills – being “world ready” or “life ready”

→ how to make it fun.

Grimm & Co sets the template for a family-friendly place.

Social cultural literacies – get this to parents earlier – without it being like someone is watching or assessing.

Focus on parental mental health. Given its impact on children.

Summary:

Ambition/ Vision

Every child in Rotherham reaches a Good Level of Development (GLD) by end of Reception, supported by strong parental engagement, high-quality early years practice, timely support for SLCN and SEND, and seamless transitions.

Primary Outcomes (by July 2027):

Increase GLD by +6–8 percentage points in the borough, with faster improvement for IMD deciles 1–3.

Reduce the gap between disadvantaged/FSM and non-FSM by ≥ 2 percentage points.

Improve attendance patterns in Nursery and Reception (especially for those with prior low attendance at age 1–2).

Earlier identification and support for SLCN and SEND (measured by time-to-intervention and children's progress).

Parental engagement uplift: $\geq 25\%$ increase in families accessing home learning support/Family Hub activities in most deprived wards.

Workforce confidence and capability increased (EYFS practice, assessment, SLCN, SEND) — evidenced by pre/post training and moderation indicators.

Guiding Principles

Whole-system approach: Universal → Targeted → Specialist.

Evidence-informed: Adopt/strengthen interventions with data on impact; evaluate new offers.

Data-led targeting: Use IMD, EYFSP, ASQ, health checks, attendance, referrals to focus support.

Integrated pathways: Health, education, voluntary sector aligned through shared tools and common language.

Parent-first design: Accessible, non-judgemental, culturally sensitive, and playful — 'world ready' not device dependent.

Consistent transitions: Unified documents and expectations B23 → Nursery → Reception → Year 1.

Workstreams & Leads:

Universal Offer & Home Learning – Family Hubs/FIS + ROSIS

Targeted SLCN & Early Help – Health (SGH) + Early Help

Transitions & Assessment – ROSIS + Schools + Health

Workforce Development & QA – ROSIS + Hubs

Data, Intelligence & Risk Model – Performance & BI + partners

SEND & Inclusion Pathways – SEND Service + Settings/Schools + Health
Parental Engagement & Comms – Family Hubs + Grimm & Co + Voluntary
sector consortium

Strategic Workstreams & Key Actions

A) Universal Offer & Connected Services

Publish Universal OPS plan mapped to EYFS model via FIS.

Launch Home Learning Environment (HLE) campaign with Grimm & Co.

Integrate parenting offer (CLIC) into Family Hubs.

Proactive maintained schools outreach and ROSIS moderation meetings.

Cross-match Family Hub access to IMD and expand outreach.

B) Targeted SLCN & Early Help

Reduce waits for speech & language; train setting staff.

Select and evaluate evidence-based interventions.

Target grandparents and carers for engagement.

Raise awareness of toxic trio and integrate risk indicators.

C) Transitions & Assessment

Implement unified transition documents.

Add tracked check at 3–4 years.

Adopt DfE GLD baseline when released.

Strengthen information sharing and integrated review flow.